Cambridgeshire County Council

NHS Cambridgeshire

Cambridgeshire Joint Strategic Needs Assessment

Phase 6 Summary Report 2012

FINAL
date: 11/04/12

Contents

1. Introduction

This report provides a brief summary of the wealth of information about health and wellbeing needs and outcomes available on the Cambridgeshire Joint Strategic Needs Assessment (JSNA) website. http://www.cambridgeshirejsna.org.uk/. It is designed to identify and flag key pieces of information about the health and wellbeing needs of people who live in Cambridgeshire, and about local inequalities in health for specific population groups.

It does not have the depth of information needed to support planning of services – which is available in the detailed documents on the JSNA website. Its aim is to contain enough information to help identify strategic priorities for health and wellbeing in the county.

This JSNA summary and the supporting material lying behind it will be used as the basis for a Cambridgeshire Health and Wellbeing Strategy to address priority health and wellbeing needs to be developed and consulted on over the summer.

Preparing a JSNA is already a statutory process, and from April 2013, following introduction of the Health and Social Care Bill, the production of a joint Health and Wellbeing Strategy for the county will also be statutory.

In order for the JSNA to fully support Strategy development, a high level overview of how financial resources are currently used to meet health and care needs in the County has been included in this report. A more detailed piece of work on resource use across agencies to meet the health, wellbeing and care needs of older people is also in progress and work to date is included as a separate appendix. http://www.cambridgeshirejsna.org.uk/webfm_send/224

The purpose of the JSNA is to identify local needs and views to support local strategy development and problem solving. In order to understand whether we are achieving good health and care outcomes locally, it is useful to benchmark outcomes in Cambridgeshire against those in other areas. The government has published three outcomes frameworks to support local areas in doing this:

- The Public Health Outcomes Framework
  http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358

- The NHS Outcomes Framework
  http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH_131700

- The Social Care Outcomes Framework
  http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH_131059

When priorities for action have been identified in the Health and Wellbeing Strategy for Cambridgeshire, some of the indicators in the national outcomes frameworks will help us to monitor the outcomes these actions are achieving.

2. Summary of Population and Health Statistics for Cambridgeshire

The information presented in this section is an updated version of the *Key demographic and health related data* chapter published in Phase 5 of the JSNA (2011). http://www.cambridgeshirejsna.org.uk/cambridgeshire-jsna/keydemohealth.

Also included below are findings from the *Cambridgeshire Health Profile 2011*, published in June 2011 by the Public Health Observatories, and available at http://www.healthprofiles.info. Our local *Health Profile* briefing provides further information, including for local authority districts, and can be found at http://www.cambridgeshirejsna.org.uk/other-assessments/national-health-profiles-cambridgeshire-and-constituent-local-authority-districts.

Summary - key demographic and health related data

- It is estimated that there are 605,400 people living in Cambridgeshire, 17.3% are under 15 years of age and 16.3% are over 65+.[1] Cambridge City has the highest concentration of the adult working age (16-64 years) age population at 73% of its total population compared to 65.2% on average in Cambridgeshire.[2]
- Population forecasts suggest that the population of Cambridgeshire is set to increase by 13% between 2011 and 2021 (78,400 people in total), with the majority of the increase seen in Cambridge City and South Cambridgeshire (2011-2021).[3] This is associated with a forecast increase in the number of new dwellings in the same period, of 44,100.[4] Further population forecasts suggest that the population of Cambridgeshire is set to increase by 21.1% between 2011 and 2031 (128,900 people in total), with the majority of the increases also seen in Cambridge City and South Cambridgeshire.
- Cambridgeshire has a predominantly white population. However, Cambridge City has a higher proportion of people from non-white ethnic groups,[5] when compared to the national average, many of whom are students or professionals. There are also considerable numbers of Travellers[6] and migrant workers within Cambridgeshire.
- Deprivation varies greatly across the county, with Fenland, north-east Cambridge and parts of North Huntingdon having the highest levels of relative deprivation. The same pattern exists for children living in poverty. Income deprivation for older people is more widely dispersed. Generally, higher levels of deprivation are associated with poorer health.
- Cambridgeshire is a predominantly rural area.[7] Nearly a fifth of Cambridgeshire's population do not have access to a car or van.[8] This goes down to less than a tenth for children living in households with no access to a car or van but up to four in ten pensioners. Cambridge City has the lowest levels of car ownership, which may be expected given that it is an urban area. However, Fenland has the second highest levels of non-car ownership in Cambridgeshire.

1 Cambridgeshire County Council Research & Performance Team, Mid-2010 population estimates.
2 Cambridgeshire County Council Research & Performance Team, Mid-2010 single year population estimates.
3 Cambridgeshire County Council Research & Performance Team, Mid-2010 ward population forecasts.
4 Cambridgeshire County Council Research & Performance Team Dwelling stock forecasts, 2009-2031: Cambridgeshire
5 2001 Census.
6 Cambridge sub-regional Traveller Needs Assessment 2006.
7 DEFRA classification 2004.
8 2001 Census.

- The estimated unemployment rate in Cambridgeshire increased from 5.4% in July 2008/June 2009 to 6.0% in July 2010/June 2011. The highest level of unemployment is seen in Fenland at 8.3%, which is higher than the national rate of 7.7%[9]. Unemployment is associated with poorer health.
- In January 2012, 2.2% of the working age population in Cambridgeshire were claiming Jobseeker's Allowance (JSA), which was at a lower level than the England average of 4.0%. The claimant count rate was the highest in Fenland at 4.0%, equal to the national average.[10]
- Overall, a half of lone parents do not work, with higher proportions in South Cambridgeshire and Huntingdonshire.[11]
- Affordable housing is a significant issue in Cambridgeshire with high differentials between house prices and average income throughout the county, most marked in Cambridge City. This leads to increased use of the private rented sector. [12]
- It is estimated that 35,000 households in Cambridgeshire experience fuel poverty (more than 10% of income required to heat the home). Cold homes during severe winter weather increase the risk of illness and hospital admission for infants and older people, particularly from chest infections, heart attacks and strokes.[13]
- Educational attainment is closely linked with health in later life. The expected standard of performance at the end of Key Stage 4 is five or more GCSEs or their vocational equivalents including English and Maths at grades A*-C. In 2011 over 59% of Cambridgeshire pupils at the end of Key Stage 4 attained this standard, but performance varied across the county. In Fenland 43% of candidates attained five or more GCSE grades A*-C, compared to 69% in South Cambridgeshire.[14]
- Life expectancy at birth in 2008-2010 was higher than in England in all Cambridgeshire districts except for Fenland where in males it was significantly lower than England and in females where it was lower than England but not significantly so.[15]
- There are on average around 4,800 deaths a year in Cambridgeshire (2008-2010).[16] Circulatory disease and cancer are the main causes of death in the overall population. Cambridgeshire has rates of mortality from all causes significantly lower than for England. The same is true for mortality from cancer, mortality from circulatory diseases and premature mortality. Conditions originating in the perinatal period and transport accidents are the main causes of death for children.[17]

9 ONS, NOMIS Model-Based Estimates of Unemployment (for districts), Annual Population Survey, ONS, NOMI.
10 ONS, NOMIS, Claimant count. Note: The number of people claiming Jobseeker's Allowance (JSA) is not an official measure of unemployment but it provides more up-to-date indicative figures of people who are seeking work.
11 2001 Census.
12 See http://www.cambridgeshirejsna.org.uk/cambridgeshire-joint-strategic-needs-assessment-jsna/jsna-phase-5
13 See http://www.cambridgeshirejsna.org.uk/cambridgeshire-joint-strategic-needs-assessment-jsna/jsna-phase-5
14 Cambridgeshire County Council and NHS Cambridgeshire, Children & Young People Data Profile July 2011.
15 ONS, November 2009.
16 East of England Public Health Observatory, 2011.
17 East of England Public Health Observatory, 2011.

3. How does Health in Cambridgeshire Districts Compare with Other Areas?

Summary

The ONS Cluster Dataset 2012 includes comparative data for the Local Authority Districts in Cambridgeshire. The aim of the Cluster Dataset is to benchmark health outcomes and health determinants against national and Office for National Statistics (ONS) comparator district averages. ONS comparator districts, known as Clusters, are similar to each other and so the validity of comparisons is greater.

A brief summary for each District follows and table S1 overleaf includes a summary of the statistical significance of the differences, relative to the ONS Cluster and England, for each District and for each data indicator.

The full report is included on the JSNA website at http://www.cambridgeshirejsna.org.uk/ons-cluster-dataset/ons-cluster-dataset.

National health profiles for Cambridgeshire Districts can be found at http://www.cambridgeshirejsna.org.uk/other-assessments/cambshealthprofiles and

Cambridgeshire County Council's District reports at http://www.cambridgeshirejsna.org.uk/other-assessments/cambridgeshire-district-demographic-reports

Information reports for GP led Local Commissioning Groups were produced as part of the JSNA Phase 5 and can be found on the JSNA website at http://www.cambridgeshirejsna.org.uk/healthprofiles.

Cambridge City

ONS Cluster Group is Thriving London Periphery. The health of the Cambridge population is generally similar to, or better than, the England average and is, for the majority of measures, similar to the ONS Cluster average. Rates of statutory homelessness (household based) and hospital admissions for alcohol related harm are significantly higher than those for the ONS Cluster and England. Male all cause mortality is significantly higher than in the ONS Cluster.

Important issues for Cambridge City include addressing local inequalities in health, addressing mental health needs, working in partnership to address the needs of homeless people and maintaining a focus on prevention, including alcohol related harm, smoking physical activity and obesity.

East Cambridgeshire

ONS Cluster Group is Prospering Smaller Towns. The health of the people of East Cambridgeshire is generally better than the England average and is similar to, or better than, its ONS cluster average. Only the rate of statutory homelessness (household based) is significantly higher than the cluster average and no indicators are worse than the England average.

Important issues for East Cambridgeshire include prevention and management of long term conditions such as diabetes, planning in partnership to meet the needs of an ageing population with an emphasis on mental health, and promoting parental mental and physical health.

Fenland

ONS Cluster Group is Prospering Smaller Towns. This is the same comparator group as Huntingdonshire and East Cambridgeshire. It could reasonably be argued that because deprivation scores in Fenland are higher than the other two areas, the comparator group is not ideal. The health of the people of Fenland is generally similar to, or worse than, the England and cluster averages. GSCE achievement, adult physical activity, hospital admissions for alcohol related harm, modelled prevalence of several major diseases and conditions, male all cause mortality and mortality from land based transport accidents are all significantly worse than the ONS Cluster and England averages. Levels of obesity in reception year children, the teenage pregnancy rate, female all cause mortality and premature mortality from circulatory diseases are significantly worse than the Cluster.

Important issues for Fenland include working in partnership to meet the needs of an ageing population, addressing rural isolation and improving access to services, addressing local health inequalities including teenage pregnancy rates, and the prevention and management of long term conditions such as heart disease and diabetes – including a focus on smoking and obesity.

Huntingdonshire

ONS Cluster Group is Prospering Smaller Towns. The health of the people in Huntingdonshire is generally better than on average in the England and is either better or similar to its ONS cluster group. Only the rate of statutory homelessness (household based) is significantly higher than the cluster and English averages.

Important issues for Huntingdonshire include addressing local inequalities in health, planning in partnership to meet the needs of an ageing population, and maintaining a focus on long term prevention of ill health and management of long term conditions across all age ranges.

South Cambridgeshire

ONS Cluster Group is Prospering Southern England. The health of the people of South Cambridgeshire is generally better than the England average and similar, or better than, the Cluster Group average. Only the rate of statutory homeless per 1,000 households, and hospital admissions for alcohol related harm are significantly worse than the ONS Cluster.

Important issues for South Cambridgeshire include planning in partnership to meet the needs of an ageing population, addressing transport and access to services in a predominantly rural area, and addressing health and wellbeing needs for disadvantaged groups dispersed across the area, including Gypsies and Travellers.

Table S1: Cambridgeshire Districts - summary of statistical differences with ONS Cluster Groups and England

	Indicator	Cambridge		East Cambridgeshire		Fenland		Huntingdonshire		South Cambridgeshire	
		Local value significance c/w Cluster	Local value significance c/w England	Local value significance c/w Cluster	Local value significance c/w England	Local value significance c/w Cluster	Local value significance c/w England	Local value significance c/w Cluster	Local value significance c/w England	Local value significance c/w Cluster	Local value significance c/w England
1	GCSE achievement (%)										
2	Statutory homelessness (per 1,000 hh)										
3	Unemployment rate 16+ (%)										
4	Infant mortality rate (per 1,000 live births)										
5	Perinatal mortality crude rate (per 1,000 total births)										
6	Low birth weight babies (%) <2500g										
7	Percentage smoking in pregnancy										
8	Obesity in Year 6 year children (%)										
9	Obesity in Reception year children (%)										
10	Teenage pregnancy rate (u18) (per 1,000)										
11	Chlamydia screening in 15-24s (%)										
12	Physically active adults (%)										
13	Hospital admissions for alcohol related harm (per 100,000)										
14	Modelled CHD prevalence (%)										
15	Modelled COPD prevalence (%)										
16	Modelled hypertension prevalence (%)										
17	Modelled stroke prevalence (%)										
18	Male life expectancy										
19	Female life expectancy										
20	Male mortality from all causes (per 100,000)										
21	Female mortality from all causes (per 100,000)										
22	Mortality from all cancers (u75) per 100,000)										
23	Mortality from all circulatory diseases (u75) (per 100,000)										
24	Mortality from accidents (15-24) (per 100,000)										
25	Mortality from accidents (65+) (per 100,000)										
26	Mortality from land transport accidents (per 100,000)										

Key: statistical significance	
	Significantly better
	Not signifcantly different
	Significantly worse
	Signficance unavailable

Source: NHSC ONS Cluster Dataset 2012

4. How do we Spend our Local Resources on Health and Care?

4.1 NHS Care

In the 2010/11 financial year (April 2010 – March 2011), NHS Cambridgeshire received approximately £872 million of public funds to spend on health and care for local people.

The breakdown of spend outlined below shows that about half of the total spend (49%) was on acute hospital care, a little under a quarter (22%) was on primary care – including GP practice services, drugs prescribed by GPs, and the NHS costs of local pharmacies; and about a tenth (10%) was on community health services – such as district nursing, health visiting, community hospitals and rehabilitation. Mental health services, including some in-patient care accounted for 7% of spend.

NHS Cambridgeshire – where did the money go in 2010/2011?

1 Hospital Services (£367m)
- Cambridge University Hospital FT (£187.7m)
- Queen Elizabeth, King's Lynn (£26.7m)
- Peterborough and Stamford FT (£31m)
- Hinchingbrooke Healthcare (£84.3m)
- Other NHS Acute Hospitals (£37.3m)

2 Specialist commissioning (£65.3m)
- Specialist Hospitals, eg Papworth and Great Ormond Street

3 Mental Health services (£60.6m)
- Cambridge and Peterborough FT (£50.3m)
- Other Mental Health services (£10.3m)

4 Continuing Care and Special Needs Placements (£19.5m)

5 Primary Care (£191.6m)

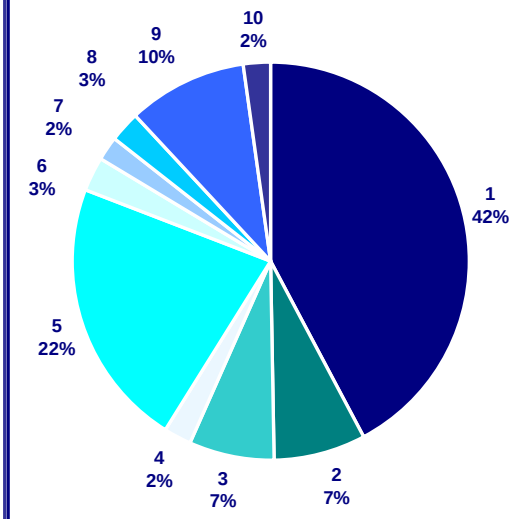
6 Dental Services (£24.2m)

7 East of England Ambulance Service (£16.6m)

8 Learning Disabilities (£22.9m)

9 Community Services (£83.6m)

10 PCT support costs (£20.3m)



Source : Finance Directorate, NHS Cambridgeshire

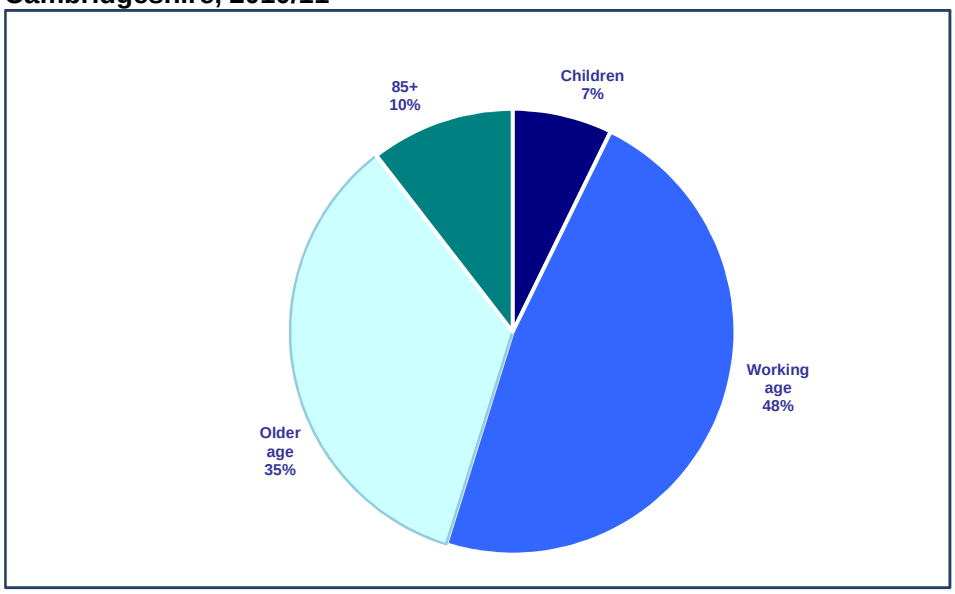
NHS Cambridgeshire

4.1.1 Spend by age group – hospital admissions

The likelihood of serious illness and of needs for healthcare changes in different age groups, so in order to understand how resources are used to meet the health needs of local people, an analysis of spending of hospital care by age group in 2010/11 was completed. This showed that almost half of total hospital spend (45%) was for people aged 65+, who make up about one in six of the Cambridgeshire population.

This is not surprising, given that the likelihood of serious illness increases with age – but emphasises the importance of making sure that local healthcare provision is designed to meets the needs of older people. To support this, a more detailed analysis of activity and resource use for the care of people aged over 65 has been prepared and is available in the JSNA Older People Services and Financial Review.

Spend by age group – hospital admissions (elective and emergency, NHS Cambridgeshire, 2010/11

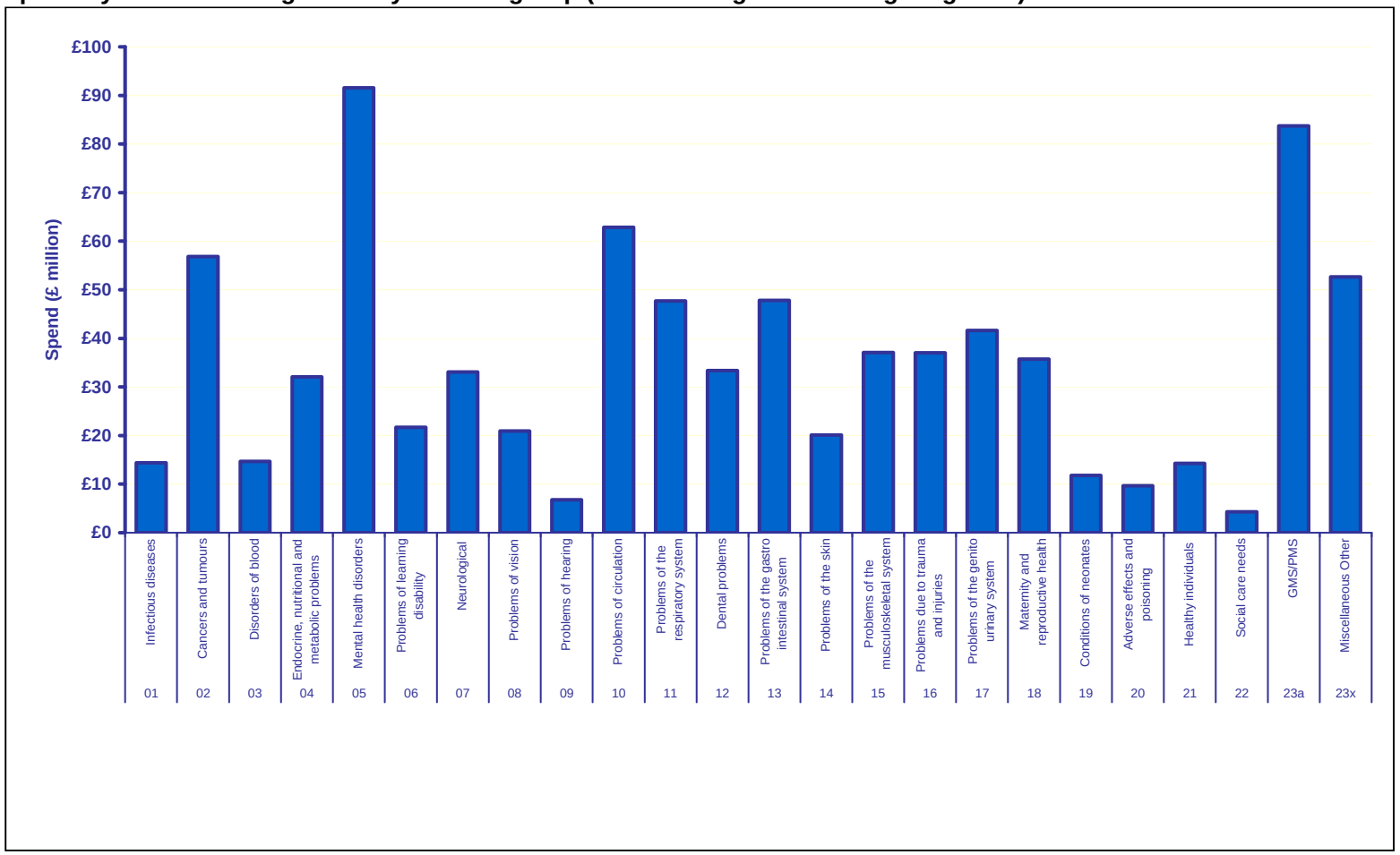


Source: Admitted Patient Care Commissioning Dataset, NHS Cambridgeshire.
Note: Tariff costs only.

4.1.2 NHS spend by disease group, 2009/10

Estimates of NHS spending on particular group of diseases are also available through Department of Health 'Programme Budgeting' data. These estimates must be regarded with some caution, as costs may be allocated in different ways in different organisations and this can skew the results. For Cambridgeshire, the programme budgeting data for 2009/10 shows that spending is spread across a range of disease groups, with the highest single area of spend being mental health problems at over £90m, followed by problems of circulation (including heart disease and stroke) at over £60m and cancers/tumours at over £55M.

Spend by NHS Cambridgeshire by disease group (2009/10 Programme Budgeting Data)

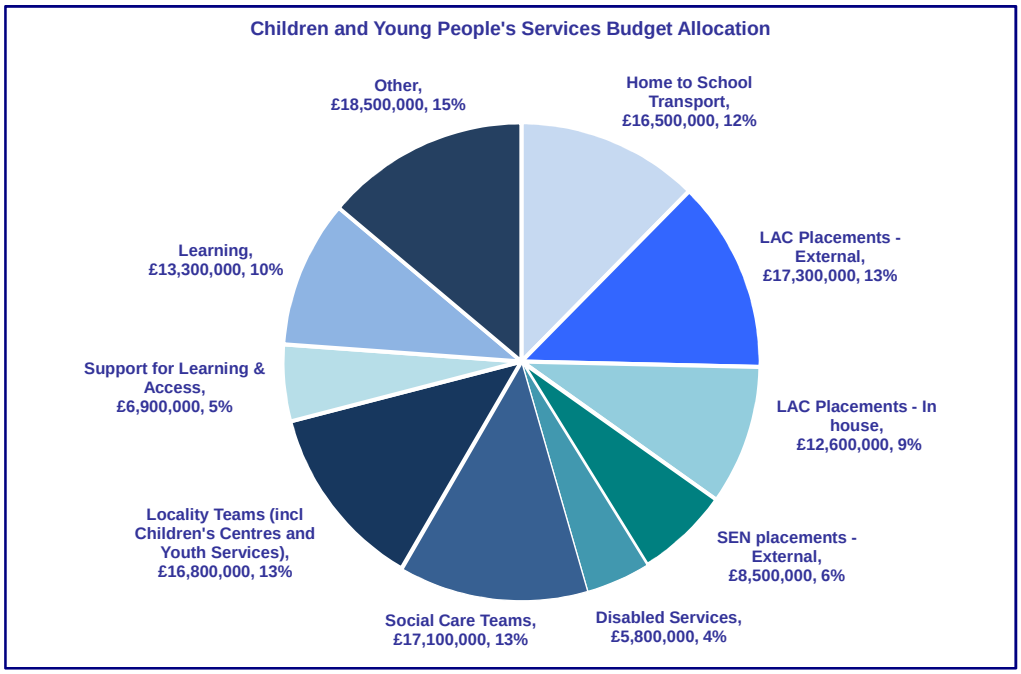


Source: Programme Budgeting Toolkit, Department of Health

4.2 Cambridgeshire County Council spend on Social Care and Prevention

4.2.1 Children and young people's services budget allocation, 2011/12

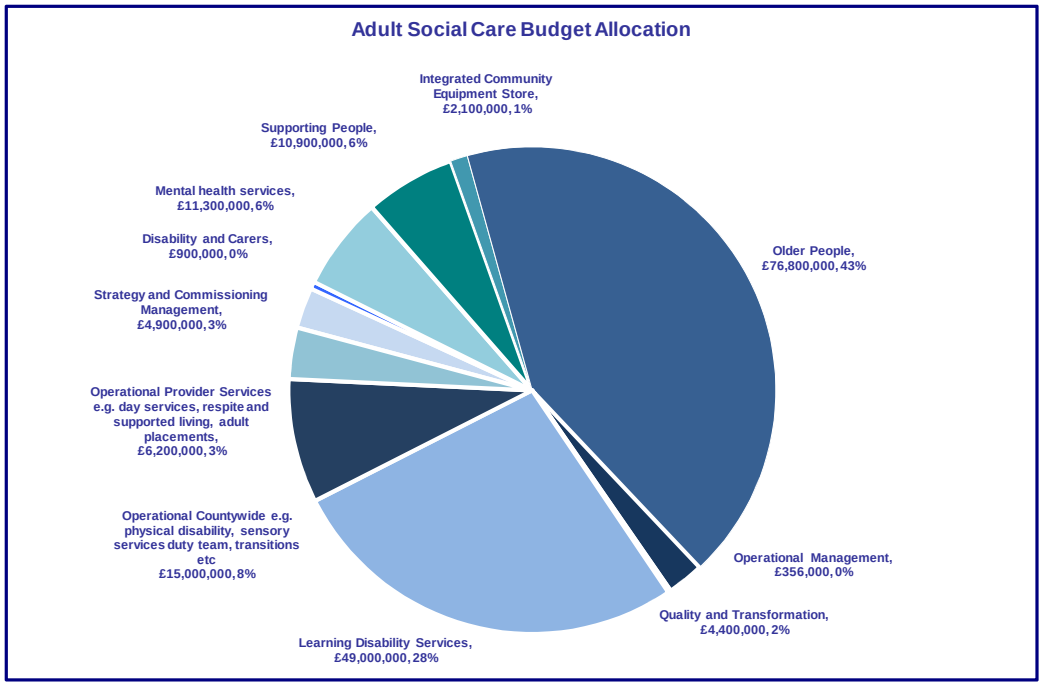
Giving children a good start in life is very important to their future health and wellbeing. The total spend on children and young people's services by the County Council, excluding direct spend on schools, is £133m. Nearly a quarter of all spend (22%) is for 'Looked after Children'; over a sixth (17%) on other social care for children, including services for disabled children, and an eighth of spend (13%) is for locality teams, including children's centres and youth services, which provide preventive interventions for children, young people and their families.



Source: Finance, Cambridgeshire County Council.

4.2.2 Adult social care budget allocation, 2011/12

The total adult social care budget of the County Council is £182m. Of this, over two fifths (43%) is spent on social care for older people aged 65+ and over a quarter (28%) on social care for people with learning disabilities. Spend on social care for people with mental health problems is 6% of the total.



Source: Finance, Cambridgeshire County Council

4.3 Other local public sector spend

The information outlined earlier in this section looks at spend on health and social care by the local NHS and the County Council. But many other local services have an impact on health and wellbeing.

Examples include local authority services for housing, transport, planning of new developments, environmental services, leisure services, libraries, adult education and trading standards; together with police services to address crime and improve community safety. The voluntary and third sector also has a major impact on factors affecting health – for example through housing associations, local services and volunteer schemes to support vulnerable people, and through a wider advocacy role.

It will be important to build further understanding of how this wide range of local public sector resources are used to support health and wellbeing, in order to maximise effectiveness and allow a focus on prevention.

5. Specific JSNA Topics

This section describes JSNA work carried out for specific topics since the process began in 2007. The year when the JSNA work was published is given in the section title.

5.1 Prevention of Ill Health in Adults of Working Age (2011)

Full JSNA is at: http://www.cambridgeshirejsna.org.uk/cambridgeshire-joint-strategic-needs-assessment-jsna/jsna-phase-5.

Summary JSNA is at: http://www.cambridgeshirejsna.org.uk/cambridgeshire-joint-strategic-needs-assessment-jsna/jsna-phase-5-summary.

The Cambridgeshire JSNA has identified prevention as a key need that cuts across various population groups and ages.

Prevention may work at different levels:

- through improving the 'wider determinants of health' - the wider socio-economic and environmental factors which influence our behaviour. Wider determinants such as educational outcomes, employment and income and housing are closely linked to health inequalities between different groups in the population.
- through influencing individual lifestyle behaviours such as smoking, diet physical activity and alcohol use amongst people who are currently in good health, but have behaviours which increase the risk of future illness (eg smoking related lung disease, obesity related diabetes).
- through preventive interventions for people who already have health problems ('secondary prevention'), where lifestyle changes will slow or halt the rate at which these problems worsen.

Preventing ill health necessitates integrated approaches that bring together the wider determinants of health with how people live their lives when healthy or when suffering from ill health.

Demography

The number of working age adults in Cambridgeshire is estimated as 394,870
This is predicted to increase by 7.7% (39,030 people) in the next 10 years.

Data and inequalities

- The Integrated Household Survey (April 2011) indicated that in Cambridgeshire about 20% of local adults are smokers - Fenland has the highest rates where 26.7% of the population is estimated to smoke and South Cambridgeshire has the lowest rate at 16.2%. Nearly 30% of men drink more than the recommended limits, with the highest rates being found in Cambridge City and Fenland (Source: NWPHO LAPE http://www.lape.org.uk/). Modelled estimates suggest that less than half of local adults eat more than five portions of fruit and vegetables per day; only 43% of women have high levels of physical activity compared with 50% of men (Source: JSNA Prevention of Ill Health in Adults of Working Age).

GP practices have registers of the number of their patients diagnosed with particular long term health problems. The five commonest problems seen on these registers are:

- High blood pressure (79,000 patients in Cambridgeshire)
- Depression (60,000 patients)
- Asthma (41,000 patients)
- Diabetes (24,000 patients)
- Coronary heart disease (19000 patients)

- With the exception of asthma, rates of these health problems increase with age. High blood pressure, diabetes and heart disease in particular have strong links with lifestyle behaviours such as physical activity, diet and smoking.

Evidence and best practice

A wide range of evidence for best practice in prevention of ill health is available through NICE public health guidance http://www.nice.org.uk/guidance/phg/index.jsp

Some preventive interventions have been shown to be effective in creating savings for the NHS by reducing use of health services in the short to medium term, as well as effective in improving wellbeing and healthy life expectancy. These include a range of interventions and services to help people stop smoking; brief interventions in general practice giving advice on alcohol consumption; and some contraceptive services. A much wider range of preventive interventions, such as advice on increasing physical activity and mass media campaigns have been shown to be very good value (cost effective) in improving health and wellbeing, compared to the majority of NHS treatment interventions.

Local views

For the first time a bespoke community consultation process was developed and implemented for the 'Prevention' JSNA. This involved the use of social media, an online survey and focus groups.

A persistent theme from both the data trends and the community consultation is that despite the generally positive wellbeing and health statistics for Cambridgeshire as a whole, the current economic climate has created some new areas of concern. 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, increasing levels of fuel poverty, and changes to the benefits system.

Priority needs for preventing ill health amongst adults of working age

The Steering Group and a wider Stakeholder event identified the following priorities for prevention of ill health amongst adults of working age in Cambridgeshire.

- Addressing socio-economic factors with a focus on housing issues.
- Supporting people to address lifestyle issues and behaviour change
- Initiatives for Workplace Health
- Building preventive interventions into patient pathways for people with Long Term Conditions
- Addressing Domestic Violence

5.2 Children and Young People (2010)

Full JSNA is at: http://www.cambridgeshirejsna.org.uk/children-and-young-people/children-and-young-people. It contains more detailed and specific priorities and recommendations.

Demography

The number of children aged under 15 years is 104,990. It is predicted to increase by 12.5% (13,090 children) in the next 10 years.

Data and inequalities

There are key inequalities in outcomes for children and young people, and these are demonstrated in a number of key indicators, including differences in life expectancy, rates of young people not in employment, education or training, attainment rates across all key stages of education, rates of unhealthy weight, teenage pregnancies and childhood deaths.

Underpinning these outcomes is the significance of deprivation and childhood poverty - the impact of deprivation can reduce the life chances of individuals whether for those living in an area where there is much deprivation or those from disadvantaged groups found throughout the county such as those with disabilities. Looked after children and young offenders are particularly likely to have poor outcomes.

Four or more adverse childhood experiences (child abuse, parental depression, domestic abuse, substance abuse or offending) increase the risk of developing mental health problems throughout life. It is estimated that half of all mental illness (excluding dementia) starts by age 14.[18]

Evidence and best practice

National reports with evidence of best practice include: the Healthy Child Programme [1] [2] , the Marmot Review [3] and New Horizons, Confident Communities, Brighter Futures: a framework for developing wellbeing. All stress the importance of the early years and providing a good start in life together with prevention, early intervention and targeted support to those with greatest needs.

[1] Healthy Child Programme Pregnancy and the first five years of life. Department of Health, October 2009. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107563
[2] Health Child Programme from 5 to 19 years old. Department of Health. October 2009. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107566
[3] Fair Society, Health Lives: Strategic Review of Health Inequalities in England post-2010. The Marmot Review, February 2010. http://www.marmotreview.org/

[18] New Horizons: Confident Communities, Brighter Futures. DH March 2010

Local Views

- Priorities for local schoolchildren questioned in the 'tell us' survey were:

    - friendships and relationships
    - being a victim of crime
    - bullying

Priority needs for children in Cambridgeshire

- Ensuring that all children get a good start in life as an increasing body of evidence shows that the first few years will impact lifelong.
- Supporting good mental health and emotional wellbeing which are fundamental to achieving good health.
- Preventing/reduce the negative impact of alcohol and substance misuse, obesity and overweight, childhood accidents, child poverty, domestic violence and disabilities and the consequent inequalities in outcomes for children, young people and their families.

5.3 Older People (2011)

Full JSNA is at: http://www.cambridgeshirejsna.org.uk/older-people-including-dementia/older-people-including-dementia. It contains more detailed and specific priorities and recommendations.

Demography

In Cambridgeshire in 2009, there were an estimated 95,500 people aged 65 and over. This population is expected to grow by 80% (ie an estimated 171,900 older people) in the next 20 years. People are living longer in both 'healthy' states but also in 'poor' health.

Data and inequalities

By 2020, the percentage of people with long term conditions in Cambridgeshire is expected to rise: diabetes from 6.4% to 7.4%, cardiovascular disease from 6.0% to 6.4%, chronic obstructive pulmonary disease from 2.5% to 2.7%. The prevalence is higher in older age groups, so that by 2020 we will have >13,000 older people with diabetes, >11,000 older people with cardiovascular disease, and >4,600 older people with chronic obstructive pulmonary disease.

Mental illness is a significant public health issue amongst older people with high disability adjusted life years lost. Simple modelling that assumes the relationship between age and frailty remains the same as it is now, indicates that over the next 20 years:

- The number of older people experiencing difficulty in managing alone at least one domestic task (eg shopping, jobs involving climbing, floor-cleaning) is expected to almost double from 40,800 to 74,500.
- The number of older people with dementia in Cambridgeshire is expected to double from 7,000 to 14,000.

- The number of older people with depression in Cambridgeshire is expected to increase from 8,600 to 14,500.

If the current system remains unchanged, then the cost of disability benefits could rise by almost 50% in the next 20 years, while the cost of long-term care could rise by 17% by 2027/28. Additional analysis suggests that social care costs alone could double in 20 years without fundamental reform. (Glasby J (2012). Understanding Health and Social Care (Second Edition). The Policy Press, Bristol)

Evidence and best practice

If current patterns of need and care are applied to the projected numbers of older people, current provision of services is unsustainable. This drives two main themes:

- Prevention of ill health and promotion of good health.
- Reconfiguration of services to support people to live in a community setting as long as possible, avoid admission to hospital, and return to a community setting after discharge from hospital.

A recent policy paper by the University of Birmingham has attempted to identify what it calls "10 high impact changes" with regards to prevention in older people's services. These are: promoting healthy lifestyles (physical activity, diet, social activity), vaccinations, screening, falls prevention, housing adaptations and practical support, telecare and technology, intermediate care, reablement, partnership working, and personalisation.

With regards to effective mental health improvement, discrimination, participation in meaningful activities, relationships, physical health, and poverty have been found to be particularly important factors influencing the mental health and wellbeing of older people.

Confident Communities, Brighter Futures by the Department of Health identifies the following effective interventions for the promotion of wellbeing among older people: psychosocial interventions, high social support before and during adversity, prevention of social isolation, multi-agency response to prevent elder abuse, walking and physical activity programmes, learning, volunteering. It concluded that early intervention, and prevention in high risk groups, to be effective against depression and exercise and anti-hypertensive treatment to be effective in dementia. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114774

Local views

The Cambridgeshire Older People's Reference Group surveyed 260 community groups in 2008/09 and highlighted:

- 85% of older people do not access social care services.
- Most care and support is unpaid and informal.
- Men are less likely than women to participate in organised groups.
- People aged 85 and over continue to be involved in community groups.

Older people in Cambridgeshire are most concerned about: income, transport and social inclusion, access to information on services and activities, and housing, including help in the home.

Priority needs for older people in Cambridgeshire

- Appropriate planning for the expected increase in the numbers of older people with a focus on
    - Prevention of ill health and promotion of good health amongst older people.
    - Reconfiguration of services to support people to live in a community setting as long as possible, avoid admission to hospital and care homes, and return to a community setting after discharge from hospital.
- Reviewing and developing how we work together across organisations to best support people with mental health problems particularly those with dementia and their carers.
- How we support and provide care for people at the end of their life.
- It is important to capture the assets and contributions of older people and identify ways we can support, expand and utilise these assets in Cambridgeshire for both individual health and the health and wellbeing of the older population as a whole.

5.4 Adults with Mental Health Problems (2010)

Full JSNA is at: http://www.cambridgeshirejsna.org.uk/mental-health-adults-working-age/mh-adults. It contains more detailed and specific priorities and recommendations.

Demography

Mental health problems are common - with close to one in six people experiencing possible psychiatric disorder at any one time. If Cambridgeshire residents experienced roughly the national average rate of mental health problems, there would be an estimated 41,000 people in Cambridgeshire with mixed anxiety and depressive disorders, 15,000 people with generalised anxiety disorder and 11,500 with depressive disorders. Estimates for people with schizophrenia range from 580 to 2,890 and for people with affective psychosis from 1,160 to 2,890.

Data and inequalities

The JSNA for adults with mental health problems found that while mental ill health is an issue throughout the county, rates are higher in Cambridge City and Fenland.

Homeless people, Travellers and prison populations have high levels of mental ill health. Migrant workers and black and minority ethnic communities are also vulnerable and may have barriers to accessing mental health services.

In 2009/10 about 5,500 people in Cambridgeshire were estimated to be receiving specialist care from mental health services through a Care Programme.

Evidence and best practice

The evidence base for promoting community mental health and wellbeing at all ages has been summarised in the 2010 Department of Health Report 'Brighter futures: a framework for developing wellbeing'.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114774

Good practice for treatment and care of people with a range of mental health problems is available on the NICE website
http://guidance.nice.org.uk/Topic/MentalHealthBehavioural#/search/?reload

Local Views

Feedback on local views from service users, gateway workers and service providers identified a range of areas where further service provision would be welcomed, including

- Support at early stages for people experiencing anxiety/stress.
- Support for people with post-natal depression.
- On going support to help people with long term severe and enduring illness post- crisis.
- More alternative to hospital admission both in a crisis and for respite.

Priority needs for mental health in Cambridgeshire

The needs identified showed common themes with those from the children and young people's and older people's JSNAs and the evidence base supports:

- Ensuring a positive start to life: Childhood and early adulthood are key periods in the development of personal resilience and educational and social skills that will provide the foundations for good mental health across the whole life course. Key interventions to promote a positive start in early life are
  - promoting parental mental and physical health
  - supporting good parenting skills
  - developing social and emotional skills
  - preventing violence and abuse
  - intervening early with mental disorders
  - enhancing play.
- Interventions that particularly help to maintain mental health for older people include reducing poverty, keeping active, keeping warm, lifelong learning, social connections and community engagement, such as volunteering.
- Interventions to increase individual, family and community resilience against mental health problems include those which reduce inequalities, prevent violence, reduce homelessness, improve housing conditions and debt management, and promote employment.

5.5 JSNA for New Communities (2010)

Full JSNA is at http://www.cambridgeshirejsna.org.uk/new-communities/new-communities. It contains more detailed and specific priorities and recommendations.

Demography

This JSNA was unusual in that it looked at the future health and wellbeing needs of communities in new housing development which do not yet exist. It is available to support future planning of developments such as Northstowe.

Data and inequalities

The initial populations in new growth areas tend to have a young age structure, with many young couples and young children, and very few older people. However, the demographic profile changes over time and so do health needs. Planning for new growth should ensure that adequate services, including healthcare services, are available to early residents and can respond to changing and diverse needs as more people move into the new developments and grow older.

Evidence and best practice

The Cambridgeshire Quality Charter for growth was developed locally and identifies best practice in developing new communities which support residents' wellbeing.

http://www.cambridgeshirehorizons.co.uk/about_horizons/how_we_do_it/quality_charter.aspx

Local Views

A local survey carried out by South Cambridgeshire District Council compared the views of people in new communities with those of established residents. It found that residents of new developments generally reported that they were in good health, which probably reflects the younger age structure of these communities. They were less likely to feel that they belonged to their neighbourhood, and more likely to perceive anti-social behaviour as being a problem locally. Satisfaction with the neighbourhood was lower than for long term residents but was still over 80%.

Priority needs for new communities in Cambridgeshire

Key needs identified in the JSNA include

- Provision of 'lifetime homes which can be adapted to the needs of residents as they become older.
- Incorporating a range for formal and informal green space into new developments.
- Identification of community development roles, (which could be funded from a variety of sources) during building of large new housing developments – to provide early social infrastructure and support the integration of new residents including young families into the community.

5.6 Gypsies and Travellers (2010)

The full JSNA is at www.cambridgeshirejsna.org.uk/travellers/travellers. It contains more detailed and specific priorities and recommendations.

Demography

Gypsies and Travellers make up almost 1% of population of Cambridgeshire, with about 5,700 people identified in the 2005 Travellers Needs Assessment. Of these 58% lived in caravans and 42% in settled housing. In the January 2010 Count of Gypsy and Traveller Caravans in England the total caravan count in Cambridgeshire was 1,278. Of these, 92% (1,180) were on authorised sites (with planning permission) and 8% (98) were on unauthorised sites (without planning permission).

Data and inequalities

- There are clear inequalities in outcomes for the Gypsy and Traveller population, often as a result of lack of secure accommodation. Gypsies and Travellers have significantly poorer health status than the rest of the population. This includes a lower life expectancy, higher infant mortality rate, poorer health outcomes and poorer access to preventative care, with evidence that mental health problems are more widespread.
- Gypsy and Traveller children remain highly disadvantaged in terms of educational achievement.
- Locally, there is experience that the Gypsy and Traveller community lack confidence and knowledge about how to access services such as health and social care and there is a tendency not to ask for external agency support.

Evidence and best practice

The evaluation of the National Pacesetters Programme[1], which involves delivering equality and diversity improvements and innovations, has identified some short term gains which included making links and engaging with community members, improving cultural awareness among healthcare staff, increasing awareness of health needs and health services among Gypsies, Roma and Travellers and raising the profile of their health needs. It is noted that many of these gains have been made in the process of involvement.
[1] Pacesetters Programme Gypsy, Roma and Traveller core strand Evaluation Report for the Department of Health. Van Cleemput P, Bissell P, Harris J, April 2010. http://www.sabp.nhs.uk/

Fenland District Council's work with Travellers has been identified nationally as an example of good practice.

Local views

- Interviews with Traveller children showed concerns about their environment such as location, lack of safe play spaces/facilities and distance/isolation from local communities. Misunderstanding by others about the nature of their identity and reluctance to reveal ethnicity for fear of bullying are particular concerns. Children expressed a constant expectation of racism and many had been exposed to racially motivated threats or attacks.

Priority needs for Gypsies and Travellers in Cambridgeshire

- Implementing the existing County wide Gypsy and Traveller strategy to improve outcomes and life chances for Gypsy and Traveller communities and promote and enable community cohesion in Cambridgeshire.
- Improving data collection and ethnic monitoring to support better planning and commissioning of services.
- Ensuring good access to health services and support especially for early intervention/prevention, health promotion, mental health and wellbeing and for those with complex health needs. Providing public health and other service information and communications in an accessible format to the Gypsy and Traveller population with appropriate content.
- Improving site management and provision, promoting good practice in education, sharing good practice across different organisations and promoting continuing community engagement between the settled and Traveller communities to reduce mistrust, fear and discrimination.

5.7 Migrant Workers (2009)

The full JSNA is at http://www.cambridgeshirejsna.org.uk/jsna-topics-published-previously/migrant-workers. It contains more detailed and specific priorities and recommendations.

Demography

International migrants in Cambridgeshire come from all over the world and with different socio-economic backgrounds. Since 2001, National Insurance Registrations indicate that approximately 30,000 people have come to Cambridgeshire to work. Of these, it is estimated that around 13,100 have remained for over one year, bringing the total number of Cambridgeshire residents who were born abroad to 61,500. Following EU expansion in 2004, a rapid increase in migration took place which has brought high inflows of people from the eight Eastern European accession countries (A8) to the county.

The Cambridgeshire Migration Monitoring report 2009 suggests that the number of international migrant coming to the county in 2009 fell compared to 2008 and was largely due to a fall in Polish migrants. All districts saw an overall decrease except Fenland where a decrease in Polish migrants was offset by migration from other A8 countries.

Data and inequalities

- Pupil Level School Census data published in January 2009 indicates that black, minority ethnic (BME) children, those in the category 'white: other group' and the categories of Gypsy/Roma and travellers comprise 13.2% of Cambridgeshire's total school population. The data also identifies that across the county's school population 87 languages are spoken.

- Housing is one of a number of key factors that has an important influence on people's health. Research indicates that the majority of newer migrants are living in privately rented or tied accommodation. The numbers of migrants living in houses in multiple occupation has also increased locally, especially in Fenland. This type of accommodation is often of low quality and overcrowded.

Local views

A county Migration Review workshop involving key stakeholders was held on 10 October 2011. The workshop reported that vulnerabilities still remain around housing, information support and guidance and employment exploitation. Language barriers still exist and the need for English for speakers of other languages (ESOL) courses remain.

Cultural differences regarding alcohol use was a challenge particularly in some migrants from A8 countries where unsafe drinking could have adverse effects on their health and wellbeing as well as that of others.

Priority needs for migrant workers in Cambridgeshire

A number of Migrant Impacts Fund projects have been undertaken to meet needs in recent years. Funding was used to increase the support available to children and families through the Wisbech Locality Team and also to fund interventions in Fenland and East Cambridgeshire to reduce the negative impacts of houses in multiple occupation on residents and neighbours. Resources need to be identified in order to continue projects where they have proved successful.

5.8 Homeless People and those at Risk of Homelessness (2009)

The full JSNA is at http://www.cambridgeshirejsna.org.uk/jsna-topics-published-previously/people-who-are-homeless-or-risk-homelessness. It contains more detailed and specific priorities and recommendations.

Demography

Homelessness describes a wide range of circumstances where people have no secure accommodation. This JSNA categorises homeless people into three overlapping groups:

- **single homeless and rough sleepers (SHRS)** - group of homeless people for whom there may be no statutory duty or simple solution (around 500 are registered with Cambridge Access Surgery);
- **statutory homeless** - those defined in law as being in priority need and entitled to housing support from local authorities (around 600 households across Cambridgeshire each year, largely families);
- **hidden homeless and those at risk of homelessness** – those not recognised by local authorities or services (thought to be much larger than the two other groups together).

Data and inequalities

The JSNA focussed on the SHRS group as these have demonstrably very poor outcomes. Physical health, drugs, alcohol, mental health and wellbeing have been recognised as priority health issues among the homeless. Amongst the patients registered at the Cambridge Access Surgery - a dedicated GP practice largely for single homeless and rough sleepers, of the 40 who are known to have died over the last five years, the average age at death was 44.

Evidence and best practice

The SHRS in Cambridge include a small number of chronically excluded adults, with chaotic lifestyles, behavioural, substance misuse and control issues, and poor mental and physical health. They are often difficult to engage with services but represent significant costs to the tax payer as prolific offenders, having frequent hospital admissions and A & E visits, and intensive users of community and housing support services. Following the findings of the JSNA a partnership funded project has been put in place to work with this group and co-ordinate preventive services, with the aim of improving outcomes and reducing the need for 'crisis' interventions. The outcomes achieved through this project are being evaluated.

Local views

A patient and stakeholder survey undertaken by the Cambridge Access Surgery in 2007 reported high levels of satisfaction with the service and that if the service as not available just under half of respondents would attend A & E or not access healthcare at all.

Priority needs for homeless people in Cambridgeshire

- Addressing the needs of chronically excluded adults, single homeless and rough sleepers in Cambridgeshire focusing on the complex interrelationships between health, housing and social care to improve outcomes. Where possible more integrated multi-agency services should be commissioned including funded posts for liaison and co-ordination between services.
- Developing methods to encourage service user and frontline staff engagement in planning, service redesign and commissioning processes. Service users' experience and perceived needs should be embedded in the planning of their own care and of wider services.
- Developing integrated information systems, data collection tools and ways of unifying individual client records so they can be used and accessed across services to allow more holistic and person-centred care.
- Developing services enabling prevention of homelessness and early intervention for the newly homeless to improve individual lives and to reduce overall homelessness. Support is particularly required at transition points such as leaving care, prison release and hospital discharge.

5.9 People with Learning Difficulties (2008)

Full JSNA is at http://www.cambridgeshirejsna.org.uk/jsna-topics-published-previously/adults-learning-disability

Demography

Across Cambridgeshire there are estimated to be around 10,000 people with learning disabilities aged 15 and above, the majority being people with mild learning disabilities who mainly do not require specialist health or social care support.

Data and inequalities

Cambridgeshire Learning Disability Partnership teams provide health and/or social care support to around 2,230 individuals with learning disability, of whom around 1,700 receive social care support. There is a higher than expected number of service users in Fenland. It is predicted that by 2021 the number of adults with learning disabilities needing support will increase by between 300 and 450.

- People with learning disabilities are vulnerable and at risk of being marginalised. They are more likely to:

    - be socially excluded;
    - have poorer physical and mental health;
    - have difficulties in accessing healthcare;
    - be at risk from abuse;
    - be discriminated against;
    - need support to access housing, health, employment and independent living;
    - be at greater risk of ending up in prison.

    There are estimated to be around 3,400 adults with Autistic Spectrum Disorder (ASD) in Cambridgeshire, of whom around 750 would meet the criteria for learning disability. Individuals who do not meet the criteria may still need significant support and there is a statutory responsibility on public sector agencies to assess and meet the needs of people with ASD.

Local views

- Transport is key to access in a number of areas including, improving social networks, leisure opportunities, work and housing choices.
- LDP want access to community based services and more flexible and varied day care services with more opportunities to go out into the community and to learn new skills.
- People with learning disabilities want the right to get part-time work, voluntary work or work experience as well as a full time paid job depending on their wishes. It is felt that a person centred approach and more support is needed to enable this.
- People with learning disabilities want a choice about where they live and who they live with. There are concerns about the funding for housing, particularly for tenancies.

- Consultation with people with learning disabilities and their carers highlights a number of areas where they face difficulties accessing and using health services.

Priority needs for People with Learning Disabilities in Cambridgeshire

- Supporting transition from children and young people's services to adult services.
- Ensuring access to health checks, screening and other preventive health care.
- Being treated with dignity and respect, addressing the issues outlined in the 'local views' section above.
- For carers to be consulted, valued and supported in their role, including forward planning as the carer ages.
- Receiving person-centred care and support with the option of self-directed support and personal budgets.
- Exploring increased provision of services within the county for people with learning disabilities including children, to reduce the need for high cost out of county placements.

5.10 People with Physical and Sensory Impairments and/or Long-Term Conditions (2008)

Full JSNA at http://www.cambridgeshirejsna.org.uk/jsna-topics-published-previously/adults-physical-or-sensory-impairment-and-or-long-term-condition

Demography

The OPCS Survey of disability estimated that, in 2006, 8% of the Cambridgeshire population (including older people) or about 48,000 people had a disability.

Data and inequalities

- There were 3,020 disabled people of working age receiving benefits in Cambridgeshire in May 2009. Of these 2,990 were receiving Disability Living Allowance. Claimants of benefits related to disability represented about 0.8%, or one person in 125, of resident working age people in Cambridgeshire.
- Individuals with the most severe forms of physical and sensory impairment are eligible for social services support. In 2008/09, Cambridgeshire County Council Adult Social Care provided services for 2,110 clients aged 18-64 with physical disability, frailty and sensory impairment.
- There were 570 people aged between 18 and 64 who were registered with the Council as Blind and/or Partially Sighted at 31 March 2008. There were 1,510 people of all ages registered with social services in Cambridgeshire as deaf (435) or hard of hearing (1,075) at 31 March 2007.
- The likelihood of having a disability increases with a person's age.

Local views

A review of both local and national consultations with people with physical and/or sensory impairment gave the following findings:

- Housing is a major factor determining physically disabled people's health and wellbeing. It appears from national reports that most disabled people live in unsuitable accommodation.
- Physical disability also affects family members, as they often give up their employment to become carers or, if parents, they need to face the costs of a disabled child.
- People with physical disabilities tend to have less disposable income than people without disabilities. Often, this leads into debt problems and housing deprivation.
- Hospital and care staff may have negative attitudes towards physically disabled people mainly due to lack of knowledge of their condition.

Priority needs for people with a sensory or physical impairment in Cambridgeshire

- Considering how some causes of disability can be prevented – for examples through measures to reduce road traffic injuries and stroke.
- Providing effective treatment and rehabilitation services directed towards restoring function for people who are already ill or injured to reduce residual disability.
- Minimising social exclusion for people with physical and sensory impairments through implementation and monitoring of equalities legislation, promoting positive attitudes and flexible practices amongst employers, and through providing opportunities for personalised care with the option of self directed support and personalised budgets.

6. Summary of Key Health and Wellbeing Needs in Cambridgeshire

Looking at the range of JSNA work that has been carried out over the past four to five years in Cambridgeshire, key health and wellbeing needs identified for the county can be summarised as follows:

i. To focus on ensuring a positive start to life for children, given the growing evidence of the impact this will have throughout their lives. Work in a targeted way with more vulnerable families to:

- promote parental mental and physical health
- support good parenting skills
- develop social and emotional skills
- prevent violence and abuse

ii. To plan now for the significant forecast growth in the number of older people in Cambridgeshire over the next 20 years by prioritising

- Prevention of ill health and promotion of good health amongst older people.
- Reconfiguration of services to support older people to live in a community setting as long as possible, avoid admission to hospital/care homes, and return to a community setting after discharge from hospital.

The evidence base as to what works in preventive services and admission avoidance to hospital or care homes for older people is still developing, so it is essential to evaluate initiatives and measure how well they are working.

iii. To recognise the major impact of common lifestyle behaviours which often start in childhood and continue throughout life – eg smoking, physical activity levels, healthy eating and alcohol use – on the development of long term health problems; and to encourage communities to support lifestyle change.

iv. To promote individual and community resilience and mental health, including promotion of social networks/self management support and community engagement. To be aware of current social and health inequalities and trends in Cambridgeshire, and monitor the potential impacts of unemployment, poor educational attainment, housing benefit/ universal credit changes, fuel poverty, debt and other social issues on local people's health and wellbeing.

v. To consider the needs and outcomes for particularly vulnerable or marginalised populations in Cambridgeshire – including Gypsies and Travellers, homeless people, migrant workers, people with learning disabilities, people with mental health needs and people with physical/sensory impairments, when developing or changing services.