

Cambridgeshire Joint Strategic Needs Assessment (JSNA)

Presentation for Cambridge City Local Health Partnership

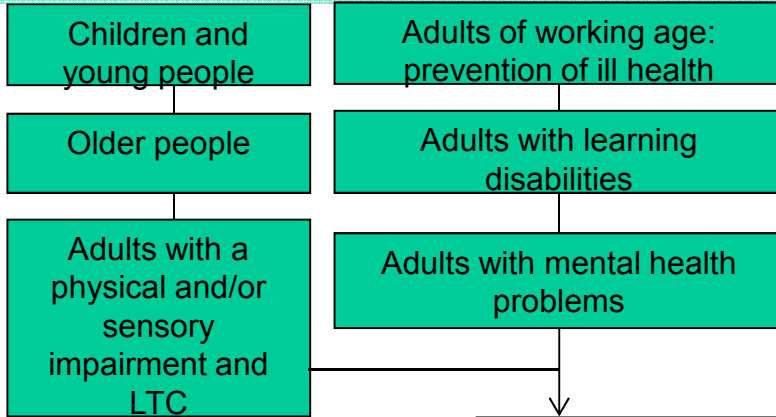
23rd October 2014

Wendy Quarry - JSNA Programme Manager

This presentation will cover

- Scope of work conducted in Cambridgeshire
- Key findings from the recently published JSNAs
 - Carers
 - Older People's Mental Health
 - Primary prevention of ill-health in Older People
- Forward work plan

2007



2008

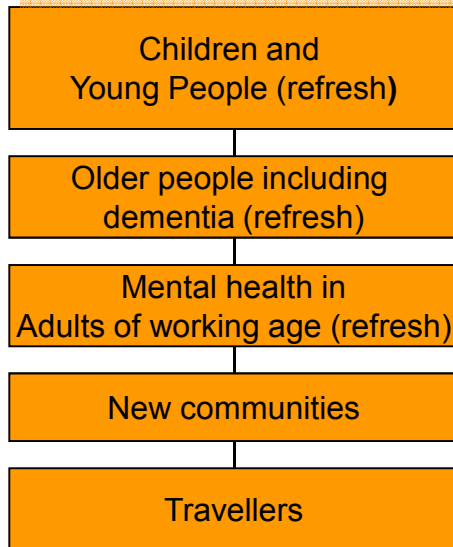


2009

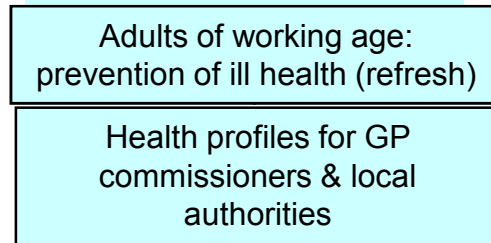


**Joint Strategic Needs Assessment
In Cambridgeshire**

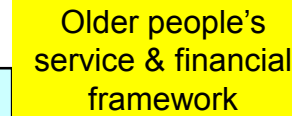
2010



2011



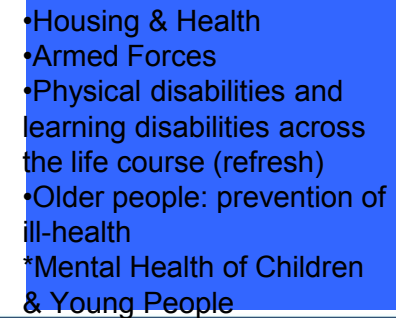
2012



2014



2013



Carers JSNA

Key findings: all carers (1)

Carers are at risk of poor physical, emotional and economic wellbeing.

Work is needed on how best to support carers early.

Services should systematically capture the views of carers on services and build on models like Pinpoint.

Carers JSNA

Key findings: all carers (2)

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.

GPs are ideally placed to support carers and good work in Cambridgeshire includes the GP prescription service. Further mapping of what is provided in primary care is needed, including for bereaved carers.

Carers JSNA - Key findings: Young carers and Young adult carers

Services need to work jointly to identify young carers.

Support is needed at transition to adulthood.

Data are not available on educational outcomes.

Young adult carers are at risk of poor access to advice, support and carers assessment.

Carers JSNA

Next steps

The Carers JSNA will inform the Carers review work.

The JSNA has been informed by phase one of strategic work in Cambridgeshire to review and remodel the support to family/informal carers.

The JSNA will inform the second phase of work, to design a new 'tiered' model of support for carers.

It is anticipated that NHS allocation for carers will be included in Section 75 pooled budget arrangements required for the Better Care Fund

Older People's Mental Health JSNA

Key findings (1)

There is a distinction between mental wellbeing/health and mental illness. 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.

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Older People's Mental Health JSNA

Key findings (2)

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.

Older People's Mental Health JSNA

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.

Older People's Mental Health JSNA

Implications

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.

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).

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.

Treatment and care: There is further scope for commissioners to benchmark service specifications, and current provision against NICE guidance and/or quality standards.

Current strategies and joint arrangements (1)

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);

Current strategies and joint arrangements (2)

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.

Primary Prevention of ill-health in Older People - Key findings (1)



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.

Primary Prevention of ill-health in Older People - Key findings (2)



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.

Primary Prevention of ill-health in Older People - Opportunities (1)

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

Primary Prevention of ill-health in Older People - Opportunities (2)



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 (1)

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

Current strategies and joint arrangements (2)

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

Current work 2014/2015



Cambridgeshire
County Council

Future Work	Public Health Lead	Scheduled completion date
Mental health of adults	Emma de Zoete	Main report completed October 2014, additional work on datasets for January 15
Vulnerable children and families	Emma de Zoete	January 2015
Long-term conditions	Angelique Mavrodaris	June 2015
Transport and health	Iain Green	April 2015

Slide 21

RL1

Put in order of when they will be completed

Robin Liz, 10/09/14

JSNA Forward Work Plan



Topic description	Project Lead	Date last updated	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016	July 2016	August 2016	September 2016	October 2016	November 2016
Vulnerable Children & families	Emma de Zoete	2010																												
Health & Transport	Iain Green																													
Long Term conditions across the life course.	Angelique Mavrodaris	2009																												
Adults of working age (18-65) – Mental Health - <i>Subject areas: Personality disorder, Autism & Dual diagnosis.</i>	Emma de Zoete	2010																												
Maternity Services																														
Drugs and Alcohol																														
Migrant workers		2007																												
Community cohesion																														
Victim and Offender Health – <i>health of vulnerable people within the Criminal Justice System.</i>																														
New Communities																														
Sensory impairment																														
Health & Wellbeing in the workplace																														

Thank you for your time

Any questions?

**For further information on the JSNA, please
use weblink:**

www.cambridgeshireinsight.org.uk

or contact:

Wendy.quarry@cambridgeshire.gov.uk

Summary JSNA -Key needs



1. To focus on ensuring a positive start to life for children, given the growing evidence of the impact this will have throughout their lives.
2. To plan now for the significant forecast growth in the number of older people in Cambridgeshire over the next 20 years by prioritising
3. To recognise the major impact of common lifestyle behaviours which often start in childhood and continue throughout life
4. To promote individual and community resilience and mental health, including promotion of social networks/self-management support and community engagement.
5. To consider the needs and outcomes for particularly vulnerable or marginalised populations in Cambridgeshire