Care and Support Needs in Rural Areas: A Review of Joint Strategic Needs Assessments in England

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References
1: Introduction

The overall aim of this study is to identify (1) the degree to which Joint Strategic Needs Assessments (JSNA) consider rural circumstances when assessing the care and support needs of their local population and (2) whether they show that people in rural areas experience different care and support needs and, if so, what they are. The review was commissioned by the Commission for Rural Communities in order to feed into the Care and Support Green Paper (ref) consultation process. It was completed between 3rd and 17th November 2008.

Joint Strategic Needs Assessment (JSNA)

The Local Government and Public Involvement Health Act (2007) places a statutory duty on upper tier local authorities and Primary Care Trusts (PCTs) to produce a Joint Strategic Needs Assessment (JSNA). JSNA describes a process that identifies current and future health and well-being needs in the light of existing services, and informs future service planning, taking into account evidence of effectiveness (DH, 2007:7).

JSNAs depend on high quality locally relevant information that provides a clear picture of the area. They should provide a framework to examine all factors that impact on health well-being of local communities, including employment, education, housing and environmental factors. They should map services and the ways they are used, and include analysis that will enable the prioritisation of services and therefore commissioning requirements (DH, 2007:12-17).

Undertaking a JSNA is a continuous process which will assess needs over the next three to five years and will also include a longer term assessment. A JSNA should:

- involve a wide range of local stakeholders
- be produced jointly by directors of children's services, public health, adult social services and PCT commissioners
- engage explicitly with the public
- inform sustainable community strategy and local area agreement targets.

It is stipulated in the guidance that the published findings of the JSNA will be a concise summary of the main health and well-being needs of a community as opposed to a large technical document (DH, 2007:8).
2: Methodology

The review methodology comprised three stages:

1. Electronic search to identify JSNA documents for selected metropolitan councils (Manchester, Leeds, Birmingham and Newcastle), all Greater London authorities and all upper tier local authorities (rural, mixed and urban).
2. Rapid overview assessment of all identified JSNA documents by means of a word search exercise.
3. Content analysis and depth review of nine JSNA documents.

**Step One: Electronic search to identify JSNA documents**

The first stage of the documentary analysis comprised an electronic search in order to collect JSNA documents for all upper tier local authorities in England. JSNA documents produced by unitary and metropolitan authorities were excluded from the review because of time constraints. However, to enable comparison between rural and urban JSNA’s we did include metropolitan/unitary councils for the major urban centres of Manchester, Birmingham, Leeds, Newcastle and Greater London.

Locating the JSNA documents was not a straightforward exercise. We searched for [(name of local authority) (Joint Strategic Needs Assessment)(JSNA)]. If this did not yield the document we then went to the web site of the local authority and then the relevant Primary Care Trusts and searched [(Joint Strategic Needs Assessment) (JSNA)]. Some documents were easily accessible and placed on a specially designed introductory web page. Others were sometimes concealed, for example positioned as attachment to a set of PCT Board Minutes. The documents were in diverse formats. Some included an ‘executive summary’ as part of the main report, others did not have summaries or concluding chapters. Sometimes it was not possible to download the more extensive reports as a single document instead it was necessary to download each chapter individually. In some areas the JSNA is presented as a ‘data platform’ and is not summarised as a report1. JSNA platforms are excluded from the review as they provide links to a vast array of information often without the identification of clear commissioning priorities.

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Significantly, our search suggests that many sites have not yet published a JSNA report (see Table 1 below), with many reports scheduled for first publication around October/November 2008.

**Stage Two: Rapid overview assessment**

The aim of this stage was to ascertain a rapid overview of all the JSNA documents collected as regards likely content on rural and urban related issues. Each council was first classified as a predominantly ‘rural’, ‘urban’ or ‘mixed’ using district based information provided to the researchers by the Commission for Rural Communities. All JSNA documents were then word searched (using the PDF search tool) for the terms ‘rural’ and ‘urban.’ In undertaking the word search, we searched the full report (where available) rather than the executive summary.

The detailed findings from this stage of the review are presented in the tables below.

**Table 1: Findings from Rapid Overview Assessment of Full JSNA Document Set**

**KEY: DU = JSNA Document Unavailable, R = Rural, U = Urban, M = Mixed**

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Table 1d: East Midlands
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**Stage Three: Content analysis and depth review of nine JSNA documents**

In this stage, nine JSNA documents were sampled for depth review. The sampling frame is shown in Table 2 overleaf. Using the findings from the word search, the JSNA documents were categorized as ‘high frequency’ (20+ word search hits) ‘medium frequency’ (10-19 word search hits) and ‘low frequency’ (0-9 word search hits)[counting word search hits for ‘rural’ in rural and mixed areas & ‘urban’ in urban areas]. Where there was a choice of documents in each category we selected the highest placed document for full review. The nine JSNA documents selected for depth review are:

- (Rural) Suffolk, Cambridgeshire and Cornwall
- (Mixed) Bedfordshire, West Sussex and Nottinghamshire
- (Urban) Manchester, Bromley and Brent
Table 2: Sampling frame for JSNA documents

2a) Rural Councils/Upper Tier Local Authorities

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2b) Mixed Councils/Upper Tier Local Authorities

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2c) Urban Councils/Upper Tier Local Authorities

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Guidance on JSNA links to a core data set which provides ‘an indicative list of indicators to assist partnerships in preparing their JSNA’ (DH, 2007). We used the domains of the core data set to build a framework for the content analysis focusing on: demography; social and environmental context; lifestyle/risk factors; burden of ill-health; and services.

All nine JSNA documents were word searched again and the findings reported descriptively as well as numerically. The documents were then read in full by the researcher to check that any relevant issues were not missed (i.e. because the word ‘rural’ was not mentioned specifically in relation to the issue). Analysis involved:

- Identifying the overarching *commissioning priorities* for each JSNA document (these were usually to be found in the executive summaries of the documents) and then logging these in relation to the domains of the core data set.
- Identifying any rural and urban issues and then logging how these impacted upon or ‘cross cut’ the domains of the core data set.

Once all the documents had been systematically reviewed, the findings were then compared to assess if there was any evidence to suggest that people living in ‘rural’ areas experienced different care and support needs to those living in ‘urban’ and ‘mixed’ areas.
3: Content Analysis

Nine JSNA documents were selected for full review. We review each document in turn before drawing out conclusions as to:

1. The degree to which Joint Strategic Needs Assessments (JSNA) consider rural circumstances when assessing the care and support needs of their local population
2. Whether they show that people in rural areas experience different care and support needs and, if so, what they are.

3:1 JSNA Report for Suffolk

Document Location:

Format: 124 pages with integrated executive summary (undated)

Authors: Suffolk County Council, Suffolk Primary Care Trust, Great Yarmouth and Waveney Primary Care Trust

Locality Profile: Seven districts [5 Rural, 2 Mixed]

Word Search Results: [Rural = 71] [Urban = 33]

Identified Priorities and Commissioning Intentions:

<table>
<thead>
<tr>
<th>Demography</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Numbers</td>
<td>A projected 49% growth in the elderly population (people over 65) and a 90% growth in the over 85s by 2021 implies a significant demand for all age related services and support (p5)</td>
</tr>
<tr>
<td>Births</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Meeting the diverse needs of established black and minority ethnic populations (p5)</td>
</tr>
<tr>
<td>Disability</td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td></td>
</tr>
<tr>
<td>Migrant population</td>
<td>Meeting the diverse needs of new arrivals to the county (p5)</td>
</tr>
<tr>
<td>Local Area: Breakdown of area into constituent communities</td>
<td>Addressing the difference of 12.3 years in life expectancy between the wards with the highest and lowest life expectancy (p5)</td>
</tr>
<tr>
<td></td>
<td>Targeting the marked health, social and economic inequalities that exist between different communities (p5)</td>
</tr>
<tr>
<td></td>
<td>See below for any rural/urban issues...</td>
</tr>
<tr>
<td>Social and</td>
<td></td>
</tr>
<tr>
<td>Environmental Context</td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--</td>
</tr>
<tr>
<td>Poverty</td>
<td></td>
</tr>
<tr>
<td>Living Arrangements:(Housing and Transport)</td>
<td></td>
</tr>
<tr>
<td>Economic: Employment</td>
<td>Planning a multi-agency response to tackling district variations in levels of unemployment and debt rates and prevalence of fuel poverty (p5)</td>
</tr>
<tr>
<td>Environment/Isolation</td>
<td>Developing services and schemes to protect the elderly and other vulnerable groups from extremes in weather, particularly as climate change impacts on the area (p5)</td>
</tr>
<tr>
<td>Voice</td>
<td>Responding to perceptions of public sector services as they are provided and involving the public in service planning, commissioning and review (p5)</td>
</tr>
</tbody>
</table>

| Lifestyle/Risk Factors        |  |
|-------------------------------|  |
| Behaviour (smoking, eating, alcohol etc) | Targeting the 18% of 11 years olds who were recorded as obese in June 2006 with sensitive and appropriate service interventions (p5). |
| Misc                           | Main causes of death in the county are circulatory disease, respiratory disease and cancer (p24). |
| Diabetes                      |  |
| Circulatory                   |  |
| Cancer                        |  |
| Respiratory                   |  |
| Infectious                    |  |
| Dental health                 |  |
| Mental Health                 | Planning to meet the multi-agency needs of people with dementia which are projected to rise by 62% (p5) |
| Trauma                        |  |
| Musculoskeletal               |  |

| Services                      |  |
|-------------------------------|  |
| Social Care: Numbers Standard of Service | Supporting the number of unpaid carers now estimated to be 63,133 and projected to rise with the growth of the older population (p5) |
|                               | Developing pro-active multi-agency case management programmes across health and social care to manage emergency hospital admissions (p5) |
|                               | Planning health and social care services to meet the demands made by the additional 58,000 homes to be built by 2021 (p5). Providing health and well-being services for children and young people under 18 who represent around 24% of the population. In particular, working on transition arrangements between children and adult services and addressing the needs of vulnerable young people such as carers (p5) |
| Health Services: Maternity Dental health |  |
**Preventive**  
**Sexual health**  
**Mental health**  
**Long term conditions**

**Voice:**  
**User perspective on social care/health care**

### Detailed focus on rural and urban issues as they ‘cross cut’ core domains:

Key: **Bold** = Issues identified as ‘priority/key issues’ within the JSNA report.

<table>
<thead>
<tr>
<th>Demography</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Numbers</td>
<td>Urban areas have a younger age structure than rural areas. This may have implications for the many elderly people living in isolated locations away from services and support (p14)</td>
</tr>
<tr>
<td>Births</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td></td>
</tr>
</tbody>
</table>
| Migrant population | Migrant workers may be taking up more seasonal work. This may have implications for community cohesion, particularly amongst those with low skill levels in rural areas and who have traditionally relied on short term employment opportunities that are now being taken by new arrivals (p67)  
Most new migrants settle in urban areas however there are a number from this new wave migration living in more rural areas. These new migrants report language and housing difficulties as being the key issues they face, as well as access to services and community cohesion (p81) |

| Local Area: Breakdown of area into constituent communities/Urban/rural classification | As 40% of the population of Suffolk lives outside the main urban areas, services must be developed to meet the needs of these scattered rural communities (p5).  
In rural areas, evidence suggests some key issues are rural isolation and poor public transport, the high price and low supply of housing for locals, and fuel poverty for many pensioners and other vulnerable people (p110)  
In the market towns of Suffolk (which tend to be rural in character) evidence suggests that many key issues residents face are similar to those in more rural areas (p110)  
In urban areas, evidence suggests that some of the key issues are high levels of multiple deprivation, a younger age profile than many of the more rural areas as well as a more ethnically diverse population. Housing is more affordable and access to |

---

18
<table>
<thead>
<tr>
<th>Social and Environmental Context</th>
</tr>
</thead>
</table>
| Poverty                         | Fuel poverty is high (acute) in Suffolk and often occurs in rural areas where there are large populations of elderly and vulnerable people (p52, p111)  
| Living Arrangements:(Housing and Transport) | There are several groups in the county who have specific and often unmet needs in relation to housing; first time buyers, rural locals, new arrivals and young families in particular (p72)  
| | Difficulties of finding accommodation in rural areas (p106)  
| | Barriers to housing – the highest levels of deprivation in this case are almost all in rural area, where barriers to housing appear to be a major form of deprivation. This is the case despite the fact that rural Suffolk often appears to be far less deprived than many urban areas (p72)  
| Economic: Employment            | There are higher skill levels in rural areas as compared to market towns (p111)  
| | Rural areas are generally not as deprived and with relatively high levels of income (p111).  
| Environment/Isolation           | As 40% of the population of Suffolk lives outside the main urban areas, services must be developed to meet the needs of these scattered rural communities (p5).  
| | Areas with high barriers to housing are often located far away from services such as shops and post offices and consequently are likely to be associated with issues of rural isolation and deprivation (p.75).  
| | **Rural isolation can create significant barriers to accessing services for residents particularly those who rely on public transport in the northern part of Mid Suffolk and rural Babergh (p.96)**  
| | The role of environmental factors including transport in influencing health and well-being status of communities in Suffolk is significant. This is particularly so in rural areas where [1] Access to services can be incomplete [2] populations tend to be slightly older [3] There is high prevalence of fuel poverty [4] Older people tend to be more vulnerable to extremes in temperature (p96).  
| | The vast majority of households with no cars are in urban centres of Suffolk, where many people can easily walk to services and amenities. There are however some rural areas with low levels of care ownership. A high concentration of one-car households may also be indicative of rural isolation (p96)  

Access to rural cycle paths varies throughout the county (p97)

The rural population and agricultural sector may suffer if it does not respond to climate change by changing the sort of crops grown (to grapes for example) (p100).

Nuisance HGVs on rural lanes (p105).

There are lower levels of crime and anti-social behaviour in rural areas (p111)

<table>
<thead>
<tr>
<th>Voice</th>
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<tbody>
<tr>
<td>Lifestyle/Risk Factors</td>
</tr>
<tr>
<td>Behaviour (smoking, eating, alcohol etc)</td>
</tr>
<tr>
<td>Victims of domestic violence living in rural areas face additional barriers to reporting (p83)</td>
</tr>
<tr>
<td>People living in rural areas tend to be more physically active than those living in market towns (p111)</td>
</tr>
<tr>
<td>There is higher life expectancy for people living in rural areas (p112)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Burden of ill-health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Misc</td>
</tr>
<tr>
<td>Diabetes</td>
</tr>
<tr>
<td>Circulatory</td>
</tr>
<tr>
<td>Cancer</td>
</tr>
<tr>
<td>Respiratory</td>
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<tr>
<td>Infectious</td>
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<tr>
<td>Dental health</td>
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<tr>
<td>Mental Health</td>
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<tr>
<td>Trauma</td>
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<tr>
<td>Musculoskeletal</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Care: Numbers Standard of Service</td>
</tr>
<tr>
<td>Research suggests higher levels of volunteering in urban areas as compared to rural areas (p61)</td>
</tr>
<tr>
<td>Children’s Centres have been established and are making good progress in reaching ‘hard to reach’ families in rural and urban areas (p93)</td>
</tr>
<tr>
<td>Health Services: Maternity Dental health Preventive Sexual health Mental health Long term conditions</td>
</tr>
<tr>
<td>Inequality in access to services (including hospital A&amp;E, GPs and dental surgeries) reflects the urban/rural split in the county with some rural wards most disadvantaged (p99)</td>
</tr>
<tr>
<td>The results of the 2006/7 GP patient survey show that those living in rural areas are less satisfied than those living in other areas (p109)</td>
</tr>
</tbody>
</table>

| Voice: User perspective on social care/health care |
### 3:2 JSNA Report for Cambridgeshire

**Document Location:**

**Authors:** Cambridgeshire County Council and Cambridgeshire NHS

**Format:** 91 pages. In Cambridgeshire, six JSNA reports were produced for different groups of the population. The overview document brings together the key findings from each of these reports. Action plans, priorities and commissioning intentions are not reported in the JSNA (the reader is referred to many other strategic documents [see p91 for list of relevant reports]).

**Locality Profile:** 5 Districts [4 rural, 1 mixed]

**Word Search Results:** [Rural = 17] [Urban = 9]

**Identified Priorities and Commissioning Intentions:** None Identified – See Note Above

**Detailed focus on rural and urban issues as they ‘cross cut’ core domains:**

Key: Bold = Issues identified as ‘priority/key issues’ within the JSNA report.

<table>
<thead>
<tr>
<th>Demography</th>
<th>Population ageing is likely to have the greatest impact in rural districts. Between 2006 and 2011, the population aged 75 years and above is expected to rise by 1,340 (13% in South Cambridgeshire, by 1,230 (12%) in Huntingdonshire, by 820 (10% in Fenland and 740 (12%) in East Cambridgeshire (p80).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Numbers</td>
<td></td>
</tr>
<tr>
<td>Births</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td></td>
</tr>
<tr>
<td>Migrant population</td>
<td></td>
</tr>
<tr>
<td>Local Area: Breakdown of area into constituent communities/Urban/rural classification</td>
<td>Cambridgeshire is predominantly rural. The DEFRA classification reflects the local area relatively well, separating the large market town population from the village and dispersed populations. The most rural districts are Huntingdonshire and East Cambridgeshire. Fenland has 52% of its population in large market towns. East Cambridgeshire has 26% in villages and 9% is dispersed among more rural areas (p14)</td>
</tr>
<tr>
<td>Social and Environmental Context</td>
<td>Deprivation, poor educational attainment, highest rates of unhealthy lifestyle among children, are located in Fenland (which has 56% of population living in a large market town) (p18)</td>
</tr>
<tr>
<td>Poverty</td>
<td></td>
</tr>
<tr>
<td>Living</td>
<td>Cambridgeshire is a predominantly rural area, Nearly a fifth of</td>
</tr>
</tbody>
</table>
### Arrangements: (Housing and Transport)

The population do not have access to a car or van. Cambridge city has the lowest levels of car ownership, which may be expected as it is an urban area. However, Fenland has the second highest levels of non-car ownership in Cambridgeshire (p8/p15/p44).

One recommendation of a review of passenger transport by the County Council was pilot schemes for ‘demand-responsive’ rural transport services (p75).

The barriers to housing and services domain are included in the Index of Multiple Deprivation 2007. This domain looks at geographical barriers such as road distance to GP surgery, general store or supermarket, primary school and post office and wider barriers such as household overcrowding, homeless provision applications and difficulty to access to owner occupation. Cambridgeshire is relatively deprived for this indicator. This would be expected given the rural nature of most of Cambridgeshire (p35-36)

| Economic: Employment | The pattern of income deprivation for older people is more dispersed than that for children and working age adults, with eight of the most deprived small areas in Cambridge, seven in Fenland and five in Hunts – and more small areas of income deprivation in rural villages (p77/82). |
| Environment/Isolation | Areas where statutory air quality standards are not being met are along the A14 or in urban areas (p36). |
| Voice | |
| Lifestyle/Risk Factors | |
| Behaviour (smoking, eating, alcohol etc) | Road traffic death rates are significantly above the national average, notably in the rural districts (p28) |

### Burden of ill-health

| Misc | |
| Diabetes | |
| Circulatory | |
| Cancer | |
| Respiratory | |
| Infectious | |
| Dental health | |
| Mental Health | |
| Trauma | |
| Musculoskeletal | |

### Services

| Social Care: Numbers Standard of Service | |
| Health Services: Maternity | |
| Dental health | |
| Preventive | |
| Sexual health | |
Mental health
Long term conditions

Voice:
User perspective on social care/health care

3:3 JSNA Report for Cornwall

[Accessed 7th November 2008]

Format: 46 pages, plus Executive Summary integrated into minutes of PCT Board Meeting (21st February 2008).

Author: Cornwall and Isles of Scilly Primary Care Trust

Locality Profile: 6 Districts [All Rural]

Word Search Results: [Rural = 7] [Urban = 5]

Identified Priorities and Commissioning Intentions:

<table>
<thead>
<tr>
<th>Demography</th>
<th></th>
</tr>
</thead>
</table>
| Population Numbers | Demographic pressures and climate change identified as the two key topics that Cornwall needs to address (Executive Summary pi).
<p>| | Need to plan for successes which include a population that has more people reaching 85 years of age (p42) |
| Births | |
| Ethnicity | Work is underway to improve services for ethnic groups (p42) |
| Disability | |
| Religion | |
| Migrant population | Continue to develop migrant workers information pack (p42) |
| Local Area: Breakdown of area into constituent communities Urban/rural classification | |
| Social and Environmental Context | See note above about climate change (pi) |
| Poverty | |
| Living Arrangements: (Housing and Transport) | High numbers in housing with no central heating – Need to work together to provide warm dry housing (p42) |</p>
<table>
<thead>
<tr>
<th>Economic: Employment</th>
<th>Provide practical assistance and information to encourage take up of benefits among elders (p42)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environment/Isolation</td>
<td>Increase community engagement to help older people to remain independent and reduce social isolation (p42)</td>
</tr>
<tr>
<td>Voice</td>
<td></td>
</tr>
<tr>
<td><strong>Lifestyle/Risk Factors</strong></td>
<td></td>
</tr>
<tr>
<td>Behaviour (smoking, eating, alcohol etc)</td>
<td>In relation to delivery of public services, need to plan for: Increasing obesity (pi) and to work creatively to make physical exercise and healthy eating the norm (p42). Increased harmful drinking of alcohol (pi), especially among young people (p42). High life expectancy, but high rates of suicide – A strategy to prevent suicides is currently being developed (p42)</td>
</tr>
<tr>
<td><strong>Burden of ill-health</strong></td>
<td></td>
</tr>
<tr>
<td>Misc</td>
<td>High numbers of self-reported long term limiting illness (p42).</td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
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<tr>
<td>Circulatory</td>
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<td>Cancer</td>
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<tr>
<td>Respiratory</td>
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<td>Infectious</td>
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<tr>
<td>Dental health</td>
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<tr>
<td>Mental Health</td>
<td></td>
</tr>
<tr>
<td>Trauma</td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>High rates of fractured neck of femur – Need to work together to prevent falls (p42)</td>
</tr>
<tr>
<td><strong>Services</strong></td>
<td></td>
</tr>
</tbody>
</table>
| Health Services: Maternity | Need to plan for population changes that will have serious implications for health and social care services, and indeed all public services (pi). In relation to the delivery of public services, need to plan for: |-
|                      | • increasing numbers of children with severe and complex disabilities (pi)                   |
|                      | • increasing longevity of people including those with learning disabilities with substantial and critical levels of need into adulthood and into old age (pi, p42) |-
| Social Care: Numbers |                                                                                             |
| Standard of Service  | Continue to promote elders' independence (p42)                                              |
| Health Services: Dental health | Need to work together to prevent falls and ensure that there are good treatment services which help people back to independence after a severe fall (p42) |-
| Preventive           | People with genetic conditions (e.g. Multiple Sclerosis) are living longer. More work is needed to determine increased life expectancy and to plan services to support people (p42). |
| Sexual health        |                                                                                             |
| Mental health        |                                                                                             |
| Long term conditions |                                                                                             |
| **Voice: User perspective on** |                                                                                           |
Detailed focus on rural and urban issues as they ‘cross cut’ core domains:
Key: **Bold** = Issues identified as ‘priority/key issues’ within the JSNA report.

<table>
<thead>
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<th>Demography</th>
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<tr>
<td>Population Numbers</td>
<td></td>
</tr>
<tr>
<td>Births</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td>It is noted that the Asian population is located in towns rather than in rural areas (p10)</td>
</tr>
<tr>
<td>Disability</td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td></td>
</tr>
<tr>
<td>Migrant population</td>
<td></td>
</tr>
<tr>
<td>Local Area: Breakdown of area into constituent communities/Urban/rural classification</td>
<td>Cornwall is predominantly rural. In rural 2001 it was estimated that 37% of the population lived in an urban or large market town compared to 65.9% across the southwest. 46% of the population lives in dispersed settlements of less than 3,000 (p19).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social and Environmental Context</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Poverty</td>
<td></td>
</tr>
<tr>
<td>Living Arrangements:(Housing and Transport)</td>
<td></td>
</tr>
<tr>
<td>Economic: Employment</td>
<td>Take-up of pension credit is reported to be particularly low in rural areas, where 42% of pensioners are eligible non recipients compared with 35% in urban areas. This is taken as an indication of rural deprivation (p17).</td>
</tr>
<tr>
<td>Environment/Isolation</td>
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</tr>
<tr>
<td>Voice</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lifestyle/Risk Factors</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Behaviour (smoking, eating, alcohol etc)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Burden of ill-health</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Misc</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
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<td>Circulatory</td>
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<td>Cancer</td>
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<td>Dental health</td>
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<td>Mental Health</td>
<td></td>
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<tr>
<td>Trauma</td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td></td>
</tr>
</tbody>
</table>

| Services | Delivering services to rural areas presents challenges in terms of travel times and patient choice (p19). The population is thinly spread. There are few urban centres. Nearly half of the |
Population lives in communities of less than 3000 people. This is an issue for service providers and transport to the services in particular (p34).

<table>
<thead>
<tr>
<th>Social Care: Numbers Standard of Service</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Services: Maternity Dental health Preventive Sexual health Mental health Long term conditions</td>
<td></td>
</tr>
<tr>
<td>Voice: User perspective on social care/health care</td>
<td></td>
</tr>
</tbody>
</table>

### 3:4 JSNA for Bedfordshire


**Format:** 412 pages, this JSNA is a compendium of 12 reports/chapters, interim recommendations and an appendix (11th June 2008 V 3.1)

**Author:** Bedfordshire County Council

**Locality Profile:** Three Districts [2 mixed, 1 urban]

**Word Search Results:** [Rural = 49] [Urban = 28]

**Identified Priorities:** It is noted that ‘As at April 2008, partners have to discuss and agree a set of recommendations arising from the JSNA. Some of the reports make recommendations but these are not necessarily signed off by the partnership’ (Interim Recommendations Report, p3).

**Detailed focus on rural and urban issues as they ‘cross cut’ core domains:**

Key: **Bold** = Issues identified as ‘key issues’ within the JSNA report.

<table>
<thead>
<tr>
<th>Demography</th>
<th></th>
</tr>
</thead>
</table>
| Population Numbers | Although largely rural, 60% of the population lives in towns (Demography and Geography, p4).

One of the major shifts for Bedfordshire over the next 15-20 years is the growing population of people aged over 65. The highest population of older people is in Bedford Borough, particularly the rural wards of north east Bedfordshire |
<table>
<thead>
<tr>
<th>Births</th>
<th>(Demography and Geography, p5).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity</td>
<td>Bangladeshis and Pakistanis are found in small areas, often areas of high urban deprivation (Demography and Geography, p19).</td>
</tr>
</tbody>
</table>

|Disability|  |
|Religion|  |
|Migrant population|  |
|Local Area: Breakdown of area into constituent communities/ Urban/rural classification|  |

|Social and Environmental Context|  |
|Poverty| Child poverty is increasing nationally, locally it is mostly concentrated in urban Bedford (Children and Economic Well-being, p40).|

|Living Arrangements:(Housing and Transport)| The high cost of ownership and the lack of social housing in villages and rural areas may be adversely affecting the sustainability of these communities. Lack of affordable housing may force young people to move away, reducing social networks. It may also make the mix of age ranges and social characteristics less balanced. This can be a particular problem in rural areas as it can affect the viability of local services such as schools and shops; rural enterprise may not be able to find workers and communities are less likely to have thriving social networks  (Children and Economic Well-being, p32-33)  
There are a significant number of rural wards with the highest rates of children living in dwellings with no central heating (Children and Economic Well-being, p35)  
There are remote settlements where access to education, employment, health facilities and food stores is poor. However, access to Demand Responsive Transport may be having a positive impact (Children and Economic Well-being, p37)  
The absence of accessible transport whether public or private can have a major impact on the quality of life and life chances of young people. This is particularly the case in rural areas. Transport is a key concern for young people living in rural areas who can face difficulties accessing key services such as education, training and healthcare. We need to ensure that the potential impact of the withdrawal of public transport services on young people is assessed when such proposals are being|
considered and examine innovative solutions to overcoming the inaccessibility to services young people living in small towns and rural areas experience (Children and Economic Well-being, p36,38,39).

4% of all urban commuters cycle to work, as compared to 2% or all rural commuters (Children Be Healthy, p6)

<table>
<thead>
<tr>
<th>Economic: Employment</th>
<th>Young people living in small towns and rural areas without a car can be more isolated (Children and Economic Well-being, p36)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environment/Isolation</td>
<td>In urban areas, many children have no direct access to outside play and amenity areas (Children and Economic Well-being, p34).</td>
</tr>
</tbody>
</table>

Voice

Lifestyle/Risk Factors

Behaviour (smoking, eating, alcohol etc)

There is a need to examine Road Traffic Accident Data – Is there a link to urban areas? (Children – Stay Safe p,12).

Burden of ill-health

Misc

Low birth weight – one rural ward has highest rates (Children Be Healthy, p31)

Diabetes

Circulatory

Cancer

Respiratory

Infectious

Dental health

Mental Health

Prevalence of mental disorders in children 9-11 in rural areas is 12% (Children be Healthy, p31).

Trauma

Musculoskeletal

Services

Access to services can be a challenge, due to transport inadequacies and lack of car ownership particularly for those living in rural areas on the urban fringe (Inequalities, p19).

Social Care: Numbers Standard of Service

The JSNA report incorporates a number of PCT reports as part of the Appendix. These identify:

- The need to commission a new rural dispensing scheme to deliver medication to all who find it hard to pick up (rural/elderly/frail) (Appendix p34, 42, 43)
- Improve access to phlebotomy service – rural areas and those with poor public transport a priority (Appendix p42)
- Minor ailment scheme – improve access in rural areas (Appendix p42)

In order to help people make healthier choices: (1) Improve
transport facilities in rural areas; (2) Ensure availability of fresh food in rural areas (Appendix p35)

| Voice: User perspective on social care/health care | Urban and rurally based respondents were equally happy with their GP services (Voice, p 12) |

3:5 JSNA for West Sussex

First Working Draft.

Format: 138 pages (May 2008)

Author: West Sussex County Council/ West Sussex Primary Care Trust

Locality Profile: 7 Districts [3 Urban, 3 Rural, 1 Mixed]

Word Search Results: [Rural = 11] [Urban = 7]

Identified Priorities/Commissioning Intentions:

<table>
<thead>
<tr>
<th>Demography</th>
<th>The population age structure of West Sussex, already older than most others, will continue to grow (p80)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Numbers</td>
<td>The population is becoming increasingly ethnically diverse and will continue to do so over the next 5-15 years (p5)</td>
</tr>
<tr>
<td>Births</td>
<td>There will be an increase in the numbers of people with dementia, with sensory and physical impairment and older people with learning difficulties. Due to improved life expectancy the growth in some of these key client groups will increase at a greater rate than general population increases (p80).</td>
</tr>
<tr>
<td>Disability</td>
<td>There will be an increase in the numbers of people with dementia, with sensory and physical impairment and older people with learning difficulties. Due to improved life expectancy the growth in some of these key client groups will increase at a greater rate than general population increases (p80).</td>
</tr>
<tr>
<td>Religion</td>
<td>Migrant population</td>
</tr>
<tr>
<td>Local Area: Breakdown of area into constituent communities</td>
<td>Urban/rural classification</td>
</tr>
<tr>
<td>Social and Environmental Context</td>
<td>Number of children living in low income households has increased and increased most in the poorest areas (p53)</td>
</tr>
<tr>
<td>Living Arrangements: (Housing and Transport)</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>--</td>
</tr>
<tr>
<td><strong>Economic: Employment</strong></td>
<td>Economic activity rates are high, unemployment is low. However, there are increasing numbers of people of working age on sickness benefits. Some areas have a quarter of working age adults on sickness benefits (p71) The workforce is ageing and will have increasing demands to meet caring responsibilities. People in receipt of carers’ allowance have been one of the largest growing benefit groups in West Sussex (p71) Work is required to develop health workplace practices (p71)</td>
</tr>
<tr>
<td><strong>Environment/Isolation</strong></td>
<td>Quality of life issues whether quality of home environment, neighbourhood facilities, choice, public transport and social activities, are identified by older people as key drivers in health and well-being (p80) Facilities, activities and networks at the neighbourhood level will become increasingly important to support the quality of life of an ageing population (p122) There will need to be greater emphasis on transport and the role in health and well-being to meet the needs of an ageing population with rising fuel costs (p122) There will be growing pressures to meet both general and special housing needs (p122) Further work is needed on health and the environment and how commissioning needs to address issues related to sustainability and climate change (p122).</td>
</tr>
</tbody>
</table>

| Voice |  |

| Lifestyle/Risk Factors | While West Sussex continues to be a relatively health and wealthy county overall, there are considerable inequalities both in terms of health and health outcomes and wider determinants of health. The evidence suggests inequalities are increasing. Reduce premature mortality in Local Neighbourhood Improvement Areas... (p5) Inequalities remain evident in older age in West Sussex (p80) |
| Behaviour (smoking, eating, alcohol etc) | Increase the number of women breast feeding at birth in Local Neighbourhood Improvement Areas... (p5,31) Alcohol misuse is a growing problem among young people – maintain the percentage of young people who say they never drink with the intention of getting drunk above 49% in 2010 |
Although prevalence of smoking is lower for the county as compared to the England average there are significant differences in prevalence among the seven district areas – NHS stop smoking services to achieve annual throughput of quitters equivalent to 0.7% of the west Sussex adult population between 2008-2011 (p31, p53)

Bullying is a key concern among 14/15 year olds (p53)

Reduce the rate of maternal smoking (p31)

Obesity is related to socioeconomic deprivation, with higher rates in deprived areas – To slow the rate of increase in childhood obesity (p31)

Adult participation rates in physical activity are low in many parts of the county – To increase the percentage of young people who say they take 30 minutes of moderate physical exercise at least 3 times per week... (p31)

Reduce conception rate of females under 18 from 2.71% to 2.30% (p31)

Ensure access to GUM clinics within 48 hours by 2010

Screen 17% of the population aged 15-24 years for Chlamydia between 2008-2011 (p31)

<table>
<thead>
<tr>
<th>Burden of ill-health</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Misc</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td>Circulatory</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
</tr>
<tr>
<td>Respiratory</td>
<td></td>
</tr>
<tr>
<td>Infectious</td>
<td></td>
</tr>
<tr>
<td>Dental health</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>Mental health problems are the most stated reason for being on sickness benefits (p71) Mental and emotional well-being are major concerns (older people) – the South East has the highest levels of depression amongst older people in the county and isolation, loneliness and fear in old age are raised in surveys (p80).</td>
</tr>
<tr>
<td>Trauma</td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td></td>
</tr>
<tr>
<td>Services</td>
<td></td>
</tr>
<tr>
<td>Social Care:</td>
<td>Improving outcomes for care leavers (p53)</td>
</tr>
<tr>
<td>Numbers</td>
<td></td>
</tr>
<tr>
<td>Standard of Service</td>
<td></td>
</tr>
<tr>
<td>Health Services:</td>
<td></td>
</tr>
<tr>
<td>Maternity</td>
<td></td>
</tr>
</tbody>
</table>
Dental health
Preventive
Sexual health
Mental health
Long term conditions

Voice:
User perspective on social care/health care

Detailed focus on rural and urban issues as they ‘cross cut’ core domains:

Key: **Bold** = Issues identified as ‘priority/key issues’ within the JSNA report.

<table>
<thead>
<tr>
<th>Demography</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Numbers</td>
<td>West Sussex is broadly characterised by a developed coastal strip, rural hinterland and market towns. Large areas are classified as rural... An estimated 87,000 people (11%) live in villages, hamlets or isolated dwellings, 99,000 (13%) live in towns and 581,000 (7.6%) live in urban areas (p19)</td>
</tr>
<tr>
<td>Births</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td></td>
</tr>
<tr>
<td>Migrant population</td>
<td></td>
</tr>
<tr>
<td>Local Area: Breakdown of area into constituent communities/Urban/rural classification</td>
<td>Adur (urban district) has continued challenges with educational attainment remaining low and a relatively high number of adults without qualifications on low wages (p53) The data at LSOA level highlights specific areas are identified as having lower accessibility. No households were more than 30 minutes away from a supermarket or convenience store but lower accessibility is clearly shown in rural areas in Chichester and county border areas of Mid Sussex while part of Broadfield South in Crawley is shown having less than half of people within 15 minutes of a food store (p133)</td>
</tr>
</tbody>
</table>

| Social and Environmental Context |  |
| Poverty |  |
| Living Arrangements:(Housing and Transport) | Household fuel poverty is evident across West Sussex. New data highlights some of the rural areas within Chichester as having higher levels of people in fuel poverty (p122). Under-occupancy of housing – In West Sussex, 55% of people aged 65 years or over live in households with an occupancy rating of 2+ or more rooms per person (meaning they are under occupied). This was particularly prevalent in the rural areas of the county (p89). Housing without key amenities – Ardur, Worthing and some |
rural pockets had higher number of older people without central heating (in Ardur 11% of lone pensioner households have no central heating (p89).

Clearly older people, people with long term limiting illness and one parents and people out of work may be particularly disadvantaged in parts of West Sussex (notably rural parts) not having access to personal transport (p135).

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td></td>
<td>Air quality – secure 15% cut in urban background exposure (p138).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Economic: Employment

<table>
<thead>
<tr>
<th>Employment</th>
<th>Environment/Isolation</th>
<th>Lifestyle/Risk Factors</th>
<th>Burden of ill-health</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Air quality – secure 15% cut in urban background exposure (p138).</td>
<td></td>
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</tr>
</tbody>
</table>

### Lifestyle/Risk Factors

<table>
<thead>
<tr>
<th>Behaviour (smoking, eating, alcohol etc)</th>
</tr>
</thead>
</table>

### Burden of ill-health

#### Misc

- Diabetes
- Circulatory
- Cancer
- Respiratory
- Infectious
- Dental health
- Mental Health
- Trauma
- Musculoskeletal

#### Services

<table>
<thead>
<tr>
<th>Social Care: Numbers</th>
<th>Standard of Service</th>
<th>Health Services: Maternity Dental health Preventive Sexual health Mental health Long term conditions</th>
</tr>
</thead>
</table>

#### Services

<table>
<thead>
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<th>Social Care: Numbers</th>
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<th>Health Services: Maternity Dental health Preventive Sexual health Mental health Long term conditions</th>
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</table>

#### Services

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#### Services

<table>
<thead>
<tr>
<th>Social Care: Numbers</th>
<th>Standard of Service</th>
<th>Health Services: Maternity Dental health Preventive Sexual health Mental health Long term conditions</th>
</tr>
</thead>
</table>

# Voice

**User perspective on social care/health care**
3:6 JSNA for Nottinghamshire


Author: Nottingham City PCT, Nottingham County Council and City Health Partnership

Locality Profile: 6 Districts [4 Mixed, 2 Rural]

Word Search Results: [Rural = 8] [Urban = 14]

Identified Priorities and Commissioning Intentions:

In the JSNA ‘Overview Report’ there are 166 recommendations. A sample is presented below. It is noted that this list is not exhaustive of all local objectives, focusing only on those that require partnership delivery and are relevant to health and well-being priorities as identified in the JSNA (p12).

<table>
<thead>
<tr>
<th>Demography</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Numbers</td>
<td>The latest estimate of the city's population is 286,400. Over a</td>
</tr>
<tr>
<td></td>
<td>quarter of the population are aged 18-29, with university</td>
</tr>
<tr>
<td></td>
<td>students comprising 1 in 9 of the population. In the short to</td>
</tr>
<tr>
<td></td>
<td>medium term the City is unlikely to follow the national trend</td>
</tr>
<tr>
<td></td>
<td>of increasing number of people over retirement age, although</td>
</tr>
<tr>
<td></td>
<td>the number aged 85+ is projected to increase (p7)</td>
</tr>
<tr>
<td>Births</td>
<td>Conduct further analysis to investigate the correlation of</td>
</tr>
<tr>
<td></td>
<td>inequalities in limiting long term illness reported for</td>
</tr>
<tr>
<td></td>
<td>different ethnic groups (p21)</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td></td>
</tr>
<tr>
<td>Migrant population</td>
<td></td>
</tr>
<tr>
<td>Local Area:</td>
<td></td>
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<tr>
<td></td>
<td>Breakdown of area into constituent communities</td>
</tr>
<tr>
<td>Urban/rural</td>
<td></td>
</tr>
<tr>
<td>classification</td>
<td></td>
</tr>
</tbody>
</table>

Social and Environmental Context

<p>| Poverty |                                                                 |
|         |                                                                 |
|         |                                                                 |
| Living Arrangements:(Housing and Transport) | |</p>
<table>
<thead>
<tr>
<th>Economic: Employment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Environment/Isolation</td>
<td></td>
</tr>
<tr>
<td>Voice</td>
<td></td>
</tr>
</tbody>
</table>

**Lifestyle/Risk Factors**

- **Behaviour (smoking, eating, alcohol etc)**
  - (Children's avoidable injuries) Continue to focus on most deprived areas through multi-agency delivery (p17)
  - (Adult Avoidable Injuries) Conduct further analysis for reasons for referral (p12).
  - Further development of the child obesity strategy... (p16)
  - (Adult obesity) Review the countywide action plan (p13)
  - (Children and Young People Substance Misuse) Conduct further analysis of drug and alcohol misuse (p16)
  - (Adult problem drug use) Improve access to treatment (p14)
  - (Alcohol) Develop early identification and intervention to prevent the onset of chronic and acute alcohol related harm (p14)
  - Smoking – upscale effective interventions (p23)
  - Teenage pregnancy – Address gaps identified by the National Support Team and implement the action plan (p23).
  - Continue to develop partnerships across the city in order to heighten awareness of the issues of physical activity (p22)
  - Implement targeted diet and nutrition programmes for both children and adults (p20)
  - Domestic violence services to be made accessible to all communities (p20)

- **Burden of ill-health**
  - CVD, respiratory disease and cancer remain the biggest contributors to the life expectancy gap in the city (p7)

- **Misc**
  - Diabetes
    - To ensure high quality education and information for patients (p19)
  - Circulatory
    - Ensure on-going monitoring of happy hearts (p15)
    - (Life Expectancy) continue the focus on CVD and its risk factors (p21)
  - Cancer
    - Improve screening to enable early detection (breast, cervical, bowel) (p14)
  - Respiratory
    - To develop evidence-based care management for people with COPD (p18)
  - Infectious
    - Refresh the sexual health strategy (p22)
  - Dental health

---

35
### Mental Health

Conduct further assessment of the impact of dementia on numbers and length of stay of emergency admissions (p19)

### Trauma

### Musculoskeletal Services

*Work with health and social care staff to improve the quality and consistency of the identification, assessment and advice offered to carers (p15)*

### Social Care: Numbers Standard of Service

*Conduct further ethnicity and spatial analysis to identify reasons for greater increase in numbers and need of disabled children in secondary schools (p16).*

*Review support services for adults with disabilities in the transition between services for under 65s and those for older people (p13)*

*Develop advocacy services to ensure the articulation of the needs of adults with learning disabilities (p12)*

*Develop integrated service provision for older people and people with long term conditions with a pro-active, preventive targeted approach (p21)*

### Health Services: Maternity Dental health Preventive Sexual health Mental health Long term conditions

*Implement plans and evaluate midwifery services (p22)*

*(Children’s Mental Health) Develop comprehensive pathways, ensuring access to services for all children and young people (p18)*

*(Adult Mental Health) Increase capacity in primary care for the treatment of common mental health problems (p13)*

### Voice: User perspective on social care/health care

**Detailed focus on rural and urban issues as they ‘cross cut’ core domains:**

Key: **Bold** = Issues identified as ‘priority/key issues’ within the JSNA report.

### Demography

The city’s demographic profile is heavily influenced by its being largely the inner urban part of the wider Greater Nottingham conurbation (p4)

<table>
<thead>
<tr>
<th>Population Numbers</th>
<th>Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td>Mild to moderate learning disability is linked to poverty and (nationally) rates are higher in deprived and urban areas (p 167)</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
</tr>
<tr>
<td>Migrant population</td>
<td></td>
</tr>
<tr>
<td>Local Area: Breakdown of area into constituent communities/Urban/rural classification</td>
<td></td>
</tr>
<tr>
<td><strong>Social and Environmental Context</strong></td>
<td>The JSNA includes the MOSAIC geo-demographic classification which considers different household types and their characteristics (e.g. rural isolation and rural seclusion). (p12).</td>
</tr>
<tr>
<td>Poverty</td>
<td></td>
</tr>
<tr>
<td>Living Arrangements: (Housing and Transport)</td>
<td></td>
</tr>
<tr>
<td>Economic: Employment</td>
<td></td>
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<tr>
<td>Environment/Isolation</td>
<td></td>
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<tr>
<td>Voice</td>
<td></td>
</tr>
<tr>
<td><strong>Lifestyle/Risk Factors</strong></td>
<td></td>
</tr>
<tr>
<td>Behaviour (smoking, eating, alcohol etc)</td>
<td>Nottingham is typical of many urban areas having a younger population than England and additionally areas of high social disadvantage and income deprivation typically associated with higher rates of teenage pregnancy. Teenage pregnancy is often a cause and consequence of social exclusion and is more common in areas of high deprivation (p122).</td>
</tr>
<tr>
<td><strong>Burden of ill-health</strong></td>
<td></td>
</tr>
<tr>
<td>Misc</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
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<tr>
<td>Circulatory</td>
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<td>Respiratory</td>
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<tr>
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<tr>
<td>Mental Health</td>
<td></td>
</tr>
<tr>
<td>Trauma</td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td></td>
</tr>
<tr>
<td><strong>Services</strong></td>
<td></td>
</tr>
<tr>
<td>As in most urban areas levels of geographic access to services are generally high, but clearly in reality some groups have better access than others (p14,22)</td>
<td></td>
</tr>
<tr>
<td>Social Care: Numbers</td>
<td></td>
</tr>
<tr>
<td>Standard of Service</td>
<td></td>
</tr>
<tr>
<td>Health Services:</td>
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<tr>
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<tr>
<td>Preventive</td>
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<tr>
<td>Sexual health</td>
<td></td>
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<tr>
<td>Mental health</td>
<td></td>
</tr>
<tr>
<td>Long term conditions</td>
<td></td>
</tr>
</tbody>
</table>
3:7 JSNA for Manchester


Format: 121 pages, draft V1 16th may 2008

Author: Manchester City Council and Manchester Primary Care Trust

Locality Profile: Urban

Word Search Results: [Rural =1] [Urban =4]

Identified Priorities and Commissioning Intentions:
This report highlights numerous issues for commissioners to ‘consider’. A sample of these is presented below. The report also reiterated six priority areas for action identified in another strategic plan. These were: investing in prevention and early intervention; tackling inequalities through targeting activity areas of highest need; responding to urgent need; reforming planned care to reduce waiting times; supporting independence enabling more people to live in the community; and a need to move toward more joint commissioning of services (p8).

<table>
<thead>
<tr>
<th>Demography</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Numbers</td>
<td>Between 2001 and 2006 the population of Manchester grew by 6.9%. This is over twice the average rate of growth in England as a whole (p17) The population of working age adults has increased but the proportions of population aged 0-14 years and 65+ have both fallen (p17) The number of younger older people (aged 65-74) and 75-84 years) are projected to decline in the period up to 2010, but the number of older people aged 85 and over are projected to increase (p17)</td>
</tr>
<tr>
<td>Births</td>
<td>Tackle inequalities through adapting existing mainstream services to meet the needs of BME groups.</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Monitor increasing international migration on reported cases of infectious diseases (p90)</td>
</tr>
<tr>
<td>Disability</td>
<td>Increase access to primary care for new migrants (p24)</td>
</tr>
<tr>
<td>Religion</td>
<td>Ensure services are targeted at more deprived areas to redress the extreme social gradient in accident mortality (p65).</td>
</tr>
<tr>
<td>Urban/rural classification</td>
<td>Social and Environmental Context</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td></td>
<td>Develop a commissioning framework that promotes adaption on climate change (p47)</td>
</tr>
<tr>
<td>Poverty</td>
<td>Improve targeting and co-ordination of fuel poverty advice by health professionals (p40)</td>
</tr>
</tbody>
</table>
| Living Arrangements:(Housing and Transport) | Increase number of extra care housing units and lifetime homes (p22, 40)  
Address the increased prevalence of respiratory diseases among children in poorly heated homes (p40) |
| Economic: Employment      | Address long term effects of unemployment on the health of people over 50 (p34)  
Support for over 50s getting into work and for flexible working lives (p95) |
| Environment/Isolation     | Support activity with older residents to reduce thefts and improve their safety (p46)  
Consider victim support to encourage social engagement (p46).  
Ensure access to a wide range of physical activity opportunities in local communities (p48, p84)  
Promote safe and pleasant outdoor environment conducive to being physically active (p48) |
| Voice                     | |

| Lifestyle/Risk Factors    | |
|---------------------------| |
| Behaviour (smoking, eating, alcohol etc) | Further investment is needed to support homeless people presenting with complex needs (p43)  
Increase access to alcohol/substance misuse services (p43)  
Explore links between teenage pregnancy, crime and disorder (p46)  
Increase levels of smoking cessation among pregnant women (p56)  
Reduce teenage pregnancy (59)  
Improve provision of appropriate weight management services for children (p60, p76)  
Extend community food workers (p79)  
Protect children from second hand smoke (p72)  
Better targeting of stop smoking services (p72)  
Increase capacity to identify young people presenting to alcohol related issues (p76)  
Development of identification and brief advice in primary care and A&E Units to reduce alcohol related harm (p76)  
Actions to increase the retention rates of individuals in contact with drug treatment services (p84)  
Address the specific sexual health needs of young people and people over 50 (p85) |
<table>
<thead>
<tr>
<th>Burden of ill-health</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Misc</td>
<td>An increase in the Manchester population size will have knock on effect of greater volume of cases for routine and secondary care (p22). Develop services to meet the needs of increasing numbers of older old people (p22) Improve the provision of information and support to carers (p37)</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Raise knowledge and awareness of (p109)</td>
</tr>
<tr>
<td>Circulatory</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
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<td>Musculoskeletal</td>
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</tbody>
</table>

| Social Care: Numbers | Increase levels of support for families caring for Looked After Children (p67) |
| Standard of Service  |                                                                          |

| Health Services: Maternity | Increase investment in older people’s mental health services (p22) |
| Dental health             | Develop services for younger older people who have a high burden of disease from midlife (p22) |
| Preventive                | Invest in child health services due projected increased number of children (p22) |
| Sexual health             | Provide more information to pregnant women… (p52) |
| Mental health             | Reorient dental practices towards more preventive ways of working (p65) |
| Long term conditions      | Work with pharmacists to improve home dispensing practice (p65) |

<table>
<thead>
<tr>
<th>Voice: User perspective on social care/health care</th>
<th></th>
</tr>
</thead>
</table>

| 40 |
Detailed focus on rural and urban issues as they ‘cross cut’ core domains:

Key: **Bold** = Issues identified as ‘priority/key issues’ within the JSNA report.

<table>
<thead>
<tr>
<th>Demography</th>
<th>Social and Environmental Context</th>
<th>Lifestyle/Risk Factors</th>
<th>Burden of ill-health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Numbers</td>
<td>Poverty</td>
<td>Behaviour (smoking, eating, alcohol etc)</td>
<td>Misc</td>
</tr>
<tr>
<td>Births</td>
<td>Living</td>
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<td>Diabetes</td>
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<tr>
<td>Ethnicity</td>
<td>Arrangements:(Housing and Transport)</td>
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<td>Circulatory</td>
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<td>Disability</td>
<td>Economic:</td>
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<td>Cancer</td>
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<tr>
<td>Religion</td>
<td>Employment</td>
<td></td>
<td>Respiratory</td>
</tr>
<tr>
<td>Migrant population</td>
<td>Environment/Isolation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Area: Breakdown of area into constituent communities/Urban/rural classification</td>
<td>Voice</td>
<td></td>
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</tbody>
</table>

Violence and its impacts on physical health disproportionately affect particular groups in society such as young men, people living in deprived urban areas, the poor, homeless and minority ethnic groups. It has been estimated that deprived young urban males (the group most at risk) may suffer 60 years of incapacity as a result of injury through violence. The relatively young age structure of Manchester’s population meant that these issues are even more relevant in this area (p43).

Drug use trends commonly emerge in urban centres and then diffuse to surrounding areas (p82). This may explain why certain urban centres with earlier epidemics of drug use, such as Manchester now have a smaller proportion of young people in treatment in comparison to areas with relatively recent increases in levels of problematic drug use.
<table>
<thead>
<tr>
<th>Infectious</th>
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<tbody>
<tr>
<td>Dental health</td>
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<tr>
<td>Mental Health</td>
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<tr>
<td>Trauma</td>
<td></td>
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<tr>
<td>Musculoskeletal</td>
<td></td>
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</tbody>
</table>

**Services**

- Social Care: Numbers
- Standard of Service

- Health Services: Maternity
- Dental health
- Preventive
- Sexual health
- Mental health
- Long term conditions

**Voice:**

User perspective on social care/health care

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### 3:8 JSNA for Bromley

**Document Location:** [sharepoint.bromley.gov.uk/Public%20Docs/08-LSP-21-07-2008.doc](http://sharepoint.bromley.gov.uk/Public%20Docs/08-LSP-21-07-2008.doc) [Accessed 06.11.08]

**Format:** 100 page report, 33 page summary report. Draft June, 2008

**Author:** Bromley Primary Care Trust, London Borough of Bromley

**Locality Profile:** Greater London/Urban

**Word Search Results:** [Rural = 1 Urban =2]

**Identified Priorities and Commissioning Intentions:**

A summary of the JSNA document identifies four major priorities. It also highlights a number of specific issues that need to be taken forward.

**Demography**

<table>
<thead>
<tr>
<th>Population Numbers</th>
<th>Second Priority - The ageing population: There is a need to respond to the ageing population. Already we have the largest proportion of people over the ages of 65 and 85 of any London borough, and those numbers are set to increase over the next 15-20 years. This is a good time, not only to plan ahead to meet the service needs of more older people, but to find ways of supporting people to maintain happy, independent and healthy lives for as long as possible, and so minimise those needs. (p2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Births</td>
<td></td>
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<tr>
<td>Ethnicity</td>
<td>See First Priority Below...</td>
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<td>-----------</td>
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<tr>
<td>Disability</td>
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<tr>
<td>Religion</td>
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<tr>
<td>Migrant population</td>
<td></td>
</tr>
<tr>
<td><strong>Local Area:</strong> Breakdown of area into constituent communities</td>
<td><strong>First Priority - Inequalities in health and well-being:</strong> While Bromley is one of the more affluent boroughs in the country, parts of it are as deprived as any poor inner city district. That deprivation is associated with many measurable health and well-being indicators; including life expectancy, crime rates, educational attainment, heart disease, cancer rates, unemployment, and teenage pregnancy. These indicators show levels of poorer health and well-being in these areas, the effect of deprivation is adverse. People from Pakistan and Bangladesh, for example, have higher rates of circulatory disease. Gypsies and travelers are more likely to smoke, and have trouble accessing services. Black residents are less likely to be satisfied with the way police handle anti-social behaviour than white residents (p2)</td>
</tr>
<tr>
<td>Urban/rural classification</td>
<td></td>
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<tr>
<td><strong>Social and Environmental Context</strong></td>
<td></td>
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<tr>
<td>Poverty</td>
<td></td>
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<tr>
<td>Living Arrangements: (Housing and Transport)</td>
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<tr>
<td>Economic: Employment</td>
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<tr>
<td>Environment/Isolation</td>
<td></td>
</tr>
<tr>
<td><strong>Voice</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Lifestyle/Risk Factors</strong></td>
<td><strong>Third Priority: the next generation</strong>/children and Young People - Lifetime patterns of behaviour are set at a very early age, and the future health, well-being and prosperity of the whole community depend on how well we prepare young people for adult life. All children and young people are vulnerable, but some are more vulnerable than others. We know that a poor start in life, whether through disability, deprivation or other disadvantage, makes a young person more vulnerable to physical and mental ill health, and adversely affects their educational attainment and future employment potential. We need to work together on supporting young people to maximise their potential, adopt healthy lifestyles, and develop life skills (p3).</td>
</tr>
<tr>
<td>Specific Issue</td>
<td>The most important risk factors for the main causes of death in Bromley are smoking, obesity, physical inactivity and poor diet</td>
</tr>
<tr>
<td><strong>Behaviour (smoking, eating, alcohol etc)</strong></td>
<td><strong>Fourth Priority - Obesity:</strong> We need to tackle obesity as a district-wide, all ages priority. It may seem strange to select one risk factor for special attention, but the consequences of</td>
</tr>
</tbody>
</table>
being overweight, its link with other risk factors, and the alarming increase in its prevalence make obesity one of the most important problems facing our population. Obesity has a negative effect on many aspects of people's lives. It is a major risk factor for heart disease, which is one of the three biggest causes of death in Bromley. It greatly increases the risk of Type 2 diabetes, the prevalence of which has doubled in Bromley in the last six years. It increases a woman's likelihood of having problems during pregnancy. As well as these measurable risks, obesity affects a person's ability to participate in physical activities, their self esteem, and a child's likelihood of being bullied at school. The fact that the prevalence is increasing, despite all our efforts at promoting exercise and health eating, means that we need to work across agencies to find new, more effective strategies (p3).

**Burden of ill-health**

<table>
<thead>
<tr>
<th>Specific Issue</th>
<th>The population of Bromley is projected to rise. These population rises are expected to be in those of working age, the newly retired and the very elderly. A particular focus needs to be on the prevention and management of chronic disease. Specific Issue: The main causes of ill health are heart disease, cancer, respiratory disease and diabetes. The prevalence of diabetes has more than doubled in the last six years</th>
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</thead>
<tbody>
<tr>
<td>Misc</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td>Circulatory</td>
<td><strong>Specific Issue</strong>: The prevalence of hypertension (24.8%) is estimated to be slightly higher than the national average but only 12.7% of the population are registered as hypertensive with their GPs</td>
</tr>
<tr>
<td>Cancer</td>
<td>Specific Issue: The incidence of certain diseases is rising, eg breast, colorectal and prostate cancer</td>
</tr>
<tr>
<td>Respiratory</td>
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</tr>
<tr>
<td>Infectious</td>
<td>Specific Issue: Uptake rates of MMR vaccine are well below national targets and there has been a recent outbreak of measles.</td>
</tr>
<tr>
<td>Dental health</td>
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<tr>
<td>Mental Health</td>
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<td>Trauma</td>
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<td>Musculoskeletal</td>
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<tr>
<td>Services</td>
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</tr>
<tr>
<td>Social Care: Numbers</td>
<td></td>
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<tr>
<td>Standard of Service</td>
<td></td>
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<tr>
<td>Health Services: Maternity</td>
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</tr>
</tbody>
</table>
Dental health
Preventive
Sexual health
Mental health
Long term conditions

Voice:
User perspective on
social care/health care

**Detailed focus on rural and urban issues as they ‘cross cut’ core domains:**

Key: **Bold** = Issues identified as ‘priority/key issues’ within the JSNA report.

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<td>Religion</td>
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<tr>
<td>Migrant population</td>
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<td>Local Area:</td>
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<tr>
<td>Breakdown of area into</td>
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<tr>
<td>constituent</td>
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<td>communities/</td>
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<tr>
<td>Urban/rural</td>
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<tr>
<td>classification</td>
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</tr>
<tr>
<td>Bromley is geographically</td>
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<tr>
<td>the largest London borough</td>
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<td>and has one of the largest</td>
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<tr>
<td>populations. This district</td>
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<td>is varied with some rural</td>
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<tr>
<td>and isolated areas and some</td>
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<td>densely populated urban</td>
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<tr>
<td>areas (p73).</td>
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<td>Mental Health</td>
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</tbody>
</table>

45
Trauma
Musculoskeletal Services
Social Care:
Numbers
Standard of Service
Health Services:
Maternity
Dental health
Preventive
Sexual health
Mental health
Long term conditions
Voice:
User perspective on social care/health care

3:9 JSNA for Brent

Document Location: see:

Format: In Brent the JSNA is called the ‘Brent Health and Well-being Strategy’. 22 page main report plus 14 page action plan (Appendix). Draft Only 9th July 2008

Author: Brent Local Strategic Partnership

Locality Profile: Greater London Authority (urban)

Word Search Results: [Urban = 0, Rural 0]

Identified Priorities and Commissioning Intentions:
The Action Plan is divided into four work streams. Work Stream 1: Ensuring safe, modern, effective and accessible services. Work Stream 2: Supporting Individuals to lead healthier lives, focusing on health and well-being behaviours. Work Stream 3: Improving the economic, social and environmental factors which promote good health and well-being outcomes. Work Stream 4: Improving prevention, management and outcomes for the priority health conditions. Work Stream 5: Improving outcomes for children and young people and their families

Demography
Population Numbers
Births
Ethnicity
Improve education outcomes fro children from BME groups (W5, p13)
Disability
Religion
<table>
<thead>
<tr>
<th><strong>Migrant population</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Local Area:</strong> Breakdown of area into constituent communities</td>
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<td></td>
</tr>
<tr>
<td><strong>Social and Environmental Context</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Poverty</strong></td>
<td>Reduce levels of debt, poverty and deprivation (W2/p7)</td>
</tr>
<tr>
<td><strong>Living Arrangements:</strong> Housing and Transport</td>
<td>Increase supply of affordable housing and reduce number of people living in temporary accommodation (W2/p5)</td>
</tr>
<tr>
<td><strong>Economic:</strong> Employment</td>
<td>Improve access to employment for our most vulnerable residents (W2/p7)</td>
</tr>
</tbody>
</table>
| **Environment/Isolation** | Reduce crime and fear of crime (W2/p7)  
Increase recycling levels through phased introduction of compulsory recycling (W2/p8)  
Improve council’s management of climate change and reduce levels of CO2 emissions throughout the borough (W2/p8) |
| **Voice** |  |
| **Lifestyle/Risk Factors** |  |
| **Behaviour (smoking, eating, alcohol etc)** | Increase participation in sport and physical activity (WS2/p4, W5,p12)  
Reduce levels of smoking (W2/p4)  
Reduce levels of drug and alcohol misuse (W2/p4)  
Reduce levels of obesity (W2/p5)  
Improve sexual health (W2/p5)  
Increase number of children and young people eating a health and balanced diet (W5,p13)  
Improve sexual health and reduce teenage pregnancy (W5, p13) |
| **Burden of ill-health** |  |
| **Misc** |  |
| **Diabetes** | Improve outcomes for patients with diabetes (W4/p9) |
| **Circulatory** | Reduce mortality from coronary heart disease (W4/p9)  
Improve outcomes for patients with stroke (W4/p9) |
<p>| <strong>Cancer</strong> | Reduce mortality from cancer (W4/p10) |
| <strong>Respiratory</strong> |  |
| <strong>Infectious</strong> | Reduce levels of tuberculosis (W4/p11) |
| <strong>Dental health</strong> |  |
| <strong>Mental Health</strong> | Improve mental health and well-being (W4/p11) |
| <strong>Trauma</strong> |  |
| <strong>Musculoskeletal</strong> |  |
| <strong>Services</strong> | Develop health and well-being strategy for children and young |</p>
<table>
<thead>
<tr>
<th>Social Care:</th>
<th>Deliver Adult Social Care Transformation Programme (WS1/p1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbers</td>
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<tr>
<td>Standard of Service</td>
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<table>
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<tr>
<th>Health Services:</th>
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<tr>
<td>Mental health</td>
<td></td>
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<tr>
<td>Long term conditions</td>
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<tr>
<td></td>
<td>Develop a primary care strategy (WS1/p2)</td>
</tr>
<tr>
<td></td>
<td>Reduce delayed discharges and increasing admissions avoidance (WS1/p3)</td>
</tr>
<tr>
<td></td>
<td>Develop end of life care services (W4/p10).</td>
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<tr>
<th>Voice:</th>
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<tbody>
<tr>
<td>User perspective on</td>
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<tr>
<td>social care/health</td>
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<tr>
<td>care</td>
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</table>

**Detailed focus on rural and urban issues as they ‘cross cut’ core domains:** None specifically identified beyond actions detailed above.
4: Key Findings and Discussion Points

**Key Findings:** To what extent do Joint Strategic Needs Assessments (JSNA) consider rural circumstances when assessing the care and support needs of their local population?

Findings from the depth review of nine JSNA documents suggest that:

- There is considerable variation in the degree to which JSNA reports consider rural circumstances when assessing the care and support needs of their local population.
- All JSNA reports provide basic demographic detail as regard the proportion of their population living in rural and urban areas.
- Most reports (covering rural districts) ‘touch upon’ isolation and distance from services, and the decline of some aspects of the rural infrastructure.
- Only one report (Suffolk) explores how rural and urban issues ‘cross cut’ the domains of the core data set, drawing out the implications for commissioning and service provision.
- The JSNA for Suffolk prioritises a wide range of issues which can be linked to improving health and well-being in rural communities; highlighting the need to address rural isolation, poor public transport, the low supply of housing and fuel poverty.
- In other JSNA reports, similar issues although sometimes identified are not seen as priorities for action with the exception of addressing fuel poverty in rural West Sussex.
- Individual districts or wards are sometimes identified as priorities for targeted action, these relate to both rural and urban districts in about equal measure.
- It may be significant that ‘improving health and well-being in rural areas’ is not identified in any of the reports as an overarching commissioning principle or priority work stream. Though it should be highlighted that few reports with the exception of Brent make distinctions between broader commissioning aims and specific development objectives.
- It is unclear in the JSNA documents how people living in rural communities have been engaged (given a ‘voice’) in identifying their own care and support needs.
**Key Findings:** Do JSNAs show that people in rural areas experience different care and support needs and if so what they are?

- A small number of the JSNA reports reviewed discuss the rural/urban dimension as it relates to their own populations, and do suggest that people living in rural areas experience different care and support needs to those living in other areas. For example, the JSNA for Suffolk provides a detailed discussion on the different needs of people living in rural areas, market towns and urban areas. But as noted above this report seems to be unusual in terms of the depth of analysis afforded to this topic. It is recorded that ‘In rural areas, some key issues are rural isolation and poor public transport, the high price and low supply of housing and fuel poverty for many pensioners and other vulnerable people... (p5) In urban areas, the key issues are high levels of multiple deprivation, a younger age profile than many of the more rural areas as well as a more ethnically diverse population. Housing is more affordable and access to services and amenities easier (p110).’

- However, attempting any systematic comparison of need between rural and urban areas based on the findings of JSNA reports produced for different areas would not be advisable at this time as there is too much diversity in the approaches underpinning the implementation process. A similar finding is reported by Birmingham University’s Health Services Management Centre (2008) who report that some areas are concentrating on needs assessment in health and social care, often with a strong emphasis on utilization of health and social care services and health status. While other areas are focusing more on strategic needs assessment across the NHS, local government and beyond with an emphasis on neighbourhood renewal and the development of Local Area Agreements and Local Strategic Partnerships.

- Comparison between JSNA reports is also made difficult as there are differences in depth of focus with some reports outlining very broad strategic intentions (such as the need to improve access to rural services) while other reports give far more detailed information. The JSNA for Bedfordshire for example, identifies the need for a new rural dispensing scheme, minor ailments scheme and phlebotomy service.

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2 The findings are based on a survey of PCT Chief Executives, Directors of Adult Social Services and Directors of Public Health in England as regards implementation of the JSNA process.
Discussion Points/Areas for Further Research

- Why are the care and support needs of people living in rural communities rarely prioritised for action?
- Is there more scope to see ‘improving the health and well-being of people living in rural communities’ as a key strategic priority or overarching commissioning principal?
- In relation to ensuring the identification of the needs of people living in rural areas, is there need for specific guidance on how the JSNA should be implemented in this area?
References

Department of Health (2007) Guidance on Joint Strategic needs Assessment
London: DH.

Health Services Management Centre, University of Birmingham (2008)
Implementing Joint Strategic Needs Assessment: pitfalls, possibilities and
progress. www.csip.org.uk