

HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 4
12 JUNE 2017	PUBLIC REPORT

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Cabinet Member(s) responsible:	Councillor Diane Lamb, Cabinet Member for Public Health		
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OLDER PEOPLE’S PRIMARY PREVENTION – JOINT STRATEGIC NEEDS ASSESSMENT

R E C O M M E N D A T I O N S	
FROM: Dr Liz Robin	Deadline date: N/A
<p>It is recommended that the Health and Wellbeing Board:</p> <ol style="list-style-type: none"> 1. Note the findings and the areas which are highlighted for further work presented in the attached Joint Strategic Needs Assessment (JSNA) and; 2. Approve the JSNA. 3. Further advise and advocate on how this work can be developed so the JSNA is not only widely disseminated but also implemented and utilised most effectively. 	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Health and Wellbeing Board at the request of the Director for Public Health.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to introduce the Peterborough JSNA on Primary Prevention for Older People for consideration of the findings of the JSNA. The full JSNA report is attached for the Board’s attention.

2.2 This report is for the Health and Wellbeing Board to consider under its Terms of Reference No. 3.2 *To develop a shared understanding of the needs of the community through developing and keeping under review the Joint Strategic Needs Assessment and to use this intelligence to refresh the Health & Wellbeing Strategy.*

3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	N/A
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4. BACKGROUND AND KEY ISSUES

Background

- 4.1 The Health and Wellbeing Board requested a JSNA on Primary Prevention for Older People to be prepared for June 2017.
- 4.2 A JSNA working group with colleagues from the Public Health Team across Peterborough City Council and Cambridgeshire County Council have considered evidence and input including key epidemiological data, high-quality evidence and national guidance, local community views, complemented by ongoing consultation with key local stakeholders to produce this work.
- 4.3 The preliminary data and evidence was presented to 40 local stakeholders at an event on Monday 8th May to jointly elucidate key findings and opportunities for action going forward.
- 4.4 Ongoing consultation throughout the JSNA process with local communities took place to ensure the views of older people across communities in Peterborough remained at the centre of the JSNA and provided key insight to the barriers and enablers faced by older people in accessing and adopting primary preventative approaches.

JSNA structure and contents

- 4.5 The full JSNA report is attached and structured as follows:
 - Executive Summary
 - Introduction
 - Physical Activity
 - Diet
 - Malnutrition
 - Smoking
 - Alcohol
 - Environment
 - Enablers and Barriers
 - Summary of Opportunities for Action
 - Appendices
- 4.6 The JSNA provides background, evidence and methods to promote health in later life as well as data (as available) describing the older population in the context of key risk factors at a local level. A review of the evidence base is also presented which highlights national guidance and recommendations and effective interventions in response to identified needs of the population.
- 4.7 As prioritised by stakeholders and supported by the literature; the risk factors with evidence of greatest impact on health in later life were examined in greater detail to explore existing relevant local data, current evidence of effective approaches and interventions, local views and assets; and to support the design of potential future approaches and actions that could applied to the local Peterborough older population.
- 4.8 On reviewing the literature regarding effective primary preventative interventions and approaches in discussion with stakeholders it was clear that any application and design of effective approaches would require an understanding of the local enablers and barriers faced by older people across communities in Peterborough particularly when accessing and engaging in approaches to promote health in later life. To achieve this, the working group engaged with local communities to understand their views. Outputs from the process are presented in the enablers and barriers chapter and apply across risk factors.
- 4.9 Each chapter presents key findings and detailed options for future intervention. A summary chapter highlighting opportunities for local action and application going forward was co-produced by the JSNA working group and local stakeholders..
- 4.10 Multiple stakeholders have been engaged throughout the JSNA process, in shaping the scope, gathering and providing local views, and examining the findings. It is intended the relationships built during this JSNA process will be maintained and extended to support the further application

of this work.

Key actions and opportunities for the future

- 4.11 Preventing ill health in later life and promoting healthy ageing is a complex consideration that cannot be addressed by a narrow view of health in older age as a state defined by the absence of disease. Health needs to be considered as a fundamental and holistic attribute that enables older people to achieve the things that are important to them. Ageing is a dynamic process - where subtle shifts in capacity or environment can have significant long-term consequences. To strengthen an older person's ability to navigate and adapt to these dynamics and the losses they are likely to experience, local sectors and partners are well placed to support and foster resilience at a number of levels. This JSNA has focussed on the most powerful determinants of health in later life and together with local partners from across sectors have produced a summary of key actions and opportunities to take going forward to preserve health in later life. Each focus area took relevant enablers and barriers into account. These key actions and opportunities arise from the findings of the JSNA, and would need further exploration and identification of resources before putting them into practice.

Physical Activity

- Commission robust and targeted research and evaluation to better understanding the levels of physical activity, needs and barriers of our local older population and monitoring of what works e.g. dropout rates, self-referral from GPs, community based health and wellbeing hubs
- Include health promotion messaging specifically reaches carers – not only to promote physical activity to those they are caring for but also to engage themselves
- Work creatively to co-produce and disseminate targeted and market-segmented messages promoting physical activity and access to services
- Ensure sustainability of services and messages
- Utilise existing assets e.g. Health Checks and Community Serve assets as an opportunity to better target 50+ population and pass on knowledge about available services and general lifestyle
- Generate and disseminate messages on physical activity at schools (relevant for younger people and across the life course).

Diet and Malnutrition

- Gain understanding of key/target risk groups and how best to identify and stratify risk and target those in need
- Review and develop appropriate community pathways
- Develop Community Outreach – including peer learning and education links, utilising creative channels e.g. supermarket links
- Consider promoting messaging regarding diet and available support through winter warmth packs
- Explore hospital and community meals outsourcing, including monitoring of outcomes
- Include metrics addressing diet and malnutrition in older people within an outcomes framework: what does good look like, clear targets, evaluation and what works
- Consider expansion of Cambridgeshire Safe & Well visits to include focus on malnutrition.

Smoking and alcohol

- Commission local research to better understand efficacy of targeted messages and then target to appropriate key groups
- Give parity to mental health – as mandated by national NHS guidance but also due to higher prevalence of tobacco and alcohol use in people with mental illness
- Co-produce messages that are succinct, easily understood and consistent – 'one version of the truth' that responds to key groups appropriately
- Consider delivery of face-to-face messages to specific community groups and at places of work where appropriate
- Explore options of promote alternative ways of social engagement that do not involve alcohol
- Explore relevant social prescribing best practice evidence.

Environments

- Accept that Peterborough is a car dependent city and that interventions need to be framed taking this into account
- Focus in developing solutions for rural transport links with local partners to avoid social isolation in these areas
- Advocate and drive promotion of dementia-friendly environments
- Utilise opportunities through housing sectors to understand safety and appropriateness of homes for older people
- Commission greater levels of research to understand needs, particularly in rural areas and utilise local opportunities.

5. CONSULTATION

5.1 Stakeholder Engagement and Scoping consultation (9 March 2017), outcomes included:

- Sharing of knowledge to understand the local picture and what works best to prevent ill health later in life
- Highlighting local views on the assets and challenges currently prevalent to ensure responsiveness to local needs
- Identification of local opportunities to enhance work in relation to the prevention of ill health and promotion of better ageing for older people
- Agreement on how best to work collaboratively, both to identify local needs and take actions forward.

5.2 Stakeholder Dissemination and Action consultation (8 May 2017), outcomes included:

- Sharing of preliminary data, evidence & local knowledge collected for JSNA
- Identification any gaps or additional work that needed to be done
- Application of findings & development of potential local solutions
- Identification of local opportunities to enhance delivery of local solutions & agreement on how best work could continue collaboratively, both to identify and respond to ongoing local needs and take future opportunities for action forward.

5.3 Ongoing consultations throughout JSNA process with local communities to understand barriers and enablers

5.4 In consultation with local stakeholders, future work generated from the JSNA findings and opportunities for action should be co-designed with consistent stakeholder involvement and ownership to ensure effective and sustainable achievement of aims.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 This JSNA provides important evidence and information to support the development of local approaches to prevention and promotion of health in later life, the commissioning of specific services across sectors and to encourage awareness and signposting of available local assets, programmes and services available across Peterborough.

6.2 The process and production of the JSNA is timely as new structures, funding vehicles and service design models are currently in effect and for which this piece of work will provide a base and foundation for further work across several local priority areas.

6.3 The approach to prevention and healthy ageing within this JSNA is in alignment with emerging approaches which take into account the specific needs of older people and opportunities across the lifecourse. This approach is in keeping and responds to demographic change and current pressures on health and social care resources. The JSNA focusses on older people and highlights the specific opportunities that exist in Peterborough particularly around a growing mid-life population (during which many preventative interventions are known to have the greatest impact on later life). The JSNA also presents a description of those at higher risk of poor health in later life and, in response, potential interventions and health promoting approaches that can be adapted and targeted to meet the needs of the most vulnerable groups locally.

- 6.4 The JSNA highlights overarching opportunities for action including:
- Co-production of succinct, easily understood and consistent key messages appropriately responsive to key groups.
 - Development of tailored and targeted preventative interventions for groups who may be at increased risk of poorer health outcomes and experience greater barriers to access and adoption of preventative approaches.
 - Commissioning of robust and targeted research and evaluation to better understand local levels access, engagement and adoption of primary preventative approaches, needs and barriers of local older populations and monitoring of what works.
 - Maintain active involvement with older people and ensure co-design of approaches to ensure effectiveness and retain person-centred focus.
 - Promotion of intergenerational approaches – what’s often good for older people is good for all – enhancing intergenerational relationships and cohesion across communities.
 - Promotion of sustainable approaches to ensure continuity and effective impact.

7. REASON FOR THE RECOMMENDATION

- 7.1 It is a statutory requirement for the HWB Board to plan to meet the needs identified in the JSNA, through its Joint Health and Wellbeing Strategy.

8. ALTERNATIVE OPTIONS CONSIDERED

- 8.1 Alternative options regarding the scoping and aims of the JSNA were considered. These included:
- Links to long-term conditions as outcomes of reduced or poor primary prevention approaches and behaviours. This option was rejected as a JSNA specifically addressing long-term conditions is due for completion later this year.
 - Inclusion of additional risk factors or opportunities for primary prevention e.g. cognitive stimulation activities or brain exercises. At the initial consultation event with stakeholders, clear requests were made to focus on risk factors with the most powerful evidence of effectiveness that could be used to formulate clear actions going forward rather than to include a review of many risk factors with poor evidence of effectiveness that could confuse and dilute key findings and risk losing focus on strong priority areas.

9. IMPLICATIONS

9.1 Financial Implications

As a report presenting current data, evidence and opportunities the JSNA report does not have financial implications. Any opportunities for future action arising from the JSNA findings will need to be addressed and reported on separately and specifically to the Board following guidance and request of the Board.

9.2 Legal Implications

The production of a Joint Strategic Needs Assessment is statutory requirement for the HWB Board, and the needs identified should then be met through the Joint Health and Wellbeing Strategy. .

Equalities Implications

- 9.3 Older people as a population group are at risk of marginalisation e.g exclusion from decision making and inequity e.g access to services for a range of reasons. This JSNA aims to highlight the importance of preventative approaches to minimise inequity in health experience later in life. The JSNA also highlights specific groups e.g. those living in poorer socio-economic conditions that are at greater risk not only of poorer health outcomes in later life but also experience greater barriers in access to and engaging in health promoting approaches in a effort to support the development of targeted strategies to ensure equity across the population.

10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

- 10.1 A full list of background information, data and evidence are referenced throughout Appendix 1: Older People's Primary Prevention - Joint Strategic Needs Assessment (full document) 2017.

11. APPENDICES

- 11.1
- Appendix 1: Older People's Primary Prevention - Joint Strategic Needs Assessment (full document) 2017.