Cambridgeshire County Council

NHS Cambridgeshire

Joint Strategic Needs Assessment for Cambridgeshire: Community Views

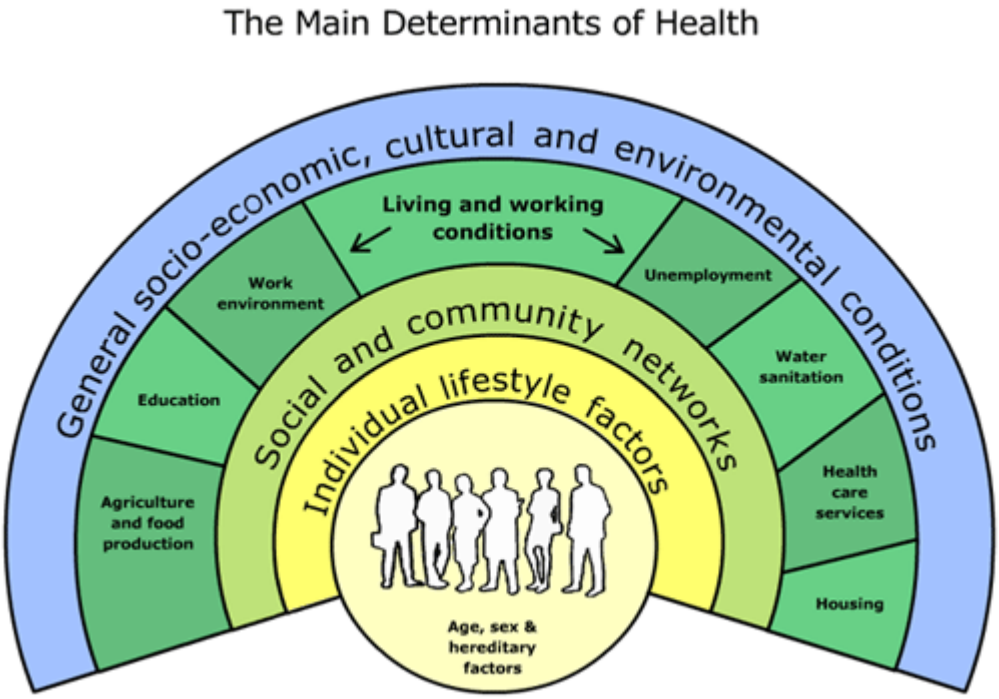
October 2008

Contents

Introduction

Determinants of Health

There are many different factors which have an important influence on people's health. The factors which have been found to have the most significant influence are widely known as the determinants of health. While health services make a contribution to health, most of the key determinants of health lie outside the direct influence of health care, for example, education, employment, housing, and environment. The diagram below, known as the 'Dahlgren & Whitehead rainbow', presents the determinants of health in terms of layers of influence, staring with the individual and moving to wider society. This document focuses on these wider determinants of health.



What is a Joint Strategic Needs Assessment (JSNA)?

Joint Strategic Needs Assessment (JSNA) was introduced in the Government's *Commissioning framework for health and well-being* published in March 2007. JSNAs form the basis of a new duty to co-operate for PCTs and local authorities.

A JSNA is the means by which Primary Care Trusts (PCTs) and local authorities describe the future health, care and well-being needs of the local populations and the strategic direction of service delivery to meet those needs. The reason for doing a JSNA is to develop the whole health and social care response so that it more closely meets the wants and needs of local people.

The aim of a JSNA is to:

a. Provide analyses of data to show the health and well-being status of local communities.
b. Define where inequalities exist.
c. Use local community views and evidence of effectiveness of interventions to shape the future investment and disinvestments of services.

What was phase 1?

Joint Strategic Needs Assessment for Cambridgeshire: Phase 1 was published in May. It provided an analysis of data to show the health and well-being status of local communities and define where inequalities exist.

At phase 1 we agreed to undertake a review of existing surveys and consultation with service users, carers and the public, to provide qualitative information on local health needs.

How was the Community Views JSNA undertaken?

As part of the JSNA on community views we have identified work undertaken on the views of each of the JSNA groups on health and wellbeing.

Using a broad inclusion and exclusion criteria we have identified the most relevant pieces of work. The inclusion and exclusion criteria is summarised below.

Broad inclusion/exclusion criteria:

- Work from 2006 onwards should be included.
- Work undertaken prior to 2006 where there is nothing more recent available, or the work is of a significant scale, or it was a specific piece of work which has not been repeated, should be included.
- Information should be included for County Council and District Council and/or old PCT geographical areas but not for areas smaller than this.
- Public consultations on specific service changes, and/or where the service change proposed was of a small scale, should be excluded.
- Work with a small sample size which limits the applicability of the findings should be excluded.
- Work currently underway, where the analysis will be available before the end of July 2008, should be included.
- Work commenting on services where there has been significant service change since the date of the survey should be excluded.

What is this document aiming to do?

This document aims:

- To summarise the findings of the most relevant consultation work identified.
- To add these findings to the existing JSNA evidence.
- To identifying commonality and gaps in the JSNA phase 1 and community views evidence.

What this document does not do?

No new consultation work was undertaken for this document. It draws on consultations and survey work that has already been undertaken with the Cambridgeshire community. This is not designed to fully replicate the findings of Phase 1 or of each of the individual JSNAs.

How will this information be used?

The findings of the Community Views JSNA will be combined with the other JSNA findings so that we bring together quantative and qualitative information. The combined information will be used for service planning in a number of different organisations.

Executive Summary: Key Findings

Section 1

Quality of Life

- At least 84% of residents are satisfied with their local area as a place to live for Cambridge, East Cambridgeshire and South Cambridgeshire. 78% were satisfied in Huntingdonshire and 64% in Fenland (76% in the BVPI survey).
- Affordable, decent housing is a key area for improvement for many residents – 30% say it needs to be improved.
- Health care services are a key area for improvement for many residents – 38% say it needs to be improved.
- 85% of people found getting to the GP very or fairly easy, however between 54% and 67% found it very or fairly easy to get to the local hospital.
- Noise and anti-social behaviour are both factors which are probably common enough to have a potential effect on a number of residents' health.
- Car travel in general, and the number of children travelling to school by car in particular, has implications for the quality of the local environment and the amount of daily physical activity.
- There appears to be a solid foundation of social and community networks, although this conclusion is particularly tentative

Health Services

- Patients rated GP Services in Cambridgeshire in the top 20% nationally on a number of questions asked in the Healthcare Commission Survey undertaken in 2008. GP services were not rated in the worst 20% of trusts on any question asked in the Healthcare commission survey undertaken in 2008. There are however areas where the service did not score in the top 20% of trusts nationally.
- Access to NHS dental services, included out of hours is highlighted by more than one report.
- Inpatient services at Papworth were rated by patients in the top 20% of trusts nationally on almost all questions. Both Addenbrookes and Hinchingbrooke were rated by patients in the top 20% of trusts on a number of different questions, but there were some areas where they scored in the bottom 20% of trusts.
- The inpatient and GP services surveys both found that patients rated doctors in the top 20% for understanding the answers given by doctors, being treated with respect and having trust and confidence in doctors.
- Maternity services are rated above the national average by women in the areas identified nationally as strong. Broadly the areas identified for improvement nationally are also those for Cambridgeshire.
- Responses to PCT consultations on a different service changes raise a number of different issues including service capacity, funding and access and transport.

Section 2: JSNA Subject Areas

Children and Young People

- Children and young people in Cambridgeshire describe themselves as living quite sedentary lives. They may not undertake enough physical activity, may have a poor diet and are often bored. Young people believe that this is because their leisure options are restricted.
- Young people in Cambridgeshire are aware that STIs exist and that the incorrect use of contraceptives could also lead to unwanted pregnancies. However, they believe that a more effective and timelier sexual health education could help decrease the incidence of diseases and unwanted pregnancies (n=16).
- Mental health problems, mainly anxiety and stress, are often a result of bullying, disagreement and poor communication with parents or family and because of boredom.
- A poor physical environment at home can also increase children and young people's anxiety and stress.
- Smoking, drinking and consumption of substances are mainly caused by imitation and peer pressure. Anti-social behaviour is often linked to these activities.
- Minority groups such as Gypsy and Traveller children and young people describe themselves as being at risk of mental health problems and a decrease of their general well-being because of bullying and racism.

Gypsies and Travellers

- The main reported health problems among Gypsies and Travellers are anxiety and depression, respiratory problems, chest pain, arthritis and possibly 'back problems.
- Smoking rates are high among Gypsy and Traveller communities and poor nutrition is common, including lack of knowledge of nutrition.
- Lack of secure accommodation with basic amenities is the most commonly identified factor relating to the main health problems. General site safety and disabled access are further concerns.
- Gypsy and Traveller children may experience racism and bullying from other pupils and low expectation from teachers.
- There are a number of cultural and practical factors leading to low-take up of primary health care by Gypsies and Travellers. Their favoured option is culturally sensitive outreach services such as health visitors.

Adults with Mental Health Problems

- In a patient survey carried out by the Healthcare Commission in 2008, local community mental health services scored in the top 20% nationally for patients finding talking therapy helpful, but in the lowest 20% nationally for some other indicators.
- There was positive feedback about the approach of community mental health services, including the non-judgemental and team approach taken and the provision of talking therapies.
- The care review process/pathway could be improved along with a clarity in roles.
- There are issues with understanding how to contact out of hours and other emergency support.
- Carers described unmet needs for care reviews, respite services and information on services for carers.
- There is general concern about the future provision of services.

Adults with a Learning Disability

- Local consultation reflects the findings of national survey work, and of the JSNA Phase 1.
- Transport is key to access in number of areas including, improving social networks, leisure opportunities, work and housing choices.
- LDP want access to community based services and more flexible and varied day care services with more opportunities to go out into the community and to learn new skills.
- People with learning disabilities want the right to get part-time work, voluntary work or work experience as well as a full time paid job depending on their wishes. It is felt that a person centred approach and more support is need to enable this.
- People with learning disabilities want a choice about where they live and who they live with. There are concerns about the funding for housing, particularly for tenancies.
- There is national and local evidence that people with learning disabilities face difficulties once they enter the criminal justice system, and in dealing with the discrimination and crime they face in society.
- Consultation with people with learning disabilities and their carers highlights a number of areas where they face difficulties accessing and using health services.

Adults with a Physical and Sensory Impairment and Long Term Conditions

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

Older People

- There is a need for more consultation with older people in Cambridgeshire about the delivery of health and social care in the County. In particular to test whether the priorities identified in national work are also local priorities for older people.
- A large number of older people report feeling secure in their own home, in control of their daily lives and have a good quality of life.
- Social networks are key to reducing isolation which is an issue for some older people.
- Some older people may not be claiming benefits they are entitled to.
- Some older people may lack knowledge about a healthy diet.
- Older carers have the same needs as most carers, and support for carers, including respite care, are important issues.

Section 1:

A. Quality of Life in Cambridgeshire

This section considers quality of life in Cambridgeshire as measured by two large public surveys:

- The Cambridgeshire Quality of Life survey 2006 (QoL survey).
- The Best Value Performance Indicator survey 2006 (BVPI survey).

Using these two surveys provides a view from the public about quality of life. Their content fits broadly with the Dahlgren and Whitehead rainbow of determinants of health and the diagram has been used in selecting the themes to explore and in identifying the key findings in this section.

Where the results of the two surveys are similar, only results from the Quality of Life survey are shown as it has the larger sample and for brevity.

Some limited national comparisons are made where suitable data is available at national level.

A note on County percentages: The County as presented from the QoL survey are the average of the five individual district percentages as this was the approach used in the report. These county percentages should be treated as indicative and any County figures derived from the raw data could be expected to vary by up to two or three percent from the figures presented here. Detail of district percentages has been largely provided here where results varied substantially between different districts. In future, quality of life will be measured by the 'Place Survey'. This survey will be run by all local authorities in England every two years using a standard template. The first Place Survey will be run in October 2008 and the first national comparisons should be available around March 2009, with local results available earlier.

Cambridgeshire as a Place to Live

Cambridgeshire residents tend to be satisfied with their area as a place to live. In both surveys, 80% (1) (2) of Cambridgeshire residents were satisfied. The results at district level were also very similar in the two surveys. The QoL survey results for "satisfaction with your local area as a place to live" were:

- Cambridge 84% satisfied.
- East Cambs 84% satisfied.
- Fenland 64% satisfied (76% satisfied in the BVPI survey).
- Huntingdonshire 78% satisfied.
- South Cambs 86% satisfied.

Cambridgeshire compares will to the national averages from the BVPI surveys. At a national level, the mean averages across England in the 2006 BVPI survey were (4):

- All authorities – 75% satisfied.
- All counties – 78% satisfied.

The highest performing authorities scored up to 91% on this measure, including Broadland (91%). South Norfolk (90%) and Suffolk Coastal (90%) (4). The lowest scores achieved were 49%, with the lowest rural authority being Pendle with 51% (4).

The BVPI survey asked what made an area a good place to live and which of those things most needed improving. Some factors relating to health were seen as important in making somewhere a good place to live and as needing improvement. The three most prioritised things that made somewhere a good place to live were (2):

- Affordable, decent housing 55% and 30% saying this most needs improving.
- Parks and open spaces 55% and 18% saying this most needs improving.
- Health Services 42% and 38% saying this most needs improving.

The other prioritised factors, in order of priority were: cultural facilities; sports and leisure facilities; public transport; crime levels (2).

Comparing results between districts shows a mixed picture (2).

- Housing was seen as a priority across all districts by between 52% and 57% of respondents in each district. The perceived need for improvement varied, with 24% and 28% seeing a need for improvement in South Cambs and Cambridge City, but 31% to 38% seeing a need for improvement in the other three districts.
- Parks and open spaces were rated as a priority by 66% of respondents in East Cambs compared to 42% in Cambridge City and 54% to 58% in the other three districts. Only 10% and 13% saw a need for improvement in the City and in South Cambs compared to 20% to 27% in the other three districts.
- Health services were rated as a priority by 36% of East Cambs residents compared to 42% to 44% in the other four districts.
- The percentages of respondents who perceived a need for improvement in health services were:

    - Cambridge City 46%.
    - East Cambs 31%.
    - Fenland 32%.
    - Huntingdonshire 36%.
    - South Cambs 42%.

    (n=189 to n=339 depending on district)

At national level, the mean averages, for all authorities across England in the 2006 BVPI survey were (4):

- Affordable, decent housing 39% and 27% saying this most needs improving.
- Parks and open spaces 25% and 10% saying this most needs improving.
- Health Services 49% and 19% saying this most needs improving.

While the mean averages for all counties across England in the 2006 BVPI survey were (4):

- Affordable, decent housing 41% and 30% saying this most needs improving.
- Parks and open spaces 24% and 9% saying this most needs improving.
- Health Services 51% and 21% saying this most needs improving.

Affordability of housing is a major issue for Cambridgeshire residents, as can be seen by comparing the Cambridgeshire and national BVPI figures (above). Across Cambridgeshire districts an average of 39% of respondents to the QoL survey were satisfied with the availability of housing and 18% dissatisfied. However, only 25% were satisfied with the affordability of housing compared to 39% being dissatisfied (1).

Most Cambridgeshire residents appear to be satisfied with the level of social and health services available. Across Cambridgeshire districts an average of, 59% were satisfied, although a significant minority of 18% were dissatisfied (1).

Specific Issues

Noise

With one exception, sources of noise are only a problem for a small number of people, presumably depending on very local conditions. Averaged across the districts, between 1% and 4% considered noise from the following sources to be 'a serious problem': aircraft; trains; industrial or commercial premises; road works; construction or demolition; pubs, clubs and other entertainments; neighbours; animals. The exception was road traffic, which 15% of respondents considered to be a serious problem and 32% considered to be 'a problem, but not serious' (1).

Anti-social Behaviour and Fear of Crime

In general, comparing the districts across Cambridgeshire districts, perceptions of anti-social behaviour are fear of crime are highest in Fenland and lowest in South Cambridgeshire.

The QoL survey asked residents to rate problems in their local area on the following scale: 'a very big problem'; 'a fairly big problem'; 'not a very big problem'; 'not a problem at all'. The listed problems that probably have the greatest effect on health are shown in Table 1.

Table 1: Neighbourhood Problems Broadly Related to Health

Problem	Very or fairly big problem	Not a very big problem	Not a problem at all
Noisy neighbours or loud parties	8%	31%	58%
People using or dealing drugs	25%	22%	25%
People being drunk or rowdy in public places	20%	33%	32%
People sleeping rough on the streets or other public places	8%	16%	58%

Source: Cambs Quality of Life survey 2006
Note: Figures in Table 1 may not total to 100% as 'don't know' responses are not shown

There tended to be relatively little difference in the results from each district, with some exceptions. The most notable exception is of people sleeping rough, which was seen as a very or fairly big problem by 24% of Cambridge City respondents, with 37% saying this was not a problem at all (n=541). In the other districts, between 3% and 6% said that people sleeping rough was a very or fairly big problem (1).

Other differences between the districts were:

- Noisy neighbours or parties – 10% of respondents in Cambridge City and in Fenland said these were a problem compared to 8% in Huntingdonshire and 5% in East Cambs and South Cambs.
- People using or dealing drugs – 17% of South Cambs respondents and 25% to 30% in each of the other four districts said this was a problem.
- Being drunk or rowdy in public places – the number of respondents saying this was a problem varied considerably, from 28% in Fenland to 25% in Cambridge City, 20% in Huntingdonshire, 19% in East Cambs and 13% in South Cambs.

Compared to national figures, the QoL survey suggests that Cambridge has slightly less anti-social behaviour than across Britain as a whole. The 2007/08 British Crime Survey provides national figures over time. The figures given here are for 2005/06 to match with the QoL survey and are of the percentage of respondents saying that these are a very or fairly big problem in their area (5).

- Noisy neighbours or loud parties – 10%.
- People using or dealing drugs – 27%.
- People being drunk or rowdy in public places -24%.
- People sleeping rough on the streets or other public places – not shown.

The QoL survey collected information on fear of crime. To do this, people were asked how safe they felt in three situations. The results are shown in Table 2.

Table 2: Results of: 'How Safe Do You Feel in the Following Situations?'

	Very or fairly safe	Neither safe nor unsafe	Very or fairly unsafe
Outside in your local area	90%	6%	2%
Outside in your local area after dark	54%	18%	25%
Alone in your home after dark	81%	10%	8%

Source: Cambs Quality of Life survey 2006
Note Figures in Table 2 may not total 100% as 'don't know' responses are not shown

At the district level the results showed:

- Outside in your local area during the day – there was little difference between districts. Between 86% (Fenland) and 93% (South Cambs) reported feeling fairly safe or very safe. 4% in Fenland felt unsafe and 2% in each of the other districts.
- Outside in your local area after dark – there was a varying picture. 43% felt fairly safe or very safe in Fenland and 45% in Cambridge City, compared to 56% in Huntingdonshire, 58% in East Cambs and 64% in South Cambs. The figures for feeling unsafe were 32% in Fenland and 30% in Cambridge City, compared to 23% in Huntingdonshire and East Cambs, and 19% in South Cambs.

- Alone in your home after dark – there was generally a similar picture across the districts with the possible exception of Fenland where 74% of people felt safe in their home after dark. In each of the other districts between 79% (East Cambs) and 84% (South Cambs) felt safe. The figures for feeling unsafe vary from 5% in Huntingdonshire to 9% in Cambridge City and 10% in Fenland.

(Anti-social behaviour and fear of crime: Cambridge City n=541; East Cambs n=690, Fenland n=619, Huntingdonshire n=671, South Cambridgeshire n=685).

Transport and Access to Services

Three aspects of transport were covered in the QoL survey and relate broadly to health: the number of private car journeys compared to walking, cycling and to other forms of transport; distances to services such as GP surgeries; children travelling to school.

In the BVPI survey, 32% of respondents said that a low level of traffic congestion was important in making somewhere a good place to live (2), compared to 11% in the 2003 BVPI survey (3). In 2006, 18% felt that the level of traffic congestion needed to be improved (2), compared to 8% in the 2003 survey (3). At a national level, the average figures for all counties were (4):

- A low level of traffic congestion is important in making somewhere a good place to live – 23%.
- The level of traffic congestion needs to be improved – 38%.

(The average figures for all authorities were 22% and 38% respectively.)

As might be expected, there is a predominance of car use to travel to work, for leisure and for shopping[1] (1). Respondents could name more than one means of transport. Averaged across Cambridgeshire districts, 43% of respondents regularly travelled to work as a driver, but only 5% as a passenger. While 23% regularly travel to work by bike or walking, by far the largest proportion of these are in Cambridge City – 51% as compared to around 15% in each of the other districts.

The travel figures for leisure and shopping appear to show even greater car use, but also a more mixed use of forms of transport. Averaged across the districts, 62% of respondents regularly travelled by car as a driver when going shopping, while 44% regularly cycled or walked.

Overall, 19% of car journeys were under 5 miles. For obvious reasons, Cambridge City had the highest proportion of these with 39% of car journeys under 5 miles compared to 13% to 20% in the other districts. In South Cambs, 51% of car journeys were between 6 to 25 miles. East Cambs had the highest proportion of car journeys of 11 to 25 miles – 28% compared to 26% in South Cambs and around 20% in Fenland and Huntingdonshire. This could be related to commuting, particularly to Cambridge City. On the health-benefit side, a high proportion of walking trips were over 2 miles - 36% were between 2 and 5 miles and this figure is broadly reflected across every district. Similarly, 45% of cycle trips were between 2 and 5 miles, with a further 12% between 6 to 10 miles and 6% between 11 to 25 miles.

[1] Respondents were asked about journeys 'on a typical *weekday*'.

Respondents rated how easy it was to get to various locations using their normal mode of transport. The following County figures are perhaps the most relevant for health.

People can get to these locations very or fairly easily (1):

- Shop selling fresh fruit and vegetables 78%.
- GP[2] 85%.
- Chemist 85%.
- Local hospital 61%.
- Public open space, eg a park 79%.
- Public transport facility, eg a train station 67%.
- Sports or leisure facility 64%.

Generally, there was little difference between the districts. On the three health service destinations, in all districts (1):

- Between 82% (Fenland) and 90% (South Cambs) found it very or fairly easy to get to a GP.
- Between 81% (Fenland) and 89% (Cambridge City) found it very or fairly easy to get to a chemist.
- Between 54% (East Cambs and Fenland) and 67% (Huntingdonshire) found it very or fairly easy to get to the local hospital.
  (n=189 to n=339 depending on district).

Children's travel to school continued to show a high car use in 2006 (1), although the largest proportion walk and over half either walk or cycle. Averaged across Cambridgeshire districts (1):

- 28% normally travelled to school by car.
- 22% normally travelled to school by bus.
- 42% normally travelled to school on foot.
- 13% normally travelled to school by cycle.
  (n=669)

For car use, the district figures varied from 26% in Huntingdonshire (n=189) and South Cambs (n=183) to 37% in East Cambs (n=81). Bus use is clearly important in the rural areas, with 34% in East Cambs travelling by bus, and 26% and 29% in Huntingdonshire and South Cambs. In Cambridge City, 34% cycled to school (n=119) compared to between 5% (East Cambs) and 13% (South Cambs) in the other districts. Most children in Fenland walked to school – 52% (n=98) compared to 46% in Huntingdonshire, 29% in the City and South Cambs and 35% in East Cambs. (1)

Distance travelled can help explain the mode of transport. Averaged across Cambridgeshire districts, 53% of children travelled under a mile to school, although 17% travelled 5 miles or more. Those in Cambridge City tended to travel the least distance, with 89% travelling up to 2 miles. In East Cambridgeshire, 55% travelled over 2 miles and 32% travelled 5 or more miles. (1)

[2] The question just asked about 'GP'. Though unlikely, this could have been read as including home visits.

Wage Levels

The surveys asked little about the work environment. However, one results is notable – the importance of wage levels and cost of living over time.

In the BVPI 2006, 17% of respondents considered wage levels and cost of living to be important in making somewhere a good place to live (2) compared to 1% in 2003 (3). In 2006, 16% felt this was an area that most needed improving (2), compared to 0.7% in 2003 (3). At a national level, the average figures for all countries were (4):

- Wage levels and cost of living are important in making somewhere a good place to live – 16%.
- Wage levels and cost of living need to be improved – 17%.

  (The average figures for all authorities were 15% and 16% respectively.)

Social and Community Networks

The QoL survey asked a series of questions about community involvement. Averaged across Cambridgeshire districts, respondents gave the following views about local community activities (2):

- 21% agreed that their community had been made a better place by community activities which had taken place, although only 3% strongly agreed. In the districts, results varied from 14% in Fenland agreeing to 30% in South Cambridgeshire agreeing.
- 11% agreed that more people were involved with community activities than three years previously, although only 1% strongly agreed. There was little difference between the districts. In East Cambridgeshire, 13% agreed, in each of the others either 10% or 11% agreed.
- 42% agreed that it was easy to get involved in community activities, with 7% agreeing strongly. The proportions of respondents agreeing with this statement were: Fenland (33%); Cambridge City (37%); Huntingdonshire (41%); East Cambridgeshire (46%); South Cambridgeshire (53%).

  (Cambridge City n=541, East Cambs n=690, Fenland n=619, Huntingdonshire n=671, South Cambs n=685).

A high proportion of respondents said they had given support on an unpaid basis to a non-relative – 68%. The support ranged from personal care to cooking or cleaning to transport to giving advice. Interestingly, 34% said they had received such support. The difference may be partly due to several factors such as a lower response from those who received such support or from different perceptions. On top of this, 40% of respondents said they had done some voluntary work in the previous year, most commonly for voluntary organisations (20%), clubs or societies (18%) and church or other religious groups (10%).

A the district level, 31% of respondents in Fenland had done some voluntary work in the previous year compared to 37% in Huntingdonshire, 40% in each of the Cambridge city and East Cambs and 47% in South Cambs. Fenland and Huntingdonshire had less involvement with voluntary organisations (15% and 17% respectively) compared to 20% or 22% in the other districts. Cambridge City, Fenland and Huntingdonshire had around 14% to 16% each doing voluntary work for clubs or societies compared to 22% and 23% in the other two districts. Considering involvement with Church or religious groups, Fenland had 7% of respondents saying they had been involved compared to 9% to 14% in South Cambs and 11% in the other three districts.

Averaged across Cambridgeshire districts, 38% agree that by working together, people can influence decision that affect their neighbourhood. However, only 17% agree that they can influence decisions in their local area. The difference may be partly because of the use of the terms 'neighbourhood' and 'local area'. At the district level the proportion of respondents who agreed that by working together, people can influence decisions that affect their neighbourhood varied from 31% in Fenland and 34% in East Cambridgeshire to 39% in Huntingdonshire, 41% in South Cambridgeshire and 43% in Cambridge City.

Key Findings: note, these are from surveys held in 2006

- At least 84% of residents are satisfied with their local area as a place to live for Cambridge, East Cambridgeshire and South Cambridgeshire. 78% were satisfied in Huntingdonshire and 64% in Fenland (76% in the BVPI survey).
- Affordable, decent housing is a key area for improvement for many residents – 30% say it needs to be improved.
- Health care services are a key area for improvement for many residents – 38% say it needs to be improved.
- 85% of people found getting to the GP very or fairly easy, however between 54% and 67% found it very or fairly easy to get to the local hospital.
- Noise and anti-social behaviour are both factors which are probably common enough to have a potential effect on a number of residents' health.
- Car travel in general, and the number of children travelling to school by car in particular, has implications for the quality of the local environment and the amount of daily physical activity.
- There appears to be a solid foundation of social and community networks, although this conclusion is particularly tentative.

The available public consultations on quality of life provide some evidence which broadly supports the JSNA phase 1, especially when themes such as exercise and housing are considered.

The Nature of Sources

- Two public postal surveys using a simple random sample with results weighted. The Quality of Life survey 2006 achieved 3,200 responses across the County. The BVPI survey 2006 achieved 1,367 responses across the County.
- Comparison data complied from all BVPI surveys 2006.
- Large national public survey carried out by face to face interview and triangulated against policy records of reported crime.

Sources

1. Cambridgeshire Quality of Life survey 2006, Cambridgeshire County Council, district councils, Police Authority and PCT.
2. Best Value Performance Indicator (BVPI) survey 2006, Cambridgeshire County Council.
3. Best Value Performance Indicator (BVPI) survey 2003, Cambridgeshire County Council.
4. Best value performance indicator (BVPI) survey 2006 national Comparisons, Audit commission (www.audit-commission.gov.uk).
5. Crime in England and Wales 2007/08: Findings from the British Crime Survey, Home Office (www.homeoffice.gov.uk/rds/bcs1.html).

B. Health Services

This section considers views on health services in Cambridge measured in large by Healthcare Commission surveys on local health services including GP and hospital services. The Healthcare Commission is the independent watchdog for healthcare in England.

This section also considers smaller scale work undertaken by the Cambridgeshire Patient and Public Involvement group and Primary Care Trust consultation work.

These findings fit within the overarching 'general socio-economic, cultural and environmental conditions of the Dahlgren and Whitehead rainbow, under the 'health care services' factor.

GP and Dental Services

The Healthcare Commission undertook a survey of local health services in 2008 (1). The survey focuses on GP and Dental services.

This was the fourth national survey of local health services and involved 152 PCTs in England. There was a national response rate of 40%, and a 49% response rate in Cambridgeshire. There were 69,470 respondents nationally, including 552 in Cambridgeshire. The healthcare commission produces a benchmark report for each PCT to allow trusts to compare their performance. It identifies if the Trust is in the worst or best 20% of trusts nationally for each question asked.

Cambridgeshire was not in the worst 20% of trusts nationally on any question asked. Patients scored the services in Cambridgeshire highly (in the top 20% of trusts) on:

- Waiting times for appointments, and being told how long you would have to wait once at the surgery.
- Doctors listening carefully, giving enough time to discuss health problems, being involved in decisions about care, being able to understand the answers the doctor gave to questions, the reasons for treatment, and being treated with dignity and respect.
- Being involved in decisions about medicines, information about medicines and how to use them.
- Overall the practice dealing with the issue the patient went to them for satisfactorily.
- Advice in the last 12 months on weight, getting enough exercise, sensible alcohol intake and being given enough help to manage long-term health conditions.

Patients scored the services in Cambridgeshire less highly, but not in the bottom 20% of trusts on:

- Being allowed to make an appointment three or more days in advance.
- How long they had to wait after their appointment time.
- Seeing someone to check how they were getting on with medicines.
- Being offered a choice of where they were referred, the person they were referred to having all the relevant information and receiving copies of letters sent between the specialist and their GP.
- Getting through on the phone to the practice, and being put off going because of opening times.

- Being able to visit a dentist regularly as an NHS patient.
- Advice in the last 12 months on eating a healthy diet, and giving up smoking, and having their blood pressure taken.

GP Out of Hours Services

In 2007 the Cambridgeshire Patient and Public Involvement (PPI) forum visited and undertook a survey on the out of hours providers in Cambridgeshire and put together a report on their findings (2). They had concerns about the first point of contact for out of hours services, the lack of public knowledge about out of hours services, equality of service delivery, the quality of accommodation, signage, and lack of common policies for the payment of medication and prescriptions

Dental Services

PPI members undertook a survey of telephone access to Dentistry out of hours services in Cambridgeshire in October 2007(3). All 72 dental practices were called between 6.45 and 8pm. The survey found that a high number of practices did not give details of the emergency dental helpline, and many gave only private treatment numbers. Six practices had no answer machine and two messages had very poor sound quality. The survey was repeated in December 2007 with only a slight improvement in the findings.

The PPI also worked as part of a the 'Dentistry Watch' survey run nationally to assess how easy it was for the public to access NHS dental services and surveyed the experiences of treatment they received (4). As a result of the national survey on the impact of the new dental contract the PPI task force made recommendations on:

- Ways in which the most up to date information about dental services can be made available to patients.
- Prioritising Wisbech and North Cambs for improvements in NHS dental access.
- The PCT monitoring dental contract compliance with regard to the displaying of complaint information within practices.

Community Equipment (5)

In July 2007 the PPI forum identified the Integrated Community Equipment Service (ICES) as an area for further investigation. The forum found that the new integrated service was an improvement on the previous system and were generally very impressed with the service. They felt that regular in depth contract monitoring and user feedback forms were resulting in continual improvements. They felt strongly that more could be done to encourage service users to arrange collection of unwanted equipment and that the introduction of a 4 hours delivery target would be advantageous.

Inpatient Services

The Healthcare commission undertook a survey of adult inpatients in 2007. There were just under 76,000 respondents nationally and 500 at Addenbrookes (6), 570 at Hinchingbrooke Hospital (7) and 659 at Papworth Hospital (8). The questions were grouped by admission to hospital, the hospital and ward, doctors, nurses, your care and treatment, operations and procedures, leaving hospital, and overall.

The healthcare commission produces a benchmark report for each PCT to allow trusts to compare their performance. It identifies if the Trust is in the worst or best 20% of trusts nationally for each question asked.

Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's)

Patients scored the services of Addenbrookes highly (equal to or in the top 20% of trusts) on:

- The length of time the patient was on the waiting list, and the wait to be admitted.
- Not sharing a sleeping area with someone of the opposite sex, or feeling threatened by other patients or visitors.
- Understanding the answers given by doctors to questions, doctors not talking in front patients as if they were not there and having confidence and trust in the doctors.
- Being involved in decisions about care, and privacy when discussing the condition or treatment.
- Staff explaining the risks and benefits of an operation or procedure, answering questions about it and afterwards a member of staff explaining how the operation or procedure had gone.
- Being given the information needed to complain if you wanted to, and clear written information about medicines.

Patients scored the services at Addenbrookes poorly (in the bottom 20% of trusts) on:

- The hospital staff doing everything possible to control the pain.
- Delays in responding to the call button.
- Delays in leaving hospital, and the length of the delay

Hinchingbrooke Health Care NHS Trust

Patients scored the services of Hinchingbrooke highly (equal to or in the top 20% of trusts) on:

- Information received on the condition in the emergency department, and privacy when being examined.
- Choice of hospital for first hospital appointment, being given a choice of admission date, and the hospital changing the admission date.
- The choice and rating of hospital food.
- Understanding the answers given by doctors to questions and having confidence and trust in the doctors.
- Members of staff saying the same thing, and being involved in decisions about care.
- Finding someone on the hospital staff to talk to about worries and fears and being given enough privacy when discussing the treatment or condition.
- Doctors and nurses working well together, and the overall rating of the care received.
- Being given the information needed to complain if you wanted to.

Patients scored the services at Hinchingbrooke poorly (in the bottom 20% of trusts) on:

- The waiting time to be admitted.
- The anaesthetist explaining how they would put you to sleep or control the pain.

Papworth Hospital NHS Foundation Trust

Patients scored the services at Papworth highly (equal to or in the top 20% of trusts) on 67 out of the 72 questions asked. Of the five questions that were not scored highly, two scored poorly (in the bottom 20% of trusts):

- Being offered a choice of hospital for your first hospital appointment (this may be a reflection of the tertiary services provided at Papworth).
- Using the same bathroom or shower area as patients of the opposite sex.

Maternity Services

In summer 2007, the Healthcare Commission asked 45,000 women about their recent experiences of maternity care services (11). The results are broken down by hospital and it is possible to compare the performance of the two maternity units, at Addenbrookes and Hinchingbrooke to the national performance. Of the areas nationally where women reported positive experiences of care in general the two trusts performed above the national performance. In the areas identified nationally where trusts had performed less well there is mixed performance for the two Cambridgeshire Trusts which perform better than the England average on some questions but not on others. Broadly the areas identified for improvement nationally are also those for Cambridgeshire.

Positive Experiences Nationally	England %	Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's) %	Hinchingbrooke Health Care NHS Trust %
First saw a health professional about their pregnancy as soon as they wanted	91	95	92
A choice about where to have their baby	81	90	84
A choice to have the baby at home	57	71	75
Wanted and had the screening test to check if the baby was at increased risk of developing Down's syndrome	94	99	97
Name and telephone number of a midwife who they could contact during pregnancy	90	96	98
Name and telephone number of a midwife who they could contact after birth	95	98	98
Overall care received during labour and birth as 'excellent', 'very good' or 'good'.	89	90	90
Always spoken to in a way they could understand during this time	82	84	82
Received a postnatal check-up of their own health	88	93	93
Had been given information or offered advice about contraception following the birth	91	89	95

Less Positive Experiences Nationally	England %	Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's) %	Hinchingbrooke Health Care NHS Trust %
Of those who had seen a midwife for their antenatal check-ups they had not seen the same midwife 'every time' or 'most of the time'	43	29	41
Not offered antenatal classes provided by the NHS	36	34	32
During labour and/or at the birth of their baby being left along by midwives or doctors at a time when it worried them	26	22	30
Did not always feel involved in decisions about their care	30	24	32
Rated the overall care received after the birth as 'fair' or 'poor'	20	22	16
Those who stayed in hospital after the birth were not always given the information or explanations they needed	42	47	40
Those who stayed in hospital after the birth felt that they had not always been treated with kindness and respect.	37	36	32
Those who stayed in hospital after the birth rated the food as 'fair' or 'poor'	56	54	48
Toilets and bathrooms were 'not very clean' or 'not clean at all'	19	20	17
Would liked to have seen a midwife more often after the birth of the baby	21	20	17
Midwives or other carers had not given them consistent advice, practical help or active support or encouragement with regards to feeding the baby.	23,22,22	26,24,21	23,19,21

Consultation on Service Changes

In January 2008 the PCT launched a public consultation on the future of NHS funded continuing care and rehabilitation services in Cambridge City and South Cambridgeshire. In total 138 written responses to the consultation were received and the PCT spoke with over 119 people who attended five public consultation events and meetings with community groups. Option 4, to change the use of beds at Davison House by developing in partnership with a third party, a 60-bedded specialist neuro-rehabilitation facility on the Brookfields site, reinvesting PCT resources currently invested in neuro-rehabilitation services outside of Cambridgeshire, received most support. A number of respondents had similar concerns, the main common concerns were (13):

- The issues which would need to be addressed for the rehabilitation model to be successful eg funding, day rehabilitation, equipment, assistive technology, safety (39% of respondents).
- The workforce including capacity, recruitment and retention and skill mix (21% respondents).
- Inpatient rehabilitation beds, including adequate numbers of beds, impact on delayed discharges and location of beds (10% respondents).
- Our ability to provide NHS funded continuing care in the home of independent sector settings (9% respondents).

Cambridgeshire patient and public involvement forum support option 4 conditional upon community services being in place before current services are 'closed'. (10)

The PCT ran a public consultation between February and May 2007 on the future of health services currently provided by Hinchingbrooke hospital (12). In total 113 written responses to consultation were received and the PCT spoke with over 250 people who attended the seven public consultation events, meetings with community groups or via displays held at libraries. Of the 68 people who commented on the Option 2 (the PCTs preferred option, to remodel services across the hospital and community setting), only two people disagreed with this option. Of the 113 responses, a number of respondents identified common themes and the most common are listed below.

Theme	% of Total Respondents	Number
Community services – how, when and which alternative community services and primary care based services would be established to cater for the shift of hospital care into the community, and would there be sufficient capacity and investment to provide an equivalent level of safe care. Would hospital services cease before community services were in place, and would there be a negative impact on informal carers.	54	61
Access and transport – developing services in the community could reduce accessibility particularly for those residents relying on public transport or who live in rural areas.	53	60
Maternity services – strong concerns about any reduction in maternity services on the site, and redesignation of the special care baby unit to level 1.	42	47
HHCT service issues – concern about the dissolution of HHCT.	38	43
Population growth – has the projected population growth been taken into account when considering a reduction in the level of activity in the hospital setting.	27	31
The consultation process	26	29

Key Findings – Health Services

- Patients rated GP Services in Cambridgeshire in the top 20% nationally on a number of questions asked in the Healthcare Commission Survey undertaken in 2008. GP services were not rated in the worst 20% of trusts on any question asked in the Healthcare commission survey undertaken in 2008. There are however areas where the service did not score in the top 20% of trusts nationally.
- Access to NHS dental services, included out of hours is highlighted by more than one report.
- Inpatient services at Papworth were rated by patients in the top 20% of trusts nationally on almost all questions. Both Addenbrookes and Hinchingbrooke were rated by patients in the top 20% of trusts on a number of different questions, but there were some areas where they scored in the bottom 20% of trusts.
- The inpatient and GP services surveys both found that patients rated doctors in the top 20% for understanding the answers given by doctors, being treated with respect and having trust and confidence in doctors.
- Maternity services are rated above the national average by women in the areas identified nationally as strong. Broadly the areas identified for improvement nationally are also those for Cambridgeshire.
- Responses to PCT consultations on a different service changes raise a number of different issues including service capacity, funding and access and transport.

The Nature of Sources

- Three large Healthcare Commission national surveys broken down for the Cambridgeshire population.
- Two PCT consultations on proposed service changes - approximately 200 verbal and written responses excluding campaigns in the Brookfields consultation, and over 250 spoken to and 113 written responses in the Hinchingbrooke consultation.
- Four PPI reports on particular local services. These include some survey work (one samples of 72) and visits to providers.

Sources

1. National Survey of local health services 2008, Cambridgeshire PCT. Healthcare Commission.
2. GP out of hours Services PPI report. January 2008, Cambridgeshire Patient Forum.
3. Access to out of hours dental services. November 2007. Cambridgeshire Patient Forum.
4. Dentistry. January 2008. Cambridgeshire Patient Forum.
5. Integrated community equipment service (ICES). March 2008. Cambridgeshire Patient Forum.
6. Inpatient Survey 2007, Cambridge University Hospitals NHS Foundation Trust. Healthcare Commission.
7. Inpatient Survey 2007, Hinchingbrooke Health Care NHS Trust. Healthcare Commission.
8. Inpatient Survey 2007, Papworth Hospital NHS Foundation Trust. Healthcare Commission.

Souces cont'd

9. Pre-consultation on future of services at Brookfield's Hospital. Formal PPI response October 2007. Cambridgeshire Patient Forum.
10. Pre-consultation on future of services at Brookfields hospital. Formal PPI response. October 2007.
11. Maternity Survey 2007, Healthcare Commission.
12. PCT Board Paper for 27 June 2007. Formal response to consultation: seeking sustainable health services for the people of Huntingdonshire.
13. PCT Board Paper for 25 June 2008. Response to consultation: the future of NHS funded continuing care and rehabilitation services in Cambridge city and South Cambridgeshire.

Section 2: Key Findings in Each of the JSNA Subject Areas

1. Children and Young People

Several organisations consult with children, young people, parents and social workers to identify which issues most affect children and young people's health and any gaps in the provision of services for this group. The findings of this work is summarised below.

Demographic Characteristics

Most documents show that many factors affecting children and young people's health vary depending on the demographic characteristics of the groups under study:

- Some factors can be generalised to all ages: There is evidence that bullying affects children and young people at all ages and it is often a cause of stress, anxiety and withdrawal from school (leading sometimes into Anti-Social Behaviour).
- Some factors are specific to some ages: Sexual health problems (eg STIs) are more specific to young people. Increasingly young people are sexually active before they reach the age of 16.
- Some factors are gender specific: teenage pregnancies mostly affect women but also can have a major impact on men as it can lead both parents into deprivation.
- Some factors are ethnic specific: Gypsy and travellers' children are often victims of abuse, racism and discrimination. This can increase the chance of children having mental health problems (eg stress, anxiety which can lead to poor educational achievement).
- Some factors are hereditary: disabilities and diseases, among others.

Lifestyle Factors

Lifestyle factors can impact on the health and performance of children, young people and later on as adults. The documents highlight several lifestyle issues, which could lead children and young people into health problems:

- Children and young people comment that they do not have many things to do in their spare time. Many children do not do sport or participate in any activities with other children. Children and young people identify themselves as bored and wish they had things to do. In the documents, Anti-Social Behaviour (ASB) and drinking has often been associated with boredom. Moreover, in many cases not having anything to do has led to mental health problems such as anxiety, stress and could eventually lead to obesity (many children and young people do not play sport and many find food a relief from many sorts of anxiety) (2) (3) (11) (12).

- Children and young people say they spend quite a lot of time watching television, frequently as a result of not having anything to do in their spare time. Children, in particular, state feeling stressed sometimes by the images seen on TV. Children say that they are not able to properly digest certain news or images and this can create confusion and anxiety. This is worsened if parents do not communicate enough and do not explain what is seen (2).

Social Networks

Social networks play an important role in children and young people's lives. Many attitudes are influenced by the attitudes of people within the social network. The documents consulted highlight several factors, which seem to have an influence on children and young people's health:

- Peer pressure has a strong influence on children and young people's behaviour. Many young people start drinking, smoking or having early sexual relationships because other young people do or because they are bored (8) (11).
- Gypsy and Travellers' children and young people are often victims of racism, discrimination and violence. This can cause stress and also affects confidence and leads to a decrease of general well being (9).
- Anti-social behaviour can start because of peer pressure or imitation. In some cases ASB can lead to mental health problems (although mental health problems can also lead to ASB) (11).

School Environment

Children and young people spend most of their time at school. The documents analysed have identified several school-related issues that can directly affect children and young people's health:

- Many children and young people report being victims of bullying. This creates anxiety, stress, leads into violent situations and sometimes withdrawal from the school (2) (11).
- For some children, exams, tests and homework also exert significant amount of pressure and create anxiety and stress (2).
- Some young people find school boring. This induces them to be disruptive in class (2).
- Young people (n=16) consider sexual health education unsatisfactory and not timely which, in their opinion, is the reason why some girls end up having unwanted pregnancies and young people in general have STIs (this is worsened if communication with parents, carers or social workers is not good) (8).

Family Environment

Many factors affecting children and young people's health can be found in their family environment. Family relationships, parents' health, housing conditions, unemployment and deprivation can have an influence on the risk of having health problems. Results drawn from several consultations with children and young people highlight:

- Some children think that partnership dissolution (eg parents divorce) can affect mental health, in terms of increasing anxiety and stress (2).
- Children complain that communication with their parents is not fluent and there often are conflicts and arguments with parents and siblings causing anxiety and stress (2). Bad relationships within the family lead some young people to misbehave and be disruptive and damaging. At a national level it has been found that children's bad behaviour can affect the family's quality of life (11).
- The lack of communication with parents also affects children's understanding of bad news and bereavement. This can cause anxiety and stress (2) (11).
- Not all children in the county have breakfast. Among many reasons, working patterns of parents could sometimes be the reason for this. The lack of breakfast can affect children's performance (7).
- Some children live with parents that have problems. The Youth Inclusion and Support Panels, who work with young people in Cambridgeshire to prevent them from offending or being involved in ASB, believe that giving support to parents can also improve children's life, as good parenting has a positive influence on the child's behaviour and future achievements (11).

Children and young people raise a number of issues related to the socio-economic conditions in which families live. For example a young person complained that he lived in an overcrowded house and this created tensions and arguments (11). Gypsy and Traveller children are concerned about the quality of the environment in which they live (9).

Views on Access or Quality of Services

In line with the national agenda, Cambridgeshire has over time developed strong partnership work and good practice to tackle issues affecting children, young people and families. The strengths and weaknesses of some of these programmes have been evaluated. On some occasions, this involved consulting with parents, children or young people and carers (13).

Local Example: Access to Health Services in Cambridge

In 2005, research was undertaken to examine the accessibility to health services for young people in Cambridge. The majority of young people interviewed stated that they mostly used GP services, the dentist and the chemist. Most of the young people interviewed said that they most frequently asked for health advice from their family, GP or friends. The most frequent barriers to access to health services amongst young people in Cambridge were related to the opening, waiting times and location of the services. Interestingly, many could not get help on health issues because of shyness or embarrassment (14).

Examples of some of the outcomes of these evaluations can be found below:

a. The Phoenix Centre is a specialist clinic for eating disorders. The clinical service of the Phoenix Centre has two main components, the Regional (inpatient) service and the Local (outpatient) service. These operate from different sites though with the same staff team. The Phoenix Centre also has an outreach service to support those awaiting admission and recently discharged. In addition to clinical activities, the service is involved in teaching, training and research. Results from an exit survey undertaken in 2007-2008 have shown that users (n=27) are quite satisfied with the Phoenix Centre services. There are some areas for improvement such as improving the food provided, quality of information to patients, improvements to outreach support in pre-admission and discharge (4).

b. The Fostering and Adoption Clinical Psychology Service provides mental health services for all children looked after by the County Council. Recent consultation (January 2007) has shown an overall satisfaction with the services. There is some room for improvement such as increase information, increase the number of professionals, more accessibility (5).

c. The Local Safeguarding Children Board services (LSCBs) have been established by the government to ensure that organisations work together to safeguard children and promote their welfare. In 2006, the serious case review workshops highlighted some concerns regarding the LSCBs. There was a proposal to shift away from reactive services towards proactive ones (6).

d. Research undertaken in 2005 to assess the quality of the provision and delivery of general and specialist services provided by the government, local authorities and organisations across the County for children, young people and parents revealed that parents and carers were not satisfied with the quality and availability of the information on services. Parents and carers expressed that some services did not meet the needs of some groups and services were inaccessible for people living in the rural areas. Costs were high, there were not many activities and there was lack of support. (10).

e. The consultation with the organisers of the Breakfast Club at Kings Hedges School highlighted several positive outcomes of the programme, including giving children energy for the day, learning how to eat healthy, involvement in club activities promoting inclusion and improving confidence (7).

f. The Fusion project provides positive activities for children and young people in Huntingdon thereby discouraging anti-social behaviour (13). The evaluation of the Fusion project in December 2005 highlighted (12):

    - The programme provided young people activities to keep them busy and develop skills.
    - The programme influenced young people's behaviour. They generally felt less angry.
    - Young people learnt to appreciate healthy lifestyles.

Key Findings

- Children and young people in Cambridgeshire describe themselves as living quite sedentary lives. They may not undertake enough physical activity, may have a poor diet and are often bored. Young people believe that this is because their leisure options are restricted.
- Young people in Cambridgeshire are aware that STIs exist and that the incorrect use of contraceptives could also lead to unwanted pregnancies. However, they believe that a more effective and timelier sexual health education could help decrease the incidence of diseases and unwanted pregnancies (n=16).
- Mental health problems, mainly anxiety and stress, are often a result of bullying, disagreement and poor communication with parents or family and because of boredom.
- A poor physical environment at home can also increase children and young people's anxiety and stress.
- Smoking, drinking and consumption of substances are mainly caused by imitation and peer pressure. Anti-social behaviour is often linked to these activities.
- Minority groups such as Gypsy and Traveller children and young people describe themselves as being at risk of mental health problems and a decrease of their general well-being because of bullying and racism.

The consultation with children and young people has shown that many factors can be associated with a higher risk of having health problems. These factors are stratified at different levels of a child or young people's life and can directly or indirectly affect their health conditions. Issues that arise from consultation work with children and young people are in most cases reflected in the JSNA phase 1 document. There are several large consultations underway that will add to the information above, including the Ofsted 'Tellus' survey and Balding/Health related behaviour survey for 2008.

The Nature of Sources

- In-depth interviews with 37 Children and Young people about mental health (February to July 2008).
- In-depth interviews with 148 Gypsy and Traveller children and young people over a period of 18 months.
- Questionnaires and face-to-face interviews with parents and carers of children aged 0-19. There were 642 responses.
- The evaluation of the YISP included:
- Observations of 10 YISP panels, 2 multi-agency allocation group panels and a YISP steering group.
- Interviews with YISP co-ordinators and keyworkers and 22 families.
- Focus groups with panel members and YISP key workers.
- 47 young people completed the Cordis Bright questionnaire over two days. There were also 7 focus groups with over 50 young people.
- One-to-one semi structured interviews with looked after young people about sexual health. The number of responses was very small (n=16).
- Results from an exit questionnaire about the Phoenix Centre (n=27).
- Two short, semi structured questionnaires were sent to carers and professionals regarding the fostering and adoption psychology service. 52% of professionals and 52% of carers returned the questionnaire (no information about the sample).
- The consultation with young people in Huntingdon and St Ives included:
  - Consultation with 50 young people at Fusion, 250 under 11 at HuntsNet, 20 via various community initiatives.
  - Consultation with 41 young people through summer projects at Chaos Plus, 52 students in year 1, 1 response from Neighbourhood management.
  - Consultation with 34 people aged 11-18 years, 68 people under 11 took part of a survey.

Sources:

1. Cambridgeshire county council & Cambridgeshire NHS (2008). Joint Strategic Needs Assessment – Phase 1.
2. CAMHS (2008). Healthy young minds: Seen heard and understood.
3. Consultation with young people in Huntingdon and St Ives – (2007).
4. The Phoenix Centre (2008). The Phoenix Centre annual report April 2008. United Kingdom: Cambridgeshire and Peterborough NHS.
5. Review of last 12 months of Fostering and Adoption Clinical Psychology Service (2007)
6. LSCB Workshops in response to the serious case reviews (February 2008)
7. Rise and Shine – A guide to getting your breakfast club started (CD-ROM)
8. Battersby, M. (2006). Promoting sexual health.
9. Children's fund – Ormiston (2006). Children's voices: changing futures.
10. Change for children in Cambridgeshire – Cambridgeshire Children and Young People Strategic Partnership.
11. Walker, J., Wilson G., Laing K., (2008). Being There for Children at Risk of Offending: An Evaluation of the Youth Inclusion and Support Panels in Cambridgeshire. United Kingdom: Newcastle University.

2. Adults of Working Age

This section of the report describes the views of the adult population through quality of life and other surveys. Section 2.1 focuses on Gypsies and Travellers This group was identified for further work in the JSNA phase 1.

2.1 Gypsies and Travellers

Gypsies and Travellers constitute the largest minority ethnic group in Cambridgeshire when taken as a single group. The overriding issues affecting their health can be clearly identified, such as relative deprivation and lack of secure accommodation. Several organisations consult with Gypsies and Travellers across Cambridgeshire. Most of this work is small scale, relating to a specific service, but with similar problems being identified repeatedly. Rather than go into the detail of those consultations, this section concentrates on key reports, including probably the two largest surveys of Gypsies and Travellers undertaken to date in the UK.

Analysis the major factors influencing Gypsy and Travellers health follows after a list of the overall reported health status and main reported health problems.

Overview of Health Status and the Main Health Problems Reported by Gypsies and Travellers

The reported health status over the past year is shown in Table 1 for Gypsies/Travellers and a comparator group

Table 1: Reported Health State over the Past Year – Gypsy/Travellers and Matched Comparators

Health variable	**Reported state**	**Gypsy/Traveller** (n=260)	***Comparators*** (n=260)
Health status over past year	Good	103	147
	Fairly good	80	76
	Not good	77	37
Long-term illness	Yes	101	75
Number having accidents		34	22

Source: Cambridge sub-Region Traveller Needs Assessment 2006

The Cambridgeshire study recorded 49% reporting poor health status on unauthorised sites a scale of good/average/poor compared to 28% on private authorised sites (1).

The main reported health problems are.

- 'Nerves'
- Anxiety
- Depression
- Arthritis
- Asthma
- Eye/vision problems
- Chest pain
- Bronchitis/emphysema
- Heart disease including angina
- Hearing problems
- Rheumatics
- 'Back problems'
- Diabetes
- Stroke
- Cancer

The lists from (1) and (2) are similar, although 'back problems' appeared in (1) but not (2). All those in the above list were higher than in the matched comparator group, often significantly so (2), except for diabetes, stroke and cancer where there appeared to be little health inequality (2). However, qualitative work demonstrates a fear of cancer in Gypsy and Traveller and a belief that cancer is always fatal. Perhaps because of this, Gypsies and Travellers are unlikely to take up screening or seek an early diagnosis (2).

There is also an increased prevalence of miscarriages, stillbirths, neonatel deaths and premature deaths of older offspring (2) amongst this group.

In the Cambridgeshire survey, a comparatively high proportion (6%) of Gypsies and Travellers had disabled children (1).

Age, Sex and Hereditary Factors

The health of Gypsies and Travellers is correlated to age, sex and heredity, but these factors alone do not explain the poorer health of these communities compared to the settled community.

There are gender differences in some reported health problems, notably anxiety being more common in women (2).

Individual Lifestyle Factors

The Sheffield study indicated that a much higher proportion of Gypsies/Travellers smoke than in the general population – over twice as many in each of three age groups: 16 to 40; 41 to 65; 56+ (*sic*) (2). The health of Gypsies and Travellers is correlated to smoking, but this combined with age, sex and hereditary factors do not explain Gypsy and Travellers poorer health.

Poor nutrition and lack of knowledge about nutrition could contribute to health problems (2).

Gypsies and Travellers are concerned about their children drinking or taking drugs, but there is little evidence about the scale of these (2) (3).

Culture

There is a strong emphasis on self-reliance which can contribute, along with other factors, to living with illness rather than seeking help (1) (2) (3).

Housing (Accommodation)

Lack of secure and suitable accommodation is the most commonly recorded cause of health problems (1) (2) (3). Site safety and lack of facilities for disabled people are of concern to Travellers (1) (2). The poorest health is reported by those living in houses (1) (2), those on unauthorised sites (1) and those on council-run sites (1) (2). In general, those who travelled less reported poorer health (2). This may be because of poor health leading to travelling less, particularly for those moving in to houses (1) (2). There is some evidence for the truth of this suggestion – some Gypsies/Travellers in houses expressed a wish to move to a site, but felt prevented by their ill health (1). Each accommodation option has a negative (as well as a positive) side. Some of the health-related aspects are listed below:

- Living in a house can involve: racism/prejudice; isolation from the family and friends; loss of cultural identity and a feeling of being trapped (1) (2). These can lead to stress and anxiety (1) (2). Perhaps it is these factors which lead Gypsies and Travellers to associate living in a house with poor health (2).
- Living on unauthorised sites or the roadside can involve: conflict with the settled community; the constant threat of eviction; difficulty accessing health and education due to transience and position of the site; difficulties accessing water and lacking basic amenities (1) (2). These can lead to stress, anxiety, and disease (1) (2).
- Living on council or private sites can involve: conflict with the settled community; difficulty accessing health and education due to position of the site; in some cases lack of basic amenities; the position of the site which can be close to hazards such as main roads (including noise), rubbish tips, or pylons; lack of safe areas for children to play; no control over neighbours, some of whom may be disruptive (1) (2). These can lead to stress, anxiety, accidents and disease (1) (2).

Health Care Services

There are several factors leading to lack of registration with a GP and use of health services in general, particularly primary health care:

- Mistrust of health professionals. In contrast, Gypsies/Travellers will often remain registered and return to an area to consult a trusted GP (1) (2).
- Reluctance to attend to see a doctor of the opposite sex, particularly for women (1) (2).
- A culture whereby more trust is placed in members of the family. Women may be more likely to go to older women from their family for advice (2).
- Reported unwillingness of some GP to accept Gypsies/Travellers to their list (1) (2).
- Problems registering because of having no permanent address (1) (2).

- The culture of stoicism and self-reliance. This can lead to avoiding seeking help and living with problems, particularly in men (2). Problems such as depression are often kept within the family (2).
- Fear of diagnosis of cancer leading to low take up of screening and avoiding seeking a diagnosis (2).
- Physical access to services such as transport (1) (2).

One outcome of lower GP registrations is reduced uptake of immunisations (1). The favoured health service options for Gypsies and Travellers are culturally sensitive outreach work (1) (2) (3). For example, 54 Gypsies and Travellers in Cambridgeshire reported health visitors to be the service they found most helpful compared to 14 saying the GP surgery was helpful (n=76) (1). The Sheffield study found more Gypsies/Travellers spoke to health visitors, social workers and midwives and used Accident and Emergency than the comparator groups from the settled population while fewer Gypsies/Travellers visited a GP, practice nurse, dentist or optician (2).

Education

Gypsy and Traveller children can experience prejudice and racism at school, including bullying from other children and lack of cultural understanding and low expectations from teachers (1) (2). There is comparatively low attendance by some Gypsy/Traveller children (1) (2), but this varies by opportunity and possibly by ethnicity (which may be due to opportunity), such as being on a settled site (1). Gypsy and Traveller children and parents may have motivation to attend school ("*Gypsy people need education more than anyone these days*") or may be motivated to leave education early such as adhering to traditional values like sons learning from their fathers (1). The Cambridgeshire County Council Travellers Education Team should be consulted in developing any action relating to schooling.

Other health-related factors around education include:

- Parental concern over some of the curriculum, notably sex education. This is a particularly for girls because of the strict division in the sexes (2) (3).
- Parental concern over their children mixing with others who are a bad influence, particularly access to drugs (2).
- The wider effects such as lack of knowledge of nutrition (2).

Work Environment

The nature of work undertaken by Gypsies and Travellers can lead to health problems, particularly accidents (2).

Areas of Less Health Inequality

The Sheffield study identified less inequality in diabetes, stroke and cancer (2). However, qualitative work demonstrates a fear of cancer in Gypsy and Traveller and a belief that cancer is always fatal. Because of this, Gypsies and Travellers are unlikely to take up screening or seek and early diagnosis (2).

Key Findings

- The main reported health problems among Gypsies and Travellers are anxiety and depression, respiratory problems, chest pain, arthritis and possibly 'back problems.
- Smoking rates are high among Gypsy and Traveller communities and poor nutrition is common, including lack of knowledge of nutrition.
- Lack of secure accommodation with basic amenities is the most commonly identified factor relating to the main health problems. General site safety and disabled access are further concerns.
- Gypsy and Traveller children may experience racism and bullying from other pupils and low expectation from teachers. Children may also be removed from school for cultural reasons such as sex education being a matter between the women and girls in a family.
- There are a number of cultural and practical factors leading to low-take up of primary health care by Gypsies and Travellers. Their favoured option is culturally sensitive outreach services such as health visitors.

Building on the health needs assessment in East Cambridgeshire and Fenland; a Health Strategy for Travellers in Cambridgeshire has been developed by a health sub group of the county Travellers Co-ordination Group. The strategy is based on recognising the wider determinants of health such as accommodation and education, empowering communities and breaking down barriers to discrimination.

The Nature of Sources

- The Cambridgeshire survey involved 318 in-depth interviews across the Cambridge sub-Region. The sample was random, though with self-selection through agreement to undergo an interview. It involved peer researchers from the Gypsy/Traveller communities. The study also included some focus groups such as one with Traveller children.
- The Sheffield health study involved 293 in-depth interviews across England in five urban and rural locations, including Norfolk. The sampling was strict and was matched for age and sex with comparators from the settled community including different ethnic groups and socio-economically deprived. Some qualitative work was also run. Though this was national, the issues can be taken to be similar across the Country and the rigour of the statistical testing involved makes it a key source.
- The Ormiston Children and Families Trust report is a literature review, which includes the Sheffield health study as a major component. References to this report are only included where the source is literature other than the Sheffield study.

Sources:

1. Home, R. and Greenfields, M. (2006) *Cambridge sub-Region Traveller Needs Assessment*, Cambridgeshire County Council.
2. Parry, G., Van Cleemput, P., Peters, J., Moore, J., Walters, S., Thomas, K. and Cooper, C. (2004) *The Health Status of Gypsies and Travellers in England*, University of Sheffield.
3. Warrington, C. and Peck, S. (2005), *Gypsy and Traveller Communities: accommodation, education, health, skills and employment – A East of England Perspective*, Ormiston Children and Families Trust.

2.2 Adults with Mental Health Problems

Mental Health

Mental health is fundamental to good health, well-being and quality of life. It impacts on how we think, feel, communicate and understand. It enables us to manage our lives successfully and live to our full potential. Everyone within the general population has mental health needs, and local views gathered from the general population about mental health and wellbeing are addressed in section 1 of this document.

The majority of this section focuses on the Mental health of the adult population who use specialist or tertiary mental health services. Much of the consultation work available is work with service users to promote, develop and review service provision and address need in these specialist services. Involvement includes activity around promotion, prevention and service provision. An example of a feedback from a local project is given below.

Local Example: Fulbourn Hospital

The Friends of Fulbourn Hospital and the Community Millennium Arts project run a number of local activities for mental health service users in different settings. A textile workshop has been running for over a year on ward S3 for eating disorder patients. Patients have said they can relax and socialise at the workshop, and that participation in the group has helped them increase their confidence in social situations as well as developing leisure skills. The workshop has also been helpful in providing a focus and improving decision making

Larger consultation work ranges from the Healthcare commission survey on community mental health services to surveys undertaken by the patient and pubic involvement forum about carers who look after those with mental ill health.

Views on Community Mental Health Services (1)

In 2008 the Healthcare Commission undertook a Community Mental Health survey with people of working age (aged 16-65) who had used services. There were 214 respondents for Cambridge and Peterborough Mental Health Partnership NHS Trust, a response rate of 38% with 36% of respondents male and 64% female.

The Healthcare Commission produces a benchmark report for individuals Trusts to allow Trusts to compare their performance. It identifies if the Trust is in the worst of best 20% of trusts nationally for each question asked. The questionnaire grouped questions into health professionals, medications, counselling, care co-ordinators, care plan, care review, support in the community, crisis care, family or carer, and overall.

The benchmark report for Cambridgeshire and Peterborough Mental Health Partnership NHS Trust found the following.

Patient scored the Trust highly (in the top 20% of trusts nationally) on:

- Finding talking therapy helpful.

Patients scored the Trust poorly (in bottom 20% of trusts nationally) on:

- The community psychiatric nurse listening carefully.
- Being told about the possible side effects of any new medications.
- Being able to contact the care co-ordinator if there is a problem.
- Being given (or offered) a written or printed copy of the care plan, and understanding what is in the care plan.
- Having had a care review in the last 12 months, and being told that a friend or relative could come to the care review meeting.
- Being given a chance to talk to the care co-ordinator about what would happen at the care review meeting, having an opportunity to express views at the meeting and finding the care review helpful.
- Having the number of someone from NHS services that can be phoned out of hours.
- Finding the activities provided by the day centre or day hospital helpful.
- Giving enough information and support to a member of the family or someone else who is close.
- Having had enough say in decisions about care and treatment.

In the 2007 survey the overall care received from Mental Health Services was rated by patients in the bottom 20% of trusts nationally, however in 2008 this had improved considerably and the answer to this question was no longer in the bottom 20% and at approximately a mid point for the ratings nationally.

Views on the Cambridge Assertive Outreach Service

A collaborative approach was taken to identifying and meeting the needs of service users, carers and staff in the Cambridge Assertive Outreach Services (2). All service users (n=32) and carers (n=20) using the AO service by 31 March 2006 were invited to give their views. Key findings:

- The teams approach was experienced as non-judgemental, personal and relevant to users expressed needs.
- The whole team approach was experienced positively by service users.
- Carers expressed a need to relate to fewer personnel.
- Areas identified for service improvement included provision of information and clarity of roles and care pathways, greater support during crisis and more active involvement of both users and carers in the development of care plans and recovery focused interventions.
- Areas of unmet need particularly noted included more support in maintaining the home environment, attention to personal hygiene, physical health care, pursuit of leisure activities and employment.

Carers were:

- Highly satisfied with the support offered to their loved ones but reported a lack of a proactive approach to their needs.
- None had a carers assessment nor been put in touch via the team with support groups.

- sought reassurance about future provision of service and desire for greater recognition of their knowledge, experience and potential contribution.
- Request for regular feedback and involvement in reviews.

Service Changes (3)

The PCT ran a consultation on the future of Mental Health services in Cambridge City and South Cambridgeshire. The Cambridge City and South Cambridgeshire Patient and Public Involvement groups provided a formal response to the consultation in January 2006.

The PPI Forums reflected the general concerns expressed by the public about the consultation process, the number of cuts from older people's services and the overall level of funding for mental health services. In particular the PPI Forums were concerned about the cuts in inpatient beds, and community services and the resulting levels of support for patients. They were also concerned about the needs of young carers and a timely service for young adults (20-25 years), support and respite for families and carers, and adequate staff for the community service for older people.

The Needs of Carers

The PPI group for Cambridge City and South Cambs undertook a survey of the needs of carers looking after people with mental ill health in 2006/07 (4). The aim of the survey was to establish to what extend the services provided by the PCT meet the needs of carers looking after people with Mental health problems in Cambridge and South Cambridgeshire. There were 37 responses to the survey. The main findings of the survey were:

- That the health of carers is detrimentally affected by caring.
- That the majority of carers experience high levels of stress and depression.
- Three carers in five had never had a carer's assessment.
- Issues about respite care were the most frequent problem mentioned.
- Few carers have an adequate emergency plan.
- Over half claimed that there are not provided with regular, updated information services that are available to carers.
- Seven out of ten say that they have been given information on the mental health problems affecting the person they care for.
- A similar number say that they have been given information on what treatments the person they care for is receiving, including alternative treatments and side effects.

Key Findings

- In a patient survey carried out by the Healthcare Commission in 2008, local community mental health services scored in the top 20% nationally for patients finding talking therapy helpful, but in the lowest 20% nationally for some other indicators.
- There was positive feedback about the approach of community mental health services, including the non-judgemental and team approach taken and the provision of talking therapies.
- The care review process/pathway could be improved along with a clarity in roles.
- There are issues with understanding how to contact out of hours and other emergency support.
- Carers described unmet needs for care reviews, respite services and information on services for carers.
- There is general concern about the future provision of services.

The available consultation information described here focuses on the views of service users about existing specialist services. As such it highlights a number of key areas which are currently not reflected in the Mental Health JSNA. Issues surrounding carers, respite and emergency care are however identified by the JSNA Learning Disabilities suggesting that they apply to more than one JSNA group.

Based in part on the information from the carers survey described above Cambridgeshire County Council has published an 'Interim Carers Strategy 2008-2011'.

The Nature of Sources

- Three surveys of mental health service users and carers. One large (Healthcare Commission 2007) where there were 175 respondents and two smaller survey with sample sizes of 52 and 37.
- One PPI response to consultation on service changes.
- Examples of patient views on local initiatives.

Sources

1. Community Mental Health Survey 2007, Healthcare Commission.
2. Research, Involvement and changing practice, Cambridgeshire and Peterborough mental health partnership NHS trust Bulletin Issues 1&2 2006/2007.
3. Consultation on the Future of Mental Health Services in Cambridge City and South Cambridgeshire, Cambridge City and South Cambridgeshire PPI Forums, January 2006.
4. Survey Findings on needs of carers looking after people with mental ill health, Cambridgeshire patient Forum 2006/07.

2.3 Adults with a Learning Disability

People with learning disabilities are amongst the most vulnerable and marginalised people within Cambridgeshire. They are more likely to:

- Be socially excluded.
- Have poorer physical and mental health.
- Have difficulties in accessing health care.
- Be at risk from abuse.
- Be discriminated against.
- Need support to access housing, health, employment and independent living.
- Be at greater risk of ending up in prison.

People with learning disabilities deserve to be treated as equal citizens however are often at the margins of our society. Very few have jobs, live in their own homes or have control over their lives.

Social Networks

From Emerson's national survey (ONS 2006):

- *"…people with learning difficulties are at least as likely to participate in some types of community based activities as people in general.*
- *…people with learning difficulties had much less contact with friends than people in Britain in general.*
- *…people with learning difficulties had much less contact with members of their family that they were not living with.*
- *29% didn't have job, weren't doing a course and didn't attend a day centre. Only 3% did all of these things."*

The 'Improving the life chances of disabled people in Cambridgeshire' event held on 21 October 2007 involved 120 people from a variety of organisations (10). A group looking at sport and leisure opportunities concluded that there needed to be a commitment to this area as leisure enhances the lives of disabled people, improves mental and physical health, and connects disabled people with society and the community. Delegates felt that access to mainstream leisure services is not established due to fear and ignorance about disabled people.

The consultation on 'valuing people now' also emphasises the importance of access to community facilities and that physical access and advice information and support are critical (6).

The LD parliament on Thursday, 11 May 2008 (12) discussed day care services. The parliament described a 'dream day service', and ideas included:

- More flexible services, including for longer hours and providing support at evenings and weekends.
- More opportunities to go out in the community including to the cinema, bowling, shopping, jogging and more social opportunities (to pubs, nightclubs).
- Opportunities to learn work and independence skills.
- Other activities in groups (artwork, pottery, photography).
- Smaller day services that are inspected.
- A chance to keep in touch with friends, locally and further away.
- More and excellent staff and more volunteer support.

The right of people with learning disabilities to have personal and sexual relationships can be a concern to carers. However the parliament discussed relationships (14) and this is clearly an important issue to people with learning disabilities.

Transitions in Education

The Emerson national survey of people with learning disabilities in 2003/04 (7) found that:

- *"43% were bullied at school*
- *Of those aged under 25, 43% left school with at least one qualification.*
- *Of those aged under 25, 52% were attending school/ college and 36% of people of all ages were currently doing some kind of course or training."*

Transitions in education were discussed by the LD Parliament on 16 March 2006. The parliament identified a number of issues concerning:

- Person centred planning key.
- More support for work experience, and more work experience options.
- Work experience needs to lead somewhere.
- More choice, less red tape and better transport.

Work

The Emerson national survey of people with learning disabilities in 2003/04 (7) found that:

- *"Only one in six people with learning difficulties who were of 'working age' (17%) had a paid job.*
- *Nearly two out of three people (65%) who were unemployed (and said they were able to work) said they would like a job".*

A recent Cambridgeshire Parliament (8) confirmed that people with learning disabilities want:

- The right to get part-time work, voluntary work or work experience as well as a full-time paid job dependent on their wishes.
- To get information about opportunities and schemes that provide support.
- To get advice about the impact on benefits.
- To get training and work experience that leads to real work.
- To get support with "getting ready for work", like job clubs.
- To have support when looking for work and applying for a job.

During 2007 an Investing in Communities grant funded local research, undertaken by Papworth Trust (16), into the barriers and experience of people with disabilities. The key findings from this were:

- People with learning disabilities had a broad interpretation of work, many valued work experience and training activities in their own right.
- Using a person-centred approach to planning services, which is easily accessible to individuals and parents/carers, covering a wide range of support needs (day opportunities, training, respite care, housing and support, transport etc.), supported by good information and personal guidance.

The valuing people consultation response (6) said that it was important to support people into paid employment as it ensures that they can access normal opportunities, develop self esteem and personal satisfaction, learn new skills and have a chance to improve their financial situation. It also raised concerns about the impact of losing benefits and that voluntary work should also be considered important. Transport was also felt to be a big issue, and that employment should not be the only focus when support to access leisure, friendships and education and training were also wanted.

Housing

The Emerson national survey of people with learning disabilities in 2003/04 (7) found that :

- *"Two out of three people in supported accommodation (64%) had no choice over either who they lived with or where they lived…"*

We know from both national evidence(7) and local consultation(9,10) that people want:

- A secure and homely place to live.
- To live alone or with people whom they choose and like to be with.
- Sufficient levels of support to find a house and to live full lives in their local community.
- A choice about where they live, and who they live with.
- To live near family and friends.

The valuing people consultation also raised concerns about the inflexibility of funding blocks, banding and authorities 'keeping a lid on' access to housing as there are insufficient funds to provide all of the care and support for people who want tenancies. New builds were not always found to be meeting the needs of families or individuals with high support needs.

The 'Improving the life chances of disable people in Cambridgeshire' event (10) found that there was a general consensus that people within the community did not want some types of disabled people living amongst them and that this stigma still needs to be addressed, before considering housing options.

Crime

From Emerson's national survey (ONS 2006):

- *"One in three people (32%) said they did not feel safe either in their homes, their local area or using public transport*
- *Nearly one in three people (32%) said someone had been rude or offensive to them in the last year because they have learning difficulties*
- *Nearly one in ten people (9%) said they had been the victim if crime in the last year. People with learning difficulties were less likely to be a victim of crime than other people, but they were slightly more likely to be attacked".*

Experience both locally and nationally shows that people with learning disabilities or learning difficulties experience a number of problems once they enter the criminal justice system.

Particular issues relate to:

- Their learning difficulties may not be identified unless their behavior gives cause for concern.
- Struggling with police questioning and cautions.
- Police not being aware of specific conditions that could result in presenting issues.
- Without being identified, they are more likely to incriminate themselves even if they are innocent
- Lack of understanding resulting in non- compliance with community-based orders.
- If detained the general health of people with learning disabilities is often poorer than for the general population, particularly with regard to mental health.

Discussions at the LD Parliament held on 12th July 2007(15) reflect this national research. Some MPs describe being nervous about reporting crime because the police ask lots of questions, and being accused of being drunk or taking drugs because of speech difficulties. Some had experienced name calling and shouting by gangs and generally felt unable or scared to go out at night without support. Some had been the victims of vandalism, theft and rape. The parliament made a number of suggestions about the way in which the situation could be improved, largely through improved police training and understanding of learning disabilities. The group also suggested an ID system for people with LD.

Views on Access or Quality of Health Services

Emerson Survey (2006):

- *"One in six (15%) said that their general health was 'not good.*
- *People who had poor general health were more likely to live in unsuitable accommodation, be poor, see friends who have learning difficulties less often and do fewer community-based activities. They were also more likely to not feel safe, have been bullied, be a victim of crime, not be happy, feel sad or worried, left out and helpless and not feel confident.*
- *61%, nearly two out of three people said they had an illness or disability that they had had for a long time. "This is much more than people in the UK in general".*

During 2007 the LDP Board and Speaking Up (Advocacy organisation) sought the views and experiences of people locally both in respect to their experience of primary and acute care (1, 2, 3, 4). The comments, issues and outcome from this recent consultation reflects the national picture. Issues locally reported include:

- Lack of easy read / accessible information.
- Poor attitude from some Health staff / Difficult to trust staff when needs not understood/met.
- The views of carers and/or paid staff are often ignored resulting in reports of ill health/ symptoms being put down to the disability.
- Insufficient care available whilst person with learning disability is in Hospital. Over reliance on family carers for day to day care, personal hygiene, feeding.
- Lack of facilities for relatives – particularly if supporting over night.
- Appointments not long enough (due to complex needs).
- Disabled toilets facilities inadequate, cannot move in dignified way.
- Poor access to physiotherapy - carers resorting to paying privately / availability through LDP/generic services a big problem.
- Unfair treatment in dental care.
- Delay in referral for tests and treatment.
- Insufficient details about people accessing screening- recording needs to be improved.

Recommendations made by people with learning disabilities and family carers as part of the consultation included:

- Training and awareness raising for all core mainstream health professionals about the needs of people with learning disabilities.
- More in-depth training for smaller number to act as "champions!" and the resources need to do this.
- The role of Hospital Liaison Nurse to be seen as not just "best practice" but as essential to ensure equality of access for people with learning disability.
- Equality of access to treatment to be seen as a right.
- The importance of listening to carers and paid staff who know the individual well.
- Providing information to carers as well as the people with learning disability.
- Access to Health checks and Health Action planning is key.

Many of the issues identified by the examples provided to the learning disability board are reflected in the conclusions of the Learning Disability Parliament meeting on 18th January 2008 (5) which focused on health. Some of the key recommendations and actions from the day included:

- Training for doctors and nurses in communication skills and that health care professionals 'listen to us and our carers'.
- Accessible information.
- The parliament agreed to campaign for learning disability liaison nurses in each hospital, and for every person with a LD to be entitled to an annual health check.

All the above views on health are also reflected in the consultation response to government document 'Valuing people now', which involved about 100 people (6), and the carers health consultation workshop (11).

Key Findings

- Local consultation reflects the findings of national survey work, and of the JSNA Phase 1.
- Transport is key to access in number of areas including, improving social networks, leisure opportunities, work and housing choices.
- LDP want access to community based services and more flexible and varied day care services with more opportunities to go out into the community and to learn new skills.
- People with learning disabilities want the right to get part-time work, voluntary work or work experience as well as a full time paid job depending on their wishes. It is felt that a person centred approach and more support is need to enable this.
- People with learning disabilities want a choice about where they live and who they live with. There are concerns about the funding for housing, particularly for tenancies.
- There is national and local evidence that people with learning disabilities face difficulties once they enter the criminal justice system, and in dealing with the discrimination and crime they face in society.
- Consultation with people with learning disabilities and their carers highlights a number of areas where they face difficulties accessing and using health services.

Overall the consultation work with people with learning disabilities reflects well the findings of the JSNA for adults with learning disabilities.

Nature of Sources

- Emerson study undertaken in 2003/04 – sample of 3,000 adults with learning disabilities.
- LDP board reports.
- Findings from user/carer consultations on health spring/summer '07 (numerous reports).
- Carer network consultation Jan '08.
- Seven sets of the Learning Disability Parliament minutes 2006-2008

Sources

1. Summary of examples of experiences in hospital received by the Board in March 2007. Cambridgeshire learning disability partnership board.
2. Examples of experiences in hospital and GP Practices. 21 March 2007 Cambridgeshire learning disability partnership board.
3. People's experience of using GP Health Practices. 16 May 2007. Cambridgeshire learning disability partnership board.
4. Visit to mental health services. 16 May 2007. Cambridgeshire learning disability partnership board.
5. Parliament minutes Friday, 18 January 2008.
6. Consultation response to 'Valuing People now'.
7. Adults with learning difficulties in England 2003/2004. Available at www.ic.nhs.uk.
8. Parliament minutes Thursday, 6 March 2008.
9. Parliament minutes Thursday, 25 January 2007.
10. Improving the life chance of disabled people in Cambridgeshire. October 2007.
11. Carers health consultation workshop. 23 January 2008 meadows community Centre, Cambridge.
12. Parliament minutes Thursday, 11 May 2006.
13. Parliament minutes Thursday, 16 March 2006.
14. Parliament minutes Thursday, 20 September 2007.
15. Parliament minutes Thursday, 12 July 2007.
16. CREATE Research Project. Cambridge Research Into Education, Training and Employment Opportunities for Disabled people. Papworth Trust.

2.4 Adults with a Physical or Sensory Impairment, and/or Long Term Condition

Several organisations have consulted with physically disabled adults to identify which issues mostly affect them. However, recent local consultations about health and health or social care services appear to be scarce. To supplement the local material, several national reports supported by the Joseph Rowntree Foundation (JRF) are included. While these reports are based on national research, they are based on consultation with physically disabled adults or parents taking care of physically disabled children (which will in the near future turn into adults). In general there is no reason to expect the views of Cambridgeshire physically disabled people to be radically different. Moreover, even though some reports were produced during the nineties we believe they could still be relevant as they illustrate general issues affecting people with physical disabilities, which are not linked to any specific provision of services.

Housing

Housing is a major factor affecting physically disabled people's quality of life. Several reports produced at a national level highlight that many disabled people or families with disabled children live in unsuitable housing. The 'Housing and Disabled children' (June 2008) report supported by the JRF has found that (3):

- Families with disabled children are more likely to rent than families without disabled children.
- Often the accommodation is not decent, families live overcrowded and the accommodation is in a poor state of repair.
- Moreover, disabled children needing specifically adapted homes are least likely to be living in suitable accommodation. In this regard, unsuitable housing can lead to increased parental stress.
- In general, improvements in housing can lead to an increase in families' well-being.

In 1999 several roadshows were undertaken involving 113 delegates, representing 54 departments or authorities in England and Wales. These roadshows identified the following barriers to suitable housing: finance, housing stock and conditions, lack of awareness of problems faced by families with disabled children, legislative and policy frameworks, service delivery, inefficient joint working between organisations (4).

Income

The JSNA phase 1 has found that there is a strong relationship between physical disability and lower social class (1). In fact, the 'Social exclusion and the onset of disability' report (November 2003) supported by the JRF found that people in the poorest fifth of the income distribution are two-and-a-half times more likely to become disabled during a year than those in the top fifth (8). Moreover, disability, either caused by disease or accident, requires a considerable amount of medication and care, which can in turn lead to a sudden drop in the income level of a person (6). This can in the short term push a person into poverty. Implications of a decrease in the disposable income of a physically disabled person are:

- Rapid accumulation of debts. Physically disabled people accumulate debts to take care of their medical expenses and face housing issues. For those people who are recipients of benefits, it is very likely that most of these benefits are used to repay debts. As a consequence, care expenses are likely to be cut. Moreover, debts deteriorate mental and physical health (6).
- 84% of people with the least complex impairments retain their employment, while just over half of those with multiple impairments do so (8).
- Physical disability also affects members of the household. Research has found that amongst single earner couples, one in five leave employment, even if the earner is not the one who has become disabled. This is to take on new caring responsibilities (8).
- Liquidity constraints also impact on housing and the probability of living in a suitable accommodation (3).

Attitudes and Barriers to Services

Several studies have shown how physically disabled people's access to services is sometimes restricted due to a lack of understanding of the health problem itself or because of negative attitudes from the hospital or care staff. Some of the comments drawn from national research are summarised below:

- People with both physical impairment and mental health problems have difficulties accessing mental health services because of physical impairment (2).
- Inpatients comment that service providers have inaccessible physical environments (2).
- There is a lack of understanding of people's needs (2).
- There is no information on the potential effects of medication if several conditions are present (2).
- Unhelpful attitude of the staff or lack of communication with the staff. This is generally because the staff has limited understanding of the health problem (2)
- Support often is unrecognised (5).
- There should be more information on care, benefits and financial support (5).

Special Groups in the Population

Research supported by the JRF aimed at studying the needs of physical disabled people in refugee and asylum seekers (RAS) communities in Britain has found that RAS communities experience (7):

- Unmet personal care needs, unsuitable housing and lack of aids.
- Workers in 'reception assistant' organisations lack of knowledge on disability related entitlements and needs for RAS.
- There is a need for improved joint working between organisations.

Views on Access or Quality of Services

The improvement of services for physical disabled people could lead to an increase in general well-being.

Below three examples of consultation on local services provided by the Cambridgeshire county for physically disabled people can be found:

1. In July 2008 a Survey of people receiving community care equipment or minor adaptations was undertaken in line with guidance from central government. The questionnaire that was sent out to service users. It consisted of eighteen questions asking them about their experience of the equipment services and their satisfaction with different aspects of the service provided. 991 responses were received. In general, most users were satisfied with the services. They commented that the community care equipments improved their quality of life (9).

2. The provider (NRS) of the Integrated Community Equipment Service also carried out a survey of customer satisfaction during November 2007. This was by way of feedback pre-paid postcards that were delivered with items of equipment. 200 of these were sent out. 110 were returned. The users were asked to rate the service received from NRS. 46% of the users indicated that the service was 'excellent'. 39% said it was 'very good'. Only 2% said it was 'poor' (10).

3. In September 2000 the day services for physical disability best value review was undertaken. All in-house service users of the Chrysalis and Cambridge Day Support Service were offered interviews. 75% took the opportunity to meet with an independent worker. Some of the results are summarised below (11):

    - Acknowledging peoples need to socialise and get out of the house.
    - Understanding the factors that impact satisfaction with day services.
    - Informing people about other services.
    - Understanding peoples own abilities to develop groups and organisations.
    - Facilitating peoples' wish to get out in their own and other communities and utilise mainstream facilities.
    - Ensuring those people with personal care needs and declining health continue to be served and supported in what they wish to do.
    - Peoples' need for accessible flexible transport.

Key Findings

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

Most of the key findings identified in the analysis of national and local research overlap with many of the health and access to services issues illustrated in the JSNA phase 1 document. Yet, there is a substantial lack of local consultation on topics that are relevant to this group of the population and that would clearly have an effect on the improvement and provision of services.

The Nature of the Sources

- Postal questionnaire to 83 people and 25 in-depth interviews.
- Analysis of large-scale data sets: EHCS 2003-2004, 2002 FACS, 2001 Census, 1991-1998 BHPS.
- Roadshows: 113 delegates, representing 54 departments or authorities in England and Wales.
- 35 interviews with families. These were taped and transcribed
- Detailed interviews with indebted people in 76 households. 52 were disabled and 24 were carers.
- Review of entitlements, a questionnaire survey of refugee community groups and disabled people's organisations, and qualitative interviews with 38 disabled people from RAS communities and with 18 representatives from reception assistant organizations and social service departments.
- Questionnaire about experience of the equipment services and their satisfaction with different aspects of the service provided. 991 responses were received.
- Pre-paid postcards that were delivered with items of equipment. 200 of these were sent out. 110 were returned.
- Interviews to all in-house service users of the Chrysalis and Cambridge Day Support Service75% took the opportunity to meet with an independent worker.

Sources

1. JSNA phase 1.
2. Morris, J. (2004). Services for people with physical impairments and mental health support needs. United Kingdom: Joseph Rowntree Foundation.
3. Joseph Rowntree Foundation. (2008). Housing and Disabled children.
4. Oldman, C., & Beresford, B. (1999). Improving housing services for disabled children and their families. United Kingdom: Joseph Rowntree Foundation.
5. Cavet J., (1998). Children, young people and their families living with hidden disabilities. United Kingdom: Joseph Rowntree Foundation.
6. Grant L., (1995). Debt and disability. United Kingdom: Joseph Rowntree Foundation.
7. Roberts K. & Harris J., (2002). Disabled people in refugee and asylum-seeking communities in Britain. United Kingdom: Joseph Rowntree Foundation.
8. Burchart, T. (2003). Social exclusion and the onset of disability. United Kingdom: Joseph Rowntree Foundation.
9. Survey of people receiving community care equipment or minor adaptations 2007-08
10. NRS User Survey.
11. Day services for physical disability best value review – Stage 1 report.

3. Older People

Several organisations have consulted with older people to identify which issues mostly affect older people. However, recent local consultations about health and health or social care services appear to be sparse. This section therefore focuses largely on the results of a recent fairly large scale LPSA quality of life survey of older people registered with a sample of GP surgeries in Cambridgeshire PCT (4). To supplement the local material, a national report from Age Concern is included (6). This is based on a national consultation with older people and will therefore need to be tested against local views to check that it accurately reflects them.

Lifestyle and Environmental Factors

The LPSA survey found that 96.7% of all respondents indicated that they felt secure (always or usually) in their own home. Of those that added a comment on how to improve security in their own home (38% or 392 of the sample) most suggestions related to crime and anti-social behaviour(4). Respondents commented that they would feel more secure in their own home if:

- There was more police presence on the street (48.7%).
- They had security systems against burglars (10.20%).
- They had a chain or lock on the front door (8.6%).
- There was more anti-social behaviour control (4.5%).

The LSPA survey also found that 98.3% of respondents indicated that they felt in control of their daily life (always and usually). 8.5% of the sample added a comment the most frequent of which was that 10% of respondents felt they would have more control over their daily life if transport services were improved, and 9% felt they would have more control if they had better health.

A healthy diet is seen as a key element of good health by some older people. In common with other groups there is some evidence of lack of knowledge of the need for a healthy diet and affluence appears to be a related factor. Nationally the Age Concern report (6) found that the more affluent were more likely to recognise the need for a healthy diet and that such a diet should include fresh vegetables.

Social Networks

Social contact, including being able to get out and about is seen by older people as crucial to health and well-being (3). Isolation is a problem for some older people - about 4% of the LPSA survey (4). However, around 30% said they felt isolated ‘rarely’, which implies sometimes. The 8% adding a comment (n=83) identified the following ways to decrease their isolation:

- Improved transport services (32.5%).
- More company, which includes family and friends, but also social workers or nurses in some cases (24%).
- Increased Police presence on the streets (11%).
- More knowledge of what help is available (4%).
- Help at home, including health care and help with home life such as gardening (2%).

Carers of older people report little knowledge of opportunities for social interaction (5), which may indicate that more information would help older people in general. For example, 51% of carers had not heard of companion visits and 64% had not heard of the laundry service (5).

Views on Access or Quality of Services

Local and national work identifies a number of areas where older people would like to see improvement.

The percentage of people satisfied with social care services was found in the LSPA survey (4) to have decreased whist the percentages of neither satisfied or unsatisfied and very unsatisfied had increased between 2005 and 2007. The overall level of dissatisfaction has increased by 2.4% from 2005 to 2007. This may be due to issues with the questionnaire design. However, cross-tabulation of satisfaction with other indicators shows that dissatisfaction with social services is strongly associated with less security, less control and more isolation.

Social services were identified nationally as perhaps the most pressing issue for members of the Age Concern focus groups (3). There was a clear view that social care provides for many of the physical needs, but older people feel it should also cover social aspects – to provide conversation, companionship and stimulation. These could be provided in a group setting rather than to individuals at home, or by health and social care staff staying a little longer when they visit. Some feel that this should be part of their care plan (6). Carers of older people made similar comments (5).

National work found that it is important for older people to have a single person as a main contact with responsibility for their care package (6). One carer pointed out that "*…information sources…do not equal the face to face advice and support of a social worker who presumably has this information at his/her finger tips"* (5).

Health Inequalities

The survey of carers of older people indicated that a small percentage of them receive benefits, although for most benefits, it also indicated similar percentages who had not heard of the benefit – 13% were in receipt of Carers Allowance and 8% had not heard of Carers Allowance (5).

Carers

Older carers identify the same well-documented needs as most carers, such as the need for respite care, or the need to be recognised as a person in their own right (5) (6). For example, in the carers survey 37% of carers reported they do not have any time off from caring (5), and the NHS consultation on Brookfields hospital found that respite care was an area of real concern (8).

Nationally work found that older carers sometimes express a greater need for help and support than do other older people(6). In the Age Concern report (6) the carers were usually the fittest of the groups, but expressed the greatest need for support.

Older People's Priorities Nationally

The following were identified as priorities by Age Concern based on 9 focus groups of older people (6)[3]:

- Improving the range of support for carers – there is still much more to do in recognising and meeting carers' needs and wishes.
- Making services personal and holistic – focusing on the wishes and aspirations of the individual rather than a series of tasks.
- Recognising the impact of isolation, and the role that social care can play in helping to combat this, and in improving well-being.
- Joining up health and social care at the point of service delivery so that an older person or carer has one point of call.
- Tackling inequalities – help must be available to poorer areas and poorer
- people.
- Giving people adequate time for discussion – with GPs, home carers and others.
- Considering the transport implications of changes to services and the costs that the individual will have to meet.
- Improving people's ability to eat healthily, especially where food provided by others.

[3] This list is lifted directly from the Age Concern report *What older people want from community health and social care services* 2006

Key Findings

- There is a need for more consultation with older people in Cambridgeshire about the delivery of health and social care in the County. In particular to test whether the priorities identified in national work are also local priorities for older people.
- A large number of older people report feeling secure in their own home, in control of their daily lives and have a good quality of life.
- Social networks are key to reducing isolation which is an issue for some older people.
- Some older people may not be claiming benefits they are entitled to.
- Some older people may lack knowledge about a healthy diet.
- Older carers have the same needs as most carers, and support for carers, including respite care, are important issues.

The concerns of older people as demonstrated by the Age Concern report (6) and local consultations broadly support the problems identified in the first phase of the JSNA. For example, older people are concerned about healthy living, with some being more aware of what constitutes a healthy diet than others, support for carers and older people needs to match need. Consultation with older people also emphasises the importance of the social aspects of care and social networks.

The Nature of Sources

- Two focus groups of 21 older people (3).
- Survey of older people registered with a sample of GP surgeries across Cambridgeshire. 1,034 responses (4).
- Survey of carers of older people through GP surgeries waiting rooms, community groups mailing, day centres etc. 121 responses (5).
- Nine focus groups with older people, including older carers, in five locations across England including urban and rural areas (6). This report was chosen as it is possible to use it as a summary for a number of Age Concern reports about healthy living and improving (health) services and support for older people.

Sources

1. Joint Strategic Needs Assessment – phase 1.
2. Cambridgeshire Older People Strategy 2008 – 2001 (Draft 1.4 March 2008).
3. Age Concern *Achieving quality of life when no one trains us to be old* 2007.
4. LPSA – Older People's Quality of Life Survey 2007.
5. Cambridgeshire Patient Forum – Cambridge City and South Cambs Area Group *Interim report of survey findings on the needs of Carers looking after elderly people* March 2007.
6. Age Concern *What older people want from community health and social care services* 2006.
7. Older People's Board – minutes 2007/08.
8. Pre-consultation on future of services at Brookfield's Hospital. Formal PPI response October 2007. Cambridgeshire Patient Forum.