

4 Assessing the needs (2): surveys and focus groups

Since the opinions of the public are key to needs assessment, many surveys and consultations were carried out to assess views on priorities and issues, so that these could be incorporated. The main consultations are outlined below. All informed the production of this Joint Strategic Needs Assessment. Further discussion on community engagement processes can be found in [section 10](#).

4.1 Gateshead older people's strategy health impact assessment

The Gateshead older people's strategy underwent a health impact assessment, [Health Impact Assessment of Gateshead's Older People's Strategy](#) which resulted in a range of information and views being collected. It included both an appraisal workshop with key stakeholders (identified by an Older People's Health Impact Steering Group) and discussion groups with:

- members of the Older People's Assembly (OPA);
- BME representatives from Gateshead Muslim Society and Naqshbandia Aslamia Trust;
- BME representatives from Gateshead Visible Ethnic Minority Support Group and SEWA.

The assessment is based upon:

- evidence from the literature review concerning determinants of older people's health;
- research, surveys and consultations with older people which have identified their views and experiences;
- evidence from the appraisal workshop involving representatives from health services, local government and the voluntary sector;
- evidence from discussion groups with BME representatives and members of the OPA.

4.2 Voluntary and community consultation

[Comments from Voluntary Sector Providers](#) formed a vital part of the consultation process that led to the production of the 2008 JSNA. Some of the key points arising were as follows:

- Emotional wellbeing is inextricably linked to obesity, smoking and alcohol, housing and the ability to use transport.
- Service users are involved, not only in planning, but also the running and evaluation of services.

- There is a need to ensure that there is appropriate accommodation with support for people with mental health problems in our communities. Many service users experience poor quality accommodation and are isolated in the community.
- Older people are not a homogenous group. There are different age groups within the category 'older people' which need different responses. The age band 65-105 contains two generations.
- Isolation is a key issue for physical and mental health.
- Young people should be a greater priority. There is a growing problem of homeless young people who have mental health or mental health related problems with alcohol.
- Transport is another key issue. The hills in Gateshead pose a particular challenge. The possibility of de-centralising activities and services needs to be considered.
- Drug and alcohol services are, mostly, not accessible or geared up towards older people yet people aged 55 to 74 have the highest rates of alcohol related deaths in the UK.

4.3 Gateshead Crossroads Survey of the health of young carers in Gateshead

Questionnaires were distributed to young carers (aged 8 to 16 years), known to Gateshead Crossroads, at events in 2007. 56 questionnaires were returned, representing 20% of the Crossroads young carers caseload. In addition, focus groups were held for young carers during summer activities organised for them. The purpose was primarily to identify the tasks carried out by young carers and highlight the health and support issues of concern to them. Key findings from the [Survey of Young Carers](#) include:

- A high proportion had been caring for 5-10 years, mostly for a parent.
- Most reported that tiredness was affecting their school or college performance.
- Those providing physical care reported having back problems.
- Those caring for someone with mental health problems reported anxiety and lack of sleep.

4.4 JSNA consultation responses

A consultation in 2009 elicited responses ([Responses from JSNA Discussions](#) and see also [Annex 5.4](#) for key findings) from the following groups: council tenants forum; BME/diversity forum; mental health service user group; LGBT forum; Age Concern; Mental Health Concern; Parkinson's Disease Society. Topics included mental health, older people, well-being, young people, lifestyle, employment and benefits. Key findings include problems experienced by certain groups, e.g.:

- Black and minority ethnic groups, being both socially excluded (and sometimes harassed) and also excluded from mental health services because of their

communities attaching high levels of stigma to mental health problems. Signposting to appropriate services is important where there are language difficulties.

- Older people being just under the threshold for means tested benefits and therefore not putting heating on because of high costs.
- Young people often require specifically designed services.
- Older people suffer mental health problems other than dementia – depression and anxiety need to be properly addressed.
- The large scale movement of people off Incapacity Benefit needs to be treated sensitively, particularly during a recession.
- There is a need for more affordable housing to rent, particularly for mental health service users.
- There can still be stigma attached to claiming benefits among people with long-term conditions. Benefits take-up should be maximised.

4.5 Community safety

A community safety assessment, conducted in early 2008, identified alcohol as a priority, as well as tackling hate crime which has a clear line to mental health/emotional wellbeing. This led to the development of a [community safety strategic plan](#).

4.6 People with learning disabilities

Two discussions were held with people with learning disabilities, specifically on the topic of primary care. Some of the key points around [Learning Disabilities and Primary Care](#) are as follows:

- Dentists, opticians and general practitioners often talk to the accompanying carer rather than to the patient.
- Access to facilities is sometimes difficult, either up stairs or without automatic doors.
- Dental charges, prescription costs and costs of spectacle frames can be high.
- Some patients are told when the doctor is ready by their name on a screen and a beep. There could be problems if they can't read or are hard of hearing.

Headline findings from a recent tri-partite visit involving the Mental health Act Commission, CSCI and the Healthcare Commission are available [The Joint Review of Commissioning of Services for People with Learning Difficulties and Complex Needs..](#)

4.7 Excess winter deaths

An investigation of the issues around [Excess Seasonal Deaths](#) was carried out during 2008, looking at the figures, the needs and the actions already under way or needed. Some of the key points are as follows:

- The fuel poor tend to be:
 - Single pensioners;

- Families on low incomes;
- Disabled people.
- 49% of fuel poor households contain a person over 60.
- There is a 23% excess of deaths from heart attacks and strokes during the winter months and this is greater in poorly heated homes.
- Uptake of flu vaccine is an important part of a strategy to reduce excess winter deaths.
- Fuel poverty is linked with heart attacks, strokes, respiratory conditions, accidents and poor mental health.
- The problem is likely to increase because of rising fuel costs and a greater proportion of elderly in the population.
- The Decent Homes initiative, improved chronic disease management and improved self-care can help to reduce the problem.

4.8 Indicative weighted place survey

A postal 'Place Survey' took place in 2008, from which 2475 returns were returned (out of 6000 mailed out). This asked for people's assessments of a range of different issues, including crime and disorder, fair treatment by local services, social integration and anti-social behaviour ([indicative weighted place survey results](#)). Some of the key points arising were:

- 81% expressed overall/general satisfaction with the local area as a place to live (a rise from previous surveys, slightly higher than the national average and well above the North East regional average).
- 33% perceived drunk or rowdy behaviour as a problem.
- 32% perceived drug use or drug dealing as a problem.
- 40% felt that older people received the support they needed to live independently.
- 18% think that anti-social behaviour is a problem in their local area, lower than the national average.
- 85% of people aged 65 and over are satisfied with both home and neighbourhood, higher than national and regional averages.

4.9 Reducing health inequalities by ensuring fair access to services

Ensuring 'fair' access to the service involves comparing a measure of health need with a measure of service uptake within different population groups. The measure of health need chosen for analysis ([Reducing health inequalities by ensuring fair access to services](#)) was the proportion of adults who smoke, based on results from the 2008 South of Tyne and Wear Lifestyle Survey. The assessment showed that various groups of smokers were accessing stop smoking services less than others. Targeting in disadvantaged areas appeared successful but certain groups within the more well-off sectors were not using the services. The following groups are under-represented among service users and, from lifestyle survey results, show above average smoking prevalence:

- Well educated singles and childless couples colonising inner areas of provincial cities.
- Older people living in small council and housing association flats.
- Older people preferring to live in familiar surroundings in small market towns.

For each of these groups, the PCT has a corresponding list of postcodes and these can be used to target marketing activity or to inform the location of new Stop Smoking clinics.

The method of assessment use can be used with a range of conditions, illnesses or social factors to highlight apparent anomalies in service uptake. See also [section 8 \(Community engagement in health\)](#).

4.10 Vision 2030

Between September and November 2009, the Gateshead Strategic Partnership consulted with stakeholders across Gateshead about our priorities for the future, as set out in [Vision 2030, the Sustainable Community Strategy](#). Six big ideas were identified and four themed partnerships are being asked to develop their work in relation to each big idea. Of particular relevance to the JSNA is the big idea 'active and healthy Gateshead'. Priorities under this heading include:

- Ensuring residents are involved in healthy initiatives and benefit from the best possible facilities.
- Safeguarding children and vulnerable adults.
- Promoting active and healthy lifestyles, including at schools.
- Easy access to 'local' leisure facilities by foot or bus.
- More informal keep-fit activities, easily accessible within local communities, e.g. gyms in public parks.
- More allotments.

4.11 Priorities from providers: transforming Community Services

A series of recommendations has been produced under the heading of 'transforming communities: ambition, action, achievement'. Evidence has been building around shifting towards a more community-based focus, to deliver better outcomes as well as to reduce costs.

- There is a need to collect information on local health needs, which we are doing as part of this JSNA. Information will also include feedback on services.
- The need to build multidisciplinary and inter-agency teams is also stressed, along with possibly redesigning care pathways.
- Systems should be in place for provision of information as well as services

The following is a summary of some of the points raised that are of particular relevance to costs:

- **Transforming rehabilitation services** recommends provision of rehabilitation in the community, pointing to evidence that it could operate as an outpatient service in the community. The point is made that success will depend on multi-agency working (social support involving carers, physiotherapy, occupational therapy) in venues acceptable to patients.
- **Transforming services for health, wellbeing and reducing inequalities** points out that all community practitioners have the opportunity to affect the health and wellbeing of individuals. For some this is a core part of their role but for others it requires the ability to take opportunities for health promotion.
- **Transforming end-of-life care** refers to helping people to make decisions about where to die and supporting them in those decisions. (Many prefer to die at home rather than in a care setting.)
- **Transforming services for children, young people and their families** also refers to allowing children to choose to remain at home and supporting them there. Telemedicine is one option.
- **Transforming services for acute care closer to home** includes recommendations to identify common reasons for hospital attendance and identify new service solutions to unnecessary attendance., as well as to deliver innovative services in community settings/home, possibly such as IV drug therapy or outpatient services for those with musculoskeletal conditions or some circulatory diseases..
- **Transforming services for people with long term conditions** recommends appropriate use of self-directed care as well as investment in telehealth and telecare.

Investment in aids to help people remain at home (for example housing adaptations) and investment in telemedicine might initially appear as increases in costs. However, these should be well offset by reductions in costly admissions, particularly over the longer term.