Executive summary

1. The Joint Strategic Needs Assessment (JSNA) became a statutory requirement from April 2008. It is the joint responsibility of the Director of Public Health, the Director of Children’s Services and the Director of Adult Social Services.

2. The purpose of the JSNA is to inform decision making and is critical in the development of strategic commissioning.

3. In Lambeth a broad definition of health and wellbeing has been adopted with outcomes based on the five “Every Child Matters” framework.

4. Voluntary sector and community based services have informed on the development of the initial assessment which was produced in June.

5. Initial findings are in line with expectations but have highlighted a need for a more systematic approach to the evaluation of service outcomes across both in-house and purchased services.

6. The next steps include a series of commissioning workshops to identify areas for prioritisation to further investigate and to provide a gap analysis of market capacity and service outcome evaluations.

Summary of financial implications

There are no financial implications associated with the content of this report.

Recommendations

(1) That Scrutiny consider the progress made to date;

(2) That Scrutiny endorses the approach adopted.
Consultation

<table>
<thead>
<tr>
<th>Name of consultee</th>
<th>Department or Organisation</th>
<th>Date sent</th>
<th>Date response received</th>
<th>Comments appear in report para:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jo Cleary</td>
<td>Executive Director of Adult and Community Services</td>
<td>13/11/08</td>
<td>17/11/08</td>
<td></td>
</tr>
<tr>
<td>Ruth Wallis</td>
<td>Director of Public Health</td>
<td>13/11/08</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phyllis Dunipace</td>
<td>Executive Director of Children’s Services</td>
<td>13/11/08</td>
<td>17/11/08</td>
<td></td>
</tr>
<tr>
<td>Hiten Dodhia</td>
<td>Consultant in Public Health Medicine</td>
<td>31/10/08</td>
<td>06/11/08</td>
<td>Throughout</td>
</tr>
<tr>
<td>Kevin Dillon</td>
<td>Head of Strategic Commissioning</td>
<td>31/10/08</td>
<td>03/11/08</td>
<td>Throughout</td>
</tr>
<tr>
<td>Simon Parsons</td>
<td>Chief Executive’s Office</td>
<td>11/11/08</td>
<td>13/11/08</td>
<td>9.1 - 9.4</td>
</tr>
<tr>
<td>Owen Barclay</td>
<td>Legal and Democratic Services</td>
<td>28/10/08</td>
<td>29/10/08</td>
<td></td>
</tr>
<tr>
<td>Maria Millwood</td>
<td>Divisional Director of Resources</td>
<td>28/10/08</td>
<td>28/10/08</td>
<td></td>
</tr>
<tr>
<td>Frank Higgins</td>
<td>Corporate Finance</td>
<td>13/11/08</td>
<td>20/11/08</td>
<td></td>
</tr>
<tr>
<td>Cllr Campbell</td>
<td>Cabinet Member for Health and Adult Services</td>
<td>18/11/08</td>
<td>21/11/08</td>
<td></td>
</tr>
</tbody>
</table>

Report history

<table>
<thead>
<tr>
<th>Date report drafted:</th>
<th>Report deadline:</th>
<th>Date report sent:</th>
<th>Report no.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>28.10.08</td>
<td>20.11.08</td>
<td>20/11/08</td>
<td>233/08-09</td>
</tr>
</tbody>
</table>

Report author and contact for queries:

Helen Charlesworth-May – Divisional Director Strategy and Commissioning
020 7926 4737 Hcharlesworth-m@lambeth.gov.uk

Background documents

- Local Government and Public Involvement in Health Act
- Sustainable Community Strategy
- Department of Health – Guidance on Joint Strategic Needs Assessment
- Community and Local Government - Creating Strong, Safe and Prosperous Communities
- The NHS in England: The Operating Framework for 2008/09
- Our health, our care, our say: A new direction for community services
- Commissioning Framework for health and wellbeing
- Guidance on the Children and Young People’s Plan.
- Delivering health and well-being in partnership: The crucial role of the new local performance framework

Appendices

- Lambeth JSNA - Preliminary Assessment

This document has been circulated to Members and is available on the Council’s website.
Joint Strategic Needs Assessment

1. Context

1.1 The Local Government and Public Involvement in Health Act places a duty on upper tier local authorities and Primary Care Trusts to produce a Joint Strategic Needs Assessment (JSNA) through strong partnerships. This is the joint responsibility of the Director of Public Health, the Director of Children’s Services and the Director of Adult Social Services. The provision came into force from April 2008.

1.2 The purpose of the JSNA is to inform decision making; the Department of Health describes it as “a key tool to achieve a shift towards commissioning to improve health and well-being outcomes and reduce inequalities”. It is also intended to underpin the Sustainable Community Strategy (SCS) and related Local Area Agreement (LAA) targets, as well as the Primary Care Trust (PCT) prospectus, and is important in demonstrating their compliance with the principles of World Class Commissioning (WCC). It will therefore need to be refreshed as a minimum on the three year LAA planning cycle.

1.3 Mindful of this the Council and PCT have adopted a broad approach to the development of the preliminary assessment drawing on public health, community safety, supporting people and housing needs’ assessments as well as reviewing core borough demographic and needs data. Going forward it is the intention that the JSNA will be produced on behalf of the Local Strategic Partnership (LSP). The Council’s contribution will be managed by the corporate performance team although the Adult and Community Services (ACS) and Children and Young People’s Services (CYPS) will continue to have a critical role in informing areas for research and development.

1.4 The development of the assessment has been overseen by a steering group co-chaired by the Executive Directors of CYPS and ACS and the Director of Public Health. The steering group and the project team have cross-cutting membership from across the Council and the PCT as well as a representative from Lambeth Voluntary Action Council (LVAC).

1.5 A preliminary assessment was produced in June 2008 and presented to Commission for Social Care Inspection (CSCI) as part of their annual review of performance of adult social care.

2. Purpose and Approach

2.1 The Department of Health (DH) issued comprehensive guidance on production of the JSNA in December 2007. This sets out that the JSNA needs to:

- show clearly the current and future health and well-being needs of the population of Lambeth and highlight any health inequalities;
- be the foundation for decisions on priorities and how these will be addressed in the short (3-5 yrs), medium (5-10 yrs) and long-term;
• involve and engage communities throughout production and review;
• reflect community views and other evidence of the effectiveness and cost efficacy of existing interventions;
• be a key tool to achieve a shift towards commissioning to improve health and well-being outcomes and reduce inequalities; and
• help to underpin the SCS and related LAA targets as well as the PCT prospectus. It therefore needs to be refreshed as a minimum on the three year LAA planning cycle.

2.2 The guidance does not, however, extend to either a tight definition of what health and wellbeing should comprise or what outcomes should be sought. The issued guidance on the breadth of the definition only stipulates that it should:
• examine all the factors that impact on the health and wellbeing of local communities;
• include wider determinants of health such as employment, education, housing and environmental factors; and
• incorporate analysis of a prescribed minimum dataset.

Whilst the guidance on the outcome framework is limited to stipulating only that outcomes within the national indicator set and the “Vital Signs” in the NHS Operating Framework 2008/09 are to be addressed.

2.3 Clearly the chosen definition of “health and wellbeing” and the outcomes selected will determine the future development and eventual use of the assessment.

2.4 The Guidance acknowledges the pre-existing requirement to produce Children and Young People’s Plans (CYPP), and is clear that with its focus on outcomes, partnership working and consultation, the CYPP process is fully consistent with that of the JSNA, which takes the needs of the full age range into account. Given its scope, JSNAs address the ‘health and wellbeing’ aspects, rather than the full range of needs addressed by the CYPP. The JSNA will add a dimension not currently adequately addressed in CYPP. Through its comprehensive approach to the factors determining the health and wellbeing of the population, the JSNA will provide a broader context for addressing the health and wellbeing of children and young people and their families. Furthermore, it is well documented that the health and wellbeing of parents can affect their children, and the JSNA will provide valuable information about this.

2.5 The assessment to date encompasses those areas detailed and has gone further to explore the impact on wellbeing of issues such as choice, control and making a contribution. Additional indicators to supplement the minimum dataset have also been identified since it is light in a number of key areas including social care, educational attainment and crime and disorder.

2.6 In addition the project has drawn on local needs assessments carried out within the Council’s Community Engagement Team so that the JSNA is not just a top down data analysis but reflects the views of some key communities of interest within the borough.
2.7 This breadth of issues aligns well with the breadth of the SCS and continued development of the JSNA in this way facilitates ownership of the assessment by the LSP.

2.8 In addition the project has developed a shared health and wellbeing outcome framework to underpin the assessment based on the five headline outcomes from the Every Child Matters framework. The initial work was undertaken jointly by staff from the Council and the PCT with contributions from the voluntary sector. Going forward, it is planned to involve other partners and the community, including through the Lambeth Local Involvement Network (LINk), to develop further the detail of the outcomes listed below these headlines.

2.9 It should be noted the limited DH guidance on these issues means that it is possible that there will have to be changes to the approach adopted. However, the local framework builds on work the Council had already begun in developing an outcome framework for adult social care and fits with the PCT’s strategic plan.

2.10 It is apparent that other local authorities and PCTs are following a variety of approaches. A number are restricting analysis to just the core dataset at this stage and will look to extend the scope before the next LAA refresh. Others are broadening out from the core dataset; some are aligning with outcomes, others retaining the data blocks of the DH (demographic, Social/Environmental, Lifestyle/Risks etc.) One published document is simply a data audit and makes no attempt to prioritise areas for commissioning action. Some organisations have bought desktop exercises carried out by consultancy firms.

2.11 The development and maintenance of the JSNA will be core business for the LSP. The approach adopted has been inclusive and although initial progress was slower than desired it has generated a better understanding of the issues, process and potential of the JSNA. It has engendered shared ownership whilst creating time to develop thinking and assess skill needs and resourcing implications. As a result of this it has been agreed that the corporate performance team should become responsible for the delivery of the document, with health and social care partners commissioning them to develop the analysis in response to emerging issues.

3. Initial Findings

3.1 The initial findings are in-line with expectations; this is not surprising as it has drawn on data sets that are well established and used in service development currently. Some key messages in mental health suggest there may be more people with severe mental illness in Lambeth than the national population survey estimates project and there could be more individuals with common mental illness who have been detected and treated at present. Also African Caribbean males are over-represented in the mental health system and 96% recorded unemployment rates exist amongst people who use community mental health services. There is evidence to demonstrate that working is very important in helping people recover from mental illness. The market analysis and service evaluation identifies that services to support mental health service users back to work have been squeezed by a focus on people in acute need because of the risks associated with the service user group.
In terms of other health information, the PCT’s Commissioning Strategy Plan (CSP) 2007-12 refresh includes priorities that were based on the findings from the JSNA preliminary assessment. The outcome measures and goals that have been agreed to take forward through the CSP in 2008/09 are also based on the JSNA primary dataset findings.

3.2 Positively this initial analysis has already enabled ACS and the PCT to look again at some of their contracts and re-direct monies to employment support.

3.3 From a process perspective the key finding is that evaluation of service effectiveness is not always a routine part of service delivery for either in-house services or purchased services. This will need to be addressed as part of the development of commissioning.

4. **Next Steps**

4.1 The production of the preliminary assessment has been followed by three commissioning workshops to look at the emerging findings and carry out a gap analysis. These are informing the next stages of investigation including identifying the areas which merit a detailed review of effectiveness of existing service provision. The output from these workshops is being collated. In addition a market analysis is to be carried out to identify capacity building issues including workforce development issues as a part of the JSNA methodology.

4.2 The next steps include prioritisation of findings informed by the SCS and corporate priorities for the PCT and the Council, and agreement on practical issues regarding the development of the JSNA.

4.3 From a practical perspective it is also important to ensure that all statutory needs assessments complement one another and reinforce the strategic direction adopted by the LSP. These should be based on a common understanding of data definitions, data collection areas and data sharing protocols. This should also include a shared understanding of current services in place as well as evidence of effectiveness of planned services.

4.4 It is planned to present the preliminary assessment and the outcomes framework to the LINk and the Health and Social Care Voluntary Sector Forum, in the first instance to describe the progress to-date, but with the intention of consulting on the findings and the process more widely.

5. **Comments from Executive Director of Finance and Resources**

5.1 There are no financial implications arising from this report.

6. **Comments from Director of Legal and Democratic Services**

6.1 Section 116 of The Local Government and Public Involvement in Health Act 2007 requires responsible authorities and partner health authorities to carry out a joint strategic needs assessments of health and social care.
6.2 In preparing an assessment under this section, the responsible local authority and each partner PCT must co-operate with one another and have regard to any guidance issued by the Secretary of State.

7. **Results of consultation**

7.1 The Council and PCT have not yet entered into formal consultation on the document. The project team has, however, undertaken a review of consultation that has been carried out to date across the two organisations including that on the Sustainable Community Strategy with the aim of building the findings into the process.

7.2 In addition as noted above the project has drawn on local needs assessments to reflect the views of some key communities of interest within the borough.

7.3 The document as it stands will be presented to the next Health and Social Care Voluntary Sector Forum, and to the February 2009 meeting of the Children and Young People’s Voluntary Sector Forum. Lambeth LINk will be asked to review and comment.

8. **Organisational implications**

8.1 **Risk management:**
The key risk is in agreeing the scope of the JSNA. It is important that the scope is wide enough to ensure a comprehensive understanding of the key issues that affect the health and wellbeing of the population without being so broad that the project becomes unmanageable and unwieldy.

8.2 **Equity and Equalities Impact Assessment (EEIA):**
Health inequality is defined as avoidable and unjustifiable difference in health outcomes (e.g. life expectancy and premature mortality) and service access and outcome. JSNA is expected to present an equity profile of various services within the borough and to highlight health inequality within the population. EIA is an integral part of any process that assesses need and at this stage our intention is to carry out an Equalities Impact Assessment of the JSNA methodology. Work on conducting an EIA on various plans and strategies in place in the PCT and the local authority has already begun. There is an opportunity for the JSNA to have a high positive impact on local inequality by continuing EIA of strategic plans.

8.3 **Community safety implications:**
There are no specific community safety implications arising from this report although as noted above a community safety representative has contributed to the production of the preliminary assessment and it is intended that in the future the timing of the community safety assessment and the JSNA will be co-ordinated.

8.4 **Environmental implications:**
There are no environmental implications arising from this report.

8.5 **Staffing and accommodation implications:**
There are no staffing and accommodation implications arising from this report.
9. **Timetable for implementation**

9.1 The Department of Health Guidance on the Joint Strategic Needs Assessment states that the JSNA should ‘[underpin] the Sustainable Community Strategy, and in turn, the Local Area Agreements.’ Since Lambeth’s SCS was agreed and its LAA (2008/11) signed off in July 2008, the JSNA, whose formulation is still in progress, will influence the ongoing development and review of the SCS and LAA as part of the combined annual refresh process. The 2008/09 refresh process is already underway, with an anticipated completion date of March 2009, and it is therefore expected that the JSNA will contribute to the 2009/10 refresh process, scheduled to begin in July 2009.

9.2 It is recommended that publication of the final JSNA should be set for the June 2009 in order to align with the LAA planning cycle as required by the JSNA guidance. This will also ensure that the process and resulting document:

- coincides with the 2009 State of the Borough Report (the review of the 2008 document will commence in November 2008 and the updated 2009 document will be completed by June 2009);

- is available for the partnership’s first Comprehensive Area Assessment (JSNA will be a crucial element in demonstrating how the partnership operates within the revised Performance Framework for partnerships);

- is in place to influence service planning for 2010;

- complements and supports the Commissioning Strategic Plan refresh for 2009.

9.3 Work to date has been drawn together into a preliminary document for the purpose of an external inspection. This work will be submitted to NHS London on 26th November 2008 as part of the World Class Commissioning inspection of Lambeth PCT.

9.4 Partners have agreed that there is potential to align the processes for assessing the needs of citizens in Lambeth in order to inform commissioning and provide a single overarching needs assessment that acts as an evidence base for the development of partner-wide strategies and plans. The next phase of work in order to meet the June 2009 deadline will be the agreement of a single methodology that draws on JSNA work to date and reflects the requirements of other service areas in relation to the assessment of need (e.g. housing needs assessment, community safety strategic assessment).

9.5 It is proposed that the next version of the Lambeth JSNA (which will follow the preliminary assessment) should be finalised by the published in June 2009 to fit with the refresh of the SCS and the consequent refresh of the PCT’s Commissioning Strategy Plan in 2009-10 so that the findings and

---

1 Guidance on Joint Strategic Needs Assessment, Department of Health, December 2007, page 4
recommendations therein are available to inform commissioning intentions for the 2010 planning cycle.

JSNA will continue to be a dynamic process and the next stage of work is expected to be driven primarily by the commissioners in LBL and LPCT who will incorporate the JSNA methodology and jointly work in identifying priority areas in health and social care and inform commissioning decisions.