

Lambeth Joint Strategic Needs Assessment (JSNA)

Staying Healthy Programme Board

16/11/21

Key message:
JSNA has a
wide scope

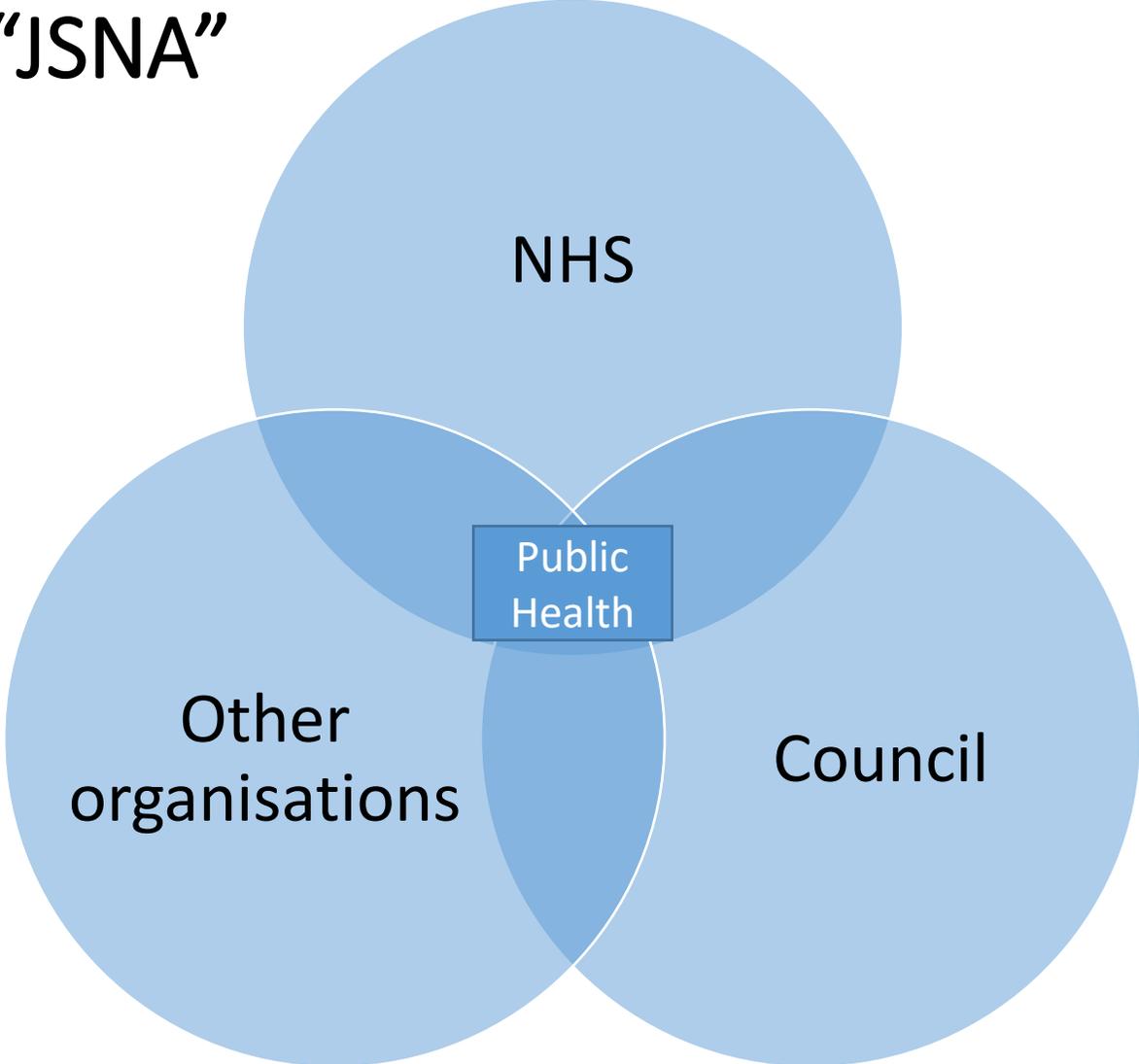
- Assess the current and future health and wellbeing, health & social care needs of local population
 - To set the strategic direction of service delivery to meet the identified needs.
 - To inform different local policies and strategies e.g.:-
 - Local Health and Wellbeing Strategy Priorities
 - Community Plan
 - Children and Young Peoples Strategy
 - Priorities and targets in the Local Area Agreement
 - Commissioning priorities i.e. Commissioning intentions/strategy
 - Lambeth Together Strategies/Priorities

Key message: JSNA is a dialogue between partners to generate, manage and act on knowledge to improve health and well-being in the population

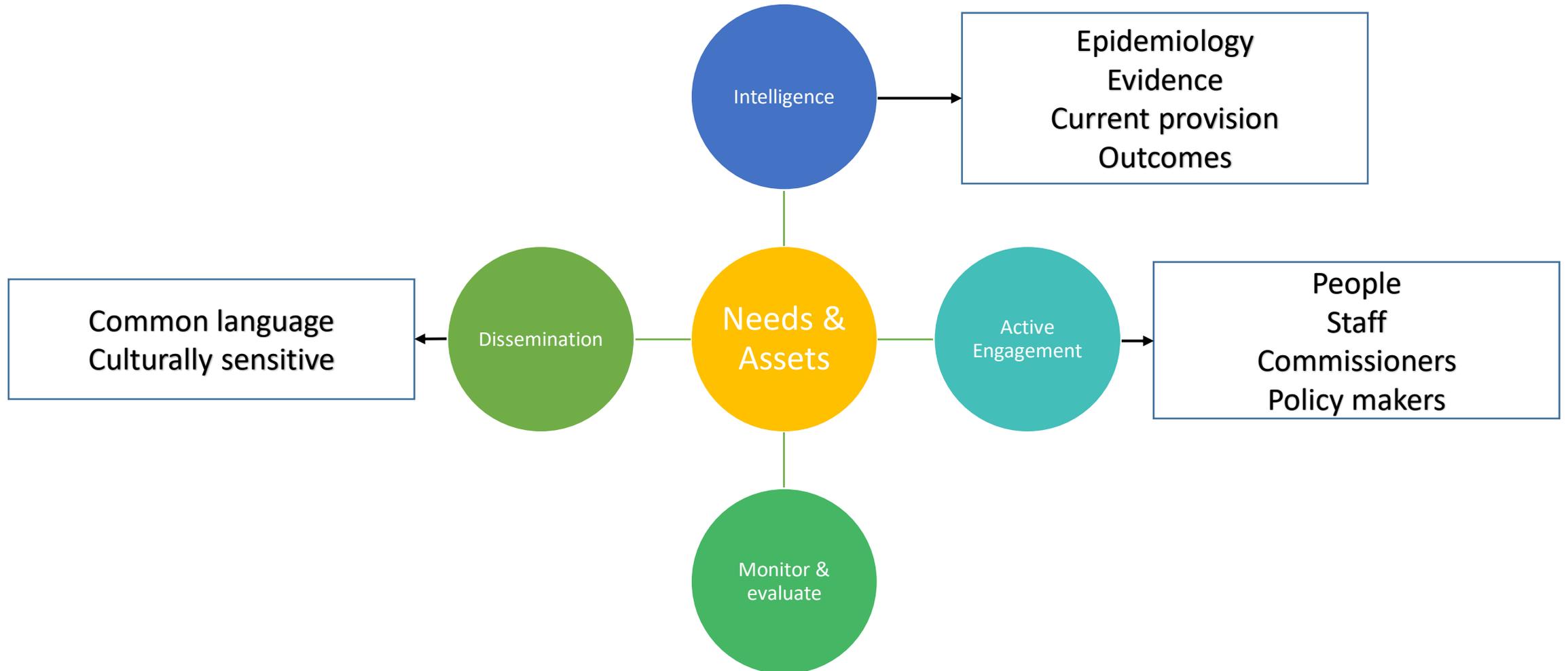


Joint	Strategic	Needs (& Assets)	Assessment
<ul style="list-style-type: none">• Implies collaborative effort/co-production• How do we get clarity on what key peoples roles will be on developing JSNA?	<ul style="list-style-type: none">• What are the strategic priorities and how can the JSNA inform these what are the big issues for today and tomorrow for health and wellbeing at a local level?	<ul style="list-style-type: none">• As opposed to demands or supply/provision of services• Do we have a consensus on what is “need”? In public health need is defined as the “ability to benefit from an intervention” – Interventions are assets	<ul style="list-style-type: none">• Implies an active process of questioning and critically looking at the issues at hand – do we have an agreed framework for assessment?

A lot of the dialogue/work is happening across the system on health and wellbeing but not everything is framed as “JSNA”



Components of understanding needs & assets



Framework and examples of work linked to Lambeth JSNA

Summaries

- [Air quality](#)
- [Children and young people](#)
- [Alcohol](#)
- [Special Educational Needs and Disabilities](#)

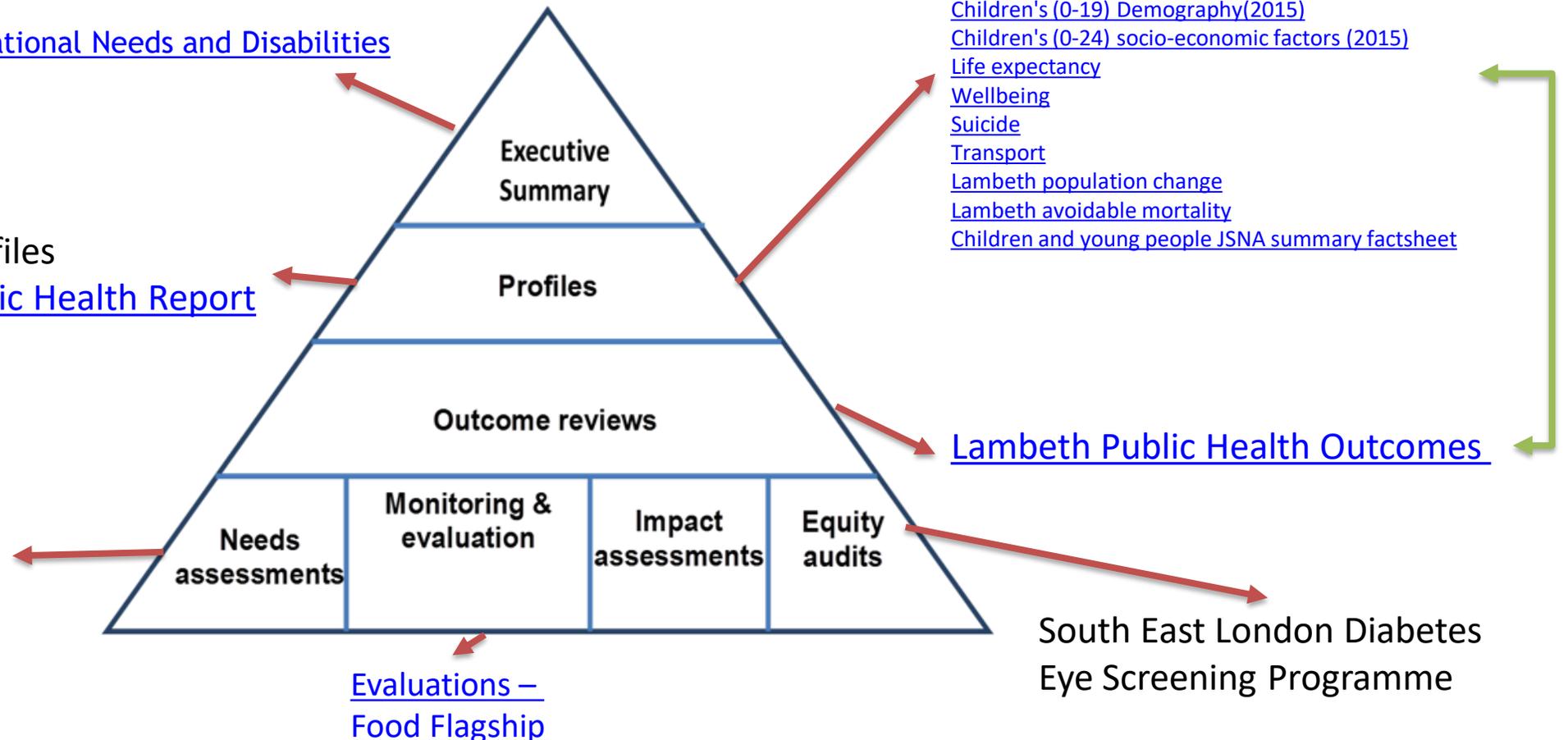
Factsheets

- [Demography\(2017\)](#)
- [Early years \(Under 5\) at a glance](#)
- [Child weight factsheet \(LEAP wards\)](#)
- [Children's \(0-19\) Demography\(2015\)](#)
- [Children's \(0-24\) socio-economic factors \(2015\)](#)
- [Life expectancy](#)
- [Wellbeing](#)
- [Suicide](#)
- [Transport](#)
- [Lambeth population change](#)
- [Lambeth avoidable mortality](#)
- [Children and young people JSNA summary factsheet](#)

Locality Profiles

[Annual Public Health Report](#)

[Pharmacy
Needs
Assessment](#)



Key message: The 5 P's of what a good JSNA looks like



PROCESS – an on-going assessment with a range of work streams and products

Q – how should we develop our internal processes as individual directorates/teams/organisation to provide key roles/expertise on JSNA in Lambeth given our current capacity/priorities – in the context of Lambeth Together?



PARTNERSHIP – using collective resources, expertise and intelligence to better understanding the issue

Q –How do we use our collective resources, expertise and intelligence to further developing the JSNA – including active engagement with Lambeth people/communities?



PRIORITIES - clear joint priorities both for action and for further needs assessment

Q –are there key priority areas we should focus on collectively for deep dives?



PORTAL – products collectively providing an effective way in to the rich intelligence on outcomes, voice and need that exists across agencies

Q –how do we work with communications and ICT to develop a better external interface for the JSNA.



PROGRESS - **Making a difference** clear and substantial evidence needs assessment activity has led to changes that have improved outcomes and or value for money

Q –how do we develop a mechanism to monitor change and whether any JSNA product has made a difference to services being commissioned or provided or indeed population change.

Proposal for discussion: Process, Partnership & Progress



Health and Well Being or Staying Healthy Programme Board

Does the HWBB or SHPB sets/agrees strategic direction and agree priorities for JSNA?



Standing “Lambeth Together” JSNA support/operational groups or processes

Engagement support
Data support
Communications/web dissemination support
Admin support



Deep dive groups

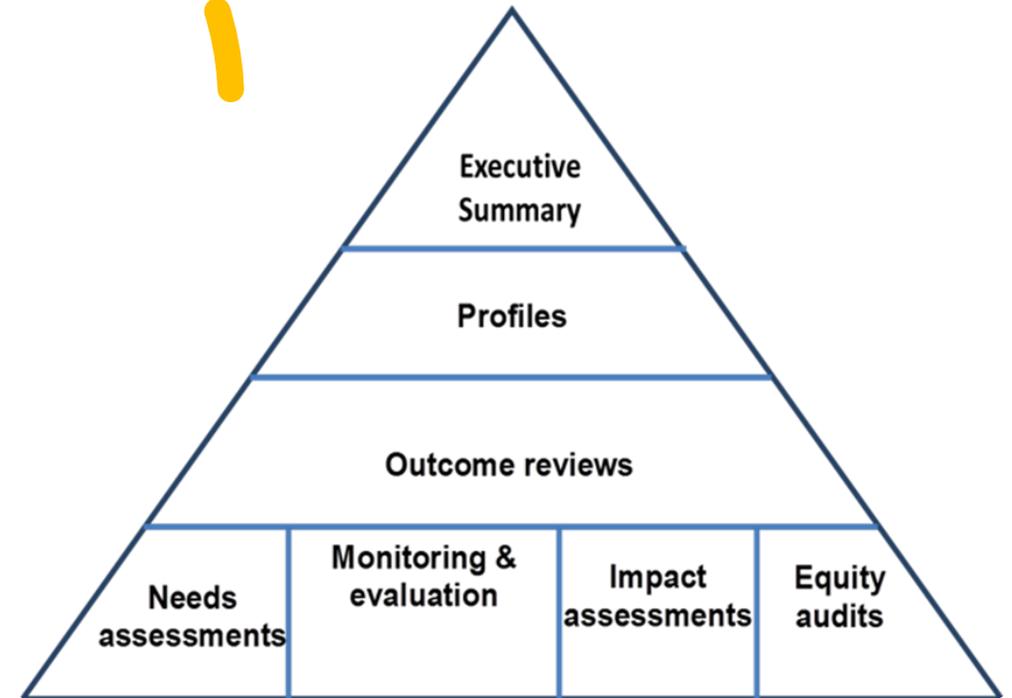
Task and finish groups for agreed priorities
Need framework/good practice for assessment

Priorities 2021-22 (some emerging, some existing)

- Pharmaceutical Needs Assessment (deep dive process)
 - Formal process required with 60 day consultation at the end
 - Publication date Oct 2022
- Review of care homes (deep dive process)
 - Part of older people JSNA
- Update demographic and health profile based on new Census data
 - Health and wellbeing refresh
 - ADASS inspection?
- Mental Health
 - Suicide Prevention Strategy
- Any others
 - Child Poverty
 - Sexual Health
 - Covid-19

Portal

- Need a portal to summarise and share findings
 - Separate web site
 - Part of Lambeth Together
 - Part of Council web page
- Need an agreed process for governance and sign off based on agreed framework of work



Appendix

- Slide 12: Current Web page
- Slides 13-15: Framework of good practice for deep dives
- Slide 16: What is JSNA?
- Slide 17: Duties and Powers
- Slide 18: Link between JSNA, HWBS and service planning
- Slide 19: What evidence should be included?
- Slide 20: Commissioning cycle

[Home](#) > [Adult social care and health](#) > [Health and wellbeing](#) > [Lambeth's health profile](#)

Lambeth's health profile

Since 2013, local authorities have responsibility to improve the health of their populations. See Lambeth's health profile and the Joint Strategic Needs Assessment (JSNA).

- [Health profile](#)
- [Joint Strategic Needs Assessment \(JSNA\)](#)

Contact the Lambeth public health team by email at PublicHealth@lambeth.gov.uk.

test

Strategies, health summaries and factsheets

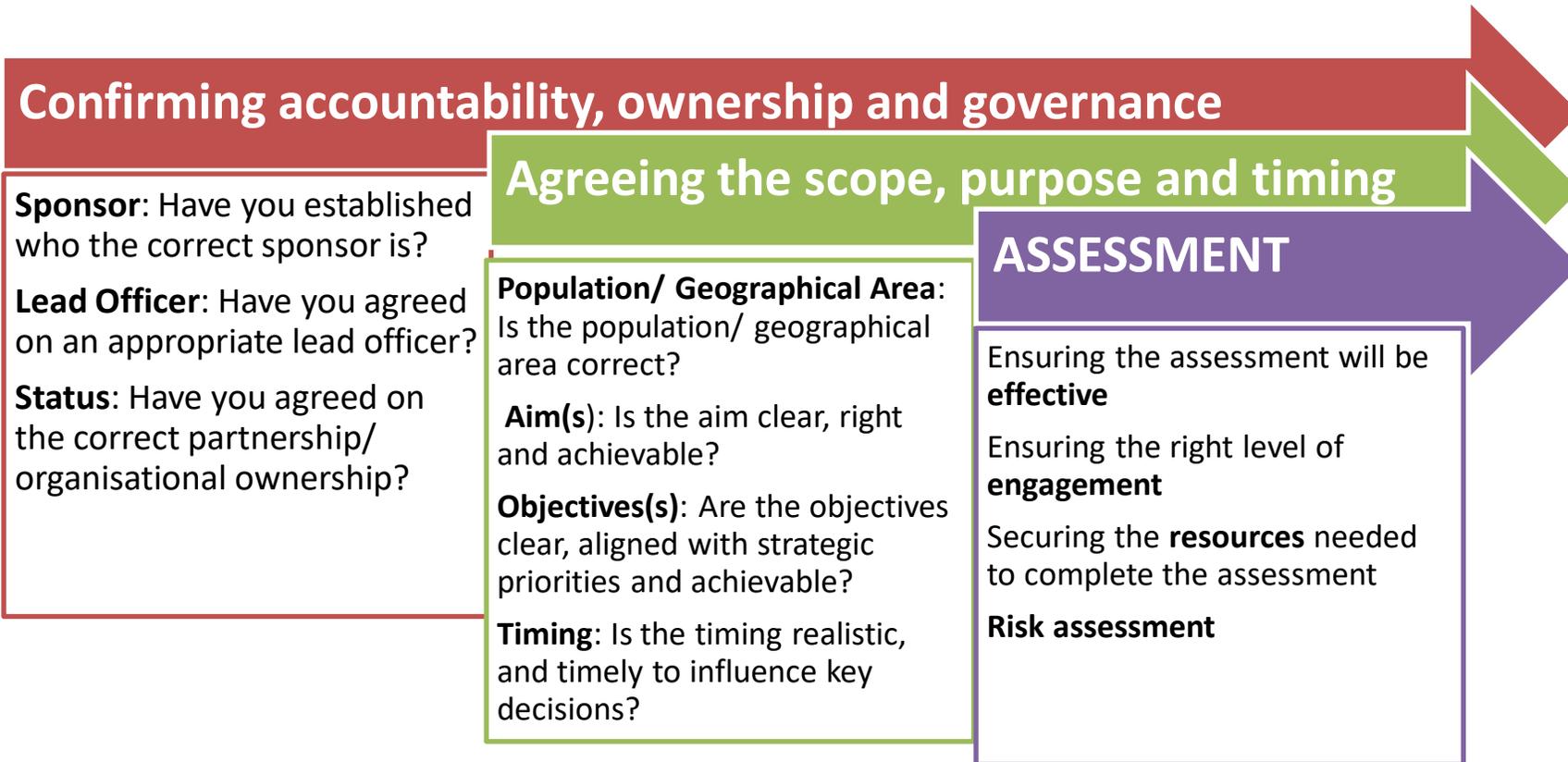
Strategy

- [Suicide Strategy](#)

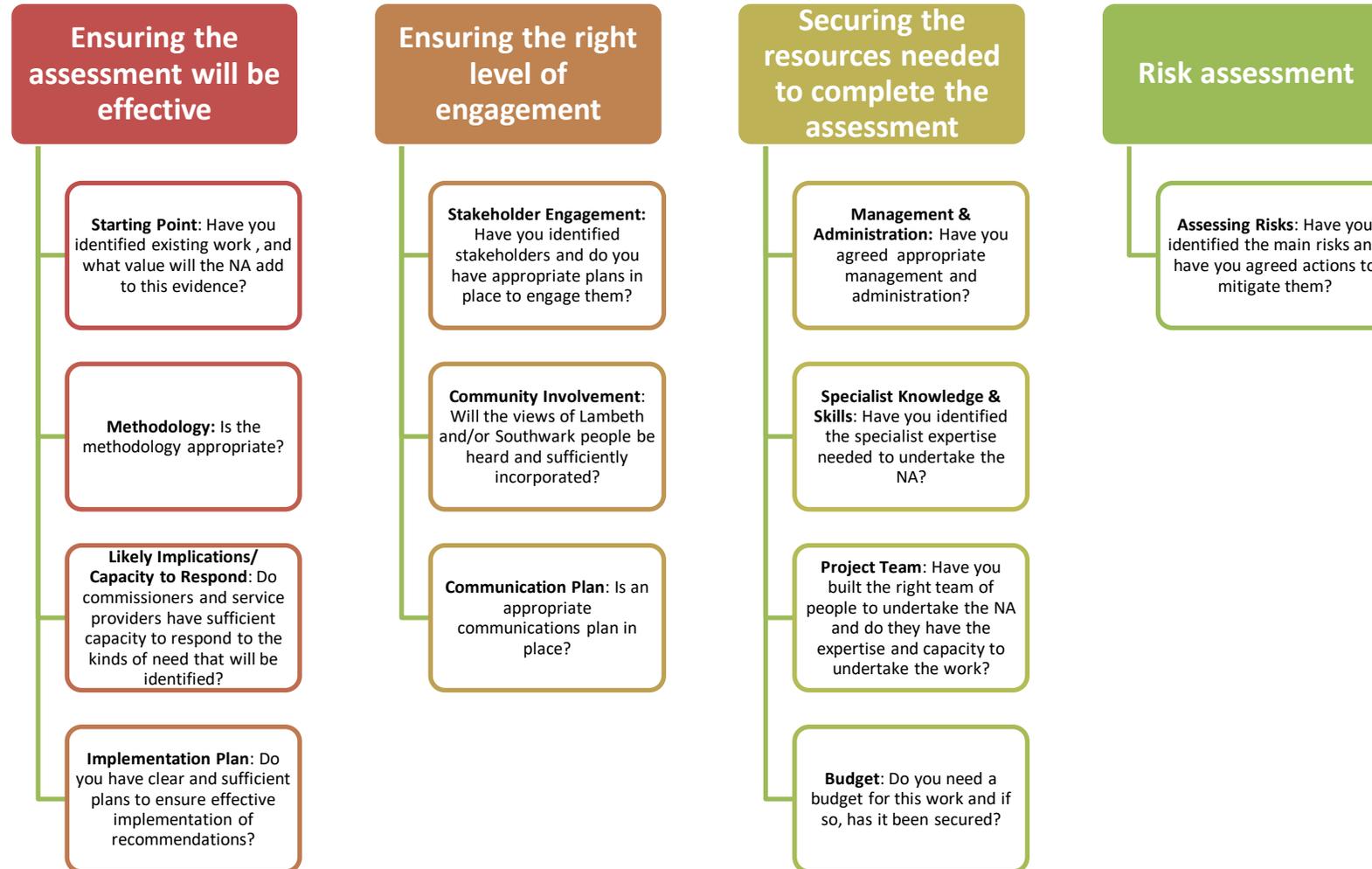
Health summary

- [Lambeth's health profile](#)
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Framework for assessment



Framework of Assessment



Approach – guidance & toolkit

Question	Yes	Unclear	No
1 Sponsor: Has the correct sponsor been established?			
2 Lead Officer: Has an appropriate lead officer been agreed?			
3 Status: Has the correct partnership/ organisational ownership been agreed?			
4 Population/ Geographical Area: Is the population/ geographical area correct?			
5 Aim: Is the aim clear, right and achievable?			
6 Outcomes: Are the objectives clear, aligned with strategic priorities and achievable?			
7 Timing: Is the timing realistic, and timely to influence key decisions?			
8 Starting Point: Has existing work been identified, and is there still an need for the NA as proposed?			
9 Methodology: Is the methodology appropriate?			
10 Likely implications/capacity to respond: Is there likely to be sufficient capacity to respond to the recommendations?			
11 Implementation plan: Are sufficient plans in place to ensure effective implementation of recommendations?			
12 Stakeholder engagement: Have stakeholders been identified and are appropriate plans in place to engage them?			
13 Community involvement: Will the views of Lambeth and Southwark people be heard sufficiently and incorporated?			
14 Communication plan: Is an appropriate communications plan in place?			
15 Management and administration: Has appropriate management and administration been agreed?			
16 Specialist knowledge & skills: Has the specialist expertise needed to undertake the NA been identified?			
17 Project team: Has the right team of people been secured to undertake the NA and do they have sufficient capacity?			
18 Budget: Is a budget required for this work and if so has it been secured?			
19 Assessing Risks: Have the main risks been identified and actions been agreed to mitigate them			

Pre Needs Assessment Guidance and Tools

Needs Assessment Initiation Document

NA Title:

Sponsor:
(Group or Person)

Date Initiation Document Agreed: **Due Date:**

Lead Officer

Name: **Email:**

Job Title: **Tel:**

Status

Southwark CCG : LBS: Lambeth CCG: LBL:

Other:

Scope

Population/Geographical Area (Maximum 100 words)

Aim (Maximum 80 words)

Intended Outcome(s) (Maximum 100 words)

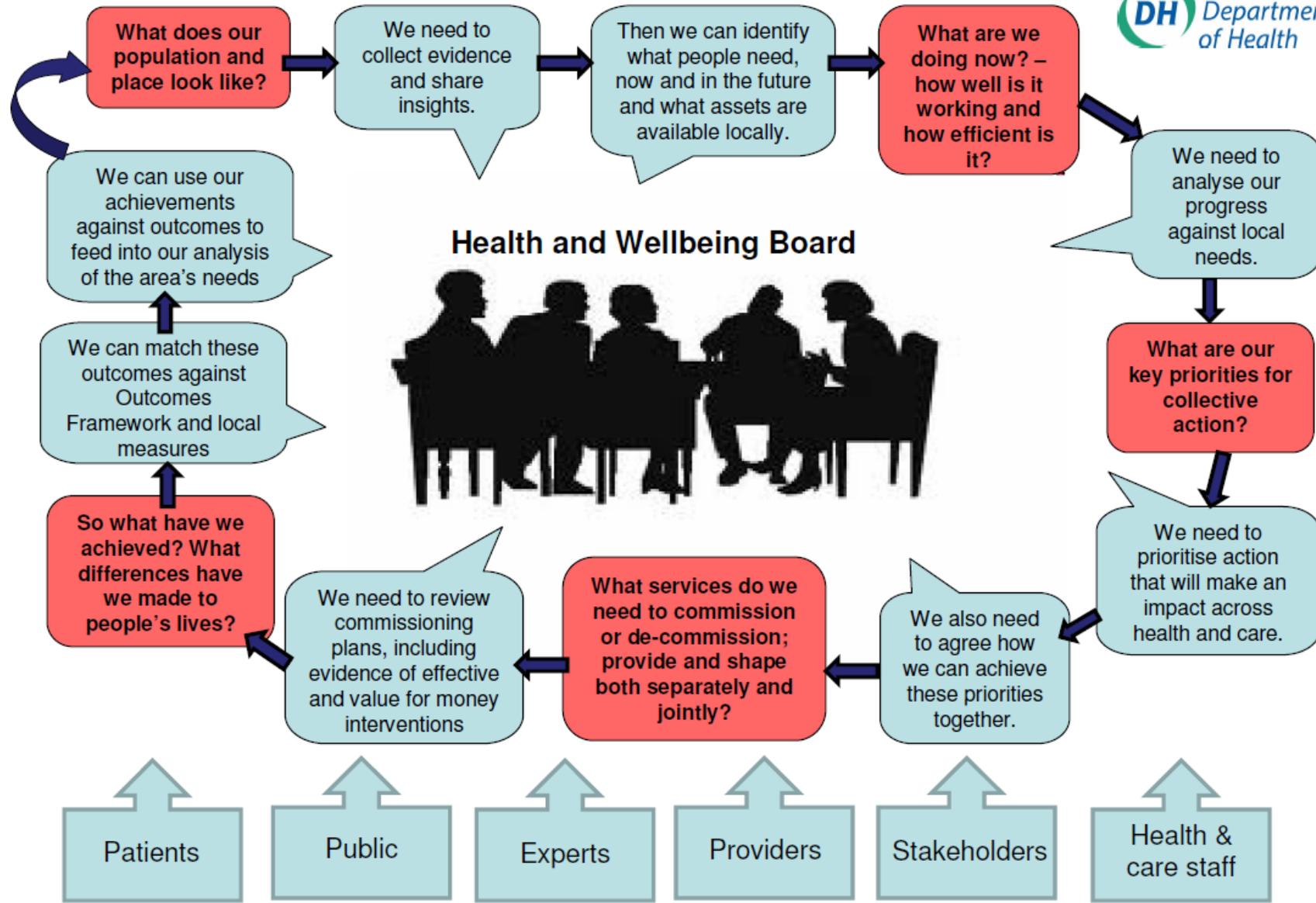
What is a JSNA? – using data, information and evidence to make informed decisions

- As a minimum, a good JSNA process will be the definitive local programme through which **HWBB partners** :
 - **research and agree a comprehensive local picture of health and wellbeing needs**
 - **jointly undertake ‘big picture’ intelligence and analysis**
 - for example what’s working, what’s not, and what could work better? What are the major health inequalities and what can we do about them? What does an analysis of unmet needs, seldom-heard populations and vulnerable groups tell us?
 - **use needs assessment information to negotiate and agree overarching priorities** on health and wellbeing
 - **commissioning and decision-making are influenced by needs assessment and strategic priorities,**
 - via whatever products, services or methods of engagement are most appropriate and proportionate to the task – for example, where should we invest or disinvest resources for best value?
 - **summary information on the strategic picture for health and wellbeing is made available to wider audiences –**
 - for example the public, NHSCB, service providers, local media, voluntary and community sector or any audience the health and wellbeing board considers appropriate.

JSNA - Duties & powers of the H&WBB in relation to JSNA

- **Duty to prepare assessment of needs**
 - (JSNA) in relation to LA area and have regard to guidance from Secretary of State. (CCGs, LAs, NHSE, H&WBB)
- **Duty to involve third parties**
 - in preparation of JSNAs: (CCGs, LAs, H&WBB)
 - Local Healthwatch
 - people living or working in the area
- **Power to consult any persons**
 - it thinks appropriate in preparation of JSNAs (CCGs, LAs, H&WBB)
- **Duty to have regard to the NHS Commissioning Board mandate**
 - in developing the JSNA and JHWS (CCGs, LAs, H&WBB)
- **Duty to publish JSNAs (CCGs, LAs)**
- **Power of the HWB to give its opinion to the local authority which established it on whether the authority is discharging its duty**
 - to have regard to relevant JSNAs and JHWSs (CCGs, LAs, H&WBB)
- **Duty in conducting the performance assessment,**
 - to assess how well CCG has discharged duty to have regard to JSNAs and JHWSs and to consult HWB on its view on CCGs' contribution to delivery of any JHWS to which it was required to have regard (when conducting its annual performance assessment of the CCG) (NHSE, H&WBB)

JSNA & JHWS: explicit link from evidence to service planning

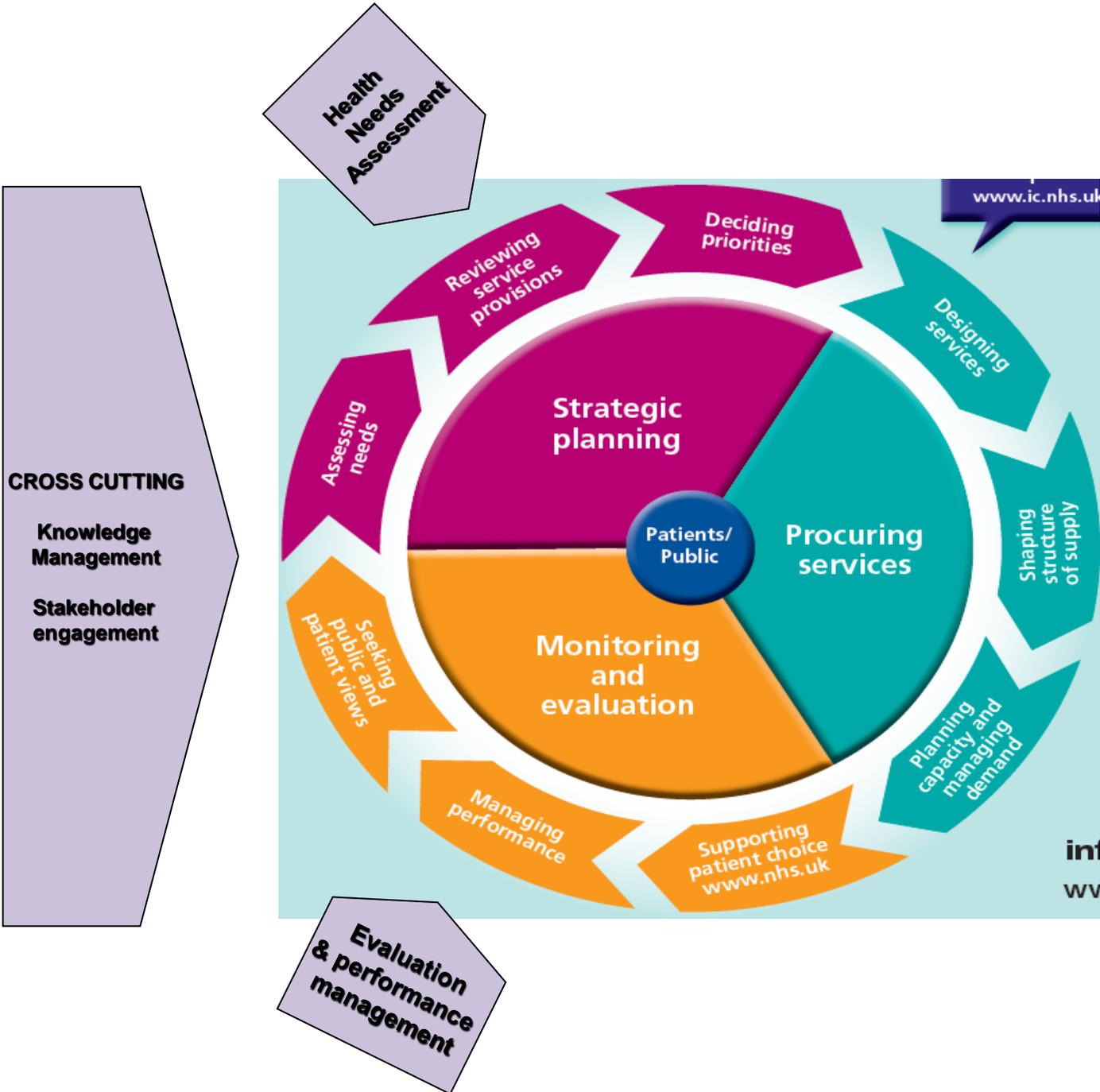


Involving partners and the community ensures transparency and accountability

What data/evidence should a JSNA include?

- The JSNA process is expected to include the following data:
 - **population-level** –
 - for example total, growth, migration, birth, gender, age, ethnicity
 - **social and place** –
 - for example housing quality, environment, employment, educational attainment, benefit uptake, vulnerable groups, crime and disorder and community cohesion
 - **lifestyle determinants of health** –
 - for example exercise, smoking, diet, alcohol, drug abuse
 - **epidemiology** –
 - for example morbidity, mortality, life expectancy, long-term conditions, disease prevalence, immunisation uptake rates
 - **service access and utilisation** –
 - for example emergency admissions, vulnerable groups receiving care, primary care data, discharge information, screening uptake, transport, children's centres and welfare rights

Commissioning Cycle



WORK WITH COMMISSIONERS & PROVIDERS

Developing Commissioning & Provider strategies & plans