

Camden Local Strategic Partnership

Meeting	Friday 4 July 2008
Report Title	Joint Strategic Needs Assessment – An approach for Camden
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Purpose	To brief the LSP on the duty placed on Councils and PCTs to produce a Joint Strategic Needs Assessment for their areas from 1 st April 2008 and to outline the approach proposed for Camden
Recommendations	The LSP is asked to endorse the approach to developing JSNA in Camden and to receive a report on progress for the year 2008/9

Summary

1. The Local Government and Public Involvement in Health Act places a duty on Councils and PCTs to produce a Joint Strategic Needs Assessment (JSNA) for its area from 1 April 2008. The Government envisages that JSNAs will shape the content of Community Strategies and the priorities for Local Area Agreements. The lead responsibility is to be shared between the Director of Adult Social Care, the Director of Children's Services and the Director of Public Health
2. In December 2007, the Department of Health (DH) published the guidance on conducting Joint Strategic Needs Assessments. This briefing summarises its content and also the early learning from research commissioned by DH into localities preparedness to deliver on this agenda in the coming year.
3. Also detailed in this briefing is the approach adopted in Camden and under the final section *Taking JSNA Forward*, the arrangements put in place to develop and deliver an ongoing programme of work which will effectively form Camden's Joint Strategic Needs Assessment.

The National Policy Context

4. Recent white papers for Community Health and Social Care Services (**'Our Health Our Care Our Say'**) and Local Governments (**'Strong and Prosperous Communities'**) set out the vision for improving

health and wellbeing of the population including giving a stronger voice to communities.

5. The *Local Government and Public Involvement in Health Act (2007)* details a **new duty to co-operate for PCTs and local authorities**, specifically the production of a JSNA as outlined in Section 116 of the Act. The JSNA is seen as being instrumental in delivering another duty of the Act, the production of Local Area Agreements, as well as informing Community Strategies. JSNA also complements the “eight steps to effective commissioning” identified in *Commissioning Framework for Health and Wellbeing*.

What is a Joint Strategic Needs Assessment?

6. The guidance describes strategic needs assessment as;

“a systematic method for reviewing the health and wellbeing needs of a population leading to agreed commissioning priorities that will improve health and wellbeing outcomes and reduce inequalities.”

7. In particular the JSNA focuses on;

- Identifying and understanding current and future health and wellbeing needs of populations over the short term (3-5 years) to inform Local Area Agreements and in the long term (5-10 years), inform strategic planning. The focus is on analysing aggregated assessment of need, not identifying needs of individuals. In doing so the JSNA can identify populations where needs are not being met and outcomes are poor.
- Commissioning services and interventions that achieve better health and wellbeing outcomes whilst reducing inequalities. The JSNA should address outcomes described in the National Indicator Set (NIS) and the “vital signs” referred to in *The NHS in England: The Operating Framework for 2008/09*.

8. The DH sees JSNA as being owned as much by the local community as it is by the local authority and PCT so a high level of transparency and scrutiny will be expected.

What is happening elsewhere?

9. The Department of Health commissioned the University of Birmingham to survey local authorities and PCTs on preparations for implementing JSNA. The research found that localities were committed to using JSNA as a “mechanism to develop and strengthen existing inter – agency relationships”. It also found evidence of significant work

already undertaken in terms of collecting and using data to inform decision making and priority setting. Some authorities were seeking to build on existing data “observatories” and shared information projects.

10. Most localities were using the requirement for JSNA as an opportunity to *“make existing work and relationships more formal, consistent, overarching and systematic”*. The research found that most authorities wanted to deliver JSNA as a continuous and cyclical process rather than a one off activity which could lead to a single *“unwieldy document that sits on a shelf”*. Our own informal benchmarking with others such as Westminster found that many are taking this practical approach, building needs assessment activity into existing systems and structures that support commissioning and service planning.

Camden’s approach

11. London Borough of Camden, Camden PCT and the local community (through the Local Strategic Partnership) have a number of key, shared strategic documents that set out our priorities for action and investment. These include (but are not limited to)

- Camden’s Community Strategy 2007-2012
- Camden’s Local Area Agreement 2006-2009 (and subsequent revisions)
- Camden’s Children & Young People’s Plan
- Camden PCT Commissioning Strategic Plan 2007/08-2011/12
- Camden PCT’s ‘Vital Signs’ – Supporting dataset for Camden’s Operating Plan
- National Indicator Set for Local Areas

12. The priority setting mechanism for these key strategic documents has been exhaustive, evidence based and built through extensive consultation with (and participation of), a range of stakeholders, including our local communities. This approach has built on nationally and locally available data, intelligence and assessment of local need. However much of this work to set strategic priorities (and therefore inform our commissioning) predates the requirement for a JSNA. And while it meets the principles of JSNA, there is no single specific document labelled as such. Therefore at present Camden’s JSNA consists of a series of separate but interconnected documents bound by a common theme (our key strategic goals and priorities). Through these documents, the agenda has been set for our commissioners and others, who have responded through new investment, service redesign and where necessary, service decommissioning.

13. These documents include:-

Two approaches to Needs Assessment

The one document approach

One document encompassing all elements of Needs Assessment, including; Epidemiology, service mapping, assessment of need, recommendations, next steps/ action plan. Such as the Drugs Needs Assessment.

A suite of documents

A number of separate documents that when bough together for a comprehensive assessment of need. Such as the Children and Young peoples plan, which includes the children and young people's strategy, Children's needs analysis, and action plan.

- The Director of Public Health's Annual Public Health Report, the analysis which informs it and the direct recommendations for commissioners that the report contains.
- The needs analysis information collected to inform the Sustainable Community Strategy 2007
- The needs analysis commissioned by the Children and Young Peoples Partnership
- Needs analyses to inform Joint Strategic Commissioning for specific client groups –
 - The Carers Strategy
 - Sexual Health Strategy
 - Mental Health Care of Older People Strategy
 - The Alcohol Harm Reduction Strategy
 - Drug Treatment Plan
 - Long Term Care and Support Strategy
- Work undertaken to identify inequalities, deprivation case finding to support Goal 1 of Camden PCTs Commissioning Strategic Plan (CSP).

14. In addition to the list above, specific needs assessments in key topic areas have been published. These are listed below.

- Obesity
- Breastfeeding
- Alcohol (Adult)
- Alcohol (Children & Young People)
- Substance Misuse (Children & Young People)
- Community Children's Services (Service Mapping and limited Needs Analysis)
- Health Needs - Youth Offending Service (ongoing)
- Children & Young Persons Needs Assessment (data compendium)
- Drugs Needs Assessment
- Older Peoples Needs Analysis

15. A number of needs assessments have been identified as priorities for 2008/08 and are at various stages of completion

- Maternity Services
- Mental Health
- Learning Disabilities
- Physical Activity

16. Additional programmes of work, supporting and linked to the JSNA agenda are;

- Camden PCT Social Marketing programme (including drugs, smoking, mental health, sexual health, mums 2 be, immunisations, obesity, screening, primary care assertive outreach)
- The Local Area Agreement 2008-2011, which identifies the agreed, shared health and well-being targets for the borough over the next three years.
- Place shaping in Camden. Although the borough's focus is on areas of development, the JSNA will provide an accessible health and well-being perspective on place that both informs overall strategy and 'explains' Camden to residents and businesses.
- Local Development Framework (LDF). Where timescales allow the JSNA will provide an enhanced evidence base to inform the LDF.

Taking JSNA forward

17. A great deal of work consistent with the JSNA guidance has been undertaken during the development of these key strategic documents, within LB Camden and Camden PCT. In part the JSNA will evolve out of the strategic documents already published and those identified above that are in development.

18. To deliver an approach based on continuous assessment of need that feeds into priority setting and commissioning will require ongoing and significant co-ordination and engagement with partners and wider stakeholders including service users and patients.

19. There is already strong strategic leadership from within the London Borough of Camden and Camden PCT to drive forward the JSNA agenda. A Steering Group has been established involving senior officers at AD level from across the Council and PCT. This group has met to develop and agree the overall approach outlined in this report and will put in place a development plan to take the JSNA forward in Camden ensuring that there is appropriate user, patient and stakeholder involvement.

20. Reporting to this group is the multi agency "Strategic Needs Assessment in Camden" (SNAC) group. This is an officer led group established in April 2007:

- to facilitate the sharing of information and best practice
- to provide technical and operational support to the JSNA
- to support needs assessments and further work as identified as priorities from the JSNA
- to reduce duplication and improve collaboration across London Borough of Camden and Camden PCT
- to develop systems and processes for validation and monitoring of JSNA minimum data sets and links to key performance indicators

21. Membership includes representation from across council departments, Community Safety Partnership, the Children and Young Peoples Partnership and Camden PCT's Public Health Department.

22. Achievements:

- The group has successfully developed and implemented a proforma to collect data and information on documents produced which contain an element of needs assessment
- Established a shared folder on 'Popstats' to facilitate sharing of data and information. This is an extranet, which means that it is accessible by nominated partner agencies (this is still to be tested)
- Compendium of minimum data set for the JSNA as identified in Appendix 1 of the December guidance.

23. Planned work:

- Exploring the use of segmentation tools in JSNA and commissioning requirements
- Learning Disabilities Needs Assessment
- Adult Mental Health Needs Assessment

24. At a strategic level the JSNA steering group will identify / undertake a rolling programme of individual needs assessments that in the short term underpin our key strategic priorities, while leaving space to understand the emerging and future health and well-being needs of our population in the medium and long term. This growing document and the action plan that drives and supports its production will be Camden's JSNA.

25. Recommendation: That the LSP endorses the approach to developing the JSNA in Camden and agrees to receive a report at the end of 2008/9.