

Meeting: Well-Being Strategic Partnership Board

Date: 8 December 2008

Report Title: Update on Joint Strategic Needs Analysis (JSNA) – Phase 2

Report of: JSNA Steering Group

Purpose

To provide the Well Being Strategic Partnership Board with an update on the JSNA Phase 2.

Summary

The JSNA Phase 2 prioritises four areas for detailed needs assessment:

- Sexual health
- Mental health
- Vulnerable children & young people
- Population

The above is underpinned by the development of an interagency “data platform” which will facilitate the web based access to the JSNA, the underlying data sets and the sharing of data.

Each needs assessment will be driven forward by a partnership task group comprising of lead agencies. There is also a technical group that steers the investigation into population estimates, projection and mobility and the development of the data sharing platform. The task groups report back to the JSNA Steering Group.

Legal/Financial Implications

No specific legal implications.

There are no additional financial implications: JSNA Phase 2 will be contained within the existing resource commitment.

Recommendations

- i. To note the 4 priorities for detailed needs assessment.
- ii. To note the setting up of the 4 task groups and the draft Terms of References. Feedback on the Terms of Reference in particular on the

scope and membership is welcomed.

- iii. To request a report back on progress in 3 months.

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Background

The undertaking of Joint Strategic Needs Assessment (JSNA) became a statutory duty for Directors of Public Health, Directors of Adults' Services and Directors of Children's Services on 1 April 2008. The purpose of the JSNA is to ensure that the commissioning of services is based on population need.

The JSNA describes the current and future health, care and well-being needs of a population and is a key resource for all agencies that have a role in improving health and well-being locally. The JSNA will be critical in determining the local priorities, and will contribute to the development of the Community Strategy and Local Area Agreements.

The JSNA is based on a core dataset, including the National Indicator Set. Local areas are expected to supplement this with additional locally relevant information to add depth and insight into the needs of their populations.

The JSNA has particular relevance to the Haringey Strategic Partnership as it will provide evidence for the development of strategies and commissioning plans during 2008/09 and will inform service changes from 2009/2010 onwards.

Progress in developing Haringey's JSNA

As outlined in the project initiation document, Phase 1 of Haringey's JSNA has been overseen by a JSNA Steering Group chaired by the Joint Director of Public Health, supported by a JSNA Delivery Group with representatives from partner organisations to support the technical aspects of developing the JSNA including data and IT requirements.

In Phase 1, we have:

- Developed a webpage describing the process, products and planned consultation on the Council's website, with links to HTPCT's website (http://www.haringey.gov.uk/index/social_care_and_health/joint_strategic_needs_analysis.htm)
- Produced a report on the minimum dataset for Haringey (Executive summary attached in Appendix A)

- Identified key knowledge gaps, and prioritised issues on which to focus on Phase 2 of the JSNA (Appendix B sets out the prioritisation process)

In Phase 2, we plan to:

1. Develop a web-based tool to host the JSNA minimum data set and future work
2. Address some of the knowledge gaps through four work streams focused on:
 - Sexual health
 - Mental Health
 - Vulnerable children and young people
 - Population change and growth
3. Develop a JSNA network to engage with voluntary and community groups on population need, test out early findings and gather intelligence held outside the statutory sector. This will also enable us to ensure that stakeholders are kept informed of relevant developments.

The draft Terms of References are attached as Appendix C. Feedback on the Terms of References, particularly on scope and membership are welcomed.

Appendices

- Appendix A Executive Summary – JSNA Minimum Dataset
- Appendix B Summary of prioritisation process
- Appendix C Draft Terms of References for Task Groups

Appendix A:

Towards Joint Strategic Needs Assessment in Haringey: The core dataset, August 2008

Executive summary

In December 2007, the Department of Health published guidance¹ on Joint Strategic Needs Assessment (JSNA), which outlines a core dataset for local partners undertaking JSNA.

We recognise that significant progress has already been made in Haringey towards describing and identifying need in the community. This progress comes in the form of completed needs assessments of service streams such as in the Children and Young People's Service, as well as high-level reviews of current needs in Haringey including the Borough Profile and the Annual Public Health Report. This document builds upon these needs assessments and provides a summary of what is currently known about need in Haringey.

This document is not the final output of the JSNA process. In Haringey, JSNA will be a rolling programme of work rather than a single definitive needs assessment.

The main objectives of this document are to:

- Establish a high level picture of need in Haringey by reporting against indicators in the core data set,
- Summarise existing pieces of work which assess need in Haringey,
- Outline the major indicators available locally and some key trends demonstrated by these indicators
- Provide a resource for commissioning
- Identify major gaps in data availability,
- Identify priorities for future collection/ collation of data,
- Identify areas where our understanding of need is lacking.

This document does not:

- Replace the requirement for service areas to conduct detailed analysis of need within their services,
- Provide a comprehensive assessment of need across all services and populations in Haringey.

Detailed discussion of major sources of information are provided under the following chapter headings (Chapters 2-6):

- Describing the Haringey population
- Social and environmental context
- Disease risk factors and lifestyle
- Illness and premature death
- Service provision

¹ Department of Health. Guidance on Joint Strategic Needs Assessment. UK Department of Health, London. December 2007

We also summarise several major needs assessments that have already been carried out in Haringey in recent years (Chapter 7).

The information contained in this document supports much of what we already know about Haringey. Haringey is, in demographic terms, an exceptionally diverse and fast changing borough. 50% of the population overall, and three-quarters of young people, are from ethnic minority backgrounds, and around 200 languages are spoken in the borough. Haringey's population is projected to expand by 6.6 per cent or 14,900 residents by 2029, according to the ONS projections and by 10.6 per cent or 23,800 residents by 2031 according to the GLA projections estimates. Overall, the economy in Haringey appears to be about average for London, and reasonably competitive by national standards. Alongside this prosperity the borough has high levels of deprivation relative to both London and national standards. The health of the people in Haringey is generally worse than the England average. Life expectancy in men, infant mortality and teenage pregnancy appear worse than the England average. There are health inequalities within Haringey by location, gender, level of deprivation and ethnicity. Haringey has at least ten wards among the most deprived areas in England; and men from the most deprived group have six years shorter life expectancy than those in the least deprived group.

We have existing and well established mechanisms for understanding need and service use in Haringey. Significant work has already been done in many service areas towards understanding this need. Taking stock of what we already know in each of the chapters has allowed us to clearly identify areas where we need to do more work to understand need in Haringey. We currently do not know what effect projected population growth will have on needs in the community in 5-10 years' time. Also, while we understand how the people of Haringey use services, we do not always understand the extent of unmet need in the community, that is, whether there are people who currently do not use our services who have the capacity to benefit from services we provide.

This document has allowed us to identify the following areas where further needs assessment work is required:

- Measuring and understanding needs of mobile and transient populations,
- Developing more reliable measures of smoking prevalence and other disease risk factors, particularly in different communities within Haringey,
- Measuring and understanding the extent of unmet need for mental illness (treatment and prevention) services in adults and children,
- Understanding needs relating to sexual health to explain continuing high rates of teenage conceptions, unwanted pregnancy and STIs in Haringey,
- Understanding how people transition through services and how their need for services changes with time, e.g. through adolescence
- Understanding the potential of preventive services for people at risk to prevent them requiring services in the future.

Under the umbrella of JSNA we will undertake an ongoing program of work, which will involve seeking to obtain some of the information identified as a knowledge gap.