

Lambeth First's

Health and Wellbeing Joint Strategic Needs Assessment

2009 Annual Report

Volume II: Appendices 1-10

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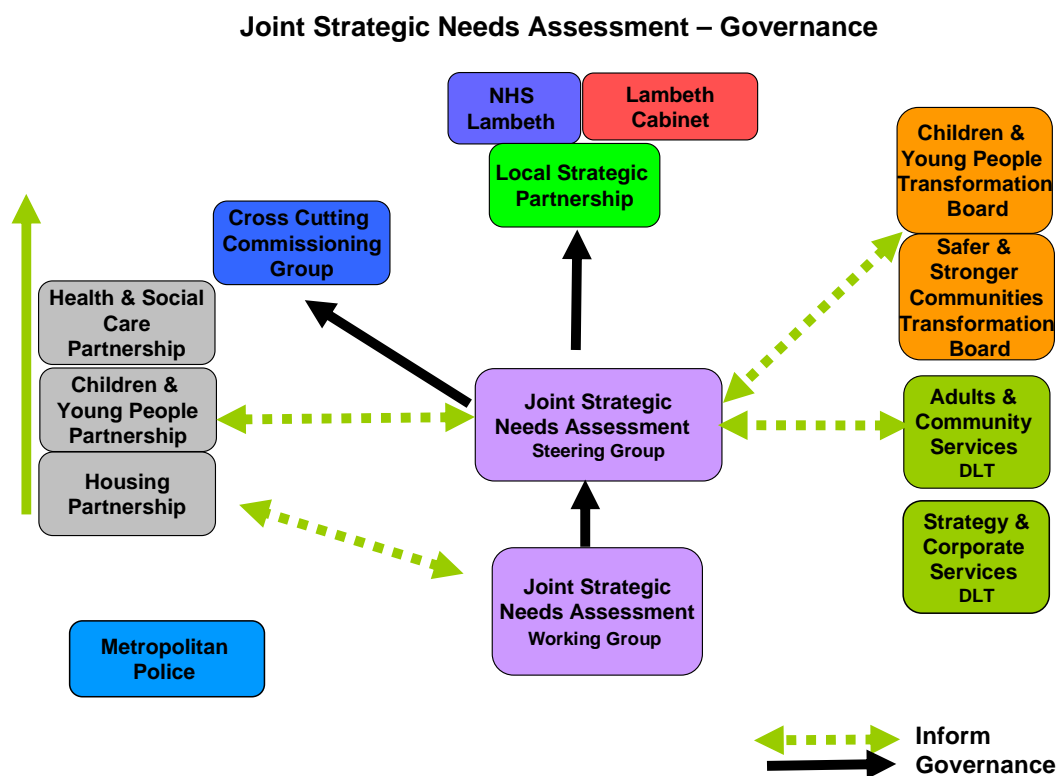
Appendix 1: Overview of JSNA process

Governance - JSNA steering group

In order to take forward its work into creating a Lambeth JSNA, the partners put in place a steering group to project manage the JSNA work. This group was set up in October 2007 and meets quarterly. It is jointly chaired by all three partner Directors – Joint Director of Public Health, Executive Director of Adult Community Services and Executive Director of Children Services on a rotational basis.

JSNA working group

The workgroup reports to the JSNA steering group and meets three weekly. The remit of the group is to address the practicalities of the JSNA process through the three key underlying principle work areas – partnership working, community engagement and evidence based practice. The group is chaired by the Lambeth Council Divisional Director for Policy, Equality and Performance and the Assistant Director of Public Health (Health Intelligence and Research).



JSNA approach

The JSNA process in Lambeth commenced in November 2007 and a phased approach was adopted.

Overview of preliminary assessment stage (Phase 1)

The preliminary assessment stage commenced in November 2007 and a report was produced and submitted to NHS London in November 2008. This stage involved a systematic approach to reviewing existing systems and processes related to health and well-being, identifying met and unmet needs, followed by agreeing priorities and recommendations for resource allocation with the aim to improve health inequalities.

Overview of joint information gathering stage (Phase 2)

The project plan for the JSNA was reviewed by the JSNA Working Group and an evaluation of the first 12 months undertaken. A joint information gathering exercise was agreed comprising the mapping of datasets against JSNA national requirements, a review of needs assessments and community engagement activities between Jan 2005 and March 2009. This process took place over three months coordinated by a Public Health Specialist from the public health intelligence team at NHS Lambeth in liaison with key leads within the local authority and voluntary sector.

The review of the needs assessments was done using a “validated” needs assessment tool from the NICE workbook was modified for application across the partnership and summarised. This was used by each appraiser to review each needs assessment submitted to ensure consistency. Any work that demonstrated a systematic approach to obtaining information in need identifying gaps in service provision and had recommendations to that effect, were included as part of this process.

For the review of the community engagement activity because the definition of community engagement has a wide scope in the literature, for this process, any activity that provided information gained through active dialogue with Lambeth residents, service users, carers and staff was included. These comprised outcomes of surveys, service user feedback (e.g. comment cards), information provision processes, focus groups, interviews and consultation activities including service staff and provider feedback.

The outputs from Phase 2 included a log of needs assessments and summaries which were mapped against the five outcomes – ‘be healthy’, ‘stay safe’, ‘making a positive contribution’, ‘enjoy and achieve’ and ‘achieving economic wellbeing’ producing key themes. The evolving priority themes were fed back through facilitated JSNA workshops and informed the discussions targeted at commissioners, service providers and the voluntary sector. Limitations of this phase of the JSNA process included:

Data quality: incomplete, missing, varying processes of data collection across partnership.
Application of tools and techniques across partnership work.
Perceptions of process definitions and expectations of JSNA

There were three workshops that were held in April and May 2009 with health and social wellbeing professionals from across the partnership. The purpose of the workshops was to consult, inform and ensure that evolving priorities were strategically aligned. Details are available as a JSNA supplement.

Appendix 2: JSNA process framework - focus, inputs and outputs

POPULATION WIDE NEEDS ASSESSMENT		
Focus <ul style="list-style-type: none"> Lambeth residents GP registered population Visitors Workforce (workers) 	Inputs <ul style="list-style-type: none"> Intelligence (health and other) Predicted population growth and migration trends Known environmental risks Life expectancy scarf tool Community intelligence 	Outputs <ul style="list-style-type: none"> Picture of current health needs Analysis of future health needs of population (3-5 years) Current service provision Gaps
GEOGRAPHICALLY SPECIFIC		
Focus <ul style="list-style-type: none"> Ward level data Locality level data Post code level data GP practice level 	Inputs <ul style="list-style-type: none"> Intelligence (health and other) GP profiling Community intelligence Health Poverty Index Mosaic data e.g. purchasing power, marketing preferences 	Outputs <ul style="list-style-type: none"> Ward profiles (for local councillors etc) Profiles for GP Commissioners Profiles for Local Area Partnership
POPULATION GROUP		
Focus <ul style="list-style-type: none"> Ethnicity Gender Disability Age Sexual orientation Socio-economic group 	Inputs <ul style="list-style-type: none"> Service profiling Disease prevalence Impact of population changes Community intelligence 	Outputs <ul style="list-style-type: none"> Tools and techniques toolkit to support commissioners On-going needs assessment programme based on priorities
SERVICE USER / DISEASE SPECIFIC		
Focus <ul style="list-style-type: none"> Service users: CandYP, adults, vulnerable groups and older people Disease specific: diabetes, CHD, COPD, cancer. Choosing health areas: smoking, physical activity, healthy eating. 	Inputs <ul style="list-style-type: none"> Service profiling Disease prevalence Impact of population changes Community intelligence 	Outputs <ul style="list-style-type: none"> Tools and techniques toolkit to support commissioners On-going needs assessment programme based on priorities

Appendix 3: JSNA QAT Report: Summarised findings

(Full report available as JSNA supplement)

JSNA Theme	Strengths	Identified areas for improvement
Leadership, governance and communication.	<ul style="list-style-type: none"> Leadership and accountability structures documented in action plan. Process of community/ stakeholder engagement via Lambeth First. Evidence of engagement activities within the PCT via the PPI / ad-hoc community engagement activities e.g. patient surveys, service audits. 	<ul style="list-style-type: none"> Clarity as to leadership and accountability structures and agreed links to existing structures. A risk log / register to clearly highlight management of risk with exceptional reporting mechanisms. Clarity regarding the JSNA scope and remit. Communication and feedback mechanisms e.g. between partner organisations, designated JSNA website, themed bulletin.
Project management.	<ul style="list-style-type: none"> Clear project plan with timescales. 	<ul style="list-style-type: none"> Clarity as to inputs, outputs and focus themes used for the JSNA process. The use of consistent validated tools and techniques for needs assessments in and across partner organisations.
Engagement, information gathering and data sharing.	<ul style="list-style-type: none"> A clear audit trail of existing information on community engagement activities led by PCT. Full mapping of young people's engagement activity well advanced. Existing Community Engagement and User Involvement subgroup of PCT Executive Board chaired by a Non Executive Director / Director of Public Health. Clear engagement plan by LSP (Lambeth First) and consultation process in the local authority. 	<ul style="list-style-type: none"> Audit of available community engagement activities agreed by partner organisations. Provision of a technical supplement to the JSNA through a "data warehouse". Clear process of transition of existing community engagement with the implementation of Lambeth LINK (Local Involvement Network).
Preliminary JSNA document.	<ul style="list-style-type: none"> Comprehensive with key messages highlighting gaps in service provision and health and wellbeing issues in Lambeth. 	<ul style="list-style-type: none"> Structure and format of report. Clarity around how health and well-being inequalities are measured using evidence based impact assessment tools and techniques.
Links to commissioning and outcomes.	<ul style="list-style-type: none"> Findings have informed PCT Commissioning Strategy, Organisational Development Plan, the Council's Sustainable Community Strategy and the Children and Young People's plan. 	<ul style="list-style-type: none"> An options analysis and valid prioritisation framework agreed by partner organisations highlighting unmet needs weighted by identified population groups.

Appendix 4: Recommendations from National Support Team (NST) 2009 visit

Vision and Strategy

The NST recommends systematising and scaling the application of proposed interventions through the development of a Health Gain Schedule for all provider services, making at least tobacco, alcohol and weight management everybody's business. A similar Health and Wellbeing Schedule could also be used by Lambeth Council commissioners with respect to their providers in relation to the contribution that can be made by front line staff.

Leadership and engagement

Public health needs to be seen as "everybody's business" across the leadership of the partnership and throughout the tiers of management. The NST would recommend adopting an organisational development approach of which there are good examples of intra- and inter-organisational programmes, aiming to produce cultural change at senior/middle management levels.

Partnership working

The NST perceived that there was not a clear understanding across all levels of the partner organisations of the actions required to tackle health inequalities in the shorter term and gaps in communication both within organisations and across the partnership. The NST would recommend that a joint communications strategy is developed which would include an information plan to support the delivery plans.

Lambeth partnership has an extensive commitment to addressing Worklessness. The NST believes that Lambeth could develop an exemplar programme building on the individual schemes already in place to establish a more comprehensive, systematic and scaled up joint strategy across the public sector.

There is a need for the statutory sector to further assist the development of the third sector. LVAC's (Lambeth Voluntary and Community Sector) role in this is fundamental and this will require support from partners. NHS Lambeth should consider the creation of a local market of third sector organisations suitable for commissioning locally based services rather than large national third sector organisations.

Building upon the joint working in setting up the Joint Strategic Needs Assessment structure, the NST would recommend the development of a joint information function to support the joint work between the LA and NHS Lambeth. The NST would recommend the development of a multi-agency informatics group (NHS Lambeth, Lambeth Council, GSTFT, KCHFT SLaM) to identify solutions to some of the fundamental data collection and recording problems that have been identified.

The NST recognises the particular scale of the housing disrepair in Lambeth and the certain impact this is having on short, medium and long-term health. It is recommended that the partnership pulls together a specific, pragmatic Housing and Health Strategy aiming to have an impact in measurable ways on the potentially substantial negative health consequences.

Targets, Trends and Needs Assessments

The wealth of information and analysis needs to be used strategically to drive change. To do this, more attention needs to be placed on marketing information in a user friendly fashion to meet the needs of a variety of audiences. This should be a priority for public health, for example, communications in relation to the main contributors to the health inequalities gap.

Front Line Services

Delivery of the 2010 PSA target will depend on consistent high quality primary care services and closing the health inequalities gap will require a much better than average performance. The NST therefore recommend as priorities, the need to tighten up the variability of performance in practices and more ambition in relation to outcome targets. There is a need to scale up programmes in order to address health inequalities. An example of how to do this is to review GP registers and records and proactively seek out and identify residents who have a long term condition to help with earlier diagnosis and enable more effective management of their condition.

Community Engagement

There is potential to capitalise on Lambeth's participation as a national pilot in 'The Race for Health' programme. The NST would recommend that this work be embedded throughout commissioning workforce development and service improvement.

There is recognition of the need for and priority placed on Lambeth Council and the PCT working together on community engagement, with the identification of a councillor and the Chair of the PCT as respective leads. In order to drive the agenda forward, it is vital that the PCT continues to give a high priority to the development of community engagement and to the development, with partners, of a comprehensive coordinated approach. The NST also recommends that an officer is identified to support the PCT Chair's work.

The NST recommends that the PCT gives consideration to using the Behavioural Skills Training Model developed by the council within its middle/senior management teams in relation to the development of community engagement competencies.

Service provider boundaries are configured in a number of different ways across the Borough. The NST recommends that in the longer term, 'natural neighbourhoods' are used as the building blocks for area-based service delivery.

The NST recommends that partners adopt an organised approach which supports a 'small steps' methodology to developing capital in the most deprived communities, coordinated between organisations and resourced according to local need and circumstances.

The NST recommends the PCT and Lambeth Council work together as part of the JSNA to identify the needs of communities of interest in Lambeth. This could include MOSAIC segmentation mapping. This work should reflect the six equality strands i.e. age, ethnicity, disability, religion, gender, and sexual orientation.

Appendix 5: JSNA equalities impact assessment findings

Corporate Panel Equality Impact Assessment Summary

Title: Lambeth Joint Strategic Needs Assessment **Panel date:** 22 September

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DLT Sponsor Sophia Looney, Divisional Director Policy, Equalities and Performance

<p>Brief description of business activity</p>	<p>This report focuses on Lambeth First’s Joint Strategic Needs Assessment (JSNA). All local areas have a statutory duty to develop a JSNA and the duty to produce these documents is set out in the Local Government and Public Involvement in Health Act (2007).</p> <p>JSNAs are ‘Needs Assessments’ which seek to identify health and wellbeing need within a local area. As well as identifying unmet needs the JSNA is also expected to make a series of recommendations as to how these unmet needs can be addressed by the council/partner organisations within the borough. At its very core the JSNA seeks to tackle inequality and ensure that all of the citizens we serve have equal outcomes and quality of life. The analysis contained within Lambeth’s JSNA is based around five outcomes:</p> <ul style="list-style-type: none"> • Be healthy • Stay safe • Enjoy and achieve • Making a positive contribution • Achieving economic wellbeing <p>Basing our analysis of local need/unmet need around these five outcomes ensured that the JSNA was not just a health and social care assessment. Rather it was a health and wellbeing assessment – which looked at the wider factors impacting upon quality of life.</p> <p>The recommendations contained within the report will be used to guide the development of strategies within the borough and the commissioning/improvement of services.</p>
<p>Key issues identified</p>	<p>As a result of this analysis the JSNA was able to identify a series of issues that it prioritised for more detailed analysis within the JSNA. These were selected because of (a) the extent of unmet need that was identified or (b) they were identified as complex issues that</p>

Lambeth First felt it did not have robust evidence to guide strategic decision making/service commissioning. These areas are:

HIV

- The population of Lambeth is the worst affected area in the UK for HIV (901 patients per 100,000 were diagnosed with HIV in 2007)
- HIV has a disproportionate affect on BME groups, men who have sex with men (MSM) and intravenous drug users
- Lambeth is likely to have the largest MSM population at risk in the UK
- HIV prevalence is increasing faster in black minority ethnic communities
- Within Lambeth effective treatment of HIV continues to be hampered by the stigma of HIV and homophobia

Sexual health

- Chlamydia shows a higher prevalence in black minority ethnic groups
- There are high rates of syphilis around Brixton and Streatham with poor engagement with treatment services available

Mental health including child and adolescent mental health services

- Evidence has shown that one in six adults will develop a mental health problem at some point in life and with over 200,000 adults living in Lambeth this equates to around 34,000 citizens.
- SLaM (South London and Maudsley Hospital Trust) reported over 4,169 Lambeth residents with severe and enduring mental health needs under the Care Programme Approach (CPA) in 2007. The primary care and SLaM figures are fairly close suggesting that a figure in the region of 4,000 people may be a fair estimate.
- Higher levels of mental health issues among the black male population when compared to other groups
- Children among refugee and asylum seeker families have high rates of mental health problems such as post traumatic stress disorder.
- Research has shown that mental health challenges tend to be higher in inner city deprived areas such as Lambeth is higher than the national rates
- Mortality rates from suicides and undetermined injury are higher in males than in females

Housing support for vulnerable groups (especially older people)

- There is a shortage of 'move on' accommodation for vulnerable individuals who do not need to live in supported accommodation

	<ul style="list-style-type: none"> • Too many vulnerable households live in temporary accommodation. Whilst this has fallen significantly from its peak in 2007 1,722 households are still in temporary accommodation • Older people are more likely to be living in non-decent housing • Lambeth has the second highest number of older people going into residential nursing care in London • We have the fourth lowest number of older people supported with social care services and third lowest intensive home support <p>Learning disability</p> <ul style="list-style-type: none"> • Around 2,000 children in Lambeth have a disability with the commonest disorders being communications disorders, moderate/severe learning disability and autism. • Disability prevalence varies with gender (more common in boys), age and the prevalence of wider factors such as prematurity and deprivation • Between 46-52% of people with learning disabilities died from respiratory disease compared to 15-17% of the general population • Almost half of all people with Downs Syndrome are affected by congenital heart problems <p>Safeguarding children</p> <ul style="list-style-type: none"> • There are a disproportionate number of black and mixed heritage children in care and with child protection plans. This overrepresentation locally is also reflected nationally and is the subject of national research <p>Healthy eating in children and young people</p> <ul style="list-style-type: none"> • Lambeth has higher rates of childhood obesity than the London average. 24.6% of Year 6 pupils were recorded as obese in Year 6 of school • Increasing obesity levels are predicted among BME groups <p>Wider health and wellbeing analysis is contained within the JSNA.</p>
Key relevant data/research/consultation	As the JSNA is an overarching health and wellbeing needs assessment the data underpinning the report has been drawn from numerous council, partner, regional and national sources. All of these are set out in detail within the document. In addition, the results of community consultation activities and partner organisations also guided the development of the JSNA.
Key follow-up issues	The JSNA is an annual process. Therefore this report will be updated on an annual basis. As part of the 2010 refresh Lambeth First is currently planning to:

	<ul style="list-style-type: none"> • Undertake further data gathering/mapping to understand the level of unmet need in the areas set out above • Update the wider health and wellbeing data within the JSNA – with the most recently available data • Work with and assist Lambeth First (especially the Health and Wellbeing Partnership and Children and Young People’s Strategic Partnership) to incorporate the recommendations within the JSNA into their work programmes • Provide a refreshed JSNA for Lambeth First in 2010, which will complement the borough’s State of the Borough report and new Local Economic Assessment
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Potential Outcome	Potential impact identified – High (H), Medium (M), Low(L), None(N)						
	Race	Gender	Disability	Age	Sexuality Orientation	Faith or Belief	Socio economic factors
Positive	H	H	H	H	H	H	H
Negative	H	H	H	H	H	H	H

Audit trail

Departmental boards/officers/previous Corporate EIA Panel

Name	Date sent	Date cleared
Sophia Looney	14.09.09	
Joy Renner-Thomas	10.09.09	11.09.09
James Downes	10.09.09	

Corporate Panel Equality Impact Assessment Summary

1. Introduction

Joint Strategic Needs Assessments are a major new needs assessment/analysis tool which all local areas are required to develop. The aim of a JSNA is to understand health and wellbeing need within a borough – in our case Lambeth. In all local areas the Executive Director of Children and Young People Services, Executive Director of Adult and Community Services and the Director of Public Health are jointly responsible for producing the JSNA. Within Lambeth our respective Executive Directors have led this process under the auspices of Lambeth First, recognising that a robust health and wellbeing analysis will require the specialisms and expertise from a range of partner organisations.

Whilst a JSNA is not a strategy/policy (which leads to the direct delivery of public services) the recommendations and findings of this assessment will inform future strategies within Lambeth, guide commissioning of services and enable improved service delivery. Lambeth has recently completed its first JSNA. Within this report health and wellbeing need is assessed under five outcomes:

- Be healthy
- Stay safe
- Enjoy and achieve
- Making a positive contribution
- Achieving economic wellbeing

Basing our analysis of local need/unmet need around these five outcomes ensured that the JSNA was not just a health and social care assessment. Under each of these outcomes health and wellbeing need was assessed against the following population groups – with inequality/variance within these groups drawn out:

- Children and young people
- Adults
- Older people
- Vulnerable people

Within the JSNA Lambeth has targeted and tailored its analysis to best support the delivery/improvement of local services. Therefore whilst broad health and wellbeing analysis is contained under each of these outcomes the JSNA targets it's most extensive analysis to (a) our top health and wellbeing needs/issues and (b) health and wellbeing issues where we currently do not have sufficient information to make a robust assessment of need. These issues are:

- HIV
- Sexual health
- Mental health including child and adolescent mental health services

- Housing support for vulnerable groups (especially older people)
- Learning disability
- Emotional wellbeing
- Safeguarding children
- Healthy eating in children and young people
- Services around 'personalisation' targeting long term conditions

These issues were selected based a review of the datasets held by partner organisations, demographic data held by Lambeth First, a review of all needs assessments undertaken between 2004-2008, a review of all NHS Lambeth and Lambeth Council consultation/community engagement results undertaken between 2005-2009, results from partner/stakeholder workshops and feedback from commissioners within Lambeth Council/NHS Lambeth.

Throughout the development of this report Lambeth First has sought to draw out equalities information where it was available. In addition, the structure of the JSNA aimed to enable analysis of inequalities with a specific focus on older people, children and vulnerable people.

2. Evidence sources and screening outcome

Evidence underpinning the JSNA has been identified from multiple sources. These include:

- Datasets contained within the national JSNA guidance
- Local data from Lambeth First partner organisations
- Needs Assessment undertaken by Lambeth First partner organisations prior to the development of the JSNA
- Results from community consultation exercises

As this is a health and wellbeing needs assessment it was our expectation that the analysis contained within this report would identify inequalities in outcomes for our citizens. Key findings are set out below in section 3.

3. Detailed assessment

Throughout the development of Lambeth's JSNA a variety of stakeholders have played an active part in the production of this document. Data setting out Lambeth's health and wellbeing need was gathered from Lambeth First organisations such as the council, NHS Lambeth, Job Centre Plus and Lambeth Police. Identification and selection of data was initially guided by the national JSNA guidance. Further information/data was gathered through the JSNA working group. This group consisted of council and partner organisation colleagues representing different specialisms e.g. children services, health, housing, community safety, community engagement etc. These officers and colleagues provided further data/analysis to inform the JSNA.

In addition to data collection/analysis the JSNA working group reviewed all needs assessments undertaken by the council and NHS Lambeth between 2004-2008. Further, the results of community engagement/community consultation activities

undertaken from 2005-2008 were also reviewed to further augment the analysis on the datasets.

Finally, a series of JSNA workshops were held with stakeholders from within Lambeth. These workshops focused on looking at the evidence/data gathered to date and gathered additional information/insights based on their expertise.

As a result of this analysis work Lambeth First has identified the following issues/unmet need in our priority areas:

HIV

- The population of Lambeth is the worst affected area in the UK for HIV (901 patients per 100,000 were diagnosed with HIV in 2007)
- HIV has a disproportionate affect on BME groups, men who have sex with men (MSM) and intravenous drug users
- Lambeth is likely to have the largest MSM population at risk in the UK
- HIV prevalence is increasing faster in black minority ethnic communities
- Within Lambeth effective treatment of HIV continues to be hampered by the stigma of HIV and homophobia

Sexual health

- Chlamydia shows a higher prevalence in black minority ethnic groups
- There are high rates of syphilis around Brixton and Streatham with poor engagement with treatment services available

Mental health including child and adolescent mental health services

- Evidence has shown that one in six adults will develop a mental health problem at some point in life and with over 200,000 adults living in Lambeth this equates to around 34,000 citizens.
- SLaM (South London and Maudsley Hospital Trust) reported over 4,169 Lambeth residents with severe and enduring mental health needs under the Care Programme Approach (CPA) in 2007. The primary care and SLaM figures are fairly close suggesting that a figure in the region of 4,000 people may be a fair estimate.
- Higher levels of mental health issues among the black male population when compared to other groups
- Children among refugee and asylum seeker families have high rates of mental health problems such as post traumatic stress disorder.
- Research has shown that mental health challenges tend to be higher in inner city deprived areas such as Lambeth is higher than the national rates
- Mortality rates from suicides and undetermined injury are higher in males than in females

Housing support for vulnerable groups (especially older people)

- There is a shortage of 'move on' accommodation for vulnerable individuals who do not need to live in supported accommodation
- Too many vulnerable households live in temporary accommodation. Whilst this has fallen significantly from its peak in 2007 1,722 households are still in temporary accommodation

- Older people are more likely to be living in non-decent housing
- Lambeth has the second highest number of older people going into residential nursing care in London
- We have the fourth lowest number of older people supported with social care services and third lowest intensive home support

Learning disability

- Around 2,000 children in Lambeth have a disability with the commonest disorders being communications disorders, moderate and severe learning disability and autism.
- Disability prevalence varies with gender (more common in boys), age and the prevalence of wider factors such as prematurity and deprivation
- Between 46-52% of people with learning disabilities died from respiratory disease compared to 15-17% of the general population
- Almost half of all people with Downs Syndrome are affected by congenital heart problems

Safeguarding children

- There are a disproportionate number of black and mixed heritage children in care and with child protection plans. This overrepresentation locally is also reflected nationally and is the subject of national research

Healthy eating in children and young people

- Lambeth has higher rates of childhood obesity than the London average. 24.6% of Year 6 pupils were recorded as obese in Year 6 of school
- Increasing obesity levels are predicted among BME groups

Throughout the JSNA numerous other inequalities with regard to a person's quality of life were also identified. These included:

- Differences in oral healthcare
- Mortality rates vary between gender, socio economic status and ethnicity
- Over representation of BME groups with regard to youth offending
- Potential underreporting of adult safeguarding issues by specific communities
- Variation in attainment with regard to gender, ethnicity and socio-economic status (when using Free School Meals as a proxy for poverty)
- Variation in absence rates from school with regard to ethnicity and socio-economic status
- Variation in the number of children and young people that are not in education, employment or training (NEET) with regard to ethnicity, gender and to some extent location
- Variation in the use of cultural facilities/services between disabled and non-disabled citizens

4. Action plan

As the JSNA is a needs assessment rather than a strategy/service it does not have an associated action plan. However, the JSNA contains a series of strategic,

operational and technical recommendations which Lambeth First will consider when it is commissioning services.

Further, as part of a local areas Comprehensive Area Assessment inspection there is an expectation that local areas must show how the findings/recommendations of the JSNA have changed the focus of the area and led to a reallocation of resources to meet those needs.

In taking this forward the Health and Wellbeing Partnership and Children and Young Peoples Strategic Partnership will be reviewing the findings of JSNA and amending/reviewing their strategies and work programmes to take account of these findings. Partner organisations, including Lambeth Council, are also expected to use the findings of this report in their service planning/service improvement activity.

Building on the 2009 JSNA Lambeth First will develop a refreshed version of this report for 2010. This will build on the year-one analysis contained within the 2009 JSNA and seek to address information/data gaps which have been identified as part of this year's process.

Appendix 6: JSNA needs assessment appraisal tool

Questions	
1	Who is the population?
2	What is the issue?
3	What should we be asking?
	a) Is the current service meeting current and future needs?
	b) What are the needs of a specific population?
4	Epidemiology
	a) Person
	Prevalence – how many people have/have not got the issue?
	Incidence – how many new people have the issue?
	Mortality and mortality – what are the patterns of the issue?
	What are the characteristics of the people with the issue?
	b) Place
	Where are the people with the issue? (locally and nationally)
	c) Time
	What are the trends – past and future?
5	Existing services
	a) What are the services available?
	b) How do the people access them?
	c) Where are the services?
	d) How many people use the services?
	e) What are the characteristics of the people who use the services?
	f) What do people think of the services being provided for this issue?
	g) Are the services effective / follow best practice?
	h) How much do the services cost?

6	How does current service provision compare with other places (locally and nationally) in terms of provision and cost?	
7	Are population groups getting the services they need?	
	a)	Are some people getting a raw deal?
	b)	Are the services the right ones to meet need?
	c)	What re people's experiences of using existing services?
8	What should be changed to enable the right services get put in place for the people that need them?	
9	How will we know when the services are right?	
10	What evaluative process(es) have been put in place to ensure quality and effectiveness?	

Appendix 7: Log of needs assessments reviewed across partnership (2005-2009)

Serial number	Title	Year	Lead Sector
	CHILDREN and YOUNG PEOPLE		
1	Mental health: CAMHS	2008	Health
2	Physical activity	2007	Health
3	MMR uptake equity audit	2007	Health
4	CandYP substance misuse	2007	LA
5	Early Years Sure Start	2007	LA
6	Childcare	2007	LA
7	A health needs assessment for CYP in Lambeth: Phase 2	2006	Health
8	CandYP Needs Assessment	2005	Health
9	Teenage pregnancy	2005	Health
	ADULTS		
10	Physical activity - young women	2008	Health
11	Physical activity - middle aged men	2008	Health
12	Workplace health	2007	Health
13	Equity audit of primary care management of hypertension	2007	Health
14	Alcohol	2006	Health
	VULNERABLE GROUPS		
15	Treatment Planning Needs Assessment (DAT)	2009	LA
16	Mental health	2009	Joint
17	Prison health	2008	Health
18	Physical activity (BME, disabled, low income)	2008	Health
19	Primary care provision	2008	Health

20	Review of sexual health needs of working women in Lambeth and Southwark	2008	Health
Serial number	Title	Year	Lead Sector
21	Your Care, Your Way – Needs assessments for people with learning disabilities	2008	Joint
22	Adult learning	2008	LA
23	Supported housing	2008	LA
24	Sexual health needs assessment	2007	Health
25	Meeting the HIV prevention needs of African people living in Lambeth, Southwark and Lewisham	2006	Health
26	Substance misuse	2005	Health
27	Homelessness	2005	LA
	OLDER PEOPLE		
28	Physical activity	2007	Health
29	Older people	2007	Joint
30	Older people mental health – Lambeth Epidemiological Report	2007	Health
31	Health equity audit of breast screening service	2007	Health
	OTHER (JOINT / CROSS CUTTING)		
32	Rapid Needs Assessment of Nutrition and Dietetic Support in Lambeth	2009	Joint
33	Community Safety Needs Assessment	2009	LA
34	Health equity Audit of Smoking Cessation Service	2007	Health
35	Housing needs	2007	LA
36	Sexual health strategy: Health needs assessment – Phase 1	2005-2006	Joint
37	Pharmaceutical needs assessment	2005	Health

Appendix 8: Summary sheet of reviewed needs assessment across NHS Lambeth and Lambeth Council (2005-2009) - Version 1.2

Population Group	Need assessed	Key messages	Unmet need(s)	Existing provision link(s)
Children and Young People and Families	Mental health	<p>Intervention (cognitive therapy) for behaviour disorders both cost and clinically effective.</p> <p>Focus on support for families and parents</p>	<ul style="list-style-type: none"> • Prevention / early interventions in BME, looked after children, young males and refugee groups • Emotional health and mental health for vulnerable groups – looked after children, refugee groups, disabled (physical and sensory) 	Commissioning strategy Children and Young People Plan
	Physical activity to prevent and address childhood obesity	Varying levels of uptake despite available resources and facilities.	<ul style="list-style-type: none"> • Rising obesity levels especially in reception year children. • Nothing in place for pre-school children 	MEND programme Obesity strategy National agenda
	Preventable infections through immunisation	<ul style="list-style-type: none"> • Poor uptake especially of 2nd dose MMR vaccine. • Limitations of results as only 29% of GP practices participated in equity audit. 	<ul style="list-style-type: none"> • Parental understanding of need especially amongst BME groups • Variation in practice across GP practices and capacity issues involved. 	National immunisation schedule Patient Group Directives within provider services

Population Group	Need assessed	Key messages	Unmet need(s)	Existing provision link(s)
Children and Young People and Families	<p>Substance misuse</p> <p>Early years and child care provision</p> <p>Maternity care</p>	<p>Effective strategic direction and coordination of service provision (treatment) and access.</p> <p>Demand for child care far outweighs current service provision for under five age group.</p> <p>Oral health (tooth decay) below national target.</p> <p>Breastfeeding and smoking rates adequate</p>	<ul style="list-style-type: none"> • Follow-up of young people leaving treatment. • Rising numbers associated with alcohol abuse in young people • Associated link to teenage pregnancy • Variation in practice • Addressing domestic violence in lone parents, teenage pregnant mothers • Widening affordability gap • Open times not convenient for working parent families • Geographical trends for children with disability • Inconsistent disability register • Significant low birth weights in teenagers in specific wards • Sustaining breastfeeding (> 6weeks) • Mental health provision in pregnancy – ante and postnatally • Low uptake of EHD (Emergency contraception) and LARC (Long 	<ul style="list-style-type: none"> • Children Centres • Children and Young People’s Plan • Children and Young People Plan • Aiming High guidance • Every Child Matters • Healthy Start, Brighter Futures • Commissioning Strategy • Children Centres • NICE guidance • Child Health Promotion Programme • Maternity Matters

Population Group	Need assessed	Key messages	Unmet need(s)	Existing provision link(s)
Adults	<p>Physical activity to address rising overweight and obesity levels</p> <p>Management of hypertension in primary care</p> <p>Alcohol</p>	<p>Lower levels of inactivity in 16-24 year old women than national figures</p> <ul style="list-style-type: none"> Hypertension detection rates lower than national average. Detection equitable for ethnicity <p>Increasing alcohol related morbidity rates</p> <p>Male predominance in alcohol related deaths decreasing.</p>	<ul style="list-style-type: none"> Higher inactivity levels in middle aged males (30-44 years) in the workplace Access to leisure services by working adults Costs for access not affordable to all Health promotion at the workplace Current access not equitable for age and gender Variation of clinical management amongst GP practices BME groups less likely to have controlled hypertension compared to Caucasian counterparts. Rising mortality amongst females Coordination of service linking alcohol with impact of related factors e.g. crime, sexual health, AandE attendance mental health and substance misuse. 	<ul style="list-style-type: none"> Obesity strategy Choosing Health agenda QOF (Quality outcomes framework) for GPs. Choosing health agenda – Health Trainers Programme NICE guidance Commissioning Strategy Plan National alcohol harm reduction strategy Alcohol strategy
Vulnerable groups	Substance misuse	<ul style="list-style-type: none"> Effective systems in place for opiate, crack cocaine users and needle sharing Good access to services and higher uptake of treatment services by 15- 	<ul style="list-style-type: none"> Data quality across partnership Associated alcohol abuse amongst mental health clients Drug related crime Health needs of specific population groups with substance misuse problems – younger adults, women, 	<ul style="list-style-type: none"> National alcohol harm reduction strategy Alcohol strategy Sexual health commissioning strategy Safer Lambeth - Crime

Population Group	Need assessed	Key messages	Unmet need(s)	Existing provision link(s)
Vulnerable groups	<p>Prison health (HMP Brixton)</p> <p>Physical activity to tackle obesity</p> <p>Primary care provision across 3 Borough primary care health teams covering the following population groups:</p> <ol style="list-style-type: none"> 1. Refugee health 2. Drug and alcohol 3. HIV 4. Community TB 	<p>Range of current service provision with early identification of long term conditions and a drug treatment service.</p> <p>Awareness and lifestyle behaviour amongst BME, Disabled and low income groups poor</p> <p>To tackling inequalities, currently there is a specialist nurse-led team to improve access and a resource pack for GP practices on rights and responsibilities of refugees accessing primary care.</p>	<ul style="list-style-type: none"> • Poor links with primary care and health promotion programmes • Poor oral health and associated waiting times • Poor complaints procedures • Quality of data / information systems • Mental health amongst substance misuse clients • Poor access to available facilities due to costs and availability of carer to accompany clients • Increasing obesity levels predicted • Limited “tailored” services available for disabled, learning disability (physical and sensory) and mental health clients • Fear / stigma amongst learning disability groups • High prevalence of HIV in men having sex with men • HIV services not targeted to identify high risk groups e.g. young people in schools, women and Portuguese populations. • Intermediate care provision for 	<ul style="list-style-type: none"> • National Drug Treatment agency • DAT (Drug and Alcohol Treatment) Service • National Prison Health agenda • National obesity agenda • Obesity strategy • Personalisation agenda • Worklessness agenda • HIV and Sexual Health strategy • Personalisation agenda

Population Group	Need assessed	Key messages	Unmet need(s)	Existing provision link(s)
Vulnerable groups	<p>Sexual health</p> <p>Learning disabilities</p> <p>Supported housing</p>	<p>Current services include ones targeted specifically to working women.</p> <p>Sexual health needs of Somali groups</p> <ul style="list-style-type: none"> • Over-representation of BME groups • Over all complexity of nature of needs • Review of adult learning needs targeting needs of disadvantaged adults <p>Identified met needs for young people and those homeless.</p>	<ul style="list-style-type: none"> • Health promotion and barriers to accessing TB services. • Data quality • Unsafe practice out of desperation for drugs and emotional support • High STI (sexual health infections) – syphilis rates around Brixton and Streatham with poor engagement with treatment services available. • Poor knowledge and expectations around pregnancy and impact on their lives. • Housing, benefits and physical health needs. • Sexual health promotion tailored to Somali groups incorporating culture sensitive information. • Increased prevalence of mental health and long term health conditions especially amongst children. • Validity of information of number of people registered as having a disability. • Appropriate curriculum development in relation to identified needs and repeat learners. • Specific needs for learning disability groups – physical and sensory 	<ul style="list-style-type: none"> • Sexual health and HIV strategy • NICE guidance on antenatal care • Joint commissioning strategy • Joint needs assessment • Aiming High recommendations • Early Support Programme • Personalisation agenda • Children’s and Young People’s Plan

			<ul style="list-style-type: none"> Socially excluded groups in temporary / move on accommodation especially homeless. 	Housing strategy
Population Group	Need assessed	Key messages	Unmet need(s)	Existing provision link(s)
Older people (>60 years)	Physical activity	<p>Safer areas for exercise available with increased participation</p>	<p>Predicted obesity level higher than national figures.</p>	<ul style="list-style-type: none"> National obesity agenda Older peoples National Service Framework (NSF)
	Health and wellbeing	<ul style="list-style-type: none"> Reduced admissions with introduction of stroke pathway Improved mental health service and intermediate care provision Reduced crime incidents 	<p>Low access to recreation facilities (13%) Increased avoidable mental health hospital admissions</p>	<ul style="list-style-type: none"> Personalisation agenda Older people's NSF Choosing Health (Health Trainers) Programme NICE guidance Stroke pathway / strategy Commissioning Strategy
	Older people with mental health needs	<p>Sufficient information on dementia, Alzheimer's disease, depression and learning disabilities.</p>	<p>Limited data available Not able to identify clients >60 in treatment for alcohol and substance misuse dependency No data available of housebound clients</p>	<ul style="list-style-type: none"> Commissioning Strategy
	Breast screening uptake	<p>Poor uptake of service in general despite raised awareness.</p>	<ul style="list-style-type: none"> Uptake more in more deprived wards within Lambeth Inconsistent messages about regular attendance not jut one off process Less uptake in Caucasian population group aged >40<69 years. 	<ul style="list-style-type: none"> Mental health NSF Older people NSF Alcohol and harm reduction agenda <p>National cancer screening</p>

				programme
Population Group	Need assessed	Key messages	Unmet need(s)	Existing provision link(s)
Cross cutting / all groups	<p>Nutrition and dietetic support</p> <p>Community safety</p> <p>Smoking</p>	<p>Comprehensive review of current service provision</p> <p>Increasing priority and concern for commissioning and local residents</p> <p>Higher proportion of smokers living in more deprived areas in Lambeth and increase uptake of up of service.</p>	<ul style="list-style-type: none"> • Variation in practice • Limited services tackling childhood obesity <ul style="list-style-type: none"> • Alcohol related crime • Violent crimes amongst young black male groups • Dog related crimes <p>BME groups and women smoking on increase</p>	<p>NICE guidance on obesity and associated pathways</p> <p>Safer Lambeth agenda</p> <p>Smoking cessation service</p>

Appendix 9: Summary of reviewed community engagement activity across NHS Lambeth (2005-2009)

JSNA log number	Service / population group	Target population	Activity	Key outcomes	Key “gaps” identified	Post activity planned?
Children and Young People / Families						
1	CAMHS	Parents Young people	<ul style="list-style-type: none"> • Interviews (semi structured) • Focus groups • Theatre workshops • Youth council • Garden project consultation 	<ul style="list-style-type: none"> • Informed development of strategy • Improved engagement of children and their families with local CAMHS service. • Have included a method of consulting with key groups of young people and voluntary sector on a regular basis in strategy. 		Annually
2	Health visiting	Parents	<ul style="list-style-type: none"> • Surveys • Face to face interviews • Comment cards 	<ul style="list-style-type: none"> • Outcomes informed organisation of clinic and format of 8 month developmental checks. • Raised profile of health visiting service. 	Number of contact visits with health visitor reduced.	<ul style="list-style-type: none"> • To review current format in 12 month. • Client survey planned for end of year.
3	Healthy start		<ul style="list-style-type: none"> • Survey • Questionnaire • Health promotion workshops. 	<ul style="list-style-type: none"> • Review of sessions that now accommodate smaller group sizes and shorter sessions. 		Annually

JSNA log number	Service / population group	Target population	Activity	Key outcomes	Key “gaps” identified	Post activity plan
Children and Young People / Families						
4	Speech and Language Therapy	Parents Carers	<ul style="list-style-type: none"> • Questionnaires • Forum 	<ul style="list-style-type: none"> • 89% of respondents satisfied with remit of fluency group • Complex early needs language groups raised general confidence of clients. 		Annual event
5	Lambeth Autism and Neurodevelopment Diagnostic service	Service users	<ul style="list-style-type: none"> • Forum to invite carers and service users on to Steering group aimed at redesigning service. • Service user survey asking for feedback on their experience of the diagnostic services. 	<ul style="list-style-type: none"> • Patient / client representation on SCDAT (Social communication disorders and Autism Team). • Feedback has informed and influenced planning of service and redesign – this has reduced waiting times. 		Six monthly.
6	Disability team around the child	Parents and carers of children with disabilities	<ul style="list-style-type: none"> • Focus group • Interviews 	In progress		Findings to feed into Aiming High Steering group action plan.
7	Looked after children	Looked after children	Focus group	Awaiting final report		

JSNA log number	Service / population group	Target population	Activity	Key outcomes	Key “gaps” identified	Post activity plan
Children and Young People / Families						
8	Audiology	Children with sensor neural impairment	Questionnaire to 50 children who had sensor neural hearing impairment.	Poor response (<10%)	Lack of Speech and Language capacity	None
9	Health promotion	Young people	Community café and appreciative enquiry techniques at Larkhall for the Well London programme.	Feedback informed service delivery	Activities targeted at young people	Annually
10	Tobacco control / stop smoking service	Young people Parents / children and young people	Street survey (method of urban research to assess public views and opinions). Smoke Free Homes programme (2008) aimed at protecting children and young people living in deprived wards. Users were accessed through the one o'clock club through interactive focus groups.	Able to identify wards with specific service needs and run follow up events to communicate stop smoking messages. Feedback informed design and content of service leaflets.	Targeted health promotion.	Evaluation planned for 2009. Mainstreamed initiatives into roles of community outreach workers linked with Children Centres as funding stopped.

JSNA log number	Service / population group	Target population	Activity	Key outcomes	Key “gaps” identified	Post activity plan
Children and Young People / Families						
11	Health promotion	Parent / carers	<ul style="list-style-type: none"> Carers interviewed to assess effectiveness of weight management programme for children aged 7 -13 years. 	Access to service poor	Compliance to programme requirements BME access	
12	Brook clinic	Young people	<ul style="list-style-type: none"> Feedback forms (survey) Focus groups. 	<ul style="list-style-type: none"> Informed service development and design of publicity materials. Feedback fed into service development meetings attended by trustee and senior managers. 	Acceptability of information leaflets (design).	
13	Sexual health service	Young people	<ul style="list-style-type: none"> Mystery shoppers Survey Focus groups Consultation on SRE Peer educator programme 	<ul style="list-style-type: none"> Programmes for SRE need to be tailored approach and better feedback to pupils 		Monitor through You're welcome initiative

JSNA log number	Service / population group	Target population	Activity	Key outcomes	Key “gaps” identified	Post activity plan
Children and Young People / Families						
14	School Health	Young people Youth Council	<ul style="list-style-type: none"> School health education unit survey (SHUE) Survey part of alcohol needs assessment. 	<ul style="list-style-type: none"> Bullying an issue but not as worrying for sample survey. Sufficient numbers of school children do not have healthy diets compared to wider sample Findings have informed alcohol prevention action plan and strategy. 	Worry about future careers and education opportunities. Oral health.	Workshops planned for April and May 2009.
15	Neuro-rehabilitation	Parents	Questionnaire Patient experience survey	Positive response and findings fed back to commissioners		Annually
16	Sickle cell screening service	Children and young people	User involvement in screening uptake.		Access issues	
Adults – working age						
17	Sickle cell	Sickle cell patients	<ul style="list-style-type: none"> Survey Focus group 	Satisfactory service but clients requested after hours service.	Review of service times and assessment of resource requirements.	None
18	Long term conditions	Diabetics	Stakeholder event looking at diabetic service (forum / user group)	Views on questionnaire pilot informed planning and design of information leaflets, design of website and dosed patients development of information pack	Format of health information leaflets.	Annually

JSNA log number	Service / population group	Target population	Activity	Key outcomes	Key “gaps” identified	Post activity plan
for newly diagnosed diabetics.						
Adults – working age						
19	Health promotion	BME males ARRIVA bus staff as part of Men’s health Programme Obese women (preconception / pregnant)	<ul style="list-style-type: none"> Exercise referral service carried out focus group with service users Focus groups Interviews Focus groups 	<ul style="list-style-type: none"> Signposting to service yielding poor follow-up. Area of concern raised around weight. High level of interest in having an MOT Health check in the workplace. Service gaps 	Service access Access and follow -up	Annual feedback programme currently being implemented.
Vulnerable groups / populations						
20	Tobacco control / stop smoking service	BME men	<ul style="list-style-type: none"> Focus group Interviews 	<ul style="list-style-type: none"> Perceptions of black men looking at smoking in relation to culture, age, generation and religion identified. 	Limitations of “one size fits all” for this population group.	None.
21	Mental health – Psychosis Care Pathway Project	Service user and carers across South East Locality of Lambeth (schizophrenia, / bipolar disorder /other psychoses) / SLaM	<ul style="list-style-type: none"> Four focus groups hosted by Southside Rehabilitation Service over 2 months. Two Group discussions 	<ul style="list-style-type: none"> Issues around access to GP practices and awareness training for practice staff were raised. 	<ul style="list-style-type: none"> Support for carers around support around information, their rights and out of hour processes. Physical health of clients. Ongoing primary care 	

JSNA log number	Service / population group	Target population	Activity	Key outcomes	Key “gaps” identified	Post activity plan
Vulnerable groups / populations						
22	HIV service	Service users (16+ years) African gay residents	<ul style="list-style-type: none"> • Interviews • Survey (e-mail) • Forum • Focus groups 		Need for organisational support for forum across Lambeth.	Development of specification required for HIV related Patient involvement.
23	Refugee health	Focus group with partner organisation New entrants at ESOL college	<ul style="list-style-type: none"> • Through Your Eyes project (photography workshop and discussion groups) • Survey • Focus group 	<ul style="list-style-type: none"> • Photo display event at Gracefield Gardens. • Increased feeling of wellbeing amongst respondents • Good awareness of rights and entitlements to health and social care services. 	Partnership working between providers and refugee community.	None.
24	Adult community services	Carers	<ul style="list-style-type: none"> • Health checks • Information sharing forum • Manual handling training • Networking week 	80 carers attended		June 2009
25	Voluntary sector	LVAC (Lambeth Health and Social Care Voluntary and community forum)	<ul style="list-style-type: none"> • JSNA awareness workshops 	<ul style="list-style-type: none"> • Issues about what added benefit JSNA would bring to the voluntary sector • How much influence would their “voice” have in future commissioning 	<ul style="list-style-type: none"> • Clarity as to JSNA process in reality. • Role of private sector. • Lack of information on needs that currently cannot be measured. 	Feedback to feed into JSNA workshops in May 2009
JSNA	Service /	Target	Activity	Key outcomes	Key “gaps” identified	

log number	population group	population				Post activity plan
Vulnerable groups / populations						
26	Lesbian, Gay, bisexual and transsexuals (LGBT)	Lambeth residents	Stakeholder interviews Survey Staff focus groups	<ul style="list-style-type: none"> • Violence and abuse amongst peers, in schools and locally • Perception that little is done to meet needs • Difficulty monitoring extent and needs of trans population 	<ul style="list-style-type: none"> • Extent of need and how it informs service / policy agenda in Lambeth. • Targeted community development • Tackling crime and available support for victims. • Education of children in these groups / associated youth homelessness. • Elderly LGBT 	None
Older people (>60 years)						
27	Stroke service	Stroke patients resident in Lambeth	User involvement group Peer support training Interviews	<ul style="list-style-type: none"> • User involvement network set up • Access to Stroke users expertise for feedback and evaluation • Training and development plan 		Annually

JSNA log number	Service / population group	Target population	Activity	Key outcomes	Key “gaps” identified	Post activity plan
Older people (>60 years)						
28	Neuro-rehabilitation	Service users	Survey	In progress		
29	Bone health / orthopaedic service	Older people	Focus groups	<ul style="list-style-type: none"> Limits of current practice Identified barriers to effective patient involvement Poor awareness of service and referral system Attendance at falls clinic good experience. 		10/2009
30	Intermediate and continuing care	Patients Relatives	<ul style="list-style-type: none"> Comment cards Catering questionnaire Survey 	<ul style="list-style-type: none"> Improved service, quality and temperature of food. Signs for clinicians when carrying out care / treatment now attached to curtains in bays / doors of single rooms. 	Food choices Visiting hours Communication with relatives	Annual activity. Six month revisit.
31	Continuing care of the elderly	Patients Relatives	<ul style="list-style-type: none"> Comment cards Questionnaire Christmas party and carol service 	<ul style="list-style-type: none"> Feedback on hygiene practices fed into service development plans. Dignity and respect feedback used to inform working practices 		November 2009

JSNA log number	Service / population group	Target population	Activity	Key outcomes	Key “gaps” identified	Post activity plan
All ages						
32	Stop smoking service	Local residents Community group consultation	Focus groups in Vassell and Coldhabour	<ul style="list-style-type: none"> Identify wards with specific service needs and follow up community events to communicate health promotion messages. 	Evidence based methodology.	Evaluation report conducted.
33	GP practices	Lambeth GP registered residents.	Mystery shopper (access times) throughout year	<ul style="list-style-type: none"> Variation in patient experience. Demand for additional opening hours in evening and Saturdays 	Access practice variations	Annual event
34	Clinical policy development, quality and professional development group.	Members of the public	Copies of consent to treatment policy sent out for comments	<ul style="list-style-type: none"> Comments reflected the clarity and user friendliness of policy. 		None
35	Falls service	Lambeth residents interested in falls prevention	<ul style="list-style-type: none"> Awareness day – information dissemination Focus group 	<ul style="list-style-type: none"> Changes to format and structure of sessions 	<ul style="list-style-type: none"> Awareness of service Involvement of patients in treatment plans. 	

JSNA log number	Service / population group	Target population	Activity	Key outcomes	Key “gaps” identified	Post activity plan
36	Reproductive and sexual health services	Service users	<ul style="list-style-type: none"> • 16 Mystery shoppers • Interviews • Questionnaires 	<ul style="list-style-type: none"> • 60% or respondents would recommend a friend. • 80% thought the reception was polite and friendly. • Total visit times ranged into 15 minutes to 2 hrs 10 minutes. 	<ul style="list-style-type: none"> • Staff attitudes missed • More explicit consent • Toilet facilities • Communication of results • Waiting times 	Annual event
37	Musculoskeletal physiotherapy	Service users	Questionnaire completed by patients discharged following physiotherapy intervention	Respondents overwhelmingly positive about their experience of the service	Access to telephone system to book/alter/cancel appointments	6 months
38	Capital development	Lambeth residents	<ul style="list-style-type: none"> • Workshop and exhibitions • Newsletters • Mental well being impact assessment • Provided interpreters / cultural awareness training • Streatham society presentation • Questionnaire (Kennington, Waterloo and Stockwell) 	Updates on local scheme Promoting Neighbourhood Resource Centre (NRC) Gauged acceptance locally		Ongoing
39	Gracefield Gardens	Service users	Questionnaires	General acceptance of proposed service changes.		June 2009

Appendix 10: Summary of the JSNA themes that emerged from the workshops

Be healthy	Be safe	Enjoy and achieve
<p>Workshops 1 and 2</p> <ul style="list-style-type: none"> • Mental Health and emotional wellbeing • Health promotion and prevention • Obesity • Sexual Health <p>Added from workshop 3</p> <ul style="list-style-type: none"> • Carers • Dementia • Hypertension, diabetes and vascular risk 	<p>Workshops 1 and 2</p> <ul style="list-style-type: none"> • Safeguarding vulnerable people • Drugs and alcohol • Fear of crime • Protecting young people from crime <p>Added from workshop 3</p> <ul style="list-style-type: none"> • Domestic violence 	<p>Workshops 1 and 2</p> <ul style="list-style-type: none"> • Social isolation • Better use of existing resources • Access to community activities • Physical activity <p>Added from workshop 3</p> <ul style="list-style-type: none"> • Educational achievement
Making a positive contribution	Achieving economic wellbeing	Cross cutting issues
<p>Workshops 1 and 2</p> <ul style="list-style-type: none"> • Empowering people to participate in decision making • Volunteering • Ensuring consultation influences decision making <p>Added from workshop 3</p> <ul style="list-style-type: none"> • Raising aspirations 	<p>Workshops 1 and 2</p> <ul style="list-style-type: none"> • Worklessness • Employment opportunities for vulnerable groups • Affordable and suitable housing • Employment opportunities for young people • Budgeting and money management skills 	<ul style="list-style-type: none"> - Holistic working - around health needs - around localities - around the family - around generations <ul style="list-style-type: none"> • Partnership working • Data quality and data sharing • Vulnerable people • Specific / targeted approach

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