
Joint Strategic Needs Assessment

Draft Project Initiation Document

Approved by: < Enter name> Date: < DD: MM: YY>
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THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Project Initiation Document History

Revision History

Revision date	Version	Summary of Changes	Officer
24/01/08	1	First draft of key sections for Councillor Buxton's digest.	RB
07/02/08	2	Draft for SMG, completing all sections and updating others.	RB
11/02/08	2.1	Incorporated comments from Ann Ramage and James Hebblethwaite.	RB
13/02/08	2.2	Comment from James H and Janine Jolly re consultation. Amended risks section.	RB
19/02/08	3	Amendments following SMG	RB
20/02/08	3.1	Comments from Paul Morse on communications plan	RB
25/02/08	4	Comments from Tony Redpath	RB
28/02/08	4.1	Final comments from Ann Ramage	RB

Approvals

A record of approvals is kept in the Project Deliverables List and Sign off document.

Contents

- Document History
- Contents
- 1. Purpose of Document
- 2. Background
- 3. Project Definition: Objectives and Scope
- 4. Method of Approach
- 5. Milestones and Key Deliverables
- 6. Interfaces
- 7. Business Case
- 8. Project Quality Plan
- 9. Brief Equalities Impact Assessment
- 10. Project Controls
- 11. Communication Plan
- 12. Project Organisation
- 13. Constraints
- 14. Initial Risk Log
- 15. The Project plan

1. Purpose of document

The purpose of this document is to define how this will be undertaken, what the product(s) will be and broadly set out future tasks needed to support further fuller JSNAs; It will form the basis for the management of the project. The first product of the Joint Strategic Needs Assessment (JSNA) is to be completed by the end of July 2008.

2. Project background

The requirement for the JSNA was created by Section 116 of the Local Government and Public Involvement in Health Act 2007 and all upper tier local authorities and Primary Care Trusts (PCTs) are required to undertake one.

In the view of the Government, a good strategic needs assessment is based on a joint analysis of current and predicted health and well-being outcomes, an account of what people in the local community want from their services and a view of the future, predicting and anticipating potential new or unmet needs (Commissioning Framework for Health and Well-being, Department of Health 2007).

The Government anticipates that the JSNA process will result in stronger partnerships between communities, local government and PCTs and provide a firm foundation for commissioning that not only improves health and social care provisions but also reduces inequalities. This vision of stronger partnership is reinforced in the cross-sector concordat 'Putting People First; a shared vision and commitment to the transformation of adult social care.'

3. Objectives and scope of project

Overall goal

The JSNA will seek to identify and understand the current and future health and well being needs of the local population over both the short term (3-5 years) and longer term (5 -10 years) and inform the Council's Community Strategy and Local Area Agreement.

Products

1. A needs analysis assessment to inform the revision of the Community Strategy
2. A document for the public – this will focus on signposting to information on how people can best improve their own and others' health and how to access services
3. A product for commissioners which is tailored to significant commissioning decisions to be made
4. A database for all data which can be routinely updated and which satisfies the Department of Health's requirements for the core data set for JSNAs as well as forming part of the "picture of our community" being produced to inform the next Community Strategy.

Objectives (between now and July 2008)

- To evaluate whether the Council and PCT has sufficient information about its local community and their short term and long term needs, to ensure they can commission the most appropriate services for them;
- To identify the health inequalities in the Borough and the services required to address them.
- To identify how best to store all collected data so it is readily accessible and easily updated;
- To makes sure local people understand what is being done about health and well being in their area;
- To set out steps on how to undertake future JSNAs and develop procedures and policy if required.

Scope

It will include:

1. Writing a requirements document to define the information we want to know about the Borough's population for this JSNA and as ongoing work for JSNAs in the future.
2. A review of all primary data available to profile the population and their needs.
3. An examination of policies, strategies and business plans produced by the Council and PCT to understand existing and planned priorities for services.
4. Assessing the quality of the qualitative and quantitative data collected by each business group in the Council and PCT and identify any improvements that could be made, data that are missing or being collected unnecessarily.
5. Analysing the data collected and working with commissioners to review whether the right services are currently being commissioned.
6. Identifying the health inequalities in the Borough and the services required to address them.
7. Taking into account the needs of all children, but particularly vulnerable groups (looked after children, children with disabilities, children in transition and those with caring responsibilities).
8. Understand the ambitions and aspirations of the population for the short and long term future and considering how the service needs to change.
9. Looking at the effectiveness of links between the Council and the PCT to make recommendations on how they can be enhanced and strengthened.

10. Identifying a process for consulting the local community on the results of this JSNA and a consultation process for residents to be more involved in future JSNAs by establishing mechanisms of engagement including the groups to involve, the extent of their involvement, the form of consultation and a means to provide continuous feedback.

4. Method of Approach

The JSNA process will be underpinned by:

- **Partnership working:** JSNA will be led by the Director for Environmental Health and Trading Standards on behalf of the Executive Director of Housing, Health and Adult Social Care, the Executive Director of Families and Children’s Services and the Director of Public Health at the PCT, working in collaboration with Directors of Commissioning.
- **Community engagement:** actively engaging with communities, patients, service users, carers, and providers including the third and private sectors to develop a full understanding of needs, with a particular focus on the views of vulnerable groups
- **Evidence of effectiveness:** identifying relevant best practice, innovation and research to inform how needs will best be met.

5. Milestones and Key Deliverables

Milestone/deliverable	Further information	Date (2008)
Recruitment of data analyst	Good data analysis will be crucial to the success of this project. £30K has been made available by the Head of Resource Management to recruit one in this financial year.	March
Questionnaire	A list of questions will be circulated to all commissioners in the Council and PCT. This will ask them to identify information already available and its format, and information that is needed but not currently collected – these questions will form the basis for a discussion. Commissioners will also be asked to flag up key areas where they feel their understanding needs to be strengthened or where particular focus is required. This will enable us to clearly prioritise areas for analysis.	Discussions complete by end of May
Production of a ‘Requirements document’	This will be a list of questions based on the core datasets defined by the Department of Health and consultation with the all commissioners (see above)	May

Review of policies, strategies and business plans.	An examination of those produced by the Council and PCT to understand existing and planned priorities for services.	May/June
Consultation plan	Production of a plan identifying existing community engagement, how this can be put to best use for this JSNA and what should be done in the future (LINKs). Once implemented this will help us understand the ambitions and aspirations of the population for the short and long term future and considering how the service needs to change.	May
Data gathering	Review and verify core datasets, check integrity of data. Cross reference with National Indicators set. Assess the adequacy of existing consultation processes.	March-June
Audit report	Report on this audit of data above	June
Data Analysis	Analysing information collected against the requirements document, seeking reasons for trends and identifying gaps in data and defining what is subsequently required.	May-June
Product 1	Needs analysis assessment to inform the revision of the Council's Community Strategy	End of July
Products 2 and 3	Write written reports for the public and commissioners (scope still to be defined) summarising main findings including recommendations for further work/next steps.	Autumn 2008
Product 4	Published database of available sources of information	Autumn 2008
Further work	Devise procedure for gathering additional data.	Post Autumn
Provide feedback	Issue guidelines to current data holders on data quality including advice on how collection could be improved and whether certain data are no longer necessary.	2009
Separate document	Finalise procedure for undertaking future JSNAs.	2009

6. Interfaces

The data required for the JSNA will be consistent with that required for other needs assessments, for example, the Children and Young People's Plan which is required by the Childrens Act 2004. To prevent duplication of work, we will find out what other assessments are currently being undertaken by the Council and PCT to make the best use of our resources.

This process links with a new statutory duty to engage people in design and delivery of services through the establishment of LINKs.

The outcomes of this project will provide evidence and feed into the revision of the Community Strategy and identify areas for priority action in future Local Area Agreements.

7. Business Case

The requirement for the JSNA was created by Section 116 of the Local Government and Public Involvement in Health Act 2007 and all upper tier local authorities and Primary Care Trusts (PCTs) are required to undertake one.

Commissioning services and interventions will achieve better health and well being outcomes and reduce inequalities. The JSNA will address outcomes described in both the:

- National Indicator Set for local authorities and local authority partnerships and;
- The 'Vital Signs' referred to in 'The NHS in England: The Operating Framework for 2008/9'.

8. Project quality plan

The progress, activities and products of this needs assessment shall be monitored by the Project Board and at the Senior Management Group meetings.

The JSNA working group will meet fortnightly and assess material gathered and the progress of review activities/ tasks in terms of quality.

A log will be kept of every task and every decision made. This will be updated whenever necessary and a version archived so a full record is kept.

9. Brief Equality Impact assessment

No	Equalities question	Yes/No
1.	Is there reason to believe that certain groups will be over or under represented as service users/recipients as a result of this project?	Yes
2.	Is there reason to believe that different groups have different needs, experiences, issues or priorities in relation to this project?	Yes
3.	Do you have evidence through internal research, monitoring or through external reports, to support your answers to questions 1 and 2?	Yes
4.	Have you consulted with relevant individuals, groups and organizations as to their experiences, issues or priorities in relation to this project?	Yes
5.	Is there public concern that the function or policy as outlined in this	No

	project could operate in a discriminatory way?	
6.	Is there reason to believe that this project will better promote equality of opportunity within the Borough?	Yes
7.	Is there reason to believe that this project will increase the accessibility of the service or function provided?	Yes
8.	Is there reason to believe this project will increase the Council's reputation as an equal opportunities employer?	No

We are liaising with Phillip Brocklehurst, Martin Waddington and Libby Blake to consider how various components of this impact assessment can be taken further during the course of the project.

10. Project controls

Monitoring of the project will occur at the Project Board, the Senior Management Group (SMG), the Departmental Managers Team (DMT) Meeting, and the JSNA Working Group.

The role of the DMT will be to oversee the workings of the review on a fortnightly basis that will include the sanctioning of officer's work and any movement of resources.

The Project Board will consider any ongoing issues or strategic areas that are referred from DMT or evident as an emerging trend.

The SMG will be notified of key findings and developments.

The Project Manager will notify all key managers of any unforeseen risks that may affect the project as they arise.

11. Communication plan

Party	To be informed by	Frequency
Sponsors: Cllrs Fiona Buxton	Paul Morse/Ann Ramage	At key stages through the fortnightly digest meetings and on demand.
Health and Well Being Partnership Board	Paul Morse/Ann Ramage	To approve Project Implementation Document and at other key stages.
PCT	Melanie Smith/Ann Ramage/Rebecca Brown	To approve Project Implementation Document and at other key stages.

Senior Management Group	Ann Ramage/Rebecca Brown	To approve Project Implementation Document and at other key stages.
Cabinet	Melanie Smith/Paul Morse	Final Report
Management Board	Jean Daintith/ Paul Morse	At key stages
Contributing Officers	Ann Ramage/Rebecca Brown	Miscellaneous communication

12. Project Organisation

Sponsoring/ Lead Member:	Councillor Fiona Buxton, Cabinet Member for Housing Services, Environmental Health and Adult Social Care
The Project Board will comprise of: -	
Project Board Chairman	Paul Morse
Project Board Members	Stella Baillie, John Wilkinson, Melanie Smith, PCT Commissioner (to be confirmed), Tony Redpath and Martin Waddington.
Project Manager:	Ann Ramage

Production Team: -

Name	Business Group/Team	Job Title
Ann Ramage	HHASC – Environmental Health	Head of Environmental Quality, Public Health and Service Improvement
Rebecca Brown	HHASC – Environmental Health	Projects and Information Officer
James Hebblethwaite	PCT	Public Health Analyst
Henry Bewley	HHASC	Policy and Performance Officer
Joanne Hay	FCS	Head of Policy and Performance
David Walton	HHASC – Disability, HIV and	Senior Management

	Older People Services	Information Officer
Nicola Weaver	Corporate Services	Kensington and Chelsea Partnership Research And Programmes Officer
Janine Jolly	PCT	Head of Community Engagement

13. Constraints

Please order your constraints from the highest score of both severity and likelihood to the lowest, i.e. high severity and high likelihood at the top of the table.

No	Description	Severity/ impact - high, medium or low	Likelihood - High, medium or low	Planned actions	Responsible Officer
1	Time available to complete the first stage of this JSNA means the scope of this first JSNA is not as wide as it should be. New consultation exercises with the local community will not be extensive. We will focus on exercises that have already taken place.	High	High	Regular review of key stages and progress with each. Developing communications plan to ensure future JSNAs focus more on community engagement.	Paul Morse Janine Jolly and Melanie Marshman.
2	Successful communications with internal and external partners.	Medium	Medium	Regular updates on progress with project.	Ann Ramage

14. Initial Risk log

Please order your risks from the highest score of both severity and likelihood to the lowest, i.e. high severity and high likelihood at the top of the table. Please group the risks by categories.

No	Description	Severity/ impact - high,	Likelihood - High, medium or	Planned actions to reduce risk	Responsible Officer
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		medium or low	low		
1	Being able to recruit analytical support within the appropriate time period	High	High	Start task immediately. Speak to Melanie Smith to investigate whether existing staff in PCT may be available - contact Agency if not. Contact Andrew Kerslake from Oxford Brookes University to explore possibility of using their resources.	Ann Ramage
2	Successful engagement of all sections of Council and PCT to contribute to JSNA	High	Medium	Identify officer from each section of business group (and PCT where possible) to create sense of ownership. Include in staff targets.	Ann Ramage
3	Loss of key staff during the project. The project is reliant on a very small number of staff but its initial phase will be completed over a relatively short time period.	High	Medium	Ensure clear and documented project management and extensive inclusion of senior management.	Paul Morse

15. The Project Plan

The project is defined into four main phases that are: -

- Stage one (now until mid March 2008) for the production of the requirements document.
- Stage two (March to April 2008) for prioritising issues and data gathering.
- Stage three (April to July 2007) for the analysis of the data and the production of the final report to inform the Community Strategy.
- Stage four (July to Winter 2009) production of products 2, 3 and 4.

END.

Sign-Off Letter

This sign-off letter should be completed by the Lead Cabinet Member

To: Councillor Fiona Buxton

PROJECT INITIATION DOCUMENT

The Royal Borough Review of Environmental Health and Trading Standards

I have reviewed the above document.

- I accept the document's contents as correct and sign it off.
- I accept the document's contents as correct and sign it off, subject to the attached comments.
- I do not accept the document's content and cannot sign it off.

or other comments as appropriate.

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Councillor Fiona Buxton

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Date