# Needs Assessment Documents With Some Evidence of Community Involvement

### **TABLE FIVE**

		YEA	R OF I	PUBLIC	CATION		
	1993				undated	Total	Proportion with evidence of
Health authority							community inv.
Bexley & Greenwich	1 O	0/2	3/4	0	3/3	6/9	66%
Enfield & Haringey	3/7	4/4	3/4	0/1	1/2	11/18	61%
East London & City	1/1	1/3	0/2	0/1	3/3	5/10	50%
Croydon	3/4	2/3	5/10	1/4	0/4	11/25	44%
Brent & Harrow	1/2	1/5	3/4	0	0/2	5/13	38%
Bromley	0	1/2	1/3	0/2	1/1	3/8	37%
Lambeth Southwark							
and Lewisham	1/4	2/3	1/3	0/2	0	4/12	33%
Kensington Chelsea							
and Westminster	1/3	2/3	0/2	0/2	0	3/10	30%
Redbridge & WF	1/4	3/12	1/2	1/2	0/1	6/21	28%
Ealing Hammersmith	l						
and Hounslow	0/1	0/1	2/6	0	0/1	2/9	22%
Barking & Havering	2/5	1/9	1/4	0		4/18	22%
Camden & Islington	1/6	1/1	0/4	0/1	0/1	2/13	15%
Kingston & Richmd	0/1	1/2	0/2	0	0/5	1/10	10%
MSW	0/3	1/2	0/6	0/1	0/1	1/13	8%
Total 14	/41 2	20/52	20/56	2/16	8/24	64/189	34%

KEY: figure before slash is number of documents suggesting community involvement; figure after slash is total number of published documents in collection. For example, 2/5 indicates that two out of five studies suggest some level of community involvement.

NB. The figures above relate to the total batch in the bibliography compiled by the LHEC for their research. Not all of these documents were available in the King's Fund library, hence the disparity in figures between those shown here, and the number of reports included in the following stage of the current study.

<sup>\* =</sup> to 31/3/96 only

# BIBLIOGRAPHY OF NEEDS ASSESSMENTS WITH COMMUNITY INVOLVEMENT

## **TABLE SIX**

# Number of Reports by Health Authority

	TOTAL NO.	. TITLE	SO	URCE
	DOCUMEN'	TS	KF	Mailing
Croydon	6	Health Promotion Strategy:		
•		- Accident Prevention	~	
		- Promoting Sensible Drinking	V	
		- Promoting Physical Activity	~	
		- Healthy Eating Strategy	~	
		Croydon North Health Think Tank	V	
		Croydon South East " " "	~	
Brent & Harrow	4	Review of Services for People		
		with Sensory Impairments	~	
		Muslim Health Profile		~
		Maternity Services Feedback		~
		Strategy for Homeless and Mobile		
		Communities and People in		
		Extreme Housing Need in Brent		~
Bromley	4	Health and Social Needs of Crays	~	
		Bromley Drugs Misuse		~
		HIV and AIDS: Joint Needs		
		Assessment Report		~
		Same Difference: Qualitative Res-		
		earch into the Needs of African		
		Caribbeans in Bromley		~
Bexley & Greenwich	2	Primary Health Needs of Black		
		and Ethnic Minority Women	~	
		Developing a Local Response:		
		Gay and Bisexual Men's Needs		
		in Relation to HIV and AIDS	~	
Redbridge & WF	3	A Strategic Framework for Hosp-		
		ital Services in R&WF	~	
		Review of Mental Health Services		
		in Redbridge	~	
		Purchasing for Black Populations		
		Initiative: The Health and Social		
		Care Needs of African, Caribbear	1	
Dallas II.		and Asian Elders in WF		~
Ealing Hammersmith		A C F P C		
& Hounslow	2	A&E Review Group		
D C 11 0 TT '	2	Breast cancer services review	V	
Enfield & Haringey	2	Strategy for Commissioning health		

TOTAL NO	. TITLE	SC	URCE
DOCUMEN	TS	KF	Mailing
	* ·		
	in Relation to HIV prevention	CII	V
1	Health Needs of People from Ethnic Minorities	c •	
1	King's Cross Health Needs		
4	<b>.</b>		•
1	Learning Disabilities		~
1	Hayes Health Plan (primary care)		<b>V</b>
&			
1	Elderly Respite Care		<b>V</b>
0	•		
0			
d 0			
0			
28			
	1 1 1 2 4 0 0 0 0	services for older people in Enfield Moving Targets: An Assessment of the Needs of Gay and Bisexual main Relation to HIV prevention  Health Needs of People from Ethnic Minorities  King's Cross Health Needs Assessment Project  A Health Strategy for People with Learning Disabilities  Hayes Health Plan (primary care)  Elderly Respite Care  O  O  O  O  O  O  O  O  O  O  O  O  O	services for older people in Enfield Moving Targets: An Assessment of the Needs of Gay and Bisexual men in Relation to HIV prevention  Health Needs of People from Ethnic Minorities  King's Cross Health Needs Assessment Project  A Health Strategy for People with Learning Disabilities  Hayes Health Plan (primary care)  Elderly Respite Care  O  O  O  O  O  O  O  O  O  O  O  O  O

TABLE SEVEN:	Subjects of Reports
Category	No. of reports
Service reviews	
A & E	1
Breast cancer	1
Mental health	1
People with sensory impairments	1
Elderly respite care	1
Total in category	(5)
Maternity Services Feedback	1
Strategies	
For population groups	3
For hospital services	1
Health promotion	4
Total in category	(8)
Person-centred	
Ethnic or cultural groups	4
HIV / AIDS	3
Drug misusers	1
Small geographical area	4
Primary care needs in small area	1
Primary care for black and minority ethnic women	1
Total in category	14
TOTAL	28

# Information on Case Study Needs Assessments Analysed in Detail

# Study 1: Breast Cancer Services Review

Origin	Aims	Researcher Methods	Methods	Recommendations
HA (Ealing Hamm & Hounslow)	- to define ideal service, taking into account needs and wants of women and carers - to produce a plan of suggested service	НА	Reps on advisory group Interviews with women service users	<ul> <li>introduction of patient satisfaction measure,</li> <li>a research bid submitted re patient attitudes and use of info to overcome barriers to change in breast cancer services;</li> <li>equal access re ethnic groups, with auditing (research bid submitted re access for South Asian women to cancer services)</li> <li>linking breast cancer to palliative care units so patients can be easily introduced</li> </ul>

Account taken of views	Outcomes	Ongoing communication
- women users' views clearly	- some recs to be carried forward by hospitals; some	No evidence in report
stated in report. However, hard	changes to contracts to be introduced	
to see clearly how interview	- no evidence re community; would need following up	
findings specifically taken		
forward. Women also on		
advisory group; their views		
agreed with rest of group re.		
best structure for services. Recs		
of advisory group carried		
forward to another 'external		
advisory group'		
- external group carried forward		
most recs of advisory group, by		
making recs themselves to a		
further review; to a formal		
consultation exercise; to a		
steering group. One original rec		
about no. of cases at site / by		
surgeon, was modified by		
external group.		

Study 2: Mental Health Services Review

Origin	Aims	Researcher   Methods	Methods	Recommendations
HA, Trust, LA	- to review existing	Sainsbury	- 28 interviews with	- 23 recs, relate generally to body of report
	mental health services,	Centre for	inds from range of	- those linked to views where can tell views are from community, are
	looking at the needs of	Mental	organisations	limited, but are there eg. status of Trust as preferred provider, need for
	the local population and	Health	- written submissions	meaningful consultation; exploration of ways of involving more users
	the human resources		from four	and carers in consultation, monitoring and evaluation of services. "This
	available to develop a		organisations	may need a determined effort at user empowerment, by means of
	new strategy for a			training and support for individual users, and the establishment of
	community-orientated			groups or networks which can draw in the less vocal service users"
	model of services			(p27)
			,	

Account taken of views	Outcomes	Ongoing communication
- views of respondents often	No evidence relating to outcomes in report	No evidence in report
put together in main body eg.		•
"most respondents felt" etc.,		
which combines community and		
staff views, but some shown		
separately		
- issue of uncertainty about		
future organisation of services		
concerned users, carers and vol		
orgs, also they felt uninformed		
- areas of concern also included		
communication, information and		
consultation re HA and Trust		

## SUPPLEMENTARY INFORMATION

## Survey of Users of Mental Health Day Services in Redbridge

The Survey of Users of Mental Health Day Services in Redbridge was initiated following local Search conferences in 1994 which highlighted, among other things, gaps in adequacy of and knowledge about local mental health day services. Subsequent consultations with users about the future configuration of local services in relation to the planned closure of Goodmayes hospital again drew attention to the problem, following which Redbridge CHC and Concern for Mental Health, a local umbrella mental health voluntary organisation, lobbied for a survey of users of day services to take place.

The study was jointly commissioned by Concern for Mental Health, Redbridge and Waltham Forest Health Authority, and Redbridge Council in 1996. It was completed in September 1996, with the final report being published in February 1997.

The aims were to explore the views and experiences of users of mental health day services and carers of people with dementia or Alzheimer's Disease, to look at gaps in provision, and to develop proposals to address needs for day services.

The steering group included people from the Health Authority, local Authority, voluntary sector, CHC and mental health user groups. The steering group was involved in developing the questionnaire.

A self-completion questionnaire was distributed via 25 day services (207 questionnaires returned), with support offered to users and carers with difficulty filling in the form. In addition, three focus groups were held. After the survey was completed, two sessions were held at which the draft report was discussed, with those present given an opportunity to add further comments, which were reflected in the final report.

Findings included the need for travel permits, to enable people's quality of life to be improved and enable access to a variety of opportunities; improved information on available services; 24-hour crisis support; a carers' helpline; and consideration of ways to foster user involvement.

Recommendations made were considered by an ongoing cross-sector group, and at the time of interviews it was hoped they would feed into Health Authority commissioning, although the 'revenue neutral' status of the area will inevitably limit this.

Meanwhile, voluntary agencies are taking some recommendations forward, and lobbying the statutory bodies for the necessary improvements.

# SUPPLEMENTARY INFORMATION

Study 4: Croydon North Health Think Tank

The Croydon North Health Think Tank ran for one year from April 1994. It covered the electoral wards of Thornton Heath, Broad Green and Whitehorse Manor - wards with a consistently lower health profile than others locally.

Think Tank members (a kind of steering group) were chosen by the statutory agencies for special local knowledge and being specialists. As well as the statutory agency members, others were from a local school, a voluntary organisation, and an ethnic minority organisation, plus a GP and a fitness advisor.

The emerging 'Agenda for Action': "reflects the priority issues that have emerged through the research process and particularly responds to the concerns of local people" (Croydon North Health Think Tank: 9).

Specific project proposals included: a small business initiative; IT training; a welfare benefits take-up project; health promotion in schools; and a home safety and security advice and assistance project. Croydon Health Authority and Croydon Council each allocated £400,000 per annum for 3 years to fund these projects. In addition, the Joint Consultative Committee agreed to contribute 50% of uncommitted joint finance.

Follow Up

An annual update produced for the Local Authority on progress of the Think Tank Projects in December 1996, listed a range of ways in which the projects are having an impact on local communities. For example, the Welfare Benefits Take-Up Unit "is making excellent progress", and has helped residents to claim £100,000 worth of benefits.

Two family centres developed from the Think Tanks will provide community-based facilities for young parents to drop in and participate in a range of activity based sessions such as aerobics, relaxation, education and training, and advice. "A community development approach is being used to engage local people".

The Croydon Network of Health Promoting Schools aims to facilitate work towards making the pupils' and staff experience of their schools as healthy as possible by enhancing each school's ethos and developing healthy alliances with parents and the wider community. Schools can achieve 'health promoting status'.