

## Joint Strategic Needs Assessment (JSNA) Steering Group

23<sup>rd</sup> November 2015

### Notes

<b>In attendance</b>	
Philippa Mardon (PM) (chair)	CLCCG
Angela McCall (AM) (minutes)	Business Support Officer, Public Health
Aliya Rajah (AR)	Healthwatch CWL
Simon Hills (SH)	Healthwatch CWL
Jessica Nyman (JN)	JSNA Manager, Public Health
Colin Brodie (CB)	Public Health Knowledge Manager
Mike Robinson (MR)	Director of Public Health
Shelley Gittens (SG)	Public Health Performance Manager
Angela Spence (ASp)	Kensington and Chelsea Social Council
Samar Pankanti (SP)	Public Health Project Manager, CLCCG
Steve Bywater (SB)	Policy Manager, Children's Services
Rachel Krausz (RK)	Strategic Delivery Manager, WLCCG
Meenara Islam (MI)	Principal Policy Officer, Westminster City Council
<b>Apologies:</b> Stuart Lines, Daniela Valdés, Mike Rogers	

Item	Action
<b>1. Minutes of last meeting and matters arising</b>	Minutes agreed.
<b>2. Overview of the JSNA Project Plan</b>  - <b>Updates from current deep dive JSNAs</b>	<b>End of Life Care JSNA</b> In consultation phase with stakeholders. Takes the form of 3 documents: Key Themes and Findings, Technical Document, and Policy & Evidence Review. Key themes and findings are being presented to CCG Governing Bodies and the deadline is next Friday for comments and feedback.

	<p>PM advised that a New Pan-London End of Life Care Alliance has formed. At the end of this meeting suggested <b>CB and PM to meet and tie this together with the JSNA.</b></p> <p><b>Childhood Obesity</b> In consultation phase with CCGs and at cross-departmental stakeholder engagements events hosted at each council, as well as CVS forums. This will inform recommendations and priority areas presented in the final version.</p> <p><b>Health and Disability related Housing JSNA</b> 30<sup>th</sup> November is the wider stakeholder workshop which <b>All to attend or forward to those who should be involved.</b></p> <p>An analyst sub stream is being developed to interpret the data and any analysts can join this. This needs to be plugged into the joint commissioning work with the CCGs. <b>PM with CB and JN to discuss this with the commissioning group.</b></p> <p><b>Students and Young Adults</b> Was approved and work will commence in January. The initial scoping and data collection has begun and relevant contacts identified. This will tie in with Healthwatch work on young people’s unplanned care use.</p> <p><b>Online JSNA Highlight Report</b> Aiming for this to be available by the end of the financial year. This is more interactive and flexible than the JSNA website as will use live, up to date and publicly available data. TJ is working on it at the moment and backfill is being recruited to allow TJ to focus on this.</p> <p><b>Risks &amp; Issues</b></p> <ul style="list-style-type: none"><li>❖ Delay in backfill for TJ’s analyst post has been the main issue due to an unsuccessful recruitment attempt, so we are now looking at agency cover for the post.</li><li>❖ Some work is happening at a NWL level on Children’s Mental Health, funded by NHSE. Unclear how this would be shared. CB has had discussions with Lizzy Bovill to make sure work is linked in and not duplicated. There is opportunity for doing larger pieces of work across NWL with other JSNA teams in the future. From a mental health</li></ul>
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	perspective, <b>PM will share this with CB.</b>
<b>3. End of Life Care Service Mapping</b>	<ul style="list-style-type: none"> <li>❖ <b>All to review this and send CB amendments or anything missing, particularly around Community and Voluntary Sector and services which are not specialist end of life care, or if any of the details are wrong.</b></li> <li>❖ <b>CB to liaise with SP to allow this information to be available online and discuss dissemination to GPs.</b></li> <li>❖ <b>AS has some information to share with CB, and people’s Services Network – SH to produce a list and share with CB.</b></li> <li>❖ The Community Independence Service (CIS) is the reablement and rapid response team, commissioned jointly as part of the Better Care Fund and provided by Imperial College London and CLCH should be included.</li> </ul>
<b>4. Healthwatch presentation</b>	<ul style="list-style-type: none"> <li>❖ Over 6,000 members currently over the 3 boroughs.</li> <li>❖ Engagement officers go into the public, GP surgeries, libraries etc. and talk to people about signposting or the volunteering opportunities that people can get into. Members can do as much or as little as they want, such as joining committees and volunteering.</li> <li>❖ 12x full time equivalent paid staff members, supported by a large team of volunteers.</li> <li>❖ Healthwatch have a number of reports on local health services, and are a repository of information.</li> <li>❖ Priority topics are chosen by members voting, who meet every 2 month and they decide key issues between the boroughs. Additionally, recurring themes from complaints will be looked at.</li> <li>❖ Themes looked at in care homes: interaction with staff, meals, activities, safety and hygiene of the building, so observation and interview tools are used. The independence from the CQC is important but these interim views are carried out not on CQC. Healthwatch have statutory rights to visit services.</li> </ul>
<b>5. JSNA Review</b>	<ul style="list-style-type: none"> <li>❖ A formalised review is currently taking place and involvement from this group is sought. This shall form part of an on-going discussion.</li> <li>❖ The review will include both the JSNA Process, and the JSNA products. In particular, options for shorter and quicker JSNAs will be considered.</li> <li>❖ <b>All to discuss at the end of the meeting with JN if they want to be interviewed as part of the process.</b></li> <li>❖ The JSNA review should also consider: <ul style="list-style-type: none"> <li>○ What outcomes matter to the Health and Care system</li> <li>○ What is needed to be known about needs and current service</li> </ul> </li> </ul>

	<p>models to allow the commissioners to make a more detailed review?</p> <ul style="list-style-type: none"> <li>○ H&amp;WBBs and commissioners need to be involved.</li> <li>○ Governance process needs to be reviewed in light of the resources available.</li> <li>○ Partnership opportunities, such as with Healthwatch.</li> <li>○ How evaluation could be built in at the start of the JSNA so that performance can be monitored.</li> <li>○ Review of JSNAs that have been done over the past couple of years, and what has come from these JSNAs</li> <li>○ <b>JN send MR review of the JSNAs that was done a year ago.</b></li> <li>○ Other borough’s policies should be looked at to make sure we have got the entire basis covered in terms of alignment.</li> </ul> <ul style="list-style-type: none"> <li>❖ <b>JN to circulate the review of what stakeholders need for input from All.</b></li> <li>❖ H&amp;WBBs need to be involved. <b>CB &amp; JN could take this as a presentation to the 3 borough Cabinet Member Steering Group.</b></li> <li>❖ For the Annual Assurance Template, the JSNA work needs to be considered for 2016/17.</li> <li>❖ Review is in the early stages with Connie Junghans leading the project. A draft by Feb/March to report back to this group and the H&amp;WBBs. Some of this needs to be looked at in the detailed project planning. It is still in early stages, but CB is looking at around 3 months, but some of the questions need to be pinned down prior to taking to the Cabinet Members.</li> </ul>
<p><b>6. Equalities and the JSNA</b></p>	<ul style="list-style-type: none"> <li>❖ To be carried forward to next meeting.</li> </ul>
<p><b>7. Westminster Health and Wellbeing Strategy</b></p>	<ul style="list-style-type: none"> <li>❖ Healthier City, Healthy Lives runs out next year so the WCC policy team are looking at the updated version of this now. The new strategy could help inform the JSNAs. Cllr Robathan is keen on having a more focused strategy, looking at 3 themes as the current strategy is too broad. MI is working on this now – <b>all to let MI know of any ideas.</b></li> <li>❖ PM mentioned that Shaping a Healthier Future agenda could be liked in and these could then be lined with the JSNA Review. <b>PM to catch up with Matthew Bazeley on this from the CCG side.</b></li> <li>❖ A specific JSNA does not need to be done on this strategy.</li> <li>❖ MR feels that it’s the people at the ground that need to be listened to. There need to be political discussions if it’s to be a meaningful strategy, and with a clear focus.</li> <li>❖ What impact does the strategy have? Ideally it sets the long-term work</li> </ul>

	<p>plan of the H&amp;WBB and should be the vision for the borough.</p> <ul style="list-style-type: none"> <li>❖ To what extend is the strategy going to deal with the fact that there is an enormous disparity?</li> <li>❖ LBHF &amp; RBKC do not have a policy officer working on their strategy. MI approached the other 2 leads last week but they could not help as they are awaiting someone to take over on this post.</li> <li>❖ How can the past JSNAs fit into this – needs to be looked at.</li> <li>❖ <b>MR to discuss with Liz Bruce, including the governance processes and 3 H&amp;WBBs, that they might all want something different. There also needs to be a discussion in each of the H&amp;WBBs – MR will bring this up under AOB, if they have thought about reviewing strategies in light of the upcoming reforms.</b></li> <li>❖ Primary Care Needs Modelling Programme – SLs team are working on this, with CCG staff and WCC performance staff. Some of this data could be used.</li> </ul>
<p><b>8. AOB</b></p>	<ul style="list-style-type: none"> <li>❖ <b>JN to circulate the ToR, and a CB circulate the governance document of how the whole system of producing JSNAs and the process works.</b></li> <li>❖ DV is looking into days for PH to work at Marylebone Road so there is more PH presence.</li> </ul>
<p><b>Date and time of next meeting: Tuesday 26<sup>th</sup> January, Hammersmith Town Hall, Committee Room 3, 2<sup>nd</sup> floor</b></p>	