

# Joint Strategic Needs Assessment (JSNA) Steering Group

Monday 4<sup>th</sup> April 2016 2.00-4.00pm

Hanham Room, Freeman Suite, Kensington Town Hall

## Notes

In attendance	
Mark Jarvis (chair)	Head of Governance & Engagement, H&F CCG
Angela McCall (AMc) (minutes)	Business Support Officer, Public Health
Jessica Nyman (JN)	JSNA Manager, Public Health
Colin Brodie (CB)	Public Health Knowledge Manager
Jackie Rosenberg (JR)	CEO, One Westminster
Angelica Silversides (AS)	Healthwatch K&C
Samar Pankanti (SP)	Public Health Project Manager, CLCCG
Shad Haliban (SH)	Head of Organisational Development, Sobus
Thilina Jayatilleke (TJ)	Senior Health Intelligence Analyst, Public Health
Phoebe Morris-Jones (PMJ)	Policy Officer, Westminster
Steve Comber (SC)	Policy Officer, Triborough Children's Services
Kerry Doyle (KD)	Head of Corporate, WL CCG
Jonathan Lillistone	Head of Commercial Innovation and Insight, Triborough Adult Social Care
<b>Apologies:</b> Stuart Lines, Daniella Valdes; Shelley Prince	

Minutes
<b>1. Welcome and introductions</b> -
<b>2. Online JSNA demonstration and feedback</b> TJ presented his work on the Online JSNA Highlight Reports. Key point included: <ul style="list-style-type: none"><li>• Cover for TJ's BAU work was recruited a month ago to enable him to focus on the Online JSNA.</li><li>• Technical aspects are to be completed late April and the refresh of the Highlight Report by late May, going to consultation in the next 2 months to enable stakeholders to feedback.</li></ul>

- This project will be a priority for the Public Health Intelligence team and link to other pieces of work.
- Easy access is important – the online JSNA will be publicly available and use publicly available data. There will be a standalone app which can be accessed directly from people’s phones.
- The tool will be dynamic so that data can be played with and downloaded for a variety of uses
- The tool will not replicate data that is already produced but will link into the existing data sources
- To ensure data quality the online JSNA will link to existing sources which are accountable and have to be accurate.
- Training will be provided once the tool is rolled out, which will be built in as part of the programme.
- Key facts in the Highlight Reports will link to external data and will be aligned with PH main themes. Key data for the Highlight Reports will be refined over the next 2 months but over the next 6 months there should be individual pages for each team, department and service which is all linked to the database in the backend and will be constantly updated which will keep it future-proof and up to date.
- Toby Hyde will be the H&F CCG link; WL CCG is Glen Monks; CL CCG – Samar offered to be the contact

Risks discussed:

- Data not being kept up to date: Low risk, as this will underpin a lot of the PHI work and is considered a departmental priority by the Director of Public Health, so resource will be allocated to the Online JSNA’s ongoing maintenance. There is now a budget to bring in people if something breaks. As it links with more departments, the database will be uploaded by those teams.
- Cost: low risk, as it is based on software the council already has a corporate subscription to.

The tool encompasses the key elements of other JSNA tools. A hands-on demonstration would be helpful to show how people could use it, as well as a session at the CCG, with the locality support managers who know practices, GPs and practices well.

❖ **TJ to circulate link and feedback form to JSNA Steering Group when online JSNA is ready.**

### **3. Minutes of last meeting and matters arising**

Minutes agreed as accurate.

Matters arising:

- ❖ **End of Life Care JSNA – a project lead for the NWL Last Phase of Life programme is due to start in April. CB to arrange meeting with End of Life JSNA Lead, Bridgitte Moess, and NWL lead in May. The service directory will be part of this work. CB to propose inclusion of 3<sup>rd</sup> sector services funding information.**
- ❖ **JN to send comms to CCGs on the publications of End of Life Care and Childhood Obesity JSNAs.**
- ❖ **[JSNA newsletter](#) – all who aren’t signed up to this should do so.**

#### **4. JSNA Review – presentation of findings and proposed changes**

JN introduced the JSNA Review paper and confirmed that the proposed approach as outlined in the paper will have to go through formal discussion and approval at the H&WBBs.

The JSNA Review proposes 3 new areas of improvement for the JSNA Work Programme:

- 1.** Selecting the right topics for Deep Dive JSNAs. Deep Dives should be on areas highlighted in the joint H&WB Strategies. In addition, there should be some flexibility for small reactive pieces of JSNA work.
- 2.** Widening the range of JSNA products - i.e. factsheets, evidence briefings and work that is already done as essentially JSNAs but haven't gone through the formal governance, and the JSNA website could share this. At the moment the governance structure doesn't allow for this.
- 3.** Change of governance. Smaller pieces to be published on the website but with approval of PH SMT who meet weekly. This will allow more quick and reactive work for smaller pieces. Under the new proposal the H&WBB will sign off the JSNA proposals for big Deep Dive projects

Once the Joint H&WB strategies are developed and finished in June a forward plan for JSNA Deep Dives topics will be designed with commissioning managers, with clear links to procurement. .

The Steering Group discussed these proposals:

- As Deep Dives timescales don't always fit with the commissioning cycle, this proposal would work better from a CCG perspective, and smaller pieces of work fit with this too. Members are maximising opportunities by extending our academic links i.e. taking on PHD students etc.
  - MJ asked the group to be aware of the proposal to change the way the group works with governance. The group agreed to this change. This group will continue to oversee the process, and will have a role of assuring the H&WBB on the outcomes of JSNA products and that the recommendations should be accepted.
  - Terms of Reference will need to be reviewed and will come to a later meeting.
  - Engagement is likely to be better and recommendations more likely to be successfully implemented with the new proposals.
- ❖ **MJ asked for a rolling programme of products that are likely to be branded as JSNAs. JN will provide a list when the new process is in place, pending H&WBB approval.**

CB ran through the JSNA Internal Audit which was part of the internal audit for the Councils.

- ❖ **CB to find out which committees of the Councils this will go to – feedback to MJ.**
- ❖ **JN/CB to include an indication of resource and cost need in future JSNAs.**

#### 4. Health and Wellbeing Strategy Refresh update and discussion

PMJ updated the group on the Strategy refresh.

Officers on the operational group also sit on the Sustainability & Transformation Programme (STP) and a high level vision document has been submitted to the SGP. The H&WBB Strategy is not in a state to report priorities to the STP at the moment. AS raised a concern that she has had no opportunity for her 5 boroughs to report into this and has not seen any proposals on the local areas.

❖ **PMJ to take AS's concern back to the STP development group.**

❖ **PMJ to circulate slides.**

#### 5. Updates from current JSNAs

##### Health and Disability related Housing

Progressing slowly as a complex piece of work and following changes in leadership. Draft expected to be completed and shared with critical friends and stakeholders in a workshop setting late May / early June.

❖ **Housing associations have places for step down and transitional care. Properties are available and there is funding but CCGs and LA commissioning can be an issue. AS to contact JN with details of**

##### Young Adults

A number of key lines of enquiry have developed:

- Students
- Care leavers (15/16-25)
- Transition health and care needs of young people moving from children's / paediatrics to adult services
- Mental health (including eating disorders)
- Urgent care
- Substance misuse and sexual health
- Local services and asset mapping

Interesting data has been collected from the Community Safety team but there have been delays in getting NHS data.

The current Project Lead has many other work commitments and has not been able to dedicate time to this project. This was identified as a potential risk, and it is hoped that she will be able to support the project from next month.

#### 6. AOB

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**Date and time of next meeting: 16<sup>th</sup> June, Holland Room, Kensington Town Hall**