

Joint Strategic Needs Assessment (JSNA) Steering Group

30th September 2015

Notes

In attendance	
Daniela Valdés (DV) (chair)	Head of Planning and Governance, CLCCG
Angela McCall (AM) (minutes)	Business Support Officer, Public Health
Angeleca Silversides (AS)	Health Watch, CWL
Ann-Marie Smith (AMS)	Tri-borough Children's Services
Jessica Nyman (JN)	JSNA Manager, Public Health
Colin Brodie (CB)	Public Health Knowledge Manager
Mark Jarvis (MJ)	Company Secretary, Hammersmith & Fulham CCG
Shelley Gittens (SG)	Public Health Performance Manager
Angela Spence (ASp)	Kensington and Chelsea Social Council
Samar Pankati (SP)	Public Health Project Manager, CLCCG
Shad Haibatan (SH)	SOBUS
Rachel Krausz	Strategic Delivery Manager, WLCCG
Gayana Perera (GP)	Senior Public Health Analyst
Dr Mona Vaidya (MV)	GP Partner, King's College London
Apologies: Stuart Lines, Meenara Islam	

Item	Action
<p>1. Minutes of last meeting and matters arising</p>	<ul style="list-style-type: none"> ❖ Minutes agreed.
<p>2. Overview of the JSNA Project Plan</p> <p>- Updates from current deep dive JSNAs</p>	<p>End of Life Care JSNA</p> <ul style="list-style-type: none"> ❖ Progressing well – a technical document and JSNA report have been produced, containing evidence of best practice, strategy & guidance. The End of Life Care Steering Group last week was used to develop recommendations and it is hoped to be finished late October/early November then it will be finalised and taken to January/February H&WBBs. ❖ CB – in the timetable include governing bodies to show this, especially as there is a specific piece of work with NWL CCG collaborative. Governing Body meeting are in January but there are monthly seminars prior to this – JN is looking at taking it in November. Should go prior to H&WBB for CCG endorsement . November or January will be for Governing Body meetings in public to view these and submission is 2 weeks prior to the meeting. ❖ JN to present this to Governing Body seminar in November and circulate these minutes. An update is requested by the end of October. JN to create a paper for noting for future JSNAs and times & dates. <p>Health and Disability related Housing JSNA</p> <ul style="list-style-type: none"> ❖ Task & Finish group has been very productive and there is a stakeholder workshop on Nov 30th .including people frm Public Health, all Housing Departments, Adult Social Care and Registered Social Landlords. All to let JN know of wider stakeholders to publicise this. <p>Online JSNA Highlight Report</p> <ul style="list-style-type: none"> ❖ Recruiting backfill for TJ approval has been received now. ❖ Platform is taking shape. TJs presented a demonstration to each of the H&WBBs which have been well received and endorsed by members and councillors <p>Dementia</p>

	<ul style="list-style-type: none"> ❖ To be signed off on Thursday at the WCC H&WBB. All to send JN any comms links for this to be included. This will hopefully be published end of this week which is in good timing with National Mental Health Week coming up so could go on the back of this. ❖ It could also go to the 26th October Equality & Diversities Conference - JN. DV to put JN in touch with comms lead. <p>Westminster Needs Modelling project</p> <ul style="list-style-type: none"> ❖ Meenara was to update but unable to join today. CB to ask for a summary update. JN forward scope to DV. <p>Risks & Issues</p> <ul style="list-style-type: none"> ❖ Publishing of Childhood Obesity and End of Life Care has been pushed back to January to make sure there is more engagement with CCGs and other departments.
<p>3. Childhood Obesity JSNA</p>	<ul style="list-style-type: none"> ❖ JN wanted to make sure it is on the group's radar. Steering group members reported that it feels like a user friendly document covering a wide range of information and communicating it clearly. MJ to discuss with JN governance arrangements. ❖ Consultation with families and preventative work around obesity – there could be more on this and there is question over how to evidence the effectiveness.
<p>4. Application for Students and Young Persons JSNA</p>	<ul style="list-style-type: none"> ❖ An application for a JSNA on Students and Young Adults (age 18-25) was presented to the Steering Group. ❖ Some of the issues discussed included: <ul style="list-style-type: none"> ○ There is a big hole from when patients have been discharged from CAHMS and a huge population without a specific resource. ○ Eating disorders are one of the main issues that are particular to this age group, and such patients often suffer from other problems, i.e., mental health, A&E admissions. It is very difficult to understand how bad the service is in providing systematic care for these patients as there is no way to collate the data. ○ International students are vulnerable partly due to a lack of understanding of how the NHS

works. There is no regulation in the UK for universities to report crime so there is a lot more than is often reported. This highlights the need to be looked at because these students don't know where to go to for support.

- This is a potential piece of work that AS and MV could link with through Healthwatch.
- Evidence through this JSNA needs to be collated to support the group, looking at the future working generation to reduce the burden on society.
- The group asked what more would a specific JSNA give than the evidence which MV has already collated. MV fed back that this has to be the formal process to put everything together in a systematic way.
- How could the JSNA make a change? Eating disorders need to be addressed as there is a 9 month waiting list for patients to be seen at the current service.
- Systematic recording of movement of this transient population to understand the origin of disease and infection, and some power to enforce containment. Providing some community and voluntary services within these population areas. Infectious diseases is health protection, PHE would need to be involved.
- This is a central London issue but could become a London issue and LBHF H&WBB specifically endorsed it on 9th September.
- Evidence may not be in numbers and figures but there is clearly a concern for this age group.
- It has to be clear which group we are looking at if the JSNA is to go through – if it is specifically students then other people within that age group are at a disadvantage.
- There is debate about the scope and agreement that West London CCG should be included. If it goes to prioritisation, different chunks of the scope would have to be tackled individually as different pieces of work that all fit into the bigger picture. The assessment will be agreed on these terms and scoping on more detail is needed.
- **AMS** can help access information on data; A&E etc., service mapping and scoping will need to be carried out.

❖ The Steering Group scored the application using the prioritisation tool and agreed that this issue was a high priority and the JSNA will proceed, pending further scoping. See Appendix 1.

<p>5. CCG presentation: CCG commissioning process</p>	<ul style="list-style-type: none"> ❖ DV & MJ put together a presentation on commissioning timelines and what needs to go into the Commissioning Intentions document. A more public facing document will be published in the next quarter. ❖ The process means that people will be engaged much earlier and the dialogue will be an on-going process to think about what objectives look like in commissioning terms. ❖ There is an on-going process of contract monitoring and thinking about changes to contracts over the next session. Contracts will be signed by 31st March. ❖ All work is underpinned by objectives, and level of engagement undertaken to work with stakeholders to shape the future direction of commissioning as it needs to be based on needs of the population and JSNAs are vitally important to shaping this. Co-design is at the core. ❖ Contract monitoring needs more thought on how to get real and valuable patient feedback to help influence and shape how to go about the on-going contract cycle. ❖ Looking to have more system wide and joint understanding with providers. ❖ Monitoring reported around financial implications of projects and internally circulated project monitoring reports. Would JSNA team, JN & CB like to be involved in this? JN & CB to discuss with Samar the project book tool for PH. Each CCG has a project management office and their own internal processes & measures. ❖ There is concern about NHS quality of service ❖ CCGs re reengaging much more with PH now, post separation from PCT. MJ is pushing this much more within the CCGs ❖ Business plan for CLCCG is being discussed at the H&WBB tomorrow and will be made public. ❖ DV to suggest to CB how PH can become more involved. JSNA could be another enabler. Distributing JSNA agenda in locality conversations with GPs – CB/JN could come to these and MJ’s user panel meetings for feedback. MJ has been in talks at LBHF on a joint engagement event.
<p>6. Terms of Reference</p>	<ul style="list-style-type: none"> ❖ There was insufficient time for this agenda item, but members agreed that the quorum requirement to have a representative from each council could be met by officers working in Shared Services across the three boroughs, such as Public Health, Children’s Services or Adult Social Care.
<p>7. AOB</p>	
<p>Date and time of next meeting: 23rd November 2015, 2-4pm, 15 Marylebone Road</p>	

Appendix 1

JSNA Prioritisation Scoring Tool

Filter question

Question	Yes/No
1. There has not been a deep dive JSNA or another type of review conducted on this subject in the last 3years	None specific to student population, but there are other relevant JSNAs e.g. sexual health JSNA, substance misuse needs assessment
2. Is the research question clearly stated?	Needs some further clarity and scoping. Prioritisation tool has been completed on the basis that the population group are young adults aged 18-25, including students
3. Can the research question be met by a JSNA?	Yes, although some of the specific research questions may not require a JSNA e.g. incidence and prevalence rates

If the answer to all three questions is yes then proceed to the scoring below

Timescales

- How long will this take to undertake? (Short piece of work or longer time frame?) Needs to be scoped and could be individual discrete pieces of work
- How urgent is this? Will be used to inform CCG commissioning intentions

Score each statement with the following:-

Score	Assessment
0	No evidence that this criterion will be met/is not relevant

0.5	Evidence that this criterion is/will partially be met
1	Evidence that this criterion is/will be significantly met
2	Evidence that this criterion is/will be fully met

Criteria	Score
<p>Local priority</p> <ul style="list-style-type: none"> The topic or question supports the priorities as outlined in the Joint Health and Wellbeing Strategies in the relevant Boroughs The topic area or question will assist our understanding on how to tackle health inequalities in the relevant Boroughs The topic affects a significant number of people in the Boroughs The topic has been identified as a particular need or gap by the people affected 	<p>2</p> <p>2</p> <p>1 (as long as extends to all young adults)</p> <p>2</p>
<p>Risk to the future</p> <ul style="list-style-type: none"> The topic area is a potential risk to the health and wellbeing of the local population 	<p>2</p>
<p>Gaps in information</p> <ul style="list-style-type: none"> The JSNA will identify unmet need OR there is a gap in local intelligence OR there have been significant changes to the subject area, locally or nationally 	<p>1</p>
<p>Cost effectiveness and value for money</p> <ul style="list-style-type: none"> Undertaking the JSNA will identify potential net savings and efficiencies in services 	<p>2</p>

Potential to affect change	
<ul style="list-style-type: none"> • A JSNA on this issue will influence strategic commissioning 	2
<ul style="list-style-type: none"> • A JSNA on this issue will empower services to be more effective 	2
<ul style="list-style-type: none"> • A JSNA on this issue will empower Health and Wellbeing board members to identify priorities 	1
Asset mapping	2
<ul style="list-style-type: none"> • The JSNA will identify local assets 	
Total	19
<p>More than 16 points = high priority</p> <p>Between 11-16 points = medium priority</p> <p>Less than 11 points = low priority</p>	