

JOINT STRATEGIC NEEDS ASSESSMENT

Steering Group

Notes of meeting held on 25 May 2011

Present: Jenny Hacker (chair), Bernadette Alves, Eileen Callaghan, David Claydon, Dipti Gandhi, Sharon Godman, Jo Gough, Janet Grant, Fatima Koroma, Dominick Mennie, Steve Morton, Maria Nawrocka, David Osborne, Claudette Parchment, Minal Patel, Terri Saich, Brenda Scanlan, Jenny Williams, Fiona Assaly (notes)

Apologies: Fouzia Basit , Alison Critchley/Amanda Tuke, Nick Hulme/Cynthia Davis, Lee Lewis, Hannah Miller

Action/decision	By whom?	By when?
Item 1 Introductions, apologies and welcome to first meeting		
<p>Jenny Hacker welcomed those present, thanked them for joining the steering group and as an ice breaker, asked each member to relay one 'wish' for this year's JSNA when introducing themselves.</p> <ul style="list-style-type: none"> • More involvement of the voluntary sector • More use of evidence based engagement and developing reader's understanding • Joint strategic needs and asset assessment • More awareness in the council of the link between the JSNA and the strategic plan / activities / commissioning • More engagement with GP consortia • Linking the pharmaceuticals needs assessment more to the JSNA • Future of more transient approach to the commissioning cycle and the JSNA being an indicator of it • Inclusion of wider determinants of health • Need a better fit to the priorities of the various partnerships • Changes to the Equalities Act need to be taken into account • Ensure the JSNA is linked into actions, eg, commissioning • Development of a process that can be utilised by others outside of the JSNA <p>Terri Saich suggested that the group returned to the list from time to time and this was agreed</p>		
Item 2 Overview of recent changes / developments		
<p>Jenny summarised the changes that have led to the establishment of the JSNA Steering Group</p> <ul style="list-style-type: none"> • The coalition government is committed to the JSNA and has in many ways increased its importance – it has now moved 'centre-stage' and will be informing local health and wellbeing strategies of local Health and Wellbeing Boards (HWBBs) • There has been a 'pause' in the legislation with regards to the above; however Croydon has already established a shadow HWBB • As a result, the JSNA programme board has been disestablished and the decision taken to merge two 		

<p>previous JSNA groups (the board and data sharing groups) into one Steering Group.</p>		
<p>Item 3 Lessons learned from last year's JSNA: summary</p>		
<p>Steve Morton said that positives which were identified at the 4 May lessons learned meeting were:</p> <ul style="list-style-type: none"> • Partnership working • Shared ownership • Clearer recommendations • Engagement / involvement • Use of intelligence / analysis <p>Delegates felt that areas which required strengthening / changing were:</p> <ul style="list-style-type: none"> • Follow through on recommendations – whether they have made a difference • The editorial process was too long / detailed. Expectations need to be clearly outlined • This meeting felt that recommendations should be action based and not generic. More co-engagement is needed on production and the new process is an opportunity to engage with the subjects of the chapters • Steve said that the checkpoint reports used last year were helpful to chapter authors in keeping track with their schedules. Steve/Jenny to discuss 	<p>JH/SM</p>	<p>08.06.11</p>
<p>Item 4 Proposed new approach for 2011/12 JSNA</p>		
<p>Jenny summarised what had been agreed already by the HWBB in respect of the format of this year's JSNA.</p> <p>a) Overview chapter and core dataset</p> <ul style="list-style-type: none"> • An overview chapter containing the core dataset would be produced in the usual way • However, authors would ensure that information on the direction of travel of indicators was included in this year's chapter. A chapter plan will be drafted for comment by the steering group. • David Osborne will have strong input to the chapter and will work with Iain Kennedy, a public health trainee. Jenny requested that a data specialist from the Council also be involved and David Claydon kindly volunteered • A discussion was held about the 'unit of measurement' that should be used for the analysis, given recent changes, and whether for example this should include analysis at GP consortia level. It was agreed that this would not be appropriate this year given the fluidity of the situation and such analysis should be on hold until the GP consortia were fully functioning • There was discussion about key audiences and the differences in the information they required. It was suggested that an interactive system would be useful which allowed drilling down for key datasets • It is intended that the Croydon Observatory website be developed for these purposes. However, technical / 	<p>DO/IK/DC</p>	<p>20.7.11</p>

<p>professional issues would need to be taken into account as well as the Localism Bill and that data could be accessed by the community to challenge public body decisions</p> <ul style="list-style-type: none"> • The chapter is due for completion by November 2011 • A discussion was also held about the 'level' at which to pitch the document in order to cater for different audiences. It was agreed that the main document would target professionals but that a short, accessible and user friendly executive summary would also be produced. 		
<p>b) Vision for deep dive topics</p> <ul style="list-style-type: none"> • Jenny Hacker referred to the paper on the JSNA which was agreed by the shadow HWBB meeting on 7 April, and in particular to sections (1) on Recommendations and (3.3) on Proposed process for future JSNAs • In summary, this year instead of a single, annual deadline for all topic chapters, there will be a rolling process for the 'deep dive' chapters, with each chapter expected to take approximately three months and three topics being tackled over the first year. The new process will be presented at the next meeting • The shadow HWBB agreed that the first chapter topic will be repeat abortions. As identified by last year's JSNA, Croydon performs badly here in relation to London and England, and rates are increasing • Ellen Schwarz, consultant in public health and Sadia Halim, junior doctor in public health, are leading some work on repeat abortions. It had been hoped that the new approach to the deep dive topics could be piloted using repeat abortions, however timescales for completion of this work appear to be tighter than would fit in with the JSNA workplan • Jenny reported that the first meeting of the repeat abortions group has already taken place. The group identified gaps in representation from three key groups (CVA, LINK/Healthwatch and the BME Forum) and required advice from the JSNA steering group to help fill these. Jo Gough from CVA and Fatima Koroma from LINK/Healthwatch volunteered, and Anna D'Agostino was proposed by Claudette Parchment for the BME Forum. Jenny will ensure this information is fed back to the repeat abortions group 	JH	22.06.11
<ul style="list-style-type: none"> • Jenny Williams has also already carried out a literature review to support this group and some of the issues from the literature were discussed. Focus groups were being planned • Steve raised the issue that for such a sensitive issue as repeat abortions, there would be a need for qualitative information and that this might not be best obtained in focus groups. It was generally agreed as desirable that if possible, the new process should be used for this first chapter, even if this slightly delayed publication. Jenny will speak to Ellen Schwarz regarding this issue 	JH	22.6.11
<ul style="list-style-type: none"> • In terms of devising the new process for deep dives, Jenny asked for volunteers to work with her. Both Sharon Godman and David Claydon volunteered and will work with Jenny to draft and present the new process at the next meeting 	JH/SG/DC	22.6.11
<ul style="list-style-type: none"> • It was agreed that the list of potential topics for the deep 		

<p>dive chapters would be considered at the next meeting. It was felt essential that GP consortia and commissioners were involved in the discussion</p>		
<p>Item 5 Terms of reference / membership</p>		
<p>Several amendments / additions were suggested, including:</p> <p>Responsibilities</p> <ul style="list-style-type: none"> • The group’s reporting relationship with the shadow HWBB • A requirement for authors / commissioners from the previous year’s JSNA to review how recommendations had influenced strategies and plans • A responsibility on equalities • Advice on addressing blockages / barriers <p>Governance</p> <ul style="list-style-type: none"> • Jenny flagged that there was incongruence between these and the shadow HWBB ToR due to slight confusion over whether reporting to the HWBB (on which all three statutory partners – the Director of public health, Executive director of adult services and housing and Executive director of children, young people and learners – were represented) would be sufficient or whether the PCT board and council cabinet would need to be involved. • Steve raised that there may be benefits to reporting to the PCT board and council cabinet. A concrete proposal will be brought to the next meeting <p>Membership</p> <ul style="list-style-type: none"> • Representation was expected from Croydon Healthcare Consortium, Commissioning and Croydon Health Services for the next meeting • Representation was also suggested from SLAM, and the London Ambulance Service was also proposed but probably needed to be looked at on a topic by topic basis <p>Jenny will bring this item back to the next meeting.</p>	<p>JH</p> <p>JH</p>	<p>22.6.11</p> <p>22.06.11</p>
<p>Item 6 Prioritisation process for deep dive topics</p>		
<p>Jenny Hacker ran through a prioritisation flowchart (appendix 1 of the paper to the shadow HWBB) which had been included in the paper to the HWBB. Further amendments were discussed. It was suggested that:</p> <ul style="list-style-type: none"> • Section 2 on evidence should include an arrow to the shadow HWBB before rejection: in other words, if suggestions for needs assessment were repeatedly being made when needs assessments had already been carried out recently, this may be a cause for concern and should be flagged • There was discussion about whether take up of services should be incorporated in the flow chart or was a topic for needs assessment itself • Equality impact assessment could potentially be built into section 3 on inequalities • Section 4 on interventions - what would be achieved, ie, 		

<p>what are the benefits – reducing inequalities? An impact assessment before starting the JSNA may not be feasible</p> <ul style="list-style-type: none"> • Topics recently suggested are: Autism Reablement Asset mapping Early diagnosis of HIV Addictive behaviour (alcohol, gambling, drugs, nicotine) Preparing children for school entry Mental health AIDs • Topics suggested at previous JSNA Board meetings were: Personalisation Commissioning and commissioning cycle Big Society – assets (skills/associated & institutional) Patient satisfaction Voluntary sector JSNA champions Common assessment framework (integrated services/joint working) Mental health independent living • Jo Gough also mentioned that CVA have identified eight areas of need: Mental health & wellbeing Living well in active years Social wellbeing Living well in later life Sexual health Special needs support Substance misuse safety Cancer wellness promotion <i>(not reported at meeting)</i> • All agreed a priority mechanism is required and that introducing a scoring mechanism would be one way of dealing with the number of requests that were coming forward. • Jenny will amend the flowchart to include a scoring process and bring back to the next meeting. Janet and Fatima offered support with this • It was suggested that the prioritisation flowchart could be used retrospectively on the topics selected for last year • Bernadette suggested that it would be more productive to focus on going forward, and proposed that a proforma could be produced and issued to all those with suggested deep dive topics to complete, ensuring that the ways in which the particular topic fitted the criteria in the flowchart were addressed and reducing demands on the steering group. • It was agreed that a proforma will be produced for the next meeting for comment 	<p>JH/JG/FK</p> <p>JH/BA</p>	<p>22.06.11</p> <p>22.06.11</p>
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Item 7 Equality impact assessment (EIA)		
<ul style="list-style-type: none"> • Sharon Godman said that there are major changes to the Equalities Act which need to be taken into account • It is critical that the EIA is factored in at the beginning of the process and it should feature on the flowchart • Both Jenny and Steve are attending Council training on EIA and Jenny and Sharon are working together on revising the process for the JSNA and will ensure equalities issues are built in • Sharon Godman to send the equalities template to Jenny 	JH and SG SG	22.6.11
Item 8 Prioritisation of proposed issues for 2011/12		
<ul style="list-style-type: none"> • The workplan was held over to the next meeting 		
Item 9 AOB		
<ul style="list-style-type: none"> • There was no other business • Jenny thanked the group for a hugely productive first meeting 		
Item 10 Date of next meeting		
<ul style="list-style-type: none"> • Wednesday, 22 June from 2.00-4.00pm, Room F.4, Town Hall 		