

Minutes

Health & Wellbeing Board INA/JSNA Steering Group

Minutes of the meeting of 5 March 2015

Present: Jo Robbins, Stephen Vickers, Paul Meredith, Dr. Alison Talbot-Smith, Latha Unny, Helen Coombes (for Agenda item 1)

Apologies: Richard Ball, Andrew Ashcroft, Chris Baird, Rob Vickers, Nick Read (hvoss)

Item	Topic	Key points	Action By
1	Welcome & Setting the Scene	Helen Coombes opened the meeting. She confirmed the need to critically evaluate INAs and JSNA for quality assurance so that it's fit for purpose and informs the JHWS.	
3	Terms of Reference	ToR signed off.	
4	JSNA	<p>Children</p> <ul style="list-style-type: none"> • LU to contact Dr. Henri Giller, the consultant who is producing the Children's Plan. • Updates on key areas of CINA are required (LAC, CIN, CPP numbers). Agreed PM will arrange provision. • DVA – high level of impact on CYP. Alex Thompson has undertaken a QA case audit on a random sample of 10-12 cases. Might be helpful to capture this. • 39 case reviews held – there are key messages for JSNA • Children's INA key data is being considered by the CYP partnership. <p>Adults</p> <p>SV to discuss with Paul Harris, Performance Lead, and feed back.</p> <p>The online Integrated Evidence Base (IEB) The Understanding Herefordshire website is to be enhanced following migration to a new platform. Suggestions were made for improvement.</p>	<p>LU</p> <p>PM</p> <p>PM</p> <p>PM</p> <p>PM</p> <p>SV</p> <p>LU</p>

		<p>JSNA refresh: Areas for consideration</p> <p>Social isolation (identifying support structures) captured in any qualitative data.</p> <p>Transitions – a neglected area.</p> <p>Impact of uncertainty in Herefordshire.</p> <p>Sustainability of health care services</p> <p>Integration of health and social care</p> <p>Obvious cross overs across the system – poor outcomes, inequalities, emerging threats.</p> <p><u>Health Inequalities</u></p> <p>-Inequalities along the life course, outcome based</p> <p>- Joint up approach to the various indicator frameworks (PHOF, SCOF etc.) to identify areas where we need to work together to improve inequalities and reduce outcomes.</p> <p>-Weight management linked to inequalities -Access linked to inequalities</p> <p>New migration patterns, such as BMEGS, who are at particular risk of social isolation as no existing networks locally</p> <p>Ensuring we get qualitative data as well – such as third sector and intelligence from staff of commissioners. Especially with regard to emerging issues</p> <p>Health issues:</p> <ul style="list-style-type: none"> ○ Urgent care ○ Resilience ○ Workforce ○ Major causes ill health and death, – top 10s as well as new themes ○ Where are prevention opportunities ○ Substance misuse, drugs and alcohol ○ Sexual health ○ Migrant health <p>Unintentional injuries in children and young people</p> <p>Carers</p>	
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		<p>Developing the JSNA process:</p> <ul style="list-style-type: none"> • Work out a development agenda that is more strategic & thoughtful. • Suggestion to approach each head of service for emerging issues in their area. • JSNA to reflect the culture shift needed in the council • LU has presented JSNA development to the management board to achieve the gold standard – needs resourcing. • A communication and engagement plan will be developed to support the JSNA. <p>JSNA 2015/2016 programme - suggestions</p> <ul style="list-style-type: none"> • Use 2015 report to make recommendations for deep dives/in depth focus areas • LD INA is a priority, maybe part of the CCG core offer. • Need a dedicated focus on inequalities – may need to be a future deep dive <ul style="list-style-type: none"> ○ Rural issues such as access ○ Outcomes such as CVD • Community based assets /voluntary sector support. 	
5	Mental Health Needs Assessment	<p>Key points from presentation by Jade Brooks:</p> <ul style="list-style-type: none"> • CAMHS is a priority – transition is not working well. Stepping down and pressure points need to be addressed. • MHNA did not include LD/autistic spectrum • Housing programmes need to support people living in the community. • There are no clear care pathways at present. <p>Discussion points:</p> <ul style="list-style-type: none"> • Safeguarding cuts across all MH areas. • Issue of self neglect resulting in homelessness and antisocial behaviour. We need an approach to address these. • Institutionalised adults are disempowered. Need to have a community based approach/preventative agenda. • Management of urgent care is priority & public health agenda within primary care. 	
6	PNA & Stakeholder management	Rolled over	