APPENDIX TWO: DEPARTMENT OF HEALTH JOINT STRATEGIC NEEDS ASSESSMENTS AND JOINT HEALTH AND WELLBEING STRATEGIES – DRAFT GUIDANCE

1. Background to the draft guidance

1.1. The Health and Social Care Act 2012 introduces duties and powers for Health and Wellbeing Boards (H&WBs) in relation to Joint Strategic Needs Assessment(JSNA) and Joint Health and Wellbeing Strategies (JHWS). The vision for public services in the Act is that decision making should be made as locally as possible, involving people how use them and the wider community.

1.2. The Act supports local clinical leadership working alongside democratically elected leaders to deliver the best evidence-based health and care services.There is an equal duty on local authorities (LAs) and Clinical Commissioning Groups (CCGs) to prepare JSNA and JHWS, through the H&WB. The local Healthwatch organisation should ensure that involvement and engagement processes reflect all groups within the community, including those who are socially excluded or vulnerable.

1.3. H&WBs are expected, throughout the JSNA process to meet the Public Sector Equality Duty, set out in the Equality Act 2012, specifically involving people for the protected groups and considering the effects decisions are likely to have on people with protect equality characteristics

2. Introduction to the draft guidance

2.1. The Department of Health initially published draft guidance for H&WBs on JSNA and JHWS in January 2012, prior to Royal Asset of the Health and Social Care bill. The Telford and Wrekin HWB were briefed on the implications of this initial guidance at their meeting in February 2012.

2.2. Representatives from Telford and Wrekin (from Delivery & Planning and Public Health Teams and Link) contributed to two regional engagement events held by the DH to gain views on thedraft guidance, first in January 2012 and then again March 2012.

2.3. In July 2012 a further draft guidance document for JSNA and JHWS was published by the DH, this includes a series of consultation questions,with responses requested by 28th September 2012. The following sections of this report summarise the main expectations for JSNA and JHWSs and the opportunities for integrated working as outlined in the guidance and set out the consultation questions with initial draft responses for Telford and Wrekin.

3. Expectations for JSNA and JHWS

3.1. The key expectations set out in the draft guidance can be summarised as follows:

- The main aim of JSNA and JHWSsis to improve the health and wellbeing of the local community and reduce inequalities – they are viewed as a continuous process of strategic assessment and planning, providing the evidence base for the planning of services – rather than an end in themselves

- JSNAs are local assessments of current and future health and social care needs which could be met by the LA, CCG or NHS Commissioning Board (NHS CB). As such a

range of quantitative and qualitative evidence should be included covering for example mental health, health protection and prevention, the role of personal budgets and universal advice and detailed needs assessments for wards or specific groups, or the wider determinants of health

- JHWS should be designed to meet the needs identified in JSNAs, explaining the priorities that the H&WB has set to tackle those needs – they are not about action on everything but setting priorities for joint action in order to make an impact

- JSNAs need to be an integral part of CCG and local authority commissioning cycles, and H&WBs shoulddecide the timing and frequency of update required to ensure they inform local commissioning plans over time

- CCGs, the NHS CB and local authority commissioning plans must be informed by JSNA and the JHWS. When plans appear not to be in line and the H&WB have not been consulted there should be challenge and explanations will be required

- H&WBs need to consider, through JSNA and JHWS processes:

    - The needs of the whole community, including how needs vary for people at different ages, and may be harder to meet for those in disadvantaged areas or vulnerable groups who experience inequalities, such as people who find it difficult to access services

    - Wider social, environmental and economic factors that impact on health and wellbeing – such as access to green space, air quality, housing, community safety, employment; and

    - What health and social care information the local community needs, including how they access it and what support they may need to understand it

- Outcome measures from the NHS, Adult Social Care, Public Health Outcomes Frameworks and CCG commissioning framework should help inform joint priorities but should not overshadow local evidence

- JSNAs and JHWSs should be published with a view to explaining the H&WB assessment of local need and assets, the priorities chosen and the proposals to address the need, indicating what evidence has been used and what views have been considered. Sharing JSNA analyses and data (where appropriate) will assist H&WBs make their decision-making process transparent to their partners and the community

4. Opportunities for integrated working

- H&WBs should encourage integrated working between health and social care commissioners, encouraging partnership arrangements such as pooled budgets, lead commissioning or integrated provision

- The Act supports joint working by allowing local authorities to delegate function the H&WBs such as responsibility for developing housing strategies across partners

- H&WBs could develop commissioning arrangements for services which impact on the wider determinants of health across partner organisations such as the Police and probation services, schools and voluntary and community organisations, to get a thorough understanding of local needs and how to address them and encouraging the integration of services to improve health outcomes

- JSNAs and JHWS can support other legal duties and contribute to other strategic partnerships for example Community Safety Partnerships

5. Department of Health Proposals for Consultation

1) Does the guidance translate the legal duties in a way which is clear in terms of enabling an understanding of what health and wellbeing boards, local authorities and CCGs must do in relation to JSNAs and JHWSs?

   The inclusion of a summary table for the legal duties, indicating which organisation is responsible is helpful. However, there are a number of areas which could be made more explicitly:

   - The document should state the statutory membership of the Board
   - The duty on the Board to
     - consider flexibilities under the NHS Act 2006 when developing the JHWS
     - exercise functions with a view to securing continuous improvement in quality of services
     - act with a view to secure continuous improvement

2) It is the Department of Health's (DH's) view that health and wellbeing boards should be able to decide their own timing cycles for JSNAs and JHWSs in line with their local circumstances rather than guidance being given on this; and this view was supported during the structured engagement process. Does the guidance support this?
   The guidance clearly articulates local determination of timescales for the publication and review of JSNA and JHWS processes and cycles as agreed by the H&WB which is fully supported in Telford and Wrekin.

3) Is the guidance likely to support health and wellbeing boards in relation to the content of their JSNAs and JHWSs?
   The guidance gives a broad outline of the expected content of JSNA and JHWS, with some specific examples. The reiteration that JSNA and JHWS should be a *continuous process of strategic assessment and planning, providing the evidence base for the planning of services – rather than an end in themselves*is useful clarification. The confirmation that JHWS should explain the priorities that the H&WB has set to tackle needs identified and that *they are not about action on everything but setting priorities for joint action in order to make an impact*is also welcomed.

   However, it would help if a best practice toolkit was published to accompany the guidance to provide H&WBs with examples of well-regarded JSNAs/JHWSs. it is described as a process which will consider 'all things' as wrapped up in the 'wider-determinants' of health. It is becoming increasingly common for different Government departments to suggest that issues pertinent to their portfolios will be 'considered by the JSNA'. The scope of a JSNA to be effective and timely must be effectively defined. As such, further, consideration should be given to the development of a set of standards for JSNA. This work on best practice should be clearly linked to the Public Health England Evidence and Intelligence Workstream remit.

4) Does the guidance support the principle of joined-up working, between health and wellbeing board members and also between health and wellbeing boards and wider local partners in a way that is flexible and suits local circumstances?

The principles of partnership working across the LA and new NHS organisations are described in the guidance in the context of H&WB membership and the expectations for JSNA & JHWS. The opportunity to develop more integrated services is outlined and wider partners and partnerships is mentioned but not prescribed therefore appears flexible allowing for local determination.

5) The DH is working with partners to develop wider resources to support health and wellbeing boards on specific issues in JSNAs and JHWSs, and equality is one theme being explored.

a) In your view, have past JSNAs demonstrated that equality duties have been met?

Our previous JSNA has had a specific focus on highlighting health and socio-economic inequalities within the population. Both policy and delivery plans by Public Health Service and the local authority have explicitly focused on 'narrowing the gap'. These policies have been pursued based on local evidence, not to explicitly address equality duties. However, the demonstration of JSNAs meeting the equalities duties is probably inconsistent across the Country. The crucial influence that JSNAs should have in meeting equalities duties is made specific in the guidance which is welcomed. However, at a local authority level a major challenge is the availability of data and intelligence specific to the protected groups. National organisations representing the protected groups could be brought in to support the development of robust intelligence working with PHE given the key link with health inequalities

b) How do you think the new duties and powers, and this guidance will support health and wellbeing board members and commissioners to prevent the disadvantage of groups with protected characteristics, and perhaps other groups identified as in vulnerable circumstances in your area?

The expectation that JSNA and JHWSs identify and tackle inequalities and prevent disadvantage for both vulnerable groups and groups with protected characteristics is clear in the guidance. However, as per the point above at a local level the challenge is the availability of intelligence for all groups

6)

a) In your view, have JSNAs in the past contributed to developing an understanding of health inequalities across the local area and in particular the needs of people in vulnerable circumstances and excluded groups?

b) What supportive materials would help health and wellbeing boards to identify and understand health inequalities?

In general JSNAs have tended to include some intelligence on health inequalities as it has been a mandated area forhealth improvement for PCTs historically. However, inequalities need to be more systematically assessed through JSNAs. Historically, a Health Equity Audit (HEA) approach has assisted with the understanding and review of health inequalities. The current DH view on HEA is not clear and it would help if a requirement to undertake HEA as part of JSNA and JHWS processes was made explicit.

The London Health Observatory health inequalities intervention toolkit and associated resources should be updated and further developed and widely publicised, providing intelligence for all local authorities - not just spearhead areas.

Further, some of the highly useful tools and resources developed by the DH Health Inequalities National Support Team should be revisited, updated and re-issued given the strong evidence base which underpinned their development. There is a key role for PHE here given its future remit for public health evidence and intelligence at a national level.

Government should continue to breakdown barriers to data sharing between local authorities, CCGs and government departments. The DWP holds significant data to inform JSNAs and JHWBs – whilst the Trouble Families initiative has required greater openness from the DWP the opportunities to community understanding through analysis of their data are still blocked by their approach to data sharing.

Equally, there is a case to be made to facilitate wider use of commercially available data on a national licence to improve access, allow consistent interpretation and drive down costs. E.g CACI Acorn data.

7) It is the DH's view that health and wellbeing boards should make use of a wide range of sources and types of evidence for JSNAs and they should be able to determine the best sources to use according to local circumstances. This view was supported during the structured engagement process. What supportive materials would help health and wellbeing boards to make the best use of a wide range of information and evidence to reach a view on local needs and assets, and to formulate strategies to address those needs?

As outlined in responses to other consultation questions we consider PHE to have a key role in providing comprehensive evidence and intelligence, including at an LA-level. Access to this evidence and intelligence which needs to be drawn from a wide range of sources should be available via a single portal to support H&WBs and local officers working on JSNA & JHWS. In particular PHE have a key role in providing public health intelligence as part of the PH outcomes framework and provide access to existing key resources already published by the APHO. The resources produced as part of the previous DH HINST should be revisited and re-issued so previous momentum on tackling inequalities is not lost

8) What do you think NHS and social care commissioners are going to do differently in light of the new duties and powers, and as a result of this guidance? – what do you think the impact of this guidance will be on the behaviour of local partners?

Historically joint strategies and priorities have been agreed and there have been joint commissioning arrangements between PCTs and LAs and wider partners aligned to for example Children's Trust Boards and Adult Care Health and Well-being Boards. However, the Act and this guidance gives this responsibility to a single partnership board for H&WB the first time. Having one joint strategy for health and wellbeing, including a single set of important key joint priorities will provide partners with clarity on action which needs to be taken collaboratively across organisations. The guidance

should ensure systematic use of intelligence from the JSNA throughout the commissioning process and the JSNA and JHWS should drive service improvement.

However, strong local partnerships are already being driven still closer together by the need to manage and deliver significant financial savings whilst mitigating the impact as far as possible on the local population.

9) How do you think your local community will benefit from the work of health and wellbeing boards in undertaking JSNAs and JHWSs? – what do you think the impact of this guidance will be on the outcomes for local communities?

The importance of capturing the contribution of community assets in JSNA & JHWS is explicit in the guidance, as is the importance of meaningful and on-going consultation and engagement with the community, particularly through the Healthwatch organisation throughout the JSNA and JHWS processes. However, there could be further practical resources developed following on from the “Glass Half Full” and related asset mapping documents. These reports include examples of community assets and community development which has benefited local populations but a toolkit or check list for asset mapping, based on best practice, would assist H&WBs in the implementation of an asset based approach. However, the context to this, is that there are now significantly less resources to be targeted which may impact on outcomes for the local community, particularly the poorest.