JHWBS/JSNA Consultation
Draft Response

Go to Consultation on joint strategic needs assessments and joint health and wellbeing strategy guidance | or the Dept of Health Consultation Paper.

Please review these draft responses to the consultation questions, make alterations/amendments and return to loretta.sollars@essex.gov.uk by close of play 20th September 2012.

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?

Yes

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?

Yes, but it will be made easier if the timing of commissioning cycles for all partners are also synchronised and this includes the cycles for CCGs and the NHS Commissioning Board which will be influenced by DH reporting requirements.

3. Is the guidance likely to support health and wellbeing boards in relation to the content of their JSNAs and JHWSs?

It gives a basic overview. Given the government's overarching localism philosophy, it shouldn't attempt to achieve any more than this.

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?

Yes, but it is not totally clear or balanced in the treatment of Board members:

In a two tier area, the reference to "local authorities" in section 3.4 is ambiguous and could just mean upper tier authorities. If it is supposed to include lower tier authorities (ie district and borough councils) then this should be explicitly stated.

In section 3.2, the Guidance places an explicit emphasis on the importance of the wider determinants of health such as crime, community safety, planning and housing. Creating a **requirement** for **all** tiers of local authority to demonstrate that their commissioning plans are in line with the JSNA and JHWBS would demonstrate the importance of the JSNA and strengthen the role of the HWB.

The guidance states that "it would be good practice for local authorities and the NHS CB to also involve health and wellbeing boards when developing their plans for commissioning to make sure that each plan is informed by the JHWBS". We believe that this should be a **requirement** which would place all HWB partners on an equal footing in this respect.

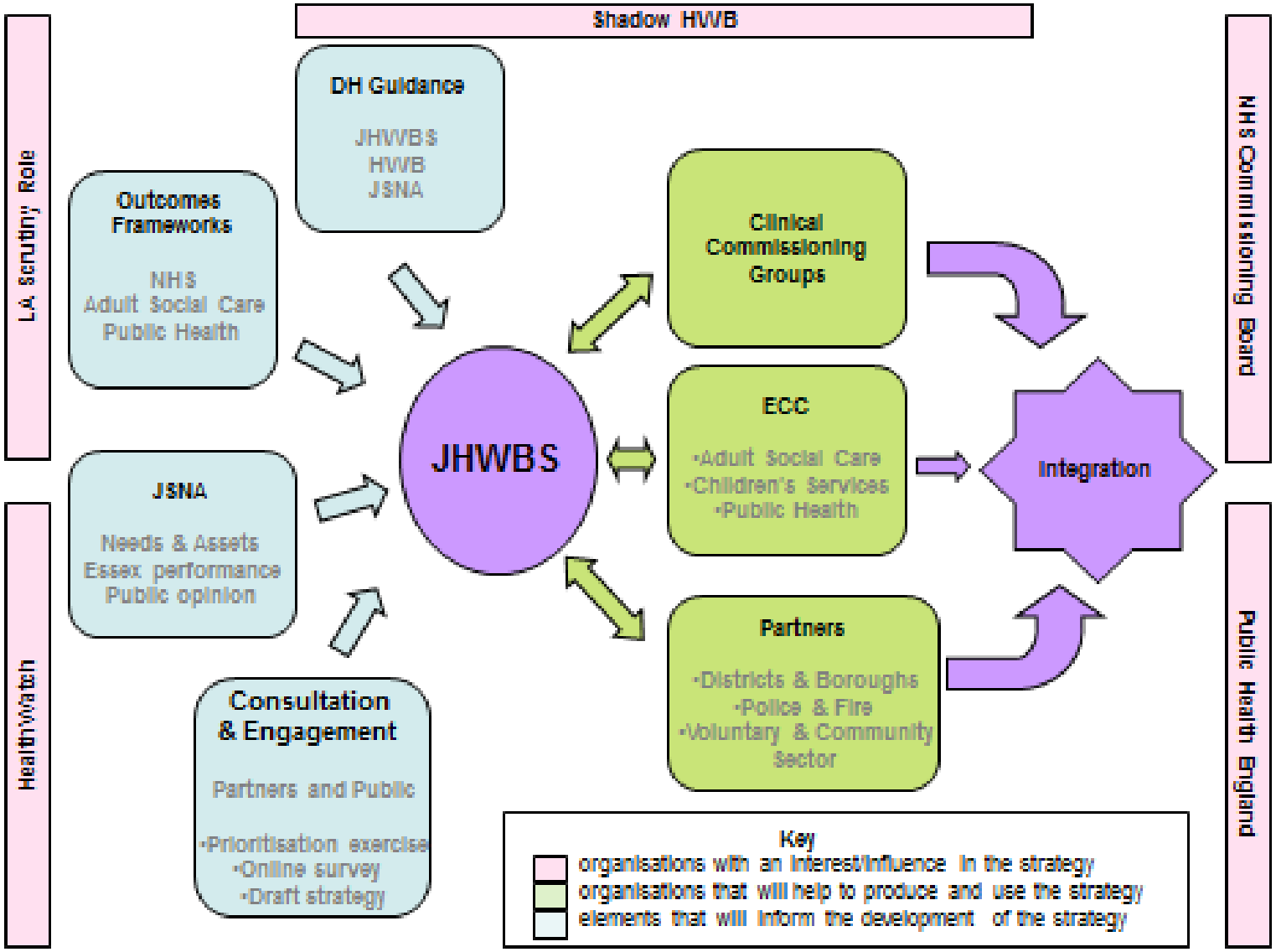
The Guidance appears to support a situation that could place the NHS CB in a position of a conflict of interest in respect of its role in authorising the commissioning plans of CCGs: if the HWB as a whole agrees that a CCG's plans are aligned with the JSNA and JHWBS, but the NHS CB holds a minority view that it is not. The guidance states that the "CCG has the power to take action". This requires clarification and in the situation described, the relevant action should be a form of mediation by a neutral party.

We have developed a diagram (see next page) for the JHWBS that illustrates the inputs and outputs for partners, which may be a useful resource for others:

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?

Probably, but since this is in the past it is largely irrelevant. The focus should be on current and future JSNAs.


Shadow HWB
LA Scrutiny Role
HealthWatch
NHS Commissioning Board
Public Health England
DH Guidance
JHWBS
HWB
JSNA
Outcomes Frameworks
NHS
Adult Social Care
Public Health
JSNA
Needs & Assets
Essex performance
Public opinion
Consultation & Engagement
Partners and Public
•Prioritisation exercise
•Online survey
•Draft strategy
JHWBS
Clinical Commissioning Groups
ECC
•Adult Social Care
•Children's Services
•Public Health
Partners
•Districts & Boroughs
•Police & Fire
•Voluntary & Community Sector
Integration
Key
organisations with an interest/influence in the strategy
organisations that will help to produce and use the strategy
elements that will inform the development of the strategy

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 new duties and powers will support the work carried out in localities to identify the disadvantages faced by groups with protected characteristics and other vulnerable groups in an area. They will not however prevent the ongoing disadvantages encountered by these groups because this will depend largely on the overall availability of resources. Given the current financial climate, action from an equalities and diversity perspective will be more concerned with mitigating against the loss of services in a fair and defensible way than on taking positive action to reduce health inequalities.

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?

Yes. The Essex JSNA was particularly useful in providing the source information that led to the development of the first ECC Health Inequalities Strategy. It has also informed the work of PCTs, district and borough councils in their health inequalities planning and activities.

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

These probably need to be generated locally so that the materials match the specifics of the local needs assessment with the communications and resources required by local partners.

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?

More evidence about interventions, particularly:

- Which interventions influence a large range of outcomes?
- How much impact can they have?
- How cost effective are they?
- How much additional savings can they generate?

This information will help commissioners and HWBs to identify and adapt the interventions that will make the greatest contribution to the priorities in their JHWBS.

It would be very helpful to continue to promote the sharing good practice between areas through DH publications, the LGA Knowledge Hub and other channels.

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?

In Essex, in common with many other localities, considerable progress had already been made towards integrated commissioning and shifting towards a prevention led approach. The new duties and powers reinforce this route: they give a stronger profile to partnership working and ensure that the broader determinants of health and wellbeing are not lost to clinical and service focused concerns. They also embed this approach within the new architecture for the NHS that the Health and Social Care Act has brought about. But – in terms of our situation in Essex, they (and the associated guidance documentation) will not significantly change the behaviour of local partners.

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?

JSNAs give an evidence base and JHWBSs provide a process for identifying and taking action on the most important health and wellbeing issues that our communities face. This is a task we had already embarked upon before the legislation and guidance were introduced.

Having this approach embodied within legislation and national guidance provides a common framework for local and national bodies to operate within. This should result in more efficient policy making, operational planning and governance processes.

Most members of the public will not be interested in the *development or content* of Joint Health and Wellbeing Strategies per se. They will be affected if the implementation is successful in supporting them to lead healthier and happier lives. The major communication concern of a Strategy should therefore be on the most effective channels for securing behaviour change in terms of healthy lifestyles and the public's understanding of and expectations of health and social care services in the future.