

DECISION-MAKER:	SHADOW HEALTH AND WELLBEING BOARD
SUBJECT:	JOINT STRATEGIC NEEDS ASSESSMENTS AND JOINT HEALTH AND WELLBEING STRATEGIES – DEPARTMENT OF HEALTH PROPOSALS FOR CONSULTATION
DATE OF DECISION:	19 TH SEPTEMBER 2012
REPORT OF:	DIRECTOR OF PUBLIC HEALTH
STATEMENT OF CONFIDENTIALITY	
None	

BRIEF SUMMARY

Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs) are about the NHS, local government and communities working together to improve health and wellbeing outcomes and reduce inequalities. The Department of Health has worked with stakeholders to develop and refine draft guidance to support health and wellbeing boards in preparing their JSNAs and JHWSs, and this has been published for consultation and the shadow board is invited to consider whether it wishes to identify any comments for passing back to the Department.

RECOMMENDATIONS:

- (i) That the shadow board examines the draft guidance issued by the Department of Health in respect of Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies and indicates whether there are any comments it would wish to feed back in response to the consultation.

REASONS FOR REPORT RECOMMENDATIONS

1. To enable the shadow Health and Wellbeing Board to respond to the consultation opportunity offered by the Department of Health.

DETAIL (Including consultation carried out)

2. The guidance aims to support boards and their partners by:
 - Laying out the statutory duties, which underpin the undertaking of JSNAs and JHWSs by clinical commissioning groups (CCGs) and local authorities through health and wellbeing boards from April 2013.
 - Explaining how JSNAs, JHWSs and commissioning plans fit together in the modernised health and care system.
 - Setting out how an enhanced JSNA process and JHWS will enable the NHS and local government, working with their community and partner organisations, to make real improvements to the health and wellbeing of local people.

The text of the draft guidance is attached at Appendix 1. The Department of Health has indicated that responses should be submitted by Friday 28 September.

3. The guidance covers the following matters:
 - Responsibility for producing JSNAs and JHWSs
 - Defining JSNAs
 - Defining JHWSs
 - Using JSNAs and JHWSs
 - Timing the production of JSNAs and JHWSs
 - Promoting integration between services
 - Working in partnership to carry out JSNAs and develop JHWSs
 - Transparent and accountability
 - Equalities issues
4. The revised guidance is only 5 pages in length. As such it summarises what is in the Act in respect of requirements for both JSNAs and JHWSs. In contrast to previous sets of DH guidance it does not attempt to set out how this is to be done in any substantial detail. This accords with the views expressed since the Bill was first presented to Parliament that the details of make to make things work locally are best determined at a local level.
5. The consultation questions are set out below, with officer comments included to prompt discussion between Board members.

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 duties set out in sections 192 and 193 of the Health and Social Care Act are summarised into plain English in the guidance. The summary table provides a useful point of reference for those bodies with responsibilities to plan for meeting their obligations.

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?

It is helpful that paragraph 3.5 of the draft guidance indicates that the JSNA and JHWS do not need to be started from scratch each year and they should be seen as part of a continuous process. The fact that Health Overview and Scrutiny Panels can hold the Board to account means that there is a check in the system to challenge the frequency with which these processes are either updated or re-drafted.

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

The guidance is very vague on detailed content. This could be a result of the Department of Health seeking to avoid being prescriptive. What it doesn't do is provide information on statutory sources of information that would be useful to include in a JSNA. It mentions qualitative information but offers no guidance on what might be included and how it might best be used. As to strategies, there is less guidance in relation to content compared with the earlier draft guidance published in January. Additional material that would be helpful in managing the expectations of others (not just the HWB) would be reference to it being a succinct document, and saying it meets some of the key needs identified in the JSNA.

It would be helpful if the values listed as underpinning good joint health and wellbeing strategies in the January 2012 draft guidance could be re-instated in the final iteration of the guidance, namely:

- setting shared priorities based on evidence of greatest need
- setting out a clear rationale for the locally agreed priorities and also what that means for the other needs identified in JSNAs and how they will be handled with an outcomes focus
- not trying to solve everything, but taking a strategic overview on how to address the key issues identified in JSNAs, including tackling the worst inequalities,
- concentrate on an achievable amount – prioritisation is difficult but important to maximise resources and focus on issues where the greatest outcomes can be achieved
- addressing issues through joint working across local the local system and also describing what individual services will do to tackle priorities
- supporting increased choice and control by people who use services with independence, prevention and integration at the heart of such support.

There could also be reference to the fact that both the JSNA and JHWS are likely to be tools that will inform difficult and challenging decommissioning decisions by the HWB.

Whilst there is limited reference to assets in the notes on page 14, the main body of the guidance would benefit from an explanation of the opportunities afforded by including data on assets in the JSNA, and the strategy setting out how specified assets can contribute to outcomes.

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?

Section 4 of the guidance does make the case for joined-up working. It is useful that it makes reference to other services that can contribute to health improvements.

As the wider resources referred to in question 5 are developed, case studies citing improved outcomes through joined-up working would be useful tools to assist boards members maximising the potential benefits of joined up working in their areas.

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?

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?

This and subsequent questions are not about providing feedback on the guidance, but cover wider issues. By both JSNA and JHWS being a process rather than a period event, it should be possible to identify trends which will indicate whether health inequalities are being addressed effectively. However, neither the Act, nor the guidance made the case as strongly as senior civil servants have done about the need to use the JHWS to tackle some of the extreme health inequalities experienced by some vulnerable and hard to reach 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?

If they contain the right data then the JSNA can contribute to an understanding of health inequalities and an analysis of the needs of vulnerable people and excluded groups. By definition these are not the easiest individuals to obtain reliable data on, so advice and best practice on how to obtain this could be useful.

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?

Access to synopses of case studies which demonstrate improvements have been delivered through innovative use of information and evidence could provide a valuable resource for boards looking to maximise the value and benefit of data.

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?

Overall, the guidance published for consultation is somewhat lightweight. It is the powers and duties in the Act, and local circumstances and relationships, rather than the guidance that will determine whether partners can deliver improved joined up working.

6. Several other helpful documents have also been published in support of the draft guidance. One of these is a tabulated summary of the powers and duties introduced by the Health and Social Care Act 2012 relevant to JSNAs and JHWSs. A copy of this document is attached at Appendix 2. Board members may find this a useful summary to share with their respective organisations.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

7. The shadow board could decide not to respond to the consultation.

RESOURCE IMPLICATIONS

Capital/Revenue

8. There are no direct financial implications arising from this report.

Property/Other

9. None.

LEGAL IMPLICATIONS

Statutory Power to undertake the proposals in the report:

10. The Health and Social Care Act 2012 establishes Health and Wellbeing Boards.

Other Legal Implications:

11. None.

POLICY FRAMEWORK IMPLICATIONS

12. None.

AUTHOR:	Name:	Martin Day	Tel:	023 80917831
	E-mail:	martin.day@southampton.gov.uk		

SUPPORTING DOCUMENTATION

Non-confidential appendices are in the Members' Rooms and can be accessed on-line

Appendices

1.	Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies – draft guidance <i>Proposals for consultation</i> (Department of Health)
2.	A summary table of the duties and powers introduced by the Health and Social Care Act 2012 relevant to JSNAs and JHWSs (Department of Health)

Documents In Members' Rooms

1.	None
----	------

Integrated Impact Assessment

Do the implications/subject/recommendations in the report require an Integrated Impact Assessment to be carried out.	No
--	----

Other Background Documents

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
NONE	

WARDS/COMMUNITIES AFFECTED:	All
------------------------------------	-----