

**Feeding back on draft JSNA and joint health and wellbeing strategy guidance  
17 February 2012**

Making Every Adult Matter (MEAM) is a coalition of four national charities - Clinks, Drugscope, Homeless Link and Mind – formed to influence policy and services for adults facing multiple needs and exclusions. These individuals experience several problems at the same time; have ineffective contact with services; and are living chaotic lives. We estimate that there are around 60,000 individuals in the group at any one time in England and they face some of the starkest health inequalities in our society.

Each organisation in the MEAM coalition has responded individually to this consultation. This submission is made to support these responses and to set out overarching considerations specifically relating to multiple needs and exclusions.

We hope these comments are helpful. For further information please contact: Communications and Policy Officer, Jesse Donaldson at [jesse.donaldson@meam.org.uk](mailto:jesse.donaldson@meam.org.uk), 0207 012 1417

<p>1. a) Does this draft include guidance on <b>all</b> the essential elements of good JSNA and joint health and wellbeing strategy processes?</p> <p>b) Are there other things it could include that would be helpful?</p> <p>c) Does it include things that you consider unhelpful?</p>	<p>We welcome the opportunity to comment on this draft guidance. JSNAs and joint health and wellbeing strategies have the potential to improve outcomes for individuals facing multiple needs and exclusions, who often face some of the worst health inequalities in our society. We are pleased that there is an emphasis on this in the current text, however stronger language and further clarification would be useful in the following areas:</p> <p><u>Inserting a definition of ‘multiple needs and exclusions’</u></p> <ul style="list-style-type: none"> <li>The draft guidance makes several references to ‘vulnerable circumstances and excluded groups’ (eg. page 8, 16, 19). On page 16 examples such as ‘carers, disabled people, offenders in secure settings, the homeless; or gypsies and travellers’ are provided. While we assume this is not an exhaustive list we would welcome emphasis on the need for JSNAs and joint health and wellbeing strategies to specifically focus on the small group of people who face multiple needs and exclusions. As stated above, we define this group using three criteria: they experience several problems at the same time; they have ineffective contact with services and they are living chaotic lives. <b>MEAM suggests that a specific mention of ‘individuals facing multiple needs and exclusions’ would provide greater clarity and signify the importance of the issue. This could be inserted in bullet point 2, Section 2. Additional mentions would fit in Section 4, paragraph 2 and Section 5.2 paragraph 2.</b></li> </ul>
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#### Creating tailored JSNAs for sub-groups of the population

- Our experience at MEAM suggests that it is advantageous for JSNAs to specifically cover the needs of particularly vulnerable or disadvantaged sub-groups. For instance, Cambridgeshire County Council has worked in partnership with the NHS and other voluntary and statutory partners to develop a set of sub-group focused JSNAs. Through this they have built a strong evidence base for the following groups: children and young people; older people; adults with learning disabilities, physical disabilities, long term conditions or mental health problems; Gypsies and Travellers; migrant workers; and those who are homeless and at risk of being homeless. **MEAM would welcome a recommendation in the draft guidance that local areas should seek to develop specific JSNAs for vulnerable groups, including those facing multiple needs and exclusions.**

For information please see: Cambridgeshire Joint Strategic Needs Assessment for the Homelessness and those at risk of homelessness, 2010

[http://www.cambridgeshirejsna.org.uk/webfm\\_send/110](http://www.cambridgeshirejsna.org.uk/webfm_send/110)

#### Prioritisation of strategic objectives

- The draft guidance has clearly set out that JSNAs and joint health and wellbeing strategies should take account of the entire local population, including the most vulnerable. However, with statutory duty to cover all groups and ages, joint health and wellbeing strategies will be forced to prioritise many different issues. On page 22 a series of values are identified to underpin joint health and wellbeing strategies. The first of these calls for 'setting shared priorities based on evidence of greatest need'. As a small, less visible and often underrepresented group, individuals facing multiple needs and exclusions may not be prioritised as having the 'greatest need', despite the fact that they are more likely to suffer from the highest health inequalities. **MEAM recommends that the draft guidance explicitly defines 'greatest need' as issues that impact the most individuals and issues that impact those who suffer the greatest health inequalities. This could be clarified on page 22, bullet point 1.**

#### Integrated responses

- MEAM is concerned that the draft guidance does not adequately emphasise the wide-range of partners that joint health and wellbeing strategies should seek to engage, despite identifying a broad number of

determinants that influence health and wellbeing. It is important that the joint health and wellbeing strategies seek to engage a wide-range of partners outside health and social care. As seen through the Cambridgeshire MEAM pilot, a truly coordinated effort across all local services has been integral in delivering positive outcomes set out in the homelessness JSNA. Without this emphasis the draft guidance runs the risk of creating health and social care strategies that do not utilise the multiple partners necessary to positively affect outcomes. **MEAM recommends that a much stronger reference is made in Section 5.2, paragraph 6 and Section 6.2, paragraph 2, to not just the option but the necessity of coordinated working with a wide-range of partners - especially the voluntary and statutory sector outside health and social care.**

For information on the MEAM Service Pilots please see: FAQ sheet <http://www.meam.org.uk/service-pilots>

#### Financing

- Within the draft guidance or as a supplementary document, there should be consideration given to not only pooled budgets under section 75 of the NHS Act 2006 but how this may factor into a broader agenda of local funding streams, particularly Community Budgets. **MEAM suggests that the draft guidance should consider the relationship between health and wellbeing strategies and broader funding streams. A line of text in Section 6.2, paragraph 3 could cover this issue.**

#### Geographical coverage

- Section 5.2 rightfully mentions that strategic tools should cover the whole local population; however it seemingly limits that definition to individuals who live or work within the local authority. **MEAM recommends that section 5.2 includes greater clarification on who the health and wellbeing boards will have a statutory duty to consider. This includes individuals with no connection to the local authority area in which they reside.**

#### Creating accountability for the group of individuals facing multiple needs and exclusions

- As noted in our reception publication: *'Turning the tide: A vision paper for multiple needs and exclusions'* individuals facing multiple needs and exclusions are often excluded from formal frameworks, such as adult social care and therefore the safeguarding process. The introduction of health and wellbeing boards and joint

		<p>health and wellbeing strategies could provide a good opportunity to introduce stronger accountability structures for this group. <b>MEAM suggests that reference could be made to this within the draft guidance.</b></p> <p>For information please see: 'Turning the tide: a vision paper for multiple needs and exclusions': <a href="http://www.meam.org.uk/vision-paper">http://www.meam.org.uk/vision-paper</a></p>
2.	Is the guidance clear to follow and does it provide the necessary level of detail?	
3.	<p>a) Would a glossary of terms be useful?</p> <p>b) We have compiled a draft of terms (at Annex C) what else should we include?</p>	<ul style="list-style-type: none"> <li>• The glossary of terms is useful and should be retained in the final guidance.</li> <li>• A specific mention of 'multiple needs and exclusions' in the glossary would be welcome. If the draft consultation goes forward with the terminology of 'vulnerable circumstances' and 'chronically excluded' then definitions of those terms would be helpful.</li> </ul>
4.	The previous guidance contained a diagram of the JSNA cycle – would an update to this be helpful?	
5.	<p>a) Given the LGG Data Inventory published in 2011, would you like to see an updated "core data set" of suggested (but not mandated) data sets?</p> <p>b) Alternatively, would it be helpful to have a resource which signposts to data sources?</p>	
6.	We would like to work with sector leaders to co-produce a suite of wider resources to support health and wellbeing boards in undertaking JSNAs and joint health and wellbeing strategies, and to support local partners to interact with this. These resources will aim to look at more detail at issues that health and wellbeing boards, and their partners would like more support on. What is your view on:	<p><u>Data collection and sharing</u></p> <ul style="list-style-type: none"> <li>• Section 6, paragraph 4 and 7 helpfully identify the challenges of data-sharing and the collection of evidence for the most vulnerable and excluded. MEAM agrees that community involvement and work with wider stakeholders is a feasible way to overcome this challenge, however further guidance on data collection and sharing protocols between the voluntary and statutory sector may be useful. <b>MEAM encourages the Department of Health to provide a supplementary document to provide greater detail about the collection and exchange of data between a wide-range of partners</b></li> </ul> <p><u>Sub-group focused JSNAs</u></p>

	<p>a) What topics would be useful to cover, and what would you like to see included within in these?</p> <p>b) Are there sector leaders you think should be leading or inputting into these topics?</p> <p>c) Are there existing resources that you find fit for purpose within the modernised health and care system, which you would like us to signpost to?</p>	<ul style="list-style-type: none"> <li>As mentioned Cambridgeshire has previously published a JSNA for those who are homeless and at risk of becoming homeless. This document provides an excellent case study around specifically addressing the needs of individuals facing multiple needs and exclusions (Section, 4.7 Page 50). <b>We recommend that the Department of Health considers a supplementary resource to support areas in the development of JSNAs for specific groups. MEAM would be happy to help support the creation of this resource.</b></li> </ul> <p>For information please see: Cambridgeshire (2010) Joint Strategic Needs Assessment for the Homelessness and those at risk of homelessness  <a href="http://www.cambridgeshirejsna.org.uk/webfm_send/110">http://www.cambridgeshirejsna.org.uk/webfm_send/110</a></p>
7.	<p>In advance of the formal consultation period, what additional support and resources will you need to ensure that local communities are aware of and have the opportunity to feed in their views?</p>	
8.	<p>Do you have any further general comments you'd like to make?</p>	