



Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies

Draft guidance consultation – a joint response

From Clinks, Drugscope, Making Every Adult Matter, Homeless Link, Mencap, Mind, Rethink Mental Illness, Revolving Doors Agency, Safer Future Communities, St Mungo's and Turning Point

September 2012

We welcome the opportunity to submit a response on the draft guidance for Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs).

We, and the Voluntary and Community Sector organisations and services we represent across the country, provide support to individuals who face some of the deepest health and wellbeing inequalities in our society. We support people who are homeless, experience mental health problems, have learning disabilities, are dependent on drugs or alcohol, offenders and their families. Many face several or all of these at the same time. The way in which JSNAs and JHWSs reflect the needs of these individuals will have a significant impact on future health and care outcomes.

We are concerned therefore that the revised guidance issued in July presents a significantly weaker ambition as to how JSNAs and JHWSs will support excluded groups than that presented in the January draft.

Many of us will be making independent submissions to the consultation. This joint response is intended to support those submissions by highlighting issues of shared concern and suggesting how we collectively believe the draft could be strengthened to support the government's aims for JSNAs and JHWSs.

We are aware that a commitment to publish 'further materials, including advice on good practice ... alongside this statutory guidance'¹ may help address some of the concerns raised below. However, in the absence of the opportunity to comment on these accompanying materials, we have included these concerns in this submission. We ask that any further materials are also made available for public consultation.

¹ Dept of Health (July 2012) JSNAs and joint health and wellbeing strategies – draft guidance

The importance of a robust vision from government for the health of society's most excluded individuals is needed now more than ever. We hope that our joint response will help to restore this vision and we look forward to supporting the implementation of revised guidance once it is made available.

Below we outline four shared concerns:

1. There is a reduced ambition around health inequalities in the new guidance, particularly for those facing 'deep' inequalities

We are very concerned that the July guidance provides a reduced ambition on the role of JSNAs and JHWSs in tackling inequalities compared to the January version. This is particularly the case regarding the 'deep' inequalities experienced by the individuals we support.

The Health and Social Care Act introduced two main health inequalities duties into law, including "a duty to exercise functions with regard to [the] need to reduce inequalities between patients in outcomes and access to services" and "a duty to exercise functions with a view to securing integration in the provision of health services and the provision of health and social care services" to achieve the same aim.²

The January 2012 guidance made reference to these duties early in the document and, importantly, differentiated between the 'deep' inequalities experienced by the most excluded and the 'wide' inequalities faced by the broader population. It noted that: "local authorities and clinical commissioning groups will be enabled to plan and commission services [that] better meet everyone's needs within the local community, *including people in the most vulnerable circumstances and the groups with the worst health outcomes*" and set out clearly that health and wellbeing boards provided "an opportunity to...tackle need and inequalities in health and wellbeing... *especially for people in the most vulnerable circumstances and the most excluded in society*".

In addition, the January guidance made direct reference to those facing multiple problems and related this to local services: "Many people in vulnerable circumstances have complex needs which need to be addressed across local services. Health and wellbeing boards may find that there are significant improvements in health and wellbeing outcomes that can be achieved for these groups through joined up working of health and wellbeing board members and with local partners, which also contribute to the efficiency of local services."³

In contrast, the July guidance makes far less mention of health and wellbeing inequalities; only includes examples of 'deep' inequalities in a footnote; and makes no reference to people with complex or multiple needs.

A greater ambition for the role of JSNAs and JHWSs in tackling 'deep' inequalities is important, not least because 'wide' inequalities are likely to be seen as the immediate priority in many local areas. This is compounded by the fact that those facing 'deep' inequalities are often less able to have their voices heard in mainstream community engagement mechanisms. Aside from the impact on individuals, a failure to invest sufficiently in effective services for the groups facing 'deep' exclusion will have

² Dept of Health (January 2012) JSNAs and joint health and wellbeing strategies – draft guidance

³ Dept of Health (January 2012) JSNAs and joint health and wellbeing strategies – draft guidance p.5 and p.8 and p.16 (Emphasis added)

significant cost implications for local communities over time.⁴ Unless this is recognised we are concerned local areas will be unable to meet the Government's ambitions to reduce health and wellbeing inequalities.

Including practical examples of how to address 'deep' inequalities would further support Health and Wellbeing Boards to deliver the government's ambitions, without being overly prescriptive. For example, Cambridgeshire has developed a set of sub-group focused JSNAs covering: children and young people; older people; adults with learning disabilities, physical difficulties, long-term conditions or mental health problems; gypsies and travellers; migrant workers; and those who are homeless and at risk of being homeless.

We recommend that:

- A clear statement of how JSNAs and JHWSs can support the duties to tackle inequalities contained in the Act is provided in the new guidance
- That a distinction is made between 'deep' and 'wide' inequalities as it was in the January document
- That the new guidance provides a stronger focus on how JSNAs can ensure a focus on 'deep' inequalities and a firm evidence base for local action, for example through sub-group needs assessments.
- That a link is drawn in the new guidance between the duty to integrate services and the improvement in outcomes for those facing 'deep' inequalities

2. The guidance does not link closely enough to wider health and other related national outcomes

The current guidance does not link closely enough to the NHS, Adult Social Care and Public Health Outcomes Frameworks, which are only mentioned briefly on page five.

In contrast, while providing a similar message about how national outcomes should inform but not overshadow local priorities,⁵ the January document also provided further detail about how health and wellbeing boards should be the place where local and national outcomes frameworks should come together and be reviewed as a whole⁶.

The current guidance notes that health and wellbeing boards can use JHWS priorities to influence services which affect health. However it does not include reference to how the JHWS could link with other local plans such as the Policing and Crime Plan or housing and planning strategies, or what account it should take of relevant national strategies (for example, the drug strategy, alcohol strategy, mental health strategy and social justice strategy). In contrast, the earlier draft clearly stated that the JSNA and JHWS should look at priorities and factors 'across the local system' in order to achieve the greatest impact.⁷

We recommend that:

- The new guidance document includes a more explicit reference to the National Outcomes Frameworks and how they should relate to local priorities

⁴ For example, the National Audit Office report 'Tackling Problem Drug Use' (2010) found that £1 invested in drug treatment saves £2.50 in subsequent costs.

⁵ Dept of Health (January 2012) JSNAs and joint health and wellbeing strategies – draft guidance p.22

⁶ Dept of Health (January 2012) JSNAs and joint health and wellbeing strategies – draft guidance p.25

⁷ Dept of Health (January 2012) JSNAs and joint health and wellbeing strategies – draft guidance p.7 and p.24

- The guidance include reference to how the JHWS should link with other local plans that impact on wider determinants of health, and give examples of good practice
- The guidance includes reference to relevant national strategies that local areas should consider in developing JHWSs.

3. The guidance document does not define involvement and integration

We are concerned that the guidance does not describe in more detail what effective involvement and integration look like.

The Health and Social Care Act placed a duty on health and wellbeing boards to involve third parties in the preparation of JSNAs and JHWSs and to exercise functions with a view to securing integration in the provision of health and social care services.⁸ However, neither the January nor July versions of the guidance provide detailed information on what kind of activities might equate to appropriate involvement and integration.

We would expect statutory guidance to include this type of information. Specifically, we would expect the guidance to identify how the meaningful involvement of those most vulnerable to health inequalities can be ensured. This reflects the Future Forum recommendation that public involvement should be defined clearly, and based on the principle of shared decision making not only in terms of individual treatment, but also in all duties ‘to involve’.⁹ This would cover a range of engagement mechanisms and go beyond consultation with a greater emphasis on working in partnership and include outreach to excluded groups. In our view, Health and Wellbeing Boards would welcome guidance on what methods can be effective.

We recommend that:

- The new guidance provides further detail on what good involvement and promotion of integration look like and how they can be achieved, including practical examples. This could draw on existing guidance developed by the Department of Health¹⁰ which defined good involvement practice or other examples that we would be happy to provide.
- The final version of the guidance retains the section of the January version about local authorities and CCGs’ duty to involve the community and the associated good practice around this.

4. The document is not an enabling document

Finally, as can be seen from some of the recommendations above, we are concerned that the revised guidance document is not an enabling document, but a reiteration of the Act. We appreciate that it is intended to be a clear overview of what health and wellbeing boards, local authorities and CCGs *must* do in relation to JSNAs and JHWSs, but believe that in focusing solely on this (depending on what ‘further materials’ and good practice accompany it) that it potentially misses an opportunity to set out the government’s ambition for improving health and wellbeing and to encourage local areas towards best practice, particularly around tackling ‘deep’ inequalities. As above, we believe Health and Wellbeing Boards would view practical advice and ideas as helpful rather than prescriptive and that enabling guidance with

⁸ Dept of Health (January 2012) JSNAs and joint health and wellbeing strategies – draft guidance p.29 and p.3131

⁹ Future Forum (June 2011) NHS Future Forum Summary report on proposed changes to the NHS

¹⁰ Department of Health (2008) Real involvement: working with people to improve services

practical examples is critical to equip new Health and Wellbeing Boards to perform their role effectively.

We recommend that:

- The new guidance is divided into two sections – the first to outline the legal duties and the second to provide an overview of the government’s ambition for JSNAs and JHWSs in tackling health inequalities, including practical examples of how this might be achieved locally. This document may be presented in such a way as to be supportive rather than directive.

Thank you for the opportunity to contribute to this consultation. We hope that you will consider the issues we have raised as part of this process and we look forward to the publication of the final guidance.

Please do contact us if you would like to discuss any aspect of this submission in more detail. In the first instance please contact Anna Page, Policy Manager, Revolving Doors Agency, 020 7407 0747, anna.page@revolving-doors.org.uk who will direct your enquiry to the most relevant organisation.