

Instructions: Feeding back on draft JSNA and joint health and wellbeing strategy guidance

Background

This draft statutory and best practice guidance is being shared in advance of a short public consultation due later this year.

Feedback and comments are welcomed and these will help to ensure that the guidance can be updated and made fit for purpose, building on the experience of shadow health and wellbeing boards; before the public consultation launches.

Questions for consideration

The questions below will help to guide your feedback and will also help us to analyse the feedback we receive to be able to make amendments. Ideally we are expecting one feedback submission per organisation.

Timing

Deadline for submissions is **Friday 17 February 2012** – please submit responses to jsnaandjhws@dh.gsi.gov.uk.

1.	<p>a) Does this draft include guidance on all 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>As noted below, we do not consider that the contribution of carers and families is sufficiently acknowledged. Carers and families will be vital partners in the delivery of more community orientated services. They also have a critical role in prevention strategies. We would welcome a clearer recognition of their contribution as active citizens and as strategic partners in assessing local need and developing appropriate strategies.</p>
2.	<p>Is the guidance clear to follow and does it provide the necessary level of detail?</p>	<p>We would welcome more case studies, diagrams and illustrative materials.</p>
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>	<p>A glossary of terms would be helpful.</p> <p>With regard to Annex C, it would be helpful if a list of the current Outcomes Frameworks could be added (with relevant links).</p> <p>The draft guidance makes reference to the interface between the JHWBS and other Commissioning Strategies. It also refers to the current national Strategies which should be</p>

		informing commissioning at local level. It would be helpful if these could also be listed, eg the Carers Strategy, Mental Health, End of Life Care and Public Health Strategies and others.
4.	The previous guidance contained a diagram of the JSNA cycle – would an update to this be helpful?	It would be helpful if the guidance could include more diagrams so that all stakeholders can understand the line/s of accountabilities to re-enforce the new roles and responsibilities.
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>	<p>We would welcome a resource which signposts to a range of data sources. Given the potential scope of both JSNAs and their related strategies, we can envisage requests for a wider range of data than is currently the case.</p> <p>We would also welcome some practical advice for providers, commissioners and the voluntary sector in order to systematically collect and share relevant local data about their users and services. With the shift to community based and personalised services, we need to ensure that sufficient data is collected in a manner which can be subsequently analysed and drawn upon to inform local commissioning. In the future we envisage the need for more ‘micro-data collection’ because of the multiplicity of providers and the take up of personal budgets. Therefore, it is important that as far as possible data on outcomes is collected where possible from all local commissioners, providers and users and presented in a way that can inform the JSNA and subsequent strategic planning.</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	<p>We welcome this draft guidance, which is helpful and follows on naturally from its predecessor guidance on joint strategic needs assessment (DH, December 2007) and complemented by the statutory Guidance “Our health, our care our say” and “Strong and Prosperous Communities”).</p> <p>All guidance is welcomed. It provides a framework for discussion about key strategic issues and it allows for local interpretation, development and delivery where possible. However, we are concerned that the potential role of certain key</p>

<p>and wellbeing boards, and their partners would like more support on. What is your view on:</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>	<p>stakeholders is not sufficiently represented and recognised within the draft guidance.</p> <p>Valuing carers and families as strategic partners: With reference to the question (6a and b) about topics to be included and sector leaders, we are concerned that this draft guidance does not sufficiently promote the carers and family agenda in any meaningful way.</p> <p>We agree about the importance of key principles around leadership, integration, partnership and outcomes.</p> <p>However, we would welcome a much stronger recognition of the role of families and carers in supporting health and well-being and a recognition that support for carers is in turn a support for many vulnerable people. With demographic change and a shift from hospital to community for care and support for a wide range of long term conditions, carers have a vital role in supporting healthy and valued lives within their local communities. In effect, carers are users, providers and often micro-commissioners of support for those they care for. However, heavy and often long-term caring roles can pose challenges to their own health and well-being. We note the major and welcome shift from hospital and residential care to care in the family home over the past decade. However, we are concerned that carers might be a ‘silent minority’ within the consultative processes around the development of the JSNA and related Strategy without proactive encouragement to seeing them not only as an asset but also as deserving recognition and support in their own right.</p> <p>We note that the draft guidance encourages local partners to consider the existing <u>assets and resources in their area</u> in order to inform positive strategic planning. We would like to raise the profile of carers in this context, as their often long-term willingness to care and support family members and friends and neighbours represents huge savings to the</p>
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		<p>public sector and to local communities as a whole. Their recognition and support will be significant in improving outcomes for a wide range of local citizens and they should be fully acknowledged and engaged within the assessment and strategic planning arrangements.</p> <p>We see integration as a key theme in any modernised health and care system and would thereby envisage support for carers as a key exemplar of where integrated health and social care achieve best outcomes often for the whole family. We note that there is a considerable body of evidence that demonstrates the cost-benefit of supporting carers and the improvement of outcomes both for carers themselves and for those they support if appropriate recognition of their often challenging role is made. We can provide further references if required.</p> <p>Engagement with, and involvement of, the local community: Successful JSNAs and their related strategies must ensure not only local partnerships between a wide range of agencies. They must also demonstrate active engagement with the local community. We are concerned about the potential marginalisation of some sections of the wider community unless there are proactive local communication strategies which genuinely encourage partnership and shared views about the best way forward.</p> <p>Transparency will be vital and we would welcome stronger references to the need to produce information in 'easy read' formats and to ensure that the core purpose of the JSNA is fully understood. The spirit of a successful JSNA and its related strategy will be co-production with local communities and citizens, with shared goals and active partnerships. We are not confident that the current draft guidance could perform this role with some very different community players and groups without a proper communication strategy. .</p>
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		<p>We welcome the emphasis on partnership, collaboration and integration, which in turn perpetuate the message in the original 2007 guidance, albeit with new players and accountabilities.</p> <p>Drawing on existing evidence of the value of strategic partnerships and pooling of budgets: Many of the local players will have been working on the JSNA for several years, some with considerable success despite the inherent challenges of working in partnership across organisational and professional boundaries. We would welcome some recognition within the draft guidance of what has been already been achieved by providing examples of some local progress on this agenda.</p> <p>Indeed we would welcome the wider use of case studies and illustrative material within the draft guidance. The use of case studies could provide some incentive for people to learn from past experience and so not attempt to “re-invent the wheel”.</p> <p>We note that local authorities have had the power to delegate their responsibilities for many years together with pooled budgets. Because these mechanisms are not new, it would be helpful to draw on some of the existing research and evidence to demonstrate how partnership working can be an effective way of delivering services. Again reference to good practice might assist alongside some of the pitfalls</p> <p>Scrutiny: Local authorities have worked hard to develop their scrutiny roles and there have been many national incentives to support local Members to better understand their role with varying degrees of success. It is important that this role remains and we welcome the guidance’s emphasis on the importance of local authority scrutiny. We see this scrutiny role as particularly important in terms of preserving the concept of local democratic responsibility.</p> <p>Feedback to the community and shared visions</p>
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		<p>for continuous improvement: The draft guidance makes reference to the requirement to produce annual reports, also noting CCGs' duties around annual reports and other feedback on outcomes identified and achieved. Given major changes in the architecture of health and social care now and in the near future, we see regular reporting back as crucial if communities and citizens are to be proactive players within any needs assessment and resultant strategy. We hope that reports can be published in accessible formats.</p> <p>Local leadership: The document talks about "better integration" "strong local leadership" "deep and productive partnerships" and "true partnership" However, we would welcome greater clarification as to how these might be achieved (perhaps with case studies and other illustrative material).</p> <p>On page 19 of the draft guidance reference is made to the expectation that "<i>giving local people a voice should engender local ownership of the process</i>". The draft guidance suggests that "Health & Wellbeing Boards '<i>may want to show how they have involved and listened to the local people</i>'.</p> <p>We regard the engagement of local people as absolutely critical, but to achieve this it will be important to:</p> <ul style="list-style-type: none">• Ensure that the voluntary sector is fully involved in developing the needs assessment and resultant strategy.• Recognise the diversity and skills of the voluntary sector and avoid 'tokenism'. It would be helpful to encourage voluntary organisations to work together thematically at local level where they have interests in common.• Ensure that 'hard to reach' sections of the community are also engaged. We hope that sufficient resources can be allocated to achieve this goal. On page 19 of the draft guidance, details are given as to how local groups will be able to assist professionals in maximising the delivery of better outcomes.
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		<p>Again specific reference to the wide range of agencies that might provide helpful input would be useful.</p> <ul style="list-style-type: none"> • We also feel that it would be encouraging to offer some examples as to how local authorities and their partners have consulted with and engaged their local communities to ensure genuine shared outcomes..
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>	<p>We recognise that the JSNA and its related Strategy is an iterative process. We warmly welcome the outcome focus but we are also aware that needs and their resolution may vary over time according to changes in circumstances within the local community.</p> <p>We envisage the Public Sector Duty and related guidance on equalities as a useful tool for ensuring that all relevant interest groups and stakeholders are fully involved in (a) agreeing outcomes based on local need and (b) monitoring progress.</p> <p>We would welcome additional practical guidance and information resources on how best to set local outcomes; how to engage with local communities (in particular the hard to reach) and how to measure satisfaction. It would be useful to offer exemplars of different models of community engagement and also to clarify the Public Sector Duty with illustrations of local engagement in the process.</p> <p>With reference to the Public Sector Duty, we would hope that any planning arrangements take account of all the protected categories and that localities understand that <i>carers are now protected from associative discrimination by reason of their association with a disabled, older or other person in the protected categories.</i> Therefore they should have special mention within any local arrangements to meet the Public Sector Duty.</p>
8.	<p>Do you have any further</p>	<p>As noted above, we see the JSNA and the</p>

<p>general comments you'd like to make?</p>	<p>resultant Strategy as being 'work in progress', ie an iterative process. We are concerned that many sections of the community are still unaware of the Government's commitment to improving the public's health and of the role of Health and Well-Being Boards and the opportunity to contribute to the development of proactive local policies to improve health and well-being. We see some confusion in particular around generic public health improvements designed to get better outcomes for the population as a whole, eg smoking cessation programmes, support around obesity and substance misuse and the additional and the sometimes very specialist health and support needs of a growing number of citizens and their carers.</p> <p>Disabled people, people with long-term conditions and their carers: We note in particular the growing number of people now surviving with long-term conditions. They and their families will of course benefit from generic public health programmes. But they also need practical and emotional support, with many carers now frequently performing complex medical and nursing tasks and neglecting their own health. The population of disabled and older people is changing, with many families now caring on a life-time basis for people with learning disabilities or complex physical impairments who would a decade ago have been living in some form of residential care.</p> <p>A life-course approach to improving outcomes for carers and people with long term conditions or disabilities: In this context we note the importance of developing and delivering preventive early intervention and support across the life-cycle for carers and those they support. There is general agreement that the numbers of severely disabled children is increasing and the 0-16 age group is now the fastest growing sector in the disabled population. In England and Wales there has been a ten percent increase in the numbers of children with profound and multiple learning difficulties over the past five years. These children and young people deserve the same life chances as their non-</p>
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		<p>disabled peers. They are likely to continue living in the community and in family homes as adults, but will need high levels of cross-agency support to achieve good quality of life.</p> <p>Therefore, the JSNA and the outcomes set in the related strategy must have regard to the needs of these children as they become adults and also to the growing number of adults surviving with COPD, dementia and other long-term conditions. Their health and well-being will be profoundly affected by the support given to their family carers and we hope that the strategic objectives will specifically value and address local arrangements to improve carer support.</p> <p>We also note that some citizens and their families and carers may also require intensive high level support at particular points in their lives, eg when recovering from a serious accident or in end of life care. If the new arrangements work well, it should be easier to join up care around these often complex and very intensive needs.</p> <p>New requirements in the NHS Operating Framework 2012-13: We have warmly welcomed the requirements in the 2012-13 NHS Operating Framework for PCT Clusters and Local Authorities to produce joint plans in partnership with the voluntary sector and any other relevant partners about local need and related support for carers; funding and eligibility criteria; the nature and number of short breaks on offer and any plans for the future. We would welcome the expectation that the Joint Strategy would encourage similar initiatives, with joint plans published setting out local need and proposals to address it. We see such planning arrangements as particularly valuable in encouraging dynamic working partnerships at local level and agreement on outcomes which in turn can be measured to clarify progress.</p> <p>We envisage encouragement to jointly plan around specific groups of local citizens as particularly useful in the context of engaging the CCGs and</p>
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		<p>encouraging new partnerships with the voluntary and public sector in their areas.</p> <p>The role of the voluntary sector: In many areas the voluntary sector will hold a wide range of local data on particular areas of need and user aspirations or satisfaction. Many voluntary organisations are also providers and they are likely to be the first source of information and advice to communities on the new arrangements. They can play a crucial role in the development and delivery of new patterns of services. We would welcome greater detail about the breadth of the voluntary sector and how to engage it strategically.</p> <p>A new agenda of personalised services: It would be helpful if the guidance acknowledged the culture change in the design and delivery of local services through the personalisation agenda. If as is envisaged, local authorities have generally moved to direct payments or personal budgets by 2013 and we are seeing increased take up of Personal Health Budgets in the same period, then it will be important to encourage local partners to consider how best to encourage and support users and carers to use their personal budget or direct payment proactively; to explore possibilities for pooling of personal budgets and to explore options for supporting personal budget/direct payment users as 'micro-commissioners' in their own right. Reference might usefully be made to the wealth of material on personalisation (with links to a wide range of information resources) on the Think Local Act Personal and SCIE websites.</p> <p>The rise of personal budgets and the personalisation agenda also suggest that it would be helpful to acknowledge the move towards greater use of social enterprises and asset based approaches to building support within local communities (and thereby using existing resources in often very different ways).</p> <p>Setting and measuring outcomes: At local level we are aware that there is varying understanding of the inter-face between the different Outcomes</p>
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