

## Appendix 2

### Draft Officer Response to DH Consultation on the JSNA and JHWS

#### General comments

- The second draft is much more concise, clearer and more helpful document than the first draft guidance. The emphasis on partnership working and involving the local community is very clear, as is the joint duty of the CCG and Local Authority to prepare the JSNA and JHWS.
- It is acknowledged that the duties of the various organisations and Health and Wellbeing Board are included in an appendix but it would be helpful to have the key duties and powers of the Health and Wellbeing Board regarding the JSNA and JHWS reiterated in the main text.
- To avoid misunderstanding regarding issues not prioritised within the JHWS, it would be helpful to emphasise that the JHWS is not the only local strategic document of importance and that other key issues should continue to be addressed.

#### Consultation Questions

**Q1. 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?**

Generally yes - this is clearly described in section 3 of the document. However it would be helpful for the guidance to include clarification on two issues:

- what the HWB's responsibilities are as regards other partnerships such as the Local Strategic Partnership.
- What the relationship between the HWB and Public Health England is (particularly in regard to the duty (p5) to include health protection in the JSNA).

**Q2. 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?**

This is clearly stated in 2.5. This is considered to be a sensible approach.

**Q3. Is the guidance likely to support health and wellbeing boards in relation to the content of their JSNAs and JHWSs?**

The overarching definition of JSNAs as “assessments of future health and social care needs that could be met by the local authority, CCGs or NHS CB” (p4) seems reductive. JSNAs should reflect health and wellbeing needs that could be met by other organisations or by communities themselves. Indeed the rest of the guidance supports this.

The guidance is more descriptive of JSNA responsibilities than JHWS responsibilities.

**Q4. 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 would be helpful to have more guidance regarding how HWB will work with other partnerships rather than just the local authority being able to delegate functions to the HWB.

**Q5. 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?**

They have contributed to this but generally their role has been to flag up where inequalities exist rather than ensuring that equalities duties have been met. It is our view that other evidence needs to be considered to demonstrate the extent to which equalities duties have been met. They have also been limited by the availability of data on equalities groups.

**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 guidance is not very strong on addressing inequalities. It would be reasonable to propose that the HWB consider adopting a framework such as Marmot’s within which to consider local inequalities.

JSNA are a valuable a source of evidence for completion of Equality Impact Assessments, and could also potentially be used by Scrutiny committees to inform their investigations.

**Q6. 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 but this has often been restricted to comparisons based on age, gender and deprivation, and sometimes ethnicity. The JSNA now has an opportunity to incorporate information from the improved equalities monitoring of service users.

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

It is more about understanding the limitations of the data/information available, the timescales involved in narrowing the gap and that it is really about inequalities not just health inequalities.

Continuing and developing the programme of topic based health profiles currently provided by PH Observatories. There is a clear role for PH England to support consistent national level analysis.

**Q7. 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?**

It would be helpful to make it clear for all potential contributors and users the need for the information provided to be quality assured in some way. This is not to minimise the contribution but for all parties to understand that the JSNA will not always be able to use the data provided. Further guidance on asset mapping and their use would be helpful.

Disseminate best practice and research evidence on effective methodologies for asset assessment (building on established work such as A Glass Half Full). Possibly national/regional training or events on this approach would be of value.

**Q8. 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? Joint Health and Wellbeing Strategies – draft guidance**

The new duties and powers and associated guidance will encourage closer working. Initially this is most likely to be between the CCG and local authority, but over time is likely to expand to include other local partnerships and agencies.

The guidance provides an opportunity to place JSNAs at the centre of commissioning but this needs to be reiterated in subsequent guidance and nationally led development of CCGs, NHS CB etc to support HWBBs in maintaining this focus locally.

### **Q9. 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?**

The establishing of the HWB, and the greater emphasis on community involvement and stronger partnership working will act as a catalyst to progress those areas where improvements can still be made by closer working between partners.

The overall outcomes for local communities should be improved. However, it will be important to manage expectation and communicate that some outcomes will take longer than others to achieve (outcomes should be considered as short, medium and long term).

JSNAs should reflect the outcomes that are important to local communities. Aspects of the guidance on JSNA, eg involvement of Healthwatch and community & voluntary sector groups should support this. As mentioned in Section 6, communities will be able to use the JSNA to scrutinise decisions and hold decision makers to account.