English Community Care Association

JOINT STRATEGIC NEEDS ASSESSMENTS, AND JOINT HEALTH AND WELLBEING STRATEGIES DRAFT GUIDANCE

A response from the English Community Care Association

1 Introduction

1.1 The English Community Care Association (ECCA) is the leading representative body for independent social care organisations in England. ECCA represents a wide range of providers with over 500,000 service users and is the largest association of social care services in England. Member organisations include care homes, domiciliary care agencies and other specialist health and support services.

1.2 It is our understanding that Joint Strategic Needs Assessments (JSNA) and Health and Wellbeing Strategies (JHWS) will be produced by health and wellbeing boards as a structure for improving outcomes locally. We welcome the opportunity to contribute to this consultation.

2 Opening Remarks

2.1 This draft guidance for health and wellbeing boards adequately describes the legal duties for producing JSNAs and JHWSs. However, there are a number of concerns over the structure of health and wellbeing boards which may impair their ability to produce JHWSs which are meaningful and effective.

2.2 One of the aims of the 2012 Act is for decisions about services to be made as locally possible, involving local people. Health and wellbeing boards should be aiming to use JSNAs and JHWSs to do just this. However, their core membership is from the local authority, CCGs and Local Healthwatch.

2.3 In reality, service providers and their staff are often the professionals closest to people with care needs and so naturally decisions about those needs will closely involve the provider. But whilst boards have the option of including service providers, this is not mandatory in the guidance. It should be more strongly encouraged in this guidance that additional members such as service providers, health and care professionals, voluntary and community organisations etc should be involved in membership, so as to benefit from their specialist knowledge. Otherwise health and wellbeing boards will end up becoming a needless exercise in people talking to each other who should already be doing just that.

2.4 Furthermore, the guidance fails to reassure health and wellbeing boards that their actions will be taken seriously. In particular, the lack of accountability measures to the public is worrying – especially in situations where the local authority must adjust its practice. The idea, for example, that the following information would provide any reassurance to the public is questionable:

If the health and wellbeing board does not believe that a local authority has taken account of the JSNAs or JHWSs, it can raise its concerns with the local authority.

2.5 The guidance rightly points out that including providers in health and wellbeing boards will require them to consider how any conflicts of interest will be managed. However, health and wellbeing boards should also be encouraged through this guidance to consider how conflicts of interest arise in the core membership – CCGs and local authorities having their own agendas – and requiring them to put the wellbeing of individuals before all other considerations.

3 Question responses

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?

Yes.

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?

Yes.

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

Yes.

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.

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?

ECCA does not have adequate data to comment.

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?

ECCA does not have adequate data to comment.

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?

ECCA does not have adequate data to comment.

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

Most obviously, data from the Office for National Statistics including health, housing etc.

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?

Details about who the local independent sector providers are, the types of care provided and how they can be engaged in local discussions – for example through local or national care associations.

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?

We hope to see a more integrated approach to commissioning and an agreement on joint quality and performance measures that reflects both 'health' and 'social care' perspectives.

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?

It will allow the local community to challenge the health and care system to deliver what it has promised but will also allow the community to engage in defining needs and presenting solutions for meeting those needs. It will be important however for the boards to find new ways to communicate with all sections of the local community and be open to feedback received from that community.

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