

## 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](mailto:jsnaandjhws@dh.gsi.gov.uk).

1.	<p>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>a) No. There are other statutory provisions that will influence the health and well being function that should be included. These include the power of local authorities to promote well-being under the 2000 Local Government Act, the duties of the Director of Public health and the duties (or more strictly requirements) placed on local government and other bodies that pertain to health and well being. Addressing health and well being in development plans and in transport plans are examples. The guidance is seen as too narrow in this respect.</p> <p>JSNAs provide a framework to examine all the factors that impact on health and wellbeing of local communities, including employment, education, housing, and environmental factors; providing impartial evidence on which to base local decisions. In addition transport ought to be included given not only the issues of road safety, but also the manner in which accessibility to employment, open space and health services are important determinants of health.</p> <p>It would be useful to review the purpose, scope and content of JSNA in the light of experience so far</p>
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		<p>and in the context of the purpose of the health and wellbeing strategy which is entirely new, with the exception of some local government health and wellbeing strategies in recent years.</p> <p>The guidance could be improved greatly if it also covered:</p> <ul style="list-style-type: none"><li>• How commissioning of services related to wider health determinants such as housing, education or lifestyle behaviours can be more closely integrated with commissioning of health and social care services.</li><li>• How health and wellbeing boards could be encouraged to ensure local knowledge across their area is represented at spatial scales meaningful to the different users of the JSNA.</li><li>• How to ensure that evidence needed to be able to respond to development plan matters affecting health as well as the consequences of major developments on health inequalities is assembled.</li><li>• The prioritisation of key issues, avoiding short term fixes at the expense of longer term strategies.</li><li>• How health and wellbeing boards could consider services across local authorities and their partners, beyond health and social care to health related services.</li><li>• How to avoid duplication of effort to include community profiling for local development documents.</li><li>• How to ensure the “picture of place” (p13) aligns with the vision set out in the local development framework and other local plans and strategies, and also (p23) aligns with other assessments and plans, including local transport plans, Local Development Framework Annual Monitoring Review, Sustainability Appraisals and climate change assessments, Environmental Impact Assessments.</li><li>• How to provide the necessary evidence to support the spatial planning process contribution to public health.</li><li>• The use of evidence in JSNAs and the need to have data at a neighbourhood level, to be able to identify different health needs and health</li></ul>
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		<p>inequalities within a local authority area and to inform neighbourhood planning.</p> <ul style="list-style-type: none"> <li>• The need to include evidence of the wider determinants of health; not just health data.</li> <li>• How to identify the need for health facilities (and make the case for Community Infrastructure Levy).</li> <li>• The specific need to engage with district councils in two-tier areas.</li> </ul>
2.	<p>Is the guidance clear to follow and does it provide the necessary level of detail?</p>	<p>No. We recognise this is a draft and feel that there is therefore an opportunity significantly to improve the guidance before the final version is published. We are happy to help with this process. We have noticed in particular that:</p> <ul style="list-style-type: none"> <li>• There is repetition in the draft, for instance of the obligations of the clinical commissioning groups. Removing this would make it easier to follow.</li> <li>• Some parts of the document refer exclusively to JSNA whereas other paragraphs attempt to cover both it and health and wellbeing boards. Greater consistency would make the guidance clearer.</li> <li>• In some places detail is lacking, for example the section on page 8 under “functions of health and wellbeing boards” would be improved by adding the need to consider health inequalities and wider determinants of health, and on page 9 paragraph 4.1.2 should include the environment and transport in the list of wider determinants of health.</li> </ul> <p>The relationship between health and wellbeing boards and their own local authority, with district councils, with NHS commissioning boards, with clinical commissioning groups, with Foundation Trusts, and with Public Health England will result in an extremely complex and challenging environment. The guidance therefore needs to be sufficiently robust and detailed to be useful in these circumstances.</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>Yes.</p> <ul style="list-style-type: none"> <li>• Strategic planning should be defined to include all local authority functions that affect the wider determinants of health and thus include spatial planning.</li> <li>• Cross-border issues should be defined: there</li> </ul>

		are various boundaries and clarity is needed particularly for the larger conurbations.
4.	The previous guidance contained a diagram of the JSNA cycle – would an update to this be helpful?	Yes. <ul style="list-style-type: none"> <li>Update and expand with identification of all local authority functions supporting health and the wider policy landscape.</li> </ul>
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>a) No.</p> <ul style="list-style-type: none"> <li>Data sets should be defined to meet local needs as defined by all users of JSNA.</li> </ul> <p>b) Yes.</p> <ul style="list-style-type: none"> <li>Signposting would be helpful.</li> </ul>
6.	<p>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> <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</p>	<p>a) There are many topics including data sources, intelligent analysis, engagement techniques, commissioning, decision-making and accredited research where some accessible forum would be extremely useful. We would be keen to engage with this process and to ensure that planning is represented in the resources available to health and wellbeing boards.</p> <p>b) Yes.</p> <ul style="list-style-type: none"> <li>The RTPI through its members’ involvement in other public health bodies strongly supports the need for wider resources, such as on the relevance of spatial planning and green infrastructure for clinical commissioning groups.</li> <li>We would be pleased to be engaged in the specification and review of such resources.</li> </ul> <p>c) Yes, both documents and organisations.</p> <ul style="list-style-type: none"> <li>Royal Town Planning Institute Good Practice Note 5 “Delivering Healthy Communities”</li> <li>I&amp;DeA “The Social Determinants of Health and the Role of Local Government”</li> <li>I&amp;DeA “Plugging Health into Planning, Evidence and Practice”</li> <li>Institute of Public Health in Ireland “Health Impacts of the Built Environment”</li> <li>Mayor of London “Health Issues in Planning Best Practice Guidance”</li> </ul>

	<p>system, which you would like us to signpost to?</p>	<ul style="list-style-type: none"> <li>• NHS “A Guide to Town Planning for NHS Staff”</li> <li>• Spatial Planning and Health Group “Steps to Healthy Planning”</li> <li>• Local Government Group “Plugging Health into Planning”</li> <li>• CABE “Future Health: sustainable places for health and well-being”</li> <li>• TCPA “Spatial Planning for Health: A guide to embedding the Joint Strategic Needs Assessment in spatial planning”</li> <li>• Cambridgeshire JSNA “New Communities”</li> <li>• Healthy Urban Development Unit, London</li> <li>• UK Healthy Cities Network</li> <li>• Case studies would be useful. For example, structurally, Bristol is a good case: the PCT has embedded a number of experts in various departments of the City Council, including Transport and Planning, to ensure good joint policymaking and strategy development and to advise on practice. Well before the transition of public health into the City Council, the operational relationships are fully formed and, specifically, transport and planning are able to play a full part in the JSNA process.</li> </ul>
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>The RTPi runs Planning Aid for England (PAE), supporting communities and individuals through a locally-based network of 1,200 RTPi members who give their time and expertise free of charge. Over the past five years PAE has helped over 100,000 individuals and more than 5,000 community groups help shape great places to live and work by providing free and impartial planning advice. We would welcome the opportunity to discuss how PAE might get involved in working with communities on the links between planning and health.</p>
8.	<p>Do you have any further general comments you’d like to make?</p>	<p>Please see attached letter.</p>