



**Association of Directors of Adult Social Services (ADASS) response to the  
consultation on Draft Guidance – Joint Strategic Needs Assessment and Joint  
Health and Wellbeing Strategies**

**Background**

The Association of Directors of Adult Social Services (ADASS) represents Directors of Adult Social Services in Councils in England. As well as having statutory responsibilities for the commissioning and provision of social care, ADASS members often also share a number of responsibilities for the commissioning and provision of housing, leisure, library, culture, arts, community services and increasingly, Children's Social Care within their Councils.

**Key Messages**

ADASS welcomes the opportunity to contribute to this consultation on draft guidance for Joint Strategic Needs Assessment (JSNA) and Joint Health & Wellbeing Strategies (JHWS). These are important activities and documents that promote and support delivery partners to work collectively to address identified local needs and improved outcomes and ADASS welcomes guidance that provides clarity and transparency in the application of both JSNAs and JHWS across local delivery partners and national organisations (such as NHS Commissioning Board and Public Health England).

**Consultation Questions**

**Question 1**

**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 the guidance is clear. It is recognised that further guidance will be issued as Health and Wellbeing Boards (HWBs) evolve. Further, ADASS welcomes the duty to supply information to inform the JSNA and JHWS as an important dimension to ensure completeness of analysis of local needs and priorities.

## **Question 2**

**It is the Department of Health'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 the guidance supports this – the NHS Commissioning Board participation in JSNAs and JHWSs is clearly expressed. However as appointments to Local Commissioning Boards are only just being finalised this may be too late to inform JHWSs prepared in readiness for the CCG authorisation process in the Autumn 2012.

## **Question 3**

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

ADASS notes that the guidance generally expresses the wider determinants of health when defining the content of JSNAs and JHWSs. The emphasis on local place shaping and local assets and resources is welcomed, although greater emphasis needs to be put on the requirement for equalities information to help shape the JSNA.

## **Question 4**

**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 the guidance is clear on joined-up working. However ADASS strongly believes that further consideration needs to be given as to ensure that wider local and national partners align their objectives to support local identified needs and outcomes.

### Question 5

The Department of Health 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?
  
- 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?

Generally speaking, in the past JSNAs have not sufficiently demonstrated that equality duties have been met. It is suggested that equalities information is featured more heavily in JSNAs with equalities audits and impact assessments having a higher profile in the guidance.

### Question 6

- 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?

Whilst ADASS cannot comment upon individual council's experience of JSNAs, the general impression is that the JSNAs have contributed to developing an understanding of health inequalities across a local area, and as we move forward, it is critically important that the JSNAs are able to clearly identify and articulate the needs of the most vulnerable and excluded groups in the local community and that the corresponding JHWS respond to addressing these identified needs.

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

In the main the necessary materials are currently available to support the identification of health inequalities. The key issue is translating the JSNAs into key initiatives and outcomes in the JHWS and ADASS welcomes any guidance that will assist Health and Wellbeing Boards in this task.

### **Question 7**

**It is the Department of Health'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?**

ADASS notes that generally the necessary sources and types evidence are primarily available locally, however for certain key goals a richer evidence base of which initiatives will deliver the most positive outcomes would be hugely beneficial. This could be achieved through improved national and regional evidence banks to support outcome frameworks and through the greater use of evaluated pilots that could be shared as best practice.

### **Question 8**

**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?**

ADASS believes that the guidance will support and reinvigorate local joined up working and partnership commissioning. The guidance should assist in supporting the growing relationship between councils and the emerging CCG and focus attention on the delivery of identified local health and well being priorities. ADASS believes the guidance will ensure that the revised governance arrangements for CCGs and transferred public health functions meet the requirements for the statutory duties of Health and Wellbeing Boards.

### **Question 9**

**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?**

ADASS believes the work of the Health and Wellbeing Boards will benefit the local community through addressing key local health inequalities identified in the JSNAs and articulated in the JHWS. The guidance is important to ensure that the JSNAs and JHWS reflect local needs and priorities and facilitate integrated local working coordinated through the Health and Wellbeing Boards.

**Sarah Norman Co-Chair ADASS Standards and Performance Committee  
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