

# Briefing

## **Influencing locally for health, well-being and prevention A briefing for local Age UKs, Age Concerns and Forums**

**November 2011**

### **Introduction**

The coalition Government is enacting major reforms to the NHS and health services. These changes bring significant opportunities to influence local priorities to improve the health and wellbeing of people in later life. This is the third in a series of briefings from Age UK which aim to outline the key areas where there is potential to influence and provide information to support your work, focussing particularly on inputting into the Joint Strategic Needs Assessment (JSNA).

### **Health Reforms – update on key changes**

**GPs, in Clinical Commissioning Groups (CCGs)**, are taking over the responsibility, previously held by PCTs, for designing and commissioning healthcare services in your local area to meet the needs of patients. You can find further information on the process for establishing CCGs at:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_130293](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_130293)

**Health and Wellbeing Boards** will be required in every local authority area. The majority have already set up pathfinder boards in preparation. Representatives on the Board will include councillors, the Director of Adult Social Services, the Director of Children's Services, the Director of Public Health, a representative of Local HealthWatch, and a representative of each CCG within its borders. They can also include anyone the Board considers appropriate, which could include a representative from the voluntary and community sector. HWBs will have responsibility for improving the strategic coordination of commissioning across the NHS, social care, public health and other local authority functions. CCGs will be required to consult with HWBs when drawing up their annual commissioning plan. For a guide to good practice development of HWBs please see:

<http://www.good-governance.org.uk/Downloads/2011%20Aug%20Health%20Well%20Being%20Board%20BAPMM.pdf>

One of the key functions of the HWBs is to assess the needs of the local population through the Joint Strategic Needs Assessment (JSNA).

The **Joint Strategic Needs Assessment** describes a process – continuous and ongoing - which aims to provide a comprehensive analysis of current and future health and wellbeing needs of a local population to inform the commissioning of health, wellbeing and social care services within a local authority area. JSNAs have been a statutory duty on upper-tier (unitary, county and metropolitan) authorities and the NHS since 2007 but many JSNAs are currently being refreshed as the new HWBs are being established. The JSNA for an area will underpin and inform the development of the Health and Wellbeing Strategy, another key function of the HWB.

**Public Health** The responsibility for public health is transferring to local authorities. The new structure for public health locally is already taking shape in many places and has to be in place by April 2013. Local authorities will receive shadow public health ring-fenced allocations for April 2012/3, with allocations being fully in place from April 2013. Public Health England (PHE) will be an Executive Agency of the Department of Health and, working closely with local authorities and other partners, will be responsible for delivery of improvements in public health outcomes. PHE is currently being set up in shadow form and will take on full responsibilities from April 2012. PHE and local authorities will jointly appoint Directors of Public Health who will be responsible for improving the health of their local populations.

**HealthWatch** is the new consumer champion for health and social care in England. It will exist in two distinct forms – local HealthWatch organisations at a local level, accountable to the public through, and funded by, local authorities; and HealthWatch England at a national level. HealthWatch England (to be established by October 2012) will be a statutory committee of the Care Quality Commission (CQC). Local HealthWatch organisations will be developed from existing LINKs, wherever possible, retaining their existing functions and gaining new responsibilities. They will need to be representative of all parts of the local community and will scrutinise local services and commissioning. They will be represented on the new HWBs. This is a **key opportunity to represent the voluntary sector** and local issues. For further information on the transitional arrangements from LINKs to local HealthWatch see: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_125582](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_125582). Further information on HealthWatch England can be found at: <http://www.cqc.org.uk/public/news/preparing-healthwatch>

For a map showing how all these new structures fit together see:

<http://www.regionalvoices.net/wp-content/uploads/2010/10/Map-of-new-structures-August-11.docx>

#### **Opportunities to influence - questions to consider:**

- do you have information on the new CCGs and the lead GPs in each? Have you been able to develop discussions with them on commissioning services for older people?
- has your HWB already been set up? Is there a voluntary and community sector representative on the Board? Do you know the local HealthWatch representative on the Board? Have you been able to access HWB papers? In what ways are you able to influence the decisions made by the Board?
- are you familiar with the JSNA for your area? Many areas are currently refreshing/reviewing their JSNAs – is this the case in your area? Do you know who the 'lead' organisation is for your JSNA and who is the main contact?

- do you know your Director of Public Health and their team? Have you had an opportunity to meet them to discuss the health and wellbeing needs of older people?
- do you know what arrangements are in place for the development of the local HealthWatch organisation in your area? Do you know who represents the views of older people on the existing LINK? How will the views of older people be represented under the new arrangements?

### **Input into the refresh/review of your local JSNA**

The JSNA for a local area should be the foundation for the development of the Health and Wellbeing strategy, which is a key function for the new Health and Wellbeing Boards. In this environment of cuts HWBs will need to be able to make a robust case for their decisions based on good evidence. The process of developing a JSNA locally is the duty of a wide range of statutory and non-statutory organisations who should work in partnership to produce the information.

A review or 'refresh' of the JSNA offers an excellent opportunity for local Age UKs, Age Concerns, forums and other voluntary and community organisations to get involved and ensure that issues affecting the health and wellbeing of people in later life are properly included, evidenced and addressed. Several Age UKs and Age Concerns have told us that involvement in the JSNA doesn't have to be time consuming and there are many benefits such as:

- helping to shape the local agenda for health and wellbeing
- bringing a person-centred approach to the process
- bringing in the voices of older people (especially those who statutory authorities may find it hard to engage with)
- developing your relationship with the new commissioning structures

Many Chief Executives sit on local strategic boards where the JSNA has probably already been discussed and may therefore know who is leading on the JSNA in the area. If not you can try searching under 'JSNA lead' on the internet or asking through your existing contacts and networks. If it is helpful, you can amend and use the template letter at Appendix 1 to write to the JSNA lead to offer your support in refreshing the JSNA.

If your JSNA lead is unresponsive, you may want to try contacting your Local Authority Chief Executive or Cabinet Member for Adult Social Services, or the Director of Public Health, for further information on how you can get involved.

### **'Age-proofing' the JSNA: What it should cover in relation to ageing**

#### **A checklist**

**1. Are people in later life included as an equal priority?** Ensure that the JSNA refers to the ageing population in detail e.g. is there equal reference to people in later life where there are references to children/young people? The JSNA should be addressing the needs of the local older population as a key priority area.

**2. Are there references to ageing across whole document?** Make sure all sections of the document, including introductions, conclusions, summaries or key questions sections include reference to the health and wellbeing of the older population, as well as other groups.

**3. What language is used to refer to people in later life?** Check the JSNA for appropriate language and images when referring to people in later life. It is important to get the choice of words and images right as this will contribute to helping everyone think differently about ageing and related issues.

**4. Is there a focus on preventative measures and community services?** The JSNA needs to recognise the value and effectiveness of these services. Make sure a range of services are covered, and input evidence on the effectiveness of your own services.

**5. Does the JSNA reflect the 'voice of older people'?** The views, expectations, perceptions and experiences of service users and local communities about what contributes to health and wellbeing should be included, with a clear range of methods used to gather this information.

**6. Does the JSNA include examples that bring the data to life?** 'Bringing the data to life' is a key issue in developing an effective JSNA, so that it does not focus solely on quantitative data. Age UKs, Age Concerns and forums can contribute unique qualitative data about the needs, aspirations and wishes of people in later life.

**7. Is the right statistical information included?** The JSNA should cover a range of statistics on the older population including:

- Age structure/demographics – distribution by age across the area, deprivation across the city, migration, ethnic population structure
- Health - overall life expectancy and healthy life expectancy, mortality, accident and emergency admissions, prevalence and projections, cancer diagnosis and survival rate, projections for long term conditions, screening, flu injections
- Falls - admission and prevalence, osteoporosis admissions, arthritis and falls, mortality, hip and knee replacement, health and social care provision for falls prevention
- Mental health - dementia, anxiety and depression, prevalence, mental health secondary services, suicide, projections for mental health problems, mental health promotion
- Improving quality of life – isolation, carers, transport, access to services, involvement, road safety, crime and fear of crime, living independently
- Housing – ownership, decency levels, floor level, household amenities, adaptations, specialist accommodation, residential and nursing care
- Physical activity and healthy lifestyles – diet, malnutrition and hydration, alcohol, drugs, smoking, exercise
- Excess winter deaths – the health impact of cold homes and fuel poverty, insulated homes, energy efficiency

**Where to go for statistics:** The JSNA lead will have access to a wide range of statistics but you may identify gaps and want to seek out statistics to support your evidence.

You can try contacting your Local Authority or your Regional Public Health Observatory whose expertise lies in turning information and data into meaningful health intelligence: <http://www.apho.org.uk/>.

National Statistics are available on the Age UK Later Life in the UK fact sheet at <http://www.ageuk.org.uk/professional-resources-home/knowledge-hub-evidence-statistics/>

If you need further help, please email us at [ic@ageuk.org.uk](mailto:ic@ageuk.org.uk) with your enquiry and we will do our best to signpost you to the statistics you need.

**Proxy Indicators:** There may not be statistics available for some of the issues you want to see covered or to evidence the value of the services you want to see identified. Where this is the case, it may be possible to use available statistics as a 'proxy indicator'. For example: *People aged 75 and over living alone, projected 2011 to 2014* could be used as a proxy to show a likely increase in demand for services

**8. Other evidence:** you can feed in local information and data on older people which may not feature in health or local authority data, for example any research you have done, or case studies you have identified. You can also feed in current reports, consultations, evidence reviews, from Age UK (available on our website) and other sources.

#### e) Links to further information

##### **Age UK – Evidence Review on Healthy Ageing**

<http://www.ageuk.org.uk/professional-resources-home/knowledge-hub-evidence-statistics/evidence-reviews/>

**JSNA summary: a springboard for action / opportunity to get involved in health service decision-making** <http://www.idea.gov.uk/idk/aio/27014541>

**Influencing the new health system in a local area:** jointly produced by NAVCA, NCVO and Regional Voices. Download from this link: [Influencing the new health system in a local area](#).

**Healthy Communities website: Case studies on setting up HWBs:**

[www.idea.gov.uk/health-partnerships](http://www.idea.gov.uk/health-partnerships)

**VODG website: Information on JSNAs:** <http://www.vodg.org.uk/JSNA-Resources.html>

**The NHS Confederation, the voice of NHS leadership: A vital tool to guide commissioning (July 2011).**

[http://www.nhsconfed.org/Publications/Documents/Briefing\\_221\\_JSNA.PDF](http://www.nhsconfed.org/Publications/Documents/Briefing_221_JSNA.PDF)