

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.

Introduction

The College of Optometrists, Optical Confederation and LOCSU are pleased to have an opportunity to comment on the draft JSNA and joint health and wellbeing strategy guidance.

We welcome the focus on improving local healthcare outcomes and inequalities, increasing efficiency, quality, integration and building on existing knowledge and previous achievements.

We would like to draw your attention to a recently published guide to engaging with local primary care professionals, which is designed to assist local authorities and health and wellbeing boards to identify good local sources of clinical experience and information:

http://www.epolitix.com/fileadmin/epolitix/stakeholders/Engaging_with_primary_healthcare_professionals_to_improve_the_health_of_the_local_population.pdf

Local representative committees for dentistry, medics, optics and pharmacy have a wealth of experience in implementing pathways and integration services and can assist in the transition to a reformed NHS. We would be most grateful if this were to be included as recommended reading material for emerging health and wellbeing boards to broaden their understanding of the local clinical architecture.

1.	a) Does this draft include guidance on all the	1.(a) No
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	<p>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>1.(b) Given the importance of the NHS, public health and adult social care outcomes frameworks, it would be helpful to include ‘at a glance’ summaries of each set of indicators in the appendix.</p> <p>As stated above we would also like to see the guide to engaging with local primary healthcare professionals included, which is available here.</p>
2.	<p>Is the guidance clear to follow and does it provide the necessary level of detail?</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>3.(a) Yes</p> <p>3.(b) The definition for outcomes framework does not mention the adult social care framework. The reference to the public health outcomes framework can be updated now the framework has been published.</p>
4.	<p>The previous guidance contained a diagram of the JSNA cycle – would an update to this be helpful?</p>	
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>5.(a) - Yes</p> <p>5. (b) The National Eye Health Epidemiological Model (NEHEM) allows you to see the number of people affected by eye health conditions in all areas in the UK. The model is designed for public health specialists and planners to be able to use their own local data where available as well as standardised national data as a control. It is available here: http://www.eyehealthmodel.org.uk/#</p>
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</p>	<p>6. (a) Improving eye health and vision and preventing avoidable visual impairment are important challenges across health, public health and social care where sector leaders can work effectively with health and wellbeing boards.</p> <p>The public health outcomes framework includes an indicator on preventing sight loss. Eye health is also an important factor in other public health</p>

<p>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 system, which you would like us to signpost to?</p>	<p>indicators such as those relating to falls, diabetes, dementia and self reported well being. Eye health is also an important contributor to the NHS outcomes framework through domains two and four, in particular.</p> <p>Sector leaders can play a valuable role in supporting with data and technical expertise: to carry out eye health needs assessments; to understand local assets and how they can be improved; and to work with health and wellbeing boards in developing new services.</p> <p>6. (b) There are sector leaders in optics at national, regional and local level who are well placed lead and input to these topics. Locally, Local Optical Committees are experienced in working with colleagues, patient groups and commissioners across the vision and health sectors. In addition Local Eye Health Networks are being trialled building on these existing successful arrangements. Regionally, a network of Regional Leads, developed by the national Local Optical Committee Support Unit (LOCSU), is already engaged in integrating and improving eye care services. Nationally, the College of Optometrists, the Optical Confederation and LOCSU, together with our partners within the UK Vision Strategy coalition, bring together a wealth of expertise and experience of effective joint working to improve the nation's eye health. These national bodies are the best first point of contact to co-ordinate action.</p> <p>6. (c) There is already a significant number of resources to assist public health specialists and planners to improve the population's eye health.</p> <p>We will shortly be launching an ophthalmic public health network to bring together all those people with an interest in this area. We would be delighted to share the details of this valuable resource when it is launched in the coming weeks.</p> <p>The UK Vision Strategy, an umbrella body in which we play leading roles, has launched an useful website for eye care commissioners</p>
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7.	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?	Simple guidance on how local clinical and health communities should be preparing to engage, when and how to seek engagement.
8.	Do you have any further general comments you'd like to make?	We welcome the opportunity to offer input and feedback at pre-consultation stage. This in itself is a model of engagement to be commended.