

**Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies – draft
guidance: Proposals for consultation
Royal Pharmaceutical Society response**

The Royal Pharmaceutical Society (RPS) is the professional body for every pharmacist in Great Britain. We are the only body that represents all sectors of pharmacy in Great Britain.

The RPS leads and supports the development of the pharmacy profession within the context of the public benefit. This includes the advancement of science, practice, education and knowledge in pharmacy. In addition, it promotes the profession's policies and views to a range of external stakeholders in a number of different forums.

Its functions and services include:

Leadership, representation and advocacy: promoting the status of the pharmacy profession and ensuring that pharmacy's voice is heard by governments, the media and the public.

Professional development, education and support: helping pharmacists to advance their careers through professional advancement, career advice and guidance on good practice.

Professional networking and publications: creating a series of communication channels to enable pharmacists to discuss areas of common interest.

General comments

We are concerned that this guidance document does not mention Pharmaceutical Needs Assessments (PNA). We would be keen to see appropriate reference to PNAs in this guidance as these should align and inform the Joint Strategic Needs Assessments (JSNA), and thereby the Joint Health and Wellbeing Strategies (JHWS). From April 2013 Health and Wellbeing Boards (HWB) will be responsible for developing and updating PNAs. It would be of benefit to those working on JSNAs if any changes to JSNA were reflected in amendments to the PNA. Community pharmacists see 1.8 million people every day, a significant number of which are healthy. Therefore, it is critical that pharmacists are included in any consultations for JSNAs.

We are pleased to see that HWBs can hold Clinical Commissioning Groups (CCGs) to account if they think that the CCG has not taken proper account of the relevant JHWSs and that a CCG must be able to justify any part of their plans which are not consistent with the JHWS.

Consultation Questions:

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?

We have no comment on this question

2. 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?

The guidance should provide more advice on what factors would trigger the need to review a JSNA and the corresponding PNA; the guidance should align with the corresponding commissioning plans of the member CCGs. However, timetables should be set as to the time taken from the start to the end of the process.

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

The guidance will support HWBs in relation to JSNAs and JHWS. However, the absence of the mention of PNAs, which HWBs will also be responsible for, is a major concern. As JSNAs and PNAs are so closely aligned, the opportunity should be taken within this guidance to at least reference PNAs.

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?

The guidance mentions working with other providers and this is helpful. However, we are not certain that local councils will know who all their providers are so we would encourage another piece of work to be carried out which will help HWBs identify their on-going and new partners. Given the role of pharmacy within the Health and Wellbeing of the local population, there should be a statutory requirement to engage with the Local Professional Network for pharmacy.

5. 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?

We believe there are a number of members of the public who do not access any NHS services. JSNAs need to consider, in the future, how they incorporate the needs of such people.

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?

There are vulnerable groups, such as homeless people or those with learning difficulties, who are not accessing any health services. Provision needs to be made to ensure they are included in the planning of services.

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?

Please see our response to 5b

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

We believe that HWBs should have access to materials which provide them with an understanding of the role of pharmacy and pharmacists in relation to the local needs of the population. We would be happy to provide such materials.

7. 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?

As the new NHS structures emerge at a local level, pharmaceutical input should be sought via the Local Professional Network (LPN) for pharmacy. This network will cover all sectors of pharmacy, including community, hospital and academic, and will provide a sound base from which to provide information and advice on pharmaceutical services including medicines optimisation and public health services. LPNs for pharmacy will be a source of advice for the PNA which the local authority, via the HWB, has a duty to conduct.

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?

There is a potential conflict of interest for CCGs as they will be one of the main partners involved in the development of the JHWS and the CCG members could potentially be providers of services. The HWB will need to manage these conflicts of interests to ensure a level playing field for all qualified providers.

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?

There are likely to be some major benefits for local communities if HWBs are successful in joining up social care and health care at a local level in creating an environment of understanding where all the needs of the local population are met.



Shilpa Gohil

Chair, English Pharmacy Board,
Royal Pharmaceutical Society

For further information or any queries you may have on our consultation response please contact Heidi Wright heidi.wright@rpharms.com 0207 572 2602