

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.

1. a) Does this draft include guidance on all the essential elements of good JSNA and joint health and wellbeing strategy processes? b) Are there other things it could include that would be helpful? c) Does it include things that you consider unhelpful?	<p>The Communication Trust would like to bring to your attention the importance of including Speech language and communication skills within the JSNA and joint health and wellbeing strategy guidance. These skills are the basis for other key life skills: learning, literacy, positive relationships and regulation of behaviour and emotions¹. Speaking and listening skills underpin pupil outcomes; young people with good communication skills have a wider range of life chances².</p> <p>As many as 10% of children in the UK, over 1 million, have speech, language and communication needs, which are not caused by language neglect, or by having English as an additional language or other external factors. This means that in the average classroom, there are two or three children with such communication difficulties. Of this group, a large cohort – between 5-7% of the child population - have specific</p>
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¹ Silva P, Williams S & McGee R, (1987): *A Longitudinal Study of Children with Developmental Delay at age three years; later intellectual, reading and behaviour problems*. Developmental Medicine and Child Neurology 29, 630 – 640

² *Improving Achievement in English Language in Primary and Secondary Schools* (2003) HMIE

		<p>language impairment (SLI), meaning that they have difficulties with learning and using language that are not associated with factors such as general learning difficulties, or other conditions, such as cerebral palsy, hearing impairment or autistic spectrum disorders. A child with SLI might be bright, but struggle to understand the language used in the classroom, and thus struggle to attain and achieve.</p> <p>The Department for Education's annual SEN statistics for January 2010 demonstrate that SLCN is the most common type of primary need for pupils with SEN statements in maintained primary schools, with 26.5% of all statemented children in this age group having SLCN as their primary need³. In some parts of the UK, those with high unemployment and poor housing, the prevalence rate of SLCN rises. In areas of social deprivation upwards of 50% of children, equivalent to as many as 17 per classroom, are starting school with language delay⁴. There is also evidence of a high incidence of communication difficulties (often unidentified) in those who are young offenders⁵, looked after children⁶ and those who have conduct disorder⁷ as well as other social emotional and behavioural difficulties^{8 9}.</p> <p>Communication is <u>the</u> foundation life skill and is pivotal for a child's educational attainment, well-being, social ability and employment prospects. Given the prevalence of SLCN, the significant</p>
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³ Department for Education, *Special Educational Needs 2010: an analysis*, (October 2010)

⁴ Locke, A. Ginsborg, J and Peers, I (2002) *Development and Disadvantage: Implications for Early Years IJLCD Vol 27 No 1*

⁵ Bryan, K. 2004. Preliminary study of the prevalence of speech and language difficulties in young offenders. *International Journal of Language and Communication Disorders*, 39, 391-400.

⁶ Cross, M. Lost for words. (1999) *Child and Family Social Work* 4(3): 249-57

⁷ Gilmour, J; Hill, B; Place, M. Skuse, D. H. (2004) Social **communication** deficits in conduct disorder: a clinical and community survey *Journal of Child Psychology & Psychiatry*. 45(5):967-978

⁸ Toppelberg C O, Shapiro T (2000), Language disorders: A 10-year research update review. *Journal of the American Academy of Child & Adolescent Psychiatry* 39: 143-152

⁹ Snow, P.C. & Powell, M.B. (2005). What's the story? An exploration of narrative language abilities in male juvenile offenders. *Psychology, Crime and Law* 11(3) 239-253.

⁹ Bryan K Freer J; Furlong C Language and communication difficulties in juvenile offenders (2007) [International Journal of Language & Communication Disorders](#) 42 2

		impact that communication difficulties can have on future life chances, and the critical importance of early intervention for SLCN, the Trust believe it should be featured within the JSNA and joint health and wellbeing strategy guidance.
2.	Is the guidance clear to follow and does it provide the necessary level of detail?	
3.	a) Would a glossary of terms be useful? b) We have compiled a draft of terms (at Annex C) what else should we include?	
4.	The previous guidance contained a diagram of the JSNA cycle – would an update to this be helpful?	
5.	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? b) Alternatively, would it be helpful to have a resource which signposts to data sources?	
6.	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:	The Communication Trust would like to reemphasise the importance of including Speech language and communication skills within the JSNA and joint health and wellbeing strategy guidance. We welcomed the Government’s response to the NHS Future Forum report in which it states that Health and Wellbeing boards will be responsible leading on the strategic coordination of commissioning across NHS, social care, and public health services, including developing enhanced JSNAs. We were particularly pleased to see the Government highlight the potential of Health and Wellbeing boards to take advantage of pooled budgets to improve joint commissioning

<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>arrangements:</p> <p><i>“Health and Wellbeing Boards will have a stronger role in promoting joint commissioning and integrated provision between health, public health and social care. They can be the vehicle for ‘lead commissioning’ for particular services..... – with pooled budgets and joint commissioning arrangements where the relevant functions are delegated to them. There could, for example, be a joint commissioning plan for specific services between the clinical commissioning groups and the local authority”¹⁰.</i></p> <p>The Communication Trust believes that the new Health and Wellbeing Boards are best placed to ensure integrated working between commissioners of children’s services and would like to see the Government outline speech and language services as an example of a public health service that would be appropriate to be commissioned by Health and Wellbeing Boards via the use of pooled budgets. The use of pooled or community budgets will enable a more flexible and integrated approach to intervention for children with SLCN, bringing together budget streams and providers from across a range of services including health, education, and social services, in order to provide effective and coordinated support for these vulnerable children.</p> <p>Between January 2010 and December 2011, Jean Gross CBE, the Communication Champion for Children met with 105 out of the 152 local authority / NHS Primary Care Trust pairings in England to discuss commissioning effective speech, language and communication services. Recommendations in</p>
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¹⁰ Department of Health, *Government response to the NHS Future Forum report*, Section 4.6 on page 31 (2011)

		<p>'Two Years On: final report of the Communication Champion for children' published in December 2011, include that The Health and Social Care Bill, should be amended to make joint commissioning of children's community health services compulsory to improve services for the 1 million children in the UK with speech, language and communication needs (SLCN). Whilst there has been a welcome rise in joint commissioning during the Communication Champion's tenure, it is still not happening in 70% of local areas. The result is that responsibility to meet children's SLCN can be passed from one agency to another, with parents and children stuck in the middle of local disputes. In the report are examples of how commissioning of SLCN services is failing to meet children's needs including one speech and language therapist's recent experience of having to choose which of three disabled children could be given the ability to communicate using a communication aid, and which two would not</p> <p>The Communication Trust and the Royal College of Speech and Language Therapists (RCSLT) have worked with the Communication Champion to provide guidance on commissioning effective speech, language and communication services - this is available at www.hello.org.uk/get-involved/commissioners. We would be delighted to discuss it further.</p> <p>Our vision is one whereby schools, Sure Start centres, commissioning consortia, and local authorities, overseen by Health and Wellbeing boards, work closely together to commission services for children with SLCN so that there is a coherent and seamless care pathway. This would ensure that costs are kept low and less professional time would be spent on bureaucracy and handovers from one therapy team to another. This will also ensure a smooth transition to targeted and</p>
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		<p>specialist level interventions for those children identified as in need through universal provision, enabling them to access specialised therapy in a timely manner.</p> <p>The Trust would be delighted to support your work in developing the JSNA and joint health and wellbeing strategy guidance further.</p>
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?	
8.	Do you have any further general comments you'd like to make?	