

POLICY BRIEFING: Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies - Summary of Key Points

CORPORATE POLICY & PARTNERSHIPS APRIL 2013

BACKGROUND

- The Government published [Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies](#) on 26th March 2013, which further clarifies the Government's expectations for these areas.
 - This statutory guidance explains the duties and powers relating to JSNAs and JHWSs. This guidance does not cover the wider membership of health and wellbeing boards, or detail regarding which services should be commissioned in response to local JSNA findings and JHWS priorities.
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KEY CONTENT GUIDANCE FOR JSNAs / JOINT HEALTH & WELLBEING STRATEGIES

- Consider assets rather than just deficits (e.g. community strengths).
 - Consider inequalities/wider determinants of health and areas such as mental health, carers and health protection.
 - Include a range of quantitative and qualitative evidence. Qualitative information used could include views collected by the local Healthwatch organisation or local voluntary sector organisations.
 - There is no formal template or format that must be used and no mandatory data set to be included – JSNA content is entirely locally decided.
 - Evidence of service outcomes from local commissioners, providers or service users could also inform JSNAs. Boards will need to ensure that staff involved in the JSNA project have easy access to the evidence they need to undertake any analysis required to support the board's decision making.
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CHANGES TO JSNA REQUIREMENTS

- New focus on areas that require partnership working between organisations represented on the HWB.
- JSNA must consider "current and future local health and social care needs – needs which are capable of being met or affected to a significant extent, by the local authority, Clinical Commissioning Group (CCG) or NHS Commissioning Board functions".
- CCGs, NHS Commissioning Board and local authorities must now "have regard to" findings of JSNA, not just produce JSNA.

- There is now a requirement to involve people living/working in the local area and a requirement to involve local Healthwatch. An emphasis is placed on ensuring that views fed in through the community participation process are captured within the JSNA and JHWS. Arrangements for this process will be locally determined.
- As strategic tools both JSNA and JHWS should cover the whole local population across the life course (not just GP registered population) and must meet public sector equality duty. Locally this may involve reviewing and agreeing a standardised local population calculation across partners (residential vs. GP population).
- JSNAs provide the objective assessment of the local needs, but Joint Health & Wellbeing Strategies are where decisions and opinion become involved.
- JSNAs can also be informed by more detailed local needs assessments that research specific groups (such as those likely to have poor health outcomes), or investigate wider issues that affect health such as employment, crime, community safety, transport, planning or housing. There is no longer a requirement for a separate Children & Young People's Plan or Needs Assessment, so areas will want to ensure info about children and young people is incorporated in JSNA / Joint Health & Wellbeing Strategy.
- JSNAs should build on and align to other strategies/assessments. This is a two-way process with JSNAs and Joint Health & Wellbeing Strategies both informing other local assessments, and also using their findings.
- Health and wellbeing boards are also required to undertake Pharmaceutical Needs Assessments (PNAs). Although many may choose to combine the process with JSNAs, the duties for these are separate, and distinct PNAs need to be produced to inform the NHS CB's decisions on commissioning pharmaceutical services for the area.

JOINT HEALTH & WELLBEING STRATEGY REQUIREMENTS

- CCG's must involve the Health & Wellbeing Board in development of their commissioning plans and must have regard to JSNA and Joint Health & Wellbeing Strategy.
- Joint Health & Wellbeing Strategy is the mechanism for local authorities and CCGs to address the needs identified in JSNAs, setting out agreed priorities for collective action by commissioners, and identifying where more integrated commissioning can take place.
- The aim of the Joint Health & Wellbeing Strategy is to jointly agree what the greatest issues are for the local community based on evidence in JSNAs, what can be done to address them; and what outcomes are intended to be achieved.

TIMINGS

- Full JSNAs and Joint Health & Wellbeing Strategies do **not** necessarily need to be undertaken annually, but Health & Wellbeing Boards will want to agree how they will refresh or update them to inform annual commissioning plans.
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WHO IS RESPONSIBLE?

- The statutory members of Health & Wellbeing Boards are jointly responsible for the preparation and sign-off of JSNAs and Joint Health & Wellbeing Strategies – therefore there is an equal responsibility between the CCG representatives, the Director of Public Health, Director of Adult Social services and the Director of Children’s Services, elected representatives, local Healthwatch representatives; and other members. Although the NHS Commissioning Board (NHS CB) is not a core statutory member of health and wellbeing boards, prescribed by the Act, it must also participate in JSNAs and JHWSs.
- As the duties apply across the health and wellbeing board as a whole, boards must discuss and agree their own arrangements for signing off the process and outputs. It is important that duties are discharged by the board as a whole.
- The Health & Wellbeing Board has the power to request the local authority, CCGs, local Healthwatch, NHS Commissioning Board or other Health & Wellbeing Board members to supply information for the purpose of undertaking JSNAs and Joint Health & Wellbeing Strategies; and these partners must supply the information as requested.
- Local authorities and health and wellbeing boards can decide to include additional members on the board beyond the core members. Additional members, such as service providers (NHS, private or voluntary and community sector), health and care professionals, representatives of criminal justice agencies, fire and rescue services, local voluntary and community sector organisations, universities, or representatives of military populations, can bring expert knowledge of the local community to enhance JSNAs and JHWSs.
- The board is required to work with a wide range of local partners and the community beyond the board’s membership to a) ensure a thorough and robust needs assessment is produced and b) provide an opportunity to influence the work of partners.

CONTACT FOR FURTHER INFORMATION

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