

Briefing Paper: *Joint Strategic Needs Assessment and joint health and wellbeing strategies explained – Commissioning for populations*

December 2011

Context

The Joint Strategic Needs Assessment (JSNA) has been a statutory requirement for upper-tier Local Authorities and Primary Care Trusts since 2008. Going forward, the Government expects the JSNA to have a strengthened role, and alongside joint Health and Wellbeing Strategies will be, "...the pillars of local decision-making, focussing leaders on the priorities for action and providing the evidence base for decisions about local services" (Department of Health, 2011, p.7).

When Health and Wellbeing Boards become statutory in April 2013 (subject to the successful passage of the Health and Social Care Bill through Parliament) they will take on the statutory responsibility for undertaking the JSNA and Health and Wellbeing Strategy. This briefing paper summaries the document '*Joint Strategic Needs Assessment and joint health and wellbeing strategies explained – Commissioning for populations*' which aims to support developing Health and Wellbeing Boards 'engage' with the JSNA and development of their Health and Wellbeing Strategy as well as outlining the support the Department of Health will provide.

KEY POINTS:

- There is a clear expectation that Health and Wellbeing Boards should take action now on refreshing their JSNA and developing Health and Wellbeing Strategies whilst statutory guidance is developed.
- Emphasises the role of the Health and Wellbeing Board in local leadership, integration and engagement of key stakeholders.
- Emphasis on integration and alignment at both strategic and delivery levels and on 'collective action' particularly in relation to the wider determinants of health and wellbeing and issues that need to be jointly tackled.
- Proposal that the Health and Wellbeing Board adopts an 'outcomes-based approach'. The Health and Wellbeing Board is suggested as the place where the national outcomes frameworks come together.
- Local Authorities, NHS Commissioning Board and Clinical Commissioning Groups (CCGs) will need to take due regard of the JSNA and Health and Wellbeing Strategy when drawing up their commissioning plans to ensure alignment.
- The Director of Public Health will act as the 'lynchpin' between local health and local authority services.
- Clear shift in focus of the JSNA from not only identifying need but also as a tool to analyse available assets and resources.
- Draft guidance on the JSNA and Health and Wellbeing Strategies will be released in January 2012. The guidance will, however, '...not specify form or detailed content' which is to be determined locally.
- Indicative timescales are suggested, proposing a JSNA refresh is underway by January 2012, priorities identified in April 2012 and strategy to be developed in May 2012.

Summary

The document *'Joint Strategic Needs Assessment and joint health and wellbeing strategies explained – Commissioning for populations'* sets out the expectation that Health and Wellbeing Boards take action now on the development of the Joint Strategic Needs Assessment and Health and Wellbeing Strategy in readiness for taking on these responsibilities in full in 2013. The purpose of this is to ensure that Health and Wellbeing Boards are influencing commissioning plans and increasing integration as soon as possible. "The JSNA and health and wellbeing strategy are crucial enablers of the new system, important for commissioners, providers, service users and the wider community" (Department of Health, 2011, p.17).

1.1 Roles and responsibilities

Local Authorities, NHS Commissioning Board and Clinical Commissioning Groups (CCGs) will need to take due regard of the JSNA and Health and Wellbeing Strategy when drawing up their commissioning plans to ensure alignment.

1.1.1 Role of Health and Wellbeing Boards

This document reinforces the role and responsibilities identified previously by the Government. These include:

- Responsibility for undertaking of JSNA's and Health and Wellbeing Strategies
- Exercising shared leadership across the wider determinants of health and wellbeing
- Setting the priorities (via the Health and Wellbeing Strategy) for collective action
- Enable planning and commissioning of integrated services
- Focussed on outcomes, the potential venue where the national outcomes frameworks come together
- Opportunity to consider the 'Health Act flexibilities' for joint working, for example, pooled budgets.

1.1.2 Clinical Commissioning Groups, Local Authority and others

Local Authorities and Clinical Commissioning Groups (CCGs) will have a duty to contribute to the development of the JSNA. They will need to duly consider the JSNA and Health and Wellbeing Strategy and ensure that their commissioning plans are aligned to these documents. This will be an essential component of the authorisation process of CCGs.

HealthWatch will be required to have a role in the preparation of JSNAs and Health and Wellbeing Strategies. It is also expected that wider partners and stakeholders, including the community will have a role in the development of the JSNA and Health and Wellbeing Strategy.

1.2 Guidance and support

1.2.1 National guidance and resources

The document sets out the Department of Health's proposed provision of support in relation to JSNAs and Health and Wellbeing Strategies. Through work with the Local Government Association, the NHS Confederation and early implementer Health and Wellbeing Boards the aim is to develop:

- Statutory guidance on JSNAs and Health and Wellbeing Strategies
- Resources to support the development and effective use of JSNAs and Health and Wellbeing Strategies.

The guidance will be provided in draft form in January 2012. This will be further developed through stakeholder engagement and followed by a formal consultation prior to publication of the final guidance. Final guidance is planned for release once the Health and Social Care Bill gains Royal Assent. The guidance will provide an overview of the principles of the JSNA and Health and

Wellbeing Strategy, it will not specify form or content of the documents as these will be expected to be determined locally.

It is planned that resources/ products will also be developed, building on the guidance and will '...explore issues faced by emerging health and wellbeing boards, alongside themes and best practice'.

1.2.2 National Learning Network

The National Learning Network has been set up to support Health and Wellbeing Boards develop their knowledge and behaviours to enable them to work effectively. It is made up of:

- A 'virtual learning hub'
- National learning sets
- Leadership development for elected members; clinicians; and other local partners
- Ensuring alignment with CCGs, public health and Health Watch.

1.2.3 Public Health England

Public Health England (PHE) will provide support to Directors of Public Health and their teams. They will also have a responsibility for the provision of integrated advice and services to protect the health of the population of England. It will provide information and intelligence support to the development of JSNAs.

1.3 Expected content

The JSNA and Health and Wellbeing Strategy will bring together a wide range of 'high quality' evidence and information – which could include other local assessments and non-health data. Previously, the JSNA focused primarily on identifying the current and future health needs of the population. This document demonstrates a clear shift towards the inclusion of an analysis of 'assets' in the area. An asset is described as anything that could be used to improve outcomes e.g. facilities, services, open space, expertise and community capacity.

The Health and Wellbeing Strategy is to set out the plans for delivery of integrated local services based on the identified needs and assets "...and collectively addressing the underlying determinants of health and wellbeing" (Department of Health, 2011, p.19). Its purpose is to inform commissioning decisions across local services and tackle those issues that fall across service boundaries.

1.4 Engagement

The Health and Wellbeing Board will have a duty to involve users and the public in the development of the JSNA and the Health and Wellbeing Strategy. This will enable the local community to influence local services.

Engagement through this process will also help identification of community assets and greater partnership with local stakeholders, including the community.

Local implications

- 1. The JSNA is refreshed and Health and Wellbeing Strategy developed now:** *JSNA has been refreshed and a process for the translation of the JSNA and identified priorities into the Health and Wellbeing Strategy. This will be in place by April 2012.*
- 2. Local commissioning plans will be aligned:** *Southern Derbyshire CCG has already outlined its commissioning plans/ priorities. These are broadly in line with those identified within the JSNA. Further, a task group has been established reporting to the Health and Wellbeing Board, its purpose to develop joint commissioning arrangements for early intervention. Processes need to be further developed to ensure alignment of commissioning plans across agencies/ organisations.*

3. **The local Health and Wellbeing Board demonstrates leadership, shared priorities and integration:** *the Derby Plan is already in place outlining shared priorities across the city with the Health and Wellbeing Board a delegated outcomes Board of the Local Strategic Partnership. It is also demonstrating leadership and an integrated approach particularly in relation to early intervention and health inequalities.*
4. **The Health and Wellbeing Board is expected to actively engage key stakeholders in the process, most notably, service users and the wider community:** *a task group to the Board has been established to identify a process of ensuring engagement in the Board, the JSNA and Health and Wellbeing Strategy. HealthWatch and third sector are also represented at the Health and Wellbeing Board.*
5. **The Board is expected to focus on issues/ priorities that are shared and cannot be tackled as single organisations, such as wider determinants of health:** *a development session has been delivered to the Health and Wellbeing Board on health inequalities. Health inequalities have also been prioritised by Southern Derbyshire CCG. Work is progressing on a joint approach to early intervention.*

In summary, the Health and Wellbeing Board is currently well progressed and on-track to meet the expectations outlined in this document.

Key dates

Date	Action
Dec 2011/ Jan 2012	<ul style="list-style-type: none"> Draft JSNA and Health and Wellbeing Strategy guidance released – this will describe the principles of the JSNA and Health and Wellbeing Strategy
Jan 2012	<ul style="list-style-type: none"> Department of Health engages with stakeholders on draft guidance JSNA refresh underway
April 2012	<ul style="list-style-type: none"> Priorities identified from the JSNA
May 2012	<ul style="list-style-type: none"> Develop Health and Wellbeing Strategy
Early 2012	<ul style="list-style-type: none"> 'Resources/ products' available which will complement the statutory guidance to support Health and Wellbeing Boards
April 2013	<ul style="list-style-type: none"> Health and Wellbeing Board - full statutory responsibility Clinical Commissioning Groups – full statutory responsibility NHS Commissioning Board – fully operational with full statutory responsibility.

Reviewed document details

Title	Joint Strategic Needs Assessment and joint health and wellbeing strategies explained – Commissioning for populations
Publisher	Department of Health
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