

Joint Strategic Needs Assessment

SUMMARY

- 1.1 Statutory guidance on Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWS) has recently been published¹. The guidance sets out relevant responsibilities; JSNA purpose and use, and guidance on their production.
- 1.2 Local Authorities and Clinical Commissioning Groups have an 'equal and joint' duty to prepare JSNAs (and JHWSs). This duty is, however, to be exercised through the Health and Wellbeing Board. Local areas are free to undertake JSNAs in whatever way they consider most suited to local circumstances. In addition, the frequency of updating and refreshing JSNAs is also for local determination.
- 1.4 Members of the Health and Wellbeing Board have a duty to supply information (if they have it) that has been requested to support the production of the JSNA. Health and Wellbeing Boards also have a duty to involve the local Healthwatch organisation and local community.
- 1.5 It is proposed to the Health and Wellbeing Board that:
 - a) The Director of Public Health is the Senior Responsible Officer acting on behalf of the Health and Wellbeing Board taking lead responsibility in ensuring the appropriate development and production of the JSNA.
 - b) A JSNA Working Group is formally established including representation from key stakeholders as appropriate. The group will provide regular updates to the Health and Wellbeing Board on both process and progress.
 - c) An updated JSNA is produced in September 2013 (as part of a phased programme of development work to implement significant changes over the next 18 months).
 - d) An Asset Assessment is produced in conjunction with the JSNA.
 - e) The JSNA is primarily electronic and interactive and updated on an ongoing basis as new data becomes available.

RECOMMENDATION

¹ Department of Health (2013) *Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies*. Department of Health, London. Gateway reference: 18840.

- 2.1 To agree the proposals as set out in 1.5 a)-e) above.
- 2.2 For all members to provide a named organisational contact in relation to the JSNA to enable appropriate engagement and information provision.
- 2.3 That a paper regarding the JSNA is taken to the two commissioning sub-groups of the Health and Wellbeing Board to ensure appropriate commissioner engagement.
- 2.4 Given the different geographical boundaries of Derby City Council and Southern Derbyshire CCG, it is recommended that the JSNA working group offers guidance on the geographical scope of the JSNA.

REASONS FOR RECOMMENDATION

- 3.1 To support the Health and Wellbeing Board in appropriately discharging its duty to produce a JSNA for its local area in accordance with the Health and Social Care Act 2012, Local Government and Public Involvement in Health Act 2007 and published guidance.

SUPPORTING INFORMATION

- 4.1 Statutory guidance on Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWS) has recently been published. The guidance sets out relevant responsibilities; JSNA purpose and use, and guidance on their production.

Responsibilities/ requirements

- 4.2 The Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007 introducing duties and powers for Health and Wellbeing Boards in relation to JSNAs and JHWSs.
- 4.3 Local Authorities and Clinical Commissioning Groups have an 'equal and joint' duty to prepare JSNAs (and JHWSs). This duty is, however, to be exercised through the Health and Wellbeing Board. Locally therefore, the responsibility of Derby City Council and Southern Derbyshire CCG is to be discharged via the Derby City Health and Wellbeing Board.
- 4.4 Two or more Health and Wellbeing Boards can choose to work together to produce JSNAs covering their combined geographical area.
- 4.5 The NHS England Local Area Team (NHS England) must participate in JSNAs although they may be represented by someone who is not from NHS England.
- 4.6 The scope, content and format of the JSNA will not be prescribed with local areas free to undertake JSNAs in whatever way is considered most suited to local circumstances. In addition, the frequency of updating and refreshing JSNAs is also for local determination.

- 4.7 Health and Wellbeing Boards are also required to undertake Pharmaceutical Needs Assessments (PNAs). Whilst a PNA could potentially be combined with the JSNA, the duties for these are separate.
- 4.8 Members of the Health and Wellbeing Board have a duty to supply information (if they have it) that has been requested to support the production of the JSNA. Unless a Board member, NHS England is not subject to the duty to supply information when asked.
- 4.9 Local authorities, CCGs and NHS England are expected to develop commissioning plans that pay due regard to JSNAs (and JHWSs).
- 4.10 Health and Wellbeing Boards have a duty to involve the local Healthwatch organisation and local community. This should be continuous throughout the JSNA and JHWS process.
- 4.11 The JSNA must be published to ensure transparency and accountability.

Purpose and scope

- 4.12 JSNAs are ‘assessments of the current and future health and social care needs of the local community – these are needs that could be met by the local authority, CCGs, or the NHS England.
- 4.13 It is expected that local assets (that could improve outcomes or reduce inequalities) are also considered when producing the JSNA.
- 4.14 The policy intention is that Health and Wellbeing Boards consider wider factors that impact on their communities health and wellbeing. It is expected that local assets (that could improve outcomes or reduce inequalities) are also considered.

Use of evidence and information

- 4.15 Both quantitative and qualitative evidence should be included within the JSNA.
- 4.16 Relevant information to support JSNAs can be requested by Health and Wellbeing Boards from all organisations represented on the Board.

OTHER OPTIONS CONSIDERED

- 5.1 No other options considered.

This report has been approved by the following officers:

Legal officer	None
Financial officer	None
Human Resources officer	None
Service Director(s)	Derek Ward – Director of Public Health

Other(s)	None
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For more information contact: Background papers: List of appendices:	Alison Wynn, 01332 643106, Alison.Wynn@nhs.net . None Appendix 1 - Implications
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IMPLICATIONS

Financial and Value for Money

- 1.1 The JSNA is an essential element of the process of identifying health and social care priorities within the city and development of commissioning plans. This helps ensure that resources are appropriately targeted in the city.

Legal

- 2.1 The Health and Wellbeing Board is statutorily required to ensure the production of a JSNA of its local population.

Personnel

- 3.1 None issues directly arising.

Equalities Impact

- 4.1 A fundamental purpose of the JSNA is to help the identification of health and social care needs across the population and sub-populations of Derby to support the identification and reduction of health inequalities.

Health and Safety

- 5.1 None issues directly arising.

Environmental Sustainability

- 6.1 None issues directly arising.

Asset Management

- 7.1 Resources will need to be appropriately managed within partner organisation to ensure suitable support in the production of the JSNA.

Risk Management

- 8.1 None issues directly arising.

Corporate objectives and priorities for change

- 9.1 The JSNA is central in supporting the delivery of the Council Plan; Derby Plan; Health and Wellbeing Strategy;