



# **Joint Strategic Needs Assessment and joint health and wellbeing strategies explained**

*Commissioning for populations*

## Joint Strategic Needs Assessment and joint health and wellbeing strategies explained – commissioning for populations

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<b>Contact Details</b>	Freya Lock Social Care Leadership and Performance 114 Wellington House 133 - 155 Waterloo Road SE1 8UG 2079724237
<b>For Recipient's Use</b>	

# Joint Strategic Needs Assessments and joint health and wellbeing strategies explained

Commissioning for populations

Prepared by Social Care, Local Government and Care Partnerships Directorate

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# Foreword

Health and wellbeing boards are at the heart of our plans to transform health and care and achieve better population health and wellbeing.

Leaders from across the local community will come together in health and wellbeing boards. They will have a collective focus – to improve services for the whole community so individuals and communities are able to live healthier lives, and have a better experience of the health and care system.



This publication is an important call to action to emerging health and wellbeing boards. It makes the case for starting work now on two core responsibilities for future health and wellbeing boards – preparing joint strategic needs assessments (JSNAs) and joint health and wellbeing strategies.

While statutory guidance is being developed, and will follow in 2012, taking action now means health and wellbeing boards will grasp an important opportunity. The JSNA and joint health and wellbeing strategy are the key to putting localism into action.

Refreshing the JSNA and developing the joint health and wellbeing strategy over the coming months will provide local partners including clinical commissioning groups (CCGs) with a jointly-agreed and locally determined set of priorities on which to base their commissioning plans within the reformed health and care system going forward. Demonstrating the partnership work necessary to make this happen will play an important role in authorising CCGs to take on their crucial role.

The strengthened role of JSNAs and joint health and wellbeing strategies will enable the local health and care system to go further than ever before. For the first time, decisions about health and care will be made on the basis of clinical expertise, evidence from the JSNA, and the valuable input of locally elected councillors and the public, via local HealthWatch and wider engagement with the community. This means decisions about action, investment and disinvestment can be genuinely local, rather than a reflection of national priorities.

But, I am clear that JSNAs won't have such a galvanising effect on their own. It is only the combination of the JSNA, joint health and wellbeing strategy and aligned commissioning plans that have that potential to be transformational in improving health, care and wider services for people in our communities.

## Joint Strategic Needs Assessment and joint health and wellbeing strategies explained – commissioning for populations

This document aims to help health and wellbeing boards take positive action now, so individuals and communities feel the difference sooner rather than later. By agreeing a set of local priorities now, health and wellbeing boards can influence local commissioning plans for the future and grasp the opportunity to create local services shaped around the individuals who use them.

A handwritten signature in black ink, reading "Paul Burstow". The signature is written in a cursive, flowing style.

**Paul Burstow, Minister for care Services, Department of Health**

# Introduction

*Liberating the NHS – Legislative Framework and Next Steps*<sup>1</sup>; *Healthy Lives, Healthy People*<sup>2</sup> and *Capable Communities and Active Citizens*<sup>3</sup> set out the government's ambition for an enhanced role for joint strategic needs assessments (JSNAs). This strengthened role of JSNAs and joint health and wellbeing strategies will enable Local Councillors, GPs and Directors of Public Health, Adult and Children's services to work with their communities in leading a more effective and responsive local health and care system. They will sit at the heart of local commissioning decisions, underpinning improved health, social care and public health outcomes for the whole community. As such, they are a key to the success of health and wellbeing boards and individual commissioners in the future local health and care system.

JSNAs will be the means by which local leaders work together to understand and agree the needs of all local people, with the joint health and wellbeing strategy setting the priorities for collective action. Taken together they 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. The Government's ambitions for health and wellbeing clearly envisage clinical commissioning groups (CCGs) and local authorities jointly leading the local health and care system, through health and wellbeing boards and in collaboration with their communities. New relationships between councillors, directors of public health and clinicians will therefore be key to rejuvenating the local approaches to improving the health and wellbeing of their populations.

The JSNA and joint health and wellbeing strategy can be the foundations upon which health and wellbeing boards exercise their shared leadership across the wider determinants that influence improved health and wellbeing, such as housing and education. JSNAs and joint health and wellbeing strategies will enable commissioners to plan and commission integrated services that meet the needs of their whole local community, in particular for the most vulnerable individuals and the groups with the worst health outcomes. Health and wellbeing boards will have the opportunity to better engage their communities in their development, thereby empowering local people have a say in shaping the services they use. Service providers, commissioners, district and borough councils and local voluntary and community organisations will all have an important role to play in identifying and acting upon local priorities.

As the transition to the new health and care system takes shape, emerging health and wellbeing boards will want to drive the refreshing of JSNAs and preparation of joint health and

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<sup>1</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_122661](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122661)

<sup>2</sup> <http://www.dh.gov.uk/en/PublicHealth/Healthyliveshealthypeople/index.htm>

<sup>3</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_121508](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121508)

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wellbeing strategies, not only to help the authorisation of their CCG members, and to underpin commissioning plans for 2013-14; but also to give all local partners a set of jointly agreed priorities to work on together in the new health and care system. Through the National Learning Network for health and wellbeing boards (described further on p.14) and the development of resources, we want to support health and wellbeing boards through this transition.

### **Summary**

The purpose of this document is to support emerging health and wellbeing boards as they engage with the refresh of Joint Strategic Needs Assessments and develop their preparatory joint health and wellbeing strategy. It also describes what support the Department of Health will provide, including what resources will be available and when, and how we will build in learning from early implementer health and wellbeing boards in this.

This document should be read as part of the wider approach to supporting the development and implementation of health and wellbeing boards led by early implementer health and wellbeing boards and the National Learning Network for health and wellbeing boards.

The statements in this document are subject to the successful passage of the Health and Social Care Bill through Parliament and reflect the current intentions of the Department of Health in relation to the JSNA and joint health and wellbeing strategy following Royal Assent.



# During transition

Although new statutory duties will not take effect until April 2013, activity in the next year of transition will be crucial for the development of the reformed health and care system. It is an opportunity to develop strong relationships, embed new ways of working, build on good practice, and agree priorities for the future before taking full responsibility for the day-to-day running of the system.

Many emerging health and wellbeing boards have already begun to build new relationships in their local areas. We know that many are looking to the future, and capitalising on these new opportunities by involving elected councillors, officers and emerging CCGs supported by their PCTs, and community representatives in reviewing the JSNA and setting a timetable for developing the preparatory joint health and wellbeing strategy. This will have the benefit of providing a local context and collective priorities for the key players in the new system, including CCGs, to develop their commissioning plans from April 2013 when the statutory responsibility passes from the PCT.

Although undertaking these processes will build on existing ways of working, it also signals a break from the past and as health and wellbeing boards emerge, they will be able to develop relationships between those who will be responsible in the future including CCGs, supported by those who currently have responsibility in PCTs.

During the transition period, each emerging clinical commissioning group will seek authorisation through the NHS Commissioning Board. *Towards Authorisation* states that a commissioning plan should be a key source of evidence in authorising CCGs, and the intention is that these will be in line with the relevant preparatory joint health and wellbeing strategies. Of course, collaboration between CCGs and emerging health and wellbeing boards will help CCGs achieve authorisation, but what is crucial is that they develop the JSNA and joint health and wellbeing strategy together, enabling them to commission on the basis of mutual priorities across the broader health and care landscape, not simply from a health perspective.

**Beginning the work now, during transition, will give the best possible chance of this.**

To ensure a successful approach, emerging health and wellbeing boards will want to develop their local plans with the engagement of the relevant emerging CCGs during 2012. Working under delegated authority from PCT cluster boards, CCGs will want to contribute to a refresh of existing JSNAs that existing partnerships have previously produced and these will inform the first joint health and wellbeing strategies and CCG commissioning plans for their first year of operation. PCT clusters will play an active role in facilitating this transition as well as continuing to provide input on those areas of commissioning which will pass from PCTs to the NHS Commissioning Board in April 2013.

Emerging health and wellbeing boards tell us that during this period they also want to be engaging with their local stakeholders and communities in developing the JSNA and joint health and wellbeing strategy. Many want to develop the relationships and model the collaborative approach that the new system is designed to deliver before it comes into statutory form, thereby hard-wiring it into the way they operate. Identifying key stakeholders now and beginning to build enduring relationships will be critical as will remaining flexible in relation to new changes to the local landscape. Getting the right relationships will be key to unlocking the wider determinants of health such as education, housing, employment and community safety.

### **Case study - Wigan**

Wigan see a real opportunity to transform their approach to achieve better population health, at reduced cost to the public purse, through the development of its Health and Wellbeing Board.

They are trying to address challenging issues: reducing health inequalities, building self-reliance in communities, delivering care closer to home, transforming services to improve outcomes. While significant effort has been put into tackling these issues in the past, the Board has concluded it cannot solve problems by using the same kind of thinking.

For example, previous joint strategic needs assessments (JSNAs) presented a strategic picture of health and disease in Wigan. In 2011, as the shadow Health and Wellbeing Board progressed locally, the JSNA was reshaped to develop an 'asset led' approach. The move from focusing on population problems and 'needs' to assets meant Wigan were able to ask different sorts of questions, such as 'here's what we've got, how can we grow it?'

Wigan also reviewed their activity to address inequalities, and brought in intelligence from a broad range of health indicators, including the social determinants. Wigan put this approach into action in a recent needs and asset assessment on domestic abuse. To ensure that a true picture of need, current delivery, gaps and assets was achieved Wigan engaged with a range of individuals including lead officers, service users, victims, perpetrators, staff and volunteers. This process gathered qualitative intelligence to complement the quantitative data and, amongst other positive outcomes, it identified inequalities in the overall offer that would not have been picked up elsewhere.

In developing its JSNA, Wigan's shadow Health and Wellbeing Board is particularly keen to prioritise the development of intelligence about patients' and the public's experience of services, as well as population health. They are also keen to ensure their JSNA develops in a way that continuously improves the evidence base about what works. This will allow the Board to ensure that commissioning and improvement priorities are implemented in innovative and cost-effective ways.

Once health and wellbeing boards are established on a statutory footing in April 2013, they will take over the statutory responsibility for undertaking the JSNA and joint health and wellbeing strategy. From this point, health and wellbeing boards will want to continue the ongoing process of refreshing the JSNA and developing the joint health and wellbeing strategy ready to feed into the commissioning cycle for 2014-15 and beyond.

The Government sees discussion with local areas as critical during this transition and they will inform this process. Figure 2 below illustrates indicative timings health and wellbeing boards will want to consider as part of their thinking on JSNAs and joint health and wellbeing strategies as they prepare for the new health and care system and to support CCG members in becoming authorised.

	Dec 11	Jan 12	April 12	May 12	July 12	Oct 12	Feb 13	Mar 13	April 13
<b>Health and wellbeing board</b>		Continuous engagement with stakeholders, users and the public	Non-statutory operation						Full statutory responsibility
<b>JSNA</b>	Draft guidance available	JSNA refresh begins or already underway							
<b>Joint health and wellbeing strategy</b>	Draft guidance available		Priorities from JSNA needed to inform strategy	Strategy to be developed to feed into commissioning plans					
<b>Clinical commissioning group</b>			Non-statutory operation		Start of authorisation submissions	Authorisation process begins	Commissioning plans to be agreed		Full statutory responsibility  Implement agreed commissioning plans
<b>Local Authority planning cycle</b>			Data collection and analysis		Reviewing priorities	Financial planning		Business plan finalised and published	
<b>NHS Commissioning Board</b>	Operating as an SpHA focused on business preparation (from October 2011)		Established as an Executive Non-Departmental Public Body with limited statutory responsibility			Partial running as Executive Non-Departmental Public Body			Fully operational with full statutory responsibility

# How we will support you

The Government is taking a new approach to implementing change in public services, with innovation and change driven locally to shape services around communities, with the space created by national partners to enable the sharing of work works. You have told us that sharing learning across sectors and between partnerships is vital during this transition, and we will be supporting this nationally and locally.

## **Statutory guidance and resources**

To support the new policy on JSNAs and joint health and wellbeing strategies the Government has committed to producing new guidance on JSNAs and joint health and wellbeing strategies. We have worked with Local Government Association, the NHS Confederation and early implementer health and wellbeing boards to agree how we will take this forward through the National Learning Network for healthy and wellbeing boards (described further on p.14) and plan to:

- develop statutory guidance on JSNAs and joint health and wellbeing strategies, and
- work with partners to develop wider resources to support the development and effective use of JSNAs and joint health and wellbeing strategies.

The statutory guidance, developed with early implementers will build on existing guidance on JSNAs and will cover the joint health and wellbeing strategy, as committed to in the Government response to the NHS Future Forum's recommendations. It will describe the principles of the JSNA and joint health and wellbeing strategy; not specifying form or detailed content, as health and wellbeing boards will determine this locally.

The statutory guidance will be available in draft form in January 2012, but will not be formally published until after the Health and Social Care Bill has gained Royal Assent. However, we recognise that this will not enable health and wellbeing board members, including emerging CCGs to incorporate jointly agreed priorities for action based on identified needs into their planning for April 2013. Hence, the intention that draft guidance will be issued in January 2012.

This draft guidance will be then be further developed with health and wellbeing board early implementers and other voluntary and community stakeholders ahead of publication. From January 2012 we will be engaging with stakeholders on this draft guidance, developed with health and wellbeing board early implementers, and that engagement will then be followed by a short public consultation ahead of the final publication of the final, statutory guidance after Royal Assent. The aim is both to support health and wellbeing boards as they start refreshing the JSNA and developing a preparatory joint health and wellbeing strategy; and also to ensure the final product has taken full account of local circumstances and views, and is fit for purpose.

## Joint Strategic Needs Assessment and joint health and wellbeing strategies explained – commissioning for populations

Our approach to the development and sharing of this guidance aims to be supportive to emerging health and wellbeing boards as they develop their own understanding and discussions on JSNAs and joint health and wellbeing strategies. We also want this process to be an open dialogue with emerging health and wellbeing boards to ensure that the final statutory guidance is fit for purpose and meets their needs by the time they become statutory bodies.

To further support health and wellbeing boards to undertake JSNAs and joint health and wellbeing strategies, and to support stakeholders to engage in the process locally we will work in partnership with sector leaders and interested partners to produce complementary resources. These will build on the statutory guidance and will feature products to explore issues faced by emerging health and wellbeing boards, alongside themes and best practice. These resources are just as important as the statutory guidance – we are taking this different approach to paint a picture of how the JSNA and joint health and wellbeing strategy can work on the ground, informed by those who are actually engaged in them locally.

These products will be shaped and informed by what health and wellbeing board early implementers and wider stakeholders tell us they would find supportive and useful to meet their own needs and interests. These will be available in early 2012, and again emerging health and wellbeing boards will be able to feed into this process through the National Learning Network and through work underway at a sub-national level.

### Support for health and wellbeing board implementation

Support for the implementation of health and wellbeing boards has been developed with the Government's new approach in mind. Health and wellbeing boards with truly collaborative leadership and partnership across local services will be key within the new health and care system; therefore, we have taken a lot of care in their development and implementation. Early implementers and stakeholders have been united in a desire for health and wellbeing boards to make a real difference and not just be 'talking shops'. In some places this means using the creation of the health and wellbeing board to drive existing partnership work further. In others, it is an opportunity to do things differently, recognising that existing partnerships are not 'delivering the goods'. The National Learning Network provides an opportunity for health and wellbeing boards to debate and stimulate fresh thinking with their peers, as well as supporting the development of highly effective health and wellbeing boards in each locality.

Work with partners has focused on supporting local authorities, CCGs and other partners to bring their own innovation and expertise to the process of identifying and promoting best practice, to ensure health and wellbeing boards are effective. We have also sought to further stimulate and support this localist approach through sub-national activity led by Deputy Regional Directors for social care, SHAs and sub-national local government networks, where it adds value.

## The National Learning Network for health and wellbeing boards

We have set up the National Learning Network for health and wellbeing boards to develop knowledge and behaviours that will enable them to work effectively to deliver their shared purpose. The National Learning Network will support all health and wellbeing boards to develop a clear sense of purpose and shared local priorities, collaborative behaviours and strong relationships; and a focus on outcomes and sustainable improvement for local people; so that the health and wellbeing board is greater than the sum of its parts. With this in mind it has been developed in partnership with and driven by the needs of those who are actually developing their health and wellbeing boards, and to complement wider activities at national, sub-national and local levels.

The National Learning Network is made up of:

- a virtual learning hub, hosted through the Local Government Association Communities of Practice<sup>4</sup>, to enable information sharing, collaboration and networking across all sectors engaged in developing health and wellbeing boards
- national learning sets which will enable health and wellbeing board members to work with their peers across the country on key themes of common interest
- leadership development for elected members, alongside clinical leaders and other local partners, delivered by the Local Government Association building on previous development work with elected councillors
- ensuring that the Learning Network for health and wellbeing boards aligns with development and transition support for CCGs, public health and HealthWatch.

We have already developed some parts of the network, and we are working together to complete the other elements. We intend to be flexible in our approach, responding to the network's feedback and ideas. Government will not be issuing guidance across the board, but only on those areas where health and wellbeing boards early implementers tell us they would like additional support – any such resources will be developed with and shaped by the National Learning Network to ensure that they deliver the support where it is needed.

The National Learning Network builds upon the work of the Local Government Association's Healthy Communities Programme, and they have been a key partner in informing and developing this approach as well as showcasing developments already underway at a local level in *New Partnerships, New Opportunities: a resource to assist setting up and running health and wellbeing boards*<sup>5</sup>.

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<sup>4</sup> <http://www.communities.idea.gov.uk/comm/landing-home.do?id=10113659>

<sup>5</sup> <http://www.idea.gov.uk/idk/core/page.do?pageId=31196365>

# The context

*Equity and Excellence: Liberating the NHS*<sup>6</sup> set out a vision of a health and care system that achieves the best outcomes in the world. It outlined a move to a new system, which shifts away from centrally driven targets, and instead focuses on putting patients and the public first, delivering the outcomes that matter most to people, and strengthening accountability and local democratic legitimacy.

The joint local leadership of CCGs and local authorities through the health and wellbeing board will be at the heart of this new health and social care system. Through this forum elected councillors, clinicians, and directors of public health, adults and children's services will have a key role to play in using their expertise to achieve a collective focus on improving outcomes and reducing inequalities. They will enable greater local democratic legitimacy of commissioning decisions, and provide an opportunity for challenge, discussion, and the involvement of local representatives.

The *Health and Social Care Bill*<sup>7</sup> will require the establishment of health and wellbeing boards on a statutory basis in every upper-tier local authority in England. They will operate in shadow form from April 2012, and take on their statutory functions from April 2013. The process of transition from the current health system to the new arrangements is underway, and many health and wellbeing boards are beginning to operate in shadow form.

To support the development and implementation of health and wellbeing boards at a local level, the NHS Confederation has worked with partners to develop *Operating principles for health and wellbeing boards*<sup>8</sup>. This document intends to help health and wellbeing board members consider how to create effective partnerships across local government and the NHS as they set up and establish their health and wellbeing boards.

Health and wellbeing boards will be the forum for councillors, commissioners and communities work with wider partners to address the determinants of health and reduce health inequalities. This is not just about statutory members of the health and wellbeing board – other partners can help to achieve these aims. For instance, the voluntary and community sector can help access chronically excluded groups, and many emerging health and wellbeing boards are finding innovative ways of engaging the sector.

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<sup>6</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_117353](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353)

<sup>7</sup> <http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Actsandbills/HealthandSocialCareBill2011/index.htm>

<sup>8</sup> <http://www.nhsconfed.org/Publications/reports/Pages/Operating-principles.aspx>



One of the key benefits of establishing health and wellbeing boards will be to increase the influence of local people in shaping services by involving democratically elected councillors and through local HealthWatch, so that services can better meet local need, improve the experience of service users, and improve the outcomes for individuals and communities.

### **Case study - Harrow**

One of the key principles for the development of the shadow Health and Wellbeing Board in Harrow is a focus on user outcomes and engagement.

Over 100 stakeholders and patients joined in an engagement event to begin a discussion on issues and themes Harrow's refreshed joint strategic needs assessment (JSNA). The event gave the emerging health and wellbeing board clear feedback on what the community saw as priorities for a renewed JSNA and highlighted the perspectives of the wide variety of stakeholders in the local health and care system.

In holding the event, Harrow was also able to gain insight into how best to engage with the public and local stakeholder groups. Using the feedback they gathered Harrow are now producing a pan-Harrow engagement plan. The plan will help the Board to have a genuine dialogue with local citizens and groups, hear the issues they raise and respond. As a result of what they heard at the event, they are also developing a new webpage and newsletter to keep people informed,

Over the coming months Harrow plan to:

- make an impact on the 3 priorities of older people, most excluded families; and health and worklessness
- continue to develop the Board
- refresh the JSNA by March 2012
- develop their Joint health and wellbeing strategy for September 2012.

These changes are happening against a backdrop of whole system change, as clinical commissioning groups, the NHS Commissioning Board, HealthWatch and the transition of public health to local government take shape. Where successful JSNAs exist, the successful relationships underpinning them will offer continuity and focus through this transition. In areas where new arrangements need to emerge, a focus on the JSNA and joint health and wellbeing strategy through the health and wellbeing board will provide a focus that can help to identify common goals and ambitions.



### Case study - Buckinghamshire

Buckinghamshire are in the process of developing their joint health and wellbeing strategy. The emerging health and wellbeing board is clear that it has responsibility for improving the health and wellbeing of all residents, from the 'cradle to the grave'; and has agreed four overarching outcomes:

- every child has the best start in life
- everyone takes greater responsibility for their health and wellbeing
- everyone is treated fairly and has the opportunity to fulfil their potential
- keeping people healthier for longer - add years to life and life to years.

Buckinghamshire took a number of factors into account in to arrive at these outcomes, including:

- information on existing priorities from other strategies in Buckinghamshire; including the existing joint strategic needs assessment
- professional and personal experiences from board members
- taking a positive approach to outcomes, but building in an emphasis that residents must take some responsibility for their own health
- using plain English and being recognisable to residents
- good practice examples of other joint health and wellbeing strategies were also used to inform the discussions.

Over the next few months, the board will begin to refine the priorities within each outcome, prior to a public consultation on the strategy. They are keen that the priorities to be included in the consultation should not duplicate areas of work being carried out by others. In future meetings the board will consider where it can add value, where a different or innovative approach may be required and where the inequalities 'gap' can be reduced most effectively

The development of a new JSNA will be discussed in early 2012 and will be used to inform the joint health and wellbeing strategy in 2013 when the board becomes a statutory body.

**The JSNA and joint health and wellbeing strategy are crucial enablers of the new system, important for commissioners, providers, service users and the wider community.**

# The Joint Strategic Needs Assessment and joint health and wellbeing strategy

## Building on existing foundations

The JSNA was introduced to create stronger partnerships between communities, local government and the NHS, providing a firm foundation for commissioning that improves health and social care provision and reduces health inequalities. It was intended to help commissioners shape services to address local needs, and a number of supportive resources have been produced to help local areas undertake their JSNAs.

Local areas have told us that since they were introduced in 2008, the best JSNAs have been those undertaken through strong and collaborative partnerships at all levels, who recognise the opportunity and share the responsibility to improve health and wellbeing across all local services; using this to drive innovation and new ways of working. **The health and wellbeing board provides an opportunity to build upon this good practice in taking existing JSNAs further so enabling the transformation of services through collaborative leadership and the development of a joint health and wellbeing strategy.**

In the new system, responsibility for undertaking the JSNA and joint health and wellbeing strategy will come through the health and wellbeing board, and elected councillors, directors of public health and clinicians will have critical roles to play. They will be a vital tool to support health and wellbeing boards to understand the needs of their whole community, and agree collective action to address those needs. By bringing together insights from communities with a range of high quality evidence and information, which could include other local assessments and non-health data, the health and wellbeing board can make collaborative decisions on how best to meet those needs, through joined up, integrated and appropriate services and by tackling the wider determinants of health. They will, enable users and the public to understand the factors that influence services in their area and have input into shaping those services.

Health and wellbeing boards will provide local strategic and collaborative leadership in the reformed health system. As such they are the natural home for the JSNA as a tool to support the local service leaders to take a strategic view of the needs and assets in their areas and use this knowledge to inform service planning. CCGs will commission the majority of services, with the NHS Commissioning Board directly commissioning the remainder of services, which will also be supported by the evidence in the JSNA.

## Joint Strategic Needs Assessment and joint health and wellbeing strategies explained – commissioning for populations

From April 2013, the local authority and the clinical commissioning groups, together with local HealthWatch, will be required to prepare the JSNA through the health and wellbeing board, undertaking a comprehensive analysis of the current and future needs and assets of their area. In the context of the JSNA an asset could be anything that can be used to improve outcomes and impact on the wider determinants of health. This could be facilities such as a One Stop Shop, or green spaces; but also local businesses, local providers with a specific expertise, or capacity within the local community, such as lunch clubs for isolated older people. This includes needs and assets relevant to health, social care and public health across the full lifecourse, covering children, young people and adults; and involves an analysis of the wider determinants of health.

By looking at these assets health and wellbeing boards can explore what other resources are available to them by working with partners to meet local needs and achieve shared priorities. This could create innovative solutions to issues or create opportunities for wider community involvement. For instance, links to a Local Enterprise Partnership could be used to encourage and support people back into work as a way improving their health and wellbeing as well as supporting the local economy.

Based on the JSNA, the members of the health and wellbeing board will then develop a joint health and wellbeing strategy for their area. This joint strategy should support health and wellbeing board members to take the important step from assessing needs and available assets to planning the delivery of integrated local services based upon those needs and assets, and collectively addressing the underlying determinants of health and wellbeing. **In this way the JSNA and joint health and wellbeing strategy combined form the basis for local decisions that drive service change such as investment and disinvestment in services according to local needs and engagement with the local community.**

The joint health and wellbeing strategy is intended to inform commissioning decisions across local services such that they are focussed on the needs of service users and communities, and tackle the factors that impact upon health and wellbeing across service boundaries. Likewise, the joint health and wellbeing strategy will also need to take account of the NHS Commissioning Board's Mandate from the Secretary of State for Health. Coherence and understanding of local commissioning arrangements across partners will ensure that vulnerable groups are not overlooked. The joint health and wellbeing strategy can also be used to influence the commissioning of local services beyond health and care to make a real impact upon the wider determinants of health.

The joint health and wellbeing strategy drives the collective actions of the NHS and local government, both commissioners and providers, and engages communities in the improvement of their own health and wellbeing. Local authorities, CCGs and the NHS Commissioning Board will need to have regard to local JSNAs and joint health and wellbeing strategies as they draw up their commissioning plans so that their plans are fully aligned with their jointly agreed priorities.

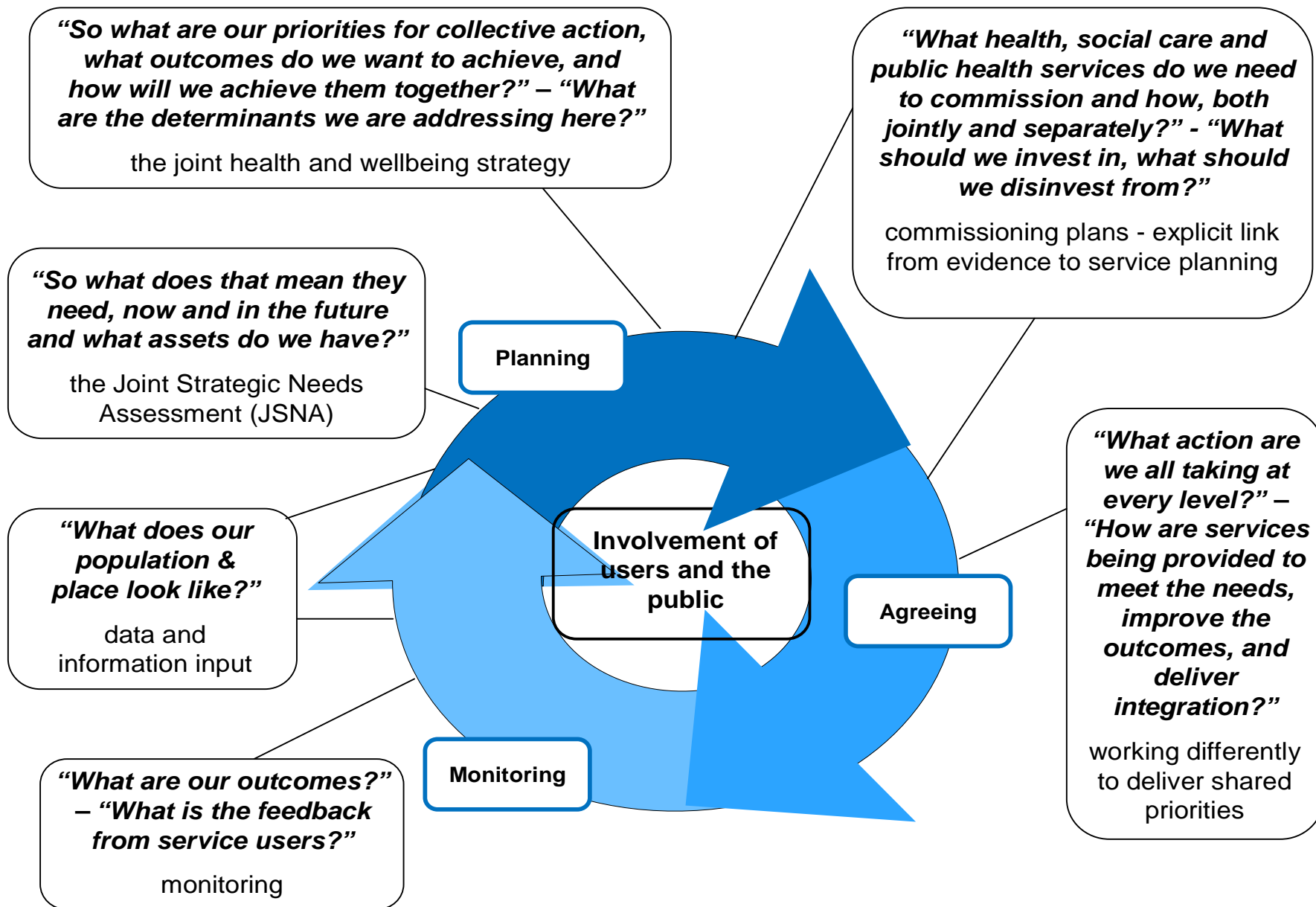
**The joint health and wellbeing strategy is a unique opportunity for the health and wellbeing board members to explore together the local issues that they have not managed to tackle on their own.** The JSNA and joint health and wellbeing strategy allow the health and wellbeing board to analyse the wider perspective of wellbeing, helping local partners on the health and wellbeing board reach a consensus on the priorities to be addressed across the system, and how to make best use of collective resources to achieve them. No single organisation can do this alone, but a shared sense of priorities, built on confidence and trust and supported by a robust evidence base, can help partners work together and focus in on key issues that really matter locally.

### A focus on outcomes

In assessing needs and priorities, the health and wellbeing board should adopt an ‘outcomes-based approach’, considering how their work can focus on improving the outcomes that matter most to their populations. Through the joint health and wellbeing strategy they will set the local priorities for joint action. They will be able to use information and indicators from the national outcomes frameworks for the NHS, Adult Social Care, Public Health (and at clinical commissioning group level, the Commissioning Outcomes Framework) to assess current outcomes to inform their JSNA, and identify desired outcomes to drive their joint health and wellbeing strategy. The health and wellbeing board could be the place where the national outcomes frameworks come together, supporting a primary focus on local priorities.

The collaborative nature of health and wellbeing boards will go beyond a joint assessment of needs and priorities as these are not ends in themselves. The health and wellbeing board will also be involved in the development of commissioning plans of constituent health and wellbeing board members. This opens up opportunities for the collaborative design and evaluation of commissioning intentions between health and wellbeing board members to look together at the congruence of commissioning priorities with objective information from the JSNA.

Commissioners will be required to consider the Health Act flexibilities<sup>i</sup> for joint working, such as pooled budgets; which has the potential to further enhance the partnership aspect of health and wellbeing boards based on evidence from the JSNA and priorities from the joint health and wellbeing strategy. The membership of the health and wellbeing board also provides an opportunity to look across the NHS, Adult Social Care, and Public Health Outcomes Frameworks as a piece, to agree and express their priorities and outcomes as a locality, across all these areas.



**Figure 1: How the commissioning cycle and JSNA and joint health and wellbeing strategy fit together**

## Promoting integration

There are increasing numbers of people living with multiple long-term conditions, and as such improved integration across services is now a priority. There are many aspects of the health and care modernisation programme which promote integration, and health and wellbeing boards will be key to this agenda locally.

The NHS Future Forum and the Social Care engagement exercise, *Caring for our future*<sup>9</sup>, are both exploring how to integrate the delivery of services; what the barriers and potential incentives are on the ground; which services should be more integrated around users; and how integration can achieve better value for money. Collectively this work will not only inform Government and the modernised health and care system; but will also provide potential solutions and best practice from across the NHS and local government.

Health and wellbeing boards and CCGs will have a duty to encourage integrated working of commissioners and providers in order to improve the health and wellbeing of the local population, reduce inequalities, and improve the quality and experience of services for the local population. They have the opportunity to do this not only at a strategic level, but also to establish this approach with wider partners at a local level.

These benefits are not merely for the local system and organisations however; they will improve the quality of services, and experiences and outcomes for service users, their families and carers in accessing services centred around them. In a period of both economic and demographic pressure, this alignment of service planning and provision could also be of great benefit to the taxpayer, with the opportunity for more efficient use of shared resources.

In the transition of public health functions to local government the director of public health will be able to use their membership of the health and wellbeing board to act as a lynchpin between local health and local authority services. This will ensure better integration between public health and services such as housing and education that have considerable impact on the wider determinants of health.

Providing support to directors of public health and teams across local authorities will be a new national organisation, Public Health England (PHE). PHE will be responsible for the provision of integrated advice and services to protect the health of the people of England from new and existing health threats, and to promote their health and wellbeing. The organisations that will make up PHE - including the Health Protection Agency, the public health observatories and the cancer registries, among others - will continue to provide information and intelligence support to the development of JSNAs. This will be both at a national level, by ensuring that public health data is readily available, and at a local level through the provision of expert localised advice and support to understanding and interpreting this information.

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<sup>9</sup> <http://caringforourfuture.dh.gov.uk/>



## Joint Strategic Needs Assessment and joint health and wellbeing strategies explained – commissioning for populations

In undertaking the JSNA and joint health and wellbeing strategy, boards will also have the opportunity to align with other parts of the local system that impact upon health, care and the wider determinants of health. As part of this, health and wellbeing boards can consider joint commissioning opportunities with other local bodies, thereby enabling joined-up interventions and alignment of resources in tackling issues that will benefit from multi-agency working, for example, tackling worklessness, reducing crime and re-offending, improving housing quality, or child and adult safeguarding. Such local alignments will help the health and wellbeing board to take an overview over how the determinants of health affect their local populations and how they could be better addressed across the spectrum of local services. Some of these relationships and partnerships may already exist in some areas, but some health and wellbeing boards will wish to build upon these or establish improved ways of working. These relationships can be mutually beneficial for local services, and the health and wellbeing board may help local partners to achieve their own aims through joint working. For instance, initiatives to support ex-offenders into the workplace will have a positive impact on their health and wellbeing (and possibly wider determinants of health, such as housing status), whilst stimulating the local economy and reducing their chances of re-offending.

### Engaging the public

The health and wellbeing board will have a duty to involve users and the public in the development of both the JSNA and the joint health and wellbeing strategy, and pay due regard to the Public Sector Equality Duty. This will strengthen local accountability, enabling health and wellbeing boards to work with the local community and partners to identify needs and assets, and to jointly decide and agree actions to address them and utilise their potential. Through this involvement, the local community will have the ability to influence local services and have an understanding of what other factors have influenced service provision in their area. There is an opportunity here for greater partnership with local stakeholders and the community, through which local assets and resources can be offered and used as a way to work together to address local needs and tackle the wider determinants of health in a different way.

This will not be the only opportunity for the public to shape their services, as CCGs and the NHS Commissioning Board will also be required to involve the public and service users in the planning of services or service change, as local authorities already do. Health and wellbeing boards might consider how other local partners engage with the public and identify opportunities for alignment and rationalisation.

The JSNA and joint health and wellbeing strategy will therefore be of interest not just to health and wellbeing boards, the local health and care system commissioners and providers; but also to the users of services, their families and carers; and the wider community. JSNAs and joint health and wellbeing strategies which are open and accessible to all will be able to facilitate and assist the engagement of a variety of audiences with differing needs, and will be of use to them all to drive the direction of the local system as intended by the wider health and care reforms, **bringing decision making about services closer to users and the public.**

**Joint Strategic Needs Assessment and join health and wellbeing strategies explained – commissioning for populations**

For further information please email [JSNAandJHWS@dh.gsi.gov.uk](mailto:JSNAandJHWS@dh.gsi.gov.uk)

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<sup>i</sup> NHS Act 2006, section 75.

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