

Joint Strategic Needs Assessment (JSNA): Policy Note

What are JSNAs?

JSNAs have been a statutory duty on PCTs and upper tier local authorities since 2007. The process aims to provide a comprehensive picture of the current and future health and wellbeing needs of the population, and inform commissioning to achieve better outcomes and reduce inequalities.

The duty to undertake JSNA was introduced in recognition that strategic planning for health and wellbeing was best done in partnership, and based on evidence. It is intended to provide a powerful model for joint working and inform commissioning to achieve better outcomes and reduce inequalities in every locality.

As a minimum, a good JSNA process will be the definitive local programme through which local authorities, the community and voluntary sector, service users and NHS partners research and agree a comprehensive local picture of health and wellbeing needs via the health and wellbeing board.

What's changed?

The Health and Social Care Bill 2011 confirms a much more ambitious and central role for JSNA, including the expectation that JSNA inform new statutory Joint Health and Wellbeing Strategies (JHWS). Responsibility to jointly produce JSNA and JWHS, and to commission with regard to them, is squarely placed on GP consortia (now to be referred to as 'Clinical Commissioning Groups') and the local authority. Other key bodies will also be obliged to have regard to the JSNA, such as the NHS Commissioning Board as it commissions primary care. Changes to the Health and Social Care Bill recommended by The NHS Future Forum as part of the Listening Exercise has strengthened the requirement for commissioning bodies to have regard to JSNA and JWHS.

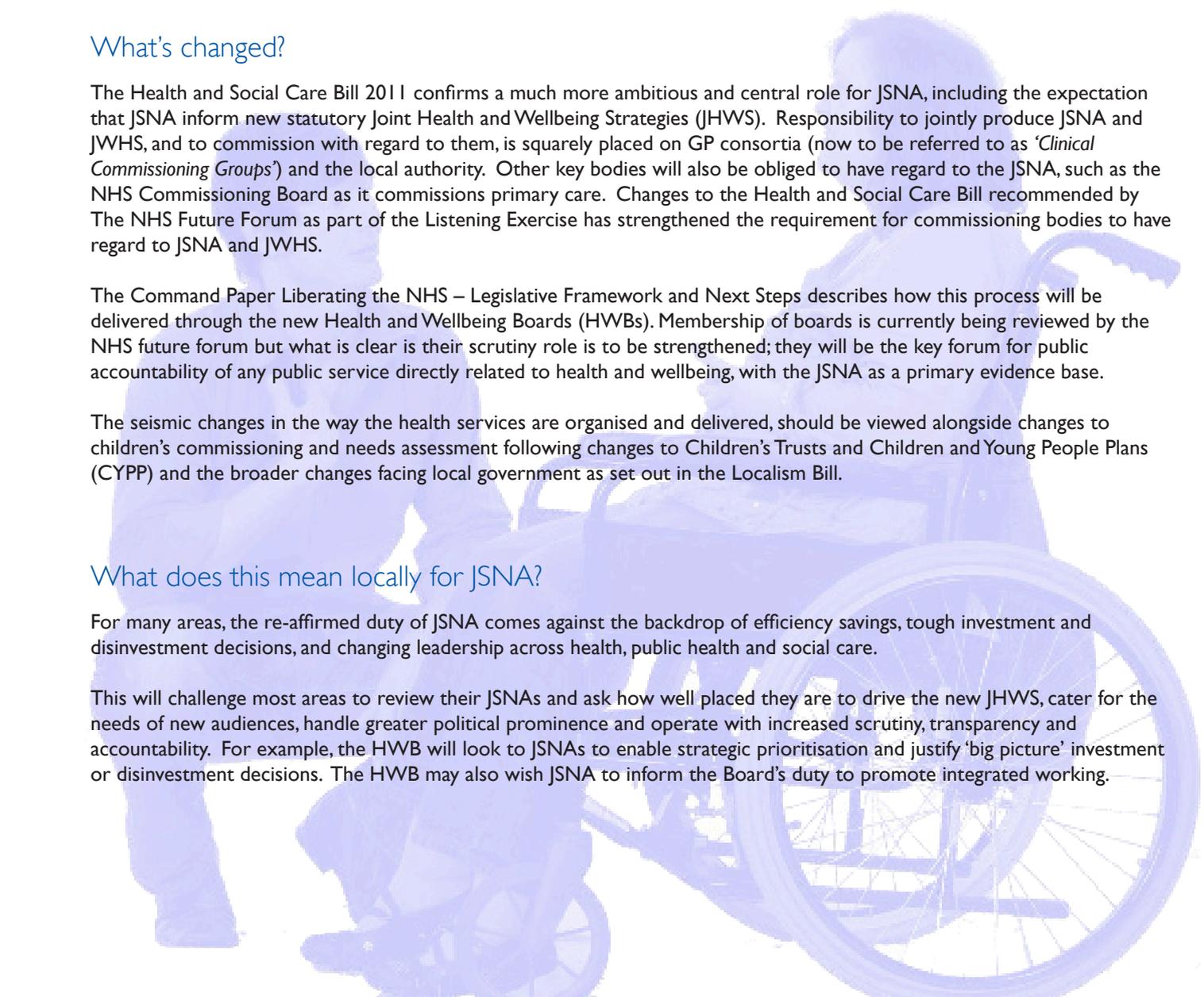
The Command Paper Liberating the NHS – Legislative Framework and Next Steps describes how this process will be delivered through the new Health and Wellbeing Boards (HWBs). Membership of boards is currently being reviewed by the NHS future forum but what is clear is their scrutiny role is to be strengthened; they will be the key forum for public accountability of any public service directly related to health and wellbeing, with the JSNA as a primary evidence base.

The seismic changes in the way the health services are organised and delivered, should be viewed alongside changes to children's commissioning and needs assessment following changes to Children's Trusts and Children and Young People Plans (CYPP) and the broader changes facing local government as set out in the Localism Bill.

What does this mean locally for JSNA?

For many areas, the re-affirmed duty of JSNA comes against the backdrop of efficiency savings, tough investment and disinvestment decisions, and changing leadership across health, public health and social care.

This will challenge most areas to review their JSNAs and ask how well placed they are to drive the new JHWS, cater for the needs of new audiences, handle greater political prominence and operate with increased scrutiny, transparency and accountability. For example, the HWB will look to JSNAs to enable strategic prioritisation and justify 'big picture' investment or disinvestment decisions. The HWB may also wish JSNA to inform the Board's duty to promote integrated working.



These changes imply a necessary revisiting of JSNA from first principles for many areas. There is no single template to follow - process and products must be designed to suit local circumstances and the aspirations of local actors. Health and Wellbeing Boards will need to be satisfied the form and function of their JSNAs are fit for purpose, for example, by leading a discussion on the aims and objectives of the process. Elected members, Clinical Commissioning Groups and HealthWatch have varying experience and familiarity with JSNAs and partners are advised not to assume an existing mutual understanding of the remit and function of the JSNA. The devil will likely lie in the detail, requiring a clear specification of responsibilities, skills, products, processes, timelines and a cycle of evaluation and review.

What will JSNA look like in 2012-13?

At a local level, the majority of HWBs will see the JSNA process as 'central' to the business of decision making processes, challenging delivery and service redesign by the end of 2013. We will need JSNAs that speak clearly to a range of people including strategic leaders, commissioners, elected members and members of the public.

The JSNA will need to reach new audiences, including Clinical Commissioning Groups which will take over the commissioning role from PCTs as and when they are ready from April 2013 onwards. Local HealthWatch will be represented on health and wellbeing boards to ensure that the views and feedback from patients and carers are an integral part of local commissioning in health and social care.

Resources to help you produce/contribute to your JSNA

Voluntary and Community sector involvement is central to JSNA and their involvement should be the norm, not the exception. To help commissioners & policy leads build better partnerships with the voluntary sector and LINKs via the local JSNA processes, a website and supporting resources have been developed by the Voluntary Organisations Disability Group (VODG), commissioned by the Department of Health. www.vodg.org.uk/jsna-resources

New guidance and a best practice toolkit entitled: 'Joint strategic needs assessment: a springboard for action' has been produced by Local Government Improvement and Development (LGID) for all members of new shadow health and wellbeing boards. This and a suite of other tools and resources can be found on the LGID website. www.idea.gov.uk/health

The Department of Health will also have finalised an agreed national programme of support to LGID 2011/12 which will support sector-led improvement activity building on work commissioned by the National JSNA Development Programme in partnership with LGID.

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For JSNA good practice tools and case studies visit: www.idea.gov.uk/health and www.vodg.org.uk/jsna-resources

The National Care Forum

The National Care Forum (NCF) represents the interests of not-for-profit health and social care providers in the United Kingdom. For more information visit www.nationalcareforum.org.uk

Voluntary Organisations Disability Group

The Voluntary Organisations Disability Group (VODG) is an umbrella group of voluntary sector providers of support services to disabled people. For more information visit www.vodg.org.uk