Operating principles for Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies

Enabling joint decision-making for improved health and wellbeing

The partners

The following organisations jointly developed the operating principles and guidance contained in this paper.

The Association of Directors of Adult Social Services
www.adass.org.uk

The Association of Directors of Public Health
www.adph.org.uk

The Department of Health
www.dh.gov.uk

The Local Government Association
www.local.gov.uk

The National Association of Primary Care
www.napc.co.uk

The NHS Alliance
www.nhsalliance.org

NHS Clinical Commissioners
www.nhscc.org

The NHS Confederation
www.nhsconfed.org

NHS Institute for Innovation and Improvement
www.institute.nhs.uk

Regional Voices
www.regionalvoices.net

The Royal Society for Public Health
www.rsph.org.uk

The Society of Local Authority Chief Executives
www.solace.org.uk

The UK's Faculty of Public Health
www.fph.org.uk

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Introduction and purpose

The Health and Social Care Act 2012 establishes health and wellbeing boards as committees in upper-tier local authorities. It gives duties to health and wellbeing board members – both the local authority and each of its partner clinical commissioning groups – to develop Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs). The statutory guidance to outline the duties and powers relating to JSNAs and JHWSs is due to be published before the end of 2012.[1]

This paper provides additional support to the guidance. It combines:

- outputs produced by the health and wellbeing board learning set, which was part of the National Learning Network for health and wellbeing boards (for more information, see page 21)
- findings from a national stakeholder workshop held in April 2012, building on JSNA tools developed by the Local Government Association, *Operating principles for health and wellbeing boards*,[2] and other products and guides in collaboration with the NHS Institute for Innovation and Improvement
- additional information provided by the Department of Health, which stakeholders asked for following the pre-consultation phase of the statutory guidance.

This paper is designed to support areas to develop successful JSNAs and JHWSs. We hope the operating principles are realistic and practical to inform or guide key processes. They are neither perfect nor the 'end of the story' – this is the start of a journey for health and wellbeing boards. The processes established now might not be the best process for the future (see the next section, 'Background').

Joint Strategic Needs Assessments

NHS and local authority commissioners, via the health and wellbeing board, will jointly assess the needs of their local population through JSNAs. The aim of JSNAs is to accurately assess the current and future health and care needs and assets of a local population in order to improve the physical and mental health and wellbeing of individuals and communities and to reduce health inequalities within and between communities. JSNAs will underpin Joint Health and Wellbeing Strategies (JHWSs), and these will form the basis of commissioning plans.

JSNAs should result in a shared understanding locally between all partners – not just local authorities and the NHS, but also other public sector bodies and the voluntary and private sectors. JSNAs will set out communities' needs and assets, where there are inequalities in outcomes and access to services, and identify the causes of inequalities.

Joint Health and Wellbeing Strategies

Health and wellbeing boards will use the evidence in JSNAs and consider what resources they have available to meet needs and build on community assets (see page 10 for more details). Based on this, they will develop and agree upon a Joint Health and Wellbeing Strategy (JHWS), which should outline the shared priorities for action, and reflect issues that matter most to communities and where the greatest impact can be made to improve health and wellbeing outcomes.

Both JSNAs and JHWSs are continuous processes of strategic assessment and planning. Their outputs might be a comprehensive assessment report of needs and assets or a website detailing health profiles of different populations. They engage local communities and professionals to jointly identify short, medium and long-term priority actions to improve the health and wellbeing of the local population.

Key points: JSNAs and JHWSs

- JSNAs and JHWSs are not ends in themselves, but a means to identify the priorities for commissioning to improve health and wellbeing outcomes and reduce health inequalities.
- They need to be strategic and take account of the needs of the entire population within the area.
- They should be owned jointly by all members of health and wellbeing boards.
- They should involve ongoing dialogue with communities, to ensure their needs, assets and experiences are understood, and that priorities reflect what matters most to them.
- Real gains can be made if health and wellbeing boards look beyond needs to examine how local assets (see page 10 for more details) can be used to meet identified needs.
- They are key to understanding inequalities and the factors that influence them, such as poor housing, environmental quality, worklessness, substance misuse or crime.
- They are not just about services, but are about understanding the determinants of health and wellbeing, and will be aided by wider partnerships.
- Health and wellbeing boards will need to consider their organisation's equality duties.
- Equal attention should be give to physical and mental health and wellbeing.
- JHWSs should prioritise the issues requiring the greatest attention and where the greatest impact can be made within available resources of health and wellbeing board members and wider stakeholders.

Background

Health and wellbeing boards are the only component of the new system with a strategic plan that joins up health and local authority decision-making and enables different parts of the system to work together. It is hoped that by enabling local authorities, the NHS, patient and public representatives (through local Healthwatch) and other partners to work together in this way, health and wellbeing boards will:

- help to improve outcomes across health and wellbeing (including the NHS, public health and adult social care outcomes frameworks, and the forthcoming children's outcomes strategy)
- support service integration
- reduce duplication
- increase the efficiency and quality of services.

Accountability for improving health and reducing inequalities in the new system

Under the Health and Social Care Act 2012 ("the Act"), the Secretary of State, the NHS Commissioning Board (NHSCB) and clinical commissioning groups (CCGs) all have duties to tackle and reduce inequalities through the services they commission and provide, including through integrating services. The Act also gives local authorities responsibility for public health, which gives them a stronger role in shaping those services and aligning them with other services that impact on health, such as housing and planning, and to be able to take a preventative approach to improving health and wellbeing.

CCGs and the NHSCB

It should be noted that at the time of writing CCGs are not yet authorised nor in their final form and the NHSCB is not operational at a local level. CCGs will commission the majority of local secondary health, including mental health and community health services, and the NHSCB will commission primary care, specialised services and the majority of health services for members of the armed forces and prisoners. Both CCGs and the NHSCB are essential partners to making JSNAs and JHWSs a success. The Health and Social Care Act 2012 includes duties for both CCGs and the NHSCB to use JSNAs and JHWSs to inform their commissioning decisions.

Local Healthwatch

Local Healthwatch is another important member of the health and wellbeing board that may be further behind in its development than other parts of the system. Getting the involvement and engagement of patients and communities through Healthwatch is essential to getting health and wellbeing boards to function well. There must be a commitment from all partners to ensuring the voices of communities are heard, in particular those who are most vulnerable and who may traditionally struggle to engage with mainstream health services. In the meantime, local councils and their health partners can draw on the evidence and views of public and patient engagement groups that already exist in all areas.

Although many local players are still undergoing transition, their engagement with and ownership of JSNAs and JHWSs in the future is essential. These principles aim to support securing all partners to own these processes and products.

Working across boundaries

CCGs may need to be involved in more than one JSNA and JHWS process where their area crosses an upper-tier local authority boundary. Two or more health and wellbeing boards may also choose to undertake JSNAs jointly, covering their combined areas.

Key themes

Three overarching themes are key to each stage of the process: engagement, ownership and leadership.

Engagement

Engaging partners, stakeholders and communities is key to making JSNAs and JHWSs more relevant and effective than previous attempts. Engagement should involve people from all parts of the community, including: children and young people; adults and older people; those not registered with a GP practice or registered to vote; and those who have traditionally not had their needs reflected in JSNAs.

> 'Engaging partners, stakeholders and communities is key to making JSNAs and JHWSs more relevant and effective than previous attempts'

As this is a new way of working for many areas, health and wellbeing boards will need to engage partners, stakeholders and communities in different ways than in the past. Similarly, communities will need to proactively take part. Engagement should start at the beginning of the process, be continuous and recognise that JSNAs and JHWSs go beyond health and care. Evidence from multiple sources will be needed, as will the community's input, views and ideas. Boards will need to reflect emerging findings back to stakeholders and the community to gain support and buy-in; and also to influence other partners' activities, with the aim of agreeing priorities and maximising resources to improve local outcomes.

Ownership

Health and wellbeing boards and their partners will need to collectively and demonstrably own JSNAs and JHWSs. Individual board members must ensure that the organisations they represent own the agreed priorities and implement these within their own areas of responsibility. Board members will be able to demonstrate ownership by allocating resources to the process. This is an essential ingredient for success. Achieving high levels of ownership by board members will be a significant achievement. To maximise health gains, boards must work hard in order for communities to also feel ownership of the priorities and be part of the solution to improving their own and other's health and wellbeing.

Leadership

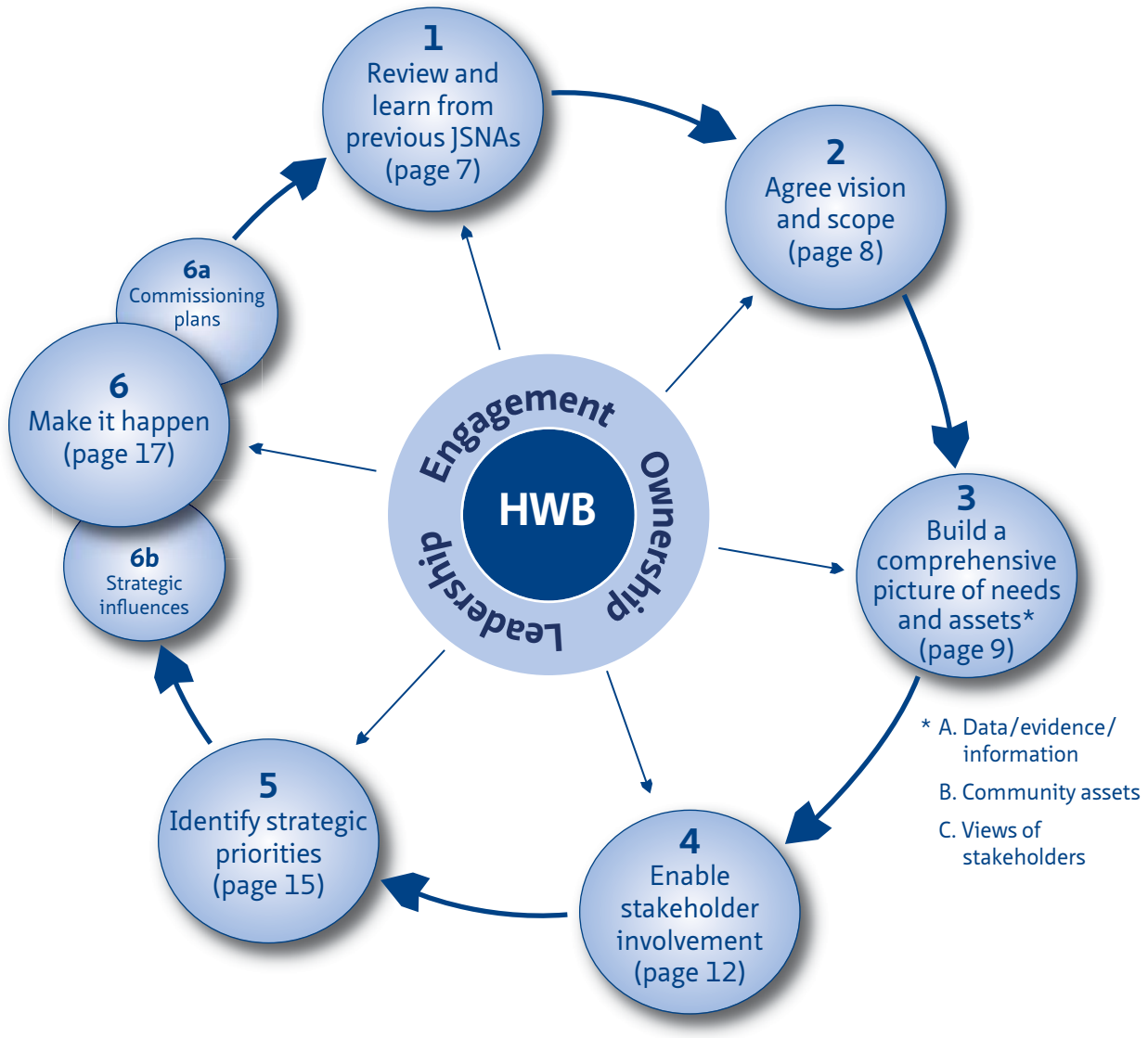
The health and wellbeing board will need to provide collective leadership, working together to jointly agree needs and priorities, as well as translating the priorities into action. Individual board members should influence their own organisations, as well as others across the health and care economy and wider existing partnership arena. The board will need to operate transparently, to be accountable collectively and individually to the community.

Operating principles

This section covers the key operating principles for quality JSNAs and JHWSs. The principles can be used:

- flexibly at different levels
- to guide new ways of working
- as a guide or useful prompt to monitor progress
- to support the development of local principles or standards by health and wellbeing boards
- alongside other guides and tools, such as *Operating principles for health and wellbeing boards* and the self-assessment tool for health and wellbeing boards.[3]

Operating principles for quality JSNAs and JHWSs



1. Review and learn from previous JSNAs (and JHWSs)

JSNAs and JHWSs are continuous and iterative processes which involve improving and evolving the evidence base, providing opportunities for ongoing learning.

Because JSNAs have been a statutory requirement for the NHS and local authorities since 2007, health and wellbeing boards do not need to start from scratch. They can learn from previous JSNAs and strategy processes and look at what did and did not go well.

JSNAs and JHWSs should build on and be informed by other relevant assessments to develop a comprehensive picture of place, needs and assets, as well as avoid duplicating efforts. Looking at JSNAs and JHWSs in neighbouring areas will share learning and may highlight and help resolve key cross-boundary issues.

The JSNA peer review and peer challenge process, developed by Local Government Association, can be a useful approach to enable local areas to assess current achievements, identify areas for improvement and help local government, the NHS and partners respond.

Case study: Learning from past processes in Lincolnshire

Lincolnshire county council conducted a JSNA peer challenge in September 2011 to review the process and build understanding between the new GP commissioners and the local authority, widen involvement, and learn how to use the information better.

In order to improve subsequent JSNAs, the council set the following objectives:

1. Have an annual report which is succinct in converting the data set into intelligence upon which strategic priorities and commissioning intentions can be drawn
2. Develop a continuous process so that, as data is released throughout the year, the JSNA is updated and interested stakeholders are notified on an ongoing basis
3. Engage the wider community in the development of the JSNA, to ensure communities have a voice in agreeing the priorities
4. Review how the JSNA is presented on the website, including mapping the data set to the Marmot Review in order to embed tackling health inequalities within the JSNA.

For more information, contact
Dr Tony Hill, Director of Public Health,
tony.hill@lpct.nhs.uk

2. Agree the vision and the scope

The next stage of the process is to agree the vision and scope of JSNAs and JHWSs. As strategic tools, they need to cover the entire population served by the local authority and partner CCGs. This should cover needs across the life course, from pre-conception to end of life, focusing on reducing inequalities and taking account of people in vulnerable circumstances, such as carers, disabled people, those who offend, victims of violence, the homeless, Gypsies and Travellers, people who use drugs, sex workers and vulnerable migrants. This does not only include the population registered with local GP practices, but everyone who may use services within the area.

All health and wellbeing board members will need to be involved in agreeing the vision and scope to ensure they fully own them and take leadership during implementation. Health and wellbeing boards will need to ensure that their JSNAs and JHWSs comply with the public sector Equality Duty under the Equality Act 2010, a legal requirement.[4]

When developing the scope and vision, board members will need to decide:

- how to ensure they engage with and are transparent to the community
- what they intend to cover, and the level of detail required at different stages
- how they will assess population needs and assets and prioritise action
- how to promote integration, integrated care and reduce health inequalities.

The vision will guide the choice of JSNA and JHWS products.

Joint Strategic Needs Assessment: a springboard for action[5] provides more background on issues to consider.

Case study: Developing the scope and vision of JSNAs in Torbay

Until 2012, JSNAs were shaped around the structures of the Torbay Strategic Partnership (LSP) which focused on 'pride in the bay', 'the new economy', 'stronger communities' and 'learning and skills for the future'. They have been useful for all parties and, by providing comparisons across the bay, have stimulated buy-in from local councillors and GP colleagues.

Local elections in May 2012, a new mayor and rapid changes in the public sector and the NHS have resulted in new individuals in leadership roles. They have worked hard with all key stakeholders to agree the scope and vision for their forthcoming JSNAs and JHWSs.

Caroline Taylor, Chief Operating Officer and Director of Adult Social Care of Torbay Council explains: "The future challenge the board faces will be to ensure that JSNAs are still seen as relevant to a wider leadership in business, economic development, housing providers and the criminal justice system, not just to members of the health and wellbeing board. We plan to be bold to find new solutions for system-wide changes, not only within the health and local authority communities, but to reach out to a wide range of partners. This is essential to make the transformational changes required."

For more information, contact **caroline.taylor@torbay.gov.uk**

3. Build a comprehensive picture of needs and assets

Understanding the factors that influence local health and wellbeing is crucial. This will be guided by the vision and scope. It will incorporate local evidence on needs and community assets, as well as incorporating the community's views.

Evidence

Data, information and intelligence underpin JSNAs. But JSNAs are more than just a collection of evidence; they are an analysis of and narrative on this evidence. The JSNA process extracts and makes sense of evidence, enabling board members to prepare the JHWS.

Evidence on local needs and assets from a variety of sources will be needed, and should be analysed in the JSNA process. Different types of evidence have a valid role to form a realistic 'picture of place' – publicly available national data sets will be useful, as will local information sources. Qualitative information, such as service user and carer views, case studies and individual stories, are as valid as quantitative data as they reflect needs and assets as experienced by the local community. However, the limitations of different types of evidence should be borne in mind.

To support effective prioritisation and investment decisions, it will be important to draw, wherever possible, on information about effectiveness and efficiency of interventions, such as NICE standards and guidelines. Public Health England will support local authorities, CCGs and health and wellbeing boards by providing the most up-to-date evidence on what works to improve the public's health, including research and good practice, as well as services, information and advice responsive to local need. NICE is producing public health guidance briefings for local government and will continue to publish public health guidance on the evidence of interventions.

Access to data

Health and wellbeing boards will need to ensure that those tasked with supporting the production of JSNAs have easy access to the evidence they need. Health and wellbeing boards have a power to request information (with a duty on the person requested to comply) for JSNAs and JHWSs to be provided by the local authority, CCG members, the local Healthwatch organisation, and other organisations represented on the board. This will be important to encourage the safe sharing of information and improving data flows around local health and care services.

Issues to consider include:

- Community assets and needs change over time, particularly for those with multiple and complex needs. These should, therefore, be addressed in an integrated way and take into consideration the full spectrum of factors: health and wellbeing needs, both physical and mental health; care, support and information requirements; and the wider social and environmental factors, such as green space and housing.
- A full range of children and young people's needs and assets must be addressed along with the whole adult population. This will need to include the complex needs of children with disabilities and special educational needs; looked-after children; young children; early intervention in pregnancy and the first years of life; young people making the transition to adult services; and other vulnerable children and young people at risk of negative outcomes.
- Account should be taken of the needs and assets of people who live or are placed outside the local authority area but whose services are commissioned by the local authority or CCG, such as some looked-after children, adults accommodated out of area, including in prision or other places of detention, or people from neighbouring areas who access services during visits or as a result of working in the area.

- The efficiency of existing services and whether they deliver improved outcomes and are value for money should be considered.

Aligning with other assessments and plans

JSNAs can be built upwards from other assessments – such as for a CCG area, a district council area, or even an overview of different population groups' needs, such as children with an education, health and care plan or pharmaceutical needs assessments. The format of the end products is not as important as how the findings are used.

JSNAs and JHWSs will need to align with other arrangements, such as safeguarding for adults and children, child poverty strategies, local economic assessments, strategic housing market assessments, and community safety strategic assessments. The ideal would be for health and wellbeing board members and partners to have joined-up plans with a consistent story on any given issue, avoiding duplication and strengthening coordination across the local system.

Case study: Mental wellbeing impact assessment in Stockport

The mental wellbeing impact assessment (MWIA)[6] enables people and organisations to assess and improve a policy, programme, service or project to ensure it has a maximum equitable impact on people's mental wellbeing. In Stockport, the public health team carried out a MWIA to identify key areas for action and inclusion in their joint health and wellbeing strategy. For further information on Stockport's JHWSs, see: **www.stockport.gov.uk/services/socialcarehealth/adultsocialcare/workinginpartnership/jointhwbstrat** or contact Dr Eleanor Hill, public health specialist, **eleanorhill@nhs.net**

Community assets

Every local area is different, in terms of its population, resources and assets available or the configuration of local organisations. These affect the needs and the priorities for that area. JSNAs and JHWSs need to articulate and address the unique situation in the area.

Developing a JHWS involves the participation of local communities. An open dialogue should help reveal local assets and innovative ideas for how communities can provide support and how limited resources can best to used. Asset-based approaches involve valuing the capacity, skills and potential within communities.

Assets in communities

An asset is considered to be any of the following:

- the practical skills, capacity and knowledge of local residents
- the networks and connections – known as 'social capital' – in a community, including friendships
- the effectiveness of local community and voluntary associations
- the resources of public, private and third sector organisations that are available to support a community
- the physical and economic resources of a place that enhance wellbeing, for example, a library.

There are various techniques for asset-based approaches. The following are often used in different combinations: asset mapping, asset-based community development, appreciative enquiry, participatory appraisal, open space technology.[7]

A number of tools have been developed to support the different types of asset-based approaches including the development of JSNAs:

A glass half-full: how an asset approach can improve community health and well-being:
www.idea.gov.uk/idk/aio/18410498

Development of a method for asset based working:
www.nmhdu.org.uk/silo/files/development-of-a-method-for-asset-based-working.pdf

The asset approach to living well:
www.nwph.net/hawa/writedir/2fa6The%20Asset%20Approach%20to%20Living%20Well.pdf

Growing communities from the inside out – piloting an asset based approach to JSNAs within the Wakefield district: methods and findings:
www.wakefieldtogether.org.uk

Appreciating assets:
www.champspublichealth.com

Engaging stakeholders

On some issues, the evidence may be poor or not visible, such as around the experiences of children and young people or vulnerable and excluded groups. It is important to make sure the range of local needs are understood, so inequalities can be reduced. Partners who come into contact with people with multiple needs could helpfully contribute evidence – such as fire and rescue services, criminal justice agencies or providers of social housing, in particular around the needs of vulnerable older people and voluntary organisations representing excluded groups.

Case study: Addressing needs and assets in Halton

Halton has engaged the local community in the JSNA process by producing bespoke health and wider determinants profiles for each ward. This information was relayed to the residents in a user-friendly way during area forum meetings which included three or four wards and their local councillors. The residents were asked for their top three priorities and how they would like to tackle these issues in their community. These in turn informed the Joint Health and Wellbeing Strategy.

Following on from this, action plans have been developed with the community, who have been leading on implementing new health initiatives in their area with the help of the community development team. They have used local assets, such as a new community centre, cooking lessons from local schools led by dinner ladies, and various health events.

The Halton Clinical Commissioning Group's Health and Wellbeing Practices Initiative enables all patients to access and build on their local area's assets, such as self-help groups, older residents befriending groups, Citizens Advice Bureau and the local authority forum-based multi-disciplinary health and social work outreach teams who work closely with local communities.

For more information, contact Eileen O'Meara, director of public health, **Eileen.Omeara@halton.gov.uk**

4. Enable stakeholder involvement throughout

Engagement and stakeholder involvement happens throughout each part of JSNAs and JHWSs. This section looks at who is responsible and who can contribute, and making processes and reports or outputs, such as websites, accessible and suitable for different audiences.

JSNAs and JHWSs will need contributions from a range of stakeholders. There are statutory duties to involve certain groups, but effective involvement and participation will need to go beyond these duties.

Who is responsible?

All members of health and wellbeing boards are jointly responsible for the preparation and sign-off of JSNAs and JHWSs. Board members and their staff will work closely with the NHSCB, wider public sector partners, voluntary and community organisations and service providers, as well as with communities. This will be critical to set the right strategic priorities and enable evidence-based investment decisions.

The NHSCB will need to participate in JSNAs and JHWSs through an appointed representative, enabling it to commission services that are responsive to local needs. It will have responsibility for meeting identified needs through its commissioning, including for primary care; specialised services; prisons and places of detention; secure health services; national screening and immunisation programmes; public health services for 0–five year-olds; and sexual assault referral centres. It will, therefore, have significant evidence to contribute.

Involving communities

Health and wellbeing boards must involve local communities, including local residents and excluded groups, such as the homeless.

Local Healthwatch will have a specific remit to find out what local people think about their health and care services and how they think services can be improved. They can help identify what gaps exist in provision, build an understanding of how inequalities can be addressed, and provide expertise and advice on involvement methods and activities.

Ensuring the involvement of vulnerable people and those with complex multiple health and social care needs will be a challenge. Although these groups may be small in volume, they are more likely to suffer from poor health and wellbeing and have the worst life chances. Therefore, their involvement is vital to shape integrated services to improve their health and wellbeing.

> ‘Many local partners already have engagement strategies in place, and these can be built upon to prevent engagement fatigue’

Community involvement can be a resource intensive process and the time and efforts of local people need to be respected. Many local partners already have engagement strategies in place, and these can be built upon to prevent engagement fatigue – community involvement in JSNAs and JHWSs does not need a separate infrastructure.

There are a number of resources to support health and wellbeing boards engage local people. These are summarised in *Patient and public health engagement for health and wellbeing boards*, available at www.nhsconfed.org/hwb

Districts

As JSNAs and JHWSs cover upper-tier local authorities, arrangements for effective working in two-tier areas need to be agreed with

district councils. The insight and actions that district councils can contribute will be important to understand and address local needs. There is a duty to involve them in JSNAs; but with their lead role on environmental health, housing, planning, the natural environment and leisure, they also have a vital contribution to make to JHWSs.

Councillors and local authority officers beyond the health and wellbeing board

There should be wider engagement, for example with other councillors, such as portfolio holders or cabinet members with responsibility for children and young people, the environment, planning and regeneration or economic growth. There should also be engagement with other organisations, such as future Police and Crime Commissioners, probation trusts, youth justice services, troubled families coordinators, ending gang and serious youth violence leads, housing services and schools.

Voluntary and community sector

The input of the voluntary and community sector is vital to understanding community needs and assets, including for vulnerable groups. They can usefully feed into all aspects of the commissioning cycle, providing commissioning support and delivering services.[8] Most areas will have a local compact,[9] which must be recognised and used to full effect.

Providers

Providers of health, care, adults', children's, community safety and housing services hold a significant amount of evidence on needs and effectiveness of services. A range of public, independent and voluntary sector providers will need to be involved, although roles and responsibilities should be made clear and any conflicts of interests managed – this must not be a basis for excluding providers. Engaging providers can help to gain support for large-scale service changes that need to be made; this will be particularly important for upstream preventative approaches. Providers are also significant employers and therefore have the ability to improve the health and wellbeing of staff.

> 'Engaging providers can help to gain support for large-scale service changes that need to be made'

Making the process and products accessible

JSNA and JHWS processes and products need to be accessible to partners, stakeholders and the community. This will enable wider ownership, understanding and support for actions being taken. This may require various outputs tailored to the needs of different audiences. Complex technical documents may be helpful to some, but should not be the only products.

There are different ways that areas have developed JSNAs in the past. Health and wellbeing board members are free to choose processes and products that offer the most value and best meet the needs of target audiences. For example, presenting intelligence and analysis by theme or geography may satisfy some groups more than others.

Examples of different JSNAs have been developed. These can be found in *The joint strategic needs assessment: a vital tool to guide commissioning*.[10]

Case study: Engaging stakeholders in Birmingham

Birmingham health and wellbeing board is conducting a city-wide consultation process on its JHWS and plan for its JSNAs and JHWSs to be constantly updated with such information. Due to the diversity of local communities, the engagement processes and products are flexible to meet a multitude of target audiences. The board has been successful at engaging communities by using a variety of mechanisms: public meetings, a website (**http://jsna.bhwbb.net**), Twitter, paper and email newsletters, and conducting interviews and focus groups. As no new money is available to do this work, the local authority and NHS commissioners (PCT and CCGs) have worked together to make it happen.

Birmingham found it relatively easy to influence wider stakeholders, as the JHWS received positive publicity and feedback. The health and wellbeing board conducts quarterly summits with a broad range of stakeholders to discuss priorities and is in the process of developing a comprehensive engagement strategy. The board is working through how it fits with other council structures, including the children's trust and safeguarding boards.

For further information, see **www.bhwbb.net** or contact Darren Wright, senior programme manager, health & wellbeing board and community engagement, **darren.wright@nhs.net**

5. Identify strategic priorities

JHWSs should set out clear priorities, how partners will work together and how services will be commissioned to deliver the priorities. They have to underpin local commissioning plans and can influence wider agreements to take joint action. They will need to demonstrate how the community has been involved and identify the contribution the community itself can make.

To be effective, health and wellbeing boards will need to identify a relatively small number of key strategic priorities where they can make an impact. These decisions will be made collectively, be evidence-based and agreed by the whole board. Priorities for top-tier areas may need to be adapted for local levels, such as CCG or district council levels, based on the needs and assets of the area.

The board will need to agree a robust prioritisation process which takes into account the complexity of needs, different types of need, including balancing expressed needs, with intelligence. The process should be transparent to the community and local partners.

The prioritisation process will have to take into account how the priorities can be delivered – what is directly achievable by the board members and what will require wider influence of partners and stakeholders. Boards will look at prioritising both delivery types, taking budget limitations into account, whilst considering opportunities for aligning, joining up and pooling resources and assets.

Understanding budget pressures across the local system will enable the best use of local resources and joint working together to maximise the resources.

Integration

Proposals in JHWSs for tackling shared priorities will set the foundation for joined-up commissioning and will be able to promote provision of integrated services. However, integration is not an end in itself, but is a means to improve services, health outcomes or efficiency. This will need to go beyond health and social care services to make a real impact on the wider determinants of health.

Integration can be across funding organisations such as local authorities and the NHS; across funding streams, such as criminal justice and drug and alcohol treatment services; or on approaches to mental and physical health. It can also be used to align services that interact, such as primary and secondary healthcare, housing and adult social care; or improve transition between children's and adult's services.

There may be existing local integrated plans, such as community budgets or work with troubled families. These can also be used to maximise local health gains from different parts of the system.

For more learning about integration from members of health and wellbeing boards, see www.nhsconfed.org/hwb

Case study: Identifying priorities across partners in a multi-tier local authority area

Within Kent County Council area there are seven CCGs, 12 district councils and four large acute NHS trusts spread across a number of sites. Having each CCG represented on the shadow health and wellbeing board whilst they develop has worked well. The 12 district councils selected three members to represent them; the remainder of the board members are made up of the statutory roles and four lead cabinet members. There will be a different process to engage all providers and incorporate voluntary, statutory sector and social enterprises.

The JHWS priorities were informed by JSNA findings and the variety of strategies behind integrated commissioning. To join up older peoples' health and care services, each CCG is developing integrated commissioning plans with council social services. They are currently discussing how to join up children's services, but there is a joint commissioning committee across Kent to help this happen. As some of the country-wide priorities were not relevant in all areas, JHWS priorities were translated at local levels, and JSNAs were carried out for each CCG area to enable join up with district council activities, particularly regarding leisure and physical activity.

A review was commissioned to look at all the needs assessments that informed the JSNA process, exploring where community engagement had been strong and where there were gaps. In areas such as end-of-life care, long-term conditions and breastfeeding, that hadn't had sufficient engagement, the council conducted focus groups and other exercises to adequately involve and engage communities. Continuous engagement has now been built into future processes to help commissioners prioritise accordingly.

In order for key stakeholders, particularly the large NHS trusts, to implement priorities set by the health and wellbeing board, it was essential to engage with them. It was felt that unless they accepted the JHWS and were working to address the priorities, significant planned changes, particularly regarding long-term conditions and reducing hospital admissions, would not happen. The board will ensure it involves all providers, including NHS, voluntary and private sectors.

Priority actions within local authority and CCG commissioning plans are set according to the budget and are informed by JSNA findings and JHWS priorities. Ensuring the NHS achieves its QIPP savings target is also an overriding priority, to reduce acute sector spend and for local authorities to do more for less within social care. Budget considerations underpin all decisions.

Meradin Peachey, director of public health, advises: "to focus on what you need to do and less on process. Everything should be seen as a joint action, jointly agreeing priorities and strategies will help you make the changes you need to happen in your local area."

For further information, contact
Meradin Peachey, director of public health,
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6. Make it happen

a) Commissioning plans of health and wellbeing board members

Health and wellbeing board members have duties to use JSNAs and JHWSs to inform their individual and joint commissioning plans, in order for these plans to reflect the health and wellbeing board's priorities. Board members will be able to implement their plans either jointly or in ways that complement each other. They will also be able to consider the needs that were identified in JSNAs but not prioritised in JHWSs. Health and wellbeing boards may want to build in flexibility to allow for changing local circumstances, which might affect the delivery of plans.

'We recommend that both local authorities and the NHSCB involve the health and wellbeing board in the development of their commissioning plans'

CCGs are required to involve health and wellbeing board members in the development of their commissioning plans. Similarly, we recommend that both local authorities and the NHSCB involve the health and wellbeing board in the development of their commissioning plans.

Commissioning plans will need to consider how health and wellbeing needs change over time, impacting upon service demand. Commissioning plans will need to be clear about why particular interventions have been adopted and consider their effectiveness. If there is little evidence for innovative interventions, then a clear evaluation strategy will be needed. User and carer feedback on quality of services is also important as part of the evidence base.

Measuring outcomes

Health and wellbeing boards provide an opportunity for commissioners to develop shared outcomes from the outcomes frameworks (NHS, public health, adult social care and the forthcoming children's health outcomes strategy[11]). JHWSs can take the national outcomes frameworks[12] into account as these will be used to measure local progress nationally. CCGs will also have to consider how they will address the commissioning outcomes framework (derived from the NHS outcomes framework by the NHSCB) by which they will be measured. However, board members don't have to consider all the measures from the outcomes frameworks if they are not deemed to be local priorities based on evidence.

It will be important for boards to put in place mechanisms for monitoring their own outcomes, to measure the effectiveness and impact of JHWSs (see the health and wellbeing board self assessment tool[13] for more information). Clear measures that local communities can recognise will help demonstrate accountability and transparency and secure local support of the whole health and wellbeing board.

Support and advice available

The Responsible Commissioner guidance[14] is being revised to reflect the new NHS commissioning structures. The needs of people who are out of the area, as well as future needs (for example, when people return to the area) could both be relevant for the purposes of JSNAs and JHWSs.

Health and wellbeing boards will be able to gain expert advice from strategic clinical networks and clinical senates. Clinical networks can provide condition-specific advice from leading experts in the relevant field. Clinical senates will give multi-professional strategic independent advice across a broad range of health-related issues, in particular, patient flows and

outcomes across services in the area, and offer advice on local service reconfiguration.

Reviewing the delivery of JHWS

The following can contribute towards measuring the effectiveness of JSNAs and JHWSs as well as organisations' related actions:

- CCG annual reports – these review the extent of their contribution to delivering JHWS priorities, and consultation with the health and wellbeing board
- CCG annual performance assessments – the NHSCB must consider how well CCGs have had regard to JSNAs and JHWSs, consulting health and wellbeing boards
- the director of public health's annual report can take account of JSNA findings, JHWS priorities, and the progress in achieving them
- local authority local accounts and/or local Healthwatch annual reports could also be linked to JHWSs to show progress in achieving priorities.

Local health overview and scrutiny also has a role in assessing health and wellbeing boards in undertaking JSNAs and JHWSs in terms of the quality of the processes and products. They can scrutinise what has been done to meet the needs and priorities identified, the outcomes achieved, and how well this has influenced other local authority priorities and activity.

> 'Without working with and influencing others it will be very hard for the board to effect the changes it wants within the area'

b) Wider strategic influencing

Health and wellbeing boards will work with partners, stakeholders and the community to share agreed priorities and the evidence base to support and influence their commissioning activity. As seen in the Kent case study (page 16), without working with and influencing others it will be very hard for the board to effect the changes it wants within the area.

Health and wellbeing board partners can use JHWSs as an opportunity to identify how commissioning of wider public services which impact on health, such as those for victims of violence and offenders, could be more closely integrated with commissioning of health and wellbeing services.

Conclusion

Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies are the mechanisms by which health and wellbeing boards and their partners will be able to jointly plan to improve the health and wellbeing of local populations and reduce physical and mental health inequalities. The advent of JHWSs offers a real opportunity for local authorities and the NHS to strengthen engagement with communities, take collective leadership and ownership of key challenges, and integrate services across sectors.

These principles have been developed by the Health and Wellbeing Board Learning set for JSNAs and JHWSs and national organisations representing health and wellbeing board members and partners.

For more information on the issues covered in this paper, contact Nicola Rosenberg, Policy Manager, NHS Confederation, at nicola.rosenberg@nhsconfed.org

References

1 www.dh.gov.uk/health/2012/08/consultation-commissioners

2 www.nhsconfed.org/Publications/reports/Pages/Operating-principles.aspx

3 www.local.gov.uk/web/guest/health/-/journal_content/56/10171/3638628/ARTICLE-TEMPLATE

4 www.homeoffice.gov.uk/equalities/equality-act/equality-duty/

5 www.local.gov.uk/web/guest/health/-/journal_content/56/10171/3511245/ARTICLE-TEMPLATE

6 www.apho.org.uk/resource/item.aspx?RID=95836

7 www.buckscc.gov.uk/moderngov/Published/C00000710/M00004801/AI00020883/$DevelopinganAssetBasedApproachtotheJointStrategicNeedsAssessmentjog.docA.ps.pdf

8 Support for commissioners and policy makers in health and social care for working with the voluntary and community sector: www.vonne.org.uk/policy/healthandwellbeing/health_inequalities.php

9 More information on local Compact agreements can be found on the Compact Voice website: www.compactvoice.org.uk

10 www.nhsconfed.org/Publications

11 www.dh.gov.uk/health/2012/07/cyp-report/

12 See *Developing a local outcomes framework*. www.nhsconfed.org/HWB

13 www.local.gov.uk

14 www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078466

The National Learning Network for health and wellbeing boards

This document was developed as part of the National Learning Network for health and wellbeing boards, a programme funded by the Department of Health and supported by the NHS Confederation, the Local Government Association and the NHS Institute for Innovation and Improvement. Each health and wellbeing board learning set focused on a theme that early implementers have said is of most interest and importance.

The health and wellbeing board learning set for raising the bar on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies that co-produced this publication included:

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Eileen O'Meara, Director of Public Health, Halton

Dr. Diana Grice, Director of Public Health and Medical Director, East Sussex

Kieron Williams, Head of health and wellbeing, Lambeth Council

Dr Tony Hill, Director of Public Health, Lincolnshire

Mike Gogarty, Deputy Chief Executive, NHS North East Essex

Fiona Johnstone, Director of Public Health, Wirral

Freya Lock, JSNA & JHWS Development Lead, Department of Health

Operating principles for Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies

The Health and Social Care Act 2012 establishes health and wellbeing boards as committees in upper-tier local authorities. It gives duties to health and wellbeing board members – both the local authority and each of its partner clinical commissioning groups – to develop Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs).

The statutory guidance to outline the duties and powers relating to JSNAs and JHWSs is due to be published before the end of 2012. This paper provides additional support to the guidance.

Further copies or alternative formats can be requested from:
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