

FAQs
Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs) draft guidance – a consultation

The consultation process

1. Why are you only running a short consultation (ie, not the recommended 12-weeks)?

We have already undertaken structured engagement on an earlier draft of this guidance, during which we attended meetings and events to find out what people thought. In particular, we sought the views of emerging health and wellbeing boards and associates of the [National Learning Network](#).

We received over 100 pieces of written feedback and where possible, we have revised the draft guidance based on the feedback received. Therefore, this version which we are now consulting on has already incorporated a great deal of feedback and intelligence from the health and social care system.

2. Why are you holding the consultation over the summer?

Holding the consultation over the summer will allow final guidance to be published by the autumn, thus providing support to shadow health and wellbeing boards as they refresh their JSNAs and develop JHWSs (to underpin their commissioning plans ready for April 2013). This guidance is especially important for CCGs, as under the [Health and Social Care Act 2012](#) their commissioning plans must have regard to JHWSs, and yet also need to be submitted as part of the authorisation process starting in July.

Earlier in the year we committed to publishing this consultation in the spring, so that final guidance could be published before summer recess. Unfortunately these timings have been delayed. To avoid further delays and further risks to the system in preparing for April 2013, we are keen to consult as soon as possible.

3. When will we see the final guidance?

When this consultation closes on 28 September, comments will be processed, analysed and incorporated where appropriate and the final guidance document should be published during the autumn.

4. What about the comments made in the engagement period?

We will be writing to those who did respond to thank them and set out in more detail the changes made since the engagement period.

Where possible we have made revisions to the guidance in response to the feedback we received. Some changes were not possible, such as where they concerned the legal duties on local authorities and CCGs, or where we do not have the power to dictate local ways of working.

5. What else is being done to support health and wellbeing boards to develop JSNAs and JHWSs?

AND

When will we see the wider suite of resources?

We will use the consultation period to collect and develop resources to support health and wellbeing boards with their work to undertake JSNAs and JHWSs. This will include a co-produced piece of work with the LGA and NHS Confederation which explores what good looks like. The resources will be rolled-out from the autumn onwards.

The resources will be informed and developed in response to feedback from health and wellbeing boards and their partners. They will be themed around areas where they would like more support and will aim to fill any gaps in existing resources.

The National Learning Network for health and wellbeing boards has begun to roll out a number of products from its themed learning sets. One learning set has been exploring the theme 'Raising the bar on JSNAs and JHWSs' and is due to share its learning alongside the wider resources in the autumn. To find out more about the learning set products, please visit:

<http://healthandcare.dh.gov.uk/hwb-products-launched/>

6. Why haven't you produced and Impact Assessment/Equalities Impact Assessment?

This guidance does not include new powers or duties – they were conferred by the Health and Social Care Act 2012, and as such are covered by that [Impact Assessment](#). The JSNA and JHWS guidance is designed to support health and wellbeing boards to exercise the powers and duties in the Act, without being prescriptive, and therefore support the delivery of the benefits set out in the IA.

Health and wellbeing boards and their statutory members are already subject to the [Public Sector Equality Duty](#) and as such must consider groups with protected characteristics when undertaking JSNAs and JHWSs. This guidance does not dictate how health and wellbeing must do this as that is for local determination according to their local circumstances.

7. Are you reissuing the core data set or are you including any specific data collections in the core data set?

The previous [2008 JSNA core dataset](#) brought together a list of indicators, which local partners could draw on when undertaking JSNAs – these indicators were never mandatory and will not be made so in the future. However, as part of developing this guidance, we are continuing to explore what further resources emerging health and wellbeing boards would find supportive in this area (eg, signposting helpful evidence sources).

During our engagement with the sector we have heard that many partners think a list of indicators does not encourage those undertaking JSNAs to think about a broad range of both quantitative and qualitative evidence from a number of both national and local sources. In 2011 the LGA published a [Data Inventory](#), funded by DH which is intended to go further than the previous core data set and be supportive for those undertaking JSNAs. There is no commitment to reissuing or updating this previous core dataset.

JSNAs and JHWSs – a local process

8. Where can I find my local JSNA and JHWS?

JSNAs and JHWSs, by law have to be published by the relevant local authority. Usually they are available on the relevant local authority's website.

9. Will there be targets?

OR

Will you be evaluating JSNAs and JHWS?

JSNAs and JHWSs are local strategic planning processes, the Department of Health therefore does not monitor them centrally. JSNAs will be the means by which the current and future health and wellbeing needs of the local population will be determined through health and wellbeing boards. This will then be used to develop locally agreed priorities in JHWSs, which will underpin local commissioning plans.

In this way, health and wellbeing boards will plan local services on the basis of the identified needs. JSNAs must therefore be inclusive of the health and care needs of the whole local population, including children and young people, people in vulnerable circumstances, and those with complex needs. However, it would not be appropriate for the Department to highlight any care group or area of need over another as this would risk undermining the purpose of JSNAs being an objective, comprehensive and – most importantly – a locally-owned process of developing evidence based priorities for commissioning.

We have never centrally monitored or evaluated JSNAs and we do not intend to start doing this with the introduction of JHWSs. They are an integral part of the local strategic planning process, and there are a number of local accountability mechanisms including through the following routes:

- CCGs to the NHS Commissioning Board
- the local health scrutiny function
- local democratic process (ie, local elections)
- and through the duty to involve local people which will be supported by the local Healthwatch membership on the health and wellbeing boards.

There is no intention to introduce targets related to JSNAs and JHWSs. Outcomes Frameworks for the NHS, Public Health and Adult Social Care are transparency mechanisms, publishing the performance of these service areas in terms of their outcomes, not processes, on an annual basis.

The [Commissioning Outcomes Framework](#) due to be published in the autumn will also measure the health outcomes and quality of care (including patient reported outcome measures and patient experience) achieved by clinical commissioning groups.

The measures within these frameworks and outcomes strategies will be useful to inform local JSNAs and JHWSs, but they are not intended to replace or

overshadow local priorities as they perform a different function. Local services should be commissioned based on evidence of local needs – the data published in the outcomes frameworks will help inform that picture of local need but should not dictate local priorities.

10. How can I influence JSNAs and JHWSs locally?

a. As a member of the community, carer, citizen or service user:

Involvement in the JSNA process does not have to be time-consuming. Many voluntary and community sector organisations arrange informal meetings to discuss the needs of the relevant community they represent with those undertaking JSNAs.

Any research or evidence that you or your organisation holds may be useful in the JSNA and JHWS process. For example, research on your community's views on their local services or community engagement exercises that you have undertaken.

To successfully influence JSNAs and JHWSs, a good starting point is to contact your local council for voluntary service (CVS) or equivalent. They will be able to tell you how JSNAs work within your local area and who the relevant contacts are. In addition, the local CVS often collates information from across the voluntary and community sector to present to those undertaking JSNAs, presenting the information with 'one voice' and reducing both the work involved for smaller voluntary sector organisations, and the number of organisations all trying to contact an individual at once.

Regional Voices is currently developing resources for local voluntary and community sector organisations to use to support them influencing JSNAs and JHWSs locally. This is likely to be available in the autumn. For more information, go to www.regionalvoices.net

b. As a local health or care professional:

Many local professionals will be informing their local JSNAs and JHWSs, and some may even sit on their local health and wellbeing board. JSNAs and JHWSs will be jointly led by the whole health and wellbeing board, and as such local health and care professionals can choose to target their influence through the most appropriate member, whether that is the director of children's services, or the clinical commissioning group representative. Health and wellbeing boards have a duty to involve those that live and work in the area during the JSNA and JHWS process. Some boards may choose to engage with local health and care professionals separately to the wider community in order to gain input from them on the specific local services they are involved in and whether they meet the identified local needs.

11. Will all JSNAs and JHWSs include information on x issue? (eg, homelessness, mental health or Gypsies and Travellers)

What JSNAs and JHWSs cover and include is for local determination based on local circumstances as every area is unique. It would not be appropriate for us to highlight any care group or area of need over another as this would risk

undermining the purpose of JSNAs being an objective, comprehensive and locally-owned process leading to evidence based priorities. In undertaking JSNAs and JHWSs local authorities and CCGs have a responsibility to consider the needs of the whole local population from pre-conception to end of life including people who live, work and access services in the area, those not registered with local GP surgeries, the hard to reach and excluded groups.

12. What if local commissioning does not reflect local needs and priorities from JSNAs and JHWSs?

Under the Health and Social Care Act 2012, the NHS CB, CCG and local authority commissioning plans must take local JSNAs and JHWSs into account.

If local commissioning does not reflect the identified needs from JSNAs and JHWSs, the following mechanisms can be used:

- The health and wellbeing board can raise concerns with the CCG or the NHS Commissioning Board if they feel their commissioning plans do not reflect the relevant JHWS.
- The health and wellbeing board can raise concerns with the local authority if they feel their commissioning plans do not reflect the relevant JHWS.
- The local authority health scrutiny committee will be able to take an overview of the work of the health and wellbeing board, and it will have an interest in whether local commissioning plans reflect the agreed priorities.

Health and wellbeing boards

13. Will other local leaders and commissioners (eg, Commissioning Support Organisations) have a seat on health and wellbeing boards?

OR

What will the relationship between health and wellbeing boards and other local committees (eg, Community Safety Partnerships and Local Safeguarding Children's Boards etc) be?

The purpose of health and wellbeing boards is to foster effective joint working for and with local people. Membership will be key to this joint working, but will not represent its limit and is not the only way to influence the board's work.

Boards will be free to expand their membership beyond the statutory minimum, in order to draw on a wide range of expertise and perspectives. It is for local authorities to determine the precise number of members. Read the [quick guide](#) to find out more about statutory membership.

Feedback from early implementers suggests there is a balance to be struck locally between boards being small enough to be focussed on driving decisions and ensuring they build effective working relationships beyond their statutory membership.

Health and wellbeing boards will want and need to have links to a number of local leaders, commissioners and partnerships; but this does not have to be

achieved by joint working, or prescribed structures. How health and wellbeing boards work with their partners locally is up to them – these decisions have been left to local determination to allow flexibility and to allow local leaders to decide this based on the local needs, circumstances and structures.

14. What secondary legislation will be issued on health and wellbeing boards and what will it cover?

Input has been sought to help develop proposals for the technical regulations that will apply to boards from April 2013. The intention with the regulations is to give as much flexibility to local areas as possible and to build on how shadow boards are already running.

Regulations are intended to be robust yet give enough freedom to local areas to be able to shape their board in a way that fits best with their circumstances.

Regulations are being drafted over the summer ready to be tested in early autumn and laid by the end of the year (subject to parliamentary business).