Factsheet: Joint Strategic Needs Assessment:

Planning and commissioning for health, wellbeing and health and social care

REPORT SUMMARY

A factsheet explaining what they are and how they can be shaped.

DATE

27/08/2014

AUTHOR

Dr. Mary Tilki

What is a Joint Strategic Needs Assessment (JSNA)

The Joint Strategic Needs Assessment (JSNA) is "systematic *method for reviewing the health and wellbeing needs of a population, leading to agreed commissioning priorities that will improve health and wellbeing outcomes and reduce inequalities* (DH 2007). JSNAs are a statutory duty imposed by the Local Government and Public Involvement in Health Act (2007) incorporated into the Health and Social Care Act (2012). JSNAs which have been around since 2008, are now produced by Health and Wellbeing Boards (HWB) established by Local Authorities to enable local areas identify need, commission services and engage communities in improving health and wellbeing locally. They provide a significant opportunity for local partnerships to ensure healthcare and wellbeing services are responsive to community need and meet equalities obligations enshrined in law

What is the role of the Health and Wellbeing Board (HWB)

HWBs are executive committees of councils with social care responsibilities, made up of local councillors, directors of public health, adult social services and children's services; clinical commissioning groups and local Healthwatch. HWBs take the lead on improving health and wellbeing and reducing health inequalities for their local communities. They are responsible for identifying current and future health and social care needs and assets in local areas through JSNAs and developing Joint Health and Wellbeing Strategies (JHWS), setting priorities and providing a framework for the commissioning of local health and social care services. HWBs must encourage and support partnerships through JSNA/ JHWS processes, helping health and social care services work together and with bodies like the police, schools, family services, education, employment and the voluntary and community sector.

What is a Joint Health and Wellbeing Strategy (JHWS)

JHWS should translate the needs identified in the JSNA into clear outcomes and locally led initiatives to address these needs. They are produced by Health and Wellbeing Boards (HWB) and are unique to each local area and will focus on a few priorities for joint commissioning using pooled budgets. They must have regard for the government's priorities for the NHS and explain what priorities the HWB has set, along with a strategy for action that will impact on peoples' lives. There should be wide and inclusive consultation about the priorities chosen and JHWS should build on each communities assets working in partnership with voluntary community organisations and across different sectors as required. Local Healthwatch must be involved in the JSNA/JHWS process.

What is the role of Healthwatch?

Healthwatch is the local consumer champion for health and social care and replaces Links as the collective voice of the public and people who use services. It aims to build a picture of local community needs, aspirations and assets and especially the experience of people who use services. It engages with local communities and networks of local voluntary organisations and people who use services and reports concerns about services to commissioners, providers and council health scrutiny bodies. Local Healthwatch provides information for the JSNA and works with the HWB to agree the JHWS. It will presents information to Healthwatch England to help form a national picture of health and social care.

What is the purpose of the JSNA?

The purpose of the JSNA process is to identify the current and future health and well-being needs of the population it represents. There is an equal and joint statutory duty on Local Authorities and Clinical Commissioning Groups (CCGs) to produce JSNAs and JHWS through the HWBs which drive the commissioning of primary and secondary care. Improving health and tackling persistent health inequalities requires the collaboration of public health, health services and local government as well as other public sector partners, businesses and the Voluntary and Community Sector (VCS).

JSNAs rely on a range of quantitative and qualitative data, community and user views and this information should inform the (JHWS) produced by the HWB which will drive local strategic commissioning. A JSNA should take account of population numbers and composition, ethnicity, age and gender, taking account of the social determinants of health and particular health issues and lifestyle factors impacting on local communities. JSNAs are required to ensure that mental health receives equal priority to physical health. The content of the JSNA is drawn from a range of data including the census data and any information provided from partnerships with a range of statutory and non-statutory bodies. Examples of these include:

- Public Health data
- Intelligence from VCS
- Views collected by local Healthwatch
- Feedback to local providers from service users/ outcome evaluations
- Information from social care staff, GPs, community nurses etc.
- Views from community consultation/ participation

The role of the Voluntary Community Sector (VCS) in addressing health and social need.

Effective JHWSs rely on the best available data. Local communities and Healthwatch must be involved throughout the JSNA/JHWS process, providing information and understanding about local need and workable ways of meeting goals. VCS organisations have valuable local knowledge and insight and can reach into communities in a way in which statutory bodies are unable to, in order to consult, identify aspirations and experiences and define priorities. The statutory guidance on JSNA and JHWS (DH 2013) points out that where a lack of evidence on certain health issues or seldom heard groups can indicate unmet need. It is therefore important to find ways of involving all sections of the community, particularly those who are vulnerable and socially excluded, enabling them to express their views, experiences of services and health and social care needs.

In addition, HWBs are required to engage communities in improving their own health and wellbeing and to consider local assets which help improve outcomes and address inequalities. Partnerships with local VCS organisations can help engage marginalised groups and support active communities in improving their own health and enhancing social cohesion. They must therefore ensure the engagement of small, community providers who often have innovative accessible ways of achieving JHWS goals. JSNA/JHWS must attend to gaps in provision, explore partnerships not previously considered and consider new ways of working. They must address wellbeing and not just health, taking account of the social determinants of health, linking with other community strategies such as those around housing, safety, employment and education. JSNAs are not an end in themselves but an ongoing process of strategic assessment, planning and developing evidence based services to improve health and reduce inequalities. The VCS can be involved in priority setting as well as being commissioned to provide high quality accessible, innovative services which the mainstream is unable to provide.

JSNAs and the Irish community.

The content of the JSNA (and JHWS) is of vital importance in improving health and wellbeing and addressing health inequalities. JSNAs in general are still at the development stage and only just beginning to address ethnic health inequalities (LGID 2010). There is thus considerable scope to include the Irish community, usually invisible in inequalities debates because of being aggregated into a homogenised White category. Although the health and socio-economic profile of the Irish is more akin to that of visible BME communities than the White British population, they are largely excluded from JSNAs and from JHWS.

There is clear evidence of the highest rates of mortality from cancer, some of the highest death rates from heart disease and stroke with this pattern of disadvantage persisting into the third generation. Limiting long term conditions are high across all age groups and lead to early exit from the labour market with all the problems that ensue from unemployment. There are high rates of common mental disorders, older age admissions to mental health establishments and persistently high levels of suicide. The older age profile of the Irish population in Britain compared to the general population and other minority ethnic groups, is inevitably accompanied by problems of (mostly preventable) ill-health and there is a growing incidence of dementia. Mortality rates and morbidity levels are significantly worse for Irish Travellers across a range of health issues. The poor socio-economic circumstances of sections of the Irish community who disproportionately live in areas of marked multiple deprivation, confounds their access to health and social care in an equitable or timely manner. Smoking is declining but more slowly than in the population as a whole and although there are high levels of abstinence, dangerous patterns of alcohol consumption persist in sections of the community.

What should a culturally responsive JSNA include?

The JSNA should identify the Irish as a separate category[1] rather than rendering them invisible by including them in the overall White category. Irish Travellers should also be identified separately.

The JSNA process should involve the Irish community in needs assessment (and JHWS planning) through local Irish organisations and/or local media strategies.

The JSNA should demonstrate understanding of the key health and wellbeing issues for the Irish community and this should go beyond recognising that an Irish population exists locally.

The JSNA should go beyond socio-economic indicators, acknowledging the connection between Irish (or Irish Traveller) ethnicity and health inequality, recognising the impact of discrimination and cultural influences on health behaviour.

The JSNA should make use of local data, particularly "soft" or qualitative data from Irish VCS organisations and from local Healthwatch and this should inform JHWSs.

JSNAs should recognise the cumulative impact of gender, age, ethnicity and disability on intersectional health inequalities among Irish people.

JSNAs must identify assets in the Irish community and where appropriate to promote partnerships with the Irish VCS to address the needs of the community.

[1] **A practical guide to ethnic monitoring in the NHS and social care.**

Department of Health. (2007) Section 79:

"*Trusts and councils should not, for data collection purposes, group the three White codes into one. The reason for this is that there is compelling evidence that White Irish and Other White individuals and communities in England experience significant health inequalities compared with White British counterparts. If White British, White Irish and Other White codes are merged at the data collection stage, Trusts and councils will have no way of monitoring and keeping tracking of such health inequalities. Likewise, grouping any of the Mixed, Asian/Asian British, Black/ Black British codes at the data collection stage will not allow Trusts and councils to monitor the different health inequalities experienced by different individuals and communities"*

http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/browsable/DH_4116927

NB There is no blueprint at present for JSNAs and all have to prioritise. However it is reasonable to expect that at least some of the key issues such as cancer, heart disease and stroke, dementia, mental health, smoking, obesity and alcohol would be identified along with actions to address them. This might not necessarily be a culturally specific initiative but some specific attention to the Irish community should be evident.

If not consulted or if concerned about JSNA /JHWSs, Irish organisations should make representations to the local JSNA lead and local Healthwatch as well as the HWB. There is also scope to use LA complaints procedures.

Useful reading.

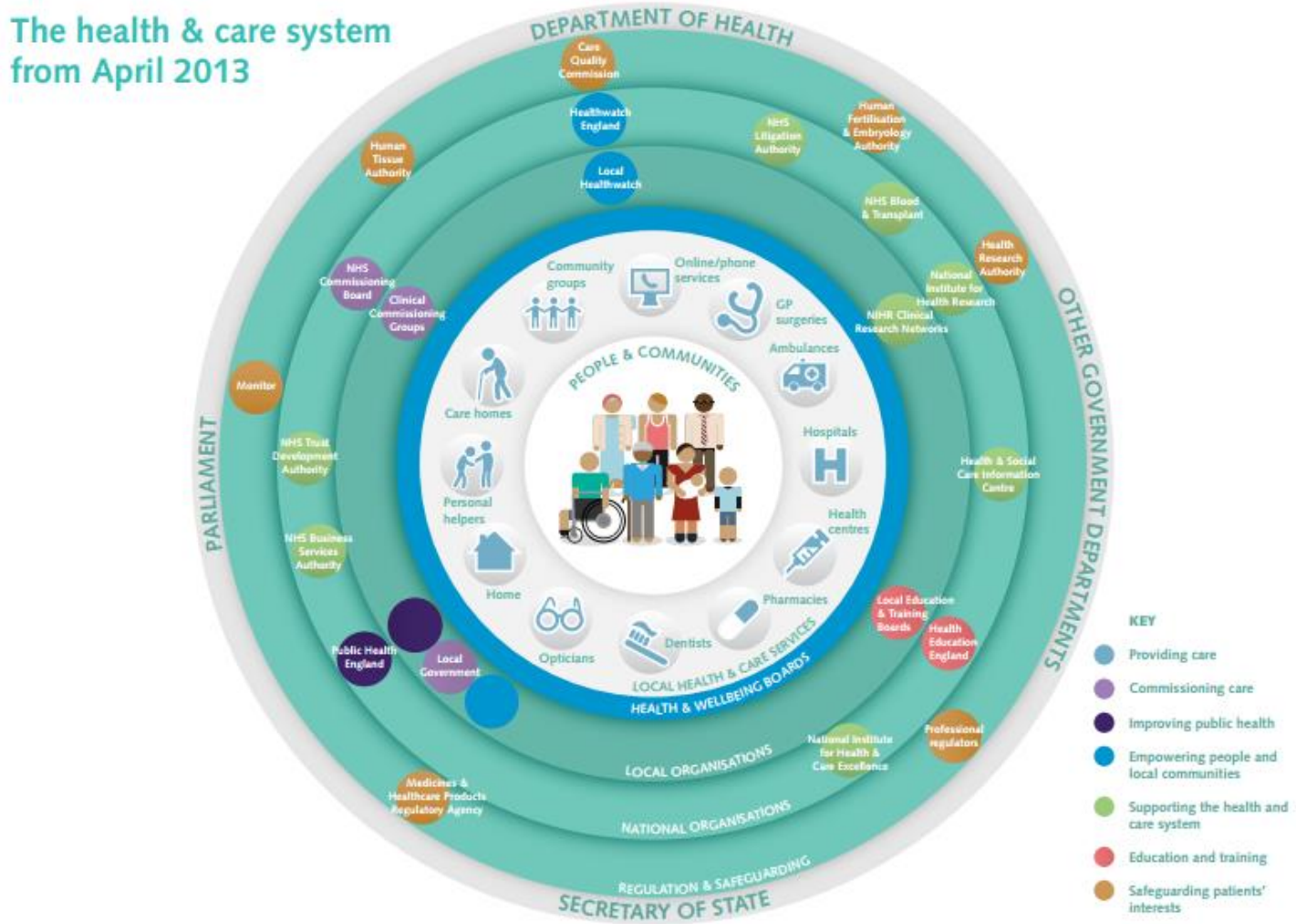
DH (2013) Statutory guidance on Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategies. London. Crown Copyright https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/223842/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-2013.pdf

LGID (2010) Culturally responsive JSNAs: a review of race equality and JSNA Practice. London. Local government Improvement and Development/ Race for Health/ Shared Intelligence. http://www.better-health.org.uk/resources/toolkits/culturally-responsive-jsnas-review-race-equality-and-joint-strategic-needs-assess

Regional Voices (undated) Influencing Local Commissioning for Health and Care. Guidance for the Voluntary and Community Sector. Regional Voices for Better Health. http://www.regionalvoices.org/sites/default/files/library/Influencing-local-health-and-care-commissioning-RV-briefing_1.pdf

Regional Voices (undated) Working with the voluntary and community Sector : a guide for Health and Wellbeing Boards. Regional Voices for Better Health. http://www.regionalvoices.org/sites/default/files/library/Briefing_on_VCS_for_healthwelbeingboards.pdf

A diagram of health and social care structures from April 2013.



Irish in Britain

HEAD OFFICE
Irish in Britain
356 Holloway Road
London
N7 6PA
T 020 7697 4081
F 020 7697 4271

BIRMINGHAM
Irish in Britain
Room 104
Keys Court
82–84 Moseley Street
Birmingham
B12 0RT
T 0121 622 4169
F 0121 622 5613

ONLINE
info@irishinbritain.org
@irishinbritain
Irish in Britain

irishinbritain.org

COMPANY NUMBER
04013148

REGISTERED CHARITY
1092268