

Working with your local JSNA

How Healthwatch can engage effectively with their
Joint Strategic Needs Assessment

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Joint Strategic Needs Assessment

Why work with a JSNA?

JSNAs are a cornerstone of health and social care commissioning. They drive the commissioning process, highlighting areas of concern for review and identifying priorities. JSNAs make sure that health organisations and local authorities have a good understanding of their local populations, and the challenges services face in tackling health inequalities.

In the last year, over 60 Healthwatch worked with their local JSNA, sharing vital information about what people want from services. This document explains how to work with JSNAs.

What is a JSNA?

The Joint Strategic Needs Assessment (JSNA) is a process by which local authorities and clinical commissioning groups (CCGs) assess the current and future health, care and wellbeing needs of the local community to inform local decision making.

Set up following the Health and Social Care Act of [2012](#), the Joint Strategic Needs Assessment (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 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 to 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.

The Health and Social Care Act in full can be found here:

<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215261/dh_131733.pdf.

A JSNA is a joint analysis of current and predicted health and wellbeing outcomes, an account of what people in the local community want from their services and a view of the future, predicting and anticipating potential new or unmet need. It should incorporate the views of the local population - not just existing users of services - and it should include, and be informed by, equality impact assessments.

A JSNA is a continuous process which identifies the 'big picture' in terms of the health and wellbeing needs and inequalities of a local population. The issues identified in JSNAs should inform the priorities and targets set by local authorities and other commissioners. JSNAs should have an impact on commissioner priorities and actions and they will provide a framework to

examine all the factors which affect the health and wellbeing of local communities, including employment, education, housing and environmental factors, in addition to health and care services.

The JSNA national core data set signposts a range of existing data sources to assist the JSNA process. Local authorities and health organisations are expected to supplement the core data set with additional, locally-relevant information to add depth and insight into the needs of their populations, having locally agreed standards on data quality for inclusion.

A minimum data set for a JSNA would include:

Domain	Examples
Demography	Population, migration, births, ethnicity
Social and environmental context	Rural/urban and other characteristics, deprivation, employment and benefits, living arrangements
Current known health status	Behaviours and lifestyle (smoking, alcohol, obesity, physical activity, sexual behaviour), teenage conceptions, illness, disability and mortality
Current met needs	Number of social care clients, standards of service, primary care uptake
Service user	Social care (user surveys), primary and community care (GPAQ, PALS, complaints), hospital (self-reported health outcomes, satisfaction surveys)
Public demands	Local Authority (Annual Residents Surveys, Health Scrutiny Reports), NHS (petitions), National Patients Survey programme, Healthwatch, Citizen's Panels

Who is involved in developing the JSNA?

- Public Health (Director of Public Health)
- Local Authority Leads / JSNA Policy Team
- Clinical Commissioning Group for the local area
- Voluntary Sector Organisations
- Local Healthwatch

What are the main functions of Healthwatch in the JSNA?

- Provide the 'critical friend' challenge.
- Advise on current priorities according to what Healthwatch has heard from the public.
- Represent the voice of the public at JSNA meetings.
- Influence the priority 'chapters' of work for the local area.
- Inform the JSNA of Healthwatch priorities.
- In some cases, have joint published reports.

“We have not only informed the JSNA, Healthwatch Central Bedfordshire are desktop editors for the dataset, we have helped shape our local JSNA.”

Local Healthwatch - Central Bedford

Why is Healthwatch important to the JSNA?

- An opportunity to be a partner within the local health system.
- The JSNA can consult Healthwatch regarding what they are hearing in the community.
- The JSNA can consult Healthwatch regarding issues with seldom heard communities and equalities groups.
- Healthwatch is **independent** and works across JSNAs, CCGs and Public Health.
- Healthwatch can comment on draft reports prior to publication and help improve content.
- Healthwatch can be the public and trusted face to community groups, rather than larger statutory organisations which are seen more as ‘the system’.

How does the JSNA relate to Healthwatch?

- Healthwatch is in a position that sits across both professional boards and public engagement.
- Healthwatch can identify and work with the statutory sector on common themes across both JSNA and CCGs and other priority workstreams.
- Healthwatch can provide a level of scrutiny for the JSNA.
- Healthwatch can represent the voice of the public at JSNA meetings.
- Healthwatch can provide a critical friend relationship that is valued by the statutory sector.

non- adversarial relationships.

- JSNA is informed of Healthwatch priorities, and in some cases, have joint published reports.
- Ask your local JSNA: “Have you consulted with Healthwatch?”

How JSNAs work across Healthwatch networks - case studies

Healthwatch Oxfordshire

Healthwatch Oxfordshire (HWO) is part of the JSNA working group and as such has played a role in developing and supporting the process of report compilation through the year. One particular emphasis that Healthwatch Oxfordshire has brought to the group is to highlight the value of robust qualitative and experiential evidence, giving a view of residents’ views about accessing and using health and social care services in the county. As a result, the 2019 JSNA now includes a section bringing together local evidence which can supplement the overview and context in which the data within the JSNA is set. HWO Project Fund reports feature - highlighting findings from local groups who undertook small pieces of research with their areas of interest, supported and funded by HWO.

HWO also supported and attended the JSNA Networking event which aimed to raise awareness of the value of the JSNA to local voluntary sector groups, as well as giving them input into how the JSNA could be made more ‘user friendly’.

The 2019 report was presented to Oxfordshire Health and Wellbeing Board in March 2019 (see papers below) after which it will be available on the JSNA.

<https://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment>

A local authority perspective

“Healthwatch Oxfordshire is an essential part of our multi-agency steering group for the Oxfordshire Joint Strategic Needs Assessment, helping to shape the content and the dissemination of health and wellbeing evidence. Healthwatch helped us to issue a “call for evidence” to organisations and community groups in Oxfordshire in 2018 and our latest JSNA 2019 report includes a new chapter on local research reports which also signposts to several local research projects supported and published by Healthwatch.” Margaret Melling. Senior Research and Intelligence Officer JSNA, Oxfordshire County Council

“Healthwatch Bristol provides the voice of the people to the JSNA Data Profile (a statistical summary of all relevant data) and highlights issues that affect the whole community. Healthwatch Bristol enables everyone to have their say and share ownership of the issue and means of dealing with it. Through direct input to the Bristol JSNA process and via the JSNA Steering Group, this helps inform Bristol City Council’s view of what is a priority to the community, and schedule work plans accordingly.” *Nick Smith - Strategic Intelligence Manager, Bristol City Council*

Healthwatch Bedford Borough

Healthwatch Bedford Borough (HBB) has been a partner with the local JSNA since their inception in 2013. As well as being an active member on the Bedford Borough JSNA Steering Group over the years, they have also been on the JSNA Implementation Group. These groups contribute to the wider Health and Wellbeing Board. In 2017, HBB were asked to be guest editors for the local update. They could influence the JSNA by taking part in rich public health-led discussions across the topics of wider determinants of health, starting well, developing well and ageing well. This added a different dimension to the editorial e.g. looking at the wider health needs of those for whom English is not their first language and gypsy and traveller educational needs in the borough.

Their local relationships were strengthened because of this vital piece of work, not only with Public Health and the Health Protection Team, but also with the third sector. HBB also used the voices of their 23 Youth Ambassadors when discussing ‘developing well’. Their Youth Ambassadors, aged 16-19 and accessing both state and private education within the borough, had already undertaken a peer teaching course and had completed Make Every Contact Count (MECC) and Level 1 Stop Smoking training. They were able to offer the local authority a youth perspective and were able to influence the JSNA this way.

With more than 120 languages and dialects spoken in their borough, HBB use their local JSNA in conjunction with data from the Office for National Statistics and their Public Health scorecard to map local community needs and gaps, particularly in vital areas, such as health education.

Healthwatch Bristol

Healthwatch Bristol was involved with the JSNA at Bristol City Council since the JSNA was introduced in 2013. The relationship has continued to grow and during 2018, the JSNA had some workshops around how the JSNA functioned, how its “priority chapters were too lengthy and needed to be more appealing to the general public”. Bristol City Council JSNA team have started the process of having shorter ‘spotlight’ bulletins around the priority health issues for Bristol. During 2018, Healthwatch Bristol were involved in recommending shortened briefings and were invited to have their reports added to the Bristol City Council JSNA website, as well as contained within their annual dataset (links below). Black and Minority Ethnic health and prevention as well as mental health were key priorities for the city. Healthwatch took these issues to the Advisory Group of Healthwatch Bristol who agreed that these should also be key priorities for their work. During 2018 an Emotional Health and Wellbeing Survey was released and in late 2018/9 a GP Change to Primary Care Survey was launched. For more information and a link to Healthwatch reports: <https://www.bristol.gov.uk/policies-plans-strategies/health-and-wellbeing-reports> The 2018 dataset for Bristol City Council with reference to Healthwatch Bristol is here:

<https://www.bristol.gov.uk/documents/20182/34748/JSNA+2018+Data+Profile.pdf/f931b437-84fc-699a-639f-89dde144b142>

Healthwatch Lincolnshire

Lincolnshire County Council (from April 2013) as part of their contract requirement, included the need for Healthwatch Lincolnshire to be involved in supporting the JSNA as part of its delivery of activities. Our early work around JSNA priorities from 2013 - 2016 was to report on a quarterly basis (as part of our contractual monitoring) any activities where we engaged with the public that would help to inform their JSNA priorities.

During 2016, we became much more actively involved in helping to redesign the refreshed JSNA priorities. For many months Healthwatch Lincolnshire representatives attended expert panels covering over 30 subject areas. During the expert panel sessions, it was apparent that Healthwatch Lincolnshire could provide additional evidence to support future evidence gaps and inequalities in services. Since then they have directly shared reports and data into the JSNA and encouraged many other VCS organisations to do the same.

In December 2018, Healthwatch Lincolnshire was invited to attend a JSNA and Joint Health Wellbeing Strategy (JHWS) joint delivery workshop as one of the main speakers. During the workshop they informed JSNA/JHWS leads how Healthwatch Lincolnshire could support them with engaging the public in their work.

In 2019, the JSNA Programme Manager contacted Healthwatch to offer more opportunities to help, as *“This year we are focusing on improving the patient/service user insight and views, as this is an area where we sometimes struggle to evidence need”*. Healthwatch agreed to share insights, reports and evidence when and where possible.

Working with Public Health and Clinical Commissioning Groups

Healthwatch are involved with Public Health both in terms of prevention and hearing from local Health Champions on various health issues. There are many examples where Healthwatch have escalated these concerns, campaigns and organisations to their local Public Health team. These issues might be linked to poverty, housing, smoking, health inequalities in equalities groups etc. There is a key role for Healthwatch with Public Health to get involved in setting the local area wide priorities as well as workstreams relating to them.

Similarly, within the CCGs and Sustainability and Transformation Partnerships (STPs), there are ongoing discussions about how JSNA priority work links to the priority work of the NHS Long Term Plans. For example, a JSNA might have mental health as a priority, as well as the Clinical Commissioning Group. Healthwatch would have a key role to play in helping ensure all parties work together and communicate as well as possible.

How does the JSNA relate to the Health and Wellbeing Board?

Under the Health and Social Care Act 2012, local Health and Wellbeing Boards are responsible for producing the JSNA. Members of Health and Wellbeing Boards work to understand their local community's needs, agree priorities and encourage organisations involved in health and care to work in a more joined up way. Members of the Health and Wellbeing Board include representatives from local authorities and the NHS, local councillors and other community representatives. Local authority websites often display current members of the Board. Healthwatch should have a representative at the Health and Wellbeing Board, as well as the JSNA. This may or may not be the same person, depending on size and capacity of the Healthwatch.

There will be a group overseeing and guiding the development of the JSNA, including representatives from the NHS, local authority and voluntary and community sector. Healthwatch has a seat at the group.

Health and Wellbeing Boards are also responsible for the production of the Joint Health and Wellbeing Strategy, which is a strategy to address the needs identified in the JSNA and set the health and wellbeing priorities of the board accordingly.

What are the opportunities for Healthwatch?

As shown in the case studies shared in this briefing, getting involved with the JSNA can have huge benefits for Healthwatch. It means that the work is elevated in partnership with the local authority. Many local authorities see Healthwatch as independent partners in developing good relationships with community organisations, traditionally "seldom-heard" groups. In some areas, Healthwatch have good relationships with BAME communities, Gypsy Roma Traveller as well as LGBTQ+ groups. These trusted relationships can have a big impact on surveys and engagement that Healthwatch are more able to achieve than the statutory organisations.

In a recent survey in one local area, Healthwatch got over a 30% BAME response to a survey. The local JSNA and CCG were delighted in getting that kind of representation. Their response was, "We could only dream about that type of demographic response!"

Common features of JSNAs and Healthwatch

It is apparent from the case studies in this briefing that those Healthwatch who are engaged with their local JSNAs can have robust partnerships, influencing and identifying areas of work in the local area. Healthwatch has an ability to work with groups that are often seldom heard and it is these groups that local authorities and CCGs often struggle to engage with. These views are highly valued by the statutory sector and something that can be reinforced within the JSNA. Also, some JSNAs have Healthwatch as a driving force within the local area. In one area, Healthwatch contributes to the editing of data, based on the intelligence gathering that they have drawn from the community. In another area, Healthwatch helps bring data to life with real life case studies. Healthwatch can also help bridge the gap between the public and local authorities. Reports (Priority workstreams) from the JSNA have been reported in one area as too lengthy, so the local authority has moved to a more “spotlight” focus on different health topics, with the aim to address a public audience.

What are JSNAs’ ultimate powers?

Under the Health and Social Care Act 2012, Joint Strategic Needs Assessments (JSNA) are there to hear the priorities of local health and social care priorities (Chapters). More power remains with the Health and Wellbeing Board rather than the JSNA itself in determining the JSNA priorities. Workstreams can develop from the priority chapters determined by the Health and Wellbeing Board, where local providers can use the data from the JSNA to shape the local area priorities. This is of course driven by demographics of the area, i.e. urban or rural, an ageing or student population, etc. An example might be women’s health in one local authority area, it might be BAME men in another, or transport to health appointments, depending on the data received. As Healthwatch collects data from local populations, they are well placed to help steer the priorities of the Joint Strategic Needs Assessment. See this link around Duties and Powers:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/144021/Table-of-duties-and-powers.pdf

Useful Resources

Extract from the Health and Social Care Act 2012

<http://www.legislation.gov.uk/ukpga/2012/7/part/5/chapter/2/crossheading/joint-strategic-needs-assessments-and-strategies/enacted>

<https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit>

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