

JSNAs and Joint Health and Well Being Strategies - role of local authorities

Responding to the Joint Strategic Needs Assessment Guidance Consultation

This note focusses on 3 areas that are the most important with regard to JSNA and JHWS.

These are:

- Role of Local Authorities
- Purpose of the Health and Wellbeing Board
- Resources

1. Purpose of the draft guidance

This is described as:

“intending to support health and wellbeing boards and their partners undertake and contribute to Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies within the modernised health and care system.”

2. Context

This is the Departments of Health view of context

“The Government has set out a new vision for the leadership and delivery of health and care services.....central to this vision is that decisions about services should be made locally as possible, involving people who use them and communities to a maximum degree. Strong leadership is vital to this vision - local leaders will need to identify what the needs of the local community are and then establish how those needs will be met, either through the services they commission, or through joint working and collective action”

At a local level the contextual imperatives are also:

- An economic crisis
- Social Policy that is failing to protect the poor
- Cuts to local authority spending
- A funding crisis in Social Care and increasingly in the NHS
- A historical failure to reduce health inequality
- A government that promotes decentralisation but also runs things from the centre when it chooses to.

There is no point focussing on the technical aspects of the JSNA and the JHWS first - that is the old way of working - the effectiveness of these two processes will stand or fall on the **leadership and vision of the Health and Wellbeing Board.**

At a local level the buck stops with the health and wellbeing board and hence with **local authority** which has lead responsibility for making this local system work.

If the local authority does not get the local structures right, set the right tone and vision then all the notions of inclusiveness, good practice for JSNA and JHWS are irrelevant - the JSNA and JHWS will remain the province of officers - and probably fairly junior ones.

So its worth starting by looking at the Annexes at the back of the document which set out the duties of respective bodies and in particular what local authorities can do.

3. What local authorities can do

Annex B states that:

- It is for the local authority to determine the precise number of elected members on the board, and it is **free to insist** upon having a majority of elected members
- When establishing the HWB **the local authority can determine the initial membership**
- Once the HWB has been established the local authority may change the composition of the HWB subject to consultation with existing members.

There are strong reasons for local authorities to move straight to creating boards where the majority are elected members - or at the very least where they are the largest group.

Arguments for elected members being in the majority on Health and Wellbeing Boards.

- local authorities will be held to account for the performance of the HWB therefore they need have a strong grip on the board
- it is a clear indication that the local authority is taking the HWB seriously - in effect treating it as a council committee
- it changes the culture of the board to one that is more in tune with a committee led by politicians than officers
- it provides the opportunity to bring a much greater emphasis on community and the social determinants of health from the beginning.

Arguments against:

- the amount of elected member resource required
- handling issue - it could be perceived by other members as a take over by local authorities rather than as a manifestation of leadership and ownerships.

4. Inclusive Health and Wellbeing Boards

Given that it is for local authorities to determine the initial membership - beyond the minimum requirements - they will set the tone for the degree of ambition with regard to improving health and wellbeing.

A narrow membership at the start will mean a narrow view on who is responsible for improving health and wellbeing and will keep the discussion focussed on how to

manage the existing health and social care spend and providers rather than shifting towards a stronger upstream focus on the social determinants of health.

One of the challenges that local authorities will face is how to build stronger alliances with community based interests who are focussed on addressing the social determinants of health.

Bringing these organisations and sectors onto the health and wellbeing board will create an opportunity to build a broader alliance which challenges traditional clinical and social care views of what is possible.

It is probable that even some Clinical Commissioning Groups would be empowered by this agenda. If a new localist commissioning agenda is to be developed that focusses more on the social determinants of health this will require the development of a new paradigm.

It will be important to have allies around the table who can work together to validate this agenda.

So, we should expect to see a significant membership drawn from sectors such as Housing, Welfare Rights, Careers Services (if the government has not cut them all), Education etc. Of course some of these could be elected members themselves.

The need to take this approach is reinforced in paragraph two of section 5.3 which states that:

“HWB has **the power** to request that the LA, CCG, HW, NHSCB or other HWB members supply information for the purpose of undertaking JSNA and JHWS - and these partners **must** supply the information as requested”

In other words local authorities should put organisations on the HWB who they want to deliver and whose information they require.

If they are not on the Health and Wellbeing board their data will be harder to access and the JSNA and JHWS will be narrower.

5. Resources to produce the JSNA

CCG and Local Authorities will each have equal and explicit obligations to prepare a JSNA (4.1.1)

What this means

CCGs and Local Authorities have a shared responsibility to equally fund and resource the analytical capability to deliver a JSNA and to discharge it through the HWB.

Action required

Local Authorities should urgently be capturing the analytical, strategic and involvement cost of producing the JSNA and ensure that the CCG is making an equal contribution in time and finance to its production.

6. The rest of the guidance

The rest of the guidance is focussed on a range of technical matters - who reports to whom, principles of what a good JSNA is etc. Much of this is either technical or affirms what is already understood. It all stands or falls on the 3 issues described above.

www.localdemocracyandhealth.com

Professor Mark Gamsu

markgamsu@btinternet.com

© 30th January 2012