1.1 Looking ahead

The Government has implemented major changes for the organisation of the NHS and for the delivery of the public health function. These were set out in the Health and Social Care Act 2012. The Government has been clear that the JSNA has a continuing and central role, with the new Health and Wellbeing Boards leading the process and Clinical Commissioning Groups (CCGs) taking over the duty of partnership from Primary Care Trusts. The CCGs will be both key contributors and key audience as they develop for the JSNA, in particular there is need to involve local communities in the JSNA process through current engagement mechanisms and the future local HealthWatch service.

The Operating Framework for the NHS in England\(^1\) includes a number of references to the JSNA, primarily at paragraph 2.21:

‘Through the health and wellbeing boards, NHS commissioners and councils, with representatives of public voice through local HealthWatch (currently LINks), will:

- undertake a Joint Strategic Needs Assessment to understand health and wellbeing needs of local populations, and agree shared priorities;
- use the JSNA to agree a Joint Health and Wellbeing Strategy across NHS, public health, social care, and children’s services; and
- support individual organisations, including clinical commissioning groups, in linking their commissioning strategies to the Joint Health & Wellbeing Strategy.’

and at paragraph 5.26:

‘PCTs [the new CCGs] will need to work together with local authorities to agree jointly on appropriate areas for adult social care investment, and the outcomes expected from this investment. This could include current services such as telecare, community directed prevention (including falls prevention), community equipment and adaptations, and crisis response services. The Department would expect these decisions to take into account the Joint Strategic Needs Assessment for their local population, and the existing commissioning plans for both health and social care. PCTs [CCGs] should work with local authorities to achieve these outcomes in a transparent and efficient manner, with local authorities keeping PCTs [CCGs] informed of progress using appropriate local mechanisms.’

In a Barking and Dagenham context, the Health and Wellbeing Board would expect these commissioning decisions to take into account the Joint Strategic Needs Assessment for our local population and the emerging Health and Wellbeing Strategy. The CCGs, supported by NHS North East London & the City (NELC), will be working with the Council to achieve these outcomes in a transparent and efficient manner, with the Council keeping NELC CCGs informed of progress using appropriate local mechanisms.

\(^1\) http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122738
In addition, the functions proposed for CCG clusters include a responsibility to:


The Health and Social Care Act 2012 addressed JSNAs: “a duty to discharge the functions of CCGs and local authorities (conferred in Sections 192 and 193) to prepare JSNAs and joint health and wellbeing strategies.” In effect, this means that these strategies will be prepared by the Health and Wellbeing Board but will require endorsement by the CCGs represented on the board (Section 196). CCGs must consult with Health and Wellbeing Board on whether their commissioning plans have adequately taken account of the latest Joint Health and Wellbeing Strategy (section 26).

In addition, the Act sets out that the current requirement to assess “relevant needs” should be extended to include “or likely to be a need”, and that the needs and likely needs should be likely to be met or affected by both the partner commissioning consortia and the NHS Commissioning Board as well as the local authority.

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