

Influencing Local Commissioning for Health and Care -

Guidance for the Voluntary and Community Sector

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Introduction

The Health and Social Care Act 2012ⁱ (“the Act”) makes changes to how local health and social care planning and commissioning will happen.

It introduces a new local decision-making forum - the health and wellbeing board and gives it duties and powers in relation to Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs).

This paper examines how voluntary and community organisations (VCOs) can work with and influence joint local commissioning in the new system.

“The input of the voluntary and community sectors vital to understanding community needs and assets, including for vulnerable groups. They can usefully feed into all aspects of the commissioning cycle, providing commissioning support and delivering services.”

Operating principles for JSNA and JHWSⁱⁱⁱ.

“Patient and public involvement will be essential to ensuring high-quality and effective services are commissioned and delivered”

Operating principles for health and wellbeing boards.”

Operating principles for health and wellbeing boards^{iv}.

“Engaging providers can help to gain support for large-scale service changes that need to be made.”

Operating principles for JSNA and JHWS.

Health and Wellbeing Boards

Health and wellbeing boards have the role of joining up NHS and local authority decision-making to enable different parts of the system to work together. By enabling local authorities, the NHS, patient and public representatives through local Healthwatch and other partners to work together in this way, health and wellbeing boards are intended to help:

- improve outcomes in the NHS, public health and social care,
- support service integration,
- reduce duplication,
- increase efficiency and quality of services, and
- increase the influence people have over their local services.

Members of health and wellbeing boards will be able to use pooled budgets to improve health and wellbeing outcomes and address health inequalities (joint commissioning). Both clinical commissioning groups (CCGs) and the NHS Commissioning Board (NHS CB) have duties to tackle and reduce inequalities through the services they commission and provide.

The Act establishes a core statutory membership of health and wellbeing boardsⁱⁱ:

- elected councillors (with the aim of bringing in greater democratic accountability),
- Director of Adult Social Services,
- Director of Children’s Services,
- Director of Public Health,
- a representative of each CCG in the area,
- a representative of the local Healthwatch.

Health and wellbeing boards can decide to include additional members beyond this. In some areas the voluntary and community sector (VCS) has seats on the board, in others they form part of a sub-group to the board, such as a wider health and wellbeing partnership, and in some the VCS is expected to feed into decision making through local Healthwatch.

However, it’s not just about seats at the table- whatever the model in your local area, there should be comprehensive engagement with the local VCS throughout the commissioning cycle, particularly through the JSNA and JHWS process.

Health and wellbeing boards must develop a Joint Health and Wellbeing Strategy (JHWS), underpinned by a solid Joint Strategic Needs Assessment (JSNA) with a view to improving the health and wellbeing of the local community and reducing health inequalities for all ages^v. These form the basis of commissioning plans of CCGs and the local authority (see diagram on page 6 and 7).

Joint Strategic Needs Assessments (JSNAs)

JSNAs are local assessments of current and future health and social care needs and are unique to each local area. They are not an end in themselves, but a continuous process of strategic assessment and planning. They help determine what actions local authorities, the NHS and other partners need to take to meet health and social care needs and to address the wider determinants that impact on health and wellbeing.

“The aim of JSNAs is to accurately assess the current and future health and care needs and assets of a local population in order to improve the physical and mental health and wellbeing of individuals and communities and to reduce health inequalities within and between communities.”

Operating principles for JSNA and JHWS.

“Assets” may be resources that will help to meet the identified needs, for example the presence of a VCO that works with a specific group or capacity available in the local community. It can also refer to physical or economic assets or even networks and skills in a community.

JSNAs should look at the wider determinants of health and wellbeing for the whole community, including marginalised groups and people of different ages. They can also look at wider economic, social and environmental factors. JSNAs should also set out where there are inequalities in outcomes and access to services as well as identify the causes of inequalities.

How do new JSNAs differ from the old?

Although JSNAs are not a new concept^{vi}, they have been given a new emphasis by the Act. Whilst previously the effectiveness of JSNAs has been patchy, changes through the Act should mean that the enhanced JSNA process will be more informative and more critical to commissioning:

- 1 There is now also a duty to produce Joint Health and Wellbeing Strategies (JHWSs), which set out priorities for joint action, based on JSNA findings
- 2 The Act give JSNAs more “teeth”- with duties on CCGs, local authorities and the NHS Commissioning Board to use JSNAs and JHWSs to inform their commissioning decisions
- 3 Engagement is central to the JSNA and JHWS process, giving the VCS, and the people it works with, more opportunity to influence commissioning

“Engaging partners, stakeholders and communities is key to making JSNAs and JHWSs more relevant than previous attempts”

Operating principles for JSNA and JHWS.

Joint Health and Wellbeing Strategies (JHWSs)

The health and wellbeing board must develop a JHWS to meet the needs identified in JSNAs. These will focus on a very few priorities for joint commissioning, using pooled budgets, focused on issues that make an impact on community health. There should be wide and inclusive public engagement on the priorities chosen. JHWSs should build on each community’s assets- so it is important that the VCS shares its intelligence about its work in the local area.

Needs identified in JSNAs that do not become a priority for joint action in JHWSs should still be addressed in the commissioning plans of CCGs; local authorities have a duty to use both JSNAs and JHWSs to inform their plans.

It is worth noting that in deciding their priorities, health and wellbeing boards will have regard, not just to local views and evidence, but also to:

- guidance issued by the Secretary of State on JSNAs and JHWSs and
- the Secretary of State’s mandate to the NHS Commissioning Board^{vii}.

“Health and wellbeing boards must involve the local Healthwatch organisation and the local community, and this should be continuous throughout the JSNA and JHWS process. When involving the local community, health and wellbeing boards should consider inclusive ways to involve people from different parts of the community to ensure that differing health and social care needs are reflected and can be addressed by commissioners, recognising the need to engage with parts of the community that are socially excluded and vulnerable.”

JSNA and JHWS draft guidance.

How to input into JSNAs

Previously there have been reports of it being difficult for VCOs to feed evidence into JSNAs, with emphasis on “hard” quantitative data/statistics for a specific geographic area (local authority or “super output” area). However, “soft data” (the views of local groups or “voice”) should also be crucial to JSNAs. Some ideas to get started:

- Look up the JSNA and what is currently happening with it on your council’s website. They may be refreshing the whole document or perhaps looking at certain themes.
- Consider how you could contribute to the JSNA. Looking up existing case studies of how the VCS has previously inputted into JSNAs^{viii} could help your planning.
- Plan who you are best talking to about your issues to get them heard. It could be a combination of the JSNA lead at the local authority, a councillor or commissioner on the health and wellbeing board, a Healthwatch representative, someone from your CCG, your council for voluntary services and/or any voluntary sector representatives on the board. Looking up existing good practice examples of how to influence health and care commissioners could help^{ix}.

The local Compact will be a useful guide to partnership working with health and wellbeing boards^x; the Department of Health’s Draft JSNA guidance expect that most local areas will have a Compact agreement setting out how local authorities and the NHS will work with VCOs for mutual benefit which should be considered in the process.

Timing

The timing of the different stages of the commissioning cycle will vary from area to area, as both JSNAs and JHWSs are as continuous processes. Health and wellbeing boards will decide for themselves when to update JSNAs and JHWSs or undertake fresh ones. However, it is good practice for boards to be transparent with their local partners and community about timing cycles to give them opportunity to engage with and influence the process.

Geography

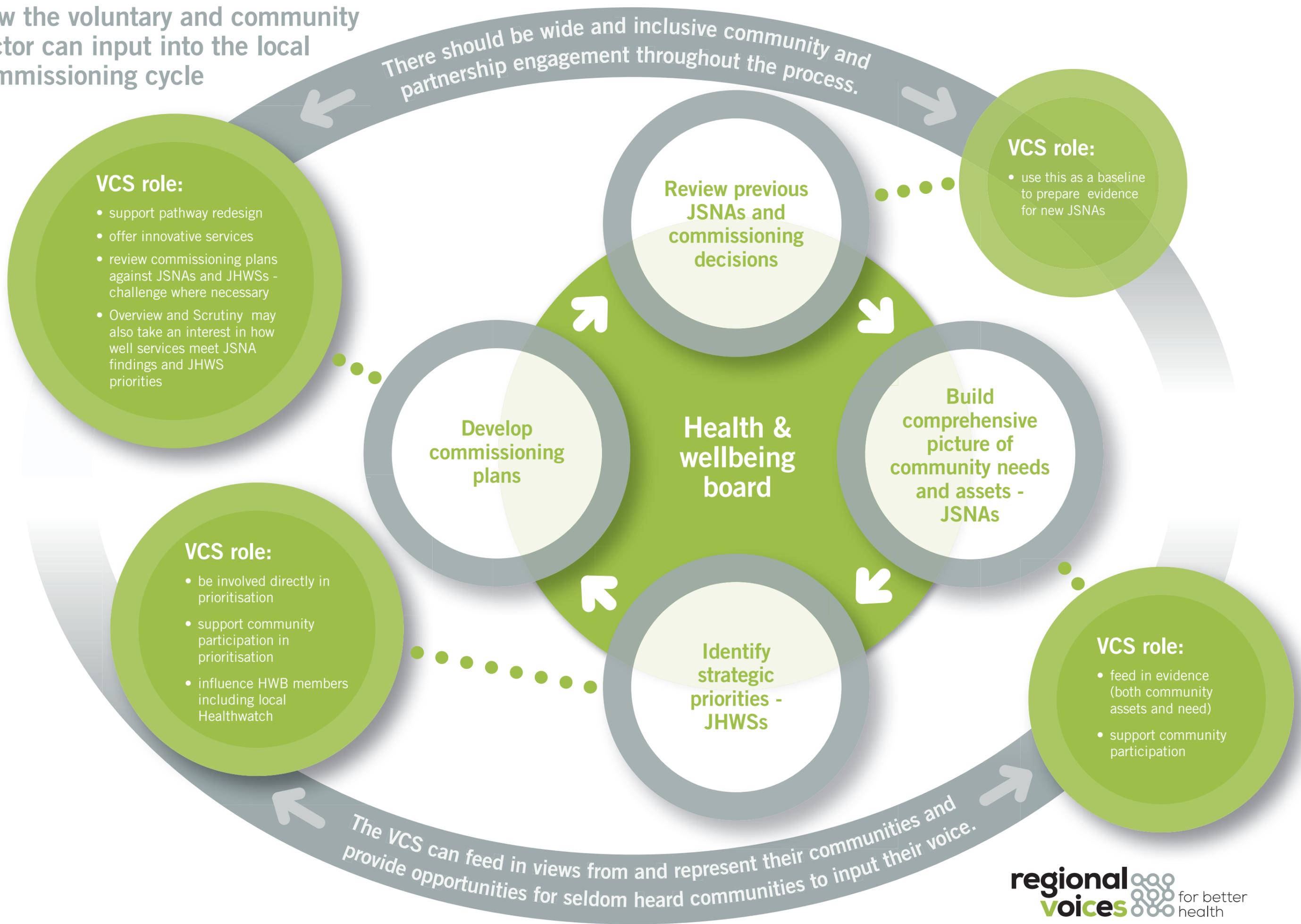
Where a VCO used to work directly with one primary care trust or strategic health authority, they may now need to work with several health and wellbeing boards over several local authorities. This may be advantageous to smaller VCOs which work in just one local authority or CCG area.

The value of the voluntary and community sector in the JSNA and JHWS processes

The VCS has a crucial role in supporting joint commissioning for the health and wellbeing of the community (see diagram on the next page). It can:

- provide intelligence about community needs and assets
- input into areas affecting the wider determinants of health
- support engagement between health and wellbeing boards and the community
- assist local Healthwatch input patient, service user and public voice into health and wellbeing board processes^{xi}
- help marginalised groups input their voice into the development of health and care services
- be involved in prioritisation of JHWS activities and support community participation
- influence board members including local Healthwatch
- input into care pathway redesign
- provide high quality and innovative services
- review and challenge commissioning plans

How the voluntary and community sector can input into the local commissioning cycle



- i The Health and Social Care Act 2012.
<http://www.dh.gov.uk/health/2012/06/act-explained/>

- ii Influencing the New Health System in a Local Area- A Briefing for Local Voluntary and Community Groups.
<http://www.regionalvoices.org/health-wellbeing>

- iii Operating Principles for Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs): *Enabling joint decision-making for improved health and wellbeing.*
<http://www.nhsconfed.org/Publications/Documents/operating-principles-jsnas.pdf>

- iv Operating Principles for Health and Wellbeing Boards.
<http://www.nhsconfed.org/Publications/reports/Pages/Operating-principles.aspx>

- v Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy Draft Guidance - a Consultation.
<http://www.dh.gov.uk/health/2012/07/consultation-jsna/>

- vi JSNA and Health & Wellbeing Boards - Why Should I Get Involved?
<http://www.vodg.org.uk/JSNA-Resources.html>

- vii The NHS Mandate.
<http://www.commissioningboard.nhs.uk/2012/11/13/mandate/>

- viii Case study examples of voluntary and community sector engagement in the JSNA process.
<http://www.vodg.org.uk/JSNA-Resources/tools-and-good-practice/jsna-case-studies.html>

- ix Best practice: examples of methods used by LINKs to successfully influence health and social care commissioners.
<http://www.vodg.org.uk/uploads/jsna/BestPracticeKB260710.pdf>

- x Informing and Influencing the New Local Health Landscape- a Guide for Local Compacts. *Compact Voice.*
<http://www.compactvoice.org.uk/resources/publications/health-guide>

- xi Local Healthwatch, Health and Wellbeing Boards and Health Scrutiny. Roles, Relationships and Adding Value. *The Centre for Public Scrutiny.*
http://cfps.org.uk/domains/cfps.org.uk/local/media/downloads/L12_693_CFPS_Healthwatch_and_Scrutiny_final_for_web.pdf

If you require this information in an alternative format or further information call 0113 394 2300 or email contact@regionalvoices.org

About Regional Voices:

Regional Voices champions the work of voluntary and community organisations to improve health, well-being and care across England. Regional Voices is a partnership of nine regional networks. We connect directly to over 25,000 voluntary and community organisations across England. Our coverage is broad, deep and well-established. Regional Voices is funded through the Department of Health Voluntary Sector Strategic Partners Programme to ensure input from the sector in developing health and social care policy and to support organisations to improve health and social care services. As one of the eighteen Strategic Partners, Regional Voices is strengthening links between the Department of Health and the voluntary sector.

Further information for the voluntary sector about working with health and wellbeing boards and on the JSNA can be found on: www.regionalvoices.org/health-wellbeing