RCN fact sheet: Health and wellbeing boards
September 2012

Introduction

The Health and Social Care Act 2012 radically reforms the NHS and health care landscape in England. It includes the overhaul of commissioning and the creation of a number of new types of organisation, which are forming across the country ready to take control in April 2013.

This briefing will outline what we know so far about one of the bodies – health and wellbeing boards. **Please note that the legislation governing the boards is not prescriptive and, therefore their form and roles are likely to be subjected to a large degree of local variation.**

Background

Under the reforms, primary care trusts (PCTs) and strategic health authorities (SHAs) are abolished and replaced by two new levels of commissioning: the NHS Commissioning Board (NHS CB) and clinical commissioning groups (CCGs). The NHS CB is a national body with a dual purpose:

1) To **oversee the commissioning by CCGs** of emergency care, community care, planned hospital care, and mental health and learning disability services in **their local areas.**
2) **To commission specialised services** considered to be most appropriately organised nationally (e.g. services for patients with spinal injuries or with rare conditions).

A number of other new organisations are forming across the country to support and advise the NHS CB and the CCGs, including strategic clinical networks, clinical senates, HealthWatch (see our fact sheets for more detail on these bodies), local education and training boards, and health and wellbeing boards.

What are health and wellbeing boards?

Established by the Health and Social Care Act 2012, health and wellbeing boards are statutory bodies that local authorities (top tier and unitary councils) must establish. Since April 2012 they have existed in shadow form and will be formally established in April 2013.

Health and wellbeing boards have a duty, established in the Act, to encourage integrated working. This means supporting integrated working between health and social care commissioners and providers, and encouraging the use of, for example, pooled budgets, lead commissioning and integrated provision.

In addition, the boards have a statutory duty to involve local people in certain elements of their work, reflecting the Government's plans for stronger democratic legitimacy and community involvement in health and social care.

What will the membership be?

Members must include:

- at least one councillor of the local authority
- the director of adult social services for the local authority
- the director of children's services for the local authority
- the director of public health for the local authority
- a representative of the local HealthWatch for the area of the local authority
- a representative of each relevant CCG (although a representative from one CCG may represent more than one CCG on the board)
- any other persons or representatives the local authority thinks appropriate.

Key challenges:

- ***The independence of the board*** *- since no funds have been allocated to the boards, local authorities are currently resourcing them. The boards may struggle to act independently of the local authority and their priorities, or to work in meaningful partnership with representatives from other organisations.*
- ***Accountability of the boards*** *- it is unclear to whom health and wellbeing boards are accountable. Government simply states that they are accountable to local people through local councillor representation on the boards.*
- ***The size of the board*** *- If boards are too big, meaningful discussion and decision-making becomes difficult. If boards are too small, the views of appropriate representatives will not be heard and evidence will not be appropriately understood and acted on.*
- ***Continuation of previous arrangements*** *- Since 2000 local authorities established Local Strategic Partnerships (LSPs), which will continue to exist in some places. These bodies include representatives from local authorities, the NHS, and the voluntary, community and private sectors, and aim to encourage integrated approaches and joint working. Therefore, membership and purpose for some health and wellbeing boards and LSPs is overlapping, which questions whether things will/can be done differently in future.*

What will they do?

A key part to encouraging integrated working for health and wellbeing boards is their responsibility for carrying out **Joint Strategy Needs Assessments (JSNAs)**, which will assess the needs of current and future health and social care needs that could

be met by the local authority, a CCG or the NHS CB. This includes mental health, health protection and prevention, as well as wider social, economic and environmental factors that impact on health and wellbeing. JSNAs were a responsibility of local authorities implemented under the Local Government and Public Involvement in Health Act 2007, which LSPs previously carried out. JSNAs draw from a range of quantitative and qualitative evidence to assess local needs, and consider the needs of the whole community as well as inequalities and needs in disadvantaged areas or from vulnerable groups.

In addition, health and wellbeing boards will be charged with developing newly established **Joint Health and Wellbeing Strategies (JHSWs)**, which make recommendations about how the needs identified in JSNAs could be met.

The commissioning of services by local authorities, CCGs and the NHS CB must have regard to JSNAs and JHWSs. CCGs must also involve health and wellbeing boards when preparing commissioning plans and consult with them on whether their plans take sufficient account of JHWSs. If a health and wellbeing board does not believe a CCG has taken proper account of the JHWSs it can raise its concerns to the CCG and NHS CB. CCGs must be able to explain why commissioning decisions diverge from the strategy, and ultimately the NHS CB can take action if it believes there are no good reasons why the commissioning plans deviate from the JHWS.

Key challenges:

- ***Organisational divisions and territorialism*** *may persist with regards to decision-making, and priority and budget-setting. These systemic and cultural tensions have existed for decades, and are likely to continue to be difficult to overcome, particularly in the current economic climate.*
- ***Real power and influence?*** *Whilst their statutory existence is an important 'first', the strategic role and powers at their disposal are similar to those of previous partnership arrangements. It is not yet clear whether the powers and influence of the boards, JSNAs and JHWSs in relation to CCGs is sufficiently robust in legislation, whether the boards will have any real power in challenging commissioning decisions, or how or what 'action' the NHS CB will take in local disputes.*
- ***Service provision postcode lottery*** *could increase as a result of the influence of local politics, which may compound issues around equal access to health care services.*
- ***Transparency*** *– Health and wellbeing boards may be difficult to understand and access for the general public, service users and patients owing to complex structures and systems of representation, which are likely to be compounded by local variation.*
- ***Undefined scope and detail of their work*** *– The undefined scope of their role nationally means that approaches vary locally. For instance, some*

boards are not clear about their role in relation to acute service provision. Organisational territorialism may persist therefore.

- ***Evaluating their success and impact*** *– Previous partnership arrangements had clear, nationally agreed targets and data sets by which to measure their success and impact. Health and wellbeing boards will determine their own evaluation mechanisms, which may range from tangible measures such as monitoring success against the NHS outcomes frameworks, to less tangible measures such as evaluating whether partnership arrangements are 'working well'. Local variations will also make it difficult to compare their achievements and apply learning across the country.*

What geographical areas will they cover?

Health and wellbeing boards cover the area of the local authority, and include CCGs and other relevant bodies that are within the boundary. However, not all CCGs are coterminous with or fit within one local authority boundary. Where this is the case, CCGs will have to have demonstrated that there are benefits to patients/a defined population for not aligning the CCG with one local authority boundary.

Key challenge:

- ***Size of geographical local authority area:*** *partnership working arrangements will be tested more in larger local authority areas, with second tier district councils, urban and rural areas or several CCGs to include.*

What will the nursing involvement be?

Nursing insight is particularly important in any efforts designed to integrate care pathways, both within health and across the care systems. As care coordinators, nursing staff work at the interface of health and social care services and systems. Their understanding of the holistic needs of a patient, combined with their dual clinical and care expertise mean they play a key role in anticipating service gaps, and to ensuring that services are in place throughout the care journey. Nursing care is a fundamental tool in enabling a seamless, joined up care experience.

Key challenge:

- If these reforms are to make **a real difference, meaningful engagement and involvement with frontline staff is needed – both within the boards themselves and as part of the evidence the board uses to carry out its role and functions.** Along with other professionals, nursing staff will need to be looked to for leadership and representation at all levels of decision-making in the new system and in a range of organisations.

Next steps

The RCN will be closely monitoring the progress of health and wellbeing boards to ensure that the nursing expertise and experience of its members is properly used.

The RCN is responding to the current consultation on the draft guidance of JSNAs and JHSWs: http://www.dh.gov.uk/health/2012/07/consultation-jsna/. If you have any views or comments on this consultation please email laura.clarke@rcn.org.uk by the 14th September.