

The general duties and powers relating to health and wellbeing boards.

Establishment and membership of health and wellbeing boards

Statutory health and wellbeing boards

The ambition behind the introduction of health and wellbeing boards is to build strong and effective partnerships, which improve the commissioning and delivery of services across NHS and local government, leading in turn to improved health and wellbeing for local people. The Health and Social Care Act 2012 (“the 2012 Act”) creates a common flexible framework, by requiring the establishment of a health and wellbeing board for every upper tier local authority. This takes effect from April 2013.

Flexible geographical scope

Health and wellbeing boards provide a sense of place, bringing together the key health and social care commissioners with Local Healthwatch. In principle, the areas of local CCGs should not normally cross those of local authorities without good reason. This is reflected in the proposed authorisation framework for CCGs; as part of which views of local authorities will be sought. There is also a statutory duty on CCGs in the legislation to work in partnership with local authorities and this will be particularly important for individual CCGs in respect of a local authority whose area coincides wholly or partly with the CCG’s area. The health and wellbeing board could invite other CCGs to join or input into the health and wellbeing board if they have a large number of registered patients living within the local authority area, if it considers it appropriate.

Core statutory membership

The 2012 Act prescribes a core statutory membership of at least one elected representative, nominated by either the Leader of the council, the Mayor, or in some cases by the local authority, a representative from each CCG whose area falls within or coincides with, the local authority area, the local authority directors of adult social services, children’s services, and public health and a representative from the local Healthwatch organisation. It is for the Leader, Mayor, or in some cases the local authority itself, to determine the precise number of elected representatives on the board, and the relevant person would be free to decide upon nominating a majority of elected members. They also may wish to take into consideration the balance of political groups within the council. To reduce the burden of every CCG in a local authority area being required to appoint its own representative, two or more CCGs may be represented by the same person on the health and wellbeing board to another, where this has the explicit agreement of the board. The Local Healthwatch organisation for that area is required to appoint one person to represent it.

The NHS Commissioning Board must appoint a representative for the purpose of participating in the preparation of JSNAs and the JHWS and to join the health and wellbeing board when it is considering a matter relating to the exercise, or proposed exercise, of the NHS Commissioning Board's commissioning functions in relation to the area and it is requested to do so by the board.

With this core membership, health and wellbeing boards present a powerful opportunity for genuine joint working between key players within every locality, a principle underpinned by the ability of local people to influence the shaping of services that really meet their needs. JSNAs and JHWSs are shared outputs prepared jointly by all members of the board, and there is a clear expectation that these be reflected in plans for commissioning in relation to the area.

Beyond the statutory core

Local authorities or health and wellbeing boards can add members, to the board beyond that set out in the legislation. This could include representatives from other groups or stakeholders who can bring in particular skills or perspectives, or have key statutory responsibilities which can support the work of boards, such as those from the criminal justice agencies or relevant District Councils, or local representatives of the voluntary sector, clinicians or providers (whilst seeking to avoid potential conflicts of interest in relation to providers). It is for the local authority to establish the health and wellbeing board and it can appoint additional members to the board it considers appropriate; after the board is established it must consult with the whole board before appointing any such non-statutory members.

Good JSNAs and JHWSs are crucial to enable health and wellbeing boards as a whole, relevant members of the boards and their partners to achieve the Government's and their own, vision for the health and wellbeing system in the future – they underpin the shared understanding and joint action that are needed to improve outcomes at the local level.

Alignment of CCG commissioning plans with the JHWS

The 2012 Act contains a number of duties, aimed at aligning CCG commissioning plans with the JHWS:

- CCGs must involve each relevant health and wellbeing board when preparing their commissioning plan or making revisions to their commissioning plans that they consider significant. In particular, they must give the health and wellbeing board a draft of the plan and consult it as to whether it considers the draft plan has taken proper account of each JHWS published by the board which relates to the period (or any part of the period) to which the plan relates.
- The health and wellbeing board must provide its opinion and its final opinion must be included in the published commissioning plan.

- The health and wellbeing board will be able to refer its opinion on whether a CCG commissioning plan takes proper account of the published JHWS relevant to the period to which the commissioning plan relates to the NHS Commissioning Board, if for example, in its opinion, the commissioning plan has not had regard to the JHWS.
- In its annual report, the CCG has a statutory obligation to review the extent of its contribution to the delivery of any local JHWS to which it was required to have regard– in preparing this review the CCG must consult each relevant health and wellbeing board.
- In undertaking its annual performance assessment of a CCG, the NHS Commissioning Board must include an assessment of how well the CCG has met the duty to have regard to the relevant JSNA and JHWS. In conducting the performance assessment, the Board must consult each relevant health and wellbeing board as to its views on the CCGs contribution to the delivery of any JHWS to which it was required to have regard.