Health and wellbeing boards and Police and Crime Commissioners

Context

- Now into implementation of Health and Social Care Act 2012
- NHS Commissioning Board operating from October 2012
  - Primary care and specialist commissioning
- Public Health move to local authorities by April 2013
- Shadow health and wellbeing boards operating – live in April 2013
- Shadow clinical commissioning groups (CCGs) set up
  - commissioning of local health care services
  - authorisation underway (4 waves – July, Sept, Oct & Nov)
  - live from April 2013
- Healthwatch England hosted by CQC from October 2012, and local Healthwatch from April 2013
  - Consumer champion and voice of patients and service users
- Move to an outcomes-based system – away from process targets
  - Outcomes Frameworks for the NHS, public health and adult social care have been published
  - Commissioning Outcomes Framework, and Child Health Outcomes Strategy under development

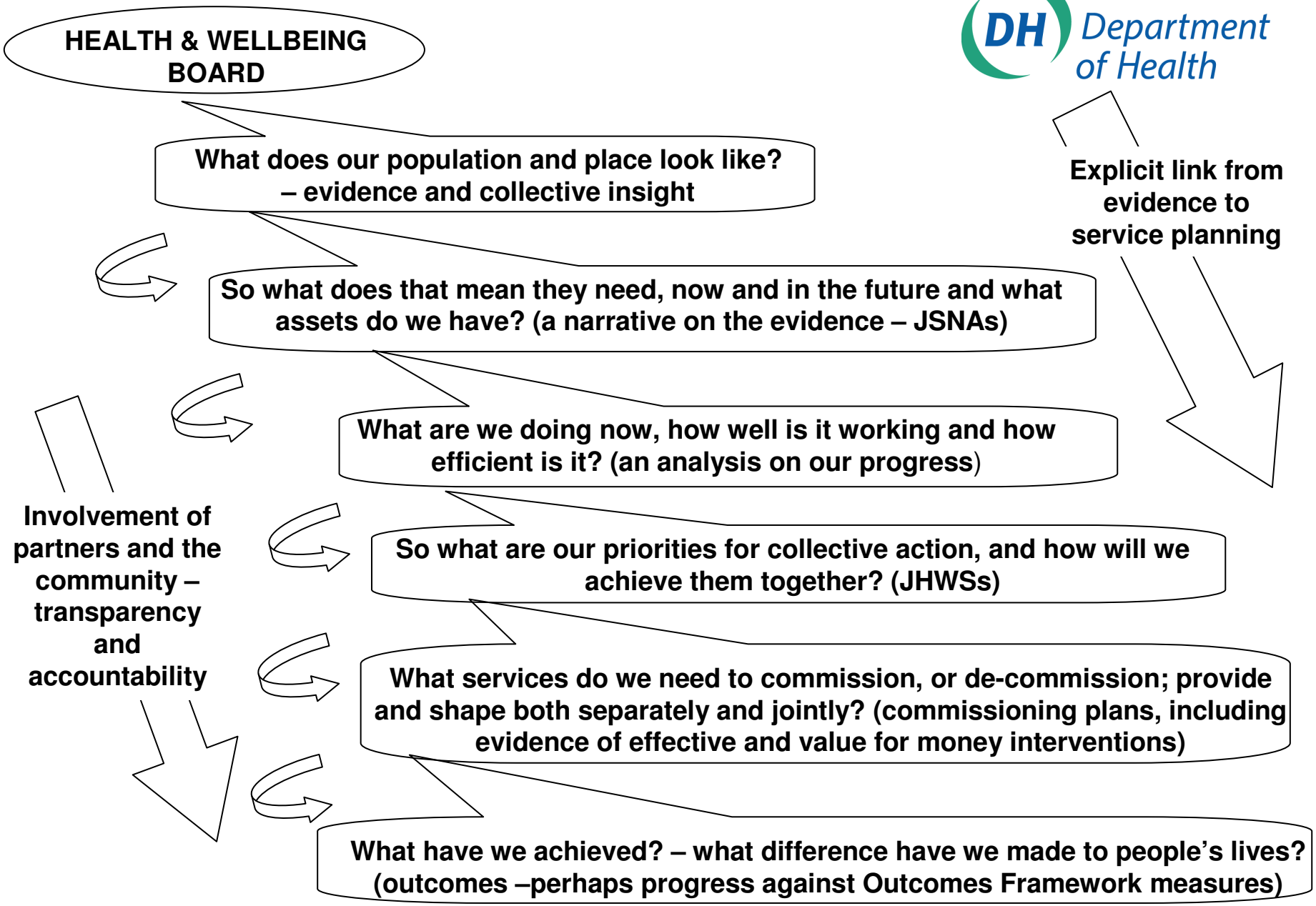
Health and wellbeing boards

- Will be established in every upper-tier local authority from April 2013, as a committee of the local authority
- Core membership, with equal leadership:
  - At least one elected member
  - Representative from each CCG
  - Representative from local Healthwatch
  - Directors of public health, adult social services, and children's services
- Can work with other partners locally (such as PCCs) however that makes sense to them
  - Not about mandating large boards, but about allowing flexibility to set up partnerships to suit their own circumstances and needs
  - For example, will be 152 health and wellbeing boards, and 38 PCCs in England – membership of boards may not be the best way to work together to meet joint outcomes

Purpose of health and wellbeing boards is shared local leadership

- Bringing together collaborative leadership of NHS, local authorities and wider public sector spending with the aim of
  - Greater democratic legitimacy and accountability to local people through local councillors
  - Integrating planning and services to better meet individual and community needs
  - Transforming local services and improving outcomes
- The ambition is to:
  - bring the decisions about services closer to those that use them,
  - go further than analysis of common problems and to develop partnerships that provide solutions to commissioning challenges, rather than just commenting on what the challenges are.
- Core function to undertake Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs)
  - Assessment of current and future health and social care needs for the area, going wider if they wish
  - Jointly agreed local priorities – a strategy to meet those needs to inform local commissioning

JSNA and JHWS - the vehicle for shared leadership



How does this fit with Outcomes Frameworks ("OFs")?

Department of Health

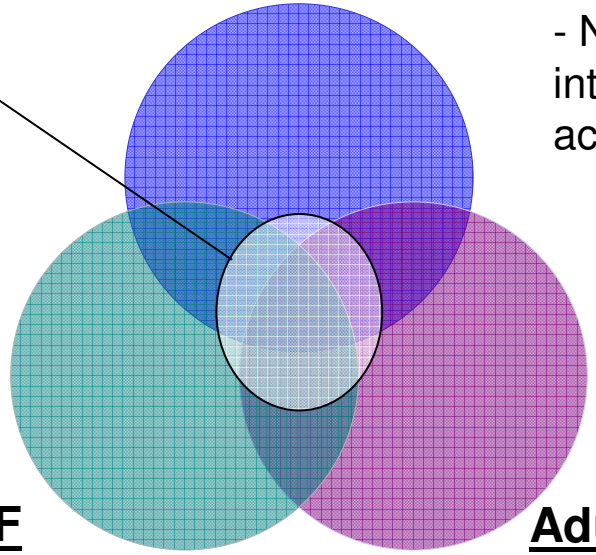
Where the OFs overlap, health and wellbeing boards will have an interest at a local level.

Health and wellbeing boards can use metrics here to monitor their joint outcomes and to inform their priorities, although **not** at the expense of local evidence

NHS OF & COF

- NHS OF holds the NHS CB to account

- NHS CB distils NHS OF into COF to hold CCGs to account



Public Health OF

PH system transparency and accountability

Adult Social Care OF

Local authorities hold themselves to account to their communities

How health and wellbeing boards will engage with communities

- They have to involve “people who live and work in the area” in undertaking JSNAs and JHWSs
  - In practice this means people who are likely to use services in the area
  - This will need to use a variety of methods and be continuous throughout
- There also has to be:
  - participation from NHS CB and
  - consultation of District Councils on JSNAs
- They will need to work with a wide range of local partners in the statutory and non-statutory sectors locally to:
  - gather the evidence they need
  - deliver against their priorities
- Local Healthwatch can help the engagement but is not the totality
  - It is envisioned as a “network of networks” – a conduit to other organisations, so able to have deep and broad reach

How PCCs link to health and wellbeing boards

- The JSNA and JHWS process will be what drives local relationships
  - Partnership working to ensure that JSNAs assessing the full needs of the whole local population, across the life course, including excluded groups
  - Considering local assets to meet identified needs
  - Opportunity to tackle inequalities and wider determinants through joint working and influencing others
  - Agreeing joint priorities that meet all partners agendas – working in a complementary way when can help improve overall outcomes for the community
- Making the link to commissioning
  - JSNAs and JHWSs not ends in themselves, what is important is what you do with them
  - Will inform NHS and local authority commissioning, but also need to influence local CJS commissioning

How to influence health and wellbeing boards

- What can you *offer* to health and wellbeing boards?
  - Information and evidence to influence priority setting
  - Services provide a way to address identified needs
  - Track record of delivering desired outcomes
- Explore shared aims and joint priorities
  - How can you help them to meet their priorities
  - Interaction of the wider determinants of health
  - Offering integrated or wrap-around services to meet multiple priorities and outcomes
- Resources – explore the Knowledge Hub for the National Learning Network for health and wellbeing boards: https://knowledgehub.local.gov.uk/home

Thanks

ANY QUESTIONS?

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