General Practitioners Committee

Health and Wellbeing Boards

GPC guidance

September 2011

NHS REFORM

STANDING UP FOR DOCTORS

BMA

Health and Wellbeing Boards

The Health and Social Care Bill proposes the establishment of a statutory Health and Wellbeing Board in every upper tier local authority[1]. Health and Wellbeing Boards will have a duty to encourage integrated working between decision makers and service providers in health and social care. The Government envisages that Health and Wellbeing Boards will be the "focal point for decision-making about local health and wellbeing"[2], facilitating joint working between Clinical Commissioning Groups (CCGs), local authorities and community stakeholders.

Over 130 local authorities have already established shadow Health and Wellbeing Boards, and it is expected that all local authorities will have done so by April 2012. Health and Wellbeing Boards will become fully operative in April 2013.

This guidance provides an outline of the composition and keys roles of Health and Wellbeing Boards. The document also highlights issues for GPs and CCGs to consider with respect to their involvement in and relationship with their local Health and Wellbeing Board. The BMA welcomes close working between CCGs, local authorities and community stakeholders. Good relationships between CCGs and Health and Wellbeing Boards will facilitate a joined-up approach to commissioning and ensure that Health and Wellbeing Boards function as streamlined and responsive bodies (not merely as "talking shops").

Responsibilities of Health and Wellbeing Boards

A core role of Health and Wellbeing Boards is to facilitate communication between local authorities and CCGs. This focus extends to scrutinising the CCG commissioning process, leading on joint commissioning where appropriate and bringing together representatives from health and social care and public health to encourage a cohesive approach across these three domains.

In response to recommendations from the Future Forum, the Government has tabled amendments to strengthen the role of Health and Wellbeing Boards[3].

- Health and Wellbeing Boards will be responsible for leading on the production of the Joint Strategic Needs Assessment (JSNA), an assessment of local health and wellbeing needs across health care, social care and public health.

- Health and Wellbeing Boards will be responsible for producing a "Joint Health and Wellbeing Strategy" in response to the JSNA. The Joint Health and Wellbeing Strategy will provide a strategic framework for local commissioning plans.

- There will be a "stronger expectation"[4] for CCG commissioning plans to follow the Joint Health and Wellbeing Strategy. CCGs will be required (by statute) to consult the views of the Health and Wellbeing Board throughout the commissioning process to ensure that commissioning plans follow the Joint Health and Wellbeing Strategy.

- If the Health and Wellbeing Board consider the plans of a CCG to diverge too greatly from the Joint Health and Wellbeing Strategy then they will be able to refer the plans back to the CCG for revision, or to the NHS Commissioning Board for consideration (although the Health and Wellbeing Board will not have powers to veto a CCG's plans).

- The NHS Commissioning Board will seek the views of the Health and Wellbeing Board when compiling their annual assessment of CCGs, in particular with relation to whether the CCG has aided the delivery of the joint health and wellbeing strategy.

- Shadow Health and Wellbeing Boards will also feed into the authorisation process for CCGs – the process by which a CCG is deemed ready and able to take budgetry responsibility – giving their views on whether CCGs are prepared to fulfil their functions. Health and Wellbeing Boards will also be able to object to a shadow CCG's boundaries prior to authorisation.

The role of Health and Wellbeing Board will extend beyond guiding and monitoring the commissioning process. The Government envisages Health and Wellbeing Boards playing a bigger role in promoting joint commissioning. Health and Wellbeing Boards will be able to lead joint commissioning for specific services, if the local authority and CCGs wish to delegate responsibility. An example of such an area could be the joint commissioning of health and social care for people with dementia.

The Government has made provision in the legislation for Health and Wellbeing Boards to input into wider policy areas such as housing, the environment and education, with the aim of promoting a cohesive health improvement strategy across the local authority agenda. The Bill also makes provision for a local authority to arrange for a Health and Wellbeing Board to "exercise any other functions of the authority"[5].

The composition of Health and Wellbeing Boards

Health and Wellbeing Boards discharge executive functions of local authorities and will "operate as equivalent bodies do in local government"[6]. Local authorities will determine the proportion of elected members on the Board and all members will be subject to scrutiny by existing statutory structures for overview of local authority functions.

The legislation states that all Health and Wellbeing Boards should include:

- At least one councillor of the local authority (the local authority may decide to have a majority of councillors on the Board if they wish);
- The director of children's services;
- The director of public health;
- A representative of the local HealthWatch (the local arm of the new patient consumer rights body HealthWatch England, which will be a part of the Care Quality Commission. Local HealthWatch will be developed through existing Local Involvement Networks (LINks));
- A representative of each CCG (if the Health and Wellbeing Board agree, a person may represent more than one CCG);
- A representative of the NHS Commissioning Board;
- "such other persons, or representatives of such other persons, as the local authority thinks appropriate"[7].

Each Health and Wellbeing Board will need an effective support structure. More detail is needed as to where this administrative support is provided from and who funds this support. This could be the responsibility of the local authority, or there could be an arrangement by which all members of the Health and Wellbeing Board contribute towards the administration of the Board.

The responsibilities and composition of Health and Wellbeing Boards: Issues to consider

- The BMA has serious concerns that the proposed membership of Health and Wellbeing Boards does not include representatives of Local Medical Committees (LMCs) and we have raised this with the Government and in briefings with MPs and peers. LMCs are the only statutory organisations which democratically represent GPs[8] and perform a crucial role in negotiations between local authorities and the local profession. LMCs would provide valuable input representing the views of the local profession independently from the local commissioning groups and will be central to ensuring that CCGs have the support and engagement of constituent practices. If an LMC has not been involved in the process thus far, they should actively seek engagement with the local authority.

- It should be noted that Health and Wellbeing Boards are aligned with each upper tier local authority. This should pose no problems where a CCG's boundaries are co-terminus with those of the local authority (mainly in the case of unitary local authorities). In the case of county local authorities, the boundaries of which may encompass a number of CCGs, consideration should be given as to how the CCGs are represented on the Health and Wellbeing Board. One person could be elected to represent two or more CCGs in an area, to avoid unnecessarily large membership of the Health and Wellbeing Board. If this is the case, then it is vital that effort is made to foster strong relationships between the CCGs and this individual, and also between the CCGs and the Health and Wellbeing Board itself.

- The transition period until 2013 will require a certain degree of flexibility as the structures involved establish themselves and CCGs seek authorisation. Whilst more detail is needed on the authorisation process, CCG representatives on the Health and Wellbeing Board need to be mindful of the potential for conflict of interest as the Board participates in this process. CCG representatives should absent themselves from discussions relating to the readiness and ability of their own CCG or other CCGs in the area to take on commissioning responsibility.

Health and Wellbeing Boards and CCGs – the BMA view

The BMA welcomes close working between local authorities and CCGs. A strong dialogue between policy makers and commissioners across health and social care will result in intelligently structured and efficient services. Health and Wellbeing Boards have potential to be a valuable forum for this dialogue. It is therefore important that the Boards operate in such a way to facilitate mutually supportive close working and avoid creating unnecessary bureaucracy.

Responsive and streamlined structures

The Health Select Committee raised serious concerns that the proposals to establish Health and Wellbeing Boards were unnecessarily bureaucratic. The Committee recommended in a report in April 2011[9] that the proposals should be dropped and that the production of the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategies should be the joint responsibility of local authorities, CCGs and Public Health England. Whilst the BMA shares the concern that the proposals could potentially result in a needless layer of bureaucracy, it is our view that a specified forum for collaboration and discussion could, in fact, ease and streamline the process of collaboration between stakeholders.

It is important, then, that the Boards operate to encourage true partnership between Local authorities and CCGs, and not function as mere "talking shops". To this end, the BMA recommends that Health and Wellbeing Boards should be small, functional and responsive bodies. CCGs need to participate fully in the workings of the Board and be prepared to develop the mutually supportive relationships necessary for their success. These relationships are particularly important given the scrutiny role that Health and Wellbeing Boards will have with relation to overseeing the commissioning plans of the CCG.

Partnership working

The scrutiny function of Health and Wellbeing Boards, if conducted sensibly, has potential to be a useful guide for the CCG in preparing commissioning strategy that promotes integration across health care, social care and public health. For example, CCGs may find that Health and Wellbeing Boards can be consulted where commissioners are concerned that commissioning plans may engender perceived conflicts of interest (for instance, where a commissioning strategy may indirectly benefit a member practice providing a particular service). Health and Wellbeing Boards will be able to offer an objective opinion and independent endorsement (or otherwise) of the strategy in question, providing a check against charges of vested interest.

Further detail is needed relating to the CCG's requirement to consult the Health and Wellbeing Board. We would urge flexibility in this process, in order to prevent overburdening the CCG with different measurements of quality or performance. In order to guard against unnecessary delays and conflict (bearing in mind that the Health and Wellbeing Board will have power to refer a CCG's commissioning plans back to the CCG itself or to the National Commissioning Board if they feel that the plans diverge too far from the Joint Health and Wellbeing Strategy), CCGs should be careful to involve the Health and Wellbeing Board from the start of the commissioning process so that potential issues can be flagged and dealt with along the way.

Effective oversight

CCGs should also be careful that the scrutiny function undertaken by Health and Wellbeing Boards does not duplicate the role of the CCG's own Governance Committee. The Governance Committee of the CCG will have responsibility for ensuring the probity of the financial and commissioning decision-making of the CCG (guidance on the governance of CCGs can be found on the BMA's **NHS reforms webpages**). This audit role differs from that of the Health and Wellbeing Board, who should focus their attention on the commissioning strategy adopted by the CCG. In particular, the value of Health and Wellbeing Boards will be their attention to the aspects of a CCG's commissioning plans that relate to integration of health and social care and public health, and where these domains overlap. There is an important role for Health and Wellbeing Boards to play in minimising geographical variation in provision and standard of services, mitigating against "post-code lottery".

It is important that the advantages of clinician-led commissioning – placing doctors and other health professionals at the heart of the decision-making process – are not stifled by excessive interference in the clinical decisions a CCG takes. The Health and Wellbeing Board will most usefully focus on promoting collaborative working and joined-up care, bringing to the commissioning process appropriate and valuable input from social care and public health, and respecting the expertise of the clinicians on the CCG with relation to the clinical strategies adopted.

This is particularly important given that local authorities have been given the freedom to determine how many local authority representatives sit on the Board. We would urge an equal balance between local authority and CCG representatives on the Health and Wellbeing Board, in order to avoid politicisation of the functioning of the Board, and to foster balanced and collaborative working.

References

1 The Health and Social Care Bill, 2010-11. Available at **http://www.publications.parliament.uk/pa/bills/cbill/2010-2012/0221/cbill_2010-20120221_en_1.htm**

2 *Government response to the NHS Future Forum.* Department of Health, 2011. Available at **www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127444**

3 *Government response to the NHS Future Forum.* Department of Health, 2011. Available at **www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127444**

4 *Government response to the NHS Future Forum.* Department of Health, 2011. Available at **www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127444**

5 The Health and Social Care Bill, 2010-11. Available at **http://www.publications.parliament.uk/pa/bills/cbill/20102012/0221/cbill_201020120221_en_1.htm**

6 *Government response to the NHS Future Forum.* Department of Health, 2011. Available at **www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127444**

7 The Health and Social Care Bill, 2010-11. Available at **http://www.publications.parliament.uk/pa/bills/cbill/20102012/0221/cbill_201020120221_en_1.htm**

8 *Principles of GP commissioning: A GPC statement in the context of "Liberating the NHS".* BMA, 2010. Available at: **http://www.bma.org.uk/images/whitepapergpcguidence1aug2010_tcm41-199488.pdf**

9 *Commissioning: Further issues, Volume I.* House of Commons Health Committee, 2011. Available at: **http://www.publications.parliament.uk/pa/cm201011/cmselect/cmhealth/796/796i.pdf**