

## Health and wellbeing boards' role in promoting integrated services

This briefing paper provides an overview on how local health and wellbeing boards are expected to operate and promote integrated services between the NHS and local authorities. It is based on draft guidance published in *Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies* see [www.dh.gov.uk/health/2012/07/consultation-jsna](http://www.dh.gov.uk/health/2012/07/consultation-jsna)

Health and wellbeing boards become fully operational from April 2013, but have already formed and started agreeing priorities and strategies.

### Health and wellbeing boards

Each local authority will have a health and wellbeing board, which brings together strategic leads from the local authority and health. Their members include a lead councillor, director of children services, director of adult social care, director of public health, and representatives from local clinical commissioning groups (CCGs), and Healthwatch.

Health and wellbeing boards will promote joint working between local authorities, the NHS and public health to improve health outcomes and reduce health inequalities. They can encourage partnership arrangements such as pooled budgets, lead commissioning or integrated provision.

Health and wellbeing boards will be responsible for:

- carrying out a **joint strategic needs assessment (JSNA)** to assess the current and future health and social care needs for the local area

#### Reducing health inequalities

Reducing health inequalities will require action on six policy objectives:

- give every child the best start in life
- enable all children, young people and adults to maximise their capabilities and have control over their lives
- create fair employment and good work for all
- ensure healthy standard of living for all
- create and develop healthy and sustainable places and communities
- strengthen the role and impact of ill health prevention.

*Fair Society, Healthy Lives: The Marmot Review: Strategic review of health inequalities in England 2010* see [www.instituteofhealthequity.org](http://www.instituteofhealthequity.org)

- develop a **joint health and wellbeing strategy (JHWS)**, setting out how they will meet the needs identified in the JSNA.

### Joint strategic needs assessments (JSNAs)

JSNAs are assessments of current and future health and social care needs for the local area. They need to consider:

- the needs of the whole community, including how needs vary for people at different ages
- sections of the community where there are health inequalities
- wider social, environmental and economic factors that impact on health and wellbeing – such as access to green space, air quality, housing, community safety, employment
- what health and social care information the local community needs, including how they access it and what support they may need to understand it.

JSNA can be informed by more detailed local needs assessments, which look at specific groups including those likely to suffer from health inequalities (for example, disabled children). In preparing JSNAs and JHWSs, health and wellbeing boards must have regard to any guidance issued by the Secretary of State, **including any future guidance issued.**

### Joint health and wellbeing strategies (JHWSs)

The joint health and wellbeing strategy sets out what priorities the health and wellbeing board has set and the strategies being taken for meeting the needs identified in JSNAs. It also includes what outcomes will be used to measure whether they have been successful.

In preparing JHWSs, health and wellbeing boards must have regard to the mandate from the Secretary of State instructions to the NHS Commissioning Board.

The JSNA and JHWS have to be made publically available and can usually be found on local authority websites. JSNAs and JHWSs do not need to be done from scratch every year – but **they should be regularly reviewed.**

**The mandate from the Secretary of State to the NHS Commissioning board** includes:

- everyone with long-term conditions should be offered a personalised care plan that reflects their preferences and agreed decisions
- carers looking after friends and family members will routinely have access to information and advice about the support available – including respite care (also called short breaks)
- partnership working across different services, in supporting children and young people with special educational needs or disabilities, so they have access to the services identified in their agreed care plan
- parents of children who could benefit have the option of a personal budget based on a single assessment across health, social care and education
- demonstrating progress against the Government's priorities of continuing to improve services for both disabled children and adults.

See <http://mandate.dh.gov.uk>

## Public and patient involvement

Health and wellbeing boards have a duty to involve patients and the public when developing the local joint strategy needs assessment (JSNA) and Joint health and wellbeing strategy (JHWS). This should be continuous thought the JSNA and JHWS process.

They are expected to consider inclusive ways to involve people from different parts of the community, so differing health and social care needs can be addressed by commissioners. This includes parts of the community that are socially excluded and vulnerable.

Local Healthwatch and the voluntary and community sector (including organisations that represent specific groups) can provide information to help JSNAs better reflect the needs and views of people in vulnerable circumstances and this can support the development of a JHWS to meet those needs.

Local Healthwatch has an important role in influencing the JSNA and JHWS by gathering and presenting views for patients and the public. You can read about this in the *Healthwatch and how parent carer forums might find them useful* briefing paper.

## How does this tie in with the forthcoming Children and Families Bill?

In March 2011, the government published *Support and aspiration: A new approach to special educational needs and disability*. A small number of families in 31 pathfinder local authorities are currently trialling the ideas set out in this green paper such as a single assessment process, Education, Health and Care (EHC) plans and a local offer.

Pathfinder areas are also looking at ways of **improved commissioning, particularly through links to health reforms**. The aim is that:

- local authorities must **promote integration, specifically between education, health, and social care services**, to improve children's wellbeing
- local authorities must work in **partnership with health services and commissioners**. Arrangements will be agreed locally
- there are arrangements for considering and agreeing the **reasonable provision** for children with EHC plans in the area. Partners (such a health) must have regard to these agreements and have in place mechanisms for resolving disputes.

The publication of draft legislation on the reform of provision for children and young people with special education needs (SEN) on the 3 September 2012, set out the proposed legal framework. The Minister responsible for this, Edward Timpson MP, Parliamentary Under Secretary of State at the Department for Education told the Education Select Committee "he accepted that there needs to be an alignment with JSNAs and health and wellbeing boards and will look at this more closely". He also said "he would consider putting health and wellbeing boards on the face of the Children and Families Bill", which is expected in early 2013.

The learning from pathfinder areas will feed into the forthcoming Children and Families Bill. Although there is potential for significant changes in detail between now and final legislation (expected sometime in late 2014), the overall direction of policy is unlikely to change.

Parents wanting to know how the new proposals may affect their children now or in the future should call Contact a Family's freephone helpline on 0808 808 3555 or visit [www.cafamily.org.uk](http://www.cafamily.org.uk)

## Further reading:

*Joint Strategic Needs Assessments and Wellbeing strategies – draft guidance* [www.dh.gov.uk](http://www.dh.gov.uk)

*The Marmot review Fair Society, Healthier Lives*  
[www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review](http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review)

*This is one of a series of briefing papers to help parent forums work with health commissioners and providers to improve local health services for disabled children. You can browse all of these in our NHS Changes section at [www.cafamily.org.uk/parentcarerparticipation](http://www.cafamily.org.uk/parentcarerparticipation)*

*If you would like to discuss this briefing paper in more detail, please contact Sheila Davies at Contact a Family on 020 7608 8773 or email [Sheila.Davies@cafamily.org.uk](mailto:Sheila.Davies@cafamily.org.uk)*