NATIONAL HOUSING FEDERATION

1 October 2013

Briefing:

Routes into health

Health and wellbeing boards

Summary of key points:

The health and wellbeing board leads and advises on work to improve the health of the local population through the development of improved and integrated health and social care services. This briefing will:

- give an overview of the structure and governance of health and wellbeing boards
- provide information on the purpose and remit of the boards
- highlight ways to engage with boards and present a housing offer.

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1. Introduction

Health and wellbeing boards provide local oversight of the commissioning of services. The intention is for boards to drive quicker and clearer integration of services, maximising the impact of local investment in health by delivering a co-ordinated approach to health improvement across the NHS, social care and public health.

This briefing is one of four documents entitled *Routes into health*, which together aim to explain health commissioning structures and NHS providers to housing associations. This work is part of the National Housing Federation's Health Partnership project.

2. Context

Health and wellbeing boards are charged with improving local health and social care, and reducing health inequalities. They sit within the local authority, although responsibilities for delivering many of their functions are shared between agencies. Local authorities are allowed to delegate any of their functions to the board, which means its influence could extend over all locally commissioned public services. Health and wellbeing boards have a minimum membership of a councillor, a representative of the local Healthwatch, a representative from the clinical commissioning group, the director for adult social services, the director for children's' services, and the director for public health.

As a board, it has a statutory responsibility for the delivery of a local joint strategic needs assessment (JSNA) and joint health and wellbeing strategy (JHWS), for joining up commissioning across health, public health, social care and wider services that they agree are directly related to health and wellbeing, and for delivering value for money. All health and wellbeing boards will have led a JSNA for their area and started identifying priorities through the JHWS to deliver over the next three to four years. It is envisaged the board will be held to account through a number of mechanisms including local authority led scrutiny, local Healthwatch bodies, and its own public engagement and consultation programme.

3. What is the purpose of the health and wellbeing boards?

The health and wellbeing boards are mainly about setting local health and wellbeing priorities and encouraging integrated working between commissioners of health and social care services. In particular they must provide advice assistance or other support to encourage the making of arrangements under section 75 of the NHS Act 2006 in connection with the provision of health and social care services. These arrangements include the pooling of funds and integrated provision.

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However, health and wellbeing boards are not currently responsible for any commissioning budgets. The majority of local commissioning budgets are held by CCGs, who are accountable to NHS England for the delivery of specific outcomes and financial performance associated with their commissioning plans and budgets. NHS England commissions national and regional specialised services and primary care including GP, pharmacy, dental and ophthalmic services. The CCGs commission all other services.

Boards have an important role in scrutinising the plans, intentions and activities of CCGs. They have the ability to challenge CCGs on their priorities and plans, which they believe are not consistent with local needs or in line with other strategies. This includes the ability to refer a plan to the NHS England. CCGs have a duty to involve all relevant health and wellbeing boards in preparing or revising their commissioning plans, as well as feeding into JHWS. However, recent analysis has revealed a gulf between the stated aims of clinical commissioning groups and council-hosted health and wellbeing boards, with the two organisations sharing no priorities in two-fifths of CCG areas[1]. This could lead to poor service integration and a focus purely on clinical outcomes.

Some budgets are held by Directors of Public Health, for example those for sexual health services, support for health protection activity such as controlling infectious disease outbreaks), drug and alcohol prevention and treatment services and the school based vaccination programmes, as these monies are ring fenced nationally and must be applied to the public health outcomes framework.

Some funds could be held in pooled budgets, community budgets or other partnership arrangements where partners agree jointly how to share and apply their joint resources or purchasing power. In some areas, CCGs are already outsourcing the commissioning of some services to local authorities or other public bodies with expertise and experience in commissioning the outcomes they seek. The health and wellbeing board's role is to seek assurance that all commissioning plans and budgets within the local system, including any pooled budgets, are used effectively by commissioning partners to achieve the outcomes set out in the JHWS, seeking more integration across the NHS, public health and social care services, and providing a level of assurance and challenge across the system in this regard.

[1] Health Services Journal article, '*Analysis: Big gap between priorities of CCGs and 'rising star' wellbeing boards*', 19 September, 2013

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4. What are the key priorities of health and wellbeing boards and what can housing associations offer?

Priority areas for health and wellbeing boards include improving early years prevention; providing better support to children or young people; encouraging health lifestyles; enabling older people to live at home; improving mental health outcomes; reducing health inequalities; preventing disease; supporting people to manage long-term conditions; reducing obesity; and integrating service delivery. Housing associations could demonstrate a number offers to the health and wellbeing board including:

- The impact of housing services on the health of individuals at different stages of the life-course, working with young people and troubled families to reduce anti-social behaviour, supporting teenage mothers and getting young people into work or training.
- Improving recovery services in mental health by delivering them through integrated supported housing models.
- Their experience in delivering services and support to people experiencing social exclusion and health inequalities. Housing associations are well-placed to discuss the risks to wellbeing and to increase the visibility of those with poorest health and people at risk of marginalisation.
- Supporting older people to live in the community through specialist housing and support, telecare, adaptations and health check services.
- Managing long-term conditions through providing alternative models of care in specialist housing in the community, integrated care planning and support to access GPs.

The challenge to housing associations is to demonstrate clearly where services are currently not joined up or failing to improve NHS public health and social care outcomes. Gathering data through pilots of your own services, or specific interventions, will help to illustrate your impact, particularly if this is measured using health outcomes. Working jointly with members of the health and wellbeing board, such as the CCG, to evaluate your services will enable you to demonstrate your offer more clearly.

5. Integrating health and social care

A key priority for the health and wellbeing boards is to bring together services to achieve the outcomes important to an individual. The recent announcement of the Integration Transformation Fund (ITF) of £3.8bn supports the move towards fuller integration of health and social care. The ITF is a single pooled budget for health and social care services. It will build on the work CCGs and local authorities are already doing, through the integration pioneers for example, which sees the Department of Health project managing integration in selected sites across the country. It doesn't come into effect until 2015-16, but health and wellbeing boards will already be planning how to use the funding and will have a plan agreed by March 2014.

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Housing associations should demonstrate to health and wellbeing boards their ability to act as a conduit for more integrated care. They should show they are able to bring clinical services and care and support together in the home, bridging the gap between hospital care and home care through reablement services.

6. Giving greater voice to patients and residents

Local Healthwatch bodies promote public engagement in the NHS, comment on changes to local services, act as advocates for complaints, and deliver advice across health and social care. They champion the views and feedback of patients, service users and carers, and ensure that they play a central role in local health and wellbeing planning. They are funded by and accountable to local authorities but report their concerns through the national body, Healthwatch England.

Housing associations that want to encourage residents to have a voice in determining local priorities should build good relationships with local Healthwatch bodies. Invite them to visit schemes and services and identify key voluntary and community sector partners who are already engaged with Healthwatch locally. A representative of Healthwatch will sit on the health and wellbeing board. They can articulate the experiences of housing association tenants and clients, which will help to redesign fragmented health service delivery and highlight services that have a good impact on their health.

7. Informing joint strategic needs assessments

JSNAs are local assessments of current and future health and social care needs and are unique to each area. They are a continuous process of strategic assessment and planning, helping to determine what actions local authorities, the NHS and other partners need to take to meet health and social care needs and to address the wider determinants that impact on health and wellbeing. Although JSNAs are not a new concept, they have been given a new emphasis by the Health and Social Care Act. Whilst previously the effectiveness of JSNAs has been patchy, duties in the Act should mean that the enhanced JSNA process will be more informative and more critical to commissioning.

Housing associations have valuable data about their tenants and clients using their services to feed into JSNAs, and they can help health and wellbeing boards to understand the routes people take through local services, where barriers exist and where outcomes are being limited by fragmented services. For example, housing associations could evidence the negative impact on health outcomes when hospital and care staff do not work closely with housing support staff to deliver reablement services effectively, which can lead to slow hospital discharge and readmissions.

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As reductions in spending on particular services are planned and implemented, housing associations can demonstrate the implications for particular client groups. For example, housing associations are well-placed to demonstrate the effects of welfare reform and cuts to social care on particular health outcomes and will have collected data to illustrate the impact.

8. How to better engage with health and wellbeing boards?

Look beyond getting a seat on the health and wellbeing board.

Many housing associations have sought to be represented on the health and wellbeing board as the best way to shape local health priorities. Housing is an important social determinant of health, and local boards may, over time, choose to expand their membership to housing associations. However, a local board with a wide and diverse membership will not automatically be more effective at joining-up services and driving better commissioning and outcomes than a board with a tighter or closed membership that brings in specific contributions from housing on themes, services or pathways. Furthermore, health and wellbeing boards may well exclude providers, such as housing associations, to avoid a conflict of commercial interest.

What is important is that you build relationships with existing members of the health and wellbeing board, building on the strong contacts you may already have from delivering services in a particular area. Make sure they have a good sense of who housing associations support, the types of services associations offer, and any unique evidence of service impact, service gaps or future need. They can act as champions for the housing association sector, and may consider setting up a subgroup to explore how to better integrate service delivery with housing to meet a particular priority. These groups call upon users, providers, commissioners, communities and other stakeholders to ensure that commissioning decisions the board do make are well-informed and once they have been made, services are successfully designed and delivered. Once the health and wellbeing board collectively understand more about housing associations' offer, and they may decide to set up a subgroup on housing. Housing associations could also get involved with other subgroups, for example, on social care.

Coordinate your approach to health and wellbeing boards

As described above, the remit of the health and wellbeing board is to develop a more coordinated approach to reducing health inequalities and improving health outcomes. They set the priorities for the area and ensure these are picked up in local authorities' and CCG's commissioning plans. Consider approaching the health and wellbeing board to present as a partnership with other housing associations operating in the area. Gather intelligence from the health and wellbeing strategy about local priorities and key outcomes, and use the presentation to demonstrate knowledge of the community and particular client groups, highlighting three or

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four potential offers to the board, as well as illustrating where services are not joining up to meet needs. Consider how you can partner with other providers to scale up your offer, particularly if you are a smaller or very specialist organisation.

Build strong relationships with the local voluntary and community sector and Healthwatch.

The voluntary and community sector are often viewed as a gateway to understanding the needs of local client groups, particularly those who are viewed as hard to reach. However, housing associations have useful intelligence and data on local populations, particularly those people for whom services are breaking down and their health needs deteriorating. Working in partnership with the voluntary and community sector will help health and wellbeing boards understand what housing association's do beyond building homes, as well as the types of services you provide. Find out about local voluntary sector networks through CSV and Regional Voices.

9. Useful links and resources

- *Providing an Alternative Pathway*, National Housing Federation, 2013
- *Dementia and housing: finding housing solutions*, National Housing Federation, 2013
- Regional Voices has produced a number of useful resources for the voluntary and community sector on health commissioners and providers including a guide on clinical commissioning for the voluntary and community sector, and a guide to who's who in health and care. These are available on their website: www.regionalvoices.org
- Alongside the publication of the 2013-14 Planning Guidance, NHS England has produced initial information packs at Local Authority and CCG level that set out key data to inform the local position on outcomes: http://www.england.nhs.uk/la-ccg-data/#la-info
- *A Healthier Perspective*: a very practical toolkit to support commissioners and the voluntary sector understand how they can work together in commissioning health services by RAISE
- *Towards More Effective Commissioning*: examples of commissioners and VCOs working creatively to co-produce solutions to entrenched health difficulties by Voluntary Sector North West (VSNW)

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