Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies – draft guidance

Proposals for consultation

Policy	Clinical	Estates
HR / Workforce	Commissioner Development	IM & T
Management	Provider Development	Finance
Planning / Performance	Improvement and Efficiency	**Social Care / Partnership Working**

Document Purpose	Consultation/Discussion
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Title	Draft Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies
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Target Audience	NHS Trust CEs, Foundation Trust CEs , Directors of PH, Local Authority CEs, Directors of Adult SSs, Allied Health Professionals, GPs, Communications Leads, Directors of Children's SSs, Healthwatch England and local pathfinders, CCG pathfinders, shadow HWBs, voluntary and community sector organisations
Circulation List	
Description	The purpose of this publication is intended to support health and wellbeing boards and their partners in undertaking and contributing to Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWS) within the modernised health and care system.
Cross Ref	Joint Strategic Needs Assessments and joint health and wellbeing strategies explained. Equity and excellence: Liberating the NHS, Liberating the NHS: Legislative framework and next steps and The Government response to the NHS Future Forum report.
Superseded Docs	N/A
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For Recipient's Use	

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Contents

1. Purpose

The Health and Social Care Act 2012[1] ('the Act') amends the Local Government and Public Involvement in Health Act 2007 ('the 2007 Act') to introduce duties and powers for health and wellbeing boards in relation to Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs). This statutory guidance explains these duties and powers. Further materials, including advice on good practice will be published with this statutory guidance to support health and wellbeing boards.

2. Context

In the Act, the Government has set out a new vision for the leadership and delivery of public services – that decisions about services should be made as locally as possible, involving people who use them and the wider local community. The Act supports local clinical leadership and democratically elected leaders working together to deliver the best health and care services based on the best evidence of local needs. JSNAs and JHWSs are an important means by which they can achieve this.

The aim of JSNAs and JHWSs is to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are not an end in themselves, but a continuous process of strategic assessment and planning. They will be used to help 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[2].

3. Duties and powers under the 2007 Act (as amended by the Act)[3]

3.1 Who is responsible for JSNAs and JHWSs?

Local authorities and clinical commissioning groups (CCGs) have an equal and joint duty to prepare JSNAs and JHWSs, through the health and wellbeing board[4]. The responsibility falls on the health and wellbeing board as a whole and so success will depend upon all members[5] working together throughout the process.

Two or more health and wellbeing boards could choose to work together to produce JSNAs and JHWSs, covering their combined geographical area[6].

Local authorities and health and wellbeing boards can decide to include additional members on the board beyond the core members[7]. Additional members, such as service providers, health and care professionals, representatives of criminal justice agencies, local voluntary and community sector organisations, or representatives of military populations and their families, can bring expert knowledge to enhance JSNAs and JHWSs.

The NHS Commissioning Board (NHS CB) must participate in JSNAs and JHWSs. Someone who is not from the NHS CB can act for it. This could be someone from a clinical CCG, if the health and wellbeing board agrees[8].

3.2 What are Joint Strategic Needs Assessments (JSNAs)?

JSNAs are local assessments of current and future health and social care needs that could be met by the local authority, CCGs, or the NHS CB[9]. They are produced by health and wellbeing boards[10], and are unique to each local area.

In preparing JSNAs and JHWSs, health and wellbeing boards must have regard to any guidance issued by the Secretary of State[11]. This includes this guidance, and any future guidance issued.

A range of quantitative and qualitative evidence should be used in JSNAs. They can also be informed by more detailed local needs assessments such as at a district or ward level, looking at specific groups (such as those likely to have poor health outcomes), or on wider issues that affect health such as crime, community safety, planning or housing. Health and wellbeing boards can request relevant information from some members (and others)[12] when preparing JSNAs or JHWSs – and those asked have a duty to supply the information. They should ensure that staff supporting JSNAs and JHWSs have easy access to the evidence they need.

JSNAs must consider health and social care needs for the health and wellbeing board area. This includes mental health, health protection, and prevention; it could include looking at the role of personal budgets and universal advice. Therefore health and wellbeing boards will need to consider:

- the needs of the whole community including how needs vary for people at different ages, and may be harder to meet for those in disadvantaged areas or vulnerable groups who experience inequalities, such as people who find it difficult to access services;
- wider social, environmental and economic factors that impact on health and wellbeing – such as access to green space, air quality, housing, community safety, employment; and
- what health and social care information the local community needs, including how they access it and what support they may need to understand it.

Within JSNAs, health and wellbeing boards should also consider what local communities can offer in terms of assets and resources[13] to help meet the identified needs.

3.3 What are Joint Health and Wellbeing Strategies (JHWSs)?

JHWSs are strategies for meeting the needs identified in JSNAs[14]. As with JSNAs, they are produced by health and wellbeing boards[15], and are unique to each local area. They should explain what health and wellbeing priorities the health and wellbeing board has set in order to tackle the needs identified in their JSNAs. This is not about taking action on everything at once, but about setting priorities for joint action and making a real impact on people's lives.

Outcome measures from the separate NHS, Adult Social Care and Public Health Outcomes Frameworks, the Commissioning Outcomes Framework and outcome strategies, will be useful to help inform joint priorities, although they should not overshadow local evidence.

In preparing JHWSs, health and wellbeing boards must have regard to the Secretary of State's mandate[16] to the NHS CB[17].

3.4 Using JSNAs and JHWSs

JSNAs and JHWSs are fundamental to the new system because of how they are used, and the evidence base they provide for the planning of services.

CCGs, the NHS CB, and local authorities' plans for commissioning services must be informed by JSNAs and JHWSs. Where plans are not in line with JSNAs and JHWSs, CCGs, the NHS CB and LAs must be able to explain why[18].

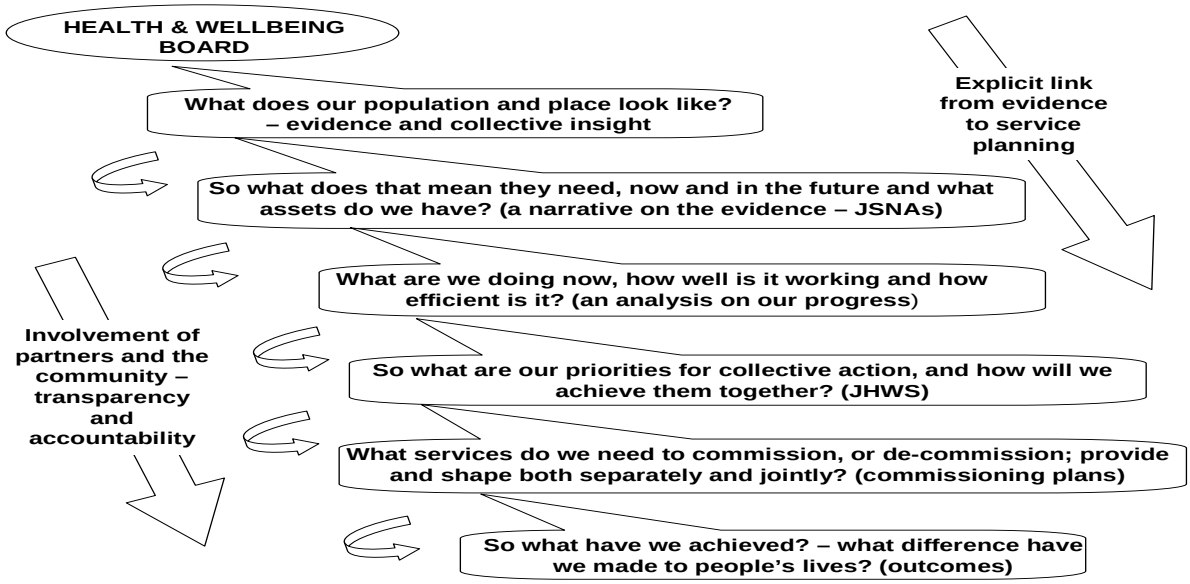
CCGs must also involve the health and wellbeing board in the preparation of (or when making significant changes to) their commissioning plans[19]. CCGs must consult health and wellbeing boards on whether their commissioning plans take proper account of the JHWSs[20]. When asked, health and wellbeing boards must give a view on this, which must be included in the published plan[21]. It would be good practice for local authorities and the NHS CB to also involve health and wellbeing boards when developing their plans for commissioning to make sure that each plan is informed by the JHWS. By their nature, commissioning plans will need to cover a broad range of services – inclusion of plans for services which meet needs in addition to those prioritised in the JHWS does not in itself mean the plans do not take account of the JHWS

If a health and wellbeing board thinks that a CCG has not taken proper account of the relevant JHWSs it can make this known in very clear and certain terms to the CCG, and also to the NHS CB[22]. As mentioned above, the CCG must be able to justify any parts of their plans which are not consistent. The NHS CB can take action if it believes that the plan is not in line with the JHWS, without a good reason[23].

Under the Act, upper-tier local authorities are required to work to improve the health of their populations[24]. This duty is an opportunity for local authorities to embed health improvement in all policy- and decision-making, which will also help address needs identified in JSNAs and priorities agreed in JHWSs.

If the health and wellbeing board does not believe that a local authority has taken account of the JSNAs or JHWSs, it can raise its concerns with the local authority[25].

Figure 1 – How JSNAs, JHWSs and commissioning plans fit together



3.5 Timing

JSNAs and JHWSs are continuous processes, and are an integral part of CCG and local authority commissioning cycles [26]. Health and wellbeing boards will need to decide for themselves when to update JSNAs and JHWSs or undertake fresh ones to ensure that they are able to inform local commissioning plans over time - JSNAs and JHWSs do not need to be done from scratch every year.

4. Promoting integration between services

JHWSs can help health and social care services to be joined up with each other and with health-related services[27], such as housing, the economy or the environment.

Health and wellbeing boards must encourage integrated working between health and social care commissioners, and support and encourage partnership arrangements for health and social care services[28], such as pooled budgets, lead commissioning, or integrated provision[29]. In JHWSs, health and wellbeing boards must consider how far needs can be met more effectively by working together in this way[30].

Health and wellbeing boards can encourage close working between commissioners of health-related services and themselves; and commissioners of health and social care services[31]. This could potentially involve considering the commissioning of health-related services either with or by a broad range of local partners, such as district councils, local authority housing commissioners, local community safety partnerships, Police and Crime Commissioners, local probation trusts, prisons, children's secure estates and schools. In this way health and wellbeing boards can use the priorities agreed in JHWSs to influence other services that also affect health to improve outcomes and also to encourage the integration of services.

The NHS CB must encourage partnership arrangements between CCGs and local authorities[32] where it considers this would ensure the integrated provision of health services and that this would improve the quality of services or reduce inequalities[33] and CCGs must integrate services to achieve this, where possible. This should help encourage joint working between CCGs and local authorities in order to tackle the priorities jointly agreed in JHWSs.

The Act supports joint working by allowing local authorities to delegate functions to the health and wellbeing board[34]. This could result in health and wellbeing boards taking on health-related functions, such as preparing housing strategies, which could help in tackling the agreed local priorities. To avoid potential conflicts of interest the power of delegation does not include health scrutiny functions[35]. Health scrutiny is an important way that the local authority (and through it, local people) can hold some health and wellbeing board members to account for delivering health services, or consider how the JSNA and JHWS process is used to plan services.

JHWSs could consider how services might be reshaped and redesigned to address needs identified in JSNAs and reduce inequalities. Using local JSNA evidence and agreed JHWS priorities means local service change plans will complement other local commissioning, and this will encourage greater integration across health and social care services.

5. Working in partnership to carry out JSNAs and develop JHWSs

Health and wellbeing boards for county councils must involve the relevant district councils in developing JSNAs[36]. They should seek to work with district councils when preparing JHWSs and to agree with district councils how they will do this.

Health and wellbeing boards must involve the local Healthwatch organisation[37] and the local community[38], and this should be continuous throughout the JSNA and JHWS process. When involving the local community, health and wellbeing boards should consider inclusive ways to involve people from different parts of the community to ensure that differing health and social care needs are reflected and can be addressed by commissioners, recognising the need to engage with parts of the community that are socially excluded and vulnerable[39].

Health and wellbeing boards should also work closely with other partners such as Police and Crime Commissioners, criminal justice agencies, youth justice services, troubled families co-ordinators, local authority housing services, schools, voluntary and community organisations, Local Nature Partnerships, representatives of military populations and their families; and Department for Work and Pensions local partnership teams[40], to get a thorough understanding of local needs and how to address them.

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. Most local areas will have a Compact agreement[41] setting out how local authorities and the NHS will work with voluntary and community organisations for mutual benefit and these should be considered during the process.

Service providers[42] can also provide important evidence about local needs and take action to improve outcomes, although health and wellbeing boards will need to consider how any conflicts of interest will be managed.

6. Transparency and accountability

JSNAs and JHWSs must be published[43]. Making them public will explain to the local community what the health and wellbeing board's assessment of the local needs and assets is and what their proposals to address them are, with clear measures of progress over time. It will also show what evidence has been considered, what priorities for action have been agreed and why. The publication should include a summary of community views, how they have been used; and also whether any other relevant views have been considered.

Sharing the analysis behind JSNAs, and (if appropriate) safely making the data they have used accessible, will help health and wellbeing boards make their decision-making process transparent to their community and to be held to account[44].

7. Other duties

As a local authority committee, a health and wellbeing board must meet the Public Sector Equality Duty under the Equality Act 2010 throughout the JSNA and JHWS process. This is not just about how the community is involved, but about considering the effects decisions have or are likely to have on people with protected equality characteristics[45], and perhaps other groups identified as vulnerable in JSNAs. Integrating equality considerations into the JSNA and JHWS process, can help public sector organisations to discharge their responsibilities under the Public Sector Equality Duty[46].

Preparing JSNAs and JHWSs can support other legal duties, for example, in relation to the reduction of crime (including antisocial behaviour)[47]. They can also contribute to other local partnerships such as Community Safety Partnerships (CSPs)[48] or where they exist, Local Enterprise Partnerships (LEPs)[49].

8. Conclusion

By having full engagement of all health and wellbeing board members, wider local partners and the local community, JSNAs will provide a unique picture of local needs and assets. By agreeing joint local priorities in JHWSs to inform joint action to tackle these needs, health and wellbeing boards will be able to lead action to improving people's lives and reduce inequalities.

9. Consultation Questions

1. Does the guidance translate the legal duties in a way which is clear in terms of enabling an understanding of what health and wellbeing boards, local authorities and CCGs *must* do in relation to JSNAs and JHWSs?

2. It is the Department of Health's (DH's) view that health and wellbeing boards should be able to decide their own timing cycles for JSNAs and JHWSs in line with their local circumstances rather than guidance being given on this; and this view was supported during the structured engagement process. Does the guidance support this?

3. Is the guidance likely to support health and wellbeing boards in relation to the content of their JSNAs and JHWSs?

4. Does the guidance support the principle of joined-up working, between health and wellbeing board members and also between health and wellbeing boards and wider local partners in a way that is flexible and suits local circumstances?

5. The DH is working with partners to develop wider resources to support health and wellbeing boards on specific issues in JSNAs and JHWSs, and equality is one theme being explored.
a) In your view, have past JSNAs demonstrated that equality duties have been met?
b) How do you think the new duties and powers, and this guidance will support health and wellbeing board members and commissioners to prevent the disadvantage of groups with protected characteristics, and perhaps other groups identified as in vulnerable circumstances in your area?

6. a) In your view, have JSNAs in the past contributed to developing an understanding of health inequalities across the local area and in particular the needs of people in vulnerable circumstances and excluded groups?
b) What supportive materials would help health and wellbeing boards to identify and understand health inequalities?

7. It is the DH's view that health and wellbeing boards should make use of a wide range of sources and types of evidence for JSNAs and they should be able to determine the best sources to use according to local circumstances. This view was supported during the structured engagement process. What supportive materials would help health and wellbeing boards to make the best use of a wide range of information and evidence to reach a view on local needs and assets, and to formulate strategies to address those needs?

8. What do you think NHS and social care commissioners are going to do differently in light of the new duties and powers, and as a result of this guidance? – what do you think the impact of this guidance will be on the behaviour of local partners?

9. How do you think your local community will benefit from the work of health and wellbeing boards in undertaking JSNAs and JHWSs? – what do you think the impact of this guidance will be on the outcomes for local communities?

10. Have your say

The Government has committed to publishing guidance on enhanced JSNAs and JHWSs which are to be undertaken by health and wellbeing boards. The Government wants to hear your views on whether this draft guidance supports health and wellbeing boards, and their partners in understanding the purpose of JSNAs and JHWSs, and the duties and roles of health and wellbeing boards in undertaking them.

Deadline for comments

This is an eight-week consultation running from **31 July 2012** to **28 September 2012**. In order to be considered all comments must be received by **28 September 2012**. Your comments may be shared with colleagues in the Department of Health and/or be published in a summary of responses. Unless you specifically indicate otherwise in your response, we will assume that you consent to this and that your consent overrides any confidentiality notice generated by your organisation's email system.

The eight-week consultation period (which is shorter than the full 12-week period set out in the HMGovernment Code of Practice on Consultation) is because the Government has developed the current draft in collaboration with emerging health and wellbeing boards and undertook a structured engagement exercise during January and February of this year. Over 100 responses were received as a result of the exercise and the draft guidance has been revised to reflect these.

Shadow health and wellbeing boards, once established, will want to consider and prepare for carrying out JSNAs and JHWSs ready for April 2013, when the relevant provisions of the Health and Social Care Act 2012 will come into effect. An eight-week consultation will allow the Government to publish the final guidance in time to support preparations for April 2013.

Consultation timeline

31 July	Consultation document published
28 September	Consultation ends – responses must be returned to the Department of Health by this date
Autumn 2012	Final guidance document and response to consultation published

How to respond

Please submit your responses online at JSNAs and JHWSs draft statutory guidance consultation or by email to JSNAandJHWS@dh.gsi.gov.uk

OR

By hard copy to
JSNA and JHWS development lead
People, Communities and Local Government,
Department of Health
Wellington House
133-155 Waterloo Road
London
SE1 8UG

When responding, please state whether you are responding as an individual or representing the views of an organisation. If responding on behalf of a larger organisation, please make it clear whom the organisation represents and, where applicable, how the views of members were assembled.

Information we receive, including personal information, may be published or disclosed in accordance with the access to information regimes (these are primarily the Freedom of Information (FOI) Act 2000, the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).

If you want the information that you provide to be treated as confidential, please be aware that, under the FOI Act, there is a statutory Code of Practice with which public authorities must comply, and which deals, among other things, with obligations of confidence. In view of this, it would be helpful if you could explain to use why you regard the information you have provided as confidential. If we receive a request for disclosure of the information, we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

The Department will process your personal data in accordance with the DPA and, in the majority of cases, this will mean that your personal data will not be disclosed to third parties.

Criteria for consultation

This consultation follows the 'Government Code of Practice', in particular we aim to:

- formally consult at a stage where there is scope to influence the policy outcome
- consult for at least 12 weeks with consideration given to longer timescales where feasible and sensible
- be clear about the consultation's process in the consultation documents, what is being proposed, the scope to influence and the expected costs and benefits of the proposals
- ensure the consultation exercise is designed to be accessible to, and clearly targeted at, those people it is intended to reach
- keep the burden of consultation to a minimum to ensure consultations are effective and to obtain consultees' 'buy-in' to the process
- analyse responses carefully and give clear feedback to participants following the consultation
- ensure officials running consultations are guided in how to run an effective consultation exercise and share what they learn from the experience.

The full text of the code of practice is on the Better Regulation website at:
Link to consultation Code of Practice

After the consultation

Once the period is complete, the Department of Health will consider the comments it has received, and the response will be published alongside the final guidance.

A summary of the response to this consultation will be made available before or alongside any further action, such as laying legislation before Parliament, and will be placed on the Consultations website at:

Link to DH Consultations

Comments on the consultation process itself

If you have concerns or comments which you would like to make relating specifically to the consultation process itself please

Contact Consultations Coordinator
Department of Health
3E48, Quarry House
Leeds
LS2 7UE
E-mail consultations.co-ordinator@dh.gsi.gov.uk

Please do not send consultation responses to this address.

Confidentiality of information

We manage the information you provide in response to this consultation in accordance with the Department of Health's **Information Charter.**

Information we receive, including personal information, may be published or disclosed in accordance with the access to information regimes (primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).

If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

The Department will process your personal data in accordance with the DPA and, in most circumstances, this will mean that your personal data will not be disclosed to third parties.

Impact assessment

The impact assessment which accompanied the Health and Social Care Bill assesses the costs, benefits and risks of the enhanced JSNA process and the new duty to develop JHWSs. This guidance, which supports health and wellbeing boards and their partners in undertaking and contributing to JSNAs and JHWSs, will help to support the realisation of the costs and benefits set out in this impact assessment.

[1] The relevant parts of which are expected to come into force on 1 April 2013.
[2] More information can be found in *Fair Society, Healthy Lives (the Marmot Review)*, 2010
[3] The duties required by, and the powers conferred by the Act, the 2007 Act (as amended by the Act), and the NHS Act 2006 (as amended by the Act) relating to the preparation of JSNAs and JHWSs are summarised and referenced throughout. Where 'must' is used, this indicates something required by one or other of the Acts. Where 'can' is used, this indicates a power in one or other of the Acts. Where 'could' is used, this indicates an example of how that power could be used if appropriate. Where 'should' is used it indicates something that is statutory guidance – something that is not required by the Acts, but it is recommended in order to achieve the spirit of the Acts or in accordance with sector-led best practice, and to which there is a statutory duty to have regard.
[4] The 2007 Act – section 116 (as amended by the Act – section 192) and section 116A (as inserted by the Act – section 193); and the Act – section 196.
[5] The Act – section 194: each upper tier local authority in England must set up a health and wellbeing board, with a core membership of: a) at least one elected representative – councillor(s) nominated by the leader or the mayor of the local authority (and / or the leader or mayor themselves), or in some cases by the local authority; b) a representative of each clinical commissioning group (CCG) whose area is within or partly within, or coinciding with the local authority area – CCGs may be required to appoint representatives to more than one health and wellbeing board if their area falls within more than one local authority area; c) the directors of public health, adult social services, and children's services; and d) a representative of the local Healthwatch organisation.
[6] The Act – section 198(a) allows two or more health and wellbeing boards to make arrangements for any of their functions to be exercised jointly.
[7] 'Core members' is a reference to the members in the Act (section 194) – see Footnote 4. A local authority or health and wellbeing board can appoint other members to the board.
[8] The duty on the NHS CB to appoint a representative to participate in JSNAs and JHWSs is in section 197(1) and (2) of the Act. Section 197(5) provides that the representative may be someone who is not a member or employee of the NHS CB, with the health and wellbeing board's agreement.
[9] The 2007 Act – section 116 (as amended by the Act – section 192).
[10] The duty falls on local authorities and CCGs but must be discharged by health and wellbeing boards (the Act – section 196(1)). Where the guidance refers to something that health and wellbeing boards must do in relation to JSNAs, the source of this is a duty imposed on the local authority and CCG.
[11] The 2007 Act – section 116 (as amended by the Act – section 192) and section 116A (as inserted by the Act – section 193).
[12] The Act – section 199. Health and wellbeing boards have the power to request information from the local authority, or the CCGs and local Healthwatch organisations represented on the board. They also have the power to request information from members, or those organisations represented by members other than the core members. The request must be made in order to enable or assist health and wellbeing boards to perform their functions – in this context, to enable or assist health and wellbeing boards to undertake JSNAs and JHWSs.
[13] There are a range of assets within local communities that can help meet identified needs and impact on the wider determinants of health. These could include formal or informal resources, capacity in other organisations or the community; such as the ability of groups to take greater control of their own health or manage long-term conditions. Supporting communities and encouraging people to improve their health and wellbeing is central to achieving the Government's vision. Strong communities can improve health and wellbeing, and reduce inequalities *(Foot, J., What makes us healthy? The asset-based approach in practice: evidence, action, evaluation, 2012).* There are a number of methods being developed, (Local Area Co-ordination, Connected Care or Asset-Based Community Development) – these examples may be useful to health and wellbeing boards.
[14] The 2007 Act – section 116A (as inserted by the Act – Section 193).
[15] The duty falls on local authorities and CCGs but must be discharged by health and wellbeing boards (the Act – section 196(1)). Where the guidance refers to something that health and wellbeing boards must do in relation to JHWSs, the source of this is a duty imposed on the local authority and CCG.
[16] This is currently being consulted on.
[17] The 2007 Act – section 116A (as inserted by the Act – section 193).
[18] The 2007 Act – section 116B (as inserted by the Act – section 193) requires local authorities and CCGs, in exercising any functions and the NHS CB, in exercising its commissioning functions in relation to the local area, to have regard to any JSNA and JHWS which is relevant to the exercise of those functions.
[19] The NHS Act 2006 – section 14Z13 inserted by section 26 of the Act. The duty on the CCG is to involve each relevant health and wellbeing board. A relevant health and wellbeing board, in relation to a CCG, is one which is established by a local authority whose area coincides with, or includes the whole or any part of, the area of the CCG – the NHS Act 2006 - section 14Z11 (as inserted by the Act - section 26).

[20] The NHS Act 2006 – section 14Z13 inserted by section 26 of the Act. The duty on the CCG is to consult each relevant health and wellbeing board on whether the draft commissioning plan takes 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..
[21] The NHS Act 2006 – section 14Z13 (as inserted by section 26 of the Act). The CCG must include a statement of the final opinion of each relevant health and wellbeing board consulted upon publication of the plan
[22] The NHS Act 2006 – section 14Z13 (as inserted by the Act - section 26).
[23] Action could be taken if the NHS CB has reason to believe that the CCG might fail, have failed, be failing to discharge any of its functions. It could require documents, information or an explanation (the NHS Act 2006 – sections 14Z18 or 14Z19).
[24] The NHS Act 2006 – section 2B (as inserted by the Act - section 12).
[25] The Act – section 196.
[26] The NHS Act 2006 – sections 14Z1 and 14Z24 (as inserted by of the Act – section 26). CCGs must develop commissioning plans to be in place before the beginning of each financial year (or before a date directed by the NHS CB as regards the financial year of establishment) and most local authorities also plan yearly.
[27] The 2007 Act – section 116A (as inserted by the 2012 Act – section 193). Health-related services are those that are not health or social care services, but may have an effect on health outcomes, as defined in the Act – section 195; such as transport, planning or environmental services insofar as they may have an effect on health.
[28] The Act – section 195.
[29] The NHS Act 2006 – section 75.
[30] The 2007 Act – section 116A (as inserted by the Act – section 193).
[31] The Act – section 195.
[32] And also between CCGs where this would lead to improvements and integrated services, which may be prioritised in JHWSs. The NHS Act 2006 - section 13N (as inserted by the Act – section 23).
[33] The NHS Act 2006 – section 13N (as inserted by the Act – section 23). This also applies where the NHS CB considers that partnership arrangements would lead to integrated provision of health services with social care or health-related services, and that this would improve the quality of services or reduce inequalities.
[34] The Act – section 196.
[35] The Act – section 196.
[36] The 2007 Act – section 116 (as amended by the Act – section 192).
[37] The 2007 Act – section 116 (as amended by the Act – sections 192) and section 116A (as inserted by the Act – section 193). The duty to involve the local Healthwatch organisation for the area is separate to (ie, not discharged only by) local Healthwatch being represented on the health and wellbeing board.
[38] The 2007 Act – section 116 (as amended by the Act – sections 192) and section 116A (as inserted by the Act – section 193). The duty to involve the local community is a requirement to involve the people who live or work in the area, and does not distinguish between children and adults.
[39] Such as people with disabilities, homeless people, offenders, victims of crime, or Gypsies and Travellers.
[40] Serving both working age (through Jobcentres), and pension age clients.
[41] More information is provided by Compact Voice.
[42] For instance Foundation Trusts, care homes; and providers of domiciliary care services.
[43] The 2007 Act – section 116 (as amended by the Act – section 192) and section 116A (as inserted by the Act – section 193).
[44] Government Open Data policies provide more information.
[45] This includes age, disability, gender reassignment, pregnancy and maternity, race (includes ethnic or national origins, colour or nationality), religion or belief (includes lack of belief), sex, and sexual orientation.
[46] As public authorities, both local authorities and CCGs have general and specific duties under the Equality Act 2010, designed to integrate consideration of advancing equality; eliminating discrimination and fostering good relations into the day-to-day business of public authorities; and to help them improve their performance on the general equality duty by improving their focus and transparency. These duties will apply to health and wellbeing boards as a committee of the local authority, including when discharging functions on behalf of the local authority and CCGs. Local authorities remain responsible for ensuring that the general and specific equality duties are met.
[47] The Crime and Disorder Act 1998 ('the 1998 Act') – section 6 places a statutory duty on responsible authorities (including local authorities, the Police, Probation Trusts, Fire and Rescue Authorities, and from April 2013 CCGs) to formulate and implement strategies for the reduction of crime and disorder (including anti-social behaviour); for combating the misuse of drugs, alcohol and other substances; and for the reduction of reoffending.
[48] CSP is a term used to refer to the group of responsible authorities under section 5 of the 1998 Act which have duties to prepare the strategies referred to in footnote 50. From April 2013 CCGs will replace PCTs as responsible authorities due to amendments made to section 5 of the 1998 Act by the Act – Schedule 5 paragraph 84. They offer a way for all partners to focus on improving health and wellbeing, and crime outcomes together.
[49] LEPs are non-statutory partnerships between local authorities and business, – *Local Growth White Paper*, 2010