1. Introduction

This briefing paper examines the new structures for local accountability within the NHS and the new broader role for local authorities. These changes form part of the Government’s NHS reform agenda which was legislated for by the Health and Social Care Act 2012. The NHS reforms in England introduced four new functions for local authorities as highlighted in the box below; the first three are discussed in this paper.

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2. Health and wellbeing boards

New bodies known as health and wellbeing boards now exist in each upper tier local authority. The boards have a duty to encourage integrated working between commissioners of NHS, public health and social care services and are required to provide advice to commissioners and develop agreements to pool budgets. The suggestion to introduce health and wellbeing boards was welcomed by many stakeholders as one of the most supported aspects of the reforms. Around 90 per cent of areas took part in the early implementer network and all health and wellbeing boards are now statutorily operational.

2.1 Structure

The membership of the Boards include:

- At least one councillor from the local authority
- The director of adult social services
- The director of children’s services
- The director of public health (who will be the principal advisor on health and well-being to elected members of the Board)
- A representative of the local HealthWatch
- A representative of each relevant Clinical Commissioning Group (CCG)
- Other persons or representatives the local authority or health and wellbeing board thinks appropriate

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Health and wellbeing boards are held to account by the local authority’s Overview and Scrutiny Committee, local HealthWatch, and the NHS England. A set of operating principles for health and wellbeing boards were developed by the national organisations representing Boards’ membership in July 2011.3

2.2 Joint Strategic Needs Assessment (JSNA) and new Joint Health and Wellbeing Strategy
Health and wellbeing boards are responsible for leading on the JSNA and the new joint health and wellbeing strategy for the local area. JSNAs analyse the health needs of populations to inform and guide commissioning of health, well-being and social care services within local authority areas. They underpin new health and well-being strategies, which are essentially an overarching commissioning strategy for the area through which the health and wellbeing board should influence commissioning decisions made by all commissioners. Health and wellbeing boards will be able to consider whether commissioning plans for NHS, social care and public health are in line with the joint health and wellbeing strategy and can write formally to Clinical Commissioning Groups (CCGs), the NHS England or local authority leadership accordingly. Statutory guidance on JSNAs and joint health and wellbeing strategies has recently been published.4

3. Accountability in Clinical Commissioning Groups
CCGs have a statutory duty to have regard to the JSNA and joint health and wellbeing strategy and alongside the other representatives on the health and wellbeing boards, CCGs are jointly responsible for developing these plans. The BMA published a discussion paper in collaboration with the Centre for Public Scrutiny, which advocates the need for CCGs to engage with local accountability and have a transparent and inclusiveness approach. The paper explains the relationships CCGs will have with the local accountability structures.5

4. Local HealthWatch
New patient and public involvement groups, local HealthWatch are now operating within each local authority and have replaced the previous bodies, Local Involvement Networks (LINks). Local HealthWatch are supported by the national body, HealthWatch England, a committee within the Care Quality Commission (CQC).

Local Healthwatch are community-led organisations, and accountable to the local community. They can be run by community interest companies, charities or social enterprises that are commissioned by the local authority or the local HealthWatch could commission other organisations to carry out its duties.

Local HealthWatch have a responsibility to find out what people think of their local healthcare services and look into the concerns of the local community.6 They can request commissioners to provide information about services, refer matters to the

3 NHS Confederation. Operating principles for health and wellbeing boards: Laying the foundations for healthier places 2011.
5 BMA. Accountability and the new structures: a discussion paper from the GPC and the Centre for Public Scrutiny. November 2011.
6 Health Select Committee report Patient and Public Involvement in the NHS. 2007
http://www.publications.parliament.uk/pa/cm200607/cmselect/cmhealth/278/278i.pdf
local authority’s overview and scrutiny committee (OSC) and enter premises to view the care provided.\(^7\)

In addition to these responsibilities, local HealthWatch have new functions including helping people to make healthcare choices by providing information to service users about how to access health and social care services as well as promoting choice. Local HealthWatch may also be involved in the provision of Independent Complaints Advocacy Service (ICAS).

5. HealthWatch England

The Health and Social Care Act 2012 established the new body, HealthWatch England as a statutory committee of the Care Quality Commission (CQC). HealthWatch is tasked with representing people using health services at a national level and has a role in identifying concerns about services that are underperforming and advising the CQC to review those services. HealthWatch England is able to advise the NHS England, local authorities, the Secretary of State, and other regulators and has to be consulted on new commissioning guidelines.\(^8\)

6. Summary of local accountability relationships

Local HealthWatch act as a point of contact for individuals, community groups, and voluntary organisations when dealing with health and social care. Local HealthWatch has a seat on local health and wellbeing boards to influence commissioning decisions by representing the views of local stakeholders. In this way local HealthWatch is jointly responsible with the health and wellbeing board, CCGs and local authorities for the JSNA and joint health and wellbeing strategy. Local HealthWatch groups feed views gathered from patients and the public to inform HealthWatch England in its role in influencing health and social care services at a national level.

Local authorities are responsible for commissioning local HealthWatch organisations, and their Overview and Scrutiny Committees are responsible for ensuring accountability and value for money of local HealthWatch organisations. Local authorities hold local HealthWatch to account for fulfilling their duties and are able to intervene where HealthWatch is deemed to be inadequate.

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\(^7\) [http://www.nhs.uk/NHSEngland/links/frequentlyaskedquestions/Pages/aboutlinks.aspx](http://www.nhs.uk/NHSEngland/links/frequentlyaskedquestions/Pages/aboutlinks.aspx)

\(^8\) [Health and Social Care Bill 2011 Impact Assessment Annex D](http://www.nhs.uk/NHSEngland/links/frequentlyaskedquestions/Pages/aboutlinks.aspx)
Diagram of local accountability structures

Overview and Scrutiny Committee

Health and Wellbeing Board

Clinical Commissioning Group

Local Authority

Local HealthWatch

Accountability

Commissioning decisions

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