

Full Council

20 October 2022

Update on role of Health and Wellbeing Boards in the Integrated Care System

For Decision

Portfolio Holder: Cllr P Wharf, Adult Social Care and Health

Local Councillor(s): All

Executive Director: S Crowe, Director of Public Health

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Report Status: Public

Brief Summary: This report updates Members about the developing role and purpose of the Health and Wellbeing Board as the Integrated Care System evolves. It summarises new national guidance for Health and Wellbeing Boards on their ongoing responsibilities. In addition, a brief summary of key points from the recent joint development session is presented, including recommendations for how boards should operate from the Local Government Association.

Recommendation:

That the Full Council agree an addition to the terms of reference of the Health and Wellbeing Board so that it becomes the strategic board for the place-based partnership developing in the Dorset Council area, as part of the Dorset Integrated Care System.

Reason for Recommendation:

To ensure that the Health and Wellbeing Board is the strategic body responsible for developing a clear Joint Health and Wellbeing Strategy for the Dorset Council 'place'. This will provide the ICS with a clear strategic steer on priorities for place-

based commissioning and health and wellbeing improvements, as well as avoiding unnecessary duplication.

1. **Report**

- 1.1 Health and Wellbeing Boards are statutory committees of Councils responsible for promoting integration and prevention in local systems and undertaking Joint Strategic Needs Assessments to inform Joint Local Health and Wellbeing Strategies for their areas.
- 1.2 As Integrated Care Systems develop, these responsibilities have been confirmed as continuing by national guidance published in July 2022. However, there is ongoing potential for confusion because the legislation enacted to create ICSs also creates a new Integrated Care Partnership for the local system, as well as two place-based partnerships beneath this, covering the Dorset Council and BCP Council areas.
- 1.3 Over time, place-based partnerships are intended to be effective committees for developing integration and place-based commissioning plans, supported by shared outcomes frameworks and devolved budgets for local areas. This creation of place-based partnerships by the legislation means Health and Wellbeing Boards, with their existing statutory functions, should consider their future role and purpose, as potential strategic leaders of each place within the ICS.
- 1.4 There is a Place Based Partnerships Steering Group meeting to develop the place-based approach in Dorset. This group is intending to develop a Place Based Plan which will support the two Health and Wellbeing Strategies and provide the delivery plan for these. It is very much hoped that this work will enable engagement at community level and drive a stronger focus on preventative work and health wellbeing improvement.
- 1.5 In the light of these changes, Dorset Health and Wellbeing Board and BCP Council Health and Wellbeing Board held a joint development session in July to consider a number of recommendations from the Local Government Association, alongside the revised national guidance on the role of Health and Wellbeing Boards.
- 1.6 This short summary is intended to present the main points for the Council to consider. In addition, Members are asked to support a recommendation for the Dorset Health and Wellbeing Board to assume the role of being the strategic level board responsible for developing a clear view of priorities

and an effective Joint Health and Wellbeing Strategy for the Dorset Council place.

2. **Summary of key points from the joint development session**

2.1 In the first part of the session Members from both Boards heard a presentation from Sarah Pickup, Deputy Chief Executive of the LGA on how Health and Wellbeing Boards will work with ICSs based on existing responsibilities, and new responsibilities coming from the ICS legislation.

2.2 The presentation acknowledged HWBs ongoing statutory responsibilities with much continuity in how they would work. However, it also set out some key areas where HWBs and ICS partners would have new duties. This includes:

- ICSs will need to engage HWBs on key planning documents, including the ICB forward plan and annual reports. The Board will be asked to comment on the extent to which it's joint local health and wellbeing strategy has been enacted through ICB plans;
- ICPs will need to have 'due regard' to HWBs joint strategic needs assessments, and local health and wellbeing strategies, and to involve HWBs in the creation of the ICP strategy;
- HWBs are expected to provide a strong focus for place, improving wellbeing through joint working, and set the strategic direction to improve health and wellbeing;
- In their annual reports, the ICB must set out the steps they have taken to implement joint local health and wellbeing strategies;
- HWBs should consider revising their health and wellbeing strategies after the development of the ICP strategy;
- All ICSs required to make rapid progress in developing place-based partnerships – including governance to bring NHS and Local authority leadership together; this will include a single accountable place leader for each place – which could be a HWB member;
- Where ICSs and HWBs are coterminous, they can choose to bring the bodies and functions together for efficiency (although they remain separate identifies legally). In the Dorset system, this could mean the ICP effectively becomes the two HWBs working closely together to drive health and wellbeing improvements.

- 2.3 In the discussion that followed, Members made several common points:
- That both boards would play an important role in developing a strong vision for place-based health and wellbeing improvement, with ongoing potential to work together;
 - The Boards should work collaboratively with the community and voluntary sector, focusing on non-medical approaches to support people's wellbeing;
 - Work with people to better understand how best to meet their priorities, not service priorities, and be creative in thinking differently about supporting people;
 - Understanding partner perspectives – health, Council and voluntary and community sector – would be vital to moving forward on more action focused plans to improve health and wellbeing in each place.
- 2.4 The full notes from the session have been circulated to Members of both Boards, along with Sarah Pickup's presentation on the future role for Boards in relation to ICSs.
- 2.5 In summary, both HWBs Members' recognised the potential for the Boards to be the strategic leadership forum in each place, taking advantage of the change in legislation to set clear direction on priorities for improving health and wellbeing through Joint Local Health and Wellbeing Strategies.
- 2.6 However, Members also recognised the challenge in getting the governance and decision making right, and avoiding unnecessary duplication and confusion arising from the new bodies created by the legislation.

3. **Financial Implications**

None.

4. **Climate Implications**

None – although effective place-based partnership working should consider how best to ensure all future actions consider climate impacts.

5. **Well-being and Health Implications**

Having a strong place-based partnership in place, led by each Health and Wellbeing Board, is essential for improving health and wellbeing by taking

full advantage of the ICS changes, joint leadership for health, including working with people and communities.

6. Other Implications

None.

7. Risk Assessment

7.1 **HAVING CONSIDERED:** the risks associated with this decision; the level of risk has been identified as:

Current Risk: LOW

Residual Risk: LOW

8. Equalities Impact Assessment

None.

9. Appendices

None.

10. Background Papers

Notes from the joint development session

Sarah Pickup's presentation from the LGA

[Health and Wellbeing Boards: Draft guidance for engagement](#)