Health and Wellbeing Board

24 September 2025

Developing a Health and Wellbeing strategy

For Decision

Cabinet Member:
Cllr S Robinson, Adult Social Care

Local Councillor(s):

Senior Leadership Team:
S Crowe, Director of Public Health & Prevention

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Statutory Authority:

Report status: Public Choose an item.

1. **Executive summary (maximum of 500 words)**

1.1 Health and Wellbeing Boards are statutory committees of councils, and are becoming more important in the context of a changing local health and care system. As government policy has effectively disbanded Integrated Care Partnerships, and asked ICBs to cluster on a bigger geography, place based working is more important than ever before, focused on the Dorset Council boundary and population.

1.2 This paper reaffirms the statutory duties of the Dorset Health and Wellbeing Board in this context and identifies the strong links between the requirements of HWBs from the 10-year plan for Health, and Dorset Council's own Council Plan priority, Communities for All. It recommends a task and finish group to develop a process to deliver a refreshed Health and Wellbeing Strategy, drawing on evidence and insights on needs in our communities via the Joint Strategic Needs Assessment process.

1.3 Boards will be responsible for leading place-based working, including developing neighbourhood health and prevention plans to help implement the shift from hospital to community set out in the 10-year plan (including developing integrated neighbourhood teams). This connects well with Dorset Council-led work on Family hubs, Thriving Communities, the FutureCare programme, and an ambition to be an Age Friendly County as soon as possible.

1.4 Having a clear HWB strategy that identifies the priorities for the board, and sets out some detail on programmes that will deliver against these priorities, with an outcomes and performance framework is vital if the board is to be an effective leader of the place based partnership.

1.5 On September 9th Dorset place organisations were successful in applying to be part of Wave 1 of the national Neighbourhood Health Implementation Programme. This puts further emphasis on the importance of strategy development, to support the Board's duty to produce neighbourhood health plans to support this work.

2. Recommendation(s)

2.1 To approve the formation of a task and finish group, formed from representatives of organisations who contributed to the development of the place-based prospectus earlier this summer, to co-design a process that can be used to develop and deliver a refreshed strategy for approval by the Board.

2.2 That the strategy process should consider evidence arising from the planned development session on Joint Strategic Needs Assessment, and insight gathered from various engagements with communities and residents.

2.3 That the group should also consider and incorporate the previous work on identifying priorities for the Integrated Care Partnership, bearing in mind the requirement for the board to develop a neighbourhood health plan.

3. Reason for the recommendation(s)

3.1 The 10-year Health Plan for England has reaffirmed and expanded the responsibilities of **Health and Wellbeing Boards (HWBs)** in the evolving health and care system. They remain statutory committees of local, authorities. In addition to continuing responsibilities for delivering the Joint Strategic Needs Assessment and Better Care Fund, HWBs must develop a joint local health and wellbeing strategy, working with partners. The board is also expected to support the Health Plan's three major shifts by leading implementation of community-based care models (neighbourhood health services), promote preventive health strategies and support digital transformation and innovation in the local system.

3.2 Dorset Council is also delivering an ambitious council plan with a key priority on Communities for All. Within this are objectives aiming to work more upstream and embed prevention approaches through the life course. This includes a focus on Best Start in Life and becoming an Age Friendly county, effectively integrating Dorset as communities for all ages.

3.3 Having a refreshed strategy will also ensure that the Board can lead the place-based partnership, ensuring it is focused on the right priorities and making measurable progress for improving outcomes for residents. An outcomes and performance reporting framework will be developed to support the partnership and HWB.

4. Current context and need for a strategy

4.1 Health and Wellbeing Boards were established under the 2012 Health and Social Care Act to promote integration of local services and prevention of ill health based on an understanding of local needs through their JSNAs. To do this requires production of a local Joint Health and Wellbeing Strategy.

4.2 With the move to establish integrated care systems in 2022 these responsibilities were strengthened. The Boards were asked to continue to work collaboratively with integrated care boards to ensure joined up planning and service delivery, lead place-based partnerships where established, and adapt their membership to reflect the new system.

4.3 Recent national changes to ICBs, requiring them to cluster by April 2026, along with a policy drive to shift services from hospital to community [including developing the neighbourhood health service / integrated neighbourhood teams] means the role of the HWB as a strategic leader for the Dorset Council 'place' is becoming ever more important.

4.4 Dorset Council has an ambitious change agenda to support delivery of its Council Plan priority Communities for All. To achieve this will require working to a prevention and partnership agenda along with communities and residents. Having a strong place-based partnership is vital to help deliver the degree of integration, innovation and prevention envisaged by this priority. This will include prevention approaches throughout the life-course, from Best Start in Life (0-5 years) through to the ambition to become an Age Friendly county as soon as possible.

4.5 Work has already begun on a prospectus for the place-based partnership. This was well received, but Members noted further work is needed, including a comprehensive programme map setting out the scope of work to be brought under the place-based partnership. This is likely to include the work on Integrated Neighbourhood Teams, FutureCare programme (preventing hospital admissions, and improving discharge to communities), the Thriving Communities approach, working with voluntary organisations, as well as our ongoing prevention work.

4.6 Having a refreshed strategy for the Health and Wellbeing Board will enable the board to lead the direction of this work in Dorset and ensure regular challenge on delivery against these programmes.

5. Alternative options considered

5.1 The strategy is a legal requirement. It is not a viable option not to produce one. However, the issue of timing has been considered, given that there is a high degree of organisational change in the system currently. In consultation with the Cabinet Member, it was agreed that further delaying a strategy would not be viable, given the importance of the Board being the strategic leader for place-based working, and the renewed focus on delivery of prevention and the shift from hospital to community as set out in the 10-year plan for Health.

6. Legal considerations

6.1 This paper and its recommendations have been developed from the statutory guidance on the responsibilities of Health and Wellbeing Boards under the Health and Care Act 2022, and guidance in the 10-year plan for Health.

7. Financial implications

7.1 None. The strategy will be produced within the resources available to member organisations.

8. Natural environment, climate & ecology implications

8.1 None specific.

9. Well-being and health implications

9.1 The strategy should show how local organisations can work together to integrate services, embed prevention approaches, and improve health and wellbeing outcomes for Dorset residents.

10. Other implications

None

11. Risk implications

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

Current Risk: MEDIUM

Residual Risk: LOW

12. **Equalities**

12.1 An EQIA will be developed as part of the strategy process.

13. **Appendices**

None

14. **Background papers**

14.1 Health and Social Care Act 2012; Health and Social Care Act 2022; 10-year Plan for Health; Dorset Council Plan 2024-2029.

15. **Report sign-off**

15.1 This report has been through the internal report clearance process and has been signed off by the Director for Legal and Democratic (Monitoring Officer), the Executive Director for Corporate Development (Section 151 Officer) and the appropriate Portfolio Holder(s)