

# People and Health Overview Committee

## Health and Wellbeing Board Strategy Development

### For Review and Consultation

**Cabinet Member:**

Cllr S Robinson, Adult Social Care

**Local Councillor(s):** All ward Councillors

**Senior Leadership Team:**

S Crowe, Director of Public Health & Prevention

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**Statutory Authority:** Local Government and Public Involvement in Health Act 2007

**Report status:** Public [Choose an item.](#)

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

- 1.1 This report sets out a structured approach to refreshing and revitalising the Health and Wellbeing Board (HWB) to deliver prevention-focused integrated care in Dorset. It outlines how we plan to update the strategy, with a clear outcomes framework, working with system and community partners.
- 1.2 It is an opportunity to work differently in support of the Council Plan objectives under Communities for All. The Community Conversations approach, planned as part of delivery of Communities for All, should provide a level of insight into delivering prevention approaches in partnership with communities that will benefit delivery under the strategy. This should complement information and measures developed as part of the outcomes framework.
- 1.3 Finally there is a need for the Health and Wellbeing Board to not see the strategy as something done once, and left. It will need to evolve, reflecting system programmes such as Future Care, Age Friendly Dorset, and the Thriving Communities approach. It will also include the requirement for a Neighbourhood Health Delivery plan – (a requirement of the NHS 10-year plan for Health), joint commissioning approaches, and the future approach to the Better Care Fund. As the Board matures, these programmes will form the basis of our place-based partnership delivery.

## **2. Recommendation(s)**

- a) Support the proposed approach to developing the strategy and outcomes framework the Health and Wellbeing Board.
- b) Endorse the direction of travel with the Board overseeing the development of prevention-focused integrated care, working through a place-based partnership approach.
- c) Note the establishment of the Internal Dorset Council Prevention Steering Group (officers) and External Reference Group for partners, community representatives and Members. Both of these groups will be supported by a task focused product team to deliver the strategy content and outcomes framework.

## **3. Reason for the recommendation(s)**

- 3.1 The Council Plan Communities for All priority sets an ambitious agenda for closer working with communities to deliver prevention focused integrated care. Recent changes to NHS structures and a new 10-year NHS Plan mean the Integrated Care Partnership will no longer exist, and the clustering of the Integrated Care Board, supported by 6 place directors, will put a renewed focus on working at 'place'. In this context, place means the Dorset Council unitary footprint.
- 3.2 The NHS 10-year Plan requires local systems to implement a Neighbourhood health model, under a refreshed Health and Wellbeing Strategy. There is close alignment between what Dorset Council wants to achieve working with communities, and the NHS plans for Neighbourhood Health. Having a refreshed strategy and outcomes framework will support more focused delivery of prevention-based integrated care.
- 3.3 The recommendation to have an internal officer steering group, cross council, is to work in a more connected and open way within the council so that we take advantage of all of the opportunities to improve health and wellbeing through our assets, people and services. The external reference group will be our co-production space – where assumptions can be tested, challenged and solutions generated alongside community and system stakeholders.

## **4. The report**

- 3.4 The HWB operates under the Health and Social Care Act 2012 and Health and Care Act 2022, with a primary purpose of promoting integration and prevention approaches in local health and care systems. Statutory functions include undertaking joint strategic needs assessment, developing a strategy,

undertaking a needs assessment for pharmacy services, oversight of the Better Care Fund, and ensuring the work of the Safeguarding boards is considered – especially where there could be learning.

- 3.5 The Board's purpose is to improve health and wellbeing through prevention, reduce inequalities, and promote integration, acting as the place-based leadership forum within Dorset's Integrated Care System. It is timely to refresh the strategy partly because of changes in our local health and care system.
- 3.6 These include the creation of a cluster integrated care board, from 1 April 2026. This will function as a strategic commissioner at scale, across the Wessex footprint, with 6 place directors working alongside the unitary councils that make up the footprint. Integrated Care Partnerships will be abolished, leaving more of a focus on place based working. In this case, place means unitary council geography.
- 3.7 Having a refreshed strategy for the Dorset Health and Wellbeing Board should also include the development of a neighbourhood health plan – to support the national ambition to shift the focus from hospital to community care, and from treatment to prevention.
- 3.8 Past strategies such as the Integrated Care Partnership strategy *Working Better Together*, were developed by professional teams and shaped heavily by expertise in health, public health and care services. A new approach – one of co-producing, testing and adapting our strategy approach with communities and partners, should improve buy in and provide the autonomy for communities and teams to deliver together, within a clear framework that measures progress and value for residents (outcomes, cost effectiveness, benefits realisation including costs avoided through prevention and demand management). Partners includes not just local NHS organisations, voluntary and community sector, and other statutory bodies like Police. But it should also include other representatives and interested groups, depending on the issues – such as housing, Active Dorset, arts, culture and leisure organisations.
- 3.9 This will ensure the HWB fulfils its statutory functions, improves health and wellbeing, reduces inequalities, and promotes integration and prevention approaches through collaborative leadership and evidence-based delivery.
- 3.10 As set out in the recommendations, the approach to developing the strategy and outcomes framework will be genuinely cross council. An officer steering group comprising corporate director representatives from adults, children's public health and prevention and place services has been set up to support the work. Transformation delivery leads are also involved in this steering group. External reference groups will be used for discovery, co-production and testing

and adapting the strategy approach. Where possible existing groups will be used, such as the Adults and Housing Stakeholder Group. A product team will work on drawing out the main themes and priorities, how the strategy will be communicated, and populate a supporting outcomes framework. This will enable progress to be measured clearly in our main change programmes.

- 3.11 There is supporting work planned alongside the community conversations to capture insights on community needs and strengths, and build these into accessible profiles to support the Board’s joint strategic needs assessment.

**5. Alternative options considered**

- 5.1 Not having a strategy dismissed – it is a statutory requirement of the board.
- 5.2 Using previous approach of drafting by professionals, sharing with board for consultation. Discounted as experience shows this is not an effective way of building engagement around the importance of the work.

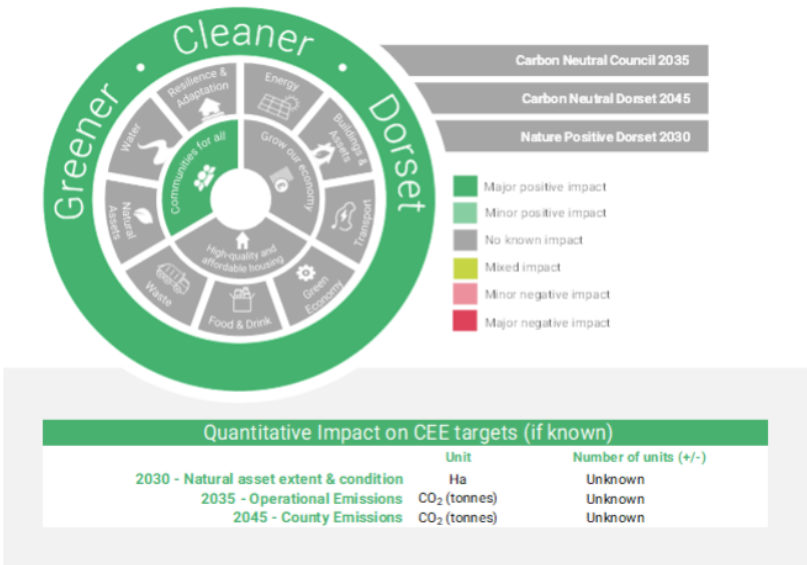
**6. Legal considerations**

- 6.1 Developing a local Health and Wellbeing Strategy is a legal requirement for the board under the 2012 and 2022 Health and Social Care Acts.

**7. Financial implications**

- 1.1 The strategy and supporting work on community needs and the outcomes framework will be essential in the ambitions of Dorset Council to develop its prevention approach, working with communities. An effective prevention approach at scale should support the council to be financially sustainable, through meeting needs earlier.

**2. Natural environment, climate & ecology implications**



## **1. Well-being and health implications**

- 1.1 Having a clear strategy that is owned and supported by partners and communities will be essential in focusing work to improve wellbeing and health of residents, and continue to tackle inequalities in health.

## **1. Other implications**

- 10.1 The approach may need to evolve as more information becomes available about the Neighbourhood health requirements, and the way the ICB Cluster will work from April 2026.

## **10.2 Risk implications**

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

Current Risk: Low

Residual Risk: Low

## **10. Equalities**

- 12.1 An equality impact assessment will be conducted as part of strategy development.

## **13. Appendices**

- 1.1 None

## **1. Background papers**

- 1.1 None.

## **14. Report sign-off**

- 1.1 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)