

Health and Well-Being Board



Report subject	Development session feedback – Understanding the role of Health and Wellbeing Boards in our developing ICS
Meeting date	14 October 2021
Status	Public
Executive summary	
Recommendations	None – output from the session is for noting
Reason for recommendations	N/A
Portfolio Holder(s):	Cllr Nicola Greene, Portfolio Holder for Portfolio Holder for Covid Resilience, Public Health and Education
Corporate Director	Sam Crowe, Director of Public Health, BCP Council
Contributors	Sam Crowe, Lucy Mears
Wards	All
Classification	For information

Background

1. The BCP Council Health and Well-Being Board agreed at its June 2021 meeting to hold a development session to consider the implications for the board of the formation of a local Integrated Care System.
2. As Integrated Care Systems are developed, under legislation currently going through Parliament, the Health and Wellbeing Board has a potential key role to play in shaping priorities for the Integrated Care Partnership. In addition, Health and Wellbeing Boards will be required to approve the health, care and public health partnership plan of the ICP. As the Health and Wellbeing Board already exists as a statutory board, it was felt important to allow members space to consider how the Board would wish to work with the emerging ICP.
3. The development session was held on September 8, in advance of the Systems Partnership Board meeting on September 9th. This allowed Board members and additional attendees a chance to reflect on the progress of Health and Wellbeing Boards to date and discuss how they envisaged the Board playing its role in the development of a strong Integrated Care Partnership.
4. This brief report provides Health and Wellbeing Board members with a short summary of the main points of agreement arising from the development session. Additionally, it updates Members on discussions and agreement reached by members of the Systems Partnership Board when it met on September 9th to consider how the Integrated Care Partnership should work – which touches on several points raised by Health and Wellbeing Board members during the development session.

Development session feedback

5. The session was constructed around a background presentation that set out the national policy and requirements behind integrated care systems, and the role of place-based partnerships. This also covered some of the recent progress made by Health and Wellbeing Boards against their statutory role and functions. Members were then asked for views about what good would look like if the ICS was working well locally, focusing on perspectives from professionals working in primary care, supporting children with additional needs, and from a community development perspective. The final session was devoted to a discussion of how the Board would like to see the role of the Health and Wellbeing Board developed in supporting the ICP, including joint working with the Dorset Health and Wellbeing Board.
6. The summarised output from the session is attached as an appendix to this cover report (Appendix A). However, some clear themes were apparent from discussions:
 - a. Support for the two Health and Wellbeing Boards to work more closely together, with the chairs meeting to discuss priorities; the boards should

be recognised as strategic leaders for each 'place' (where 'places' are the respective footprints of BCP and Dorset Councils).

- b. Recognition that there will be common priorities for the whole of the ICS, but that each 'place' under each Health and Wellbeing Board will also have different needs that should be captured fully
- c. Agreement that making a real difference on the ground in communities is the exciting bit – each 'place' needs a strong voice to represent communities
- d. There is further work to do on how the governance between the ICP and Health and Wellbeing Boards will be effective
- e. Should be a clear process for feeding priorities up from 'place' partnerships, as well as down from the ICP
- f. Strong continuing role for the Health and Wellbeing Board and joint strategic needs assessment process to feed into the ICP strategy
- g. There was recognition that arrangements will have to develop over time, and that we are already working well as a relatively simple system. We need to build on this experience and continue to discuss and develop proposals over time.

Systems partnership board views on the integrated care partnership

7. At the meeting on September 9th, the Systems Partnership Board met to consider the proposals for developing Integrated Care Partnerships, as part of the ICS. Views were gathered to help inform the future development and form of the ICP. The most relevant are summarised here for Health and Wellbeing Board members' information, as they naturally touch on similar points raised in the development session.
8. There was broad agreement on the following points of discussion in the SPB:
 - a. Recognition and support for two 'places' based around BCP and Dorset Council footprints, within the over-arching partnership
 - b. Strong support for Health and Wellbeing boards to drive the strategy with strong Elected Member representation for each place
 - c. Partnership should be focused on medium to longer term aims, and outcome focused, not activity or input focused. Support for convening the ICP in more of a conference format, less of a formal business meeting
 - d. The ICP should be chaired by the current independent chair of the ICS, Jenni-Douglas Todd for the first 12 months, then reviewed
 - e. Support for a specific work stream to develop proposals for how the ICP could work in Dorset, including governance and relationships with other key groups including Health and Wellbeing Boards.

Summary of financial implications

9. No direct implications at this stage. A strong and vibrant Integrated Care Partnership and strategy is crucial to ensuring integrated care systems can meet the 'triple' aim of better health for all, better care for all, and better use of NHS resources.

Summary of legal implications

10. Health and Wellbeing Boards are the statutory boards for promoting prevention and integration of health and care at a local level. Ensuring they play a full role in the Integrated Care System proposals through the partnership board is an important requirement under national policy and legislation being laid before Parliament. It will also ensure the ICS remains focused on longer term ambitions around outcomes.

Summary of human resources implications

11. None directly.

Summary of environmental impact

12. No direct impacts. The ICS partnership offers an opportunity to influence and ensure all organisations have a strong plan to attain carbon net zero standards, working collaboratively with the rest of the public sector in Dorset.

Summary of public health implications

13. The Integrated Care Partnership will be charged with developing an Integrated Care Strategy to address the broad health and social care needs of the population. Having a strong voice via Health and Wellbeing Boards should improve action around jointly identified priorities for public health, as Better health is one of the core aims of ICS's.

Summary of equality implications

14. No direct implications.

Summary of risk assessment

15. None. A risk assessment has not been undertaken in connection with this policy development at this time.

Background papers

[Thriving Places](#): Guidance on the development of place-based partnerships as part of statutory integrated care systems. NHS England/ Improvement and the Local Government Association. September 2021.

Appendices

Appendix A – Summary output from the Health and Wellbeing Board development session on Integrated Care Partnerships, 8 September 2021.

BCP Health and Wellbeing Board Development Session – 8 September 2021

Key themes

How will the BCP Board work with the Dorset Council Board?

- Need the same level of access to the same information and data
- A common understanding of governance between the ICB – ICP and LA HWBs
- Review where we have common priorities across the local authority areas – ICP will provide a formal space to do this
- Recognition that LA areas do have very different needs, as well as variation within each area
- A tactical level is needed under the HWBs and operational leads to take forward the work of the boards
- The ICP should hold the strategic priorities and the HWBs should hold tactical ones
- HWBs mutually hold the ICS to account
- The Chairs of the HWBs should meet regularly to discuss priorities, supported and facilitated by PHD
- Working at neighbourhood and community level is the exciting bit – what do we really need to do to make a difference on the ground?

Developing place-based priorities

- Importance of local representation and understanding our communities
- Need a strong voice for each local authority area
- JSNA and HWB strategy feed in to the overarching prevention strategy
- Need to sufficiently understand 'place' to deliver the change we need
- Need a structured process and mechanism for communities to feed up to the ICP board as well as down

Style and purpose – how will we work?

- Opportunity to empower and delegate to 'place'
- Outcome rather than input focused
- Working together through the ICP to reduce duplication
- Action at community level feeds through to the ICP
- Ensure all voices are heard at all levels of the ICS – dialogue needs to happen at an early stage
- New way of working so will take some time to settle in
- Oversight and setting strategy at board level but need to empower community level leads
- Already working well as a system – need to build on this experience
- Continue to discuss and develop over time