



Discussion Paper: Developing a Place-Based Partnership for BCP

Report Subject	Developing a Place-Based Partnership for BCP
Meeting date	9 th March: Health and Wellbeing Board
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Status	Report for consideration by the Health and Wellbeing Board
Executive summary	<p>This paper sets out the background, rationale, purpose, and scope for developing a Place-Based Partnership (PBP) in Bournemouth, Christchurch & Poole (BCP), drawing on local and national context.</p> <p>The Wellbeing Directorate have worked jointly with colleagues across BCP and in the ICB to set out the initial content. Views are sought from the Health and Wellbeing Board, to further inform the initial thinking set out.</p> <p>Ultimately the paper aims to support the BCP Health & Wellbeing Board in considering the establishment and operation of a BCP Placed Based Partnership, clarifying its distinct role, governance, and relationship to existing structures. In summary:</p> <ol style="list-style-type: none"> 1. Consensus to date has been that the PBP should act as a non-statutory strategic delivery group for the Health & Wellbeing Board which is a statutory and formal committee 2. This would allow for greater agility and flexibility to determine local form and function and respond to local priorities and needs 3. The HWBB would continue as a statutory committee and will formally provide strategic direction and oversight to the PBP. Strategic oversight could also be provided by the

	<p>ICB Cluster Board as necessary to ensure join up and direction of NHS resources at place</p> <ol style="list-style-type: none"> 4. The PBP would act as an officer-led executive delivery group (similar to the previous ICS System Executive Group) for both the HWB Board and the ICB Cluster Board, providing a collaborative space for senior executives to meet to plan, arrange and co-ordinate the delivery of key strategies and programmes that seek to transform and integrate services to improve the health & wellbeing of BCP residents. 5. The partnership is where the work will be done to join together programmes and have honest and challenging conversations in a safe and respectful space. 6. Initial programmes in scope include: <ul style="list-style-type: none"> • BCP Health & Wellbeing Strategy • BCP Neighbourhood Health Plan & Neighbourhood Health Programme and prevention • Future Care Programme • Better Care Fund and joint commissioning as appropriate • Strategic commissioning intentions • Place based engagement • Focus on facts & data, insights (linked to BCP Continuous improvement programme) • Building local knowledge • Opportunities around asset review to deliver shared aims of partnership at place and neighbourhoods. 7. The programmes in scope could be evolved and expanded over time to include other place-based programmes. 8. The partnership could share and redistribute financial resources, on approval of the Health and Wellbeing board and the ICB Cluster Board, and act as forum for joint commissioning 9. It is hoped that existing commissioning responsibilities could be delegated by the ICB to the PBP over time.
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Recommendations	<ol style="list-style-type: none"> 1. That HWB discuss the proposals and give their views. 2. Subject to views of HWB that the Wellbeing Directorate progresses in briefings with relevant members, and wider stakeholders and setting up the place based partnership. 3. That a workshop session on Place Based Partnership working and neighbourhood plans is scheduled for DSG,CMB/Cabinet and the HWB.
Reason for Recommendations	To ensure all partners have an opportunity to co develop the proposals and to establish a working arrangement in time for the ICB to be able to delegate functions and budget to the Partnership.

1. Background Detail

BCP started establishing a Place Based Partnership in October 2024 to drive strategy into action. At that time, the partnership confirmed its intention to act as an officer executive delivery group to drive delivery of the Health and Wellbeing Board's priorities. A workshop was held in February 2025 to shape the partnership and obtain a commitment to finalise membership and set up monthly partnership meetings by the end of the calendar year (2025).

At the workshop it was agreed that the Place Based Partnership should be based on some key principles:

- Add value and not duplicate existing governance
- Help to shape the forward plan for the Health and Wellbeing Board alongside the statutory functions
- Connect the Health and Wellbeing Board to neighbourhoods and communities
- Support a 'wellbeing' in all policies approach
- Work towards becoming a formal partnership which can receive and allocate delegated funding, shape integrated commissioning strategies and drive action

2. Rationale

The rationale for developing a BCP Place Based Partnership has been strengthened with the initial clustering and formal merging of Integrated Care Boards across a larger geographical footprint and the need and aspiration for more executive decision making to now take place at a local level, recognising the different needs of local communities at place.

3. Purpose and Scope of a Place-Based Partnership

Definition

A Place-Based Partnership is a collaborative arrangement between organisations responsible for arranging and delivering health and care services, and others with a role in improving health and wellbeing.

Partners are usually local government, NHS, voluntary, community and social enterprise organisations

Purpose

The overarching aim of a place-based partnership is to make more effective use of the combined resources within a local area, joining up and coordinating to support the quality and sustainability of local services to deliver better outcomes for our population. It will also help to overcome traditional problems of silo working, duplication and overlap of initiatives that are unconnected and disjointed.

The partnership would play a key role in:

- Supporting delivery of the BCP Health & Wellbeing Strategy by driving strategy into action.
- Developing and transforming place and neighbourhood models of care, and the neighbourhood health & wellbeing services.
- Development and oversight of a neighbourhood plan framework to set out the first draft neighbourhood plan which is required to be submitted in line with NHSE guidance, and which can then be developed over time to better reflect the broader neighbourhood ambitions across BCP.
- Champion integrated commissioning and service delivery, e.g., through Integrated Neighbourhood Teams.
- Promoting sustainability and quality of local services.
- Identify and address local strategic health and wellbeing needs through community engagement and listening to those with lived experience.
- Mobilise communities and foster local leadership and trust. Coordinating and join up services around people's needs, overcoming silo working and duplication. Make best use of delegated financial resources to improve outcomes.
- Support workforce development and deployment.
- Drive improvement through local oversight of quality and performance.

4. Scope

- Covers the BCP area, co-terminus with local authority boundaries.
- Includes statutory and non-statutory partners
- Operates flexibly, not as a statutory body, allowing adaptation to local needs and priorities.
- Focuses on both strategic and operational initiatives, including tackling health inequalities, poverty, and wider determinants of health.
- Initial programmes in scope as listed in the Exec summary above at section 6

The programmes in scope could be evolved and expanded over time to include other place-based programmes.

5. Key Features and Functions

- **Community Engagement:** Deep listening and understanding of local needs.
- **Integrated Delivery:** Joining up services, promoting integrated commissioning.
- **Action on Wider Determinants:** Addressing factors such as housing, poverty, education.
- **Programme Function:** Planning, coordination, sharing information, and monitoring outcomes.
- **Governance:** Accountable to the Health & Wellbeing Board, with delegated authority and assurance links to the Integrated Care Board.
- **Evolutionary Approach:** Start small with health and social care, test criteria, demonstrate outcomes, and grow through collaboration and learning.

6. Challenges and Opportunities

Challenges

- Establishing clear and agreed governance and decision-making models across a complex system of partners
- Need to identify which budgets to be delegated or pooled and ensure maturity and transparency in the decision making.
- Better Care Fund or its successor is a clear opportunity to begin with as already established in joint ways of working
- Complex system partners and a need to align to shared aims
- Not be overly directed by any one organisational aim or guidance
- Organisational and policy changes impacting progress

Opportunities

- Strong appetite for collaboration to tackle health inequalities
- Ability to join up resources and expertise
- Flexibility to adapt to local needs
- Potential to improve outcomes and reduce duplication

Timely opportunity with ten-year plan and genuine broad neighbourhood plan focus.

7. Role Clarity: Health & Wellbeing Board vs Place-Based Partnership

Feature/Function	Health & Wellbeing Board (HWB)	Place-Based Partnership (PBP)
Statutory Status	Statutory partnership, formal committee with statutory functions	Non-statutory partnership, flexible working arrangement
Purpose	Strategic oversight of health & wellbeing. Sets the strategic direction for prevention, reducing inequalities and tackling the wider determinants of health. Strategic influencing role, Statutory functions	Oversee the delivery, commissioning and coordination of local programmes. Strategic and operational delivery role
Membership	Elected members and statutory partners (LA Directors, NHS, Healthwatch, etc.)	Senior officers and wider partners and leaders in place incl. VCSE, lived experience, etc.
Scope	Strategic, place-focused	Strategic and operational, place-focused
Resource Allocation	Oversees budgets, may pool funds	Uses delegated resources, seeks pooled funding, delegated commissioning
Programme Delivery	Sets strategy	Oversees the delivery of key programmes and monitors outcomes

8. Recommendations & Suggested Next Steps

Subject to further views:

- I. work with ICB to set up the shadow place-based partnership to meet in March and to agree and define the interface between HWB and PBP, including delegated authority and assurance processes. Suggested starting with delegated budget for Better Care Fund subject to further discussions with ICB and local authority partner members.
- II. From 1st April establish partnership – and work with partners to develop operational processes: Establish programme function, outcomes framework, and monitoring arrangements.
- III. Start small and grow: Begin with existing programmes, build relationships, and evolve the partnership through learning and collaboration.- In time expand partnership: Invite additional partners, including police, fire, business, and community representatives.
- IV. In time consider further pooled funding options and explore mechanisms for resource sharing to support partnership delivery.