



HEALTH AND WELLBEING BOARD 19 January 2023

ITEM 06

Report sponsor: Robyn Dewis, Director of Public Health
Report author: Alison Wynn, Assistant Director of Public Health

Health and wellbeing boards – guidance

Purpose

- 1.1 This report provides the Health and Wellbeing Board (HWB) with an overview of the guidance published by the Department of Health and Social Care (DHSC), '[Health and wellbeing boards – guidance](#)' on 22nd November.

Recommendation

- 2.1 To note this report and the updated guidance on Health and Wellbeing Boards published by the DHSC.

Reason

- 3.1 To ensure that the HWB is kept abreast of latest guidance to enable it to discharge both its statutory and expected duties appropriately.

Supporting information

- 4.1 In November 2022, the Department of Health and Social Care (DHSC) published '[Health and wellbeing boards – guidance](#)' which provides guidance on HWBs to align with the Health and Care Act 2022 and wider place-based strategy. It replaces the draft guidance published by the DHSC in July 2022.
- 4.2 The published guidance is non-statutory and sets out the roles and duties of HWBs and clarifies their purpose within the new health and care system, particularly the establishment of integrated care boards (ICBs) and integrated care partnerships (ICPs).
- 4.3 HWBs continue to have a statutory role promoting joint working across health and care organisations and setting strategic direction to improve the health and wellbeing of local people. This includes the exercise of the functions of the local authority and ICB in the preparation of a joint strategic needs assessments (JSNAs) and joint local health and wellbeing strategies (JLHWSs):
 - The JSNA is an assessment of the health and wellbeing needs of the local population.

- The JLHWS sets out the vision, priorities, and action for improving the health and wellbeing of its local population and how the needs identified in the JSNA will be addressed, including addressing health inequalities.
- The JLHWS should directly inform the development of joint commissioning arrangements (see section 75 of the National Health Service Act 2006) and the co-ordination of NHS and local authority commissioning, including Better Care Fund plans.

This non-statutory guidance therefore accompanies existing [statutory guidance](#) on JSNAs and JLHWSs.

- 4.4 HWBs also maintain their separate statutory duty to develop a pharmaceutical needs assessment (PNA) for the area.
- 4.5 HWBs remain a formal statutory committee of the local authority and continue to ‘provide a forum where political, clinical, professional and community leaders from across the health and care system come together to improve the health and wellbeing of their local population and reduce health inequalities’¹
- 4.6 The core statutory membership of HWBs is unchanged other than requiring a representative from ICBs rather than CCGs. HWBs can continue, at their discretion, to invite other members to join the HWB.
- 4.7 HWBs are expected to continue to lead action at place level to improve people’s lives and they remain responsible for promoting increased integration and partnership between the NHS, public health and local government. This should involve working effectively with local leaders, including place-based partnerships.
- 4.8 The guidance sets out expectations of all partners – HWB, ICB and ICP – to adopt the following principles in developing relationships:
 - building from the bottom up
 - following the principles of subsidiarity
 - having clear governance, with clarity at all times on which statutory duties are being discharged
 - ensuring that leadership is collaborative
 - avoiding duplication of existing governance mechanisms
 - being led by a focus on population health and health inequalities.
- 4.9 Local ICB and ICP leaders must have regard for, and build on, the work of HWBs to maximise the value of place-based collaboration and integration, and reduce the risk of duplication. They should also ensure that action at system-wide level adds value to the action at place level, and they are all aligned in understanding what is best for their population. Following the principle of subsidiarity, apart from issues and decisions best approached at system level, decisions should be made as close as possible to local communities.

¹ Department of Health and Social Care, [Health and wellbeing boards – guidance](#). Published 22 November 2022. Link: <https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance/health-and-wellbeing-boards-guidance> accessed 30/11/2022

4.10 Whilst HWBs do not have their own budget, they should play an important role in informing the allocation of local resources. The role of the HWB in joining up the health and care system and driving integration is not changed by the establishment of ICBs.

4.11 HWBs and ICBs

- Each financial year, the ICB must prepare a five-year joint forward plan (replacing commissioning plans) in which the HWB must be involved.
- The ICB must consult the HWB in the review of the steps they have taken to implement the JLHWS.
- NHS England must include an assessment of how well the ICB has met the duty to have regard to the relevant JSNAs and JLHWSs within its area. In conducting this performance assessment, NHS England must consult the HWB for its views on the ICB's delivery of this duty.
- ICBs and their partner NHS trusts and NHS foundation trusts are required to share their joint capital resource use plan and any revisions with each relevant HWB. This is a new duty to support alignment of local priorities and provide consistency of strategic aims and plans.

4.12 HWBs and ICPs

- Each ICP will, as a minimum, be a statutory joint committee of an ICB and each responsible local authority within the ICB's area. It is expected that for ICPs to be effective, they will need to have a broad membership and build on existing partnership arrangements.
- ICPs should use the insight and data held by HWBs in developing the integrated care strategy.
- HWBs and ICPs are expected to work collaboratively and iteratively in the preparation of the system-wide integrated care strategy that will tackle those challenges that are best dealt with at a system level.
- The integrated care strategy is for the whole population (covering all ages), and it must, amongst other requirements, consider whether their needs could be met more effectively by using integration arrangements under [section 75 of the NHS Act 2006](#). HWBs are now required to consider revising their JLHWS following the development of the integrated care strategy for their area ([Local Government Act 2007](#)), but are not required to make changes. Alongside the JLHWS, the integrated care strategy should set the direction for the system as a whole.

4.13 This new guidance is non-statutory and requires no significant change to the role and function of the HWB but supports clarification of its role and responsibilities alongside those of the newly established ICB and ICP. Work has previously been undertaken to ensure alignment, particularly of the HWB and ICP and the HWB will continue to develop as appropriate to ensure effective discharge of its responsibilities, delivering on shared priorities and reducing duplication of effort.

4.14 As required, the Derby Health and Wellbeing Strategy will be reviewed in light of the developing Integrated Care Strategy.

Public/stakeholder engagement

5.1 None.

Other options

6.1 None.

Financial and value for money issues

7.1 None arising from this report.

Legal implications

- 8.1 The Department of Health and Social Care (DHSC) '[Health and wellbeing boards – guidance](#)' is non-statutory.
- 8.2 Existing [statutory guidance](#) on joint strategic needs assessments (JSNAs) and joint local health and wellbeing strategies (JLHWSs) remains in place. The Health and Care Act 2022 did not change the statutory duties of HWBs. It did, however, amend section 116A of the Local Government and Public Involvement in Health Act 2007, renaming 'joint health and wellbeing strategies' to 'joint local health and wellbeing strategies'.

Climate implications

9.1 None arising.

Other significant implications

10.1 None arising.

This report has been approved by the following people:

Role	Name	Date of sign-off
Legal	John Turner, Lawyer	06/01/2023
Finance		
Service Director(s)		
Report sponsor	Robyn Dewis, Director of Public Health	10/01/2023
Other(s)	Alex Hough, Head of Democracy	06/01/2023

Background papers:	Health and wellbeing boards – guidance
List of appendices:	