

Report to:	HEALTH AND WELLBEING BOARD
Date:	15 September 2022
Executive Member / Reporting Officer:	Councillor Eleanor Wills – Executive Member for Population Health & Wellbeing Debbie Watson - Director of Population Health
Subject:	THE ROLE OF THE HEALTH AND WELLBEING BOARD
Report Summary:	This report updates on the role of Tameside’s Health and Wellbeing Board and the government’s new draft guidance on Health and Wellbeing Boards in the context of the newly established Integrated Care System. It also sets out three key priorities, based on extensive discussion across Health and Wellbeing Board members, which the Board will work to address going forward.
Recommendations:	That the Health and Wellbeing Board note the updates in the report and accept the proposed priorities for the Board to tackle and deliver Poverty; Work & Skills; and Healthy Places. Also to note the proposed next steps.
Links to Health and Wellbeing Strategy:	The updated guidance for Health and Wellbeing Boards emphasises the oversight role that the Board should have, linking in to the Integrated Care System and particularly the partnership role across the wider system in the locality. There is a strong ongoing focus on the need for local Joint Health and Wellbeing Strategies and Joint Strategic Needs Assessments, which sit with the Board. These updates and this renewed focus of the Board will ensure that prevention is prioritised and inequalities are addressed in improving the health of our communities, particularly through the three priorities identified.
Policy Implications:	The Board should note the updated national guidance for Health and Wellbeing Boards as this sets out the role and purpose of the Health and Wellbeing Board, as well as the elements of continuity and change in the relationship between the Health and Wellbeing Board and the newly established Integrated Care System.
Financial Implications: (Authorised by the Section 151 Officer & Chief Finance Officer)	As this is a general update, there are not any direct financial implications to consider.
Legal Implications: (Authorised by the Borough Solicitor)	As this is a general update report and no decisions are required, there are no immediate legal implications.
Risk Management:	This updated position on the role of Tameside’s Health and Wellbeing Board is directly relevant for the mandated functions of this statutory committee of the Council. It is important that these functions continue to be delivered by the Board.

Access to Information:

All papers relating to this report can be obtained by contacting: James Mallion, Interim Assistant Director of Population Health



Telephone: 07970946485



e-mail: james.mallion@tameside.gov.uk

1. INTRODUCTION

- 1.1 Health and Wellbeing Boards were created with the introduction of the Health & Social Care Act (2012). The ambition was to build strong and effective partnerships to improve the commissioning and delivery of services across the NHS and local government, leading to improved health and wellbeing for local people¹.
- 1.2 The Health and Wellbeing Board in Tameside has continued to be a statutory committee of the Council with statutory membership and functions including oversight of the Joint Strategic Needs Assessment (JSNA) and the Joint Health & Wellbeing Strategy (JHWS), which up to now has been the Tameside Corporate Plan.
- 1.3 The introduction of the Health & Care Act (2022) has introduced new architecture to the health and care system, establishing Integrated Care Systems (ICS) and ending Clinical Commissioning Groups (CCG).
- 1.4 New draft guidance from the government sets out the continued role that Health and Wellbeing Boards have in this system to set the strategic direction to improve health and wellbeing.
- 1.5 In the context of these changes, a development session of the Tameside Health and Wellbeing Board was held in June 2022 to focus on the key challenges and opportunities faced in the wider system and the role that members of the Board could play in addressing these. From this session and subsequent work, three clear objectives were identified, focussing on tackling inequalities and the wider determinants of health. These priorities are Poverty; Work & Skills; and Healthy Places.
- 1.6 Some next steps are proposed in terms of refining the Health and Wellbeing Board's role in tackling these issues and how this work will be taken forward.

2. UPDATED DRAFT GUIDANCE FOR HEALTH AND WELLBEING BOARDS

- 2.1 The latest updated guidance for Health and Wellbeing Boards on the back of the Health & Care Act (2022) outlines the important role that Health and Wellbeing Boards will play in instilling mechanisms for joint working across health and care organisations; and setting strategic direction to improve the health and wellbeing of people locally².
- 2.2 The new guidance places a focus on greater integration between local partners across the health and social care sector, specifically, but also the wider system. This also includes working with a range of partners who can address the wider determinants of health. Some of the areas in which joint working should be explored include removing barriers to data-sharing; and enabling joint decision making.
- 2.3 The JHWS should directly inform the development of joint commissioning arrangements in each local area.
- 2.4 Health and Wellbeing Boards should continue to provide a forum where political, clinical, professional and community leaders from across the system can come together to improve the health and wellbeing of their local population, and look to reduce health inequalities.
- 2.5 The Health and Wellbeing Board will retain its separate statutory duty to develop a Pharmaceutical Needs Assessment for the area.
- 2.6 The Health and Wellbeing Board should have a clear relationship with the ICS building on

¹ [The general duties and powers relating to health and wellbeing boards \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

² [Health and wellbeing boards: draft guidance for engagement - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

the following set of principles: building from the bottom up; subsidiarity; having clear governance; collaborative leadership; and avoid duplication of existing governance mechanisms.

- 2.7 Decisions should continue to be taken as close as possible to local communities and work should be informed by local communities.
- 2.8 There will continue to be accountability to the Health and Wellbeing Board of the wider health and care system, which now sits with the ICS. Previous forward plans, annual reports and performance assessments that sat with the CCG, will now be the responsibility of the ICS and will report in to the Health and Wellbeing Board. These should also be produced in conjunction with the Health and Wellbeing Board. NHS England will also liaise with the Health and Wellbeing Board to determine if the local ICS is meeting its duty to have regard for the JSNA and JHWBS. The Health and Wellbeing Board will also receive a copy of the ICSs capital resource plan, which will provide an opportunity to align local priorities and resource commitments.
- 2.9 It should be noted that these proposals are part of the draft guidance only and further changes or clarifications could be introduced. There is also further work to determine what level of input will come from the wider Integrated Care Board (ICB) at GM level, and how much of the relationship with the Health and Wellbeing Board will be at the local Tameside ICS system level.

3. PRIORITIES FOR TAMESIDE AND OUTPUTS FROM THE DEVELOPMENT SESSION

- 3.1 With the changes in the guidance and the wider system, with the introduction of the ICS in Tameside, a development session was held in June 2022 to focus what the priorities of the Health and Wellbeing Board should be, at least over the next 12 months. A face-to-face session was held with a series of workshops to gather views from the members of the Health and Wellbeing Board. Tameside MBC Policy team presented a range of 'pen portraits' of a range of issues, which we know are prevalent in our communities across Tameside. These included poverty; environment emergency; children & young people; community wealth building; transition into adulthood; work & skills; neighbourhood working; and mental health. The key points and insights for these were drawn from wider data and soft intelligence from engagement sessions, partly via the Tameside Partnership Engagement Network (PEN). These PEN portraits guided discussions around the key principles of how the Health and Wellbeing Board can influence and tackle the issues. The workshop discussions had a particular focus on tackling inequalities; and considering where there is currently a lack of system-wide leadership on certain issues.
- 3.2 The discussions in the workshops highlighted a number of themes and recurring issues. Below is a list of common points and issues raised:
 - The importance of having an asset-based approach
 - Need to help people navigate public systems, particularly while in crisis
 - Measuring the impact of work already happening and capturing learning
 - Better use of the existing PACT agreement to support the third sector
 - We need core policies in place and to be reviewed (e.g. cumulative impact)
 - Need a balanced town centre offer to deliver healthier places
 - Development of good work and skills is also rooted in education
 - Businesses have a key role in addressing the wider determinants of health
- 3.3 From these discussions, three clear priorities were identified which were broad, cross-cutting issues that had an impact on inequalities and long-term health outcomes within the borough, and also which could benefit from additional support and leadership driven by the Health and Wellbeing Board. These priorities are:
 - Poverty

- Work & Skills
- Healthy Places

3.4 It was agreed that further discussions would be held on each of these priorities in initial Task and Finish groups, which were held throughout August 2022 to explore further these issues and how Health and Wellbeing Board members can influence to improve outcomes. A series of further steps and key work was identified through these discussions and the proposed Charter for the Health and Wellbeing Board was also discussed, which is detailed in a further report to the Health and Wellbeing Board.

4. NEXT STEPS

4.1 It was agreed that the Health and Wellbeing Board Charter would be presented to the Board and agreed, as per the separate report

4.2 There was further work identified at each of the initial Task and Finish groups to help move forward some of the practical steps that came forward in the discussions, as well as further defining the asks of Health and Wellbeing Board members and how the Board can continue to lead these agendas going forward. Particularly for the Poverty work, there were some immediate actions around the current work that Policy are doing on the Poverty Needs Assessment, which will be finalised and shared during September 2022. There were also practical suggestions as to how partners coordinate front line support for those struggling and in poverty in the short term, in the context of the cost of living increases. Into the medium-term, work will be ongoing within Policy to develop a Poverty Strategy for Tameside. With this ongoing work, it was agreed that the Task and Finish groups would continue to meet, potentially in a combined format.

4.3 As the Task and Finish groups will continue to meet, further discussions will be held around establishing a Health and Wellbeing Board Executive group. This is where the officer leadership of this work could sit to ensure there is oversight and the work continues to deliver. Membership is to be agreed.

4.4 Work will continue to ensure that the role of the Health and Wellbeing Board links closely with the new ICS structure, including that the Health and Wellbeing Board has good oversight of the JSNA and JHWBS and work will be ongoing and will be brought back to the Board on these to ensure they are fit for purpose

4.5 An important next step will be to identify the policy priorities. Some policy and strategy already exists, which is a key opportunity to address some of the issues identified, including the Tameside Housing Strategy and Tameside Inclusive Growth Strategy. While there are some areas, which need to be revisited, such as the borough's cumulative impact policies for licensing.

5. RECOMMENDATIONS

5.1 As per the front of the report.