

New Health and Wellbeing Boards guidance

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On 22 November 2022, the [non-statutory guidance on Health and Wellbeing Boards \(HWB\)](#) was updated. It focuses on the role and duties of HWBs in enabling effective system and place-based working and provides clarification about their role within the system.

- The responsibilities of HWBs outlined in the Health and Social Care Act 2012 still stand:
 - Assess the health and wellbeing needs of their local population and **publish a Joint Strategic Needs Assessment (JSNA)**
 - **Publish a Joint Local Health and Wellbeing Strategy (JLHWS)** which sets out the priorities for improving the health and wellbeing of the local population and how the identified needs, including health inequalities, will be addressed
 - **Promote greater integration and partnership working.** The JLHWS should inform joint commissioning arrangements in the place and the co-ordination of NHS and local authority commissioning, including Better Care Fund plans
 - Each HWB also has a separate statutory **duty to develop a [pharmaceutical needs assessment](#)** for their area

[Integrated care strategies](#) have a focus on activity that can be delivered by systems at system level, while JLHWSs should focus on what can be delivered at ‘place’ and in communities.

The integrated care strategy is expected to be informed by JSNAs. HWBs will be required to consider revising their JLHWS following the development of the integrated care strategy for their area.

Continuity:

- **HWBs and Local Authorities:** HWBs have been in place since 1 April 2013, though some shadow boards were in operation before then
- **HWBs and pooled and aligned budgets:** HWBs' role in joining up the health and care system and driving integration has not been changed by the establishment of ICBs. HWBs inform the allocation of local resources and this includes responsibility for signing-off the Better Care Fund plan for the local area and providing governance for the pooled fund that must be set up in every area
- **HWBs and ICBs:** The relationships HWBs previously had with former CCGs now continues with ICBs. This includes forward plans (replacing commissioning plans), annual reports and performance assessments

Change:

- **HWBs and ICBs:** The ICB will be represented on the HWB. ICBs will need to ensure that there is the right balance between system-level and place-level working
- **Joint capital resource use plans:** The ICB and their partner NHS trusts and NHS foundation trusts are required to share their joint capital resource use plan and any revisions with the HWB - an opportunity to align local priorities
- **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. The ICP can appoint any other members as it sees fit. HWBs and ICPs are expected to work collaboratively and iteratively in the preparation of the system-wide integrated care strategy

The guidance recommends that systems build on the work of HWBs to ensure that action at a system-wide level adds value to what is being done at place. **All partners are expected to adopt a set of principles in developing relationships**, including:

- **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**

Alongside the HWB, there will be **a continuing role for Health Overview and Scrutiny Committees and the local Healthwatch in the new system**. [Guidance](#) sets out the expectations on how HOSCs should work with ICSs to ensure they are locally accountable to their communities.

We support these Boards and Committees and will endeavour to work together with local system partners in line with these best practice principles.