THE HEALTH & WELLBEING BOARD AND ONE STOCKPORT HEALTH & CARE LOCALITY BOARD – ROLES, RESPONSIBILITIES AND RELATIONSHIP

Report of the Deputy Place Based Lead

1. INTRODUCTION AND PURPOSE OF REPORT

1.1 At the meeting on 8 September 2022 the Adult Social Care & Health Scrutiny Committee requested that an update report be provided on the differing roles and responsibilities between the Health and Wellbeing Board and the One Stockport Health & Care Locality Board and why both continue to be necessary.

1.2 At the meeting on 16 June 2022 a request was made by the Scrutiny Committee to invite members of the Greater Manchester Integrated Care System to one of the scrutiny committee meetings so that a discussion could be held around the changes in decision making. As there had been turnaround of key officers there was a need to understand the ask, which was reconfirmed on 1 Feb 2024 for a senior GM representative to be present at the meeting so that the committee can scrutinise: -

- Where are decisions taken that affect Stockport residents? Are decisions being taken more locally or have they been centralised?

- What impact has this had on the residents of Stockport?

2. THE RELATIONSHIP BETWEEN THE HEALTH AND WELLBEING BOARD AND THE ONE STOCKPORT HEALTH & CARE LOCALITY BOARD

Background and context

2.1 Health and Wellbeing Boards have been a key mechanism for driving joined up working at a local level since they were established in 2013.

2.2 The Health and Care Act 2022 introduced new architecture to the health and care system, specifically the establishment of integrated care boards (ICBs) and integrated care partnerships (ICPs). The GM ICB is the statutory board that cover the Stockport area. The One Stockport Health and Care Locality Board is the place-based partnership, which is not a statutory body, but a partnership working to support the integration and work of the local authority, GM ICB, and other local sector partners, with delegated responsibilities from the ICB.

2.3 Following the Health and Care Act 2022, clinical commissioning groups (CCGs) were abolished with effect from 1 July 2022 and ICBs now take on their commissioning functions.

2.4 The 2022 legislation (referred to below) did not create any legal requirements for place-based partnerships. This was intended to allow for local areas to determine their form and functions. This inevitably has led to differences across the country and differences in terms of what powers and functions the place-based partnerships have given that formal, legal accountability sits elsewhere with the ICB, with the councils and with statutory bodies such as providers.

AGENDA ITEM

2.5 Health and Wellbeing Boards still need to be convened to take decisions as they continue to play an important statutory role in driving, agreeing, and implementing mechanisms for joint working across health and care organisations and setting strategic direction to improve the health and wellbeing of people locally.

2.6 The government have provided non-statutory guidance, which sets out the roles and duties of Health and Wellbeing Boards and clarifies their purpose within the new system. This can be found here: -

Health and wellbeing boards – guidance - GOV.UK (www.gov.uk)

2.7 As ICBs are relatively new, relationships and new ways of working continue to develop. There will be different levels of maturity and development of the various ICBs nationally and it will, amongst other things, depend on geography and population health, which influences the development rate. The development of the One Stockport Health and Care Locality Board is evolving as the Greater Manchester Operating model evolves.

Powers, roles, and decision-making

2.8 The Health and Care Act 2022 did not change the statutory duties of Health and Wellbeing Boards as set out by the Health and Social Care Act 2012 but established new NHS bodies known as ICBs and required the creation of ICPs in each local system area. This means that all councils still need to have the Health and Wellbeing Board in order to carry out its statutory functions. This may change if new legislation is ever made which amends or revokes the statutory duties of the Health and Wellbeing Board or allows them to be delegated to the place-based partnerships (in Stockport's case the One Stockport Health and Care Locality Board).

2.9 The Health and Wellbeing Board remains a formal statutory committee and is the overarching committee that is to be sighted on all decision making of the council in relation to its functions and the decisions of the One Stockport Health and Care Locality Board.

2.10 The Health and Wellbeing Board remains the committee by which the functions of the local authority and its partner ICB (to include the One Stockport Health and Care Locality Board) are to be exercised. This is embodied in section 196(1) of the Health and Social Care Act 2012 which says:

Section 196 Other functions of Health and Wellbeing Boards

(1) The functions of a local authority and its partner ***[****integrated care boards*****]*** *under sections 116 and 116A of the Local Government and Public Involvement in Health Act 2007 ("the 2007 Act") are to be exercised by the Health and Wellbeing Board established by the local authority.*

(2) A local authority may arrange for a Health and Wellbeing Board established by it to exercise any functions that are exercisable by the authority.

**wording inserted by Health and Care Act 2022

2.11 Sections 116 and 116A of the 2007 Act sets out the functions of the local authority and its partner ICB in relation to joint strategic needs assessments and joint health and wellbeing strategies- see below links: -

Local Government and Public Involvement in Health Act 2007 (legislation.gov.uk)

Local Government and Public Involvement in Health Act 2007 (legislation.gov.uk)

2.12 The core statutory membership of Health and Wellbeing boards is unchanged other than requiring a representative from ICBs, rather than CCGs. Health and Wellbeing boards can continue, at their discretion, to invite other organisations to join the Health and Wellbeing Board including, for example:

- the voluntary, community, faith, and social enterprise (VCFSE) and business sectors
- children's and adult social care
- healthcare providers

2.13 The membership of the council's Health and Wellbeing Board and the One Stockport Health and Care Locality Board are coterminous (cover the same geographical boundaries), and on the whole both boards have the same organisational representation. The Health and Wellbeing Board membership is made up of chairs of partner organisations and is chaired by the Cabinet member for Health and Adult Social Care. The One Health and Care Board membership is generally senior executive level representatives from partner organisations and is chaired by the Council Leader.

Joint strategic needs assessments (JSNAs) and joint local health and wellbeing strategies (JLHWSs)

2.14 Health and Wellbeing Boards continue to be responsible for: -

- assessing the health and wellbeing needs of their population and publishing a joint strategic needs assessment (JSNA)
- publishing a joint local health and wellbeing strategy (JLHWS), which sets out the priorities for improving the health and wellbeing of its local population and how the identified needs will be addressed, including addressing health inequalities, and which reflects the evidence of the JSNA.

  For Stockport, this plan is the One Health and Care Plan jointly owned by both Boards and also serving as the Public Health Population Health Plan.
- The JLHWS should directly inform the development of joint commissioning arrangements (see section 75 of the National Health Service Act 2006) in the place and the co-ordination of NHS and local authority commissioning, including Better Care Fund plans.

2.15 Each Health and Wellbeing Board also has a separate statutory duty to develop a pharmaceutical needs assessment (PNA) for their area.

2.16 Statutory guidance explaining the duties and powers in relation to JSNAs and JLHWSs) remains unchanged (https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance)

2.17 JSNAs and JLHWSs are the vehicles for ensuring that the needs and the local determinants of the health of the local population are identified and agreed. The JSNA provides the evidence base for the health and wellbeing needs of the local population and should be kept up to date regularly. The JLHWS sets out the agreed priorities and joint action for partners to address the health and wellbeing needs identified by the JSNA. They are not an end in themselves, but a regular process of strategic assessment and planning.

2.18 Local authorities and ICBs (and the locality board by extension) must have regard to the relevant JSNAs and JLHWSs so far as they are relevant when exercising their functions. NHS England must have regard to the relevant JSNAs and JLHWSs so far as relevant, in exercising any functions in arranging for the provision of health services in relation to the geographical area of a responsible local authority.

Relationship between Health and Wellbeing Board and the One Stockport Health and Locality Board (and the ICB)

2.19 Essentially the Health and Wellbeing Board should set the strategic priorities for the area covered by the local authority and the place-based partnership (the One Stockport Health and Locality Board) is responsible for overseeing the delivery of this strategy.

2.20 As a minimum the government expects all partners who are part of the Health and Wellbeing Board and the One Stockport Health and Locality Board to work together to develop relationships focusing on: -

- 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

2.21 The One Stockport Health and Care Locality Board should have regard for and build on the work of the Health and Wellbeing board at the system level to maximise the value of place-based collaboration and integration (at local level) and reduce the risk of duplication.

2.22 Following the principle of subsidiarity (namely, allowing decisions to be made at the lowest possible level (and therefore closest to the community)), apart from those which are often best approached at system level (for example, workforce planning, or data and intelligence sharing), decisions should continue to be made as close as possible to local communities.

2.23 Health and Wellbeing Boards do not commission health services themselves and do not have their own budget but play a key role in informing the allocation of local

resources. This includes responsibility for signing-off the Better Care Fund plan and providing governance for the pooled fund.

2.24 The Health and Wellbeing Board will continue the relationships it had with the CCG with the GM ICB and the One Stockport Health and Care Locality Board which includes: -

- Joint forward plans (replacing commissioning plans)
- Annual reports
- Performance assessments

2.25 Joint forward plans (replacing commissioning plans) - before the start of each financial year, an ICB, with its partner NHS trusts and NHS foundation trusts, must prepare a 5-year joint forward plan, to be refreshed each year. ICBs (through the One Stockport Health and Care Locality Board) must involve the Health and Wellbeing Board in the preparation of the plan.

2.26 Annual reports - ICBs are required as part of their annual reports to review any steps they have taken to implement any JLHWS to which they are required to have regard. In preparing this review, the ICB must consult the Health and Wellbeing Board.

2.27 Performance assessments - In undertaking its annual performance assessment of an ICB, 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 the performance assessment, NHS England must consult each relevant Health and Wellbeing Board for their views on the ICB's contribution to the delivery of any JLHWS to which it was required to have regard.

2.28 The table below provides an overview of the different accountability and assurance of the Boards.

<table>
<tr><th>Group</th><th>Accountable to</th><th>Assurance on</th><th>Assurance Mechanism</th></tr>
<tr><td>Health and Wellbeing Board</td><td>Full Council</td><td>The transaction of statutory functions as contained within the Health and Social Care Act and delivery of the One Health and Care Plan</td><td>Overview and Scrutiny Committee</td></tr>
<tr><td rowspan="2">One Health and Care Board (Locality Board)</td><td>NHS GMICB</td><td rowspan="2">Functions as outlined in Board Terms of Reference</td><td>NHS GM Assurance Process</td></tr>
<tr><td>Health and Wellbeing Board</td><td>Report to Overview and Scrutiny Committee</td></tr>
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3. Purpose of place-based partnerships

The One Stockport Health and Care Board

3.1 What is "place" – in most cases the "place" is based on local authority boundaries, and this is the case in Stockport.

3.2 The One Stockport Health and Care Board exists to make more effective use of the combined resources available within a local area. There are a number of common functions including understanding and working with communities, joining up and co-ordinating services, addressing the social and economic factors that influence health and wellbeing and supporting the sustainability of local services. The below table sets out how these functions work (taken from The Kings Fund article – Place Based Partnership explained): -

Theme	Action	Stockport
Understanding and working with communities	1. Developing an in-depth understanding of local needs 2. Connecting with communities	1. JSNA, SEND JSNA, and Neighbourhood Profiles 2. Neighbourhood and Prevention - Connected Communities
Joining up and coordinating services around people's needs	3. Jointly planning and coordinating services 4. Driving service transformation	3. Neighbourhood and Prevention Programme – Connecting Communities, Team Around the Place/ Team around the practice, Early Years/School/Family 4. Neighbourhood and Prevention Programme, Mental Health, Wellbeing, Learning Disability and Autism Programme, Safe and Timely Discharge/ Urgent Care, Primary and Community Care Access, Cost of Living/ Anti-Poverty, Elective and Cancer Services
Addressing social and economic factors that influence health and wellbeing	5. Collectively focusing on the wider determinants of health 6. Mobilising local communities and building community leadership 7. Harnessing the local economic influence of health and care organisations	5. Population health and inequalities focus linking in Brough Plan. 6. Neighbourhood and Prevention Programme – Connected Communities, Thriving Places and linking with Neighbourhood based Local Health and Care Leadership teams 7. Neighbourhood and Prevention Programme – Thriving Places Economic Plan and Anchors

		Network focusing on Stockport Social Value
Supporting quality and sustainability of local services	8. Making best use of financial resources 9. Supporting local workforce development and deployment 10. Driving improvement through local oversight of quality and performance	8. Stockport System Finance Group and efficiency plans 9. Neighbourhood and Prevention Programme – One Neighbourhood Approach linked to Collaborative Health and Care 10. Quality Collaborative and Performance, Improvement and Assurance Group and reports.

3.3 Place-based partnerships should be focused on delivering tangible service change within communities, particularly in relation to community services, social care and primary care and to tackle the wider factors that influence health and drive inequalities – building on the strengths of the local place-based leads and members who bring that local knowledge and experience to the Locality Board. Stockport is in a strong position to satisfy this requirement with the focus on the Neighbourhood and Prevention Programmes.

3.4 The 2022 Act does not legally require place-based partnerships to be established. However, it does allow for an ICB to create a place based sub-committee and delegate some of their functions and budgets to these committees. These delegated responsibilities and associated budgets are held by the One Health and Care Board.

4. CHANGES IN DECISION MAKING

4.1 As set out in the Greater Manchester Operating model there have been changes to the responsibilities for commissioning health and care services at a Greater Manchester and Stockport level.

4.2 Services in the scope of GM-wide planning, commissioning, and oversight of delivery:

- All diagnostic services including radiology, physiological tests, procedures, blood tests, audiology, and screening.
- All secondary acute physical health care including specialised services, planned care, urgent and emergency care for adults, children, and young people as well as maternity and neonatal care.
- All acute inpatient mental health care and all specialised services, for adults, children and young people including individual placements.
- Emergency services and patient transport including emergency ambulance services and patient hospital transport.
- Some public health services including vaccines and immunisation, health check programmes, hospital smoking cessation services, at-scale prevention for example air pollution.

4.3 Services planned to be in scope of Stockport NHS/LA planning, commissioning, and oversight of delivery (note: not all this has been delegated at time of writing):

- All primary care services including General Medical, General Pharmaceutical, General Dental, General Ophthalmic, GP Out of Hours and GP Extended Hours
- From April 2024 all NHS community services including community nursing and care, AHPs, health visiting, school, family, paediatrics, hospice care, individual placements – CHC and intermediate care – residential, home care.
- All NHS community mental health, learning difficulty and autism services including adult, CAMHS and IAPT services.
- Some public health services including social prescribing, diabetes prevention and local smoking cessation.

Local authorities will determine how their services integrate with place; this will include:

- Social care services including residential and non-residential services for adults and children.
- 0-19 services including health visitors and school nurses.
- Mental health, learning disabilities and autism services (Tier 1-3)
- Public health and sexual health services – including health improvement, drug and alcohol, health promotion.

4.4 The integrated health and care system should work together at all levels with joint purpose. The table below sets out how the functions are discharged across the system, including the role of the One Health and Care Board:

Function	NHS GM		One Health and Care Board	Local authorities
	Across GM	In service of place		
Developing an ICS strategy	Leads development and coordinates across partners	Oversees development of place strategies	Articulates local needs to inform strategy	Participates via place partnerships/ ICP
Using joined-up data and digital capabilities	Utilise joined-up data to drive system-level decisions	Utilise data to drive decisions at place	Oversees local data flows and informs local decision making	Participates via place partnerships
Establishing population health intelligence and analytics	Create infrastructure and embed capabilities across system	Drive usage of available data to create clear picture of population need	Coordinates usage of information and embeds approach in neighbourhoods	Ensures underpinning data flows are in place and effective
Developing a plan to meet the health needs of the population	Develops overarching plan to meet needs, inc. finance, and NHS objectives	Coordinates place plans that feed into overarching plan	Creates place plans to feed in to overarching plan	Participates via place partnerships
Establishing and operating governance arrangements	oversees development and renewal of	Ensures clear accountabilities flow through from place	Oversees development of governance within each place	Ensures participation in system forums.

Function	NHS GM		One Health and Care Board	Local authorities
	Across GM	**In service of place**		
Establishing and supporting joint working arrangements	ICS operating model. Creates quality and performance management framework.			
Allocating resources across the system	Determine resource allocation between services and places	Holds allocation at place. Develop and operate place based budgets	Articulates resource requirements to NHS GM	Participates via place partnerships
Ensuring the system meets financial targets/ balance	Sets plan and oversees delivery for GM-led services	Oversees delivery for place-led services	Develops plans that release cost through integration	Develops organisation-level plans
Commissioning health and care services	Responsible for commissioning some health services once across GM	Responsible for commissioning some health services in place	Undertakes commissioning of services within each place and oversees delivery	Responsible for commissioning LA services
Invest in community organisations and infrastructure	Make funding available to support community projects	Investing in and working alongside LAs and community partners	Develop plans that invest in local communities and infrastructure	Participates via place-based partnerships
Support delivery of population health management approach	Provide investment and proliferation of best practice	Ensure data and resource is available to drive within place	Deliver approach through neighbourhoods	Participates via place-based partnerships
Arrange for provision of health and care services	Coordinate delivery of system level plans	Coordinate delivery of place-level plans	Oversee delivery within each place	Participates via place-based partnerships
Planning, responding to and recovering from incidents	Lead on incident coordination	Prepare for incidents alongside place-partners	Prepare for incidents within place	Category 1 responders
Undertaking public communications and engagement	Leading and coordinating engagement	Coordinating engagement at place	Build engagement networks at place	Engagement with local groups
Implementation of the People Plan	Leading delivery of plan and oversight across system	Develop plans to optimise workforce in each place	Oversee delivery of People Plan at place	Participates via place-based partnerships
Develop digital solutions across the system	Develop and oversee delivery of joined-up digital plan	Determine place-specific requirements for digital plan	Responsibility for oversight of delivery in each place	Participates via place-based partnerships

Function	NHS GM		One Health and Care Board	Local authorities
	Across GM	In service of place		
Develop joint work on estates, procurement, supply chain and commercial strategies	Set strategies for at scale work	Identify opportunities for improved estates utilisation at place	Agree strategies for collaboration at place (focusing on estates)	Participates via place-based partnerships

5. HUMAN RESOURCES CONSIDERATIONS

5.1 Stockport NHS GM recruitment process is managed at Greater Manchester level with a Business Critical Panel set up to review all vacant posts across NHS GM.

5.2 Some specialist areas struggle to recruit and retain specialist staff. These issues have been raised through the Risk and Assurance processes from the One Health and Care Board to the GM ICB Executive and Board.

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

6.1 The paper explains the relationship between Stockport strategic partnership Boards which hold responsibility for health and care collaboration and improvement in inequalities, these relationships do not incur or increase financial risk.

6.2 There are broader financial risks across system partners adding pressure to system delivery. For the most part, this is as a consequence of increased demand for service with limited supply.

7. LEGAL CONSIDERATIONS

7.1 The legal position is as set out above at this time, pending any further legislation which comes into force.

8. CONCLUSIONS

8.1 The report provides an update on the differing roles and responsibilities between the Health and Wellbeing Board and the One Stockport Health & Care Board and why both continue to be necessary.

8.2 The budgets and decision making for planning, commissioning, and oversight of delivery of NHS services is becoming clearer as the Operating Model is implemented. The Locality Board continues to drive transformation working on our identified priorities. Over time we will be able to review the impact of the new Operating Model on Stockport's local population.

8.3 The Board is asked to note the report.

BACKGROUND PAPERS

There are none.
Anyone wishing to inspect the above background papers or requiring further information should contact Geraldine Gerrard email geraldine.gerrard@stockport.gov.uk