

Health and Wellbeing Board Priorities

Report being considered by: Health and Wellbeing Board

On: 29 January 2026

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Executive Summary

The recent Local Government Association review of the Health and Wellbeing Board recommended that the Board should focus on two or three priorities at a time, which were informed by local need, and that it should streamline its governance arrangements, aligning these around the agreed priorities. This will help the Board to focus its collective resources to delivery meaningful change rather than diluting its efforts across a larger number of activities.

This report outlines the work that has been completed following the LGA review and makes recommendations for areas where the Board could focus its attention in the medium term. It also provides an update on streamlining the Board's governance arrangements.

1. Purpose of the Report

This report sets out three priorities for the Health and Wellbeing Board, which it is proposed should be the focus for the Health and Wellbeing Board over the next two years in order to deliver meaningful change.

2. Recommendation(s)

2.1 To agree that the priorities for the Health and Wellbeing Board for the medium term should be:

- (1) Best Start in Life
- (2) Children and Young People and Adult Mental Health
- (3) Healthy Neighbourhoods

2.2 To agree that:

- (1) Delivery plans be developed for all three priorities, with the Local Neighbourhood Health Plan and Best Start in Life Delivery Plan being prioritised to meet timescales specified by central government.
- (2) To support each delivery plan, outcomes frameworks will be developed that include intermediary input and output metrics that will look to shift outcomes.

2.3 To agree that the following should be nominated as the Health and Wellbeing Board's sponsors for the above priorities:

- (1) AnnMarie Dodds (WBC Executive Director – Children’s Services)
- (2) Chair of Mental Health Board
- (3) Integrated Care Board Representative / LIB Co-Chair

3. Implications

Implication	Commentary				
Financial:	There are no financial implications arising from this report. Action plans will be developed for each of the three priorities, which will be brought back to the Board for approval in due course.				
Human Resource:	There are no HR implications arising from this report.				
Legal:	There are no legal implications arising from this report.				
Risk Management:	There are no additional risks arising from this report.				
Property:	There are no property implications arising from this report.				
Policy:	<p>The priorities are consistent with the following national policies:</p> <ul style="list-style-type: none"> • The 10 Year Plan for Health - this requires that neighbourhood health plans be drawn up by local government, the NHS and its partners at single or upper tier authority level under the leadership of the Health and Wellbeing Board, with the aim of having draft plans in place by the end of March 2026. • The 10 Year Plan for Health also includes substantial financial and resource commitments to tackling the mental health crisis affecting the UK. • Giving Every Child the Best Start in Life – This requires local authorities to develop Best Start Local Plans by the end of March 2026. 				
	Positive	Neutral	Negative	Commentary	
Equalities Impact:					

A Are there any aspects of the proposed decision, including how it is delivered or accessed, that could impact on inequality?	X		By focusing on a small number of priorities, the Health and Wellbeing Board will seek to make meaningful progress in addressing existing health inequalities. However, there are no impacts arising directly from this report - details will be set out in the Action Plans that will be brought back to the Board for approval in due course.
B Will the proposed decision have an impact upon the lives of people with protected characteristics, including employees and service users?	X		As above
Environmental Impact:	X		There are no impacts arising directly from this report.
Health Impact:	X		By focusing on a small number of priorities, the Health and Wellbeing Board will seek to make meaningful progress in addressing existing health inequalities. However, there are no impacts arising directly from this report - details will be set out in the Action Plans that will be brought back to the Board for approval in due course.
ICT Impact:	X		There are no impacts arising directly from this report.
Digital Services Impact:	X		There are no impacts arising directly from this report.
Council Strategy Priorities:	X		There are no impacts arising directly from this report. However, the proposed priorities are consistent with those set out in the Council Strategy, particularly Priorities 2A, 2C and 5B.
Core Business:	X		There are no impacts arising directly from this report.
Data Impact:	X		There are no impacts arising directly from this report.

Consultation and Engagement:	<p>The following have been consulted on this report:</p> <ul style="list-style-type: none">• Cllr Nigel Foot (Chairman of Health & Wellbeing Board)• Dr Matt Pearce (Director for Public Health)• WBC Corporate Board <p>The priorities were developed through multi-stakeholder workshops.</p>
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4. Supporting Information

4.1 Last year, the Local Government Association (LGA) was invited to undertake a review of the Health and Wellbeing Board's governance and working practices. The aim was to evaluate its effectiveness in improving the health and wellbeing of the local population and reducing health inequalities, and to make recommendations for improvement. A key recommendation arising from the review was for the Board to have a focus on just two or three priorities at a time in order to drive meaningful change.

4.2 There was widespread agreement amongst partners that the Board should be driven by data, with activity informed by the Joint Strategic Needs Assessment (JSNA), intelligence from Healthwatch and other patient groups, recommendations arising from the findings of Health Scrutiny reviews, etc.

4.3 It was also accepted that the previous governance model was overly complicated and that the role of the HWB Steering Group/Sub-Groups needed to be audited and rationalised and linked to its priorities.

4.4 A high level 'state of the district' JSNA was presented to Board Members and other stakeholders at a workshop on 24 September 2025. This was used to generate a long-list of potential priorities, which included:

- Best start in life
- Children and young people and adult mental health
- Social isolation and loneliness
- Healthy neighbourhoods
- Drugs and alcohol
- Healthy weight
- People with long-term conditions
- Cardiovascular disease
- Cancer
- Dementia

4.5 From these, it was agreed that the following should be the three priorities for the Board over the medium term (i.e., the next two-years):

- Healthy neighbourhoods
- Best start in life
- Children and young people and adult mental health

4.6 These priorities were identified as there is both national momentum and a local requirement to accelerate these areas of work.

4.7 A second workshop was held on 14 November 2025 to review current activity, possible future options and next steps for the development of delivery plans associated with each of the priorities. Key outcomes are summarised below.

Healthy Neighbourhoods

4.8 There was agreement that healthy neighbourhoods represent an opportunity to work differently, and for communities to become active partners, with services tailored to social, cultural and environmental contexts. Different areas will have different visions for healthy neighbourhoods and each must be individually co-produced

4.9 Three strategic challenges were identified around:

- Inequality
- Rising demand
- Unsustainable and outdated models of care.

4.10 This was seen as an opportunity to triangulate with existing prevention activity and integrated workstreams led by the Locality Integration Board.

4.11 Potential benefits of this approach were identified as:

- Joined up care
- Faster, easier access
- Personalised community-rooted support
- Prevention and independence
- Better outcomes and experience

4.12 It was recognised that shifting from acute to community settings was a big ask and would require significant investment – outpatient redesign would be key.

4.13 There was discussion about what ‘neighbourhoods’ might look like (e.g., PCN footprint, or ‘west, central and east’ as used by Adult Social Care), but this needs further thought and a workshop has been proposed to consider the options.

4.14 Central government requires that Local Neighbourhood Health Plans be worked up for the end of March, led by Health and Wellbeing Boards, and therefore this presents an opportunity for the Board to focus on this area and mobilise their collective efforts.

Best Start in Life

4.15 It was agreed to work up a Best Start Delivery Plan for the end of March 2026. This will be more wide-ranging than that required by central government, and will be focused on local needs.

4.16 Good progress has already been made across a number of areas, and it was recognised that there would be opportunities around co-location of services in future.

4.17 A number of potential delivery plan priorities were outlined at the workshop, but a further workshop is needed to finalise the scope and priorities for the plan.

4.18 The 'State of the Borough Report' identified a number of outcomes that the Board wished to improve including, child and maternal obesity, oral health, school readiness and infant mortality.

Mental Health

4.19 Key findings from the Mental Health Needs Assessment were summarised and a model of mental health causes, treatment and recovery was presented.

4.20 It was suggested that there was a need to free up resources from high demand, complex cases and crisis treatment in order to focus on primary prevention.

4.21 A logic model of current activity and a four phase theory of change model were presented:

- Phase 1 - reduce high demand (complex cases, crisis, recovery)
- Phase 2 – primary prevention
- Phase 3 – tackle proximate stressors from organisations
- Phase 4 – wider socio-economic, environmental and cultural factors

4.22 Recommendations included:

- Adoption of the proposed four phase approach
- Investment in prevention and early intervention
- Improving access to crisis care
- Tackling mental health inequalities for those at risk of poor mental health
- Supporting people with severe mental illness
- Strengthening the voluntary and community sector
- Addressing the wider determinants of health
- Making greater use of lived experience to guide commissioning and reduce unmet need.

4.23 It was acknowledged that mental health services tended to be delivered in an institutional way that was not necessarily equitable.

4.24 Mental health problems are large and complex and it is necessary to break them down into chunks and focus on one area at a time.

4.25 The 'State of the Borough Report' identified a number of outcomes that the Board wished to improve including, child mental health, self-harm, perinatal mental health and loneliness and isolation

4.26 A further workshop was proposed to identify priorities for the Mental Health Action Plan.

Governance

4.27 Following the LGA review, it had been agreed to disband the Health and Wellbeing Board Steering Group and that the sub-groups should report directly to the Board. A new first-tier structure was proposed aligned to the new priorities:

- Strategic Children's Board (incorporating children's mental health)
- Mental Wellbeing Board (focused on adults' mental health)

- Locality Integration Board (incorporating Neighbourhood Health)

4.28 It was proposed to change reporting lines for second tier sub-groups. A potential governance model is shown in Appendix A. However, further discussions are required to confirm reporting arrangements for the Homelessness Strategy Group and Skills and Enterprise Partnership.

4.29 There was widespread support at the workshop for each priority to be allocated a Health and Wellbeing Board Member as a sponsor. They will have responsibility for overseeing development and delivery of the plans and will be accountable to the Health and Wellbeing Board.

Delivery and Resources

4.30 Although Delivery Plans will be developed for all three priorities, development of the Local Neighbourhood Health Plan and Best Start in Life Delivery Plan will be prioritised to meet timescales specified by central government.

4.31 Each delivery plan will be fully costed and resources allocated to deliver them. Actions will be focused on local needs, informed by data, and will reflect available funding, aligning budgets wherever possible. The plans will have SMART measures to clearly indicate where actions and associated targets have been achieved. To support each delivery plan, outcomes frameworks will be developed that include intermediary input and output metrics that will look to shift outcomes. Also, dashboards will be developed to facilitate tracking and reporting of progress.

5. *Proposal(s)*

It is proposed that the Board agrees:

- To formally adopt the three priorities set out in paragraph 4.5 above.
- To develop delivery plans and outcomes frameworks for all three priorities, with the Local Neighbourhood Health Plan and Best Start in Life Delivery Plan being prioritised to meet timescales specified by central government.
- To nominate a member to act as sponsor for each of the priorities and associated action plans.

6. *Options Considered*

A long-list of potential priorities was identified at the first workshop in September, but there was widespread agreement amongst HWB partners that the priorities set out in paragraph 4.5 should be the focus for the medium term. Priorities will be reviewed after two years to evaluate progress and decide whether they should be retained or new priorities developed and adopted.

7. *Conclusion(s)*

The above approach will help to deliver the changes that were agreed following the LGA review. Having a clear focus on three priority areas will allow the Board to deliver meaningful change rather than diluting its efforts across a wider range of activities. The chosen priorities align closely with central government priorities as well as local priorities. Also, having HWB members assigned as sponsors of each priority and associated action plan, will help to ensure accountability for delivery.

8. Appendices

Appendix A – Provisional Health and Wellbeing Board Governance Structure

Background Papers:

[10 Year Health Plan for England: fit for the future - GOV.UK](#)

[Giving every child the best start in life - GOV.UK](#)

Joint Health and Wellbeing Strategy Priorities Supported:

The proposals will support the following priorities:

- Reduce the differences in health between different groups of people
- Support individuals at high risk of bad health outcomes to live healthy lives
- Help families and young children in early years
- Promote good mental health and wellbeing for all children and young people
- Promote good mental health and wellbeing for all adults

The proposals contained in this report will support the above Health and Wellbeing Strategy priorities by improving neighbourhood health, delivering a step-change in performance for early years support, and changing the ways in which mental health services are delivered.

Appendix A: Potential Health and Wellbeing Board Governance Structure

