

# ICS, Population Health Strategies and the HWBB

## Relationship to [Local] Joint Health and Wellbeing Strategy

# Place, HWBB's and Subsidiarity - 1

The health and wellbeing board remains responsible for producing both the joint strategic needs assessment, the pharmaceutical needs assessment and the joint local health and wellbeing strategy.

The integrated care strategy should complement the production of these local strategies.

It should identify where needs *could be* better addressed at ICS level.

It *should not* replace or supersede the joint local health and wellbeing strategies, which will continue to have a vital role at place.

# Place, HWBB's and Subsidiarity - 2

**As stated, the integrated care strategy should reflect and complement, not supersede, any other place-based plans and strategies.**

**The ICP must consider refreshing the integrated care strategy when it receives a “new” joint strategic needs assessment.**

**The ICP should continue to consider how its integrated care strategy aligns with shared outcomes frameworks produced by places within its geographical area, and in light of any new policy announcements.**

# Place, HWBB's and Subsidiarity - 3

A health and wellbeing board *is required* to consider revising the joint local health and wellbeing strategy on receiving a new integrated care strategy, but need not produce a new strategy if it considers the existing strategy sufficient.

There should be “alignment” between system and place level strategies and plans.

The integrated care strategy, as a system-level strategy, should complement the place-level joint strategic needs assessment, joint local health and wellbeing strategy, **and any place-based shared outcomes framework**

# Place, HWBB's and Subsidiarity – 4



