



Bristol Clinical Commissioning Group

## Bristol Health & Wellbeing Board

Health and Wellbeing Board Champions	
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Report for Information and Discussion	

### 1. Purpose of this Paper

To up-date the Health and Wellbeing Board, following a discussion with Board Champions on 16 October 2014 and seek endorsement of the proposed way forward.

### 2. Executive Summary

- 2.1 Bristol Health and Wellbeing Board agreed to initiate the role of 'Board Champion' for each of the 10 priorities within the Health and Wellbeing Strategy.
- 2.2 Volunteers for these roles met on 16 October to discuss the scope and practicalities of the role.
- 2.3 This report outlines the consensus and recommendations from that meeting.

### 3. Role Profile

- 3.1 The following role profile was broadly supported. Board Champions would:
  - Raise and maintain awareness of the priority, both on the Health and Wellbeing board and within the wider health and care community

- Provide constructive challenge on the delivery of the strategy priority, in order that the work of the Health and Wellbeing Board adds value
- Develop knowledge/be briefed on the priority area, but it is not intended that Board Champions are subject specialists or that it is part of their 'day job'
- Bring a desire to ensure that all relevant partners are engaged in the delivery of the priority
- Be a 'pivot' between the Health and Wellbeing Board and the people delivering the priority

3.2 It was felt that it was important that champions are not subject specialists, in order that they can ask the 'silly questions'. Further, it was felt that champions should not be people who are directly engaged in the delivery of the priority.

3.3 It was also felt that expectations and supporting infrastructure need to be clear. It would be important to make sure that stakeholders understood the limitations of the role.

#### 4. Spreading the work load

4.1 There was consensus that it would be preferable to have one named champion for each priority. This was partly for clarity, but it also because at that time not all priorities were covered.

4.2 There are now volunteers for each priority area. However, other interested Board members would be encouraged to remain active in supporting the named champion as a 'reference group'.

Built Environment	Peter Walker
Food System	Alison Comley
Domestic Violence	Christine Teller
Smoking	Cllr Glenise Morgan
Alcohol Misuse	Cllr Claire Hiscott

Children and young carers	Keith Sinclair
Social Isolation	Steve Davies
Dementia	Cllr Glenise Morgan
Maternity Services	Linda Prosser
Integrated Care	Dr Sohail Bhatti

## **5. Support**

- 5.1 Board members raised the importance of having a support structure of people involved in the delivery of priorities. This is more complex for some areas of work than others.
- 5.2 It was agreed that a series of networking/'speed dating' sessions would be arranged to get to know the appropriate people.
- 5.3 It was acknowledged that the 'go to' people would need to be signed up to this approach.

## **6.0 Review**

- 6.1 It was proposed that there should be an annual review of the roles and periodic meetings so that the champions can discuss the development of the role.
- 6.2 Strategy priorities will be reviewed over time and the champion roles will need to change to reflect this.

## **7. Key risks and Opportunities**

- 7.1 There is a risk that the role of champions will not be clear and will lead to unrealistic expectations. This will be mitigated by regular review.
- 7.2 There are opportunities for members of the Board to bring constructive challenge to the delivery of the priorities.

**8. Implications (Financial and Legal if appropriate)**

None arising from this report

**9. Recommendations**

The Health and Wellbeing Board endorse this approach

**9. Appendices**

None