



Bristol Health & Wellbeing Board

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| Health and Wellbeing Board – next steps 2016 and beyond | |
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| Date of meeting | 22 nd June 2016 |
| Report for Discussion and Decision | |

1. Purpose of this Paper

To provide a framework for discussion and decision on Ways of Working for the HWB, developing the Strategy, JSNA and aspects of the work programme.

To consider opportunities for how the Health and Wellbeing Board can work with the city office and Bristol plan.

2. Executive Summary

2.1 The Health and Wellbeing Board agreed a “Ways of Working” paper in 2014. This was up-dated to reflect the Council’s constitutional change, enabling the Mayor to take Key Decisions at HWB meetings.

2.2 It is now timely, at the start of a new municipal year, to review aspects of working arrangements to enable the HWB to further develop its role and functions. An informal seminar was held in April 2016, the outputs from that seminar are reflected within the recommendations of this report.

2.3 Sections in this report are:

- Ways of Working - recommendations from April seminar, including a HWB planning group, structured agendas, membership and sub-structure, developing work programme, section 3

- Relationship to other Strategic Partnership Boards, section 4
- Joint Strategic Needs Assessment , section 5
- Re-refreshing the Joint Health and Wellbeing Strategy, section 6
- Progress on the Alcohol Misuse Strategy and Action Plan, section 7

3. Ways of Working – Key issues

- 3.1 Notes from the informal seminar are attached as Appendix 1 for information. Key Points have been extracted for the Board’s agreement.
- 3.2 A better balance needs to be struck on **agenda setting**. It was suggested that too much time was dedicated to taking formal decisions and too little time on more creative discussion. These formal decisions include Mayor’s Key Decisions, Better Care Plans etc. It is suggested that the agenda is structured to allow at least 50% of the meeting to be used for creative/strategic discussions. (At meetings where there are no formal decisions, this will not be relevant)
- 3.3 It is also recommended that a **Planning Group** is established between the CCG and BCC. This will help to better plan future agenda’s and enable strategic planning officers from both organisations to jointly plan local implication and action on national policy initiatives.
- 3.4 It is recommended that a **sub-group structure** is formalised, to provide a mechanism for wider involvement. This would also provide an opportunity to devolve some of the work to the sub-groups, and have the potential to free up more time for “creative work” at HWB meetings.
- 3.5 It is suggested that the “Planning Group” make recommendations on this sub-structure and bring back to the HWB in October 2016.
- 3.6 It is recommended that stronger links are developed with **other strategic partnerships** to enable more co-ordinated work on issues such as prevention and early intervention. Also there is the potential to commission pieces of work from other partnerships.
- 3.7 It is recommended that the possibility of developing a **Core**

Cities Health network should be explored. (Note: there is already a Core Cities health and employment group).

- 3.8 **Membership:** It is recommended that the HWB should not take additional members to represent particular conditions or groups, as this would undermine the purpose of HealthWatch. It is recommended that mechanisms for the involvement of providers needs to be developed, but not necessarily as members of the Board. Arrangements for political membership remain the same.
- 3.9 It is recommended that an annual HWB **public forum/public engagement event**, is considered to provide further opportunity for questions to be raised to enable a direct debate between the HWB and members of the public. Collective communication from the HWB also needs development.
- 3.10 It is recommended that further exploration of how partners hold each other to account is undertaken, with the development of a simple format for **reporting performance on the agreed strategy priorities**. This could be a score card approach. An **Action Log** should also be established.
- 3.11 It is recommended that the role of “**Champions**” is reviewed as part of the Strategy re-fresh process.

4.0 Relationships with other strategic boards.

- 4.1 It is recognised that there are other public sector led partnerships in the city that have many shared objectives with the HWB. All of them will have an interest in prevention, early intervention and self-care.
- 4.2 The HWB already has a shared priority with the Safer Bristol Partnership Board of tackling Alcohol Misuse. There will be many other examples of shared objectives and priorities, developed through the city plan. It is also important to make sure that issues do not fall down the gaps by making assumptions about their focus and priorities.
- 4.3 Links can be made to these Partnerships, where possible by members who sit on both bodies. However, strategic planning officers within the Council and the CCG can develop ways of linking up priorities and themes.

5.0 Joint Strategic Needs Assessment

- 5.1 The JSNA 2015 data profile report was published in December 2015, highlighting the changes to health and wellbeing indicators for Bristol, differences in health outcomes within Bristol, and emerging challenges. It was written to support the refresh of the Health and Wellbeing Strategy, plus inform local commissioning & service delivery.
- 5.2 During the first 3-4 months of 2016 the focus has been on dissemination of the JSNA 2015, to BCC and CCG Leadership teams, Partnership Boards, CCG Locality Clinical Forums, BCC commissioning teams and other groups.
- 5.3 It is noted that there is great potential for the JSNA process to support the work of the Mayor's City Office, as a key evidence base.
- 5.4 JSNA development plans for a more effective JSNA process, based around a JSNA Chapter approach, were approved via the HWB in 2015, and are now being implemented. The new process was on hold pending the JSNA 2015 data profile work and the restructure of Public Health. A programme of training with Public Health leads is being held May – July 2016, and priority JSNA Chapters have been agreed.
- 5.5 11 priority JSNA Chapters have been proposed through the JSNA Steering Group. A further 13 JSNA Chapters are also planned as part of required public health work-streams. The proposed 11 priority JSNA Chapters are listed in Appendix 2.
- 5.6 It is recommended that a standard requirement of demonstrating the use of evidence (eg via JSNA) is included within the template for all HWB papers. It is also recommended the HWB endorse this approach for all partners into their respective business plans and decision pathway templates (some partners already do this). This would further embed evidence-led decision making, as well as providing an opportunity to consider the enhanced JSNA process.

6. Joint Health and Wellbeing Strategy

- 6.1 The Health and Wellbeing Board has already expressed a view that prevention and early intervention should be a key theme running through any strategy priorities.
- 6.2 The HWB has also agreed a set of criteria for selecting the key priorities. These are attached as Appendix 3.
- 6.3 There is an informal seminar of the HWB preceding the HWB on 22nd June. This meeting will discuss the outcomes of the prioritisation process undertaken by the Strategy Development Sub-group. There will be a verbal up-date on this item.

7. Progress on Alcohol Strategy and Action Plan

- 7.1 The HWB established a short-life working group to develop a strategy and action plan for tackling alcohol misuse in the city.
- 7.2 Three work streams were developed, led by the CCG, BCC and the Police.
- 7.3 A draft strategy and action plan has now been developed. A workshop is planned for the afternoon of Thursday 21st July. This will be a practical session aimed at making sure that any further opportunities to develop actions have not been missed. HWB and Safer Bristol Board members will have been invited to this meeting.
- 7.4 This work was started in parallel to the HWB strategy re-fresh process because it was felt that it could not wait.

8.0 Key Risks and Opportunities

There is significant opportunities to make real progress on health and wellbeing priorities through focussing on a fewer number of key issues.

There are opportunities for the JSNA to support the work of the Mayor's City Office, as a key evidence base.

9. Implications (Financial and Legal if appropriate)

None arising directly from this report.

10. Recommendations

The Health and Wellbeing Board is asked to agree

- (i) Changes to “Ways of Working” in sections 3 and 4.
- (ii) JSNA priority Chapters in paragraph 5.4
- (iii) To integrate the requirement to consider evidence and the JSNA within the HWB template and to endorse this approach for all partners
- (iv) To endorse the direction of travel of the re-freshed Joint Health and Wellbeing Strategy

The Health and Wellbeing Board is asked to note

- (v) Progress on the Alcohol Misuse Strategy outlined in section 7.

11. Appendices

Appendix 1: Notes of Informal Seminar on 20th April

Appendix 2: Proposed JSNA Chapters

Appendix 3: Agreed criteria for prioritising the Health and Wellbeing Strategy

Appendix 4: Draft work programme