

Appendix 1

Health & Wellbeing Board – Review Session

20 April 2016

Summary notes

What has gone well	
	<ul style="list-style-type: none">• People (organisations, agendas) have come together in a way that they never have before.• High levels of attendance at Board meetings, demonstrating commitment.• There is a strong positive will to work well together.• There are some examples of effective joint working which help demonstrate how the Board has “made a difference”: e.g. working together on alcohol misuse: this was a “must do” for all - it is a shared priority and work on this is being delivered jointly.• The co-chairing arrangements are working well
What we are worried about / any issues	
	<ul style="list-style-type: none">• Some issues should be reported through the HWB but aren't – one example of this was the Green Capital partnership work – it seemed there was a clear cross-over with health, but it didn't come through the HWB (not necessarily for final decision, but for collaboration).• Agendas seem skewed/over-weighted by items that are ‘key decisions’ and formal reports – although it is recognised that these decisions must be formally taken. Need more space on the agenda for more creative discussions• Need to be aware that some decisions may have unintended consequences / impacts on particular organisations / stakeholders. Partners must retain the confidence to challenge each other. More focus needed on exploration of unintended consequences <i>before</i> decisions are made.• Need to ensure that the Board “makes a difference” and adds value, and is seen to do this. Also need to make the right linkages and connections with other strategic boards; and make sure the new Joint HWB strategy links with other key strategies that are also currently being refreshed.• Some organisations and individuals don't feel represented (and some repeatedly ask to be) on the Board; and some don't know how best to feed into the HWB.• NHS England are missing from around the table.• There are some issues that there is not common agreement on – for example the future of primary care, so how are these to be progressed? It is timely to talk

about this now

- The role of “champions” on the HWB could be better developed. “I don’t think that I project this role back in and out”

What needs to happen / what are the opportunities

- Comments from Mayor – feels there should be more/**enhanced focus on “wellbeing” and the preventative / early intervention element** of the Board’s remit; consider linking in to the 2017 “City of Sport” theme, linking with Bristol Sports Partnership. Consider also a HWB “award” scheme to help celebrate achievement and identify local champions; and promote our successes, including via social media.
- Develop **links with other strategic partnerships**, with the potential to commission pieces of work from them
- Strike a better balance on **agenda setting**: CCG and BCC to discuss / forward plan the agenda, perhaps in an agenda planning group. Would welcome a balance for e.g. 50% of meeting time being dedicated to key decisions / formal reporting, with 50% being used more creatively, e.g. to engage the Board around identified themes / issues. CCG and Council planners need to work together
- There could be a **sub-group structure**, with appropriate “delegations” providing a mechanism to reflect wider stakeholders / those who currently feel they are not represented, without them being “Board members”; also providing an opportunity to devolve some of the work to the sub-groups, and free up “creative work / engagement” time at HWB meetings.
- Explore the possibility of developing a **Core Cities Health Group**. The strength of 10 big cities coming together with one voice is very powerful
- Need to ensure that the Board **retains its ambition, “makes a difference”** and adds value, and is seen to do this. Identify issues that the Board can galvanise around – e.g. social prescribing.
- Shared and improved **communications** (from the collective Board ‘outwards’).
- Further exploration of how partners **hold each other to account**, and development of some sort of simple/ standard performance scorecard against strategy.
- Involvement of **providers** (e.g. acute trusts) could be considered but not necessarily as Board members
- Agreement that we should not have new board members to represent particular conditions or groups, as this would undermine the purpose of HealthWatch
- Potential for, for e.g. an annual or six monthly HWB **public forum/public engagement** event, to provide further opportunity for questions to be raised, to invigorate a direct debate between the Board and members of the public.
- Create an **Action Log** to make sure issues that are raised get followed up