

# Minutes

## *SHADOW HEALTH AND WELLBEING BOARD*

**MINUTES OF THE SHADOW HEALTH AND WELLBEING BOARD HELD ON WEDNESDAY  
9 NOVEMBER 2011, IN MEZZANINE ROOM 3, COUNTY HALL, AYLESBURY,  
COMMENCING AT 1.30 PM AND CONCLUDING AT 4.30 PM.**

### **MEMBERS PRESENT**

Mrs P Birchley (Cabinet Member for Health and Wellbeing), Ms I Darby (District Council Representative), Dr A Gamell (Bucks Primary Care Collaborative), Mrs S Imbriano (Strategic Director, Children and Young People), Mrs R Lally (Strategic Director, Adults and Family Wellbeing), Ms N Lester (Bucks Primary Care Collaborative), Mrs V Letheren (Cabinet Member for Children's Services), Dr J O'Grady (Director of Public Health), Ms L Patten (United Commissioning GP Collaborative), Ms Pearce (District Council Representative), Mr A Walker (LINK Chairman) and Dr K West (United Commissioning GP Collaborative)

### **OTHERS PRESENT**

Mr M Chard (Policy Officer), Mr R Douglas (Leadership Centre for Local Government), Mrs J Fisk (Team Leader - Policy and Partnerships) and Ms H Wailing (Democratic Services Officer)

### **1 WELCOME AND APOLOGIES**

Apologies were received from Jeremy Rose.

Pam Pearce (Aylesbury Vale District Councillor) was welcomed to the Board.

### **2 MINUTES OF THE MEETING HELD ON 13 OCTOBER 2011**

The Minutes of the meeting held on 13 October 2011 were agreed and signed as a correct record.

### **3 UPDATE FROM PARTNERS**

The Board noted the Update Report.



INVESTOR IN PEOPLE



The Board also noted that a new document, *Social Determinants of Health – what Doctors can do*, had been published by the British Medical Association:

[www.bma.org.uk/images/socialdeterminantshealth\\_tcm41-209805.pdf](http://www.bma.org.uk/images/socialdeterminantshealth_tcm41-209805.pdf)

#### **4 WORKSHOP ON DEVELOPING THE JOINT HEALTH AND WELLBEING STRATEGY**

Following discussions at the previous meeting, Board members split into two groups for a workshop session. The aim of the session was to begin to develop draft priorities for the Joint Health and Wellbeing Strategy (JHWS).

Each group discussed and scored a list of priorities drawn from existing key strategic plans from across the County, for example the Joint Strategic Needs Assessment, Children and Young People's Plan and the Safer Bucks Plan. The scoring was done using the Priority Setting Framework previously agreed by the Board. Once scored, these issues, such as obesity, homelessness and smoking, would be used at the December meeting of the Board to formulate priorities for the JHWS.

Agreed actions:

- Use the outcomes from the priority setting workshop to start to group priorities under the four agreed outcomes of the JHWS and identify any cross-cutting priorities and any further evidence and areas for exploration.
- The Vision for the Strategy would be re-considered at the next meeting.

#### **5 JOINT HEALTH AND WELLBEING STRATEGY: CONSULTATION PLANNING**

Board members discussed the proposed timeline. It was noted that a number of other local health consultations would be taking place in early 2012, and that these would need to be linked with the consultation on the Joint Health and Wellbeing Strategy.

Further options regarding the Consultation would be provided at the next meeting. Branding for the Board would also be discussed.

#### **6 DEVELOPING THE HEALTH AND WELLBEING BOARD**

Robin Douglas (Leadership Centre for Local Government) led a discussion about the progress and development of the Board, and shared his experiences of working with Boards in other areas of the country.

The following points were raised during discussions:

- How do you exercise leadership if/when required?
- It is important to consider what information/knowledge is required for the board to work effectively as a unit. Other boards have short pieces of information presented to them at each meeting by different services and organisations;
- The Board is not about doing everything together, it is about alignment - how do you work with other organisations to deliver the JHWS?
- The transition from being a shadow board to being statutory in April 2013 should merely be a bump along the way. It is important that the Board begins to exert its influence from the earliest point possible;
- It is important to build strong relationships between the Board and key stakeholders.

Areas for the Board's consideration are included in the attached note from Robin Douglas.

#### **7 FORWARD PLANNING**

Members noted the Forward Plan, including suggested items for the December meeting:

- Continuing to develop the Joint Health and Wellbeing Strategy Consultation
- Development of local Healthwatch
- Links to Overview and Scrutiny
- Governance
- Dementia Report

## **8 KEY COMMUNICATIONS MESSAGES FROM TODAY'S MEETING**

See previous agenda items

## **9 AOB**

There was none.

## **10 DATE OF NEXT MEETING**

6 December 2011, **1:30pm**, Mezzanine Room 3, County Hall, Aylesbury  
(Nicola Lester sent her apologies for this meeting).

**CHAIRMAN**



## Learning from the development of Health and Wellbeing Boards: Dilemmas and Challenges

Some emerging themes in the development of HWB Boards across the Country

### **Core Purpose:**

- Do we have a clear sense of purpose and clarity about the key challenges the Board will face?
- Health outcomes - do we have a shared idea?
- Are we beginning to develop a vision for the health and wellbeing of our local people?
- What is our image of an effective health strategy?
- Are we developing a medium term approach to meeting the Board's emerging priorities?

### **Organisation, structure and governance:**

- Are the governance arrangements good enough/ fit for purpose?
- Representation or real membership?
- Substitution/deputising - insiders or outsiders?
- Size - big enough and small enough, particularly in two tier areas.
- What resources will we need?
- Where is the 'engine room' that provides support and enables the Board to become most effective?
- What infrastructure will be necessary to support the work of the Board?

### **Knowledge and understanding:**

- What does a good JSNA look like, how far do we need to change/develop our approach, what does an asset approach add?
- Do we understand the range and extent of our existing strategies and plans for improving health and well being?

- How will our public health functions change over the next year?
- How can we add value to our priority concerns soon?
- How can we build a sufficient baseline of knowledge and understanding for all Board members?
- Are we developing the 'tools' - principles/local challenges etc to enable us to set key health and well being priorities?
- Do we have a shared understanding of the 'place and people' that we are working for?
- Is the diversity of knowledge and experience of the membership of the Board recognised; and how will this be used effectively?

#### **Relationships:**

- Do we recognise who our key stakeholders are?
- How does the Board link effectively with health overview and scrutiny?
- How will we effectively build relationships with other bodies/organisations?
- Are we developing a coherent approach to the Board's engagement approach with people, communities, patients etc
- Is the Board clear about relationships and shared responsibilities with other parts of the system, LSPs, Children's Trusts etc

#### **Process:**

- Are we building effective relationships for the Board to work well?
- Is the organisation and working arrangement of the Board fit for purpose?
- Are we collectively clear about the purpose of the Board?
- Have we assessed the strengths/resources/development needs of members of the Board?
- Do we have a coherent development process for the Board and key connected people?

#### **Leadership:**

- Are we clear about the leadership within the Board?

- Are we developing an approach to enable the Board to exercise leadership in Health and Well being in our 'place'
- Are we developing an effective 'peer leadership' approach?
- Is the 'brand' of the Board being developed locally?

Robin Douglas 2011

