

HEALTH AND WELLBEING BOARD

10 MAY 2019

PRESENT

Councillor J. Baugh, C. Daly, D. Evans, Councillor J. Harding, Dr S. Johnston (Vice Chair), Fairfield, Councillor J. Lamb, Councillor J. Lloyd (in the Chair), R. Spearing, E. Roaf, S. Radcliffe and C. Hemingway

In attendance

Kerry Purnell	Head of Partnerships and Communities
Sarah Grant	Senior Partnerships and Communities Officer
Alexander Murray	Democratic and Scrutiny Officer

Also Present

Councillor C. Hynes

APOLOGIES

Apologies for absence were received from Councillors M. Bailey, D. Eaton and P. Duggan

37. MINUTES

RESOLVED: That the minutes of the meeting held 11 January 2019 be agreed as an accurate record and signed by the Chair.

38. DECLARATIONS OF INTEREST

There were no additional declarations made.

39. QUESTIONS FROM THE PUBLIC

No questions were submitted.

40. ROLES AND RESPONSIBILITIES OF THE HEALTH AND WELLBEING BOARD IN THE WIDER PARTNERSHIP STRUCTURE

The Head of Partnerships and Communities delivered a presentation to the Board. The presentation covered the process through which the Council's priorities had been selected. The Board were shown the full Trafford Partnership Structure from Community Partnerships and groups through to Greater Manchester Committees. The Head of Partnerships and Communities spoke about the need to take a whole sector approach as set out by a GM White Paper on Unified Public Services which laid out 6 Key Features of the Operating Model for all Public Service, Health and Care Organisations in GM. The Board were told that Trafford needed to adapt the GM approach in order to make it fit for purpose within the area. The Head of

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Partnerships and Communities then informed the Board of a number of other documents and the partnership context which would further shape the process.

It was stressed to the Board that that they could no longer work in isolation and instead needed to think of their role as a leader in partnership across the whole system. This required a shift from being reactive to proactive and to influencing rather than controlling. The Board were then shown a list of effective leadership behaviours that the Council needed to exude in order to be effective in its new role.

The Interim Director of Public Health then delivered another presentation to the Board about its role moving forward. While there had been a large amount of change to the Board in the last few years the Board still had to change a lot in order to be effective at promoting Health and Wellbeing in the area. The Interim Director stated that the Board was still not seen as a driver of improvement or change in Trafford's Health and Social care landscape.

The Interim Director of Public Health then showed Members the statutory requirements of the Board. The requirements were minimal with a lot of the Board's work to be decided by each authority. The Interim Director asked Board Members for their ideas on how the Board could fulfil its role going forward.

Members gave a wide range of suggestions about how the Board could improve and how it should function going forwards. Some Members felt that the Board should be focused upon ensuring that strategies were in place and noted that there was a current lack of strategies especially around mental health and suicide prevention.

Members discussed whether the Board should be holding officers, departments, and organisations to account. It was suggested that while there should be holding to account it should be limited to specific areas where the Board was directly responsible e.g. the creation of the JSNA and the Board should generally look to influence others rather than holding them to account.

Members also stated that the Board needed to look at the impact that they were having in the area and what the outcomes of meetings and attending them were.

The interim Director of Public Health outlined the two key dimensions of the Health and Wellbeing Board which were improving health and wellbeing via actions within health and social care services, and actions to address the wider determinants of health. She suggested that it was easier to focus more upon the health and social care aspect as it was easier to measure and was more within the control of members but that the Board had to start include recommendations regarding the wider determinants of health which meant being proactive and shifting the focus to improving people's lifestyles and the environment and context in which they live..

There were a number of issues raised around communication. Members felt that there was inadequate communication between the Board and other parts of the system. Members were keen to understand the overall governance structure and where all of the Boards fell within that structure, especially the position of both the

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Joint Commissioning Board and the Public Sector Reform Board. A Member noted that three partnership boards met on the same day but questioned whether that was delivering the expected value. There was always a lunch time session but very few Board Members stayed to share information or network with each other.

Another Member had attended the Stronger Communities Partnership and noted that the partnership was doing a lot of work that the Board could align itself with and support. The Member felt that the goals and aims of the two Boards were very different and that there needed to be better communication and shared working between these Boards.

It was felt that there was a lack of communication with members of the public. Members suggested that the Board needed to look at how information was disseminated to the public and to professionals to ensure it was fit for purpose as strategies could be developed but there is no point if they are not being accessed by the public. Part of this discussion focused around how to increase the voice of the public and residents within meetings. As meetings were held in public and members of the public had the opportunity to put questions to the Board it was felt that the publishing of the meetings needed to improve. One Member spoke about General Practitioners and Head teachers as both a source of information for the Board and as a mechanism that can be used to disseminate information.

The Interim Director of Public Health then asked the Board to consider how the Board could function differently going forward.

Members agreed that the Board had to link in with the work of other Boards. The Inclusive Growth and Poverty Board was highlighted as one Board to align work with as they also looked at improving the wider determinants of health. Members also discussed how the Board could communicate issues to the public so they understood them and in a way that empowered people to get involved.

The Interim Director of Public Health restated that the Board needed to impact change within the Borough not just focus upon strategic goals/direction. One way it was suggested that this could be done was through Board Members being personally responsible and taking what they learn at the Board away and discussing it within their organisation to bring about change.

The Interim Director of Public Health then showed the Board a slide which depicted how they envisioned the Board could work and asked Members for further Comments.

The suggestions from the Board that were received included; that the Board should look to promote place based work and work alongside Community interest partnerships, that all the information that is available to the public should be mapped out to make it easily accessible, and that the Board should champion the use of co-production within services as there was not enough being done across Trafford.

One member suggested that the partnership structure should centre around the neighbourhood delivery model (the butterfly) with the prioritise listed around the

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side with links to the Boards and Sub Boards which were responsible for delivering those priorities.

Following the discussion there was a short break during which the Interim director of Public Health put together all the ideas that had been expressed during the meeting. The ideas were split into sub sections of what, how, actions, role of the board, functions of the Board, and operation of the Board. The interim Director of Public Health told members that they would take these points away and create a report which would be delivered at the next meeting of the Board.

RESOLVED:

1. That the presentations and discussion be noted.
2. That the Interim Director of Public Health create a report based upon the discussions to be brought to the next Board meeting.

The meeting commenced at 9.30 am and finished at 12.00 pm