1. BDP Governance

1.1 A proposal had been discussed informally amongst partners to review the current Bradford District Partnership (BDP) arrangements. It was felt there was an opportunity to strengthen the arrangements, ensure the right partners were engaged on the right boards, and to reduce any duplication. The proposal would therefore be to strengthen the role of the Health and Wellbeing Board, with a greater focus on the social, environmental and economic wellbeing of the district. In part due to its statutory nature, and its recognition nationally, the Health and Wellbeing Board can provide a much stronger leadership role. A broadened membership (to include housing, police and fire) would also allow the wider determinants to be better addressed.

With this in mind it would therefore not be necessary for the BDP Board to meet as well as this would create duplication and not make best use of decision makers’ time.

1.2 There was agreement from members to this approach. It was felt that a more holistic approach to health and wellbeing, and the wider determinants, would allow the needs of the district to be better met. The shift in public sector spending from dealing with illness to supporting people to lead positive lives can only come if the broader issues are addressed.

It was felt that even though the Health and Wellbeing Board would take a leading role in the partnership arrangements, the hierarchy of the remaining partnerships (Producer
City, Safer and Stronger Communities, Children’s Trust) should be balanced.

If it can be accommodated consideration should also be given to the Voluntary Sector’s role to be complimented by additional representation from the faith sector, due to the contribution this sector makes to the district’s wellbeing. However it was also suggested that depending on the agenda, not all members needed to be at all meetings.

1.3 More formal discussions of the future role and membership of the Health and Wellbeing Board will be undertaken at their next meeting on 19 December, when consideration to the above points will be made.

1.4 Actions:
• The BDP Board agreed that it would no longer meet in its current guise.
• The Health and Wellbeing Board will broaden its membership (with consideration of the Faith Sector), with a stronger focus on the wider determinants of wellbeing.
• The necessary approvals will be sought through the Council’s Governance and Audit Committee, Executive and full Council, in parallel to work progressing.

2. BDP Prevention and Early Intervention

2.1 Discussions within the Council have progressed since the BDP Board approved the commissioned Prevention and Early Intervention Review and its recommendations at its last meeting. Those discussions have focused on connecting up the various thematic and age related strands of work, to reach an agreed approach. A paper was presented to the meeting outlining the key points around a community led approach, based on local and district wide evidence and intelligence.

It was clear that this is a very broad and complex agenda, but that the review provided a useful starting point. There was ambition from the group to start delivering activity in localities as soon as possible to start realising some successes. It was also agreed that co-designed solutions were needed led by communities themselves. The voluntary sector can play a key role in supporting this development work. Bradford has a rich history of undertaking positive work in communities, but historically has not had the strategic support needed for sustainability. It is felt this is now in place, enabling work to commence with immediate effect.

2.2 A shared understanding of the challenges facing particular localities needs to be developed, both from the joining up of public sector intelligence, but also from the insights of communities themselves. A web based tool to help sign post services, and individuals in communities to self help, was also discussed (in the spirit of PeopleCan). The current joint bid for the Social Fund could be a solution if successful. The mapping exercise undertaken by the consultants on the Review and approved by the Board as part of its report was also raised. It was suggested that further work was needed on this, though the Review steering group had accepted the limitations from this as a consequence of the information made available during that period.

2.3 At the previous Board meeting, Peopletoo who undertook the review on behalf of the BDP, offered their support in facilitating a workshop to help develop the next phase of work. It was agreed this should go ahead by the end of January 2018, and focus on delivery in particular localities. There was a general sense to focus the efforts in areas where a cultural change within the public sector has already started to happen thereby maximising existing opportunities – for example Holme Wood and Keighley. However it was also felt that other areas warrant consideration (e.g. Better Start area, BD3, BD5). More detailed mapping could be undertaken as work in each locality progresses.
Overall leadership for this work will now lie with the Health and Wellbeing Board. However an operationally focussed group will support this work, through the existing Prevention and Early Help/Intervention Strategic Board, co chaired by Michael Jameson (CBMDC) and Helen Hirst (CCGs).

2.4 **Actions:**
- Arrange workshop to explore delivery in a couple of localities by the end of January 2018.
- Health and Wellbeing Board to provide leadership on the agenda and include this as part of their work programme.
- Operational strategic board to provide active practical guidance to the programme of work, to ensure delivery happens.

3. **Next meeting**

3.1 As per item 1, the Board agreed that they need not meet again, but would continue their work through the Health and Wellbeing Board and other Strategic Partnerships.

3.2 **Actions:**
- Next scheduled meeting on 7 March 2018 to be removed from diaries.