



Bristol Clinical Commissioning Group

Bristol Health & Wellbeing Board
Working together to improve the health and wellbeing of
Bristol

Minutes of a Meeting of the
Health and Wellbeing Board
28th February 2013 at 2pm

Attendees - Members of the Board:

- Councillor Jon Rogers (in the Chair)
- Councillor Peter Abraham
- Councillor Helen Holland
- Councillor Barbara Janke
- Ewan Cameron, Chair, Inner City East Locality Group
- Steve Davies, Vice Chair South Bristol Locality Group
- Dr Ulrich Freudenstein, Chair, North & West Locality Group
- Dr Martin Jones, Chair, Bristol Shadow Clinical Commissioning Group
- Annie Hudson, Strategic Director, Children, Young People and Skills
- Janet Maxwell, Director of Public Health, Bristol City Council
- Netta Meadows, Service Director - Strategic Planning (substituting for Alison Comely)
- Rachel Robinson, Chief Executive, The Care Forum
- Geoff Loydon, Chair, LINK
- Keith Sinclair, Carers Support Centre
- Peter Walker, Voluntary Community Sector Assembly

Others in attendance:

- Councillor Sylvia Townsend (to observe)
- Councillor Jenny Smith (to observe)
- Kathy Eastwood, Service Manager: Health Strategy, (supporting the Board)
- Molly Holmes, Sanctuary Housing
- Shana Johnson, Scrutiny Co-ordinator
- Claudia McConnell, Service Director Strategic Commissioning

- Suzanne Ogborne, Project Administrator: Health Strategy
- Lucy Fleming, Democratic Services Officer (administrator)
- Christiana Torricelli, Health Policy Officer

1. Welcome and Apologies for Absence

Apologies for absence were received from;

- Alison Comley, Strategic Director: Health & Social Care, Bristol City Council
- Jill Shepherd, Local Director, NHS Bristol

The Chair welcomed all attendees and introductions were made.

2. Chair's Business

Councillor Rogers advised Members that Councillor Janke would be taking over as Chair of the Health & Wellbeing Board (H&WB) with effect from the next meeting following her appointment as Cabinet Member for Health and Wellbeing.

3. Minutes of the Meeting Held on 17th January 2013 and Any Matters Arising.

The minutes of the meeting on 17th January 2013 were noted for information purposes. There were no matters arising.

4. Working with Providers

Janet Maxwell introduced the item commenting that one of the key questions was in relation to the H&WB's relationship with providers. Members went on to consider the relevant issues, commenting as follows;

- At a previous meeting of the Board it had been agreed that it would not be appropriate for providers to be given formal membership.
- One option worthy of further consideration would be to establish sub-committees of the H&WB to enable engagement of providers and other stakeholders on specific issues. That arrangement had been successfully implemented in East Riding. Care should be taken to ensure that providers invited to participate in specific discussions

were representative of the whole sector (including voluntary organisations).

- The City Council had already established mechanisms to enable provider engagement which could be used by the H&WB. The CCG could have similar arrangements in place. A mapping exercise should take place to clarify what was happening elsewhere.
- The providers could be asked to share their views about how they would like to link to the H&WB, aside from securing formal membership.
- Some other H&WBs had urged caution with regard to increasing membership because it was difficult to revisit if circumstances and relationships changed in the future. It was generally thought preferable to keep membership to a minimum and invite guest speakers to share their views on specific issues.
- More work should be done with the Neighbourhood Partnerships to promote the function of the H&WB. Further communication about the H&WB's role with the general public would be beneficial.
- HealthWatch would have a statutory place on the H&WB. The focus of HealthWatch would be wider than just focusing on patient and public involvement and a report detailing its role and remit would come to the Board for consideration in due course.
- The H&WB would alternate between formal and informal meetings once it became statutory. It could be helpful if some of the informal meetings took place within the community, which would encourage local residents to attend.

It was agreed that officers would map the existing bodies and structures that were in place, their purpose and how they would link to the H&WB. Part of this discussion would include consideration of how provider engagement would best be managed.

5. Terms of Reference Update

Kathy Eastwood provided the Board with a presentation setting out the key issues, a copy of which is appended to these minutes at appendix A. During the introduction and associated discussion the following comments were made;

- The H&WB would be made a formal Committee of Bristol City Council at the Full Council meeting on 21st May 2013.

- Political representatives on the H&WB would be nominated by the Mayor and approved by Full Council.
- Full Council could exercise its discretion to delegate decisions to the H&WB.
- The draft terms of reference of the H&WB currently stated that the Chair be the Cabinet Member with responsibility for health, but that could be amended if desired.
- It was intended that the Board have eight meetings each year; four formal and four informal. A Work Programme would be established to enable formal agenda planning.
- Public forum business was likely to be permitted at formal meetings of the H&WB, although a review of the arrangements for other Bristol City Council Committees was underway which could affect the arrangements.
- Consideration should be given to how the Board could keep fully informed of equalities issues. One option would be to nominate a lead member for equalities or schedule an annual report. Ulrich Freudenstein confirmed that he was working with Voscur to establish the best way forward.

It was agreed that a small working group of the Board be established to consider constitutional matters and that a report be provided for consideration at the next meeting.

6. Mid Staffordshire NHS Foundation Trust Public Inquiry: Lessons for the H&WB

Following a brief introduction from Janet Maxwell the Board went on to consider the information provided and how the experiences of Mid Staffordshire NHS Foundation Trust could be used to improve services within Bristol. The salient points that arose during the ensuing discussion could be summarised as follows;

- Within Bristol standards of care were generally high, but it was vital to ensure services were continually monitored.
- The changes that would be delivered as part of health reform would go some way to eradicating the problems experienced within the NHS.
- There was some concern nationally that the NHS had been relatively 'closed' and it was intended that the introduction of H&WBs and the CCGs would improve transparency. It was important that lay people felt more empowered to challenge providers if they felt their experiences had fallen short of acceptable standards. Scrutiny and HealthWatch would have an important part to play.

- Under the new arrangements it would be easier to discharge providers that were not delivering quality services. It was suggested that the H&WB visit providers on site to gain first hand knowledge about the services being delivered.
- The H&WB would need to ensure that there was a robust plan in place to enable public and patient involvement. It would be helpful for the Board to gather direct evidence about patient experiences, including any 'soft intelligence.'
- It was not clear from the report what actions had been taken as a direct result of the public inquiry into experiences in Staffordshire. Many of the changes outlined had already been planned as part of the health reform agenda.
- It would be sensible to increase publicity for Quality Bristol.
- Improved communication with local communities was one of the aspirations of the H&WB and the CCG, and discussions with the Neighbourhood Partnerships about how that could be implemented.
- Carers had ongoing concerns in relation to a range of issues including hospital discharge arrangements, but Carers' Voice was working with colleagues in health to develop the Carers' Charter to provide additional clarity.

7. Adult Safeguarding Select Committee - Bristol Overview and Scrutiny

Shana Johnson provided the Board with an introduction to the report, commenting that the Adult Safeguarding Select Committee had prepared a number of recommendations which had been approved by Full Council in November 2012. One of the recommendations was that the Adult Safeguarding Board report to the H&WB on an annual basis.

Members went on to consider the information provided. The key points that arose could be summarised as follows;

- Fear of reporting concerns about standards in relation to health care emerged as a significant issue for many service users. The solution was partly to ensure suitable reporting mechanisms were in place, but also to empower people to feel confident to use them.
- It was suggested that governance of some services, such as care homes, could be improved if independent governing bodies were established, similar to the arrangements that were in place to oversee schools.
- Bristol City Council would shortly commence consultation on a Quality Assurance Framework. A proactive approach

would be taken to driving up standards and monitoring day to day care. Voluntary organisations could have a role to play in that area.

- Arrangements should be put in place to enable more efficient collection of trend data in relation to service standards. In cases where individuals raised complaints directly with service providers steps should be taken to ensure the details were included in monitoring reports.
- The Care Quality Commission had received a lot of negative press in recent times but had appointed a new Chief Executive who was tasked with making the organisation more effective.
- There needed to be a cultural shift to ensure that all providers were committed to delivering services that were truly patient focused.

8. Update on Public Consultation - Health and Wellbeing Strategy

Members were advised that public consultation on the draft Health and Wellbeing Strategy had recently commenced, noting that;

- To date two consultation 'drop in' events had been organised and four more were planned.
- Bristol City Council officers were taking the draft Strategy to a range of stakeholders for comment. A carers' event would take place on 10th April 2013.
- It was intended that a providers' forum to facilitate discussions about the Health and Wellbeing Strategy would shortly be established.
- There had been a good level of interest in the Strategy, particularly the e-survey.

9. Standing Item: General Matters of Interest

There were no general matters of interest.

10. Any Other Business and Future Work Programme

The following summarises the discussion;

- Meetings of the H&WB would not be affected by the purdah period until the body became statutory.

- Bristol's H&WB had a good degree of carer engagement, which was not reflected nationally.
- Future Work Programme items would include a report from Rachel Robinson regarding HealthWatch and an update regarding the consultation for the Sustainable Development Strategy.

Members expressed thanks to Councillor Rogers for the valuable contribution he had made, particularly with helping to establish the Board when it was in the formative stage.

Appendix A - Presentation from Kathy Eastwood 'Constitution, Ways of Working and Terms of Reference.'



Statutory Health and Wellbeing Board

Constitution

Terms of Reference

Ways of Working

The Council Constitution

- Secondary legislation is now in place to enable the formal working of the Statutory Health and Wellbeing Board
- Formal meetings to begin from 1st April 2013
- Timescales for changing the Constitution mean that this will formally be agreed at the AGM Council meeting on 21st May 2013

The HWB's 'Working Arrangements'

- As supplement to the Council Constitution the HWB will have its own 'Working Arrangements' that it will agree itself
- This is currently described in the Board's Draft Terms of Reference
- Certain aspects now need firming up and agreeing formally

Purpose of the Board

- The statute and Regulations leave much to the discretion of the local authority to determine at a local level how things should work.
- A local authority may arrange for HWB established by it to exercise any functions that are exercisable by the authority.
- This would be a decision of the Full Council

Current purpose

- ..leading the development of improved and integrated health and social care services...
- ..primary focus will be the improvement and co-ordination of commissioning – related to NHS, social care and related children's and public health services
- ..within the context of an influence on the wider determinants of health

Membership

- The HWB will need to formalise its non statutory places
- The VCS representation needs consideration in the light of the new roles for HealthWatch
- National Commissioning Board?
- Mayor will appoint the political representation on the Board, through Full Council – at least one elected member
- Need to consider arrangements for chair and vice-chair

Membership- related issues

- Working with providers – separate paper on this agenda – ‘ways of working’
- Working with equalities groups to ensure ‘voice’
- Relationships to other bodies, structures, boards

Frequency of Meetings

- Current plan is for 4 formal meetings a year (held in public) and 4 informal seminars (not held in public – informal development and debate)
- Is this enough?
- The work programme will need to be set well in advance and agenda management would need to be more formalised

Standing Orders

- Voting
- Access to information
- Declarations of Interest
- Quorum
- Public Forum – may be part of the review of the constitution – what is best for the HWB?

Way Forward

- Small working group to take forward, including legal services
- Formalise on the same time-line as the Council Constitution
- But, the first meeting in April will be in public, as that has been the expectation