



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
23rd May 2013 at 2pm

Attendees - Members of the Board:

Councillor Barbara Janke (Chair)
 Councillor Helen Holland
 Councillor Claire Hiscott
 Councillor Glenys Morgan
 Ewan Cameron, Chair, Inner City East Locality Group
 Dr Martin Jones, Chair, Bristol Shadow Clinical Commissioning Group
 Annie Hudson, Strategic Director, Children, Young People and Skills
 Steve Davies, Vice Chair South Bristol Locality Group
 Alison Moon, Director of Quality and Transformation
 Dr Ulrich Freudenstein, Chair, North & West Locality Group
 Jill Shepherd, Chief Officer, Bristol CCG
 Alison Comely, Strategic Director, Health and Social Care
 Janet Maxwell, Strategic Director of Public Health, Bristol City Council
 Rachel Robinson, Chief Executive, The Care Forum
 Keith Sinclair, Carers' Support Centre
 Peter Walker, Voluntary Community Sector Assembly
 Linda Prosser –
 Sue Mountstevens – Police and Crime Commissioner

Others in attendance:

Kathy Eastwood, Service Manager: Health Strategy (supporting the Board)
 Judith Brown and Richard Smale - Healthy Futures
 Suzanne Ogborne, Project Administrator: Health Strategy
 Patricia Jones, Democratic Services Officer

1. Welcome and Apologies for Absence

Apologies for absence were received from Jill Shepherd and Councillor Radice. It was noted that Councillor Hiscott had replaced Councillor Abraham on the Board and Councillor Morgan had filled the vacant LD vacancy. Lisa Fisher from Bristol Local Pharmaceutical Committee attended as an observer.

2. Chair's Business

The Chair referred to a letter from the Department of Health in relation to the Board's role in delivering the commitments made in the Winterbourne View Concordat (a copy of the letter is attached as Appendix 1 to the minutes). It was agreed that this should be a substantive agenda item at the next meeting.

ACTION: Kathy Eastwood

Shahzia Daya would provide a short briefing on the Code of Conduct before the start of the next meeting on the 4th July 2013.

ACTION: Shazia Daya

3. Minutes of the Meeting Held on 11th April 2013 and Matters Arising.

The minutes of the meeting on 11th April 2013 were agreed subject to the insertion of "Comley" to replace "Comely" at page 7.

There were no matters arising.

4. Public Forum

The Board heard from Mike Campbell in relation to his statement circulated in advance of the meeting. It was agreed that the Chair would consult the Board on the questions raised in the statement and a formal response would be provided to Mr Campbell before the next meeting.

ACTION: Chair/Kathy Eastwood

5. Developing working relationships between the Health and Wellbeing Board and the Avon and Somerset Police and Crime Commissioner (the Commissioner)

Sue Mountstevens introduced the report and the follow key points were made:-

- The aim was to develop a strong working relationship with the Board and to work collectively on common interests of concern and challenges.
- The Police service faced on-going financial constraints and the focus was on an integrated service delivery approach to increase efficiencies.
- Listening to other stakeholders and voices in the communities was a priority and the draft Police and Crime Plan had been circulated for comment to Health and Wellbeing Boards across the force area.
- Attention was drawn to the key activities and progress made by the Commissioner and her team (set out in detail in the report). Of particular importance was the care provided in hospital based places of safety. There was only 1 bed available at Callington Road Hospital to cover Bristol, Banes, South Gloucestershire and North Somerset. Compared with other areas and looking at the ratio of beds to the population served, additional beds are urgently needed to redress this capacity issue. The issue had been raised with the Home Secretary.
- The commissioning of victims services and tackling violence towards women and children were major priorities for the coming year, and the Commissioner would welcome the opportunity to work closely with the Board as this area of work was developed. A report from a recent planning event would be circulated in the near future.

ACTION: Joanna Coulon/Lucy Fleming

- Work was underway to explore the potential for a single force wide commissioned service for drug and alcohol arrest referrals from April 2014.
- Potential areas for joint working included female genital mutilation (FGM), aligning respective Needs Assessment and strategic planning processes. A member of staff member dealing with issues affecting young people would be appointed in the near future and could usefully feed into the Board on issues of joint concern.
- The Commissioner emphasised the importance of making decisions based on strong evidence and sharing information to avoid duplication. In the spirit of joint working, the opportunity to raise specific agenda items would be welcomed.

Below is a summary of the discussion that followed:-

- The Commissioner was reassured to hear that work was already underway around the commissioning of mental health services to prevent people reaching the point of crisis. In the interim, it was reported that there was funding available to AWP to spend on projects.
- Health and Social Care (HSC) at BCC was also looking at the provision of mental health services. This included setting standards, identifying any gaps and looking at the availability of health professionals. The Strategic Director HSC was working alongside the Police to progress this.
- The emphasis around women and children was welcomed. Given the various on-going endeavours to address the issues of domestic violence and FGM, it was recognised that consultation and communication was essential so capacity was used well and duplication was kept to a minimum. The Strategic Director PH agreed to co-ordinate work around FGM.

ACTION: Janet Maxwell

- The link between alcohol and violence against women was briefly discussed. It was suggested that the Board could usefully look at an alcohol strategy for Bristol. Gillian Douglas explained that the Alcohol Strategic Needs Assessment 2012 included a section on the incidence of Domestic violence linked to alcohol. Safer Bristol was also leading on the alcohol harm reduction strategy. It was agreed that a briefing would be useful.

ACTION: Gillian Douglas

- The Board also heard that a Scrutiny Inquiry Day in December 2012 resulted in a series of recommendations about raising awareness and better tackling FGM. Safer Bristol was leading on the implementation of the recommendations, and the FGM Safeguarding and Delivery Group (a sub-group of the Violence Against Women and Girls Strategy Group) had been established.
- The Safeguarding Children Board and other partner organisations would be consulted by the Commissioner's office as part of a scoping and mapping exercise for the commissioning of victims services.

- From 1st April, NHS England was involved in the commissioning of health services for prison detainees. This included identifying who was experiencing difficulties at the point of arrest and the best possible referral.

6. Presentation - Bristol Clinical Commissioning Group response to the Francis Report

The Board received a presentation from Alison Moon and Steve Davies on the response of BCCG to the Francis Report. A copy of the presentation material was circulated at the meeting. Below is a summary of the ensuing discussion:-

- The Francis Report had highlighted the ineffectiveness of complaints policies and systems. A continuing emphasis on the positive had led to an artificial culture. People needed to know how to complain and providers needed an accurate view of the care they provide. Understanding why something had failed was key.
- A complaint system needed to be open and allow people to raise concern. Saying sorry, putting the issue right and learning lessons was crucial but where possible, concern should be alleviated at the earliest possible stage. Working with staff to this end was key.
- The use of feedback and survey results makes a positive impact on care and challenged the culture. False assurance can be gleaned from data if the small percentage of people who are saying something bad are ignored.
- It was recognised that resources were an issue but how staff interact with patients and how they spend the time available to them was key.
- There was no correlation between numbers of complaints and litigation.
- It was suggested that the quality of care was diminishing as reliance on the NHS increased. Whilst the Francis report was important and complaints would rise as a result, nationally mandated commissioning meant that the hands of providers were largely tied.
- The Board would put together a joint response to the NHS 111 system – a small working group or BCGG to formulate this.

ACTION: Kathy Eastwood

7. Presentation - HealthWatch Bristol

The Board received a presentation from Rachel Robinson on the role and approach of Healthwatch Bristol. A copy of the presentation material was circulated at the meeting. Below is a summary of the ensuing discussion:-

- It was suggested that it might be of interest to Healthwatch to be involved in research promotion and systematic gathering of patient feedback on new and existing care pathways. Dialogue to be had in the future perhaps.
- The recruitment, induction and training programme for volunteers would be finalised around September and any gaps would be looked at then.
- RR
- It was recognised that being the partners that represents the voice of the public brought challenges. It was vital for Healthwatch to be evidenced-based to establish if systemic failure was occurring and to address any trends. As part of the advocacy service, it was possible to see trends and patterns emerging by pulling together statistical and anecdotal evidence.

8. Presentation - Healthy Futures Programme

The Board received a presentation from Judith Brown and Richard Smale on the background, scope and governance arrangements of the Healthy Futures programme launched in 2010. A copy of the presentation material was circulated at the meeting. Below is a summary of the ensuing discussion:-

- It was agreed that the Board should be mapped on the programme governance slide to show the wider picture. When the strategy was finalised, a more balanced view of the whole would emerge with the Board at the centre of the map.
- It was clarified that the CSU was the Commissioning Support Unit comprised of former PCT staff working on behalf of the clinical commissioning groups (part of the new reforms).

9. Round-table updates

The following information was provided:

Alison Comley circulated a paper “Expression of Interest for Health and Social Care Integration Pioneers”. It was reported that local

areas were invited to express an interest in becoming pioneers and work across the whole of their local health, public health and care and support systems, to develop plans for integration. An initial meeting was scheduled for 27th May to scope out the level of ambition and decide what the focus should be.

It was agreed that the Board should sponsor the work as proposed and that Alison Comley would follow up arrangements.

ACTION: Alison Comley

9. Standing Item: General Matters of Interest

Janet Maxwell invited Board members to feed in agenda items of interest to herself or Kathy Eastwood.

It was agreed that information on the health peer review would be circulated. This involved a small number of peers from local government, health or the voluntary sector spending time with the council to challenge and evaluate its practice in order to improve the way it works.

ACTION: Janet Maxwell

It was agreed that a joint introductory type event with Scrutiny would be organised later in the year. Kathy Eastwood to send out a programme suggestion.

ACTION: Kathy Eastwood

10. Work Programme

An updated work programme was circulated.

11. Any Other Business

None.

(The meeting ended at 4.15pm)

Appendix A – Action Sheet

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Bristol Health and Wellbeing Board
Working Together to Improve the Health and Wellbeing of Bristol

Action Sheet – 23rd May 2013

Agenda Item No.	Title of report and description	Action	Person Responsible	Progress/ outcome
2.	Chair's Business	Letter from the Department of Health in relation to the Board's role in delivering the commitments made in the Winterbourne View Concordat to be a substantive item at the July meeting.	Kathy Eastwood	Complete
"	"	Shahzia Dyer to provide a briefing on the Code of Conduct at the July meeting.	Shahzia Dyer	Arranged.
4.	Public Forum	A written response is to be provided to Mike Campbell's public forum statement.	Kathy Eastwood/The Chair	
5.	Developing Working Relationships between the H&WB and the A&S PCC	The report from the planning event regarding the commissioning of victims services and tackling violence towards women and children is to be provided to the Commission.	Joanna Coulon/Lucy Fleming	
"	"	Janet Maxwell to co-ordinate work around FGM.	Janet Maxwell	
"	"	Gillian Douglas to provide the Board with a briefing on the alcohol strategy for Bristol.	Gillian Douglas	
6.	Presentation - Bristol Clinical Commissioning Group response to	Kathy Eastwood to co-ordinate the response about the NHS 111 system.	Kathy Eastwood	

	the Francis Report			
9.	Round Table Updates	Alison Comley to follow up arrangements for the Board to support the suggestions laid out in the paper "Expression of Interest for Health and Social Care Integration Pioneers"	Alison Comely	
10.	Standing Items of Interest	Janet Maxwell to circulate information about the Health Peer review.	Janet Maxwell	
"	"	Kathy Eastwood to arrange an introductory session with the Health Scrutiny Commission.	Kathy Eastwood	