

DISCLAIMER

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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 November 2013 at 2.00 p.m.**

Attendees - Members of the Board:

Cllr Barbara Janke – Chair
Ewan Cameron - Chair, Inner City & East Locality Group
Steve Davies - Vice Chair South Bristol Locality Group
Nicola Dunn – Joint Chief Finance Officer, Clinical Commissioning Group
Cllr Helen Holland
Cllr Claire Hiscott (arrived at 2.45 pm)
Dr Ulrich Freudenstein - Chair, North & West Locality Group
Dr Martin Jones, Chair - Bristol Shadow Clinical Commissioning Group
Kelechi Nnoaham – Interim Director of Public Health
Claudia McConnell- Service Director, Strategic Commissioning (substituting for Isobel Cattermole)
Katie Oliver – The Care Forum (substituting for Rachel Robinson)
Councillor Daniella Radice
Jill Shepherd- Bristol CCG
Keith Sinclair - Carers' Support Centre
Christine Teller – Healthwatch
Peter Walker – VOSCUR

Others in attendance:

Karen Blong - Democratic Services Officer
Barbara Coleman - Service Manager Public Health Commissioning & Performance
Kathy Eastwood - Service Manager: Health Strategy (supporting the Board)
Christina Gray, Public Health
Amy Hurst, Youth Champion and Health & Wellbeing Officer, Office of the Avon and Somerset Crime Commissioner
Suzanne Ogborne - Project Administrator: Health Strategy
Katie Porter – Alcohol Strategy Manager

Christiana Torricelli – Strategic Support Officer (Health)

1. Welcome and Apologies for Absence

The Chair welcomed the Members of the Board and introductions were made.

Apologies were received from Isobel Cattermole, Alison Comley, Linda Prosser, Rachel Robinson and Nick Smith.

2. Chair's Business

Following the departure of Janet Maxwell, Kelechi Nnoaham had been appointed as Interim Director of Public Health.

3. Minutes of the Meeting Held on 5th September 2013 and Matters Arising.

The Board considered the minutes and matters arising and the following was noted;

i. Work Programme

The Board agreed that 6 formal meetings and 2 informal meeting should be arranged for 2014/15.

Democratic Services would create a schedule of meetings for the forthcoming year, these would avoid the Safer Bristol Partnership meetings.

The minutes of the meeting on the 5th September 2013 were agreed.

4. Public Forum

The Board considered the public forum statement received titled

“Averting indirect race discrimination in Bristol’s mental health and wellbeing interventions”.

Agreed - That Christina Gray, Associate Director of Public Health would respond to the statement.

5. Strategy Priority - Alcohol (Agenda item 5)

Katie Porter, Alcohol Strategy Manager and Barbara Coleman, Service Manager Public Health Commissioning & Performance provided the Board with a presentation and Members were invited to ask questions. The report detailed

current actions around alcohol misuse and priorities for the future to clarify the commissioning arrangements.

The following was noted as part of the discussion;

- Other authorities have introduced minimum pricing, some on a voluntary basis e.g. Suffolk and Newcastle. Issues such as enforceability and the target group for minimum pricing would need to be considered.
- Services had recently been re-commissioned and a robust framework created to capture the outcomes. Expectations were high but it would still be too soon to assess the new services.
- Reference was made to Cumulative Impact Assessment (CIA) required in some parts of the city for new premises applying for licenses. Legal options would be explored and joint work with other core cities would take place. A strong campaign to change the law could be required.
- The National Curriculum included alcohol awareness as part of science for all ages and specific training schedules linked to certain age levels. Work had taken place with universities.
- Future updates should include positive and negative aspects of work taking place to allow to the Board to assess outcomes and input on problem areas.
- Keith Sinclair suggesting an assessment of the commissioning process would be useful. Safer Bristol could provide an update.
- Drug and alcohol services were linked. Issues around crime were governed by Safer Bristol, the Health and Wellbeing Board governed issues related to health. It would be important to identify priorities so different areas could work towards a common goal.
- Joint meetings required arrangements six weeks ahead. Currently, Children and Young People Services were not involved.
- Cllr Radice referred to a forthcoming Inquiry Day on the Night Time Economy which would consider the vision for Bristol in the future. Katie Porter would be attending the meeting to provide a health perspective.

ACTION – An update report would be presented to the HWB which would include proposals for more effective governance, the gaps in involvement and the processes in place for assessing outcomes.

6. Commissioning Victim Services (Agenda item 6)

The Board received a report from Amy Hurst, Youth Champion and Health and Wellbeing Officer, Office of the Police and Crime Commissioner.

The paper provided a briefing on the Avon and Somerset Integrated Victims Strategy and preparatory work for commissioning support services for victims.

The following was noted as part of the discussion;

- In addition to the work referred to in the report, consultation focus groups had also been arranged. Gaps had been identified; young victims, victims with mental health problems and serious crime victims.
- The Ministry of Justice framework highlighted vulnerable victims and those at risk; specialist services would be considered and linked to universal services.
- It would be important to clarify if victims were reporting on their experiences of the criminal justice system or their experience of the support service.
- The consultation would end in January and further information would be provided to partners on the commissioning approach.
- Cllr Radice suggested BCCs comprehensive consultation service could be used to gather information.

The Board agreed the report.

7. Social Prescribing (Agenda item 7)

Christina Gray – Public Health Specialist, Melanie Corish - Programme Director Modernising Mental Health, Bristol CCG and Catherine Wevill - Strategic Commissioning Manager, Adult Social Care were in attendance to provide an update.

The report outlined the findings and recommendations from an independent report commissioned by Bristol Clinical Commissioning Group (CCG) about the best approach to social prescribing for the city. The report sought support from the Health and Wellbeing Board for the establishment of a pooled budget, with appropriate commissioning arrangements, to develop and extend social prescribing provision in Bristol.

Social prescribing describes the pathways to accessing community and social resources for Health and Wellbeing.

Following the presentation of the report, the following was noted as part of the discussion;

- Dr Ulrich Freudenstein agreed that a joined up approach would be beneficial but expressed scepticism at the approach which would not tackle the cause of problems. The usefulness of the approach reduced over time and measuring success would be difficult.
- The report by Dr Richard Kimberlee considered the evidence base and noted that people with complex needs would benefit most from the multiple types of support provided. Long term work addressed the dysfunctional cycles.
- Dr Martin Jones referred to the need for mentorship. The model and coverage would need to be right to be successful. In the future, GP surgeries could take patients from different parts of the City and the focus would be on need and not area.
- The voluntary sector had recently completed a study related to social prescribing for carers and an outcome event would take place on the 19th December 2013.
- The Board agreed that it would be important to demonstrate the benefits and prove that the approach worked. A definition of quality evidence would be required. Resources (including public health) should be aligned and maximised.
- Sustainable community activities, e.g. walking to work, proved more effective in the long term than shorter term approaches, e.g. free gym passes.
- Cllr Hiscott noted the lack of activity in North Bristol. Coverage across the city would need to improve and examples of good work were noted in Withywood and Easton. Neighbourhood Partnerships should be utilised.
- Katie Porter referred to the social prescribing group co-ordinated by the Care Forum.

The Board agreed that a pooled budget should be established with appropriate commissioning arrangements in order to develop and extend the social prescribing provision in Bristol.

Action – Kelechi Nnoaham to co-ordinate an initial meeting with key partners.

8. Integration Transformation Fund (Agenda item 8)

Nicola Dunn and Jill Shepherd presented the report which outlined the process for accessing the Integration Transformation Fund and proposed next steps in making the required arrangements for the oversight and use of the pooled ITF in Bristol. Funding would be sought from the Leadership Fund for a joint post appointed between the CCG and the Council. If the bid proved unsuccessful, money for the post would need to be found elsewhere.

A proposal would be presented to the next Health and Wellbeing meeting on the 9th January 2014. The meeting would also be an opportunity to talk to providers, health providers would be programmed into the process.

The Board were invited to ask questions and the following was noted;

- Public Health has yet been involved. All partners would be invited to contribute as part of the process.
- Liaison with Integrated Care Pioneers from around the UK would take place. The Chair suggested inviting a representative to attend a future meeting.
- Governance would be established by a centrally delivered directive. The role of the HWB required clarification.

The Board agreed to delegate responsibility to the officers from Bristol Clinical Commissioning Group and Bristol City Council to establish:

- **appropriate governance**
- **project management and reporting**
- **method for ‘sign-off’ by the HWB**

for the progression of plans for the use of the Integrated Transformation Fund.

9. Joint Strategic Needs Assessment (JSNA) 2013

Kathy Eastwood (KE) provided an updated on the JSNA in the absence of Nick Smith. KE highlighted the following salient points;

- Obesity in 10 to 11 year old continues to increase;

- Results showed an improvement in alcohol related admissions;
- Smoking levels had reduced and immunisation levels had improved. However, the results could mask differences in areas of the City;
- Teenage pregnancy rates were reducing.

The overall picture was positive with some noteworthy exceptions. The JSNA would re-launch in the spring and the website developed to allow interactive sessions.

As part of the discussion, the following was noted;

- Dr Freudenstein suggested that there were no links between trends and public policy; some areas were harder to tackle or influence. Dr Jones suggested public policy could have an impact, for example – compulsory exercise at school.
- It was agreed that subsequent reports should highlight the changes to allow the Board to easily review the information. Some useful indicators were not included in the JSNA – for example, the number of young people who aspired to higher education.
- Cllr Holland suggested that impact assessments should be completed to ensure that the future effects of the Mayor’s budget were clear. The Chair suggested the Board review the Quality of Life Survey at the January meeting. Health inequality would form a large part of the public health budget.
- The action plan would look at all relevant approaches. Neighbourhood Partnerships could be challenged to deliver in key strategic areas.
- Katie Porter referred to the decrease in the numbers of children walking to school. Links to transport, planning and housing should be considered.
- The Board noted the difficulty in identifying which deaths were a direct cause of the cold weather. Targeted work would be challenging but the national cold weather plan set out the actions and thresholds for approaches. It was assumed that GP’s could identify people at risk but often it was the key actions all year round that could mitigate against risks. The HWB should monitor the wider issues.

The Board agreed the report.

10. Pharmaceutical Needs Assessment (Agenda item 10)

The Board received a report from Kelechi Nnoaham, Interim Director of Public Health, Bristol City Council.

The report provided information regarding the duty placed on Health and Wellbeing Boards to ensure the production of Pharmaceutical Needs Assessments (PNAs).

A further update would be provided at the January or February 2014 meetings.

The Board agreed that the Director of Public Health would be delegated to put in place appropriate governance for the development of the Pharmaceutical Needs Assessment.

11. A Call to Action (Agenda item 12)

The Board received a presentation from Jill Shepherd, Bristol CCG – appendix a to the minutes.

The ‘Call to Action’ considered a consistent national framework and context to enable conversations that were already happening locally between commissioners and their communities about local health priorities.

As part of the discussion, the following was noted;

- No additional funding would be available - different approaches to treatment should be considered. Close working with colleagues, such as public health, would be important.
- Views would be collected in a number of ways, including via social media. The CCG’s twitter name was identified as @Bristol_CCG.
- Claudia McConnell referred to the annual report of the Chief Medical Officer which provided information on how investment in children services saved money in the long term; it would be important to get prevention right. Dr Freudenstein highlighted the high cost of hospital stays.
- The role of the Local Authority in the Education Select Committee should be noted.

12. Autism Strategy (Agenda item 11)

The Board received a report from Wendy Sharman, Commissioning Manager, Strategic Planning and Commissioning Health and Social Care and Catherine Wivell, Strategic Commissioning Mental Health Learning Difficulties

The paper was presented to the HWB to:

- inform the HWB of the city-wide response to the second national exercise aimed at evaluating progress towards the 2010 Adult Autism Strategy – Fulfilling and Rewarding lives;
- obtain endorsement from the HWB for this response, as required by ministerial letter of 2nd August 2013.

As part of the discussion, the following points were noted;

- The Bristol Autism Strategy was launched by Bristol City Council in partnership with Bristol Clinical Commissioning Group, people with autism, family carers and voluntary sector organisations.
- All Local Authorities were asked to complete a self-evaluation questionnaire and the national strategy would be revised by March 2014. The evaluation has identified some areas for improvement but Bristol was in a good position due to the creation of a local strategy and the forum meetings.
- As the BCC autism champion, Cllr Willingham had met with a number of people and Bristol has been identified as a leader in the area.
- CCG have provided funding to address the 66 week waiting time – this would be expected to reduce. National indicators would be considered and options considered on the level of service.

The Board agreed to note the report.

13. Round Table updates

- a) The Health and Wellbeing Strategy had been published and hard copies were available on request.

14. Standing Item: General Matters of Interest

There was none.

14. Any Other Business

There was none.

INFORMATION ITEMS

15. Bristol Safeguarding Children Board Annual Report 2012-2013

The papers included a link to the annual report.

16. Work Programme 2013/14

(The meeting ended at 4.15 pm)

CHAIR