DISCLAIMER

The attached minutes are DRAFT minutes. Whilst every effort has been made to ensure the accuracy of the information, statements and decisions recorded in them, their status will remain that of a draft until such time as they are confirmed as a correct record at the subsequent meeting.

AGENDA ITEM No.3

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 (HWB)
3rd April 2014 at 4.00 p.m.

Attendees

Members of the Board:
Cllr Barbara Janke – Chair and Assistant Mayor for Health & Social Care
Cllr Glenise Morgan - representing Leader of Lib Dem Group
Cllr Claire Hiscott – representing Leader of Conservative Group
Cllr Daniella Radice –Leader of Green Group
Cllr Helen Holland – Leader of Labour Group
Keith Sinclair – The Carers Support Centre
Dr Martin Jones, Chair - Bristol Clinical Commissioning Group
Sohail Bhatti – Interim Deputy Director of Public Health
Rachel Robinson – HealthWatch (The Care Forum)
Alison Comley – Strategic Director Neighbourhoods
Christine Teller – HealthWatch (Volunteer Representative)
Peter Walker – Voluntary and Community Sector Assembly
John Readman – Strategic Director People

Others in attendance:
Aileen Edwards – Chief Executive, Second Step
Nick Hooper – Service Director, Housing Solutions & Crime Reduction, BCC
Jackie Beavington – Public Health Improvement, BCC
Jess Dicken – Senior Health Promotion Specialist, BCC
Kay Russell – Strategic Planning Manager, BCC
Richard Lyle, Bristol CCG

Support Officers
Kathy Eastwood - Service Manager: Health Strategy (supporting the Board)
Suzanne Ogborne - Project Administrator, Health & Wellbeing Board
Sam Mahony - Democratic Services Officer

1. Welcome, Apologies for Absence, Substitutions and Declarations of Interest

Sohail Bhatti was welcomed as the Interim Deputy Director of Public Health. Apologies were received from Ewan Cameron, Steve Davies, Ulrich Freudenstein, Linda Prosser and Jill Shepherd. There were no declarations of interest.

2. Chair's Business

Martin Jones was invited to highlight the composition of the quality premium paid to CCGs in 2015/16. Reflecting the quality of the health services commissioned by them in 2014/15 these would be based on six measures that cover a combination of national and local priorities.

These were:

1. Reducing potential years of lives lost through causes considered amenable to healthcare and including addressing locally agreed priorities for reducing premature mortality;
2. Improving access to psychological therapies;
3. Reducing avoidable emergency admissions;
4. Addressing issues identified in the 2013/14 Friends and Family Test (FFT), supporting roll out of FFT in 2014/15 and showing improvement in a locally selected patient experience indicator;
5. Improving the reporting of medication-related safety incidents in a locally selected measure;
6. A further local measure that should be based on local priorities identified in joint health and wellbeing strategies – locally 'falls in the over 65's' have been chosen.

3. Minutes of the meetings held on 28th November 2013 and 11th February 2014 (extraordinary meeting)

The minutes of the meetings held on the 28th November 2013 and 11th February 2014 were agreed.

4. Public Forum

There was none.

5. Report back from Working Group – Strategic response to the rise in children's population (Agenda item 5)

The Board considered a report from Claudia McConnell, Service Director, Bristol City Council and Bristol Clinical Commissioning Group, which was presented by Kathy Eastwood (KE), Service Manager Health Strategy.

The Working Group had been established by the HWB following discussion of the Joint Strategic Needs Assessment report which highlighted the rise in the child population in Bristol. The group had met three times and there had been significant NHS involvement. The group did not undertake to take over the work of other organisations or bodies. The aim was to add value, deliver assurance to the HWB rather than to duplicate.

The recommendations were outlined in the report. As part of the discussion, the following points were noted;

- KE would inform members of key contacts for engagement to avoid duplication re development of websites and signposting **ACTION: KE**
- NHS numbers were a way of identifying a child in order to support the child and family. Fathers should be further connected to care and involved as it was noted that letters tended to be sent to the mother.
- Significant work was ongoing to align systems in terms of planning and commissioning.
- Accessibility for households where no one spoke English needed consideration when commissioning appropriate services for children.
- It was suggested that the work should be taken to the Health of Men and Boys stakeholder group.
- Young carers needed to be kept on the agenda and their needs considered.

The working group had provided a baseline to inform next steps and future work. The HWB acknowledged its role in leading the response within the city and asked senior officers of key organisations to consider what was being done and how to strengthen that work.

It was AGREED that the information be accepted in the context provided and further detail would be added by identified relevant officers across the sector. This would need to be considered by the Children's Outcome Board along with the review of the Child Poverty Strategy.

6. BIG Fulfilling Lives: Multiple and Complex Needs

The Board considered a report from Aileen Edwards, Chief Executive, Second Step and Nick Hooper, Service Director, Housing Solutions and Crime Reduction advising the HWB that BIG had confirmed an allocation of £10m to Bristol, with Second Step as the lead agency, for an 8 year project

to create system and cultural change in the way services are delivered to people with complex needs who have entrenched negative lifestyles.

Further to the presentation of the report, the following points were made during the ensuing discussion;

- The project was welcomed and congratulated on winning the bid.
- A group of commissioners would work on the programme and ensure cross fertilisation of learning across the programme.
- Cultural change was key, cutting across different agencies such as quality care and access to support for people with mental health issues or complex trauma. Work with providers would ensure services were linked and coordinated via leads for mental health commissioning.
- It was important that the project was additional rather than viewed as a substitution for current resources. In the short term numbers could increase due to the identification of the services attracting more people.
- It was expected that 300 people would be engaged, but impact would be on a wider group of 1500. There was also the opportunity to intervene earlier and learn more about prevention.
- There was some concern about those people not engaged with any services due to not fitting a variety of different criteria.
- Collaborative work would take place, for example with the Police and existing programmes, and monitor information recorded. Evaluations would consider the cost effectiveness of the change and where services would be most effective.
- Volunteers would be sourced and organised through an agency with training and support to build and nurture a depth of knowledge.
- The project would engage with clients from October. The Mayor had agreed to host the launch in the Autumn.

The recommendations were highlighted and AGREED as per section 5 of the report summarised as;
5.1 - to be champions of the strategic programme
5.2 - receive reports on an annual basis - the HWB requested a broad timeline of the project (ACTION: AE)
5.3 - Help unblock areas where they cannot resolve issues by taking a strategic coordinated approach.
5.4 - Ensure continuity at a senior level at the Fulfilling Lives and Multiple and Complex Needs Partnership Board.
5.5 - Work in collaborative ways in consideration of budget issues
5.6 - Support cross organisational learning at a strategic level

7. Strategy Priority – Action on Violence against women

The Board considered a presentation from Jackie Beavington and Jess Dicken, Public Health Improvement, Bristol City Council. The presentation has been attached to these minutes as Appendix A and further information found at www.thebristolideal.org.uk. A pack of all the initiatives would be distributed via email **(ACTION: JD)**

As part of the discussion, the following was noted;

- Officers continued to work with communities and those at risk using a community development approach along with safeguarding procedures. This approach was exemplified through St.Werburghs School where engagement with parents has been one of the keys to success.
- Methods of evaluating change include a snapshot survey to provide baseline information and help measure improvements, a scorecard which could be interrogated over time, questions regarding attitudes contained with the Quality of Life survey and figures for reporting and prevalence over time. Councillors were encouraged to engage with local schools to gauge the impact of the project and how policies had changed.
- Other areas for consideration include work with asylum seekers and victims of war where there had been violence against men by the state.
- Women/men who were being abused often went to their GPs with other issues such as depression. Those who abuse were likely to disclose themselves to GPs and more work needed to be done with GPs to ensure they knew of signposting to the next steps available.
- A volunteer perpetrator programme within the probation service worked with those that had been abusers. The Police ran a multiagency perpetrator programme focusing on 200 prolific abusers not on the sexual violence register. There were some issues to resolve regarding data recording.
- The CRUSH programme was a women's aid programme which trained 15 approved professionals to work with offenders or those displaying behaviours.
- Some Neighbourhood Partnerships had selected Domestic and Sexual Violence as a priority and were working with Public Health.
- Officers confirmed that training had been offered through the School Governor Service but often take up was not high and available briefings may be more appropriate.
- Two successful awareness raising campaigns 'This is Not An Excuse' continue to make an impact and change attitudes. The resource would be rolled out again next year.
- There was a multi agency approach to the complexity of links around DSV such as mental health, substance misuse and young people.

It was AGREED that the presentation was noted.

8. Strategy Priority – Dementia

The Board considered a report from Kay Russell, Strategic Planning Manager, Bristol City Council and Richard Lyle, Bristol CCG.

Further to the report and presentation, the following points were made during the ensuing discussion;

- People with dementia experienced a wide range of other services across health, social and community care. Good progress had been made with a joined up service, structures and working practices but there was still work to be done, including with support to carers.
- A high degree of complexity surrounded future demographics with an increasing population as people lived with dementia for longer with some more intensive support required.
- Bristol Aging Better had been established to tackle social isolation in older people and link community based services with universal services.
- There were some forms of dementia that could not be prevented, and others that were affected by conditions such as cardio-vascular disease and diabetes.
- There had been recent discussion in the medical press regarding misdiagnosis of mild to moderate memory loss. To an extent it was for the discretion of the GP as to the level of information and support offered to the individual and detailed letters could be sent to GP to advise on diagnosis and referral information.

With reference to the action plan, it needed to be clear where the HWB could add value, such as work within communities or the use of champions. Members of the Board were asked to respond with requests of how good practice could be spread among organisations.

It was AGREED that the presentation was noted.

9. Better Care Fund

The Board received a verbal update from John Readman, Strategic Director, People. Following the meeting held in February a submission had been made and a positive response received from the Department of Health. The next submission, agreed by Cabinet and the CCG Board, would be made by the 4th April 2014.

10. Round-Table Updates

It was highlighted that there would be an LGA SW conference held on the 1st May 2014 and further information would be circulated. **(ACTION: KE)**

11. General Matters of Interest

There were none noted.

12. Any Other Business

There was no further business.

Information item

13. Work Programme

The Work Programme was noted.

(The meeting ended at 16.05 pm)

CHAIR

DOMESTIC AND SEXUAL VIOLENCE & ABUSE

Jackie Beavington & Jess Dicken – Public Health

DOMESTIC AND SEXUAL VIOLENCE & ABUSE

DOMESTIC AND SEXUAL ABUSE

- Domestic Abuse / Teen abuse / Parent abuse
- Female Genital Mutilation
- Forced Marriage
- Human trafficking / sexual exploitation
- Sex work
- Sexual violence
- Sexual harassment / sexual bullying

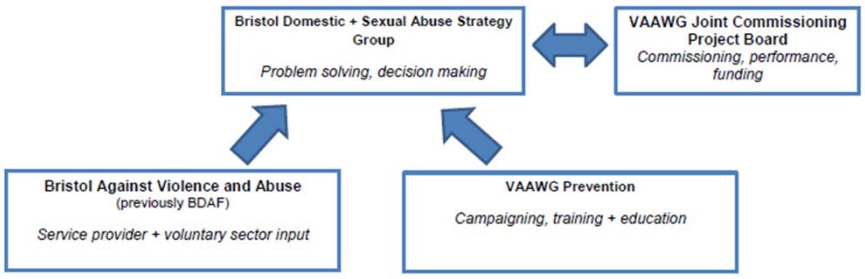
THE EXTENT OF THE PROBLEM

- One in Four women will be a victim of Domestic Abuse
- One in Five women will be a victim of Sexual Violence
- NICE guidance suggests 29.9% women in England and Wales will be a victim of DVA at some point in their lives
- Home Office estimates 14,127 women and girls aged 16 – 59 in Bristol would have been a victim of domestic abuse last year
- And 4,709 women and girls in Bristol would have been a victim of sexual assault
- Bristol Safeguarding Children board estimates about 2,000 girls in the city are at risk of FGM.

DVA AND SV RISK IS INCREASED FOR A WOMAN IF

- She has a long term illness
- Is a disabled woman (x2)
- Has a mental health problem
- Is separated from a violent partner
- Is Transgender (80%)
- Is bisexual or a lesbian (approx40%)

BRISTOL VAAWG GOVERNANCE STRUCTURE



SNAPSHOT OF VAAWG MULTI-AGENCY ACTIVITY

Prevention	Provision	Protection
Freedom Programme	38 refuge bed spaces, comprising	Police safeguarding unit (with embedded IDVAs)
CRUSH programme (groupwork for young people)	• 5 communal safe houses with 26 units for women and children (1 safe house/6 units specifically for BME women and children)	IDAP perpetrator Programme (probation)
Bristol Against Violence and Abuse free multi-agency training	• 1 communal safe house with 5 units for single women	Voluntary perpetrator programme
Bristol Against Violence and Abuse website	• 7 self-contained flats	2 x general IDVAs
Dedicated Public Health team focussing on education, training + campaigns, providing:	Resettlement Service	BME IDVA
library of resources	Community Based service in north and south of city	IDVAs based in two main emergency departments
The Bristol Ideal - set of standards for schools to achieve in relation to violence and abuse	Telephone helpline for all women in distress	Specialist domestic violence court
No Excuse Bristol campaigns http://www.thisisnotanexcuse.org.uk/	Crisis response team addressing risk of homelessness where there is domestic violence + abuse	ISVAs providing service across Avon + Somerset
Early Years campaigns with early years settings	Children's services linked to resettlement and safer house services	2 x MARAC (north and south of city)
Learning difficulties toolkit	IRIS project covering half of all GP surgeries in the city	Sexual Violence MARAC
Quarterly multi-agency prevention meetings	Specific south asian and polish support for victims of domestic abuse	
4YP young people's resources and training including teen abuse and consent	Domestic Violence and abuse workers embedded within Troubled Families programme	
	Somerset & Avon Rape and Sexual Abuse Support helpline + face to face counselling	
	SARC	
	3 x voluntary sector sexual abuse counselling services	
	Support for 11-24 year olds using/experiencing abuse	

HEALTH & WELLBEING BOARD OBJECTIVES

1) The Bristol Ideal – Prevention Project in schools

2) Working with partner agencies across the city to establish and enforce good, robust policies and practices preventing sexual abuse and harassment, domestic and gender based violence for staff, clients and workplaces, including responsibilities around domestic homicide reviews.

3) Including gendered violence as a part of routine inquiries on practitioner's evaluation forms and sharing this data with the Domestic and Sexual Abuse Strategy Group to better plan and commission services.

4) Setting a Quality Mark for training programmes on domestic violence, delivered within partner organisations for social and health care workers.

The Bristol Ideal

Promoting healthy relationships & reducing violence and abuse

Bristolideal.org.uk

What can schools do?

The Bristol Ideal Standards

- Take a 'whole school' approach inc having policies in place
- Up-skill staff through training
- Have a named school champion for DVA
- Relationships Education formally timetabled, for every year group, delivered by a trained teacher
- Signpost pupils and staff to services
- Take part in evaluations of the project

How will we help?

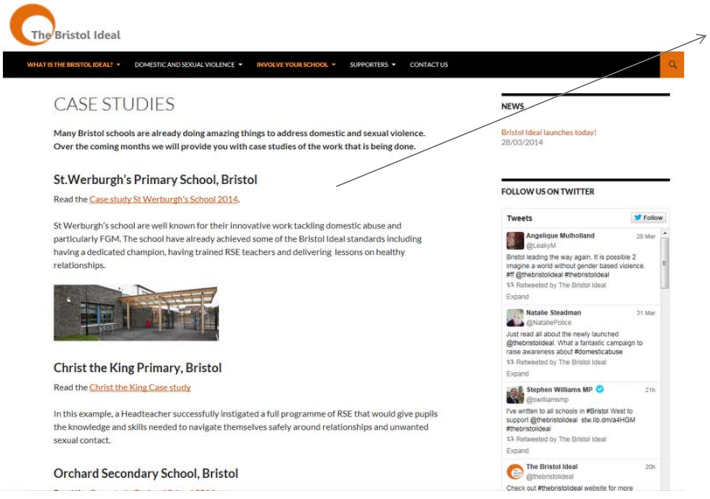
The Bristol Ideal Standards

- Example policies that schools can adapt
- Bristol-based PSHE/RSE CPD for staff
- Free training for staff – tailored to their needs
- Regular Champions network meetings
- Lesson plans/ guidance for all year groups
- Leaflets listing services and resources
- **The Bristol Ideal Award**

Who supports The Bristol Ideal?

- Youth Parliament
- Parents
- Bristol Fawcett
- MPs
- Healthy Schools
- Councillors
- Integrate
- SARSAS
- Early Help
- Brook
- MPs
- Police Crime Commissioner
- BAVA
- EVAW
- Bristol Safeguarding Children's Board
- UWE
- Public Health
- Health and Wellbeing Board
- WISH
- Unique Voice

Case studies

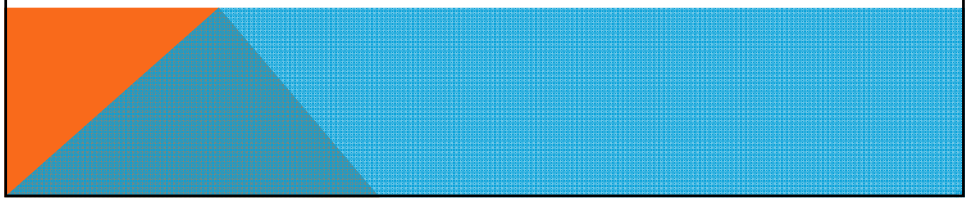


St Werburgh's

- DVA Champion
- Specialist Learning Mentor
- RSE embedded into curriculum
- Developing FGM lesson plans
- DVA (inc FGM) Policy

2. ESTABLISHING GOOD POLICIES AND PROCEDURES

- Aim – for organisations to have in place robust policies to support both staff and service users experiencing any form of domestic & sexual abuse. These policies should also include a commitment to participate in Domestic Homicide Reviews where necessary
- A survey to audit the current situation is to be piloted by members of the Women's Commission
- Health and Wellbeing Board partner organisations will subsequently be requested to complete the audit
- Once the current situation has been established then a programme of training and policy development will begin.



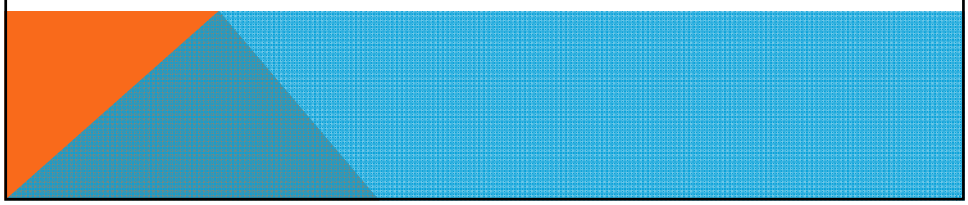
3. ROUTINE ENQUIRY

Routine enquiry into domestic and sexual abuse has been highlighted as a need through the recent Domestic Homicide Reviews and some statutory partners have already started to include this.

Feb 2014 NICE guidance states:

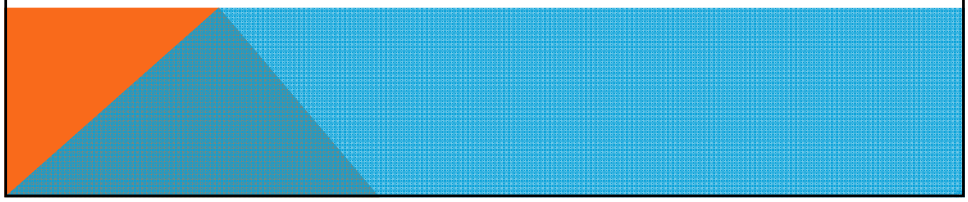
- **Recommendation 5: Create an environment for disclosing DVA**
- **Recommendation 6: Ensure trained staff ask people about DVA**
- **Recommendation 15: Provide specific training for health and social care professionals in how to respond to DVA**
- **Recommendation 16: GP practices and other agencies should include training on, and a referral pathway for DVA**

We would like the H&WB to champion this in their organisations with support as appropriate.



4. QUALITY TRAINING

- Aim – for all training on domestic and sexual abuse in Bristol to be of a sufficient standard and quality.
- Multi-agency training is offered through BAVA (Bristol Against Violence and Abuse) including monthly 'Understanding Domestic Violence Training'.
- In addition, many organisations organise and deliver their own domestic and sexual abuse training.
- A working group has been established to take this action forward.



ANY QUESTIONS?