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Agenda Item No: 4

Bristol City Council

Minutes of the Health and Wellbeing Board 2014

Thursday 5th June 2014

Health and Wellbeing Board Members Present:-

Cllr Barbara Janke – Chair and Assistant Mayor for Health & Social Care, Dr Sohail Bhatti – Interim Deputy Director of Public Health, Alison Comley – Strategic Director Neighbourhoods, Bristol City Council, Cllr Claire Hiscott – representing Leader of Conservative Group, Cllr Helen Holland – Leader of Labour Group, Dr Martin Jones, Chair - Bristol Clinical Commissioning Group, Cllr Glenise Morgan - representing Leader of Lib Dem Group, Linda Prosser - NHS England North Somerset, Somerset and South Glos area team (arrived at 2.20pm), Cllr Daniella Radice –Leader of Green Group, Rachel Robinson – HealthWatch (The Care Forum), Keith Sinclair – The Carers Support Centre, Jill Shepherd - Chief Officer, Bristol Clinical Commissioning Group, Peter Walker – Voluntary and Community Sector Assembly.

Support Officers in attendance:-

Kathy Eastwood - Service Manager: Health Strategy (supporting the Board), Suzanne Ogborne - Project Administrator, Health & Wellbeing Board, Karen Blong - Democratic Services Officer.

Others in Attendance:- Beth Bennett-Britton - Public Health Registrar, Jim Hodgson - Climate Change Advisor, Environment Agency, Nick Hooper – Service Director, Housing Solutions & Crime Reduction, Bristol City Council, Tamasin Knight - UWE, David Relph - University Hospitals, Petra Manley - Public Health, Jenny Smith - Councillor

1. Welcome, apologies for absence, substitutions and declarations of interest.

Cllr Janke, the Chair, welcomed Board Members and guests and apologies were received from Steve Davies - Vice Chair South Bristol locality group, Ewan Cameron - Chair, Inner City & East locality group, Dr Ulrich Freudenstein - Chair, North & West locality group, Christine Teller – HealthWatch (Volunteer Representative), John Readman – Strategic Director People, Bristol City Council, Nicola Yates – City Director, Bristol City Council

The following was noted;

- This would be Councillor Janke's last meeting as the Chair of the Health and Wellbeing Board (HWB). Cllr Janke would also be standing down from the role of Assistant Mayor.
- The Bristol Mayor would Chair the HWB meeting going forward. Health would continue to have an important profile and be a key part of the agenda in the Council and Public Health.
- The date of the next meeting would change from the 3rd to the 31st July to accommodate the Mayor (**Action – KB**).

2. Chair's business

The Advice Centre network had raised concerns related to charging for reports related to benefit entitlements. Dr Martin Jones suggested that discussions took place outside of the meeting.

3. Minutes of the last meeting and matters arising

- Kathy Eastwood (KE) provided an update following the report back from the Working Group – Strategic response to the rise in children's population. Following a meeting with John Readman it was likely that some further attention needed to be given to this item.
- Dr Sohail Bhatti requested that minutes be amended to state Doctor (**Action – KB**).

AGREED - that the minutes of the meeting on the 3rd April be accepted.

4. Public Forum

One public forum statement was received from Cllr Cllr Estella Tincknell and Cllr Marg Hickman related to Women only supported accommodation.

The following was noted -

- Nick Hooper (on behalf of John Readman) confirmed that the comments would be fed back as part of the consultation process. A final report would be presented to Cabinet in August. An update report, to be presented at the HWB in July, would provide an overview of the commissioning process (**Action – NH**). Cllr Holland requested that the report included information on specialist provision for women with particular needs, i.e. mental health issues.
- Peter Walker suggested that if a reduction in specialised accommodation were to be proposed, a clear rationale would be required.

A second public forum item previously circulated had been withdrawn.

5. Health and Wellbeing Board - One Year on and Next Steps

Alison Comley, Strategic Director, Neighbourhood, presented the report included as part of the agenda papers.

The report provided an overview of the national picture and noted the emerging themes: Systems Leadership, Better Care Fund, Governance and Working with Providers.

Appendix A of the report provided a summary of the issues considered at the Formal Health and Wellbeing Board meetings in 2013/14

The Board were invited to ask questions and the following was noted as part of the discussion.

- With reference to Champions, Kathy Eastwood confirmed that a positive response had been received. Cllr Radice and Linda Prosser volunteered to champion Maternity Services. A Champion job description would be created. **(Action – KE).**
- The Board re-iterated the need to ensure that the impact of the Health and Wellbeing (HWB) Board work would be clearly recognised, i.e. what services have increased joint working? Has life expectancy changed? The HWB should add value.
- Reference was made to the peer challenge review conducted six months ago. An update on the recommendations could be provided.
- The Chair noted that to provide an update for two JSNA priorities at each HWB meeting would be time consuming: it would take two years to consider all the JSNA priorities. Instead, a comprehensive work programme would be created to consider key topics. Information items would be circulated to the HWB.
- Dr Jones reiterated the need for a strategic approach. Focus should be on areas where persistent problems occur: where the HWB can influence direct resources to issues and blockages. Consideration should be given to how the HWB engages with advisors and show leadership around difficult areas.
- Keith Sinclair highlighted the need to celebrate achievements. For example, Bristol has been cited as a leader in the work around the Better Health Care Fund. The Kings Fund Report on HWB also noted the achievements of the HWB.
- Dr Sohail Bhatti suggested that the HWB has built good working relationships between organisations and year two would build upon this foundation. The Fire Authority had expressed an interest in joining the HWB.

Agreed – That an informal meeting of the HWB be arranged to set the agenda for the forthcoming year (Action – KE).

6. Healthwatch

Rachel Robinson (RR), The Care Forum, was in attendance to present information on Healthwatch.

The group were provided with a presentation (appendix a to the minutes) and along with the information contained, the following was also noted;

- Healthwatch has three key functions: information & signposting, advocacy and patient and public involvement function. Bristol Healthwatch also includes social care complaints and advocacy.
- In the second year Healthwatch would focus on the impact of evidence: considering what the raw data could mean.
- Healthwatch works reactively and pro-actively and aimed to support people who historically have been unable to be heard.
- The use of social media has increased but people still liked to discuss concerns related to health and social care issues with a person, i.e. over the phone or in person.
- Specific information related to prison service has affected the data results and further work would take place to consider the information.
- Consultation with young people identified mental health and transitional services as areas that require improvement.
- Advocacy was a key function of Healthwatch. The process of providing advocacy had become increasingly challenging with progressively more complex cases.
- The Healthwatch website serviced the Bristol area only. The Well Aware website covered five Local Authorities.
- Healthwatch played the role of a critical friend: the independent group worked alongside commissioners and providers.

The HWB Members were invited to ask questions and the following was noted as part of the discussion –

- RR noted that Bristol Healthwatch was relatively well resources compared to others nationally. The needs in Bristol posed a significant challenge,

Healthwatch were required to focus on particular groups and reflected Bristol's commitment to reducing health inequalities. Healthwatch would need to move forward working within capacity.

- Pain control and the impact on mental health had not been highlighted as a particular area of concern but this could be in the future.
- Healthwatch would only have capacity to support a certain number of volunteers but could work with other organisations to gather information.
- Healthwatch would identify trends and highlight issues. Information would only be presented to the HWB if responses to issues were not forthcoming, i.e. from commissioners. Commissioners were statutorily required to respond to Healthwatch within 20 days and 30 days for joint commissioners.
- Healthwatch linked with VOSCUR and social care networks, collecting valuable information. Some issues were very local.
- Healthwatch could link with the Bristol public health team who were successful at recruiting volunteers.
- The Healthwatch annual report would be published at the end of June and would be circulated to HWB members (**Action – RR**).

The Chair thanked RR for the informative presentation.

7. Health and Wellbeing Strategy: Developing the Action Plan.

Kathy Eastwood presented the report and the HWB were asked to consider the developing action plan and make recommendations on its direction and content.

The following was noted as part of the discussion –

- The Chair highlighted the need to recognise community provision during commissioning. Drug and alcohol services had been diverted to crime and were not featured as frequently on the wellbeing agenda. Services at a community level and support for families and carers should be considered in addition to treatment alone. More information on the central commissioning contract would be required to ensure that these issues were being addressed.
- Cllr Holland suggested that grass roots knowledge that informs strategies could be lost if only the larger organisations were commissioned.

- Smaller organisations should be supported to ensure inclusion in commissioning. Reference was made to the Third Sector Commissioning Strategy which aimed to address these types of issues.
- Alison Comley highlighted that good practice should be shared. For example, the community noted that mental health commissioning had been good – lessons should be learnt from the CCG.
- Dr Sohail Bhatti suggested that the HWB could influence the Health Integration Teams (HIT) activity and therefore utilising existing partnership.
- The work programme remained too large and KE would work with partners to focus the work and set realistic targets. Progress would be assessed against the strategy. An informal meeting would be arranged to identify priorities and to increase integrated working.

The Chair thanked KE for the work on the action plan.

8. Better Care Fund

Jill Shepherd, Chief Officer, Bristol CCG provided a verbal update and noted the following –

Submission

NHS England recommended approval of the Better Care Programme following the submission on the 4th April. All CCGs and HWB nationally have been asked to check the robustness of metrics and potential financial savings (set out in letter from NHS England dated 4th June), which would also need to include more detail on planned investments and the savings anticipated being generated from this investment. The metrics would be reviewed along with the financial assumptions within the plan to ensure robustness. It would be unlikely that gaps would be identified but if they were these would be addressed in the June submission, due on 27th June. Any changes to the April submission would need to be agreed by the Council, CCG and Health & Wellbeing. If changes were required updates would be provide via the Mayor and Kathy Eastwood: delegated authority would be required.

Mapping of Projects / Transformation Activity

Better Care Programme Board were mapping all projects and transformation activity taking place across the whole system within the commissioners and with the main providers to ensure that energy and resources were being directed to those areas. This would make a real difference to the Bristol Community and enable deliver of the ambitions. The programme board were currently focused on two key areas. Expansion would take place to include other project areas once the mapping has been completed. These two initial areas are:

- Reablement and Rehabilitation to support effective discharge of patients as quickly as possible, when safe to do so to more appropriate settings of care.
- Single Point of Access

Investment Proposals

Programme Management support would be recruited to support delivery of the Better Care Programme. The support would work with and provide additional support to project groups to drive the agenda and create proposals for further investment in services. This would be funded from the additional investment: £1.7m in Bristol.

Co-Commissioning / Integration

Bristol City Council and Bristol CCG have setup an Adult Services Joint Commissioning Group with Senior representatives to start to shape this agenda and provide strategic direction to the Better Care Programme Board around the transformation agenda. Joint work had taken place with NHS England to consider how to shape a strategy for Primary Care to enable better integration or seamless working across all parts of the system. This would be key to delivering more services within a community setting and reduce activity within an acute setting.

Consultation and Engagement

Consultation with stakeholders would increase: the community and voluntary sector, patients, users and staff within the services to help shape thinking. A communication and stakeholder map for the Programme would be created which would ensure that these groups were consulted at appropriate stages.

The HWB Members were invited to ask questions and the following was noted during the discussion –

- Partner organisations agreed the aims and the main challenge related to organisational change, i.e. culture, finances etc.
- £1.7 million of additional money had been allocated. Small amount would be top sliced and allocated to work. The remainder of the money would be invested in various projects. Social Care services would need to be protected. Each organisation had transformation teams and had allocated these resources. The issue should be a top priority for all.
- Keith Sinclair suggested that resources could be allocated for carers training: putting carers in a position to provide care safely.
- The national and local position varied. Bristol has been asked to provide further information on timescales and national discussions had suggested

slowing the pace of change to ensure that money had been correctly allocated.

- In reference to General Practice, it had been suggested that Primary Care would remain within the area team.

9. Round table updates

None

10. General Matters of Interest

- A Director of Public Health Annual report would be published in the Autumn and themed on health inequality.
- Dr Jones noted concerns raised regarding access to the Bristol City Council JSNA manager who had moved teams within the Council. Alison Comley confirmed that the role remained the same. Dr Sohail Bhatti would address the concerns in writing (**Action - Dr Sohail Bhatti**).
- Two consultants had been recruited and would commence work in the autumn.

11. Any other business

None

12. Information Items

Linda Prosser summarised the information items – Transfer of Police Custody and Sexual Assault Referral Centre and Family Nurse Partnership Programme.

LP confirmed that joint working would take place to ensure that the Nurse Partnership Programme linked to other work on young Mums.

The Chair agreed that NHS England papers should be submitted to the HWB for information in the future.

13. Date of next meeting

The next HWB meeting would take place on the 31st July 2014.

An informal work programme setting meeting would be arranged prior to this.

The meeting ended at 3.45 pm.