



## **Bristol City Council**

### **Minutes of the Health and Wellbeing Board**

Thursday 4 September 2014

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#### **Health and Wellbeing Board Members present:**

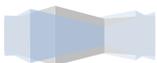
George Ferguson - Elected Mayor of Bristol and Co-Chair of the Board  
Dr Martin Jones – Chair, Bristol Clinical Commissioning Group and Co-Chair of the Board (**chair for this meeting**)  
Dr Sohail Bhatti – Interim Director of Public Health, Bristol City Council  
Alison Comley - Strategic Director: Neighbourhoods, Bristol City Council  
John Readman - Strategic Director: People, Bristol City Council  
Jill Shepherd – Chief Officer, Bristol Clinical Commissioning Group (Bristol CCG)  
Steve Davies – Vice Chair South Bristol Locality Group, Bristol CCG  
Councillor Brenda Massey, Assistant Mayor for People  
Councillor Claire Hiscott  
Councillor Gus Hoyt  
Sue Brazendale (on behalf of Peter Walker, VOSCUR)

#### **Support Officers in attendance:**

Kathy Eastwood – Service Manager, Health Strategy (Supporting the Board) - Bristol City Council; Suzanne Ogborne – Project Administrator, Health and Wellbeing Board – Bristol City Council; Shana Johnson, Democratic Services Manager – Bristol City Council

#### **Others in attendance:**

Zoe Sear - Head of Mayoral Partnerships and Initiatives, Bristol City Council (BCC); Nick Smith – Strategic Intelligence, JSNA and Consultation Co-ordinator, BCC; Piers Glen – South West Commissioning Support, Bristol Clinical Commissioning Group; Deborah Kinghorn – Strategic Support Officer, City Director and Mayor's Office, BCC; Dr Angela Raffle, Consultant in Public Health, BCC; Jess Williams - Senior Health Promotion Specialist (Early Years); Rachel Cooke, Bristol Healthy Schools team, BCC; Kathy Derrick, Bristol European Green Capital team; Judith Brown - Operations Director, Bristol Clinical Commissioning Group.



## **AGENDA PART A PUBLIC FORUM AND STANDARD ITEMS**

### **1. Public Forum**

There were no public forum items

### **2. Declarations of Interest**

None.

### **3. Welcome, Apologies for Absence and Substitutions**

Dr Martin Jones (Co-chair) welcomed all present to the meeting.

Apologies: Linda Prosser, NHS England North Somerset, Somerset and South Gloucestershire Area Team; Ewan Cameron, Chair Inner City and East Locality Group, Bristol CCG; Peter Walker, Voluntary and Community Sector Assembly; Christine Teller, Healthwatch (Volunteer Representative); Cllr Glenise Morgan; Dr Uli Freudenstein, Chair, North & West locality group, Bristol CCG; Keith Sinclair, The Carers Support Centre

### **4. Minutes of the Meeting held on the 31 July 2014**

**AGREED** – that the Minutes of the meeting held on the 31 July be agreed as a correct record and signed by the Chair

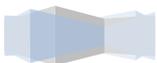
## **AGENDA PART B: ANY KEY DECISIONS TO BE TAKEN BY THE MAYOR**

### **5. Public Health Commissioned Services – agenda item 5**

Cllr Gus Hoyt introduced this item. The report outlined the level of current contracts transferred from the NHS, which require bringing into line with the Council's commissioning processes and governance. There is a combined value of £10.2m where extensions are required and this includes areas where other public health contracts are sitting. This comes from the ring fenced public health grant.

The Mayor thanked Cllr Hoyt for the report, welcomed and supported it. The Mayor approved the decisions outlined in the report, as follows:

- 1 To delegate to the Strategic Director of Neighbourhoods the extension of a series of Public Health contracts, transferred from the NHS, until March 2016, or until the services are re-commissioned if sooner. (Contracts outlined in Appendix 1).



- 2 To agree to new contractual arrangements for existing sexual health services provided by University Hospitals Bristol to the Council until 31st March 2016, or until the service is re-commissioned (Contracts outlined in Appendix 1)

The following issues were raised:

Cllr Hiscott asked about the Director of Public Health's (DPH) position, if the decision-making responsibility lies with the Strategic Director: Neighbourhoods. Alison Comley explained that delegated authority sits with the Strategic Director, in consultation with the DPH. This process is about extending the contracts rather than re-commissioning them. Alison Comley also responded to Cllr Hiscott's query regarding keeping the Health & Wellbeing Board informed of decisions. Alison Comley confirmed that she would report back to the Health & Wellbeing Board.  
**(Action – AC)**

## **AGENDA PART C: BOARD ITEMS**

### **6. Joint Strategic Needs Assessment (JSNA) 2014**

Nick Smith - Strategic Intelligence, JSNA and Consultation Co-ordinator introduced this report and referred to his presentation. A copy of the presentation can be found in the Minute Book for the Board. Nick Smith explained that the JSNA as a process links across Bristol City Council and Bristol Clinical Commissioning Group and that this is a summary of some the key health inequalities issues in Bristol, identified through the JSNA process. This builds on the review of Bristol's Health Profile 2014 discussed at the last Health & Wellbeing Board meeting. This JSNA update looks further at what this means within Bristol, including the inequalities gaps, and the trends on key data sets. The presentation uses Bristol's five Clinical Commissioning Group sub-locality areas as a tool to review inequalities and differences in Bristol.

There will be further JSNA sections to be added to this, specifically around Older People, which will be released through the JSNA website ([www.bristol.gov.uk/jsna](http://www.bristol.gov.uk/jsna)) and the JSNA steering group will put together a Strategic Summary for November to highlight the key messages from this data.

Nick Smith ran through the presentation, highlighting issues mainly around Life Expectancy, Healthy Life Expectancy, Premature Mortality, Child Health and key population characteristics for Bristol. Full details are in the presentation and the Executive Summary in the JSNA 2014 report.

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The following issues were raised:

- The JSNA highlights geographical areas where we may need to focus our activities

- The Board questioned whether we are putting our effort in the right place and do we need to review that in the light of what the evidence is telling us?
- The positive trend on teenage pregnancy was highlighted
- Which comparator groups are the most appropriate? Nick stated that highlighting the differences within Bristol was equally important.

Nick Smith commented that the JSNA Steering Group would consider how to follow these comments up.

Cllr Hiscott commented that the issue of health inequalities is not a new one. What is important is the action to address it. Other board members welcomed this challenge and agreed that the action on this issue needed to be more visible. Dr Martin Jones said it was important that the Health & Wellbeing Board (HWB) added value and was greater than the sum of its parts.

The Mayor suggested that Neighbourhood Partnerships may be an appropriate mechanism for highlighting health programmes.

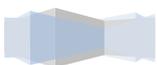
**AGREED** that the January 2015 informal meeting of the HWB would be used to consider this in detail, alongside the Health and Wellbeing Strategy Action Plan to try and ensure that robust plans are in place. **(Action – KE)**

## **7. Strategy Priority – Food**

The Health and Wellbeing Strategy Priority on Food was introduced by Dr Angela Raffle, Public Health Consultant. Angela gave board members a pack of information, including a summary of 'Who feeds Bristol?', a Timeline for food in Bristol and also a Good Food Plan for Bristol. A copy of the presentation can be found in the Minute Book for the Board.

Angela Raffle explained that the purpose of her presentation is to outline the range of actions that are being taken in relation Food. The Strategy priority is to 'Achieve a healthier, more resilient food system for the city to benefit the local economy and the environment' and to facilitate debate on how the Health & Wellbeing Board can add value to this work.

Angela Raffle had also brought along four colleagues all involved in food issues - Jessica Williams who works on early years nutrition, Rachel Cooke from the Bristol Healthy Schools team, Kathy Derrick who is working on food strands in relation to Bristol European Green Capital 2015 and Deborah Kinghorn who has been working on Mayor Bloomberg's mayor challenge, to talk about their particular areas of work.



## **The following issues were highlighted:**

- The food system seems to offer endless choice and convenience but is highly inefficient. It uses 9 calories of fossil fuel to produce one calorie of food and we throw a third of that away
- The Good Food plan for Bristol is a call to action to all relevant stakeholders involved in the food industry
- There is a need to tackle obesity in childhood
- Sizes of ambulance vehicles are increasing
- There are huge transport issues, particularly around air quality

Angela Raffle introduced Jessica Williams who works on early years nutrition. Jessica Williams summarised the work she is involved in: the first 1000 days of a children's life is key to reducing inequalities; dental decay is an issue along with lack of vitamin D – the number of children with rickets is increasing; in Bristol we are supporting breastfeeding, weaning and introducing solid foods. From September 2015 there will be a statutory requirement for an early years check. The team are also carrying out targeted work in Children's Centres.

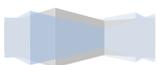
Angela Raffle introduced Rachel Cooke, Bristol Healthy Schools team. Rachel Cooke spoke about the work that her team are doing. In particular, they are trying to support schools to achieve the Mayors Award for Excellence – which was only launched this year. The idea is that children engage their parents/carers to make healthy changes.

Angela Raffle introduced Kathy Derrick from the European Green Capital team. Kathy Derrick mentioned that food has been chosen as one of 5 key themes and that there is £2m funding available. The team are currently working on a collaboration of ideas.

Angela Raffle introduced Deborah Kinghorn from the Mayor's office. She is part of a team that has been involved in a submission to (former) Mayor Bloomberg's mayor challenge for cities. The Proposal was called 'Learn Grow Eat Revolution'. And this was particularly targeted at challenged neighbourhoods. Bristol has been shortlisted to the final 21 and given support by Bloomberg to resubmit. We will hear in September whether the bid has been successful.

## **What next?**

Angela Raffle explained that at the moment we are just getting started. There is a need to develop a baseline report. We need to pull together all the 'measures' we have in Bristol and develop this year on year. We need a new 'Healthy Weight Strategy' (its being developed by Public Health) and to act on the recommendations of the recent Peer Review Visit – they came in March and carried out detailed interviews. A summary of their recommendations was handed out to board members.



## The Role of the Health & Wellbeing Board

The Health & Wellbeing board can help by spreading their knowledge and commitment through all sectors, help Council and other employees to understand the agenda and to ensure that Bristol City Council are held to account to in relation to the peer challenge recommendations.

### The following issues were raised:

- John Readman asked Rachel Cooke of the Healthy Schools team, how they are linked in with sports development teams? She confirmed that this is through dedicated children's partnerships
- Cllr Hiscott asked about educating parents and carers re food. Rachel Cooke commented that they are seeing some primary schools inviting parents and carers into the schools and the children are teaching them. Also, lots of schools have cookery clubs and pre-school cooking has been introduced in a variety of settings
- The Mayor commented that our Bloomberg submission addresses healthy food buying and preparation for parents. He also mentioned that whether we win the money or not, we will do all we can to follow the recommendations
- Dr Sohail Bhatti mentioned that with respect to the inequalities in this city, we need to ensure that we thread the agenda through to all areas
- Cllr Hoyt commented that food is something where we can make an impact and tackle the inequalities throughout the city

## 8. Better Care Fund

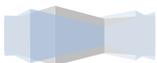
This item was introduced by Jill Shepherd, Chief Officer, Bristol Clinical Commissioning Group. The Board was updated on the Better Care Fund Programme's progress to-date.

Since the Board was updated re the BCF submission at its August meeting, the team (Bristol City Council/Bristol CCG) has been working to revise the plans in line with the new templates that have been given. The plans will be submitted on 19 September. In week commencing 8 September, the Programme Board will sign off the last iteration of the plan. The Chair and Co-Chair of the Health & Wellbeing Board have been given delegated authority to sign off the plan on behalf of the HWB.

In late September/October there is an assurance process (the plans will be reviewed by an external company) and at that stage we will be able to get a national view of all plans across the country.

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**AGREED:** Chair and Vice Chair of HWB to sign off the latest submission. There is a date in their diaries for this.



## 9. Personal Health Budgets

This report was introduced by Judith Brown, Operations Director, Bristol Clinical Commissioning Group. The purpose is to provide information about personal health budgets (PHBs) and to inform the HWB of the progress of Bristol Clinical Commissioning Group (CCG) on the implementation of PHBs. A copy of the presentation can be found in the Minute Book for the Board.

A personal health budget (PHB) is an amount of money to support a person's identified health and wellbeing needs and outcomes, planned and agreed by the service user and their local healthcare professional.

Following Norman Lamb's announcement on 30 November 2012 that PHBs were to be rolled out, Clinical Commissioning Groups were required to be in a position to offer a PHB to those who are eligible for Continuing Healthcare (CHC) from 1 April 2014. The 'right to ask' for a PHB will transform into the 'right to have' from 1 October 2015. From 1 April 2015 the right to ask for a PHB will be extended to other groups of users. Guidance on the particular groups is expected in Autumn 2014.

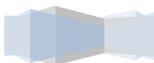
The following points were outlined by Judith:

- There is no new money attached to PHBs, we need to use the existing resource in a different way. It's a complex process
- It is challenging for health care co-ordinators to agree health and wellbeing outcomes
- A decision needs to be made on how the personal health budget will be given to the individual, whether it's a direct payment through a third party or whether the NHS keeps the money and purchases the care on behalf of the patient
- Bristol CCG is looking at pre-paid cards
- Brokerage support services help the service user with their care and support plan. Bristol CCG are looking at a range of organisations to provide brokerage support
- Somerset Clinical Commissioning Group was in the pilot (Bristol was not)
- Examples of how pilot service users used their personal budgets – purchasing an ipad to help with communication, massage to improve circulation and pain relief and employing a personal assistant
- There are guidelines on what a personal budget cannot be used for
- The PHBs are monitored and reviewed – there is a clinical review in the first three months of PHB and then annually. There is a financial review quarterly.
- In the slide pack there are video clip links of real life pilot case stories

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The following issues were raised:

- John Readman commented that it would be good if children with disabilities could be piloted



- Alison Comley welcomed the opportunity to work with the CCG on personal budgets
- Dr Sohail Bhatti commented that we must ensure that there is equality of access and that there needed to be monitoring to ensure this
- Cllr Hiscott expressed concern over what happens if things go wrong – how do we ensure that the money is spent wisely? Judith explained that the brokerage service will be key to this.

## **10. Clinical Commissioning Group (CCG) Planning and Engagement**

The CCG Planning and Engagement report was introduced by Jill Shepherd, Chief Officer, Bristol Clinical Commissioning Group and her colleague, Piers Glen, Programme Director from the South West Commissioning Services Unit.

The paper sets out a proposed high level approach to patient and public involvement (PPI) in terms of engaging and consulting on the CCG's commissioning intentions as part of an integrated planning process.

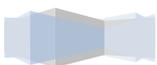
Jill referred to Appendix A which is a diagram which aims to describe the general approach and sets out the key stages of planning, from drafting the plan, looking at whether the priorities are correct and then testing the plan. It also outlines the stages of formal approval, including coming to the HWB. The circle diagram is a proposal under development – a means of sharing how the CCG is doing, how to get a proper dialogue with the people of Bristol, a developing process and a chance for clinicians to stand up and share experience.

Appendix B describes some of the activities for involving patients and the public, in particular engagement with GP member practices.

This is what the CCG are planning to do and are looking to the HWB to provide feedback.

The following issues were highlighted:

- It is important to consider the geographical health inequalities identified in the JSNA
- It's a good opportunity for Bristol City Council/CCG to share some of the agenda items together
- There needs to be a sense of honest dialogue, it is quite hard for people to get to grips about what their voice is influencing.
- One year commissioning intentions can be difficult to understand within the context of a 5 year plan
- There needs to be 'rolling' feedback



- Dr Sohail Bhatti commented that this is a fantastic piece of work and the intentions are to be welcomed and:
  - The importance is the weight you apply to that 'input' eg everyone asks for better autistic services – there needs to be honesty about why it cannot be done
  - It is important to use plain English, there is a temptation in the NHS to use lots of jargon

**AGREED** that these comments are fed back to the CCG. **(Action: - JS)**

**11. Any Other Business**  
(none)

**The meeting ended at 4pm**

**Chair**

