



Bristol City Council

Minutes of the Health and Wellbeing Board

Thursday 26 February 2014

Health and Wellbeing Board Members present:

George Ferguson - Elected Mayor of Bristol and Co-Chair of the Board (**Chair for this meeting**)

Dr Martin Jones – Chair, Bristol Clinical Commissioning Group and Co-Chair of the Board

Ewan Cameron – Chair, Inner City & East Locality Group, Bristol Clinical Commissioning Group (Bristol CCG)

Dr Ulrich Freudenstein – Chair, North & West Locality group, Bristol CCG

Steve Davies – Vice Chair South Bristol Locality group

Becky Pollard – Director of Public Health, Bristol City Council

Alison Comley - Strategic Director: Neighbourhoods, Bristol City Council (BCC)

Jill Shepherd – Chief Officer, Bristol Clinical Commissioning Group (Bristol CCG)

Tim Wye, Strategic Commissioning Manager, Joint Commissioning (Adults), BCC (deputising for John Readman)

Steve Davies – Vice Chair South Bristol Locality Group, Bristol CCG

Councillor Glenise Morgan

Councillor Claire Hiscott

Councillor Daniella Radice

Peter Walker, VOSCUR

Keith Sinclair, HealthWatch (Carers Support Centre)

Linda Prosser, NHS England North Somerset, Somerset and South Gloucestershire

Ellen Devine, Service Co-ordinator, HealthWatch Bristol

Support Officers in attendance:

Kathy Eastwood – Service Manager, Health Strategy (Supporting the Board) - Bristol City Council; Suzanne Ogborne – Democratic Services Officer, Bristol City Council;

Others in attendance:

Alex Minshull, Sustainable City and Climate Change Service Manager, Bristol City Council; Dr Chris Hine, Consultant in Public Health Medicine, Bristol City Council; Justine Rawlings, Head of Strategic Planning, Bristol CCG; Judith Brown, Operations Director, Bristol CCG; Mike Hennessey, Service Director: Care Management, Bristol City Council; Beveleigh Evans, Better Care Programme Director, Bristol CCG



AGENDA PART A PUBLIC FORUM AND STANDARD ITEMS

1. Public Forum

There were no public forum items

2. Declarations of Interest

Ewan Cameron declared that he is Manager of Compass Health in respect of agenda item 8, The Charter for Homeless Health.

3. Welcome, Apologies for Absence and Substitutions

George Ferguson (Co-chair) welcomed all present to the meeting and in particular Becky Pollard, the new Director of Public Health and Ellen Devine, Service Co-ordinator, HealthWatch Bristol. Apologies had been received from Nicola Yates, City Director; Cllr Brenda Massey and John Readman.

4. Minutes of the Meeting held on the 27 November 2014

AGREED – that the Minutes of the meeting held on the 27 November be agreed as a correct record and signed by the Chair subject to two amends: Page 3 – Claire Hiscott’s comment should read ‘...thanked Public Health for bringing this item to the Board.’ and on Page 5, Jill Shepherd’s comment should read ‘The CCG has a ‘no alcohol in the workplace’ policy...’.

Matters arising from the minutes:

In relation to the development of Bristol Alcohol Harm Reduction Strategy and Action plan, it was noted that there would be an update on this at the HWB’s next meeting on 2 April 2015.

It was noted that there was no formal minutes of the HWB Board’s meeting held on 8 January 2015 as this had been an informal meeting to discuss the NHS 5 Year Forward View. The key themes coming out of the seminar are outlined in agenda item 9.

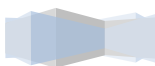
AGENDA PART B: ANY KEY DECISIONS TO BE TAKEN BY THE MAYOR

5. There were no key decisions to be taken by the Mayor.

AGENDA PART C: BOARD ITEMS

6. Green Capital

George Ferguson commented that he sees health and wellbeing bringing everything together under the Green Capital umbrella. The most important thing about 2015 is



what follows, the legacy that winning European Green Capital leaves behind. He handed over to Alex Minshull, Sustainable City and Climate Change Service Manager, to introduce this item (copies of the slide presentation were circulated at the meeting and a copy has been placed in the official Minute Book).

Alex Minshull explained that discussions about how to be a Green Capital City started at Bristol Partnership (the Local Strategic Partnership) and in 2003 a community strategy was developed titled 'Bristol: a green capital in Europe, creating sustainable communities and improving the quality of life'. In 2007 the Bristol Green Capital Partnership was founded and a year after in 2008 the European Green Capital award was created by the European Commission. In 2015 Bristol became the sixth holder of the European Green Capital award.

He highlighted the following key points:

Background to the Journey:

- The Green Capital project is all about creating a city that is 'fit for life'
- The European Green Capital award is a helpful benchmarking exercise
- Bristol won because it had spent many years pioneering environmental efforts, it had a breadth of performance, strong community action and effective partnerships, plus impressive plans for this year and also a sense of fun
- Its important to think about how do we empower people locally to make Bristol greener, how do we show the leadership with other cities and how do we create economic value from this?
- In response to winning the award, an independent company, Bristol 2015 Limited was set up to plan and deliver some of the programme and to raise funds
- The City Council is key in many initiatives
- The Partnership is made up of over 700 organisations, including many health and wellbeing projects, the public sector, commercial and business partners
- It is the largest environmental network in any city, anywhere
- It's about trying to create a healthier and happier city
- A few schemes in relation to energy, warmer homes, open spaces, wellbeing, how people get about and whether this contributes to other people's ill health

Alex mentioned that Green Capital team is working very closely with the Bristol Post and the Post produced a supplement which is a guide of activities for the year.

The big launch at the beginning of 2015 'bridging the gap' between the two bonded warehouse wasn't just about a spectacle, alongside this 500 partners met to discuss what being a Green Capital means for Bristol. The event highlighted the fact that we have a problem, we have a challenge here whether its global or local. People need to recognise that they can do something. One aim is local empowerment with a strong programme focussed on citizens – the project awarded £1.6m to be shared amongst every neighbourhood in the city. And funding for some bigger strategic



projects, a volunteer programme, the national schools programme and a neighbourhood arts programme.

Alex highlighted the health angle – some example projects which are health-specific:

- Kitchens on prescription in Southmead
- Food Route – using surplus food through an on-line platform
- Children’s Bike Exchange Scheme – for low income families
- Let’s Walk Bedminster – joining up footpaths etc in Bedminster
- Princes Trust Getting People Started – projects involving young people and food
- Local wildlife improvements projects in neighbourhood green spaces

There is a programme of local, national and international events, including:

- Achieving Healthy Cities conference 29 June-3 July – bringing some of the world’s experts to Bristol which may help shape the future strategy of the city. This is the 52nd annual conference and is very seldom taken out of the United States and specifically came to Bristol because of what is happening here
- Festival of the Future City 18-20 November – this will be a wide ranging conference looking at the future of the city, the challenges and opportunities, whether health, technology or demographically driven.

Alex Minshull explained that there are lots of ways for the HWB to get involved – details are available on the website www.bristol2015.co.uk, where board members can sign up to the monthly newsletter; use the Facebook page (www.facebook.com/Bristol2015) and Instagram (<http://instagram.com/bristol2015>).

George Ferguson mentioned that it’s important to get any events that the HWB are running into the calendar.

The following issues were raised:

- a. Jill Shepherd – thanked Alex for his presentation and commented that this was the first time she had heard about the European Green Capital at the HWB. She mentioned that many of the objectives more than overlapped with CCG work, for example social prescribing. The CCG had not been invited to take part in the European Capital work - she would like confirmation that from now on the HWB and health in the city could work much more closely with the Green Capital.
- b. Alex reassured the board that connections had been made within the system and his involvement today would help to fix this.



- c. Steve Davies asked for more information about Kitchens on Prescription in Southmead – is this social prescribing? Details to be sent to the HWB.
- d. Glenise Morgan asked for further information on the Health Action Group. David Relph (from the public gallery) confirmed that he would put a report together.
- e. Linda Prosser commented that this was an exciting project and confirmed that the HWB needs to consider how it can make decisions to ensure that it underpins the sorts of things the Green Capital means. Also, how do we learn from what people are saying and doing and use our resources to underpin it?
- f. Alison Comley – is there a practical way, in terms of the localities, of how we can put the Green Capital team in contact with GPs in their practices?
- g. Peter Walker commented that this is a great initiative and, in particular, the grants for local projects. He asked whether there is a communications strategy to try and publicise some of these things? In the list of key organisations, the voluntary sector has not been mentioned, it would be useful to reference them.
- h. Alex Minshull confirmed that VOSCUR has been key to the project. In terms of communicating about projects – there will be a dedicated website called Neighbourly, so people can find out about these projects. All projects are being encouraged to share their activities with their communities. There is a plan to share learning at the end of the year.
- i. Becky Pollard welcomed the health focus and was excited to hear about it from that angle. She also mentioned that it is important to share the learning from the ideas and projects and also make sure that we sustain them for the future. She would really value as much information as possible about the 120 projects, to learn from the best and sustain them and perhaps see how Public Health can be involved.
- j. George Ferguson mentioned that cleaner air etc is costing £80-90m a year and Green Capital is driving action on this.
- k. Uli Freudenstein commented that there are quite a few people who are taking part in Green Capital projects already, including primary care colleagues. He also mentioned Green Sustainability day.
- l. Ellen Devine mentioned that a lot of the projects could be promoted by VOSCUR and HealthWatch in their newsletters. This combined with CCG engagement and doing something that is fun, could bring people in.
- m. Keith Sinclair suggested working with the City of Service, Dementia Friendly City, Homeless, Bristol Ageing Better, we need to make sure we don't work in isolation and have shared learning.

George Ferguson thanked Alex for his presentation and encouraged board members to have a look at the information on the website www.bristol2015.co.uk.



ACTION:

- **European Green Capital presentation with video link to be sent to board members**
- **Kitchens on Prescription - more details to be sent to board members**
- **Green Capital team to aim to visit GP practices in the localities**
- **Health Action Group - David Relph to put a report together**

7. Pharmaceutical Needs Assessment (PNA) and process for acting on new information in relation to the PNA

Dr Chris Hine, Consultant in Public Health Medicine, introduced this item. The Pharmaceutical Needs Assessment (PNA) has come to the HWB today for approval and the team has been updating the PNA up to the last minute. The reason it has come to the HWB is because it is a HWB responsibility and must be published by 1 April 2015. Chris mentioned that she is also asking for HWB approval for delegation of future updating responsibilities to a HWB officer.

Chris Hine confirmed that the primary purpose of the PNA is to support NHS England's decision-making in relation to pharmacies. She emphasised that Bristol has gone beyond the requirements to produce the document - the team has looked at levels of customer satisfaction with local community pharmacies. Geographically Bristol is well served – each resident is within 1.6km of a pharmacy in Bristol; there are 8 x 100 hour opening pharmacies in the city, 11 that are open 7 days a week and have overnight rota openings.

The team did not find any gaps in provision but did draw up a list of conclusions and recommendations which are outlined in the executive summary. One of the strong themes was around access to information – people want to know more about whether they can have delivery services, access to overnight services etc. This is particularly difficult for customers who are not on-line. There is still a role for front line providers to let people know where they can get their prescription dispensed.

Linda Prosser confirmed that NHS England is doing some work on communications in relation to pharmacies.

Chris Hine commented that respondents were very positive about the pharmacy services that are provided. She also explained the proposed system for receiving and acting on information received from NHS England. It is proposed that this responsibility is delegated to the Director of Public Health.

The following issues were raised:

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- a. Claire Hiscott – commented that she is really pleased to find out that we are pretty well covered in relation to pharmacies.



- b. Linda Prosser confirmed that NHS England would only agree to a reduction in a pharmacy's opening hours when a decision had been through the process for acting on new information as identified in Chris Hine's report.

AGREED

The Health and Wellbeing Board approved the 2015 Pharmaceutical Needs Assessment for publication and delegated responsibility for receiving and acting upon information received from NHS England to the Director of Public Health, as proposed in the report attached to the agenda.

8. Charter for Homeless Health

This item was introduced by the Mayor, George Ferguson. The Mayor commented that he had visited St Mungo's and was asked to bring the charter to the HWB. This is a national campaign. He commented that its totally unacceptable that the count of 41 street sleepers is the same as last year. He also mentioned that the Mayor's Fund is being donated to Homeless charities in the City and that he is sleeping outside one evening this week.

The following issues were highlighted:

- a. Peter Walker commented that this very important issue has been around for a long time and that there is a very good network of services for homeless people. In terms of the process, there is a Homeless Prevention Board that could have been a vehicle to bring this issue to the Board.
- b. Glenise Morgan mentioned difficulties with registering at GP practices without a home address.
- c. Ewan Cameron commented that there are only 4 homeless beds in the city centre. Also that he knows of at least 4-5 GP practices where homeless people can be registered automatically.
- d. Tim Wye commented that there are links to the JSNA (Joint Strategic Needs Assessment) and he is doing some work about how we can re-focus and re-form the JSNA. He will come back to the HWB in the future with plans for that.
- e. Claire Hiscott mentioned that we need to make sure that we don't neglect some of the other homeless charities.
- f. George Ferguson commented that we work with all the charities in the city that are set up to work with the homeless.



- g. Ellen Devine mentioned that HealthWatch has a project proposal around speaking to the homeless.

AGREED

The HWB agreed to George Ferguson and Dr Martin Jones signing the charter on their behalf.

9. NHS 5 Year Forward View: Key issues raised at the HWB informal seminar on 8 January 2015

This report was introduced by Kathy Eastwood, Service Manager: Health Strategy and she outlined the key themes emerging from the informal seminar held in January. The purpose of the seminar was to consider the opportunities and challenges presented by the NHS 5 Year Forward View and Forward View into Action: Planning for 2015/16.

The HWB were asked to consider the key themes from the seminar whilst discussing the CCG Draft Operational Plan and the 'Better Care Bristol' presentation – items 10 and 11 on today's agenda. These items are all linked.

The following issues were raised:

- There was a real appetite to develop new models of health and care
- There was a sense of the opportunities that are already in place, for instance using clusters of GP surgeries
- Take advantage of opportunities re procurement of community services
- Tackling alcohol misuse – there was a suggestion to hold an event to bring parts of that system together and to discuss why gaps are taking place
- The role of the HWB board – the importance of having a shared vision

The following issues were highlighted:

- a. Uli Freudenstein mentioned the recent news that Greater Manchester will begin taking control of its health budget of £6bn from April after a devolution agreement was signed by the Chancellor George Osborne. He thought it might be useful to organise a trip to Manchester.
- b. David Relph (from the public gallery) mentioned that he was in Manchester when the new financial arrangements were announced. He would be happy to share the intelligence from his meeting and had discussed with Manchester arranging reciprocal visits with Bristol. Manchester has not done much to draw connections between the health sector and the university and would be keen to learn from Bristol's experience of doing this.

ACTION

- **Kathy Eastwood to co-ordinate an event re Tackling Alcohol Misuse**

10. Clinical Commissioning Group (CCG) Draft Operational Plan 2015/16

This presentation was given by Justine Rawlings, Head of Strategic Planning, Bristol CCG (copies of the slide presentation were circulated at the meeting and a copy has been placed in the official Minute Book). The first draft operational plan for 2015/6 will be submitted to NHS England on 27 February.

Justine confirmed that the CCG carried out a public consultation on their draft commissioning intentions and the responses included better integration of services, clearer communication, better co-ordination, clear plans, reducing waits and consistency around self-care messages.

The following issues were raised:

- a. Keith Sinclair commented on the 'specifics' slide, in particular, Support Carers – he pointed out that carers can also be carers of all ages, both young people and adults.
- b. Becky Pollard mentioned that public health are keen to strengthen prevention work by looking at what works, where do we get the best value eg smoking, breast feeding, and to align the resources with the council but also the voluntary sector and health services. Gives a real mandate to go away and push hard around those areas.
- c. Alison Comley explained that the Council is facing similar challenges, maybe what the HWB can do is to ensure that plans are aligned.
- d. Glenise Morgan commented that in relation to working with communities, it would be useful to work with Neighbourhood Watch groups.
- e. Ellen Devine asked whether the CCG will be working with schools/education. She also suggested that maybe the HWB could have an education/school rep on its board.
- f. Becky Pollard mentioned that public health commission school nurses and will be commissioning health visitors shortly. It is important to educate re health in the early years. Already doing quite a lot but lots more can be done. Academies have a lot of freedom, how we engage with them needs to be strengthened.
- g. Claire Hiscott mentioned that at the Council Budget meeting there was money allocated for training teachers around mental health.
- h. Martin Jones mentioned that it is important to make young people good users of healthcare – they need to know where they should go for their healthcare.
- i. George Ferguson commented that children become educators.
- j. Ellen Devine explained that the format for teaching migrants on how to use the health service could be used in schools.



ACTION:

- **A copy of the presentation to be sent to Board members**
- **The HWB to discuss this further at a future meeting**

11. Better Care Bristol – following on from Integration Workshop in Bristol

This presentation was introduced by Judith Brown, Operations Director, Bristol CCG and Mike Hennessey, Director of Adult Services, BCC (copies of the slide presentation were circulated at the meeting and a copy has been placed in the official Minute Book).

Mike Hennessey explained that the purpose of this presentation was to provoke some thinking about why we integrate care and to think about what are the benefits? There's a national driver for change and there's a local one. Better Care Bristol is the local driver for change.

He highlighted the following areas:

- At the moment there's difficulty in the recruitment of therapists, nurses etc
- The population of Bristol is increasingly diverse with, for example, over 90 different languages spoken
- Gaps in outcomes – 10% people getting the worst outcomes, across the road from the 10% who are getting the best
- The two acute trusts are working flat-out
- Strained social care capacity
- New ways of addressing issues, for instance there are 400,000 outpatient appointments every year at the BRI
- Connecting care – only two places, including Bristol
- Personalisation – direct payments to help personal commissioning and personal health budgets
- What people have told us - professionals want the voluntary sector involved, for example, with helping people come out of hospital and multi-disciplinary working
- Gathering data about the individual rather than systems performance

Mike Hennessey signposted the HWB to the slide titled 'What we need to think about' - how do we want to create integration for Bristol citizens? We need to consider the continuing funding situation and not over-promise. The key messages are integrated care at the heart of national and local policy, we've got to do something and now is a chance to do this. We have communities in Bristol where we can test things and learn from them. There are also champions who can be bold.

Judith Brown continued the commentary, referring to the slide 'Better Care Bristol Potential Model', Judith explained that we want to put 'individuals' at the top of the triangle. We need to think about what we would do if we didn't have hospitals or centres providing citywide services. We need to think about what we can deliver at a

local level eg Neighbourhood Partnerships being building blocks, with clusters of practices. However, there may be services that we can't deliver at a local level.

She explained that it is useful to look at what others are doing – in Sheffield they have a single budget and suggest that they are more likely to find lasting solutions to decreasing resources with increasing demand by working together. In Kent they have an interesting approach to this (slide 9) with a 2 year plan to reach an integrated solution.

The purpose of bringing this to the HWB is to test this out with the board - what might need to be delivered on a citywide basis and does it feel the right way forward?

Alison Comley asked Judith to define neighbourhood clusters. Judith Brown confirmed that this was Neighbourhood Partnerships and practices now working more collectively around things like how they support patients to come out of hospital etc) and neighbourhood localities, there are three – south locality, inner city and east locality (ICE) and north and west locality.

Judith mentioned that with very specialist services in relation to health or social care, to try and move away from the thought of buildings on a citywide basis eg BRI. Not all services need to be hospital-based.

Martin Jones commented that this was a whole system approach.

AGREED:

- **The Better Care Bristol model is supported in principle by the HWB**

12. Better Care Programme (BCP) – Section 75

This presentation was introduced by Beveleigh Evans, Better Care Programme Director, Bristol CCG (copies of the slide presentation were circulated at the meeting and a copy has been placed in the official Minute Book).

Beveleigh Evans confirmed that the Better Care Programme is a joint appointment between the CCG and Council. As part of bringing the mechanics of it together, there is a requirement to have a Section 75 agreement. The aim is to provide care much closer to home. She outlined the national aims (slide 3) and commented that there are 9 schemes at a very high level.

The HWB needs to be assured that the BCF plans are sufficiently challenging and will deliver tangible benefits for the local population, as well as addressing the conditions of the fund. Beveleigh Evans commented that the monies in the BCF is not new monies and is not a fund that can be applied for. She also mentioned that Bristol's aspirations of the fund exceed the fund of £31m.



In relation to risk sharing, it has been agreed that the majority of budgets are based on historical risk. The CCG needs to get a legal opinion and hopes that it will be straightforward.

The following issues were raised:

- a. Peter Walker commented that the voluntary sector is talked about a lot in the presentation but as far as he is aware it is not represented on the programme board.
- b. Beveleigh confirmed that HealthWatch had recently agreed that they would take on this function.

Beveleigh Evans closed by saying that any changes to the Section 75 Risk Sharing Agreement will be brought back to the HWB at a future meeting.

13. Any Other Business

There was none.

The meeting ended at 3.55pm

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Chair

