



Bristol City Council

Minutes of the Health and Wellbeing Board

Thursday 27 November 2014

Health and Wellbeing Board Members present:

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

Nick Hooper – Service Director: Strategic Housing (deputising for 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

Ewan Cameron - Chair, Inner City & East Locality Group, Bristol CCG

Dr Uli Freudenstein - Chair, North & West Locality Group, Bristol CCG

Councillor Claire Hiscott

Councillor Gus Hoyt

Councillor Glenise Morgan

Peter Walker - VOSCUR

Keith Sinclair - Carers Support Centre

Support Officers in attendance:

Kathy Eastwood – Service Manager, Health Strategy (Supporting the Board), Bristol City Council; Suzanne Ogborne – Democratic Services Officer, Bristol City Council; Nancy Rollason – Legal Advisor, Bristol City Council.

Others in attendance:

Barbara Coleman, Service Manager: Public Health Commissioning & Performance, Bristol City Council; Katie Porter, Alcohol Strategy Manager, Bristol City Council; Justine Rawlings, Head of Strategic Planning, Bristol CCG.



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:

George Ferguson - Elected Mayor of Bristol and Co-Chair of the Board (represented by Cllr Gus Hoyt); Nicola Yates, City Director, Bristol City Council; Zoe Sear, Mayor's Office; Christine Teller, HealthWatch (represented by Morgan Daly); John Readman - Strategic Director: People, Bristol City Council (represented by Nick Hooper); Councillor Brenda Massey, Assistant Mayor for People; Linda Prosser, Director of Commissioning, NHS England

4. Minutes of the Meeting held on the 4 September 2014

AGREED – that the Minutes of the meeting held on the 4 September be agreed as a correct record and signed by the Chair.

Matters arising from the minutes:

Jill Shepherd gave the board an update on the Better Care Fund. Our submission has been 'assured with support' and she commented that all involved have done well to get this. The team are carrying on with the detail of the work, with monthly meetings. It has been agreed that they will update the Health & Wellbeing Board every couple of months. Martin Jones commented that the level of collaboration between stakeholders has held us in good stead.

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

5. Programme of Public Health Intervention Proposals – agenda item 5

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Cllr Gus Hoyt explained that as the Mayor was not able to attend this meeting, he had formally delegated this decision to Cllr Hoyt. Cllr Hoyt introduced this item and explained that for reasons of transparency, this report has come to the HWB. He welcomed this expenditure and outlined the report.



Peter Walker raised the issue of social prescribing. He felt that the proposals could be more ambitious in relation to this, given that the Board had committed to this over a year ago. He suggested that the proposals should match fund the funding that the Clinical Commissioning Group had committed to social prescribing.

Barbara Coleman confirmed that this was non-recurring funding and that social prescribing should probably have a longer term commitment.

Nick Hooper commented that an extensive piece of work had been undertaken earlier in the year on social isolation. A paper would be coming to the February meeting and social prescribing would be a part of that.

Following discussion on social prescribing it was agreed that since the landscape had changed within the last year, a baseline should be established in order to establish what progress had been made, identify continuing gaps and bring forward suggestions for next steps.

Claire Hiscott welcomed the Healthy Living Pharmacy pilot in areas of deprivation. She asked what the criteria had been for accepting or rejecting proposals when there is still some money in the pot.

Glenise Morgan enquired how the monitoring of impact on health inequalities would be undertaken. Barbara Coleman replied that all the proposals would contribute to tackling health inequalities.

Sohail Bhatti replied that a matrix had been used for scoring and explained that it was clear what the criteria were. Applicants were able to make a presentation to their peer group and feedback was given.

Jill Shepherd said that the CCG would like to be part of any future rounds of proposals.

Peter Walker asked why the VCS was not invited to get involved in the process. Sohail replied that this exercise looked at where service pressures were internally and that it was not a grant giving process.

Clare Hiscott thanked Public Health for bring this item to the Board.

The Chair thanked Cllr Hoyt for the report.

Cllr Gus Hoyt approved the decisions outlined in the report, as delegated to him by the Mayor on 18 November 2014, as follows:

- 1. To agree to expenditure on a programme of Public Health interventions to an aggregate value of £564,633 as per the report and appendices.**



AGENDA PART C: BOARD ITEMS

6. Development of Bristol Alcohol Harm Reduction Strategy and Action Plan

Sohail Bhatti introduced this report and explained that there is an ongoing problem in society related to the use and abuse of alcohol – it is not without harm. The paper eludes to the fact that it is one of our top 5 areas in terms of disability-related harm in society, not just premature death but responsible for the disability and unwellness before and up to death. Found in every area of life, for example mental illness, both a contributor to and a consequence of relationship breakdown, unemployment etc. Public Health want to use this opportunity to look at the broader issues and start a dialogue and discussion around this area.

Katie Porter mentioned that this report has been brought to the HWB to ask members what their priorities are for the new strategy. One of Public Health's roles is advocacy and it would like a minimum price set nationally. The team would like a drive from the HWB to support that work. Katie Porter explained that since the NHS was split up, the commissioning of the alcohol nurses sits with the CCG, and Bristol City Council funds some of the alcohol nurses located in the hospitals. The HWB could set a priority for the CCG and Public Health to work together to drive down re-admissions, helping people to detox and to give support with partnership working arrangements. Historically Safer Bristol has had the lead on alcohol - they have a strong emphasis on crime but not the related health issues.

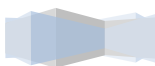
She asked the HWB to consider where the governance of the Alcohol Strategy should sit. The HWB could take on the role.

The following issues were raised:

Nick Hooper commented that there is a separation of the community safety issues from the alcohol reduction. The number of people in treatment is going up.

Martin Jones mentioned that we are not really engaging the specialist GPs or secondary care. Also, governance needs to be sorted out.

Glenise Morgan is keen that we take a lead on this and emphasise the link with mental health, the effects and causes. She recently attended an event organised by Alcoholics Anonymous – they organise 95 meetings in Bristol each week. She also mentioned that through her work on the Licensing Committee, members feel frustrated by not being able to refuse applications for extended hours, home delivery service etc. She would like to look at what can be done to review policies and also to see us working with surrounding authorities. She is in support of a minimum price per unit of alcohol.



Peter Walker explained that he would like to support the minimum unit pricing. Most people only present for treatment at the dependant end of alcohol misuse. It's a very complex issue. He mentioned that he would support a joint working group.

Gus Hoyt commented that he agrees, especially regarding developing a local strategy. The Council policy for employees could be improved, for example drinking at lunch-times at the moment is not forbidden. Gus Hoyt also mentioned the Divestment Movement which is an environmental movement looking at any investments we have in fossil fuel and suggests that maybe we could look at the same for alcohol? He also suggested contacting the Green Capital Health Group to promote the strategy.

Claire Hiscott said that the response from the Health & Wellbeing Board is very positive. She pointed out that liver disease is on the rise – every year the NHS in Bristol spends £16m on liver disease (mostly alcohol related). We need to take it as seriously as smoking cessation – with real hard work and messaging. It affects both the rich and the poor. She suggests that there is a regular update report to the HWB.

Jill Shepherd commented that she supports everything that has been said. It has been discussed at the CCG governing body and she is sure that it would get support from the governing body. The CCG has a 'no drink in the workplace' policy and the Council could have the same as it sends a good message to staff and public.

Morgan Daly mentioned that HealthWatch is doing a consultation around mental health and its important to ask questions about alcohol and mental health. There is also a draft proposal to do a piece of work with street workers in the central Bear Pitt area.

AGREED

It was agreed that the Health and Wellbeing Board needs an oversight of the developing alcohol strategy and action plan. Officers were requested to work closely with partner organisations, across the city, to ensure that all parts of the system are signed up to actions required.

It was agreed that a paper would be prepared with colleagues in Safer Bristol Partnership. This would explore potential governance issues, including dual accountability.

ACTION: Barbara Coleman and Katie Porter



7. NHS 5 Year Forward View

Justine Rawlings, Head of Strategic Planning, Bristol CCG, introduced this report. The NHS Five Year Forward View sets out a vision of a better NHS, the steps that we should now take to get us there and the actions we need from others. She commented that it does emphasise the need for working in partnership with the community.

The key areas are as follows:

- Call for a radical upgrade on prevention in public health
- Emphasis on patient care over their own care
- Support of carers – considerable joint working
- Potential localised models
- Support for local requirements
- Commitment to investment
- Affordability – there still remains a gap
- Need to review local plan and partnership plans in the light of this - new models, new ways of working and address some of the challenges within the report

The following issues were highlighted:

Martin Jones explained that the principle was that if patients have three or four different conditions that services should wrap around the individual, rather than three or four very separate approaches.

Sohail Bhatti welcomes the fact that the NHS have not given up with public health which means deflecting demand in the long term. He also commented that in a recent survey, members of the public were asked 'how much do you think that the NHS should spend on prevention? - their view was a third.

Alison Comley mentioned that the board needs to ensure that work on prevention does not get lost. The HWB also needs to think about the issues in terms of their own work programme.

Kathy Eastwood suggested that the HWB at its 8 January meeting looks at this in more detail. She suggested that we could invite the trust providers for half of that discussion.

Martin Jones suggested that the HWB could look at the three groups of the 5 year plan.

Uli Freudenstein commented that it's a good report, in particular that it advocates a degree of organisational flexibility in terms of the NHS.



Sohail Bhatti explained that there is compelling evidence that just reducing smoking can have an impact on healthcare utilisation. We have only to look at the use of stop smoking services by the affluent, the costs are deflected and deferred by self help.

AGREED:

That the 8 January 2015 informal meeting of the Health & Wellbeing Board considers the NHS 5 Year Forward Plan View in more detail.

ACTION: Kathy Eastwood to arrange.

8. Bristol Clinical Commissioning Group Draft Commissioning Intentions

This item was introduced by Justine Rawlings, Head of Strategic Planning, Bristol Clinical Commissioning Group. The purpose of the report is to share the first draft of the Commissioning Intentions for Bristol CCG 2015/16 and to invite comments.

She highlighted the following key areas:

- Better Care programme
- Focus on reducing health inequalities
- Model around diabetes care and long term conditions
- Work around early cancer diagnosis
- Continuing to offer support to GPs to improve waiting times
- Getting the right care in the right place
- Meeting the demands of the increase in child population – how to design services, including mental health services, for children

Justine Rawlings also mentioned that some public engagement events have been organised by HealthWatch and others. The CCG will also be consulting with member GP practices to make sure that they have the right things in the right place, a transparent framework with a clear process that people can understand, information on what has made it into the final plans and why, etc. She also confirmed that they have used a prioritisation matrix.

Peter Walker asked where would alcohol fit in with this? Justine confirmed that there had been discussions including around alcohol attendances at A&E.



9. Pharmaceutical Needs Assessment

This report was introduced by Dr Chris Hine, Consultant in Public Health Medicine.

Chris Hine confirmed that this item was for information, to update the board on the progress being made to meet a mandatory deadline of end of March 2015. As set out in the paper, the project team are up to speed on the project plan – they completed the public consultation in mid November. They are very pleased to have received 136 responses, although only half of the respondents wanted to make comments in respect of the key questions. She mentioned that the feedback was very informative.

Key issues:

- There is general agreement that we don't have gaps in the provision of pharmacies in the area
- Customers want more information on opening hours of pharmacies
- Some of the comments were from people with sensory impairment
- The fact that that the Pharmacy Committee need to be more responsive and they will take the opportunity to use this feedback

The following issues were raised:

Sohail Bhatti commented that there are communities with whom we need to do some outreach work. Christine explained that the consultation plan included a programme of groups the project team wanted to meet with, and the project manager met with quite a few groups in response to this invitation.

The chair thanked Christine Hine for the report.

10. HealthWatch Special Inquiry into Hospital Discharge

This report was introduced by Morgan Daly from HealthWatch Bristol. He gave an overview of the work that HealthWatch has completed in relation to hospital discharge.

HealthWatch consulted with 350-400 patients re their discharge experience from hospital. This was a national project by HealthWatch England but was carried out locally. The HealthWatch team will shortly put together an action plan to discuss with the two local Clinical Commissioning Groups.

The concerns raised by the patients included:

- A lack of communication
- Rushed decision-making in relation to discharge
- Delayed discharge from hospital
- Very little information on staying healthy when the patient got home



Morgan Daly explained that he wanted to highlight to the HWB: the public health implications of the above, a missed opportunity for patients, adult care implications of older people going into care homes, difficulties arising with pharmacy being kept up-to-date. He mentioned that University Hospitals Bristol (UHB) had agreed to use HealthWatch to signpost the most vulnerable older and otherwise needy patients on discharge. HealthWatch are talking to North Bristol Trust (NBT) about this too.

Morgan Daly confirmed that Healthwatch will revisit this discharge issue in 2015 to measure whether there's been any improvement.

The following issues were highlighted:

Uli Freudenstein commented that in relation to hospital discharge, the staffing capacity for these hospital discharge conversations is getting worse and quality does not necessarily follow this, but the difficulty with fewer people looking after patients, the more rushed those conversations will be. He was not really sure, having read the report, in what way HealthWatch could come up with a good straightforward action plan to ensure this happens. How do we turn the HealthWatch report into something useful to make people behave differently?

Morgan Daly emphasised that it's the quality of conversations at discharge that really matters and that support following discharge can avoid re-admission.

Keith Sinclair reminded the board that it has strong links with the local community pharmacy through the sub-group of the Health & Wellbeing Board. This group meets quarterly with representatives from Avon Local Pharmacy Committee and local pharmacists within the area. Cllr Claire Hiscott, the Interim Director of Public Health, Keith Sinclair, Steve Davies, Cllr Morgan and Kathy Eastwood sit on this group.

Martin Jones suggested trying to give the patients access in real time to their discharge information eg prescriptions. Uli Freudenstein suggested that in an attempt to encourage 'self care' patients could get instructions to take away with them on discharge, including a telephone number to ring if they needed any further information. He suggested that there could be a pilot around that with one of the hospitals.

Peter Walker, with reference to the role of voluntary sector groups, stressed that it was important to make sure that people are aware of what is going on, so that they are prepared.

Nick Hooper understands that there has been a significant review of role of process in University Hospitals Bristol (UHB). This has highlighted issues with patients who don't have a residential address. Are there other voices here who effective discharge is important for?



Sohail Bhatti mentioned that he would like these findings to be linked with some of our local communities, in particular, the Somali community. Sohail can provide a contact name for Morgan Daly. **ACTION:** Morgan Daly to contact Sohail Bhatti for the name of his contact.

AGREED to take forward:

- In respect of the systems changes identified, the CCG to attend future meetings with HealthWatch and the provider trusts to agree hospital discharge improvements.

ACTION: Dr Martin Jones/Morgan Daly, HealthWatch

- Jill Shepherd mentioned CQUIN and recommended that HealthWatch speak to Bridget James

ACTION: Morgan Daly to speak to Bridget James, Quality Lead, Bristol CCG

11. Board Champions Update

Kathy Eastwood introduced this item. There had been a meeting of the Board Champions on 16 October. There was a lively discussion about what was involved in the role, what the expectations were and how the champions could be supported. The group talked about the champions not needing to be experts in their areas and the need to ensure that the champions are supported, for example Claire Hiscott is being supported by Katie Porter and the public health team in relation to being the alcohol champion.

For some areas, like social isolation, which is a difficult area to champion, there is a network of experts to provide support. Kathy confirmed that she will organise a series of networking/speed dating workshops. She explained that what will become evident is that some of the priorities will need refreshing in view of changes.

Kathy concluded that people should not go on forever being a champion, it is important to keep the issues live and review these annually. Also, board champions can meet as often as they need to discuss their progress.

Martin Jones confirmed that he would be the board champion for Mental Health.

ACTION: Kathy Eastwood to contact Martin Jones in relation to his champion role



12. Any Other Business

- Kathy Eastwood mentioned that it is proposed that the Health & Wellbeing Board meetings after the 2 April 2014 meeting will be held on Wednesday afternoons. Suggested dates will be emailed to board members shortly.
- Tooth Decay in Children – Dr Jo Williams will prepare an issues paper for the Health & Wellbeing Board’s February meeting.
- Attention was drawn to the public consultation on libraries

Dr Sohail Bhatti, Interim Director of Public Health, commented that as a new Director of Public Health has now been appointed, this will probably be the last formal meeting of the Health & Wellbeing Board that he attends.

The Chair thanked Sohail for his contribution to this board and wished him well for the future.

The meeting ended at 3.40pm

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Chair

