



Bristol City Council

Minutes of the Health and Wellbeing Board

Thursday 2 April 2015

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 (Bristol CCG) and Co-Chair of the Board (**Chair for this meeting**)
Ewan Cameron – Chair, Inner City & East Locality Group, Bristol CCG
Becky Pollard – Director of Public Health, Bristol City Council
Alison Comley - Strategic Director: Neighbourhoods, Bristol City Council
John Readman - Strategic Director: People, Bristol City Council
Councillor Glenise Morgan
Councillor Daniella Radice
Councillor Brenda Massey
Peter Walker, VOSCUR
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:

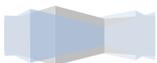
Nick Hooper, Service Director: Housing Solutions and Crime Reduction, Bristol City Council (BCC); Judith Brown/Ruth Richardson, Bristol Ageing Better Big Lottery Programme; Louise Lawton, Independent Chair, Bristol Safeguarding Adults Board; Sally Lewis, Independent Chair, Bristol Safeguarding Children Board; Netta Meadows, Service Director: People, BCC; Leonie Roberts, Consultant in Public Health, BCC; Katie Porter, Alcohol Strategy Manager, BCC; Barbara Coleman, Service Manager, Public Health, BCC.

AGENDA PART A PUBLIC FORUM AND STANDARD ITEMS

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1. Public Forum

There was no public forum.



2. Declarations of Interest

There was none.

3. Welcome, Apologies for Absence and Substitutions

Dr Martin Jones (Co-chair) welcomed all present to the meeting. He mentioned that Richard Laver is the new chair for North & West Locality group, Bristol CCG taking over from Dr Uli Freudenstein. The chair formally thanked Uli Freudenstein for his contribution to the Board.

Apologies had been received from Nicola Yates, City Director; Jill Shepherd – Chief Officer, Bristol Clinical Commissioning Group (Bristol CCG); Steve Davies – Vice Chair South Bristol Locality Group, Bristol CCG; Keith Sinclair, HealthWatch (Carers Support Centre); Councillor Claire Hiscott, Stephen Hynd, Head of Mayor's Office and Richard Laver, Chair, North & West Locality group, Bristol CCG

4. Minutes of the Meeting held on 26 February 2015

AGREED – that the Minutes of the meeting held on the 26 February be agreed as a correct record and signed by the Chair

Matters arising from the minutes:

- The subject of Integration will come back to a future meeting of the HWB

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

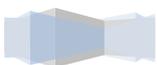
5. There were no key decisions to be taken by the Mayor.

AGENDA PART C: BOARD ITEMS

6. Strategy Priority – Social Isolation

Nick Hooper, Service Director, Housing Solutions and Crime Reduction, Bristol City Council introduced this item (copies of the slide presentation were circulated at the meeting and a copy has been placed in the official Minute Book).

He explained that 2-3 years ago, Bristol was one of 6 local authorities selected to work with the Marmot Team at University College London. Bristol made the decision to address Social Isolation, whilst other areas chose different subjects. Bristol's Director of Public Health asked Nick Hooper to lead on the work. The team working on this project, Liz McDougall and Dave Clarke, have been the driving force behind the project and produced a major report which took a life-course approach to social isolation. It also identified which groups in Bristol are at greatest risk (copies of the reports and other resources are available at <http://www.bristol.gov.uk/page/adult-care-and-health/social-isolation>).



The following key points were highlighted:

- (a) There is a distinction between loneliness and social isolation. The definition of social isolation is:
 - People with few social contacts and few social roles
 - Can occur at any age and can be lifelong or episodic
 - It particularly affects communities
- (b) It matters because it impacts on life expectancy and is a significant cause of depression
- (c) It results in more visits to GPs and longer stays in hospitals
- (d) It is therefore cost effective to make those that are isolated, more socially connected
- (e) It has an impact on physical and mental health
- (f) Life events can cause social isolation eg men in middle age, having a baby, moving house, suffering bereavement, being unemployed etc
- (g) Living with abuse and violence can affect social isolation
- (h) Caring responsibilities for someone with social isolation can cause the carer to become socially isolated

Nick Hooper drew the HWB's attention to the Lifecourse slide in the presentation. He explained that this shows the impact upon people's likelihood of becoming socially isolated or not. The next model diagram in the slide presentation, attempts to describe the factors that can cause social isolation, for example, individual factors, community factors and socio economic factors.

In Bristol, those at risk include 7,000 of over 65's, around 20,000 in the working age population and an unspecified number in the Under 18's age group, particularly young people who are susceptible to bullying at school. And there is intelligence to suggest that those at greater risk of social isolation are in places where there are lower incomes (Lawrence Hill, Lockleaze, Southmead, Hillfields, Frome Value and Southmead) and also in pockets in more advantaged areas such as Bedminster, Southville and Westbury-on-Trym.

Nick Hooper explained that more work needs to be carried out in respect of what can be done to reduce social isolation to include piloting ideas and signposting to community navigators who make links for those who are socially isolated.

The challenge is to move from individual projects to a whole systems approach – Nick Hooper explained that he is leading on a piece of partnership work in relation to early intervention. It is important to look at integrating social isolation work into other programmes eg Metrobus and to look at an asset based approach.

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Finally, Nick Hooper showed the HWB two slides, one of the Oliastra region in Eastern Sardinia and one of Totterdown in Bristol. He explained that there are blue zones (6-7 places in the world) where life expectancy is the same for men and for

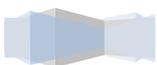
women, Olliastra is one such place. In these zones, social connection is present particularly amongst men.

He then handed over to Judith Brown/Ruth Richardson from Bristol Ageing Better's Big Lottery Programme. Judith Brown confirmed that Bristol Ageing Better has succeeded in being allocated £5.4m of funding and can now concentrate on 16 projects which have been agreed with the Big Lottery.

Bristol Ageing Better would like to see Bristol as an age-friendly city – this means where we all work together to integrate all the projects associated with this and to make every penny work from helping an older person, a parent with a buggy or a tourist coming into the city. Judith Brown suggested that she has a regular slot every 6 months on the HWB to give an up-to-date report on progress.

Ruth Richardson, Programme Manager, explained that the programme includes a strategic framework with four levels to it. However, it can be difficult to find out intelligence regarding where the isolated people are located but she explained that contacts with GPs and community leaders helps. The programme will be focussing on the geographical areas of Greater Bedminster, Greater Fishponds, Brislington and the Ashley area. It will look at specific services that are targeted at risk groups, including BME (Black Minority Ethnic) groups and people living with dementia. There will be support from UWE, 15 local researchers and a lot of input from the Big Lottery Fund around evaluation.

Gill Brookman, Health Improvement Projects Manager, commented that the work needs to happen at a community level, with integration, collaboration and facilitation, building on relationships to then create new opportunities. As Nick Hooper has outlined in his presentation, people are socially isolated for a range of reasons. If we bring people into groups, the groups have to be inclusive. This is a challenge but with good facilitation it can be done. This enables sustainability and provides the groups with the extra attention that they need, giving them confidence so that they can see the value of their group and enable them to apply for funding. At the beginning of a project, it is important to think about who we are trying to reach. There needs to be a flexible approach – men's groups are the most challenging - the way to get to them is by finding a way to make them feel needed and useful whilst doing something challenging. A successful group has been the men's breadmaking group - this has led to a group that loves making bread (*a basket of bread and cakes had been kindly provided by the men's baking group for the HWB to sample*).



The following issues were raised:

- (a) Cllr Glenise Morgan mentioned social isolation in relation to men, particularly those who are on their own and the higher suicide rate amongst men. The city has a Men's health and wellbeing partnership and she chairs this. There are lots of partners on that group.
- (b) Gill Brookman commented that there are leads in South, North and East Bristol which each have a small number of projects
- (c) Judith Brown suggests a focus on 'test and learn' to help speed things up
- (d) Ewan Cameron mentioned that his locality group, Inner City and East are keen for the team to come to their locality forums
- (e) John Readman explained that the social isolation report is already making an impact and it has had huge support. We need to think about what we can all do in partnership with Bristol Ageing Better (BAB). The model of BAB is about being voluntary and community sector led. What would BAB like from the HWB?
- (f) Nick Hooper mentioned that Di Robinson is working on a prospectus on growing the voluntary and community sector, with social isolation being a strong theme.
- (g) The project team confirmed that there is a mapping exercise of 140 organisations in the partnership. This includes an area by area map showing who is already working there and the contact that they are having. This will be shared across the whole partnership to put organisations in touch with each other. WellAware is included in the mapping.
- (h) George Ferguson commented that this will be a huge legacy
- (i) Alison Comley mentioned that she was at Golden Key this morning. The project team confirmed that Golden Key is a year ahead of them in the process of being funded, so the project team is making some really important links with them, there's lots of synergy between the two
- (j) Daniella Radice explained that Dr Michal Nahman, who is a Senior Lecturer in Social Sciences, at UWE has made a film on social isolation in new mothers. A copy of this is available by emailing Michal.nahman@uwe.ac.uk
- (k) Daniella also commented that it will be important to sustain these organisations in the future, how can we make sure that the groups that are working are here in the longer term?



- (l) Peter Walker highlighted that there are problems with the City Council and CCG's funding processes – they need to be more sophisticated
- (m) Ellen Devine explained that HealthWatch has a focus on children/younger people and the youth groups that they go to keep them healthy and away from the Police. HealthWatch would like feedback from people going to the community groups to compare with people entrenched in the health system.
- (n) Becky Pollard thanked the team for what they have done so far, from a public health perspective. She acknowledged that social isolation is critical and has learnt a lot from the presentation given today
- (o) Liz McDougall commented that there is a strong link between this and the social prescribing agenda – it can be seen as a response to social isolation.
- (p) Linda Prosser suggested that part of the legacy of Green Capital could be around social isolation
- (q) Nick Hooper explained that Steve Davies is a champion on this and any questions can be routed through Steve Davies

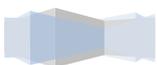
The Chair thanked everyone for their input and asked that a message is sent to the men's group thanking them for their bread, it was most welcome.

7. Bristol Safeguarding Adults Board Draft Annual Report

This report was introduced by Louise Lawton, Independent Chair, Bristol Safeguarding Adults Board (BSAB). She explained that she wanted to share with the HWB the work that has been done around Safeguarding Adults and to promote the profile of adult safeguarding. Bristol has had a board since 2006 and she joined the team in September 2014.

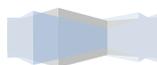
Louise Lawton explained that the board is a strategic partnership/forum of agencies committed to safeguarding and promoting the wellbeing of people at risk of abuse, neglect and harm in Bristol. Its key role is to ensure that there are arrangements for preventing harm and reacting to allegations of abuse in all agencies who work with adults at risk in Bristol.

The BSAB holds partner agencies to account, it reviews and updates the safeguarding adults policy for Bristol and ensures that quality assurance, performance management and communications strategies are in place and are put into practice and are working effectively. It also commissions Serious Case Reviews and 'lessons learned events' when there are concerns that a failure of agencies to work together has led to serious harm or the death of an adult at risk.



The following points were highlighted:

- Cllr Brenda Massey now sits on the board and together with Louise Lawson as independent chair, ensures accountability and challenge
- The team are reviewing policies and procedures which is critical to improve practice and to learn lessons nationally. A lot of work has been done regionally and sub-regionally around the policy framework
- Training and development work is an ongoing requirement
- Learning from lessons - each partnership agency has strong and robust training and development plans
- 'making safeguarding personal' is aimed at ensuring that the person who is being protected is actually at the centre of the process and their views and issues are taken into account within the safeguarding process
- Work is ongoing around engaging all communities around Bristol
- The team is multi agency working to share information so that people are protected and that information is shared
- The team is beginning to work more closely with the Children's Safeguarding Board
- Who reports abuse? the number of alerts is incrementally increasing year on year, as is the national trend, due to a number of issues including awareness raising with the public but also working with providers to ensure that they recognise safeguarding to prevent abuse etc
- Abuse is most likely to take place in a person's own home followed by a care setting
- There is a chapter in the new Care Act relating to Adult Safeguarding which states that each local authority has to have a Safeguarding Adult Board and the Act outlines what the board has to do
- The guidance also states that there are 3 core partners to the board: the local authority, the Police and the Clinical Commissioning Group. There are other members and but that's decided at a local level.
- Good work has been done by current board members but it is clear that the board will need to have a business plan, a strategic plan and we need people on the board to deliver this.
- There is a requirement to publish a strategic plan which recognises and complements other strategic plans eg from quality surveillance groups, community safety partnership and the Health and Wellbeing Board. Have to publish an annual report in the future re progress made on the strategic plan, and have to commission safeguarding adult reviews (previously called serious case reviews).
- There is a project underway to review the role, responsibilities and infrastructure and finance for the board to sustain the board over the next 3-5 years. This will ensure a strong evidence base.
- The Partnership is committed to work to meet statutory targets



The following issues/comments were made:

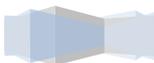
- (a) The Mayor commented that he is keen to spread across the city the feeling that everybody should be a good neighbour in relation to safeguarding. He also suggested that members of the HWB can help the focus on general observance and alerting of issues of whatever nature. There is an opportunity to all work together on this.
- (b) The Mayor pointed out that over the next 3-4 years the Council will be knocking on every door in the city to talk to residents about saving energy. This is also an opportunity to talk to residents about other issues, for instance safeguarding.
- (c) Cllr Brenda Massey commented that she has been very impressed by the Adult Safeguarding Board. She feels that in relation to care, there is a much faster response to issues. She explained that she has been on some unannounced visits and this has been really helpful to see what goes on.
- (d) Cllr Massey advised that the BSAB is going to set up some dementia training for Council staff. With an increasing number of the population with dementia, it is necessary to train frontline staff at the council to understand how to deal with this.

8. Bristol Safeguarding Children Board Annual Report

This report was introduced by Sally Lewis, Independent Chair, Bristol Safeguarding Children Board (BSCB) (copies of the slide presentation were circulated at the meeting and a copy has been placed in the official Minute Book). Sally introduced BSCB's Annual Report for 2013/14 which details the impact of the work undertaken in the year and comments on the effectiveness of the BSCB.

Sally Lewis also explained that she wanted to provide an up-date on delivery of the current year's Business Plan and information about the Ofsted inspection in September/October 2014 on services for children in need of help and protection. She would also provide an update on the thematic inspection related to Child Sexual Exploitation (CSE).

Sally Lewis explained that the BSCB's shadow board has continued to grow in strength and influences the work of the BSCB. There is very good representation on the board, including health, police, probation, Bristol schools, CAFcASS, Fire and Rescue and third sector organisations. Bristol City Council is the lead agency. An early help representative has also been appointed to the board and data is being collated. There have been a number of serious case reviews and the priority has been to ensure that the learning from these is properly disseminated.



The following points were highlighted:

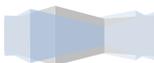
- The Business Plan 2014/2015 was ambitious
- It worked hard to embed the Threshold Guidance that had been produced – it is on the website – to make it easily understandable and accessible
- The Threshold Guidance clarifies how to be clear about what you can expect when making a referral
- A Section 11 audit was undertaken with neighbouring LSCBs and gives a greater capacity for benchmarking and insights
- Further important work was undertaken by the shadow board on topics of Female Genital Mutilation (FGM) and self-harm
- Board and partners undertook a number of audits in relation to child protection and child sexual exploitation (CSE).
- In relation to Ofsted's inspection of the board and thematic inspection on CSE - Ofsted said that children and young people's participation is effectively prioritised, the threshold document is well understood by partners and that Ofsted were able to see and recognise positive working being undertaken in relation to FGM and substance misuse groups
- Ofsted also confirmed that the multi-agency training programme is thriving and that the board is learning from serious case reviews.
- Areas for development included to improve public perception in relation to the board carrying out serious case reviews (SCR); improve the collation and data analysis of multi agency information to focus on priorities; systematically review local policies and procedures and evaluate their impact and ensure that the Business Plan is outcomes focussed and measurable

Sally Lewis explained that the Business Plan for 2015/16 will be effective in April 2015 and will include:

- Ofsted recommendations embedded in the plan
- Voice of the child continues to influence all that the BSCB does
- Child sexual exploitation strategy and action plan
- Communication plan including improving social media presence
- Clear plan of audit activity
- Improved data reporting

The following comments were made:

- (a) Integrated services will actually be better value for money – different and wiser expenditure
- (b) Perception of the safeguarding board needs to have an optimism about it – that each child will reach it's full potential and live as long as he/she can, that each child's health and wellbeing is looked after and that each child is safe



- (c) Key point is that the legislation is changing – all agencies will be held to account around safeguarding
- (d) Dr Martin Jones commented that both boards should come to the HWB as commissioners, in order to route potential changes to communities
- (e) There should be more advocacy re complaints, for instance a care home resident might be scared to make a complaint about the care home they live as there may be consequences, for example they might not get their dinner that night

9. Care Homes Re-commissioning

This presentation was introduced by Netta Meadows, Service Director, People (copies of the slide presentation were circulated at the meeting and a copy has been placed in the official Minute Book).

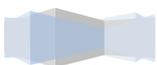
She explained that she is not asking for a decision today, but there will be a significant decision to be made about how we currently commission care homes. The situation at the moment is not sustainable, mostly concerning the post purchasing basis - we are not able to guarantee to the care home that if an individual does go into hospital, whether they will come back to the care home.

Currently there are about 1700 adults who are in residential nursing homes across the city and about 50 people come in and out of care homes, so we do have roughly 50 people who will come in and out of the system. There is a huge spend.

She reports back later this year for the HWB's agreement to commission these services in a different way - £60m is spent by the Council and £10m by the Clinical Commissioning Group. The suggestion is that we commission jointly.

The proposed new commissioning model diagram shows how we need to do it – there are savings to make and with a system that is financially shrinking, we need to ensure that we get the best value. There is also pressure on hospitals. The market needs to be managed more effectively and a much more co-ordinated approach is needed by the Council/CCG to secure a better offer across the city.

It is proposed to have a Bristol Standard – it's a threshold that we will ask all providers to meet and will carry a quality mark. Providers will have to apply if they want the CCG/Council to buy beds from them in the future. This will ensure a similar quality of standard of bed. It will then be possible to offer a choice to service users – they will be advised of the providers that meet the quality mark, and asked to decide which one would best meet their needs. We are also looking to secure block contracts from some providers. The needs of some service users are quite specific and we need to look at who can best deliver this. We will offer care packages to the market and ask providers to apply.



The proposal has been taken through different governance routes and the next step is to work on the Bristol Standard and invite providers to apply and advise them on the process of accreditation. There will be a key decision to be made by the HWB in July/August and the formal tender process will follow this.

The following issues were highlighted:

- (a) The Bristol Quality standard is above the CQC minimum level. Lifestyle elements are the sorts of things the commissioning team are looking to push the levels on.
- (b) This will be positive for self-funded people (50% are CCG/BCC, the rest are self-funded)

ACTION: Netta Meadows to report to the board again in July/August 2015

10. Health Protection Committee Annual Report 2014

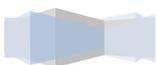
This report was introduced by Leonie Roberts, Consultant in Public Health, BCC. The purpose of bringing this report to the HWB is to provide an assurance from the Health Protection Committee (HPC) that there are systems in place to protect the population from communicable diseases and also infection prevention and control, emergency planning, sexual health, environmental health, screening and immunisation programmes.

The following key areas were highlighted the following:

- Tuberculosis (TB) – there are high rates in Bristol. A National TB control board is being set up
- Sexual health – there is increased diagnosis of certain sexual health conditions
- Immunisations – in Bristol, some immunisations are not meeting targets. An immunisation group is being set up to look at what the priorities are for the coming year
- Ebola planning – there's been lots of testing of systems to identify key gaps
- Environmental hazards at Avonmouth – monitoring is ongoing
- There has been lots of changes in personnel of the Health Protection Committee – it is important to strengthen partnerships and develop a good Health Protection strategy and performance framework going forward

The following issues were raised:

- (a) There are links between NHS England and GP practices in relation to immunisation rates not hitting target levels. Immunisations are funded by NHS England but sit within Public Health England (there is an imbedded team at NHS England). This helps to identify where immunisation screening is



going off kilter. If a GP practice is not very organised, generally the screening doesn't operate well.

- (b) The HWB board wants to take action in relation to this and be seen to take action
- (c) It was suggested that the Council could take a lead and promote immunisation across the city, for example councillors having flu jabs at a committee meeting could provide a photo opportunity
- (d) With the rates of TB in the city going up, a TB cohort is looking at every case in detail, whether there was a delay in diagnosis, a resistance to drugs, etc.

11. Alcohol Strategy Update

This report was introduced by Katie Porter, Alcohol Strategy Manager.

The following points were highlighted:

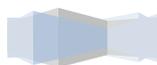
The purpose of the report is to inform the HWB of the next steps for the development and adoption of a new Bristol Alcohol Strategy. Governance was discussed at the Safer Bristol Board on 5 March. Alison Comley explained that criminal justice colleagues sitting around the table at that meeting were concerned about not missing some of the criminal justice focus.

The Safer Bristol Partnership welcomed the offer of an Alcohol Summit so that the complexities of the alcohol agenda can be addressed and clear governance of the elements are explored and agreed with the HWB. The problem needs to be looked at through a number of different lenses.

Kathy Eastwood confirmed that the Alcohol Summit will be held on 16 July 2015 1pm-5pm at MShed – all HWB members will be sent a formal invitation. The suggestion is that a short life working group is set up to look at how to structure the day.

The following issues/comments were made:

- (a) Dr Martin Jones mentioned that he had attended a seminar day with Katie Porter re Alcohol and the seminar gave an overview of what would make the biggest difference re alcohol consumption, etc.
- (b) Peter Walker commented that there is a gap in alcohol treatment providers
- (c) John Readman mentioned that he is keen to get young people's involvement in developing the strategy



AGREED:

- **To have a short life working group – Katie Porter and Kathy Eastwood to organise**
- **All board members to note the day for the Alcohol Summit – 16 July 2015 1pm-5pm at MShed**
- **If members of the HWB have anything special that they would like discussed on the day, please let Kate Porter know (katie.porter@bristol.gov.uk)**

12. Any Other Business

Ewan Cameron mentioned that there had recently been a visit by Dr Felicity Harvey (Director General of Public Health), co-ordinated through Bristol Health Partners. She spoke about Bristol Green Capital, Bristol Health Partners and integration of work. She then went on a health walk in Barton Hill and Lawrence Hill and had a chance to talk to residents. This was all very positive and useful.

The meeting ended at 3.50pm

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Chair

