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Bristol City Council

Minutes of the Health and Wellbeing Board

Wednesday 17 June 2015

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 (Bristol CCG) and Co-Chair of the Board

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

Alison Comley - Strategic Director: Neighbourhoods, Bristol City Council

Mike Hennessey (Service Director: Care and Support (Adults)) on behalf of John

Readman - Strategic Director: People, Bristol City Council

Councillor Claire Hiscott

Councillor Glenise Morgan

Councillor Daniella Radice

Sue Brazendale, 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;

Stephen Hynd - Head of Mayor's Office, Bristol City Council.

Others in attendance:

Nick Hooper, Service Director: Housing Solutions and Crime Reduction, Bristol City

Council (BCC); Judith Brown, Operations Director, Bristol CCG; Katie Porter, Alcohol

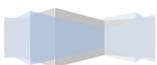
Strategy Manager, BCC; Jo Williams, Consultant in Young People's Public Health,

BCC; Paul Harwood, Consultant in Dental Public Health, NHS England; Jo Copping,

Consultant in Public Health Medicine, BCC; Nick Smith, Strategic Intelligence, JSNA

and Consultation Co-ordinator, BCC; Beveleigh Evans, Better Care Programme

Director, Bristol CCG.



AGENDA PART A PUBLIC FORUM AND STANDARD ITEMS

1. Public Forum

There was no public forum.

2. Declarations of Interest

There were no declarations of interest.

3. Welcome, Apologies for Absence and Substitutions

Mayor George Ferguson (Co-chair) welcomed all present to the meeting.

Apologies had been received from Nicola Yates, City Director, Bristol City Council (BCC); Becky Pollard, Director of Public Health, Bristol BCC; Jill Shepherd – Chief Officer, Bristol Clinical Commissioning Group (Bristol CCG); Steve Davies – Vice Chair South Bristol Locality Group, Bristol CCG; Richard Laver, Chair, North & West Locality group, Bristol CCG; John Readman - Strategic Director: People, Bristol City Council; Councillor Brenda Massey

The Mayor extended his thanks to Peter Walker for his time on the Health and Wellbeing Board (HWB). Sue Brazendale commented that VOSCUR is supporting the process of recruiting a voluntary sector advocate for the HWB and is hoping to have someone in place by the next HWB board meeting.

4. Minutes of the Meeting held on 2 April 2015

AGREED – that the Minutes of the meeting held on 2 April be agreed as a correct record and signed by the Chair.

Matters arising from the minutes:

Dementia training - Cllr Morgan asked if this may be extended to councillors. Mike Hennessey explained that he had taken an item to People Scrutiny at their last meeting and agreed to develop a programme of training for all councillors. This can also be used for frontline staff and rolled out to businesses in Bristol. He also mentioned that there had been a message on the Source (the intranet) for all staff at the beginning of Dementia Week.

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

5. The Mayor considered a key decision in respect to of the Financial Arrangements and Business Case for Phase 3 of Bristol City Council's Extra Care Housing Strategy.



Nick Hooper, Service Director: Housing Solutions and Crime Reduction 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 fundamentally Extra Care Housing (ECH) is housing with care and support for older people with care needs. This gives a place where people come to live their lives very fully – it is about active ageing and independence for life. They are homes for life – catering for a range of needs, including for people with social isolation needs. He explained that crucially people maintain their own tenancies and in this programme they own their own properties. He mentioned that if anyone on the board would be interested to go and visit an ECH scheme, the providers would be very happy to host visits. Extra Care Housing is part of Better Care Bristol.

The following key points were highlighted:

- (a) Bristol is commissioning ECH as there is a very strong evidence base across health and social care outcomes that it works. For instance it reduces social isolation and emerging research shows that 67% of ECH residents would otherwise be in residential care. It also creates choice and flow in the housing market.
- (b) Bristol is one of the lead authorities in the country. In 2012 cabinet approved an expansion of the current programme to an additional 1000 properties. Phase 1 in Coldharbour Lane is about to go to contract with a lead developer (Bristol City Council is buying 40 places) and Phase 2 is at New Fosseway and is at the procurement stage.
- (c) The report to the HWB is about Phase 3 which are homes for social rent and there are a number of sites that are being considered. The key decision before the HWB today would allow the team to move forward with the sites without having to come back to the board. Decisions would be devolved to John Readman, Strategic Director: People, Bristol City Council.
- (d) In terms of cost per home, Extra Care Housing buildings cost more than an equivalent flat as there is substantially more unsaleable space in an ECH than in a normal flat scheme. Therefore, it needs subsidy but this is offset by the savings the Council will make in residential care costs.

The following comments were made:

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Linda Prosser commented that it is the right model of care for the right reasons. However, she asked Nick Hooper whether there are not already enough private providers to do this? Nick Hooper responded by saying that retirement schemes in

Bristol are not much more than a warden call service and extra care has to be bought in.

Cllr Glenise Morgan highlighted that she has seen several examples of such schemes and feels that it is a good way forward – a person can be independent with support and it's a great way to invest for the future for older people's needs.

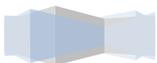
Cllr Claire Hiscott agreed that it is a great idea and asked about timescales from planning until when the building would open. Nick Hooper explained that with Phase 3, it will take about 3-4 years. With the New Fosseway, it took 9 months to get planning consent, the build will take 16-18 months and so it will be complete in 2017 at the earliest.

Alison Comley commented that she is very pleased to see this as she previously had the job of closing nursing homes. She feels that this sort of scheme is exactly the kind of living arrangement that people wanted to see. She is interested in the nursing pilot and what can we add to make the experience better for people.

Cllr Daniella Radice suggested looking at opportunities, as they do in Europe, of planning ECH close to where children's centres are being built. Nick Hooper commented that the New Fosseway site is adjoining one of the school academies.

DECISION TAKEN BY THE MAYOR:

- To agree to forgo the capital receipt for the discounted land values of up to £3m in order to develop 122 units of social rent and shared ownership ECH units which the council will have 100% nomination rights to.
- To seek approval for up to £1.65m of borrowing for the additional contribution required to develop the Phase 3 sites. Also to note that this contribution is the remaining balance of the £5.5m capital allocation previously agreed by Cabinet for ECH projects in January 2012 (a total of £3.85m has already been applied to Phases 1 and 2 of ECH projects).
- Delegated authority is provided to the Strategic Director: People to provide funding for sites that become available as are necessary to implement phase 3 of the project. This will include the ability to provide funding in excess of £500k subject to the Mayor being informed of any such decision.



AGENDA PART C: BOARD ITEMS

6. Children's Community Health Services Re-commissioning

Judith Brown, Operations Director, Bristol Clinical Commissioning Group (Bristol CCG) and Mike Tingstone, CSU Senior Clinical Procurement Manager, Bristol CCG introduced this item.

Judith Brown explained that the purpose of the report is to:

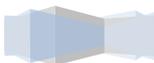
- (i) give a progress update on the planned re-commissioning of Children's Community Health Services to commence in 2017
- (ii) make sure that the Health & Wellbeing Board (HWB) is aware of the recent decision of North Bristol Trust (NBT) Board to end the contract next year and to update the HWB on the plans that are being put in place for an interim provider for these services.

Judith provided a re-commissioning update by explaining that the programme board, which is made up of all commissioners, has agreed the specifications, based on what the public, children and young people have said that they want. She commented that there is a focus on early intervention. The programme board hopes to complete this by the end of August.

She also explained that North Bristol Trust Board unexpectedly announced on 1 May 2015 that it wanted to end its contract to provide children's community services next year. There had been numerous discussions and negotiations with NBT but they have confirmed that they are not willing to extend the contract. The programme board has started the process of securing an interim provider. An advert will go out on Monday, 22 June and there will be a 'bidders event' held soon. The Programme Board has been advised that there is interest from other providers. The foremost risk is around trying to secure the interim provider whilst at the same time continuing to run with the existing process. NBT have given high level assurance around handing over the service 'in good order' to an interim provider. The CCG has also included robust contract assurances.

The following issues were raised:

- (a) Alison Comley commented regarding finding an interim provider - how do we manage if nobody comes forward?
- (b) Judith Brown explained that the Programme Board could insist that NBT maintains the service if it is not possible to commission an alternative interim service provider.



- (c) Cllr Claire Hiscott expressed concern that if we don't rectify the problems that NBT have had, why would another provider come forward?
- (d) Judith Brown explained that there are lots of factors to be considered – the health landscape has changed, including the acute paediatrics now sitting with University Hospitals Bristol (UHBT). Alongside this, NBT gave the reasons for its decision being the lack of management capacity to provide the service and improve performance challenges, financial pressures and IT infrastructure issues. NBT need to focus on those areas.
- (e) Ellen Devine commented that she had recently met with young healthwatch volunteers and they had heard that something was going on with this service. Ellen asked whether there a public statement that she can give to young Healthwatch volunteers to explain the situation.
- (f) Judith Brown explained that she is currently working with her communications team to prepare a press release.
- (g) Sue Brazendale questioned whether the documentation for the new provider will give the opportunity for longer term procurement.
- (h) Mike Tingstone confirmed that there will be very substantive commissioning, looking very closely at the upfront exit arrangements for the new contract. There will be clarity on the obligations between the commissioner and the provider.
- (i) Dr Martin Jones commented that it would be wise to think about how the HWB could be notified of progress on the re-commissioning.

In summary, the HWB agreed that the commissioners should seek an interim provider for a minimum of 12 months. The board would like to be advised of who is appointed as the provider.

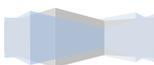
ACTION: Judith Brown, Operations Director, Bristol Clinical Commissioning Group to advise when an interim provider has been confirmed.

The Chair thanked Judith Brown and Mike Tingstone for this report and update.

7. Oral Health of Children in Bristol – issues paper

This report was introduced by Jo Williams, Consultant in Public Health, Bristol City Council and Paul Harwood, Consultant in Dental Public Health, Public Health England. (Copies of the accompanying slide presentation were circulated at the meeting and a copy has been placed in the official Minute Book).

Jo Williams explained that this is such an important issue as in children, tooth decay is an entirely preventable condition. It also has a significant impact on children – it impacts on a child's development, ability to speak, play and interact with its peers. She explained that it also has a strong association with being absent from school and there are hundreds of extractions under general anaesthetic.



In Autumn 2014 the results of the 2013 survey of oral health in 3 year old children was published. This was the first time this age group had been surveyed. Jo Williams highlighted that in terms of Bristol specific oral health of children, the results show that the proportion of 3 year olds with decay (15.3%) is higher in Bristol than the England average (11.7%).

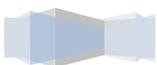
She highlighted that there are inequalities across the city, some areas having much higher levels of decay than others. She explained that the influences on oral health include simple environmental influences - exposure to fluoride, tooth brushing regularly but also the degree of exposure to dietary sugar and attending dental check-ups. In children the main protective factor is dental fluoride and the biggest risk is sugar.

The landscape for oral health is very complex but there are clear organisational responsibilities. Bristol has good partnership arrangements to deliver on these responsibilities and, through the support of Public Health England, has a good understanding of the oral health needs of children in Bristol. For example, Bristol Health Partners has a workstream around oral health and has undertaken research with families and dentists to understand the barriers to good oral health and has also carried out an analysis of the data on extractions under general anaesthetic to better understand the burden of need.

Jo Williams wanted to assure the board of the promotion work already going on in Bristol. The oral health promotion service is provided by University Hospitals Bristol (UHB), with a small team of dental care professionals and this team responds to requests for oral health advice to high priority groups. In addition the public health team at Bristol City Council deliver oral health promotion, in particular there has been a significant amount of work being done through the Early Years team.

She explained that an oral health needs assessment has been completed for the South West region. The needs assessment will be used to make recommendations for local priorities and to develop a high level oral health strategy. This will also mean that comparisons can be made with the local data.

She mentioned that there were two significant national documents one from NICE (national institute for clinical excellence) and one from Public Health England which were published last year to support local authorities and their partners in their role to improve health in their local communities. This included the recommendation that oral health is a health and wellbeing priority and is included in the Health and Wellbeing Strategy. It also recommends the development of an oral health strategy and action plan.



Jo Williams concluded that she asks that the Health & Wellbeing Board consider the inclusion of oral health when refreshing the Bristol Health and Wellbeing Strategy and also support the development of an oral health strategy for Bristol.

Paul Harwood, Consultant in Dental Public Health, highlighted that the oral health of 3 year olds in Bristol was quite shocking. However, he explained that if we looked at the 5 year old data, it was slightly better than average. It is important to consider why there is such a huge difference between 3 and 5 year olds. This is a warning that perhaps there is a proportion of children in Bristol that are getting decay earlier. It is important to use the strategy to tackle children at an early stage to give them the best oral health possible.

The following issues/comments were made:

- (a) Ewan Cameron asked what role GP practices have in all of this - Lawrence Hill is mentioned in the report, however in his 10 years at the GP practice it has not been discussed with the practice.
- (b) Jo Williams commented that the role of GP practices is to reinforce the simple oral hygiene messages at every opportunity
- (c) Dr Martin Jones suggested that it could be included as part of the 8 week GP check for babies - as soon as a tooth appears the child should be taken to the dentist and from then on its important to have regular dental check-ups.
- (d) Cllr Glenise Morgan expressed concern that this could broaden the gap in inequalities, particularly with the growth in BME families. She felt that health visitors and midwives have a real opportunity to talk to parents about oral hygiene.
- (e) Jo Williams commented that families may not know about there not being a charge for children's dental check-ups.
- (f) Ellen Devine mentioned that she recently went along to an ESOL (English for speakers of other languages) group focussing on health and there was a lot of focus on registering with a GP but no focus on registering at dentists.
- (g) Mark Harwood explained that currently there is no registration at dentists.
- (h) Alison Comley confirmed that she is really supportive of the development of the strategy. She asked whether we could be thinking about things in a different way – promotion of two minutes twice a day. Maybe every child having a toothbrush at school?
- (i) Jo Williams highlighted that the action plan accompanying the strategy will need to have very practical actions but would also aim to be innovative
- (j) Mike Hennessey suggested that in relation to brief interventions, could there be something that could be given to the family for guidance on oral health?
- (k) George Ferguson commented that it would be good to feed suggestions into the Healthy Schools campaign.

The chair thanked Jo Williams and Paul Harwood for their report and presentation. He confirmed that the board will consider the inclusion of oral health when refreshing

the Bristol Health and Wellbeing Strategy and also supports the development of an oral health strategy for Bristol.

8. Review of the Bristol Joint Strategic Needs Assessment

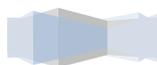
This report was introduced by Nick Smith, Strategic Intelligence, JSNA and Consultation Co-ordinator and Dr Joanna Copping, Consultant in Public Health Medicine (copies of the slide presentation were circulated at the meeting and a copy has been placed in the official Minute Book).

Nick explained that the JSNA analyses the current and future health needs of the population in order to develop local evidence based priorities for commissioning to improve the public's health and reduce inequalities. This information is used by the local authority, NHS and others.

He commented that the proposals outlined in the report are intended to enhance the Bristol JSNA so that it is better able to support planning and commissioning processes across Bristol. He gave an overview of what we have now (see www.bristol.gov.uk/jsna and the data site <http://profiles.bristol.gov.uk>).

Jo Copping outlined the main proposals (for more details see page 58 of the HWB papers) as follows:

1. Look at increasing partnership and engagement around the JSNA process, for example with the voluntary sector and universities
2. A number of other JSNA products could be developed and made accessible through the JSNA website, for example a range of JSNA chapters could be developed together with links into a range of information to support the understanding of health needs across Bristol
3. The JSNA can use a whole range of data eg national data, local data, surveillance data and performance data. It can be used to compare how Bristol is doing in relation to other areas. It can be used to work out what the needs really are.
4. An enhanced JSNA could support integration of intelligence functions between public health and other departments within the council, the CCG and the CSU (commissioning support unit). It can be used to drive commissioning.
5. An example of JSNA influence was in Nottingham where an in-depth analysis of the physical health of people with mental illness was carried out. As a result, recommendations were made to inform Nottingham's Mental Health Strategy.



Jo Copping concluded by commenting that it is necessary to identify what skills are needed and how these proposals will be resourced - she mentioned that the restructure of Public Health should give more capacity for JSNA work.

The following comments were made:

- (a) Keith Sinclair commented that young carers are important and that the Carers Support Centre would be happy to work together with the JSNA team
- (b) Ellen Devine mentioned that HealthWatch would be keen to work on the JSNA. In particular they are working with pre-school and primary school children in relation to oral health
- (c) Cllr Glenise Morgan commented that it is important for the JSNA team to consider community assets
- (d) Jo Copping mentioned that the public health team have colleagues based in the neighbourhoods, so are well placed to identify groups that are in the community, for example Wellaware in relation to alcohol issues.

The Health & Wellbeing Board approved the recommendations in the report to:

- 1) Endorse the direction of travel for developing a more effective JSNA.**
- 2) Provide a steer on how to encourage greater engagement and ownership of the JSNA process and outputs, to drive future commissioning.**
- 3) Endorse proposals on how existing resources can be creatively deployed to deliver these changes.**

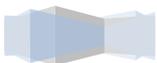
9. Bristol Alcohol Misuse Summit – 16 July 2015

This item was introduced by Katie Porter, Alcohol Strategy Manager at Bristol City Council. A draft paper was circulated for consideration.

Katie Porter commented that the purpose of this report is to update members of the Health & Wellbeing Board on the proposed programme and structure of the Bristol Alcohol Misuse Summit on 16 July 2015 and to seek endorsement of the planned approach. She hopes that the complexity of the alcohol mis-use issue is reflected in the way that the programme is being managed. The summit is an opportunity for all partners to engage in a comprehensive discussion about alcohol issues in Bristol.

The proposal is that the seminar is held in an 'open space' format using investigating facilitators who are specialists in Bristol specific to that type of working. A handout explaining the format will be given to delegates prior to the seminar. This format will give people personal responsibility to have the discussions that they want to have.

After discussion, it was agreed that the Health & Wellbeing Board is broadly comfortable with the afternoon having a creative 'open space' approach.



ACTION:

- **Invite representatives from the Youth Council to the seminar – Kathy Eastwood**
- **Pre-meeting with Open Space facilitator, Liz Martins to include Dr Martin Jones - Kathy Eastwood**

10. Better Care Bristol

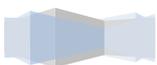
This report was introduced by Mike Hennessey, Service Director: Care and Support (Adults), Bristol City Council and Beveleigh Evans, Better Care Programme Director, Bristol Clinical Commissioning Group.

Beveleigh Evans explained that there are links with the Act re improving social care for people. Extra Care Housing is bringing far more people into the social care world. The team have approached Better Care and the Care Act as one project. There is a three tier model which will flow through the work:

- Tier 1 – Help to help yourself – how do people get access to information, advice and support about how they manage their care. How do we help people understand how they help themselves.
- Tier 2 – Help when you need it – often Health and Social Care put in place the care but it is not reviewed on a long term basis. What has been learnt is that people need help from time to time to empower themselves, for example they may have had a fall and ended up in hospital for 6-8 weeks and need support when they leave hospital. The care plan then needs to be reviewed. Its key to think about how do we maximise on that and, how for example, do we apply that model to someone with learning difficulties or mental health issues.
- Tier 3 – Help to live your life – this is for people who have a social care need. How do we make sure those needs are met, in the right place and at the right cost and sustainably. The person needs to be at the heart of the care.

Beveleigh Evans explained that in relation to National Reporting – the team have submitted a report with two parts - performance and national conditions. The team achieved in 6 of 8 areas - two others are on-going. She feels that this is really positive. She explained that care and support will be personal – with health and social care money, the person can decide how it is spent, with the support of a care and support plan.

The team are looking at social prescribing, with a paper coming to the HWB in August which outlines where the project is with this – community assets will be used where appropriate. It is important that care is provided in the right place – making sure that people are treated in the right place.



Bevleigh Evans mentioned that the team came to the HWB to discuss integration a while ago and at that time said that they needed to design and test options to make sure that they work for the people of Bristol.

She explained that the Better Care Fund concentrates on 65 plus and that there are 6 national outcomes, three of which the team is required to report on quarterly. They achieved on two (delayed transfer of care and avoiding admission of falls) and are doing some work around meeting the other one. These are a reduction in emergency admissions, a reduction in delayed transfer of care, experience of fall at 65 plus and user experience.

Mike Hennessey commented that the team are revising the governance and once this is agreed and they have done a financial report with indications of how they have met the key targets, he will report back to the Health & Wellbeing Board at the end of second quarter.

The chair thanked Bevleigh Evans and Mike Hennessey for their verbal report.

11. Any Other Business

1. Alison Comley wanted to make the Health & Wellbeing Board aware that the Chancellor is announcing that there will be an in-year public health cut of £200m. Her team are responding to the consultation and will keep the HWB up-to-date about what that will mean for Bristol.
2. Ellen Devine mentioned that she has met with the Council's Youth Council and they want to know more about what is going on in relation to the HWB. Ellen will write an update for them. Young Healthwatch has also met with the Youth Council and in response Ellen Devine is organising a Celebrating Youth Event on 23 July 2015 11.30-3pm. Key points from this can be brought to the HWB.
3. George Ferguson commented that he has asked the Youth Council if some of their representatives can come to the board's August meeting as their key theme is Wellbeing. They are also interested in mental health.
4. Martin Jones suggested that he would like to go to one of the Youth Council's meetings, to discuss how they can be supported. **ACTION:** Kathy Eastwood to organise.

The meeting ended at 4.30pm

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Chair

