AGENDA ITEM 4

Bristol City Council
Minutes of the Health and Wellbeing Board

Wednesday 21 October 2015 at 2.30 p.m.

Health and Wellbeing Board Members present:
George Ferguson, Bristol Mayor and Co-Chair of the Board (Chair for this meeting)
Dr Martin Jones, Chair, Bristol Clinical Commissioning Group (CCG)
Alison Comley, Strategic Director - Neighbourhoods, Bristol City Council (BCC)
John Readman, Strategic Director - People, BCC
Councillor Claire Hiscott
Councillor Brenda Massey
Councillor Glenise Morgan
Councillor Daniella Radice
Elaine Flint, Voluntary and Community Sector representative
Linda Prosser, NHS England (North Somerset, Somerset and South Gloucestershire)
Ellen Devine, Service Co-ordinator - Healthwatch Bristol
Keith Sinclair, Carers Support Centre

Support officers present:
Kathy Eastwood, Service Manager, Health Strategy, BCC (supporting the Board)
Ian Hird, Democratic Services, BCC

Others present:
Bevleigh Evans, Programme Director - Better Care
Mike Hennessey, Service Director - Care Support & Provision - Adults, BCC
Simon Chamberlain, Director of Transformation, University Hospitals Bristol
Justine Rawlings, Head of Strategic Planning, Bristol CCG
Judith Brown, Operations Director, Bristol Clinical Commissioning Board
Phillip Morris, Centre for Sustainable Energy
Rachel Allbless, Planning & Development Manager, BCC
Lucas James, Bristol Parent Carers Network / Carers Strategy Implementation Group
Dr Adrian Davis, Public Health and Transport Specialist, BCC
Claire Lowman, Health Improvement Specialist, Public Health, BCC

1. Public forum
(agenda item 1)

It was noted that no public forum items had been received.

2. Declarations of interest
(agenda item 2)

It was noted that no Board members had any declarations of interest with regard to the matters to be discussed at this meeting.

3. Welcome, apologies for absence and introductions
(agenda item 3)

The Chair welcomed attendees to the meeting.

Apologies were received from Jill Shepherd and Becky Pollard.

4. Minutes - Health and Wellbeing Board - 19 August 2015
(agenda item 4)

RESOLVED:
That the minutes of the meeting of the Board held on 19 August 2015 be confirmed as a correct record and signed by the Chair.

Matter arising from the minutes:

Callington Road bus service - re-instatement of service: It was noted that a letter had been sent expressing the Board's concerns and asking First to consider re-instating the no. 36 service. A response was awaited.

5. Better Care Bristol - governance and performance

Introduction:
John Readman introduced this item. The reports and presentations to be discussed at today's meeting provided:

a. a comprehensive update on the governance arrangements, and related recommendations.
b. an explanation of the key role of the new Leadership for Change Team.
c. a frank, current performance assessment.

In considering these matters, it would be important for the Board to recognise the ongoing context within which Better Care Bristol was operating, i.e. the challenge of leading the delivery of ambitious service improvements at a time

of changing demographics, increasing service/demand pressures and expectations, and reducing resources.

Overview of Governance report (agenda item 5a) & Performance report (agenda item 5b):

These reports were presented by Bevleigh Evans, highlighting the following points:

a. The governance documents were intended to demonstrate and provide assurance to the Board about the robustness of the Better Care Bristol governance arrangements, and provide an ongoing "point of reference" for Board members on this. The full detail of the governance structure was set out in appendix 2.
b. A mandate had been received from the Department of Health, confirming the continuation of Better Care into next year.
c. The report set out key information in relation to the national metrics and related measurements, and details of the 6 national conditions against which progress had to be assessed. It was proposed that regular performance reports be submitted to the Board.

Presentation from the Leadership for Change (L4C)Team:

The Leadership for Change Team members present (Mike Hennessey, Judith Brown and Simon Chamberlain) gave a presentation on their leadership role, key challenges faced, and activities being/to be taken forward. It was noted that Becky Pollard was also a member of this team.

Key points highlighted included:

a. Overall context: as mentioned earlier, the key "system" challenge was to lead the delivery of ambitious service improvements in the context of increasing demand and expectations/pressures at a time of reducing resources.
b. A key role of the L4C Team was to bring together the "system" leaders to develop a system change programme.
c. In terms of the current performance position, it was important to fully understand the data, to inform the review of existing services and activities.
d. Examples of key, current/immediate Better Care activity included:
    - Implementing winter resilience schemes.
    - Reviewing emergency admission data and "Green to Go" lists – in discussion, it was agreed that it was essential to maximise improvements in relation to "Green to Go" patient discharges.
    - Reviewing admission avoidance projects.
    - Introducing discharge hubs at the acute trusts.
    - Revised escalation procedures, involving 2 weekly meetings of senior staff, to agree high level actions to resolve immediate issues.
e. Examples of key, medium term Better Care activity (3-6 months ahead) included:
    - The launch of on-line self-assessment.
    - Development of wellbeing hubs.
    - Further developing social prescribing.

- Securing additional jointly commissioned beds.

f. Examples of key, longer term Better Care activity (1-3 years ahead - the "big ticket" items) included:
   - Managing a "joint" front door of the hospital, e.g. should GPs be at the front door to assist triage and reduce the number of admissions via emergency units.
   - Re-commissioning adult services.
   - Maximising use/effectiveness of technology.
g. The whole approach was designed to secure improved "join-up" and integration of services, very much in line with NHS England objectives.

Main points raised/noted in discussion:

a. In terms of addressing current performance, priority action was being focused on reducing the number of people admitted to hospital as an emergency.
b. The importance of taking all possible action to maximise the discharge of "Green to Go" patients was re-emphasised.
c. It was noted that VOSCUR welcomed the fact that the social prescribing primary care framework had been picked up as a project under Better Care Bristol.
d. The clarity around the role and ambition of the L4C Team was welcomed.

RESOLVED:

1. **That the changes to Better Care guidance be noted.**

2. **That the new governance structure to deliver the Better Care Bristol Joint Commissioning Board (commissioners only) and Transformation Board (commissioners and main providers) as set out in Appendix 2 be noted.**

3. **That the terms of reference for the Better Care Bristol Joint Commissioning Board as set out in Appendix 3 be noted.**

4. **That the risks associated with not delivering against the 6 national conditions or reporting quarterly on Section 75 funds and agreed use of the pooled fund be noted.**

5. **That a report be received on a regular basis (bi-monthly) from the Joint Commissioning Board to provide assurance on:**
   - **Section 75 planned spend / actual spend / variances.**
   - **Performance against Better Care Metrics.**
   - **Performance against the 6 national conditions.**
   - **Project delivery status (including exception reporting).**
   - **Signing off any national assurance submissions.**

6. **That in relation to the Performance report, the following be noted:**

- **The delay in reporting planned, variance and actual spend against the section 75 funds, noting also the assurance that a fund manager has been appointed, and this will be reported in the next bi-monthly report.**
- **That in terms of the 7 national metrics, Better Care Bristol is currently failing to deliver on 4 of the 5 monthly KPIs and delivering against 1 (the 2 remaining KPIs to be completed annually).**
- **That 2 of the 6 national conditions are still not achieved, and condition 3 has only been partly achieved. Project plans and dates for achievement will need to be developed against these.**
- **That "pay-for-performance" has not been awarded to the local authority for Quarter 4 (January - March 2015) and Quarter 1 (April - June 2015); this will be used by the CCG to offset additional, unplanned costs against emergency admissions as set out in the Better Care Fund guidance. This means that Better Care Bristol is not achieving its aims of reducing emergency admissions to enable additional investment into the community.**

Note: in light of the reports and presentation discussed at today's meeting, the Board noted the significant scale of the challenges faced by Better Care Bristol, and noted and welcomed the current, medium and longer term activities which are being / will be taken forward, led by the L4C Team, to meet these challenges.

7. **That in relation to the project update on social prescribing included in the Performance report, the findings of the Social Prescribing Commissioner to date be noted, and that the recommendations of the Commissioner be endorsed, to be taken forward via the Better Care Bristol Commissioning Board.**

6. Care Quality Commission (CQC) thematic review - integrated care of older people
(agenda item 6)

The Board considered a report on the themed review being carried by the CQC exploring the theme of "how does the integration of care affect older people's experiences?"

Bevleigh Evans presented the report.

Main points raised/noted in discussion:
a. This was a pilot review; Bristol had been paired with Portsmouth.
b. The review was not an inspection; the key aim was to review patient experiences. Initially, the review would focus on a cohort of people who had come into contact with services following a stroke, or following a fractured neck of femur (hip fracture).
c. The review would take place over 5 days, starting on 30 November.

d. Cllr Brenda Massey would be involved in the review, as a representative of the Board.

RESOLVED:
That the report and the above information be noted.

7. Bristol CCG commissioning intentions

(agenda item 7)

The Board received a presentation on Bristol CCG commissioning intentions from Justine Rawlings.

Key points highlighted in the presentation included:

a. The context within which the commissioning intentions had been developed, and the guiding principles.
b. The commissioning intentions were in line with the Better Care Bristol model of care and support, i.e. health and social care integration to support individuals and communities with co-ordinated care and urgent responses in the community for their physical and mental health needs.
c. The key programme areas covered by the commissioning intentions.
d. Key areas of joint working for 2016/17.

Following the presentation, it was noted that the commissioning intentions would be published on-line at the end of October 2015, and that comments would be invited via that website/channel.

RESOLVED:
That the above information be noted.

8. Urgent care winter resilience schemes

(agenda item 8)

The Board considered a report setting out an update on the winter resilience schemes in place, or planned to start, to support Bristol's urgent care system through the winter of 2015/16.

Judith Brown presented the report.

Main points raised/noted in discussion:

a. The schemes had been planned to impact on the key, urgent care areas of admission avoidance, system flow, early discharge and re-admission prevention.
b. The report was welcomed as a very clear articulation/description of the action being taken.
c. It was noted that whilst the CCG had confidence around the quality of the resilience plans in place, further work would take place to evaluate schemes to help ensure preparedness for the winter ahead. It would be important for the Board to continue to drive this agenda.

d. In terms of ensuring resilience on all 7 days of the week, it was noted that (within the cost envelope) services were being reviewed across all 7 days, with a view to making services more available at times when patients wished to access them. This would not necessarily mean that services were available at the same times on every day.

RESOLVED:
That the report and the above comments/information be noted.

9. Preventing illness by tackling cold homes

(agenda item 9)

The Board considered a report (and received a presentation from Phillip Morris) outlining the potential role of the Board and the wider health service in reducing the health impacts of living in a cold home.

Main points highlighted in the presentation:

a. The link between cold homes/poor quality housing and health was a very significant local and national issue.
b. The Centre for Sustainable Energy (CSE) project highlighted in the presentation was being taken forward as a priority Bristol European Green Capital scheme.
c. The CSE were putting forward the following recommendations:
    - That a strategy should be developed to address the health consequences of cold homes in Bristol.
    - Consideration should be given to commissioning a "single point of contact" cold homes referral service.
    - All parts of the health service should consider referring into the service.
    - Data sharing should be enabled so that patients that would benefit most from the support available could be identified and supported.

Main points raised/noted in discussion:

a. On behalf of the Board, the Chair welcomed the progress achieved by this CSE project.
b. In terms of the CSE recommendations, the Chair indicated that partners would need to consider their response/follow-up. It was important to recognise that much work was already underway, e.g. to significantly reduce emissions from the Council's housing stock. The Warm-Up Bristol scheme was also being implemented (it was essential to note in this context that action was being taken to replace Climate Energy and ensure that none of their customers would suffer financial loss following Climate Energy recently having gone into administration).
c. Many vulnerable people could potentially be at risk of the negative health consequences of living in cold homes. The impact of welfare reform was likely to increase the difficulties faced by some people in being able to afford to heat their homes
d. CSE were engaging with private landlords in terms of trying to make positive interventions in relation to private rental properties.

RESOLVED:
That the report/presentation, and the above information/comments be noted.

10. Bristol Carers Strategy re-fresh 2015-20

(agenda item 10)

The Board considered a report seeking endorsement to implement this strategy and develop an action plan to deliver it.

Rachel Allbless and Lucas James presented the report

Main points raised/noted in discussion:

a. The development of the Carers Strategy had been a positive process, and had seen very effective engagement with carers.
b. 3 in 5 people would become carers at some point in their lives – the work undertaken by carers across the country amounted to a "saving" nationally that was broadly equivalent to the NHS budget each year.
c. The provision of accurate, up-to-date information and advice to carers, e.g. about service availability/changes was an important issue.
d. It was intended that the Carers Strategy Implementation Group would oversee the implementation of the strategy and action plan.
e. The Chair particularly thanked Lucas James for attending the meeting and for presenting the report/ advocating the proposal from the perspective of carers.

RESOLVED:
That the strategy be endorsed and that partners commit to inputting into the development and implementation of the action plan.

11. Health and Wellbeing Strategy re-fresh

(agenda item 11)

The Board considered a report proposing that a re-fresh be undertaken of the joint Health and Wellbeing strategy, and setting out the proposed process and governance to deliver this refresh.

Kathy Eastwood presented the report.

Main points raised/noted in discussion:

a. Whilst the current strategy (approved in September 2015) had been well received, it had been challenging to sustain action and reporting against action plans for delivering the 10 identified priorities.
b. The re-fresh of the strategy would be informed by the Joint Needs Strategic Assessment, which was itself currently being updated. The new strategy would need to take account of a number of key inputs and drivers,

including national health-related policy drivers, service performance, VFM/cost considerations, and patient/public service experiences.

c. As per paragraph 5 of the report, a short-life strategy group was proposed – in addition to the proposed participants listed, it had been suggested that the People directorate consider whether a schools representative could be involved.
d. It was proposed that Becky Pollard should be the Board's key representative/link in terms of taking forward the re-fresh.
e. It was suggested that in developing the re-fresh, it would be important to identify and learn from good examples of successful joined-up approaches; and to identify some particular areas, e.g. in relation to health inequalities, where real impacts/change could be delivered.

RESOLVED:
That, noting the above information/comments, approval be given to the proposals for a re-fresh of the Health and Wellbeing Strategy, as set out in the report.

12. 20 mph speed limits in Bristol
(agenda item 12)

The Board considered a report providing information on the rationale and evidence base for 20 mph speed limits in Bristol, and a review of progress.

Dr Adrian Davis presented the report.

Main points raised/noted in discussion:

a. The evidence, as summarised in the report, was that 20 mph speed limits were both an effective and cost-effective intervention in terms of improving population health. The Chair pointed out that they also helped to create a more child-friendly environment across the city.
b. It was noted that 20 mph speed limits could perhaps be best understood as an intervention which aimed to change behaviour over time. Accordingly, the "measurement" of their effectiveness and impact was likely to be more meaningful and accurate when assessed over a longer term time period (the combination of relatively small accident/casualty figures and behavioural changes meant that it could take a number of years for the evidence base to fully develop).
c. There was general support from Board members in relation to 20 mph speed limits.

RESOLVED:
That the report and the above comments/information be noted.

The meeting finished at 4.30 p.m.

Chair