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Bristol City Council

Minutes of the Health and Wellbeing Board

Wednesday 16 December 2015 at 4.00 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
Becky Pollard, Director of Public Health, BCC
Councillor Brenda Massey, BCC
Councillor Glenise Morgan, BCC
Councillor Fi Hance, BCC (job share with Cllr Radice)
Elaine Flint, Voluntary and Community Sector representative
Ellen Devine, Service Co-ordinator - Healthwatch Bristol
Jill Shepherd, Chief Officer, Bristol Clinical Commissioning Group
Pippa Stables, Inner City & East Locality Group
Steve Davies, Vice Chair South Bristol Locality Group/ Practice Manager

Support officers present:

Kathy Eastwood, Service Manager, Health Strategy, BCC (supporting the Board)
Sam Mahony, Democratic Services Officer, BCC
Suzanne Ogborne, BCC

Others present:

Dr Joanna Copping, Consultant in Public Health, BCC
Nick Smith, Strategic Intelligence, JSNA & Consultation Co-ordinator, BCC
Netta Meadows, Service Director – Strategic Commissioning, BCC
Lucia Dorrington, Service Manager – Joint Commissioning, BCC
Nancy Rollason, Service Manager, Legal (People), BCC (item no.5)
Barbara Coleman, Service Manager Public Health Commissioning & Performance, 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.

Pippa Stables and Councillor Hance (as Assistant Mayor) were welcomed to the meeting.

Apologies were received from Linda Prosser, Keith Sinclair and Councillor Hiscott.

It was noted that Mayor George Ferguson would chair the meeting.

4. Minutes - Health and Wellbeing Board - 21 October 2015
(agenda item 4)

RESOLVED:

That the minutes of the meeting of the Board held on 21 October 2015 be confirmed as a correct record and signed by the Chair.

With reference to the Health and Wellbeing Strategy refresh (point 11), the hope was to launch in the second half of 2016 tying into other work within Health & Social Care.

5. Mayoral key decision report - Re-commissioning of children's community health services

The Mayor and Board considered a report setting out a proposed key decision on the re-commissioning of children's community health services.

Councillor Massey, Assistant Mayor for People introduced the report.

Within the report the Health and Wellbeing Board were asked to support:

- the proposed joint working arrangements (and enter into a formal agreement to record these),
- the CCG acting as lead in connection with the procurement, and
- the delegation of powers to the Programme Board regarding all aspects of the proposed procurement process, (including determining the

- appropriate procurement procedure, finalising the service specification, selection and contract award).
- delegating to the Director of Public Health and Service Director - Strategic Commissioning, People Directorate, authority to conclude all necessary contracts.

The recommendation was altered to read “to the delegation of powers to the Director of Public Health and Service Director, People Directorate (as the Council representatives on the Programme Board) regarding all aspects of the proposed procurement process, (including determining the appropriate procurement procedure, finalising the service specification, selection and contract award)”, the decision to be taken by the Mayor following discussion with the Health and Wellbeing Board.

Before taking the decision, the Mayor invited comment from the Board.

Councillor Massey and Becky Pollard introduced the report. The main points raised/noted in discussion were:

- a. Following rich information feedback throughout the consultation, thought would be given to fewer focussed outcomes and a reduction in the number of lots/groupings of services from seven to four.
- b. The strong consultation process was commended as a nationally recognised model of good practice. The consultation video was viewed and could be seen at www.yourhealthyfuture.org.
- c. It was clarified that services would be commissioned for children up to 18 years and would look at opportunities to work with other providers to extend to 25 years.
- d. Services included health visiting, school nursing, family nurse partnership, young people substance misuse, CAMHS (Children and Adolescent Mental Health Services), speech and language and other applied professional services.
- e. Social value was embedded within the procurement process, although the elements would differ dependent on the type of commission.
- f. There were opportunities for joint working. Officers would reflect on the joint Health and Wellbeing Board and how it could explore true lead commissioners going forward to drive efficiency and benefit.
- g. The responses would be shared with all board partners and be considered when developing a service specification. The outcomes would continue to be fed in to the procurement process at each stage.

The Mayor took into consideration the very full and comprehensive consultation that had taken place with regard to the proposed set of values, new model and outcomes for the future children’s community health service as well as the service specifications. Taking into account the above comments of the Board, the Mayor agreed the following key decision:

That approval be given:

- 1. To the proposed joint working arrangements (and to enter into a**

formal agreement to record these),

2. To the CCG acting as lead in connection with the procurement; and
3. To the delegation of powers to the Director of Public Health and Service Director, People Directorate (as the Council representatives on the Programme Board) regarding all aspects of the proposed procurement process, (including determining the appropriate procurement procedure, finalising the service specification, selection and contract award).

6. Joint Strategic Needs Assessment (JSNA) 2015 – update and review
(agenda item 6)

The Board considered a report and presentation setting out a statistical update on health and wellbeing indicators for Bristol, as identified in the JSNA 2015 data profile report.

Joanna Copping and Nick Smith presented the report and powerpoint presentation, drawing attention in particular to:

- a. Bristol generally compared well to core cities, although fared slightly below the England average. Consideration was given to the core cities average as a more appropriate comparison.
- b. Board members focused on the inequalities gap in relation to targets such as 'Preventable Mortality' with Henleaze measured three times higher than Southmead. The biggest contributors were dietary risks, tobacco and obesity.
- c. It was noted that there was a two year lag with deprivation data from 2012/13 presented in 2015 and 2008 in 2010.
- d. Considering deprivation as a wider determinant of health, there were six areas of Bristol that were now identified as within the 1% most deprived in the UK compared to only one in 2010. There were a high level of children living in poverty and deprivation within those areas.
- e. The increased referrals through the GP into alcohol treatment services could be viewed positively, although there could be more referrals than services were prepared for.
- f. GP diagnosis of depression are rising, and above national average. Admission rates for self harm exceed the national average. Suicide rates for men in mid-life years and men 45-59 were rising.
- g. Officers would be developing a range of JSNA chapters to give a comprehensive picture of health needs in particular areas.

Main points raised/noted in discussion:

- a. The data would be helpful in terms of refreshing the strategy.
- b. The percentage of children with long term health needs could be a result of the children hospitals in the city.
- c. Healthwatch could be further linked with the JSNA through engagement around particular chapters.

- d. In reference to the Personal Medical Services (PMS) review of funding for GP surgeries, data showed inequality of funding particularly in the most deprived areas of Bristol. Healthwatch reported that they had received petitions from four GPs surgeries in Bristol and responses from NHS England about the review.
- e. A workshop was suggested for HWB members to consider the work of the JNSA and strategy refresh and how to focus the HWB.

Taking into account the above, the Board resolved:

- 1. That the JSNA 2015 report be approved, and that the priorities be used to inform the Health and Wellbeing Strategy.**
- 2. To consider how best to use this across all HWB partners to influence strategic direction, commissioning and service delivery to improve health and wellbeing**
- 3. To recommend the JNSA be presented formally to other strategic partnerships.**

7. Public health budget update
(agenda item 7)

The Board received a presentation / update from Becky Pollard, Director of Public Health on the public health budget.

RESOLVED:

That the update and the above information be noted.

8. Adult social care community support services
(agenda item 8)

The Board considered a report setting out information on the commissioning process for adult social care community support services, including details of key drivers for change, and related opportunities, challenges and implications.

Netta Meadows and Lucia Dorrington presented the report and powerpoint presentation, drawing attention in particular to:

- a. The HWB would be asked to make a decision in Feb/March 2016.
- b. Community Support Services would include services for citizens 18yrs and upwards
- c. The services would promote independence at home and in community settings with packages of care and support from a number of providers.
- d. Additional day services would be commissioned with building based services often including a meal and activities to help reduce feelings of isolation.

- e. Services have not been recommissioned for some time so the process would look at appropriate services for current need. Cost and value for money needed to be assessed with a more transparent and consistent approach.
- f. An outcomes based commissioning model was suggested with quality support services and value for money as well as service user satisfaction.
- g. The proposals were under consultation at present and the decision would return to the HWB in February 2016 seeking a decision to commission in late 2016 and service live following that in 2017.

Main points raised/noted in discussion:

- a. Healthwatch Bristol had ascertained through engagement a key message of satisfaction with support services but dissatisfaction with access to college courses now over the age of 25 years. People with learning difficulties also wanted support to stay in a job or volunteering role for the longer term.
- b. With reference to transport for volunteers and carers, individuals with needs were keen to access services in their own communities, although transport costs and the broader accessibility of public transport across the city should also be considered within the offer of specification.
- c. It was a challenge within the commissioning process to seek to influence change as best could within the services available from providers.
- d. It was confirmed that links had been made with Bristol new mental health services through consultation events and links with officers.

RESOLVED:

- 1. That the report and issues outlined be noted, together with the above comments/information.**
- 2. That it be noted that a Mayoral key decision report will be submitted to a future meeting.**

9. Sexual health re-procurement
(agenda item 9)

The Board considered a report and powerpoint presentation setting out an update on the sexual health procurement process.

Barbara Coleman presented the report, drawing attention in particular to:

- a. BCC would be lead commissioner of a complex area. The report outlined the process for procurement starting in early 2016. In the context of the public health budget this area was a quarter of funding and one of the mandated services.
- b. Engagement would take place through market events, voluntary sector providers, primary care representatives and specialist services. A further event would take place in January and March 2016.
- c. The area included prevention and detection of HIV but not treatment.

- d. The programme timeline included BNSSG service specifications out to public consultation until January 2016 leading to approval to tender in February 2016 followed by bidding period. It was hoped that contracts would be awarded in September 2016 with start dates in April 2017.
- e. It was acknowledged that there was a lack of responses from young people due to the timeframe and time available. Web based consultation would be promoted further at www.sexualhealthconsultation.co.uk and further messages through radio and engagement with the Youth Council.

Main points raised/noted in discussion:

- f. There was a strength of will for primary and secondary care to work together to deliver a new model and appropriate mechanisms however the timeline was troubling due to all the considerations and discussions that would need to take place.
- g. Members of the board requested more time to allow further discussions and conversations. Officers agreed to seek advice regarding the legal position for extending the timeframe. Officers would feed back to the Mayor about the disadvantages of extending that time period and how that would happen if required.

RESOLVED:

That the report and issues outlined be noted, together with the above comments/information.

10. Any Other Business

1. **Callington Road Bus** – Following a discussion at Full Council, a letter had been sent to First Bus and an acknowledgement received. No further reply had been received however and officers would chase. A meeting had also taken place between Bristol Independent Health Network, First Bus and AWP where some recommendations had been made for future work.
2. **Role of Food Champion** – Alison Comley reported that the Food Policy Council were to make an application for a Sustainable Food City Award at a Silver level. A response was hoped for in early 2016. A suggested plan would be presented to the HWB early next year, including references to healthy schools.
3. **CQC Thematic Review** – John Readman thanked those involved in the review. The Integrated Care for Older People initial findings (with 10 HWB areas considered) would release the finished report from CQC. It was recommended that it be formally considered by the HWB in February 2016.
4. **LG Chronicle Awards** - Kathy Eastwood reported the good news that the HWB had been shortlisted in LG Chronicle awards in Innovation.
5. **Personal Medical Services** – The letter received from CCG had been forwarded to all board members. The letter explained the rationale and process and would be attached to the minutes.

6. **Strategy** – A plea was made to members to be helpful with diaries when trying to get something in the diary for the Strategy
7. **Mental Health Referrals -** There was concern regarding the number of referrals and specialist assessments required before treatment was assigned and the perception that funds were being spent on assessment with treatment delayed. It was reported that the Youth Council had mental health at the top of their agenda and that the People Scrutiny Commission would be looking at mental health pathways in terms of the broader problem. With reference to a specific case, the contact details for Jill Shepherd would be forwarded to individual concerned.

The meeting finished at 5.50 p.m.

Chair