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Bristol City Council

Minutes of the Health and Wellbeing Board

Wednesday 17 February 2016 at 2.30 p.m.

Health and Wellbeing Board members present:

George Ferguson, Bristol Mayor and Co-Chair of the Board
Dr Martin Jones, Chair, Bristol Clinical Commissioning Group (CCG) and Co-Chair of the Board (Chair for this meeting)
Alison Comley, Strategic Director - Neighbourhoods, Bristol City Council (BCC)
John Readman, Strategic Director - People, BCC
Jill Shepherd, Chief Officer, Bristol CCG
Councillor Brenda Massey, BCC
Councillor Glenise Morgan, BCC
Elaine Flint, Voluntary and Community Sector representative
Ellen Devine, Service Co-ordinator - HealthWatch Bristol
Debbie Charman, HealthWatch, Carers Support Centre (attending on behalf of Keith Sinclair)
Pippa Stables, Inner city & east Bristol locality group
Justine Mansfield, North & west Bristol locality group
Steve Davies, South Bristol locality group

Support officers present:

Kathy Eastwood, Service Manager, Health Strategy, BCC (supporting the Board)
Ian Hird, Democratic Services, BCC
Suzanne Ogbourne, Public Health, BCC
Nancy Rollason, Service Manager, Legal Services, BCC

Others present:

Barbara Coleman, Service Manager – Public Health, BCC
Justine Rawlings, Head of Strategic Planning, NHS Bristol CCG
Bevleigh Evans, Better Care Programme Director, NHS Bristol CCG & BCC
Mike Hennessey, Service Director - Care Support & Provision - Adults, BCC
Adwoa Webber, NHS Bristol CCG

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 AND APOLOGIES FOR ABSENCE
(agenda item 3)

The Chair welcomed attendees to the meeting.

Apologies were received from Councillor Claire Hiscott, Councillor Fi Hance, Nicola Yates, Linda Prosser, Becky Pollard and Sally Hogg.

4. MINUTES - HEALTH AND WELLBEING BOARD - 16 DECEMBER 2015
(agenda item 4)

RESOLVED:

That the minutes of the meeting of the Board held on 16 December 2015 be confirmed as a correct record and signed by the Chair.

5. KEY DECISION – SEXUAL HEALTH SERVICES RE-COMMISSIONING
(agenda item 5)

The Board considered a report seeking approval of a key decision from the Mayor on the re-commissioning of sexual health services.

Barbara Coleman presented the report, and advised that copies of the detailed consultation document were available for inspection. The document was also available on the Council's website.

Key points highlighted included:

- a. Bristol was going through a process to re-commission specialist sexual health services. The Council was the lead commissioner for the specialist services across Bristol, North Somerset and South Gloucestershire (BNSSG). This included looking at commissioning specialist health services across the 3 local authority areas and the 3 CCGs (for termination of pregnancy services).
- b. A key decision was sought from the Mayor because of the contractual value of the proposal. Authority was also sought to delegate authority to

Council officers to progress the procurement jointly with the other authorities.

- c. The value of the services for Bristol was approximately £4m per annum (£8m per annum for all commissioners).
- d. Under the programme timeline, the tender (if the proposal was approved today) would be advertised in April. The new services would start in April 2017.
- e. Key points from the consultation:
 - An on-line consultation had been carried out, supplemented by focus groups and events. 484 responses had been received. In terms of the demographic and equalities profile of respondents, most groups had been reached. There had been some under-representation of young people and men, but attempts had been made to counter this through targeted promotion and focus groups.
 - The vast majority of respondents had indicated support for the key principles as put forward in the survey questions.
 - Key themes from the consultation included:
 - Understanding the complexity of needs and preferences within the population.
 - Prioritising prevention, and building partnerships with schools.
 - Ensuring services are accessible, and a range of access points.
 - Ensuring services reach those people who are most in need of support.
 - Ensuring the quality of support, including assurance around confidentiality.
 - Key actions identified included:
 - Reviewing service specifications and equality impact assessments in light of the consultation.
 - Ensuring public and service user involvement / input into service delivery.
 - Providing a clear explanation about why this commissioning is happening.
 - Carefully assessing providers on their ability to engage effectively with agencies that work with high risk and vulnerable people.

Main points raised/noted in discussion:

- a. There could be merit in looking to work with the GP systems in place at the locality level. It was noted that GPs could bid for services under the commissioning process.
- b. There would be an important challenge to ensure effective outreach to hard-to-reach people/groups. As part of the commissioning process, it was anticipated that innovative approaches would be considered.
- c. In further discussion, Board members generally indicated their support for the proposed key decision, and noted the detailed consultation that had taken place, together with the assessment of the consultation as reported at the meeting.

The Mayor then considered his key decision, thanking the Board for their comments. He stressed that in taking the decision, he was taking into

consideration the very full and comprehensive consultation that had taken place as set out in the consultation document and the presentation received by the Board at the meeting. He noted that the responses to the consultation would feed in to the final service specification and procurement process.

The Mayor then took the following key decision:

That approval be given to:

- 1. The proposed joint working arrangements (and that a formal agreement be entered into to record these).**
- 2. Bristol City Council acting as lead in connection with the procurement.**
- 3. The delegation of powers to the Director of Public Health (as the Council representative on the project board) and the Section 151 officer for Bristol City Council for all aspects of the proposed procurement process (including determining the appropriate procurement procedure, finalising the service specification, selection and contract award).**

6. CCG GROUP PLANNING 2016/17: SUSTAINABILITY AND TRANSFORMATION PLAN – WORKING TOGETHER
(agenda item 6)

The Board received a presentation from Justine Rawlings on the work being taken forward on sustainability and transformation planning.

Key points highlighted included:

- a. This work was being taken forward to address the 3 gaps identified in the NHS 5 year forward view, i.e. the health and wellbeing gap; the care and quality gap; and the finance and efficiency gap.
- b. The aim was to produce a one year organisational plan (addressing key “must dos”) and a place and population based 5 year Sustainability and Transformation Plan across a larger geographical footprint.
- c. The Sustainability and Transformation Plan would be linked to central money allocations, e.g. new care models, primary care access, infrastructure and technology roll-out. Moving forwards, this would become the single application and approval process for this funding from 2017/18. Successful plans would depend on effective engagement across all partners and stakeholders, through the Health and Wellbeing Board. The aim was to achieve a shared vision / view of service delivery moving forwards.
- d. The submitted proposal (submitted against a very short deadline) was for the BNSSG footprint.

Main points raised/noted in discussion:

- a. Patient flows across the borders between Bristol, North Somerset and South Gloucestershire formed a key part of the rationale for the BNSSG footprint. Other key factors included:
 - Existing and established governance and working relationships across the area, and a history of delivering system-wide change.
 - Linking with and strengthening ongoing joint work, to enable ambitions to be raised.
- b. It would be important to ensure that the plan took full account of local population needs.
- c. In relation to patient flows, the issue of community transport was raised. It was noted that this did not form part of the current planning, but linking in with community transport could potentially present a future opportunity.
- d. It would be essential to engage with Bristol's broad and diverse local communities in taking the plan forward. An engagement action plan was being developed.
- e. The general principle of further joining up services across organisational boundaries was welcomed.
- f. It was suggested, and agreed that it would be appropriate for the Sustainability and Transformation Plan to be submitted to a future meeting of the Board for endorsement.

RESOLVED:

- 1. That the presentation and the above information be noted.**
- 2. That the Sustainability and Transformation Plan be submitted to a future meeting of the Board for endorsement.**

7. BETTER CARE BRISTOL PERFORMANCE REPORT
(agenda item 7)

The Board considered the latest Better Care Bristol performance report.

Bevleigh Evans presented the report.

Key points highlighted included:

- a. This report included financial reporting for quarter 3.
- b. In relation to the Better Care metrics, there was an improved picture in performance, although 4 of the 7 KPIs were not being achieved; the other 3 KPIs were year-end indicators where performance was not yet known.
- c. 4 of the 6 national conditions were being met.
- d. "Pay for performance" had not been awarded for Q4 (January – March 2015), Q1 (April – June 2015), Q2 (July – September 2015) and Q3 (October – December 2015).

Main points raised/noted in discussion:

- a. Whilst noting an improved picture of performance in relation to the Better Care metrics, concern was expressed that 4 of the 7 KPIs were not being

met, and that no “in-year” monitoring was taking place in relation to the 3 year-end indicators. In relation to some indicators (e.g. the year-end indicator about reducing the amount of people being admitted into residential and nursing homes), the latest available data should be provided rather than just inserting “unknown” into the performance report (whilst recognising that the year-end figure was the defined indicator). At the conclusion of this part of the discussion, it was agreed that an updated performance report should be submitted to the next Board meeting, also clarifying the specific action being taken to address those KPIs that were not being met.

- b. It was noted that there was an issue around the inflexibility of NHS financial arrangements, e.g. the inability for spend to be carried forward from one financial year into the next if projects were delayed. This contrasted with the element of flexibility allowed to local authorities – for example, BCC, at its budget meeting, had been able to debate whether an adult social care precept should be levied, which would mean a 2% rise in the city’s Council Tax. It was agreed that the Mayor should write to the government, on behalf of the Board, making the case for increased flexibility in relation to NHS financial arrangements where, for example, this could be linked to improved / defined service delivery. It was understood, for example, that Manchester had argued the case for a “controlled” budgetary surplus.
- c. It was agreed that it would be useful for an informal seminar to be arranged, to enable Board members to explore and gain a greater understanding of local authority and NHS financial arrangements.

RESOLVED:

- 1. That the report and the above information be noted.**
- 2. That an updated performance report be submitted to the next Board meeting, also clarifying the specific action being taken to address those KPIs that were not being met.**
- 3. That the Mayor write to the government, on behalf of the Board, making the case for increased flexibility in relation to NHS financial arrangements where, for example, this could be linked to improved / defined service delivery.**
- 4. That an informal seminar be arranged, to enable Board members to explore and gain a greater understanding of local authority and NHS financial arrangements.**

8. CARE QUALITY COMMISSION (CQC) FEEDBACK - INTEGRATED CARE FOR OLDER PEOPLE
(agenda item 8)

The Board considered a report setting out the key outcomes of the Integrated Care for Older People thematic review undertaken by the CQC.

Mike Hennessey and Beveleigh Evans presented the report.

Key points highlighted included:

- a. This week-long review had seen a “deep dive” review undertaken of 5 cases, plus a range of other review activities, including examination of care plans, focus groups and visits to hospitals and rehabilitation centres.
- b. A number of good practice outcomes had been identified, including positive feedback about staff working together at both strategic and operational level, and about Bristol Ageing Better.
- c. Identified areas for improvement were:
 - Identification of patients at risk, primarily in relation to frailty and risk of falls.
 - Ensuring the Discharge to Assessment model was not limited by capacity.
 - Rationalising care plans by ensuring that the same person does not have multiple care plans, and they are in-date and do not conflict.
 - Reducing delayed transfers of care across all providers.
 - Making it easier for GPs and other clinicians and professionals to navigate the system.
 - Making it easier for patients to navigate mental health services in Bristol.

RESOLVED:

- 1. That the report and the above information be noted.**
- 2. That it be noted that an update on addressing the above, identified areas for improvement would be included in the next Better Care performance report (April 2016).**

9. CCG ACTION ON HEALTH INEQUALITIES (agenda item 9)

The Board considered a report providing an update on the actions being taken by the CCG to address health inequalities.

Adwoa Webber presented the report.

Key points highlighted included:

- a. The report summarised the work being taken forward by the CCG Health Inequalities Group.
- b. Key priorities included:
 - Working with providers so they had access to existing resources, to support patients and service users.
 - Working to improve access to health services for all.
 - Embedding reducing health inequalities in commissioning.
 - Addressing inequalities in relation to cancer outcomes.

- Addressing cardiovascular disease in young Asian men.
- Addressing disease outcomes in people with learning difficulties.

Main points raised/noted in discussion:

- a. It was important to ensure full engagement with the voluntary and community sector, so that there was a greater degree of “co-production” in developing actions to tackle health inequalities.
- b. In terms of improving access to services, it was noted that NHS England was bringing in a new accessible information standard. It would be important to share all relevant information about actions being taken on tackling health inequalities and learn from existing good practice, e.g. Birchwood medical practice were using “easy-read” forms.
- c. The refresh of the Health and Wellbeing Strategy offered an opportunity to highlight and join up work between partners on tackling health inequalities. The Health and Wellbeing Board had a key role in “holding the ring” and maintaining an overview on this.

RESOLVED:

- That the report and the above information be noted.

10. PERSONAL HEALTH BUDGETS LOCAL OFFER (agenda item 10)

The Board considered a report seeking approval to include the “Personal health budgets local offer” in the Health and Wellbeing Strategy (as required by the 2015/16 CCG planning guidance).

Bevleigh Evans presented the report.

Key points highlighted included:

- a. In the context of national policy and guidance, a Bristol local offer had been developed that provided for the continued implementation of personal healthcare budgets within NHS continuing healthcare, in line with CCG standing rules.
- b. The local offer also set out how the CCG and partners would expand personal health budgets and introduce integrated budgets through its involvement in the South West Integrated Personal Commissioning Programme.
- c. Over the next 3 years, via a staged approach, personal health budgets / integrated budgets would be trialled among children and young people with complex needs, and people with learning disabilities with high support needs.

Main points raised/noted in discussion:

- a. It was confirmed that there had been ongoing liaison with the Council’s children/families team about the proposal to trial the approach with children and young people with complex needs.
- b. Nationally, all health and wellbeing boards were being asked to include the personal health budgets local offer in their health and wellbeing strategies.

- c. In response to questions about the process for approving individual plans, it was noted that individual plans were approved by the NHS – the aim was to try to allow as much flexibility as possible to meet individual needs. Service users were still able to access core services.

Taking into account the above, it was

RESOLVED:

1. That the “**Personal Health Budgets Local Offer**” be included in the **Health and Wellbeing Strategy, as required by the 2015/16 CCG planning guidance; and that the strategy should refer people to the CCG website for details of the local offer.**
2. That an agenda slot be allocated at a future Board meeting to enable the **South West Integrated Commissioning Programme to bring a presentation to the Board on the programme, to increase understanding and explain how the Board has a role in achieving the aims of the programme.**

11. OTHER BUSINESS

(agenda item 11)

- a. Health and Wellbeing Board informal development session: This would be held from 4.30 – 6.00 pm on 20 April, straight after that day’s formal meeting of the Board.
- b. European funding – young people mental health services: Information about this was currently being sought / investigated.
- c. Callington Road bus: It was hoped that there would be news on this shortly.
- d. LGC award for innovation: The Board had been shortlisted for this award.

12. ITEMS RECEIVED FOR INFORMATION:

- a. 2015/16 work programme update.
- b. Meeting dates of the Health and Wellbeing Board for 2016/17:
All from 2.30 – 4.30 pm:
 - Wednesday 22 June 2016
 - Wednesday 10 August 2016
 - Wednesday 19 October 2016
 - Wednesday 14 December 2016
 - Wednesday 15 February 2017
 - Wednesday 12 April 2017

The meeting finished at 4.30 p.m.

Chair