



Agenda Item No: 2

Bristol City Council Minutes of the People Scrutiny Commission Meetings 25 March 2015

Members Present:-

People

Councillor Alexander (Chair), Councillor Campion-Smith, Councillor Clark, Councillor Kirk, Jenny Smith, Rob Telford,(Vice-Chair)

Neighbourhoods Scrutiny Commission invited to attend for item 6 & 7

Councillor Lovell (Chair), Councillor Hance, Councillor Harvey (Vice-Chair),

Officers in Attendance:-

Karen Blong – Policy Advisor Scrutiny, Claudette Campbell – Democratic Services Officer; Alison Comley – Strategic Director: Neighbourhoods; Kathy Eastwood Service Manager Health & Energy, Beveleigh Evans – Programme Director Better Care Bristol; Netta Meadows – Service Director Strategic Commissioning; Becky Pollard – Director of Public Health; John Readman – Strategic Director: People.

Also in Attendance:-

Councillor Massey – Assistant Mayor for People, George Ferguson, Mayor, Dr Martin Jones

1 Apologies for Absence, substitutions and introductions

- Apologies Cllr Tincknell, Cllr Fodor, Cllr Janke, Cllr Melias

2 Public Forum

None

3 Declarations of interest

None

4 Whipping

None

5 Chair's Business

None

6 Health and Wellbeing Board Work Programme (joint with Neighbourhoods)

The Commission were asked to consider the work programme of the Health and Wellbeing Board(HWB) presented by The Mayor, George Ferguson and Dr Martin Jones, Co-Chairs of the Bristol Health and Wellbeing Board.

Dr Martin Jones, presented the report on behalf of the HWB. Explaining the key duties placed on the Health and Wellbeing Board by the Health and Social Care Act 2012:

- Produce and update the Joint Strategic Needs Assessment
- Produce and implement a Joint Health and Wellbeing Strategy
- To promote integration
- To produce and update a Pharmaceutical Needs Assessment

In May 2014, Bristol City Council's constitution changed to enable the Mayor to take key Decisions at the HWB. The first two key decisions were the Public Health contract wavers and the second the Programme of Public Health Intervention Proposals.

The work programme of the HWB has been developed based on a number of key factors but must have scope to react to events and the tight timescales imposed for responses from national bodies.

The Health and Wellbeing Strategy would be refreshed in the Autumn. The 10 priorities focused on the wider determinants of health, as well as the quality and effectiveness of services. The Strategy would reflect the move towards an 'integration agenda' through the Better Care Programme and the new models of care proposed within the NHS 5 year forward view.

The HWB supported the development of the principle of whole system approach to tackling issues such as Alcohol Misuse, from prevention to acute care. With Health and social care working together under the Better Care programme Hospitals would be encouraged to move services from within hospital units into the community.

The following comments were noted from the discussion that followed:

- a. In January the NHS invited individual organisations and partnerships, including those within the voluntary sector to apply to become 'vanguard' sites for the New Care Models Programme, one of the first steps towards

delivering the Five Year Forward View and supporting improvement and integration of services.

- b. A group of five GP practices in Bedminster applied for vanguard status but not selected in the first round. Work continues to combine service provision for patients in that locality.
- c. Dr Martin Jones said that the HWB worked with both hospital trusts and this provided an opportunity to improve collaboration. The Mayor agreed that one Trust would seem logical. Reference was made to the devolution agenda and the opportunities this might present to do things differently.
- d. It was confirmed that a report on Standards and management of the private rented sector would be presented to the People Commission meeting (Neighbourhoods Scrutiny Commission Members invited to attend) in April following a discussion at Full Council. The Mayor referred to the insulation programme taking place in Bristol which had assisted in raising housing standards.
- e. General discussion on the strategic priorities. Work continued to promote a healthy approach to lifestyle where residents were encouraged to walk or cycle in place of driving to the gym. Many benefits were apparent from encouraging the movement of exercise to the outside environment, including greater interaction between people of all ages as they share space.
- f. 'Food' had been identified as an objective for The Green Capital funding programme. Programmes funded projects, for example 'Food Route' and 'Kitchen on prescription based in Southmead'. The Mayor's Healthy Food award existed to encourage schools to provide healthy meals for pupils and encourage classes that improve pupils skills and knowledge in food preparation and production.
- g. Safer Bristol were the regulatory team that covered the work related to misuse of illegal substances. The HWB strategy covered alcohol as a priority because of the impact the misuse of it has on the lives of so many.
- h. The Chair thanked the Mayor and Dr Jones for attending the Commission meeting.

Resolved:

- i. That the Commission Members noted the contents of the report**

7 Update on Public Health (Joint with Neighbourhoods)

The commission received a presentation from Becky Pollard newly appointed Director of Public Health.

“Public health is the science and art of promoting and protecting health and wellbeing, promoting health and prolonging life through the organised efforts of (individuals) and society” Faculty of Public Health.

The role of the Director would be to lead on health and wellbeing, championing health with wider partners. The Director sits as a member of the Health and Wellbeing Board. The budget that came with the transfer remained ring-fenced for the service. Central government have yet to advise on whether this would continue until this is known work continued to align the service to City Council services. Work to take place with other partners to establish priorities for the service and to identify areas for cross working and possible overlap.

The Healthy Urban Team set up in 2009 by the then DPH Dr Hugh Annett(retired) had a number of positive outcomes. The team worked with other services to create a healthy sustainable City.

- The health perspective had been included in planning and development across the City with team members based in the Place Directorate.
- The team supported the development of Traffic Choices programme that gathers information on local highways to allow Neighbourhood Partnerships to view roads in a locality.
- The Playing Out Project – now nationwide, an idea of two Southville mothers wanting to encourage traffic free zone for children to play at certain times.
- The wider determinants of health were now seen as integral to the work of the City Council process.

The following points raised / noted during the debate that followed:

- a. Health Urban Team, had looked at the wider food agenda to include making healthy food accessible and affordable for communities. With the aim of encouraging society to make healthy choices.
- b. Members suggested that the licensing of fast food outlets should be discouraged and instead healthy food outlets should be encouraged to occupy local high streets.
- c. Alison Comley, Strategic Director: Neighbourhoods would be the public health lead on the Food agenda. Examples of activities supported to date include the work with Well-springs who are providing basic cooking skills to people. Schools could be encouraged to build into education

programme classes on basic cooking techniques and growing vegetables. Links with School Governors could help to support the concept.

- d. Public Health would continue to lobby politicians on issues of smoking in cars and plain packaging for cigarette packages.
- e. The 3 community hubs, Wellspring Healthy living Centre, Lawrence Weston and Bedminster group of 5 GP's liaising to bring health services to residents in a more accessible way.

Resolved:

- i. **That the presentation and the above information be noted.**

8 Better Care Bristol

The commission received a report from Beveleigh Evans, Programme Director Better Care Bristol on the implementation of the transformation Fund. A combined budget fund to improve the ways health services and social care services work together. This would start with services for older people and people with long term conditions.

The vision for Better Care Bristol - 'a city where people live happier and healthier lives and their care and support needs are met at the right time, to the right quality and in the right place for them.'

The Better Care Programme Board worked with a budget of £30,324,000 and in partnership with University Hospitals Bristol NHS Foundation Trust and North Bristol NHS Trust and community providers to deliver the systems transformation between health services and social care.

To achieve the vision, the plan has nine schemes to be delivered within the next three to five years. The schemes aimed to promote wellbeing and move to a care and support system that would help support people to manage their conditions more effectively, and provide more integrated and joined up services, when they need them in a community setting or closer to home, which avoided the need for unnecessary admissions to hospital.

The following comments were noted/raised during the discussion that followed:

- a. Service users had expressed frustration when asked to repeat their story to multiple health professionals. Joining up services would focus on the service user needs and provide ease of access to services when needed.
- b. Discharge decisions were sometimes delayed or delays could occur following a decision to discharge, leaving patients occupying beds for

several days when they were medically fit for discharge. A discharge to assess model had been piloted on two wards from January to March 2015. In some instances service user would be transferred to nursing home for the assessment of reablement needs. The discharge teams had been co-located in the BRI, bringing together the social care, health and acute teams, the result being joint discussions on care/support.

- c. Bedminster 5 were working in federated way that involves sharing resources. This could include a central clinic for chronic condition and sharing late evening surgeries. The model would be determined working in partnership with the commissioners and primary care.
- d. Community links were created i.e. using day centres to concentrate health professionals and provide services to more complex service users.
- e. Members requested that future report contain less acronyms and better explanation of terminology.

Resolved:

- i. That the report and above information be noted.**

The meeting ended at 11.10hrs

CHAIR