

Minutes of the Health and Wellbeing Board

22 June 2016 at 3.00 pm



Board members present:-

Marvin Rees, Alison Comley, Jill Shepherd, Becky Pollard, Lesley Alexander, Clare Campion-Smith, Fi Hance, Steve Davies, Ellen Devine, Elaine Flint and Justine Mansfield

Officers in attendance:-

Kathy Eastwood, Service Manager, Health Strategy, BCC (supporting the Board)
Ian Hird, Democratic Services, BCC
Rob Logan, Service Manager – Contacts & Quality, BCC
Mike Hennessey, Service Director - Care, Support & Provision - Adults, BCC
Tim Wye – Head of Better Care Bristol, CCG & BCC

1. Welcome, apologies and introductions

The Mayor welcomed attendees to the meeting, and attendees introduced themselves.

Apologies were received from Martin Jones, Nicola Yates, John Readman, Linda Prosser and Keith Sinclair.

2. Public forum

It was noted that two public forum questions had been received. The questions, together with the response given by the Mayor are set out below:

Question 1 – from Andy Birkitt re: Agenda item 9 – Health and Wellbeing board – next steps 2016 and beyond

“These HWB Boards are statutory bodies under the Health & Social Care Act 2012 formed by upper-tier local authorities.

Their aim legally is to improve integration between practitioners in local health care, social care, public health and related public services so that patients and other service-users experience more "joined up"



care, particularly in transitions between health care and social care. The boards are also responsible for leading locally on reducing health inequalities – quoted from the Act & the DH guidelines.

Each board produces the joint strategic needs assessment (JSNA) for its local authority area that profiles the health and wellbeing needs of the local population. They also produce a joint health and wellbeing strategy.

Whilst not responsible for commissioning, they are involved in its strategic development and oversee the CCG.

In particular HWBs shape the local public health landscape, and help CCGs to commission services in an effective and targeted manner.

It was perceived by many members of the Bristol public that the previous administration:

- Downgraded the role of the Director of Public Health from a Tier 1 officer;
- Was ineffective in overseeing the CCG – indeed most health service professionals saw the CCG as overseeing the HWB;
- Did not concentrate on ensuring there was a public health input into every department and policy statement;
- Did not assist in building effective mental health policies.

So will the HWB today confirm that:

- The post of Director of Public Health will be restored as a Tier 1 post;
- The Mayoral Team will build its own in-house expertise and not just that of the CCG through groups from the universities, the Foundation Hospital Trusts, the BMA, the unions and groups such as PONHS, KONP, Kings Fund, SHA, Mental Health Trusts etc to widen the health expertise in the area;
- Every policy and department be examined to ensure ALL THEIR WORK goes towards reducing health inequalities?"

Reply from the Mayor:

“As Mayor, increasing the reach of public health in the city is one of my key priorities, as demonstrated by the creation of a Cabinet portfolio to oversee this work led by Councillor Fi Hance. In addition, I am determined to ensure the Director of Public Health has the resources to tackle health inequalities throughout the city.

I want the new City Office to pull together all of Bristol’s health expertise, including the Director of Public Health, so that we as a city can tackle health inequalities by co-ordinating our resources and skills.

As part of this approach, I will work with Fi Hance and all of the Cabinet members to ensure that all parts of the Council have a stake in our public health agenda.



It is vital that we reduce health inequalities in Bristol – but the Council will not be able to do this alone.

The co-operation of, and co-ordination with our partners is essential. The Strategic Director for Neighbourhoods and the Director of Public Health are key to ensuring this happens and that the City Office becomes an effective vehicle in which all institutions in Bristol can work together to reduce health inequalities in our city.”

In discussion, the Director of Public Health confirmed that one of her key aims was to ensure the strongest efforts to reduce health inequalities across the city. Through the Health and Wellbeing Board, and working with the Mayor and City Office, every effort would be made to ensure effective leadership and focus on this priority.

Question 2 – from Andy Birkitt re: Agenda item 7 – Sustainability and Transformation Plan – Bristol, North Somerset and South Gloucestershire

“As the STP Plan has now been described in most areas of the country as not a way to improve services but to reduce costs (or as stupid people like me say – cause cuts) – will the HWB refuse to be directly involved with the approval of such a STP plan nor give its approval to it, until the effect of the change of monies through QUIP and STP implementation etc have been fully costed, assessed and published?

Will this same procedure be used in ANY transfer of medical or care services to a regional Metro Mayor including amendments to the STP plan?”

Reply from the Mayor:

“As you point out in your question, all health and social care communities in England are working to develop a Sustainability and Transformation Plan. You will notice that a report on the local STP is on the agenda for this meeting. In Bristol, the development of the plan is being led by Robert Woolley, Chief Executive of University Hospitals Bristol. The STPs are designed to support the 5 year forward plan for the NHS and make no secret of the fact that demand for health and social care is rising rapidly and planners are facing increasing financial pressure. I think it is vital that the Health and Wellbeing Board is fully sighted on the STP. I have sought assurance that the plan and its governance are not seen in isolation from other local schemes and plans, like for instance the Better Care programme, and that they complement each other as we work to build better support for people in Bristol and our neighbouring areas.”

3. Declarations of interest

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



4. Minutes of previous meeting

RESOLVED –

That the minutes of the meeting of the Board held on 20 April 2016 be confirmed as a correct record and signed by the Chair.

Matter arising:

Callington Road bus link: officers would check the position in relation to whether this bus service had been re-instated.

5. Key decision - Commissioning of out of hours home care services

The Mayor advised the Board that this key decision would be deferred. The report would be re-submitted with a view to this key decision being taken at the next meeting of the Board on 10 August.

6. Key decision - Commissioning Home Improvement Agency and community equipment services

The Board considered a report seeking approval of a key decision from the Mayor to initiate a commissioning project for HIA and community equipment services.

Main points raised/noted in discussion:

- a. There was general support for the proposal to join up the commissioning of these services. It was noted that agreement had also been reached to work collaboratively with Bath and North East Somerset, and North Somerset.
- b. No assumptions had been made on the outcome of the commissioning process. Services in future could be procured from one or more organisations.
- c. The Mayor stressed the importance of maximising social value / additional benefit to Bristol's communities through the commissioning of services, both in terms of the services to be delivered, and the way in which services were delivered. It was noted that the commissioning process opened up opportunities for voluntary sector providers. It would also be essential to examine and learn from best practice elsewhere.

Having noted the above, and the Board's general support for the proposals, the Mayor then took the following key decision:

That approval be given to:



- 1. Initiate a commissioning project for community equipment services and Home Improvement Agency (HIA) services, for implementation on 1 October 2018 (the end date of the current community equipment contract).**
 - 2. Make a further call off under the existing framework agreement in order to maintain the current HIA arrangements to 30 September 2018, in order to allow for a more co-ordinated procurement process.**
 - 3. Seek agreement from commissioning partners in the West of England region (such as other local authorities or CCGs) to participate in a joint procurement.**
 - 4. Delegate the implementation of the formal procurement process and contract award (including any associated collaboration arrangements) to the Service Director - Strategic Commissioning, Bristol City Council.**
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- 7. Sustainability and Transformation Plan - Bristol, North Somerset and South Gloucestershire**

The Board considered an update report on the development of the STP for BNSSG.

Jill Shepherd presented the report with reference to an accompanying presentation.

Key points highlighted included:

- a. As per the NHS England 5 year forward view, each health and social care system in England was producing a STP to address the challenges of rising service demands from an ageing population, at a time of ongoing resource constraints.
- b. BNSSG was the local footprint area for a STP. System partners had agreed that Robert Woolley, Chief Executive of University Hospitals Bristol NHS Foundation Trust should lead the work to develop the plan.
- c. A governance structure was in place. The deadline for the initial submission of STPs to the Chief Executives of NHS England, NHS Improvement and other national health and care bodies was 30 June 2016. It was important to note that at this stage, plans would be regarded as “work in progress” recognising that they were subject to local approval and/or consultation processes. The report submitted to meet the 30 June deadline would be shared with partners and Board members.
- d. Work would take place with the 3 local HealthWatch and other stakeholder organisations to agree the local engagement arrangements.

Main points raised/noted in discussion:



- a. The voluntary and community sector should be fully engaged in the consultation and involved in the development of pathways.
- b. Whilst noting that the STP footprint covered the BNSSG area, and brought service integration opportunities, it would nevertheless be important to maintain a focus on the unique issues relevant to the population in the Bristol city area.
- c. There was an opportunity to scale up public health preventative work.
- d. In taking forward this work, attention should be paid to developing the city's workforce talent pool, recognising the importance of recruiting a diverse workforce to meet the city's needs.
- e. In terms of the approach to engagement / consultation, it would be important to establish clarity about those areas that were being consulted on; stakeholders needed clarity about where their input could "make a difference."
- f. It was suggested that an additional pathway should be considered, around the "journey" from acute care to sustainable good health.

Having noted and taken account of the above, the Board

RESOLVED –

That the report/presentation and the above comments be noted.

Note: The Mayor left the meeting at this point. With the agreement of the Board, Alison Comley took the chair for the remainder of the meeting.

8. Better Care Bristol - 2016/17 plan and Section 75 agreement

The Board considered a report providing an update on the development of the narrative submission for the Better Care Bristol Plan 2016-17 and seeking approval of the Section 75 agreement prior to submission to NHS England.

Mike Hennessey presented the report with reference to an accompanying presentation.

Key points highlighted included:

- a. Better Care was a national programme. Bristol's plan recognised the need to now shift the key focus from "doing things better" to "doing better things" through the Better Care fund.
- b. The report set out the final narrative for the 2016-17 Better Care Bristol Plan. The narrative took account of:
 - opportunities for integration and system wide sustainability and transformation.



- plans in place to meet the national conditions and national metrics.
- a system wide action plan to reduce, over time, delayed transfers of care.

c. The refreshed vision included a 3 tier model based on the following principles:

- Helping people to help themselves.
- Helping people when they need help.
- Helping people to live the life they want to live.

d. The plan for the integration of health and social care envisaged integrated local services, with health and social care resources brought together in a coherent, locality model, with resources targeted to the greatest needs.

e. The aim was to secure a “risk share” agreement, to better manage risks through the change process.

Main points raised/noted in discussion:

- a. The proposed approach to “risk share” was generally supported.
- b. It would be important to ensure alignment of the Better Care Plan with the STP.

Having noted and taken account of the above, the Board

RESOLVED –

1. That approval be given to the approach to the Section 75 agreement for 2016-17 as set out in the report, and that, in particular, the detail of the following be noted:

- the financial implications.
- the risk share / overspend / underspend arrangements.
- the proposals for a Delayed Transfers of Care action plan and risk share arrangements.

2. That authority be delegated to the Chief Accountable Officer (CCG) and the Strategic Director - People (BCC) to sign off the final Section 75 agreement, subject to any final changes required, for submission to NHS England by 30 June 2016.

3. That the final narrative submission for Bristol’s Better Care Plan 2016/17 be noted.

9. Health and Wellbeing Board - next steps 2016 and beyond

The Board considered a report setting out recommendations for the future work of the Board.

Main points raised / noted in discussion:



a. Comments on the “Ways of working” section:

The proposals were generally welcomed, including the suggestions around

- more balanced agenda setting, co-ordinated by a planning group.
- formalising the sub-group structure.
- an annual public engagement event.
- a review of the role of “champions” as part of the strategy refresh.

It was felt that the membership of the Board should not be extended as it was important not to undermine the role of HealthWatch. Other forms of engagement with providers could though be developed.

b. HWB strategy: The HWB strategy development sub-group (taking account of the seminar held earlier that day) would continue to progress work on the strategy refresh.

c. Alcohol strategy and action plan: a workshop was planned for 21 July involving HWB and Safer Bristol members.

Having noted and taken account of the above, the Board

RESOLVED –

1. That approval be given to the following, as per the proposals in the report:

a. Changes to “ways of working” (sections 3 and 4 of the report).

b. The JSNA priority chapters (paragraph 5.4 of the report).

c. To integrate the requirement to consider evidence and the JSNA within the Health and Wellbeing Board report template and to endorse this approach for all partners.

d. To endorse the direction of travel of the refreshed Joint Health and Wellbeing Board Strategy.

2. That progress on the alcohol misuse strategy as outlined in section 7 of the report be noted.

10. Any other business

Healthy Cities week 15 – 22 October 2016:

In discussion, it was agreed that the Board should be pro-actively involved in activities planned for Healthy Cities week.

11. Information item - Report of the People Scrutiny Mental Health Working Group

Noted.



Meeting ended at 4.31 pm

CHAIR _____

