

Bristol City Council

Minutes of the Health and Wellbeing Board

10 August 2016 at 2.30 pm



Members of the Board Present:-

Dr Martin Jones, Alison Comley, John Readman, Jill Shepherd, Becky Pollard, Linda Prosser, Clare Campion-Smith, Lesley Alexander, Steve Davies, Justine Mansfield, Keith Sinclair and Pippa Stables

1. Welcome, safety information, introductions and apologies

Attendees were welcomed to the meeting, and introduced themselves.

Apologies were received from Mayor Marvin Rees and Elaine Flint.

2. Public forum - must be about matters on the agenda

With the agreement of the Chair the Board received the following public forum items:

1. Mike Campbell – Statement on Sustainability & Transformation Plan
2. Dr Charlotte Paterson – Health & Wellbeing Strategic refresh work programme including sexual health services
3. Andy Burkitt – question on relationship between Senior Offices, DPH & Mayor and on STP and Health Inequalities

Officers responded as appropriate to the issues raised.

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 22 June 2016 be confirmed as a correct record and signed by the Chair.

5. Key decision - Adult social care community support services re-commissioning

The Board considered a report seeking approval of a key decision on the re-commissioning of adult social care community support services.

It was noted that the Mayor had given delegated authority to Councillor Clare Campion-Smith, Cabinet member for People, to take this decision.

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

Key points highlighted included:

- a. The report and presentation provided context about the service, that is provided to 1300/1400 service users within community settings or at home for adults (18 years+) with eligible social care needs.
- b. The CSS budget is £14.4m with an annual spend was £19m. A targeted reduction from 19m down to 17m.
- c. Service Users have complex needs, but effort was made to engage them in consultation.
- d. Acknowledged that there were concerns that the Council would use the lowest cost provider to meet service users need.
- e. The 'Service User Choice' diagram was explained that demonstrated how the service user would be supported. Exceptions will apply and the Council will reserve the right to apply a tolerance in exceptional cases.
- f. The new model allows for Bristol based providers to apply.

Main points raised/noted in discussion:

- a. The service acknowledged the feedback on the terminology and wording used in the published report:
 - Section 1.5 reference to carers taking a break and allowing others to sit with their loved one
 - It was suggested that the following wording would be more appropriate: "by providing appropriate alternative care for the cared for person for a short period of time".
- b. Reference made to section 3.4.5 and the impact on service users during the change and it was felt that the paperwork failed to capture the genuine spirit of cooperation that arose during the consultation period.
- c. Section 3.5 includes the Councils duty under the Care act to support the needs of those Caring providing them with an Assessment of their own needs.



Having noted the above, and the Board's general support for the proposals, Councillor Campion-Smith then took the following key decision:

That approval be given to:

- 1. To approve the Community Support Services Re-commissioning model as outlined in this report.**
- 2. Delegate authority to the Strategic Director – People and the Service Directors – Strategic Commissioning and Care & Support (Adults) to implement the commissioning model set out in the report and approve all associated tender documents.**
- 3. Delegate authority to the Strategic Director – People and Service Directors – Strategic commissioning and Care & Support (Adults) to award contracts to providers of CSS that successfully meet tender requirements.**

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

The Board considered a report seeking approval of a key decision to change the way that out of hours home care services are commissioned.

Leon Goddard, presented the report with reference to an accompanying presentation.

Key points highlighted included:

- a. The service is concerned with the Care given to service users in their home from 10pm to 7am.
- b. Service is provided to service users recently discharged from hospital and those needing care during the final days of their life.
- c. The quality of the service currently provided is good but the re-commissioning is concerned with providing stability of service to service providers. In turn to provide assurance to staff and support provision.
- d. The same service standard will be required from providers whether providing service in the south and/or the north of the city.
- e. Care workers would be assured of fixed hours to allow the delivery of the service.

Main points raised/noted in discussion:

- a. Emergency out of hours service did not form a part of the out of hours service and therefore not a part of the re-commissioning
- b. It was suggested that the name 'out of hours' could be changed to something more reflective of the service such as 'planned night-time home care'.
- c. Accepted that the consultation and community engaged had been good although there had been some difficult conversations. It was undertaken with the spirit of listening and developing.



Having noted the above, and the Board's general support for the proposals, Councillor Campion-Smith acknowledged all those involved, then took the following key decision:

That approval be given to:

- 1. Approve the re-commissioning of out of hours home care provision, on the basis of the model and approach set out in this report.**
- 2. Approve the inclusion of the planned long term out of hours care currently delivered by BCC staff, within the scope of the new contracts and commissioning model.**
- 3. Delegate authority to Strategic Director – People to agree the detailed commissioning model.**
- 4. Delegate authority to Strategic Director – People and Section 151 Officer to award contracts to the home care providers who are successful in this tender process.**

7. Director of Public Health annual report

The Board considered the annual report of the Director of Public Health.

Becky Pollard presented the report with reference to an accompanying presentation.

Key points highlighted included:

- a. The report titled 'Living Well for Longer –The Case for Prevention' to focus effort and resources in this area. Setting this out over four sections and providing 5 recommendations.
- b. Explanation was provided on the 4:4:48 model that identified 4 non-healthy habits that contribute to 4 main diseases for 48% of the population.
- c. Collaborative working supports the delivery of prevention.
- d. The DPH requested the Board to note the 5 recommendations on the presentation that differ from the report.

Main points raised/noted in discussion:

- a. The Board welcomed the report and the opportunity to work together. The inclusive of school age population was welcomed as they were seen as a captive audience.
- b. Clarity was provided that the 4;4:48 model was devised in the United States but included international research material to form conclusions.

Having noted and taken account of the above, the Board

RESOLVED –



1. The Director of Public Health should work through Bristol Health and Wellbeing Board and other stakeholders to implement the 4:4:48 prevention model to address modifiable unhealthy lifestyle behaviours (including smoking and tobacco, alcohol misuse, poor diet and lack of physical activity) and put 'Health in All Policies'.
2. The Health and Wellbeing Board should oversee an audit of current prevention and early intervention programme against the evidence based interventions set out in this report and identifies any gaps.
3. The Bristol Children and Families Partnership Board should seek to strengthen cost effective public health programme aimed at children and their families to give them a better and healthier start in life (specifically targeting those who experience the greatest disadvantage).
4. The Bristol City Council Public Health Team should coordinate the roll out of a 'Making Every Contact Count' training programme for multidisciplinary front line staff to improve health and wellbeing.
5. The Director of Public Health will work with the emerging Mayor's City Office, other city partnerships, the Bristol, North Somerset and South Gloucestershire Sustainability Transformation Plan and the West of England devolution deal to find ways to strengthen and consolidate public health effort to reduce health inequalities, preventable death and disease.

8. Oral Health Promotion Strategy

The Board considered a report on – An Oral Health Promotion Strategy for Bristol.

Kate Conlon, Registrar Public Health, presented the report with reference to an accompanying presentation.

Key points highlighted included:

- a. Outlined the Strategic priorities
 - Promote oral health through healthier food and drink choices
 - Promote oral health by improving levels of oral hygiene
 - Improve population exposure to fluoride
 - Improve early detection, and treatment, of oral diseases
 - Reduce inequalities in oral health
- b. Success will depend on wide health and social care engagement by
 - Embedding of oral health promotion within health and social care
 - Integrated lifestyle interventions
 - Making every contact count
 - Ownership of oral health promotion within work plans across public and voluntary sector organisations

Main points raised/noted in discussion:



- a. Discussion on lining up resources to support the drive to improve children's brushing technique.
- b. Of the 47 intervention listed to be delivered 30 have been included in the work programme. 10/15 of the interventions require extra effort with services moving to change service delivery. The remaining intervention would require the drawing up of business cases to ensure delivery.
- c. The dental community including Hygienist were supportive and would engage in promotion of oral hygiene.

Having noted and taken account of the above, the Board

RESOLVED –

- 1. To agree the overall approach of the oral health promotion strategy and the development of a Bristol specific delivery plan.**

9. People scrutiny report on mental health

The Board considered a report setting out recommendations from the People Scrutiny working group on mental health.

Councillor Lesley Alexander presented the report.

Key points highlighted included:

- a. The People Scrutiny Commission identified issues around mental health as a high priority and following a series of working groups produced a report that was agreed by the Mayor and Cabinet on the 4th July 2016.
- b. The report supported the development of a Mental Health Strategy for the City.

Main points raised / noted in discussion:

- a. The proposed Mental Health Summit would not now take place in October 2016 due to a clash of events. An alternative date is being sought.
- b. A report 2 years ago devised its own mental health recommendation that partners included in work programmes. Consideration should be given to the outcome of that work and what the current report recommends.
- c. On the 10th October 2016 a Youth Council lead 'Freedom of mind' is to take place.



Having noted and taken account of the above, the Board

RESOLVED –

- 1. To support the development of a Mental Health Strategy for the City, as one of the three top priorities for the Health and Wellbeing Board.**

10 Developing the Joint Health and Wellbeing Strategy re-refresh

The Board considered an update report on the refresh of the Joint Health and Wellbeing Strategy.

Kathy Eastwood presented the report.

Key points highlighted included:

- a. Three key priorities have been identified:
 - Mental Wellbeing and Social Isolation
 - Alcohol misuse
 - Healthy Weight

Main points raised / noted in discussion:

- a. The proposed Mental Health Summit intends to scope out how added value looks.
- b. The actions identified must be assigned to appropriate partners.
- c. There is a need to understand the connectivity between partners and what each partner brings to the strategy.
- d. The Board asked partners to consider ways in which the decision making can be influence within budget restrictions.

Having noted and taken account of the above, the Board

RESOLVED –

- 1. Noted the report and agreed the direction of travel.**



11 Any other business

None

12 Draft Workprogramme 2016/17

For Information

Meeting ended at 4.12 pm

CHAIR _____

