

Bristol City Council Minutes of the Health and Wellbeing Board

12 April 2017 at 2.30 pm



Present:

Dr Martin Jones, Alison Comley, John Readman, Jill Shepherd, Claire Hiscott, Elaine Flint, Steve Davies, Justine Mansfield and Pippa Stables

1. Welcome, apologies and introductions

Attendees were welcomed to the meeting. Apologies were received from Mayor Rees, Linda Prosser and Vicki Morris.

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

The following public forum items were received and noted:

- Public forum statement from Mike Campbell on CCG/Sustainability and Transformation Plan update.
- Public forum statement from Karin Smith on CCG/Sustainability and Transformation Plan update.

3. Declarations of interest

None.

4. Minutes of previous meeting

Resolved:

That the minutes of the meeting held on 15 February 2017 be confirmed as a correct record and signed by the Chair.



5. Bristol Safeguarding Adults Board - Annual Report 2015-16

The Board considered the annual report and presentation from Bristol Safeguarding Adults Board. The Independent Chair, Louise Lawton had extended her apologies and Richard Kelvey presented the report on her behalf.

The Board were asked to note the following from the report:

- This is the second report from the BSAB since the establishment of the Board as directed by the Care Act 2014.
- All of the last five SCRs/SARs involved adults with mental health needs living in the community (3 published in 2016, 2 underway).
- The question - 'is the current service provision sufficient for meeting the needs of adults with complex needs, including mental health, in the community?'
- The question of who leads on the issue.
- Some professionals have limited skills to support the needs of those with poor mental health. The police have powers of arrest but this is not the solution when addressing issues arising from the behaviour of a person with poor mental health. Many police officers working in the field now have access to a specialist advisor to give guidance. This problem is one encountered by other professions, for instance care workers and housing officers working in the community.
- The other theme is one of vulnerable adults causing harm to one another, giving rise to the question of how best to assess the complex needs of a vulnerable adult living and sharing accommodation with others.
- Emerging theme – is the oversight of risk management arrangements for adults with mental health needs placed in supported accommodation in Bristol by other local authorities sufficient?
- The challenge for all partners is to consider this question: 'are we practiced in considering these issues and questioning the requirements of service users?'
- Also acknowledged is the difficulty in keeping track of vulnerable adults. Unlike the obligation to know the whereabouts of children in care, adults are able to move from region to region at will.
- The challenge amongst health professionals is who takes the lead to support the complex needs in this area. Working professionals who come into contact with vulnerable adults with poor mental health require training / knowledge to support the needs of this group in society.
- The learning from the SCRs will be shared between regional authorities and partners.

The following was noted from the discussion:

- a. The reporting of safeguarding concerns arising from care provided in hospitals and care homes appeared to have grown. It was explained that the mechanism for reporting and recording has improved, therefore allowing for more informed data. In turn, the data can be used to properly inform learning and training for the workforce.
- b. There continues to be a strong link between the incidents relating to vulnerable adults and poor mental health reflected in the SCRs. The issue of vulnerable people obtaining access to the right



care and receiving advice from professionals working in the community remains a challenge. The CCG is strategically reviewing the issue of overall integration of services.

- c. Housing officers, when faced with the actions of tenants, for example who hoard items, would be looking to make the home decent and a fit environment for them to continue to live in. Actions would be taken to move the tenant to alternative accommodation to allow cleaning of the property; they are not skilled in identifying and diagnosing whether such behaviour is 'eccentric' or resulting from poor mental health.
- d. Concern that the wider issue of financial constraints being faced by all partners impacts on the provision of the mental health triage service.
- e. The challenge of accessing support for those vulnerable adults identified as needing support from the mental health services but who fail to engage or who suffer relapses and then refuse to re-engage.
- f. Acknowledged the need for support to those professionals in housing who place vulnerable clients in places that may cause challenge. A form of capability assessment is required to aid the process.
- g. BSAB is seeking support and endorsement from partners to release staff to participate in audit work assessment.
- h. It was suggested that training of professionals should be locality based rather than via a citywide event.

Action:

- Letter from the Chair of the H&W Board to the BSAB to confirm support.
- Becky Pollard to lead on the issue of delayed transfer of care from hospitals to community and integrated work.
- Contact and sharing with local neighbourhood partnership groups to share issues of poor mental health.

6. CCG / Sustainability and Transformation Plan (STP) - update for information

The Board were asked to note the key developments of Bristol Clinical Commissioning Group (BCCG) and the Sustainability & Transformation Plan (STP) for Bristol, North Somerset and South Gloucestershire (BNSSG).

Dr Martin Jones, Bristol CCG Chair asked the Board to note:

- The interrelated themes:-
 - Prevention, early intervention and self-care.
 - Integrated primary and community care.
 - Acute care collaboration.
- The 'checkpoint' review by NHS England - the BNSSG STP has started the development of a number of specific proposals. The programme of work includes:
 - Diabetes
 - MSK
 - Respiratory
 - Making Every Contact Count



- Appointment of Julia Ross as the BNSSG Accountable Officer in role from the 2nd May.

The following was noted / arose from the discussion:

- a. With the implementation of the BNSSG STP, the health landscape would change and the question was one of the future role of the Board. The Board would need to be informed as things progress in order to determine the impact on the population of Bristol.
- b. Clear lines of governance – concerns were raised that the Board should ensure that this happens to avoid duplicating the work of BNSSG STP. The Board should be engaged in supporting the right conversations taking place in the correct setting to avoid duplication in the regions and different boards.
- c. The Health Committees across the regions have met and intend to continue to work together.
- d. The STP Plan aspires to make better use of available resource; support the seamless sharing of services across partners; doing things better; the Board must continue to support the voice of Bristol.

7. Integrated healthy lifestyles service procurement: Bristol Behaviour Change for Healthier Lifestyles Programme

The Board were presented with a report on the Bristol Behaviour Change to Healthier Lifestyles Programme.

Becky Pollard, DPH introduced the report outlining the intention of the draft commissioning strategy.

The Board was asked to note the tight timescale running from May 2017 to completion in April 2018, and to agree the commencement of the 12 week formal consultation on the draft strategy.

Resolved:

- **To agree the consultation on the draft strategy.**

8. Health in all policies

The Board received a report updating them on the work underway to embed consideration of health and wellbeing in all relevant strategies and policies by targeting the factors that affect health.

Katie Porter presented the report and highlighted:

- The 10 year life expectancy gap between residents living in certain wards in Bristol, i.e. depending on where people live.
- The 16 year healthy life expectancy gap between the least and most deprived areas of Bristol.
- People in these deprived areas not only die early, but before their death live with poor health for longer than people in the least deprived areas.
- There are approximately 60 strategies and policies across Bristol that affect people's health.
- The strategy to embed HiAP would require:
 - Supporting the use of health impact assessments in new strategies and policies.



- Working with teams drafting policies and strategies to determine health impacts and optimise the impacts to benefit health outcomes.
- Set up a template to undertake health equity assessments during a commissioning process.
- The Public Health team have the skills to carry out health impact assessments and support, train and encourage others to do so.
- Consult with other DPHs in the West of England region to consider their joint input into devolved authority around HiAP to ensure that the strategic plans for economic development, transport and the spatial plan achieve the best health outcomes possible.

The following points were raised:

- a. It was confirmed that the intention was to share this practice with partners but first to start with Bristol City Council. The learning from the strategy development would then be shared.
- b. HiAP is established practice in Wales and is a consideration for all Welsh legislation. This is managed with the use of cross-department key performance indicators.
- c. The strategy would sit well in a task & finish work group to establish an agreed approach amongst partners.
- d. It was agreed that work be undertaken to map out the central theme for the strategy and feed it into a workshop for final outcome.

9. Healthy weight strategic plan - progress report

The Board received a report and presentation from Beth Bennett-Britton, Public Health Registrar and Sally Hogg, Consultant in Public Health, updating members on the progress in developing a Healthy Weight Strategic Plan for Bristol.

The following was noted from the discussion:

- a. The question of how the success of the strategy would be measured and its impact on communities in areas of deprivation. Measuring outcomes falls within the remit of the terms of reference of the Healthy Weight Group. The group will oversee the implementation of an action plan that has SMART objectives.
- b. A number of outcomes would be realised over a 3 – 5 year period such as a reduction in childhood obesity and a move to increase individuals' activity.
- c. The programme requires the endorsement of the Board to allow for this to be reflected in all areas of the strategy. The strategy objectives support a number of the Health & Wellbeing Board priority areas.

Resolved:

- 1.
- 2.

To note the update.

To endorse the strategy.



10 Pharmaceutical needs assessment

Becky Pollard, DPH addressed the Board on the report outlining the Pharmaceutical Needs Assessment.

Main points raised/noted:

- a. The production of the PNA is a statutory requirement transferred to the local authority under the Health and Social Care Act 2012. There is a statutory requirement for the PNA to be updated every 3 years and it is next due for refresh in March 2018. The duty includes a requirement to engage in a minimum 60 day consultation period.
- b. The report outlined the uses of the PNA by NHS England and the way it is used as a point of reference.
- c. The PNA must be completed in collaboration with the other regional authorities.
- d. There was general concern about NHS England using the plan to determine the needs of the Bristol region for pharmacists. Pharmacists are engaged with supporting the strategies of Public Health and lesser provision would impact on many programmes.

The Board agreed to note the work to be undertaken.

11 Information item - SEND reforms

Carole Watson, Bristol City Council presented the information report and spoke to the presentation.

The report:

- Provided an overview of the statutory duties of the local area with regard to children, young people with Special Educational Needs and Disability (SEND) and their families as required through the Children and Families Act, known as the SEND reforms.
- Update on the self-evaluation and progress of the SEND reforms.
- Sought to raise awareness of the local area inspection framework.

The Board agreed to note the report.

12 Information item - European City of Sport

This report informed the Board on the position with the award of the European City of Sport 2017 and the impact on Bristol.

The Board agreed to note the report.



Meeting ended at 4.30 pm

CHAIR _____

