

# Minutes of the Health and Wellbeing Board

28 June 2017 at 2.30 pm



## **Board members present:-**

Marvin Rees, Alison Comley, John Readman, Cllr Asher Craig, Cllr Claire Hiscott, Cllr Helen Holland, Becky Pollard, Vicki Morris, Elaine Flint, Keith Sinclair, Steve Davies, Richard Lyle (for Julia Ross)

## **1. Welcome, apologies and introductions**

Attendees were welcomed and introduced themselves.

Apologies were received from Martin Jones, Julia Ross, Councillor Helen Godwin and Linda Prosser.

## **2. Public forum**

It was noted that no public forum business had been submitted to this meeting.

## **3. Declarations of interest**

There were no declarations of interest.

## **4. Minutes of previous meeting - 12 April 2017**

### **RESOLVED:**

**That the minutes of the meeting of the Board held on 12 April 2017 be confirmed as a correct record.**

## **5. Key decision - Adult substance misuse treatment service recommissioning**

The Board considered a report seeking approval of a commissioning strategy (appendix A of the report), which would enable the Council, as lead commissioner, to progress to invitation to tender and contract award.

Peter Anderson, Safer Bristol Manager presented the report.



Main points raised/noted:

- a. In re-commissioning adult substance misuse treatment services, the aim was to support vulnerable citizens to access health interventions that supported their health and wellbeing needs. The intention was to commission a new service with a total value of £8.7m. It was anticipated that the new service would be in place by December 2017.
- b. It was noted that VOSCUR had raised an issue in relation to the financial standing appraisal (appendix 6 of the report). There was a concern that expecting a bidder to have a turnover of 1.5 times the annual contract value might exclude some organisations from being able to bid. In connection with this point, it was clarified that the authority needed to assess the capacity issue of whether any bidder had the resources to carry out the work and whether a bidder would be over-dependant on the contract. The authority would generally expect a bidder to have a turnover of 1.5 times the current contract value but each bid would be carefully assessed and the risk level to the authority professionally assessed in each case. However, work was taking place to review the financial evaluation so as not to exclude smaller organisations.
- c. Keith Sinclair asked a question relating to carers in terms of the reduction in resources and the impact of not being able to commission a service across the whole area and how these would be mitigated. The Mayor and Board members noted these concerns, and it was noted that these issues should be considered and addressed as necessary as part of the process leading to invitation to tender.
- d. It was noted that an equalities impact assessment impact of the proposal had been carried out (appendix E of the report). A cumulative equalities impact assessment had not been carried out (i.e. assessing this proposal in the context of relevant service changes elsewhere which may impact on this service). However, in developing the commissioning strategy, very detailed consultation had taken place with a wide range of partners, as detailed in the report.
- e. In terms of the needs assessment relating to this service, it was noted that Bristol had an estimated 5,400 opiate and/or crack users, a higher level than in other core cities. Bristol also had a relatively higher proportion of clients with very complex needs.

Having noted and taken account of the above, the Mayor then took the following key decision:

**That the commissioning strategy (Appendix A of the report) be approved, enabling the Council, as lead commissioner, to progress to invitation to tender and contract award.**

## 6. Better Care Fund - planning and governance update

The Board considered a report setting out the key changes within the Better Care Fund planning framework for 2017-19 and the amended governance arrangements for monitoring the Better Care programme in Bristol.

Becky Pollard, Director of Public Health and John Readman, Strategic Director – People presented the report.

Main points raised/noted:

- a. In terms of the new Better Care policy framework, Better Care plans would be 2 year plans. There was a reduction in the number of national conditions with a new condition introduced for managing transfers of care.
- b. As per the details included at appendix 3 of the report, a number of important projects /strong work were being taken forward through the Better Care fund, e.g. 7 day social care in ED, and the disabled facilities grant project.
- c. Work was taking place on the implementation of the new Improved Better Care Fund and would be reported to the Board for sign-off.



d. The revised governance structure as proposed was currently appropriate but, given the changing health landscape (nationally and locally), would need to be kept under review.

At the conclusion of the discussion, the Board

**RESOLVED:**

- 1. That the changes to the Better Care Fund policy framework be noted.**
- 2. That the detail included in the report about the additional grant to be included in the Better Care Fund be noted.**
- 3. To approve the principle of a BNSSG narrative plan, as proposed in the report.**
- 4. To approve the revised governance structure for monitoring Bristol's Better Care programme, but noting that the position will be kept under review.**

## **7. Joint Strategic Needs Assessment - update**

The Board considered a report providing an update on progress and plans for the Bristol Joint Strategic Needs Assessment (JSNA).

Joanna Copping, Consultant in Public Health and Nick Smith, Strategic Intelligence and Performance Manager presented the report.

Main points raised/noted:

- a. Work was progressing on the development of the priority JSNA chapters. 5 had been published and a number of others would be published in the next few months once signed-off by their reference groups (as per the details set out in Appendix A of the report).
- b. The Board was updated on the significant changes made to the JSNA web page (hosted on the Council's web site), aimed at improving its accessibility. The new web page is available from this link: [www.bristol.gov.uk/jsna](http://www.bristol.gov.uk/jsna) There was also a new online Open Data Platform for Bristol which will include JSNA data-sets with new dashboards to be developed to improve data visualisations.
- c. Due to budget pressures, the Quality of Life survey (which provides a key source of local, ward level data for the JSNA) is using new, on-line focused methodology for 2017. There is a risk that the response rate could fall significantly; therefore, additional publicity had been issued and a targeted mailing will now be carried out to mitigate this risk.
- d. It was noted that further to the discussion that had taken place at the December 2016 Board meeting, there remained a challenge around accessing ethnicity and other equalities data, as this was not always available as routine data. In discussion, concerns were expressed about the level of risk / consequences for health services in terms of the gaps in equalities data. It was noted that this is a national issue although there is also scope to start improving local processes. It was agreed that a letter should be sent to NHS England seeking a progress update on the work being undertaken on a national basis around recording ethnicity data (Public Health to draft a letter on behalf of the Mayor). As part of that letter, an offer should be included stressing that Bristol would be willing to participate in any pilot work in this area. It was also agreed that the JSNA steering group should establish an Equalities data sub-group to review the ethnicity data gaps and identify further resource and capacity, in the expectation that partners will be involved in taking necessary actions to assist the sub-group.
- e. The CCG would like to see more data available at GP cluster level. VCS partners agreed this would be useful to improve targeted work. This may be feasible to develop via the new Data Open Platform.



**RESOLVED:**

**That the report and the above information be noted, and that the action points identified in point d. above be progressed accordingly, plus the scaling up of the Quality of Life survey promotion to be carried out to ensure it is useful for the city.**

## **8. Health and wellbeing - roundtable discussions**

The Board considered a report providing an update on the outcomes and developments that were emerging from recent Health and Wellbeing roundtable discussions hosted by the Mayor.

Becky Pollard, Director of Public Health presented the report.

Main points raised/noted:

a. 3 roundtable discussions had been set up on behalf of the Mayor to explore how to strengthen local health system leadership across the city. The workshops had involved Board members and local provider and commissioning health system leaders. 2 workshops had been held to date; a third facilitated workshop would be held on 13 July to draw together key outcomes and a proposed way forward.

b. The Mayor stressed that, linked with the development of a long term strategic city plan, it was essential for the Board to address the following issues:

- What is our view of what a healthy Bristol population will be/look like in the next 10 – 25 - 50 years?
- What sort of leadership do we need to deliver this?
- What is the role of this Board in achieving this?

It was essential for the Board to invest in a longer term “health view” / direction for Bristol’s population.

c. It was important to link / engage with schools in terms of their health and wellbeing role (e.g. around young people’s mental health and wellbeing) bearing in mind school capacity issues. It was suggested that schools should be represented at the next roundtable session on 13 July.

d. The importance of co-production moving forwards was stressed, including maximising appropriate voluntary sector contributions, linking in with the longer term direction.

e. The opportunity should be taken to link up partnerships that were already working successfully.

f. Given the changing health landscape nationally and locally, consideration should be given to the most appropriate way of ensuring provider representation on the Board moving forwards.

At the conclusion of the discussion, the Board

**RESOLVED:**

**That the report and the above information be noted, noting also that a third roundtable session is being held on 13 July and that a report on the outcomes / proposed forward plan for health system leadership will be presented for discussion at the next meeting of the Board on 16 August 2017.**

## **9. Thrive Bristol - delivering a citywide approach to mental health and wellbeing**

The Board considered a report providing an update on plans to develop a citywide mental health and wellbeing programme. The report included an overview of the “Thrive” model and proposed developing a “Thrive Bristol” programme, led by city leaders and co-produced with individuals and groups across the city.



Leonie Roberts, Consultant in Public Health and Victoria Bleazard, Mental Health and Social Inclusion Programme Manager presented the report.

Main points raised/noted:

- a. There was positive support from Board members generally for the principle of developing a Thrive programme in Bristol.
- b. The “Thrive” brand was welcomed.
- c. The proposed collaborative partnership approach, embracing inclusion and co-production was strongly welcomed and supported.
- d. It was suggested that addressing the mental health and wellbeing of young people should one of the key priorities. It was noted that in presenting their manifesto at the Bristol Full Council meeting earlier that week, members of the Bristol Youth Council had identified young people’s mental health and wellbeing as one of their key priorities.
- e. The mental health and wellbeing of older people was also a priority area.
- f. It would be essential to include a focus on preventative approaches in relation to mental health and wellbeing, e.g. taking into account the evidence around trying to ensure the best possible start in life for children and how a child’s experiences during their first 1,000 days of life impacted on their future wellbeing.
- g. It would be important to learn from the models and experience elsewhere of taking forward Thrive programmes (e.g. West Midlands and also Thrive London and Black Thrive), and apply best practice accordingly. The views of local communities about their needs must also be taken into account.
- h. It would also be important to link the programme in with other related initiatives, e.g. work being taken forward on tackling loneliness and social isolation; and also take into account relevant aspects of the current “Your Neighbourhood” consultation outcomes.
- i. There was an opportunity for the approach to be applied across the wider BNSSG footprint.
- j. Consideration should be given to looking to bring new partners “to the table” in terms of the contribution they can potentially make around this agenda, e.g. the newly established West of England Combined Authority.
- k. The Mayor indicated his strong support for the approach and also commented that, in terms of the longer term strategic view of health leadership, as discussed earlier at the meeting, the Board should be aiming to ensure leadership and full support across partners for positive initiatives such as the Thrive programme. Bristol as a city should aim to have the most healthy and well workforce in the country into the future.

At the conclusion of the discussion, taking account of the above, the Board

**RESOLVED:**

**To adopt and support the delivery of a “Thrive Bristol” programme to address the Board’s key priority to improve mental health and wellbeing across the city; and that further work be now progressed to identify the vision and key focuses of a Thrive programme and related actions.**

## **10. Progress update - Bristol alcohol strategy**

The Board considered a report providing a progress update on the delivery of the Bristol Alcohol Strategy.

Leonie Roberts, Consultant in Public Health presented the report.

Main points raised/noted:



a. The multi-agency alcohol strategy group was continuing to deliver actions in the strategy action plan, the overall aim being to reduce alcohol consumption in the city and reduce the harm associated with drinking alcohol.

b. These actions had included:

- Delivering the Bristol Big Drink Debate, using a variety of techniques including focus groups, on-line surveys, workshops and social media to engage individuals and communities about the impacts of alcohol consumption.
- Developing a system approach to alcohol related liver disease treatment.
- Working with schools to reduce alcohol use along young people and promote awareness about alcohol harm among families; and training staff in more than 30 community pharmacies (many of these were located in areas of high deprivation) to provide opportunities for local people to gain awareness about alcohol use.

c. The multi-agency partnership actions had enabled “join-up” with other key agendas, e.g. reducing anti-social behaviour and the harmful effects of alcohol consumption had a positive impact on community safety. Feedback from the police had indicated that the approach adopted to encourage safer alcohol consumption in venues (including Queen Square) during last year’s Bristol Harbour Festival had seen a reduction in cases of anti-social behaviour at the event.

**RESOLVED:**

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

Meeting ended at 4.25 pm

**CHAIR** \_\_\_\_\_

