

**Bristol City Council**  
**Minutes of the Health and Wellbeing Board**

**16 August 2017 at 2.30 pm**



**Board Members Present:** Mayor Marvin Rees, Dr Martin Jones, John Readman, Julia Ross, Asher Craig, Claire Hiscott, Helen Holland, Vicki Morris, Elaine Flint, Keith Sinclair, Steve Davies, Justine Mansfield and Pippa Stables

**Officers in Attendance:-**

Sarah Sharland (Legal Officer) and Claudette Campbell (Democratic Services Officer)

**1. Welcome, apologies and introductions**

- Dr Martin Jones took the Chair welcomed those present and led introductions.
- Apologies were noted from Alison Comley and Becky Polland with Thara Raj attending as her representative.

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

The following were noted:

- Question 1 Judith Brown, Chair Bristol Older People's Forum and Deputy Chair Bristol Ageing Better – Agenda item 10 HWB roundtable discussions update
- Question 2 Viran Patel – Agenda item 7 STP update and Agenda item 8 CCG operational plan
- Statement from BCC Labour Councillors – Agenda item 7 STP update

**3. Declarations of interest**

None

**4. Minutes of previous meeting - 28 June 2017 - to be confirmed as a correct record**

That the minutes of the meeting held on the 28<sup>th</sup> June 2017 be confirmed as a correct record and signed by the Chair.



## 5. Key decision - Substance misuse and sexual health services currently delivered in primary care

The Board considered a report on a key decision in relation to substance misuse and sexual health services that are currently delivered in primary care.

Thara Raj, Public Health Consultant (Health Protection and Sexual Health) presented the report on behalf the Director of Public Health. The Board were reassured that the conclusion drawn in the report was based on proper explorative work and the review of services and service providers. The report outlines the modifications to be made in respect of the existing service.

Main points raised / noted:

- a. Vicki Morris requested the inclusion, in the performance indicators, the requirement to undertake demographic monitoring about service provision and to note emerging gaps in the community.
- b. Dr Stables – supported the decision explaining that as a practitioner, she is aware that patients come with multiply problems. The issue of substance misuse and sexual are often interrelated. Posed a question as to whether the decision could have been considered by the Board at a previous meeting.
  - Members were assured that the decision was held in abeyance to allow the feasibility study to take place and feed into the final decision.
- c. GP's working together in clusters would positively impact the delivery of this service.
- d. Mayor Rees suggested that services and service providers should work towards an outcome that resulted in a community being given tools to develop the ability to be self-supporting into the future. Suggesting that this outcome should form part of the service provider's key performance indicators.
  - Action: Mayor Rees to meet with Thara Raj.
- e. Steve Davies commented that historically South Bristol had issues with GP recruitment and retention. The area is now in a more stable position with the move towards cluster-working, that shares the overall burden of service delivery, they can now look towards improving sexual health care so the report and proposed decision was welcomed.

Having noted and taken account of the above, the Mayor delegated the decision making to Cllr Craig who took the following key decision:

**That the sexual health and substance misuse services that are currently delivered in GP practices and pharmacies continue to be commissioned by Bristol City Council through the award of 18 month**



**contracts to primary care providers; and that delegated authority be given to the Director of Public Health to award the contracts.**

## **6. Better Care Fund and Improved Better Care Fund Plan 2017-19**

The Board considered a report providing an overview of the direction of travel for the Better Care Fund in Bristol and which sought delegated authority for the co-chairs to sign-off the final Better Care Bristol plans.

John Readman, Strategic Director People, introduced the report and briefed the Board.

The plan periodical requires updating and a refresh to reflect directions given by government and to stay in line with wider partners developments, such as the STP (Sustainability and Transformation partnership) agreement and the NHS 5 year forward plan together with considering the continuing alignments across the region. The New Improved Better Care Fund now includes proposal for managing additional funds allocated from central government.

Main points raised / noted:

- a. Cllr Holland drew the Board's attention to the current 'proud to care' campaign. A theme of the campaign was the recruitment and retention of professionals working in the care industry. The industry suffered a 33.3% turn over. The care sector accounted for 15% of the employment market. This was an opportunity to implement change; to transform services; to manage the bonus of additional funding; being mindful that any money would taper off over 3 years.
- b. Cllr Craig was concerned about the potential impact of collaborative working with partners and regional Authorities on Bristol residents. Assurance was sought that the resources earmarked for Bristol would be protected and used for the benefit of its residents. Clarification was sought on how this would be managed.
- c. Julia Ross (Chief Executive for BNSSG CCG) assured the Board that Better Care Fund was focussed on Bristol and would be spent in the Bristol area. The work to be undertaken would consider the wider health needs, identifying gaps and how to fill these. Conversations would be had with neighbouring authorities on how funds were managed and its link to the STP. Meetings had taken place with the leading Chief Executives of the health authorities to share good ideas and note risks to service provision.
- d. Dr Martin Jones shared that joint working across regions had resulted in favourable discharge numbers.
- e. Dr P Stables commented that with the reorganisation of GP practices in clusters conversations would identify areas where service provision overlapped and then progress towards solutions to support care needs.



- f. Action: John Readman invited the Board to contact him direct with any suggestions before the 25<sup>th</sup> August. This would allow them to be feed into the process before the mid-September deadline.

At the conclusion of the discussion, the Board

**RESOLVED:**

1. **To note (as per the report) the direction of travel for the Better Care Fund in Bristol.**
2. **To delegate authority to the Board co-chairs to sign off the final Better Care Bristol plans.**

**7. BNSSG CCG's Operational Plan 2017-19**

The Board considered a report providing an update on progress with the BNSSG CCG Operational Plan 2017-19.

Julia Ross, Chief Executive, BNSSG CCGs presented the report and addressed the Board commenting as follows:

- Acknowledging the challenges that exist for the public sector and its objective to meet the needs of the wider population.
- The aspiration was to enable people to keep well within community settings.
- That the quality of services in Bristol remain good but that there were areas of challenge none more than meeting national waiting times standards.
- A watching brief on staff resource to anticipate any further challenges.
- That the tensions between the short term and long term strategy would be managed.
- The Plan supported the ambition to deliver better care across areas but particularly highlights needs of those with Diabetes, Musculoskeletal frailty, Stokes and respiratory patients.
- Changing how care is delivered via new ways of working such as Cluster based model.
- Acknowledging the advantages of the voluntary sector and the positive contribution from locally delivered services.
- Communication and engagement needs to be transformed improving the way we talk to the local population. Move towards community participation in budget setting. The co-design of services with the community.
- Effort would be made to pool resources and skills & talents to better respond to the wider needs of the community.

Main points raised / noted:

- a. Keith Sinclair requested that any work undertaken included primary care professionals and those partners who are expert in care.
- b. Mayor Rees commented that in addition to the best quality services to support a healthy population it was essential that policy leaders devised strategies that impacted on the health



service's ability to deliver successfully. Acknowledged the link between failed LA strategies and impact on health. Encourage all to consider how the social needs of society can be met to support the health strategy.

- c. Improved communication would result in a greater understanding of health services strategy and to allow development around community needs.

At the conclusion of the discussion, the Board

**RESOLVED:**

- 1. To note the BNSSG Operational Plan 2017-19 together with the above comments.**
- 2. That further updates be received as work progresses.**

## **8. BNSSG STP update**

The Board considered a report providing an update on progress with the BNSSG STP.

Robert Woolley, Chief Executive, UHB NHS Foundation Trust presented the report and addressed the Board commenting as follows:

- Noted the general frustrations expressed by Councillors and others in respect of the lack of progress. Agreed that progress in establishing the STP partnership had not been as robust as it was hoped.
- Clarified that the STP Partnership was a partnership of 15 independent statutory bodies created to form a collective vision and coordinate work to move forward that vision. The partnership included the LA regional Officers. The principles of the partnership were sound but progress had been slow.
- Acknowledged the frustration on how the STP was established by closed door NHS initiative. That they had failed to undertake proper public engagement and have yet to meet Health Scrutiny colleagues.
- The STP initiative had been rated 4 and unfortunately the lowest rating across the sector.
- The situation was now more positive with the appointment of Sir Ron Kerr as the Chair and Julia Ross as the Chief Executive across 3 BNSSG CCGs.
- The STP Board had met twice, initially to set up and to monitor progress. The Board is committed to public engagement. Acknowledged the direction of travel of funding for health and social care and are committed to transformation to manage the reduce funds available for service provision. That he reality of the situation and the enormity of the task was not underestimated by the Board.

Main points raised / noted:

- a. Elaine Flint requested the inclusion of the voluntary sector whose knowledge gleaned from community engagement would be a valuable source of intelligence for the STP Partnership.



- b. Robert Woolley welcomed the offer confirming that they were now in a position to move to wider engagement.
- c. Action: Mayor Rees drew attention to Penny Germon's positive work in the community. He invited contact to discuss opportunities for engagement with the local community. Reminded all that Councillors were available to liaise with their communities on issues arising from the work of the STP partnership.
- d. Cllr Craig welcomed public engagement, requesting transparency from the partnership in all areas, including decisions where public engagement was not required. Assurances were given that when and where possible, appropriate engagement would be undertaken.

At the conclusion of the discussion, the Board

**RESOLVED:**

**To note the report together with the above comments.**

## **9. Emotional health and wellbeing transformation plan refresh**

The Board considered a report on the second draft refresh of the Children and Young People's Emotional Health Transformation Plan.

Rebecca Cross, Children's Health Commissioning Manager presented the report and addressed the Board commenting as follows:

- Drew the Boards attention to the references in the plan that met the nationally required components such as progress in developing Eating Disorder and Crisis Outreach Service; Workforce data; previous year spend and future budget.
- Shared that there had been an increase in the number of children accessing CAMHS.
- Links had been established with schools to engage children at all stages of development. Work continued to pilot access to services out of hours and provide a range of services to support 24/7 service delivery.
- That the Care Quality Commission inspection of children's mental health would take place on the 18<sup>th</sup> September 2018.

Main points raised / noted:

- a. The question was asked how the increase in the numbers of children accessing CAMHS should be viewed.
- b. The increase was a combination of improved data collection. The increase in demand followed the promotion of the service. In addition schools are taking steps to better assess children's mental health.



- c. Cllr Hiscott viewed the collaborative work with schools, good news and sought clarification on the results.
- d. Confirmation was provided that data exist on the effectiveness of the project. Initial observation demonstrated that parents and carers of children felt less stigmatised accessing mental health care via other avenues.
- e. Mayor Rees welcomed the work and the report, noting the work being done to review the existing services to integrate and to expand.
- f. The figures provided for those failing to attend appointments (DNA) at CAMHS of 6% of those referred, was questioned. The Board was assured work was being done to test the accuracy of that figure.
- g. Cllr. Holland reaffirmed the benefits of children's centres and the contribution made in this area by allowing parents to access assistance in a less invasive manner.
- h. Members were assured that impact of the funding challenges faced by all health partners would be assessed in relation to the possible jeopardy to families.
- i. CQC Thematic Review – The Board were advised that the Inspectors would meet with Martin Jones as representative of the Board.

At the conclusion of the discussion, the Board

**RESOLVED:**

**To note the update report together with the above comments.**

**Agreed that authority to sign off the final report would be delegated to John Readman Strategic Director People.**

## **10 Health and wellbeing roundtable discussions**

The Board considered a report providing an update on the outcomes and developments emerging from the recent health and wellbeing roundtable discussions hosted by the Mayor.

John Readman Strategic Director People presented the report and addressed the Board.

- Section 4 of the Report noted the key themes and actions that had arisen from the workshops.

Mayor Rees commented:

- That the intention was to review the collective offer of Health services and the Authority.
- The intention to identify 'what the City needs'; How to influence the City into better health; Thus positively impacting the financial cost of the Health Authorities in their delivery of service to a Healthy City.
- Reviewing Board membership to ensure the main Health providers are represented.



- Investigating ways to connect political ambitions with health perspective across all the authority's service provision.
- The addition of primary care and secondary care providers would strengthen the work of the Board.

**RESOLVED:**

**To note the update report together with the above comments, and to support the task and finish group that will be taking forward this work.**

### **11 Update - Bristol Community Links service**

The Board considered a report providing an update on the current review of in-house day services to adults, known locally as Bristol Community Links service.

Sonia Moore, Chief Executive, Bristol Community Links service presented the report.

Main points raised / noted:

- a. The saving of a 3<sup>rd</sup> of the services budget would result in a tough decision- making process as to the future look of the service provision.
- b. The Board members were requested to share knowledge of the consultation with their associated organisations.
- c. Dr Stables offered to meet with the project team to provide the GP's perspective.

At the conclusion of the discussion, the Board

**RESOLVED:**

**To note the report together with the above comments.**

### **12 Information item - Big drink debate update**

The Board noted a report providing an update on the findings of the Big Drink Debate.

### **13 Information item - Pharmaceutical Needs Assessment update**

The Board noted a report providing an update on the revised PNA.



Meeting ended at 4.30 pm

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

