Bristol City Council
Minutes of the Health and Wellbeing Board

Wednesday 20 April 2016 at 2.30 p.m.

Health and Wellbeing Board members present:
George Ferguson, Bristol Mayor and Co-Chair of the Board
Dr Martin Jones, Chair, Bristol Clinical Commissioning Group (CCG) and Co-Chair of the Board (Chair for this meeting)
Alison Comley, Strategic Director - Neighbourhoods, BCC
John Readman, Strategic Director - People, BCC
Jill Shepherd, Chief Officer, Bristol CCG
Dr Jo Copping, Public Health Consultant for Becky Pollard, Director of Public Health
Councillor Fi Hance, BCC
Councillor Brenda Massey, BCC
Councillor Glenise Morgan, BCC
Elaine Flint, Voluntary and Community Sector representative
Ellen Devine, Service Co-ordinator - HealthWatch Bristol
Keith Sinclair, HealthWatch - Carers Support Centre
Dr Pippa Stables, Inner city & east Bristol locality group
Justine Mansfield, North & west Bristol locality group
Steve Davies, South Bristol locality group

Support officers present:
Kathy Eastwood, Service Manager, Health Strategy, BCC (supporting the Board)
Ian Hird, Democratic Services, BCC

Others present:
Leonie Roberts, Consultant in Public Health, BCC
Rob Logan, Service Manager – Contacts & Quality, BCC
Mike Hennessey, Service Director - Care, Support & Provision - Adults, BCC
Frances Tippett, Programme Director - South West Integrated Personal Commissioning Programme, NHS England
Jessica Harris, Secretary - South West Integrated Personal Commissioning Programme, NHS England
Chief Superintendent Jon Reilly, Avon & Somerset Police – Bristol Area Commander

1. PUBLIC FORUM
(agenda item 1)

Public forum questions – Health and Wellbeing strategy / dementia services – questions from Tony Hall, Bristol Dementia Action Alliance:

It was noted that questions had been received in relation to dementia services, asking for details:

a. on the achievements and challenges over the last 3 years, and the future plans for these services.
b. about which BCC/CCG officers would be leading on this, and about the plans being made for future dementia support in Bristol and the wider area.

The Chair responded verbally to the questions, commenting that dementia was a priority within the current Joint Health & Wellbeing Strategy, and that these questions were helpful in terms of highlighting the ongoing importance of dementia services. In Bristol, there was evidence of good practice in relation to dementia diagnosis.

In discussion, it was noted that there was an ongoing challenge to ensure appropriate care packages for patients with dementia, on leaving hospital.

It was noted that a follow-up written reply would be sent to the questioner.

2. DECLARATIONS OF INTEREST
(agenda item 2)

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

3. WELCOME AND APOLOGIES FOR ABSENCE
(agenda item 3)

The Chair welcomed attendees to the meeting.

Apologies were received from Linda Prosser, Becky Pollard, Nicola Yates, and Councillor Claire Hiscott.

4. MINUTES - HEALTH AND WELLBEING BOARD - 17 FEBRUARY 2016
(agenda item 4)

RESOLVED:
That the minutes of the meeting of the Board held on 17 February 2016 be confirmed as a correct record and signed by the Chair.

5. REFRESH OF THE JOINT HEALTH AND WELLBEING STRATEGY - UPDATE

(agenda item 5)

The Board considered a report providing an update on the work of the strategy development group, and seeking agreement on the proposed approach and criteria for prioritisation.

Kathy Eastwood presented the report.

Key points highlighted included:

a. The strategy development group was recommending the draft criteria set out at Appendix A in relation to agreeing the strategy priorities.
b. The recent Joint Strategic Needs Assessment (JSNA) refresh had identified that within the current strategy, there was insufficient focus on “healthy weight”, including tackling obesity and promoting physical activity. It was proposed that this should now be considered as a priority as part of the refresh.

Main points raised/noted in discussion:

a. The Chair stressed the importance of taking into account the JSNA refresh - the Board needed to identify and focus on the “must do” priorities, to maximise its impact and influence the channelling of resources to meet the areas of greatest need. The refresh allowed an opportunity for the Board to re-focus its core purpose.
b. In terms of the criteria, the “evidence of need” criterion should be made more explicit. It would be important to assess the impact of/scale of problems being experienced in relation to each proposed priority.
c. It would be important to ensure there was no duplication of activity in taking forward the priorities, once identified. The Board needed to focus on the unique difference(s) that it could make/influence.
d. A number of key city strategies were due to be refreshed by other strategic partnerships over the next few months, including the community safety strategy, and the children and young people’s strategy. It would be important to ensure appropriate links and alignment between these refreshed strategies. It would also be desirable for the refreshed strategies to be launched within a co-ordinated timeline.
e. A specific action plan should be developed, identifying key tasks against each priority, including specific early, achievable actions.
f. A workshop should be arranged during the summer to enable Board members to discuss and shape the refreshed priorities.

RESOLVED:
That, taking into account the above comments, the prioritisation criteria and overall approach, as outlined in the report be approved; and that a workshop be arranged during the summer to enable Board members to discuss and shape the refreshed strategy priorities.

6. ALCOHOL MISUSE STRATEGY - UPDATE
(agenda item 6)

The Board considered a report providing an update on the work of the alcohol misuse strategy sub-group, established following the alcohol misuse summit in July 2015.

Leonie Roberts presented the report, with reference to an accompanying presentation.

Key points highlighted included:

a. The key aim of the strategy was to prevent and reduce the harm caused by alcohol to individuals, families and communities in Bristol; and to achieve this through partnership work, using the best available evidence of what works best.
b. 3 workstreams had been identified:
    - Alcohol prevention workstream - aiming to increase individual and collective knowledge about alcohol, and change attitudes about alcohol consumption. Key actions were focused on prevention and campaigns.
    - Alcohol intervention workstream - providing early help, intervention and support for people affected by harmful drinking. Key actions were around access to services and pathways for liver disease.
    - Alcohol environment workstream - creating and maintaining a safe environment. Key issues included the reduction of alcohol availability and accessibility, and ensuring a safe night-time economy.
c. The first draft of the strategy was currently the subject of consultation with the Bristol alcohol short-life working group. The final draft of the strategy would be discussed with wider stakeholders at the Bristol alcohol summit in July 2016.

Main points raised/noted in discussion:

a. It was acknowledged that this action-orientated work on alcohol misuse represented a good example of where effective work was taking place, and key actions were being put in place, following a decision by the Board that this needed to be taken forward as a priority.
b. A wide range of relevant organisations/interests were represented on the short-life working group, including BCC public health, the CCG, the police, the ambulance trust and licensee representatives.
c. It would be important for organisations to collaborate in terms of organising and funding campaigns on alcohol misuse.
d. The final version of the strategy should maintain the focus on key actions to take forward. It would also be important to assess the impact as actions were implemented.
e. In relation to enforcement issues, there should be appropriate linkage and liaison with the Safer Bristol Partnership, as this was a shared agenda.

RESOLVED:
That the update report, setting out progress on this priority be noted, together with the above information/comments, and that further assurance on progress be sought/reported at future meetings.

7. HOME IMPROVEMENT AGENCY COMMISSIONING
(agenda item 7)

The Board considered a report setting out the background to a key decision (to be scheduled for the 22 June Board meeting) on commissioning Home Improvement Agency (HIA) services in Bristol.

Rob Logan presented the report.

Key points highlighted included:

a. The framework for commissioning HIA services was originally procured in 2012. Any decision to extend the current services under this framework must be taken before 24 July 2016. Accordingly, it was proposed that a formal, key decision report be submitted to the Board on 22 June seeking authorisation to call-off of a further HIA service under the current HIA framework, to end on 30 September 2018.
b. In terms of future commissioning, the aim was to take the opportunity to align and co-ordinate the procurement of HIA and community equipment services, ready for implementation from 1 October 2018. This approach was supported by commissioning partners.
c. No assumptions had been made on the outcome of the future commissioning process. Services in future could be procured from one or more organisations.

Main points raised/noted in discussion:

a. It was felt that this more “system wide” approach would bring benefits in terms of facilitating hospital discharge work.
b. The Council and CCG derived strong benefits from commissioning jointly with partners; it was important that these partnerships were maintained with a view to maximising economies of scale (in terms of purchasing) under this approach.
c. The community equipment model was very much a “recycling” model, ensuring that equipment was used for as long it was serviceable.
d. The opportunity should be taken to link this work with other relevant services, e.g. linking with the fire service around fire blanket provision where appropriate; and linking in with warm homes initiatives.

RESOLVED:

1. **That, as per the proposal set out in the report, a formal, key decision report be submitted to the Board on 22 June 2016 seeking authorisation to call-off of a further HIA service under the current HIA framework, to end on 30 September 2018.**

2. **That the benefits of starting work on a co-ordinated procurement of HIA and community equipment services, for implementation on 1 October 2018 be noted and supported.**

8. BETTER CARE BRISTOL: 2016/17 FUND PLAN
(agenda item 8)

The Board considered a report

a. providing an overview of Better Care Bristol and an understanding of the opportunities it presents.
b. on the Better Care Fund Plan for 2016/17.

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

Key points highlighted included:

a. In taking forward Better Care Bristol, there now needed to be a clear move away from "doing things better" to ensure a focus on "doing better things".
b. The Better Care Fund Plan 2016/17 final submission was now being prepared, for submission by 3 May 2016. The Board was asked to delegate authority to lead officers to approve the final submission. The section 75 agreement would be brought to the 22 June meeting of the Board, for approval.
c. Building on the "vision" event held on 12 April, in refreshing the vision for Better Care, the mandate for system leaders was to develop a vision that:
    - was forward looking and compelling, representing a step-change in ambition.
    - demanded a step-change in patient/service user experience.
    - focused on self-help and prevention.
    - delivered sustainability, for patients/service users and stakeholders. This was likely to involve cross-organisation changes.
    - ensured the best use of resources.

Main points raised/noted in discussion:

a. In relation to the "test and learn" pilots to be run in 2016/17, there was strong support for being ambitious about taking forward social prescribing, which could have a real impact in terms of addressing social isolation and loneliness experienced by many people. The importance of this should be made more explicit within the plan.
b. It would be important to encourage further and improved working across organisations, including more joint training and co-learning.
c. It would be important to consider the specific areas where the Board itself could "add value" and emphasis, over and above the action and activities to be taken forward by the respective organisations under the plan. This could potentially include championing social prescribing.
d. It would be important to learn from, and compare progress with other comparators in taking forward the plan. Moving forwards, in terms of performance data/metrics, meaningful and comprehensible monitoring information should be presented to the Board.

RESOLVED:

1. **That the Board notes and supports the progress in developing a refreshed vision for Better Care.**

2. **That, noting the 3 May deadline for submission of the Better Care Fund Plan and template 2016-17, authority be delegated to the Chief Officer, Bristol CCG and to the Strategic Director - People, BCC to approve the final submission to NHS England.**

3. **That the updated version of the final plan be submitted to the Board for their information at their 22 June 2016 meeting**

4. **That the proposed Section 75 agreement be received at the 22 June 2016 meeting of the Board, for final approval prior to submission to NHS England by 30 June 2016.**

9. INTEGRATED PERSONAL COMMISSIONING – SOUTH WEST PROGRAMME

(agenda item 9)

The Board considered a report providing an update on the Integrated Personal Commissioning (IPC) programme, to enable the Board to understand the aims of the programme and how this aligned with local IPC plans.

The Board viewed a short "case study" film showing the impact of a personal health budget on an individual.

Frances Tippett presented the report, with reference to an accompanying presentation.

Key points highlighted included:

a. The overriding aim of the programme was to give people choice and control over their care, and make this more widespread.
b. The IPC model aimed to be a delivery vehicle for personalisation and comprised:
   - a care model: person-led integrated care planning, with an optional personal health or integrated budget.
   - a financial model: an integrated "year of care" capitated payment model.
c. The South West IPC programme was one of 9 demonstrator sites nationally, bringing together local government, NHS, and the voluntary and community sector to work differently to support people with complex care needs. IPC aimed to use person led approaches, with the option of a personal budget to integrate support for people.

d. The programme was starting with small scale implementation across the region, testing and learning in different settings. 51 local implementation sites had been identified, and 11 had already started.
e. A governance framework, and 3 workstreams (right skills; person led care and support; finance and commissioning) were in place.
f. In terms of the Bristol perspective, a strong partnership was in place across the CCG, Council, and voluntary and community sector organisations, with bi-monthly meetings involving IPC partners. There was an opportunity to build on this, aiming for further integration across organisations.
g. Challenges and barriers regarding the programme included:
   - Moving personal health budgets and integrated budgets beyond Continuing Healthcare (adults) and Continuing Care (children and young people).
   - Getting the money to follow the individual (much of the relevant NHS money was tied into "block" contracting arrangements).
   - Developing a broader culture of personalisation and integration across all organisations, including providers.

Main points raised/noted in discussion:

a. It was noted that housing costs could form a very practical issue for some individuals, although there was nothing to prevent an element of a personal health budget being used to help meet housing costs.
b. Each person's plan was developed on an individual basis, and might sometimes involve the "employment" of close family members. In all cases, a contingency plan and budget also needed to be in place. Carers would also be closely involved in the development of plans.
c. It would be important to scale up the ambition for this agenda in Bristol, recognising that this approach has already been developed locally in health and social care. It would be important to make linkages with the work that had already taken place and avoid two separate systems being in place.

RESOLVED:
That the report and the above information/comments be noted.

10. OTHER BUSINESS

(agenda item 10)

a. LGA innovation award - most effective Health and Wellbeing Board: Bristol had received a "highly commended" rating.
b. It was noted that a vision document: "Working together – a joint vision for health and social care in Bristol, North Somerset and South Gloucestershire" had been emailed for information to all Board members.
c. Callington Road bus link – officers would check the position in relation to whether this bus service had been re-instated.

The meeting finished at 4.03 p.m.

Chair