

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

25 May 2023 at 2.30 pm



Board Members Present: Councillor Helen Holland (Co-Chair), Councillor Ellie King (Deputy Chair), Councillor Asher Craig, Stephen Beet, Hugh Evans, Christina Gray, Tim Keen, Vicky Marriott, Jean Smith, Rebecca Dunn, Sharron Norman, Joe Poole, Steve Rea and Colin Bradbury

Officers in Attendance:-

Mark Allen, Jeremy Livitt, Ros Cox and Penny Germon

Additional Presenting Officers: David Jarrett and Rosanna Jones (Agenda Item 6), Maria Hamood (Agenda Item 8), Katherine Williams and Anna Smith (Agenda Item 9), Heloise Balme (Agenda Item 10), Liz Le Breton and Ped Asgarian (Agenda Item 11)

1. Welcome, Introductions and Safety Information

The Chair welcomed all parties to the meeting and explained the evacuation procedure in the event of an emergency.

2. Apologies for Absence and Substitutions

Apologies for absence were received from Heather Williams, Abi Gbago, Maria Kane, Carol Slater, Penny Gane and Alun Davies.

It was noted that Sarah Lynch had now left Bristol City Council and so would not be attending future meetings of Bristol HWBB.

3. Declarations of Interest

There were no Declarations of Interest from Councillors.



4. Minutes of Previous Meeting held on 23rd March 2023

RESOLVED – that the minutes of the above meeting be approved as a correct record and signed by the Chair subject to an alteration to confirm that Christina Gray was in attendance as a Board Member not as an officer. ACTION: Jeremy Livitt

5. Public Forum

There were no Public Forum items for this meeting.

6. Discharge to Assess Better Care Support Fund Diagnostic and Priorities - Rosanna Jones, Sirona Care and Health - Stephen Beet, Bristol City Council

Stephen Beet, Rosanna Jones and David Jarrett introduced this report and made the following presentation:

- This programme involved the assessment of a programme of work related to the discharge of better care support fund diagnostic and priorities.
- The Board was provided with an element of how we can assess the Better care Support Fund
- The findings of diagnostic had been set out across BNSSG and endorsed key priorities
- Home First set out the totality of transformation programmes when they require an extra level of support and involved whole swathe of prevention activities
- This required a more enhanced level of care. The Home First pathway provided the appropriate level of care to meet the population needs with rapid care services and a greater level of acute care in the home environment. Once patients passed through the hospital care setting, they were discharged to the most appropriate point of care
- Future clinical care needs at home would consist of four pathways for people who need more limited support including those who require some care support, those who require technology in their home or in another care facility and people with more complex needs albeit with some rehabilitation which required an in depth assessment
- A peer review in 2022 had assessed that too many people were spending too long in hospital and that over this period of time their health can deteriorate
- It was noted that there was a lack of flow in hospitals and the community resulting in ambulance delays. As a result of continuing recovery from the pandemic, there was a workforce issue resulting in recruitment changes and a failure to meet targets for average length of stay in hospital
- In November 2021, the business case had been prepared and in May/June 2022 this had been followed by a performance assessment. The findings of the LGA Peer Review had been made available in June 2022. This had spent time speaking to front line staff and a long term plan taken to system executives which refreshed in January 2023 with a longer term plan
- It was important to assess the current challenge and adapt decision-making accordingly. The risk of wrong outcomes needed to be addressed. Whilst recruitment was not a quick fix, the assessment enabled an analysis of how staff were being used



- It was difficult for staff to see the end process. The combination of numbers and performance was a key part of the diagnostic which enabled a focus on rehabilitation to enable people to reach the maximum level of independence
- There was a need to change the decisions made and the hospital length of stay to provide a greater focus on outcomes, processes and relationships. The current plan assumes we can make approximately 40% improvement and reduce the time in hospital by 25%. There was a need to ensure hospital beds were used by people when they are needed.
- The priorities of the BNSSG were to improve decision-making through Transport of Care Hubs to integrate all partners to do this sooner and ensure capacity at home (include voluntary sector etc) and also ensure people who need beds have the right level of support therapy and staff
- There was a need to build relationship within the community and join up support there, as well as changing the capacity in place to make this happen.
- There needed to be support in the right environment. The findings of the BCF Support Fund diagnostic were required on key issues of challenges delivering effective hospital discharge pathways in the BNSSG and considering and endorsing key priorities. These had been identified for continued improvement and transformation work via the Discharge to Assess Transformation Programme wider Home First portfolio
- There would shortly be a programme to launch pathways in an accessible way

Board members made the following comments:

- This programme should be endorsed. It was important to focus on improved outputs and drive better performance outcomes without getting an unexpected outcome
- The lessons of COVID were important in ensuring funding was maintained longer term to avoid year on year difficulties and having to rely on the Voluntary Sector for support. Greater partnership and participation was also important, especially in areas such as the race ecosystem
- There was definitely a need to avoid short term funding
- It was nice to see some of the ideas which had previously been suggested by organisations such as Health Watch coming to fruition. It was noted that sometimes families were not involved in the process
- Whilst the recommendations were excellent, retention of staff and the need for family involvement were all key issues. The voluntary sector were a key element of the process
- There was already good co-ordination between different parts of the voluntary sector. The Youth Alliance could also help with developing this approach
- It was important to engage with locality partnerships and develop a framework with a strong alliance of organisations

RESOLVED – that the Health and Well Being Board:

(1) receives the report

(2) notes the need for support in the right environment

(3) notes the support and findings of the Bette Care Fund Support Fund diagnostic on key issues of challenges delivering effective hospital discharge pathways in BNSSG



(4) considers and endorses the key priorities identified for continued improvement and transformation work via Discharge to Assess Transformation Programme wider Home First

ACTION: Stephen Beet

7. Better Care Fund 2022/23 - Stephen Beet, Bristol City Council

Stephen Beet introduced this report and made the following points during the presentation:

- The purpose of the report was to assess the outturn return of the 2022/23 Better Care Fund (BCF) and ensure endorsement of the submission prior to being signed off by the HWBB.
- The purpose of the 2013 Act was as a vehicle to drive social care and health integration and a local pool budget was created for this purpose
- The ICP and Integrated Care Board were created to oversee the process
- There were three submissions under the BCF all of which required approval
- Submission for Adult Social Care Hospital Discharge Funding had already taken place by the 2nd May 2023 deadline. This had been invested in new schemes to achieve a positive impact
- Planned expenditure for 2023/25 was required for 28th June 2023 and delegated authority was sought to give to the Chair including the disabled facilities grant with the majority coming from the existing BCF Fund
- Details of what the £92.4 Million were spent on was set out
- Local Authority and ICB grants were available for hospital discharge with different conditions
- £87.3 Million was spent on a variety of schemes set out including community based schemes
- £5.1 Million had been allocated for Adult Social Care Discharge Funding
- There were 730,000 patients on residential placements with two schemes added to the additional plan and £1.8 Million added to the ICB
- The target for unplanned hospitalisations was currently not on schedule to be met following the challenges over the winter period
- This would provide the opportunity to try to reduce the number of admissions into residential care with current rates higher than they should be
- The target for reablement was scheduled to be met
- The Board was requested to approve the recommendations and give authority to Councillor Helen Holland in her capacity as Chair of the HWBB to approve the 2023/24 submission before the next formal Board meets

It was noted that the plans would match the plans with the funding available and to ensure that it operated on a sustainable basis.

Board members made the following comments:



- The process would help to identify where the money was being spent. However, there remained a contradiction between the Government's priority to create a care hotel and the Council's priorities
- It was important that the policy should be sustainable
- The role of each of the three HWBB's in reporting through to the ICB was important and into the BNSSG
- In relation to expenditure on mental health and homelessness, further work was required to ensure strategic intentions fit with the mechanism
- The system had developed over a decade on an ad-hoc basis with funding layers being added as required
- There were areas that needed to be included such as Changing Futures
- Health and care Integration also needed to be considered
- Monitoring could take place through regular update reports to future HWBB meetings

Resolved: – that the Better Care Fund 2022/23 is signed off by the Health and Well Being Board and delegated authority is given to councillor Helen Holland in her capacity as Chair of the HWBB to sign off and report back as appropriate Action: Stephen Beet – delegated authority by the HWBB to Councillor Helen Holland

Other Actions: (1) future HWBB meetings to hold regular monitoring sessions to assess whether Better Care Fund is meeting its targets (both as Bristol HWBB and across BNSSG Local Authorities) – Mark Allen to arrange in conjunction with Stephen Beet (2) involve Locality Partnerships in the process – Mark Allen to schedule a future Development Session

8. CQC Assurance Framework - Stephen Beet, Bristol City Council

Stephen Beet introduced this report in conjunction with Maria Hamood and made the following comments:

- Part of the Care Act 2014 set out care duties including a requirement to assess Integrated Care Systems and gave the power to the Secretary of state to intervene in a Local Authority if required
- The Single Assessment Framework assessed providers and Local Authorities with key needs to bring them to light and hold them to account. It assessed experience and feedback from staff
- Details of the 4 schemes set out
- SB: Part 1 of Care Act 2014 – set out care duties. Allowed power to Sec of State to intervene in an LA if required. Requirement to assess Integrated Care Systems. Started form 1st April 2023
- The assurance framework included 4 key themes relating to care duties and working with people and assessing them to ensure they lead healthier lives.
- Inspectors will assess the needs of individuals against 9 quality statements of what should be provided
- Examples were provided in the presentation



- The process would be piloted in 5 Local Authorities, the earliest would be September 2023 and those participating would be subject to performance
- There were 6 evidence categories. Self-assessment would be an objective honest assessment
- An assessment would be made by June 2023 with a draft Improvement Plan to be ready by July 2023. There would be challenges concerning performance and capacity with the first tranche of inspections scheduled for October to December 2023

It was noted that the self-assessment framework would be matched against the strategy to help provide wrap around support for individuals. Whilst it did not replace the existing regime, it would be a significant cultural shift.

Following a suggestion by the Chair, the Board agreed that an item on self-assessment should be scheduled at a future HWBB meeting to enable analysis beyond the daily workload and learn from good practice – ACTION: Mark Allen to schedule into the HWBB Forward Plan.

9. Multiple Disadvantage Strategic Priorities - Katherine Williams, Bristol City Council

Katherine Williams and Anna Smith gave this presentation and made the following points:

- They explained that they worked with young people who had suffered multiple disadvantage such as racial trauma and criminal injustice, domestic abuse, long term homelessness and ill health
- The work was being targeted to avoid people needing to keep returning for help and to ensure better outcomes
- The work was client-led and involved a shared risk
- It was frustrating for many clients since many did not receive a co-ordinated response to get support
- There was a cross government approach. A series of videos were shown concerning this work
- Examples of support included supporting a woman who had been trafficked for sex work and support for someone who had been unable to leave their house for a long period of time and therefore avoid missing a key appointment
- This helped provide a scale and better understanding of disadvantage across Bristol and assess the demographics behind that to ensure consolidation of work locally and nationally.
- Current assessment showed that there were around 145 people in the city with multiple disadvantage. Whilst this figure seemed low, this was the current assessment based on the information available
- There were an estimated 1450 people with three or more disadvantages and 3750 with two or more disadvantages.
- It was estimated that 60% of people were in debt or behind with their bills. Many of these people had autism, disability and also included a high proportion of people with a brain injury
- Assessment processes and thresholds often conflicted



- 5 strategic objectives were set out – to assess what was being done to move the process forwards, intervene earlier in life course, strengthen and embed co-operation, improve data on Multiple Disability and achieve a cultural and system change

Board members made the following points:

- There was a need to use a multiple disadvantage lens when examining issues
- It was good to see the work that was being done. Since the project involved approximately 4000 people, it was achievable. The scheme needed to be embedded and to avoid falling off the corporate agenda
- It was important that the experts involved in this process were properly remunerated
- Since the scheme was scheduled to operate until May 2024, it was important to maintain it beyond that
- The examples of lived experience from the project were extremely good and amongst some of the best obtained

Action: A development session to be organised at a future HWBB meeting on Multiple Disadvantage Strategic Priorities – Mark Allen to schedule into the HWBB Forward Plan

10 Good Food 2030 - Heloise Balme, Good Food Network

Heloise Balme explained that key issues had been added into some Key Performance Indicators to track the number of activities that had food provision as part of the process to signing up to the Healthy School Awards. This was intended to ensure the process of fixing objectives was more explicit.

Members of the Board thanked Heloise for the large amount of work she had undertaken for this project. It was noted that Councillor Ellie King would be launching Sparks in Broadmead with an event including presentations from 5 people and networking options, including a hybrid attendance option.

11 Food Equality Action Plan - Ped Asgarian, Feeding Bristol and Liz Le Breton, Bristol City Council

Ped Asgarian and Liz Le Breton introduced this report and made the following comments:

- The quality of life information had been refreshed this year
- This was a strategy and action plan that had been developed to tackle the problems of food inequality in the city
- The assessment had shown that the problem had doubled since last year at 27% in affected areas
- The plan had been co-produced with 80 organisations and with 5 key themes
- The action plan had been produced based on localities and overarching priority areas within strategies
- Food justice was part of the 2030 Action Plan



- There would be a launch at City Hall on 26th June 2023 at which Councillor Ellie King and Christina Gray would be attending.
- Some work was being carried out as part of the household support fund to be launched as part of food fortnight.
- The action plan would cover a 10 year period
- Zero hunger was a key goal

Action: A section to be added to the Food Equality Action Plan concerning Zero Hunger as one of the sustainability goals in the One City Plan – Ped Asgarian to discuss with Heloise Balme and add to the One City Plan as appropriate

12 End of Year Performance Report and 2023/24 Plan on a Page - Mark Allen, Bristol City Council

Mark Allen introduced this report and made the following comments:

- The Performance Framework summarised the plan. Whilst most had green ratings, there were a number with an amber rating indicating ongoing work with a focus required
- A focus was required on certain pieces of work marked amber such as carers which would be discussed at a forthcoming HWBB meeting
- Similar work was required in other areas of work such as alcohol, admissions and childhood obesity
- A few updates for 2023/24 were set out, together with the One City Plan goals for the year
- There was a strategic approach to domestic abuse, health and care work and the wider race and equality group

The Board noted that most ratings were green and some shared with other bodies.

Action: Add Changing Futures to Oversight and Assurance and CQC Assurance Framework – Mark Allen.

13 Health and Well Being Board Forward Plan

The Board noted the Forward Plan. It was noted that an item on the issue of the growing workforce and inclusion had already been added to the September 2023 Board Meeting.

It was agreed to add an item concerning Women’s Health to the Forward Plan.

Action: Mark Allen



14 Date of Next Meeting

It was noted that the next formal Board meeting was scheduled to be held at 2.30pm on Thursday 13th July 2023 in the Council Chamber, City Hall, College Green, Bristol.

The meeting ended at 5.15 pm

CHAIR _____

