

# Bristol City Council Minutes of the Health and Wellbeing Board

19 October 2016 at 2.30 pm



## **Members Present:-**

Marvin Rees, Dr Martin Jones, John Readman, Jill Shepherd, Becky Pollard, Lesley Alexander, Fi Hance, Clare Campion-Smith, Ellen Devine, Elaine Flint, Keith Sinclair, Steve Davies, Justine Mansfield and Pippa Stables

## **Officers in Attendance:-**

Mike Hennessey (Service Director, Care and Support - Adults), Kathy Eastwood and Sarah Sharland (Legal Officer)

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

Attendees were welcomed to the meeting, and introduced themselves.

## **2. Public forum**

The following public forum items were received:

### **Question 1 - re: Agenda item 6 – Developing a Sustainability and Transformation Plan Question from Andy Burkitt**

In those areas that have seen their published STPs, councils have refused to endorse them because of the implied cuts and effects on their services. When the area STP is eventually put out for consultation, will the HWB have a special meeting to discuss it? If the implications of the plan means a worsening of services and no progress on social care or reducing inequalities have the Council ruled in the possibility of refusing their support publicly even if NHS (England) can over-rule them? By what method will the Council assess the STP and will this be made public? How will the Plan be judged against the manifesto commitments of the Mayor?

The Mayor/Co Chair Dr Martin Jones responded verbally to this question, as follows:

- a. Managing the health and social care system better was key including managing resources more effectively to ensure fair access to good services and to meet the challenges of addressing inequalities.
- b. There had been close collaboration between Council and NHS colleagues.



- c. There would be joint scrutiny meetings within the BNSSG area to consider the submission.
- d. It was acknowledged that an engagement plan and more information to the public would be helpful.

## **Question 2 – re: Agenda Item 9 – Joint Health and Wellbeing Strategy refresh 2016**

### **Question from Andy Burkitt**

Does the HWB and Mayor consider that this report will fulfil the manifesto commitments on public health and attacking the city's health inequalities voted on in May 2016? If anything, what will additionally need to be delivered? Are all stakeholders in the greater Bristol area fully on-board to help deliver those manifesto commitments?

The Mayor responded verbally to this question, as follows:

- a. The Joint Health and Wellbeing Strategy was not the only vehicle to deliver the manifesto commitments on public health and tackling health inequalities.
- b. Suggestions on any omissions in the Strategy were welcomed from all stakeholders to assist in ensuring the Strategy is fully focussed.

## **Question 3 – Late Statement – Dr Charlotte Paterson**

As a member of the public, I am concerned about the involvement of the public and communities in the implementation of the Sustainability and Transformation Plan (STP). I am aware that there will be some public consultation about the written draft plan after it has been published and that this may feed into the final written plan. However, I would like to alert members of the Health and Wellbeing Board to the possibility that details and decisions on how the plan will be implemented in practice will not necessarily be open to the public to comment on and influence. It is the implementation that is key – 'the devil is in the detail' as they say. I would like to urge the HWB Board to monitor the emerging situation and to ensure:

- a. that decisions about implementing the STP will be discussed and ratified at meetings that are open to the public
- b. that the papers relating to these discussions and decisions will be published 7 days beforehand and made available on the CCG website.

The Mayor responded that STP would be considered at meetings open to the public and papers would be available on the relevant websites prior to those meetings.

## **3. Declarations of interest**



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

#### 4. Minutes of previous meeting

##### **RESOLVED –**

**That the minutes of the meeting of the Board held on 10 August 2016 be confirmed as a correct record, subject to Cllr Fi Hance being deleted from the attendance, and signed by the Chair.**

#### 5. Key decision - Re-commissioning of substance misuse services

The Board considered a report seeking approval of a key decision on the re-commissioning of substance misuse services.

Pete Anderson, Safer Bristol Manager presented the report.

Key points highlighted included:

- a. Substance misuse services in Bristol provided a wide range of treatment and support for people who use drugs and alcohol.
- b. A commissioning process was required to replace the current contracts by October 2017, to enable the continuation of the delivery of this support.
- c. The National Modern Crime Prevention Strategy 2016 (which reflects the government's focus on the role of treatment in reducing acquisitive crime) was a key driver for this commissioning project.
- d. The current budget situation.

In discussion, there was general support from the Board for the proposal. The following issues were noted:

- a. The importance of sustainability and incorporation of social value
- b. The need to engage fully with different organisations across the city and to strengthen social capital outside of the Council
- c. The impact of potential cuts on vulnerable patients
- d. The need to involve GPs full in the commissioning process
- e. The positive links to the Alcohol Strategy.

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

- 1. That approval be given, on behalf of Bristol City Council, to the re-commissioning of substance misuse services.**



- 2. That approval be given, on behalf of Bristol City Council, to the multi-agency Substance Misuse Joint Commissioning Group managing the commissioning process and developing the commissioning plan, reporting back through the Health and Wellbeing Board and the Safer Bristol Partnership.**
- 3. That a further report be submitted to the Board to enable the Mayor to consider recommendations with regard to funding and the tender process.**

## **6. Sustainable Transformation Plan**

The Board received a presentation from Robert Woolley, Chief Executive, UHBT outlining the approach being taken to the development of the Bristol, North Somerset and South Gloucestershire (BNSSG) STP.

Key points highlighted included:

- a. The case for change: key challenges included the ageing population, reduced levels of public sector finances, and reducing unnecessary time spent by patients in receiving specialist services in hospital where this could be provided effectively in the community. To continue to meet local population health needs, a significant change was required in the way services were planned, organised and provided.
- b. STPs were the new approach to planning health and care services across England over the next 5 years. In BNSSG, the aim was to develop a plan that would provide services responsive to individual needs, relevant to local communities, with appropriate care and support available in the right place, at the right time.
- c. The approach aimed to achieve a radical shift towards enhanced prevention, early intervention and self-care.
- d. Other key aims were to improve the resilience of local primary care services, ensure the delivery of integrated health and social care teams, and an integrated health and care single point of access across BNSSG. In addition, a collaborative approach was needed for acute care, in relation to both mental and physical health.
- e. Early work had been refined and it was expected that more specific plans would be shared by the end of 2016. Draft operational plans for the next 2 years would also be shared and partners would be engaged and given full opportunity to comment and contribute before plans were finalised

Main points raised/noted in discussion:

- a. This was an ambitious plan, covering issues such as Falls, Alcohol, Stroke, Self-Care, Diabetes, delayed discharges – all of which were priorities
- b. The importance of public engagement and sharing the engagement plan.
- c. The Board welcomed the inclusion of prevention/intervention in the plan.
- d. Invest to save was key as was joint resourcing to get flow into the system.



- e. The Board had a key role to play in developing/monitoring the impact of the plan.

At the conclusion of the discussion, the Board

**RESOLVED:**

- **That the presentation and the above information/comments be noted.**

## **7. CCG commissioning intentions and 2 year operational plan**

The Board received a presentation from Sarah Swift, CCG setting out the latest position on BNSSG commissioning intentions.

Key points highlighted included:

- a. The commissioning intentions for 2017-18 and 2018-19 had been developed in the light of ongoing engagement with stakeholders, and reflected current thinking. They were though subject to feedback and prioritisation.
- b. Primary and community care: the aim was to enhance sustainable primary care, including integrated work with practices, a BNSSG-wide care home model, and consistent approaches to hospital discharge, to reduce length of stay.
- c. Long term conditions, prevention and self-care: key aims included clear pathways (e.g. for diabetes, stroke, heart failure), innovative approaches to self-care, and use of personal health budgets.
- d. Urgent care: key aims included the creation of a “clinical hub”, primary care streaming at the BRI emergency department, and a 4 hour emergency access standard.
- e. Mental health: key aims included improving access to psychological therapies, improving provision of aftercare services and targeting specific pathways and services for improvement.
- f. Cancer services: key aims included developing a targeted approach to prevention, achieving access standards and implementing improvements for those surviving cancer.
- g. Children’s and maternity services: key aims included urgent care improvements, a childhood obesity strategy, and a single approach to maternity services.
- h. Learning disabilities: key aims included improving the equality of services, and reducing dependence on care home placements and in-patient care.
- i. Medicines management; key aims included working collaboratively across all providers, improving patient experience if outpatient drugs and supporting primary care to prescribe in a way that avoids unnecessary hospital referrals.

Main points raised/noted in discussion:

- a. It would be helpful to have envisaged spend against each of the intentions publicly available.
- b. The slides should be put on the website for the public to access



- c. There was a key role for the Board to play in ensuring alignment between different plans and strategies and in minimising any potential negative impact on other public sector providers in the City.

At the conclusion of the discussion, the Board

**RESOLVED –**

- **That the presentation and the above information/comments be noted.**

## **8. Bristol City Council draft Corporate Plan and budget consultation**

The Board received a presentation from Anna Klonowski - , BCC Strategic Director Resources.

Key points highlighted included:

- a. The draft Corporate Strategy set out the Councils' priorities and aims for the city over the next 5 years. The Council's budget, structure and policies will support achieving these aims.
- b. The strategy set out 7 specific key commitments, and set a strategic direction that included doing more enabling and less direct service provision, intervening earlier to help people help themselves, and developing a more resilient city. The continuation of some services would rely on partnerships, community groups and volunteers.
- c. Consultation would run for 12 weeks, culminating in a budget report to the BCC Cabinet on 24 January, where the Mayor/Cabinet would finalise their budget recommendations ahead of the BCC Full Council meeting on 21 February.

**RESOLVED –**

- **That the presentation and the above information/comments be noted.**

## **9. Joint Health and Wellbeing Strategy refresh 2016**

The Board considered a report seeking formal endorsement of the refreshed Health and Wellbeing Strategy priorities.

Becky Pollard, Director of Public Health, presented the report.

Key points highlighted included:

- a. In refreshing the strategy, the Board had decided that efforts should be focused on the issues it had the most direct influence over.
- b. The key priorities were:



- Tackling alcohol misuse
  - Promoting mental wellbeing and tackling social isolation.
  - Promoting “healthy weight” for the local population
- c. The Board would work in a co-ordinated way with other partnerships and organisations to deliver progress on the priorities.

As part of this item the Mayor opened up discussion with Board members on the role of the Health and Wellbeing Board going forward. The following main points were raised/noted in discussion:

- a. Ensuring that there is the right health system and leadership to make the city well.
- b. The impact decisions have on health and wellbeing in many different areas and whether there is capacity for the Board to provide the system leadership to make Bristol a ‘health city’ in all aspects.
- c. The importance of the Board in ‘challenging’ and being ‘challenged’
- d. The need to work at all levels to provide leadership to achieve these goals, including self-care and social support
- e. The golden thread of mental health in ensuring a ‘health city’
- f. Making the most of all assets in the city e.g. carers, key partners
- g. The impact of wider determinants of health
- h. A clear definition of health indicators for the City and who sets those indicators
- i. An approach which examines the health implications in policy formulation
- j. The balance between a strategy with key priorities and a Board with overarching health system leadership within the City.

At the conclusion of the discussion, the Board

#### **RESOLVED –**

- 1. That the priorities be endorsed.**
- 2. That lead organisations need to be identified to lead on the development of action plans to deliver against these priorities.**
- 3. That the mechanism for “holding to account” as per paragraph 4 of the report be agreed.**

#### **10 Bristol citywide alcohol strategy - update from working group**

The Board considered a report providing an update on the strategic planning and actions taken by the Bristol Alcohol Misuse Short-life Working Group to tackle the negative impact of alcohol misuse on individuals, families and communities in Bristol.

Leonie Roberts, Director of Public Health, presented the report.



Key points highlighted included:

- a. The focus of the strategy was on practical actions that can be taken as part of a partnership approach.
- b. Three specific workstreams were being taken forward, with senior leads from the CCG, Public Health and the Police.
- c. Specific deliverables and actions had been identified for each workstream (documented in appendix A of the report).

It was noted that drinking during pregnancy should be added to the Executive Summary. It was acknowledged that mental health issues and alcohol misuse went hand in hand and this should be highlighted throughout the strategy.

**RESOLVED –**

- **That the report and the above information/comments be noted.**

## **11 Proposed procurement of a Behaviour Change for Healthier Lifestyles Service for Bristol**

The Board considered a report setting out proposals for the procurement of a Behaviour Change for Healthier Lifestyles service for Bristol.

Viv Harrison and Sally Hogg, Consultants in Public Health, presented the report.

Key points highlighted included:

- a. This work was at an early stage and more detailed work would take place to define options for a service model. This would be brought back for further discussion by the Board at a later date, at which point a decision would be sought to launch formal consultation

Having noted and taken account of the above, the Board

**RESOLVED –**

- **That approval be given to the proposed development of a Behaviour Change for Healthier Lifestyles service.**

## **12 Health Protection Annual Report**

The Board considered the annual report of the Health Protection Committee.





It was noted that the Director of Public Health had examined the arrangements for health protection in Bristol and had provided the report in line with the statutory responsibility to ensure that adequate arrangements were in place for the surveillance, prevention, planning and response required to protect the public's health.

**RESOLVED –**

- 1. To note the major issues highlighted in the report.**
- 2. To note the considerable progress made in Bristol in tackling some of the key health protection challenges the city faces, and the challenges that remain.**

**13 Information item - Endorsement of Bristol's Strategy for Children, Young People and Families 2016-20**

The Board noted this report, noting that the strategy would be submitted to the BCC Cabinet for approval on 1 November 2016.

**14 Any Other Business**

**PAUSE programme:** Cllr Campion-Smith briefly outlined details in relation to the PAUSE programme for Board member's information. It was noted that PAUSE works with women who have experienced, or are at risk of repeat removals of children from their care. It aims to break this cycle and give women the opportunity to develop new skills and responses that can help them create a more positive future.

Meeting ended at 4.30 pm

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

