

**CABINET – 5 December 2013 EXECUTIVE SUMMARY OF AGENDA ITEM 18**

**Report title:** Health and Wellbeing Strategy

**Wards affected:** Citywide

**Strategic Director:** Neighbourhoods

**Report Author:** Kathy Eastwood, Service Manager: Health Strategy

**RECOMMENDATION for the Mayor's approval:**

It is recommended that the Cabinet have regard to the health and wellbeing strategy, prepared and approved by the Health and Wellbeing Board, whenever it is relevant to the matter under consideration.

**Key background / detail:**

The purpose of the report is to enable actions to deliver the Health and Wellbeing Strategy to be embedded within service and business plans.

The Strategy has been developed and approved by the Health and Wellbeing Board.

**BRISTOL CITY COUNCIL**

**CABINET**

**5 December 2013**

**Report of:** Kelechi Nnoaham, Deputy Director of Public Health

**Title:** Health and Wellbeing Strategy

**Ward:** City-wide

**Officer Presenting Report:** Kathy Eastwood, Service Manager: Health Strategy

**Contact Telephone Number:** 0117 922 2953

**RECOMMENDATION**

It is recommended that the Cabinet have regard to the health and wellbeing strategy, prepared and approved by the Health and Wellbeing Board, whenever it is relevant to the matter under consideration.

**Summary**

The Health and Wellbeing Strategy presents an opportunity to focus activity to deliver on health and wellbeing priorities within the city.

**The significant issues in the report are:**

The Health and Wellbeing Strategy priorities are summarised in Appendix A. the Full Strategy is attached as Appendix B.

**Policy**

1. The Health and Wellbeing Strategy presents an opportunity to focus activity to deliver key parts of the developing Corporate Strategy priority for a “Greener and Healthier” Bristol.
2. The development of a Health and Wellbeing Strategy is a duty on Council’s and Clinical Commissioning Groups to be developed through Health and Wellbeing Boards, based on evidence within the Joint Strategic Needs Assessment.

## **Consultation**

3. This report has been to Strategic Leadership Team. There has been no additional consultation directly on this report. However, there has been a large programme of consultation on the development of the Health and Wellbeing Strategy.

### **Internal**

Health and Care Scrutiny Commission January and April 2013  
Overview and Scrutiny Management Committee 21<sup>st</sup> March 2013  
Strategic Leadership Team, January, April and July 2013.  
Extended Leadership Team  
Neighbourhoods Management Team 13<sup>th</sup> March  
Executive Board

### **External**

Extensive public consultation, including public meetings, Citizens' Panel survey and on line public survey, Stakeholder Conference 3<sup>rd</sup> October 2012

## **Context**

4. The priorities within the Bristol Health and Wellbeing Strategy have been developed based on strong evidence and stakeholder and public feedback. The priorities recognise that some of the big health challenges mirror national challenges, for example premature death from cancer, heart disease and stroke. The aim is focus on priorities that target the prevention of these causes of ill-health. There are also Bristol specific challenges, based on the needs of our population. The strategy aims to make progress on addressing health inequalities in the city, between local areas, communities and groups of our population.
5. The development of action plans to deliver the strategy is in progress.

## **Proposal**

Cabinet is asked to have regard to the Health and Wellbeing Strategy, which has been developed and approved by the Health and Wellbeing Board, whenever it is relevant to the matter under consideration.

## **Other Options Considered**

Not for the purposes of this report.

## **Risk Assessment**

6. This action is proposed in order to embed actions to deliver the strategy within service and business plans

## **Public Sector Equality Duties**

A full equalities impact assessment has taken place on the development of the strategy and on the Joint Strategic Needs Assessment which informs it. This was considered by the Health and Wellbeing Board.

## **Environmental checklist – see attached.**

None undertaken for this report

## **Legal and Resource Implications**

### **Legal**

The Council (including the Executive) must have regard to the Health and Wellbeing Strategy when exercising its functions. This includes the function of preparing budget proposals.

(Legal advice provided by Liam Nevin, Service Director Legal Services)

### **Financial**

#### **(a) Revenue**

All financial implications are subject to formal budget approval by Council on 18<sup>th</sup> February and no new commitments arising from the policy will be implemented prior to that approval.

#### **(b) Capital**

As above

(Financial advice provided by Mark Taylor, Service Director Finance)

### **Land**

Not applicable

### **Personnel**

Not applicable

## **Appendices:**

**Appendix A:** Summary of Health and Wellbeing Strategy

**Appendix B: Bristol Health and Wellbeing Strategy**

**LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985  
Background Papers:**

None

## Appendix A

### Summary of Health and Wellbeing Strategy themes and Priorities

The priorities have been based on strong evidence, stakeholder and public feedback. They recognise that some of the big health challenges mirror national challenges, for example premature death from cancer, heart disease and stroke. The aim is to focus on priorities that target the prevention of these causes of ill-health. We also have our own Bristol challenges, based on the needs of our population. The strategy aims to make progress on addressing health inequalities in our city between local areas, communities and groups of our population.

<b>Theme: A CITY FILLED WITH HEALTHY, SAFE AND SUSTAINABLE COMMUNITIES AND PLACES</b>
<b>Priority: Create a high quality and well-connected built and green environment, and manage the health impacts of Climate Change</b>
Includes: Promoting walking and cycling, ensuring neighbourhoods are designed to support healthy lifestyles, supporting healthy workplaces, using sound design principles, good planning and health evidence to help regenerate local communities, condition of public spaces
<b>Priority: Achieve a healthier, more sustainable, more resilient food system for the city to benefit the local economy and the environment</b>
Includes: A whole system approach to food: encouraging a culture of cooking from scratch, local food growing, championing the use of local, independent food shops and traders, minimising food wasted, using our combined influence to support work to tackle obesity, nutritional deficiency and food poverty
<b>Priority: To reduce all forms of domestic, gender-based, and racially based violence and abuse, including sexual exploitation</b>
Includes: a long-term and continuing commitment across the council, the local health community and partners, to invest in targeted and evidence-based prevention work addressing the many issues which lead to violence
<b>Theme: A CITY WHERE HEALTH AND WELLBEING ARE IMPROVING</b>
<b>Priority: Reduce the prevalence of smoking, reduce illicit tobacco availability and increase smoke free areas within the city</b>
Includes: supporting specialist services focussing on the high smoking prevalence groups, increasing access to stop smoking services, creating a culture of smoke-free behaviours, enforcing legislation, (illicit tobacco etc.)
<b>Priority: Reduce the harm caused by alcohol misuse</b>
Includes: supporting preventative work to help people reduce their alcohol misuse, provide treatment services, deliver targeted services for the most vulnerable
<b>Theme: A CITY WHERE HEALTH INEQUALITIES ARE REDUCING</b>

**Priority: To give Children the best start in life**

Includes: leading a joined-up strategic response across the whole health, care and education system, unblock barriers to joint working, especially for children with complex needs, support measure that increase employment, enterprise and maximise benefit take-up to tackle poverty, targeted and integrated “whole” family support services, good access to universal services

**Priority: Improve mental wellbeing and reduce social isolation**

Includes: build community resilience, promote initiatives to address social isolation, develop and promote the Mental Wellbeing Strategy, support the 5-ways to wellbeing

**Theme: A CITY WHERE PEOPLE GET HIGH QUALITY SUPPORT WHEN AND WHERE THEY NEED IT**

**Priority: To improve the clinical quality of and satisfaction with maternity services**

Includes: more joined up working to make sure that new mothers are supported in both having a healthy, safe, pregnancy and access to good quality services. Post-natal services, meeting both patient needs and delivering good quality services, supporting expectant mothers to make healthy lifestyle choices, for example help to stop smoking, signposting to postnatal and postpartum depression services

**Priority: To better meet the needs of people with dementia and their carers through improved services and dementia friendly environments**

Includes: helping everyone to understand dementia and removing the stigma attached to it, signposting to information and services for early diagnosis and treatment, supporting a range of good quality services, specialist support to those that need it – strategic partnership to develop 3 new residential care homes across the city

**Priority: Take every opportunity to improve specific outcomes and quality in the delivery of services for adults, children and vulnerable people through integrated care and support**

This is about the co-ordination of health, social care and housing services, people’s experience and health evidence, by combining or integrating resources. Especially for elderly, children, people with learning difficulties and adults with multiple needs



# Bristol Health and Wellbeing Strategy

*October 2013*



[www.bristol.gov.uk/hwb](http://www.bristol.gov.uk/hwb)



Bristol Clinical Commissioning Group



## Foreword

**Health and wellbeing is important to everyone in Bristol, whether we live, work or learn in the City. It is much more than the absence of illness or disease. It is about being able to lead fulfilling lives, actively engaged in our communities, jobs and families.**

Bristol is one of the healthiest cities (when comparing to others our size), but our overall city-wide picture is hiding differences in experience between local communities and population groups. Significant health inequalities exist within our city.

As our population grows and changes, this means that Bristol's health needs are increasing, both in terms of access to services, but where they are located.

The recent reduction in public spending means that we must work together and find new ways to deliver services. We hope that this strategy will help to meet these challenges, through shared vision and ambition.

Through consulting the people of Bristol, stakeholders, and reviewing evidence from the Joint Strategic Needs Assessment (JSNA), we have identified four overarching health themes for the city. Bristol is a city:

- **filled with healthy, safe and sustainable communities and places.**
- **where health and wellbeing are improving.**
- **where health inequalities are reducing.**
- **where people get high quality support when and where they need it.**

These themes are underpinned by specific priorities where the Health and Wellbeing Board can add value to existing strategies and work plans. Where gaps exist, or specific, focused work is needed, we will work together to deliver good quality, efficient health and care services. Through

this strategy, the Board seeks to provide leadership on the health and wellbeing needs for Bristol by making the most out of our collective resources within the city.

We want to be ambitious. We need to be creative with existing resources. Our goal is to address health and care around individual needs and ensuring that city and local neighbourhoods are positive, pleasant places to live and work. Together, we can drive the changes, make long lasting improvements to our city and make Bristol a city fit for the future.



**Barbara Janke**  
*Chair of the Health and Wellbeing Board*



**Martin Jones**  
*Bristol Clinical Commissioning Group*

## Introduction

Bristol has a strong track record of working in partnership. Bristol's Health and Wellbeing Board gives the health and care community a platform to significantly strengthen services to the city. This Board includes representation from the Clinical Commissioning Group (formerly NHS Bristol), political leaders from Bristol City Council as well as commissioners of service from Adult Care, Public Health and Children's and Young People's Services. The voluntary sector and patient and public voice are also represented.

There is over £1.2 billion spent on health and care services within the city and the Board can influence what it is spent on. There are also other important services and parts of our Bristol's infrastructure which impact our health and wellbeing outside of the traditional health landscape. The quality of our built or physical environment, housing, transport and access to green spaces, are all determinants of our health and wellbeing.

As part of the Health and Social Care Act, Councils and the health care sector have a duty to produce a Health and Wellbeing Strategy to set the overarching framework for health and care commissioning plans within each city. Feedback from partners and the public have shown interest in working together, being ambitious and through this, deliver quality health and care services for Bristol.

As the strategy was developed, it was done while keeping in mind the current and future limits on resource, and with a strong focus on 'getting the most out of the whole system'. Working in collaboration and integrating services is also seen as a key to success.

Integrating services means that they are organised around, and respond to human needs. This includes finding and repairing gaps in services, fixing organisational barriers and boundaries and preventing delays to access to care.



Being healthy and well for a lifetime includes much more than good health and care services. It also means not needing health and care services. Our consultation with the public and stakeholders showed support for taking action on preventing ill health and all the factors that influence it, such as smoking and alcohol misuse.

## Priorities

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## How the draft strategy has been developed

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In developing the Health and Wellbeing Strategy, our goal was to name priorities based on strong evidence, stakeholder and public feedback, and identify specific areas where the Health and Wellbeing Board could have the biggest impact. These are areas where we can make progress on addressing health inequalities in our city between local areas, communities and groups of our population.

It is recognised that health inequalities is not just about a person's 'post code.' They also exist between genders, ethnicities and abilities, where different health outcomes and experiences of services can lead to developing preventable diseases, shorter life spans and affect mental health. This is especially present in our inner city where levels of high deprivation also exist and we need to provide support which is also respectful of our diverse, ethnic communities.

The Joint Strategic Needs Assessment (JSNA) 2012 gives a local evidence base for the development of priorities within Strategy. The JSNA is an ongoing process, identifying the current and future health and wellbeing needs of the local Bristol population.

The public consultation of our draft strategy gave us valuable feedback from stakeholders, community groups and individuals. A large range of detailed suggestions were made, and where there were common themes, these were used to shape the final set of priorities for the strategy. A summary of responses can be found on our website alongside the original consultation document. ([www.bristol.gov.uk/hwb](http://www.bristol.gov.uk/hwb))

A further exercise was held to measure the draft strategy against existing strategies and work programmes focusing on the health and wellbeing needs of our city. Where work is already being done, the Board looked into specific places where they could add capacity and help and improve access to support and services.

Through this work, the Board has now named 10 priorities where it can work with partners efficiently and creatively to meaningfully improve the overall health of our city.

## How will the strategy be used?

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We have identified 4 key themes underpinned by 10 priorities for the city. This is not a final list of everything the board and partners will work do, but a set of the most pressing health and wellbeing priorities for Bristol.

It is acknowledged that much of this work means working alongside existing strategies, plans and work programmes. When this happens, the Health and Wellbeing Board will seek to add weight and influence to these areas of work. This is intended to bring issues into sharper focus or take action to improve co-ordination.

## Integration and Commissioning

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The Strategy will set the framework for commissioning plans across the NHS and the Council, with a key focus on integration of services. These commissioning plans will then be "held to account" by the Health and Wellbeing Board, to make sure that they reflect the direction within the Strategy.

## Influencing

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The council and other agencies and partnerships are responsible for a wide range of services that impact on health and wellbeing. The Board and strategy will also influence the direction of other strategies and plans, such as: planning, transport and major developments, to make sure that they contribute in a positive way to the overall health of the city.

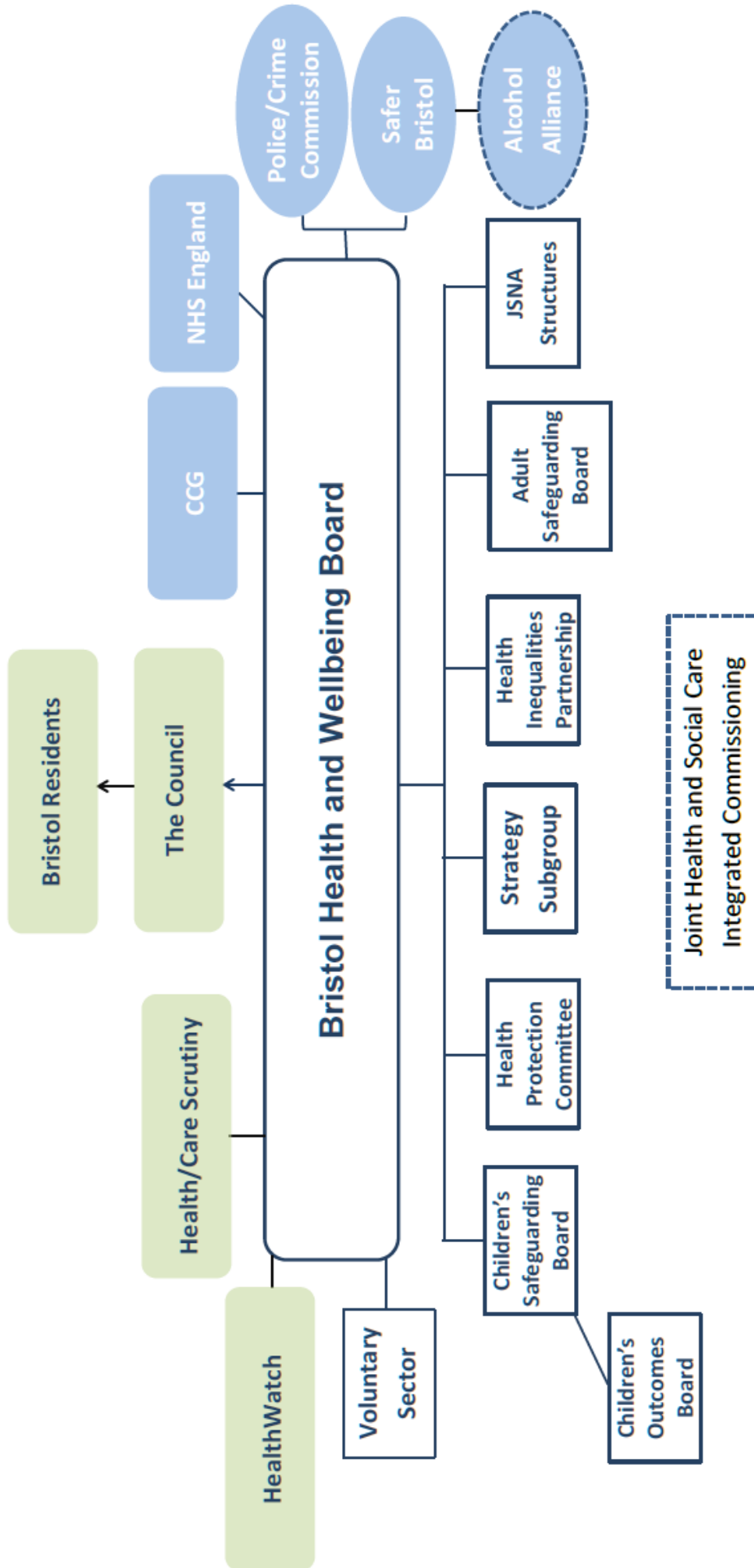
We will also work in partnership with other organisations for example: the police, fire, schools, the voluntary sector and local neighbourhoods to shape the actions that will deliver against the key priorities.

## Managing and monitoring the strategy

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The Strategy will be reviewed each year and progress monitored by the Health and Wellbeing Board. It must be acknowledged that during 2013 most of the Board's activity will be focus on getting the systems in place, developing this strategy, and recognising which commissioning and work plans are already in place. The Board itself will not develop a detailed action plan for the delivery of the strategy, as much of the work will be done through partner and commissioned teams and units. However, the Board will make sure that the priorities are being delivered and progress is being made.

BNSSG Healthy Futures Programme - How the Health and Wellbeing Board Works



**Theme:** A city filled with healthy, safe and sustainable communities and places.

**Priority:** Create a high quality and well-connected built and green environment, and manage the health impacts of Climate Change.



## Why is this a priority?

Our overall health is influenced by much more than the health services we receive. Where we live, the air we breathe, feeling secure and connected to our local community also affects our health and wellbeing.

The physical environment is part of the 'wider' or 'social' determinants of health. They include the social, economic and environmental conditions around us which influence our individual health, as well as the wider population. They can also create health inequalities between different neighbourhoods and areas of a city.

Evidence shows that income, employment, education, housing quality, urban stress and crime are powerfully linked to both physical and mental health. This priority is about ensuring that health and wellbeing of the people who live, work and visit Bristol is central to our city planning and services. Because of this, the Council is part of the 'Healthy City Network' which confirms our commitment to this important issue. Bristol is also working with the World Health Organisation (WHO) on the global movement for urban health.

During the public consultation on the Draft version of the Health and Wellbeing Strategy, people voiced concern about various aspects of the city which fall under this priority. These included: noise, the quality of our housing stock, the condition of our public places and street scene as well as supporting services protecting our physical environment such as recycling and access to parks, play areas, food growing opportunities and green spaces.

## Where will the Health and Wellbeing Board add value?

Bristol, as a city is committed to improve our transport, housing, and environment. We have been recognised for our ambition as a Cycling City, a Green Capital, and recipient of Green and Purple Flags for our parks and open spaces.

We are working in partnership on transport plans, and on an Enterprise Zone to help build our local economy and to create more apprenticeships and jobs for the city.

The council is also one of the largest land owners in Bristol. The Board can support and influence local projects which showcase how housing, business, and public spaces can be designed to be affordable, demonstrate a high 'green' standard and contribute to our city's health and wellbeing. Practically, this means using sound design principles, good planning, and health evidence to help regenerate local communities and contribute to our local economy.

This includes:

- Using council owned property to create affordable, safe, healthy places to grow up and grow old in, built with sustainable resources, good walking and cycling access to local services, green space, play and food growing opportunities and powered by renewable energy. Setting a benchmark for positive building and planning.
- Promoting walking and cycling as the primary methods of getting to and from places through transport planning and encouraging the everyday take up of physical activity.
- Ensuring neighbourhoods are planned and designed to support healthy lifestyles.
- Combined, our partner agencies are included amongst the largest employers in the city. As such, we can demonstrate how workplaces can be designed for efficiency as well as support good health.

**Theme:** A city filled with healthy, safe and sustainable communities and places.

**Priority:** Achieve a healthier, more sustainable, more resilient food system for the city to benefit the local economy and the environment.



## Why is this a priority?

Good, nutritious food from infancy is essential for good health over a lifetime. Although we appear to have plentiful and varied food for all, in reality there are over 22,145 Bristol children living in food poverty according to the latest Department for Work and Pensions figures.

The DEFRA Family Food Survey found that nutrition worsened between 2007 and 2011. Poorer households are choosing highly processed and high fat foods of poor nutritional quality in order to save money. The UK Low Income Diet and Nutrition Survey found that low income households have diets deficient in fresh fruit and vegetables, deficient in iron folate and Vitamin D and high in sugar and saturated fats.

In 2010, the national child measurement programme revealed that 27,000 children and young people in Bristol are overweight or obese. High sugar, high fat, poor quality food is a major causative factor.

In addition, our highly industrialised food system is unsustainable. It uses nine calories of fossil fuel to produce each calorie of food, and contributes to the degradation of soil, forests, water supplies and essential resources such as phosphates. The food sector is the second biggest source of local employment after health and social care, accounting for one in every ten jobs in Bristol. This means that a shift to a more sustainable and healthier food system will also benefit local employment.

## Where will the Health and Wellbeing Board add value?

The Health and Wellbeing Board endorses the 2012 Bristol Good Food Charter, which asserts that;

“We all know that food should be tasty, healthy and affordable. But really ‘good food’ is produced, processed and distributed in ways that are good for nature, good for workers, good for animal welfare and good for local businesses.”

The Charter has been developed by the Bristol’s Food Policy Council, which is made up of local food activists, business people, public sector policy makers and food experts.

Key aims that the Health and Wellbeing Board will help drive forward include:

- Procuring good food for patients, staff and visitors accessing health and care services.
- Encouraging a culture of cooking from scratch, local food growing and the use of fresh, seasonal and fairly traded food through local government, schools, health sector led programmes and services.
- Help to keep our high streets vibrant and diverse, championing the use of local, independent food shops and traders so that everyone has access to affordable food.
- Helping to minimise food waste by encouraging the composting of inedible food, and the redistribution of good food that would otherwise be sent to a landfill.
- Using our combined influence and commissioning to support work to tackle obesity, nutritional deficiency and food poverty.

**Theme:** A city filled with healthy, safe and sustainable communities and places.

**Priority:** To reduce all forms of domestic, gender-based, and racially based violence and abuse, including sexual exploitation.



## Why is this a priority?

All violence is detrimental to both the health of every person and society as a whole. Freedom from the threat of violence is required for everyone's good health and wellbeing.

Gender and racially based violence, including sexual exploitation, are persistent and damaging forms of violence, breaching basic human rights and have a serious impact on physical and mental health.

Each year up to three million women across the UK experience: rape, domestic violence, forced marriage, stalking, sexual exploitation and trafficking, female genital mutilation or 'honour violence.'

Two women a week are killed by their current or ex-partner and 10 women a week are known to commit suicide as a result of abuse. Domestic Violence (DVA) affects one in four women, sexual violence one in five.

DVA is linked to a number of different health issues and is a risk factor for a wide range of immediate and long-term conditions. Physical violence causes: miscarriages, broken limbs, cuts and bruises and in extreme cases, death. There is also an increased risk of cardiovascular and long-term mental health or psychological problems. DVA can start or escalate in pregnancy, with the most serious result being the death of the mother or the foetus. It is also associated with low birth weight and premature birth, both of which have subsequent long term health effects for babies. Less recognised are the impacts of unintended pregnancy and the health risks for pre-school children. Victims and their children may be in need of safeguarding from a perpetrator.

It is important that victims of DVA, all violent crimes and sexual exploitation have the confidence to report them. Victims of these may not be confident to go out in their communities and require support. The quality of services delivered to them is important, particularly to those who are most vulnerable.

## Where will the Health and Wellbeing Board add value?

Domestic, gender and racially based violence is not inevitable and there is growing agreement that violence is preventable. However, this requires a long-term and continuing commitment across the council, the local health community and partners, to invest in targeted and evidence-based prevention work addressing the many issues which lead to violence.

In recognising the extent of the problem and their serious health impacts, the partners of Health and Wellbeing Board can complement the work being done through other strategy groups and cut across existing silos.

Health and care services can play a vital role in preventing violence, identifying abuse early, and referring on to appropriate care. These services must be places where victims feel safe, are treated respectfully, not stigmatized and receive quality, informed support.

Through its work in tackling health inequalities, the Board can bring influence to developing the skills, knowledge, resilience, confidence and self-esteem of individuals and agencies in dealing with all forms of hate crime and gendered violence. By commissioning and prioritising services to support victims, service delivery can be strengthened.

A comprehensive health and wellbeing response to the problem is needed, in particular encouraging abused and vulnerable people to seek help. The Health and Wellbeing Board is well placed to ensure this happens. The expertise and knowledge from engaged partners can help change the culture of complicity and condoning violence and challenge the acceptability of it in our city.

**Theme:** A city where health and wellbeing are improving.

**Priority:** Reduce the prevalence of smoking, reduce illicit tobacco availability and increase smoke free areas within the city.

## Why is this a priority?

Smoking is one of the most significant contributing factors to life expectancy, health inequalities and ill health, particularly cancer, coronary heart disease and respiratory diseases.

This is why reducing smoking is a key public health outcome in the Public Health Outcomes Framework.

Current smoking rates in England are 21% and in Bristol 23%. However, higher rates exist within our most deprived communities and vulnerable population.

**Reducing smoking will make a significant impact on the health inequalities gap, by as much as 50% in some areas.**

The majority of smokers are found in our growing population of people aged 16-50 years. This same group makes up the bulk of our workforce, where smoking costs employers through higher sickness rates and reduced outputs.

If sufficient focus is not given to support smokers to quit, and to keep young people from starting, smoking rates in Bristol will rise.

## Where will the Health and Wellbeing Board add value?

- Through supporting specialist services focusing on the high smoking prevalence groups, such as:
  - People with mental health and learning difficulties.
  - Patients with long term conditions.
  - Socially excluded and isolated groups, for example; the prison population.
  - Pregnant women who smoke.
- Increasing the access to stop smoking services to include weekend and evening hours in a greater number of locations, including community venues and workplaces.



- Offering a wider range of 'routes to quit' and harm reduction programmes.
- Supporting the call for the plain packaging of cigarettes.
- Greater partnership with other services including: mental health agencies, drug treatment services, fire service, licensing authority, the police, prison services, leisure centres, children's centres, schools and colleges.
- Creating a culture of smoke-free behaviours. This is essential to create a smoke free city, including:
  - Further work on illicit tobacco and its availability to the public.
  - Smoke-free play areas, parks and events/festivals.
  - Education on smoke free homes and vehicles.
- Working with Environmental Health Services and Trading Standards, key partners in supporting a smoke free city by enforcing legislation and increasing activity around smokeless tobacco, illicit tobacco, shisha pipes and to working closer with alcohol misuse projects and Safer Bristol.
- Data collection. This is key in knowing how well we are doing towards our work to make Bristol a smoke free city. Additional resources need to be put into the Quality of Life and Every Child Matters surveys in order to get a more accurate picture of smoking related behaviours.



**Theme:** A city where health and wellbeing are improving.

**Priority:** Reduce the harm caused by alcohol misuse.

## Why is this a priority?

Alcohol misuse causes harm to individuals, families and communities. The problems related to alcohol misuse include physical and mental health issues which can lead to ill health, premature death and a range of social issues (for instance, broken families, homelessness and children taken into care). Misuse can result in unemployment, alcohol-related crime, disorder and anti-social behaviour.

Reducing alcohol-related admissions to hospitals and death or 'mortality' from liver disease are key public health outcomes in the national framework.

Estimates of alcohol misuse in Bristol tell us that 88,693 people drink more than the low risk recommendations. Out of these, 19,591 people drink at harmful levels, of those 16,256 are dependent drinkers.

Reducing alcohol misuse will significantly reduce the gap in life expectancy between our communities and also between men and women. To reduce alcohol misuse we need to take a tiered approach:

- Support preventative work to help people reduce their alcohol misuse before it becomes a real problem.
- Provide treatment services for those that need help.
- Deliver targeted services for the most vulnerable.



## Where will the Health and Wellbeing Board add value?

The Board can:

Ensure that hospital alcohol liaison workers, GP surgeries and frontline health services have the expertise to help reduce the harm caused by alcohol.

- Work in partnership with Safer Bristol to reduce alcohol related violence and anti-social behaviour. Also, ensure that integrated alcohol and drug services are put in to place which meet the needs of the Bristol population.
- Support the call for a minimum unit price for alcohol.
- Set up an Alcohol Alliance bringing together major partners across health and crime to address this priority strategically.
- Practices could also be encouraged to deliver the Direct Enhanced Service for alcohol, where new registrants at practices are screened for alcohol misuse and given brief advice if they are misusing alcohol.
- Encourage practices to take up the QOF, or a 'Quality Outcome Framework' developed by the National Institute for Clinical Excellence (NICE) to:
  - Help large numbers of people to manage cardio vascular disease better by drinking less, achieving better health, and avoiding unplanned hospital admissions.
  - Use an IBA, or 'Identification and Brief Advice', for patients with hypertension. This means using an agreed method to identify 'risky' drinking and 'brief advice' aimed at the drinker to help them reduce their consumption to lower risk levels.



**Theme:** A city where health inequalities are reducing.

**Priority:** To give children the best start in life.



## Why is this a priority?

In the last decade, Bristol has seen a rapid rise in the child population. It is now at its highest for 30 years, due to steady rise in Bristol's birth rate and families migrating to Bristol (22% higher in 2012 than 2005). Our already limited resources are being stretched to meet demand.

We can add capacity and resource to existing strategies and services and in turn make progress towards helping children and young people to reach their full potential, these include:

- Bristol's Child Poverty Strategy, where progress is being made towards tackling worklessness, preventing homelessness, setting up Bristol Youth Links, parenting support, aligning early intervention services through the Children First programme, analysis of the impact of welfare reforms and improving access to accurate data.
- The Children and Young People's Plan prioritises actions to tackle health inequalities. Progress is being monitored by the Children and Young People's Outcomes Board.
- The development of a joined up Young Carers Strategy to protect children and young people from providing unreasonable levels of care, giving them the support they need to learn, develop and thrive, enjoy positive childhoods and achieve all the Every Child Matters outcomes.
- Bristol's Emotional Health and Wellbeing Strategy is making improvements towards outcomes for children and their families across the city. This is a result of a partnership approach to services across health, social care, schools and early year's settings. Priorities targeting further improvement are being put into future commissioning by the Clinical Commissioning Group (CCG) and the Council's Children and Young People's Services.
- Children First brings organisations together to ensure that prevention and early intervention support is available in children's centres, schools, and health services. It also develops a single,

combined service for children with disabilities, special educational, and complex health needs and is improving support to young people with additional needs as they prepare for adulthood.

## Where will the Health and Wellbeing Board add value?

There are a number of areas where the Board will make a difference, such as:

- Leading the development of a joined-up, strategic response across the whole health, care and education system to identify where services can better work together and meet the needs of our growing child population.
- Hold the Council, CCG and partners to task in both identifying and unblocking barriers to joint working and planning of services, especially for children and young people with complex needs.
- Tackling poverty and inequality through supporting measures that increase employment, enterprise opportunity, and maximise benefit uptake for young people and their families. This includes action on child poverty, children leaving care, young offenders, support for young carers and young people not in education, employment or training (NEETs).
- Supporting Bristol's Preventing Homelessness Strategy (PHS), and encouraging our partners to help deliver its agenda. This includes: mental health services and young people's services to ensure early intervention and to help people achieve independence and avoid homelessness.
- Supporting the emotional health and wellbeing of children through targeted and integrated 'whole' family support services as the foundation for healthy development, offsetting the risks relating to disadvantage.

Above all, children need the best start in life with good access to universal services within early year's settings and schools. We can ensure that services are joined up, with improved access for the most vulnerable families.

**Theme:** A city where health inequalities are reducing.

**Priority:** Improve mental wellbeing and reduce social isolation.

## Why is this a priority?

Evidence tells us that people and communities that lack social support and social networks are less likely to experience positive mental health and wellbeing than those who do. Having good friends and neighbours can act as a buffer against stress, helping people to stay well.

Some people experience social isolation as a result of discrimination or exclusion, and some neighbourhoods are more socially connected than others. Older people are especially vulnerable to feelings of isolation because of the loss of friends and family, reduced mobility or income that comes with age.

Research shows that loneliness can be as harmful to people's health as smoking 15 cigarettes a day. Experiencing social isolation and loneliness is associated with mental health problems (especially depression), and can lead to earlier admission to care homes and increased emergency department visits. Poor mental health and wellbeing can also affect physical health, especially for those with complex health needs, hypertension and people struggling with depression or low self-esteem. As we live longer, the numbers of people living alone will increase, and these negative outcomes are likely to escalate.

The benefits of reducing loneliness and social isolation are clear. However, tackling it requires action on the part of many agencies, community groups and individuals. This needs to include building community resilience, promoting wellbeing, coordinating services and integrating budgets so that tackling social isolation becomes part of individual, neighbourhood and strategic planning. It will be important to raise awareness about the high cost of social isolation to individuals and communities, and the benefits of prevention and early intervention.



Early steps are being taken to address social isolation and it is now important to build on them. These include working with the Marmot Review Team on a city-wide project to address this issue, alongside community and voluntary organisations and the Big Lottery. This work is specifically targeting older people, identifying efficient and cost effective solutions to deliver tangible results.

## Where will the Health and Wellbeing Board add value?

The Board will:

- Identify, coordinate, and promote initiatives to address social isolation, and jointly agree priorities for action based on good evidence, national best practice and work together to deliver them.
- Develop and promote the Mental Wellbeing Strategy for the city with a view to achieving real and measureable improvements, and raise mental health and wellbeing to the same priority level as physical health.
- Support the use of the '5-ways to Wellbeing,' a set of evidence based actions to promote wellbeing, drawn from national research into the most effective ways to build mental capital and improve wellbeing.



**Theme:** A city where people get high quality support when and where they need it.

**Priority:** To better meet the needs of people with dementia and their carers through improved services and dementia friendly environments.

### Why is this a priority?

Since 2009 there has been a national Dementia Strategy in place, locally implemented through the Joint Bristol and South Gloucestershire Strategy. This sets out how we plan to improve support for people with dementia, and is overseen by a Dementia Board, chaired by a carer. The Board includes representatives from health and social care services, the voluntary and independent sectors, and users and carers.

In Bristol we estimate there are 4,300 to 4,700 people who have some form of dementia, half of whom are over 85.

Between 2012 and 2020, this estimated to go up another 7%, but by 2030, this could increase to 30%. However, only around half of the people estimated to have dementia are diagnosed as such, and increasing earlier diagnosis would get the right support for people at the right time.

Health and Social Care services in Bristol have spent the last 2 years consulting and developing an extensively revised model of mental health services for Bristol. For people with dementia, this includes:

- Our jointly planned dementia services, approach to providing earlier diagnosis and added support are attracting positive national attention. This shows a step change in the range and accessibility of services for people with Dementia in Bristol.

- Currently, an integrated care pathway for dementia is being developed by key partners. This includes the stages from raising awareness and early intervention, right through to end of life support. Partners include our local academics and health trusts through the Dementia Health Improvement Team, or 'HIT', which brings research and service innovation together to address health inequalities.
- Inclusion for people with Dementia. In 2012, Bristol was awarded 2-year national funding from the Dementia Challenge Fund. This will be used to develop projects aimed to make services and communities more inclusive for people with Dementia to help them to live valued and meaningful lives.

### Where will the Health and Wellbeing Board add value?

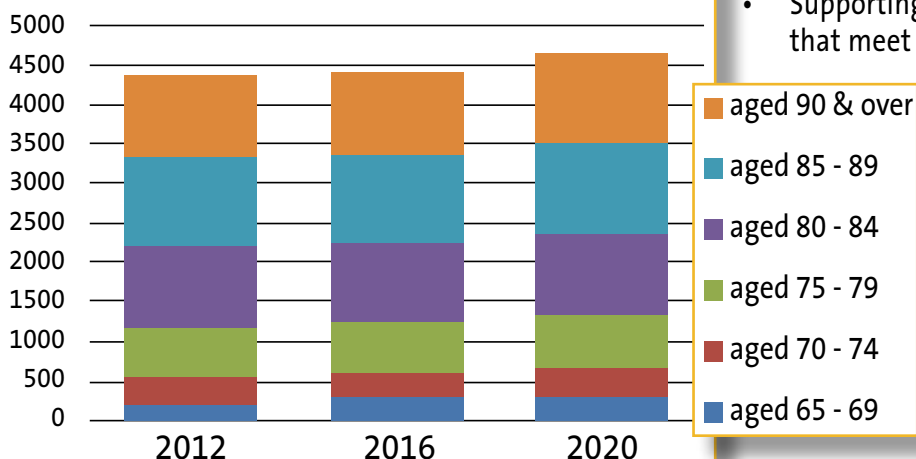
A key role for the Health and Wellbeing Board will be to support the continued delivery of the priorities in the Dementia Strategy through the Dementia Board.

This means the Board and its partners, including Bristol HealthWatch, will be able to ensure that patients and carers are more satisfied with the health and care services around dementia, this includes:

- Helping everyone to understand dementia and removing the stigma attached to it.
- Signpost to information and services for early diagnosis and treatment of symptoms associated with dementia as quickly as possible.
- Supporting a range of good quality services that meet the changing needs of people with dementia and their carers, helping to keep people in their own homes where at all possible.

Where people need more specialist support, this will include services delivered through the Strategic Partnership with Bristol City Council to develop 3 new care homes across the city, offering residential care and support to people in the local area.

**People (65+) in Bristol estimated to have Dementia**



**Theme:** A city where people get high quality support when and where they need it.

**Priority:** To improve the clinical quality of and satisfaction with maternity services.

## Why is this a priority?

Supporting new parents to give their babies the best start in life helps to lay the foundation for a healthy future.

We know that experiences in early years in particular have life-long effects on many outcomes, such as heart disease, obesity, mental health, educational achievement and economic status<sup>1</sup>.

After the Maternity and Service Review in 2009, a Maternity Services Liaison Committee (MSLC) was set up to oversee services to make sure they meet good quality standards.

Key themes for this work includes improving a mother's choice for where their baby is born, consistent care throughout pregnancy and birth, and post-natal care. Some other local priorities include providing early contact with maternity services, increasing breast feeding rates and improving support for mothers who experience post-natal depression.

Bristol's performance against specific targets for these priorities are reviewed quarterly by health commissioners. Every three years, the quality of maternity services is monitored through a rigorous audit done by the Clinical Negligence Scheme for Trusts, and also Care Quality Commission (CQC) inspections. There are also systems in place for maternity service providers to get regular feedback from patients, which are reported back to the MSLC together with any results of local and national user satisfaction surveys.

*1 Source: Marmot review 2010 - "Give every child the best start in life."*



## Where will the Health and Wellbeing Board add value?

Making sure that Bristol's health and care services meet our current as well as future demand is an important strand of the Board's work.

Pre and post-natal care is an important first step in setting up a healthy life for the newest members of our city. Our growing population will require more joined up working to make sure that new mothers are supported in both having a healthy, safe pregnancy and access to good quality services once their baby is born. This includes:

- Working together to plan our city's ante-natal and
- post-natal services, meeting both patient needs and
- delivering good quality services. Not only in terms of community and culture, but also geographically, to make sure that there are no gaps in services where they are needed the most.
- Making sure that that the views of mothers and families influence the shape of planned and commissioned maternity services.
- Supporting expectant mothers to make healthy lifestyle choices for themselves and their babies, both while they are pregnant and after their child is born. For example help to stop smoking, good nutrition advice and the use of alcohol.
- Providing signposting to services which help mothers experiencing postnatal or postpartum depression.

**Theme:** A city where people get high quality support when and where they need it.

**Priority:** Take every opportunity to improve specific outcomes and quality in the delivery of services for adults, children and vulnerable people through integrated care and support.

## Why is this a priority?

The essence of this priority is to provide high quality care and support where and when it is needed. When we consulted the public on our draft strategy, they asked us to deliver local services around a person's needs and not where one service starts and another ends.

This means coordinating health, social care and housing services, people's experience, health evidence, and delivering them through existing providers, combining or 'integrating' resources. Especially for the elderly, children, people with learning difficulties and adults with multiple needs.

The benefits of integrating care and support include: working more efficiently with less resource, targeting specific health inequalities better, and preventing the need for long term health and other care services through intervention. Some current examples of this are:

A new, integrated system for people leaving hospital is being developed. Through the strong partnership between local government, Clinical Commissioning Group (CCG) and the health sector in Bristol, a single point of contact for patients being discharged from hospital is being created. This will give a chance to discuss follow up health and care needs across organisations, and hopefully result in shorter stays in hospital, better customer care, and efficiency in delivering services.

The Children First programme is developing a single, integrated service for children with education, social care and health services. This includes those with complex health needs, special educational needs, disabilities, and those requiring transition to adult services.



An integrated partnership between the Council, CCG, Avon and Wiltshire Mental Health Partnership, local Probation and Prison services and voluntary sector groups is working with Second Step to address the needs of people with chaotic lifestyles, as well as complex health and social needs. This includes former offenders, homeless adults and people with mental health issues resulting in social isolation.

## Where will the Health and Wellbeing Board add value?

The Board can bring resources together to plan and deliver services more effectively for specific needs in the city, for example:

- Addressing health inequalities and improving outcomes for people experiencing them better integration and availability of services. For example, people with learning difficulties, where on average women will die 20years sooner than the general population. For men, it's 13 years.
- Ensuring that the safeguarding of children and vulnerable adults receives appropriate attention and that any issues are addressed in all services, interventions, care and support.
- Collectively support key agencies working together to address the needs of people with chaotic lifestyles, who require access to mental health services, housing and complex social care support to break repeat cycles of offending, addiction, violence, homelessness to reduce the need for repeat access to crisis services.
- Linking our information systems to give people a single point of contact to 'tell my story once.'
- Taking every opportunity to combine shrinking resources to keep up with growing demands on services.
- Continuing to focus on quality, and acting decisively to change services that cannot consistently maintain the quality of care they provide to our local population.

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