



Bristol Clinical Commissioning Group

## Bristol Health & Wellbeing Board

### Health and Wellbeing Strategy: Agreement and next steps

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#### 1. Purpose of this Paper

To agree the Health and Wellbeing Strategy for the city and the mechanisms for holding the Health and Wellbeing Board members to account for the delivery of the strategy.

#### 2. Context

- 2.1 A duty is placed on Local Authorities and Clinical Commissioning Groups (CCGs) to jointly produce a Health and Wellbeing Strategy through the Health and Wellbeing Board.
- 2.2 The process of development began in the summer 2012 and the Board established a Strategy Sub-Group to oversee this work.
- 2.3 There has been extensive stakeholder and public consultation. A summary of the feedback from the latest public consultation is attached as Appendix 2.
- 2.4 Feedback from the consultation made clear that the priorities needed to be more focussed and clearly stated. Hence, a prioritisation process has taken place.

#### 3. Next steps

- 3.1 Whilst agreeing the Strategy it is also important to agree the mechanisms by which the Board can be assured that satisfactory progress is being made against the objectives.

3.2 It is recognised that the Board will not want regular lengthy and detailed reports on progress and that creating a whole new performance management framework will duplicate systems that are already in place in partner organisations. Therefore, the following is proposed:

- Partners on the Board will each be required to identify existing and new actions against these priorities.
- Define exactly what is intended to be achieved within specified time periods
- Identify two key outcome indicators against each priority to enable the HWB to receive an on-going view of progress against the priorities
- The Strategy sub-group to be tasked with developing a framework for progress against agreed actions and outcome indicators and for this to be presented to the HWB at regular intervals, potentially six monthly.

3.3 Further, each of the 12 priorities within the strategy will be programmed into the Board's work programme for specific attention and overview.

#### **4. Key risks and Opportunities**

4.1 Collective focus on a core set of priorities creates opportunities for a whole systems approach to improving health and wellbeing.

4.2 There is a risk that the priorities will be treated as 'business as usual'. This must be mitigated by a robust performance framework.

#### **5. Recommendations**

5.1 It is recommended that the Board agrees the draft Health and Wellbeing Strategy attached as Appendix 1 and the mechanisms for holding its delivery to account.

#### **6. Appendices**

- Appendix 1.** Draft Health and Wellbeing Strategy  
**Appendix 2.** Summary feedback from Public Consultation  
**Appendix 3.** Equalities Impact Assessment

# **Bristol's Joint Health & Wellbeing Strategy**

**2013 - 2018**

**Bristol - Living City**

**Fit for the Future**



**Bristol Clinical Commissioning Group**

**Bristol's Joint Health and Wellbeing Strategy [JHWS]  
Living City - Fit for the Future**

## Table of Contents

Foreword.....	1
1. Introduction: A Strategy for a Healthier Bristol.....	4
2. Health and Wellbeing in Bristol: What are the key challenges? .....	4
2.1 What does health and wellbeing in Bristol look like? .....	4
2.2 What about health inequalities? .....	4
2.3 What does population change mean for care and support needs and services? .....	5
2.4 What services and support do patients, their carers and local residents need?.....	6
2.5 How can this Strategy help us rise to the challenge? .....	7
3. The Health and Wellbeing Strategy .....	8
3.1 Principles informing strategy development.....	8
3.2 How we developed this strategy.....	8
4. How will the strategy be used?.....	12
4.1 Integration and Joint Commissioning .....	12
4.2 Influencing .....	12
4.3 Focus and leadership.....	12
4.4 Informing the Board's own work programme.....	12
5. How will the strategy be managed and monitored? .....	13
6. What happens next? .....	13
Annex 1: Background to the development of this draft strategy .....	14

## Table of Figures

Figure 1 - Summary of Bristol's Joint Health and Wellbeing Strategy .....	3
Figure 2 - Population change and implications for services .....	5
Figure 3 - Factors influencing health and wellbeing in Bristol .....	6
Figure 4 - Framework for Bristol's Health and Wellbeing Strategy.....	7
Figure 5 - Bristol Health and Wellbeing Board and relationship with other key bodies.....	14

## Foreword

We are delighted to be able to set out a strategy for health and wellbeing in Bristol over the next 5 years. Being healthy and well is important to everyone who lives, works or learns in Bristol. It is not just about the absence of illness or disease but equally about fulfilment and

satisfaction with life. In this strategy, we set out the approach we will adopt in pursuing a continuously improving state of health and wellbeing for Bristol citizens. .

Bristol is one of the healthiest amongst comparable cities but the overall picture can hide variations in experience for different areas and population groups in the city. Population growth means that health needs in Bristol are growing and changing. Given reductions in public spending, we must find new ways of collectively addressing the changing health and social care needs and growing pressures on services. This will require major changes in how we work together to deliver quality care centred on the individual. We hope that this strategy will help to meet this challenge.

Based on evidence in the Joint Strategic Needs Assessment as well as discussions and consultation with Bristol citizens in diverse forums, we have identified four themes in this Strategy, which centre on making Bristol:

- A city of healthy, safe, sustainable and resilient communities and places
- A city where healthy life expectancy and wellbeing are improving for everybody
- A city where health inequalities are reducing
- A city where people get high quality care and support when and where they need it

Within these overarching themes, we have set out what we aim to achieve, as well as the goals and specific objectives which will contribute to the improvement of health and wellbeing outcomes across the city. Our priorities focus on aspects of health and wellbeing in the City where the Health and Wellbeing Board can add significant value through leadership and influence to get the most out of limited resources.

We look forward to working together and with our communities to use this ambitious Strategy to inform and drive the changes that we believe are necessary to bringing real sustainable improvements for health and wellbeing in Bristol - a city fit for the future.

**Elected Mayor: George Ferguson**

Signature .....

Date:.....

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

Signature .....

Date:.....

**Chair of Bristol CCG: Martin Jones**

Signature .....

Date:.....

## Figure 1 - Summary of Bristol's Joint Health and Wellbeing Strategy

### The Challenge for Bristol

- Population growth means that health needs in Bristol are growing and changing and significant inequalities persist despite recent actions.
- Given reductions in public spending, we must find new ways of collectively addressing changing health needs and managing growing pressures on services. Collective effort is required to improve health and wellbeing, reduce inequalities and sustain these benefits.

*This Strategy is designed to help us rise to these, and future, challenges and, in doing so, ensure Bristol is a city fit for the future.*

### The Vision for Bristol

Bristol is a place where all who live, work or learn in the city lead healthy, safe and fulfilling lives, now and into the future

### The Mission of the Health and Wellbeing Board

To make Bristol a city where healthy life expectancy and wellbeing are improving and health inequalities are reducing

### The themes and priorities in this Strategy (See details on pages 9-11 and Annex 1)

Bristol is a City:

1. Of healthy, safe, sustainable and resilient communities and places
2. Where healthy life expectancy and wellbeing are improving for everybody
3. Where health inequalities are reducing
4. Where people get access to quality support when and where they need it

### How we intend to accomplish our mission

- We will work together and with Bristol citizens in diverse communities (including young people, older people, women, the disabled and the homeless) to tackle the reasons why people become unwell, so that people are enabled to stay healthier and independent for longer
- We will work in a joined up, efficient way across public services and agencies to integrate good quality services around the individual, improving patient experience and satisfaction
- We will put people and their communities/groups at the centre of everything we do, supporting and empowering them to help themselves
- We will spread good practice, co-ordinate resources at community-level and utilise existing strategies, work programmes and evidence

*We hope that this Strategy will help to meet these challenges, through collective objectives, collaborative working and ambition.*

## **1. Introduction: A Strategy for a Healthier Bristol**

Bristol has a strong track record of working in partnerships to bring about improvements across the city. The new Health and Social Care Act (2012) requiring Councils and the health care sector to work together to produce a Joint Health and Wellbeing Strategy [JHWS] accords with Bristol's ethos of collaborative working for health and wellbeing. The strategy is owned and will be driven forward by the newly formed Bristol Health and Wellbeing Board, which brings together elected members, local commissioners of health and social care services and Healthwatch (the new consumer champion for both health and social care).

This new Strategy will set out a shared vision of a healthier Bristol as well as a joined approach to helping the people of Bristol live healthier, longer and fulfilling lives. It will provide an overarching framework for the commissioning of a range of health and care services designed to support and improve health and wellbeing, both now and in the future.

Currently, over £1.2 billion is spent annually on health and care services within Bristol City. The Health and Wellbeing Board will, through this strategy, influence decisions about a wide range of services and hold partner organisations to account for how they deliver the strategy through their commissioning intentions and activities. For fuller information about the development of this strategy, underlying principles, and the role of the Health and Wellbeing Board, please see Annex 1.

## **2. Health and Wellbeing in Bristol: What are the key challenges?**

Much of the evidence base for the development of this Strategy is contained within the Joint Strategic Needs Assessment 2012 ([www.bristol.gov.uk/jsna](http://www.bristol.gov.uk/jsna)). While the detail is not repeated here, key population and health challenges are summarised in Figures 2 and 3 respectively (please see pages 5 and 6).

### ***2.1 What does health and wellbeing in Bristol look like?***

Bristol is one of the healthier amongst comparable cities. In recent years, although health and wellbeing has gradually improved for some groups (when measured across a number of indicators), there are some geographical areas or population groups where health and wellbeing has not improved at pace with the City-wide overall improvements.

Similarly, although overall crime rates are reducing, problems such as domestic violence, sexual violence, substance misuse (e.g. drugs, alcohol) and fear of crime continue to impact adversely on the lives of some of the most vulnerable and on their families, neighbours, neighbourhoods and communities.

### ***2.2 What about health inequalities?***

Bristol has some areas that rank amongst the most deprived in the country, often juxtaposed alongside those that are very affluent. Where you live in Bristol can be seen as one of the key factors (determinants) influencing your health and wellbeing. For example, there is a life expectancy gap of up to 9.6 years between men living in

the most deprived and least deprived areas of Bristol. Of particular note, child poverty in Bristol is significantly higher than the average rate for England, with over a quarter of children growing up in poverty in different parts of the city, with limited opportunities.

**Figure 2 - Population change and implications for services**

**Bristol is a city with:**

- **A growing and changing population.** Bristol's population (now 428,200) grew faster than that of England and Wales between 2001 and 2011 and is projected to grow to 460,000 by 2020.
- **An increase in births and a rapidly growing child (under 5 years) population.** The number of births has increased by 50% over 10 years and the under-5 age group has grown by 26.5% since the 2001 census (the largest % rise of any age band). Over a quarter of children born in Bristol are to mothers who were born outside the UK (BME and non-British white).
- **Increasing diversity and changing ethnicity.** Bristol is a diverse city and will become even more diverse. Black and Minority Ethnic (BME) groups make up 16% of the population (double that in 2001); amongst children the proportion is higher still, with 26% of Bristol school pupils coming from BME groups. Furthermore, 6% of the current Bristol population are non-British white (e.g. from Eastern Europe).
- **A changing population distribution.** The BME population is highly concentrated in Inner City wards, but East Bristol is changing and becoming increasingly diverse (with young BME children and their families), raising questions about access to appropriate services, particularly primary care, family support and education services.
- **More people living alone.** There has been a substantial increase in the number of one-person households, a trend that is expected to persist and thought to be linked to frequent changes of address and a changing rental market, with attendant challenges in both access to and delivery of services.
- **More people growing older, often living with many health problems.** The number of elderly people (over 85 years old) has increased by over 21%. Many of them live with long term (and sometimes complex) conditions and consequently need support.
- **Homelessness.** Relative to earnings, housing is less affordable than the national average. There is growing concern about the potential impact of the recession and changes in welfare benefit in relation to homelessness and health

### **2.3 What does population change mean for care and support needs and services?**

Population growth in the city means that health needs in Bristol are growing and changing (see Figure 2). Bristol will face a number of challenges in meeting the



needs of a growing and changing population within available resources. A key population group of interest here is Bristol's child population, especially those living in poverty, for whom getting the best possible start in life is imperative.

### **Figure 3 - Factors influencing health and wellbeing in Bristol**

- Bristol is a city with significant health inequalities across different groups and high levels of child poverty in different parts of the city.
- Many of the big health issues for the city mirror the national pattern and the causes of ill health and premature (early) death are well known. For example, cancer is still the biggest killer of people under 75 (38%), followed by cardiovascular diseases (23%). Many of these problems are preventable or respond well to prevention, early intervention and treatment.
- Obesity and smoking are major contributory factors to poor health outcomes (e.g. illnesses such as diabetes or premature death), as are other lifestyle behaviours such as substance misuse (drugs, alcohol and other substances) and risky sexual behaviours (leading to unplanned and teenage pregnancies, for example). Risky alcohol consumption (and the increase in related hospital admissions) is of particular concern.
- Mental ill health (affecting all ages), and its associated problems, also has a major impact on wellbeing in the city. There is a projected increase in the number of older people with dementia needing support.
- Projections of future service pressures suggest that there are likely to be significant increases in the numbers of people living with long-term conditions (e.g. diabetes, heart disease, cancer and respiratory problems), disabilities and/or other vulnerabilities – some of whom will have multiple complex needs requiring significant support.
- People of all ages living with long term (and/or complex) conditions, as well as their carers, will need varying degrees of support in relation to access to appropriate, quality services.

#### **2.4 *What services and support do patients, their carers and local residents need?***

Patients, their carers and service users want services that are organised around, and are responsive to, their needs. They do not want to fall through any gaps and do not want organisational barriers and boundaries to delay or prevent access to care. Driving more integrated care is therefore a priority for us.

We also know that being healthy and well throughout life is about much more than just access to good health and care services. For most people, staying healthy, without the need for health and care services, is the top priority. At the same time,

most people want to remain independent for as long as possible, but with access to support or advice when needed. In our consultation with stakeholders (see Annex 1), we noted very strong support for action to prevent ill health and promote good recovery from ill-health while enabling people to take responsibility for their own health and wellbeing, is a key priority. This is therefore strongly reflected in this Strategy.

## **2.5 How can this Strategy help us rise to the challenge?**

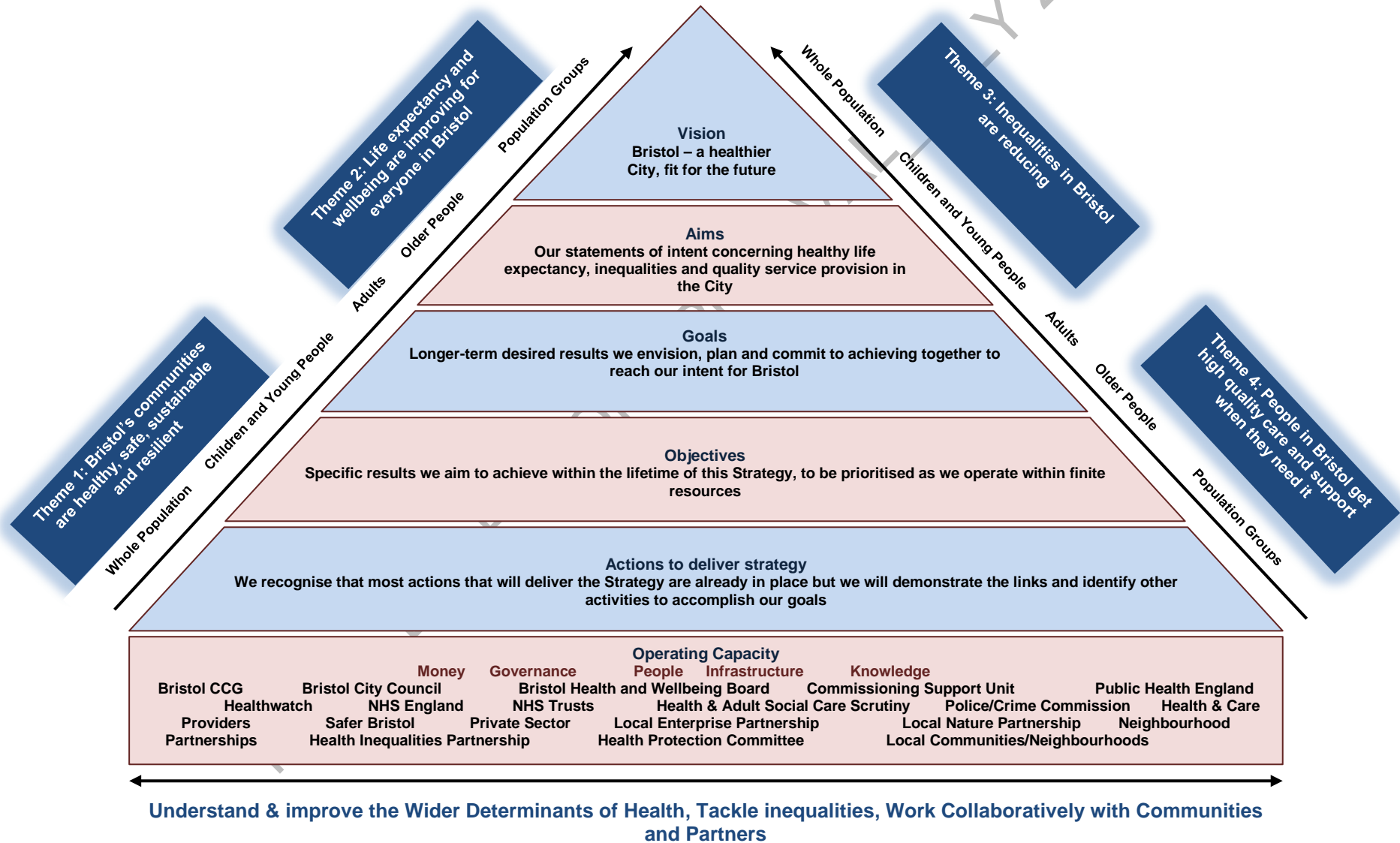
From the above analysis, a number of themes emerge as the essence of this Strategy. These are:

- **The environment and health.** The urban environment can impact both positively and negatively on health and wellbeing and on how easy or difficult it is for people to adopt healthier lifestyles. Therefore Bristol needs to ensure it is, and remains, a healthy, health-enabling and sustainable city
- **Prevention.** Maintaining a focus on prevention and enabling healthier lifestyle choices is a key priority – to reduce the burden of ill health/disease, improve resilience to poor health and promote healthy life expectancy
- **Reducing health inequalities.** Tackling inequalities, alongside improving health and access to healthcare for everybody while focusing on those with greatest needs, is a priority
- **Managing demand on services.** Bearing in mind the increasing pressures and demand on services, managing those demands and making best use of available resources is a priority. This requires collaborative working and significant transformation in how we plan and deliver services.
- **Joined up planning.** Ensuring appropriate access to seamless, joined up or integrated services, where patients and their carers have better experiences and no-one falls through a gap, is an important challenge

The Strategy therefore focuses on making the best possible use of available resources (e.g. finances, existing services, human resources, community assets, voluntary activity etc) to drive necessary improvements and changes, while demonstrating value for money.

A Framework for this Strategy is summarised in Figure 4. This has been developed drawing on the JSNA and other local evidence as well as national evidence (such as the Marmot review – please see Annex 1).

**Figure 4 - Framework for Bristol's Health and Wellbeing Strategy**



### 3. The Health and Wellbeing Strategy

#### 3.1 *Principles informing strategy development* (see Annex 1 for more detail)

- **Start early.** We adopt a life course approach within which we focus on enabling children to have the best start in life
- **Integrate.** We integrate good quality services around the individual to preventing anyone from “falling through the gaps”
- **Spread.** We spread good practice and make best use of existing strategies and work programmes
- **Tackle inequality.** We tackle and reducing health inequalities by targeting those factors which largely drive them
- **Empower.** We empower people and communities to help themselves
- **Manage demand.** We reduce unnecessary demand for services by, among other things, improving access to preventive and primary care services and supporting Bristol citizens with information on proper use of services
- **Prevent.** We focus on prevention, enabling people to stay healthy and providing timely intervention
- **Innovate.** We commission services that are innovative and sustainable
- **Collaborate.** We work in a joined up, cost effective way

#### 3.2 *How we developed this strategy* (see Annex 1 for more detail)

The Local Government and Public Involvement in Health Act (2007) requires Upper Tier Local Authorities and the Health sector to jointly produce the Joint Strategic Needs Assessment (JSNA) which describes short-medium term health and social care needs in a defined population and presents a view of available services and assets for health and wellbeing in that population. The JSNA (as well other local intelligence on health and care needs) informs the Joint Health and Wellbeing Strategy which the Health and Wellbeing Board is required by statute of the Health and Social Care Act (2012) to produce.

The Bristol JSNA 2012 largely informed this Strategy. Crucially however, the Bristol Health and Wellbeing Board, in several forums, consulted Bristol citizens on this Strategy during stages of its development. Local Equalities communities were also consulted on the draft as part of the Equality Impact Assessment of the Strategy. Very useful feedback was received on the draft Strategy from the Avon and Somerset Police and Crime Commissioner as well. Careful and detailed consideration was given to the feedback received on the Strategy draft in further developing it.

The process of identifying a subset of priorities from the initial objectives, and which the Health and Wellbeing Board could focus on, was based on agreed criteria. These included the following: fit with the JSNA, potential for the Board to add value, evidence of effectiveness of associated actions, scope for influence from local action and strategic fit with public health, adult and social care and NHS outcome framework aspirations.

**Table 1 - Bristol's Health and Wellbeing Strategy: Aims, Goals & Objectives**

<b>Vision: Bristol is a place where all who live, work or learn in the City lead healthy, safe and fulfilling lives, now and into the future</b>			
<b>Mission: To make Bristol a city where healthy life expectancy and wellbeing are improving and health inequalities are reducing</b>			
<b>Themes</b>	<b>Aims</b>	<b>Goals</b>	<b>Objectives</b>
<p><b><u>Theme 1</u></b> Bristol is a city of healthy, safe, sustainable and resilient communities and places</p>	<ul style="list-style-type: none"> <li>To influence those aspects of City life that affect our health and wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>Reduce fear of crime in Bristol and increase community engagement</li> <li>Improve mental wellbeing and reducing social isolation</li> </ul>	<ul style="list-style-type: none"> <li>To reduce rates of antisocial and illegal behaviour</li> <li>To improve perceptions of safety among Bristol residents</li> <li>To increase community spirit, community involvement, and opportunities for volunteering</li> <li>To reduce all forms of domestic, gender-based, and racially-based violence and abuse, including sexual exploitation</li> </ul>
		<ul style="list-style-type: none"> <li>Achieve a healthier, more sustainable, more resilient food system for the City to benefit the local economy and the environment</li> </ul>	<ul style="list-style-type: none"> <li>To procure more regional, seasonal, fairly-traded and organically grown food therefore benefiting health directly and indirectly through improvement to the local economy</li> </ul>
		<ul style="list-style-type: none"> <li>Create a high quality and well-connected built and green environment, and manage the health impacts of climate change</li> </ul>	<ul style="list-style-type: none"> <li>To have buildings and public places that enable good access to shops and services, exceed recognised standards for sustainability and quality and facilitate safe engagement in social interaction and recreation</li> <li>To improve the quality and quantity of greenery, wildlife, and waterways throughout the city and to improve air quality</li> <li>To achieve a transport system for Bristol that enables greener, healthier modes of travel, connects the City through efficient public transport links and attracts and supports thriving businesses</li> </ul>
<p><b><u>Theme 2</u></b> Bristol is a city where healthy life expectancy and wellbeing are improving for everybody</p>	<ul style="list-style-type: none"> <li>To improve healthy life expectancy and wellbeing for all age groups</li> </ul>	<ul style="list-style-type: none"> <li>Reduce infant mortality</li> <li>Reduce premature (early) deaths</li> <li>Reduce the burden of ill health across all age groups</li> <li>Promote social and mental wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>To reduce prevalence of smoking, reduce illicit tobacco availability and increase smoke free areas</li> <li>To reduce levels of harmful alcohol consumption</li> <li>To reduce levels of substance misuse</li> <li>To reduce obesity among both adults and children through approaches addressing both physical activity and healthy food (measures to include NCMP)</li> <li>To improve sexual health and reduce teenage pregnancy</li> <li>To optimise contact with individuals to promote awareness of</li> </ul>

			<ul style="list-style-type: none"> <li>local services and sources of support</li> <li>To improve availability and coordination of information on local services and support from all sources (including health, social care, voluntary, community sector), utilising new technologies as appropriate</li> <li>To improve awareness of and access to preventive services, principally immunisation, screening programmes and NHS Health Checks</li> <li>To improve awareness and access to early diagnosis of cancer</li> </ul>
<p><b>Theme 3</b> Bristol is a city where health inequalities are reducing</p>	<ul style="list-style-type: none"> <li>To understand the patterns of inequality in Bristol, working closely with the communities experiencing those inequalities and using the best evidence about what works, to tackle inequalities in health</li> </ul>	<ul style="list-style-type: none"> <li>Deliver the Bristol Child Poverty Strategy to tackle child poverty</li> </ul>	<ul style="list-style-type: none"> <li>To reduce the proportion of children living in relative poverty</li> </ul>
		<ul style="list-style-type: none"> <li>Respond in a planned way to the increase in Bristol's child population, with a particular focus on those families and neighbourhoods with the greatest need</li> </ul>	<ul style="list-style-type: none"> <li>To commission universal services sufficiently flexible to meet projected needs across a diverse child population</li> <li>To commission targeted services and support where necessary</li> </ul>
		<ul style="list-style-type: none"> <li>Improve the life prospects of vulnerable young people including those not in education, training or employment, those in care, and those in contact with the criminal justice system</li> </ul>	<ul style="list-style-type: none"> <li>To increase employment, enterprise and training opportunities for young people</li> <li>To increase opportunities for positive activities for young people and support community development work in communities and neighbourhoods of highest health need</li> </ul>
		<ul style="list-style-type: none"> <li>Work with those experiencing inequalities, supporting them to have more control over their lives and environment</li> </ul>	<ul style="list-style-type: none"> <li>To improve access to services for excluded communities</li> <li>To promote access to fairly paid, secure jobs across all sectors</li> <li>To address the impact and implications of welfare reform</li> </ul>
		<ul style="list-style-type: none"> <li>Address poverty in older age</li> </ul>	<ul style="list-style-type: none"> <li>To maximise benefit uptake</li> </ul>
		<ul style="list-style-type: none"> <li>Reduce the impact of poor housing on health</li> </ul>	<ul style="list-style-type: none"> <li>To prevent homelessness</li> <li>To increase access to affordable housing</li> </ul>
		<ul style="list-style-type: none"> <li>Ensure that the potential impact on inequalities is recognised, prioritised and embedded in everything we commission or do</li> </ul>	<ul style="list-style-type: none"> <li>To undertake systematic impact assessment and audit with appropriate action to address poverty and inequality</li> <li>To promote an evidence-based and evaluative approach to our work</li> </ul>
		<ul style="list-style-type: none"> <li>Protect vulnerable children and adults</li> </ul>	<ul style="list-style-type: none"> <li>To address the safeguarding of children and vulnerable adults in all commissioning plans, strategies and action plans</li> </ul>
<p><b>Theme 4</b> Bristol is a city where people get high quality care and</p>	<ul style="list-style-type: none"> <li>To improve patient, client and carer experience, including providing services</li> </ul>	<ul style="list-style-type: none"> <li>Achieve a successful joint commissioning process that can assess needs and inequalities, agree priorities for change and commission integrated services.</li> </ul>	<ul style="list-style-type: none"> <li>To joint commission intermediate care service.</li> <li>To jointly contract for care homes covering needs of social care and continuing health care.</li> <li>To identify and take forward specific projects where there is</li> </ul>

support, when and where they need it	without gaps and duplication		good alignment of commissioning and clinical priorities e.g. with respect to frail elderly people.
		<ul style="list-style-type: none"> <li>• Support people to regain their independence after illness or other adverse events and to live independently</li> <li>• Support people to use health services appropriately (right service, right place, right time)</li> </ul>	<ul style="list-style-type: none"> <li>• To focus intermediate care services on maintaining independence.</li> <li>• To re-design council day services to focus on moving people on and using person centred planning.</li> <li>• To develop rehabilitation services, new systems for urgent and long term health care and the business case for NHS evidence based self-care and self-management through the Healthy Futures Partnership</li> </ul>
		<ul style="list-style-type: none"> <li>• Improve experiences of, confidence in and safety within local hospitals and services.</li> </ul>	<ul style="list-style-type: none"> <li>• To gather feedback from NHS users and work with Healthwatch to increase patient satisfaction.</li> <li>• To increase uptake of Personal budgets and direct payments</li> </ul>
		<ul style="list-style-type: none"> <li>• Give more direct control and choice over their own health and services to patients and their carers</li> <li>• Support patients, clients and carers to manage their own health, well-being and care</li> <li>• Improve access to services, care and support for vulnerable people and particularly those with the greatest needs</li> </ul>	<ul style="list-style-type: none"> <li>• Commission new, responsive mental health services for Bristol with emphasis on reaching people who are difficult to reach and chaotic service use.</li> <li>• Implement the National Dementia Strategy so that patients and carers are more satisfied with services.</li> </ul>

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**Table 2 - Joint Health and Wellbeing Priorities for Bristol 2013-2018**

S/N	JHWS theme	Priority subject	JHWS priorities (objectives)	JSNA context
1	Theme 1	Violence and abuse	To reduce all forms of domestic, gender- and racially-based violence/ abuse	'All crime' fell in Bristol between 2008-11 but domestic violence rose
2	Theme 1	Food	To increase access to regional, seasonal, fairly traded and organically grown food by developing the local food economy	Good food principles – good for people, place and planet
3	Theme 1	Health & planning	To ensure health and wellbeing is central to all "place" based infrastructure (transport, housing, spatial) planning	Embed health and sustainability in new major development proposals
4	Theme 2	Tobacco	To reduce prevalence of smoking, reduce illicit tobacco availability and increase smoke free areas	More deaths due to smoking in Bristol than England average
5	Theme 2	Alcohol	To reduce levels of harmful alcohol consumption	Bristol performs worse than England average on most alcohol harm indices
6	Theme 3	Children	To integrate the commissioning and delivery of services for children with complex needs	Rising child (under 5) population in Bristol, with persisting patterns of inequality
			To reduce the proportion of children living in relative poverty	
			To increase opportunities for positive activities for young people and support community development work in communities with highest health need	
7	Theme 3	Poverty	To undertake systematic impact assessment and audit with appropriate action to address poverty and inequality	£125million in benefits could be lost from the Bristol economy by 2016 due to Welfare Benefit changes
8	Theme 3	Evidence	To promote an evidence-based and evaluative approach to our work	Localism, Democratic accountability & evidence are pillars of new public health system
9	Theme 4	Intermediate care <sup>1</sup>	To jointly commission intermediate care services to focus on maintaining independence	Not just about transitional care which is principally concerned with pressures on acute hospital services
10	Theme 4	Mental health	To commission responsive mental health services that emphasise reaching people who are difficult to reach and experience chaotic service use, recognising need to link with homelessness and other issues	People living with mental health conditions in Bristol is projected to increase steadily
11	Theme 4	Dementia	To implement the National Dementia Strategy	Rate of increase projected for Bristol: 7.4% in 2012-20 and 33% for 2012-30
12	Theme 4	Maternity	To improve the clinical quality of and satisfaction with maternity services	Improvements on breastfeeding & smoking in pregnancy need to be sustained

<sup>1</sup> An approach to health care intended to facilitate patients' transitions from illness to recovery, or to prevent their transition from home-managed chronic impairment to institution-based dependence, or to help terminally ill people be as comfortable as possible at the end of their lives



## **4. How will the strategy be used?**

We have identified 12 priorities for health and wellbeing in Bristol (see Table 2) which we intend to focus on over the next 5 years. This is not a statement of everything that needs to be done for better health and wellbeing in the city. It is a statement of the most pressing priorities for the next few years and, crucially, where there are opportunities to improve outcomes.

It is acknowledged that much of this work is subject of existing strategies, plans and work programmes. Where this is the case, the Health and Wellbeing Board will seek to add influence to these areas of work and be assured that they are delivering results. There are also some areas of work that need bringing into sharper focus or need action taken to improve co-ordination.

In summary, the Strategy will be used in the following ways:

### ***4.1 Integration and Joint Commissioning***

The Strategy will set the framework for commissioning plans across the NHS and the Council, with a key focus on the integration of services. The Health and Wellbeing Board (on which HealthWatch is represented) would take interest in understanding how commissioning plans reflect the direction set within the Strategy.

### ***4.2 Influencing***

The council and other agencies and partnerships are responsible for a wide range of services that impact on health and wellbeing. The strategy will also be used to influence the direction of other strategies and plans, for example, planning, transport and major developments, in order that these contribute to the overall health and wellbeing of the city in a sustainable way.

We will also work in partnership with other organisations for example the police, fire service, schools/Education services, the VCS, other services providers and communities to shape the actions that will deliver against the key priorities.

### ***4.3 Focus and leadership***

There are some areas of work where a sharper focus (such as that provided by the strategy), clearer leadership (provided by the Board) or better governance will add value to existing work programmes and strengthen them, increasing their impact and outcomes.

### ***4.4 Informing the Board's own work programme***

The Health and Wellbeing Board has oversight and responsibility for overseeing the implementation of the strategy. In doing this, the Board will:

- Ensure that appropriate mechanisms are in place to enable the integration and joint commissioning of services, where appropriate
- Ensure that there is a strategic, multi-agency response to the increases in child population in Bristol, but particularly focussed in inner city and East Bristol where there are pressing needs
- Ensure continuity of the on-going investigation of social trends that might impact on health inequalities and strengthening our inequalities analysis and response in everything we do
- Develop a patient and public engagement strategy, in collaboration with HealthWatch, particularly focussing on how we engage with people that are the most disadvantaged
- Ensure improved co-ordination of information between and about services and promoting more effective and appropriate use of services
- Ensure that highly complex and vulnerable groups are not overlooked and that no-one falls through any gaps

## **5. How will the strategy be managed and monitored?**

Progress on the Strategy will be measured through a range of performance indicators and will be reviewed each year. The performance indicators will relate to the subset of priorities identified by the Board in relation to the strategic aims set out in this document. It must be acknowledged that during 2013 much of the action will be focussed around getting the right mechanisms and people in place, as commissioning plans and budgets will already have been set. Subsequent years should then see commissioning intentions converging in the direction of the strategic intents set out in this document.

The Board itself will not develop a detailed action plan for the delivery of the strategy, as much of the delivery will be contained within the work programmes of teams, partners and commissioning units. Rather, the Board will seek assurance that the priorities are being delivered and will have oversight of progress being made, providing both leadership and challenge as necessary.

## **6. What happens next?**

The Health and Wellbeing Board approved this draft strategy to go forward for public consultation and the feedback from consultation has been carefully examined in detail and incorporated into the final version of the Strategy.

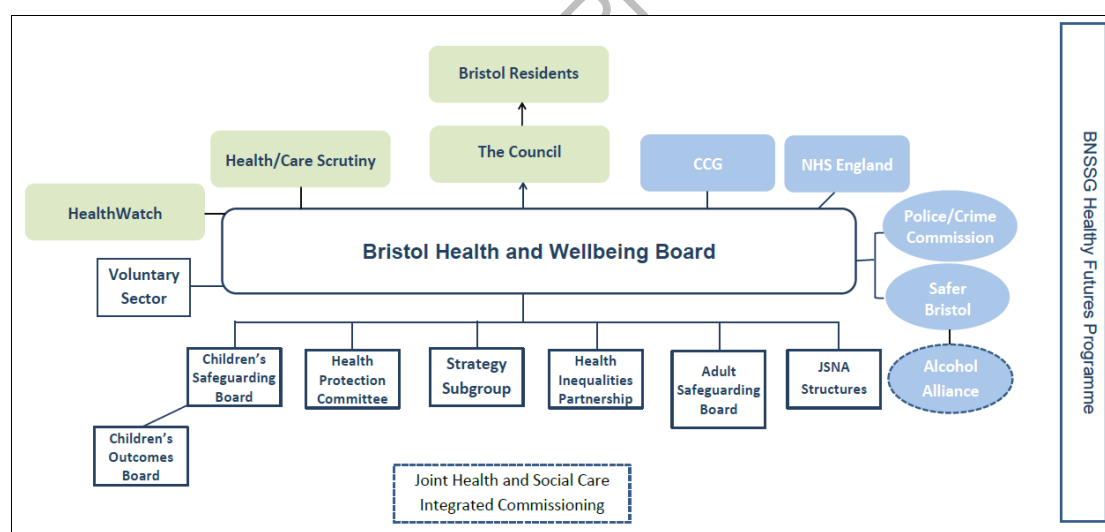
## Annex 1: Background to the development of this draft strategy

### **A1. The new Health and Wellbeing Board**

Bristol has a strong track record of partnership working and there is opportunity to significantly strengthen this for the benefit of Bristol residents through the establishment of the Bristol Health and Wellbeing Board. The Board has representation from health service commissioners, the Clinical Commissioning Group, local councillors, and Bristol City Council commissioners from Adult Care, Public Health and Children's Services, and soon, the National Commissioning Board. The voluntary sector and patient and public voice (including HealthWatch) is also represented.

The Health and Wellbeing Board is expected to drive integration (or better joining up) of services and identify opportunities for improvements. Currently (2012) over £1.2 billion is spent annually on health and care services within the city. The Health and Wellbeing Board has the potential to influence services that this money is spent on. There are also other service areas that have an impact on health and wellbeing, for example, housing, leisure and police services.

**Figure 5 - Bristol Health and Wellbeing Board and relationship with other key bodies**



Credit: Christiana Torricelli, Health Policy Officer (Health and Communications) Bristol City Council

### **A2. Background to the development of the strategy**

Our health is influenced by much more than the health and care services that we receive. For example, environmental factors (such as the quality of the built environment, transport, air quality and access to green spaces, good food etc), economic factors (e.g. child poverty, employment) and social factors all influence our health and wellbeing.

Through the Health and Social Care Act (2012), Councils and the health care sector have a duty to produce a Joint Health and Wellbeing Strategy [JHWS]

which sets the overarching framework for health and care commissioning plans within the city – now and into the future. The Health and Wellbeing Board also has a duty to ‘promote integration’, so a focus on collaboration is key to its success, as are building on local achievements and identifying new opportunities to enhance population health and wellbeing. It is worth observing that this strategy has been developed and will be implemented within the context of resource constraints. As such, there needs to be a strong focus on ‘getting the most out of the whole system’. Feedback from partners to date demonstrates an active commitment to collaborate and a significant ambition that, by working together more cohesively, Bristol ‘can deliver’.

### ***A3. Taking into account what people want and need***

We know that patients and service users want services that are organised around, and responsive to, human needs. They do not want to fall through any gaps and do not want organisational barriers and boundaries to delay or prevent access to care. Therefore, promoting integration of care is a local priority.

We also know that being healthy and well throughout life is about much more than just good health and care services. For most people, staying healthy, without the need for health and care services, is the top priority. At the same time, most people want to remain independent for as long as possible, but with access to support or advice when needed. From our early consultation with stakeholders, support for taking action to prevent ill health and all the factors that influence it, while enabling people to continue to take responsibility for their own health and wellbeing, is a key priority.

### ***A4. How has the draft strategy been developed?***

The Joint Strategic Needs Assessment [JSNA] is an on-going process to identify the current and future health and wellbeing needs of the local Bristol population. The JSNA has formed a local evidence base for the development of priorities since 2008 and the new (2012) JSNA has largely informed this draft Strategy.

The strategy is also informed by Marmot principles. In November 2008, Professor Sir Michael Marmot was asked by the then Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England.

The final report “Fair Society Healthy Lives” was published in 2010 and concluded that reducing health inequalities while improving health outcomes would require action on six policy objectives:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention

This Marmot analysis informed the Bristol Commissioning Model for Health and Wellbeing (see Bristol's JSNA, 2010) and this strategy has taken these into account in the formulation of themes and priorities.

#### ***A5. The strategy development sub-group and preliminary consultation***

To progress this work, the Health and Wellbeing Board established a sub group to co-ordinate and develop proposals on its behalf. Discussion began in the early summer 2012 with a short issues paper.

Wide ranging feedback was received from selected stakeholders, groups and individuals. This helped to shape the discussion that took place at a Stakeholder Conference on 3<sup>rd</sup> October and VCS event on 8<sup>th</sup> November 2012.

A large variety of detailed suggestions have been made by stakeholders. Many of these have informed the final draft of this strategy and will further contribute to the delivery of the themed work programmes. Although all of the detail is not necessarily included in this document, these suggestions will be shared with those responsible for the programme areas in order to make best use of the knowledge and experience within the city.

#### ***A6. What criteria informed strategy development and prioritisation?***

The sub group established criteria for strategy development and prioritisation which were tested against the issues raised by stakeholders and partners. These 9 criteria for prioritisation were:

- Consider Bristol as a whole system and look to identify work streams where closer co-operation between the council and health services will benefit the public, including through integrated planning/commissioning.
- Actions under the Strategy will seek to ensure that people have a positive experience of care and recognise the importance of quality services and quality of life.
- Actions to be taken under the Strategy are affordable in the widest sense (i.e. service changes, mergers or service reductions elsewhere may need to take place to free up resources for investment).
- Ensure that our priorities, including outcomes and targets for investment make sense to the public, public health, elected members and health service leaders.
- Actions within the Strategy should have impact and make a difference
- Base our policy and practice on best available evidence. Where evidence does not exist, consider if and how we can contribute to the building of an evidence base.

- Ensure that the Strategy, planning and activity is informed by the Joint Strategic Needs assessment.
- Actions under the Strategy should help people to help themselves and use people as a resource whenever possible.
- Ensure that all our work looks to reduce the health inequalities gradient, and that the impact of our work on health inequalities is routinely assessed.

#### ***A7. Conclusions and Acknowledgements***

Feedback from partners to date demonstrates an active commitment to collaborate and a significant ambition that, by working together more cohesively, Bristol 'can deliver'. Hopefully this has been captured in the thinking under-pinning the development of this strategy.

The Strategy development group and the Board would like to thank all those who have contributed to date, and look forward to using the feedback on this draft to inform further strategy development and finalisation.

FINAL DRAFT FOR APPROVAL JULY 2013

### Analysis of responses to the Health and Wellbeing Strategy Consultation

June 2013

This report reflects feedback submitted through the online public consultation, citizen's panel, official responses from various statutory and voluntary sector bodies, letter sent in response, elected officials, partnerships and provider forums and organised events and drop in sessions.

This report reflects emerging themes over the lifespan of the consultation. The themes reflected here are the most frequently cited amongst respondents. As feedback came in through different methods and many of the consultation questions were open ended, providing overall percentages of each topic has not been possible. The numbers would not be accurate as the responses were qualitative in nature.

When asked if they agreed with the strategy's themes and priorities, 'yes' responses in each area and overall were in the high 70%. People were asked to comment when they did not agree. Copies of the final report from Bristol City Council's Consultation and Research Team will be available on the website. Included in that analysis is a breakdown by question of the most frequent issues raised. It is important to note that while the tables included are useful, they only represent two of the methods for feedback.

#### Themes and feedback

##### 1. The Strategy itself

A good proportion of responders commented on the overall strategy as a document. The language used, the use of acronyms and 'council speak', understanding how this strategy works with other health-related strategies, how outcomes would be measured and the Health and Wellbeing Board held accountable.

- **The language, wording and 'feel' of the draft strategy.** Respondents mentioned the language used and a lack of clarity, listing of specific actions and a plea for plain English to be used in the final version of the strategy. The way the draft was written was consistently listed as a stumbling block in understanding what the document actually said, or hoped to achieve. There was also a feeling that the strategy did not have any teeth to it, or was 'woolly' and made statements without actually putting meaning or actions behind it. Improving the accessibility of the document for deaf people and the layout proved to be an issue for the visually impaired.
- **Accountability and working with others.** Questions about how themes and priorities would be measured and who specifically would be responsible for them. Comments questioned the role of the Health and Wellbeing Board (and partners), how the strategy fitted in organisationally into the Council and would oversee ongoing work in priority areas where there was already a strategy in place. For example, transport, housing and physical activity. Understanding the new structure of how health, wellbeing and care is delivered seemed to be an underlying issue.

- **Ambition and action.** The need for more decisive language and narrative about how services would be delivered to achieve themes/outcomes was raised. Many of the themes and language used to describe them, felt 'aspirational'. It was felt that a whole systems approach was needed and this was not reflected in the draft.

## 2. Mental Health and Wellbeing

Concerns over the state of mental health and wellbeing in Bristol were raised. Direct references to the availability and quality of mental health services were raised, as were wellbeing and the factors which affect them. When asked what a top priority for health and wellbeing, mental health was cited the most.

- **Access to mental health services.** Joined up delivery in complex cases, early intervention and prevention. Specific reference to dementia services was very frequent as was reference to people with multiple health and social care needs, such as the homeless.
- **Wellbeing.** A theme has emerged from responses to firstly explain what we mean by wellbeing and then address the environmental effects that street scene and the environment within our communities has on our psyche.
  - **Anti-social behaviour** including binge drinking, vandalism and intimidating behaviour.
  - **Prevention.** The need to fund community arts projects, creative activities and other positive experiences which help isolated and/or vulnerable people engage with neighbours was a strong theme.
  - **Alcohol and Drugs.** The need for more services to tackle substance abuse was a frequent response. Not only for the effect on the individual and those around them, but local communities.
  - **Getting about.** Littered pavements, broken glass, street furniture and rubbish bins not only making surrounds unpleasant, but creating barriers for people to walk through their own communities and concerns for personal safety.
  - **Noise and air pollution.** The quality of air we breathe and the sounds of the city were mentioned frequently when asked about what was missed in the strategy. This was linked not only to overall health but also as a barrier to feeling positively about going outside and feeling good about living in Bristol.
  - **Loneliness and isolation.** Concern over the closing of day centres, local/community activities and the need for funding neighbourhood programmes.
  - **Education and the need for lifelong learning.** Education and learning were cited as important factors in helping people to thrive. This was in the top 5 when asked for the 'top priority' for health and wellbeing in Bristol. From both a certificate attainment perspective to occupational outlook and improving self-esteem.
  - **Green and open spaces, play areas, leisure facilities.** Positive leisure activities, places and facilities were raised. Protecting green spaces as a mechanism for



wellbeing has a high response rate. There was a concern about cost being the barrier to attending organised activities.

- **Housing.** Making improvements to current housing stock to be more environmentally friendly, safer and pleasant places to live.

### 3. Prevention

Addressing potential health problems by educating and changing mindsets to take on a healthy lifestyle.

- **Obesity.** Healthy eating, physical activity. Ranging from education for children in schools to wider programmes for the entire community. Educating and upskilling around eating/cookery skills, benefits of moving more/active transport.
- **Alcohol and Drugs.** More awareness about binge drinking and substance abuse.
- **Feeling connected.** Programmes in local communities to reduce the likelihood of social isolation (arts and activities based).
- **The role of the health professionals.** Working with GPs to both promote current services on offer and target groups or specific areas. People taking responsibility for their health, self-care, referrals to social care all mentioned. More availability of appointments.
- **Positive Infrastructure.** Transport, housing, access to fresh produce, green space. Positive places to shape a positive outlook as well as encourage healthy lifestyles and behaviours. Affordable public transport, encouraging active travel, access to fresh, local food were mentioned as measure which would improve the health of Bristol.

### 4. Delivering Health and Wellbeing Services

There is a specific theme amongst respondents for more joined up services, being creative in designing them, and efficient in delivery. Commissioning, working with the voluntary sector on local and city-wide services.

- **Access.** Surgery times, availability of appointments and asking for innovation in design. Getting to appointments in parts of the city was seen as a barrier, especially in relation the Children's Hospital. Access to services was in the top 5 most frequently cited 'top priority' for health in Bristol.
- **Specialised services.** Concern over the lack of availability for specialised services such as chiropody as well as end of life care.
- **Joining up commissioning of services and more integrated service.** Mostly mentioned in relation to vulnerable people and those living in care. Removing the silos in delivery and especially in the area of reducing health inequalities.

## 5. Specific Populations.

It was felt that certain populations were not represented adequately in the draft. For example: the homeless, carers, the elderly, children and young people, women and disabled people.

- **Children and young people.** A full spectrum of concern over the provision for children and young people. Responses referencing children and young people was the most frequently mentioned 'top priority' from respondents. Access to fresh air and places to play, education, preventing social exclusion through activities and academic achievement, sexual health, safeguarding, the effect of poverty and food insecurity and taking a zero tolerance approach to violence against women and child abuse. The cost of council run activities was mentioned frequently as a barrier for take up of physical exercise and using council run leisure facilities.
- **Older people.** Being active, access to services, feeling secure, safe and supported. From basic GP appointments to remaining in after receiving healthcare in the acute setting as there is insufficient support at home. End of life care. Making buildings, pavements and transport fully accessible. Nutrition based programming.
- **The homeless and people living in poverty.** Food insecurity and homelessness were picked up as issues respondents did not feel were covered adequately in the strategy. The impact of welfare reform on physical and mental health was specifically mentioned.
- **Disabled people, people with learning difficulties.** Making the city more inclusive and accessible. Providing more support and ensuring that health messages are provided through a wide range of media. More coordination of services to complex cases.
- **Women.** The links between poverty, women and health outcomes, especially single parents and carers. Especially in relation to addressing health inequalities, domestic violence, sexual violence and exploitation.

## Appendix 3

### Health and Wellbeing Strategy item – Summary of Equalities Impact Assessment of Health and Wellbeing Strategy and JSNA process

Author	Nick Smith, JSNA Manager, Bristol City Council
Date of meeting	4 July 2013

#### 1. Purpose of this Equality Impact Assessment (EqIA)

To identify areas where health inequalities disproportionately impact on equality groups, and potential actions which could be addressed through the Health and Wellbeing Strategy (and underlying JSNA process) to improve this. Also to identify potential actions to improve health inequalities for one group that could inadvertently cause a negative impact on other equalities groups.

The EqIA included a stakeholder engagement event in May 2013, and took account of relevant comments raised through the draft Health and Wellbeing Strategy consultation process and events.

#### 2. Cross-cutting issues for all Equalities groups

##### 2.1 Health Inequalities

Groups likely to be least heard are often most likely to suffer health inequalities – Continuously review processes within NHS, Council and partners to ensure these do not inadvertently overlook marginal groups.

Need better information on health inequalities by Equality group profiles, as well as by deprivation characteristics - Work with partners to develop more actual data on Equalities communities in Bristol using local health services.

'Multiple identities within minority populations'. People often belong to more than one Equalities community - Cumulative impact of having multiple protected characteristics can have a significant impact on health inequalities.

##### 2.2 Robust local accountability for Strategy delivery

The Health and Wellbeing Strategy with a clear focus on reducing health inequalities was welcomed by Equalities communities, with concern that:

- a) there is a transparent mechanism to measure success of the Strategy, and hold the HWB accountable
- b) there is sufficient input & expertise from an Equalities / protected characteristics perspective to support the HWB to deliver this agenda

### **2.3 Disproportionate impact of deprivation**

Equalities communities are disproportionately affected by issues such as poverty, access to employment, fair pay and decent housing – eg higher proportion of disabled or BME people living in areas of deprivation, and women having lower average pay or higher benefits reliance. Concern these inequalities may be further worsened due to cuts in public services, and that as non-statutory preventative support services are reduced, this will lead to a future rise in people developing (high-cost) high-impact critical needs, which will disproportionately impact on some Equalities communities.

### **3. Age-related impacts**

- Older people and social isolation/loneliness – Impact on wellbeing
- Footcare for older people – Community podiatry to support physical activity for older people, and to reduce falls
- Primary care for older people, linked to Dementia support - Develop “dementia friendly city” and more support for carers. May need more Dementia support specific for equalities groups (eg older BME). Include preventative & health promotion services for people over 70.
- Malnutrition in older people - especially living alone or income deprived. Work with care home providers and health services (in the community and in hospital) to ensure older people receive adequate food.
- Children’s support – Impact of increase in numbers of young children, plus children in care, children with complex needs. Child health and importance of access to outdoor play and sports.
- Young people and health - Appropriate targeting of messages & locations of support services. Need to engage with young people directly.

### **4. Disability-related impacts**

- Physical access - Improve access to public transport and buildings, street scene (eg trip hazards) to support people with limited mobility (including physical and visual impairment) to get out and increase physical activity and engagement with their local community
- Access to information – Some communities (eg recent migrants; Deaf people) need verbal communication (or British Sign Language). Need accessible information on all health services (eg for visually impaired people or those with learning difficulties).
- Mental Health and Wellbeing - Identify people at earlier stage when starting to become unwell. Use ‘whole person’ mental health and wellbeing rather than focus on specifics of services. Highlight importance of good quality accessible green space and social support.
- Learning Difficulties and Autism - Appropriate adjustments (eg routinely using clear and simple language and having tailored health information in Easy English) could be improved in primary and secondary services.

Need more information on actual numbers in universal services locally (including in the criminal justice system), including those with lower level needs who would not meet specialist support thresholds. Huge life expectancy inequality: nationally men with learning difficulties die 13 years younger, and women 20 years younger than average.

- Environmental wellbeing - As disabled people are disproportionately represented within the most deprived areas, they are worst affected.
- Carers - disproportionately affected by changes to benefits & reduction in household incomes from “bedroom tax”. Concern that reduction in services will lead to an increased reliance on Carers as unpaid care providers, which has further knock-on impacts in terms of reduced employment prospects etc. Need sufficient support and respite breaks for carers, including Parent Carers who are looking after children at home with increasingly complex health and support needs. Also need a focus on Young Carers, to protect their educational attainment etc.

## **5. Ethnicity-related impacts**

- Access to services - Higher % of emergency admissions to hospital in Bristol for certain BME groups (Black and Mixed race) indicating patients in some BME groups not having appropriate access to, or not knowing how to access, appropriate health services at an earlier stage.
- Change in BME population profile - Substantial challenges and impacts for delivery of health services, especially in Inner City areas. Different for recent migrant groups to more settled BME communities.
- New migrants and hidden communities - different cultural expectations and lack of understanding or awareness of local health system, as outlined in the 2012 NHS Bristol ‘Migrant Health Needs’ assessment.
- Gypsies and travellers - Poor access to health services, high premature death ratios, married teenage pregnancies and little or no health contact prior to birth, and low life expectancy.

## **6. Gender-related impacts**

- Violence against women & girls – Link to “Violence and Abuse Against Women and Girls strategy”. Sexual violence is not gender neutral: 92% of reported rapes are of women. Focus on ‘Healthy sex’ in schools. Impacts of Female Genital Mutilation, on individual women and girls health and on community cohesion. Domestic violence is not gender neutral: 89 per cent of those who suffer sustained violence are women. Link domestic violence with cultural concepts of normal behaviour.
- Mental health - Women are disproportionately affected by depression and self-harming (although men have higher incidence of suicide, as are less likely to seek help – noted in Suicide Prevention Strategy).
- Women’s health - Gender-specific cancers, primary care needs related to hormone changes, links between gender and high rates of obesity. Links to the wider wellbeing agenda where women may be disadvantaged due to reduced opportunities to access factors known to support wellbeing (due to socio-economic and childcare pressures).

- Men's health - Cultural stereotype for men not to talk about their health or concerns. Men not presenting to the GP until a condition relatively advanced, and not getting peer support to improve wellbeing.

## **7. Sexual orientation-related impacts**

- Targeted services - Concerns that mainstream services are not meeting needs of lesbian, gay and bisexual (LGB) people. Need better data to see if improvements are actually happening.
- Mental health - Gay & bisexual men are over five times more likely to have deliberately self-harmed, and lesbian and bisexual women are two times more likely. LGB people are more likely to suffer from anxiety and depression, and more likely to access mental health services. Concern of reactions from professionals when disclose their sexual orientation.
- Eating disorders – Higher incidence reported in LGB people
- Staff interactions – Concerns that same sex partners not recognized as partner or not listened to when LGB person is in hospital
- Social care - concerns faced by older LGB people regarding potential discrimination by care providers, including institutionally from services for older people which 'operate based on a heterosexual assumption'. This can lead to increased isolation. Also applies to other LGB service users such as people with learning difficulties.

## **8. Transgender-related impacts**

- Mental health - Many transgender people feel discriminated against, or under pressure to hide their true identify feelings. Concern that 'gender identity disorder' mental health diagnosis (for Transsexual people to access NHS medical support) is not appropriate.
- Impacts on the families (parents, spouses, children) of transgender people, who may find it hard to accept.
- The transgender community is often hidden, but services need to know about them so that they can provide for them.

## **9. Pregnancy and maternity-related impacts**

- Smoking in pregnancy and breastfeeding rates are strongly linked to issues of deprivation. BME women are more likely to breastfeed.

## **10. Religion and belief-related impacts**

- Some impacts on specific Faith communities re GPs informing on contents of medication.

## **11. Other relevant specific groups**

- Homelessness - Access to primary care is difficult if homeless or 'sofa surfing'. Complex interconnections re housing, benefits and health.

- Ex-service personnel - There are specific health needs (including mental health support) for ex-service personnel.
- Offenders - There are specific health and wellbeing needs for offenders, including whilst in prison, out on probation and as ex-offenders.

## **12. Appendices to EqIA Summary available**

(not attached to this report but will be available online alongside the Strategy consultation feedback, on [www.bristol.gov.uk/healthandwellbeing](http://www.bristol.gov.uk/healthandwellbeing), including Equalities Impact Assessment of Health and Wellbeing Strategy/JSNA process – full report; List of attendees/stakeholders to EqIA process and Detailed stakeholder comments)