



Bristol Clinical Commissioning Group

Bristol Health & Wellbeing Board

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| Health and Wellbeing Strategy: Developing the Action Plan | |
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| Date of meeting | 5 th June 2014 |
| Report for Discussion | |

1. Purpose of this Paper

To facilitate discussion on the Action Plan for the Bristol Health and Wellbeing Strategy.

2. Context

- 2.1 The Bristol Health and Wellbeing Strategy was approved by the Health and Wellbeing Board in September 2013.
- 2.2 Priority leads have been identified for most of the priorities and work is continuing to ensure that specific actions are attached to each priority.
- 2.3 The attached Action Plan (Appendix A) is work in progress
- 2.3 In addition to lead officers it has been proposed that members of the Health and Wellbeing Board are asked to “Champion” the individual Strategy priorities. Details of Board members who have volunteered to be “Champions” will be brought to the meeting and the role discussed.

3. Key risks and Opportunities

- 3.1 There is a risk that the Action Plans to deliver the priorities become out of date very quickly because there is so much change within the health and care system. However, in some instances it is because progress has been made

against a priority and some of the actions have already taken place.

4. Recommendations

- 4.1 That the Health and Wellbeing Board discuss the developing action plan and make recommendations on its direction and content.

5. Appendices

Developing Health and Wellbeing Strategy Action Plan.

Bristol Health and Wellbeing Strategy

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, with 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.

Who is leading on this priority?

Bristol City Council (BCC) Place Directorate in partnership with many external partners.

What other strategies and plans are related to this priority?

- BCC Corporate Plan
- BCC Core Strategy
- BCC Capital Programme
- Green Capital 2015
- Bristol Development Framework Core Strategy
- Strategic Housing Strategy
- Neighbourhood Plans
- BCC Transport Plan
- Active Travel Scheme

Will this affect future commissioning plans?

Yes, this priority is covered in many plans surrounding improving Bristol's Infrastructure, environment and increasing the levels of physical activity within the city.

Who is involved?

Several key partners help to deliver outcomes around this priority, including:

- Local Enterprise Partnership (LEP)
- Bristol City Council (BCC) Planning and transport teams
- BCC Strategic Housing
- BCC Environmental Standards
- BCC Pollution Control
- Green Capital Partnership
- Active Bristol
- Neighbourhood Partnerships

What specific actions will be taken, and when?

Under this priority, specific actions can be done to improve our built environment. This means looking at how we plan transport, improve our air quality and make Bristol a place where people can lead active lives, effortlessly. These include:

Active Travel

- Ensure that all local planning policies, including the Core Strategy for the City encourage the use of walking and cycling for both leisure and business purposes.
- Create new promenades, routes and river crossings to make using two wheels or two feet not only excellent for health reasons, but faster, more reliable ways to get from one point to another within the city.

- Improve the conditions of existing travel routes, pedestrian pathways/pavements, cycle lanes and the public areas around them to remove any barriers to using active transport as the preferred mode of transport for short journeys.

Transport and Air Quality.

Bristol's air quality can be improved through both direct and indirect actions which also improve our public transportation, make our neighbourhoods more vibrant, and open our streets up for community events.

- As part of our Corporate Plan, the Council has pledged to reduce the amount of transport related CO2 emissions and Nitrogen Dioxide levels in our area. To do this, we are working to make our public transportation more reliable and efficient through:
 - Implementing smart ticketing.
 - Metrobus schemes.
 - Opening the Portishead to Temple Meads train line.
- Making changes to how we use the roads within our city, can help to make progress not only reducing pollution, but also in raising levels of physical activity and confidence in public safety, specifically:
 - Rolling out 20mph zones across the city. Evidence shows that this helps remove barriers within local communities and encourages playing and enjoying our neighbourhoods.
 - Using streets and public spaces for events such as Making Sundays Special, street parties, running and walking events to bring people together and reduce social isolation.
 - Implementing resident's parking schemes.
 - Examining ways to reduce health service traffic in the city

It's not Easy Being Green

- As a Green Capital, we are actively promoting the use of alternative forms of energy, and also setting an example of how existing properties can be improved or retrofitted to be more energy efficient by:
 - Reducing emissions from Council owned buildings within the city.
 - Bringing our current housing stock up to a 95% decent homes standard.
 - Increasing the retrofit of insulation to current dwellings through intervention by the council and partners to both make homes more energy efficient

Bristol Health and Wellbeing Strategy

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.

This priority addresses aspects relating to food production, to catering, to growing, cooking and buying, and to the natural world.

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 and 2014 Bristol Good Food Plan has been developed by the Bristol’s Food Policy Council.

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.

Who is leading on this priority?

Bristol City Council Bristol Futures team with participation from the Neighbourhoods Directorate.

What other strategies and plans are related to this priority?

- The Bristol Good Food Plan, launched on 29th November 2013, gives an overarching action framework across the whole food system.
- The draft Strategic Economic Plan for the West of England. The plan references the local sustainable food movement, and proposes creation of a Food and Drink Enterprise Centre.

Will this affect future commissioning plans?

Yes, because this priority addresses aspects relating to food production, to catering, to growing, cooking and buying, and to the natural world

- „Alive „n Kicking“ weight management programme for families.
- National Child Measurement Programme.
- Healthy Schools programme, including new specialist support from the Soil Association for school based food growing and farm visits.
- Improvement in health and sustainability standards for catering in schools
- Work within hospitals, Universities and other workplaces to meet high standards for healthy and sustainable food

Who is involved?

- Member agencies of the Health and Wellbeing Board.
- The wider Health Sector, including acute trusts and academia through Bristol Health Partners.
- The food business sector, and the Local Enterprise Partnership.
- Local grassroots and community-based organisations (Bristol Food Network).
- Groups addressing sustainability, (Bristol Green Capital, Soil Association).
- Waste and resources management (5K Partnership), and multi-agency network.

How?

The Bristol Food Policy Council (FPC) is an alliance that is ideally placed to help drive the delivery of this priority. Members include representatives from across all sectors. The FPC is responsible for overseeing the Bristol Good Food Plan.

What specific actions will be taken, and when?

Partners of the FPC are tackling various elements of this strategy through:

- Using our combined influence to tackle obesity, nutritional deficiency and food poverty.
- Encouraging a culture of cooking from scratch using ingredients from locally and regionally grown, fairly traded food. This work is being led by Public Health, and includes programing and participation from community workers in deprived areas, Neighbourhood Partnerships, Healthy Schools, the Allotments team, supporting the Bristol Food Network, and also our council's commitment to resourcing fairly-traded food.
- Keeping our high streets vibrant and diverse, encouraging independent and local businesses to thrive so that everyone has access to good affordable food. This strand is led through the council's „Retail Action Plan,“ which includes work from Economic Regeneration, Planning, and Transport policies.
- Minimising food waste. As the first Local Authority in the UK to introduce household food waste collection, Bristol is starting to trial extending this service to businesses within the City.
In Bristol, Fare Share South West and Food Cycle are working with the business sector to reduce food waste through collecting and distributing food to residents living with food poverty.
- Working to ensure that good, healthy food is available for patients, staff and visitors of health and care services. Public Health is working with all three local hospital Trusts to draft baseline reports on the state of the food within Bristol's hospitals. Resources permitting, this work could be taken forward through the FPC.

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 the 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 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.

Who is leading on this priority?

Bristol City Council Neighbourhoods Team, Public Health and also the Crime Reduction team.

What other strategies and plans are related to this priority?

- Violence and Abuse Against Women and Girls
- Domestic and Sexual Abuse Against Men Strategy 2012-15
- Safer Bristol's Crime Reduction Plan

Will this affect future commissioning plans?

Yes, domestic and sexual abuse commissioning providing services included in this action plan.

Additionally, the Bristol Hate Crime Service is funded to 2016. The Police and Crime Commission (PCC) project is funded until 2014, with a possibility of tapered funding thereafter

Who is involved?

Several key partners help to deliver outcomes around this priority, including:

- Safer Bristol
- Bristol Hate Crime Service
- Avon and Somerset Police, Probation Service and Crown Prosecution Service.
- Bristol Against Violence and Abuse (BAVA)
- The Voluntary Sector, such as: SARI, Next Link, Victim Support, and Somerset and Avon Rape and Sexual Abuse Support (SARSAS), One25, WISH, Bristol Fawcett.
- Strategic Partnership Against Hate Crime
- Networks including: Bristol Domestic and Sexual Abuse Strategy Group, Violence and Abuse Against Women and Girls (VAAWG) Joint Commissioning Group, Violence Against Women and Girls Prevention Group, Bristol Against Violence and Abuse multi-agency network.
- Adult Safeguarding, Children and Young People Services.

How?

The actions for this priority will be led by teams within the Council's Neighbourhood Directorate - both individually and through key partnerships within the city.

What specific actions will be taken, and when?

- Setting "The Bristol Ideal," a new standard for education to take a „whole-school“ approach to tackling domestic abuse and gendered violence, including:
 - Teaching lessons about healthy relationships.
 - Challenging schools to develop policies to prevent domestic violence and support current victims.
 - Free training for education staff, creating a network of school leads for domestic abuse and gendered violence.
- Helping agencies across the city to set up and enforce robust policies preventing sexual abuse, harassment, domestic and gender based violence in workplaces, including domestic homicide reviews.
- Making gendered violence a part of routine inquiries, and sharing data with the Domestic and Sexual Abuse Strategy Group to plan and commission services.
- Setting a Quality Mark for training within partner organisations for social and health care workers on domestic violence.
- Targeted work for people with learning difficulties is underway as well as are sessions to BME women, including refugees by VAAWG.
- The Bristol Hate Crime service is contracted to support victims of race hate crime to stay safe and to restore their wellbeing after incidents.
- The PCC is working with Support Against Racist Incidents (SARI) to provide mediation, restorative justice, and awareness programmes to children and young people expressing racist or prejudicial views to promote increased understanding and respect towards multi-cultural communities.
- A multi-agency group has been setup to discuss the most high risk cases of hate and race related crime. This panel includes Adult Safeguarding, who develop individual action plans for victims to help keep them safe and features follow up support from SARI.

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.

Who is leading on this priority?

Public Health within Bristol City Council

What other strategies and plans are related to this priority?

- The Smokefree Bristol Alliance work plan
- Dept of Health Tobacco Control Strategy
- Local Government Declaration on Tobacco Control
- Public Health Outcomes Framework
- EU Tobacco Products Directive
- Standardised packs legislation
- Smokefree Bristol's work plan

Who is involved?

Several key partners help to deliver outcomes around this priority, including:

- Smokefree Bristol Alliance
- Smokefree South West
- GP Practices, Pharmacies
- Mental health services and local hospital trusts
- Drug treatment services
- Prison service
- Leisure centres, schools, colleges, universities
- Trading standards/Environmental health
- Smokefree Bristol

How?

Smokefree Bristol works closely with its partners (listed above), commissioned providers (GP practices, pharmacies) and community based health trainers to deliver the Smokefree Bristol work plan.

In addition to providing routes for people to quit using tobacco, specifically focussed work with high smoking prevalence groups and preventing the take up of smoking will take place, specifically:

- In our most deprived communities where morbidity and mortality is highest.
- Smoking with chronic disease and long-term health conditions.
- People with mental health problems (low level).
- Reducing uptake in smoking in young people.
- Lowering the rates of smoking in pregnancy.
- Smoke free homes and vehicles.

The Smokefree Alliance oversees this work locally with additional support being provided by Smokefree Southwest regionally.

To provide campaigns and programmes that support tobacco regulation and policy to strengthen our commitment to reduce the use of tobacco in all forms within the city. Programmes include:

- Improving the education on shisha smoking in young people and compliance of shisha bars/cafes with appropriate legislation.
- Working with children and young people to prevent the uptake of tobacco smoking
- Reduce the availability of illegal tobacco
- Run regular test purchasing for under age sales
- Improve smokefree signage
- CLear assessment – undertake a peer review of tobacco control work across Bristol to identify areas of learning and improvement.
- Maintain a clear policy on the use of products containing nicotine due to the introduction of new products onto the market.
- Develop a programme of education on standardised packs of cigarettes.

How will this affect future commissioning plans?

Priorities will be reflected in commissioning plans for 2014-15. Quality standards and performance measures are being written into commissioning specifications for Mental Health services, Acute Trusts and Maternity services.

What specific actions will be taken, and when?

- Train, support and performance monitor over 300 community partners to provide interventions to help smokers quit.
- Generate referrals to Smokefree Bristol from over 100 settings including secondary care (NBT and UHB) and midwife bases.
- Provide 20 weekly specialist stop smoking support sessions for people with specialist needs or access requirements including: evening groups within local communities, supermarkets and workplaces.
- Home visits for pregnant women, those housebound with chronic diseases and patients recovering after a stay in hospital.
- Services for those with more specialist needs eg those with chronic disease such as cardio vascular disease, Diabetes or mental health problems.

Bristol Health and Wellbeing Strategy

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 to reduce alcohol related violence and anti-social behaviour. Also, ensure that integrated alcohol and drug services meet the needs of the Bristol population.
- Support the call for a minimum unit price for alcohol.
- 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.
- 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“. 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.

Who is leading on this priority?

Bristol City Council People Directorate and Public Health

What other strategies and plans are related to this priority?

- The Mayor's Vision
- Safer Bristol Partnership Plan
- Children and Young People's Plan
- Parenting and Family Support Strategy
- Child Poverty Strategy
- Bristol Licensing Policy
- The Bristol Alcohol Strategy

Will this affect future commissioning plans?

Yes, in many service areas, including:

- Integrated Substance Misuse Treatment Services focussing on recovery treatment,
- Primary Care Alcohol Services by NHS England, (the Direct Enhanced Service.
- Custody Based Interventions through the Police and Crime Commissioner.
- Alcohol services within the criminal justice system by NHS England.
- Some hospital Alcohol Nurses are commissioned by Public Health. Bristol Clinical Commission Group (CCG) may take this up in the future.
- Locally 10 practices are commissioned by Public Health to deliver Identification and Brief Advice (IBA's) for patients with hypertension
- Public Health commissions the Wet Clinic for street drinkers.

Who is involved?

Several key partners help to deliver outcomes around this priority, including:

- Licensing and Trading Standards
- Avon and Somerset Constabulary
- Bristol Clinical Commission Group (CCG)
- NHS Primary and Secondary Care
- The Probation Service
- BCC, Substance Misuse Commissioning
- Public Health

The actions for this priority will be delivered through existing teams within BBC People Directorate and Public Health, both individually and alongside multi-agency networks working in the sector

What specific actions will be taken, and when?

The Safer Bristol Partnership Alcohol Strategy action plan includes the following actions:

- Increasing access to Identification and Brief Advice (IBA) for people with alcohol misuse issues across the city, in line with priorities agreed by the partnership. Training will be given to front line workers.
- Performing a review of the adult substance misuse treatment and care system to improve access, capacity, effectiveness and value for money.
- Making sure that vulnerable adults and people with complex needs have access to primary care and alcohol treatment, keep appropriate accommodation, and engage in activities supporting their recovery.
- Including alcohol misuse issues when responding to, and coordinating the response to complex families' needs within the city.
- Using evidence based treatment services to support expansion of community detox services. Integrated Substance Misuse Services will support GPs delivering community detoxifications. There will be more training for GPs to deliver more of this type of recovery service.
- Maintaining a "Wet Clinic" for street drinkers providing specific support to help reduce their intake towards recovery from addiction.

Targets are contained in an appendix at the end of this plan.

The 3 key measures are:

% of alcohol users that left ROADS alcohol treatment successfully who do not re-present.

The rate of alcohol-related hospital admissions per 100,000 population. This is broken down into more detail at the back of this document.

Bristol Health and Wellbeing Strategy

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 a 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 years 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 years settings and schools. We can ensure that services are joined up, with improved access for the most vulnerable families.

Who is leading on this priority?

This is a joint responsibility across Public Health, the CCG and the People Directorate of the Council.

What other strategies and plans are related to this priority?

- Children and Young People's Plan 2011–2014
- Child Poverty Strategy 2011–2020
- BSCB Business Plan 2014-15
- Emotional Health & Wellbeing Strategy 2010-2015
- Strategic ambitions – CCG 2 Year and 5 Year Plans

Will this affect future commissioning plans?

Yes, in the CCG 2 and 5 year plan for children's health, and the Children First change plans of the Council, and the shared commissioning intentions across Public Health, CCG and Council, developed together.

Who is involved?

The CCG, Public Health, the Council (including Neighbourhoods and People Directorates), NHS England, Public Health England, the Voluntary and Community sector, acute Trusts, primary care (including paediatric network of GPs), Community Children's Services

How?

By individuals jointly planning and commissioning from local providers; by integrating and joining up service delivery eg. single SEN service for 0-25 year olds; by all agencies

committing to provide clear information to children and families, including how to access early help through the First Response team.

What specific actions will be taken, and when?

- Identify gaps and issues in our collective response to the rising child population and agree actions in response to recommendations
- Improve pathways for children, young people and young adults with complex needs and long term conditions
- Establish pathways for C&YP with mental health difficulties from First Response through to specialist provision and adult mental health services, including S136 pathway in place for children under aged 16
- Build in a requirement in all our commissioning, especially of children's community health services, that outcomes include reducing or mitigating the factors affecting health inequalities in the city
- Develop joined up messages across all agencies that promote self-care, improved use of and access to local health services, and reduce dependency on hospitals including emergency departments
- Review the healthy weight pathway for children to ensure a co-ordinated approach to addressing child obesity
- Improved health outcomes for Looked After Children through improving immunisation rates and improved access to emotional health and wellbeing services
- Re-refresh and implement the infant mortality action plan

Bristol Health and Wellbeing Strategy

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.

Who is leading on this priority?

The Neighbourhoods Directorate of Bristol City Council, working alongside colleagues from Health and Wellbeing Board, voluntary sector, police and academics.

What other strategies and plans are related to this priority?

- No Health Without Mental Health (national)
- National Suicide Prevention Strategy
- Modernising Mental Health for Bristol
- Bristol Suicide Prevention Strategy
- Bristol Mental Wellbeing Strategy
- Bristol's CYPS Emotional Wellbeing Strategy
- The Mayor's Vision for Bristol

Who is involved?

Several key partnerships are delivering outcomes around this priority, including:

- "No Health Without Mental Health" Partnership
- Bristol Ageing Better Partnership
- Older People's Partnership
- Learning Difficulties Partnership
- Physical and Sensory Impairment Partnership
- Bristol Carer's Voice
- Neighbourhood Partnerships.

How?

Partners across sectors (voluntary, police, acute trusts, mental health services and council programmes) are developing a local strategy and action plan for Bristol responding to "No Health Without Mental Health" the national policy for mental health and wellbeing. This will include specific actions and outcomes for our city.

The social isolation of older people is being addressed by the Bristol Ageing Better Partnership, led by Age UK Bristol. Featuring partners of the Health and Wellbeing Board and supported by a successful Big Lottery Bid, an action plan is under development, due to be published in April 2014.

In the interim, projects and services are underway in local communities to help bring people together to learn new skills, support each other and feel more connected as a society.

The diversity of city is an enormous asset, ensuring that all communities are engaged and involved in neighbourhood activities will be essential to creating connected, cohesive and vibrant communities. Bristol is working with the Marmot Team to identify a range of initiatives to encourage more engagement in community based activities across the city.

Will this affect future commissioning plans?

Yes, the Public Mental Health Commissioning Plan.

What specific actions will be taken, and when?

The Joint Strategic Needs Assessment (JSNA) is working with the "No Health Without Mental Health" strategy group to develop a new, community based mental health profile for Bristol. This will be used to identify, and monitor priority areas for mental health services and accurately identify any gaps in service for the Health and Wellbeing Board to address.

Additionally, a stakeholder event will take place to refine and develop actions plans for Bristol. A number of community projects are being taken forward through partnership working with the Food Policy Council, Bristol Health Inequalities Partnership and the Happy City Initiative, including:

- Food for the Soul, a series of food and friendship events bringing communities together.
- Supporting the development of social prescribing services in Bristol through a joint commissioning process
- The Ageing Better programme, providing one to one support and peer-to-peer groups for older people at key life stages. Including: retirement, coping as a carer and bereavement. This is being done through the Older People's Partnership Board, other key agencies and lead volunteers.
- The Bristol Health Inequalities Partnership is researching actions to reduce social isolation in specific communities (eg people with learning disabilities).

Bristol Health and Wellbeing Strategy

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 a Joint Bristol and South Gloucestershire Board. 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 is 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.

- **Signposting 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.

Who is leading on this priority?

Bristol Clinical Commissioning Group (CCG) working alongside the Strategic lead for Bristol City Council.

What other strategies and plans are related to this priority?

- Bristol's Dementia Strategy
- Carers' Strategy
- Care Homes Programme of Work
- Better Care Fund

Will this affect future commissioning plans?

Yes, Dementia is one of the top priorities for the CCG. Some elements of the Dementia Strategy will also affect commissioning of care and safeguarding services within the council's People Directorate.

Who is involved?

Several key partners help to deliver outcomes around this priority, including:

- Joint Dementia Partnership Board
- Bristol CCG Dementia Steering Group
- Modernising Mental Health Project Group
- Age UK Bristol
- Alzheimer's Society
- Avon and Wiltshire Mental Health Partnership
- Bristol City Council, Health and Social Care
- Bristol Community Health
- North Bristol NHS Trust
- University Hospitals Bristol NHS Foundation Trust
- University of Bristol
- University of the West of England

How?

There are two actions plans in place: The Dementia HIT (Health Integration Team) action plan, specifically the „Transforming Health and Social Care“ strand and separately the Dementia Action Plan.

The Dementia HIT is a team of health experts from local medical trusts and universities working together to transform care for people affected by dementia. This is done through comprehensive research, joining up care services, and by creating dementia-friendly communities.

The Dementia Action Plan sets out the vision for future services for people with dementia and their carers, based on current and future needs, as well as through feedback from people with dementia and their carers.

What specific actions will be taken, and when?

The Dementia Action Plan includes partnership working around a number of issues, service based improvements and creating extra resources for people at various stages of the disease and their carers. Including:

- Design and implementing a new care pathway for people with dementia and their carers. This new service will include measureable outcomes to monitor and understand its impact.
- By the end of 2014, put in place a service specification to support and enable primary care to diagnose dementia, where appropriate
- Deliver a new Dementia Wellbeing Service.
- By the end of 2015, establish 3 pilot projects within local communities to both help reduce social isolation of people with Dementia and also possible for patients to stay in their own homes, active within their communities longer. Creating a "Dementia Friendly City."
- Create resources for patients and their families after being diagnosed with dementia. This includes clear pathways to treatment and support, identifying and addressing gaps in service and providing accurate, up to date information about treatment.
- Keep people informed about healthy aging. Creating easy to understand resources available to the public including at local GPs surgeries, and at a community level.
- Ensure that people with Dementia and their carers are informed of services and support available. A guide is being developed with help from the Alzheimer's Society to make this happen.
- By the end of 2016, open two purpose built homes incorporating the latest in dementia friendly design
- Deliver 220 units of affordable rent Extra Care Housing in the next 10 years, along with encouraging private developments
- Open two more centres for dementia day services by autumn 2014. These will also cater for an increasing demand from people with a learning disability

Bristol Health and Wellbeing Strategy

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 ¹.

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.

Who is leading on this priority?

The Clinical Commissioning Group, (CCG): both the Transformation and Quality team as well as Children and Maternity Commissioning.

What other strategies and plans are related to this priority?

- NHS Outcomes Framework
- NHS Mandate
- Bristol City Council's Children First

Will this affect future commissioning plans?

As one of the top 11 CCG priorities, actions under this priority will feature prominently in relevant commissioning plans.

Who is involved?

- Bristol, South Gloucestershire and North Somerset CCGs.
- Bristol Hospitals: University Hospitals Bristol, and North Bristol Trust
- NHS England
- Bristol, North Somerset and South Gloucestershire Maternity Services Joint Commissioners.
- Bristol City Council
- Maternity Services Liaison Committee (Maternity Voices)
- Community Organisations

How?

Maternity Services are commissioned from both University Hospitals Bristol NHS Trust and North Bristol NHS Trust.

Service Specifications and quarterly performance monitoring frameworks set out the commissioning priorities and targets.

Voluntary and independent organisations who work with mothers and families are engaged through Maternity Voices (the Maternity Services Liaison Committee).

What specific actions will be taken, and when?

High level new actions are included in the CCG overarching work plan. These include:

- Initiatives reduce the number of women who smoke during pregnancy. This work will include participation Hospital Trusts and Public Health.
- Build on our successful breastfeeding campaigns to improve rates for the continuation of breastfeeding.
- Through linking with maternity services and GPs, ensure effective lines of communication about the care of pregnant women and new mothers.
- Agree an Action Plan for antenatal care through auditing the current service, consulting women to collect their views, and work with both maternity services and „Maternity Voices“ to try and improve continuity.
- Develop a website through „Maternity Voices“ for pregnant women and new parents featuring the options available for maternity care, support services and place of birth across our region. The website will also be a voice for people to provide feedback on their experience of maternity services, and to get involved „Maternity Voices.“
- Identify baseline data for obesity in pregnancy, low birth weight, admissions of babies born at full term to the neonatal unit, and agree actions to address these issues.
- Ensure that women who need support for perinatal depression are referred to targeted services by midwives and health visitors.

Bristol Health and Wellbeing Strategy

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 through integration and availability of services. For example, people with learning difficulties, where on average women will die 20 years 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.

Who is leading on this priority?

Bristol CCG and Bristol City Council through the Better Care Programme Board.

Since the Health and Wellbeing Strategy was approved, the Government has introduced the Better Care Fund (BCF). This is aimed at improving the integration of health and care services. Hence, the action plan for this priority is focussed on the BCF Plan.

What other strategies and plans are related to this priority?

Bristol CCG 2 and 5 year Strategies
Mayors Vision

Will this affect future commissioning plans?

Yes. Where appropriate new contracting and commissioning arrangements will be developed aimed at facilitating the integration of care.

Who is involved?

Bristol CCG
Bristol City Council
Bristol Community Health
University Hospital NHS Trust
North Bristol NHS Trust
Avon & Wiltshire Mental Health Trust
HealthWatch

How?

The Joint Better Care Programme Board has been setup, which consists of the Chief Officers and / or Chief Executives or their senior representatives from the main commissioner and provider organisations to work together to deliver this ambitious transformation agenda. The Better Care Programme Board is accountable to the Bristol Health & Wellbeing Board & NHS England.

What specific actions will be taken, and when?

We intend to work on a range of interventions across the whole spectrum of activity currently undertaken by the NHS and Local Authority.

The actions will be delivered over a two-five year period, and will focus initially on Older People and Long Term Conditions, before being expanded to include other services, such as children and families.

Building upon on overall shared vision and objectives our key aims:

- People's care plans and care budgets will be personalised and tailored to individual needs, to help empower them to self manage and live their lives.
- Services will be developed and designed with clients and patients at the centre of shaping the new models and decision-making.
- Provide Pro-active care planning, incorporating later life, mental health and social isolation to enable access to high quality services at the right time and place.
- Improve joint working across health and social care to enable hospitals to only care for people who are genuine acute admissions
- Develop the provider market for both statutory and voluntary and community sector through co-design and capacity building
- Ensure systems are designed to be the most costs effective and demonstrate value for money, removing duplication and unnecessary layers where they exist
- To joining up of services and teams so clients or patients only have to tell their story once.
- Improved quality of care and experience for users
- Simplified pathways
- up services where appropriate
- Shifting more care closer to home

ACTION PLAN INDICATORS

BUILT ENVIRONMENT

| Indicators | Current Performance | Targets (by when?) |
|--|---|---|
| FROM BCC CORPORATE PLAN: | | |
| PHYSICAL ACT/ACTIVE TRAVEL | | |
| <ul style="list-style-type: none"> - Cycling numbers and journeys made by bike (<i>measured by taking 08/09 as a baseline of 100 and calculating figures in relation to this, CD123</i>) | 08/09 = 100 12/13 = 143 | 76% increase on 08/9 baseline by 2016 (JLTP3) |
| <ul style="list-style-type: none"> - Increase in number of people walking for health and leisure (<i>current measures are for journeys to school, % walking and journeys to work,% walking</i>) | School baseline 60% in 2010/11 Work baseline 17% in 2008 | |
| - AIR QUALITY | | |
| <ul style="list-style-type: none"> - Reduce nitrogen dioxide levels in Air quality Management area (<i>CD322</i>) | 12/13 latest figure: 43.27ug/m3 | No target set (new Air Quality strategy due June 14, may inc targets) |
| <ul style="list-style-type: none"> - Reduce road co2 emissions (<i>CD323</i>) | | |
| - SAFETY/AREAS AS PLACES TO LIVE/HOUSING | | |
| <ul style="list-style-type: none"> - Increase the level of safety on our streets and the number of people participating in street events. (<i>street safety measured by numbers killed or seriously injured, CD120</i>) (<i>measure for numbers participating in street events still to be developed</i>) | 12/13 427.0 tonnes | 14/15 target 339.0 tonnes |
| <ul style="list-style-type: none"> - Maintain a 95% housing stock to decent homes standard. (<i>NH368 measures non-decent housing stock</i>) | 12/13 147 | Target of 250 by 2020 (JLTP3) |
| <ul style="list-style-type: none"> - Increase the number of neighbourhood development plans (<i>not currently recorded on SPAR.net although website shows five plans under development</i>) | 12/13 4.2% non-decent Indicates that 95.8% decent | 14/15 target 4.2% |
| <ul style="list-style-type: none"> - Increase the number of people satisfied with their neighbourhood as a place to live. (<i>OPI301</i>) | | |
| TRANSPORT | | |
| <ul style="list-style-type: none"> - Increase the use of public transportation (buses). (<i>CD177 increase in passenger journeys originating in the local authority area</i>) | 13/14 84% | 14/15 target 85% |
| <ul style="list-style-type: none"> - Reduce single occupancy car journeys | 12/13 25,413,186 | Target is 11% growth on 08/9 |

| | | |
|---|--|--|
| <p>GREEN</p> <ul style="list-style-type: none"> - Reduce emissions from council owned buildings and housing stock. <p>BRISTOL CORE STRATEGY INDICATORS (2011)</p> <p>Progress on major developments</p> <p>% of schemes including at least 1,000 sq m of non-residential floorspace granted planning permission that achieve BREEAM “Very Good”, “Excellent” and “Outstanding”</p> <p>Number and percentage of new market and new affordable homes completed by size, type and location – and Building for Life Assessment</p> <p>Gross affordable housing completions by location and category (social rented, intermediate, S106 with/without public subsidy, other public subsidy, total)</p> <p>% of schemes including 10 or more homes granted planning permission that achieve levels 4, 5 and 6 of the Code for Sustainable Homes</p> <p>Amount and % of eligible green open space managed to Green Flag Award standard</p> <p>Change in areas of biodiversity importance</p> <p>% of tree cover</p> <p>% of non-car-owning households who are within 30 minutes travel time of healthcare facilities</p> <p>JLTP3 INDICATORS FOR KEY TRANSPORT GOALS</p> <p>Road safety - people killed or seriously injured in road traffic accidents</p> <p>Rail passenger numbers</p> <p>Accessibility – access to services and facilities by public transport, cycling and walking</p> | <p>JLTP lists as 40% of all journeys to work (not dated)</p> | <p>levels by 15/16 (JLTP3) No target found</p> |
|---|--|--|

FOOD

| Indicators | Current Performance | Targets (by when?) |
|--|---|--|
| <p>Some examples of measures that can be tracked year on year include;</p> <ol style="list-style-type: none">1. Availability of local shops selling affordable cook from scratch ingredients ward by ward2. Which schools have succeeded in meeting the standards for a Healthy School, are serving food that meets Silver on Food for Life Catering Award (or equivalent), and are involving all pupils in food growing at school and farm visits.3. The increase in the number of schools in areas of highest deprivation who are engaged with the healthy schools programme and working on growing and cooking food.4. Which Hospitals and Universities meet Silver on Food for Life Catering Award (or equivalent)5. How many local community food growing projects and community kitchens are there, ward by ward, and how well are they doing.6. How much food waste is collected and composted from households, from businesses, and how much goes to landfill.7. How many Bristol children in Reception class and in Year 6 are overweight and how many are obese, according to National Child Measurement Programme data.8. What is the state of the wholesale, brokerage and delivery business systems that serve the independent food sector in the West of England. | <p>The first step is to commission production of a Baseline Report that summarises available data relating to the Bristol Good Food Plan priorities. A proposal for how to do this was drawn up at the 29 November Food event.</p> <p>This baseline report would form one element of the work being led by the Green Capital Partnership's Action Group on Monitoring and Evaluation.</p> | <p>Once baseline data is assembled then a set of measures with year on year targets, can be developed.</p> |

| | | |
|---|--|--|
| 9. What proportion of respondents in Bristol's annual „Quality of Life Survey“ report that they cook meals from scratch at least once a week. | | |
|---|--|--|

DOMESTIC VIOLENCE

| Indicators | Current Performance | Targets (by when?) |
|--|--------------------------------------|---|
| (These may be process or programme indicators if outcome measures are not available) Number of schools signed up, and working towards the Bristol Ideal | 0 – not yet launched | March 2015 – 15 March 2016 – 30 |
| Number of partner agencies signed up to minimum standard of policies and practice around gendered violence | Not yet measured | March 2015 – 20 March 2016 – 30 |
| Number of non-specialist agencies reporting on data from routine enquiry to the Strategy Group | Not yet measured | March 2015 – 3 March 2016 – 5 |
| Number of partner agencies“ training programmes assessed as meeting a good standard | Not yet measured | March 2015 – 3 |
| Information on new Bristol Hate Crime Service to be circulated to all Health and Wellbeing Board partners | Information not shared | To share information by March 2014 |
| To identify organisations teams who need to have briefings on reporting race hate cases and how to undertake the hate crime risk assessment | Not known | To identify front line teams from the information sharing above and deliver briefings by September 2014 |
| 30 referrals for restorative justice in race hate crime cases | 15 referrals between June – Dec 2013 | 2 referrals from Health and Wellbeing organisations by June 2014 |
| Health and Social Care Safeguarding contact to attend case review conferences when H&SC service users are the | Fortnightly case review panels | Active involvement in all cases with an H&SC service user. |

| | | |
|---|------------------------|--|
| perpetrator or victim | | |
| Regular attendance from acute hospital services at high risk case review panels | Contact not identified | To identify an acute services contact by June 2014 |

SMOKING

| Indicators | Targets |
|--|---|
| Smoking prevalence in adults (HIS) | Annual (Aim to reduce to 18.5% by 2015; 10% or less by 2020) |
| Smoking prevalence in young people measured at 15 years | Annual (Aim to reduce to 12% or less by 2015; 1% or less by 2020) |
| Smoking at Time of Delivery (SATOD) | Quarterly/Annual (Aim to reduce to 11% or less by 2015) |
| Local stop smoking target – Number of 4-week quits | Quarterly (Annual target is 2568 4 – week quits) |
| Reducing smoking prevalence in most deprived groups | |
| Number of smokefree areas eg. Play areas, children's centres | |
| Number of test purchases for underage sales | |
| Amount of intelligence on illegal tobacco | |
| A Bristol wide strategy for tobacco | |

ALCOHOL

| Indicators | Current Performance | Targets (by when?) |
|--|--|--------------------------------------|
| <p>1. Action 30: a) Number of IBA training sessions given. b) Number of services trained c) No of IBA's given by trainees</p> | <p>Target: 10 in 2013-14.</p> <p>Indicator: number</p> | <p>12 per financial year.</p> |
| <p>2. Action 46: a) % of alcohol users that left ROADS alcohol treatment successfully who do not re-present to ROADS treatment within 6 months</p> | <p>Indicator: number</p> <p>Target: no baseline (new services just established).</p> | <p>To be developed</p> |
| <p>3. Action 47: a) Average number of Wet Clinic patient consultations per session b) % accessing SM treatment services.</p> | <p>Indicator: number per session</p> <p>Indicator: % in current SM treatment</p> | |
| <p>4. Action 51: a) Number referred to treatment b) Successful completions</p> | <p>To be confirmed To be confirmed.</p> <p>Indicator:</p> | |
| <p>5. Action 23: a) Provide training for GPs in community detoxification.</p> | <p>Number of sessions provided: 1 in 13/14</p> <p>Number of GPs trained:</p> | |
| <p>6. PH -Alcohol related hospital admissions (cover alcohol misuse and violence admissions). (Narrow) <i>This is a measure of the rate of hospital admissions that might be due to alcohol use</i></p> | <p>Long-term system Indicator (2012- 13) = estimated 4% reduction from (2011-12). Baseline 721.45 per 100,000 in 212/13.</p> | |
| <p>7. PH – Rate of Alcohol-related hospital admissions per 100,000 (broad) <i>This is a measure of alcohol misuse in the community.</i></p> | <p>Baseline 2480.59 per 100,000 in 212/13.</p> | |
| <p>8. PHE 4.06ii Under 75 mortality rate from liver disease considered preventable</p> | <p>Long-term system Indicator. Baseline (2009-11) : 12.6 per 100,000</p> | |

IMPROVE MENTAL WELLBEING AND REDUCE SOCIAL ISOLATION

Barometer – How does Bristol fare on this priority?

Where are we now?

| Treatment | Local value | Eng. value | Eng. worst* | England Range | Eng. best* |
|---|-------------|------------|-------------|---------------|------------|
| 15 Directly standardised rate for hospital admissions for mental health, 2009/10 to 2011/12 | 208 | 243 | 1,257 | | 99 |
| 16 Directly standardised rate for hospital admissions for unipolar depressive disorders, 2009/10 to 2011/12 | 11.0 | 32.1 | 84.8 | | 4.7 |
| 17 Directly standardised rate for hospital admissions for Alzheimer's and other related dementia, 2009/10 to 2011/12 | 6 | 80 | 226 | | 5 |
| 18 Directly standardised rate for hospital admissions for schizophrenia, schizotypal and delusional disorders, 2009/10 to 2011/12 | 21 | 57 | 233 | | 5 |
| 19 Allocated average spend for mental health per head, 2011/12 | 169 | 183 | 147 | | 257 |
| 20 Numbers of people using adult & elderly NHS secondary mental health services, rate per 1000 population, 2010/11 | 2.4 | 2.5 | 0.0 | | 9.6 |
| 21 Percentage of referrals entering treatment from Improving Access to Psychological Therapies, 2011/12 | 56.6 | 60.1 | 28.9 | | 99.7 |
| 22 Numbers of people on a Care Programme Approach, rate per 1,000 population, 2010/11 | 8.7 | 6.4 | 0.3 | | 17.1 |
| 23 In-year bed days for mental health, rate per 1,000 population, 2010/11 | 154 | 193 | 72 | | 489 |
| 24 Number of contacts with Community Psychiatric Nurse, rate per 1,000 population, 2010/11 | 158 | 169 | 3 | | 584 |
| 25 Number of total contacts with mental health services, rate per 1,000 population, 2010/11 | 276 | 313 | 31 | | 823 |

Outcomes

Improving patient outcomes is the aim of all mental health services. There is little data available about patients following their use of mental health services, but an indicator on recovery rates following use of Improving Access to Psychological Therapies is included here for the first time."

| | | | | | |
|---|------|------|-------|--|------|
| 26 People with mental illness and or disability in settled accommodation, 2011/12 | 75.2 | 66.8 | 1.3 | | 92.8 |
| 27 Directly standardised rate for emergency hospital admissions for self harm, 2011/12 | 275 | 207 | 543 | | 52 |
| 28 Indirectly standardised mortality rate for suicide and undetermined injury, 2010/11 | 119 | 100 | 174 | | 29 |
| 29 Hospital admissions caused by unintentional and deliberate injuries in <18s, 2009/10 | 136 | 123 | 217 | | 68 |
| 30 Improving Access to Psychological Therapies - Recovery Rate, 2011/12 | 34.1 | 43.8 | 9.9 | | 65.3 |
| 31 Excess under 75 mortality rate in adults with serious mental illness, 2010/11 | 792 | 921 | 1,863 | | 210 |

Space for Future Updates and information from Social Isolation

Going forward, JSNA project with Mental Health Partnership will be measuring:
National indicators*

- 1a/ PHOF – 2.08 (Child)
- 1b/ PHOF – 2.23 (Wellbeing)
- 4.10 (suicide)

- 2a/ QOF – Number of people on Depression register
- 2b/ QOF – Number of people on Mental Health register
- 3a/ Community MH Profile (?) - IAPS service users
- 3b/ Community MH Profile (?) – Recovery rate [?]

Local Indicators

- 1/ Bristol MH Risk scorecard
- NB Basket of c20 local indicators (1c/ PHOF – many from QoL)
- Based on relative ranking within Bristol – not comparable nationally

*fashioned into a single spine chart as shown above and reflecting city rates and also Core Cities and England comparison with commentary to highlight lack of variation and small range of national indicators.

DEMENTIA

| Indicators | Current Performance | Targets (by when?) |
|--|-------------------------------------|------------------------------|
| Diagnosis rate | 49% | 66% (Govt target) April 2015 |
| Carers of people with dementia accessing a break | 147 (significantly exceeded target) | 80 (April 2014) |
| Open 120 beds in two purpose built homes | | Autumn 2016 |
| Two new centres to be opened | | |

MATERNITY

| Indicators | Current Performance (2013/14 Q1) | Targets (by when?) |
|---|----------------------------------|--------------------|
| Booking for ante-natal care by 12 th week of pregnancy | 91.1% | 90% or higher |
| Smoking at the time of delivery | 12.6% | 10% or lower |
| Initiation of Breastfeeding | 82.3% | 80% or higher |

INTEGRATION

Metrics are in development as part of the Better Care Fund programme of work.

CHILDREN

| Indicators | Current Performance | Targets (by when?) |
|---|----------------------------|---------------------------|
| ED attendance rates for children and young people aged under 16 maintained or reduced despite population growth | | |
| New community child health provision in place and delivering against outcomes | | |
| Integrated SEN 0-25 service in place and delivering to children and families | | |
| S136 pathway in place for children aged under 16 | | |
| Number of children detained by the police referred to place of safety | | |