

# Health and Wellbeing Board Agenda



BRISTOL CCG

**Date:** Wednesday, 22 January 2020

**Time:** 3.15 pm

**Venue:** The Writing Room - City Hall, College Green,  
Bristol, BS1 5TR

## Distribution:

**Board Members:** Dr A Bolam, Helen Holland, Asher Craig, Christina Gray, Julia Ross, Justine Rawlings, Elaine Flint, Poole, Vicky Marriott, Dr J Jensen, Robert Woolley, Andrea Young, Eva Dietrich, Jo Makinson, Terry Dafter, Hutchinson and Smith

**Copies to:** Nancy Rollason (Service Manager Legal), Sarah Sharland (Legal Officer), Sally Hogg and Oliver Harrison (Democratic Services Officer)

**Issued by:** Oliver Harrison, Democratic Services  
City Hall College Green Bristol BS1 5TR  
Tel: 0117 35 26162

E-mail: [democratic.services@bristol.gov.uk](mailto:democratic.services@bristol.gov.uk)

**Date:** Tuesday, 14 January 2020



# Agenda

## **5. Minutes of Previous Meeting**

To agree the minutes of the previous meeting as a correct record.

**(Pages 3 - 8)**

## **10. Developing a multiagency drug and alcohol strategy for Bristol**

**(Pages 9 - 26)**



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

**27 November 2019 at 2.30 pm**



**Board Members Present:** Dr A Bolam, Helen Holland, Justine Rawlings, Elaine Flint, Keith Sinclair, Andrea Young, Eva Dietrich, Vicky Marriott and Terry Dafter

**Officers in Attendance:-**

- 1. Welcome, Introductions and Safety Information**
- 2. Apologies for Absence and Substitutions**

Apologies were received from Cllr Helen Godwin, Cllr Asher Craig, Jacqui Jensen and Christina Gray.

- 3. Declarations of Interest**

None received

- 4. Minutes of Previous Meeting**

The minutes of the meeting held on 25 September 2019 were agreed as a correct record.

- 5. Public Forum**

The Bristol Clean Air Alliance submitted a series of public forum questions relating to air quality. The Chair thanked BCAA for the work they have done in air quality, as it can be used by the Health and Wellbeing board to show public interest in the issue. Under the One City Plan, the HWB will be working closely with the Environment Board on air quality health issues.

- 6. Integrated Care System Localities**

Justine Rawlings and Terry Dafter presented a report on Integrated Localities, of which there are 6 in BNSSG and 3 in Bristol.



- Key priority groups for developing more integrated services include: older people, mental health, urgent care, children and families.
- There is a need for more detailed work based on population health management data, to inform the model as well as better understanding of what matters to people in order to design with people and communities our model of care.
- We are developing new models of care for people who are frail (usually the elderly, but also those with frailty caused by other factors such as deprivation).
- As part of the Healthier Together Long Term plan the intention is to strengthen our current joint working in localities into integrated care partnerships, including working closely with voluntary sector. Groups are already looking at joint work in the localities, and how we make the most of our collective resources and avoid duplication.
- Within these localities, teams eg. Those based around primary care networks (PCNs) or in locality hubs will be working with individuals to deliver personalised care and taking an integrated and broader approach to care planning. E.g. involving the voluntary sector.
- There are many practical considerations in locality working, such as social work, community health and relationships with GPs. It will require a whole system approach and there are bound to be problems, but it is important to conserve resources by not duplicating. We should be patient, as similar schemes in London took over 10 years to realise.
- Be aware of the big difference in scale when considering the role of voluntary organisations and their resources. There is nuance in big plans like this e.g. the voluntary sector can show who is not accessing services.
- Greater information sharing between GPs, community nurses and social care would have significant impact. Carers are also a great source of information and support that should be involved.
- Be aware of the different levels involved, CCGs have very wide reach, there are city wide organisations, and voluntary organisations at very local level. High level strategy, but services must directly represent their locality.

The Board NOTED

- The contents of this update and the proposal to share regularly further detail and progress with the specific Bristol locality plans at future meetings
- The progress made to date in Bristol to develop integrated partnerships to deliver locality plans including the role of VCSE in those partnerships

## 7. Health and Wellbeing Board Performance Report

Mark Allen introduced the HWB Performance Report. This report shows progress against the agreed 'Plan on a Page' objectives. Red indicates that outcomes are getting worse, or that progress has stalled. Amber indicates progression towards the objective. Green indicates that the objective has been achieved.

- All objectives in work stream 1 have been achieved. Period dignity has been delivered with the key involvement of schools. There are currently 16 organisations committed to 'time to change'.



- Work stream 2 is all progressing. More information on fleet reduction is needed, UHB and AWP should have this data. Some board members have listened to children reading and there is good news that the BRI is setting up a library.
- In work stream 3, alcohol related admissions and prevalence of diabetes is getting worse.
- Work stream 4 was covered by the integrated care system item earlier in this meeting.
- Work Stream 5: The mental health strategy is close to completion. The Adverse Childhood Experience intervention team has been set up. There is also a helpful film on ACEs that would be good to circulate or show at an HWB meeting. Thrive is going well, the HWB objective is to identify impact, but the data is not yet available.
- Work stream 6: most of these reports will be available in the New Year.
- The Board asked that future objectives be related more to outcomes, but accepted that this would be difficult until more data is available.

The Board APPROVED the following recommendations:

1. Board to assess progress and suggest any appropriate actions
2. Relevant Board Members to request information on public sector fleet fossil fuel reduction plans from their organisations
3. Board to request input into the Healthier Together prevention work-stream and substance misuse strategy

## 8. One City Plan Timeline

Sally Hogg introduced the report on the One City Plan Approach and Timeline. It has been a year since the launch of the OCP so a good time to review. The OCP was a difficult process to get together and has undergone several refinements this year. We are looking to get HWB approval for the 3 new priorities for 2020:

1. Bristol is on the way to becoming an ACE Aware city with 20% workforce trained in trauma informed practice.
  2. At least 95% of Looked After Children have regular health assessments (This is a Sustainable Development Goal).
  3. 50 organisations will have committed to adopting and implementing the Mental Health at Work core standards.
- There were concerns about how the ACE workforce percentage would be measured. Is this in all organisations or just public sector? It would make sense for HWB members to commit to achieving this in their own organisations, but will need to know whether it is feasible. The OCP approach is across the city however. Be aware that changing practice is a major task. The next OCP gathering is 10 Jan 2020, so would need to get commitment before then.
  - Mental health at work core standards follows on from 'Time for change', which was more about stigma removal.
  - HWB members are asked to examine the goals and report back to Sally with any issues.



The Board APPROVED the following recommendations:

1. The Health and Wellbeing Board approve the Health and Wellbeing timeline for the One City Plan.
2. The Health and Wellbeing Board sign off the three themed priorities for 2019 as fully achieved or in progress (acknowledging that some are longer term ambitions which now have a route towards achievement).
3. The Health and Wellbeing Board agree the 3 themed priorities for 2020 in principle, following feedback of members to SH.

## 9. Annual Health Protection Report

Thara Raj and Sophie Prosser introduced the Annual Health Protection Report. Good progress is being made overall. Measles 86% vaccination rate is not enough. Flu vaccination in old people is good, but worse with young children. There is an engagement campaign with schools to remedy this.

The Board NOTED the following recommendation:

The Board notes progress that has been made to ensure that sustainable and effective local systems are in place for protecting the health of Bristol residents and to continue to seek assurance that key partners in Bristol are addressing the key areas which are outlined in the full report.

## 10 One City Climate Strategy

Alex Minshull gave a presentation on the One City Climate strategy.

- The source of emissions is fairly balanced between domestic, industry and transport. However, 20% of total building emissions are from the healthcare sector.
- Decarbonising heat is achieved by removing gas, but this will be very challenging as it has been the standard for over 40 years. Net zero emissions is possible by 2030, the technology exists but needs action across city and organisations to enable it. The public must want to switch from gas.
- Regarding transport, it is not feasible to electrify the current system, the system itself has to change.
- The board raised concerns about health impact of measures being taken and unintended consequences. E.g. gas is cheap, so moving away from gas could affect fuel poverty.
- The climate strategy will be decided in February Cabinet so it is too late for the HWB to feed in. The HWB February workshop will be held after Cabinet, so would be appropriate to discuss things then.
- ACTION Alex and Sally to discuss how to get strategic discussion together if needed.

The Board APPROVED the following recommendations:

1. Supports the development of a One City Climate Strategy as an effective way to collectively address climate change
2. Actively participates in the development of the Strategy
3. Consider endorsement of the Strategy following agreement by the Environmental Sustainability Board.



## 11 CYP Emotional Health and Wellbeing LTP

Carol Slater presented on the Children and Young People Emotional Health and Wellbeing Locality Transformation Plan. The plan emphasises early intervention and emotional/mental wellbeing rather than physical health. It requires a joined up approach with GPs, schools and other stakeholders. 1 in 8 children have a mental health condition and 25% of Bristol children grow up in deprived households. CAMHS has adopted the iThrive system, and are basing interventions on individual needs rather than age brackets.

- There is not much in the report at the moment relating to young carers. Carers Support Centre is developing a monitoring report which shows a large percentage of young carers have mental and emotional issues. ACTION Keith and Carol to share this data so it can be integrated into the report.
- The issue is complex, so it is important to have good governance across organisations to improve outcomes. There is an emotional wellbeing steering group that has been working on this plan over past year. That reports into NHS England. There is also a children and families STP group, but it is not clear how these integrate with HWB.
- Ages 10-16 is still a complex area, with a huge burden on schools to manage. Interactive online services for young people would be appropriate. In Primary School harder to get access to services than in Secondary. This is the wrong way around if we are emphasising early intervention.
- There needs to be more consideration of what primary care can offer. The route into school used to be school nurses, but their numbers are dropping. It is hard for practitioners to get information on children in schools.
- South Gloucestershire just received an award for its transition model. ACTION Eva to distribute to board.

## 12 Feedback from Healthier Together (STP)

There was a discussion following the recent Healthier Together meeting.

- The long term plan has been developed, to the next step is to work out the connections between different parts. What do we ask people to start providing and how does it relate to the mental health strategy.
- Meetings with other HWB within BNSSG have been productive. There are some concerns about direction of travel, transparency and governance.
- BME representation within the Mental Health Strategy is insufficient and interest groups are leaning on some members. The Mental Health Strategy authors are aware they need to improve on equalities work, but this has been challenging in the context of producing a concise strategy.
- The re-introduction of Health Scrutiny in Bristol is useful, with other authorities following suit. This means that HWB members are more aware of issues. There are discussions about getting a health scrutiny representative to sit on HWB.

## 13 Work Programme

The forward plan was noted.



## 14 Any Other Business

A Decision was made to invite new members to the Board - Sumita Hutchison, Bristol Commission for Race Equality and Jean Smith, Director of Nilaari & Chair of the BME Mental Health Group.

### ACTION SUMMARY

1. Board Members to request information on public sector fleet fossil fuel reduction plans from their organisations and feed this back to Mark Allen
2. Board Members to request input into the Healthier Together prevention work-stream and substance misuse strategy
3. Elaine Flint to supply film on Adverse Childhood Experiences to Oliver Harrison for circulation / presentation at a future HWB
4. Board Members to feedback to Sally Hogg on the proposed One City Plan objectives, especially Adverse Childhood Experiences
5. Sally Hogg to discuss with Alex Minshull ways in which the HWB can feed into the Climate Strategy
6. HWB to consider endorsement of the Climate Strategy once it has been agreed by the Environmental Sustainability Board
7. Keith Sinclair to share with Carole Slater data from the Carers Support Centre monitoring report relating to mental / emotional health of young carers
8. Eva Dietrich to supply the South Gloucestershire CYP Emotional Health and Wellbeing transition plan to Oliver Harrison for circulation

Meeting ended at 5.00 pm

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





# The Development of a multiagency Drugs and Alcohol Strategy for Bristol

Page 9

Thara Ray

Consultant in Public Health – Safer City

22 January 2020

Agenda Item 10



People Directorate



# Introduction

Problematic drug and alcohol use is a major issue in Bristol.

Effective public policy needs to address education, prevention, early intervention, harm reduction, treatment and supply.

Bristol's One City Plan sets out the following ambition.

- By 2024 the year on year increase in substance misuse related deaths has been reversed.
- By 2034 alcohol related harm in the population will be significantly reduced, as measured by alcohol related hospital admissions.
- By 2036 to reduce the number of substance misuse related deaths by 25%, over a period between 2018 and 2036 or sooner.
- By 2044 Bristol will have reduced the number of substance misuse related deaths by 50%, over a period between 2018 and 2044 or sooner.

PEOPLE Directorate



# Emerging vision and principles

**Our vision is to make Bristol a place where everyone can have the best start in life, live well and age well, safe from the harms caused by drugs and alcohol.**

Bristol will be a place where:

- children, young people and families have the best start in life and future generations grow up protected from the impact of drug and alcohol misuse.
- people who drink alcohol choose to do so responsibly and safely.
- people are empowered to avoid using drugs and alcohol to cope with adversity and the stresses and strains of life.
- our services and communities work together to build resilience and address the harms caused by drugs and alcohol.
- individuals who develop drug and alcohol problems can recover and live fulfilling lives in strong resilient communities.



**PEOPLE Directorate**



# Problematic substance use is associated with:

- Emotional and mental health problems
- Homelessness
- Relationship breakdown
- Violence including domestic violence
- Anti-social behaviour
- Crime
- Exploitation

Page 12



People Directorate



# Alcohol

The alcohol specific mortality rate for Bristol is 13.6 per 100,000 - that is approximately 40 to 50 deaths per year.

The alcohol-related mortality rate for Bristol is 56.8 per 100,000 - that is 197 deaths per year.

Page 13

Alcohol is a causal factor in over 60 medical conditions including mouth, throat, liver and breast cancer.

An estimated 1300 people in Bristol are alcohol dependent with 700 in treatment



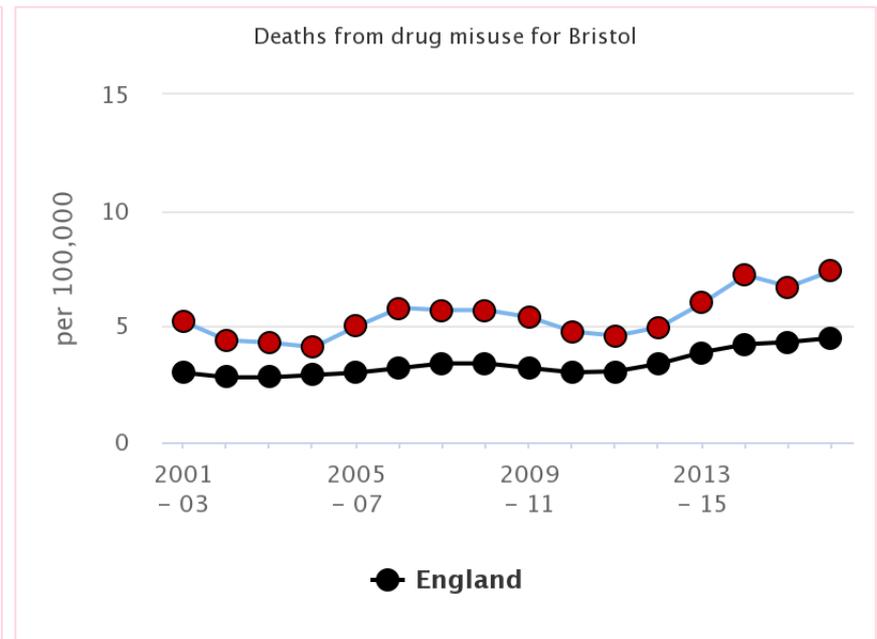
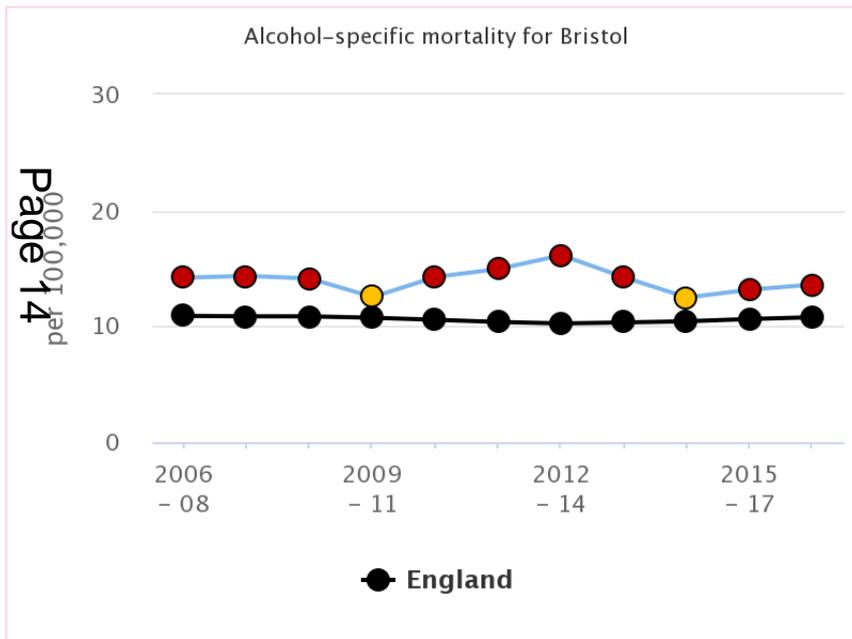
PEOPLE Directorate



# Mortality

Data for the period 2016-2018

- **7.4 deaths per 100,000** of the population from drug misuse
- **13.6 deaths per 100,000** alcohol specific mortality

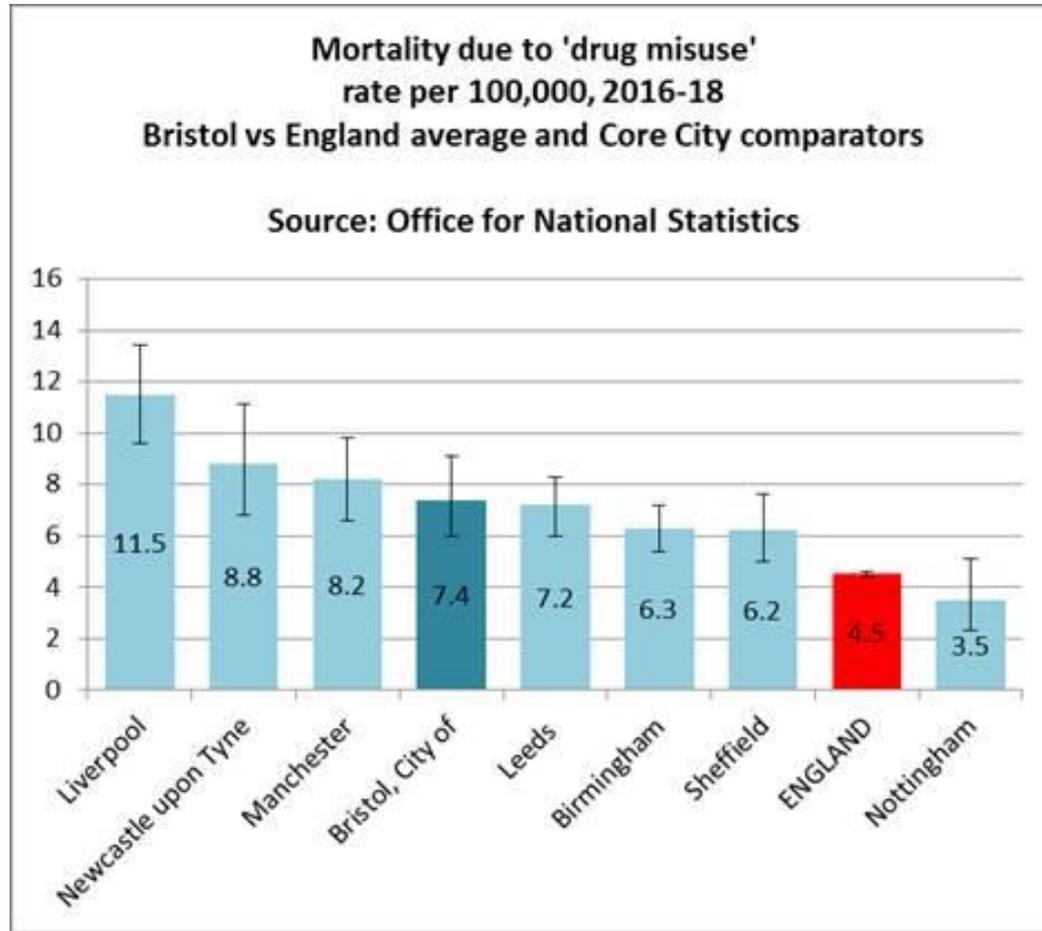


PEOPLE Directorate



# Bristol and Core City comparators

Page 15



PEOPLE Directorate



# Non – opiate use in Bristol

Non – opiates include cannabis and novel psychoactive substances such as ‘Spice’.

Non - opiate use is widespread and accounts for much ‘social’ drug use.

Around 700 people are in treatment for non - opiate use but opiate users often engage in poly substance use



PEOPLE Directorate



# Opiate use in Bristol

It is estimated that:

- 4000 people use opiates (heroin and Crack Cocaine);
- 2,600 opiate users are in treatment;
- 900 individuals access needle and syringe exchange programmes;
- 2000 opiate users are not engaged with services.

Page 17



PEOPLE Directorate



# Young People

The most recent Public Health England data on alcohol and young people tells us that:

- rates of 15 year olds who drink alcohol at least weekly, are similar in Bristol (6.1%) to those for England as a whole (6.2%).
- rates of cannabis use in the last month among 15 year olds in Bristol (8.9% compared to 4.6% )are among the highest in the country.
- Far more 15 year olds in Bristol have had an alcoholic drink (66.7%) than have tried cannabis (17.7%)

Page 18

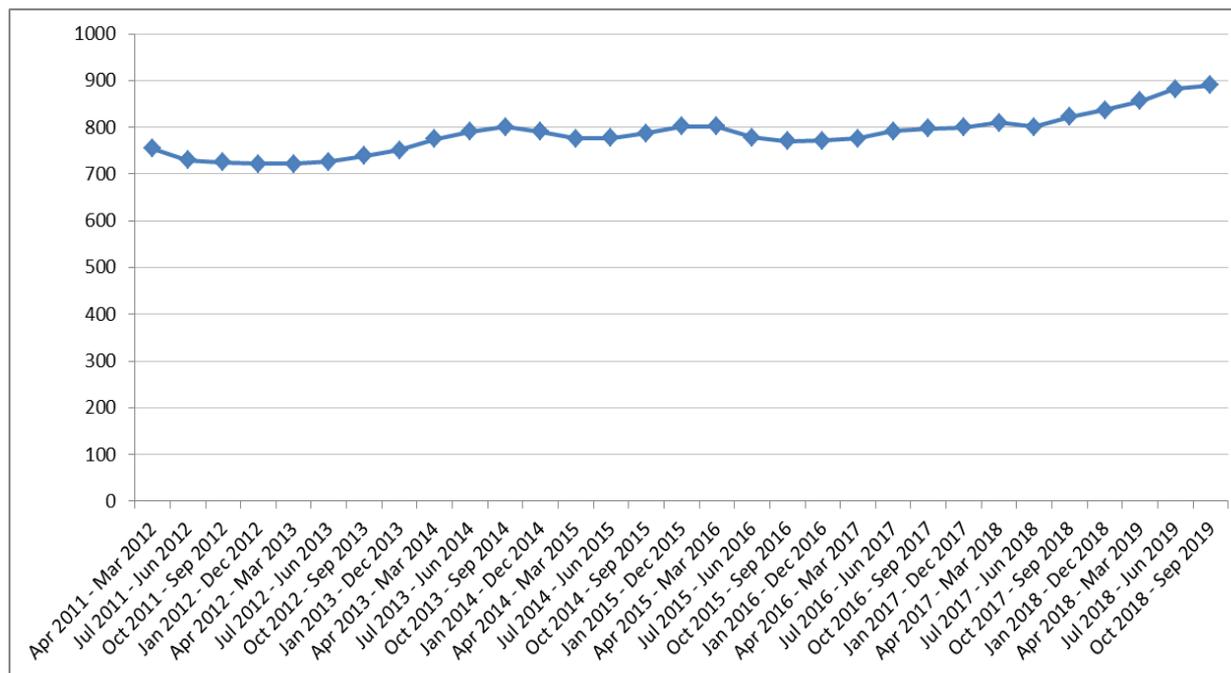


PEOPLE Directorate



# Alcohol-related admissions (NHS Digital Hospital Episode Statistics)

- Alcohol-related admissions in Bristol is 891 per 100,000



# Themes from early engagement events

- Prevention
- Importance of aspiration and hope
- ACE aware and trauma informed practice
- Use of licencing and other regulatory powers
- Access to treatment
- Harm reduction
- Community and Neighbourhood interventions
- Strengths based and resilience focussed approaches
- Peer led support and recovery

Page 20



PEOPLE Directorate



# 1. Timeline

- Needs assessment – October 2019 ✓
- People Scrutiny – 26<sup>th</sup> November 2019 ✓
- Early engagement stakeholders – December 2019 ✓
- Further engagement January – February 2020
- Sign offs prior to public consultation and pre and post election period – June 2020
- Draft document for public consultation – June/July 2020

Page 21



PEOPLE Directorate



# Emerging vision and principles – discussion

**Our vision is to make Bristol a place where everyone can have the best start in life, live well and age well, safe from the harms caused by drugs and alcohol.**

By (*HWB to decide timeframe in line with One City Plan*) Bristol will be a place where:

- children, young people and families have the best start in life and future generations grow up protected from the impact of drug and alcohol misuse.
- **people who drink alcohol choose to do so responsibly and safely.**
- people are empowered to avoid using drugs and alcohol to cope with adversity and the stresses and strains of life.
- our services and communities work together to build resilience and address the harms caused by drugs and alcohol.
- individuals who develop drug and alcohol problems can recover and live fulfilling lives in strong resilient communities.

PEOPLE Directorate



# Thank You!

Page 23



PEOPLE Directorate





## Bristol Health and Wellbeing Board

Title of Report:	Developing a multiagency drug and alcohol strategy for Bristol
Author:	Thara Raj, Consultant in Public Health – Safer City, Bristol City Council
Date of Board meeting:	22.1.2020
Purpose:	Decision and oversight

### 1. Executive Summary

Problematic drug and alcohol use is a major issue in Bristol.

There is a pressing need to develop a substance misuse (drug and alcohol) strategy in order to inform the future direction within Bristol.

Bristol has a city-wide alcohol strategy, which expires at the end of October 2020. The Safer Bristol Community Safety Partnership had a commissioning strategy that informed the configuration of the current drug and alcohol services. However the Community Safety Partnership arrangements are changing in Bristol and the new Keeping Bristol Safe Partnership, which was established in September 2019, has replaced the former Safer Bristol Community Safety Partnership. Although commissioning of drug and alcohol services sits with Bristol City Council Public Health, we cannot deliver a preventative approach without taking a One City approach and working hand in hand with communities and other City partners. Effective public policy needs to address education, prevention, early intervention, harm reduction, treatment and supply.

We are proposing an integrated drugs and alcohol strategy that is owned and developed with communities and partners across the City including the Police, Ambulance Service, NHS Trusts and other providers, the Office of the Police and Crime Commissioner, the CCG and others. The strategy will be informed and underpinned by a needs assessment, clear diagnostic analysis and stakeholder engagement. The proposal to develop a multiagency strategy has been discussed at the Bristol City Council People Scrutiny in December 2019 and at the Keeping Communities Safe Business Delivery Group in December 2019. A number of early engagement events have already taken place and more are planned. A working group is being convened.

## 2. Purpose of the Paper

To support the initial framing of the strategy by considering and shaping the emerging vision and principles and to suggest a timeframe for the strategy that is in line with the ambitions in the One City plan.

## 3. Evidence Base

The harms and inequalities associated with drug and alcohol and the evidence for what works has been well documented in NICE guidelines, Public Health England<sup>1</sup> and other national guidance documents. Public Health England's substance misuse profile data for Bristol is available at

<https://fingertips.phe.org.uk/search/substance%20misuse#page/1/gid/1/pat/6/par/E12000009/ati/102/are/E06000023>

The attached presentation includes some of the highlight data for Bristol.

Bristol's One City Plan sets out the following ambition.

- By 2024 the year on year increase in substance misuse related deaths has been reversed.
- By 2034 alcohol related harm in the population will be significantly reduced, as measured by alcohol related hospital admissions.
- By 2036 to reduce the number of substance misuse related deaths by 25%, over a period between 2018 and 2036 or sooner.
- By 2044 Bristol will have reduced the number of substance misuse related deaths by 50%, over a period between 2018 and 2044 or sooner.

## 4. Recommendations

That the HWB supports the initial framing of the strategy.

That the HWB decide on a timeframe for the emerging multiagency drug and alcohol strategy that is in line with the One City Plan.

The Board is recommended to approve a 10-year strategy - 2020 to 2030 - which would enable communities and City partners to engage effectively on how the ambitions set out in the One City Plan can be achieved and to then review the strategy in 10 years to see how the remaining ambitions can be realised.

---

1

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/774743/Preventing\\_drug\\_and\\_alcohol\\_misuse\\_international\\_evidence\\_and\\_implementation\\_examples.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/774743/Preventing_drug_and_alcohol_misuse_international_evidence_and_implementation_examples.pdf)

## **5. City Benefits**

The economy of Bristol will improve as citizens' employability increases because they are no longer trapped by the harms associated with drugs and alcohol. The City will feel safer, enabling more creativity whatever the time of day or night in Bristol. The day and night time economy will be vibrant, inclusive and non-threatening to people with protected characteristics as well as younger and older people, shoppers and tourists who may currently feel excluded or unwelcome.

## **6. Financial and Legal Implications**

The strategy will consider the financial and legal implications of achieving the One City Plan ambitions.

## **7. Appendices**

Please see attached presentation.