

Health and Wellbeing Board Agenda



BRISTOL CCG

Date: Thursday, 23 June 2022

Time: 2.30 pm

Venue: Bordeaux Room, City Hall, College Green,
Bristol, BS1 5TR

Issued by: Jeremy Livitt, Democratic Services

City Hall College Green Bristol BS1 5TR

E-mail: democratic.services@bristol.gov.uk

Date: Tuesday 14th June 2022



www.bristol.gov.uk

Agenda

1. Welcome, Introductions and Safety Information

Please note: if the alarm sounds during the meeting, everyone should please exit the building via the way they came in, via the main entrance lobby area, and then the front ramp. Please then assemble on the paved area between the side entrance of the cathedral and the roundabout at the Deanery Road end of the building.

(Pages 5 - 7)

If the front entrance cannot be used, alternative exits are available via staircases 2 and 3 to the left and right of the Council Chamber. These exit to the rear of the building. The lifts are not to be used. Then please make your way to the assembly point at the front of the building. Please do not return to the building until instructed to do so by the fire warden(s).

2. Apologies for Absence and Substitutions

3. Declarations of Interest

To note any declarations of interest from the Councillors. They are asked to indicate the relevant agenda item, the nature of the interest and in particular whether it is a **disclosable pecuniary interest**.

Any declarations of interest made at the meeting which is not on the register of interests should be notified to the Monitoring Officer for inclusion.

4. Minutes of Previous Meeting held on Wednesday 20th April 2022

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

(Pages 8 - 15)

5. Public Forum

Up to 30 minutes is allowed for this item.

Any member of the public or Councillor may participate in Public Forum. The detailed arrangements for so doing are set out in the Public Information Sheet at the back of this agenda. Public Forum items should be emailed to democratic.services@bristol.gov.uk and please note that the following deadlines will apply in relation to this meeting:-



Questions - Written questions must be received 3 clear working days prior to the meeting. For this meeting, this means that your question(s) must be received in this office at the latest **by 4.30pm on Friday 17th June 2022.**

Petitions and Statements - Petitions and statements must be received on the working day prior to the meeting. For this meeting this means that your submission must be received in this office at the latest **by 12 Noon on Wednesday 22nd June 2022.**

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|--|------------------------|
| 6. Health and Well Being Board Forward Plan - Mark Allen | 2.35 pm |
| To note the HWBB Forward Plan. | (Page 16) |
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| 7. ICPB Verbal Update - Councillor Helen Holland | 2.40 pm |
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| 8. Locality Partnership Updates - (a) North and West (b) ICE (c) South | 2.45 pm |
| To note each of the following written Local Partnership Updates – | (Pages 17 - 25) |
| (a) North and West (Sharron Norman) | |
| (b) Joe Poole (ICE) | |
| (c) Steve Rea (South) | |
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| 9. End of Year Performance Report - Sally Hogg, Communities and Public Health, Bristol City Council | 3.05 pm |
| | (Pages 26 - 33) |
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| 10. Cost of Living Crisis Response - Penny Germon and colleagues, Communities and Public Health, Bristol City Council | 3.15 pm |
| | (Pages 34 - 38) |
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| 11. Immunisations - Carol Slater and Julie Northcott, Communities and Public Health, Bristol City Council | 3.45 pm |
| | (Pages 39 - 40) |



12. Drug and Alcohol Strategy - Paul Moores, Ashley Wood and Tiffany Wood, Communities and Public Health, Bristol City Council

4.15 pm

(Pages 41 - 42)

13. Date of Next Meeting

The next formal Board meeting is scheduled to be held at 2.30pm on Wednesday 7th September 2022.



Public Information Sheet

Inspection of Papers - Local Government (Access to Information) Act 1985

You can find papers for all our meetings on our website at www.bristol.gov.uk.

Public meetings

Public meetings including Cabinet, Full Council, regulatory meetings (where planning and licensing decisions are made) and scrutiny will now be held at City Hall.

Members of the press and public who plan to attend City Hall are advised that you may be asked to watch the meeting on a screen in another room should the numbers attending exceed the maximum occupancy of the meeting venue.

COVID-19 Prevention Measures at City Hall (from March 2022)

When attending a meeting at City Hall, the following COVID-19 prevention guidance is advised:

- promotion of good hand hygiene: washing and disinfecting hands frequently
- while face coverings are no longer mandatory, we will continue to recommend their use in venues and workplaces with limited ventilation or large groups of people.
- although legal restrictions have been removed, we should continue to be mindful of others as we navigate this next phase of the pandemic.

COVID-19 Safety Measures for Attendance at Council Meetings (from March 2022)

Government advice remains that anyone testing positive for COVID-19 should self-isolate for 10 days (unless they receive two negative lateral flow tests on consecutive days from day five).

We therefore request that no one attends a Council Meeting if they:

- are suffering from symptoms of COVID-19 or
- have tested positive for COVID-19

Other formats and languages and assistance for those with hearing impairment

You can get committee papers in other formats (e.g. large print, audio tape, braille etc) or in community languages by contacting the Democratic Services Officer. Please give as much notice as possible. We cannot guarantee re-formatting or translation of papers before the date of a particular meeting.

Committee rooms are fitted with induction loops to assist people with hearing impairment. If you require any assistance with this please speak to the Democratic Services Officer.



Public Forum

Members of the public may make a written statement ask a question or present a petition to most meetings. Your statement or question will be sent to the Committee Members and will be published on the Council's website before the meeting. Please send it to democratic.services@bristol.gov.uk.

The following requirements apply:

- The statement is received no later than **12.00 noon on the working day before the meeting** and is about a matter which is the responsibility of the committee concerned.
- The question is received no later than **5pm three clear working days before the meeting**.

Any statement submitted should be no longer than one side of A4 paper. If the statement is longer than this, then for reasons of cost, it may be that only the first sheet will be copied and made available at the meeting. For copyright reasons, we are unable to reproduce or publish newspaper or magazine articles that may be attached to statements.

By participating in public forum business, we will assume that you have consented to your name and the details of your submission being recorded and circulated to the Committee and published within the minutes. Your statement or question will also be made available to the public via publication on the Council's website and may be provided upon request in response to Freedom of Information Act requests in the future.

We will try to remove personal and identifiable information. However, because of time constraints we cannot guarantee this, and you may therefore wish to consider if your statement contains information that you would prefer not to be in the public domain. Other committee papers may be placed on the council's website and information within them may be searchable on the internet.

During the meeting:

- Public Forum is normally one of the first items on the agenda, although statements and petitions that relate to specific items on the agenda may be taken just before the item concerned.
- There will be no debate on statements or petitions.
- The Chair will call each submission in turn. When you are invited to speak, please make sure that your presentation focuses on the key issues that you would like Members to consider. This will have the greatest impact.
- Your time allocation may have to be strictly limited if there are a lot of submissions. **This may be as short as one minute.**
- If there are a large number of submissions on one matter a representative may be requested to speak on the groups behalf.
- If you do not attend or speak at the meeting at which your public forum submission is being taken your statement will be noted by Members.
- Under our security arrangements, please note that members of the public (and bags) may be searched. This may apply in the interests of helping to ensure a safe meeting environment for all attending.



- As part of the drive to reduce single-use plastics in council-owned buildings, please bring your own water bottle in order to fill up from the water dispenser.

For further information about procedure rules please refer to our Constitution <https://www.bristol.gov.uk/how-council-decisions-are-made/constitution>

Webcasting/ Recording of meetings

Members of the public attending meetings or taking part in Public forum are advised that all Full Council and Cabinet meetings and some other committee meetings are now filmed for live or subsequent broadcast via the council's [webcasting pages](#). The whole of the meeting is filmed (except where there are confidential or exempt items). If you ask a question or make a representation, then you are likely to be filmed and will be deemed to have given your consent to this. If you do not wish to be filmed you need to make yourself known to the webcasting staff. However, the Openness of Local Government Bodies Regulations 2014 now means that persons attending meetings may take photographs, film and audio record the proceedings and report on the meeting (Oral commentary is not permitted during the meeting as it would be disruptive). Members of the public should therefore be aware that they may be filmed by others attending and that is not within the council's control.

The privacy notice for Democratic Services can be viewed at www.bristol.gov.uk/about-our-website/privacy-and-processing-notices-for-resource-services



Bristol City Council
Minutes of the Health and Wellbeing Board

20 April 2022 at 2.30 pm



Board Members Present: Helen Holland (Co-Chair), Christina Gray, Sarah Parker, Cathy Caple, Tim Keen, Tim Poole, Heather Williams, Sharron Norman

Officers in Attendance:-

Mark Allen, Sally Hogg and Jeremy Livitt

Presenters:-

Jenny Tomkinson (Agenda Item 8 - Long Term COVID), Alasdair Wood and Kate Egan Martin (Agenda Item 10 – Fuel Poverty Action Plan), Carol Slater (Agenda Item 11 – Pharmaceutical Needs Assessment)

Other Attendees: Councillor Tom Renhard (Agenda Item 10)

Apologies for Absence:-

Board Members – Councillor Ellie King, Vicky Marriott, Jean Smith, Kirsty Alexander, David Jarrett, Joe Poole, Steve Rea, Stephen Beet, Hugh Evans, Kerry Joyce, Janet Rowse, Zahra Kosar

Officers – Sarah Lynch and Lucia Dorrington

1. Welcome, Introductions and Safety Information

The Chair welcomed all parties to the meeting and asked everyone to introduce themselves.

2. Apologies for Absence and Substitutions

Apologies for absence were received from Vicky Marriott, Jean Smith, Kirsty Alexander, David Jarrett, Joe Poole, Janet Rowse, Kerry Joyce, Stephen Beet, Steve Rea, Sarah Lynch, Lucia Dorrington, Cllr Ellie King, Hugh Evans and Zahra Kosar.

3. Declarations of Interest

There were no Declarations of Interest.



4. Minutes of Previous Meeting held on Thursday 24th February 2022

RESOLVED – that the minutes of the meeting held on 24th February 2022 be agreed as a correct record and signed by the Chair.

5. Public Forum

There were no Public Forum items.

6. Health and Well Being Board Forward Plan

Mark Allen drew attention to the Forward Plan.

The Board noted that 26th May 2022 Development Session would discuss the One City Partnership and the role of the Board in bringing this work together.

July and September 2022 would be formal meetings of the Board with a break in August

7. COVID Standing Item - Verbal Update by Christina Gray, Director of Public Health

Christina Gray provided an update on COVID.

She made the following points:

- The situation had moved from outbreak to containment
 - The four pillars were outlined – prevent, protect, treat and respond
 - OMICRON remains the main strain
 - The infection rate is still very high
 - The number of COVID cases was plateauing but not reducing. However, the levels of hospitalisation were still not high due to the success of vaccination
 - Two Government agencies were helping to provide collective sharing around the country
 - Biweekly reports were reported on the website
 - A future update would be provided on the uptake of the vaccines amongst the 5 to 11 year olds. Whilst slow in uptake in children, coverage in adults was now at 60%
 - A piece of work was being set up to look at the health offer for refugees. It was noted that Haven had been very successful for Bristol. The role was to skill up GPs as required and ensure expertise in the system
 - The future COVID bulletin would include information on the total children’s vaccination rates
- ACTION: Christina Gray to provide**



The Chair read out a comment by Hugh Evans (who had been unable to attend) concerning support for refugees from Ukraine which had been sent to Board members immediately prior to the start of the meeting.

Board Members made the following points in response to the presentation:

- The number of patients who caught COVID continued to have a knock on impact for other services
- Staff were encouraged to continue to test themselves weekly which had created issues with staff absence
- Guidance/prevention control had been issued by the NHS. Its purpose was to address the NHS backlog and ensure that people continued to meet up safely
- Health Checks for Refugees - Ten Hubs were being set up in churches, including one in Hartcliffe and Withywood. The Environmental Health Team were carrying out accommodation safety checks with the help of volunteers, including Ukrainian and Russian speakers
- There remained concerns about GP payments. GP's would only receive payments for MMR vaccines if they reached 95% **ACTION: Christina Gray to investigate**
- The Haven Health Centre currently had no responsibility for Ukrainian refugees and no funding

8. Long COVID Services - Jenny Tomkinson (SIRONA Care and Health)

Jenny Tomkinson and Sally Hogg gave presentations on Long COVID Services and made the following points:

Sally Hogg

- Vaccination rates remained the key to tackling this emerging problem
- The UK Health Security Agency had recently undertaken a rapid evidence review
- 1.7 Million people in the country experienced symptoms experienced self-reported symptoms
- Applying this to Bristol it meant that about 12,580 people were experiencing symptoms. Most of these would improve without intervention
- Anyone who had received one or two doses of a vaccine was far less likely to get COVID or Long COVID. Vaccines remained extremely effective protection for the over 60s

Jenny Tomkinson

- Long COVID was increasingly recognised and symptoms included fatigue (51% identified this as the main symptom), shortness of breath and loss of smell and taste
- There was a 4 week period within which people would present with COVID. If the symptoms continued beyond 12 weeks, this was considered Long COVID
- Women between 30 and 69 were considered to be more at risk and particularly those in more deprived areas such as teaching and social care



- There was a mixture of symptoms which had a big impact on people's lives concerning exercise, not being able to drive and not being able to parent properly – around 200 in total
- Work had been carried out with the Red Daffodil in the spring of 2021 at a time when the health service did not understand Long COVID
- The Healthier Together Offer describes what we are doing. SIRONA have a single point of access – there had been 1400 referrals for adults to date with 400 waiting.
- There remained very few children referrals. This had not yet been properly explored. It was not clear if this was due to a lack of referrals rather than a genuine reduction. It was noted that a lot of people with Long COVID had first caught COVID pre-vaccination
- Details were provided concerning peer support groups and peer partnerships
- There was support provided with a psychologist, Health and Social Care staff and direct enhanced funding to help coding
- A great deal of work was taking place to enable people to manage the condition and self-management in order to individualise what is required
- A number of these had got COVID again. Whilst some had improved, many had been badly disabled by it
- All six localities within Bristol had their own set of information
- Southmead Development Trust were acting as lead to tackle Long COVID
- Staffing had previously been a problem but this issue was now resolved
- A grading exercise in fatigue management needed to be considered to address this problem
- There was a broad church of support, including digital platforms
- There was currently no evidence that antivirals improved Long COVID.
- Details of the referrals were shown – there were 15 to 20 referrals from each locality per month
- Long COVID predominantly affected 35 to 60 year olds and tended to impact more on certain groups such as Health and Social Care staff and teaching staff. 15% of people with Long COVID lived in deprived areas. There remained insufficient information concerning ethnicity in respect of Long COVID
- Modelling was difficult and there had been variation in the different waves of COVID. The medical impact of COVID waves in relation to cardiovascular issues such as a racing heart. Whilst there had not yet been a drop in number, there was a continuing need to balance clinical need against other need
- There was a limited capacity of funding of primary care and the yearly provision of funding made it difficult
- A long COVID webinar had recently been held and had provided information on remedies

In response to questions from Board members, Jen Tomlinson made the following comments:

- The data indicated that there would continue to be a reasonable need for support. It was important to build knowledge and understanding in his area
- There was a recovery plan and a partnership process to support people between referral and being seen. There was an attempt to provide more information at the front end



ACTION: that the ICP Locality Partnerships, Healthwatch and Mental Health Trust be provided with an update on Long COVID – Mark Allen/Sally Hogg

9. ICS Standing Item - Verbal Updates

Board members noted the following:

- Shane Devlin had now started in his new post. Julia Ross and Robert Wooley had now retired
- Joint meetings would rotate through each of the three Local Authorities commencing in July 2022, Bristol would host the secretariat with the other two Local Authorities paying into it. The structure now also included representation for Health and Well Being Boards

Sharron Norman provided updates for each of the ICP Locality Partnerships as follows:

North and West

- Shane Devlin was looking at the Governance structure of the Integrated Care Board
- Sarah Truelove has been appointed as Deputy CEO and Chief Finance Officer
- The first meeting of the North and West ICP had been held
- There was a commitment to consider Ageing Well work. The key population cohort had been identified (50 to 70 with a small number of co-morbidities). If these could be influenced, their decline in health could be significantly reduced
- Significant gaps in service provision had been identified
- There was a need to integrate the service in a way that works. The One City Partnership included a commitment to meeting the cost of living crisis

Inner City and East (ICE)

- In May 2022 there had been a market engagement exercise to establish a Community Inclusion Service that is part of the Community Mental Health Programme
- Details were provided of a prototype integrated and personalised care team
- There would be funding provided to advise people concerning debt and finance issues and to prevent a deterioration in mental health
- A model of care had been developed to help people as they age
- Children's Inequalities – the Board was informed of a healthy weight workshop with community groups, activity groups, and schools. It was noted that the aim of the workshop is to map those communities and groups who are most affected, the contributing factors, and the wide consequences on children and young people's health.



South

- The second case review took place on 6th April 2022 to continue to pilot the process of bringing partners together across organisations and sectors to better support individuals with complex or multiple mental health needs
- The next steps were to continue to develop the IPCT2 (my team around me approach) model and to finalise job descriptions for the IPCT Coordinator and IPCT Administrator roles in order to recruit by June/ July 2022
- Project engagement with communities continues in Marksbury Road area and would be undertaken with older communities in the coming weeks. There would be some funding to support community connectors
- Ageing Well – 25th March 2022 ICP Board had set up a work stream and to develop target outcomes based on an equality model
- There was a need to develop new roles of working and strengthen primary care
- Digital technologies would be introduced to improve working
- As this approach started to work well, its impact on the population needed to be considered as part of the prevention of the decline in poor health

Board Members made the following comments:

- Running community connectors was a good model with navigators
- The role of carers was important in Ageing Well
- There was a need to identify resources wider than each locality area

10 Fuel Poverty Action Plan - Kate Egan Martin (Energy Services), Alasdair Wood and Adele Mildon (Public Health)

Councillor Tom Renhard was in attendance for this item.

Alasdair Wood and Kate Egan Martin introduced this item and made the following points as part of their presentation:

- This action plan had been developed in 2019 but needs a refresh particularly in view of the cost of living crisis
- It had been developed through the No Cold Homes group as part of the Partnership Network
- The purpose of the action plan was to ensure that no-one in Bristol suffered from the cold, including low income groups and inefficient insulated housing
- 2019 is the latest data and demonstrated that it broadly matches the areas of deprivation as well as rented properties in other areas, such as Redland



- The overview of the action plan included issues related to affordable energy housing such as retrofit for private and social housing, works with Housing Associations and ensure Planning regulations met energy efficient levels
- The plan also included a section on sustainability and the issue of affordable low carbon heating and to ensure that decarbonisation does not take place at the expense of heating homes
- Smart technology was proposed to alleviate fuel poverty through community outreach
- The specialist Cold Homes Advice service provides a local single point of contact for the service and the specialist hospital case worker
- Whilst grant funds were available, it would be reduced in Summer 2022 with no funding beyond July 2023
- A great deal of advocacy work was taking place in this area to provide possible energy support
- The Chief Executives of Energy Companies expect 40% of households to fall into fuel poverty. It was important to remain flexible in response. A project manager was required to provide an oversight to this service
- The following steps were required – a refresh of the No Cold Homes Group, community representation, talk with One City for a one city approach, funding of a project manager, a fully aligned system relating to the priority of the cost of living, strategic resilience and prevention
- There would be promotion of the action plan across key partners

Following the original approval of the Fuel Poverty Action Plan in 2019, the FPAP was being re-submitted to the HWBB prior to referral to a Joint People and Growth Regeneration Scrutiny meeting Cabinet and a sign off at a Cabinet meeting.

Councillor Tom Renhard commented on the impact of the cost of living crisis and measures to tackle it such as work with Housing Associations, increases in direct debit and homes upgrades.

Board members made the following points:

- Practical measures to address this were important
- Pressure needed to be placed on locality partners to address this. The pandemic had aggravated long-standing problems.
- The remit of work had increased but the funding was being reduced

RESOLVED – that the Health and Well Being Board notes the One City Fuel

Poverty Action Plan



11 Pharmaceutical Needs Assessment - Rachel Metcalfe (Public Health)

Carol Slater introduced this report and made the following points:

- the Health and Well Being Board were requested to provide delegated authority to sign off the Bristol Pharmaceutical Needs Assessment 2022 (PNA) to publish it by the statutory date of 1st October 2022
- A questionnaire would be issued seeking views until 17th April 2022 prior to its submission to NHS England

The Board noted that the link to this document would be placed in appropriate bulletins.

Board members suggested that the document needed to ask individuals to identify if they were a parent or carer and identify the organisations to support parents if their child was sick on a Sunday (ie which pharmacies are open).

RESOLVED –

- (1) that the Health and Well Being Board delegates authority to the Director of Communities and Public Health to sign off the Bristol Pharmaceutical Needs Assessment 2022 (PNA) so it can be published by the mandatory date of 1st October 2022.**
- (2) that the draft report is received prior to consultation and the final draft before sign-off for comment with the he final report to come to the board for endorsement in October 2022, after publication**

ACTION: Carol Slater (to bring draft report back to HWBB), Mark Allen to add to the Forward Plan.

12 Date of Next Meeting

It was noted that the next formal meeting of the Health and Well Being Board was scheduled for 2.30pm on Thursday 23rd June 2022 in the Bordeaux Room, City Hall, College Green, Bristol.

The meeting ended at 4.50 pm

CHAIR _____



Draft Forward Plan – June 2022

28th July – joint meeting with Homes & Communities Board

Venue TBC

Topics to include:

- Mental health and housing
- Fuel poverty
- Housing developments and impact on health infrastructure

7th September – public meeting

City Hall

20th October – development session



Bristol Health and Wellbeing Board

Title of Paper:	Locality Partnership update – Agenda Item 8(a)
Author and locality:	Sharron Norman, Delivery Director, North & West Bristol Locality Partnership
Date of Board meeting:	23.06.22

- Updates will be published on the [public website](#)
- Board correspondence:
 - Board support officer - mark.allen@bristol.gov.uk
 - Democratic Services – jeremy.livitt@bristol.gov.uk

1. Highlights in our work since the last meeting

Ageing Well

North and West Bristol Locality Partnership has utilised data and 'on the ground' intelligence from partners **to define a new cohort** to support through its Ageing Well interventions. The cohort of 847 people live in area of high deprivation, are aged 50-70 with low physical multimorbidity and some mental health conditions. This cohort **would not normally be identified** as they are neither sick, frail nor in the 70+ bracket. However, **non-elective spend for this cohort is £5,500**, whereas for the general populace in BNSSG it is £160.

The Locality Partnership formed a Population Health Management (PHM) module group made up of Southmead Development Trust (SDT), Sirona, Bristol City Council Adult Social Care, Public Health, General Practice, North Bristol Trust, and the CCG. Together they completed the 'PHM and Integrated Transformation Module' as part of the national Place Development Programme. With help from the PHM Academy, the group began its journey by looking at people aged 65+ with a non-elective spend and quickly recognised that focusing here would increase health inequalities because of the extremes of affluence and deprivation within the population of North & West Bristol. In the outer areas of the locality, people age earlier and die younger, often due to the effects of the wider determinants of health.

A level of trust was built that enabled open and frank conversations, **drawing on the diverse experience and expertise present**. Participants were encouraged to be curious and inquisitive and challenge the way things are normally done. No one partner had a stronger influence or voice and this was reflected in a comment by Colette Brown from SDT *"This is the first time I have worked in this way with statutory sector partners and felt my contributions were truly valued and listed to."*

The PHM module group only got to where it did because of the differing perspectives of partners involved. The next step is to hold asset-based conversations with the cohort in the community to understand what would keep them healthy, well and at home. It is hoped that, by co-designing with them a non-medical intervention that sits within the community and addresses the wider determinants of health, we can have some impact 'up stream' and prevent them from becoming frail.

Community Mental Health

Over the last 3 months, North & West Bristol has built strong partnership working with the Mental Health VCSE Alliance focusing on delivering **an integrated mental health team** centred around the needs of the person. The Mental Health VCSE Alliance is already delivering an Integrated Mental Health Team approach in Somerset, and we are working in partnership to adapt this approach and learning for the benefit of citizen's living in North & West Bristol Locality. This includes:

Developing an **innovative, psycho-social offer** tailored to:

- the needs of people **falling between Improving Access to Psychological Therapies (IAPT) and Mental Health secondary care services (40% secondary care referrals have psycho-social needs)**;
- delivered by a range of **VCSE mental health experts**.
- Linked to **wider Alliance work** e.g., Health Inequalities

North & West Bristol Locality Partnership Network Group

Sirona, Southmead Development Trust and the Locality Development Manager from the Locality Partnership are in the final throes of setting up a **Locality Partnership Network Group**, consisting of Healthwatch, Bristol City Council Communities Team, Sirona, SDT and Locality Development Manager, to engage, co-produce and advocate for the wider VCSE, under-represented groups and seldom heard communities.

The group will:

- Collate intelligence and data from LPNG members, wider VCSE, Public Health, Population Health Management Academy, the Census, etcetera, to understand which communities in North & West Bristol are **seldom heard** and work to actively and appropriately engage these groups.
- Co-design and co-facilitate **Engagement Workshops** with partners (Sirona and Southmead Development Trust) to inform, engage and initiate conversations around co-production with the VCFSE sector, including care homes (tranche 1) and communities and residents (tranche 2). Initial workshop possibly entitled 'How is the health and care landscape changing? What it means for you and your community?' This will complement the roll-out of "The Big Conversation".
- Co-produce the North & West Bristol Locality Partnership **Vision and Mission Statements** alongside citizens, VCFSE organisations, local authority, primary and secondary health and social care partners.
- Work in partnership to co-design a response in the North & West to the **cost of living crisis**.
- Understand need for various **Thrive trainings**, promote these mental health workshops with citizens and VCFSE organisations and administer the funding for this work.

2. A challenge in our work since the last meeting

As a Locality Partnership we are coming together to consider how we take forward the recommendations in the Fuller Stocktake Report which describes a vision for integrating primary care, improving the access, experience and outcomes for our communities, which centres around the following:

- **streamlining access to care and advice** for people who get ill but only use health services infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community **when they need it**
- **providing more proactive, personalised care with support from a multidisciplinary team of professionals** to people with more complex needs, including, but not limited to, those with multiple long-term conditions
- **helping people to stay well for longer** as part of a more ambitious and joined-up approach to prevention.

An 'ask' of the Health and Wellbeing Board / One City Partnership in relation to this challenge is to support this approach and enable Bristol City Council teams to actively participate and recommend changes in ways of working.

3. Links to current One City priorities

2022 priorities include the Drug and Alcohol Strategy, Carers Strategy, Belonging Strategy, cost-of-living-crisis, inclusive recruitment, active travel.

The North & West Bristol Locality Partnership will bring organisations, VCSFE and citizen's together to co-design a response to the cost of living crisis. We have also committed to work alongside partners, including the Training Hub and Noor Nixon, Equalities, Diversity and Inclusion Workforce Project Manager, to develop a co-produced **Locality Recruitment Strategy** to help bolster and diversify the workforce.

An 'offer' to the Health and Wellbeing Board / One City Partnership in relation to this work is that we will bring partners to the table who may not traditionally have been involved.



Bristol Health and Wellbeing Board

Title of Paper:	Inner City and East (ICE) Locality Partnership Update - Agenda Item 8 (b)
Author and locality:	Joe Poole
Date of Board meeting:	23/06/2022

- Updates will be published on the [public website](#)
- Board correspondence:
 - Board support officer - mark.allen@bristol.gov.uk
 - Democratic Services – jeremy.livitt@bristol.gov.uk

1. Highlights in our work since the last meeting

a. Community Mental Health

- **Community Inclusion Service** – finalising options for identifying a provider/s through a market engagement exercise to deliver the ICE Locality Partnership Community Inclusion Service aimed at supporting people from our most marginalised communities to access the support they need. The market engagement exercise will help to shape the service. The intention is to employ several link workers representing communities in Inner City and East Bristol who have not been well-served in the past, to improve access to services.
- **Integrated Personalised Care Team (IPCT) prototype**
The IPCTs in Inner City and East Bristol will provide personalised, proactive and preventive care with an emphasis on the social or non-medical model of health. This model is characterised by understanding the individual in relation to a broad range of factors and determinants of health, not solely on physiological factors, and where shared-decision-making conversations result in a personalised care plan, based on what matters to the individual, and that may include support from multiple agencies and practitioners.

This approach is being tested in the east of the city by a multidisciplinary team of professionals including GPs, mental health workers, social prescribers, social care staff and others. The prototype is still progressing with phase one of the testing process. This is looking at the infrastructure that will be needed to deliver the approach (e.g. Who will need to be involved in the IPCT? How will data be shared safely, efficiently and with the consent of participants? Who would benefit most from being discussed by the IPCT?). In addition, the prototype has now moved onto phase two – the “test and adapt” phase - in which practitioners have begun to share their caseloads to think collectively about how they could better support individuals collectively.

➤ **Eating Disorders pilot**

Inner City and East Bristol (as well as North & West Bristol) Locality has been chosen to pilot the nationally recognised SWEDA (<https://www.swedauk.org/>) approach to delivering support for people with eating disorders, through 22/23. A worker to lead on the delivery of the pilot in ICE has been identified and started work in Bristol inner city on 13th June. They will work from identified bases in Easton and Central Bristol.

b. Ageing Well

A GP clinical lead has been identified to support the establishment of an Ageing Well Subgroup of the Locality Partnership which will identify local needs and support the development of co-produced interventions to meet those needs, as well as respond to the requirements of the national Ageing Well programme

A planning meeting has been arranged for late June to identify group membership and approach.

c. Partnership Board Development

The Partnership Board is looking to reconstitute its membership to be more reflective of the Inner-City Bristol population and the values we have adopted in the locality around adopting a personalised, social model of health that focusses on co-designing support offers with people who will use and deliver them.

2. A challenge in our work since the last meeting

a. CCG/ICB Transition

The abolition of the Bristol, North Somerset, and South Gloucestershire (BNSSG) Clinical Commissioning Group, to be replaced by the BNSSG Integrated Care Board from 1st July, has resulted in delayed identification of future structure and resources to support the Locality Partnerships, resulting in some slippage in expected delivery milestones.

An 'ask' of the Health and Wellbeing Board / One City Partnership in relation to this challenge:

The ICE Locality Partnership asks the Health and Wellbeing Board / One City Partnership to continue to offer support to the delivery of its various work areas and its overall organisational development.

3. Links to current One City priorities

2022 priorities include the Drug and Alcohol Strategy, Carers Strategy, Belonging Strategy, cost-of-living-crisis, inclusive recruitment, active travel.

The ICE Locality Partnership has prioritised building a workforce that better represents the people we serve. This has led to the recent identification of a provider to deliver a co-produced Voluntary, Community and Social Enterprise (VCSE) Development Partner to provide some of ICE's smaller community and black-led organisations to develop their capacity to deliver a wider offer to our populations.

In addition, we expect that the Community Inclusion Service outlined above will employ workers embedded in and supporting some of our most marginalised communities (e.g. African-Caribbean, Somali, LGBTQ+, Eastern European, South Asian). This approach to inclusive recruitment and diversifying the Locality Partnership will be a continuing thread in our future work.

An 'offer' to the Health and Wellbeing Board / One City Partnership in relation to this work:

Locality Partnership is currently working with colleagues from the Health and Wellbeing Board / One City Partnership to achieve this goal as part of the Locality Partnership and would be happy to share any learning from our approach.



Bristol Health and Wellbeing Board

Title of Paper:	Locality Partnership update – Agenda Item 8(c)
Author and locality:	Steve Rea – South Bristol Locality Partnership
Date of Board meeting:	23rd June 2022

- Updates will be published on the [public website](#)
- Board correspondence:
 - Board support officer - mark.allen@bristol.gov.uk
 - Democratic Services – jeremy.livitt@bristol.gov.uk

1. Highlights of our work since the last meeting

- Integrated Personalised Care Team (IPCT) Mobilisation for Mental Health**
– We continue to test and learn from the development of this model for community mental health holding case reviews every three weeks. Over the last couple of weeks, the group have particularly been focussing on developing process and structure for the IPCT-way of working, including developing information governance procedures and a standard operating procedure. We have been learning and sharing with the other Locality Partnerships across BNSSG and are also aligning our way of working with Changing Futures and the My Team Around Me approach.
- Community Connectors** – Engagement with chosen communities continues throughout June to build relationships and trust to encourage interest in co-production and recruitment of the new Community Connector roles which we are testing and learning from in areas of South Bristol to work with what is important to each individual, which will include reducing social isolation and loneliness. We will be recruiting a Lead Community Connector from July to oversee community engagement activity and start to trial the role of a Community Connector by helping people make connections with what matters to them, building on learning as they go.

In July the Community Connector Engine Room (Working Group) will be hosting a Theory of Change workshop in collaboration with CCG Evaluation colleagues to clarify the key outcomes the project aims to achieve.

- Ageing Well** - The Working Group has commenced and is starting to explore our local offer whilst remaining aligned with the system-wide programme and other Locality Partnerships to prevent duplication, whilst we all develop approaches to the programme. Recently, the Working Group were joined by PHM colleagues to look at health inequalities for populations of South Bristol when considered against a condition-based multimorbidity score. We are now exploring this further; the next step is for the PHM team to provide a 'deep-dive' into what is driving the greatest health inequalities in South Bristol and in which areas, or groups, to allow us to be targeted in our support and interventions. It is great to have colleagues at Wesport and Age UK Bristol

now joining to support this work given their roles in the community and the links to the 2022/23 AW pilot schemes that they are running.

2. A challenge in our work since the last meeting

As a Locality Partnership, we want to ensure that we work within and across the different communities of South Bristol and effectively involve them in the co-production of what we do. We initially struggled in our Community MH work to effectively engage people with lived experience. This improved; however, we want to ensure that moving forwards we have strong links in all parts of South Bristol. We are currently developing an approach to better engage all VCS Community Anchor Organisations in our work to support us in an ongoing conversation with the people of South Bristol.

An 'ask' of the Health & Wellbeing Board/ One City Partnership in relation to this challenge:

We ask that the Health & Wellbeing Board, through its role and position within the city, helps us develop our links to organisations and agencies that might typically not have been so easily engaged from a pure 'health' or 'care' perspective.

3. Links to current One City priorities

2022 priorities include the Drug and Alcohol Strategy, Carers Strategy, Belonging Strategy, cost-of-living-crisis, inclusive recruitment, active travel.

- a. Our Community Mental Health developments recognise the links for some people between mental ill-health and drugs & alcohol. Our holistic 'My Team Around Me' approach, and the developing links with Changing Futures will help support people holistically and ensure strong links across key agencies. Through our work we want to help achieve the One City priority that acknowledges MH being as important as physical health.
- b. The important role that carers play is a theme running throughout our work streams, but is particularly strongly noted in our developing Ageing Well work where we are seeking to identify the greatest opportunities around the 'Anticipatory Care' agenda where we can support people to 'age well' within connected and inclusive neighbourhoods. A focus is being given to identify the areas suffering greatest inequalities in the space and then take targeted action to reduce these.
- c. As a Locality, we are considering how we can support the 'cost of living crisis' and we are particularly aware of the impact this will have on mental health. It has been beneficial to discuss this within our Bristol Locality Partnerships meeting and our GP Locality Forum meeting this month, and we will work proactively with Public Health and other partners to take action to support people in South Bristol who will be most impacted by the current economic position. The holistic and person-centre approach that we are taking to our

MH work is cognisant that even though people may present with health and care needs, we recognise that the root causes of some presenting conditions might be driven by their wider situation in the context of an individual's financial or wider personal circumstances, for example.

An 'offer' to the Health & Wellbeing Board/ One City Partnership in relation to this work:

We think the development of Locality Partnerships is a great opportunity to support achieving a number of the priorities and goals of the One City Plan through integrated health and care provision which works within and throughout the communities in South Bristol. The Locality Partnership is well placed to make strong connections across organisations, particularly noting where multiple agencies may be supporting individuals from a number of different perspectives.

Bristol Health and Wellbeing Board

Title of Report:	Health and Wellbeing Board end of year performance report
Authors:	Mark Allen, Public Health
Date of Board meeting:	23 rd June 2022
Purpose:	Oversight

1. Executive Summary

- The Health and Wellbeing Board’s end of year performance report provides a summary of progress towards the duties, ambitions, and actions on the Board’s ‘Plan on a page’

2. Purpose of the Paper

- For oversight of the Health and Wellbeing Board end of year performance report
- For Members to assess progress towards goals on its ‘Plan on a page’

3. Description

- The performance framework includes all duties, ambitions, and actions on the Board’s ‘Plan on a page’
- The report is made up of a Scorecard summary and separate descriptive pages for each work-stream
- A RAG rating is given for each item, based on progress towards the item’s performance indicator
- Most goals are rated green – this means that the Board has made progress on addressing these issues as a system leadership partnership

4. Recommendations

- Board to assess progress and suggest any appropriate actions

5. City Benefits

- The performance framework allows the Board to assess progress in its role as a system leadership partnership to improve health and care services, population health and wellbeing, and to reduce inequalities in health

6. Financial and Legal Implications

n/a

7. Appendices

Performance report

Statutory Duties	
Publish Health and Wellbeing Strategy 2020-25	G
Annual JSNA report to Board	G
Publish Pharmaceutical Needs Assessment	G
Health and care integration	G
Annual SEND report to Board	G

Workstream Summary Updates
Workstream 1: Differences in COVID-19 vaccination uptake were reduced. Mental health was a key focus of funding and training delivered to community groups and organisations. A Food Equality Strategy has been published and an action plan is being developed.
Workstream 2: The NHS hospital Trusts have signed up to the Bristol Climate Ask and Leaders Group. Ukrainian refugees' health is being supported. The NHS has donated to the Laptop Project. Several active travel projects are underway.
Workstream 3: Alcohol related hospital admissions remain worse than the national average, whilst the number of women smoking during pregnancy continues to fall. The difference in unhealthy weight of 10-11 year olds between the most and least deprived areas of the city remained constant before the pandemic.
Workstream 4: The Integrated Care System is operating in 'shadow' form. The Health and Wellbeing Board is fully engaged in its development and has welcomed the 3 Integrated Care Partnership Board chairs as members.
Workstream 5: Progress is being made in all areas of work, supported by discussions and action-setting at Health and Wellbeing Board meetings.

Workstreams											
Workstream 1: One City Plan - Health and Wellbeing Ambitions		Workstream 2: One City Plan - Health in wider determinants		Workstream 3: Healthier Together - Delivering Prevention		Workstream 4: Healthier Together - Delivering Integrated Care System		Workstream 5: Joint leadership on Oversight Health Strategy and Policy		Workstream 6: Oversight and Assurance	
COVID-19 vaccination uptake will be maximised in groups experiencing inequalities	G	Citywide activity to engage citizens on Bristol's 2030 climate and ecological goals	A	Reduce the number of alcohol related admissions in Bristol	—	Chairs to provide leadership within the BNSSG Boards forum	G	Address the disproportionate impact of COVID-19 on BAME communities	G	To receive the Health Protection Annual Report	G
Support community assets to reduce social isolation and improve mental wellbeing	G	Implement a project to improve refugee and migrant integration into communities and neighbourhoods	G	Reduce the number of women smoking at time of delivery	▼	Integrated Care Partnership chairs on the HWB to represent the priorities and needs of their local areas	G	Belonging Strategy, adversity and trauma-informed approach	G	To receive annual Healthwatch report	G
A Food Equality Strategy and delivery plan is developed	G	Tackle digital exclusion through coordinated citywide action across generations	G	Reduce childhood obesity prevalence and inequalities	—	Support transition to Integrated Care System in statutory form in July 2022	G	Improve mental health and wellbeing	G	To receive the Annual Suicide Prevention Report	Sept
		Expand active travel and public transport and provide ongoing funding of essential transport	G	Collaborate with BNSSG HWBs to contribute to the local NHS Long Term Plan				Address unhealthy weight and food poverty through a Food Equality Strategy	G	To receive the Director of Public Health Report	G
								Bristol as a Fast Track City, eliminating HIV	G	To receive the Drug and alcohol strategy	G
								Bristol Age Friendly City	G		

Workstream 1 : One City Plan - Health and Wellbeing Ambitions for 2021

Introduction
 Bristol's One City Plan was published in January 2019, a first written attempt to set out the challenge and bring the city together around its common causes. There are three health and wellbeing priorities each year up to 2050. For 2021 the health and wellbeing priorities relate to vaccinations, mental wellbeing, and food equality.

Workstream Update
 Differences in COVID-19 vaccination uptake were reduced. Mental health was a key focus of funding and training delivered to community groups and organisations. A Food Equality Strategy has been published and an action plan is being developed.

2021 One City Plan goals

1.	
COVID-19 vaccination uptake will be maximised in groups experiencing inequalities	Green

Indicator: differences in uptake between groups experiencing health inequalities and whole population
 Differences in uptake have been reduced; community champions have been crucial to this progress. It is not possible to provide one statistic for this complex issue; more information is available on request.

2.	
Support community assets to reduce social isolation and improve mental wellbeing	Green

Indicator: deliver grants and training to community groups and organisations

Integration: Integrated Personalised Care Teams are being set up in Localities.

Grants: Bristol Impact Fund, City Funds, Thrive Bristol and Bristol's Locality Partnerships awarded funding to many VCSE sector organisations to support mental health and wellbeing and community building activities.

Training: Thrive Bristol delivered mental health training to 750 staff and volunteers in the VCSE sector in 2021/22.

Arts: Funding was secured for a Bristol Art Club, including targeted community arts and wellbeing activities.

Advice services: a project has been funded to develop holistic approaches to financial and mental health issues.

3.	
A Food Equality Strategy has been published and an action plan is being developed	Green

Workstream 2 : One City Plan - Health in wider determinants

Introduction

Bristol's One City Plan was published in January 2019, a first written attempt to set out the challenge and bring the city together around its common causes. The One City Plan includes many objectives relating to the wider determinants of health. The Health and Wellbeing Board chose four 2021 goals to contribute to.

Workstream Update

The NHS hospital Trusts have signed up to the Bristol Climate Ask and Leaders Group. Ukrainian refugees' health is being supported. The NHS has donated to the Laptop Project. Several active travel projects are underway.

2021 One City Plan goals

1.	
Citywide activity to engage citizens on Bristol's 2030 climate and ecological goals	Amber
Indicator - member organisations promoting Bristol Climate Ask and joining Climate Leaders Group	
UHBW and NBT have signed up to the Ask and joined the Group.	

2.	
Implement a project to improve refugee and migrant integration into communities and neighbourhoods	Green
Goal updated: 'Support the health of Ukrainian refugees.' A systematic approach to immunisation and screening has been developed. Mental health need is being assessed and a response is being developed, including access to the Hope project. Paediatric oncology patients and their families are being well supported.	

3.	
Tackle digital exclusion through coordinated citywide action across generations	Green
Indicator: number of organisations donating laptops	
The NHS has donated laptops to the BCC Laptop Project .	

Workstream 3: Healthier Together - Delivering Prevention

Introduction

Healthier Together is a partnership of Local Authorities and health and care organisations in Bristol, North Somerset and South Gloucestershire. Prevention is a key focus, particularly in relation to unhealthy weight, smoking at the time of delivery and alcohol-related hospital admissions.

Workstream Update

Alcohol related hospital admissions remain worse than the national average, whilst the number of women smoking during pregnancy continues to fall. The difference in unhealthy weight of 10-11 year olds between the most and least deprived areas of the city remained constant before the pandemic.

ACTIONS

1. Reduce the number of alcohol related admissions in Bristol

There were 4,235 hospital stays in Bristol due to alcohol-related harm in 2020/21, a rate of 1,098 persons per 100,000 population. This is a slight reduction on the previous year, but remains significantly worse than the national average (587 per 100,000).

Amber

Indicator: Alcohol-related hospital admissions per 100,000 population

Previous Period (2019/20)	Current Period (2020/21)	Target	direction	RAG Rating
1182	1098		—	Amber

A Drug and Alcohol Strategy was published in 2021 and a Healthier Together targeted prevention plan is in place.

2. Reduce the number of women smoking at time of delivery

Smoking during pregnancy is a major risk factor associated with miscarriage, still birth, premature birth and neonatal mortality. In 2020/21, 9.3% pregnant mothers in Bristol self-reported as still smoking at the time of delivery. There is significant variation in prevalence associated with deprivation.

Green

Indicator: % women smoking at time of delivery

Previous Period (2019/20)	Current Period (2020/21)	Target	direction	RAG Rating
9.6%	9.3%	9%	▼	Green

A new, targeted support to stop smoking service has been commissioned since April 2020 and a Healthier Together targeted prevention plan is in place for smoking.

3. Reduce childhood obesity prevalence and inequalities

The latest pre-covid data indicated a prevalence of excess weight in year 6 pupils of 18% for those living in the least deprived 20% of the city, compared to more than double for those living in the most deprived 20% of the city. This difference is similar to the previous reporting period.

Amber

Indicator: difference in prevalence of excess weight in year 6 pupils between most and least deprived areas

Previous Period (2016-19)	Current Period (2017-20)	Target	direction	Rating
24%	24%		—	Amber

Work includes implementing Bristol Gold Sustainable Food City status, embedding the Food Equality Strategy and Action Plan, Sport & physical Activity Strategy, Bristol Eating Better Awards, and Advertising and Sponsorship Policy.

Workstream 4: Healthier Together - Delivering an Integrated Care System

Introduction

We aim to develop health and care integration across all 3 Bristol localities so that the community is the preferred setting of care, supporting people to stay independent and active in their own homes and promoting their wellbeing. By focusing on the population health needs of local communities and creating joined up services across key agencies we will build resilience and support people in the places where they live rather than institutional settings. Our key priority groups include

- older people who are frail or at risk of becoming frail
- people with mental health needs
- people when they need more urgent care
- children and families

It is a high priority for us to work together to develop a joint approach that recognises the important contribution the VCSE makes to our communities. We want to work in genuine partnership to empower the sector and encourage new models of care through supporting small to medium enterprises and user led organisations. Such a partnership approach to micro-commissioning in collaboration with local anchor organisations will build healthier communities and develop resilience.

Workstream Update

The Integrated Care System is operating in 'shadow' form. The Health and Wellbeing Board is fully engaged in its development and has welcomed the 3 Integrated Care Partnership Board chairs as members.

ACTIONS

1. Chair to provide leadership within the BNSSG Boards forum	
Councillor Helen Holland provides leadership as a member of the shadow ICS Partnership Board and as Chair of the Bristol HWB within the BNSSG Boards forum	Green
2. Locality Partnership chairs on the HWB to represent the priorities and needs of their areas	
Chairs of the three Locality Partnership Boards have been welcomed as members of the HWB, and provide regular updates for Inner City & East, South, North & West Bristol.	Green
3. Support transition to Integrated Care System in statutory form in July 2022	
HWB fully engaged in the ICS development in shadow form and have provided comments to the system wide MOU. The HWB has had a Development Session with the LGA who provided areas of focus for future development.	Green

Workstream 5: Joint leadership on oversight health strategy and policy

Workstream Update
Progress is being made in all areas of work, supported by discussions and action-setting at Health and Wellbeing Board meetings.

ACTIONS

1. Address the disproportionate impact of COVID-19 on BAME communities

A Race Equality Covid-19 Steering Group was set up and The Maximising Uptake Team took a number of actions to engage diverse communities in the vaccine roll out.	Green
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2. Belonging Strategy, adversity and trauma-informed approach

A system-wide approach to adversity and trauma is underway, including promotion of a Knowledge and Skills Framework, delivery of training and webinars, and research projects. The Belonging Strategy was launched in October 2021, setting out a shared vision for promoting a culture of inclusion and social justice for children and young people.	Green
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3. Improve mental health and wellbeing

Thrive Bristol continues to support schools, workplaces, and the VCSE sector to improve mental health and wellbeing. Integrated Personalised Care Teams are being set up in Localities.	Green
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4. Address unhealthy weight and food poverty through a Food Equality Strategy

A Strategy has been published and an action plan is being developed	Green
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5. Bristol is a Fast Track City, eliminating HIV

Fast Track Cities is about bringing city partners and the public together to accelerate our work towards ending HIV. There are 3 indicators relating to diagnosis, treatment, and suppressed viral loads - Bristol is exceeding 2025 targets on treatment and suppressed viral loads. More details here - https://www.bristolonecity.com/fast-track-cities/	Green
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Workstream 6: Oversight and assurance
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1. To receive the Health Protection Annual Report	
Received February 2022	Green

2. To receive annual Healthwatch report	
Verbal update received February 2022	Green

3. To receive the Annual Suicide Prevention Report	
	Sept

4. To receive the Director of Public Health Report	
Received December 2021	Green

5 To receive the Bristol Drug and Alcohol Strategy	
Received March 2021	Green



Bristol Health and Wellbeing Board

Title of Paper:	One City response to the cost-of-living crisis
Author (including organisation):	Penny Germon and team – Communities & Public Health, Bristol City Council
Date of Board meeting:	23 rd June 2022
Purpose:	Information and discussion

1. Executive Summary

England is experiencing a cost-of-living crisis. A reduction in disposable income results in people cutting back on spending, including food and heating their homes. It is already causing real hardship, anxiety and stress. Bristolians will be doing all they can to adapt and stretch resources; this has to be about pulling together as a city just as we did in response to COVID 19.

The key stages of our One City response are:

1. Impact assessment and early warning system
2. Community and civic asset mapping
3. A framework for action
 - Immediate emergency and welfare support
 - Maximising household income and reducing living costs
 - Keeping warm and well
 - Community assets and community wealth building

We are seeking health and care partners' views and Members' organisations to be part of our One City response.

2. Purpose of the Paper

To gain health and care partners' perspectives and ideas and gain commitment to supporting the One City response.

3. Background, evidence base, and what needs to happen

England is experiencing a cost-of-living crisis. The population are facing a fall in 'real' disposable incomes caused by high inflation which is not matched with an increase in wages or benefits. A reduction in disposable income results in people cutting back on spending, including food and heating their homes. Those people already experiencing the greatest inequity and related poverty are having to make impossible choices.

In 2022/23, we estimate nearly 1 in 4 households (around 50,000 households) across Bristol will be spending £1 out of every £5 of their household budgets on energy bills, after housing costs. Significantly, these households are also home to nearly 1/3 of all children in Bristol (32%).

These estimates were created before the Chancellor's announcement on the 26th May 2022 where an energy bill support grant of £400 to each household was announced, and additional one-off means tested £650 cost of living payment for those on certain benefits. Additional support has also been announced for disabled people and some pensioners. These measures and the weighting towards some of those at most risk of impacts form the cost-of-living crisis are welcome, and will help reduce the number of people experiencing destitution. However the average household energy spend is projected to increase by

between £600 and £1000 compared to last year,¹ and the impacts of inflation are experienced proportionally more by those on lower incomes.² We therefore still expect to see a net decreased in disposable income in households across the city. Those most at risk will be people and communities who are already experiencing impacts of poverty.

The impacts of the cost-of-living crisis are already being felt, and the largest impact is anticipated to be felt after the additional energy price rises in October. This is already causing real hardship, anxiety and stress. Bristolians will be doing all they can to adapt and stretch resources. The City's response has to be about pulling together as a city just as we did in response to COVID 19 through:

- Citizen/neighbourly action
- Neighbourhood & community action & leadership
- One Council approach
- One City approach

Key stages of our One City response:

1. Impact assessment and early warning system

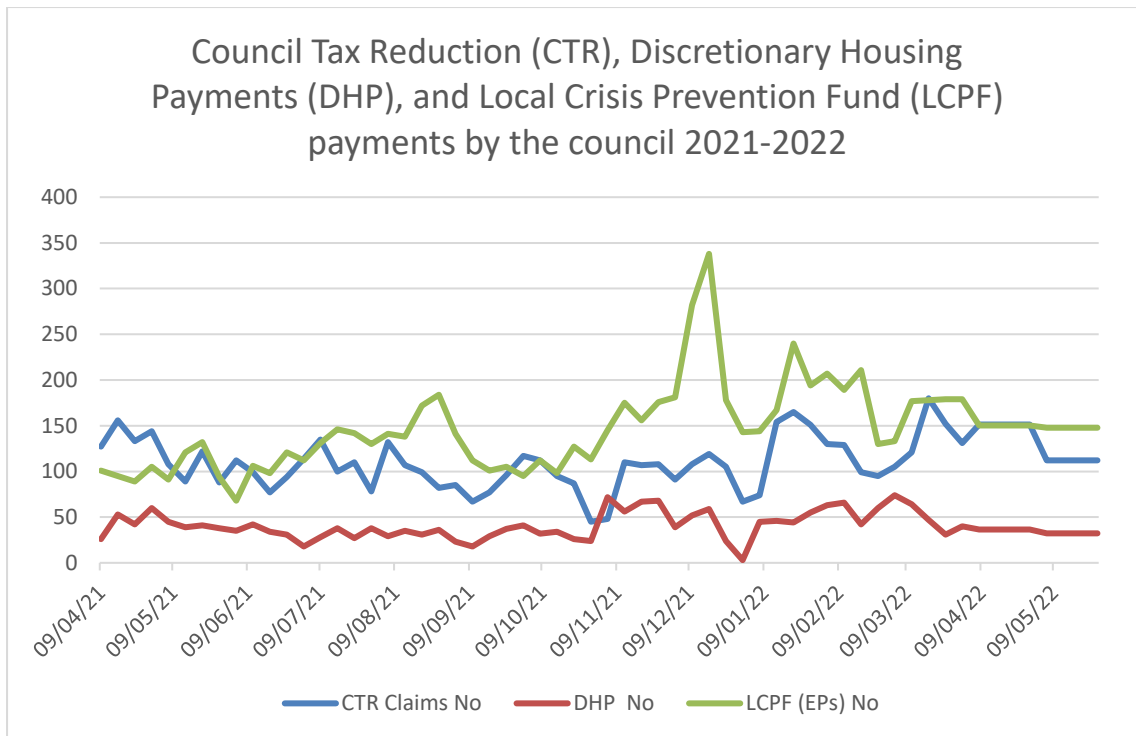
Part 1 includes a 'Cost of living risk index' by ward, combining data on food insecurity, fuel poverty, child poverty, Universal Credit claimant count, and income deprivation. (An interactive map overlaying these indicators is available at the link in the footnotes)³. It also considers equalities groups likely to be at increased risk. Part 2 considers the health impacts of poverty.

A monitoring framework has been created to bring together data from frontline services which will be used as 'red-flag' indicators to understand the impacts being felt in the population. There will be weekly reporting on claims for the local crisis prevention fund, discretionary housing payments and those falling in to rent arrears (see example graph below). There will be additional monthly reporting of other important indicators which will be adapted and developed as we understand more about the impacts of the crisis. and narrative evidence from frontline services.

¹ <https://lordslibrary.parliament.uk/rising-energy-costs-the-impact-on-households-pensioners-and-those-on-low-incomes/>

² <https://www.resolutionfoundation.org/comment/inflation-will-hit-low-and-middle-income-families-hardest/>

³ <https://bcc.maps.arcgis.com/apps/webappviewer/index.html?id=decc0b3b0ec8415d82dc21266dc4f695>



2. Community and civic asset mapping

Across the city, we are seeing key services, benefits, skills, resources which could benefit communities and residents to build resilience against the cost-of-living crisis. These existing resources are split between:

- Communities and Residents
- Voluntary, community and social enterprise (VCSE) sector
- Public Sector

Once identified, the resources are put together into an **Asset map**. By identifying these resources as assets, we are recognizing their strength and positive impacts, as we seen it for example at the start of the Covid-19 pandemic and the Community Response. The asset map also helps to conceptualise areas with linkages, duplication, and gaps to build on the existing capacity.

The assets are divided by the four elements of the Framework for Actions (see next section for more details).

3. A framework for action

It is understood support and services are already overstretched and COVID has left many people depleted. Poverty is not new. We cannot solve the crisis or eliminate the inevitable harm. effects. Many organisations are working to capacity supporting people who are already in poverty. This framework is about what more we can do to reduce the harm by

building on and growing existing assets. We need to be ready for 1st Oct 2022 but sustained action will need to last several years. There are 4 elements focusing on both immediate support and long term resilience:

- Immediate emergency and welfare support
- Maximising household income and reducing living costs
- Keeping warm and well
- Community assets and community wealth building

We will take a social justice approach recognising poverty is part of systemic inequity and disproportionately impacts on women, working class communities, Black people, Disabled people, older people and younger people.

Suggested health and care sector involvement:

- Relevant organisations take part in a workshop for citywide advice services and mental health services to develop shared response
- Get behind/resource neighbourhood & community hubs
- Support staff around financial issues and mental well-being
- Support/resource the development of peer groups and networks for practical support, knowledge sharing, emotional support and befriending
- Comms: combining accessible information on financial issues, mental health, advice services, and health services
- Frontline staff to take part in training on financial issues, mental wellbeing and asset-based community development
- Resource advice services as part of community mental health offer

4. Community/stakeholder engagement

Different forums are in place to collect feedback from Community organisations and partners. Through these discussions, stakeholders across the city shared their concerns on the impact of the cost of living crisis but also ideas and opportunities to build resilience:

- Community Exchange meeting: a bi-weekly meeting with community organisations and BCC
- Mayor conversation with Community Workers: the recent sessions were focused on the cost-of-living crisis and the framework for action
- One City Coordination group: this involves key members from different areas (Energy, Food, Public Health, Community hubs etc.) to develop a One City approach to the cost-of-living crisis, pool knowledge and coordinate actions.
- One Council Cost of Living Group: leads of divisions across the council are meeting every three weeks to share updates from their sector

Additionally, the Community Development Team is in discussion with Covid-19 community hubs through the Community Champion Programme.

The council recently held the City Gathering where 250 stakeholders across Bristol came along and shared initiatives to tackle the crisis.

Community organisations are sharing ideas in Community Exchange meetings. The Mayor is hosting conversations with community workers. Community Development is in discussion

with COVID 19 community hubs. There is a One City Coordination Group bringing together partners from across the city to review any updates and coordinate actions who meet weekly.

5. Recommendations

- We propose the Health and Wellbeing Board oversee the response to the CoL crisis on behalf of city partners, and as part of a one city approach.
- Health and Wellbeing Board members' organisations to join the One City response

6. City Benefits

Mitigating the impacts of the cost-of-living crisis on health and inequalities.

7. Financial and Legal Implications

n/a

8. Appendices

n/a



Bristol Health and Wellbeing Board

Title of Paper:	Immunisations across Bristol – Non Covid and Covid
Author (including organisation):	Carol Slater and Julie Northcott, Public Health, Bristol City Council
Date of Board meeting:	23rd June 2022
Purpose:	Oversight and assurance / information and discussion

1. Executive Summary

Immunisations remain one of the greatest public health developments to protect our population. Immunisations within the UK are highly regulated, by the Medicines and Health Care Products Regulatory Agency (MHRA), and clinically directed, by the Joint Committee for Vaccinations and Immunisations (JCVI), to have the biggest impact. Many of our immunisations are measured at an uptake level assessed as the 'safe standard;' the % of the population needed to not only protect the immunised individual but to also protect those individuals who are either not able to receive an immunisation or it has not been effective. Bristol has for several years seen a decline in uptake of many immunisations, this was prior to the Covid-19 pandemic but was further exacerbated by it. Our childhood immunisations are not at the safe level and are below the England average. Uptake of immunisations are not equally distributed across the city. This low and decreasing rate of immunisations creates risk of infection and further spread to a population who are already experiencing health and wellbeing inequalities. Regarding Covid vaccination Bristol uptake is similar to the England level and a little better than some of the other Core Cities, a good comparator (statistical neighbour). There are however differences in uptake with some parts of the city having lower uptake (notably the inner city area) and working age males also less likely to have been vaccinated. The BNSSG Covid-19 Maximising Uptake Group continues to work with the communities team and partner organisations to focus on Covid-19 vaccinations in lower uptake areas, as does the Flu Immunisations group. A new Maximising Immunisations Group has now been formed to provide a systems approach to reducing the gap between the current level of uptake and the safe standard. Key action includes

- Improving data collection and monitoring
- Increasing access to immunisation services
- Provision of sufficient training for professionals working within the community
- Development and delivery of appropriate and targeted information
- Increase community understanding and confidence to be immunised

2. Purpose of the Paper

This paper aims to provide information on the current profile of immunisations and share detail on the local plans to improve, and gain system support to this core infection prevention activity.

3. Background and evidence base

National clinical guidance on Immunisations is provided in the Green Book [Greenbook title page and index \(publishing.service.gov.uk\)](#) Immunisations are a core NHS offer, commissioned by NHSE with Primary Care as the main provider. It is important to note that Primary Care successfully reaches a high proportion of individuals, with around 90% of 1-year olds, over 85% of 2-year-olds and around 85% of 5-year-olds receiving their advised immunisations through their GP Surgery. During adolescence HPV and MenACWY are offered via the School Immunisation Service. Both have been below the England level for the last 5 years and lower than our statistical neighbours. For older adults there are 2 immunisations advised and provided through GP Practices; the PPV single

dose at age 65, to protect against pneumococcal bacterium and the Shingles vaccine given at age 70. Uptake of PPV is good but Shingles was under 50% in both 18/19 and 19/20.

The Royal College of Public Health undertook surveys in 2018 amongst the public and health providers and found timing and availability of appointments were key barriers in addition to concerns on side effects and misconceptions. They recommended a range of actions including improving call/recall, myth busting and considering collaborative system –wide approach to offering vaccinations in a more diverse range of locations.

The Covid pandemic and the subsequent development of the COVID-19 mass vaccination delivered an unprecedented level of vaccinations across Bristol and the UK, with 80% having a first dose, 76% a second dose and 61% a third or booster. The system drive to deliver and reach into communities where vaccine concern or access issues were more prevalent was innovative, responsive and saw more than 30,000 people attend who otherwise might not have chosen to have their vaccine. This is a positive legacy that can benefit the Maximising Immunisation Group in Bristol.

4. Community/stakeholder engagement

Pre-pandemic engagement with the Somali population was undertaken to better understand the barriers to immunisation recognising that their uptake was lower than average. The Covid Vaccination programme has developed strong relationships with key communities and has listened and adapted its approaches to facilitate engagement. This innovation continues, for example the recent outreach clinic at Temple St job centre and roving clinic at Stapleton Road (report appended).

There is opportunity to learn from the Covid-19 vaccination programme to build on the relationships forged deep into communities and target the areas and populations that are less likely to have received wider immunisations to date and do not actively seek immunisation within GP Surgeries.

5. Recommendations

- The Board accepts this report as a summary of the current position for Bristol
- The Board endorses the systems approach being planned to improve immunisation uptake to reduce inequalities and protect our population.
- The Board within its own spheres of influence promotes Immunisation as a key prevention priority

6. City Benefits

If we reach 95% coverage, then our population will be protected against preventable infections (Herd Immunity). Recognising the inequalities that exist regarding immunisations any increase to narrow the gap between the highest uptake areas and lower uptake areas will reduce the infection inequalities and wider impacts of poor health such as absence from school / work.

7. Financial and Legal Implications

Include if applicable.

8. Appendices



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Profile of Immunisations in Bristol



Bristol Health and Wellbeing Board

Title of Paper:	Drug and Alcohol Update
Author (including organisation):	Ashley Ward and Tiffany Wood
Date of Board meeting:	23rd June
Purpose:	Information and discussion

1. Executive Summary

2021 saw the publication of Bristol's local drug and alcohol strategy, the new 10 year national drug strategy, and for the first time in many years national investment in drug and alcohol treatment services. Bristol is now planning and delivering a range of services to support people who use drugs and alcohol across the city.

2. Purpose of the Paper

- To inform the group of recent changes in the drug and alcohol landscape city wide and changes in local and national policy
- Discuss the formation of the new drug and alcohol strategic group for Bristol
- Case study: No and low alcohol (nolo) campaign
- Increased funding for substance use treatment services in Bristol

3. Background and evidence base

National and Local Policy

- 2021 saw the publication of the Bristol Drug and Alcohol Strategy, a multi-partnership effort involving stakeholders across the city, and signed off by the HWB and KBSP.
- From Harm to Hope, new national drug strategy released December 2021
- May 2022 – first meeting of Bristol's Drug and Alcohol Strategic Group, taking up the local strategy to deliver on its ambitions through action planning and review. An ambition in our local strategy and a requirement set out in the new national strategy. The group will meet bi-monthly.

Local strategy case study: No and Low Alcohol (nolo) Campaign

- The nolo campaign is as an opportunity to progress the ambition of the [Bristol's Drug and Alcohol Strategy 2021-25](#) that 'all licensed premises offer at least one alcohol-free drink on draught', to 'nudge' people towards healthier behaviours as per emerging evidence that increased availability of no and low alcohol drinks increases their selection (e.g. [Blackwell et al. 2020](#)).
- Nationally sales of no and low alcohol (or 'nolo') products have increased, [particularly among younger people](#), with consumers expecting to have a wider range of nolo options in pubs and bars. Many local businesses in Bristol produce no and low alcohol drinks, presenting an opportunity to connect and promote local businesses, working with the sector, not against it.
- With [nearly 200 people in Bristol dying each year](#) from an alcohol related condition, investing in a place-based campaign tailored to Bristol, building new and better relationships across the sector, will allow us to prioritise prevention, create healthy places, and make progress on redefining the relationship the city has with alcohol ([Bristol's Drug and Alcohol Strategy 2021-25](#)).

Increased Funding for Drug and Alcohol Services

- Since 2021 there has been an increase in government funding for Drug and Alcohol service nationally after many years of cuts to this sector.
- In Bristol this has included £3.4m over the last two years to support people involved in criminal justice services who use drugs, and £1.7m over two years to support people who are at risk of rough sleeping who have a drug or alcohol treatment need.
- Between 2023 and 2025, Bristol will receive a funding increase of £8.3million, to provide a range of services for people using drugs or alcohol.

4. Community/stakeholder engagement

The **BCC Drug and Alcohol Strategy** has been developed in partnership with a range of stakeholders from across the city, with service users part of the working group. This strategy's vision was developed through engagement events with a number of stakeholders and interested parties across the city. The strategy group is working with service users and community members and will include the voice of lived experience throughout.

The **nolo campaign** started with an insight piece across 100 venues to understand the views of publicans and customers around no and low alcohol in venues.

Increased funding into services will be disbursed to a range of community and clinical treatment providers, and we are currently undertaking a health needs assessment for substance use in Bristol to better understand where gaps in provision exist. We are speaking with a range of community members, service users, professionals, and other stakeholders to better understand the landscape in readiness for the new funding to come in, and for recommissioning of our services in 2025.

5. Recommendations

We would like to consider how we can better join up across the city, in particular considering a trauma informed approach that recognises drug and alcohol use as a symptom of trauma, and a strategy for managing trauma. Increasingly we are taking a cross-diagnostic view which considers not just substance use, but recognises deprivation, opportunity, community, physical and mental health. More joint commissioning and joined up working (including digitally) across sectors will allow us to deliver a truly trauma informed, efficient and person-centred response.

6. City Benefits

Substance misuse causes serious harm to individuals, families and communities¹. The proportion of Bristol residents using drugs is relatively small but the impact is extensive. Bristol has an estimated 4,940 opiate and/or crack users². Whilst the proportion of Bristol residents using drugs is relatively small the impact can be extensive. Bristol has the second largest estimated rate of opiate and/or crack users (per 1,000 population) of the English core cities³

7. Financial and Legal Implications

N/A

8. Appendices

See links throughout document and footnotes below.

¹ For Children and Young People, see [JSNA section: "Lifestyle behaviours of Young People"](#)

² [2016/17 Opiate & crack cocaine use: prevalence estimates](#)

³ [Core Cities](#): Birmingham, Bristol, Leeds, Liverpool, Manchester, Newcastle, Nottingham, Sheffield.