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Bristol Health Scrutiny Committee

(sub-committee of the People Scrutiny Commission)

Agenda

Date: Monday, 20 March 2023

Time: 4.00 pm

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

Distribution:

Councillors: Graham Morris (Chair), Jos Clark (Vice-Chair), Amal Ali, Lorraine Francis, Paul Goggin, Brenda Massey, Tom Hathway, Chris Windows and Tim Wye

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Date: 10 March 2023

www.bristol.gov.uk

Agenda

1. Welcome, Introductions, and Safety Information

2. Apologies for Absence and Substitutions

3. Declarations of Interest

To note any declarations of interest from 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 declaration 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 (Pages 7 - 13)

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

5. Chair's Business

To note any announcements from the Chair.

6. 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 scrutiny@bristol.gov.uk and please note that the following deadlines will apply in relation to this meeting:

Questions - Written questions must be received at least 3 clear working days prior to the meeting. For this meeting, this means that questions must be received in this office at the latest by **5.00 pm on Tuesday 14 March 2023**

Petitions and Statements - Petitions and statements must be received at latest by 12 noon on the working day prior to the meeting. For this meeting, this means that petitions and statements must be received in this office at latest by
12 noon on Friday 17 March 2023

Please note: Petitions, statements and questions must relate to the remit of the Health Scrutiny Committee.

7. Update - Dental access for children and adults in Bristol (4.10 - 4.50 pm) (Pages 14 - 22)

- Update and discussion on dental access for children and adults in Bristol.
- Dr Lou Farbus, Head of Stakeholder Engagement for NHS England South West and Melanie Smoker, Senior Dental Programme Manager for NHSE SW will present the enclosed briefing paper.

8. Update - University of Bristol new Dental School (4.50 - 5.25 pm)

- Barry Main, Head of School, University of Bristol Dental School will present an update on the new purpose-built University of Bristol Dental School, due to open later in 2023. This will be followed by an opportunity for member questions.

9. Update - Development of Integrated Care System Strategy (5.25 - 5.45 pm) (Pages 23 - 27)

- Update and discussion on the development of a system-wide integrated care strategy for Bristol, North Somerset and South Gloucestershire.
- Colin Bradbury, Director of Strategy, Partnerships and Population, BNSSG Integrated Care Board will present the enclosed briefing paper.

10. Update - Supporting children's healthy weight - a whole systems approach (5.45 - 6.15 pm) (Pages 28 - 61)

- Update report enclosed on the whole systems approach to supporting children’s healthy weight.

11. Work Programme (Pages 62 - 66)

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.

Changes to how we hold public meetings

Following changes to government rules, public meetings including Cabinet, Full Council, regulatory meetings (where planning and licensing decisions are made) and scrutiny will now be held at City Hall.

COVID-19 Precautions at City Hall (from July 2021)

When attending a meeting at City Hall, COVID-19 precautions will be taken, and where possible we will:

- Have clear signage inviting you to check in to the venue using the NHS COVID-19 app or record your contact details for track and trace purposes.
- Provide public access that enables social distancing of one metre to be maintained
- Promote and encourage wearing of face coverings when walking to and from the meeting
- Promote good hand hygiene: washing and disinfecting hands frequently
- Maintain an enhanced cleaning regime and continue with good ventilation

COVID-19 Safety Measures for Attendance at Council Meetings (from July 2021)

To manage the risk of catching or passing on COVID-19, it is strongly recommended that any person age 16 or over attending a council meeting should follow the above guidance but also include the following:

- Show certification of a negative NHS COVID-19 lateral flow (rapid) test result: taken in the 48 hours prior to attending. This can be demonstrated via a text message or email from NHS Test and Trace.
- An NHS COVID-19 Pass which confirms double COVID-19 vaccination received at least 2 weeks prior to attending the event via the NHS App. A vaccination card is not sufficient.
- Proof of COVID-19 status through demonstrating natural immunity (a positive NHS PCR test in the last 180 days) via their NHS COVID-19 pass on the NHS App.
- Visitors from outside the UK will need to provide proof of a negative lateral flow (rapid) test taken 48 hours prior to attendance, demonstrated via a text message or email.

Reception staff may ask to see this on the day of the meeting.

No one should attend a Bristol City Council event or venue if they:

- are required to self-isolate from another country
- are suffering from symptoms of COVID-19
- have tested positive for COVID-19 and are requested to self–isolate

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

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 scrutiny@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

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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 Scrutiny Committee

5 December 2022 at 4.00 pm

Members present:-
Councillors: Jos Clark (Vice-Chair), Amal Ali, Lorraine Francis, Brenda Massey, Tom Hathway and Tim Wye

Also in attendance:
Cabinet members:
Cllr Helen Holland, Cabinet member for Adult Social Care & Integrated Care System
Cllr Ellie King, Cabinet member for Public Health & Communities

Other members:
Cllr Tim Kent, Chair, People Scrutiny Commission
Cllr Christine Townsend, Vice-Chair, People Scrutiny Commission

Bristol City Council officers:
Hugh Evans, Executive Director: People
Christina Gray, Director: Public Health & Communities
Penny Germon, Head of Service: Neighbourhoods & Communities
Jo Williams, Consultant: Healthy Children & Families
Ian Hird, Scrutiny Advisor

Healthwatch Bristol:
Vicky Marriott, Chief Officer (Bristol, North Somerset, South Gloucestershire)

Bristol, North Somerset & South Gloucestershire Integrated Care Board (BNSSG ICB):
Greg Penlington, Head of Performance

Avon & Wiltshire Mental Health Partnership NHS Trust (AWP):
Mathew Page, Chief Operating Officer
Mark Arruda-Bunker, Associate Director of Operations
Heather Kapeluch, CAMHS Operations Manager

Sirona Care & Health:
Lorraine McMullen, Interim Deputy Director of Operations
Nikki Lawrence, Family Nurse Partnership Supervisor
Gerry Bates, Head of Children’s Community Health Services

23 Welcome, Introductions, and Safety Information

It was noted that Cllr Morris (Committee Chair) had sent apologies due to illness; Cllr Clark, as Vice-Chair therefore took the chair for this meeting.

The Chair then welcomed all attendees to the meeting and explained the emergency evacuation procedure.

24 Apologies for Absence and Substitutions

It was noted that apologies had been received from Cllrs Morris and Goggin.

25 Declarations of Interest

Cllr Francis advised that she was employed as a social worker in mental health services.

26 Minutes of Previous Meeting

The Committee **RESOLVED:**
That the minutes of the meeting of the Health Scrutiny Committee held on 10 October 2022 be confirmed as a correct record.

27 Chair's Business

a. Fertility Preservation Policy:
It was noted that at the request of the ICB, a briefing note had recently been circulated setting out proposed changes to the Fertility Preservation Policy for BNSSG. This followed a review of the existing policy and related engagement activities undertaken during the last year. It was suggested that members should contact the Chair or Scrutiny Advisor if they felt a further briefing / information was required on this matter.

b. Findings from BNSSG ICB 'Have Your Say' survey:
It was noted that the ICB had recently shared the findings from this extensive engagement exercise. It was suggested that members should contact the Chair or Scrutiny Advisor if they felt it would be helpful for the committee (or potentially the BNSSG Joint Health Scrutiny Committee) to receive a detailed presentation on the findings.

c. NHS staff:
On behalf of the committee, the Chair expressed thanks in advance to all NHS staff who would be working through the Christmas holiday period.

28 Public Forum

It was noted that the following written public forum statement had been submitted for this meeting (a copy of the statement had been circulated to committee members in advance of the meeting):
- Statement from Jen Smith - Topic: Child and adolescent mental health services (agenda item 8)

29 NHS Winter Resilience Framework

The Committee received and discussed a presentation setting out details of the local NHS winter resilience framework and 2022/23 winter response.

Summary of main points raised:

1. The presentation had been circulated to committee members in advance of the meeting. The key areas covered by the presentation were:
a. The national context and background to the ICB's local winter planning.
b. Overview of the content of the winter plan.
c. Summary of Bristol City Council adult social care mitigations.
d. Forecasts against the 6 key 'winter metrics' including 999 total call handling time, category 2 ambulance response times, ambulance handover delays and hospital bed occupancy forecasts.
e. Regional hospital bed modelling and known and further mitigations.
f. Details of the BNSSG winter escalation framework (co-ordination and oversight of delivery).
g. Details of the communications approach (including those related to the Covid seasonal booster update).

2. It was noted that (as highlighted by the Care Quality Commission) there were national issues around long waits for ambulances, including ambulance 'waiting time' outside Accident and Emergency (A&E) units. This was related to the issue of some patients being stuck in hospital beds due to shortages in social care support required to enable them to leave hospital, people also being stuck in emergency departments waiting for a hospital bed to be available to receive treatment, and other individuals stuck waiting for ambulances following emergency calls because the ambulances were stuck outside hospitals waiting to transfer patients. Ambulance 'clean down' requirements/time also needed to be taken account of. These were issues locally as well - in BNSSG, key areas of focus included securing additional capacity in emergency zones where possible but also trying to ensure that patients were able to be transferred to or access the most appropriate clinical setting.

3. It was noted that South Bristol Community Hospital currently closed at 8.00 pm each evening; it was suggested that one option that might be considered was to extend the opening hours at this site to midnight to relieve some of the pressure on A&E units elsewhere during the late evening. It was noted that funding and staff availability and the overall staff recruitment position would need to be factored into assessing any options to increase capacity.

4. It was noted that it was also important to encourage use of community pharmacists where this was appropriate.

5. It was noted that important lessons had been learned from the Covid virtual ward experience, especially in terms of assisting patient 'flow' and following the principle of 'right patient, right place, right time.'

6. It was noted that Covid and Norovirus rates would form key elements in monitoring and managing demand through the winter period. In terms of the '6 key metrics' slide, further detail on the data could be made available to committee members on request.

7. In terms of the operational modelling scenarios, it was noted that these would be kept under ongoing review, noting also that the impact of any staff industrial action would need to be assessed carefully. It was noted that through 'Operation Arctic Willow', each ICS was also stress-testing the health service ahead of the scenario of extreme winter operational pressures and possible industrial action.

The Committee **RESOLVED**:
- To note the above update and information.

30 Update from Avon and Wiltshire Mental Health Partnership NHS Trust - Child and Adolescent Mental Health Services

The Committee received and discussed a presentation from representatives of Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) updating on Child and Adolescent Mental Health Services (CAMHS).

Summary of main points raised:

1. The presentation had been circulated to committee members in advance of the meeting. The key areas covered by the presentation were:
a. Transformation update: the long term, 5 year plan (and additional £1.4m investment) to expand mental health services for children and young people through:
- Increasing access to services.
- Developing mental health support teams in schools.
- Increasing community eating disorder services.
- Expanding CAMHS crisis services.

- Improving the transition to adult services.
b. Update on CAMHS access rates.
c. Update on mental health support teams.
d. Update on eating disorders and the demand for support.
e. Update on the asylum refugee clinic.
f. Equalities, diversity and inclusion data.
g. Update on Riverside CAMHS in-patient unit.

2. In response to questions, it was noted that CAMHS was committed to equalities and diversity and was actively seeking to improve representation in its workforce from black and ethnic minoritised groups. There was now a particular focus on ensuring the embedding of a positive action recruitment approach to support increased diversity of the workforce, including higher paid roles. Careful attention was also being paid to the placing of job advertisements to try to ensure that all communities were reached. A full staff training programme around equalities and diversity was in place and this was being supported through a Royal College of Psychiatry Advancing Mental Health Equalities Project.

3. It was noted that a Quality Improvement Project was also in place, with the specific focus of improving access to CAMHS for black and ethnic minoritised communities.

4. In response to questions, it was noted that the average length of stay of individuals admitted to Riverside CAMHS in-patient unit was in line with the national average; the exact length of stay inevitably varied depending on the complexity of each individual case. It was also noted that:
- refurbishment of the Riverside building was completed in July 2021 (the unit had been expanded to be able to provide 12 in-patient beds and 4 day patient places).
- due to the investment in community CAMHS services, the regional demand for inpatient beds had significantly reduced with young people now better able to be treated at home.
- where required, access to a general adolescent bed was available without delay.
- a BNSSG ICB Business Case had been developed for a new Tier 3+ service serving Bristol and South Gloucestershire.

5. It was noted that approx. 10,000 children and young people were accessing CAMHS across the full BNSSG area; there were more specific and detailed metrics ‘beneath’ this figure for the Bristol area, for example in relation to referrals for urgent support.

6. In terms of schools, it was noted that 4.5 mental health support teams were supporting Bristol schools identified as ‘high need’ by Public Health. In response to a question, it was confirmed that all children looked after will have access to CAMHS as required.

The Committee **RESOLVED**:
- To note the above update and information.

31 Update from Sirona Care and Health - early help offer and interventions

The Committee received and discussed a presentation setting out details on Sirona's approach / progress in relation to how Public Health Nursing (PHN) and Therapy services support the development of the early help offer in Bristol.

Summary of main points raised:

1. The presentation had been circulated to committee members in advance of the meeting. The key areas covered by the presentation were:
a. Update on the transformation of the PHN service and introduction of the i-THRIVE service delivery model. It was noted that the PHN service had embarked on an ambitious transformation programme that placed children, young people, and families at the heart of the service they receive. This transformation would introduce the i-THRIVE conceptual model, which was a value driven, personalised and preventative/early intervention approach to service provision which supported better outcomes for children, young people and families through its integrated and needs led approach.
b. The 'Universal in reach, personalised in response' approach.
c. Update on the intensive home visiting approach.
d. Update on prevention and early intervention work.
e. The school nursing offer.
f. The therapy offer (speech and language; occupational therapy).

2. It was noted that more research would be needed to more fully understand the longer- term impacts on children from the Covid pandemic. Children and young people's services remained a key priority for the ICB.

3. In response to questions it was noted that Sirona delivered a universal PHN programme to all families. In addition, Sirona also provided two targeted early intervention programmes that aimed to improve a variety of child and parent outcomes and reduce inequalities:
a. The Family Nurse Partnership (FNP) had operated in Bristol since 2014 and was a licensed home visiting programme delivered by family nurses for first time young mothers.
b. The Maternal Early Childhood Sustained Home-visiting (MECSH) programme had also recently been launched in Bristol, delivered by health visitors. This offered sustained support for families at risk of poorer maternal and child health and development outcomes.

4. It was noted that there was a degree of anecdotal evidence suggesting a rise in teenage pregnancies locally; this had not though yet been evidenced through formal data sources – it was noted that the teenage pregnancy strategy in Bristol had generally seen a significant decline in the rate of teenage conceptions.

5. In response to questions, it was noted that each primary school in Bristol had a named Speech and Language Therapist who offered school based drop-in support for families or school staff to discuss concerns with a therapist and identify required support. Interpreters were used as necessary to help

meet the needs of families/children where English was not their first language; there was also some specific, community based support.

6. In response to questions about specialist health visitor support for perinatal and infant mental health, it was noted that a team of three health visitors had recently been formed (sitting within the public health nursing service) and had undertaken additional training in perinatal and infant mental health. The team had a focus on supporting staff to develop their understanding and support skills around parental and infant emotional wellbeing and early relationships, through staff training, supervision and consultations. The team was also building effective relationships with partner organisations engaged in the delivery of perinatal and infant mental health support to improve referral processes for families.

The Committee **RESOLVED**:
- To note the above update and information.

32 Scrutiny Work Programme - for information

The Committee noted the latest work programme update.

Meeting ended at 5.48 pm

CHAIR ____________________

NHS England

AGENDA ITEM 7

Dental Access for Adults and Children in Bristol

March 2023

1. Background

NHS England is responsible for the commissioning of dental services across England, having taken over from primary care trusts when the NHS was reorganised in 2013. NHS England's offices in the Southwest region manage these contracts locally.

Dental services are provided in Bristol in three settings:

1. Primary care – incorporating orthodontics.
2. Secondary care.
3. Community services – incorporating special care.

2. Population of Bristol

The population of Bristol is 471,117 according to mid-2021 population figures published by the ONS. Bristol's population growth rate between mid-2020 and mid-2021 was 0.5% per year. Bristol covers an area of 110 square kilometres (42 square miles) and has a population density of 4,295 people per square kilometre (km2), based on the latest population estimates taken in mid-2021.

3. Primary care (high street dentistry)

Primary care (high street) dental practices are themselves independent businesses, operating under contracts with NHS England. Many also offer private dentistry. All contract-holders employ their own staff and provide their own premises; some premises costs are reimbursed as part of their contract. People are not registered with a dentist in the same way they are registered with a GP, so often don't realise they are free to attend any dental practice they choose if they have capacity to see and treat you.

Domiciliary treatment is provided by a small number of contractors who provide treatment for people who are unable to leave their home to attend a dental appointment either for physical and/or mental health reasons, including people in care homes.

Dental contracts are commissioned in units of dental activity (UDAs). To give context the table below sets out treatment bands and their UDA equivalent:

Band	Treatment covered	Number of UDAs
1	This covers an examination, diagnosis (including x-rays), advice on how to prevent future problems, a scale and polish if clinically needed, and preventative care such as the application of fluoride varnish or fissure sealant if appropriate.	1
2	This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work, removal of teeth but not more complex items covered by Band 3.	3
3	This covers everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges and other laboratory work.	12
4	This covers emergency care in a primary care NHS dental practice such as pain relief or a temporary filling.	1.2

4. Access rates to high street dentistry

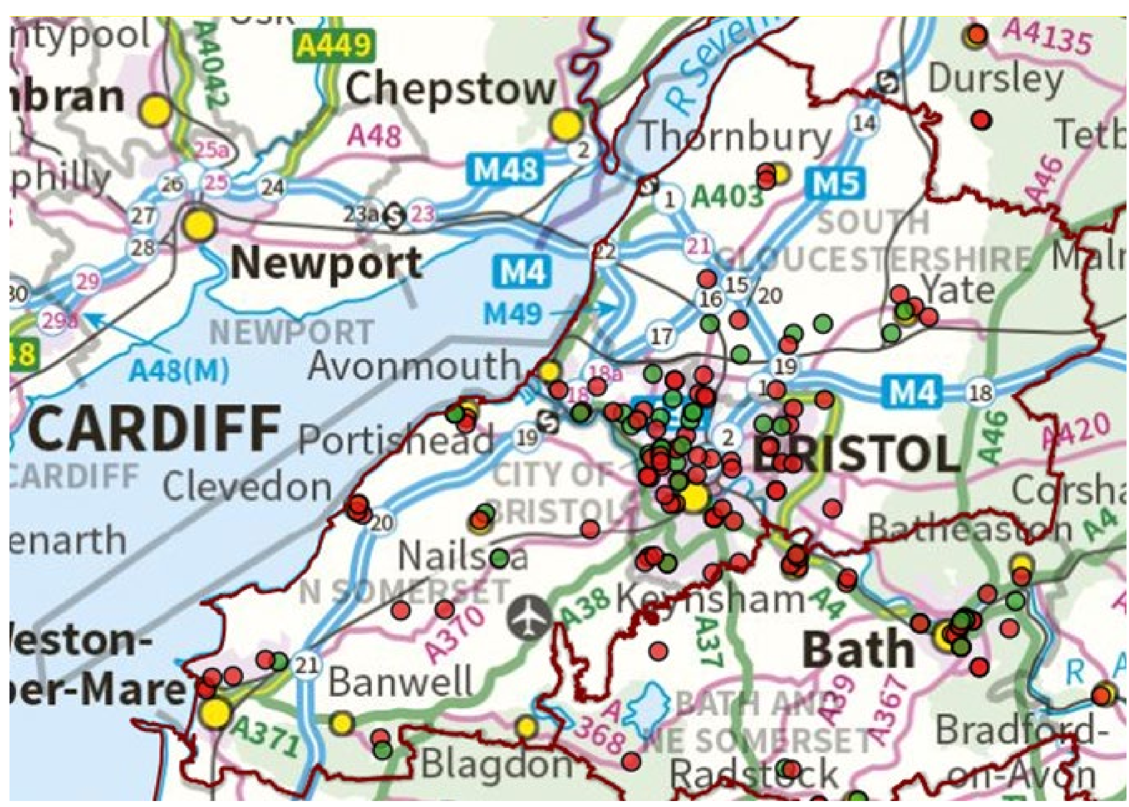
Over recent years there has been a steady fall in the number of patients in Bristol who have been able to access an NHS dentist.

The percentage of adults seeing an NHS dentist in Bristol has decreased from 43.5% to 37.3% in the latest 12 months data available from June 2021 to June 2022. This is a drop of 6.2%. However, the access rate for the adult population of Bristol (37.3%) is in line with the access rate for England as a whole (37.4%). This is measured by looking at the proportion of people who have seen an NHS dentist in the past 24 months.

The number of children who have seen a dentist in Bristol in the last 12 months from June 2021 to June 2022 has increased from 36.3% to 52%. This is an increase of 15.7% and higher than the access rate for England which is 46.9%.

For further details on these statistics, please see: https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub/dentistry

5. Commissioned Dental Activity.



There are 60 practices in Bristol who provide NHS dental services, as indicated in the above map.

- Total units of dental activity (UDA) commissioned for Bristol 22/23 is 770,759 value £21,448,126.
- Total units of orthodontic activity (UOA) commissioned for Bristol 22/23 is 38,532 value £2,993,883.91.

6. Orthodontics.

Post pandemic, orthodontic services have been able to return to normal levels of activity more rapidly than high street dentistry and normal pre-pandemic contract volumes are in place for 2022/23. There is an additional initiative for non-recurrent Orthodontic activity (This is temporary activity in addition to their normal contracted activity, which means that practices will be able to treat more patients.) from 1 November 2022 to the 31 March 2023. This additional non-recurrent activity and funding is to be used to reduce waiting times for those patients on the practice waiting list who are eligible and ready to receive orthodontic treatment. In Bristol there are 2 practices participating in this initiative seeing approximately 70 more patients during 2022/23.

7. Urgent Dental Care.

A dedicated helpline for Bristol, North Somerset and South Gloucestershire was commissioned in 2019, to support the 111 service in the area. When someone calls 111, there is an Interactive Voice Response (IVR) that allows callers to choose 'Dental' from a pre-recorded menu. The service manages both in hours and out of hours appointments for the whole of Bristol, North Somerset, and South Gloucestershire area.

The helpline provides two main functions:

- to assist patients in finding an NHS dentist for routine care; and
- arrange urgent NHS dental treatment for people who do not have a dentist

The Dental Helpline is commissioned to operate between the hours of 08.00 and 22.00, 7 days a week, 365 days per year. Outside of these times, the patient will be triaged by NHS111 using the National Pathways algorithm.

8. Stabilisation

One of the exciting pieces of work currently underway is our 18month stabilisation programme:

- Throughout the pandemic there was a focus on urgent dental care and demand for this has increased (and continues to increase)
- There are a number of people who have dental issues which mean they must repeatedly access urgent care, or who do not meet the access criteria, but are still in dental pain – and the stabilisation pathway is our solution to this
- Stabilisation would provide dental care which would stabilise their oral health and mean reduced pain and reduced likelihood of going in and out of the urgent care system, or of accessing other services (i.e., via ED or the GP)

Working with high street dental practices to offer sessions of stabilisation which people could access via 111 or directly via the dental practice.

- 50 EOIs received across the South West.
- 4 practices are live in Bristol, providing approximately 360 additional appointments per month.

9. Workforce.

The key issue affecting access to NHS dentistry across the country is workforce. A shortage of dentists in Bristol affects the ability of high street practices to deliver their contracts. The reasons for this are not necessarily different to those affecting other sectors of the health and social care system.

Foundation dentists, who are undergoing further training for a year after graduation, tend to relocate at the end of their foundation year, moving elsewhere to follow training pathways or to take hospital-based jobs.

It is difficult to determine why established dentists across the country leave. Anecdotally, factors include the challenges of working in NHS practices that are experiencing high demand from patients and the opportunities in private care. We have undertaken several surveys as have Health Education England to understand some of the issues and barriers, one of which was undertaken by one of our Clinical Dental Fellows. Main factors identified related to opportunities for career development, training opportunities, flexibility in dental contracts, allowing dental teams to utilize their full scope of skills and qualifications to treat patients under differing contract models (please see full summary below).

- Main factors for working in South West: Close to family/ friends, work-life balance
- Main factors for retention at workplace: Feeling satisfied with role, realistic working targets
- Main factors for General Dental Practitioners (GDPs) working in NHS dentistry: Flexible commissioning that reduces the focus on UDA activity, more protection from litigation
- Main factors for Dental Care Professionals (DCPs) working in NHS dentistry: Flexible commissioning that reduces the focus on UDA activity, more opportunities for career progression, more protection from litigation, more salaried roles
- Foundation Training experience in SW and previous exposure of working in rural areas could influence long term retention in rural settings.
- The majority (86.5%) feels happy living and working in the SW, feel secured in their jobs (70.4%) however feel burnt out (58.3%). 43% feel they are fairly remunerated for their work.
- 89% intend to remain working in the SW, 37.4% intend to remain working in NHS dentistry.
- The survey findings have been used to inform the Dental Reform Programme action plans for retaining and recruiting staff, improving workforce training and supporting the wellbeing of our dental staff.

NHSE SW's workforce working group comprised of colleagues from the dental community and commissioners continues to develop its actions plan to address these issues.

10. Improving access to primary care for people in Bristol.

NHS England has been engaged in the following activities to increase access to NHS dental services by:

- Running a South West recruitment day supported by the British Dental Association and dental providers to try and attract all practitioners to move into the region.
- Working with dental providers to ensure existing contracts are delivering to their maximum potential.
- Reviewing under and over performance of dental contracts on a regular basis and, as part of reconciling activity to contract payment, explore with those contractors with the most variance what they are doing to address under performance.
- While we are able to issue new contracts for NHS primary care dental activity in areas of greatest need, we are having conversations where we can adjust activity and reallocate the activity where necessary,

- Developing plans to commission dental services in areas where there is inequality in access, within available resources. We are working closely with dentists, public health, and the dental school to develop referral pathways and identify initiatives to increase dental capacity across the region through the South West's Local Dental Network and six Managed Clinical Networks for dentistry.
- In collaboration with Health Education England and the Universities of Plymouth and Bristol, are offering funding to dentists working in the South West who are undertaking post-graduate courses in Restorative; Periodontal; Endodontic and Oral Surgery to increase the number of local specialists within our region.
- Working towards further innovation with existing providers to address regionalised concerns. This includes adjusting contract activity, allowing for reinvestment. Any schemes will take into account national initiatives and regional priorities, e.g., Dental Checks by 1 campaign (to ensure all children see a dentist as their teeth come through, or by their first birthday, at the latest) or increasing urgent care sessions for patients who do not have a regular dentist.

The SW Dental Team has commissioned additional mandatory dental services across the region. Priority areas have been identified focused on replacing activity which has ceased within this financial year. Contract performance criteria for these new contracts included the measurement and assessment of the number of additional new patients accepted for treatment and delivery against the Starting Well Core initiative, which aims to increase access for 0–2-year-olds, promoting early attendance at a dental practice and offering preventative care.

In collaboration with Health Education England and the Universities of Plymouth and Bristol, we offer funding to local dentists undertaking post-graduate courses in Restorative; Periodontal; Endodontics and Oral Surgery to increase the number of local specialists and thereby improve access and capacity in these specialities.

11. Secondary care provision.

In Bristol, NHS England contracts with University Hospital Bristol and Weston NHS Foundation Trust and Practice Plus Group to provide secondary care including oral and maxillofacial surgery.

Secondary care has been impacted greatly by the pandemic as services initially ceased to free up capacity to treat Covid patients in hospitals. All services have now been resumed but in some cases the frequency of clinics has been reduced due to capacity at the hospital sites. This has led to an increase in waiting list lists for some treatments.

Local Integrated Care Systems have produced elective recovery plans and the funding available (elective recovery fund) is being used to procure additional capacity in the Bristol, North Somerset and South Gloucestershire area. The Getting it Right First Time (GIRFT) programme is also underway in the South West, reviewing oral and maxillofacial surgery pathways to improve flow of patients to ensure more equitable access to treatment and better outcomes.

12. Community Dental Service.

University Hospital Bristol and Weston NHS Foundation Trust (UHBW) is also commissioned by NHS England to provide a range of community services. They operate from a range of sites across Bristol, North Somerset, and South Gloucestershire. UHBW also includes a range of community services to Bath and Northeast Somerset. Special care dentistry is concerned with the improvement of the oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability; or, more often, a combination of these factors. Special care dental services provide urgent care, check-ups and treatment.

Special care dental providers are currently experiencing difficulties in recruiting to specialist posts. We know that our special care dental services provide an invaluable service to some of our most vulnerable people. Our ambition is to ensure that the services are as good and as accessible as possible. Hence, interim measures are in place, supported by the Special Care Managed Clinical Network, to secure additional specialists while longer term solutions are developed.

Local authorities are the lead commissioner of oral health promotion programmes to improve the health of the local population as part of their statutory responsibilities. Oral health promotion in Bristol is delivered via the community dental provider and consists of oral health education and fluoride varnish application.

13. Delegation of Primary Care Commissioning.

Scrutineers can be assured that we are working with ICB colleagues at all levels to ensure a safe, seamless transition of primary care commissioning from NHS England to ICBs. In preparation for ICBs taking on delegated responsibility for commissioning pharmacy, optometry and dental (POD) services from April 2023, we have been reporting all POD related stakeholder communications and engagement activity to Integrated Commissioning Boards (ICBs) monthly since the end of July 2022. We have also been working with colleagues across the ICB to agree our future ways of working, which has led to the codesign of the structure and function of the NHSE SW regional commissioning hub.

The hub is where ICBs will be able to access existing subject matter expertise and commissioning support for delegated services from April 2023 and beyond. ICB colleagues are also participating in each of the dental reform programme working groups (referenced below) as well as working with commissioners on a local level.

14. Dental Reform Strategy for the South-West.

The South-West Dental Reform Programme was established in 2020 to improve access to oral health services, develop workforce initiatives to improve recruitment and retention of the dental workforce, and improve the oral health of the population. The programme is run by NHS England and Health Education England, alongside our strategic Integrated Care Partnerships and Local Authority Public Health leads to bring together the NHS England

Dental Commissioning Team and Transformation Team with key stakeholders that have responsibility for oral health in the region (Public Health England, Health Education England, Local Dental Committees, the Local Dental Network, and Integrated Care System (ICS) representatives) as well as public and patient voice partners. The programme has informed the development of a roadmap/plan for the future of NHS dental services and oral health improvement in the South-West.

As an early milestone, an Oral Health Needs Assessment (OHNA) was commissioned and published in 2021 and the Dental Reform Programme team held a first SPRINT workshop on 10th June 2021. Over 150 delegates attended with representatives from the dental profession; Healthwatch; Health Education England; Overview and Scrutiny and regional and national NHS colleagues. Dental case studies were considered, and discussions held about what works well, what opportunities could be explored, what barriers there are currently and how we overcome them. A report summarising the event outputs and recommendations is available here.

A further prioritisation session based on the workshop findings was held in July. In addition, three programme working groups were established in September to focus on access, oral health improvement and workforce. The results from the workshop and prioritisation session together with the Oral Health Needs Assessment have been used by the working groups who began meeting in September to develop and deliver extensive workplans.

Now that we have a more thorough understanding of the issues, where need is greatest and what current students and the dental community suggest would make them more likely to work for the NHS in the South West, each working group has developed a workplan for the coming years. The following action plans are subject to change as we continue to consider new ideas and suggestions and learn from the pilot projects, we have commissioned to determine what works best.

Programme Commitments

In expanding on its objectives, the reform programme has developed a range of commitments related to the workplan.

15.1 Access

The following summarises the commitments and actions the dental reform programme will complete over the next year to improve access to NHS dental services in the South West: Since the last paper was submitted the follow progress has been made,

- The Urgent Care Managed Clinical Network are working to finalise current and aspirational pathways for future commissioning of urgent care.
- Dental helpline, 111 pathways are being reviewed, developing standardised access routes.
- Stabilisation pilot programme is currently being commissioned and the pilot will run until March 24. There are currently two practices in the Swindon area who have gone live with a total of 5 sessions per week. We are working with two practices to provide stabilisation for health inclusion groups, specifically focussed on Asylum seekers / refugees in Swindon.

- Routine pathway with Community Providers is completed, with an increase of appointments per system by 5%.
- Starting Well Core, increase access for 0-2 years, launched October 2022. This now forms part of the criteria for the newly procured dental contracts.
- Welfare checks for under 18s waiting for dental general anaesthetic is ongoing
- Improved access for Armed Forces families review (via MDS procurement and stabilisation) is due to start quarter 4.
- Domiciliary care review has been completed, and suggestions for change have been agreed, which will increase the number of older people accessing dental.

15.2 Workforce

- Dental Stakeholder Conference to was held in January 2023.
- Website signposting to dental vacancies and training opportunities is ongoing.
- Dental workforce data review to support the development of the workforce action plan, is ongoing.
- PLVE - The Performers List Validation by Experience programme enables the NHS to employ overseas dentists. There are now discussions underway with both the Professional Standards Team and Health Education England to look at ways in which criteria, process and regulations can be improved to increase access for overseas dentists.
- Mapping utilisation of dental chairs is taking place to better understand were there may be capacity, is ongoing.
- South West Dental Education Review programme stakeholder group, started in October and is being led by Health Education England.
- Tier 2 accreditation panel has been established work is ongoing.

15.3 Oral Health Improvement

- Supervised Toothbrushing – pilot in progress and approval to expand across the SW for 4- and 5-year-olds – out to tender.
- Task and finish group to review oral health among older population, has started with a piece of work in care homes.
- Task and finish group to review green impact on dentistry and rollout of national toolkit, is awaiting feedback from national colleagues.

16. Summary

Bristol scrutiny colleagues are asked to:

- Consider the underlying causes of the access difficulties that people are experiencing in Bristol and across the country.
- Consider the ongoing work of NHS England South West dental reform programme board to address these and improve the oral health of our population.
- Work in partnership with NHSE South West dental reform team to consider ways to market Bristol to attract the dental and other clinical workforce that it needs and encourage more young people in schools and colleges to consider a career in the NHS.

AGEAND ITEM 9 - BRIEFING NOTE

BRISTOL HEALTH SCRUTINY COMMITTEE

20 March 2023

TITLE: BNSSG Integrated Care System Strategy

Author: Colin Bradbury: Director of Strategy, Partnerships and Population – BNSSG Integrated Care Board

1. Purpose of briefing note:
To respond to the Committee's request for an update on the development of a system-wide integrated strategy for Bristol, North Somerset and South Gloucestershire.

2. Background / summary of issues for Scrutiny members to note / consider:
In December 2022, the BNSSG Integrated Care Partnership signed off and published a Strategic Framework for our Integrated Care System. This framework sets out the key principles and an overall approach that all partners have signed up to in how we will develop a BNSSG wide integrated strategy. The Framework is summarised in **Appendix 1**.

As a next step, it is intended that a first draft of the Strategy itself, setting out the structure and proposed contents, will be produced by the end of March, with a first full edition to be drafted by the end of June. This will be followed by an implementation phase of the agreed system priorities contained within the Strategy and then a refresh of the Framework in December. The refresh of the framework, which sets the overall direction of travel for BNSSG's System Strategy, will enable an annual review of the 1st edition of the strategy in 2024, and on a rolling basis from then on. A summary of the timeline for 2023 can be found at **Appendix 2**.

3. Specific comments sought from scrutiny members (if applicable):
The contents of the System Strategy will respond directly to the requirements set out in the Strategic Framework. Key amongst these is the requirement for the strategy to prioritise a handful of key issues to focus on, using the whole system's resources to deliver – with a starting assumption that locality partnerships will be the key delivery vehicle for this work.

On the back of work done in the development of the Strategy, both in terms of public / stakeholder engagement and quantitative analysis of the health and care needs of our population, a shortlist has been developed. This will support a prioritisation process which is currently being finalised. A draft shortlist of key conditions and challenges (many of which overlap in practice) is listed in **Appendix 3**.

Members of the HOSC are asked to:

- Comment on the engagement approach and timeline
- Comment on the draft shortlist in preparation for a process to agree a first round of system priorities

Appendices:
Appendix 1 – *BNSSG Strategic Framework on a page*
Appendix 2 – High level timeline
Appendix 3 – Draft (unranked) shortlist for consideration under a prioritisation process

Appendix 1: BNSSG Strategic Framework on a page

MISSION

HEALTHIER TOGETHER BY WORKING TOGETHER

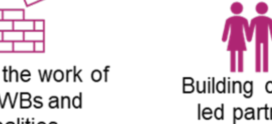
VISION

People enjoying healthy and productive lives, supported by a fully integrated health and care system – providing personalised support close to home for everyone who needs it.

OUR 4 AIMS

- *Improve outcomes in population health and healthcare*
- *Tackle inequalities in outcomes, experience and access*
- *Enhance productivity and value for money*
- *Help the NHS support broader social and economic development.*

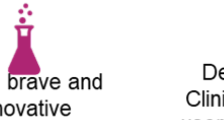
OUR APPROACH TO THOSE AIMS


Build on the work of the HWBs and Localities

Building community led partnerships

Seeing 'risk' from the view of the person not the organisation

A new relationship with the VCSE


Being brave and innovative

Design led by the Clinician/practitioner, user or carer together

Seeing the whole person/issue

An asset-based approach to community development

OUTCOMES	PRIORITISATION	BALANCE	REALISM
Everything we do as a system will have measurable outcomes	Focus on areas where we can have the biggest impact	We will balance multiple needs and expectations in our system.	This will be grounded in what is achievable and deliverable

LIFECOURSE FRAMEWORK

We will make this an 'all-age' strategy with interventions at all stages of the life course

START WELL – LIVE WELL – AGE WELL – DIE WELL

WHAT WE MUST DO

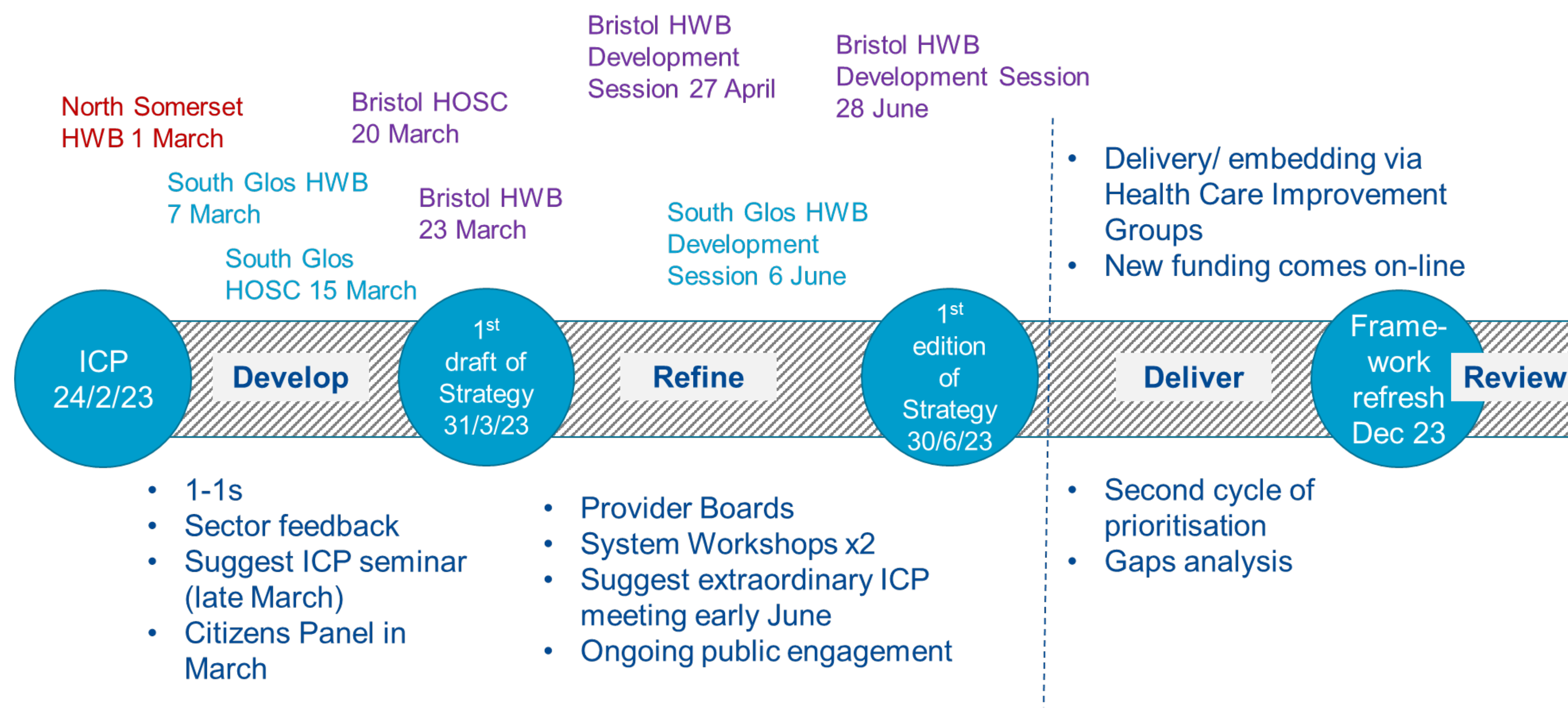
High quality services in all care settings

Financial sustainability and taxpayer value

People empowered to control their own health

Sustainable, motivated, valued workforce

Appendix 2: high level timeline



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Appendix 3: draft (unranked) shortlist for consideration under a prioritisation process

1. **Anxiety and depression** – especially in children and young people
2. **Chronic pain**
3. **Coronary Heart Disease**
4. Support for people with **drug and/or alcohol misuse** or dependency to prevent them developing or exacerbating other conditions, leading to poor outcomes
5. Prevent **Type 2 diabetes** in people at high risk and its progression/complications
6. Exponential growth in children and families unable to maintain a **healthy weight** which increases key risk factors for poor population health outcomes and increased inequalities
7. Support people to **stop smoking** who are at high risk of experiencing poorer outcomes (e.g. pregnant women who are smokers; smokers with long term conditions linked to smoking)
8. **Cancers** – prevention and earlier diagnosis
9. **Chronic Obstructive Pulmonary Disease** – reducing avoidable exacerbations and addressing ongoing risk factors
10. Variation in diagnosis rates and access to support for people living with **dementia**, resulting in poorer outcomes and inequalities
11. **Learning Disabilities and Autism** (rising incidence/referrals of autism and waiting times for elective care for those with LD)
12. Children and young people experiencing **Adverse Childhood Events** and other trauma, or who are excluded from school or in the care system, are going on to experience poor health, educational social and employment outcomes
13. People with **multi-morbidity** whose needs (prevention and management) are poorly met by provision arranged around single disease / specialty pathways are developing avoidable complications, resulting in poorer outcomes, higher costs and widening inequalities
14. **Frail and elderly people** experiencing loneliness and isolation who are at high risk of rapid deterioration in their health and wellbeing
15. Actual and perceived challenges for people in **accessing primary care** resulting in displaced demand into services less suited to meet need

HEALTH SCRUTINY COMMITTEE - 20 MARCH 2023

Report of: Communities and Public Health, People Directorate.

Title: Update Report on Supporting Children's Healthy Weight (a whole systems approach)

Ward: All

Officers Presenting Report: Jo Williams, Grace Davies

Contact: Grace.davies@bristol.gov.uk

Recommendations:

This report updates the Health Scrutiny Committee on Healthy Weight, following the previous report in April 2022.

It revisits our whole systems approach to healthy weight, supporting healthy weight environments becoming the norm across all Bristol's communities and settings.

In order to equip and create healthy weight supporting communities, more work and resource is needed to build partnerships (across the LA, NHS, Integrated Care System, VCSE) and create infrastructure, training and opportunities.

Feedback will be particularly welcomed on two of the workstreams that support healthy weight (i) the commissioning of Bee Zee Bodies to deliver weight management support for high priority families and children and (ii) the development of the Food Equality Strategy action plan.

The significant issues in the report are:
Challenges with long-term financial resource to support delivery and embedding of weight management support in priority communities

1. Summary

1.1 This report aims to provide members with an update on the ongoing work facilitated by the Public Health team to tackle unhealthy weight in Bristol for all ages, but particularly focused on families, children and young people. It revisits how this is being addressed through a 'whole systems approach' and includes short update summaries on how this is being delivered. It then presents more information on two specific examples of projects that form part of this whole system approach: the commissioning of the tier-2 weight management service for high priority families and children in Bristol and the development of an action plan for food equality.

2. Background and Context

2.1 The proportion of adults in England who are overweight or living with obesity has seen large increases in the last four decades.[1] Whilst it is important not to create stigma for individuals with excess weight, at a population level this increase is strongly associated with negative health outcomes and reduced life expectancy. Obesity is a risk factor for a range of chronic diseases, including cardiovascular disease, type 2 diabetes, at least 12 kinds of cancer, liver and respiratory disease. Obesity can have a negative impact on mental health. The health risks associated with obesity have been brought into focus by the COVID-19 pandemic; people who are overweight or living with obesity are more likely to be admitted to hospital, to an intensive care unit and, sadly to die from COVID-19.[2]

2.2 Local data from the Bristol Quality of Life (QoL) survey reveals significant variation and inequality across the city. The 2021/22 QoL survey showed wide variation by ward, with 28% of adults overweight or obese in Clifton compared to 69% in Henbury & Brentry (see fig. 1 below). There is an apparent variation between lower rates in more central wards and higher in more outlying ones, particularly in the south of Bristol. This relates in part to age and deprivation patterns in the city.[3]

2.3 The QoL survey highlights the following inequalities in healthy weight in the city:

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[1] Patterns and trends in excess weight among adults in England – UK Health Security Agency (blog.gov.uk)

[2] Tackling obesity: empowering adults and children to live healthier lives - GOV.UK (www.gov.uk)

[3] JSNA 2021/22 Healthy Weight (bristol.gov.uk)

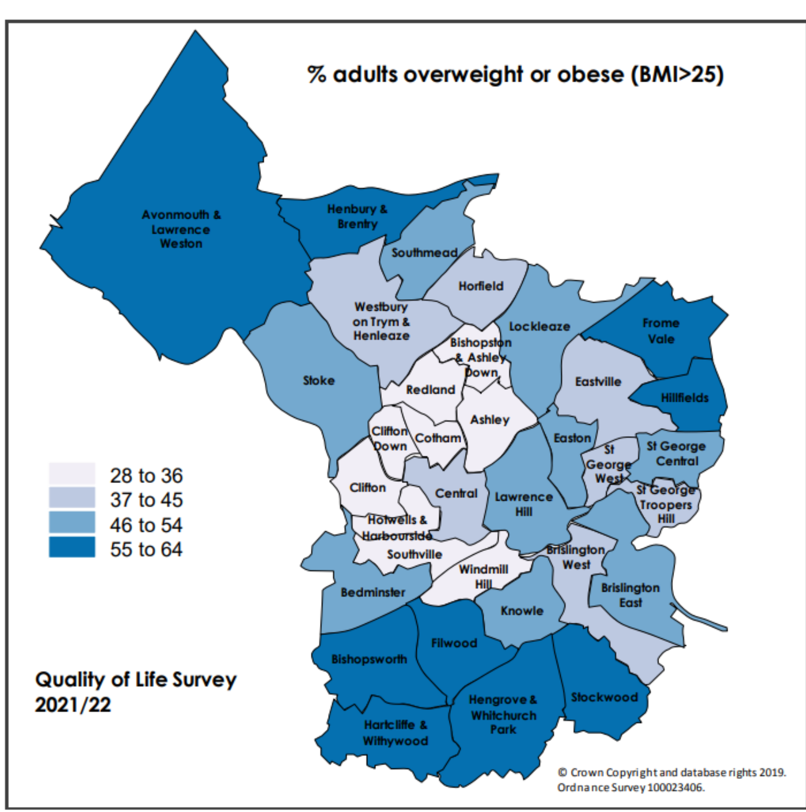


Figure 1: % of adults overweight or obese in Bristol by Ward (BMI >25)

- **Deprivation -** 65% of adults living in the 10% most deprived areas have excess weight, significantly above the city average (46%). This compares to 38% of adults living in the 10% least deprived areas.
- **Ethnicity -** 37% of White minority ethnic adults had excess weight compared to 70% of Black adults, both of which differ significantly to the city average (46%).
- **Disability** – Significantly more disabled adults (62%) have excess weight compared to the city average (46%)
- **Gender –** Men (51%) are more likely to have excess weight than women (41%), but women are more likely to be obese (BMI ≥ 30)
- **Diet quality** - Quality of Life data (2021/22) also shows that the lowest levels of fruit and vegetable consumption are associated with areas of the highest deprivation.
- **Pregnancy** – The percentage of women booking for maternity care with a BMI of 30 or more has increased in Bristol since 2013 (18.8% in 2013 to 20.2% in 2020). Mothers who are overweight or obese are at risk of a range of complications and poor birth outcomes and are more likely to have children with excess weight or obesity[4].

2.4 There are also significant numbers of children with excess weight in Bristol. Data from the 2021/22 National Child Measurement Programme (NCMP) in Bristol indicates that approximately 1 in 5 (20.5%) of children in reception (4-5-year-olds) and more than 1 in 3 (36.4%) of year 6 pupils (10-11-year-olds) have excess weight (are overweight or obese). These estimates indicate that the prevalence of excess weight for reception year pupils in Bristol was lower than the national average in 2021/22 (22.3%) to a statistically significant extent, but statistically similar to the national average (37.8%) in year 6 pupils[5].

[4] Heslehurst N, Vieira R, Akhter Z, Bailey H, Slack E, Ngongalah L, Pemu A, Rankin J. (2019). The association between maternal body mass index and child obesity: A systematic review and meta-analysis. PLoS Med.11;16(6). Available at: The association between maternal body mass index and child obesity: A systematic review and meta-analysis - PubMed (nih.gov)

[5] JSNA 2022/23 - Healthy Weight Children (bristol.gov.uk)

NCMP is undertaken annually but was curtailed in 2019/20 and scaled back in 2020/21 due to the Covid-19 pandemic. 2021/22 was the first year since the onset of the Covid-19 pandemic during which a full year of NCMP measurements were carried out in Bristol.

2.5 As with adults, there is significant variation in the proportion of children with excess weight across the city, as seen in figure two.

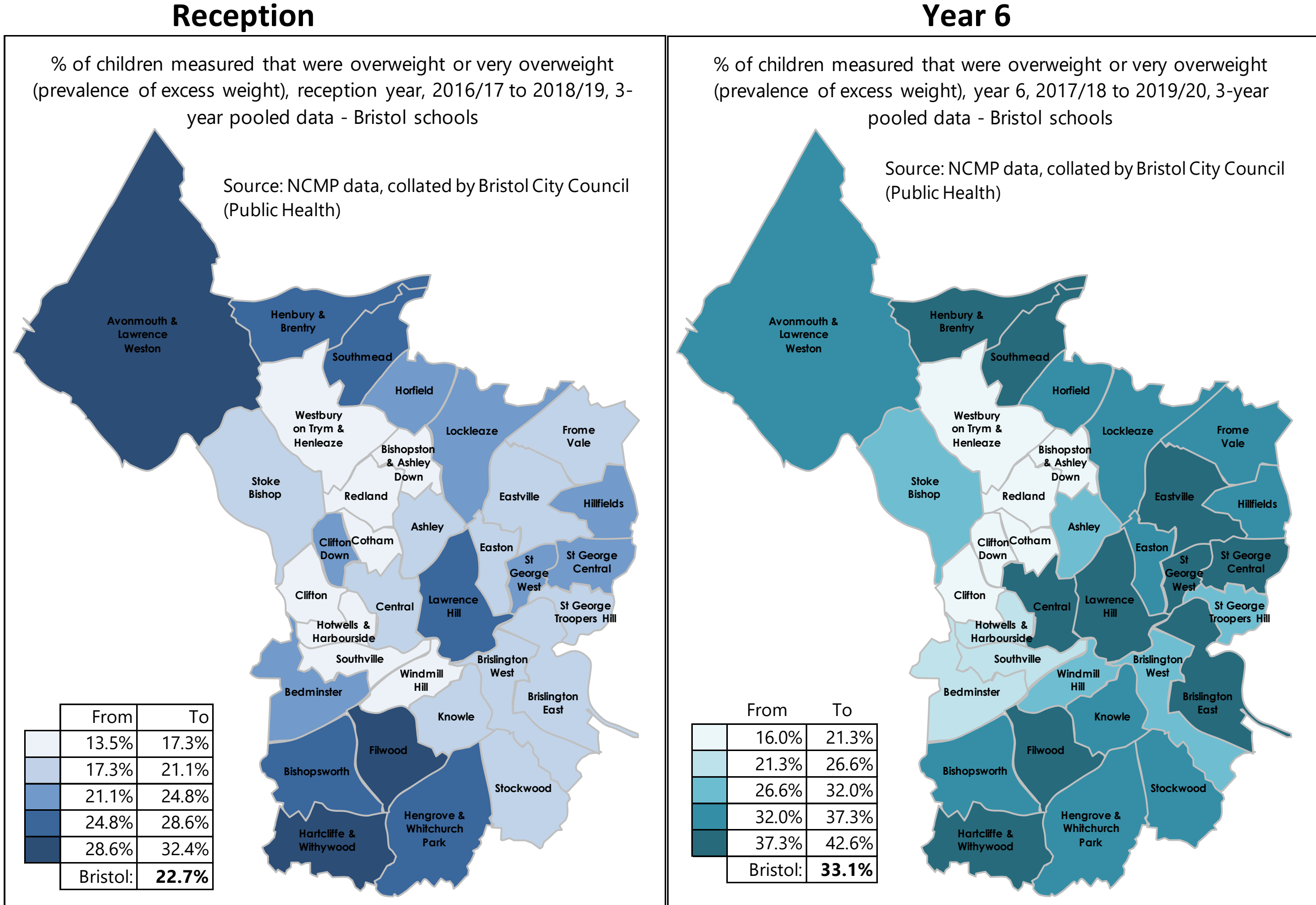


Figure Two - percent of children in Reception and year 6 overweight or obese (BMI >25) in Bristol by ward (NCMP 3-year pooled data – hence the differences between the data in the graphs and the data reported above. In addition, due to the break in the continuous series of annual NCMP measurement during the Covid-19 pandemic, statistics which rely on 3-years of continuous data to allow for the reporting of statistics relating to smaller population groups and geographies (e.g., individual wards of residence within the city) have not been updated. Combining pre-pandemic measurement data with later results would potentially obscure any change to trends and comparisons brought about by the pandemic. (***We plan to update these grouped year statistics using 2021/22 and 2022/23 NCMP data following completion of the current 2022/23 data collection).*** The differences between this data and the adult data may also be explained by the adult data being self-reported.

2.6 The number of children with excess weight is closely associated with a range of inequalities:

- **Deprivation –** there is a consistent association in Bristol between deprivation of area of residence, and prevalence of excess weight in children at both reception and year 6 age.
- **Ethnicity –** for year 6 pupils, Asian, Asian British, Black, Black British, and Mixed Ethnicity pupils have a higher proportion of excess weight than the Bristol average.

White pupils have a lower proportion of excess weight than the Bristol average (NCMP data, 2021/22).

- **Diet quality** – only 28% of primary and 19% of secondary school students reported eating at least five portions of fruit or vegetables on the day prior to being surveyed for the Bristol 'Pupil Voice' survey in 2022. 10% primary and 12% secondary students reported having no fruit or vegetables at all the previous day. This data is not available at ward data but is likely to show a similar association with deprivation as with adults.

3. Taking a Whole Systems Approach

3.1 The causes of excess weight are complex and there is no one solution that can counter all of these complex causes. The Office for Health Improvement and Disparities (OHID, previously Public Health England) recommends a *whole systems approach* to tackle obesity and there is a growing body of evidence to support the impacts of taking this approach.[6] It means taking a broader approach by working across the entire system, understanding the numerous root causes of obesity and the impact of the wider determinants of health. OHID recommends action in the following areas:

- Healthier **food environments**
- Healthy weight supporting **Educational and childcare settings**
- Healthy weight supporting **workplaces**
- Supporting the increase of **healthy food consumption**
- Providing **weight management support**
- Promoting **local opportunities** and **developing asset based communities**
- Improving education/skills on **healthy eating** and **physical activity**
- Creating environments that **promote/facilitate physical activity**
- Increasing **active travel**

3.2 Bristol have committed to developing a whole system approach to healthy weight and signed up to the *Local Authority declaration on healthy weight* in 2020 to provide a framework for this. Bristol have committed to working collaboratively with each of our Locality Partnerships to support system level change - bringing together public health, healthcare providers, acute trusts, voluntary and community organisations, and the public to re-think how we provide health and social care services with a focus on prevention and place-based solutions.
We also join up approaches where we can with our neighbouring authorities (North Somerset and South Gloucestershire) and provide leadership to the Health Integration Team (HIT), which brings together researchers, public health professionals, clinicians, and the public, to improve how research, policy and practice interconnect, aiming to ultimately help re-shape the unhealthy environments that we live in.

The work on the whole systems approach to healthy weight is embedded in multiple policies

[6] Whole systems approach to obesity: A guide to support local approaches. Public Health England, 2019.

and priorities within the council. These include:

3.3

- The One City Plan
- The Bristol City Council Corporate Strategy
- The One City Climate Strategy (due to the links with the work on sustainability on food)
- The Sport and Physical Activity Strategy
- The One City Belonging Strategy
- The One City Food Equality Strategy
- The Local Government Declaration on Healthy Weight
- The Healthy and Sustainable Procurement Policy
- The Advertising and Sponsorship Policy
- The Parks and Green Spaces Strategy
- Liveable Neighbourhoods

4. Examples of Workstreams supporting Healthy Weight (Families, children and young people)

4.1

The following provides some examples of current work being undertaken to improve healthy weight in children and young people. These are grouped under the *Local Government healthy weight declaration* categories as an example of how this contributes to a whole systems approach.

Category of action	**Example work**
System Leadership	- Bristol's Belonging Strategy for children and young people includes key outcomes, priorities and actions on healthy weight, covering healthy weight in pregnancy, breastfeeding and early nutrition, physical activity, healthy eating and reducing all health inequalities. - The One City Food Equality Strategy contains specific aims relating to food security in children and young people. - The Sports and Physical Activity Strategy aims to halt the rise in levels of childhood and adult obesity by 2025.
Healthy weight promoting environments and settings	- 'Raising the Issue' training has been delivered for midwives, health visitors and school nurses across BNSSG. - Maternal healthy weight advice and guidance is provided through the 'my pregnancy' app. - Healthy Start scheme and vitamins are promoted and distributed to families to increase uptake. Children's Centres are distributing vitamins to eligible families. - Promoting breast feeding and breastfeeding support services, including targeted one to one support for women in the wards with the lowest breastfeeding rates.

	- Promoting and protecting optimal infant feeding through ongoing work to support health visitors, Children's Centres and maternity services, to achieve UNICEF Baby Friendly Gold Accreditation. - Free swimming classes for pregnant women at Bristol City Council leisure services. - *This Girl Can* physical activity campaign for women and girls. - FIT FANS is a free health programme for men and women aged 35-65 who are looking to lose weight, get fitter and lead a more active life. The 12 week programme is delivered by staff from Bristol Rovers Community Trust Slim2Win is a men's health and fitness initiative specifically developed by the Bristol City Robins Foundation which uses the competitive nature of football to facilitate weight-loss amongst programme participants - Over £8m of investment for Bristol's major leisure and sporting facilities has been confirmed, creating more opportunities for Bristol residents to keep active and improve their health. - Work with Children's Centres, for example in providing Children's Kitchen and Food Clubs, and Healthy Start vitamin distribution. - As part of a BNSSG offer, the School Health Nursing Service has been commissioned to provide Extended Brief Interventions (EBIs) on healthy weight for children and families following NCMP measurement during 2022/23. This EBI intervention is being evaluated by researchers at The University of the West of England (UWE). - Brief Interventions on healthy weight and healthy weight conversation skills training delivered for school health nurses and other multi-agency practitioners working with children and families, as part of a 'Making Every Contact Count' approach. - The Bristol Healthy Schools programme supports and provides awards for schools that adopt a whole systems approach to healthy weight. - 'Eat Them to Defeat Them' campaign to promote vegetable consumption. - Funding provided to develop delivery of the healthy eating elements of the national RSHE curriculum with training delivered to South West teachers. - Making Every Contact Count is an approach to behaviour change that supports staff to make the most of the everyday interactions that they have with people and to support them to take the first steps towards leading healthier lives.
Policies and commercial interventions	- Work to embed Health in All Policies and workstreams, considering the wider determinants which influence health and taking a whole-systems approach. This includes: The Healthy and Sustainable Procurement Policy, the developing Parks and Green Spaces

	Strategy, Advertising and Sponsorship policy (2021) which outlines a total citywide ban on unhealthy food advertising and creating healthier environments through the planning system including developing a policy to restrict the opening of hot food takeaways within 400m of a school or youth provision. - Ban on advertising of unhealthy foods within 400m of schools or educational settings. - Bristol Breastfeeding Welcome Scheme in a range of venues and settings to support mothers to breastfeed in public spaces. - Work to ensure the requirements of the International Code of Marketing Breastmilk Substitutes is implemented. - Bristol Eating Better business award, improving healthy food and sustainability in the out of home food sector. Work to embed BEBA standards in health and sustainable procurement policy across areas of council influence. Gold award standards for council catering contracts, bronze standard for market traders, major events & site permissions. The Bristol Eating Better Award for schools and early years settings, including a policy of no unhealthy food advertising.

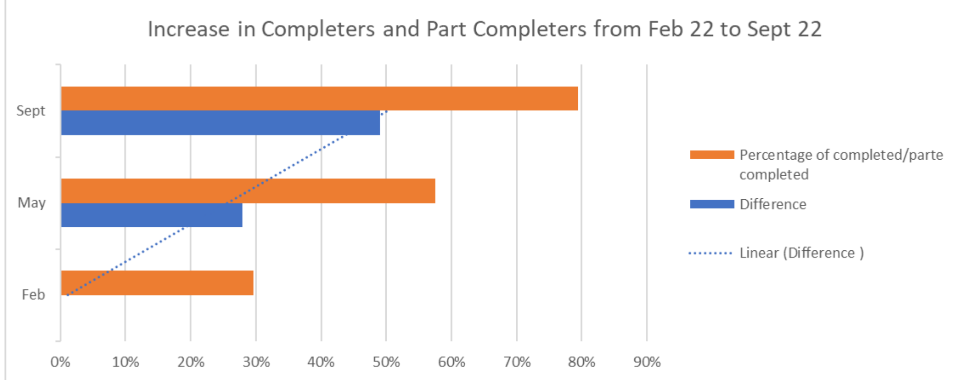
5. Tier 2 Weight Management Commissioning (includes supporting Healthy Weight in Families, children and young people)

5.1 In 2021 the Public Health team used Government funding to commission a 1-year pilot adult Tier-2 targeted weight management service for Bristol (awarded to Bee Zee Bodies), incorporating an asset based community development approach and a 'test and learn' ethos. Public Health were also able to fund an additional insight piece of work with specific communities and groups – helping to understand how services could be co-designed with communities in the future.

5.2 The Public Health Team developed a service specification for a follow on targeted 3-year weight management service, building on the innovative, community asset based, and insight/learning from the one-year pilot, but unfortunately the Government Office of Health Improvement & Disparity withdrew the 3 year funding at very short notice in April 2022. The Public Health Team were able to step in and find a further 1-year funding, which has been used to expand the pilot programme across Bristol, build on referral pathways and include a dedicated children and families' programme within the service. The latter has involved 100 places for families who have a child aged between 5-12 years old who's above their ideal weight based on their BMI. Families can join a 12-week online group programme providing lively, interactive webinars with fun exercises, games, and quizzes. Support throughout the week from a nutritionist via WhatsApp is also provided. The main referral route comes from

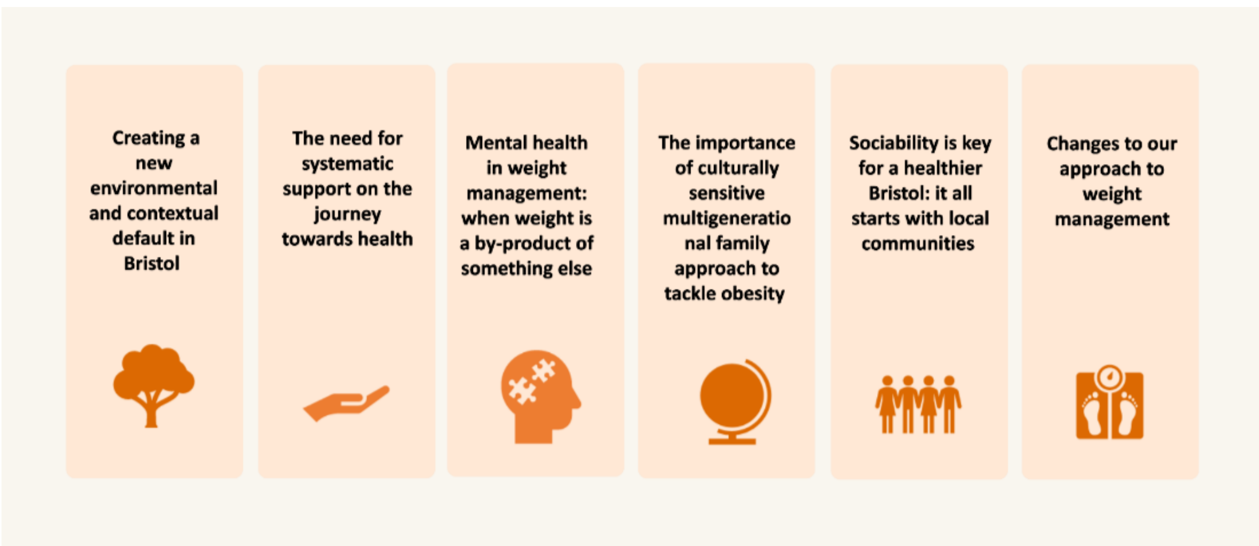
the School Health Nursing Service following their delivery of targeted telephone calls and Extended Brief Interventions on healthy weight (EBI's) to families of children identified through the National Childhood Measurement Programme (NCMP) as having a BMI >98th centile (very overweight) in Year Reception and Year 6 within the Bristol top 5 wards with the highest levels of deprivation and childhood obesity.

5.3 It is early days, but data so far shows that the services are being successful in engaging those from targeted high priority wards and the percentage of those completing programmes is increasing, as trust is growing. See chart below:



5.4 Across the first two rotations of the family weight management programme, 57 families have so far been recruited with 75% of families completing the programme. The third and final rotation of the families' programme is starting in April 2023, with recruitment currently underway. Interim findings from the service demonstrate that meaningful weight loss and behaviour change was achieved and there is positive feedback from the families who took part.

BeezeeBodies have also been able to hold additional formal and informal insight-gathering sessions which were conducted with local citizens of Bristol, with Black African, Black Caribbean and South Asian roots. A full insights report will be available soon, exploring the key themes that emerged:



5.5 We have recently been successful in securing money from The Innovation and Transformation Fund for funding a further 2 years of targeted weight management services for adults, families and children across Bristol, which we hope will further support 'asset-based system development' with a provider, working alongside community embedded services. This will include continuation of a dedicated children and families' programme within the service.

5.6 In November 2022, to support our whole systems approach to healthy weight, The Public Health Team organised a workshop supported by more than 100 partners across Bristol, exploring '*How do we support Healthy Weight in our Localities?'* and aiming to build understanding and create/consolidate partnerships and opportunities. This has helped significantly in establishing stronger links between partners across the LA, NHS, ICS and in communities.

6. The Food Equality Action Plan

6.1 In partnership with Feeding Bristol, the Community and Public Health team have created a **One City Food Equality Strategy for Bristol 2022-2032**. This strategy has been developed to address food insecurity in the city. The Quality of Life Survey 2022/23 headline data shows that 8.1% experienced severe or moderate food insecurity (up from 5% last year), with 16% in the most deprived areas (up from 11.2% last year). The issues of food insecurity were exacerbated during the COVID-19 pandemic, and the ongoing Cost of Living Crisis means this issue is set to remain or worsen in the next few years. The strategy recognises the overlap of food insecurity with access to a nutritious diet, and the impacts a poorly functioning food system can have on healthy weight. Many people in the city face multiple barriers to accessing fresh, good quality, nutritious food, or having the skills or resources to benefit from it. In this way, addressing food inequality is a key strand of work in our whole system approach to healthy weight.

6.2 The Food Equality Strategy sets the ambitious aim to strive for food equality for all residents in the city of Bristol. The strategy defines food equality as existing when ***"all people, at all times, have access to nutritious, affordable, and appropriate food according to their social, cultural and dietary needs. They are equipped with the resources, skills, and knowledge to use and benefit from food, which is sourced from a resilient, fair, and environmentally sustainable food system."*** The strategy identifies five priority themes to achieve this:

- Fair, equitable access
- Choice and security
- Skills and resources
- Sustainability local food system,
- Food at the heart of decision making.

6.3 The strategy was launched during the city's 'Food Justice week' in June 2022. It is embedded in the One City Approach and is overseen by a steering group which meets on a quarterly basis (it has met twice - October '22 & January'23) and reports to the Health and Wellbeing Board.

The strategy Action Plan framework is now in development. This will set out the specific actions and commitments needed from the council and partner organisations to achieve the vision set out in this strategy, but will be an evolving entity that will be responsive to current needs and priorities. The action plan consultation period took place Sept - Dec 2022 where 343 participants contributed with an online survey, community conversations, stakeholder workshops & conversations) resulting in over 1100 actions. This data went though thematic analysis and distilling to help shape the action plan.

Wider strategic links

6.4 There is evidence that the strategy is being used as a lever to support work in the city on bringing about food equality, with its many wider strategic links:

- **Opportunities:** Working across the system - built on Asset based community and system working
- **Linking to national projects** – Shaping Places for Healthier Lives with BNSSG; Food insecurity monitoring improvements – Food Insecurity and Monitoring at a Local Level (FILL)
- **Securing resources –** ~£500K secured through Household Support Fund to support community food projects across Bristol focussing on the strategy priorities
- **Strategic links –** Linking to Local Strategic partnerships (LSP); Bristol Good Food 2030 includes Food equality/ justice is a key theme; linking to Healthy weight work/ Wider determinants inc., Cost of Living work (creating food support lists Bristol Food Support Lists)

Next steps for the Food Equality Action Plan:

6.5

- Steering group meeting (April)
- Peer review of draft action plan (April)
- Food Equality stakeholder meeting in (March)
- Collate and incorporate feedback
- Present for Members briefing; DMT; EDM; HWBB (for information) (March- June)
- Finalise draft April/ May.
- Launch during Food Justice week (June 2023)

7. Consultation

a) Internal

7.1 This report was produced by the *Healthier People and Places* and the *Children and Young People* teams of the Public Health team in Bristol City Council

b) External

Not applicable

8. Public Sector Equality Duties

8.1 An equalities impact assessment has been undertaken for the Tier 2 healthy weight services (Appendix A). Addressing inequalities is a core objective underpinning this entire body of work. Insights through data and population health management will be used throughout this process to identify, monitor and address inequalities. Please find Equality Impact Assessment for the Food Equality Strategy in Appendix B.

Appendix A – EQIA for Tier 2 healthy weight services
Appendix B – EQIA for Food Equality Strategy

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985
Background Papers: Nil additional to the published references noted in the body of the report.

Equality Impact Assessment [version 2.12]

Title: Tier 2 Targeted Community Based Healthy Weight Services	
☐ Policy ☐ Strategy ☐ Function ☒ Service ☐ Other [please state]	☒ New ☐ Already exists / review ☐ Changing
Directorate: Public Health and Communities	Lead Officer name: Grace Davies
Service Area: Public Health	Lead Officer role: Public Health Principal

Step 1: What do we want to do?

The purpose of an Equality Impact Assessment is to assist decision makers in understanding the impact of proposals as part of their duties under the Equality Act 2010. Detailed guidance to support completion can be found here Equality Impact Assessments (EqIA) (sharepoint.com).

This assessment should be started at the beginning of the process by someone with a good knowledge of the proposal and service area, and sufficient influence over the proposal. It is good practice to take a team approach to completing the equality impact assessment. Please contact the Equality and Inclusion Team early for advice and feedback.

1.1 What are the aims and objectives/purpose of this proposal?

Briefly explain the purpose of the proposal and why it is needed. Describe who it is aimed at and the intended aims / outcomes. Where known also summarise the key actions you plan to undertake. Please use plain English, avoiding jargon and acronyms. Equality Impact Assessments are viewed by a wide range of people including decision-makers and the wider public.

Key aims of the service will be to effectively embed support for healthier weight into our most at risk communities, thus reducing the health inequalities associated with excess weight and obesity.

The Provider will deliver a range of targeted healthy weight services to meet the needs of early years, children, families and adults and result in significant reduction of health inequalities, with improved health outcomes for weight, physical activity and mental health.

We want a provider to build on the experience and learning from the pilot phase, with the ultimate ambition of enabling communities to work alongside a weight management provider to fully participate in future service delivery, adopting an asset based systems and community development approach.

The service will be based on the following principles:

- A whole systems approach that tackles the wider determinants of healthy weight
- A ‘life course’ and ‘family-based’ approach; ideally starting pre-conception and with support for pregnant women (mothers who are overweight in pregnancy are more likely to have children who grow up to be overweight)
- A preventative approach, based on the latest evidence/ emerging evidence and innovation
- A co-produced approach with local communities and the ICS, including Family Hubs and the Locality Partnerships.
- Strengths-based; focused on building confidence, self-esteem and overall wellbeing, non-stigmatising
- Focused on reducing health inequalities, potentially targeted at areas of highest prevalence but with a universal element based on the principle of proportionate universalism
- An approach based on robust monitoring and evaluation to assess impact

1.2 Who will the proposal have the potential to affect?

☐ Bristol City Council workforce	☒ Service users	☒ The wider community
☐ Commissioned services	☒ City partners / Stakeholder organisations	
Additional comments:		

1.3 Will the proposal have an equality impact?

Could the proposal affect access levels of representation or participation in a service, or does it have the potential to change e.g. quality of life: health, education, or standard of living etc.?

If 'No' explain why you are sure there will be no equality impact, then skip steps 2-4 and request review by Equality and Inclusion Team.

If 'Yes' complete the rest of this assessment, or if you plan to complete the assessment at a later stage please state this clearly here and request review by the Equality and Inclusion Team.

☒ **Yes**	☐ **No**	[please select]

The service or intervention will aim to support the reduction of health inequalities caused by excess weight and obesity. The proposal will aim to have a positive equality impact by targeting priority groups to reduce inequalities through targeted promotion and providing the opportunity to access the service first, for example people/families who live in the most deprived neighbourhoods.

The Community Asset Based approach is a key part of the service and will form the basis of future services, using learning from the 'deep listening' pilot work and utilise existing community networks, continuing to work closely with the Communities Teams to develop and shape programmes appropriate for that community.

There will be selection criteria to assess the Service in line with DH&SC (was Public Health England) requirements, set out in adult weight management service and children and families service guidance. The service has the potential to change quality of life for the people with overweight and obesity. There is greater potential to have an impact on improving quality of life for groups which are identified to experience inequalities.

Step 2: What information do we have?

2.1 What data or evidence is there which tells us who is, or could be affected?

Please use this section to demonstrate an understanding of who could be affected by the proposal. Include general population data where appropriate, and information about people who will be affected with particular reference to protected and other relevant characteristics: How we measure equality and diversity (bristol.gov.uk)

Use one row for each evidence source and say which characteristic(s) it relates to. You can include a mix of qualitative and quantitative data e.g. from national or local research, available data or previous consultations and engagement activities.

Outline whether there is any over or under representation of equality groups within relevant services - don't forget to benchmark to the local population where appropriate. Links to available data and reports are here Data, statistics and intelligence (sharepoint.com). See also: Bristol Open Data (Quality of Life, Census etc.); Joint Strategic Needs Assessment (JSNA); Ward Statistical Profiles.

For workforce / management of change proposals you will need to look at the diversity of the affected teams using available evidence such as HR Analytics: Power BI Reports (sharepoint.com) which shows the diversity profile of council teams and service areas. Identify any over or under-representation compared with Bristol economically active citizens for different characteristics. Additional sources of useful workforce evidence include the Employee Staff Survey Report and Stress Risk Assessment

<table>
<tr><th>Data / Evidence Source
[Include a reference where known]</th><th>Summary of what this tells us</th></tr>
<tr><td>JSNA 2020.21 - Healthy Weight (bristol.gov.uk)</td><td>The Joint Strategic Needs Assessment identifies the higher risk populations in Bristol.</td></tr>
<tr><td>https://www.gov.uk/government/publications/obesity-weight-management-and-people-with-learning-disabilities/obesity-and-weight-management-for-people-with-learning-disabilities-guidance</td><td>Weight management guidance for disabled people.</td></tr>
<tr><td>https://www.bristol.gov.uk/documents/20182/34772/HW%20Strategy%20Document_2013_web.pdf/9dcfd365-4f01-46be-aaf3-0874d75c7c33</td><td>Reducing health inequalities as part of the One City Plan.</td></tr>
<tr><td>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf</td><td>Disproportionate effect of COVID 19 on Black, Asian and minority ethnic adults.</td></tr>
<tr><td>Guh et al. (2009) The incidence of co-morbidities related to obesity and overweight: a systematic review and meta-analysis. BMC Public Health. 2009 Mar 25; 9:88. doi: 10.1186/1471-2458-9-88. PMID: 19320986; PMCID: PMC2667420. Available at https://pubmed.ncbi.nlm.nih.gov/19320986/</td><td>Co-morbidities associated with overweight and obesity.</td></tr>
<tr><td>Quality of life profiles for Lawrence Hill, Easton, Ashley, Filwood, Hartcliffe and Withywood (linked text).</td><td>Ward profiles – Quality of life profiles</td></tr>
<tr><td>JSNA 2021/22 - Healthy Weight Children (bristol.gov.uk)</td><td>Joint Strategic Needs Assessment – Healthy Weight (children) profile</td></tr>
<tr><td>Bristol Quality of Life dashboard 2021/22</td><td>There are marked differences in the extent to which citizens in Bristol self-identify as overweight or obese based on their characteristics and circumstances (including locality and deprivation). This is useful data to compare with health / medical data because there are likely to be ethnic, cultural and class-based differences in the way people recognise and interpret their weight and body shape:

<table>
<tr><th>Quality of Life Indicator</th><th>% overweight or obese</th></tr>
<tr><td>16 to 24 years</td><td>30.7</td></tr>
<tr><td>50 years and older</td><td>57.2</td></tr>
<tr><td>65 years and older</td><td>57.4</td></tr>
<tr><td>Female</td><td>42.9</td></tr>
<tr><td>Male</td><td>49.7</td></tr>
<tr><td>Disabled</td><td>67.2</td></tr>
<tr><td>Black Asian & Minority Ethnic</td><td>48.9</td></tr>
<tr><td>White Minority Ethnic</td><td>34.5</td></tr>
<tr><td>White British</td><td>47.7</td></tr>
<tr><td>Asian/Asian British</td><td>37.0</td></tr>
<tr><td>Black/Black British</td><td>76.3</td></tr>
</table></td></tr>
</table>

Mixed Ethnicity	46.0
White	46.1
Lesbian Gay or Bisexual	45.9
No Religion or Faith	43.5
Christian Religion	51.8
Other Religions	52.1
Carer	54.5
Full Time Carer	61.8
Part Time Carer	52.3
Single Parent	55.5
Two Parent	49.5
Parent (all)	50.2
No Qualifications	63.7
Non-Degree Qualified	60.0
Degree Qualified	39.0
Rented (Council)	73.1
Rented (HA)	56.7
Rented (Private)	39.0
Owner Occupier	46.0
Most Deprived 10%	60.2
Bristol Average	**46.5**

Source: Quality of Life in Bristol 2020-21

Quality of Life Indicator	**% overweight or obese**
Ashley	36.1
Avonmouth & Lawrence Weston	50.5
Bedminster	43.8
Bishopston & Ashley Down	36.1
Bishopsworth	54.5
Brislington East	52.5
Brislington West	51.0
Central	35.0
Clifton	31.5
Clifton Down	28.9
Cotham	24.9
Easton	42.5
Eastville	48.4
Filwood	62.5
Frome Vale	42.3
Hartcliffe & Withywood	68.0
Henbury & Brentry	52.7
Hengrove & Whitchurch Park	65.4
Hillfields	54.7
Horfield	55.1
Hotwells & Harbourside	33.7
Knowle	48.6
Lawrence Hill	49.4

Lockleaze	52.5
Redland	30.5
Southmead	64.9
Southville	35.8
St George Central	57.7
St George Troopers Hill	54.5
St George West	45.5
Stockwood	57.1
Stoke Bishop	49.0
Westbury-on-Trym & Henleaze	41.5
Windmill Hill	35.1
Bristol Average	**46.5**

Source: Quality of Life in Bristol 2020-21

Additional comments:

Overweight & Obesity in Adults and Children in Bristol
In Bristol more than half of adults and more than a third of children leaving primary school are living with overweight or obesity.

Overweight and obesity is a serious health concern that increases the risk of many other health conditions, including Type 2 Diabetes, cardiovascular disease, joint problems, mental health problems, and some cancers. There are key population groups (adults and children) with significantly increased risk of overweight and obesity:

1. People living with a disability
2. Ethnicity - the prevalence of overweight and obesity (and type 2 diabetes, which is associated with obesity) is much greater amongst adults from Black African, African Caribbean and South Asian background. The most recent 3 years of data show stark differences by ethnicity and gender for year 6 pupils, with female Black and Black British pupils (47%) significantly more likely than any other broad ethnic female group (apart from those of mixed ethnicity), to have excess weight. Asian and Asian British male year 6 pupils (47%) and Black or Black British male year 6 pupils (45%) also have significantly higher prevalence than any other broad ethnic group.
3. Deprivation: 65% of adults living in the 10% most deprived areas of the city have excess weight, compared with 38% in the 10% least deprived areas. In year 6 pupils, around 43% of children living in the 20% most deprived areas of city are overweight or obese, compared to well under half that for those living in the least deprived 18% of the city.

JSNA 2020.21 - Healthy Weight (bristol.gov.uk) and JSNA 2021/22 - Healthy Weight Children (bristol.gov.uk)

2.2 Do you currently monitor relevant activity by the following protected characteristics?

☒ Age	☒ Disability	☐ Gender Reassignment
☐ Marriage and Civil Partnership	☐ Pregnancy/Maternity	☒ Race
☒ Religion or Belief	☒ Sex	☒ Sexual Orientation

2.3 Are there any gaps in the evidence base?

Where there are gaps in the evidence, or you don't have enough information about some equality groups, include an equality action to find out in section 4.2 below. This doesn't mean that you can't complete the assessment without

the information, but you need to follow up the action and if necessary, review the assessment later. If you are unable to fill in the gaps, then state this clearly with a justification.

For workforce related proposals all relevant characteristics may not be included in HR diversity reporting (e.g. pregnancy/maternity). For smaller teams diversity data may be redacted. A high proportion of not known/not disclosed may require an action to address under-reporting.

The pilot phase which is currently ongoing, establishing relationships with and engaging with the community to influence the co-design of this service with the 'test and learn' approach.

2.4 How have you involved communities and groups that could be affected?

You will nearly always need to involve and consult with internal and external stakeholders during your assessment. The extent of the engagement will depend on the nature of the proposal or change. This should usually include individuals and groups representing different relevant protected characteristics. Please include details of any completed engagement and consultation and how representative this had been of Bristol's diverse communities.

Include the main findings of any engagement and consultation in Section 2.1 above.

If you are managing a workforce change process or restructure please refer to Managing a change process or restructure (sharepoint.com) for advice on consulting with employees etc. Relevant stakeholders for engagement about workforce changes may include e.g. staff-led groups and trades unions as well as affected staff.

The 2 year pilot co-design phase has initiated discussions with local communities which will support the co-design of this service. It is proposed that the service will take an asset-based community development approach to embed co-design and continuous learning into the service. The Neighbourhoods and Communities Team Managers will also be consulted, involved in the selection of provider and guiding of the co-design of the service.

Weight management is one of the three priorities areas for the 'healthy body' aims of the Bristol Health and Wellbeing Strategy 2020-25, as well as featuring among the aims within the Healthier People & Places programme of the One City Plan (Bristol One City, 2021) and Belonging Strategy (Bristol One City, 2021). It also aligns with themes 1, 4 and 5 of the Corporate Strategy.

A goal of whole-systems approach to healthy weight, embedded across the city, ensuring environments support healthy choices and are accessible and affordable for everyone, by 2033.

The One City Plan aims to use the collective power of Bristol's key organisations by supporting partners, organisations, and citizens to help solve key challenges, which includes improving the mental and physical health of all residents. The weight management service aims to align with this approach.

The adoption of the Local Authority Healthy Weight Declaration in February 2020, together with NHS Partner Pledges, has continued to benefit this whole-systems working. In particular, the workstreams set up to support healthy eating and food equality, are foundational in our approach to supporting healthy weight - linking to community anchor organisations and developing a community-led approach.

2.5 How will engagement with stakeholders continue?

Explain how you will continue to engage with stakeholders throughout the course of planning and delivery. Please describe where more engagement and consultation is required and set out how you intend to undertake it. Include any targeted work to seek the views of under-represented groups. If you do not intend to undertake it, please set out your justification. You can ask the Equality and Inclusion Team for help in targeting particular groups.

Initial consultations have been carried out with Primary Care Networks prior to this proposal. Major outcomes of the proposal will focus on further consultations, community asset mapping and other community and partner engagement. The service will aim to be embedded within local communities and be able to demonstrate links with local VCSE and statutory partners, notably the new Integrated Care Provider networks and other NHS weight management services.

The Community Asset Based approach to service delivery will ensure utilising client, partner, and stakeholder feedback to continually improve delivery, with the service including co-production with members of the target population. Monitoring and evaluation of the service will be carried out in partnership with commissioners or third parties appointed by commissioners. Furthermore, where a referred service user is not eligible for the service, alternative provision should be sought wherever possible. The provider will develop strong relationships with statutory and community partners who may be able to offer support to those who may not be eligible for this service and will refer or signpost accordingly.

The proposal also aligns with the Council's Corporate Plan. This outlines the Bristol City Council's commitment to working with partners to empower communities and individuals, increase independence and support those who need it.

Step 3: Who might the proposal impact?

Analysis of impacts must be rigorous. Please demonstrate your analysis of any impacts of the proposal in this section, referring to evidence you have gathered above and the characteristics protected by the Equality Act 2010. Also include details of existing issues for particular groups that you are aware of and are seeking to address or mitigate through this proposal. See detailed guidance documents for advice on identifying potential impacts etc. [Equality Impact Assessments (EqIA) (sharepoint.com)](#)

3.1 Does the proposal have any potentially adverse impacts on people based on their protected or other relevant characteristics?

Consider sub-categories and how people with combined characteristics (e.g. young women) might have particular needs or experience particular kinds of disadvantage.

Where mitigations indicate a follow-on action, include this in the 'Action Plan' Section 4.2 below.

GENERAL COMMENTS (highlight any potential issues that might impact all or many groups)	
While we have not identified any direct negative impact from the proposal, we aware from the evidence above of existing disparities for Bristol citizens based on their characteristics and circumstances. We will aim to address this where possible by ensuring service delivery is informed by accessible and inclusive co-design principles and ongoing engagement to meet the needs of Bristol's diverse citizens.	
PROTECTED CHARACTERISTICS	
Age: Young People	Does your analysis indicate a disproportionate impact? Yes ☒ No ☐
Potential impacts:	1 in 4 (23.0%) of children in reception year in Bristol (4-5 years old) and 1 in 3 (33.9%) of year 6 pupils (10-11 year olds) have excess weight (are overweight or obese) (2019/20). Data for 2016/17 to 2018/19 indicated a prevalence of around 17% for reception aged pupils living in the least deprived 20% of the city, compared to 28% for those living in the most deprived 20% of the city (21/22)
Mitigations:	The service will target Bristol Wards with a high proportion of people living in the most deprived areas, taking a whole family approach.
Age: Older People	Does your analysis indicate a disproportionate impact? Yes ☒ No ☐
Potential impacts:	Quality of Life survey shows more people aged 65 and over (56%) have excess weight compared to the city average (46%). People aged 65+ may be less likely to be comfortable using digital services (21/22)
Mitigations:	The service will target older people. See general mitigations above.
Disability	Does your analysis indicate a disproportionate impact? Yes ☒ No ☐
Potential impacts:	Significantly more disabled adults (69%) have excess weight compared to the city average (49%). Disabled people are likely to face significant additional barriers to accessing services – including physical barriers and communication barriers etc. (21/22)

Mitigations:	The service will target disabled people and use a range of accessible formats. See general mitigations above.
Sex	Does your analysis indicate a disproportionate impact? Yes ☒ No ☐
Potential impacts:	Men (54%) are more likely to have excess weight than women (44%), but women are more likely to be obese (BMI ≥ 30) (21/22)
Mitigations:	The service will target overweight and obesity in men and obesity in women using a range of communication methods. to meet the needs of a wide range of Bristol citizens
Sexual orientation	Does your analysis indicate a disproportionate impact? Yes ☒ No ☒
Potential impacts:	
Mitigations:	
Pregnancy / Maternity	Does your analysis indicate a disproportionate impact? Yes ☒ No ☐
Potential impacts:	In Bristol the % of women with obesity (BMI over 30) booking maternity care has gradually increased from 18.8% in 2013 to 20.2% in 2020 (21/22)
Mitigations:	Following NICE and The Office of Health Improvement & Disparities (OHID) guidance the service will be appropriate for women before, during and after pregnancy and their families.
Gender reassignment	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	
Mitigations:	
Race	Does your analysis indicate a disproportionate impact? Yes ☒ No ☐
Potential impacts:	38% of White minority ethnic adults had excess weight compared to 77% of Black adults, both of which differ significantly to the city average (49%). Some groups may face additional language and cultural barriers to accessing appropriate services (21/22)
Mitigations:	The service will target Black, Asian and minority ethnic communities, and White minority ethnic communities (e.g. Polish community). Service delivery will be in a range of accessible formats to meet the needs of a wide range of Bristol citizens
Religion or Belief	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	
Mitigations:	
Marriage & civil partnership	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	
Mitigations:	
OTHER RELEVANT CHARACTERISTICS	
Socio-Economic (deprivation)	Does your analysis indicate a disproportionate impact? Yes ☒ No ☐
Potential impacts:	64% of adults living in the 10% most deprived areas have excess weight, significantly above the city average (49%). This compares to 40% of adults with excess weight living in the 10% least deprived areas (21/22)
Mitigations:	The service will target Bristol Wards with a high proportion of people living in the most deprived areas. Service delivery will be in a range of accessible formats to meet the needs of a wide range of Bristol citizens
Carers	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	
Mitigations:	
Other groups [Please add additional rows below to detail the impact for any other relevant groups as appropriate e.g. asylum seekers and refugees; care experienced; homelessness; armed forces personnel and veterans]	
Potential impacts:	
Mitigations:	

3.2 Does the proposal create any benefits for people based on their protected or other relevant characteristics?

Outline any potential benefits of the proposal and how they can be maximised. Identify how the proposal will support our Public Sector Equality Duty to:

- ✓ Eliminate unlawful discrimination for a protected group
- ✓ Advance equality of opportunity between people who share a protected characteristic and those who don't
- ✓ Foster good relations between people who share a protected characteristic and those who don't

The ambition of this service is to reduce health inequalities caused by excess weight and obesity between groups where inequalities exist, for example our most and least deprived communities, and between Black, Asian and ethnic minority populations and White citizens in Bristol. This proposal takes the necessary steps to meet the needs of people from protected groups as it will be targeted specifically at people with particular protected characteristics. It also encourages people from protected groups to participate in "public life or in other activities where their participation is disproportionately low". The community conversations and co-design production has the potential to foster good relations between people who share a protected characteristic and those who don't. This proposal also aims to contribute towards the gap in life expectancy between the most deprived and least deprived groups in Bristol is currently 16.3 years for men and 16.7 years for women (JSNA healthy life expectancy (bristol.gov.uk))

Step 4: Impact

4.1 How has the equality impact assessment informed or changed the proposal?

What are the main conclusions of this assessment? Use this section to provide an overview of your findings. This summary can be included in decision pathway reports etc.

If you have identified any significant negative impacts which cannot be mitigated, provide a justification showing how the proposal is proportionate, necessary, and appropriate despite this.

Summary of significant negative impacts and how they can be mitigated or justified:
Summary of positive impacts / opportunities to promote the Public Sector Equality Duty:
This proposal specifically aims to address the negative impacts of unhealthy weight and will highlight priority groups who may experience inequalities.

4.2 Action Plan

Use this section to set out any actions you have identified to improve data, mitigate issues, or maximise opportunities etc. If an action is to meet the needs of a particular protected group please specify this.

Improvement / action required	Responsible Officer	Timescale
Using this Equality Impact Assessment tool has highlighted the importance of community involvement and stakeholder engagement. We will ensure that the previously outlined co-production actions are adhered to and emphasised.	Service provider	Contract length

4.3 How will the impact of your proposal and actions be measured?

How will you know if you have been successful? Once the activity has been implemented this equality impact assessment should be periodically reviewed to make sure your changes have been effective your approach is still appropriate.

Monitoring and evaluation of the test and learn process as well as the outcomes achieved is a priority of this project. The provider must use validated tools when evaluating the service and adhere to the specifications set out by DH&SC for use of this funding. Regular monitoring meetings will be held with the provider to make sure that community engagement is met.

Step 5: Review

The Equality and Inclusion Team need at least five working days to comment and feedback on your EqIA. EqIAs should only be marked as reviewed when they provide sufficient information for decision-makers on the equalities impact of the proposal. Please seek feedback and review from the Equality and Inclusion Team before requesting sign off from your Director[1].

Equality and Inclusion Team Review:	**Director Sign-Off:**
Date:	Date:

[1] Review by the Equality and Inclusion Team confirms there is sufficient analysis for decision makers to consider the likely equality impacts at this stage. This is not an endorsement or approval of the proposal.

Equality Impact Assessment [version 2.9]

Title: Bristol Food Equality Strategy and Action Plan	
☐ Policy ☒ Strategy ☐ Function ☐ Service ☐ Other [please state]	☒ New ☐ Already exists / review ☐ Changing
Directorate: Public Health and Communities	Lead Officer name: Sally Hogg
Service Area: Public Health	Lead Officer role: Public Health Consultant

Step 1: What do we want to do?

The purpose of an Equality Impact Assessment is to assist decision makers in understanding the impact of proposals as part of their duties under the Equality Act 2010. Detailed guidance to support completion can be found here Equality Impact Assessments (EqIA) (sharepoint.com).

This assessment should be started at the beginning of the process by someone with a good knowledge of the proposal and service area, and sufficient influence over the proposal. It is good practice to take a team approach to completing the equality impact assessment. Please contact the Equality and Inclusion Team early for advice and feedback.

1.1 What are the aims and objectives/purpose of this proposal?

Briefly explain the purpose of the proposal and why it is needed. Describe who it is aimed at and the intended aims / outcomes. Where known also summarise the key actions you plan to undertake. Please use plain English, avoiding jargon and acronyms. Equality Impact Assessments are viewed by a wide range of people including decision-makers and the wider public.

Food equality is Bristol's approach to making a fairer food system for all residents in Bristol. It involves addressing issues of household food insecurity, sustainability of the food environment and the wider food system in Bristol.

Food inequality is caused by a range of economic, social and environmental factors. These include low household income, a poorly functioning local food economy and a lack of land available for growing food. The impacts of food inequality are wide-ranging, and it causes a range of health, economic, social, and environmental impacts on our city. These include obesity, reduced educational attainment for children at school, poor social cohesion, and an environmentally unsustainable food system. The impacts of food inequality are not evenly distributed and are felt much more in the most deprived areas of the city and by certain groups.

The Covid-19 pandemic has made the issue of food inequality – in particular, food insecurity – more pressing than ever. The economic pressures of the pandemic have led to an unprecedented rise in households seeking emergency food support. The Trussell Trust (who manage more than half of all food banks in the UK) have reported that between 2019/20 and 2020/21 there has been a 33% increase in food parcels distributed in just one year (Trussell Trust, 2021).

The effects of food inequality are disproportionality felt within the most deprived areas of the city. Based on responses to the 2020/21 Bristol Quality of Life Survey, 1 in 20 households (4.2%) across Bristol experienced severe to moderate food insecurity in 2019/20, however, this rate increased to 1 in every 8 households (12.2%) in the most deprived wards of the city (JSNA, 2021). The ward with the highest percentage of QoL respondents reporting severe food insecurity was in Lawrence Hill (7.6%) and for moderate to severe food insecurity it was Hartcliffe & Withywood (12.2%). Moderate to severe food insecurity was experienced by respondents in all but one ward (Westbury-on-Trym & Henleaze).

Bristol City Council and One City partners have committed to taking action to address food inequality. A strategy is being developed to outline our aims and commitments for the next 10 years across the wider food system in our city.

The vision and priority areas for this strategy have been co-produced through stakeholder consultation – with representation from over 60 different organisations - and community conversations with people who have lived experience of food inequality in the city. A summary of the strategy aims, the definition of food equality for Bristol, and the 5 strategic priority areas are presented below.

This strategy is currently in development and will be embedded in the *One City* approach. The plan for this strategy is to sign it off through the Health and Wellbeing Board and then take it to full Cabinet for information in February 2022. An action plan is going to be developed separately to outline how we will achieve each of the strategic aims.

Aim of the Food Equality Strategy:
The aim of the Food Equality Strategy is **to strive for food equality for all residents in the city of Bristol** within ten years. Recognising the importance of this issue within our city, this aim is deliberately aspirational and aligns with the targets set out in the One City Plan.

A definition of Food Equality for Bristol:
"Food equality exists when all people, at all times, have access to nutritious, affordable and appropriate food according to their social, cultural and dietary needs. They are equipped with the resources, skills and knowledge to use and benefit from food, which is sourced from a resilient, fair and environmentally sustainable food system."

The five priority strategic areas for food equality:

Priority Area: Fair and Equitable Access

Fair access to nutritious and appropriate food. Residents are able to access food that is appropriate for dietary needs, is culturally appropriate, and affordable.

Priority Area: Choice

Choice, empowerment, and a feeling of security. Everyone can make decisions about their relationship with food and are free from the anxiety and stress of food insecurity.

Priority Area: Skills and resources

People and communities are equipped with knowledge, skills and facilities. Residents can foster a healthy food culture, have confidence in their ability to access and use food to meet their needs, as well as the facilities and fuel to cook with.

Priority Area: Sustainable local food system

A resilient and sustainable local food system. The local food system prioritises resilience and sustainability in food production, food waste, distribution, economy and environmental resilience.

Priority Area: Food at the heart of decision-making

Food is at the heart of community, economy and city planning. Food needs and equality are considered in all decision-making – whether its developing social support models, new businesses or planning new housing developments

1.2 Who will the proposal have the potential to affect?

☒ Bristol City Council workforce	☒ Service users	☒ The wider community
☒ Commissioned services	☒ City partners / Stakeholder organisations	
Additional comments:		

1.3 Will the proposal have an equality impact?

Could the proposal affect access levels of representation or participation in a service, or does it have the potential to change e.g. quality of life: health, education, or standard of living etc.?

If 'No' explain why you are sure there will be no equality impact, then skip steps 2-4 and request review by Equality and Inclusion Team.

If 'Yes' complete the rest of this assessment, or if you plan to complete the assessment at a later stage please state this clearly here and request review by the Equality and Inclusion Team.

☒ **Yes**	☐ **No**	[please select]

The Strategy, together with a developing action plan, aims to significantly improve food equality in Bristol over the next decade. It aligns with other key strategies for improving food systems, to make them more fair and equitable and to address poverty in the city, as well as many of the aims laid out in the National Food Strategy.

Step 2: What information do we have?

2.1 What data or evidence is there which tells us who is, or could be affected?

Please use this section to demonstrate an understanding of who could be affected by the proposal. Include general population data where appropriate, and information about people who will be affected with particular reference to protected and other relevant characteristics: https://www.bristol.gov.uk/people-communities/measuring-equalities-success .

Use one row for each evidence source and say which characteristic(s) it relates to. You can include a mix of qualitative and quantitative data e.g. from national or local research, available data or previous consultations and engagement activities.

Outline whether there is any over or under representation of equality groups within relevant services - don't forget to benchmark to the local population where appropriate. Links to available data and reports are here Data, statistics and intelligence (sharepoint.com). See also: Bristol Open Data (Quality of Life, Census etc.); Joint Strategic Needs Assessment (JSNA); Ward Statistical Profiles.

For workforce / management of change proposals you will need to look at the diversity of the affected teams using available evidence such as HR Analytics: Power BI Reports (sharepoint.com) which shows the diversity profile of council teams and service areas. Identify any over or under-representation compared with Bristol economically active citizens for different characteristics. Additional sources of useful workforce evidence include the Employee Staff Survey Report and Stress Risk Assessment Form

Data / Evidence Source [Include a reference where known]	**Summary of what this tells us**
Dimbleby et al, 2020. National food strategy; part one. Available at https://www.nationalfoodstrategy.org/part-one/	Urgent recommendations regarding food to support the country following the COVID-19 pandemic and exiting the EU.

Data / Evidence Source [Include a reference where known]	Summary of what this tells us
Loopstra & Lalor 2017. Financial insecurity, food insecurity, and disability: The profile of people receiving emergency food assistance from The Trussell Trust Foodbank Network in Britain June 2017. OU_Report_final_01_08_online2.pdf (trusselltrust.org)	A study using systematic sampling methods to learn more about the characteristics of people using food banks, the nature of their financial circumstances, and the scale and severity of their household food insecurity across Britain.
United Nations Human rights https://www.ohchr.org/En/Issues/ESCR/Pages/food.aspx	Details how the right to adequate food is realized when every man, woman and child, alone or in community with others, has physical and economic access at all times to adequate food or means for its procurement.
Bristol City Council JSNA Health and Wellbeing Profile 2020/21: Healthy Life expectancy. JSNA 2020/21 - Healthy Life Expectancy (bristol.gov.uk)	Huge health inequalities exist in Bristol, particularly demonstrated in the gap in health life expectancy between communities across the city
Bristol City Council JSNA health and wellbeing profile 2020/21: food poverty/insecurity. https://www.bristol.gov.uk/documents/20182/4059596/JSNA+2019+-+5.14+Food+Poverty+-+FINALv2.pdf/fd0684f6-2633-d084-8a88-bb699b5e2b3e	Outlines recent data on Food Poverty in Bristol. It highlights in particular how food insecurity is experienced much more in deprived areas of the city. It also shows much higher food insecurity in certain vulnerable groups, including disabled people, full-time carers, single parent households, and those renting from either the Council or a Housing Association
Bristol City Council Public Health Needs Assessment – food inequality. This HNA is not yet published online, but full details can be provided on request..	A detailed review of food insecurity in Bristol. Contains a focus on the inequalities between different groups, and also some recommendations for action.
House of Lords Select Committee on Food, Poverty, Health and the Environment. Hungry for change: fixing the failures in food. Report of Session 2019-20. House of Lords - Hungry for change: fixing the failures in food - Select Committee on Food, Poverty, Health and the Environment (parliament.uk)	Highlights some serious, systemic problems with the food system, problems that the COVID-19 crisis only serves to underscore.
Department of work and Pensions (2021), Family Resources Survey; financial year 2019 to 2020. Published online 25/03/21, available at https://www.gov.uk/government/collections/family-resources-survey--2	An annual report that provides facts and figures about the incomes and living circumstances of households and families in the UK.
The Trussell Trust. End of Year Stats 2021. Available at https://www.trusselltrust.org/news-and-blog/latest-stats/end-year-stats/.	Gives details of emergency food data through the Trussell Trust food bank. The number of emergency food parcels given to people in crisis by food banks in the Trussell Trust network in the financial year 2020/21 Between 1 April 2020 and 31 March 2021, food banks in the Trussell Trust's UK wide network distributed 2.5 million emergency food parcels to people in crisis, a 33% increase on the previous year. 980,000 of these went to children.
Stakeholder consultations with partners working in food equality across the city were held to help understand the local picture of food equality in	Through the qualitative data provided by these consultations, other groups at-risk groups of food inequality were highlighted. These include those with No Recourse to Public

<table>
<tr><th>Data / Evidence Source
[Include a reference where known]</th><th>Summary of what this tells us</th></tr>
<tr><td>Bristol. Community conversations were held to gather the perspectives of people with lived experience of food inequality.

Full details on the stakeholder consultation, community conversation, and methods used in development of this vision are not yet published online, but full details can be provided on request.</td><td>Funds, people experiencing homelessness, and older residents. Notably, all of these groups may be under-represented in Quality of Life survey respondents.</td></tr>
<tr><td>Feeding Bristol Strategic Working Group for older people – report on food insecurity among older people in Bristol, Feeding Bristol, 2021</td><td>Background review of the experience of older people and food insecurity, and a review of how this may impact Bristol and the impact of COVID-19.</td></tr>
<tr><td>Quality of Life 2020-21 — Open Data Bristol</td><td>Quality of Life Indicator:
% households which have experienced moderate to severe food insecurity

<table>
<tr><th>Characteristic</th><th>% Percentage</th></tr>
<tr><td>16 to 24 years</td><td>9.2</td></tr>
<tr><td>50 years and older</td><td>2.3</td></tr>
<tr><td>65 years and older</td><td>0.8</td></tr>
<tr><td>Female</td><td>4.6</td></tr>
<tr><td>Male</td><td>3.7</td></tr>
<tr><td>Disabled</td><td>14.8</td></tr>
<tr><td>Black Asian & Minority Ethnic</td><td>7.2</td></tr>
<tr><td>White Minority Ethnic</td><td>4.0</td></tr>
<tr><td>White British</td><td>3.7</td></tr>
<tr><td>Asian/Asian British</td><td>2.4</td></tr>
<tr><td>Black/Black British</td><td>12.4</td></tr>
<tr><td>Mixed Ethnicity</td><td>11.5</td></tr>
<tr><td>White</td><td>3.7</td></tr>
<tr><td>Lesbian Gay or Bisexual</td><td>11.9</td></tr>
<tr><td>No Religion or Faith</td><td>4.1</td></tr>
<tr><td>Christian Religion</td><td>2.9</td></tr>
<tr><td>Other Religions</td><td>13.7</td></tr>
<tr><td>Carer</td><td>7.7</td></tr>
<tr><td>Full Time Carer</td><td>12.1</td></tr>
<tr><td>Part Time Carer</td><td>6.4</td></tr>
<tr><td>Single Parent</td><td>13.4</td></tr>
<tr><td>Two Parent</td><td>1.6</td></tr>
<tr><td>Parent (all)</td><td>3.0</td></tr>
<tr><td>No Qualifications</td><td>5.8</td></tr>
<tr><td>Non-Degree Qualified</td><td>7.1</td></tr>
<tr><td>Degree Qualified</td><td>2.7</td></tr>
<tr><td>Rented (Council)</td><td>17.3</td></tr>
<tr><td>Rented (HA)</td><td>19.3</td></tr>
<tr><td>Rented (Private)</td><td>8.2</td></tr>
</table>
</td></tr>
</table>

Data / Evidence Source [Include a reference where known]	Summary of what this tells us

Owner Occupier	1.2
Most Deprived 10%	13.0
Bristol Average	**4.2**

Source: Quality of Life in Bristol 2020-21

Additional comments:

2.2 Do you currently monitor relevant activity by the following protected characteristics?

☒ Age	☒ Disability	☐ Gender Reassignment
☐ Marriage and Civil Partnership	☐ Pregnancy/Maternity	☒ Race
☐ Religion or Belief	☒ Sex	☒ Sexual Orientation

2.3 Are there any gaps in the evidence base?

Where there are gaps in the evidence, or you don't have enough information about some equality groups, include an equality action to find out in section 4.2 below. This doesn't mean that you can't complete the assessment without the information, but you need to follow up the action and if necessary, review the assessment later. If you are unable to fill in the gaps, then state this clearly with a justification.

For workforce related proposals all relevant characteristics may not be included in HR diversity reporting (e.g. pregnancy/maternity). For smaller teams diversity data may be redacted. A high proportion of not known/not disclosed may require an action to address under-reporting.

A key challenge in development of this strategy is the lack of data relating to food equality. The Quality of Life survey provides the most valuable source of data on the picture locally, but has quite small numbers for some of the specific at risk groups. We have combined these findings with the various national data sources and qualitative information from stakeholder and community conversations in Bristol to build our best understanding of food inequality in Bristol at this point in time. We recognise that there may be gaps in evidence, especially for the following groups:

- People experiencing homelessness
- Asylum seekers and refugees
- Carers
- Young people
- Gypsy, traveller and boater communities
- Older People

Developing a robust mechanism for monitoring data for food inequality, and in particularly to improve evidence for those groups listed above, is a key strategic aim for the strategy. The action plan which will follow this strategy will provide the detail of how this will be achieved.

2.4 How have you involved communities and groups that could be affected?

You will nearly always need to involve and consult with internal and external stakeholders during your assessment. The extent of the engagement will depend on the nature of the proposal or change. This should usually include individuals and groups representing different relevant protected characteristics. Please include details of any completed engagement and consultation and how representative this had been of Bristol's diverse communities. See https://www.bristol.gov.uk/people-communities/equalities-groups.

Include the main findings of any engagement and consultation in Section 2.1 above.

If you are managing a workforce change process or restructure please refer to Managing change or restructure (sharepoint.com) for advice on consulting with employees etc. Relevant stakeholders for engagement about workforce changes may include e.g. staff-led groups and trades unions as well as affected staff.

Over 9 months, we facilitated 3 stakeholder group meetings and surveys (involving more than 100 individuals representing over 60 organisations) and 8 community conversations (involving 38 people) to test and develop the vision of food equality. Stakeholder group meetings involved discussions on what food inequality looks and feels like; what the barriers to food equality are; and governance, accountability, and inclusivity to ensure the success of the strategy and action plan. The community conversations were targeted at 5 wards that ranked highest on the 2019 index of multiple deprivation, and 3 communities of interest (disabled people, people experiencing homelessness, and refugee groups) to provide valuable insights and views from those with lived experience of food inequality.

The results of these consultations, conversations and literature reviews led to the formation of the vision of food equality for Bristol.

2.5 How will engagement with stakeholders continue?

Explain how you will continue to engage with stakeholders throughout the course of planning and delivery. Please describe where more engagement and consultation is required and set out how you intend to undertake it. Include any targeted work to seek the views of under-represented groups. If you do not intend to undertake it, please set out your justification. You can ask the Equality and Inclusion Team for help in targeting particular groups.

A consultation period is going to be held to review and comment on the strategy. A task group is being set up to create a consultation plan, which will include a plan for how to get representative feedback on the strategy, including from under-represented groups. Various methods of increasing engagement are being planned, including facilitated consultation sessions as an alternative to completing the online survey. The existing stakeholder group will be leveraged for their links into the specific target communities.

A Steering Group will be set up for the delivery of the strategy which will have a representative membership from across key partners in the public, private and VCSE sectors in the city, as well as representatives of the key communities and groups of interest. Membership will consist of representatives from all the relevant departments in Bristol city council, community anchors, community organisations, food support, social care and communities of interest.

This stakeholder group will also contain ten Food Equality Champions who will be recruited as part of the strategy development. These are members of local communities who have relevant lived experience.

The stakeholder group will be encouraged to meet regularly to ensure continued engagement and representation from across a wider section of organisations in the city. This stakeholder group will evolve to oversee the creation and delivery of the action plan, with membership being reviewed and expanded accordingly.

Step 3: Who might the proposal impact?

Analysis of impacts must be rigorous. Please demonstrate your analysis of any impacts of the proposal in this section, referring to evidence you have gathered above and the characteristics protected by the Equality Act 2010. Also include details of existing issues for particular groups that you are aware of and are seeking to address or mitigate through this proposal. See detailed guidance documents for advice on identifying potential impacts etc. Equality Impact Assessments (EqIA) (sharepoint.com)

3.1 Does the proposal have any potentially adverse impacts on people based on their protected or other relevant characteristics?

Consider sub-categories (different kinds of disability, ethnic background etc.) and how people with combined characteristics (e.g. young women) might have particular needs or experience particular kinds of disadvantage.

Where mitigations indicate a follow-on action, include this in the 'Action Plan' Section 4.2 below.

GENERAL COMMENTS (highlight any potential issues that might impact all or many groups)

<table>
<tr><td colspan="2">This is a city-wide strategy so while no services will be directly affected it will potentially impact on many community groups. The core value at the heart of the strategy is to reduce inequalities, and as such it is not expected that the strategy will have any direct negative impacts to any groups or communities. However, we must be mindful that it does not unintentionally increase health inequalities, particularly in groups who may be less visible or for certain ‘just managing’ groups. An oversight of the activities and impacts will be provided by the steering group. Active consideration and assurance that we are not having unintended negative consequences will be sought throughout delivery, as well as by encouraging active participation and regular feedback from communities throughout the delivery process.</td></tr>
<tr><td colspan="2">PROTECTED CHARACTERISTICS</td></tr>
<tr><td>Age: Young People</td><td>Does your analysis indicate a disproportionate impact? Yes ☒ No ☐</td></tr>
<tr><td>Potential impacts:</td><td>A lack of adequate or quality food can cause a range of behavioural, academic and emotional issues in children, and can compromise their educational attainment, as well as problems with physical development. We also know that a significant number of children are overweight or obese: Data collected during 2019/20 shows that around 1 in 4 (23.0%) of children in reception year in Bristol schools (4-5 years old) and 1 in 3 (33.9%) of Year 6 pupils (10-11 year olds) have excess weight. This is unevenly distributed and disproportionally affects those in more deprived areas of the city and has a range of short- and long-term health impacts.

Diet quality (measured as fruit and vegetable intake) has been shown to be lower for people aged 16-25, and for those with no further educational qualifications.</td></tr>
<tr><td>Mitigations:</td><td>The strategy recognises the importance of addressing this impact in children and young people. It contains a specific strategic aim to address this:

Under “Priority area, skills and facilities”:
Recognise the impact of food inequality on children and young people, and the key opportunity working with this group can have in preventing many further issues for themselves, their families and their communities. Ensure interventions that impact this group receive appropriate consideration and prioritisation. as well as expanding opportunities for education on food beyond school age.</td></tr>
<tr><td>Age: Older People</td><td>Does your analysis indicate a disproportionate impact? Yes ☒ No ☐</td></tr>
<tr><td>Potential impacts:</td><td>Poverty plays a key role in driving food insecurity. There are well established links between older people and poverty. 2.1 million (18 per cent) of pensioners in the UK live in poverty. Rates have risen since 2013-14 when 1.6 million (14 per cent) lived in poverty. Within this, Some groups are at particular risk: 38% of private tenants and 36% of social rented sector tenants, live in poverty compared to 14 per cent of older people who own their home outright. 33 % of Asian or Asian British pensioners and 30 % of Black or Black British pensioners, are in poverty compared to 16 per cent of White pensioners (from poverty in later life briefing, age uk, June 2021)

However, food insecurity for older people is driven by a complex range of factors which extends beyond poverty, including loneliness and social isolation, diminished availability of ‘meals on wheels’ type services, and inadequate social care packages. These are exacerbated by the changes to health, mobility and social arrangements often experience by people as they age. Older people are also less likely to be able to attend events or services designed to address food security.</td></tr>
<tr><td>Mitigations:</td><td>Finding more data on the impact of this issue in Bristol will be a strategic aim, alongside the other groups we believe may be under-represented at the moment. Stakeholders working in this area will be involved in the steering groups to ensure considerations to improve food equality or this group is included.</td></tr>
<tr><td>Disability</td><td>Does your analysis indicate a disproportionate impact? Yes ☒ No ☐</td></tr>
<tr><td>Potential impacts:</td><td>The Quality of Life survey (reporting on 2019/20 figures): show that almost 1 in 7 disabled people (14.8%) reported moderate to severe food insecurity in the past 12 months, more than three times higher than the Bristol average (4.2%). Stakeholder</td></tr>
</table>

	consultation and community conversations have provided an insight into some of the specific difficulties faced by this group.
Mitigations:	The strategy recognises the disproportionate impact of food inequality on disabled people. Close working with communities and stakeholder groups will continue to ensure work to reduce this inequality is prioritised.
Sex	Does your analysis indicate a disproportionate impact? Yes ☒ No ☐
Potential impacts:	Most single household parents are women. Evidence from the Bristol Quality of Life survey shows single parent households experience disproportionate levels of food inequality: Single parent households reported higher rates of food insecurity compared to two parent households, with 13.4% of single parent households reporting that they had experienced moderate to severe food insecurity in the last 12 months, compared to only 1.6% of two parent households. Single parents were also more likely to receive emergency food and groceries, with 7.7% of single parents reporting they had received emergency food and/or groceries during the last 12 months, over eight times more than that reported by two parent households (0.9%).
Mitigations:	The strategy will target people on low incomes including those from single parent house households, which in the main affect women. Stakeholders from single parent organisations are also included in the stakeholder conversations.
Sexual orientation	Does your analysis indicate a disproportionate impact? Yes ☒ No ☐
Potential impacts:	The quality of life survey showed that moderate to severe food insecurity was more likely to be experienced by those identifying as lesbian, gay or bisexual (11.9%), although the numbers for this were relatively small. We also know gay men, together with bisexual men and women, are more likely to experience poverty than heterosexuals and therefore may be more at risk of food insecurity.
Mitigations:	The strategy will target all those on low incomes, and will aim to gather more understanding of the impacts of these under-represented groups
Pregnancy / Maternity	Does your analysis indicate a disproportionate impact? Yes ☒ No ☐
Potential impacts:	No specific data on maternity, but this group are likely to be affected in the same way as for the section on 'sex' above.
Mitigations:	A number of national schemes (such as the healthy start vouchers) aim to reduce food insecurity in pregnancy. Through work with stakeholders, we will continue to monitor the impact of this in Bristol and build in mitigations as necessary.
Gender reassignment	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	No evidence of direct impact in this group.
Mitigations:	It is recognised this group are often under-represented, and during stakeholder and community engagement we will make sure this risk of overlooking this group is not ignored.
Race	Does your analysis indicate a disproportionate impact? Yes ☒ No ☐
Potential impacts:	Though the Quality-of-Life survey those who identified as Black/Black British or Mixed Ethnicity were more likely to report that they had experienced moderate to severe food insecurity. Diet quality (measured as fruit and vegetable intake) has been shown to be lower for those in more deprived areas and those who identified as Black/Black British.
Mitigations:	The strategy will target people on low incomes including those from community groups who have been identified as at particular risk of food inequality. Diversity in background and experience will be considered in recruitment of the food equality champions and others who will be included in the steering groups.
Religion or Belief	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	
Mitigations:	
Marriage & civil partnership	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	
Mitigations:	

OTHER RELEVANT CHARACTERISTICS	
Socio-Economic (deprivation)	Does your analysis indicate a disproportionate impact? Yes ☒ No ☐
Potential impacts:	Quality of Life survey (reporting on 2019/20 figures): Residents in Council housing were 25 times more likely (11.5%) to have used emergency food support than those who owned their own homes (0.46%). 13.4% of single parent households reported that they had experienced moderate to severe food insecurity in the last 12 months, compared to only 1.6% of two parent households.
Mitigations:	The strategy will target all those on low incomes and suffering from the wider impacts of poverty. We are working closely with other Bristol City Council and One City colleagues to align the work of food inequality with the broader work to counter poverty in the city.
Carers	Does your analysis indicate a disproportionate impact? Yes ☒ No ☐
Potential impacts:	Working-age carers have a higher rate of poverty than those with no caring responsibilities, and women of working age who are carers have the greatest risk of all. The Bristol Quality of Life survey showed 12.1% of full time carers have experienced some level of food insecurity.
Mitigations:	The strategy will target all those on low incomes. The stakeholder partners include representatives from carer organisations.
Other groups [Please add additional rows below to detail the impact for other relevant groups as appropriate e.g. Asylums and Refugees; Looked after Children / Care Leavers; Homelessness]	
Potential impacts:	Any of the above groups are at risk of poverty and therefore food inequality. A specific community conversation was held with refugee groups to understand food inequality from their perspective and highlighted some specific issues.
Mitigations:	The strategy will target all those on low incomes, and takes into account the community conversations with this group when making recommendations on for example food provision being appropriate to people's cultural backgrounds.

3.2 Does the proposal create any benefits for people based on their protected or other relevant characteristics?

Outline any potential benefits of the proposal and how they can be maximised. Identify how the proposal will support our Public Sector Equality Duty to:

- ✓ Eliminate unlawful discrimination for a protected group
- ✓ Advance equality of opportunity between people who share a protected characteristic and those who don't
- ✓ Foster good relations between people who share a protected characteristic and those who don't

The aim of the Food Equality Strategy is to strive for food equality for all residents in the city of Bristol within ten years. Recognising the importance of this issue within our city, this aim is deliberately aspirational and aligns with the targets set out in the One City Plan. Equity is the key consideration at all stages of the strategy, and reducing the inequalities outlined in this document is one of the strategy's core aims, as presented in the key aims sections: *The inequalities present in our food system and health outcomes are the primary focus of this strategy. To address these inequalities, we need to ensure inclusion of the most vulnerable members of society. We strive for equity, by which we mean creating a fair and just system which appropriately prioritises the communities and individuals most in need. This focus on equity is what will enable us to drive towards equality across the city.*

Step 4: Impact

4.1 How has the equality impact assessment informed or changed the proposal?

What are the main conclusions of this assessment? Use this section to provide an overview of your findings. This summary can be included in decision pathway reports etc.

If you have identified any significant negative impacts which cannot be mitigated, provide a justification showing how the proposal is proportionate, necessary, and appropriate despite this.

Summary of significant negative impacts and how they can be mitigated or justified:
No significant negative impact identified however the EqIA highlights existing disparities for people in Bristol based on their characteristics and circumstances which we will aim to address through the proposal
Summary of positive impacts / opportunities to promote the Public Sector Equality Duty:
This proposal specifically aims to address and prevent food inequality in Bristol with community groups who are living in poverty or at risk of this.

4.2 Action Plan

Use this section to set out any actions you have identified to improve data, mitigate issues, or maximise opportunities etc. If an action is to meet the needs of a particular protected group please specify this.

Improvement / action required	Responsible Officer	Timescale
No actions identified		

4.3 How will the impact of your proposal and actions be measured?

How will you know if you have been successful? Once the activity has been implemented this equality impact assessment should be periodically reviewed to make sure your changes have been effective your approach is still appropriate.

Monitoring and evaluation are key to understanding impact and success of the Food Equality Strategy and Action Plan. Current data sources are not sufficient to adequately assess this in our city and creating a system which will allow us to monitor this sufficiently is one of our key strategic aims.

Sources of data that will help to inform the state of food equality in Bristol will draw on national sources, such as the measurement of food insecurity in the DWP 'Family Resources Survey'; and local data sources, such as the Bristol Quality of Life survey. Other proxy measures, such as Free School Meal eligibility, Healthy Start Voucher uptake and Universal Credit claims will continue to be used to estimate the impact of food inequality. Such proxy measures overlap with the broader anti-poverty agenda in the city, and we will continue to engage and collaborate with this broader work, providing insight from the Food Equality monitoring and evaluation.

Establishing a framework for monitoring and evaluating impact will be a core aim in the Food Equality Action Plan, and will strive to create a regular, reliable and representative method of visualising the state and impact of food equality work in our city. Importantly, a key method of monitoring will be continuing to have regular community conversations and seeking regular feedback from affected communities and vulnerable groups.

Step 5: Review

The Equality and Inclusion Team need at least five working days to comment and feedback on your EqIA. EqIAs should only be marked as reviewed when they provide sufficient information for decision-makers on the equalities impact of the proposal. Please seek feedback and review from the Equality and Inclusion Team before requesting sign off from your Director[1].

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[1] Review by the Equality and Inclusion Team confirms there is sufficient analysis for decision makers to consider the likely equality impacts at this stage. This is not an endorsement or approval of the proposal.

Equality and Inclusion Team Review: *Reviewed by Equality and Inclusion Team*	**Director Sign-Off:** C A Gray Christina Gray, Director for Communities and Public Health
Date: 1/10/2021	Date: 7 October 2021

Bristol City Council - Scrutiny Work Programme 2022 / 2023 (Formal Public Meetings)

People Scrutiny Commission (PSC)	Health Scrutiny – Sub-Committee (of the PSC)	Communities Scrutiny Commission (CSC)	Growth & Regeneration Scrutiny Commission (G&RSC)	Resources Scrutiny Commission (RSC)	Overview & Scrutiny Management Board (OSMB)
July 2022					
					27th July, 2.30pm
					Annual Business Report: To include confirmation of Scrutiny Work Programme, Working Groups and Inquiry Days
					Liveable Neighbourhoods Inquiry Day (TBC)
					Q4 21/22 Corporate Performance Report
					Q1 Risk Report 22/23
					Forward Plan – Standing Item
					WECA – Joint Scrutiny minutes – standing item
					Local Government and Social Care Ombudsman Report
August 2022					
September 2022					
26th September, 5.00 pm			**29th September, 5pm**		**26th September, 5.30pm**
Annual Business Report			Annual Business Report		Q1 22/23 Performance Report - TBC
New schools provision (Temple Quay and The Park) and specialist school places provision update)			Planning Enforcement		Task Group Updates
Inclusive Educational Practice (PSC Working Group Report)			Temple Quarter (site visit before)		
LG Ombudsman report on EHC plan case (further to OSMB on 27 July)			Previously taken Emergency Key Decisions: • Electricity Contract Procurement and Renewals • Half Hourly Electricity Supply Contract Extension'.		
EHC plans – update/position statement			Risk Report		
Adult Social Care Transformation – (part 1)			Performance Report Q4		
Risk Report					
Performance Report					
October 2022					
	10 October, 4pm	**3rd October, 1pm**			**27th October, 9am**
	NHS access to planned health care - access to GP services	Annual Business Report			Working group updates
	Update on Integrated: • Health and Care	Home Choice Review			Committee Model Working Group

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	• Care System • Care Partnerships and Community Mental Health Framework				
		Parks and Open Space Strategy			One City update
		Allotment Strategy			People Scrutiny Commission Working Group Report: Inclusion in Mainstream Education
		Q1 Risk Report			Performance Report Q1 22/23
		Performance Report Q4			Q2 Risk 22/23
November 2022					
28 November, 5.00 pm		**17th November, 6pm**		**22nd November 2.45pm Public Forum. The meeting begins at 3.30pm. (To be reconvened on 23rd November 2pm)**	
Performance Q1		Ecological Emergency Action Plan		Budget scrutiny meetings to consider budget savings proposals: 22nd Nov: • Growth & Regeneration Directorate budget savings proposals 23rd Nov: • Resources and People Directorates budget savings proposals	
Family Hubs update		BCC Tree Strategy Update and CSC Trees Working Group Recommendations			
Disproportionality in Youth Justice System		Tenant Participation Review			
Adult Social Care Transformation (part 2)		Q1 Performance			
Risk Q2					
'Snapshot' update on Education, Health & Care Plan performance					
December 2022					
	5 December, 4pm			**1st December, 5pm**	**5th December, 1.30pm**
	Children's Mental Health / Child and Adolescent Mental Health Services – early intervention			Annual Business Report	City Leap
	Update on NHS Bristol response locally to winter pressures			Collection Fund - Financial Surplus/Deficit Report	Resources Scrutiny Commission: Budget Scrutiny Update
				Debt Position Across the Organisation (incl pandemic impacts)	WECA – Joint Scrutiny minutes – standing item

People Scrutiny Commission (PSC)	Health Scrutiny – Sub-Committee (of the PSC)	Communities Scrutiny Commission (CSC)	Growth & Regeneration Scrutiny Commission (G&RSC)	Resources Scrutiny Commission (RSC)	Overview & Scrutiny Management Board (OSMB)
				Council Tax Base Report	Work Programme – standing item
				Finance Up-date Report	Forward Plan – standing item
				Performance Report Q1	Climate Change Working Group Terms of Reference
				Risk Report	
January 2023					
			25th January, 5pm	**31st January, 4pm**	
			WoE Local Cycling and Walking Infrastructure Plan (LCWIP)	Budget Scrutiny Meeting (the meeting will be adjourned until the following)	
			Frome Gateway		
			Housing Delivery - Progress of Project 1000		
			High Streets Recovery		
			Performance Report Q2		
			Risk Report Q3		
February 2023					
		27th February, 2pm - POSTPONED		**2nd February, 5pm**	**14th February, 1pm**
				Budget Scrutiny Meeting (continuation of the adjourned meeting the 31st Jan)	Companies Business Plan- Gorum and Bristol Holding.
					Work Programme – standing item
					Forward Plan – standing item
					WECA – Joint Scrutiny minutes – standing item
					Work Programme – standing item
					Q2 Performance Report
March 2023					
13 March, 5.00 pm	**20 March, 4.00 pm**	**23 March, 5pm**	**5pm, 22nd March 2023**		**3 March, 2pm**
'Snapshot' update on Education, Health & Care Plan performance	Update from Public Health (on work to encourage healthy weight and eating)	Waste Improvement • Village Model Review • Street Cleaning Review • Commercial Waste	Bristol Flood Risk Strategy (Statutory Item)		Companies Business Plans – Bristol Waste
Update – services for autistic people and people with learning disability (adult services)	Dental services: a. NHS England update b. Update on UoB new dental school	Keeping Bristol Safe Partnership	Strategic Transport & City Region Sustainable Transport Settlements (CRSTS) • To include the transport elements of the Brabazon Arena • Zero Emissions Transport Bid • A4 Corridor Project		WECA – Joint Scrutiny minutes – standing item
Latest risk report	Integrated Care Strategy update (update from ICB)	Q2 Performance	Western Harbour – Update		Work Programme – standing item
Latest performance report			Performance Report (TBC)		Forward Plan – standing item

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April 2023					
	Quality Accounts - Sirona; AWP; NBT; UHBW; SWAS (closed briefings)				
Provisional items / to be scheduled					
Briefing/update on the Delivering Better Value in SEND programme and the related grant application (Late March – date tbc)	Update on NHS Structures (briefing - 26 July)	Public Toilets	Place Making (incl - Housing Delivery and Health Infrastructure)	assess cost/effectiveness of the Council's public consultation/engagement processes	Heat-Networks
Briefing/overview on schools (inadequate Ofsted rated) – mid-late April		Community Asset Transfers	Parking		Quarterly Corporate Performance Reports
		Area Committees (part of wider review of democratic engagement)	Culture Review: To include: • Covid-19 recovery • Equalities & Diversity • Geographic Delivery		Strategic Transport
		Community Events and Festivals (Potential joint with G&RSC Culture Review in Jan)			Twice yearly risk reports
		Libraries Working Group report			Equalities and Inclusion Strategy – provisional (spring/summer TBC)
					Bristol City Council's Business Plans (to include Scrutiny Workshop)
Working Group / Task Group / Inquiry Days (provide timeframe if known)					
Transitional support – young, vulnerable adults 16-18 with SEND transitioning from school settings (inquiry day – mid May)		Libraries Working Group (Summer / Autumn 2022)		Finance Task Group Note – first meeting in late June. Frequent meetings from September.	Liveable Neighbourhoods Inquiry Day (20th June)
				Procurement Strategy Working Group - Sustainable Procurement - Social Value	Flood Resilience Inquiry Day (TBC)
				Cross Party Subgroup - How to make the 2023/24 budget documents more accessible	Climate Change Task Group
					One City Plan Workshop (early 23)

Joint Health Overview & Scrutiny Committee (JHOSC)	
Topic	**Date**
TBC	