

# Health and Wellbeing Board Agenda



**NHS**  
Bristol, North Somerset  
and South Gloucestershire  
Integrated Care Board

**Date:** Thursday, 12 January 2023

**Time:** 2.30 pm

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

**Issued by:** Jeremy Livitt, Democratic Services

City Hall College Green Bristol BS1 5TR

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

**Date:** Wednesday, 4 January 2023



[www.bristol.gov.uk](http://www.bristol.gov.uk)

# Agenda

## 1. Welcome, Introductions and Safety Information

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

**(Pages 5 - 7)**

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

## 2. Apologies for Absence and Substitutions

## 3. Declarations of Interest

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

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

## 4. Minutes of Previous Formal Board Meeting held on 24th November 2022.

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

**(Pages 8 - 18)**

## 5. Public Forum

Up to 30 minutes is allowed for this item.

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



Questions - Written questions must be received 3 clear working days prior to the meeting. For this meeting, this means that your question(s) must be received in this office at the latest **by 4.30pm on Friday 6<sup>th</sup> January 2023.**

Petitions and Statements - Petitions and statements must be received on the working day prior to the meeting. For this meeting this means that your submission must be received in this office at the latest **by 12 Noon on Wednesday 11<sup>th</sup> January 2023.**

- |   |                        |
|---|------------------------|
| <b>6. Health and Well Being Board Forward Plan</b>                                    | <b>3.40 pm</b>         |
| To note the HWBB Forward Plan.  | <b>(Page 19)</b>       |
| <br>  |                        |
| <b>7. Winter Bulletin Highlights - Verbal Update (Mark Allen)</b>                     | <b>2.50 pm</b>         |
| <br>  |                        |
| <b>8. Health Protection Annual Report - Monica Koo and Julie Northcott</b>            | <b>2.55 pm</b>         |
|   | <b>(Pages 20 - 27)</b> |
| <b>9. Domestic Abuse and Sexual Violence in Bristol - Lizzie Henden and Sue Moss</b>  | <b>3.25 pm</b>         |
|   | <b>(Pages 28 - 30)</b> |
| <b>10. Special Education Needs and Disabilities Update - Richard Hanks, Education</b> | <b>3.55 pm</b>         |
|   | <b>(Pages 31 - 33)</b> |
| <b>11. Integrated Care Partnership - Councillor Helen Holland (Verbal Update)</b>     | <b>4.25 pm</b>         |
| <br>  |                        |
| <b>12. Better Care Discharge Fund Update - Stephen Beet (To Follow)</b>               | <b>4.30 pm</b>         |
| <br>  |                        |
| <b>13. Any Other Business - One City Plan Refresh - Mark Allen - Verbal Update</b>    | <b>4.45 pm</b>         |

#### **14. Date of Next Meeting**

The next meeting is scheduled to be held at 2.30pm on Thursday 23<sup>rd</sup> March 2023 in the Bordeaux Room, City Hall, College Green, Bristol.





# 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](http://www.bristol.gov.uk).

## Public meetings

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

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

## COVID-19 Prevention Measures at City Hall (June 2022)

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

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

## COVID-19 Safety Measures for Attendance at Council Meetings (June 2022)

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

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

## Other formats and languages and assistance for those with hearing impairment

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

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



## Public Forum

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

The following requirements apply:

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

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

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

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

### During the meeting:

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



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

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

### Webcasting/ Recording of meetings

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

The privacy notice for Democratic Services can be viewed at [www.bristol.gov.uk/about-our-website/privacy-and-processing-notice-for-resource-services](http://www.bristol.gov.uk/about-our-website/privacy-and-processing-notice-for-resource-services)



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

**24 November 2022 at 2.30 pm**



**Board Members Present:** Councillor Helen Holland (Co-Chair), Councillor Ellie King (Deputy Chair), Colin Bradbury (Co-Chair), Caitlin Moss (substitute for Cathy Caple), Stephen Beet, Hugh Evans, Christina Gray, Tim Keen, Zahra Kosar, Vicky Marriott, Tim Poole, Heather Williams, Steve Rea

**Officers in Attendance:-**

Sarah Lynch, Jeremy Livitt, Carol Slater, Mark Allen, Penny Germon

**Presenters:** Kay Libby (Agenda Item 9 – New Way Leg Club), Millie Collins (Agenda Item 13 – Women’s Health Report)

**Apologies for Absence:** Councillor Asher Craig, Maria Kane, David Jarrett, Kirsty Alexander, Fiona Tudge, Kerry Joyce, Joe Poole, Cathy Caple (Caitlin Moss substituting)

**1. Welcome, Introductions and Safety Information**

The Chair welcomed all parties to the meeting and asked everyone to introduce themselves .She explained the emergency evacuation procedure.

**2. Apologies for Absence and Substitutions**

Apologies for absence were received from Maria Kane, David Jarrett, Kirsty Alexander, Joe Poole, Fiona Tudge, Kerry Joyce, Councillor Asher Craig and Cathy Caple (Caitlin Moss substituting).

**3. Declarations of Interest**

There were no Declarations of Interest.





#### **4. Minutes of Previous Meeting held on 7th September 2022**

**RESOLVED – that the minutes of the meeting held on 7<sup>th</sup> September 2022 be approved as a correct record and signed by the Chair subject to the following amendment to Minute Number 8 on Page 11 of the agenda papers relating to the first sentence of Steve Rea’s report “ Claire Chapman (Sirona) and Oona Goldsworthy (Brunel Care) are the co-leads of the Ageing Well work in Bristol and work is progressing as per the update given in the reports.”**

#### **5. Public Forum**

The Chair noted that there were no Public Forum items for this meeting. She urged Board members to encourage people to submit Public Forum Statements to the meeting in view of the many topics that were being discussed.

#### **6. Health and Well Being Board Forward Plan**

Mark Allen explained to the Board details of the items scheduled in the Forward Plan for forthcoming meetings, which would include a meeting at a venue in North Bristol.

**RESOLVED – that the report be noted.**

#### **7. Verbal Update on Winter Pressures (Cost of Living, Flu and COVID-19) - Christina Gray**

Mark Allen provided an update on winter pressures. She explained that Penny Germon and Mark Allen were working on measures to help reduce these pressures. The Board noted that there were 58 welcoming spaces around Bristol indicated on a map on the Bristol City Council website. She explained that individuals were able to make a donation and donations were also being accepted by Quartet.

People were being encouraged to get the flu jab and vulnerable groups to get the COVID booster. It was also noted that checks were being made to ensure there were up to date immunisations for polio and MMR.

#### **8. Verbal Update on ICS - Councillor Helen Holland**

Councillor Helen Holland indicated that the BNSSG ICP was still in its early “honeymoon” phase. Staffing for the new system was currently taking place including the People Director of ICS, It was noted that Bristol City Council was heavily involved in arrangements and were very optimistic there would be significant improvements.



## 9. New Way Leg Club - Kay Libby, Age UK

Kay Libby gave a presentation on this issue on behalf of SWIFT PCN. She explained that Tracey Elliott, Abi Hills and Victoria Fyfe were unable to attend but were actively involved in the work concerned with this project.

The Board noted the presentation and the following key points on it made by Kay Libby:

- This was a service providing joint provision for people with lower leg wounds to help them with their physical and mental wellbeing, including compression bandaging and practical and social support
- This project had been set up by SWIFT PCN following the pandemic. The previous model had won a Runners Up award
- Existing funding would end in March 2023. It was hoped that this could be built on for the future
- There were two clinical sessions run a week – one in the morning and one in the afternoon. There was a team who treated the volunteers and others who helped provide refreshments and wash up. Each surgery saw 6 patients at a time
- Age UK were getting to know the people who required this service including how to help them with providing financial benefits or allowances as well as mitigate the effects of social isolation. There had previously been a social café at Withywood
- SWIFT had set up these clinics due to the increasing pressures that surgeries were facing in dealing with leg ulcers
- It helped participants to see other people going through the same experience that they had. Two of the current volunteers had been former leg ulcer patients
- There had been a 67% healing rate since January 2022 and a reduction in healing rate. This had saved £10,000 in staffing costs and 260 clinic hours across 5 practices
- One former participant who had left hospital and not returned received help with their shopping and is now volunteering at the clinic
- This could be used to sign post to other organisations which offered the opportunity to reduce unnecessary health visits
- Since there remained no opportunities for people to get their toenails cut, the clinic was considering options to provide a low cost toe cutting service. However, a larger space was required since the clinic received 43 people a day and also required volunteer transport
- The future of this service would be linked to the provision of joint funding. Once details of long term health conditions were assessed, this could be shared with South Gloucestershire and North Somerset with the potential for future funding
- A video was then shown of those people who attended the clinic

The Board noted the presentation and confirmed its support for an integrated form of working and funding for this service.



Board members made the following points and Kay Libby responded as required:

- This service helped to reduce pressure on GP surgeries and the need for some patients to attend so regularly
- It was noted that this was a great service for South Bristol. The possibility of setting up an equivalent service in Bristol North and West was being examined but would need a great deal of support from partners. Age UK confirmed that they can provide details of the Doppler scores of patients and also provide transport
- Whilst some patients were initially concerned at having to show their legs, most of them got over this and found it extremely helpful to go through it together. Screens had initially been used but following complaints that this was socially isolating for patients these had been removed
- The PCT lead nurse had established a leg ulcer clinic some time ago. There was an important role for Sirona in toenail cutting and bandaging
- There was also a link to falls prevention. The message to urge people to change their behaviour needed to be subtle. There was also a slipper exchange and provision of the renewal for the bottom of walking sticks
- Whilst diabetic foot care had been provided in the past, it was currently not so good and could result in a huge amount of issues with disability if these did not work
- This was an extremely useful service and provided a very consistent approach and a regular service if people knew it was available each week
- This clinic could provide the opportunity for work experience for students, for example with the City of Bristol College along the lines of what had been implemented in Birmingham. Attendees were urged to consider how their organisation could help support work like this

**RESOLVED – that the report be noted.**

## **10 Better Care Fund - Stephen Beet, Bristol City Council**

Stephen Beet gave a presentation on this issue and made the following points:

- The Better Care Fund is a vehicle for driving health and social care integration.
- The ICB and Bristol City Council were required to agree a joint plan overseen by the Health and Well Being Board
- The Joint Plans would use a pooled budget to support integration through a Section 75 agreement
- There were three main components to this – a minimum contribution to the ICB, £13.5 Million to be spent on adult social care related to funding adaptations and an improved Better Care Fund which would not exclusively be from the NHS and therefore improve flexibility
- There were four conditions – A Joint agreed plan on HWBB to be signed off, an NHS contribution for adult social care at HWBB level, home care temporary beds and a greater focus on the Home First agenda
- A list of performance indicators that needed to be included were set out



- One of the main targets was to reduce the number of avoidable admissions to hospital via bedded care homes
- The Better Care Fund had been in operation since 2013 and had been linked to certain budgets. Following a review in 2022/23, it was now important to make sure these were focused on particular projects such as new transformation projects
- Work was being carried out with the ICB to reprofile expenditure
- There was also a focus on intermediate care such as work funded through the Local Authority and other services subject to social work capacity such as We Care Hospital and the Handy Person Service
- On Thursday 17<sup>th</sup> November, the anticipated £500 Million Discharge Funding had been confirmed in the Autumn Statement and received. It had been split 60/40 between the Local Authority and the ICB to prioritise home care
- The Winter Fund had been pooled into the Better Care Fund and agreed by Local Authorities as part of the Integrated Care package. There was a requirement to complete a capacity tracker with a progress review in January 2023
- The Board was requested to delegate to the Chair the power to approve the document by 16<sup>th</sup> December 2022 and report back to January 2023 Board meeting

Board members made the following points and Stephen Beet responded as required:

- Consideration should be given to creating a Sub Group between partners in this area
- Whilst this work sounded great, this had the potential to create a big strain on resources. Consideration need to be given to change to align services better
- Whilst there remained some lack of alignment with need, the BCF remained a good financial vehicle for delivery. There was a need to discuss with Locality Partnerships how additional funding could be provided to them
- It was noted that BCF was very highly performance driven and that therefore local assessment was being carried out even though it was not specifically required
- Whilst the allocation formula was focused on need, this did provide a bigger share of resources. It was important to assess how other parts of other parts of the country were carrying out this work and to prioritise
- This showed the strength of the resources available. It was important to focus on hospital discharge and providing suitable accommodation. The constraints on health and social care were acknowledged but funding services could be used in specific situations, such as ensuring people's homes were safe
- The Work Programme included a discussion on extra care and housing since there was a need to address the issue of pathways out of hospital for patients
- A summit would be carried out shortly for care homes involving a collaboration across the Voluntary Sector



**RESOLVED: that the Board supports the 2022/23 BCF (Better Care Fund) which was submitted on 26th September 2022 and agrees to delegate to the Chair of the HWBB (Health and Well Being Board) the authority to approve the submission of a plan for £1.69 Million of Discharge Funding by 16th December 2022 and report back to a future HWBB on plans for BCF to the Board**

**ACTION: Stephen Beet**

## **11 Pharmaceutical Needs Assessment - Carol Slater**

Carol Slater introduced this report and made the following points as part of her presentation:

- Each Local Authority was required to undertake a PNA (Pharmaceutical Needs Assessment) every three years
- A meeting of the Steering Group Multi Agency body has taken place on a number of occasions to do the work involved. This had set out what was offered and whether it meet the required needs. There then followed a 60 day consultation period
- The distance between pharmacies had been measured and testing had shown that all the Bristol population lived within a mile of a pharmacy. There was therefore no gap in provision for any section of the population
- Details of the analysis carried out were shown, including the availability of methadone.
- Responses from people who lived in Lawrence Hill, St George and Inner City and East had indicated issues with access for those with a disability and with no car access so an analysis of walking distance access had been carried out
- Other issues which had been considered were the issue of general population growth arising out of differences between Bristol South, Inner City and East plus North and West
- The PNA had been assessed on the basis of distance from travel and any future changes will trigger the need for another one
- Together with the BNSSG leads, she would be meeting with NHS England to address the issue of access to pharmacies for urban people in isolated places such as flats and how to arrange prescription pickups for them

Board members made the following comments:

- There was low car ownership and poor transport in South Bristol. In addition, some local surgeries charged for delivery. People who were unhappy with the situation concerning charging should make a complaint to NHS England or Health Watch
- Whilst the local GP practice could send prescriptions through pharmacies, it was noted that Lloyds Pharmacy had started charging for this during the pandemic. Volunteers had addressed this problem during the pandemic but this was now a problem
- Anyone suffering from COPD who was discharged from hospital was not referred to their local pharmacy unlike those with other health conditions



- Pharmacies in Lawrence Weston and Southmead were only open until 12pm on a Saturday, then the next nearest available pharmacies were open until 5pm and then the rest were on the other side of the city. Cribbs Causeway also closed early
- The Collective Learning NHS Regulation Framework did not address the issue of access to pharmacies. The direction of travel is for Primary Care Boards to take over addressing issues such as this
- It was disappointing that the most deprived areas had the lowest uptake in the consultation. More feedback was required to address inequalities
- There was a clear concern about the need to reopen the pharmacy at the Wellspring Healthy Living Centre. A lot of people had used the consultation to give their view on this issue. It was noted that the consultation did not allow for people's views on this issue to be taken into account. A legal battle was taking place with the pharmacy companies in relation to it
- There was a need to address the issues of pharmacy access

**ACTION: Carol Slater to follow up with Heather Williams regarding concerns about some pharmacies charging for home visits to deliver prescriptions + Carol Slater to follow up with Sharron Norman regarding pharmacies in more deprived areas of N&W locality not offering smoking cessation services.**

## 12 Suicide Prevention Reports - Leonie Roberts, Bristol City Council

In Leonie Roberts' absence, Christina Gray confirmed that this strategy had been republished with a refresh plan. The Board noted that there was an annual audit report on the website and that a link had been provided to this in the e-mail including the dispatch of agenda papers.

**RESOLVED – that the report be noted.**

## 13 Women's Health Report - Millie Collins, North Bristol NHS Report

Millie Collins introduced this report and during the presentation made the following comments:

- There were three key aims from the report which provided a comprehensive view of women's health needs - to give information on current initiatives, assess gaps in current provision and give recommendations for the future
- Key themes were – the need to provide a voice for all women, the need for access and to address disparities. Local data would be used to assess disadvantage where possible
- Long-term conditions such as chronic pain were acknowledged as key issues
- Female life expectancy in Bristol was 82.7, slightly less than the national figure of 83. The poor health average was slightly higher than the national average.
- Cancer under 75 and breast cancer figures were higher than average.
- Two thirds of falls related illnesses were for women. The current ranges were quite large and subject to where you lived. In addition, age, ethnicity and deprivation impacted on birth rate



- Statistics for breast feeding were the highest of core cities but there were variations within the city
- Cervical screening rates were slightly lower in Bristol. Women with learning difficulties had lower rates.
- Rates of osteoporosis were higher than in Bristol although nationally this was still a low bar
- More than 1 in 4 experienced perinatal illness. There was a huge overlap with mental illness in terms of perinatal illness, the menopause and violence against women
- Principal current initiatives related to domestic abuse, sexual health, issues related to maternity and issues concerning the menopause
- There were gaps in certain areas such as menstrual health from which further research would benefit. Current levels of HPV Vaccination remained low and the cause of this had yet to be investigated. There was also limited data concerning breast cancer and long-term conditions such as disability and chronic pain
- Recommendations arising from the report were as follows: increase the level of HPV vaccination, the introduction of Women's Health Hubs, Clear Learning, a Health Audit seeking to improve wellbeing and lifestyle, a reduction in breast feeding inequalities, introduce the findings from projects such as the Health Watch Menopause Project
- Further research was required into menstrual health, cervical cancer screening, pregnancy loss and fertility, pelvic floor health prolapse and incontinence, breast cancer screening, mental health, long term conditions (such as chronic pain) and osteoporosis bone health

Millie Collins thanked the Public Health Team and the Women's Commission for their help in providing the information for this report. She explained that a lot of data from the health equity audit had been used.

Board members made the following comments:

- The high number of menopause referrals was noted and would be referred to Board member bodies as appropriate
- A number of recommendations were connected to the public health system and needed to be taken back as priorities
- Child immunisation rates remained poor in Bristol with the exception of COVID-19. Work was taking place between Public Health and the Health Protection Committee to improve this as a high priority

**RESOLVED – that the report be noted.**



## 14 Evaluation of NHS Menopause Provision - Vicky Marriott, Healthwatch

Vicky Marriott introduced this report and made the following points:

- As well as patient feedback, a strategy was required for women in relation to the menopause – a Steering Group was being set up to examine this
- It was hoped that this would boost outcomes for all women in this area – a survey had just been launched on Healthwatch’s website

Board members made the following comments:

- This was an important issue to address within the Somali community since many women did not always understand the options open to them
- The aim was to improve services related to the menopause by using networks and schools to promote them

Caitlin Moss indicated that she would promote the need to increase referrals concerning menopause.

**RESOLVED – that the report be noted.**

## 15 HWBB Mid-Year Performance Report - Mark Allen, Bristol City Council

Mark Allen introduced this report setting out details of the mid-year performance report for the Board. This performance report was carried out twice a year and was a means for the Board to assess its progress in meeting its goals.

He made the following points:

- Targets that were met were shown in green
- Targets where progress had been made were shown in amber
- Targets which had stalled or worse were shown red (none of these applied)
- Targets where the information had not yet been received were shown in white
- Most targets were green with some shortly to be received ie SEND in January 2023 session
- The One City Plan 2023 edition would be refreshed
- The Drug and Alcohol Strategy had been published and would be the subject of an item next year
- All Age Carers – there would shortly be an update on this issue
- Workstream 2 – there had been a Joint session on this in February 2022 and a Joint Session in South Bristol on homes
- Workstream 3 – there has been a reduction in women smoking in pregnancy whilst outcomes around alcohol related hospital admissions and childhood obesity were similar to previous reporting periods





- Workstream 4 – Both indicators rated green
- Workstream 5 and 6 – Leadership or Oversight concerning HIV and Violence/Hate – it was hoped to bring this information to the HWBB in 2023

Board members made the following comments:

- The shared sessions with other Boards had worked very well
- There was a need to hold a Joint Session with the Environment Board

It was noted that a joint meeting of the Board with the Environment Group would be required in February 2023 to include discussion of the Clean Air Strategy **ACTION: Mark Allen to amend Forward Plan as required**

## 16 Any Other Business

The Board noted that the Children’s Kitchen had won a Nursery HWBB award and that a project to increase COVID-19 amongst minoritised communities had won the Patient Safety Award with Penny Germon’s team being critical in the delivery of the latter.

**ACTION: Jeremy Livitt to circulate a picture of the children receiving the award**

Food Education In Areas of High Deprivation – Jo Ingelby had carried out work in this area. Work carried out in Bristol concerning obesity would be submitted to a Nottingham award.

COVID – good work in this area was acknowledged.

Combatting Drugs Partnerships – it was noted how this new group would feed into the HWBB and the Keeping Communities Safe Partnership. Bristol has a robust Drugs and Alcohol Strategy with a framework for commissioning – Bristol is also the home for transform which helped to provide housing and support for people. Locality teams were also linked to this and worked with the Ministry of Justice.

Annual Impact Award – Healthwatch had been nominated for their work in supporting people discharged from hospital and care homes. They had been shortlisted from a large number of National Healthwatch organisations.

## 17 Date of Next Meeting

The Board noted that the next formal Board meeting would be held at 2.30pm on Wednesday 12th January 2023 in the Bordeaux Room, City Hall, College Green, Bristol.

The meeting ended at 4.55 pm

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





## **Thursday 23<sup>rd</sup> February - development session**

Joint session with the Environment Board

Items to include the Good Food 2030 plan and work around air quality

## **Thursday 23<sup>rd</sup> March - public meeting**

Stroke care pathway

Race and health equity

Drugs and alcohol update

Sexual health services recommissioning

Integrated Care System Joint Forward Plan/Strategy

## **Thursday 27<sup>th</sup> April – development session**

TBC workshop on health and care workforce, inclusive recruitment, economic inactivity

Bristol Health and Wellbeing Board

Title of Paper:	Annual Health Protection Report for Bristol
Author (including organisation):	Monica Koo, Public Health Registrar, BCC Julie Northcott Consultant in Public Health, BCC
Date of Board meeting:	12 <sup>th</sup> January 2023
Purpose:	Oversight and assurance

## 1. Executive Summary

This Director of Public Health annual health protection report covers the period 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022 (financial year 2021–22). The report provides an overview of health protection in Bristol, highlighting areas of success and key risks requiring priority action for each of the following 11 areas:

- Immunisation
- Screening
- Sexual health
- Healthcare Acquired Infections and Antimicrobial resistance
- Tuberculosis
- COVID-19
- Environmental Health
- Global population health
- Asylum Seeker and Refugee health
- Non-communicable environmental health risks
- Emergency preparedness, Resilience and Response

### Key successes in 2021/22

- COVID-19 vaccination uptake across the city, with significant work undertaken to increase access and vaccine confidence in lower uptake communities
- Continued delivery of COVID-19 infection prevention and control with focus on protecting our most vulnerable populations
- Effective systems approach to meet the health needs of asylum and refugee arrivals into the city
- Emergency planning functions discharged to enable response to incidents

### Key priorities for coming year

- To undertake targeted work to increase immunisation uptake, with focus on the disparities in child immunisations, flu and COVID-19 programmes
- To increase uptake of cancer screening with focus on inequalities
- To lead the BNSSG joint sexual health needs assessment
- To restart HCAI case review meetings
- To continue to closely monitor TB case rates in Bristol and work towards increased awareness of TB diagnosis and treatment within GP surgeries, drug and alcohol treatment services and inclusion health groups

- To focus on recovering the backlog of food inspections in addition to programmed visits and anticipated new business registrations
- To continue to strengthen the Local Health Resilience Partnership function in light of system level changes
- For the council to launch and operate the Clean Air Zone (CAZ)

## **2. Purpose of the Paper**

This assurance report provides information to the Health and Wellbeing Board of infectious diseases and environmental hazards profile across Bristol. It gives detail on key areas of work being undertaken to protect the health of Bristol's population.

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

Health protection covers an extensive range of exposures, risks, and disease – from air quality to port health, and cancer screening to tuberculosis.

The annual report gathers data from a variety of national and local sources to present an overview of the performance of the city in addressing health protection issues and measures against national and regional targets in line with published strategies. This enables the Health Protection Committee agree recommendations for a workplan for the coming year across the partnership.

## **4. Community/stakeholder engagement**

Contributions to this report came from the BCC Health Protection team and the wider BCC Public Health team, BCC Environmental Health, BCC Civil Protection, The Office for Health Improvement and Disparities and the UK Health Security Agency (two organisations that replaced Public Health England), the BNSSG ICB (which replaced the BNSSG CCG), and NHS England. The report has been ratified by the Bristol Health Protection Committee and will also be shared the BNSSG ICS.

## **5. Recommendations**

This report enables the Director of Public Health to provide assurance to the Health and Wellbeing Board (H&WB), that the health of the residents of Bristol is being protected in a proactive and effective way.

The board is asked to approve the report and the approach we are taking.

## **6. City Benefits**

The health protection actions enable the population to be protected from infectious diseases, identify cancer at an early stage and address health emergencies.

Addressing inequalities and inclusion health is an integral part of protecting the health of the whole population.

## **7. Financial and Legal Implications**

Not applicable.

## **8. Appendices**

The Executive Summary follows below.

# Bristol Health Protection Annual Report 2022: Executive Summary



April 2021 to March 2022

**Report date:** 13<sup>th</sup> December 2022

**Report author:** Monica Koo, Public Health Registrar Bristol City Council

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## Overview

Bristol is a welcoming, vibrant, and culturally diverse city. It has significant pockets of deprivation and inequalities which are drivers in health protection issues faced by the population. Bristol often presents as an outlier compared to other South West local authority areas due to differing demographics; comparison to England averages and statistically similar local authorities are presented where data is available.

The reporting period has continued to be challenging due to the ongoing response to and management of COVID-19. This has also impacted the availability of some data to fulfil this report, with some key datasets for the year 2021–22 not having been produced or published in the public domain. Please see below for a summary of current issues for the reporting period and future priorities for each domain of health protection.

## Immunisations

Vaccine uptake among older adults (shingles, pneumococcal, and flu) is comparable to SW.

The population-wide COVID-19 vaccination programme was successfully delivered at scale and at considerable speed through the collective efforts of key partners including our neighbourhood and community champions, to reach into areas where uptake was lower.

However routine vaccine programmes continued to be disrupted by the COVID-19 pandemic during 2021–22. Additionally, childhood vaccine uptake levels in Bristol are lower compared to SW and England and remain below the 95% target for population protection and therefore remains a significant risk.

### **Priorities for the next reporting period**

- To establish system-level Maximising Immunisation Uptake Groups in 2022–23 to increase childhood immunisation uptake
- To maintain focus on COVID-19 and flu vaccine uptake among eligible groups, particularly where there are known inequalities

## Screening

The majority of screening programmes have recovered from backlogs following initial disruptions due to the COVID-19 pandemic. However cancer screening uptake is poor compared to the SW, particularly cervical cancer screening where almost a third (32%) of 25–49 year olds and over a quarter (27%) of 50–64 year olds are not accessing screening.

### **Priorities for the next reporting period**

- To return to and overtake pre-pandemic screening uptake levels

- To focus on inequalities in screening uptake

## Sexual Health

Bristol continues to see a higher incidence of sexually transmitted infections (STIs) compared to SW and England. While there has been a decrease in STI diagnoses in the reporting period, this is attributable to less testing, in line with patterns seen nationally. HIV incidence in Bristol continues to decrease but remains higher than the SW average and is similar to England.

### Priorities for the next reporting period

- BNSSG Joint Sexual Health Needs Assessment will be conducted and led by BCC PH team
- To examine syphilis diagnosis rates in light of recent changes in trends and data reporting methodologies
- To monitor impact of national changes to chlamydia screening implemented in April 2022 (removing offer of opportunistic screening among men)
- To support several health promotion campaigns/outreach events led by Unity and Terrence Higgins Trust including a focus on HIV testing, and a SW-wide campaign to encourage access to pre-exposure prophylaxis (PrEP)

## HCAI and AMR

Health care acquired infection (HCAI) case review procedures continued to be disrupted due to the COVID-19 pandemic and response (e.g. staff redeployment). An unexpected and unexplained spike of *Clostridium Difficile* infections occurred across Bristol and BNSSG in June 2021, which led to the convening of a South West *Clostridium Difficile* collaborative group.

Flu vaccine uptake among healthcare staff was lower compared to the last reporting period. This may be partly due to the diversion of resources to the COVID-19 vaccination programme and COVID-19 infection-related workplace absences.

### Priorities for the next reporting period

- To restart HCAI case review meetings from April 2022
- To review findings from a pilot study of Clorehexidine wipes for people who inject drugs which was initiated to reduce the spread of Methicillin Resistant *Staphylococcus Aureus* (MRSA)
- To undertake a cohort review of *P. aeruginosa* bacteraemia to understand local drivers
- To undertake two antibiotic prescribing projects (review of cellulitis and pyelonephritis treatment)



## Tuberculosis

Tuberculosis (TB) incidence is higher in Bristol compared to SW and England, although it is showing a downward trend.

Bristol is the only city to have latent TB testing service in the SW region and treatment pathways are well established. However, a greater proportion of Bristol cases experience delayed diagnosis and start treatment late compared to the English average. Delayed diagnosis and treatment of TB often means poorer clinical outcomes for individuals, as well as greater risk of onward transmission to others. Certain populations (ethnic minorities, people from poorer areas, or those with social risk factors) are at greater risk of TB and delayed treatment.

### **Priorities for the next reporting period**

- To continue to closely monitor the case rates in Bristol and work towards increased awareness of TB diagnosis and treatment within GP surgeries, drug and alcohol treatment services and inclusion health groups
- To set up a new TB control board in December 2022
- To seek clarity on the causes of delayed diagnosis and treatment

## COVID-19

The COVID-19 response remained an important priority for BCC-led health protection during the reporting period. Case rates in Bristol reached the highest rate to date in January 2022 but there were less than half the number of deaths compared to the previous reporting period. The COVID-19 mortality rate in Bristol was higher than the SW but lower than the rest of England.

### **Priorities for the next reporting period**

- Continue to support outbreak management in high-risk settings
- Continue to monitor vaccine uptake and the impact of long COVID in Bristol

## Environmental Health

The food safety inspections schedule was severely disrupted due to the COVID-19 pandemic and associated restrictions on business operations. Adherence to COVID-19 control measures in ships and vessels was monitored, and ship inspections and sampling for non-COVID-19 infection control were also carried out.

### **Priorities for the next reporting period**

- Focus on recovering the backlog of food inspections in addition to programmed visits and anticipated new business registrations

## Global population health

The movement of people through international travel and migration can contribute to the transmission of infectious disease. Antimicrobial resistance and antibiotic use is a global concern, as are vaccine preventable diseases which persist in certain areas and populations.

### Priorities for the next reporting period

- The upcoming annual DPH report (September 2023) will focus on the borderless aspect of infectious diseases.

## Asylum Seeker and Refugee health

Several arrivals of large asylum seeker and refugee (ASR) groups were coordinated during the reporting period (ASR in August 2021, Afghanistan in September 2021 and Ukraine in early 2022).

### Priorities for the next reporting period

- Continue the multi-agency group to support health and wellbeing of the ASR population
- System commissioners to undertake funding reviews to ensure that services are sufficient for the increasing ASR population

## Non-communicable environmental health risks

Annual nitrogen dioxide levels in Bristol are decreasing but continue to exceed legal limits. The development and launch of the Clean Air Zone will support further reductions.

The previously reported fly pollution problem in Avonmouth has been resolved. The Pollution Control team has continued to undertake environmental permit checks and the investigation of lead-poisoning reports.

### Priorities for the next reporting period

- To refresh the Clean Air Plan for Bristol

## Emergency preparedness, Resilience and Response

The Civil Protection Unit supported COVID-19 testing across the city during the reporting period. The surge testing programme was debriefed as publicly accessible free testing came to an end in April 2022.

In addition, there were 44 incidents during the reporting period including domestic fires, water leaks, suspected bombs, public disorder, and Storm Eunice (February 2022). A multi-agency Control of Major Accident Hazards (COMAH) exercise was conducted in November 2021 which successfully identified recommendations to be adopted.

There were 136 demonstrations during the reporting period, which represents more than double reported in 2020–21, likely influenced by the standing down of COVID-19 restrictions.

### **Priorities for the next reporting period**

- Continue to strengthen the coordination of response by re-establishing the Local Health Resilience Partnership in light of system level changes
- Maintain and increase our staff training and awareness of emergency response and capability to act
- Update the Corporate Recovery Plan and review and update the corporate business continuity framework with supporting impact assessment and plan templates



**Bristol, North Somerset  
and South Gloucestershire**  
Integrated Care Board

## Bristol Health and Wellbeing Board

Title of Paper:	<b>Domestic Abuse and Sexual Violence in Bristol</b>
Author (including organisation):	<b>Lizzie Henden Public Health Bristol City Council</b>
Date of Board meeting:	<b>12<sup>th</sup> January 2023</b>
Purpose:	Information and discussion

### 1. Executive Summary

Bristol aspires to be a city free from domestic abuse and sexual violence, and new services have been commissioned which have led to exciting collaborations between voluntary sector partners. A newly formed survivor forum has ensured the voice of lived experience is being heard. Plans for future work on these agendas will be presented to the Health and Wellbeing Board.

### 2. Purpose of the Paper

The Domestic Abuse Act (2021) confers responsibilities to raise awareness and improve the response to victims. The One City Plan has a clear goal that by 2050 “Bristol will be a city free from domestic abuse and gender inequality”. This paper updates the Board on the current position in relation to domestic abuse and sexual violence in Bristol, sets out recent developments in relation to both national legislation, and the local provision of domestic abuse and sexual violence services. It seeks a commitment from partners to continue to work together to prevent violence and abuse, and by so doing to begin to tackle adverse childhood experiences.

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

Based on local police data (2022), 11,093 domestic offences with victims over the age of 16 and domestic abuse incidents (across all ages) were recorded in Bristol in 2021/22, an increase from 10,514 in 2020/21. The rate of sexual violence recorded crime figures for Bristol is significantly higher than the national rate. The 2020/21 figure for Bristol was 2.6 per 1000 population.

#### Legislative Context

The Domestic Abuse Act (2021) has three purposes - namely to:

- Raise awareness and understanding about the devastating impact of domestic abuse on victims and their families
- Further improve the effectiveness of the justice system in providing protection for victims of domestic abuse and bringing perpetrators to justice
- Strengthen the support for victims of abuse by statutory agencies.

One of the requirements of the act was the formation of a partnership board. In Bristol the Multiagency Domestic Abuse and Sexual Violence Delivery Group, was

established in 2021 to provide oversight, and sits under the governance of the Keeping Bristol Safe Partnership.

#### Recent developments in service provision

The “New Burdens Funding” associated with the Domestic Abuse Act enabled additional accommodation based services to be included in the recommissioning of domestic services for Bristol last year. A collaborative approach was encouraged and Next Link and Partners were successful in securing the contract. In October 2022 the Next Link Plus Service was launched and now offers an innovative new service model which includes direct support for male survivors, extended support for child survivors and therapeutic support including counselling.

Therapeutic sexual violence services have recently been jointly commissioned with a new contract due to start on 1<sup>st</sup> April 2023. This replaces services previously separately commissioned by Bristol City Council, NHS England, BNSSG Integrated Care Board (formerly CCG) and the Office of the Police and Crime Commissioner (Avon and Somerset OPCC). A full open tender procurement process was undertaken between August – October 2022 with involvement of those with lived experience, and the successful bidders were the Sexual Violence Alliance (led by SARSAS). The new service has expanded to include new pathways for adults, young people and children as well as psychological wellbeing courses.

In the past year, two new services for victims of domestic abuse have been piloted in Bristol:

- The **Respite Rooms** provide short-term intensive specialist support and accommodation for women with a history of rough sleeping who have been victims of domestic abuse and sexual violence. This reaches a cohort of women who experience multiple overlapping risk factors or disadvantage, and for whom traditional services are no longer enough.
- **Iris Advise** supports sexual health staff to identify and respond to the signs of both domestic abuse and sexual violence, and enables them to directly refer individuals to a specialist service for support. This new service is jointly commissioned by Bristol City Council and South Gloucestershire Council and is being delivered locally at Unity Sexual Health clinics in collaboration with Next Link, the local specialist domestic abuse support service.

#### **4. Community/stakeholder engagement**

A Survivor Forum was established in October 2021 in response to the requirements of Domestic Abuse Act, to ensure the voice of victims and survivors was embedded in the conversations and the work undertaken by the Multiagency Delivery group. Facilitated by the Keeping Bristol Safe Partnership, it aims to influence strategic change using the lived experience of its regular members. It has helped to develop questions for use in evaluating service tenders, influenced training packages for professionals and has hosted a multi-agency event to raise awareness and start

conversations. The Survivor Forum recently received national recognition as a beacon of good practice.

## 5. Recommendations

This paper requests:

- That partners note the range of new domestic abuse and sexual violence service provision in Bristol
- That prevention of abuse and violence and support for those affected, including recovery is included within plans for the work of family hubs and in the work plans of localities
- The support of the Health and Wellbeing Board the development of the upcoming citywide domestic abuse and sexual violence strategy.

## 6. City Benefits

The health impacts of domestic abuse are wide ranging and extensive, having long-term impacts on both the physical and mental health of those affected and disproportionately affecting those in the most disadvantaged areas of our city. Providing support for victims helps to tackle these inequalities. If children and young people are safer from domestic abuse and sexual violence, adverse childhood experiences will be reduced or where they have been affected support will mean the impact is lessened. The 2021 Mayoral Commission on Domestic Abuse included 35 recommendations that the City is taking forward, moving us towards becoming a safer, kinder place where victims and survivors of domestic violence and abuse feel supported and empowered to move forward and build new lives.

## 7. Financial and Legal Implications

There are no financial or legal implications resulting from this paper.

## 8. References

Links to relevant documents are listed below for reference:

1. Bristol Domestic Abuse Needs Assessment 2022:  
<https://www.bristol.gov.uk/files/documents/5362-domestic-abuse-needs-assessment>
2. BCC Joint Strategic Needs Assessment Annual Summary  
[Bristol City Council \(2022\) JSNA Health and Wellbeing Profile – Annual Summary 2021/22](#)
3. Bristol Mayoral Commission (2021)  
<https://www.bristol.gov.uk/files/1682-the-mayoral-commission-on-domestic-abuse-report>
4. The Domestic Abuse Act 2021  
[Domestic Abuse Act 2021 \(legislation.gov.uk\)](#)
5. Bristol Domestic Abuse Safe Accommodation Strategy:  
[The Bristol Domestic Abuse Safe Accommodation Strategy 2022 to 2025 \(pdf, 506 KB\).](#)



**Bristol, North Somerset  
and South Gloucestershire**  
Integrated Care Board

## Bristol Health and Wellbeing Board

Title of Paper:	Special Educational Needs and Disabilities: Progress Since the 2019 inspection and next steps.
Author (including organisation):	Richard Hanks, Interim Director, Education and Skills, Bristol City Council
Date of Board meeting:	12th January 2023
Purpose:	Oversight and assurance

### 1. Executive Summary

Summary of progress as judged by the recent Local Area Inspection and outline of the next phase in the Local Area's SEND improvement journey.

### 2. Purpose of the Paper

To provide the Board with assurance of the progress made in addressing the five areas of significant weakness identified by Ofsted and CQC inspectors in the Local Area SEND inspection September/October 2019 and report on the outcomes of the 2022 re-Inspection.

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

The Local Area Inspection 2019 identified the following 5 areas of significant weaknesses, requiring a Written Statement of Action (WSOA), approved by Ofsted in March 2020:

- The lack of accountability of leaders at all levels, including school leaders
- The inconsistencies in the timeliness and effectiveness of the local area's arrangements for the identification and assessment of children and young people with SEND
- The dysfunctional EHC plan process, and inadequate quality of EHC plans
- The underachievement and lack of inclusion of children and young people with SEND, including the high rates of persistent absenteeism and fixed-term exclusions
- The fractured relationships with parents and carers, lack of co-production and variable engagement and collaboration

#### Local Area SEND final inspection report

- Between 3rd and 7th of October, OFSTED and the Care Quality Commission (CQC) jointly re inspected the effectiveness of Bristol's approach to implementing the special educational needs and disability (SEND) reforms as set out in the Children and Families Act 2014. The specific focus was on the progress made by the local area since 2019.
- The report recognises that Bristol and the local area have improved special education needs and disabilities (SEND) services.
- The report's main findings show that four of the five areas highlighted in the 2019 inspection are showing 'sufficient progress' in addressing 4 of the key areas.
- Inspectors judged that 1 area, the difficult the relationships with parents and carers found at the last inspection had continued. However, the report goes on to note that; 'the majority of parents and carers accessing services and support more recently, are positive about their experience'.

We have received written confirmation that we will require an Accelerated Action Plan (APP) for Area 5 which is the relationships with parents and carers. We are already in conversation with the DFE, stakeholders and parent/ carers about how to progress this work. The SEND Improvement Board is the main governance structure for the APP.

### **Accelerated Action Plan Further Information**

Outcomes we are aiming to achieve through the Accelerated Action Plan:

- Improved relationships at all levels with established systems and processes for co-production, engagement, collaboration, and joint working.
- To facilitate a consistent view of the quality of support and improved trust in systems. This will be established through continuing to develop informal systems and through the development of a formal structure.
- To work together to ensure that the shared commitment to getting the best outcomes for children and young people is used as a firm foundation on which to build future developments.

To enable the above outcomes to be achieved we will need to ensure:

- a. Governance arrangements across the local area are transparent and include parents and carers.
- b. Clear shared approaches to co-production, engagement and collaboration will be developed across Education, Health, and Care.
- c. Systems for ensuring good communication with all our parents and carers will be continued and developed. This includes our Community of Groups work, our Local Offer, and our Social media posts.
- d. Continuous quality improvement will be an embedded culture of working practice with a particular focus on relationships through effective communication and on improving the experiences and outcomes for children and young people and their families.
- e. A formal structure for Bristol will be developed to enable the voice of children, young people and their parents and carers, to plan future services and approaches to working with children and young people with SEND.
- f. Informal and formal structures will be inclusive and ensure that diverse communities across Bristol are represented.
- g. Proactive steps will be made for resolution and repair when difficulties in relationships or conflicts of interest arise.

A new SEND Partnership Plan will also continue to tackle the areas of weakness identified in the inspection, the re-inspection report and feedback from partners. The local area benefitted from the structure and format of the WSOA and the new partnership plan will take a similar approach. The SEND Partnership Plan will also reflect the new local area SEND updated inspection framework which focusses on experiences and outcomes as opposed to the implementation of the 2014 reforms.

## **4. Community/stakeholder engagement**

Partners have engaged with parents and carers and children and young people throughout the SEND improvement journey, including co-production of the redesign of Bristol's statutory processes (Time for Change project) and development of the Children and Young People's Outcomes Framework which were fundamental to the improvements identified in the re-inspection report.

The Community of Groups is a representative forum made up of many parent/carers groups that has broadened the Local Area's reach and access to a more diverse range of SEND voices. This group continues to support the co-production of Local Area plans and provides ongoing feedback regarding SEND families' experiences in the Local Area.



Clearly, further work is needed to formalise the co-production arrangements within the Local Area as set out in the report above.

## **5. Recommendations**

All Board members to note the identified improvements in SEND services across the Local Area and continue to actively ensure services contribute to partnership working and the SEND Partnership Plan to further improve the experience for children, young people and their families. The SEND Partnership Plan and APP will have milestones and KPI's, the board may wish to have regular updates on progress.

## **6. City Benefits**

Ongoing improvements to the SEND system will benefit the 12000+ children and young people with SEND and their families, by improving inclusion, and reducing inequality.

## **7. Financial and Legal Implications**

Continuing to improve SEND services and support for children and young people with SEND and their families, ensures that the Local Area meets its duties as set out in the SEND Code of Practice statutory guidance and the Children and Families Act 2014.

## **8. Appendices**

[Local Area SEND inspection 2019](#)

[Written Statement of Action \(WSOA\)](#)

[Local Area SEND final inspection report 2022](#)