

Bristol City Council

Minutes of the Health and Wellbeing Board

23 March 2023 at 2.30 pm



Board Members Present: Helen Holland (Co-Chair), Ellie King (Deputy Chair), Stephen Beet, Hugh Evans, Tim Poole, Rebecca Mear, Colin Bradbury, Isobel Clement (substitute for Joe Poole), Reena Bhogal-Welsh (substitute for Abi Gbago)

Non-Voting Attendees: Penny Gane

Officers in Attendance:-

Mark Allen, Carol Slater, Christina Gray and Jeremy Livitt

Also Attending – Presenting Reports: Rebecca Sheehy and Emma Richards (Agenda Item 9), Joanna Copping and Filiz Altinoluk-Davis (Agenda Item 10), Professor Saffron Karlsen (Agenda Item 11)

Other Attendees: Bethan Loveless and Tara Mistry

1. Welcome, Introductions and Safety Information

The Chair asked all parties to introduce themselves and explained the Emergency Evacuation Procedure.

2. Apologies for Absence and Substitutions

Apologies for absence were received from: Councillor Asher Craig, Sharron Norman (Liz Mitchell substituting), Joe Poole (Isobel Clements substituting), Abi Gbago (Reena Bhogal-Welsh substituting), Maria Kane, Cathy Caple, Alun Davies, Steve Rea, Sally Hogg and Sarah Lynch

3. Declarations of Interest

There were no Declarations of Interest.



4. Minutes of Previous Meeting held on 12th January 2023

RESOLVED – that the minutes of the meeting held on 12th January 2023 were agreed as a correct record and signed by the Chair.

5. Public Forum

There were no Public Forum items.

6. Winter Bulletin Highlights (Verbal Update) - Mark Allen, Public Health

Mark Allen gave a verbal update concerning the Winter Bulletin Highlights and made the following points:

- Whilst there had been an increase in the number of hospital admissions due to COVID, the numbers remained low
- Booster jabs were recommended for over 75s and those who were immunosuppressed
- The number of people who had been diagnosed with flu or Norovirus had increased
- There was forthcoming strike action in the public sector

Members also noted an invitation for a forthcoming event on 19th April 2023.

7. Integrated Care Partnership (Verbal Update) - Councillor Helen Holland

Councillor Helen Holland advised that there would be a development session next month with the Economy and Skills Board concerning the workforce which would focus on deprived communities. It was important that the Integrated Board reflected the integrated nature of this area of work.

8. Integrated Care Strategy (Verbal Update) - Colin Bradbury, Integrated Care Board

Colin Bradbury made the following points:

- There had been agreement concerning a key set of principles and these had subsequently been signed off. The strategy needed to be owned by all parties
- He referred to the Cambridge multi morbidity index
- CS1 to CS5 showed the category of health need if the current trend in health requirements continued and the projected growth in spending. This was forecast to grow higher than our ability to deal with it. Many health needs were preventable and manageable and disproportionately affected deprived areas



- If these were not properly addressed, this would snowball into other health care needs and build on the strengths of the individual as well as community and local partnership
- A pilot would help to assess means of supporting people with “herald conditions” which were not directly health-related but could have health implications (i.e. Learning Disability) and scaling up work tailored to the individual locality
- BNSSG – Virtual wards were being developed. It was a requirement to be registered with a GP. There was a need to scale up and learn as required
- The document should be seen as a process not an event. A very rough draft of the document would be prepared by the end of the month
- It was acknowledged that there would be a slight hiatus since South Gloucestershire and North Somerset would shortly enter in pre-election periods

In response to Board members’ questions, he made the following comments:

- It was acknowledged that there was a proposal to develop a community asset based approach. An example was noted of Connecting Communities work which had provided support to the clinically vulnerable during COVID and had helped someone with onset dementia in Barton Hill to receive the support they needed
- The Mental Health Strategy would need to be discussed at the Health and Well Being Board with the Health Action Network considering this
- Difficulties in the local economy, housing and employment were often a driver of NHS-related issues
- Support for the workforce was important to address problems of mistrust in some communities
- It was acknowledged that services were under pressure and that therefore a One City approach was important. SIRONA needed support to avoid it being swamped with work
- The first principle was to maintain the NHS and contribute to place based funding for it similar to a social prescribing model
- The voluntary sector locality lead had recently met with BNSSG to find out where they sit on the ICP Board

9. Integrated Community Stroke Services: Rebecca Sheehy - Bristol After Stroke and Emma Richards, Sirona Care and Health

Rebecca Sheehy and Emma Richards gave a presentation on the Integrated Community Stroke Services and made the following points which included the following points:

- Details of the reconfiguration of services
- A pioneering approach which was integrated



- Stroke was the fourth biggest killer in the UK and the highest cause of adult disability. It was set to increase with two thirds of patients with the greatest levels of disability. Lives were reduced by 5 years on average and it affected 35% of people of working age
- There was an understanding of increased demand which the existing workforce was trying to mitigate, a need to tackle inequality and an acknowledgement that outcomes could vary
- 18,000 people were living with the impact of strokes throughout the BNSSG area – the numbers for each region were set out
- Following the recent whole stroke pathway review, from May 2023 anyone who had a stroke related issue would be submitted to Southmead by hospital unless there was an additional cardiac issue involved
- There was greater pressure on the service since more people were living with strokes although the level of disability was improving
- Hospital stays for strokes were on average 7 days including weekends – there were 30 rehabilitation beds in South Bristol and 12 beds in Weston Hospital
- The Integrated Community Stroke Service was based on the National Stroke Service model. A team of therapists, a dressing service and meal provision were all part of the service prior to a review of the amount of social care that was required
- A list of different support staff types was provided
- The process of those who had strokes was outlined – a referral was received, there was an initial assessment, a sixth month review, a complete follow up including information on support to access groups with the details then uploaded to the national data collection database
- Workshops were provided for those people with aphasia and communication group workshops
- Details of the deadlines involved in the process were set out
- The benefits of integration were as follows – it provided a holistic service, it gave access to specialist advice, there was a smooth transition to facilitate discharge and provide referral back in where required, easy access advice to workers, provision of Integration of IT, there was support with wider projects such as the Stoke HIT Education Sessions (an online aphasia group)
- There was a reduction of health inequalities and engagement through partnerships and with local community groups, working closely with health workers, engaging in ICE locality well-being initiatives and provision of cultural awareness training
- Details of the role of stroke key workers was provided
- There were a wide range of after stroke services including emotional support and peer support
- Detail of life after stroke was set out on the Kubler Ross change curve – services were plotted on the curve, with counselling being provided if necessary
- The Board noted the work of self-led volunteer groups and two case studies which were outlined to them
- Details of the number of cases throughout the region were provided, including those still active and those which had been discharged
- Details of services in South Gloucestershire were set out, including a stroke café, physiotherapy groups, weekly in reach into hospitals, stroke co-ordinator services and contribution to core costs
- Opportunities and support – This worked in an integrated way to provide a whole life approach after stroke and proactively support those most in need and avoid delay of social care needs



- Whilst getting people out of hospital was the main priority, there was a rehabilitation programme for longer term stroke victims

Board members made the following points:

- Since stroke was the fourth highest killer, it was important to also work to reduce the three higher forms of death
- The integrated approach was working well – effective engagement was required with the south, north and west of the region
- It was important to address all communities with herald conditions, including the more deprived communities
- The feedback of lived experience was important. Whilst the development of an integrated approach through a memorandum of understanding was not easy, it was key for this service

1C BNSSG Sexual Health Needs Assessment - Joanna Copping and Filiz Altinoluk-Davis, Public Health

Joanna Copping and Filiz Altinoluk-Davis gave a presentation on this issue and made the following points:

- Key elements of this were the Health and Well Being Board Strategy, One City Plan, HIV Fast Track City (with a target to end HIV in the city by 2050) and SHIP HIT (the Sexual Health Improvement Programme)
- The specialist sexual health services were commissioned and included pregnancy termination services as well as HIV treatment
- Unity sexual health services provided coils and implants, emergency contraceptives, condoms and chlamydia screening
- Details of the services provided were set out
- The Needs Assessment provided data from providers with approximately 650 responses and 26 stakeholder interviews
- Following a considerable reduction in face to face consultations in 2020 and guidance concerning early abortions had changed
- Testing for STIs and HIV had peaked following the introduction of postal kits but had since dropped off. Slightly over half test kits between October 2021 and September 2022 had been returned
- The number of HIV tests for women had been particularly low
- New STI's had not reached pre-COVID levels. HIV new diagnoses continued to fall and around 50% were undiagnosed HIV
- Gonorrhoea cases had now increased throughout the country. There had been a significant increase in Bristol between January 2022 and January 2023
- There were inequalities in STI diagnoses in age and gender



- There was a concern relating to access to condoms and ensuring their correct use. It was important to spread the message and ensure better access
- There were inequalities in ethnicity with black populations being 2.5 more times affected nationally and it was likely that there was a big gap in Bristol. This was likely to be as a result of socio-economic factors
- The numbers of late HIV diagnoses had increased
- The number of 15 to 24 year olds who had national chlamydia screening had increased and there was a need for access to free condoms
- Coli and Implant Activity – there was a general recovery post COVID but further improvement was required. There was a need for increased training for nurses
- The number of teenage conceptions remained low but there was significant variation at ward level
- Termination pregnancy rates remained low with postal medication for abortion brought in as law
- There was currently a reprocurring process for the reintegration of the sexual and reproductive health service with the current contract ending in March 2025. Details of the re-procurement process were set out

In response to members' questions, they gave the following responses:

- The women's chapter JSNA was cross referenced in the re-procurement process
- A piece of work concerning engagement had already taken place and a consultation group was considering feasibility options. Public input had been obtained through the survey. However, it was sometimes difficult to get people to come forward.
- Work was also now taking place with colleagues to meet the needs of those aged 8 to 10. There was also work to address those people with mental health and anxiety issues concerning certain factors such as condom use. SIRONA was working with us to address these issues in various ways such as through apps. School nurses also helped with the most vulnerable children
- Sex education needed to address difficulties caused by young people's access to pornography
- Following lobbying with clinical Cabinet, NBT and UHBT were starting to provide support for children's needs in this area. It was considered likely that funding would be obtained locally to help meet the HIV target
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11 An Evaluation of the Bristol Race Equality Covid-19 Steering Group - Professor Saffron Karlsen, University of Bristol

Professor Saffron Karlsen introduced this presentation and made the following points:



- In early 2020, a study in the USA and UK had assessed that ethnic minority groups were disproportionately impacted. Following this study, there had been an immediate recognition that there was a need for evidence and a rapid review had been commissioned
- Bristol had an openness to recognise and respond to structural societal inequalities which were more significant than cultural or biological factors
- Councillor Asher Craig had convened 36 key stakeholders in July 2020 and delegated had established a new Race Equality Steering Group to consider issues relating to operation, effectiveness and identified opportunities
- The methods of assessment were a bimonthly analysis of all Steering group minutes between June 2020 and December 2021, a survey of the mailing list (with 31 responses received) and in-depth interviews with specific experts and provision of feedback from Steering Group members
- Details of the interviewees were set out
- Key findings included the motivations to join, key activities, strengths, improvements, future directions and key lessons learned
- The motivation was the emergence of ethnic inequality with the need for an effective and co-ordinated response
- It was acknowledged that issues related to racism and socio-economic inequalities were not being given the attention they deserved with an opportunity to discuss issues such as BLM and the George Floyd murders
- Comprehensive and accessible information was provided with a challenge to address areas where there was misleading or incomplete information. Any evidence gaps had been identified
- Approximately 500 people had attended a webinar on this issue.
- One example of success was a significant increase in the percentage of people from ethnic minorities who had received the COVID-19 vaccine. It had been possible to develop a bespoke, culturally informed response to the pandemic with a series of pop-up clinics and provision of approximately 20,000 vaccines which had significantly reduced the inequality of vaccine uptake in Bristol
- The need for positive and collaborative action through an inclusive and empowering approach had been identified with opportunities for improvement
- Whilst the remit had been formally established, there were some groups such as gypsies and travellers who had not been included as much as they could have been
- Key lessons from this work were the need for effective action, trusted relationships, an open response to membership, proper scrutiny of data and proactive responses to ensure diverse representation. It was acknowledged that the voluntary care sector had been crucial to its success

The Board noted that there was need to assess how a similar approach could be replicated to ensure it fitted into the needs of communities. The work of the University of Bristol had been important in this area and had achieved national recognition. It was also noted that the Independent Advisory Group had been involved at the beginning of the process.



12 Health and Well Being Board Forward Plan - For Information

The Health and Well Being Board Forward Plan was noted.

13 Date of Next Meeting

The Board noted that the next meeting was scheduled to be held at 2.30pm on Thursday 25th May 2023 in the Bordeaux Room, City Hall, College Green, Bristol.

The meeting ended at 5.05 pm

CHAIR _____

