

Health and Wellbeing Board Agenda



NHS
Bristol, North Somerset
and South Gloucestershire
Integrated Care Board

Date: Thursday, 23 March 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

Date: Wednesday, 15 March 2023



Agenda

1. Welcome, Introductions and Safety Information

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

(Pages 5 - 7)

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

2. Apologies for Absence and Substitutions

3. Declarations of Interest

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

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

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

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

(Pages 8 - 16)

5. Public Forum

2.35 pm

Up to 30 minutes is allowed for this item.

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

Questions - Written questions must be received 3 clear working days prior to the



meeting. For this meeting, this means that your question(s) must be received in this office at the latest **by 4.30pm on Friday 17th March 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 22nd March 2023.**

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| 6. Winter Bulletin Highlights (Verbal Update) - Mark Allen, Public Health | 2.40 pm |
| 7. Integrated Care Partnership (Verbal Update) - Councillor Helen Holland | 2.45 pm |
| 8. Integrated Care Strategy (Verbal Update) - Colin Bradbury, Integrated Care Board | 2.50 pm |
| 9. Integrated Community Stroke Services: Rebecca Sheehy - Bristol After Stroke and Emma Richards, Sirona Care and Health | 3.00 pm |
| | (Pages 17 - 21) |
| 10. Waiting for Sexual Health Needs Assessment - Joanna Copping and Fliz Altinoluk-Davis, Public Health - TO FOLLOW | 3.30 pm |
| 11. An Evaluation of the Bristol Race Equality Covid-19 Steering Group - Professor Saffron Karlsen, University of Bristol | 4.00 pm |
| | (Pages 22 - 36) |
| 12. Health and Well Being Board Forward Plan - For Information
To note the HWBB Forward Plan. | (Page 37) |

13. Date of Next Meeting

The next Board meeting is scheduled to be held at 2.30pm on Thursday 25th May 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.

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.

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



Bristol City Council Minutes of the Health and Wellbeing Board

12 January 2023 at 2.30 pm



Board Members Present: Councillor Helen Holland (Co-Chair), Councillor Ellie King (Deputy Chair), Councillor Asher Craig, Stephen Beet, Christina Gray, Tim Keen, Zahra Kosar, Tim Poole, Heather Williams, Sharron Norman, Joe Poole and Steve Rea

Officers in Attendance:-

Mark Allen, Jeremy Livitt, Carol Slater and Penny Germon

Presenters In Attendance:

Monica Koo (Agenda Item 8), Lizzie Henden (Agenda Item 9), Richard Hanks and Vikki Jervis (Agenda Item 10)

Also Attending: Penny Gane – Women’s Forum

1. Welcome, Introductions and Safety Information

The Chair welcomed all parties to the meeting and explained the emergency evacuation procedure in the event of an emergency.

2. Apologies for Absence and Substitutions

Apologies for absence were received from Maria Kane, Julie Sharma, Colin Bradbury, Abi Gbago (Board Members), Sarah Lynch and Sally Hogg (Officers), Julie Northcott (Presenter for Agenda Item 8 – Health Protection Annual Report) and Sue Moss (Presenter for Agenda Item 9 – Domestic Abuse and Sexual Violence in Bristol)

3. Declarations of Interest

There were no Declarations of Interest.



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

RESOLVED – that the minutes of the meeting held on 24th November 2022 were agreed as a correct record and signed by the Chair subject to the inclusion of the final sentence at the of Sharron Norman as an attendee and also

- (1) subject to the inclusion of the following to replace the sentence for Agenda Item 11 at the bottom of page 13 of the minutes “Anyone admitted to hospital with a long-term condition and is a current smoker will have access to hospital smoking cessation services. On discharge, patients are then referred to a community pharmacy to continue smoking cessation support. There are no pharmacies in Avonmouth, Lawrence Weston, Henbury & Brentry offering this service which means residents from these areas cannot access support from their local pharmacy**
- (2) subject to the addition of the words “people discharged from hospital continued support to quit smoking” at the end of the Action for Agenda Item 11 mid-way down Page 14**

5. Public Forum

The HWBB noted a Public Forum Statement received from Jen Smith in relation to Agenda Item 10 SEN and Disabilities Update.

6. Health and Well Being Board Forward Plan

The Board noted that the February 2023 Development Session meeting of the HWBB would be a joint session with the Environment Board. They also noted the remaining items set out in the Forward Plan for the meetings in March and April 2023.

7. Winter Bulletin Highlights - Verbal Update (Mark Allen)

Mark Allen gave a verbal update on this item and made the following points:

- The main messages were that people should continue to take necessary measures to minimise risk during this period such as hand washing, staying at home where possible, wearing a face mask in a crowded non-ventilated space and obtaining the vaccine including boosters
- In an emergency, people were advised to phone 111
- There were 81 welcome spaces throughout the city
- The “We are Bristol” helpline was available where required



8. Health Protection Annual Report - Monica Koo

Monica Koo introduced this report and made the following points during her presentation:

- The annual report covered the period from April 2021 to March 2022
- The report included details of the impact of COVID and beyond, together with immunisations including for COVID
- Immunisations – there had been a low update compared to Southwest England. No immunisations had achieved the 95% target. Measures were taking place to increase the take up in particular groups
- There had been a good recovery following the backlog resulting from COVID
- Bowel Cancer – there was a priority to return or overtake screening levels to pre-COVID delivery levels
- STI's – the level of these were higher than elsewhere in the Southwest which was likely to be due to less testing. Diagnosis rates for chlamydia screening indicated that improvement was required
- The prescription of antibiotics was within the expected range
- There had been low flu vaccine take up within the reported period
- Case review meetings to address these issues had been restarted
- The levels of TB were higher compared to elsewhere in England. Case rates continued to be monitored including areas where treatment was delayed
- There had been strong community engagement in relation to the uptake of the COVID-19 vaccine. The situation had revealed inequalities during the uptake
- Environmental Health – control vessels continued to be monitored. Whilst there had been a backlog of food inspections during this period, the backlog was now being recovered
- There were strong national and international surveillance systems. A multi-agency group was operating to ensure assistant commissioners were aware of issues with infectious disease arising from asylum seekers and refugee health
- Annual nitrogen dioxide levels were decreasing but continue to exceed legal limits
- Emergency preparedness was in place involving continued management of a broad range of potential incidents. Local health resilience arrangements had been re-established following the pandemic
- The Clean Air Zone had now been launched
- Successes included the continued delivery of COVID-19 vaccine, support for asylum and refugee groups and maintenance of the emergency planning functions

Board members made the following points:

- The uptake for vaccinations and screening levels for certain services such as cervical cancer continued to be low even before COVID and were being tackled as a priority. However, this area of responsibility was within general practice and required a significant amount of extra work as part of an Integrated Programme
- Work was taking place to better engage primary care in the process of child vaccinations



- A great deal of challenges were in place to ensure access was obtained by those who needed it at the right time, including specific groups such as those seeking asylum
- TB screening occurred jointly with asylum seekers and was a successful service
- The challenge in addressing health needed to take place as part of a community response and with voluntary sector support
- The Women's Commission had recently received a presentation which outlined access to dental care as one of the biggest problem areas for asylum seekers. It was noted that when the University opened their new facility at Temple Quarter, up to 1000 people a week would be able to receive treatment and would help to tackle general areas of deprivation as well as asylum seekers
- The work of the Haven Refuge Centre in dealing with the health of asylum seekers was noted

ACTION: a report to come to a future HWBB meeting from The Haven Refuge Centre and/or Anne James (Service Manager: Refugee Resettlement) to provide an update on work being carried out for the health of refugees seeking asylum (including vaccinations and cervical cancer screening) - Anne James/Mark Allen (to schedule in Forward Plan)

9. Domestic Abuse and Sexual Violence in Bristol - Lizzie Henden

Lizzie Henden introduced this report and gave the following presentation, also responding to questions from the Board:

- During the pandemic, there was an increase in the number of people sharing homes together
- Under the new Domestic Abuse Act 2021, children were now recognised the victims. This data is our ward data and showed a very complicated picture and was disproportionate in some parts of the city
- An increase in cases was a sign that the amount of reporting of these incidents was improving
- The rape Crisis 2021 document provides a definition of sexual violence which was not always domestic and took place within intimate relationships and families.
- The figures for Bristol were slightly higher than average. Many instances of sexual violence were not reported until many years later
- The new 2021 Domestic Abuse Act placed a new responsibility for local authorities under which BCC had received just over £1 Million. This would be used to improve the effectiveness of justice and set up a multi-agency partnership board to assess how services are commissioned
- This strategy included a Bristol Domestic Abuse Needs Assessment, a Bristol Safe Accommodation Strategy, a Multi-Agency Domestic Abuse and Violence Delivery Group and included partners in education, social care, the Police and others
- Following the commissioning of the Mayoral Commission of Domestic Abuse 2020, a series of virtual workshops had engaged more than 80 people and had resulted in a large number of recommendations.



- As a result of the commissioning process, Next Link Plus now operated Domestic Abuse Services in partnership with other organisations. There was a great deal of engagement and consultation involving a thorough evaluation of bids
- Key groups included a Survivors Forum and Carers Male Survivors group
- Whilst previous services had been quite fragmented, support for children would now operate through a new service
- It had been acknowledged that a number of victims had not wanted to leave their homes and did not want to go into refuges
- IRIS ADVISE is an innovative approach operating with a specialist domestic abuse worker and was the second site in the UK using this model (after Manchester). The pilot for the scheme had been running for a year and had identified people not helped elsewhere such as Trans people, men having sex with men. Unity Sexual Health had commented that they found this new service to be excellent
- Respite rooms were used to provide specialist and domestic abuse to meet high support needs. This service was not designed to replace anything else but provided intense support prior to people using it moving on somewhere else. It had been extended for 6 months but was anticipated to be further extended to 30 months through the rough keeper initiative
- Details were provided of the Sexual Violence Alliance and Domestic Abuse Sexual Violence Survivor Forum with the latter operating as a requirement of the Domestic Abuse Act 2021. It had been established in October 2021
- A poem by a domestic abuse survivor entitled “Hope” was shown to the Board
- There was a key reliance on workers in GP practices asking key questions to ensure the necessary specialist referrals, for example in areas such as drug dependency and overdoses
- As part of an investment into prevention work, a Home Office application had been made to provide support for boys and address difficulties of gender inequalities and healthy relationships in a partnership with the Police. In addition, a great deal of work was being carried out by Carly Heath in relation to the night time economy
- The Delivery Group would respond to any issues relating to targeting of funding in different wards
- Some staff were co-located to improve service delivery
- Since it was clear that there were not sufficient services to buy in everything that was required, work had to be delivered with key communities. Work was taking place with a project called Safer Together in relation to Social Care
- There was currently an FGM Safeguarding Delivery Group and consideration was being given to merging this with the work of the Forced Marriage Group to widen the umbrella of cultural practices
- In the One City Plan, one of the goals was for BCC to obtain Domestic Violence Accreditation and provide a framework across all sectors through the provision of domestic violence funding

Board members made the following comments:

- This was a very exciting piece of work which had already delivered on a number of the recommendations. It was important to ensure that survivors found it easier to navigate a



range of services and would be helpful to see an action plan indicating how the recommendations would be implemented. The team were to be congratulated on the development of this work even during the difficulties caused by COVID

- It was great to see the work of the Survivors Forum as part of best practice
- It was very illuminating to see the duties of adult safeguarding under the relevant care act. Locality Partnerships could work with health and inequalities groups to help provide support to those who had experienced domestic abuse
- This was a fantastic report. There was a target as part of the One City Plan for Bristol to become free from Domestic Abuse and achieve Gender Equality by 2050. However, it was also important to differentiate between instances where there was an increase in reporting of domestic abuse and of instances where there was a genuine increase which needed to be tackled so that an assessment of when numbers would start to decrease could be made
- There was a dedicated pot of funding for communities which was not common outside London
- There were challenges from different groups in this area. In addition to under reporting during COVID, there were particular challenges faced by the Somali community which had been highlighted at a recent event. Many attendees felt they were not encouraged to report abuse and were afraid that their children may be removed and of financial dependence on perpetrators. A commission had been set up by Bristol to examine this issue
- Some recent work had been carried out in the prison service concerning safe sex which had been extremely helpful and informative
- Sometimes carers acted as perpetrators of abuse
- There were examples of good practice elsewhere, such as at Stevenage

RESOLVED - that the HWBB supports the development of the upcoming citywide domestic abuse and sexual violence strategy. ACTION: Lizzie Henden

10 Special Education Needs and Disabilities Update - Richard Hanks, Education and Vikki Jervis

Richard Hanks and Vikki Jervis made the following comments during their presentation:

- There were 5 key areas under which the Inspection process operated
- Key partners in health were involved, including team leaders, staff in school settings and parent/teacher representatives
- The inspection report had been published at the end of November 2022
- Progress had been made in 4 areas with 1 not sufficient (the fractured relationships with parents and carers, a lack of co-production and variable engagement and collaboration.
- Area 1 Progress Made – “A lack of accountability of leaders at all levels including school leaders” – There had been previous difficulties with engagement due to the pandemic. The culture of professionals and collaboration was much better with better support for young people. The support systems were now better but not all young people yet obtained the support they needed.



It was acknowledged that it will take some time to ensure there was a positive experience for parents and carers and co-production still needed to be fully established

- Area 2 Progress Made – “Inconsistencies in timeliness and effectiveness of local area arrangements and assessment of CYP with SEND” – It was acknowledged that there was a more consistent approach to helping CYP with SEND and that training was being provided to help people understand and to implement this work. However, parents and carers remain worried that schools do not provide support to SEND children
- Area 3 Progress Made – “The dysfunctional EHC plan process and inadequate quality of EHC” – The assessment process had led to an improvement in the quality of plans and a recognition that CYP was placed at the centre of the process. However, children were still waiting too long and there needed to be further work carried out to help families during the waiting period
- Area 4 Progress Made – “A lack of achievement of inclusion of CYP with SEND including high rates of persistent absenteeism and fixed-term exclusions” – there had been an improvement in work carried out to reduce the exclusion of Young People which was still above the national average in Bristol. However, it was noted that some schools need to do more to welcome children with SEND and therefore more consistency was required
- Area 5 Fractured Relationships Insufficient Progress Made – there was a more mixed view in this area. Whilst it was acknowledged that there was a commitment to achieve this, further work was required to ensure that formal structures were put in place to deliver it. It was planned to re-establish a formal body to deal with this
- An APP (Accelerated Progress Plan) needed to be submitted by 1st February 2023 and work would continue on the draft SEND Partnership Plan (SPP). Once the SPP was in place, improvement work would further develop including the development of the final Written Statement of Action (WSOA)
- The DFE would be visiting to check on progress with the SPP

In response to Board members’ questions, they made the following points:

- Some families had been in the SEND system for a long time and had experienced a much less positive experiences than those who had started more recently. Therefore, there was a significant amount of repair and restoration work that needed to be carried out to address these long-standing issues
- There was a community of groups to obtain carer representatives. In addition, a forum was broadening the range of groups that officers interacted with. There were currently 22 different community groups and discussions were taking place with a wide range of individuals. In addition to careful partnership work at strategic levels, there were now carer representatives on the Board. It was hoped that discussions with the Genuine Partnership group would lead to the effective delivery of partner links
- It was acknowledged that there continued to be overrepresentation of certain groups and that workforce development was important. It was therefore important to raise the expectations of pupils’ achievements in certain areas of the city such as South Bristol. Work was taking place to provide training and development of SENCOs. Once the needs had been identified, specific pieces of work could be provided as required.



- It would be extremely helpful to work with the Locality Partnerships to identify where work could support young people with SEND and children with autism, together with carers and refugees as part of the Children's Voice Partnership across the city

ACTION: a further update report to come to a future HWBB meeting to advise on feedback to BCC's Accelerated Progress Plan (APP) and SEND Partnership Plan (SPP) - Richard Hanks/Vikki Jervis/Mark Allen (to schedule in Forward Plan)

11 Integrated Care Partnership - Councillor Helen Holland (Verbal Update)

The Chair referred to the Partnership Day which had taken place in Weston-super-Mare in November 2022. The Board noted that the Framework Strategy had been signed off and the next stage of the process would be in February 2023.

12 Better Care Discharge Fund Update - Stephen Beet

Stephen Beet introduced this report and made the following comments:

- The Hospital Discharge Fund had been approved and signed off by the Chair with delegated authority as agreed at the last Board meeting – Bristol had been allocated £1.6 Million from the total fund of £11 Million
- A collaborative approach had been carried out with ICP (Integrated Care Partnership) colleagues and other Local Authorities. This was focused on the Home First principle and enabled Independent Living
- Work was taking place with Age UK Bristol to fund links workers. It was great to see how organisations were working together and were working with care providers so that if someone did need to go into a care home, they would be supported
- There was a new technical kit and pathway to use technology. It was better to be outside hospital wherever possible
- Whilst the current funding was non-recurrent until March 2023, a further set of funding would be provided for the next two years. A mechanism was in place to ensure proper monitoring of the funding which was provided

In response to Board members' questions, he made the following points:

- Details of how the fresh set of funding operated would shortly be provided
- Work was taking place to ensure that individual social workers arranged with hospitals to support their workers and ensure the correct pathways were achieved for those being discharged

The Board also noted wider issues linked to this issue such as the provision of community meals.



13 Any Other Business - One City Plan Refresh - Mark Allen - Verbal Update

Mark Allen made the following points concerning the One City Plan Refresh:

- The fourth iteration of this document would be produced in June 2023
- Equalities and other networks were being tasked with reviewing the goals of the document and aligning this with the Integrated Care Strategy
- As part of the input for this group, representatives of public health would assist in promoting community exchange.
- A Task and Finish group of the HWBB would be established to meet approximately three times between February and May 2023. Mark Allen indicated that he would be writing to all HWBB members to ask for people to attend these meetings.

The Board noted that it would be helpful if one of the Locality Partnership representatives attended the T and F Group meetings.

ACTION: Volunteers from the HWBB to be requested to serve on a newly-created Task and Finish Group on the One City Plan Refresh to meet approximately three times between February and May 2023 ACTION: Mark Allen/Jeremy Livitt

14 Date of Next Meeting

It was noted that the next formal Board meeting was scheduled to be held at 2.30pm on Thursday 23rd March 2023 in the Bordeaux Room, City Hall, College Green, Bristol.

The meeting ended at 4.55 pm

CHAIR _____





Bristol Health and Wellbeing Board

Title of Paper:	Integrated Community Stroke Services
Author (including organisation):	Rebecca Sheehy, Bristol After Stroke Emma Richards, Sirona care & health
Date of Board meeting:	23rd March 2023
Purpose:	Information and discussion

1. Executive Summary

Stroke care is undergoing significant reconfiguration in the region with the aim to save lives and improve outcomes. The aim is that people should survive and thrive after stroke, that they should receive the best acute care with all the specialisms accessible to you 24/7. There is an integrated community stroke service that supports people home with therapies seven days a week and has the voluntary sector services as part of its team. Bristol After Stroke (BAS) is working in partnership with the Stroke Association (SA), where BAS provides stroke key worker services in Bristol and South Gloucestershire and the SA in North Somerset.

It is the result of several years of development and collaboration and consultation from clinicians, people with lived-experience of stroke, the voluntary sector, social care staff and service managers. It has been based on best practice national guidelines.

This is a huge development in stroke care and represents a pioneering approach. It seeks to address health service inequities across the region and health inequalities. This represents opportunity to respond to the needs of stroke affected people in a truly holistic and meaningful way. It also aims to prevent further strokes through education and monitoring and to prevent strokes in our most vulnerable groups through health education.

Life after stroke needs has been considered and six month reviews set as a priority in this model. However it is recognised¹ that long term community-based support available for people affected by stroke is also key to supporting people to help them achieve their personalised goals and reduce future risk of stroke and development of further care and support needs.

BAS for example receives funding for group physiotherapy programmes, stroke café's, counselling, peer support groups and aphasia groups from South Gloucestershire Local Authority however this is not the case in Bristol. We are seeking the health and wellbeing boards' engagement in how we may achieve equity or parity in Bristol but perhaps also across the whole region ensuring a fully integrated approach to Stroke care and support.

¹ The Integrated Stroke Delivery Network Service Model for Life After Stroke [NHS England] identifies the need for Stroke focussed, community-based support.

Purpose of the Paper

We want to raise awareness of;

- the reconfiguration of stroke services in the region and in particular the integrated ways in which we are working between health and social care and the voluntary sector
- the opportunities that the current stroke reconfiguration model brings to improve outcomes for people with stroke.
- how working in an integrated way is of huge benefit and is pioneering in its approach.
- the ways in which we would like the health and wellbeing board to support this work further in our community to ensure the impact of the work is further embedded and capitalised on.

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

Clinicians, people with lived-experience of stroke, voluntary sector workers, social care staff and service managers have been working together to redesign the stroke service provided to people in BNSSG². This is based on robust evidence, national recommendations and consensus including the RCP stroke guidelines³, NICE guidelines⁴, the National Stroke Model⁵

The vision is for equitable and expert care at home, in hospital and in the community – wherever you live in BNSSG. **Stroke Reconfiguration will mean;**

A Hyper Acute Stroke Unit at Southmead – if you have a stroke anywhere in the region you will be treated at Southmead where you will be able to access all treatments e.g. thrombectomy and thrombolysis 24/7.

2 Sub Acute Units one in South Bristol Community Hospital the other in Weston Super Mare. These will provide bedded rehabilitation for those unable to return directly home.

An Integrated Community Stroke Service across the region providing 7 day a week therapy and support at home allowing for patients to return home earlier from hospital and be treated closer to home. There is not a set length of time they will work with you and once discharged patients are able to be referred back if they have ongoing goals relating to their stroke. The aim of the team is to improve independence and quality of life, reduce the need for long term social care and support people home from hospital as soon as possible.

Life After Stroke - Key worker service offering

- initial assessment and six month reviews to stroke patients, supporting them to access support early and systematically. In reach into hospitals and part of multi disciplinary meetings.
- Communication workshops for people with aphasia – these are workshops that offer information and communication practice and confidence building.

² [Stroke services consultation - BNSSG Healthier Together](#)

³ Royal College of Physicians (2016) National Clinical Guideline for Stroke
<https://www.rcplondon.ac.uk/guidelines-policy/stroke-guidelines>

⁴ National Institute for Health and Care Excellence (2013) NICE Stroke rehabilitation in adults
<https://www.nice.org.uk/guidance/cg162>

⁵ [stroke-integrated-community-service-february-2022.pdf \(england.nhs.uk\)](#)

3. Community/stakeholder engagement

Describe engagement with communities and other stakeholders, and any co-production.

BAS has been working alongside Sirona, clinicians, social care, VCS groups and people with lived experience to design the reconfiguration and the service specification. BAS and Sirona are also represented on the Bristol Stroke HIT (Bristol Health Partners), the South West Integrated Stroke Delivery Network and BAS is part of the Bristol Ageing Better Alliance.

The development of the new stroke pathway also gained the views of the general public and members of a diverse range of communities in our area as part of a public consultation.

4. Recommendations

Board members are asked to consider how they can support a commitment to an integrated model of stroke care through into the community. We would like to see similar long term stroke specific support and wellbeing services in Bristol and the region achieve the aim of embedding outcomes achieved and supporting people in the longer term.

City Benefits

Outline how this proposal benefits the city and improves outcomes for Bristol citizens; specifically highlight impacts for Equalities, Health and Sustainability.

Bristol citizens benefit from improved outcomes after stroke – improved wellbeing, independence, prevention of further stroke and care needs.

Those with the greatest levels of social deprivation experience strokes approximately five years earlier in their lives, compared to the least deprived. Addressing the needs of stroke affected people will particularly address those most in need in our city and proactively support them. Being able to work closely with the diverse communities in Bristol will mean equal accessibility to the services that we provide longer term for people after a stroke.

The incidence of stroke is set to rise over the next 30 years as is the number of people surviving Stroke. Stroke is a significant contributor to health inequalities. Improving the outcomes of people living with stroke will contribute to reduced impact on health and social care needs. For example, the JSNA demonstrates that anxiety and depression are the most impactful conditions in BNSSG. Lack of stroke specific community support could add to the economic and social care burden of stroke in our community.

Stroke specific community services support rehabilitation and the emotional, social and practical impact of stroke. This helps ensure people live full lives, reducing the risk of further stroke, improving independence and wellbeing and therefore reduce the impact on healthcare, social care and the wider economy.

5. Financial and Legal Implications

Include if applicable.

5. Appendices

Appendices

Problems stroke affected people face

Stroke can affect walking, talking, speech, balance, co-ordination, vision, spatial awareness, swallowing, bladder and bowel control. It can affect cognition by causing problems with short-term and long-term memory processing and recall, personal risk assessment, and initiation and motivation.

- **Stroke is considered to be the most common cause of complex disability.**⁶
- **A third of all stroke affected people have aphasia; a communication difficulty that affects your ability to speak, understand, read and or write.**⁷

Stroke survivors are vulnerable to experiencing depression or anxiety.

With their consent, BAS has screened new referrals, applying the PHQ 9 scale for depression and GAD 7 scale for anxiety.

In 2019/21: 80% recorded some level of depression; 45% were moderately to severely depressed; and 54% were anxious with 29% moderately to severely anxious.

Unfortunately, psychological problems after stroke are associated with increased mortality, poor functional outcome, poor social outcomes and lower quality of life. Psychological distress in turn increases recourse to statutory services and increases costs to the public sector.

Research has shown that:

- One in five stroke survivors in the South West say having a stroke cost them their job, 4% say it caused their relationship to end and 5% even lost their home
- Across the UK, over half of younger stroke survivors under the age of 50 say they have never emotionally recovered from their stroke.

Stroke Association – Hope after stroke

A key factor in preventing low mood and associated health issues (for stroke survivors and their carers), is to maintain as far as possible their social engagements and networks, or to build new networks as necessary, and to carry on their lives as normally as possible, which Bristol After Stroke helps to tackle.

Social isolation

- Over a third of stroke survivors in the UK are dependent on others⁸
- 40% of stroke survivors reported relationship problems and breakdowns and feel friends and family treat them differently.⁹

⁶ Is stroke the most common cause of disability?
Joy Adamson 1, Andy Beswick, Shah Ebrahim 2004

⁷ Stroke Association: state of the nation 2017

⁸ Stroke Association; state of the nation 2017

⁹ Stroke Association: state of the nation 2017

Employment and Financial issues

- Nearly 70% of working age stroke affected people are unable to return to work.

The outcome for many affected by disabilities and difficulties after stroke is a decrease in household income and an increase in household expenses such as heating and transport.¹⁰ Leaving people in a dire situation.

Statistics and local information

- Stroke is the fourth biggest killer in the UK and a leading cause of adult disability.
- There are more than 100,000 strokes in the UK each year.
- Around 18, 000 people or 1 in 50 in BNSSG live with the long-term consequences of stroke.
- The majority of these live in Bristol.
- Two thirds of stroke survivors leave hospital with a disability.
- Those with the greatest levels of social deprivation experience strokes approximately five years earlier in their lives, compared to the least deprived.
- The incidence of stroke is set to increase as is the number of people surviving stroke.
- Incidence of stroke is increasing in younger age groups – 35% of strokes happen to people of working age. This has particular relevance to the population of Bristol.¹¹

The cost of stroke – from BNSSG Stroke Services Reconfiguration Program Decision Making Business Case, January 2022

The average cost per person in the first 12 months after stroke is £45,409 including health, social care and informal care costs, plus £24,778 in each subsequent year. It has been projected that the overall costs of stroke in the UK for those aged 45 years and over will increase by almost 200% by 2035. This is as a result of an aging population, rising life expectancy, improving treatments, improving stroke survival rates and increasing costs of care provision which is highly labour intensive. The projected increase is highest for social care because of high use of social care in late old age by survivors of severe strokes. However, the cost of informal care provided by family and friends is also a significant driver of increasing costs and economic burden to society.

¹⁰ Stroke Association: Short-changed by stroke; The Financial Impact of stroke on people of working age. (2012)

¹¹ Stats from BNSSG Stroke Services Reconfiguration Program Decision Making Business Case, January 2022



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

Bristol Health and Wellbeing Board

Title of Paper:	An evaluation of the Bristol Race Equality Covid-19 Steering Group
Author (including organisation):	Saffron Karlsen and Rosa Targett, University of Bristol
Date of Board meeting:	23 rd March 2023
Purpose:	Information and discussion

1. Purpose of the Paper

- To inform the Health and Wellbeing Board of the evaluation findings
- To recommend that the learning on enabling inclusive and proactive responses to social challenges is utilised and disseminated

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

In early 2020 evidence emerged regarding the disproportionate impact of the Covid-19 pandemic on those in minoritized ethnic groups living in the UK. Bristol City Council commissioned a report from the University of Bristol to document the nature and drivers of the inequalities, and a new Race Equality Covid-19 Steering Group was formed to work together to respond to the report’s recommendations.

An evaluation was carried out to explore the value and limitations of the Steering Group approach, as described by those involved in it. The study found that Bristol’s Race Equality Covid-19 Steering Group provided an effective response to some of the particular difficulties experienced by those in minoritized ethnic groups living in the city during the pandemic. This was achieved through the provision of comprehensive and accessible empirical evidence and ensuring effective and culturally-inclusive responses to the issues this identified. It also provided a template for more engaged approaches to policy development and insights into the value offered by multi-sectoral collaboration in the absence of professional hierarchies and complicated institutional bureaucracies.

Factors key to the success of the Steering Group are detailed in the report (below).

3. Recommendations

- That the Health and Wellbeing Board utilises and disseminates the learning on enabling inclusive and proactive responses to social challenges

4. Appendices

Executive Summary of the report - pp8-15: [An evaluation of the Bristol Race Equality Covid-19 Steering Group](#)



“Co-producing what works
for our communities
in this city”



An evaluation of the Bristol Race Equality Covid-19 Steering Group

Saffron Karlsen, Professor of Sociology, School of Sociology,
Politics and International Studies, University of Bristol.

Rosa Targett, Research Associate, School of Sociology, Politics
and International Studies, University of Bristol.

BRISTOL
ONE CITY

University of Bristol
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We would like to express our gratitude to Dr Amjid Ali, and our sadness at his passing last year. He was a central individual in the lives of many people in the Steering Group, across Bristol and beyond. With his humility, authority, patience and passion, his legacy lives on in this group as it does in so much inspirational work continuing across the city without him. As one member put it:

“In his beautiful, humble way, Amjid taught all of us so much.”

Documents available in other formats:

You can request alternative formats of this report such as Easy Read, audio CD, braille, British Sign Language or large print by contacting Laura Martin on Laura.Martin@bristol.gov.uk or 0117 922 2964

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Foreword

We are delighted to write the foreword for this evaluation of the Bristol Race Equality Covid-19 Steering Group, produced by Professor Saffron Karlsen and Rosa Targett of the University of Bristol. On behalf of the Steering Group we would like to thank both Saffron and Rosa for their dedication and commitment in producing such an important and detailed evaluation in to the work of the group.

In the past two years, we have seen unprecedented events placing impossible demands on every one of Bristol's citizens and organisations. These hugely significant occurrences, including Covid-19 as well as the national and local responses to the Black Lives Matter movement and the murder of George Floyd and others have shone a greater spotlight than ever before on how we as a city tackle inequalities.

This report focuses on one aspect of our response to the disproportionate impact of the Covid-19 pandemic on our marginalized ethnic communities. Our response - unique in the UK - involved people coming together from across the city to share information, insights and expertise to ensure effective and empowering responses to these issues.

The Bristol Race Equality Covid-19 Steering Group was established in response to recommendations of rapid review of evidence commissioned by Bristol City Council and the Mayor's Office and conducted by the ARC-West at the University of Bristol. However, the roots of its success lie in this responsive, inclusive and diverse collaboration, resulting from the joint decision from partners across the city to work together, as equals, to find a solution to these difficulties.



Building on approaches developed through the One City Plan and other Bristol-based initiatives, they took opportunities offered by the pandemic to ensure diverse engagement in ways which could extend this alliance still further. Everyone was welcome to the space, where all perspectives were respected. From local pastors and those in the Voluntary Care Sector (VCS) community – who spent the pandemic working to ensure people remained fed and supported when statutory services were locked down – to the Deputy Mayor, Director of Public Health and everyone in-between.

This report, using data drawn from members of the Steering Group, clearly illustrates the value of this approach: for those in the marginalized groups they supported as well as the members themselves.

The Steering Group (SG) enabled members to share accessible information on the nature of the pandemic and local and national responses to it in a timely way with people who felt excluded from the information they needed to make sense of and respond to the pandemic effectively. People who felt national responses did not consider their own particular needs.

It provided a space for members to digest and interrogate this evidence, identifying and responding to inaccuracies and data gaps - and to develop effective responses to the specific concerns and experiences of people living in Bristol, at precisely the time it was needed.

The group's work in response to the national rollout of the Covid-19 vaccination programme is highlighted here (as it has been elsewhere¹) as a particular example of the group's success. Members co-developed and then practically enabled a range of initiatives, designed both to reduce concern about the vaccine and ensure practical barriers to vaccination uptake among marginalized communities were removed. Over 500 people from across the city attended a transformative webinar which brought together the public and experts to discuss the vaccine. By taking vaccines to the people, their pop-up vaccination centres – held in local community centres, faith spaces, parks and on the streets in partnership with the NHS – made a significant contribution to reducing race disparities in the Covid-19 vaccine uptake.

For some members, the Steering Group offered a sense of empowerment and “a light in a very dark time”, both personally and professionally. It was an opportunity to work together and be part of a solution to the problems of the pandemic rather than be “lost in the chaos” it caused.

This report presents the opportunities offered by this typically-Bristol response to the pandemic. It provides valuable lessons for others, living in other areas, through other crises, but also in more typical times. Its key lessons outline practical ways to support the development of more inclusive approaches to policy-making, regardless of the climate. It is a tangible example of our true multi-agency approach to identifying and tackling race inequality and is reflective of the One City approach that we are now committed to throughout Bristol when tackling our major challenges.

¹ <https://hackmd.io/@scibehC19vax/vaxculture>

As a group we have maintained a strategic priority to 'connect the city' on race equality and to this end we have now delivered established events to bring together leaders and stakeholders from all sectors to ensure we become far more joined up, inclusive and sharing of our good practice, challenges and initiatives on a scale that can help achieve real lasting impact.

Key to this ambition has been the launch of our exceptionally well attended Race Equality Gatherings, as well as the roll out of this year's Race & the City 2 programme of themed events.

These initiatives have enabled us to regularly come together in large numbers to learn about and discuss Bristol's most significant challenges, through input from all our city's key race equality leaders, groups and stakeholders in new and innovative forums. This shift in focus has given us a very solid city-wide basis to move forward together and to start to make more significant system and Bristol-wide change.

The work of the Steering Group continues, informing responses to the societal structures which produce race disparities in Covid-19 and other experiences. We will move to the future with the aim of utilising our group experiences and expertise in reaching our communities in order to tackle wider race equalities on a range of key health challenges and look forward to continuing on this journey with our many city partners. The next phase of work for the group will now begin, under the title of the Bristol Race & Health Equity group, with continued commitment from many of the previous group members to retain the city-wide partnership responses to tackle other key race and health inequality challenges prevalent across Bristol.

Our future work also extends to new initiatives, such as our support and alignment with the soon-to-be established Bristol, North Somerset and South Gloucestershire Independent Advisory Group, which will support local public sector partners to understand how they deliver more inclusive policy and practice.

We feel very positive that such a difficult period has provided such valuable lessons, and proud that Bristol is leading the way nationally in our many race-focused initiatives. This is very much reflected in the considerable volume of requests that we are receiving from across the country and further afield to present our story and our responses to tackling race inequality in Bristol.

We would like to take this opportunity to thank all members of the Bristol Race Equality Covid-19 Steering Group for their continued commitment, consistency and leadership throughout such a turbulent period. Your work has helped to ensure we provided a response to the pandemic that was truly inclusive, and responded to the particular experiences of some of our most marginalized citizens. Within this, we must emphasise the critical contribution of our partners in the Voluntary and Community Sector (VCS) to the success of this initiative. As one member said, “People [from the VCS] are empowered now, I don’t think you’re going to put the genie back in the bottle”. We couldn’t have done it without you, and the only way forward is with you.

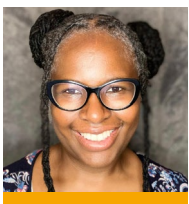
Thank you for taking the time to read this report. We hope you find it of use and we very much welcome your thoughts and feedback while we continue to work to address the challenges it presents to make Bristol more equal and inclusive for the good of us all.

With best wishes,



Deputy Mayor Asher Craig

Cabinet Member for Children, Education & Equalities
Co-Chair, Bristol Race Equality Covid-19 Steering Group



Dr Joanne Brooks FRCPCH

Co-Chair of Bristol’s Race Equality COVID-19 Steering Group
Consultant Community Paediatrician (Sirona Care and Health)
Royal College of Paediatrics and Child Health Ambassador for
BNSSG Integrated



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Executive Summary

Introduction

This report explores Bristol’s response to evidence that emerged in early 2020 regarding the disproportionate impact of the Covid-19 pandemic on those in minoritized² ethnic groups living in the UK.

As evidence began to emerge regarding these inequalities early in 2020, Bristol City Council commissioned a report from the University of Bristol to document their nature and drivers. This report clearly established the overriding importance of societal factors in their generation, and the critical role of policy-makers and those working to support those in minoritized ethnic groups in alleviating these. In response, Bristol’s Deputy Mayor, Cllr Asher Craig convened a meeting of 36 key stakeholders from across the city’s public, voluntary and community sectors in July 2020, where delegates established a new Race Equality Covid-19 Steering Group (REC19SG) to work together to respond to the report’s recommendations. This group continued to meet monthly until September 2021, when the changing nature of the pandemic situation provided an opportunity to meet only in alternate months.

Such a co-ordinated and collaborative approach to policy-making and practice is rare. This research explores the perceived value and limitations of this approach, as described by those involved in the Steering Group (SG). It serves as an insight into whether, and how, similar approaches might be usefully adopted elsewhere.

² In this report we use the phrase ‘minoritized’ or ‘marginalized’ ethnic groups to refer to those who, through a lack of power, are often disadvantaged in society, experiencing social and economic exclusion and racism. We acknowledge that these groups (on their own and combined) are diverse, and include people with a range of experiences, circumstances and identities. We use other identifiers only as direct quotes, including the term ‘BAME’ which is an acronym referring to people who are considered ‘Black, Asian and minority ethnic’.

Methods

This report describes findings from a thematic analysis of the minutes from SG meetings held between July 2020 and December 2021, written responses to a survey conducted among SG members, and in-depth semi-structured interviews conducted with several individuals who played key roles in the establishment or organisation of the SG, or Bristol Council's response to the Covid-19 pandemic and ethnic inequalities. Ethical approval for the study was provided by the Ethics Committee of the School of Sociology, Politics and International Studies at the University of Bristol.

Findings

People's motivation to join the SG emerged from their awareness of ethnic inequalities in experiences of the pandemic and the need to proactively respond to these issues in ways which ensured that the voices of those in minoritized ethnic groups were effectively heard and responded to.

There was a strong sense from these data that the SG had been able to provide a service which was "essential in our Bristol response to Covid." Survey respondents described how these activities had brought "together a highly informed group who had been able to [provide] advice, support and act" collaboratively through meetings which provided a "real benefit in enabling a genuine community focus on Covid-19 response". Together, these approaches "ensured joined up responses and projects to reach communities with meaningful interventions [and] events", and offered "an essential reference point" for work responding to ethnic inequalities in experiences of the pandemic.

While people recognised that this activity occurred during an unprecedented period, and was by no means flawless, there were also many ways in which this experience was considered to offer insights into opportunities to develop more inclusive and effective health equality and other policy in Bristol and beyond.

Activities

The research identified two principle SG activities. The first involved ensuring the provision of comprehensive and accessible information regarding the nature of the pandemic locally, national government pandemic policy, and the ways in which these impacted on those with minoritized ethnicities (and why), for the public and other stakeholders. The second activity involved directly responding to this evidence, either to address persistent evidence gaps or to encourage culturally-informed responses to the information received. This might involve initiatives developed and facilitated from within the SG itself or advising external partners on their plans.

Ensuring the provision of comprehensive and accessible information to the people who need it

The group sought to provide accurate and comprehensive evidence on the nature of the Covid-19 pandemic and its impact on minoritized ethnic groups to the local Bristol public. Starting in September 2020, each meeting included a report from the Public Health Team in Bristol City Council on the latest evidence regarding the rates of Covid-19 infection, hospitalisation and death in the South West region and how these varied by ethnic group and age. Current national government guidance on managing the pandemic and how this was being implemented locally was also regularly reported. From January 2021, local information on the plans for and uptake of the Covid-19 vaccination programme was also presented.

These updates enabled SG members to inform their wider networks about the pandemic situation in ways which were considered accessible and relevant. The meetings also provided an opportunity for members to discuss this information in detail, to ensure it was understood effectively and to ask specific questions, or raise specific issues, of pertinence to the groups with whom they engaged. Members also appreciated having the opportunity to counter what were considered inaccurate claims. This dialogue was considered a unique contribution of the group and valued by people across all sectors.

Meetings often involved contributions from invited speakers on emerging issues and considered aspects of the pandemic experience felt to be missing from national government guidance. Often, this evidence was generated by research conducted locally, by people working with statutory voluntary organisations which gave additional depth to that produced by more traditional research institutions.

A particular value offered by the SG was its ability to be responsive to identified public needs. The SG developed several bespoke initiatives to respond to public concerns about the pandemic and the Covid-19 vaccination programme. The SG designed and facilitated a series of online public education seminars which enabled them to provide direct public access to relevant experts, as well as several information videos.

In January 2021, the SG organised an online webinar to enable a discussion of the new Covid-19 vaccine, between members of the public, health practitioners and other experts, on its nature and risks. 500 people attended the webinar, including people from across all demographic (including ethnic) groups, with 80% of attendees reporting that the event was 'good', engaging and easy to follow. 20% of attendees said that their understanding of the vaccine had improved as a consequence of attending the event and that many were intending to share the information they had received at the event with others. Most people felt that, following the event, they now had sufficient information about the vaccine and that their perceptions of vaccine safety had improved, although some information gaps remained, particularly about the long-term side effects of the vaccine. There was also a significant increase in the proportion of people stating that they would receive the vaccine, and that they would get it more quickly, as a consequence of attending the webinar.

The SG also aimed to recognise and respond to persistent data gaps. For example, concerns around the lack of evidence regarding responses to occupational risks produced a request for information from all major public sector employers in the city regarding this.

Developing bespoke, culturally-informed responses to the pandemic

Members of the SG worked together to explore practical opportunities to act on the information presented to, or discussed within, the group. The SG worked in collaboration with public sector partners to ensure their pandemic responses reflected the evidence and were culturally informed and effective as possible.

Following acknowledgment of the practical barriers to Covid-19 vaccination uptake among those in minoritized ethnic groups, the SG worked with the NHS and other partners to establish a series of temporary 'pop-up' clinics, in spaces already frequented by people in those communities traditionally underserved by existing approaches. These were argued to reduce pressure on existing services, while enabling the public to receive vaccines in familiar locations in direct communication with people they trusted. By June 2021, there had been over 3300 community clinic vaccinations provided through these pop-up clinics, which had a significant impact on reducing ethnic inequalities in vaccine uptake in the city.



Strengths

Key to the success of the group were the opportunities it offered to share information with a diverse group of people who were all committed to addressing ethnic inequalities in the pandemic. It was a relationship reaching across all sectors and based on honesty, trust and mutual respect. Everyone was considered welcome to the group and to have a significant contribution to make to their activities. Several participants also reflected on the value of the fact that the SG activities had “the backing of good science data”.

Positive attitudes and collaborative action

The SG directly undermined traditional hierarchies, bringing together people who would not normally be included in such discussions, but who were instrumental to its success. The group adopted a unified, simple and positive approach where everything felt possible. People used their unique knowledge, resources and networks to consider practical approaches to public needs and ensure responses were effective. Interviewees also described the ways in which this responsiveness was supported by the strong sense of accountability operating in the group.

The SG benefitted from the ways in which the pandemic had also disrupted traditional methods of policy-related decision-making in Bristol City Council and other public sector organisations, which supported particular approaches to engagement, responsiveness and freedom to innovate adopted by the group. These opportunities were further enhanced by activities designed to improve engagement between policy-makers, other professionals and the public, introduced in Bristol prior to the pandemic. However, it was also argued that the SG had directly facilitated the introduction of new approaches to policy-making within the Council, which would be to the benefit of the public long after the pandemic had ended.

Inclusivity

Many participants felt that the operation of the group enabled feelings of inclusion. The democratic and inclusive ways in which the SG operated provided its members with a strong sense of interconnection and value. This gave people the opportunity and confidence to ‘think outside of the box’ and generate unique responses to the issues they identified. That said, it was argued that at times the positive atmosphere in meetings could limit critical reflection and “healthy debate”.

This sense of inclusivity was partly enabled by the conscious strategies, rooted in openness, which had been adopted for the group’s management and facilitation from the outset. While some opportunities for improvement were described, practical approaches to managing the meetings supported the inclusion and long-term engagement of members, through the positive approaches to online meetings and widespread notes-sharing for those unable to attend:

We were all equal in the room so every voice was valued. Despite the size of the group, ...it was carefully coordinated to try and make sure that no one’s question got lost, or didn’t happen.

Empowerment

Related to this sense of collaboration was the opportunity offered by the SG to provide people with a sense of being “valued” and “heard”. Several people also described their involvement in the SG as personally empowering. While this empowerment could be derived from obtaining empirical and other evidence to justify their own concerns and actions, there were also less tangible sources of empowerment which were derived from the support and engagement of the group. The SG offered a way for members to reflect on the impact the pandemic was having on them personally, as well as their colleagues and friends. It allowed some members to develop a sense of hope, by enabling them to feel proactive during a period which otherwise felt paralysing and chaotic. These data suggest that this experience could have a long-term impact on members themselves and their sense of personal efficacy.

Opportunities For Improvement

Members described two specific areas for improvement in the operation of the SG. The first was a need for people's work as part of the SG to be properly remunerated and the second was a need for a clearer sense of the aims of the group and the ways in which these drove decisions about its activities.

While financial resources were available for certain activities, meeting attendance and the other activities of the SG members was not remunerated and instead relied on their pre-existing capacity, personal motivation and goodwill. This situation was particularly problematic for those working in the VCS, where it undermined members' ability to actively engage in the work of the group, particularly in the face of the other pandemic-related activities of their organisation. Despite the strong sense of equality described above, these funding issues could introduce a sense of hierarchy between those whose role could support their regular attendance at meetings and those whose did not. Further, there was a concern that a similar commitment of time and energy might not be relied upon in less difficult circumstances.

It was also argued that more explicit and regular discussion of the aims and achievements of the group would have been useful. This was an issue which had partly arisen due to the need for the group to be responsive to the rapidly changing pandemic situation, and the consequences of this for the pace at which the work was undertaken.

Establishing more explicit strategies and practical approaches from the outset, with greater reflection on how plans were developing over time, or in relation to specific activities, could have offered a more organised approach and that might have enabled a clearer sense of the groups success, and potentially more to be achieved. This included a more explicit strategy regarding those marginalized communities which were within the remit of the group, which was seen to have undermined more effective activity in response to the experiences of such groups, particularly those in Gypsy, Roma, Traveller (GRT) and different faith communities.

The Future

An important consideration for the Steering Group itself at the time of this evaluation was whether and how this work should develop in the future. While some members recognised a range of valuable opportunities for future attention, others were mindful that the group had developed under very specific circumstances and that similar successes might not be guaranteed as the pandemic waned.

What the Covid-19 pandemic created was an urgency to focus on health inequalities created by wider social and societal factors that can now be extended to other areas of health inequality. One specific concern has been that while service providers and policy-makers have adopted a focus on a range of protected characteristics, there is a need to acknowledge more explicitly the particular effects of racism to avoid diluting that conversation.

Looking beyond the pandemic, the SG identified an opportunity to continue its work recognising and responding to ethnic inequalities in health more generally. Group members shared examples of a range of specific ethnic inequalities in health which need attention, including those related to respiratory and mental illness and access to related services, smoking, maternal health and the over-representation of Black men in the criminal justice system. As such, the group is well placed to influence some of the more structural and institutional factors encouraging the generation and perpetuation of ethnic inequalities in health, including by working specifically with the people providing health and other care services.

In September 2022, the REC19SG finalised partnership discussions to broaden its focus and create a new terms of reference to include other health inequalities, becoming the Race and Health Equity Group (RHEG). Building on the ways of working that proved so effective during the pandemic, the RHEG will continue to act collaboratively to ensure work is taking place to address the issues and challenges of race inequality relating to other key prevalent health issues. This future work will include gathering data where gaps in understanding have been identified and working in collaboration with other city-wide Race Equality groups while remaining accountable to the communities served by members of the RHEG.

This work will take place in collaboration with the Independent Advisory Group which was developed as part of the early work of the SG. This initiative will offer valuable opportunities to ensure that the NHS considers the nature and drivers of ethnic health inequalities more explicitly in its work, informed by the communities they serve and avoids approaches which may perpetuate these, ensuring a regular two way flow of communication with the development of the Independent Advisory Group to create alignment and added value between each of these groups and to avoid duplication of work.

Key Lessons

There was a strong sense of the personal value offered by the SG to its members, and the positive impact it had had on the experiences of those in minoritized ethnic groups during the worst of the Covid-19 pandemic. People expressed a hope that the new ways of working exhibited by the SG could become a more permanent feature of the ways in which organisations operated in Bristol and elsewhere. It was felt that the SG had shown that such inclusive approaches to working were both possible and valuable, and that there was an opportunity for other statutory organisations to learn from this example. The SG showed very clearly the particular value of the contributions made by organisations in the voluntary and community sector, which it was argued should no longer be ignored.

There are several factors which emerge from this evidence as key to the success of the SG:

- The SG adopted a focus recognised as of significant need of attention, including among those traditionally excluded from local policy-making processes. Members' mutual sense of enthusiasm and partnership drove proactive and creative approaches to respond to these challenges.
- This work was enabled by the history of multi-sectoral engagement in the city. Building trusted relationships from scratch cannot be left for times of crisis. Identifying opportunities to financially invest in these relationships will also be key to their long-term success.
- The SG's comprehensive empirical evidence base effectively established the nature of the challenge as well as guidelines for an effective response.
- The SG's multi-sectoral membership enabled the further development of this evidence, through the explicit scrutiny of this information and a clear articulation of the issues relevant to the local context.
- The open dialogue and sense of inclusivity of the group was supported by empowering approaches to its establishment and facilitation, which included every member as an expert with an equal right to have their perspective respected. This approach purposefully disrupted existing mechanisms of policy-making which fail to effectively engage those in marginalized communities.
- This professional diversity and sense of meaningful collaboration and empowerment also enabled the development of a shared understanding and sense of responsibility to ensure effective responses to these issues.
- The representation of different minoritized ethnic groups within this membership, along with the specific expertise of members from the VCS, helped ensure that these responses were considered, appropriate, meaningful and useful to those communities most disadvantaged by the pandemic, further enhancing their chances of success.

For all the horrors of the Covid-19 pandemic, it also appears to have brought opportunity and impetus to change certain things for the better. These have the potential to provide opportunities for long-term, meaningful change to enable the more effective engagement of marginalized groups and their perspectives in policy-making. It also offers a greater hope of addressing the racism endemic in British society and the persistent exclusion they produce: the driving force behind ethnic inequalities in the Covid-19 pandemic and other ethnic inequalities in Britain.

Draft Forward Plan as of March 2023

All meetings 2:30-5pm at City Hall

Thursday 27th April – development session

Exploring health and care workforce challenges in a whole city context; sharing good practice around learning and skills and inclusive recruitment

Thursday 25th May – public meeting

Discharge to Assess transformation programme

Good Food 2030 and Food Equality Strategy

Changing Futures update and Multiple Disadvantage Needs Assessment and Strategy

CQC quality assurance self-assessment

HWB performance report

Wednesday 28th June – development session

Parks, green space and health