

Health and Wellbeing Board Agenda



Date: Thursday, 13 July 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, 5 July 2023



Agenda

1. Welcome, Introductions and Safety Information

2.30 pm

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 28th June 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 7th July 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 12th July 2023.**

6. Integrated Care Partnership - Verbal Update - Councillor Helen Holland 2.40 pm

7. Cost of Living: One City Many Communities - Penny Germon, Bristol City Council 2.45 pm

Please note the link below to a video concerning Welcoming Spaces.

(Pages 17 - 21)

<https://youtu.be/DpfNpCnJnJc>

8. Working in Partnership To Improve Access and Health Outcomes For Marginalised Citizens = Clare Cook, BNSSG Vaccination Programme and Mohammed El-Sharif, Bristol City Council 3.25 pm

(Pages 22 - 26)

9. Accelerated Progress Plan - Reena Bhogal-Welsh, Bristol City Council 3.55 pm

(Pages 27 - 30)

10. Dental Access for Adults and Children in Bristol - Wavell Vere, NHS England 4.15 pm

(Pages 31 - 41)

11. Health and Well Being Board Forward Plan - For Information 4.45 pm

To note the HWBB Forward Plan for information.

(Page 42)

12. Date of Next Meeting

The next formal meeting of the Board will take place at 2.30pm on Wednesday 25th October 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

25 May 2023 at 2.30 pm



Board Members Present: Councillor Helen Holland (Co-Chair), Councillor Ellie King (Deputy Chair), Councillor Asher Craig, Stephen Beet, Hugh Evans, Christina Gray, Tim Keen, Vicky Marriott, Jean Smith, Rebecca Dunn, Sharron Norman, Joe Poole, Steve Rea and Colin Bradbury

Officers in Attendance:-

Mark Allen, Jeremy Livitt, Ros Cox and Penny Germon

Additional Presenting Officers: David Jarrett and Rosanna Jones (Agenda Item 6), Maria Hamood (Agenda Item 8), Katherine Williams and Anna Smith (Agenda Item 9), Heloise Balme (Agenda Item 10), Liz Le Breton and Ped Asgarian (Agenda Item 11)

1. Welcome, Introductions and Safety Information

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

2. Apologies for Absence and Substitutions

Apologies for absence were received from Heather Williams, Abi Gbago, Maria Kane, Carol Slater, Penny Gane and Alun Davies.

It was noted that Sarah Lynch had now left Bristol City Council and so would not be attending future meetings of Bristol HWBB.

3. Declarations of Interest

There were no Declarations of Interest from Councillors.



4. Minutes of Previous Meeting held on 23rd March 2023

RESOLVED – that the minutes of the above meeting be approved as a correct record and signed by the Chair subject to an alteration to confirm that Christina Gray was in attendance as a Board Member not as an officer. ACTION: Jeremy Livitt

5. Public Forum

There were no Public Forum items for this meeting.

6. Discharge to Assess Better Care Support Fund Diagnostic and Priorities - Rosanna Jones, Sirona Care and Health - Stephen Beet, Bristol City Council

Stephen Beet, Rosanna Jones and David Jarrett introduced this report and made the following presentation:

- This programme involved the assessment of a programme of work related to the discharge of better care support fund diagnostic and priorities.
- The Board was provided with an element of how we can assess the Better care Support Fund
- The findings of diagnostic had been set out across BNSSG and endorsed key priorities
- Home First set out the totality of transformation programmes when they require an extra level of support and involved whole swathe of prevention activities
- This required a more enhanced level of care. The Home First pathway provided the appropriate level of care to meet the population needs with rapid care services and a greater level of acute care in the home environment. Once patients passed through the hospital care setting, they were discharged to the most appropriate point of care
- Future clinical care needs at home would consist of four pathways for people who need more limited support including those who require some care support, those who require technology in their home or in another care facility and people with more complex needs albeit with some rehabilitation which required an in depth assessment
- A peer review in 2022 had assessed that too many people were spending too long in hospital and that over this period of time their health can deteriorate
- It was noted that there was a lack of flow in hospitals and the community resulting in ambulance delays. As a result of continuing recovery from the pandemic, there was a workforce issue resulting in recruitment changes and a failure to meet targets for average length of stay in hospital
- In November 2021, the business case had been prepared and in May/June 2022 this had been followed by a performance assessment. The findings of the LGA Peer Review had been made available in June 2022. This had spent time speaking to front line staff and a long term plan taken to system executives which refreshed in January 2023 with a longer term plan
- It was important to assess the current challenge and adapt decision-making accordingly. The risk of wrong outcomes needed to be addressed. Whilst recruitment was not a quick fix, the assessment enabled an analysis of how staff were being used



- It was difficult for staff to see the end process. The combination of numbers and performance was a key part of the diagnostic which enabled a focus on rehabilitation to enable people to reach the maximum level of independence
- There was a need to change the decisions made and the hospital length of stay to provide a greater focus on outcomes, processes and relationships. The current plan assumes we can make approximately 40% improvement and reduce the time in hospital by 25%. There was a need to ensure hospital beds were used by people when they are needed.
- The priorities of the BNSSG were to improve decision-making through Transport of Care Hubs to integrate all partners to do this sooner and ensure capacity at home (include voluntary sector etc) and also ensure people who need beds have the right level of support therapy and staff
- There was a need to build relationship within the community and join up support there, as well as changing the capacity in place to make this happen.
- There needed to be support in the right environment. The findings of the BCF Support Fund diagnostic were required on key issues of challenges delivering effective hospital discharge pathways in the BNSSG and considering and endorsing key priorities. These had been identified for continued improvement and transformation work via the Discharge to Assess Transformation Programme wider Home First portfolio
- There would shortly be a programme to launch pathways in an accessible way

Board members made the following comments:

- This programme should be endorsed. It was important to focus on improved outputs and drive better performance outcomes without getting an unexpected outcome
- The lessons of COVID were important in ensuring funding was maintained longer term to avoid year on year difficulties and having to rely on the Voluntary Sector for support. Greater partnership and participation was also important, especially in areas such as the race ecosystem
- There was definitely a need to avoid short term funding
- It was nice to see some of the ideas which had previously been suggested by organisations such as Health Watch coming to fruition. It was noted that sometimes families were not involved in the process
- Whilst the recommendations were excellent, retention of staff and the need for family involvement were all key issues. The voluntary sector were a key element of the process
- There was already good co-ordination between different parts of the voluntary sector. The Youth Alliance could also help with developing this approach
- It was important to engage with locality partnerships and develop a framework with a strong alliance of organisations

RESOLVED – that the Health and Well Being Board:

(1) receives the report

(2) notes the need for support in the right environment

(3) notes the support and findings of the Bette Care Fund Support Fund diagnostic on key issues of challenges delivering effective hospital discharge pathways in BNSSG



(4) considers and endorses the key priorities identified for continued improvement and transformation work via Discharge to Assess Transformation Programme wider Home First

ACTION: Stephen Beet

7. Better Care Fund 2022/23 - Stephen Beet, Bristol City Council

Stephen Beet introduced this report and made the following points during the presentation:

- The purpose of the report was to assess the outturn return of the 2022/23 Better Care Fund (BCF) and ensure endorsement of the submission prior to being signed off by the HWBB.
- The purpose of the 2013 Act was as a vehicle to drive social care and health integration and a local pool budget was created for this purpose
- The ICP and Integrated Care Board were created to oversee the process
- There were three submissions under the BCF all of which required approval
- Submission for Adult Social Care Hospital Discharge Funding had already taken place by the 2nd May 2023 deadline. This had been invested in new schemes to achieve a positive impact
- Planned expenditure for 2023/25 was required for 28th June 2023 and delegated authority was sought to give to the Chair including the disabled facilities grant with the majority coming from the existing BCF Fund
- Details of what the £92.4 Million were spent on was set out
- Local Authority and ICB grants were available for hospital discharge with different conditions
- £87.3 Million was spent on a variety of schemes set out including community based schemes
- £5.1 Million had been allocated for Adult Social Care Discharge Funding
- There were 730,000 patients on residential placements with two schemes added to the additional plan and £1.8 Million added to the ICB
- The target for unplanned hospitalisations was currently not on schedule to be met following the challenges over the winter period
- This would provide the opportunity to try to reduce the number of admissions into residential care with current rates higher than they should be
- The target for reablement was scheduled to be met
- The Board was requested to approve the recommendations and give authority to Councillor Helen Holland in her capacity as Chair of the HWBB to approve the 2023/24 submission before the next formal Board meets

It was noted that the plans would match the plans with the funding available and to ensure that it operated on a sustainable basis.

Board members made the following comments:



- The process would help to identify where the money was being spent. However, there remained a contradiction between the Government's priority to create a care hotel and the Council's priorities
- It was important that the policy should be sustainable
- The role of each of the three HWBB's in reporting through to the ICB was important and into the BNSSG
- In relation to expenditure on mental health and homelessness, further work was required to ensure strategic intentions fit with the mechanism
- The system had developed over a decade on an ad-hoc basis with funding layers being added as required
- There were areas that needed to be included such as Changing Futures
- Health and care Integration also needed to be considered
- Monitoring could take place through regular update reports to future HWBB meetings

Resolved: – that the Better Care Fund 2022/23 is signed off by the Health and Well Being Board and delegated authority is given to councillor Helen Holland in her capacity as Chair of the HWBB to sign off and report back as appropriate Action: Stephen Beet – delegated authority by the HWBB to Councillor Helen Holland

Other Actions: (1) future HWBB meetings to hold regular monitoring sessions to assess whether Better Care Fund is meeting its targets (both as Bristol HWBB and across BNSSG Local Authorities) – Mark Allen to arrange in conjunction with Stephen Beet (2) involve Locality Partnerships in the process – Mark Allen to schedule a future Development Session

8. CQC Assurance Framework - Stephen Beet, Bristol City Council

Stephen Beet introduced this report in conjunction with Maria Hamood and made the following comments:

- Part of the Care Act 2014 set out care duties including a requirement to assess Integrated Care Systems and gave the power to the Secretary of state to intervene in a Local Authority if required
- The Single Assessment Framework assessed providers and Local Authorities with key needs to bring them to light and hold them to account. It assessed experience and feedback from staff
- Details of the 4 schemes set out
- SB: Part 1 of Care Act 2014 – set out care duties. Allowed power to Sec of State to intervene in an LA if required. Requirement to assess Integrated Care Systems. Started form 1st April 2023
- The assurance framework included 4 key themes relating to care duties and working with people and assessing them to ensure they lead healthier lives.
- Inspectors will assess the needs of individuals against 9 quality statements of what should be provided
- Examples were provided in the presentation



- The process would be piloted in 5 Local Authorities, the earliest would be September 2023 and those participating would be subject to performance
- There were 6 evidence categories. Self-assessment would be an objective honest assessment
- An assessment would be made by June 2023 with a draft Improvement Plan to be ready by July 2023. There would be challenges concerning performance and capacity with the first tranche of inspections scheduled for October to December 2023

It was noted that the self-assessment framework would be matched against the strategy to help provide wrap around support for individuals. Whilst it did not replace the existing regime, it would be a significant cultural shift.

Following a suggestion by the Chair, the Board agreed that an item on self-assessment should be scheduled at a future HWBB meeting to enable analysis beyond the daily workload and learn from good practice – ACTION: Mark Allen to schedule into the HWBB Forward Plan.

9. Multiple Disadvantage Strategic Priorities - Katherine Williams, Bristol City Council

Katherine Williams and Anna Smith gave this presentation and made the following points:

- They explained that they worked with young people who had suffered multiple disadvantage such as racial trauma and criminal injustice, domestic abuse, long term homelessness and ill health
- The work was being targeted to avoid people needing to keep returning for help and to ensure better outcomes
- The work was client-led and involved a shared risk
- It was frustrating for many clients since many did not receive a co-ordinated response to get support
- There was a cross government approach. A series of videos were shown concerning this work
- Examples of support included supporting a woman who had been trafficked for sex work and support for someone who had been unable to leave their house for a long period of time and therefore avoid missing a key appointment
- This helped provide a scale and better understanding of disadvantage across Bristol and assess the demographics behind that to ensure consolidation of work locally and nationally.
- Current assessment showed that there were around 145 people in the city with multiple disadvantage. Whilst this figure seemed low, this was the current assessment based on the information available
- There were an estimated 1450 people with three or more disadvantages and 3750 with two or more disadvantages.
- It was estimated that 60% of people were in debt or behind with their bills. Many of these people had autism, disability and also included a high proportion of people with a brain injury
- Assessment processes and thresholds often conflicted



- 5 strategic objectives were set out – to assess what was being done to move the process forwards, intervene earlier in life course, strengthen and embed co-operation, improve data on Multiple Disability and achieve a cultural and system change

Board members made the following points:

- There was a need to use a multiple disadvantage lens when examining issues
- It was good to see the work that was being done. Since the project involved approximately 4000 people, it was achievable. The scheme needed to be embedded and to avoid falling off the corporate agenda
- It was important that the experts involved in this process were properly remunerated
- Since the scheme was scheduled to operate until May 2024, it was important to maintain it beyond that
- The examples of lived experience from the project were extremely good and amongst some of the best obtained

Action: A development session to be organised at a future HWBB meeting on Multiple Disadvantage Strategic Priorities – Mark Allen to schedule into the HWBB Forward Plan

10 Good Food 2030 - Heloise Balme, Good Food Network

Heloise Balme explained that key issues had been added into some Key Performance Indicators to track the number of activities that had food provision as part of the process to signing up to the Healthy School Awards. This was intended to ensure the process of fixing objectives was more explicit.

Members of the Board thanked Heloise for the large amount of work she had undertaken for this project. It was noted that Councillor Ellie King would be launching Sparks in Broadmead with an event including presentations from 5 people and networking options, including a hybrid attendance option.

11 Food Equality Action Plan - Ped Asgarian, Feeding Bristol and Liz Le Breton, Bristol City Council

Ped Asgarian and Liz Le Breton introduced this report and made the following comments:

- The quality of life information had been refreshed this year
- This was a strategy and action plan that had been developed to tackle the problems of food inequality in the city
- The assessment had shown that the problem had doubled since last year at 27% in affected areas
- The plan had been co-produced with 80 organisations and with 5 key themes
- The action plan had been produced based on localities and overarching priority areas within strategies
- Food justice was part of the 2030 Action Plan



- There would be a launch at City Hall on 26th June 2023 at which Councillor Ellie King and Christina Gray would be attending.
- Some work was being carried out as part of the household support fund to be launched as part of food fortnight.
- The action plan would cover a 10 year period
- Zero hunger was a key goal

Action: A section to be added to the Food Equality Action Plan concerning Zero Hunger as one of the sustainability goals in the One City Plan – Ped Asgarian to discuss with Heloise Balme and add to the One City Plan as appropriate

12 End of Year Performance Report and 2023/24 Plan on a Page - Mark Allen, Bristol City Council

Mark Allen introduced this report and made the following comments:

- The Performance Framework summarised the plan. Whilst most had green ratings, there were a number with an amber rating indicating ongoing work with a focus required
- A focus was required on certain pieces of work marked amber such as carers which would be discussed at a forthcoming HWBB meeting
- Similar work was required in other areas of work such as alcohol, admissions and childhood obesity
- A few updates for 2023/24 were set out, together with the One City Plan goals for the year
- There was a strategic approach to domestic abuse, health and care work and the wider race and equality group

The Board noted that most ratings were green and some shared with other bodies.

Action: Add Changing Futures to Oversight and Assurance and CQC Assurance Framework – Mark Allen.

13 Health and Well Being Board Forward Plan

The Board noted the Forward Plan. It was noted that an item on the issue of the growing workforce and inclusion had already been added to the September 2023 Board Meeting.

It was agreed to add an item concerning Women’s Health to the Forward Plan.

Action: Mark Allen



14 Date of Next Meeting

It was noted that the next formal Board meeting was scheduled to be held at 2.30pm on Thursday 13th July 2023 in the Council Chamber, City Hall, College Green, Bristol.

The meeting ended at 5.15 pm

CHAIR _____





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

Bristol Health and Wellbeing Board

Title of Paper:	Cost of Living: One City Many Communities
Author (including organisation):	Penny Germon
Date of Board meeting:	Thursday 13th July
Purpose:	Information and discussion

1. Executive Summary

Once again, Bristol came together to support one another through uncertain and challenging times in response to the rising cost of living over the winter months. Communities mobilised to set up welcoming spaces supported by city partners from a wide range of voluntary and public sector organisations and funders. This response builds on strong foundations which we need to continue to nurture and invest in for long term resilience.

2. Purpose of the Paper

This report is about the one city, many communities' cost-of-living response over the winter, what we achieved and next steps

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

The cost of living response in Bristol was set up to support communities and residents through the challenging winter months of the cost of living crisis. Together as a city, we built on our existing assets to provide residents and communities an opportunity to be involved, take part, and contribute to the resilience of our city.

A case study of the One City Approach was also shared on the Local Government Association website [Bristol City Council: Bristol's One City Response | Local Government Association.](#)

Once again, Bristol came together to support one another through uncertain and challenging times. We were able to work fast because of existing foundations and our One City approach.

We saw communities mobilise to form a network of 105 Welcoming Spaces, new ways of working between different sectors, coordination, shared information through different platforms and funding opportunities that aimed to be easily accessible.

- 86% of Bristol people were 10 mins walk from a welcoming space apart from in Stoke Bishop (where there were no welcoming spaces registered on the website)
- A map of welcoming spaces was publicly available via the City Council's Cost of Living web page
- 93% of Welcoming Spaces said the biggest impact was social connection
- 101 Social Action small grants (up to £5,000) funding community projects, in priority neighbourhoods and to groups working with equalities communities.
- Mental wellbeing link workers connected with welcoming spaces and other community organisations
- Changes Bristol worked with local groups to develop peer support for emotional wellbeing
- Advice services trained advice volunteers to run drop-in sessions in welcoming spaces and trained front line workers across a wide range of organisations, including UBHT, in advice basics and how to have conversations about money and budgets.

There was also additional expertise to support residents dealing with more complex problems

- The wide range of Advice services were mapped providing a good baseline from which to build a strategic conversation and way of working.
- CanDo Bristol provided the platform for groups to advertise and recruit 246 volunteers to support Cost of Living initiatives
- A one city coordination group met weekly from November to January and then fortnightly until the end of May 2023.
- A film about welcoming space can be viewed [here](#)

On the 19th April 2023 the Mayor hosted an event at City Hall to say; 'Thank you,' to everyone who contributed to the cost of living response, to reflect on what we achieved together and plan next steps. 120 people from communities and organisations right across Bristol unanimously agreed:

Together we are building something unique and powerful which we want to strengthen and accelerate. We are calling this We Are Bristol: 'One City Many Communities' approach

We will take what we have developed and keep our focus on equity, social justice and well-being to:

- *Find sustainable ways forward, supporting people most impacted by low income, poverty, and inequity*
- *Continue to build community power and community wealth for the long term*

We are in very difficult times. We will collaborate, share resources and align funding in ways that nurture and grow community power and the 'one city, many communities' approach.

4. Community/stakeholder engagement

The One City Cost of Living approach was delivered by a diverse network of over 50 organisations and hundreds of people freely giving their time. It involved a very diverse network of people and organisations from equalities groups and neighbourhoods across Bristol experiencing the greatest inequity. We were committed to organising ourselves in ways which were accessible and relevant to different parts of the eco system so that together we could understand the impact on citizens across diverse communities, find creative solutions and act together.

5. Recommendations

1. The Health and Wellbeing Board agree to support the One City, Many Communities approach agreed on the 19th April
2. Agree what action can be taken to accelerate and strengthen this approach.

6. City Benefits

We have seen the impact of what happens when we work together in crisis. This is about how embedding the way of working so that it is sustainable over the long term

7. Appendices

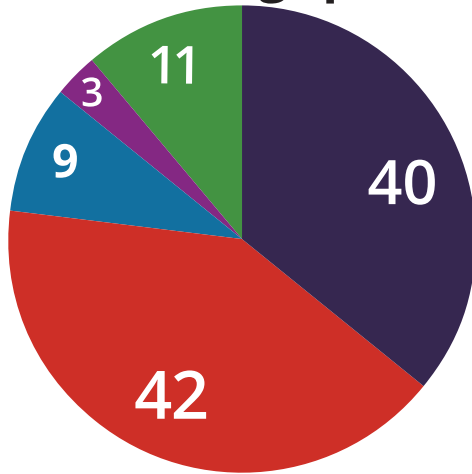
Our plan is set out in the Bristol's One City approach to cost of living: [Bristol One City Approach in response to the cost of living crisis - Bristol One City](#).

Cost of Living Response infographic

Bristol's cost of living response

Winter 2022/2023

105 Welcoming Spaces were opened across the city



Key to the chart showing types of spaces

- Community organisations
- Leisure centres
- Care homes
- Children centres
- Places of faith (church, mosque etc)

A survey of Welcoming Spaces found:

100%

said they played a part in supporting Bristol residents during the winter months

93%

said the biggest impact was providing a place for people to socialise and build connections



63%

said they will be continuing after April 2023



74%

received some sort of funding to support their space



Welcoming Spaces included:



79%
Hot meals and/or food



90%
Hot drinks



Cost of living advice



Wellbeing and peer support groups (Changes Bristol)



Community activities (arts, film nights, sports)



84%
Wi-Fi



Citizens Advice Bristol cost of living advice assistants

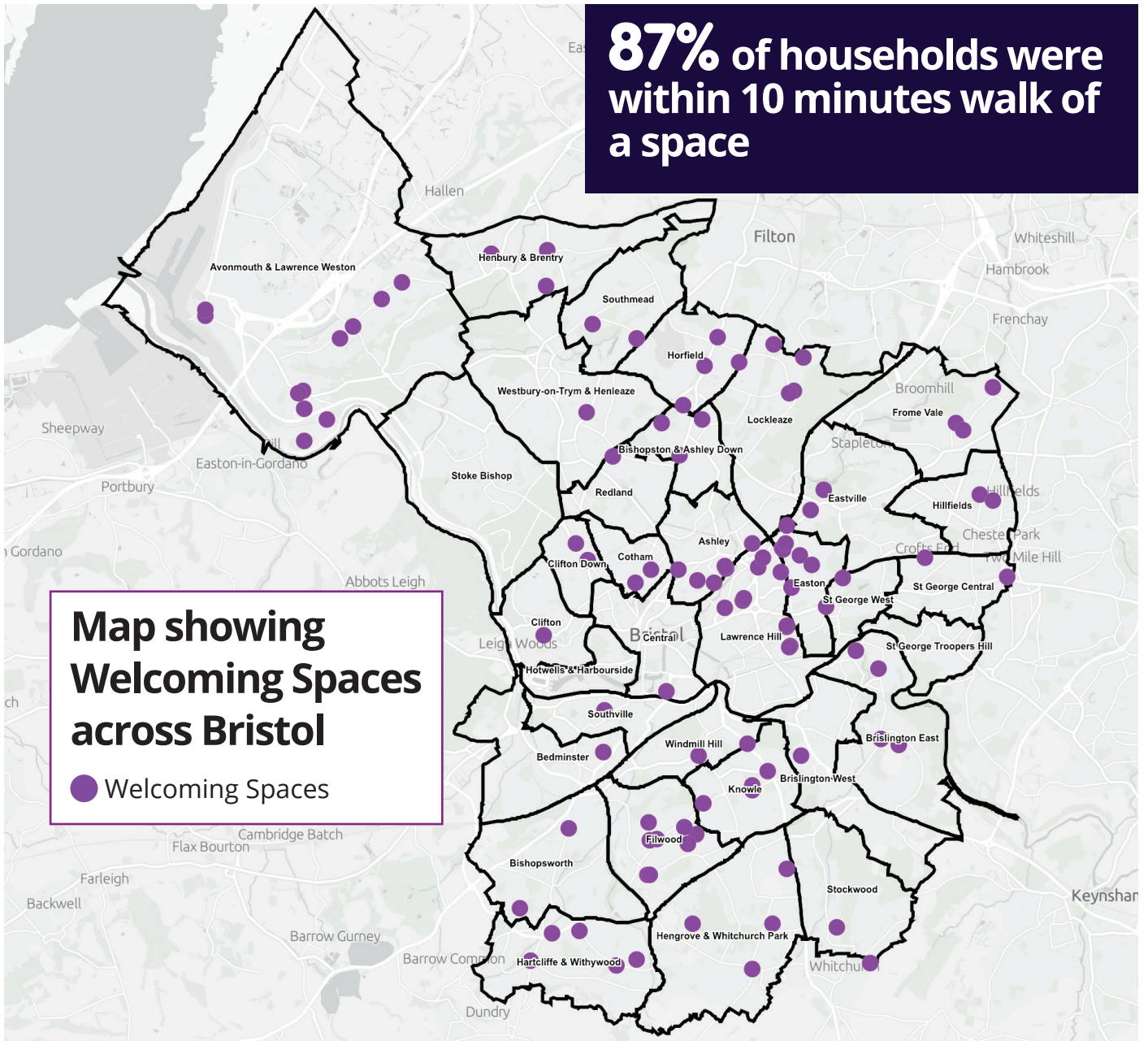


63%
provided emergency support e.g. food

87% of households were within 10 minutes walk of a space

Map showing Welcoming Spaces across Bristol

● Welcoming Spaces



27 Bristol organisations advertised volunteering opportunities on Can Do Bristol

246 people applied to volunteer with local organisations

Feeding Bristol provided around £525,000 to **79** community organisations

We Are Bristol helpline (Nov 2022 to Apr 2023) answered **359** cost of living phone calls

Cost of living support web page (Aug 2022 to Apr 2023) had **23,000** unique users

North and South Bristol Advice Centres, Age UK and WECIL supported over 400 people collectively become **£257,000** better-off



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

Bristol Health and Wellbeing Board

Title of Paper:	Working in partnership to improve access and health outcomes for marginalised citizens
Author (including organisation):	Clare Cook, BNSSG Vaccination Programme, Maximising Access Lead Mohammed Elsharif, Community Development Manager (North), Bristol City Council
Date of Board meeting:	13 th July 2023
Purpose:	Information and discussion

1.Executive Summary

- 1.1 This case study illustrates local improvement work and learnings from the Covid-19 pandemic and the successful Bristol, North Somerset, and South Gloucestershire (BNSSG) Covid-19 vaccination programme.
- 1.2 The pandemic brought into sharp focus the inequity of access to various public services including health to many communities which undermines the resilience of citizens, communities, and the city.
- 1.3 This initiative shows what can happen when we collaborate across service and organisational boundaries, playing to strengths, to build trust and confidence with those citizens and communities who find it so hard to access public and health care services.
- 1.4 Demonstrating how we have taken a social determinants approach to prevention, and early intervention, especially for those who are most marginalised across our local communities.
- 1.5 The Bristol City Council (BCC) Community Development Team take an asset-based community development approach with inclusion and equity at the heart. They have built strong and trusted relationships with the most excluded communities over decades.
- 1.6 Through collaborative partnership over the last year, we have provided a weekly vaccination clinic in the Bristol Citizens Service Point and Job Centre, where alongside a Covid-19 and flu vaccination offer, we facilitated access to immediate personalised help and support, provided by BCC Community Development Team and Community Champions, made possible through dedicated Covid-19 vaccination funding from DLUHC.
- 1.7 The key aim was to build trust and resilience by improving citizens access, experiences, and outcomes, especially amongst groups experiencing disadvantage, and who traditionally are not engaging with NHS Services.
- 1.8 The citizens we have been engaging through this setting come from a wide range of diverse backgrounds, reaching citizens such as those with insecure immigration status, people experiencing homelessness, or at risk of becoming homeless, people just out of prison, sex workers, asylum seekers and refugees, people who are currently unemployed. Many people intersected several of these groups.

- 1.9 Many attending from these inclusion health groups reported additional challenges when accessing primary care services. Reporting a lack of knowledge and that they found navigating NHS services challenging and struggled to identify where within the NHS to go for different needs.
- 1.10 This case study has been submitted to NHSE, demonstrating BNSSG's work with inclusion health groups.

2. Purpose of the Paper

2.1 The purpose of this paper to the Health and Wellbeing Board, is to consider and endorse this approach to work towards a more sustainable vaccination, health, and support offer, to address diverse needs of specific population groups, who experience poor outcomes. Through offering a fair, accessible, inclusive access to the NHS in a local, accessible setting.

2.2 What did we do?

- Worked collaboratively with multiple system organisations to identify and address unmet needs and to protect groups with inadequate Covid-19 and flu vaccination coverage.
- Offered services that some of our most marginalised citizens can and want to use.
- Created a welcoming place within this setting where people were offered a free hot drink and could feel comfortable having conversations about their lived experiences, health, and vaccine status.
- Provided conditions where some of the most marginalised citizens, within our communities could be connected and have a voice.
- Gave citizens a safe place, they could talk freely to share their needs and preferences.
- Making every contact count (MECC) by having positive, asset-based conversations at these clinics.
- BCC's Community Champions helped through their language and interpretation skills, and knowledge. They undoubtedly, encouraged more people to get vaccinated by discussing peoples' concerns in their first language.
- Supported citizens with their health literacy to understand how the NHS works.
- Offered support on multiple concerns, using the knowledge of health care professionals, signposting, and social prescribing.
- Between May 2022-March 2023, we interacted with approximately 80 citizens per clinic, resulting in over 2,480 conversations with individual citizens.
- Over 450 people received a Covid-19 vaccination, many receiving their first or second primary doses at this setting. Additionally, 70 flu vaccines administered.

2.3 Who are we reaching?

- Citizens with a wide range of cultural and ethnic diverse heritage.
- Citizens who are experiencing discrimination and exclusion.
- Citizens experiencing street homelessness, including LGBTQ+ experiencing homelessness.
- Citizens who are vulnerably housed i.e., people who have been evicted out of their current accommodation came to Temple Street looking for alternative accommodation.
- Citizens fleeing domestic violence.
- Ukrainian evacuees.
- Afghanistan refugees.
- Migrants.
- Citizens who aren't currently unemployed.
- Citizens who have recently been released from prison.
- Case study: We were able to arrange for a Sudanese BCC Community Champion to support a Sudanese man who didn't speak English. In Sudan there is no free health care and little state intervention, and he didn't know how to engage with the NHS or access healthcare. Consequently, we supported registration with a GP surgery and when he raised some issues around housing, the Community Champion was able to translate some documents, which the Sudanese man hadn't understood.

2.4 What did we find?

- Bristol City Council, Inclusive Community Facilitator, said: "This clinic has shown what can be done with a tea urn, some biscuits and determination to make sure everyone knows why it's important to get vaccinated."
- Generally, the citizens attending this setting come from the most deprived areas of the city.
- The citizens service centre is the main drop in space for citizens to talk to Bristol City Council and get help with issues such as homelessness
- We gathered some formal insights during the clinics to help inform understanding of people from these inclusion health groups and our future offer. They told us:
 - The opportunistic convenience of vaccination availability as well as encouragement from Community Development Practitioners and Community Champions and realisation it was important to have all their doses of vaccine, where the key reasons people gave us for taking up the offer of vaccinations.
 - Different inclusion health groups experienced a range of unique barriers to accessing care. Even within specific groups, these barriers often differed. For example, people living in hostels had distinct barriers and facilitators to access primary care than those currently sleeping rough.
 - Many of the people who attended highlighted how they have experienced racism, discrimination, and exclusion in their capacity of being regarded as vulnerable or disadvantaged.

- All these components of health services, vaccination and general support are vital to the success of this model. From March 2023, the DLUHC funding ended, therefore, we have been unable to maintain the community development team contribution, resulting in the clinic not been well-attended and vaccination numbers have been significantly lower.

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

Taking action to reduce health inequalities is a matter of social justice, equity and enabling citizens to live dignified lives, and is at the heart of this approach.

Fear of discrimination can prevent people seeking healthcare. Fear of, or previous experiences of, discrimination was reported by asylum seekers, refugees, migrants, people experiencing homelessness and those with drug and alcohol addiction. This includes direct experience of discrimination in the past, as well as fear of future discrimination – both of which prevent healthcare seeking behaviours.

For citizens who are experiencing homelessness, their health is often a low priority. For those experiencing homelessness or who use drugs, accessing primary care was low on their list of priorities and they tended to use emergency services as their primary access point for healthcare.

A lack of digital access can make it hard to get information on services, or to contact GP practices. For those experiencing homelessness, digital access was low and sporadic, which makes searching for information, registering online, or phoning GP surgeries difficult.

The BNSSG vaccination programme was successful in obtaining inequalities funding from NHSE for Barton Hill and Lawrence Hill. Through working directly with some of the community and their lived experiences, we have co-produced a cultural awareness resource and a complementary 'Your guide on how to use the NHS', which will be translated and shared across the system.

Closely linked to the Bristol One City Plan 2050 vision of strong communities formed of resilient and independent people, integrated health and social care which seamlessly meets the ever-changing needs of our communities with a focus on early help, prevention, and person-centred support.

<https://bnssg.icb.nhs.uk/wp-content/uploads/2022/11/OurFutureHealth-Sept-2022-1.pdf>

People Experiencing Homelessness in Bristol Health Needs Analysis Dec 2022, Bristol Public Health: <https://www.bristol.gov.uk/files/documents/5755-hna-people-experiencing-homelessness-bristol/file>

UCL <https://www.ucl.ac.uk/health-informatics/research/right-care>

Research shows that certain underserved groups of people lack information on the NHS, their rights, and entitlements; and GP practices commonly refuse to register people because they don't have proof of address, ID, or because of their immigration status. This problem is widespread and by nature difficult to quantify as it affects the

most invisible and marginalised groups in society including asylum seekers, undocumented migrants, gypsies, travellers, Roma, and people experiencing homelessness or who are engaged in sex work.

4.Community/stakeholder engagement

The Bristol City Council Community Development Team collected feedback from the citizens attending August 2022 to March 2023. The aim was to understand motivations for those taking up the offer of vaccinations as well as understanding concerns and questions of those people who were eligible for vaccinations but chose not to have it. The surveys represent the views of 177 people who took up the offer of a vaccination and 99 who declined. Almost two –thirds of those people surveyed were male. All results attached in appendix 1

5.Recommendations

5.1 It is recommended that the Health and Wellbeing Board endorse this approach, advocating for a more sustainable offer in the future.

5.2 If the Board supports this approach, we will then plan to approach the ICB for funding (costs are reasonable) to be able to run a similar clinic in Autumn alongside the seasonal Covid-19 and flu offer.

5.3 We strongly recommend this partnership way of working becomes the rule rather than the exception and all projects include this in their vision, strategy, and planning phases to create solutions that are not just temporary relief.

6.City Benefits

- Early intervention and prevention, especially for those experiencing the cumulative impact of health inequalities.
- Supporting GP registration for inclusion health groups as this varies between GP practices.
- Improve a higher population immunity of Covid-19 and flu, protecting population of further outbreaks and new variants of Covid-19 and flu.
- Improving health literacy at an individual and community level.
- Reducing disease burden and associated costs.
- Reducing hospital admissions, especially to emergency and secondary care with minor issues and associated costs, which can be supported in the community.



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

Bristol Health and Wellbeing Board

Title of Paper:	Accelerated Progress Plan - update
Author (including organisation):	Reena Bhogal-Welsh, Interim Director for Education & Skills, Bristol City Council
Date of Board meeting:	13th July 2023
Purpose:	information and discussion

1. Executive Summary

Between 30 September and 4 October 2019, Ofsted and the Care Quality Commission (CQC) jointly inspected the effectiveness of Bristol's approach to implementing the special educational needs and disability (SEND) reforms as set out in the Children and Families Act 2014. The specific focus was on how effectively the local area identified the needs of children and young people with SEND, assessed and met those needs, and improved their education, health, and care outcomes. As a result of the inspection findings, Inspectors determined that a Written Statement of Action was required to address five areas of significant weakness:

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

Between 3 and 7 of October 2022 Ofsted and the Care Quality Commission reinspected Bristol to understand whether sufficient progress had been made in addressing each of the five areas of significant weakness. The revisit report found that the local area had made sufficient progress in addressing four of the five areas. It also told us that the difficult relationships with parents and carers found at the last inspection had continued and that this still affected the quality of co-production that takes place between area leaders and parent and carers. This Accelerated Progress Plan sets out how we aim to address this area of weakness and how Bristol's local area SEND governance can assure itself and the Department for Education that progress is being made at a sufficient pace and delivering the necessary impact. We will also continue to make progress in all five areas identified in 2019 as requiring improvement. We continue to be passionate about improvements in this area and we are ambitious about what can be achieved for our children and young people.

2. Purpose of the Paper

The purpose of the paper is to provide the board with an assurance that the outstanding item from the Written Statement of Action is in flight and progress is being made to ensure relationships are being repaired, developed and future proofed. The report will outline how Bristol City Council and Bristol Parent Carer Forum are working together to co-produce impactful plans to improve the experience of stakeholders who are invested in SEND.

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

We are ambitious and want to reset relationships with our parents and carers. BCC and BNSSG ICB and our local area partners are jointly responsible for delivering this plan.

The plan sets out:

- Our vision for improvement and the values that will drive the required change
- The governance structure to provide strategic oversight of improvements
- The high priority actions we will take to address the weaknesses identified by inspectors and to work towards continuous improvement
- How we will measure progress and understand the impact of changes we are making

Improvement identified in this action plan will be delivered with operational oversight by the SEND Partnership Group. The SEND Improvement Board will monitor and will be accountable for overall progress.

The plan has been informed by three focus groups with parents and carers. A total number of 24 parents and carers attended the 3 focus groups alongside colleagues from education, health, and care. Feedback from Bristol parent carers and quotes from our children and young people are included in the plan.

This action-oriented plan links to the Bristol' Belonging in Education priorities:

1. Building trusting relationships
2. Learning from one another
3. Creating an effective structure.

Parents and carers tell us that improving trust and relationships across the local area goes hand in hand with developing SEND services and improving local area responses to statutory time frames and expectations. There has been significant improvement in SEND services, and we will continue to improve and monitor progress in our statutory processes.

In order for the Accelerated Progress Plan to be successful it was key that:

- The APP was developed in collaboration with parents / carers and key partners
- There was clear governance of the strategy to support and hold colleagues / partners to account; achieved via the SEND Partnership Group and SEND Improvement Board involvement
- There was Local Area commitment for delivery
- The plan underpins the Belonging Strategy intent
- The 4 themes are in line with service delivery and transformation priorities

There are four objectives in the plan:

1. Formalised strategic parent carer forum (PCF) arrangements
To have formal strategic parent carer forum arrangements in place that represent the diverse communities of Bristol. The parent carer forum will be working in collaboration with local area partners with agreed ways of working and incorporated into formal local area SEND governance.
2. Co-production and communication with parents and carers

There will be clear shared approaches to co-production, participation, engagement, and collaboration with parents and carers across the local area.

All future policy and service changes will give the opportunity for children and young people with SEND and parent carer representatives to be part of the process.

3. Listening to and working with parents to improve SEND services and the experiences of parents, carers and children

The views and experiences of parents and carers are understood and, alongside available business intelligence, are used to improve the quality of SEND services

4. Workforce and culture

Local area partners have embedded ways of working and continuous improvement arrangements that prioritise relationships with children with SEND and their families.

During the 6-month progress review meeting with the Department for Education BCC have been able to demonstrate progress against the majority of the actions within each objective. In May 2023, the Bristol Parent Carer Forum (BPCF) were formally appointed as the Bristol Parent Carer Forum to work alongside the Local Authority. To date, we have worked together alongside *Genuine Partnerships* to work on co-producing a charter to outline our ways of working as well as co-creating a Memorandum of Understanding to formalise our relationship. BPCF are also part of the governance structure to support, co-produce, influence and hold partners to account with the actions in the SEND partnership plan. BPCF colleagues attend both the SEND Partnership Board and the SEND Improvement Board co-chaired by the Executive Director for Children's and Education, Abi Gbago and Director of Performance and Delivery and named Director for SEND, Lisa Manson.

The co-production and communication targets have started before the APP came into fruition as BCC recognised that BPCF are integral to improving the SEND service. This includes improvements in our letters communicating with families and a review of the EHCP process. BPCF represent a broad and diverse demographic of families; their voice and perspective will be vital in making the necessary improvements.

Local area partners have embedded ways of working and continuous improvement arrangements that prioritise relationships with children with SEND and their families. Key actions regarding workforce and culture demonstrate that continuous professional development will be key to sustained change and growth across all local partners. Trauma informed practices are being disseminated across the area and informing commissioning processes; the LA is committed to developing trauma informed practices and learning from emerging and better practices from all partners.

4. Community/stakeholder engagement

Stakeholder engagement is fundamental to the success of the APP. The strengthening of the relationship with the BPCF, educational settings, health and children's social care will ensure sustainability of relationships thus positively impacting the lives of children, young people and their families.

5. Recommendations

To continue to support and actively engage with the Accelerated Progress Plan and wherever there are opportunities to further strengthen the relationship with local area partners and BPCF, to facilitate and advocate for this.

6. City Benefits

The APP has been designed to strengthen relationship and repair any fractured relationships with the BPCF. By working together and co-producing systems, processes, strategies, and action plans it will enable us to work together to remove any disproportionalities and inequalities that currently exist within the SEND system.

7. Financial and Legal Implications

£28,000 contribution to support co-production work in addition to the £18,000 awarded to the BPCF

Bristol Health and Wellbeing Board

Title of paper:	Dental Access for Adults and Children in Bristol
Author (including organisation):	Wavell Vere (Senior Commissioning Manager, NHS England)
Date of Board meeting:	13 July 2023
Purpose:	Information

1. Executive Summary

This paper provides an overview of NHS dentistry across primary, community and secondary care, sets out some of the challenges to NHS dentistry and describes the regional and local work to improve access to our population.

2. Purpose of the Paper

To enable the Health and Wellbeing Board to understand dental access for adults and children in Bristol and to invite discussion on priorities for developing a local strategy.

3. Background

As of the 1 April 2023, BNSSG ICB with the support of the NHS South West Dental Commissioning Hub are responsible for the commissioning of dental services. NHS England's offices in the southwest region manage these contracts locally. Dental services are provided in Bristol in three settings:

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

Population of Bristol

The population of Bristol is 471,200 according to mid-2021 population figures published by the ONS. Bristol's population growth rate between mid-2020 and mid-2021 was 0.5% per year. Bristol covers an area of 110 square kilometres (42 square miles) and has a population density of 4,295 people per square kilometre (km²), based on the latest population estimates taken in mid-2021.

Primary care (high street dentistry)

Primary care (high street) dental practices are themselves independent businesses, operating under contracts with NHS England. Many also offer private dentistry. All contract-holders employ their own staff and provide their own premises; some

premises costs are reimbursed as part of their contract. People are not registered with a dentist in the same way they are registered with a GP, so often do not realise they are free to attend any dental practice they choose if they have capacity to see and treat you.

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

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

Band	Treatment covered	Number of UDAs
1	This covers an examination, diagnosis (including x-rays), advice on how to prevent future problems, a scale and polish if clinically needed, and preventative care such as the application of fluoride varnish or fissure sealant if appropriate.	1
2a	This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work, removal of teeth but not more complex items covered by Band 3. Treatment which does not include activity from Band 2b or Band 2c	3
2b	Includes extraction or fillings to 3 or more teeth or non-molar endodontic care to permanent teeth	5
2c	Molar endodontic care to permanent teeth	7
3	This covers everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges, and other laboratory work.	12
4	This covers emergency care in a primary care NHS dental practice such as pain relief or a temporary filling.	1.2

Access rates to high street dentistry

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

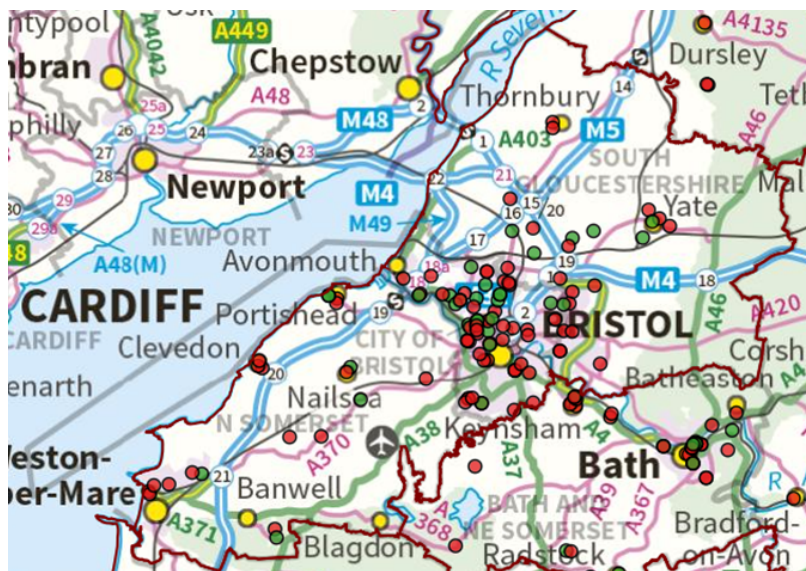
The percentage of adults seeing an NHS dentist in Bristol has decreased from 43.5% to 37.3% in the latest 12 months data available from June 2021 to June 2022. This is a drop of 6.2%. However, the access rate for the adult population of Bristol (37.3%) is in line with the access rate for England as a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

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

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

Commissioned Dental Activity

There are 57 practices in Bristol who provide NHS dental services, as indicated in the map.



- Total units of dental activity (UDA) commissioned for Bristol 22/23 is 723,286 value £19,822,255.4.
- Total units of orthodontic activity (UOA) commissioned for Bristol 22/23 is 38,532 value £2,993,883.91.

Orthodontics

Post pandemic, orthodontic services have been able to return to normal levels of activity more rapidly than high street dentistry and normal pre-pandemic contract volumes are in place for 2022/23. There was an additional initiative for non-recurrent orthodontic activity (this was temporary activity in addition to their normal contracted activity, which meant that practices would be able to treat more patients) from 1 November 2022 to the 31 March 2023. This additional non-recurrent activity and funding was used to reduce waiting times for those patients on the practice waiting

list who were eligible and ready to receive orthodontic treatment. In Bristol, two practices participated in this initiative seeing approximately 70 more patients during 2022/23.

Urgent Dental Care

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

The helpline provides two main functions:

- To assist patients in finding an NHS dentist for routine care.
- Arrange urgent NHS dental treatment for people who do not have a dentist.

The Dental Helpline is commissioned to operate between the hours of 08.00 and 22.00, 7 days a week, 365 days per year. Outside of these times, the patient will be triaged by NHS 111 using the National Pathways algorithm.

Stabilisation

Our stabilisation pilot programme continues to be commissioned and has recently been extended:

- Throughout the pandemic there was a focus on urgent dental care and demand for this has increased (and continues to increase).
- There are a number of people who have dental issues which mean they must repeatedly access urgent care, or who do not meet the access criteria, but have an urgent dental problem – and the stabilisation pathway is our solution to this.
- Stabilisation provides dental care which would stabilise their oral health and mean reduced pain and reduced likelihood of going in and out of the urgent care system, or of accessing other services (i.e., via Emergency Department ED or the General Practitioner GP).
- Working with high street dental practices to offer sessions of stabilisation which people access by calling 111.
- 19 Expressions of Interest (EOIs) were received across the Bristol area. Some of those that expressed an interest were later unable to proceed.
- 8 practices are live in Bristol, providing approximately 106 additional appointments per week.

Workforce

The key issue affecting access to NHS dentistry across the country is workforce. A shortage of dentists in Bristol affects the ability of high street practices to deliver their

contracts. The reasons for this are not necessarily different to those affecting other sectors of the health and social care system.

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

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

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

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

Improving access to primary care for people in Bristol

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

- Running a South West recruitment day supported by the British Dental Association and dental providers to try and attract all practitioners to move into the region.

- Working with dental providers to ensure existing contracts are delivering to their maximum potential.
- Reviewing under and over performance of dental contracts on a regular basis and, as part of reconciling activity to contract payment, explore with those contractors with the most variance what they are doing to address under performance.
- While we are able to issue new contracts for NHS primary care dental activity in areas of greatest need, we are having conversations where we can adjust activity and reallocate the activity where necessary.
- Developing plans to commission dental services in areas where there is inequality in access, within available resources. We are working closely with dentists, public health, and the dental school to develop referral pathways and identify initiatives to increase dental capacity across the region through the South West's Local Dental Network and six Managed Clinical Networks for dentistry.
- In collaboration with Health Education England and the Universities of Plymouth and Bristol, are offering funding to dentists working in the South West who are undertaking post-graduate courses in Restorative; Periodontal; Endodontic and Oral Surgery to increase the number of local specialists within our region.
- Working towards further innovation with existing providers to address regionalised concerns. This includes adjusting contract activity, allowing for reinvestment. Any schemes will take into account national initiatives and regional priorities, e.g., Dental Checks by 1 campaign (to ensure all children see a dentist as their teeth come through, or by their first birthday, at the latest) or increasing urgent care sessions for patients who do not have a regular dentist.

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

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

Dental access for Children Looked After and Care Leavers

A pathway has been agreed for Looked After Children (LAC) and Care Leavers (CL) experiencing dental pain. Unfortunately, this does not offer dental access to those who are searching for a dental home but will provide access to those in pain.

NHS England have liaised with Community Dental Services (CDS) providers across the South West and have an agreement that any Looked After Children (LAC) who

are in pain and cannot access a General Dental Practitioner can be referred via a named nurse, social worker, or health professional to their nearest CDS.

For all Care Leavers (CL) the pathway advises them to contact 111. They are advised when contacting 111 to identify themselves as a CL to support the urgency of the call.

Secondary care provision

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

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

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

Community Dental Service

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

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

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

Dental Reform Strategy for the South-West

The South-West Dental Reform Programme was established in 2020 to improve access to oral health services, develop workforce initiatives to improve recruitment and retention of the dental workforce, and improve the oral health of the population. The programme is run by NHS England and Health Education England, alongside our strategic Integrated Care Partnerships and Local Authority Public Health leads to bring together the NHS England Dental Commissioning Team and Transformation Team with key stakeholders that have responsibility for oral health in the region (Public Health England, Health Education England, Local Dental Committees, the Local Dental Network, and Integrated Care System (ICS) representatives) as well as public and patient voice partners. The programme has informed the development of a roadmap/plan for the future of NHS dental services and oral health improvement in the South-West.

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

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

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

Programme Commitments

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

Access

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

- The Urgent Care Managed Clinical Network are working to finalise current and aspirational pathways for future commissioning of urgent care and stabilisation.
- Dental helpline, 111 pathways are being reviewed, developing standardised access routes.
- Stabilisation pilot programme is currently being commissioned and the pilot will run until March 24. There are currently eight practices in the Bristol area who have gone live providing stabilisations sessions..
- Routine pathway with community providers is completed, with an increase of appointments per system by 5%.
- Starting Well Core, increase access for 0-2 years, launched October 2022. This now forms part of the criteria for the newly procured dental contracts.
- Welfare checks for under 18s waiting for dental general anaesthetic is ongoing.
- Improved access for Armed Forces families review (via MDS procurement and stabilisation) is due to start quarter 4.
- Domiciliary care review has been completed, and suggestions for change have been agreed, which will increase the number of older people accessing dental care.

Workforce

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

Oral Health Improvement

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

St Pauls Closure

In March 2023 Bupa announced that they would be closing and selling a number of their dental practices across England as part of a corporate restructure. In Bristol, the practice affected was the Bupa St Pauls Practice, which held a large NHS dental contract providing dental services for approximately 10,000 patients, however due to workforce challenges outlined in 1.9 they were unable to deliver the contracted activity, which meant that in reality only approximately 4,000 patients were gaining access to dental services.

Since the announcement of the closure both the SW Dental Commissioning Team, and BNSSG ICB have been working very closely with Bupa, who remain committed to assisting in finding a solution. There has been further engagement with local residents, Councillors and the St Pauls Dental Action Group who met on the 28 June 2023 to discuss the action plan currently underway.

Since Bupa gave notice that the practice would be closing the following actions have been implemented.

Informal procurement process has begun with an Expression of Interest being sent to all practices holding an NHS contract within a 3mile radius of St Pauls (this radius has now been extended to 5miles).

Follow up calls and additional information at request have been sent out to practices showing an interest in taking additional activity. Two practices have agreed to take additional activity and are currently progressing through the governance process.

The Stabilisation Programme has been extended with Expressions of Interest being sent out, which has resulted in an additional five practices looking to join the programme or increase their current stabilisation activity, some of which have already gone live.

Confirmation has been received from both Bupa and Sovereign Housing Association the premise property owners that the lease on the premise and dental equipment will remain in situ to allow stakeholders the opportunity to find, develop and implement a long-term solution.

There have been a number of positive gains made with proposals currently being scoped to ensure their feasibility, with further meetings being arranged. These proposals have already received provisional sign-off from procurement.

4. Community/stakeholder engagement

BNSSG ICB, and the SW Dental Commissioning Team continue to collaborate closely with stakeholders involved in delivering NHS dental services within the BNSSG area. The Primary Care Committee in the ICB which provides assurance in relation to commissioning of all primary care services includes Public Health, professional body and HealthWatch representation.

Early stakeholder engagement work to inform a local strategy has been started including using the ICB Citizens Panel forum to assess citizen views of and experience of accessing dental care. HealthWatch are also providing dental

feedback reports. A commitment has been made to continue to co-design solutions with the St Pauls Dental Action Group.

5. Recommendations

The Health and Wellbeing Board is asked to note the initiatives set out in this paper to support improved oral health and access to NHS dentistry. Over the next 6 months further work will be undertaken to align the South West dental strategy with a local BNSSG programme and strategy for dental care.

The Health and Wellbeing Board is asked to discuss how it can support joint working to improve oral health and prioritisation of resources and initiatives to ensure access to care is provided to those in greatest need. For example, joint work has already identified dental healthcare as a key priority for migrant health and a business case for increased migrant health support is to be presented to the July ICB Board.

6. City Benefits

Developing strategic long-term plans, which are realistic and achievable will provide sustainable access to NHS dental services in Bristol.

7. Financial and Legal Implications

The ICB is seeking to utilise the delegated budget for dental services to improve dental access and use flexible commissioning opportunities to maximise spend of the budget. The contract is nationally negotiated and there are legal implications and procurement policies that need to be adhered whilst developing local solutions.

8. Appendices

n/a

DRAFT Forward Plan as of July 2023

All meetings are 2:30-5pm and at City Hall unless otherwise stated

August

No meeting

Wednesday 27th September – development session

Workshop with the Economy Board on health and care workforce

Wednesday 25th October – public meeting

Joint Strategic Needs Assessment annual report

Clean Air Strategy

Wednesday 22nd November – development session

Thursday 14th December – public meeting