

# Bristol City Council

## Minutes of the Health and Wellbeing Board

25 October 2023 at 2.30 pm



**Board Members Present:** Helen Holland (Co-Chair), Ellie King (Deputy Chair), Eva Dietrich, Hugh Evans, Christina Gray, Jean Smith, Mette Le Jakobsen, Neil Turney, Colin Bradbury, Annette Billing (substitute for Rebecca Dunn), Pip Martin (substitute for Steve Rea) and Ian Hudson-Murt (substitute for Rebecca Mear)

**Officers in Attendance:-**

Mark Allen-Richardson, Jeremy Livitt, Carol Slater, Penny Germon, Karen Blong, Claire Ferraro and Nina Skubala

### 1. Welcome, Introductions and Safety Information

The Chair explained the emergency evacuation procedure and welcomed all parties to the meeting. All attendees introduced themselves.

### 2. Apologies for Absence and Substitutions

Apologies for absence were received as follows: Heather Williams, Tim Keen, Tim Poole, Penny Gane, Councillor Asher Craig, Joe Poole, Reena Bhogal-Welsh (Temporary Replacement for Abi Gbago), Rebecca Dunn (Annette Billing to substitute), Steve Rea (Pip Martin to substitute), Rebecca Mear (Ian Hudson-Murt to substitute).

### 3. Declarations of Interest

There were no Declarations of Interest.



#### **4. Minutes of Previous Meeting held on Thursday 13th July 2023**

**RESOLVED – that the minutes of the meeting held on Thursday 13<sup>th</sup> July 2023 were agreed as a correct record and signed by the Chair.**

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

There were no Public Forum items.

The Chair reminded members to consider submitting Public Forum Statements if they can. She referred to a statement submitted recently by a Councillor concerning NHS dentistry in difficulties concerning had resulted in some helpful action.

#### **6. Congratulations to Councillor Helen Holland**

Councillor Ellie King advised members that Councillor Helen Holland had been awarded an Honorary Degree by the University of Bristol for public services she had carried out for Bristol. She advised HWBB members of the breadth and depth of experience Councillor Holland had obtained and the inspiration she had provided.

The Board also noted the work she had carried out nationally with the LGA and which had helped Bristol, fostering a culture of collaboration and respect in the organisation and within different sectors. In addition to sitting on many different bodies across the city, she had also been a long-standing champion for Hartcliffe and Withywood.

#### **7. Care Quality Commission Assessment Framework (Verbal Report) - Mette Le Jakobsen, Bristol City Council**

Mette Le Jakobsen gave a verbal report on this issue and made the following comments:

- Since April 2023, the CQC is now able to undertake an assessment of Local Government's statutory duty concerning Adult Social Care. As a result, Bristol City Council, along with all other Local Authorities who provided this service, would face inspection which was something they had not faced for a long period of time. It should be seen as similar to an OFSTED for adults
- Following the live launch in April 2023, a number of pilots had been carried out along with peer review and self-assessments were taking place along different themes
- Self-assessments were being developed but needed further work to ensure they were fully comprehensive in advance of any inspection
- An Engagement Plan was being developed with as wide a range of partners as possible. The aim was to have the self-assessment shortly and this would then be followed by engagement with partners in November and December 2023



- The formal inspections would start from January 2024 and inspections could commence from any time after that up to 18 months from this date
- The Peer Review would be taking place during the week commencing 11<sup>th</sup> December 2023. HWBB was requested to advise if they wished to engage in a health session

Board Members made the following comments:

- The peer review would help as a dry run. A large number of external partners were being interviewed during the process. Engagement from HWBB members was welcomed to help Bristol thoroughly analyse its work
- Information was being obtained from a wide range of sources and for the first 5 pilot inspections. There would be an equivalent new inspection regime taking place within the next few months and involving a pilot in Dorset
- A number of Board members stated that they would be happy to get involved.

The Board noted that there would be sessions form partners with examples of lived experience.

## **8. Integrated Care Partnership Update (Verbal) - Councillor Helen Holland**

Councillor Helen Holland gave a verbal presentation on this issue and made the following comments:

- Bristol's work had been highlighted as an outlier for good partnership involvement. The commitment to increased social value was important but required a proper assessment of how to achieve this and of all the barriers that need to be surmounted. It was a great achievement that one of the Somali led providers had become the largest home care provider in the city
- There had been a presentation from the Black South West Network "Make It Last" at the most recent development session which was part of a drive by the city to ensure more diverse organisations get the chance to engage with their commissioning network

Board Members also noted that there had been a presentation on the draft Mental Health Strategy. A recent link had been sent out with details and Board Members were encouraged to look at this.

## **9. Locality Partnership Update - Integrated Care Board**

The Board received a presentation on the Locality Partnership Update from Eva Dietrich, Pip Martin, India Barrett and Neil Turney who made the following points:

- The purpose of this project was to improve access to mental health and wellbeing through greater collaboration of work and by focusing on patients' needs
- Approximately 1000 people were involved in providing appropriate intervention at a local level



- Details were provided of the Integrated Community Teams – there were 6 throughout the region with 3 across Bristol.
- MINTs (Mental Health and Well Being Integrated Network Teams) engaged with mental health and were tailored to meet the population needs. Their work included support for various disorders (such as eating and personality disorders) and addressing health inequalities. Key goals were the development of work on people with lived experience and to ensure improved outcomes for those who currently had the poorest access to services
- Rapid Early Intervention Disorder (FREED) could help to reduce problems by up to 50% and provided support on a primary level
- Sequoia Tree – This project would go live next year and would align with the Integrated Teams. It was expected that there would be a huge number of referrals for this scheme and therefore training was currently under way to create awareness for it.
- One main area of focus would be for those people who were long-standing patients in locked rehabilitation units and to bring them back in the community by improving rehabilitation within the community service area. It was estimated that approximately 45% could be brought back into the community with 20% not being able to fully recover and requiring bespoke packages of care. The Board noted that work was taking place with housing providers on this project but that if a provider was unable to meet the required standard they could withdraw.
- Physical Health – life expectancy was approximately 20 years lower for those with mental health problems. Lifestyle interventions significantly increased this
- Integrated Access Partnership – if you call 111, you can now ask for Mental Health Services to provide an assessment and if this was urgent you could call 999. The introduction of this service had decreased the numbers in the Emergency Health Services and referrals to GPs, as well as a reduction of 60% of ambulance callouts
- CAMHS – groups such as the Unplugged Care Team, Student Liaison Service were brought together to create specialist pathways
- The purpose was to provide practical social and emotional support to focus on addressing health and equalities through MINTs through the creation of a One Stop Shop involving faith groups, families and the community sector which would be trauma informed
- There were 6 MINTs across Bristol and South Gloucestershire made up of staff from different organisations including the voluntary sector. Key roles associated with this included the Hub Manager, Clinical Psychologist, Team Administrator, Recovery Navigators, Social Care Leads and VCSEs/Wider Networks. These groups would be collaborative and bring together people with different expertise
- The cohort was for adults aged 18 or over with more complex cases requiring multi agency support. The different groups involved included NHS Talking Therapies, Social Care, Primary Care, Community Development, AWP, VCSE, a Navigator/Link Workers and partnership working
- South Bristol MINT Mobilisation – this involved shared case reviews, recruitment, communications, estates and digital elements, a triage service for communications, talking therapies and a fortnightly case review. The Hub Manager and Hub Administrator were now in place and engagement was already taking place with other agencies that might be needed if relevant. Core membership included the AWP, VCSE, Adult Social Care Team, NHS Talking Therapies and General Practice



- ICE MINT Update – details were provided
- North and West Bristol – whilst these were overall less deprived areas of the cities, they were high in certain areas. Shirehampton Health Centre would act as the base for MINT and would work with the Northern PCNs to create a Well Being Hub to provide social prescribing support
- Reflections showed that shared care reviews were beneficial, it was good to have multi-disciplinary partners involved, as well as dedicated mental health colleagues, consistent language and appropriate governance in instances involving a range of different statutory organisations

In response to issues and questions raised by Board Members, the following points were made:

- This was a superb piece of work which would interface well with student Mental Health Work. There was a need to ensure the drug and alcohol services were more closely aligned with this area of work. Links with the MINT team could help in the current work to search for a new provider
- Dialogue Plus was a supportive conversation tool to discuss all aspects of a person's life and which could be used to obtain support across the BNSSG in a more efficient way and provide further information for assessments and referrals
- MINT teams would become gradually embedded and outcomes assessment would analyse which approaches proved worthwhile
- The measurement of outcomes would help assess which destinations people needed to be subscribed to avoid waiting lists and to help obtain pockets of new investment. This could lead to alternative services meeting the needs of individuals and reduce the pressures of waiting lists
- This service was working extremely well and seemed a very good shift in service provision

The Board noted that THRIVE Bristol provided a link between financial issues and mental health. If this work helped to fill the gap of hard pressed advice services, this would help.

### **10 JSNA Annual Report - Tracy Mathews (Author), Carol Slater, Bristol City Council (To Present Report)**

Carol Slater introduced this report and made the following points:

- The JSNA was a statutory requirement and provided a picture of Bristol, informed decisions on how to (1) design services (2) improve and protect HWBB outcomes and (3) help to reduce inequalities.
- There was a focus on priority cases using JSNA profiles.
- Development - Details of those parts of the city were provided showing good levels of development and those where this was poorer. It was noted that first time entrants to the Youth Justice System were higher in Bristol than the national average
- Healthy Weight – the figures for excess weight were relatively unchanged in Bristol for the last decade. Bristol's figure was slightly lower than the national average and the lowest of all the core cities



- Smoking and Alcohol – Bristol was higher than the national average and this figure was higher in males
- HIV – The prevalence of HIV in Bristol was similar to the national average
- Theme of Healthy Minds – The number of those satisfied with life had decreased since last year due to a combination of factors such as isolation due to COVID and the cost of living etc. The Board noted details of self-harm admissions
- Theme of Healthy Places – Details of health protection were provided related to COVID, Homes and Fuel Poverty, Climate and Ecological Emergencies, Violence and Hate Crimes. The number of fuel poor households was fewer than the national average
- Theme of Healthy Systems – These included assessments of priorities on economic inclusion and the Integrated Care System in the BNSSG. The figures for unemployment were better than in other core cities
- Locality Partnership Health Profiles – This was a great resource which had first been published in July 2022 and had recently been refreshed. It provided an analysis of the localities in comparison with Bristol

Board members made the following comments:

- Locality profiles are very helpful in showing those parts of the city where there are difficulties in key areas ie obesity, diabetes etc.
- Vaping - This was an important tool to support those who wanted to quit smoking but was discouraged in all other groups. Commercial determinants were a key factor in the growth of vaping which was growing amongst non-smokers in western markets and spreading in developing parts of the world, particularly in Africa, amongst all groups.

There remained a lack of data on the number of children vaping. Initial work in this area to provide a targeted wraparound service had proved very effective in reducing the overall rate of vaping and now needed to be increased. Vaping was an intergenerational problem and was linked to mental health. A piece of work was being carried out in this area and would either be submitted to a future HWBB meeting or would be circulated to them separately.

- This information was widely available for use as required.
- This data indicated how badly certain parts of the city needed help such as Hartcliffe and Withywood that had endemic problems which required specific targeting.

#### **ACTIONS:**

- (1) JSNA Information to be circulated to the Children’s Board and their draw attention to statistics relating to children – ACTION: Carol Slater/Mark Allen-Richardson to arrange**
- (2) Briefings to be provided to any HWBB representative who requires it on issues such as the Local Plan, Economy and Transport – ACTION: Carol Slater/Mark Allen-Richardson to arrange**
- (3) Work of group on vaping to be either brought to a future HWBB meeting or circulated separately to HWBB members – ACTION: Christina Gray**



## 11 HWBB Mid-Year Report - Mark Allen-Richardson, Bristol City Council

Mark Allen-Richardson introduced this report . He briefly explained the performance framework and the RAG rating for various areas of work including areas such as Domestic Abuse, Sexual Violence or Gender Harmful Practices, Wider Determinants of Health and an Integrated Care System.

## 12 HWBB Strategy 2023 Update - Mark Allen-Richardson, Bristol City Council

Mark Allen-Richardson introduced this report and made the following comments:

- The One City Plan had now been updated to reflect the ongoing cost of living and health and care issues
- Healthy Places now includes communities

The Board thanked Mark for the work he had carried out in these areas as part of the LGA review and drawing out themes and strategies from the statistics that was available.

## 13 One City Many Communities - Penny Germon, Bristol City Council

Penny Germon gave a presentation on this issue and made the following points:

- Bristol City Council's response to COVID and the cost of living had helped to ensure the development of principles that underpin the current collaborative approach
- The work was intentionally focused on inclusion, equity and social justice and around the framework developed for the cost of living crisis. It was highly focused on sustaining and nurturing community foundations and on nurturing welcoming spaces
- Nurturing welcoming spaces had been developed as part of this approach
- Work was taking place across Bristol with city partners such as Quartet and funding was being sought from the community sector to obtain this including from the Shared Prosperity Fund.
- The aim was for 16 Community Hubs to be a conduit for communities and increase horizontal connections for them
- Key messages this winter would be to build on what had been achieved last winter ie provide greater resilience, ensure embedded support was provided not seasonal, tackling increased poverty, provide a framework around the cost of living crisis
- Support for issues like debt and emotional mental health was required for those who kept coming back to request it. Key issues would be part of a follow up event on Thursday 23<sup>rd</sup> November 2023 – cost of living, welcoming spaces, employment support, one city funding raising and there would be ongoing monitoring of data for this
- In view of the importance of this area, it might be helpful to have a discussion on it as part of a future Development Session





Board Members made the following comments:

- This work could be linked to that being carried out with MINTs
- Tackling loneliness was very important due to the negative impact that it had on mental health. Welcoming Spaces were very important for tackling this and helping to combat inequity in communities
- Our response needed to be embedded since it remained fragile – frequently based around a few volunteers. Some areas had low infrastructure but high need ie Hillfields and Frome Vale
- Nilaari were working with St Pauls Advice Centre but finding difficulties in getting time to support people with PIP (Personal Independence Payment). It was noted that these were comparatively small amounts of money to provide mental and financial support but had a significant impact

#### 14 Healthwatch Consultation (Verbal Report)

Elaine Ferraro provided a verbal report on the above issue. She stated that:

- This organisation provided health services overseen by the HWBB and the ICB
- The re-procurement of this service was currently taking place.
- The existing contract would finish in September 2024. The new contract would operate from October 2024 for a three-year period and was currently managed by South Gloucestershire with Bristol taking the lead role
- Views on this issue were encouraged and some responses had already been obtained. Consultation also included the service specification with some complimentary questions to influence the tendering process
- The views of the Equalities Forum would be promoted through the Healthier Together Communications Group
- Promotion was already taking place through the Social Care Forums

During brief further discussion, it was noted that the Board noted that promotion of consultation was required through key anchor organisations **ACTION: Promotion of the consultation process to take place through key anchor organisations such as VOSCUR – Elaine Ferraro**

#### 15 Health and Well Being Board Forward Plan (For Information)

The Board noted the Forward Plan including details of the Development Session on Thursday 26<sup>th</sup> November 2023. This would involve a Joint Workshop with the Children and Young People's Board including discussion of Women's Health and Health Hubs.





## 1f Date of Next Meeting

It was noted that the next formal Board Meeting was scheduled to be held at 2.30pm on Thursday 14<sup>th</sup> December 2023 in the Bordeaux Room, City Hall, College Green, Bristol.

The meeting ended at 4.50 pm

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

