

Health and Wellbeing Board Agenda



NHS
Bristol, North Somerset
and South Gloucestershire
Integrated Care Board

Date: Wednesday, 25 October 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: Tuesday, 17 October 2023



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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 Thursday 13th July 2023

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

(Pages 8 - 15)

5. Public Forum

Up to 30 minutes is allowed for this item.

Any member of the public or Councillor may participate in Public Forum. The detailed arrangements for so doing are set out in the Public Information Sheet at the back of this agenda. Public Forum items should be emailed to democratic.services@bristol.gov.uk 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 5pm on Thursday 19th October 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 Tuesday 24th October 2023.**

- | | |
|---|--|
| 6. Care Quality Commission Assessment Framework (Verbal Report) - Mette Jakobsen, Bristol City Council | 2.40 pm |
| 7. Integrated Care Partnership Update (Verbal) - Councillor Helen Holland | 2.50 pm |
| 8. Locality Partnership Update - Integrated Care Board | 3.00 pm
(Pages 16 - 32) |
| 9. JSNA Annual Report - Tracy Mathews (Author), Carol Slater, Bristol City Council (To Present Report) | 3.30 pm

(Pages 33 - 42) |
| 10. HWBB Mid-Year Report - Mark Allen-Richardson, Bristol City Council | 4.00 pm

(Pages 43 - 48) |
| 11. HWBB Strategy 2023 Update - 2023 Update - Mark Allen-Richardson, Bristol City Council | 4.10 pm

(Pages 49 - 54) |
| 12. One City Many Communities (Verbal Report) - Penny Germon, Bristol City Council | 4.20 pm |
| 13. Healthwatch Consultation (Verbal Report) | 4.30 pm |
| 14. Health and Well Being Board Forward Plan (For Information)
To note the HWBB Forward Plan. | (Page 55) |



15. Date of Next Meeting

The date of the next formal Board Meeting of the Health and Well Being Board is 2.30pm on Thursday 14th December 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

13 July 2023 at 2.30 pm



Board Members Present: Councillor Helen Holland (Co-Chair), Councillor Ellie King (Deputy Chair), Councillor Asher Craig, Hugh Evans, Abi Gbago, Christina Gray, Tim Keen, Tim Poole, Rebecca Mear, Rebecca Dunn, Joe Poole, Steve Rea, Mette Jakobsen and Sharron Norman (substitute for Neil Turney)

Officers in Attendance:-

Mark Allen-Richardson, Jeremy Livitt, Carol Slater and Penny Germon

Presenting Officers:-

Anne Morris, Clare Cook and Mohamed El-Sharif (Agenda Item 8), Reena Bhogal-Welsh (Agenda Item 9), Wavell Vere and Jenny Bowker (Agenda Item 10)

1. Welcome, Introductions and Safety Information

The Chair welcomed all parties to the meeting and asked them to introduce themselves. She also explained the evacuation procedure in the event of an emergency.

2. Apologies for Absence and Substitutions

Apologies for absence were received from Heather Williams, Colin Bradbury, Neil Turney (Sharron Norman substituting) and Sally Hogg.

3. Declarations of Interest

There were no Declarations of Interest.

4. Minutes of Previous Meeting held on 25th May 2023

RESOLVED – that the minutes of the meeting held on 25th May 2023 were agreed as a correct record.



5. Public Forum

A Public Forum Statement was received from Councillor Brenda Massey in respect of Agenda Item 10 – Dental Access for Adults and Children in Bristol.

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

Councillor Helen Holland gave the following verbal presentation on the Integrated Care Partnership:

- Whilst the strategy had been agreed in principle, the next cabinet meeting was not until September 2023
- A development day would take place shortly as a means of bringing the strategy to life
- A key issue would be the use of integrated space to help health outcomes across the region
- Thanks should go to the editorial group under Matt Lenny to ensure that it aligned with our strategies and ensured that it reflected that strategy in a future iteration
- She confirmed that she was now the Chair of the BNSSG meeting following a recent change from North Somerset and that both Councillors from the other Local Authorities had been replaced following the local elections
- At a recent meeting involving the LGA and ICP, the issue of prevention had been raised as a concern
- Tim Swift from Calderdale Borough Council was now the chair of the national network
- At Councillor Holland's suggestion, the ICP would be submitting a report to a future meeting of the HWBB

The Board noted that this had been a great achievement so far to have developed a strategy which addressed inequality within it and that a properly aligned integration would add value to it.

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

Penny Germon introduced this report and made the following points during her presentation:

- The report contained a link to video which will give you an indication of the work being carried out
- Thanks were given to the people who had made the winter event possible including the volunteers
- The Board noted a series of slides of the event which had involved 120 people and had been very positive and engaging. There were 105 welcoming spaces created through the cost of living response
- It was estimated that 87% of households in Bristol were 10 minutes' walk away from a welcoming space which would provide physical access, Wi-Fi, hot drinks, information access and support
- The Board was reminded of examples of the publicity generated
- There were 19 community hubs to co-ordinate activity in the particular area including in Brislington and Lockleaze



- Work was carried out with the centre for the deaf and welcoming people. WECIL had provided advice to all welcoming spaces to improve access for disabled people. There was also access to emotional wellbeing support
- Membership for the scheme had increased from 300 to 14000 post COVID
- There had been signposting had taken place on the website and the communications team had worked with all welcoming spaces
- VOSCUR had organised peer support
- Avon and Somerset Police had indicated areas where there were no welcoming spaces, following which they had been created
- There had been a large number of hits on the Bristol City Council website about these spaces
- Tech support had been received for these welcoming spaces
- There had been aligned funding of £2.4 Million for the winter response – 62% aimed to keep going
- Feedback suggested that a move was needed away from a crisis support approach towards a more sustainable approach
- The principles were for a one city asset based approach focusing on inclusion and social justice and involving collaboration as required
- Seven key ingredients included neighbourly and citizen action, welcome spaces, positive action, community hubs, leadership and collaboration. It was only possible to do this if conditions were sustained that nurture communities and provided civic power for community development and building relationships.
- Since 19th April, a Bristol One City approach supported people most impacted by low income, poverty and inequity
- A map showing Welcoming Spaces was shown. BCC would maintain a Cost of Living website seeking to maximise aligned funding and to develop a planned approach
- There were opportunities to develop innovation and a fresh approach to commissioning and to nurture community ecosystems

Board members made the following comments:

- Discussions with extra care providers at Waverley Gardens Brunel Care Home had revealed the need for resources to be used for those communities which were the most difficult to reach
ACTION: Examine possible additional mechanisms to provide extra resources (such as other care providers) for those communities which are reached less well – Penny Germon
- In view of the likelihood of increased warming of the climate, the development of cool places was also required
- There was a fragility in the system over the last three years caused by older people presenting for care who had held back from requesting treatment
- Adult Social Care is not discrete and separate from the power of strong communities and therefore there was a need to cross boundaries better. With a small amount of seeding, a lot of capacity could be grown. Within the next two years, adult social care needed to be seen as wider than just domiciliary care



- The importance of the complimentary nature of Penny Germon’s team was noted with the use of outdoor community spaces to build resilience – for example, through the Community Impact Fund
- The use of One City Boards and with the voluntary sector to help vulnerable people was noted
- Social connections were very important. There was a need to continue to invest in this area. The use of these spaces could allow development in other areas and provide opportunities to capture other needs
- This was superb piece of work. Interactions with staff providing community care would help those using the facility as well as enabling them to benefit from the warm space
ACTION: Request strategic communications to lead a piece of work in the build up to winter in order to ensure a safe and warm place for people – Penny Germon/Rebecca Dunn in conjunction with BCC Communications Team
- The individuals involved in this work should be congratulated as they worked very well across BCC and helped to collaborate and strengthen the relationship with the voluntary sector
- This approach should be celebrated as it showed the benefit of the development of ecosystems over many years. There was a need to invest further to avoid duplication. This dynamic approach had made a significant change
- Whilst it was good to know that 63% would be continuing, there needed to be focus on the remaining 37% as they focused on the areas of greatest need and deprivation
ACTION: Add Locality Partnerships to the diagram shown in the presentation – Penny Germon
- The resource and aligned funding, together with the role of HWBB in reinforcing and accelerating this approach, was important
- HWBB would be the sponsor for a similar structure to Wigan Deal

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

Clare Cook, Mohamed El-Sharif and Anne Morris presented this report and made the following points:

- This was a collaborative system working together to support our most deprived communities
- There was a huge amount of inequity concerning how people access services. The ethos is that we do not leave anyone behind and vaccinate anyone who requires it
- With the use of levelling up funding, a social determinants approach was adopted using an asset based community development model
- The support helped to continue with a sustainable model
- Temple Street acts as a job centre, citizen service point and had also been used as a vaccination centre
- Interventions were used there for vaccinations and health care in general – the motto was “It’s amazing what you can do with a cup of tea”



- A system of integration and leadership was important to help provide a space for some of the most marginal citizens. It was important to adapt to meet the needs and preferences of some of the groups that have engaged and build long-term trust with them
- In some instances, adaptations were required to meet the needs and preferences of those groups which have engaged and to adapt the learning as required
- The approach reached a large number of ethnic minority communities and homeless people
- It was important to start to connect people into communities and ensure they were listened to and valued
- Some of the first days were only delivered in 2023 and were for people who had never before received the vaccine. The flu vaccine was also co-administered using community pharmacy teams and had worked very well. This had been a wide-ranging approach and had involved lots of pieces of work which went well beyond vaccines
- Whilst for some groups the experience had fallen short, it helped groups gain confidence that they had failed to achieve in the past. A wide range of reasons for seeking vaccination had been provided by those surveyed
- A lot of homeless people went to emergency services and frequently the need was to ensure safety, access to food, the correct environment and also literacy
- Whilst there had been instances of low uptake, this did not mean there was low interest since the first doses were not administered until June 2023. Some people needed time to decide whether or not to seek help
- Short term funding only provided short term relief and therefore the work of local groups in their communities was important to invest in people who need support
- A small campaign was currently being carried out with younger people and there would then be an autumn campaign for vaccines
- The greater people worked together in these areas, the more the system was improved. This was a cost effective approach

Board members made the following comments:

- It was important to signpost help to avoid having to repeat information
- The success of the Community Vaccination Programme was welcomed
- This had been very successful. There was a significant resource for vaccination. However, immunisations were generally low for all ages and across the wider vaccination programme
- Whilst community champions were in place prior to COVID but these did not have the resources of clinical expertise that this team provided. This indicated how important it was to continue this approach
- The provision of support from a locality partnership perspective was important
- Pilot work was being carried out around MMR. The development of a strategy was clearer and collaborative working had really helped with this. It was possible to demonstrate closure of provision gap based on the information available
- A social value assessment was important, in the same way as with climate change



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

Reena Bhogal-Welsh presented this report and made the following comments:

- It was important to speak to a trusted person
- Following the recent OFSTED/CQC Joint Inspection, a written statement of action has been provided with five key areas set out in the report
- Following the re-inspection from the 2019 snapshot inspection, significant progress had been made in 4 out of 5 areas
- The continuing area of difficulty was in relationships. As a result, one piece of action to help address this was the development in May 2023 of a Parent/Carer Forum. It was noted that £18,000 had been provided to enable them to continue the work they carry out
- As a result, an APP (Accelerated Progress Plan) had been created along with an effective and sustainable structure
- Hearing and listening to lived experiences was important and the experiences of young people had been heard. The plan set milestones for 3,6, 9 and 12 months
- The journey behind the story was very important
- Representation was received from schools, health partners and social carers involving a crosscutting and multi professional approach
- Rotherham had gone through a similar journey to Bristol but had formed genuine partnerships as a model for how you can develop these
- The DoE had written to BCC concerning the Really Healthy Workshop

Board members made the following comments:

- There would be further reports back concerning this and in other areas such as SEND. However, it seemed as if the “tide had been turned”
- It was acknowledged that children’s issues had not received as high a priority from HWBB as other areas and that this needed to be addressed
- The work of this team was commended as it had faced three very difficult years. Even when relationships were heightened, there was a need to ensure our voices were heard from as diverse a range as possible
- The SEND Improvement Board was now within the responsibility of BCC and no longer the LGA

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

Wavell Vere and Jenny Bowker gave a presentation on this item and made the following points:

- The NHS Dentistry Service is now accountable for decision-making and budgets in dentistry involving the commissioning of work
- Dentistry primary care, high street care, community care and secondary care are all delivered by our service



- The local context for NHS Dentistry was explained to the Board
- In common with the situation nationally, access to dentistry was a real challenge
- National reforms were part of an attempt to ease these problems. Wherever possible local solutions were preferred by developing a local approach
- The main focus of the presentation related to primary dental care which was significantly different to other care services. Dentists in this area operated as independent businesses, tendering for contracts and delivering both NHS and private dentistry
- Whilst they provided their own staff and premises, there was some reimbursement for the latter
- Dental contracts were procured on dental activity but there remained a huge variation in contracts which creates pressures on staff retention
- The cost of living had created a huge impact on providers. The number of adults requiring the service was increasing and whilst it had dropped, this remained in line with the national average
- In Bristol, there were 57 practices equating to approximately 235,000 patients which was just above 50% of adults
- Orthodontic activity requires aesthetic appliances and operated on a national basis so did not allow for much variation.
- Mandatory care provided cover for patients that participated with 64 patients a week being seen within Bristol. The contract had been extended to March 2024 and it was hoped to extend by a further 36 months to assist with retention of staff to provide a pathway to stabilise oral health
- Access to 111 enabled an urgent provider for temporary treatment (such as fillings) and then further requisite treatment. 8 practices operated to provide stabilisation treatment with approximately 3.5 hours per session. On average there were about 6 patients per session. Further work was required to address regional concerns and take into account regional priorities

In response to Board Members' questions, they made the following points:

- People were sometimes not accessing dental care due to the difficulty in accessing it. There was a need to prioritise what is available for local communities as NHS Dentistry was not being provided
- St Paul's surgery has closed by the end of June 2023. Whilst the service had attempted to offer out other activity to dentists to keep it open, there had been some uptake but not enough. The service had received offers from the local Community Action Group and Housing Association in relation to this
- The service would use an emergency procurement arrangement for the St Pauls Replacement Surgery Service.
- BUPA was advised that they could not continue. NHS dentistry was no longer competitive in the market as opposed to private dentistry
- Private and High Street Dentistry were the first dental services to re-appear after the pandemic. Whilst the service was trying to make the delivery of contracts feasible, these were not long-term solutions and a larger reform programme was required
- It was acknowledged that a national approach was required. It was noted that health visitors cannot get treatment for certain groups such as refugees. There were strong campaigns locally but no delivery from successive governments



- It was also noted that some people were having to provide their own dental care, including pulling out their own teeth. Local people were taking toothbrushes to school. Whilst there was anew provider for Southmead, this was a very bad state of affairs in the long term. Toothbrush procurement for children was being organised to assist the situation. There was also an attempt to understand national priorities. In the meantime, the profession was lobbying very hard for reform via the Dental Association
- There was a long process to register a dentist
- In September 2023, there was a planned HWBB Development Session on dentistry

ACTION:

- (1) Lobby Central Government for a more effective NHS Dental Service and continuing work on local schemes such as the one operating in Southmead**
- (2) In the meantime, NHS Dental Services to work with Locality Partnerships to consider ways to improve dental services throughout communities in the region**
- (3) Provide an updated version of the map of NHS Dental Services on the Live Link**

NHS Dental Services – Wavell Vere and Jenny Bowker

11 Health and Well Being Board Forward Plan - For Information

The Board noted the HWBB plan.

12 Date of Next Meeting

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

The meeting ended at 5.05 pm

CHAIR _____



Bristol Health and Wellbeing Board

Title of Paper:	Bristol Locality Partnerships - Mental health and wellbeing Integrated Network Teams Update
Author (including organisation):	Joe Poole, Head of Locality, Inner City and East (ICE) Locality Partnership Neil Turney, Head of Locality, North and West Bristol Locality Partnership Pip Martin, Locality Development Manager, South Bristol Locality Partnership
Date of Board meeting:	25/10/2023
Purpose:	Oversight and assurance

Purpose of the Paper

- Mental health and wellbeing Integrated Network Teams (MINTs) are being established over 2023/24 across Locality Partnerships to meet the needs of communities.
- This update will provide oversight of MINT team developments across the three Bristol Locality Partnerships
- To reflect on lessons learned
- To ascertain how the Health and Wellbeing Board can support the vision for integrated working.

Appendices

Bristol Locality Partnerships MINT Update presentation

Healthier **Together**



Improving health and care in Bristol,
North Somerset and South Gloucestershire

Bristol Locality Partnerships MINT Update

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Health and Wellbeing Board – October 2023



Background

We are transforming community mental health services across Bristol, North Somerset and South Gloucestershire (BNSSG) to improve peoples' mental health and wellbeing.

These changes will support people – wherever they live and whatever their background – to quickly access high-quality and personalised care, closer to home.

This is part of the NHS long term plan and [NHS Mental Health Implementation Plan 2019/20 – 2023/24](#) which set out that the NHS will develop new and integrated models of primary and community mental health care.





- ✓ Establishing place-based integrated teams (MINTS) which meet communities' diverse needs, working together across health, social care and voluntary/charity sector (VCSE) partners, providing a “one stop shop” for access to mental health support.
- ✓ Increasing access to high-quality, evidence-based care for people with mental health needs. This includes transforming support for people requiring specialist services such as eating disorders and personality disorders.
- ✓ Addressing health inequalities, by providing trauma-informed, culturally inclusive support that is co-designed by those with lived experience from our communities, seeking the fastest improvements in those with the poorest access, experience and outcomes.



The case for change

We recognise that people with mental ill health may need support that goes beyond symptoms. Working with our partners, we will provide practical, social and financial advice to help people stay well.

We are acutely aware of health inequalities across BNSSG, which is why we are seeking to provide culturally inclusive, trauma informed support to drive the fastest improvements for those with the poorest access, experience and outcomes.

This priority is being embedded at every level of the programme.



Mental health and wellbeing Integrated Network Teams (MINTs)

Meeting the needs of communities through MINTs

One team

- NHS
- Social care =
- VCSE

Increased access to high quality, personalised care for more people across BNSSG

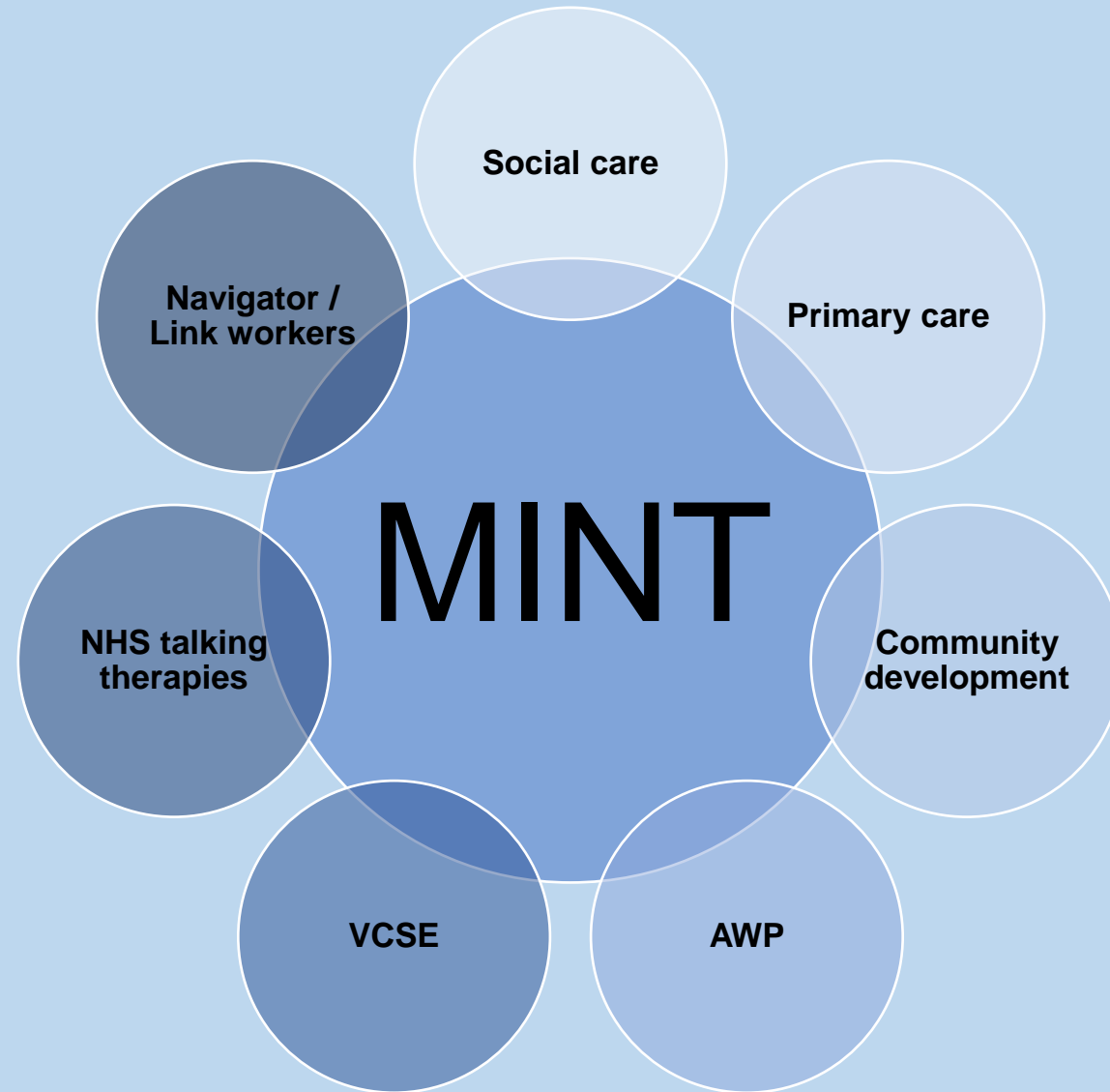
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6 new teams to be established over 2023/24 across locality partnerships supported by:

- Hub Manager
- Clinical Psychologist
- Team Administrator
- Recovery Navigators
- Social care lead
- VCSEs/ wider network



Adult aged 18 or over with mental health needs that require a holistic response - one that cannot be provided by an individual partner organisation



Integration

South Bristol MINT Mobilisation

Recruitment

- Hub Administrator and Manager in place by 16th October.
- Psychologist, Social Worker and Recovery Navigators recruitment in progress.

Comms

- OneCare leading comms with General Practice with support of Hub Administrator and Manager
- South Bristol TeamNet page is built for shared consistent communications regarding MINT

Estates

- Estates review in progress- preferred option is Whitchurch Health Centre

Digital

- CMH Programme Team are working with all core MINT partners to understand digital and system requirements
- This forms part of the Data Protection Impact Assessment
- Once this is complete, all MINT partners will sign Data Sharing Agreements

Current Delivery

The South Bristol MINT shared case reviews have been in test and learn phase since **March 2022**. In that time the Core MINT has reviewed **55 cases**.

MINT shared case reviews take place fortnightly on a Wednesday afternoon.

In-between these, we hold MINT mobilisation meetings to discuss operational plans such as digital, estates, recruitment and comms in planning for the December go live.

Core Membership

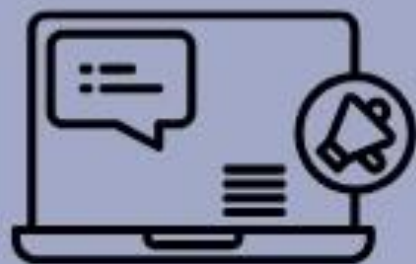


As we work towards a truly integrated model, we are continuing to engage with other teams and organisations operating locally about our MINT model and how they could get involved. For example, Womankind, Off the Record, DHI, Bristol Drugs Project, Community Learning Disabilities Team, Social Housing, High Intensity User Team, and SWEDA have come to case review sessions before when beneficial to a specific case.

Next Steps



Real focus on integrated culture of the MINT Hub



Progress with cross/system IT access & data sharing agreements



Recruit to remaining hub positions



Locate suitable estates for MINT Hub



Share consistent official MINT communications with general practice and wider partners

ICE MINT Update

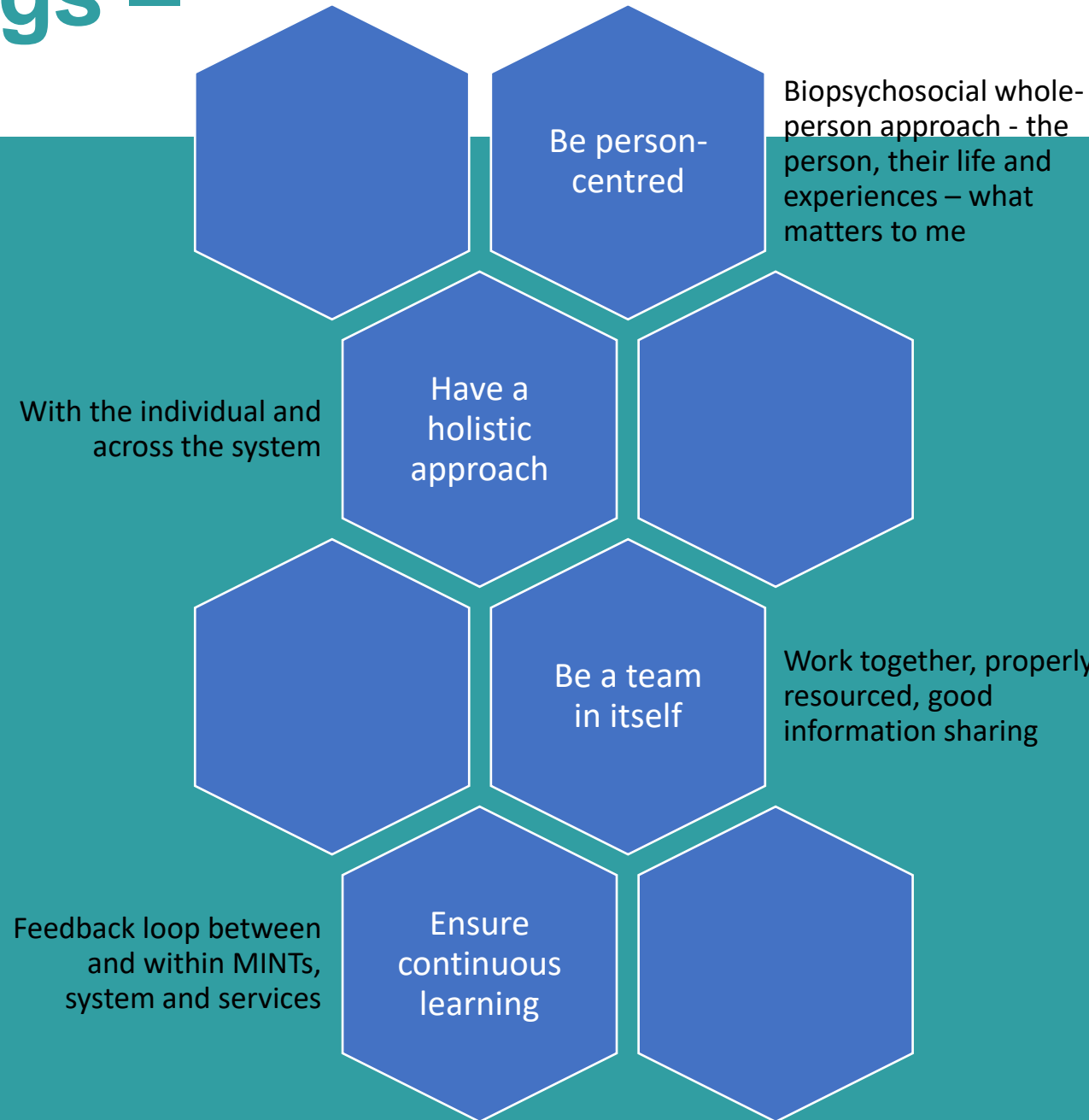
- Community Link Workers recruited to provide additional support for Somali, African Caribbean, South Asian communities and carers
- Clinical Lead recruited
- Recruited MINT Co-Ordinator post
- Additional Recovery Navigation offered via the MINT
- Defining membership of – and setting-up - ICE MINT Mobilisation Team to:
 - Understand how people will access and journey through the Hub
 - Developing the culture of core team to deliver effectively to ICE communities
 - Define the enhanced MINT Team for ICE
 - Plan the operational mobilisation of the Team
- Identify psychologist and social care resource

Shared caseload meetings – Prototype 2 learning

- Fortnightly MDT meetings
- Attendance: VCSE, Vitahealth, Second Step, St Mungos, AWP, GP, ICB
- Anonymised case presentations
- Holistic, problem solving, idea generating approach
- Referrer ideally knows the individual, attends the MDT to present the case, conveys recommendations and monitors outcomes

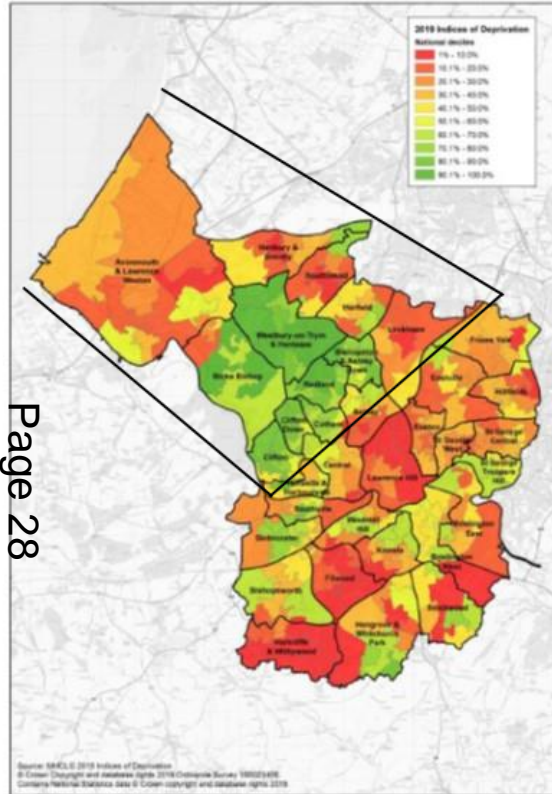
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MINT Team needs to: (see diagram to the right)



North and West Bristol MINT Mobilisation

Figure 1. 2019 National Deprivation Deciles by Lower Layer Super Output Area (LSOA)
Source: Strategic Intelligence and Performance using MHCLG 2015 and 2019 Indices of Deprivation



- Poor travel infrastructure in Outer N&W Bristol results in low access to services and lack of community resources. Lower rates of VCFSE peer support, and less existing infrastructure, people not 'used to' accessing support.
- Locality Partnership seeking to base our MINT service at Shirehampton Health Centre, in Sirona estate.
- Opportunity to link with Northern Arc PCN's Wellbeing Hub/Social Prescribing.
- Outer N&W Area also high on cost-of-living risk index and unemployment/NEET ratio.

What next: As service develops focus to expand on LD / ASD populations, ex-offender health and links with employment services to support locally identified mental health need.



Reflections



Lessons Learned:

- Core partners have found the shared case reviews to be beneficial in gaining different perspectives and suggestions for next steps
- Having dedicated ARRS Mental Health colleagues within the PCNs has helped increase engagement from general practice
- Having multi-disciplinary partners involved across health, social care and community brings broader understanding of the wider factors that can trigger mental illness, and therefore brings a wider understanding of options and solutions
- Our language and shared sense of purpose needs to be consistent to gain and maintain buy-in
- During the test and learn phase, the complexity of information governance and data sharing across agencies and sectors has provided challenges to the level of detail discussed in case reviews making the process feel a bit clunky at times.

Questions for Health and Wellbeing Board:

- What do you envisage true integration to look like? How do you see this working?

Specialist Pathways

Eating disorders: improving support with our First Episode and Early Intervention for Eating Disorders (FREED) team, including clinical and peer support. Our new VCSE provider SWEDA is offering quick access to holistic support.

Community rehabilitation: strengthening team to help people move people back from out of provider care. We are recruiting a psychiatrist for this team and developing a new model of housing provision.

Personality disorders: we have coproduced a new service for people with PD called the Sequoia Tree Service to support people at a primary care level.

Physical health (SMI): BNSSF has invested in primary care, AWP teams and VCSE peer support to provide annual physical health checks for people on the GP's Severe Mental Illness Register.

Integrated Access Partnership: A new mental health clinical assessment service has been established via 111 to ensure that people in mental distress get the right support quickly. We are working to roll this out 7 days a week across BNSSG.

Specialist Pathways continued...

Older Adults: Aiming to review the outcomes and experiences of older adults in the services provided by the Community Mental Health Programme. The approach is creating a Lived Experience Reference Group including attendees across the system.

Younger People's Transitions: Aiming to enhance the 18+ transition provision to ensure it delivers a sustainable and appropriate offer for the current and future needs of young people with mental health problems, passing from children services to adulthood.

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We are also investing in support to address inequalities across BNSSG by:

- Funding inclusion organisations to offer dedicated support for marginalised communities.
- Peer support groups
- Training to support services to address health inequalities

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

Bristol Health and Wellbeing Board

Title of Paper:	Joint Strategic Needs Assessment Annual Report 2022/23
Author (including organisation):	Tracy Mathews (BCC)
Date of Board meeting:	25th October 2023
Purpose:	Information and discussion

1. Executive Summary

This paper is a summary of the health and wellbeing needs of the residents of Bristol, drawn from the JSNA data profile sections updated during 2022/23 and aligned to the Health and Wellbeing Board priorities.

2. Purpose of the Paper

Local authorities and Integrated Care Board's (ICB's) have equal and joint duties to prepare a Joint Strategic Needs Assessment (JSNA), through the Health and Wellbeing Board (HWB) in order that the health and social care needs of the population are understood and proper plans and services may be put in place.

The HWB delegates this function to the Director of Public Health for Bristol. Public Health chair the JSNA Steering Group.

This report provides a summary of the findings from all the JSNA work carried out throughout the past year

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

The Joint Strategic Needs Assessment is used to:

- provide a comprehensive picture of the health and wellbeing needs of Bristol (now and in the future)
- inform decisions about how we design, commission and deliver services, and also about how the urban environment is planned and managed
- improve and protect health and wellbeing outcomes across the city while reducing health inequalities
- provide partner organisations with information on the changing health and wellbeing needs of Bristol, at a local level, to support better service delivery
- be the evidence base for the [Joint Health and Wellbeing Strategy](#), identifying important health and wellbeing issues for Bristol, and supporting the development of action plans for the 10 priorities named in the strategy

The profile is broken down into 10 themes and currently reports on 85 different subject areas. These sections are kept up-to-date and published as soon after the release of new data as possible.

4. Community/stakeholder engagement

JSNA sections are updated using national and local data (including Quality of Life Survey data) in conjunction with specialist knowledge both internally to Bristol City Council and externally.

5. Recommendations

The Board is asked to:

- Approve the JSNA Health and Wellbeing Summary 2022/23

6. City Benefits

As stated in section 3 above the JSNA is used to improve and protect health and wellbeing outcomes across the city while reducing health inequalities. The intelligence captured from the JSNA informs commissioning in order to address issues and meet future needs.

7. Financial and Legal Implications

n/a.

8. Appendices

Appendix A: JSNA Health and Wellbeing Annual Summary 2022/23

Detailed JSNA sections are updated and published on our [JSNA webpages](#)

JSNA Health and Wellbeing Profile – Annual Summary 2022/23

Bristol Health and Wellbeing Profile – 2022/23 summary September 2023

Introduction

The Joint Strategic Needs Assessment (JSNA) is an ongoing process to identify current and future health and care needs for our population. It aims to inform decisions about how we design, commission and deliver services to improve and protect health and wellbeing of our residents, and address inequalities in health.

The JSNA informs the [Bristol Health and Wellbeing Strategy](#) which uses the evidence to set out the local health and wellbeing priorities (see Figure 1 below) and will continue to inform it as new information comes to light.

As part of this ongoing process, a Health and Wellbeing data profile for Bristol is produced and published on the [JSNA website](#). This profile is maintained and updated throughout the year as new data become available. The short report presented here is a summary of key demographic and health data for Bristol from this profile, particularly from those sections that have been updated over the past year and is aligned to the Bristol Health and Wellbeing priorities in figure 1 below.



Figure 1: Health and Wellbeing Strategy 2020-2025: Priorities and Themes

This JSNA focuses on the local authority level population and can be considered in conjunction with the [Bristol, North Somerset and South Gloucestershire \(BNSSG\) Integrated Care System \(ICS\) needs analysis](#), and the Bristol locality profiles which have been produced for Inner City & East (ICE) Bristol, North & West (N&W) Bristol and South Bristol.

There are considerable disparities within and across the city between those living in the most deprived and least deprived areas. Locality partnership health profiles have been developed for each of the three Bristol localities which combined with ward data help us to identify hotspots of higher demand.

Our Population

The usual resident population of Bristol is estimated to be 471,200 (ONS Mid-2021 Population Estimates). Bristol has grown 10.1% over the last decade, faster than the national population growth (6.2%), and was the fastest growing of all core cities in England and Wales .

Overall, there were 234,000 men (49.7% of the overall population) and 237,100 women (50.3%) living in Bristol in 2021. This balance is similar to 2011, when 49.8% of the population were male and 50.2% were female. Between 2011 and 2021, all age groups increased in Bristol except for 0-4 year old, reflecting a decade of falling birth rates, and people aged 80 and over.

Since 2016, the rate of population growth has slowed. This is in-line with the UK population which last year grew at its slowest rate for 20 years. In Bristol, growth has been mainly concentrated in the inner city, especially among young adults.

Future population projections are uncertain, but if pre-pandemic trends were to continue, Bristol's population would be projected to increase to 499,200 by 2030. Births per year in Bristol peaked at 6,800 in 2012 and have fallen gradually since to a low of 5,048 births in 2022, a decrease of 7% compared with 2021.

Bristol has a relatively young age profile with a median age of 32.4 years, compared to 40.6 years nationally. Bristol's child population is projected to remain stable up to 2030, whilst the population of people over 75 years is projected to increase by 15% over 2020-2030.

Our population is increasingly diverse. At the time of the 2021 Census 28.4% of the population were from a minority ethnic group (ie not "White British"), ranging from 17.8% in South Bristol to 52.6% in the Inner City sub-locality.

Healthy Childhoods

Child development: In Bristol for the three year period of 2020-22, 3.3% of term babies were born with a low birth weight in the most deprived areas compared to 1.7% of babies in the least deprived areas. During 2020-22 the proportion of all babies (i.e. term and premature) born with a low birth weight in the most deprived areas (7.8%) was more than double the proportion in the least deprived areas (3.6%).

There is significant variation in breastfeeding initiation rates (any breastfeeding at 48 hours) across Bristol, with much lower initiation rates for younger women (under 20), White British women and women living in deprived wards, especially in the South of the city. While the difference between the initiation rates in the most and least deprived areas has slightly narrowed over time, significant inequalities remain. For example, initiation rates at 48 hours ranged from 99% in Bishopston and Ashley Down to 43% in Hartcliffe and Withywood during 2022/23.

The rate of teenage conceptions in Bristol has shown a steep decline since 2007. In 2021 the Bristol rate was 13.3 conceptions per 1,000 girls aged 15-17, statistically similar to the England average of 13.1 per 1,000. This is an increase on the previous year when behaviour was

potentially impacted by covid-19 lockdowns, but it is too early to determine if the increase is part of a longer-term upward trend.

More children attended NHS dental services in the previous 12 months in Bristol (52% of 0-17-year-olds) than the England average (46.9%) (2021-22). This is lower than the pre-COVID-19 pandemic level which saw 65% of 0 to 17-year-olds attending dental services in the twelve months up to June 2019 in Bristol (59.5% nationally).

The uptake rates for the majority of pre-school immunisations in Bristol are lower than South West regional averages and lower than, or in line with, national averages. In addition, coverage has been declining over the last 5-10 years for the majority of pre-school vaccinations. In comparison, school-age immunisations are generally improving but our rates are still lower than national averages and our core city comparators, in particular for the HPV vaccine. Coverage in the locality of Inner City and East Bristol is significantly lower for both age groups.

In 2022, 65% of children (under 5) in Bristol were assessed as having a good level of development at the end of the Early Years Foundation Stage, the same as the England average (65%). Across Bristol, this ranged from 46% in Hartcliffe & Withywood to 86% in Redland.

Adversity and trauma: There are 17,950 children under 16 living in relative low-income families in Bristol, which is 21.8% of all children (2021/22), higher than the UK average of 20.1%, and second lowest of the Core Cities. By ward, just over 46% of children in Lawrence Hill and nearly 40% of children in Central live in relative low income families compared to 3.0% in Westbury-on-Trym and Henleaze.

Across Bristol there were 735 children in care at the end of March 2023, a slight increase on the previous year. The number of children with a Child Protection Plan also increased, from 258 last year to 339 at March 2023.

In 2021/22 there were 650 emergency hospital admissions caused by unintentional and deliberate injuries in children aged 0 to 14 years. This is a rate of 83.5 admissions per 10,000 children aged 0-14, similar to the England average of 84.3 per 10,000. Among young people aged 15-24 years there were 1,115 emergency injury admissions a rate of 147.2 per 10,000 population, significantly higher than the England average of 118.6 per 10,000 and the highest rate amongst all English Core Cities. Admission rates among residents of the most deprived areas were significantly higher than those among residents of the least deprived areas of the city.

The rate of first-time entrants to the Youth Justice System in Bristol in 2021 was 215.7 per 100,000, significantly higher than the national average. Although higher, the gap between Bristol and England is gradually reducing, and is significantly narrower than in 2010.

Healthy bodies

Healthy Weight, food equality: Data from 2021/22 shows that around 1 in 5 (20.5%) of children in reception year in Bristol (4-5 years old) and more than 1 in 3 (36.4%) of year 6 pupils (10-11 year olds) have excess weight (are overweight or very overweight). Excess weight in reception year pupils shows a strong association with deprivation, with a 28% prevalence of excess weight for those living in the most deprived 20% of the city compared to 12% for pupils living in the least deprived 20% of the city. Excess weight in year 6 pupils also tends to be higher in more deprived wards with the highest rate in Lawrence Hill.

Over half the adult Bristol population are overweight or obese (55.7%). This is lower than the national average (63.5%) and the lowest of all core cities. The 2022/23 self-reported Bristol Quality of Life (QoL) survey provides a lower estimate of 47.5% adults with excess weight. There is a wide variation across the city by ward ranging from 28% overweight and obese in Central to 75% in Hartcliffe and Withywood. Poverty and deprivation are associated with a higher risk of excess weight in Bristol with the wards of Henbury & Brentry, St George Central, Hartcliffe & Withywood, Stockwood, Hengrove and Whitchurch and Bishopsworth significantly worse than the Bristol average.

Smoking, substance use: In 2021, 16.4% of Bristol adults smoked, higher than the national rate of 13.0%. Smoking prevalence in Bristol is higher in males, with 19.5% of adult males smoking compared to 13.3% of females. Nationally, 14.9% of males and 11.2% of females smoke. There is significant variation in smoking prevalence across the city which mirrors patterns of deprivation and health inequalities.

The QoL survey data shows the number of households with a smoker in Bristol is 15.5% (similar to the previous year). However, this is significantly higher in the most deprived areas (25.8%) and is lower in the least deprived areas (6.0%). By sub-locality prevalence of households with a smoker is highest in the Inner City (19.3%) and lowest in North and West (Inner) (10.5%). The percentage of households with a smoker varies across the city by ward from 4.1% of households in Stoke Bishop to 31.2% in Hartcliffe & Withywood.

Rates of smoking in pregnancy vary across the city, associated to a large extent with patterns of socioeconomic deprivation. 8.7% of all pregnant women in Bristol, North Somerset and South Gloucestershire are smoking at the time of delivery (2021/22).

There were 2,605 hospital stays in Bristol due to alcohol-related harm in 2020/21, a rate of 674.3 persons per 100,000 population. This remains significantly worse than the national average (455.9 per 100,000). Admission rates are significantly higher among the most deprived Bristol population – 1,672 per 100,000 population for residents living in the 20% most deprived areas of the city compared to 611 per 100,000 population for residents living in the 20% least deprived areas.

Bristol has an estimated 4,940 opiate and/or crack users. Whilst the proportion of Bristol residents using drugs is relatively small the impact can be extensive. Bristol has the second largest estimated rate of opiate and/or crack users (per 1,000 population) of the English core cities ([Opiate and crack cocaine use: prevalence estimates: 2016 to 2017](#)).

During 2021/22 there were 2,390 clients in treatment for opiate use, 595 for alcohol use, 300 for non-opiate and alcohol use and 220 for non-opiate use only. The percentage of opiate drug users that left drug treatment successfully and did not re-present to treatment within 6 months has been falling in recent years and by 2021/22 was down to 4.26%, below the national average (5.06%). Compared to the English core cities Bristol has the fourth highest success rate.

The rate of deaths in Bristol from drug misuse was 9.1 per 100,000 persons for the period 2019-21, significantly higher than the national average of 5.1. This represents the highest rate for Bristol over the last 18 years.

Sexual health: Covid had a significant impact on rates of most sexually transmitted infections (STIs) across England in 2020 and 2021. Bristol's rates reduced considerably and when age and sex are taken into account, are now lower than for England. Chlamydia is the most

common STI and accounted for 48% of infections in 2021. There were 833 diagnoses of chlamydia among 15 – 24 year olds and 545 diagnoses in people over 25. The number of chlamydia tests undertaken in young people has almost halved since 2019 and only 1 in 10 of the eligible population was tested in 2021 – this is significantly lower than England.

There are an estimated 925 people living with HIV in Bristol, of whom 875 already have a diagnosis. It is estimated that there are approximately 50 people are living in Bristol with undiagnosed HIV. The Bristol prevalence rate of 2.5 per 1,000 (aged 15-59) is similar to England's rate of 2.3 per 1,000. Bristol was ranked the 48th highest in England (out of 150 UTLAs/UAs) and is considered to have a high prevalence of HIV. There were 17 people newly diagnosed with HIV in Bristol in 2021 which gives the incidence rate of 3.6 per 100,000, similar to England's average of 3.6 per 100,000. In the 3 years from 2019-2021, 58% of newly diagnosed (29 people) have been diagnosed late in Bristol – a 35% increase from the previous 3 year period. 34% of eligible Bristol individuals who attended a sexual health service had a HIV test. The national percentage is 46%.

Healthy minds

Mental health and wellbeing: The prevalence of depression has been increasing since 2003/4, and in 2021/22 has increased to 13.9% (an increase on the pre-pandemic level of 12.6% in 2019/20). By sub locality, prevalence rates vary from 16.3% in South Bristol to 10.6% in North and West (Inner). There were 9,857 patients newly diagnosed with depression in 2021/22 – a 15.3% increase on the previous year. The incidence rate was 2.2% of population aged 18 and over, significantly higher than the England rate of 1.5%

4.2% of Bristol residents reported a 'low life satisfaction score' (ONS score) in 2021/22, a decrease on the previous year and lower than the England average of 5%. The local Bristol QoL survey for 2022/23 reports 62.4% of people satisfied with life, a decrease on last year (68%). However, in the 10% most deprived areas, this figure drops significantly to 46.2%. By ward this ranges from 80.7% in Bishopston & Ashley Down to 46.3% in Lawrence Hill.

Self-harm and suicide: The rates of self-harm admissions in Bristol are higher than the England average for both men and women in 2021/22. The rate of admissions among women is over twice as high as the rate among men. The self-harm admissions rate in the most deprived areas of Bristol is 2.7 times higher than in the least deprived.

The suicide and injury of undetermined intent mortality rate for 2019-2021 in Bristol at 11.8 per 100,000 population aged over 10 was statistically similar to the England average of 10.4. The Bristol suicide mortality rate for men at 17.5 per 100,000 population is significantly higher than the rate for women (6.0 per 100,000), but both are similar to England average of 15.9 and 5.2 respectively. The highest numbers and rates of suicide deaths have been reported among middle aged men (aged 35 to 64) and in Bristol the rate in that age group is significantly higher than the England average.

Healthy places

Health protection including Covid: Bristol's seasonal flu immunisation coverage rates are broadly in line with the national averages for over 65s and for under 65s in a clinical risk group. Uptake decreased slightly in Bristol in 2022/23 for the GP-administered populations of over 65's, under 65s at risk and 3 year olds following significant increases experienced in 2020/21 in Bristol and nationally. Bristol coverage rates for primary school aged children increased significantly in 2022/23 but still compare poorly to the national average.

Tuberculosis (TB) incidence in Bristol shows a falling trend to 2021 (latest data 2019-21 average) but rates remain higher than the England average. 43 TB cases were notified in Bristol in 2020.

The COVID-19 pandemic has had wide ranging impacts on health and wellbeing. In terms of the disease itself, between March 2020 and 31st March 2023 there were over 185,000 reported positive cases of COVID-19 in Bristol, and 15,917 Bristol residents have been in hospital with COVID-19. COVID-19 Vaccinations started in Bristol on 8th December 2020. As at 29th March 2023, 75% of adults (16+ years) in Bristol have had 2 doses for COVID-19 and 61% have received a booster/third dose.

As of 5th March 2023, according to the UK Coronavirus (Covid-19) Infection survey, an estimated 1.9 million people living in private households in the UK (2.9% of the population) were experiencing self-reported long COVID (symptoms persisting for more than four weeks after the first suspected coronavirus (COVID-19) infection that were not explained by something else). Applying the same estimates to Bristol means there were approximately 13,700 Bristol residents experiencing self-reported long COVID at that time.

Homes and fuel poverty: Based on the Low Income Low Energy Efficiency (LILEE) definition, there are an estimated 25,450 fuel poor households in Bristol, 12.8% of all households (2021). This is lower than the rate for England (13.1%). The distribution of fuel poor households varies across the city, the wards showing the highest proportions of fuel poor households contain areas with large student populations and more affluent areas around the centre with old Georgian homes because these types of properties are more likely to have low energy efficiency ratings.

COVID-19 has resulted in various impacts on households across the city, including on income and job security. The sharp rise in energy prices in 2022 is likely to result in more households being pushed into fuel poverty. There has been an increase in people seeking support with energy bills and debt.

Climate and ecological emergencies: Climate change has many implications for people's health and wellbeing, especially due to the increase in extreme weather. Events such as flooding and heatwaves can result in increased mortality, illness and stress, especially for more vulnerable groups. Vulnerability to climate risks varies across the city and within communities, with socio-economic factors, people's homes and their local environment all playing a part. 87% of people interviewed in the Bristol 2022/23 QOL survey were concerned about the impact of climate change, 36.4% (about 1 in 3) said their homes had overheated during hot weather, while 18.1% (about 1 in 5) said their mental health had suffered due to climate change worries.

Air pollution generated from human sources such as the combustion of fuels for heat, electricity and transport is having an adverse effect on the health of Bristol's communities. In 2021, 5.7% of "all-cause adult mortality" in Bristol was considered attributable to "particulate air pollution", which is 0.2% higher than the national proportion (5.5%) and is mid-ranking for English Core Cities. In addition, a local report¹ estimates that around 300 deaths each year in Bristol can be attributed to exposure to both nitrogen dioxide (NO₂) and fine particulate matter. This represents about 8.5% of deaths in Bristol being attributable to air pollution (NB this is higher as

¹ Air Quality Consultants (2017). [Health Impacts of Air Pollution in Bristol](#)

the local report considers NO₂ as well). A Clean Air Zone was introduced in November 2022 to reduce traffic generated NO₂ as soon as possible. Government will report on this in 2024.

Violence and hate crimes: The rate of domestic abuse related incidents and crimes in Bristol in 2021/22 was 29.2 per 1,000 population (aged 16 and over), a slight increase from 27.7 the previous year. For Bristol in 2021/22, 41% of all recorded domestic abuse related crimes were a repeat incident. Local data highlights significant variation in rates across the city from 6.6 per 1,000 in Westbury-on-Trym and Henleaze to 78.8 per 1,000 population in Hartcliffe & Withywood.

In Bristol, females over the age of 16 are 2.8 times more likely to be a victim of a domestic abuse related crime in Bristol than males. Women in the 30-39 year old age bracket are most likely to experience a domestic abuse related crime (at a rate of 47.6 per 1000).

The rate of emergency hospital admissions for violence (including sexual violence) in Bristol was 64.7 per 100,000 population (directly standardised rate) for the three year period 2018/19 to 2020/21, higher than the previous year and significantly higher than the England average of 41.9 per 100,000 population. Bristol has the third highest rate of all English core cities.

The rate of sexual offences in Bristol in 2021/22 was 3.6 per 1,000 population, the highest recorded and significantly higher than the England average (3.0). Bristol has the second lowest rate of all the English core cities, with Sheffield the lowest (2.4%) and Manchester the highest (5.2%).

There were 2,244 recorded hate crimes in 2022/23 a decrease of 9.8% when compared to the previous year. Over 71% of hate crime in 2022/23 was recorded on the basis of racial prejudice, followed by sexual orientation (13.5%) and disability (7.4%).

Healthy systems

Economic inclusion: 15% of Bristol's population (70,400 people) live in the most deprived 10% of areas in England in 2019, including 18,900 children and 7,900 people. The 10 most deprived neighbourhoods in Bristol are all in the South Bristol areas of Hartcliffe, Whitchurch Park and Knowle West. At ward level, the greatest levels of deprivation in Bristol are in the wards of Hartcliffe & Withywood, Lawrence Hill and Filwood, the same as identified in 2015.

The unemployment rate has been rising incrementally since September 2018 when the rate was 3.4%, to 4.1% in the twelve months ending March 2020 (pre pandemic) continuing to rise until June 2021 when it appears to have peaked at 4.8%. Since then it has gradually decreased and currently stands at 3.1% for the twelve month period ending December 2022. This is below the Great Britain rate of 3.6% and is the lowest rate of all UK core cities.

Integrated Care System (ICS) in BNSSG: A year since its inception on 01 July 2022, the Bristol, North Somerset and South Gloucestershire Integrated Care System (also known as Healthier Together) has published its [strategy](#), sponsored by the Integrated Care Partnership Board. The strategy has been developed through engagement with the public and it also builds on the foundations of the Healthier Together [Strategic Framework](#). The strategy is structured around five areas of opportunity and they are: tackling inequalities, strengthening building blocks, prevention and early intervention, healthy behaviours and strategic prioritisation of key conditions.

Additional findings

In addition to the Health and Wellbeing Board priorities there are other significant health issues which adversely impact men and women as follows:

Women's health: In 2021/22 there were 1,610 emergency hospital admissions due to falls in people aged 65 and over in Bristol. The Bristol rate was 2,573 per 100,000 population, significantly higher than the England average of 2,099 per 100,000. Almost two thirds (65%) of falls-related admissions (aged 65+) are among females. In 2021/22 falls admissions rates among females have decreased slightly, but they still remain significantly higher than the England average.

Men's health: Life expectancy for men in Bristol is 77.7 years, below the England average and significantly lower than women's life expectancy in Bristol (82.6 years). By sub-locality the lowest male life expectancy is in Inner City (77.1 years) and by ward is in St George West (73.5 years). The gap in life expectancy between most and least deprived groups in Bristol for males is 9.9 years and shows no clear sign of reducing.

Cancer is the leading cause of early death in Bristol. In 2021 the under 75 mortality rate (described as Early Deaths) from cancer in Bristol was 142.6 per 100,000, significantly higher than the England rate (121.5 per 100,000). Among men, Bristol rates for early deaths from cancer at 167.7 per 100,000 are significantly higher than the national average for men (135.3 per 100,000), and significantly higher than the Bristol rate for women (118.6 per 100,000). Men tend to have higher incidence and mortality rates than females for the majority of common cancer types.

Cardiovascular diseases (CVD) are the second commonest cause of early death among Bristol residents. In 2021 there were 265 premature (aged under 75 years) deaths from cardiovascular disease (CVD) in Bristol. 72% of these were among men. Local data on variation across the city shows the North & West (inner) locality rates are significantly lower than the Bristol average, and the rates are highest among males in the Inner City. In Bristol the preventable mortality rate is significantly higher for males than females. Males are three times more likely to die of cardiovascular disease than females and almost three times as likely to die of liver disease.

Further data – useful overarching links and profiles

- [Bristol Locality Partnership Health Profiles](#)
- Bristol JSNA webpages: www.bristol.gov.uk/jsna
- [Health Profiles](#): summary information on health (and factors affecting health) for every local authority in England
- [Public Health Outcomes Framework \(PHOF\)](#): indicators on how well public health is being improved and protected - Public Health Outcomes Framework - OHID (phe.org.uk)
- Bristol City Council: [Statistics and census information](#)
- Bristol Ward profiles: [Ward profile data \(bristol.gov.uk\)](#)
- [Quality of life in Bristol](#)

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Bristol Health and Wellbeing Board

Title of Report:	Health and Wellbeing Board mid-year 2023/24 performance report
Authors:	Mark Allen-Richardson, Communities and Public Health
Date of Board meeting:	25 th October 2023
Purpose:	Oversight

1. Executive Summary

- The Health and Wellbeing Board’s performance report details progress towards the duties, ambitions, and actions on the Board’s ‘Plan on a page’

2. Purpose of the Paper

- For oversight of the Health and Wellbeing Board mid-year 2023/24 performance report
- For Members to assess progress towards goals on its ‘Plan on a page’

3. Description

- The performance framework includes all duties, ambitions, and actions on the Board’s ‘Plan on a page’
- The report is made up of a Scorecard summary and separate descriptive pages for each work-stream
- A RAG rating is given for each item, based on progress towards the item’s performance indicator

4. Recommendations

- Board to assess progress and suggest any appropriate actions

5. City Benefits

- The performance framework allows the Board to assess progress in its role as a system leadership partnership to improve health and care services, population health and wellbeing, and to reduce inequalities in health

6. Financial and Legal Implications

n/a

7. Appendices

2023/24 mid-year Performance report

2023/24 Performance Framework mid-year report

By 2050 everyone in Bristol will have the opportunity to live a life in which they are mentally and physically healthy

RAG ratings: Green = work completed for 2023/24, outcome improving, or report received. Amber = progress made or outcome similar. Red = progress stalled or outcome worsening. White = not started/received.

Statutory Duties		Workstream Summary Updates
Publish Joint Local Health and Wellbeing Strategy		Workstream 1: A citywide domestic abuse and sexual violence strategy is being developed. The Health and Wellbeing Board has helped shape the ICS Strategy. The Board is working with the One City Economy and Skills Board to increase inclusive recruitment across the city.
Annual JSNA report to Board		Workstream 2: The Board is working with the One City Economy and Skills Board to address issues with the health and care workforce and share good practice around inclusive recruitment across the city. The Board is overseeing the One City Many Communities approach to growing the power of communities.
Publish Pharmaceutical Needs Assessment		Workstream 3: Alcohol related hospital admissions remain worse than the national average, whilst the number of women smoking during pregnancy continues to fall. The difference in unhealthy weight of 10-11 year olds between the most and least deprived areas of the city remained constant before the pandemic.
Health and care integration		Workstream 4: The Health and Wellbeing Board has contributed to the Integrated Care System Strategy and has the three Locality Partnerships represented on it.
Annual SEND report to Board		Workstream 5: Progress is being made in all areas of work, supported by discussions and action-setting at Health and Wellbeing Board meetings.

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Workstream 1: One City Plan - Health and Wellbeing Ambitions		Workstream 2: One City Plan - Wider determinants of health		Workstream 3: Integrated Care System - Prevention		Workstream 4: Integrated Care System - Governance		Workstream 5: Joint leadership on Oversight, Health Strategy & Policy		Workstream 6: Oversight and Assurance
Domestic abuse, sexual violence and harmful gender-based practices		Environment - decarbonisation, access to green space, ICS Green Plan		Reduce alcohol-related admissions		Locality Partnerships represented on the HWB		Belonging Strategy and First 1001 Days		Race and health equity
Integrated Care System development		Economy - inclusive recruitment, poverty, health and care workforce		Reduce the number of women smoking at time of delivery		Supporting the Integrated Care System		Thrive Bristol and the Community Mental Health Framework		Director of Public Health report
Health and care workforce issues, inclusive recruitment		Homes and Communities - healthy affordable homes, One City Many Communities		Reduce childhood obesity prevalence and inequalities				Food Equality Strategy and Action Plan		Health Protection Report
								Bristol as a Fast Track City, eliminating HIV		Healthwatch reports
								Age Friendly City and the Ageing Well programme		Suicide Prevention report
								Domestic abuse and sexual violence		Fuel Poverty action plan
								Women's health inequalities		Multiple Disadvantage Strategy

Workstream 1 : One City Plan - Health and Wellbeing Ambitions for 2023

Introduction

Bristol's One City Plan was published in January 2019, a first written attempt to set out the challenge and bring the city together around its common causes. There are three health and wellbeing priorities each year up to 2050. For 2023 the health and wellbeing priorities relate to domestic abuse, the Integrated Care Strategy and inclusive recruitment.

Workstream Update

A citywide domestic abuse and sexual violence strategy is being developed. The Health and Wellbeing Board has helped shape the ICS Strategy. The Board is working with the One City Economy and Skills Board to increase inclusive recruitment across the city.

2023 One City Plan goals

1.

A strategic approach to domestic abuse, sexual violence and harmful gender-based practices has been developed

Amber

Update

A citywide domestic abuse and sexual violence strategy is being developed with input from the Health and Wellbeing Board

2.

The Integrated Care System is delivering preventive, proactive, personalised and integrated care, with the VCSE sector as an equal partner

Green

Update

The Chair of the Health and Wellbeing Board is currently also chairing the Integrated Care Partnership. Locality Partnerships are represented on the Board. The Board has contributed to the Integrated Care System Strategy and Joint Forward Plan

3.

Address health and care workforce issues in a whole city context, and share good practice on inclusive recruitment, Time to Care and the Caring Economy

Amber

Update

The Board is working with the One City Economy and Skills Board to share good practice around inclusive recruitment across the city.

Workstream 2 : One City Plan - Wider determinants of health

Introduction

Bristol's One City Plan was first published in January 2019, a written attempt to set out the challenge and bring the city together around its common causes. The One City Plan includes many objectives relating to the wider determinants of health.

Workstream Update

The Board is working with the One City Economy and Skills Board to address issues with the health and care workforce and share good practice around inclusive recruitment across the city. The Board is overseeing the One City Many Communities approach to growing the power of communities.

2022 One City Plan themes

1.

Environment - decarbonising the health and care sector, active travel, access to green space, ICS Green Plan

Amber

Update

In June, the Health and Wellbeing Board and Environment Board held a workshop on parks, green space and health. Further work is taking place around aligning funding and understanding and tackling barriers to access of parks and green spaces

2.

Economy - inclusive recruitment, poverty, health and care workforce

Amber

Update

The Board is working with the One City Economy and Skills Board to address issues with the health and care workforce and share good practice around inclusive recruitment across the city.

3.

Homes and Communities - healthy and affordable homes, One City Many Communities

Amber

Indicator:

The Board is overseeing the One City Many Communities approach to growing the power of communities.

Workstream 3: Integrated Care System - Prevention

Workstream Update

Alcohol related hospital admissions remain worse than the national average, whilst the number of women smoking during pregnancy continues to fall. The difference in unhealthy weight of 10-11 year olds between the most and least deprived areas of the city remained constant before the pandemic.

ACTIONS

1. Reduce the number of alcohol-related admissions in Bristol

The rate of alcohol-related hospital admissions in Bristol was 677 per 100,000 population in 2021/22, significantly higher than the national average (494 per 100,000). This is about the same as the previous reporting period.

Amber

Indicator: Alcohol-related hospital admissions per 100,000 population

Previous Period (2020/21)	Current Period (2021/22)	Target	direction	RAG Rating
Not available	677		—	Amber

A Drug and Alcohol Strategy was published in 2021 and an ICS targeted prevention plan is in place.

2. Reduce the number of women smoking at time of delivery

Smoking during pregnancy is a major risk factor associated with miscarriage, still birth, premature birth and neonatal mortality. In 2021/22, 8.7% pregnant mothers in Bristol self-reported as still smoking at the time of delivery. There is significant variation in prevalence associated with deprivation.

Green

Indicator: % women smoking at time of delivery

Previous Period (2020/21)	Current Period (2021/22)	Target	direction	RAG Rating
9.3%	8.7%	9%	▼	Green

A targeted support to stop smoking service is being recommissioned and an ICS targeted prevention plan is in place for smoking.

3. Reduce childhood obesity prevalence and inequalities

The latest pre-covid data indicated a prevalence of excess weight in year 6 pupils of 18% for those living in the least deprived 20% of the city, compared to more than double for those living in the most deprived 20% of the city. This difference is similar to the previous reporting period.

Amber

Indicator: difference in prevalence of excess weight in year 6 pupils between most and least deprived areas

Previous Period (2016-19)	Current Period (2017-20)	Target	direction	Rating
24%	24%		—	Amber

Workstream 5: Joint leadership on oversight, health strategy and policy

Workstream Update

Progress is being made in all areas of work, supported by discussions and action-setting at Health and Wellbeing Board meetings.

ACTIONS

1. Belonging Strategy and First 1001 Days

Activity in the scope of the Belonging Strategy includes Family Hubs (co-located services) and Start for Life (early years services). The strategy informs the One City Plan and ICS Strategy

Amber

2. Thrive Bristol and the Community Mental Health Framework

New Mental Health and Wellbeing Integrated Network Teams are soon to go live. Thrive at Night was launched in September 2023

Green

3. Food Equality Strategy and Action Plan

Strategy published August 2022, Action Plan May 2023

Green

4. Bristol as a Fast Track City, eliminating HIV

Bristol is exceeding 2025 targets on treatment and suppressed viral loads. More details here - <https://www.bristolonecity.com/fast-track-cities/>

Amber

5. Age Friendly City and the Ageing Well programme

An Age Friendly City Strategy and action plan have been developed with input by the Board. The Board regularly inputs on the Ageing Well programme

Amber

6. Domestic abuse and sexual violence

A citywide domestic abuse and sexual violence strategy is being developed with input from the Health and Wellbeing Board

Green

7. Women's health inequalities

A women's health JSNA chapter has been produced. Women's Hubs are being developed to improve access to care around menstrual problems, contraception, pelvic pain and menopause care

Amber

Bristol Health and Wellbeing Board

Title of Report:	Draft Joint Local Health and Wellbeing Strategy 2023 update
Authors:	Mark Allen-Richardson, Communities and Public Health
Date of Board meeting:	25 th October 2023
Purpose:	Decision

1. Executive Summary

- The Joint Local Health and Wellbeing Strategy 2020-2025 sets out the vision and priorities of the Health and Wellbeing Board. It is updated annually and for 2023 has been aligned with the Integrated Care System Strategy

2. Purpose of the Paper

- To approve the Strategy update

3. Description

- The Joint Local Health and Wellbeing Strategy 2020-2025 sets out the vision and priorities of the Health and Wellbeing Board
- It is refreshed annually and for 2023 has been updated as follows
- It has been aligned with the Integrated Care System Strategy
- The introduction has been updated to focus on cost of living and health and care workforce challenges
- 'Healthy places' has been amended to include Communities
- The One City Plan goals have been updated to the 2023 ones

4. Recommendations

- Board to approve the Strategy update

5. Financial and Legal Implications

n/a

6. Appendices

Draft Joint Local Health and Wellbeing Strategy 2023 update



Bristol
Joint Local
Health and Wellbeing
Strategy
2020-2025

2023 update



The Health and Wellbeing Board's vision is for citizens to thrive in a city that supports their mental and physical health and wellbeing, with children growing up free of 'Adverse Childhood Experiences' and the gaps in health outcomes between the most economically deprived areas and the most affluent areas of Bristol significantly reduced.

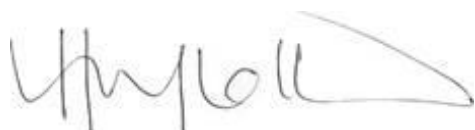
Although inflation has been falling in 2023 it is still very high, and the cost of essential items is causing people to cut back on food, energy, heating and fuel. Because of the impacts on health, the Health and Wellbeing Board has overseen the One City response to the cost-of-living crisis. Our response as a city has been to pull together and take collective action, just as we did around the COVID-19 pandemic. This has now developed beyond a seasonal response into a long-term approach to tackling poverty and its impacts through community action – the One City Many Communities model.

Recruitment continues to be a challenge for health and care organisations, as it is for many sectors in the city. At the same time, some of our communities experience barriers to employment. The Health and Wellbeing Board is therefore working with the One City Economy and Skills Board and others to develop and share good practice around inclusive recruitment across all sectors in Bristol.

The Board also continues to work on key public health challenges including health weight, mental health and domestic abuse. To tackle the 'wider determinants' of health, we are also contributing to work around housing, the economy and environmental sustainability which are inextricably linked to improving health and reducing inequalities.

Across England, the health and care landscape is changing with the development of Integrated Care Systems (ICS). I am proud to be chairing the Integrated Care Partnership for Bristol, North Somerset and South Gloucestershire and our [ICS Strategy](#) was launched earlier this year.

This document has been updated to align with the ICS Strategy. It also links with the [One City Plan](#) health and wellbeing ambitions. Prioritisation has taken place in reference to the [JSNA Annual Summary](#).



Councillor Helen Holland, Chair of the Health and Wellbeing Board

Vision

For citizens to thrive in a city that supports their mental and physical health and wellbeing, with children growing up free of Adverse Childhood Experiences, and the gaps in health outcomes between the most economically deprived areas and the most affluent areas of Bristol to be significantly reduced

5 Opportunities (Integrated Care System Strategy)

Tackle inequalities Strengthen the building blocks
Prevent illness Support healthy behaviours Manage conditions better

Partnerships

One City approach – public, private and third sector partners in Bristol sharing an aim to make Bristol a fair, healthy and sustainable city

Healthier Together – Integrated Care System in Bristol, North Somerset, and South Gloucestershire, focussing on integrated services, prevention and early intervention

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Statutory duties

- Health and Wellbeing Strategy
- Joint Strategic Needs Assessment
- Pharmaceutical Needs Assessment
- Oversight of health and care integration
- Oversight of Special Educational Needs and Disabilities



Priorities

Data on all indicators can be found in the [Joint Strategic Needs Assessment](#)

Healthy childhoods

Integrated Care System (ICS) Strategy – Invest in the first 1,001 days of life

ICS Strategy – Embed trauma informed practice

Priority indicators - % of children achieving a good level of development by the end of reception; % of children living in low-income families; number of first-time entrants to the youth justice system per year

Work-streams include the Belonging Strategy; The First 1001 Days; Food Equality Strategy

Healthy bodies

ICS Strategy – Support people to be a healthy weight

ICS Strategy – Reduce harm from tobacco

ICS Strategy – Reduce harm from drugs and alcohol

Priority indicators - % child and adult obesity; difference in % obesity between most and least deprived areas of Bristol; % of households with a smoker; % of Bristolians who smoke; % of women smoking during pregnancy; % routine and manual workers who smoke; number of dependent drinkers; number of opiate/crack users; number of drug related deaths per year; number of alcohol related hospital admissions; UNAIDS 95:95:95 HIV targets

Work-streams include Healthier People and Places (Public Health); Drug and alcohol strategy; targeted smoking cessation support; Women's health inequalities

Healthy minds

ICS Strategy – Early identification and support for people experiencing anxiety and depression

Priority indicators: Quality of Life survey wellbeing indicators; number of people admitted to hospital for deliberate self-harm; number of deaths due to suicide per year

Work-streams include Thrive Bristol (Public Health); Community Mental Health Framework; Suicide Prevention Strategy

Healthy places and communities

One City Plan: 2023 ambition – A strategic approach to domestic abuse, sexual violence and harmful gender-based practices has been developed, with more organisations signing up to the Women's Safety Charter and the recommendations of the Women's Health Needs Assessment taken forward

ICS Strategy – Develop community strengths and assets that support everyday health and wellbeing

Priority indicators: % vaccine uptake; violent crime and sexual offences; % public sector fleet non-fossil fuel; % of fuel poor households

Work-streams include Health Protection; Fuel poverty action plan; One City Climate Strategy; One City Many Communities

Healthy systems

One City Plan: 2023 ambition – The Integrated Care System is delivering preventive, proactive, personalised and integrated care, with the voluntary and community sector as an equal partner

One City Plan: 2023 ambition – Address health and care workforce issues in a whole city context and share good practice on inclusive recruitment, Time to Care and the Caring Economy

ICS Strategy – Build a workforce who are supported, skilled and healthy

ICS Strategy – Use purchasing and employment to support better health and wellbeing

Priority indicators - % of working age adults unemployed; % of the city population living in the most deprived 10% of areas in England

City engagement

- Formal board meetings are held in public with time set aside for any member of the public to participate; more information can be found [here](#)
- Board members represent a wide range of organisations and networks, including the Integrated Care System, Bristol City Council, the NHS, Sirona Care & Health, Voscur, Carers Support Centre, Healthwatch, and race equality networks
- Board reports are required to include evidence of community engagement and co-production
- Reports from non-public sector organisations are encouraged where relevant to a priority above
- The Board contributes to City Gatherings, events hosted by the Mayor that bring together hundreds of partners from all areas and sectors in Bristol to take action on priorities for the city

DRAFT Forward Plan as of October 2023

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

22nd November 3-5pm - development session

Joint workshop with the Children and Young People's Board

Agenda TBC:

- First 1001 Days
- Mental health

13th December – public meeting

CQC Assessment Framework

Women's health – Women's Hubs and Healthwatch menopause project

Director of Public Health report