

Bristol City Council

Minutes of the Health and Wellbeing Board

14 December 2023 at 2.30 pm



Board Members Present: Councillor Helen Holland (Chair), Councillor Ellie King (Temporary Chair and Deputy Chair), Eva Dietrich, Hugh Evans, Christina Gray, Tim Poole, Jean Smith, Mette Jakobsen, Rebecca Mear, Heather Williams, Rebecca Dunn, Neil Turney, Tim Poole, Tim Keen, Joe Poole, Julie Bird (substitute for Vicky Marriott - also presenter see below), Steve Rea, Ros Cox (substitute for Colin Bradbury)

Officers in Attendance:-

Mark Allen-Richardson, Karen Blong, Penny Germon, Jeremy Livitt

Presenters

Joanna Copping and Alexandra Humphrey (Agenda Item 6), Julie Bird (Agenda Item 7)

1. Welcome, Introductions and Safety Information

The Chair welcomed all parties to the meeting.

2. Apologies for Absence and Substitutions

Apologies for absence were received from Reena Bhogal-Welsh, Penny Gane, Carol Slater, Colin Bradbury (Ros Cox to substitute) and Vicky Marriott (Julie Bird to substitute).

3. Declarations of Interest

There were no Declarations of Interest from councillors.

4. Minutes of Previous Meeting held on Wednesday 25th October 2023

The minutes of the meeting held on Wednesday 25th October 2023 were agreed as a correct record and signed by the Chair.



5. Public Forum

There were no Public Forum items.

6. Women's Health "Hub" - Joanna Copping, BCC and Alexandra Humphrey, Integrated Care Board

The meeting received a presentation from Joanne Copping and Alexandra Humphrey who made the following points:

Reproductive Outcomes

- Women in the BNSSG area spent longer in poor health than in other areas. In addition, unplanned pregnancies were high and abortions were rising in the area
- Whilst emergency contraception was free for over 25s, there had been a decrease in uptake
- Rates of certain STD's such as gonorrhoea had been increasing and condom use had been declining
- Maternity outcomes were variable. Outcomes were worse with certain types of screenings reduced, such as breast cancer
- Whilst rates of cervical cancer had been reduced following HPV vaccination, rates of vaccination and cervical screening were not sufficiently high
- The demand for support for problems caused by menopause was huge. These included heavy menstrual bleeding, endometriosis and incontinence but data was poor since the problem was stigmatised and frequently hidden

System Wide Approach

- There was a focus on sexual reproductive health but currently lots of gaps in the data
- There was a fragmented landscape of commissioning and budgets with public health being responsible for sexual health and NHS England were responsible for screening. Many patients needed help navigating the system
- Consultation concerning sexual health focused on key areas such as access to gynaecology
- Work from public health in preventing unplanned pregnancies led to benefits elsewhere (ie the health service) and therefore close working was required to achieve effective interventions
- The escalation of costs for care had resulted in variable quality and inequities in access and outcomes
- Women's health strategy needed to embrace diversity and innovation to deal with a shortfall in funding

National Guidance and Women's Health Hub

- The National Health Strategy had been drawn up in 2022 – a definition was provided
- Core Services included issues such as tackling menstrual problems and assessments



- The Health Hub would provide wrap around care so that, when a woman had a coil fitted, she could have a cervical cancer screening at the same time
- These would also provide primary care options rather than requiring an automatic transfer to hospital
- Phase 1 was currently taking place from August to November 2023, Phase 2 – High-level planning from November 2023 to January 2024, Phase 3 provided detailed planning via a working group, Phase 4 in April 2024 was the implementation phase
- A workshop had taken place on 7th December 2023 and had involved a wide range of organisations
- Emerging themes were as follows – long-acting reversible contraception, support access to good quality information and education, education training and support for healthcare professionals, involving women in planning and making changes, reducing the service delivery problems of silos of funding and commissioning and the need to harness the collective power of people and organisations for delivery

In response to Board Members' questions, Joanne Copping and Alexandra Humphrey made the following points:

- Whilst there was some additional funding which would recur within gynaecology and maternity services, there were gaps within this provision. It was noted that changing the system to make it work better would help to meet probable unmet need and was likely to require more funding. There were a lot of voluntary sector partners who could help with this provision
- Bristol was piloting two sites delivering LARCs (Long-Acting Reversible Contraceptives) in a different way. Whilst some of these practices were working well, others had none at all. Provision of a separate hub, clinic and/or service would help since it would provide women's health care through a clinic in a non-GP setting
- The integration of different services through wider community support was important through a wide range of different hubs
- Whilst there were opportunities for embedded relationships to provide support for certain issues such as HIV, there was also a need to manage expectations given the limited resources available
- The future wider development of hubs would help to provide an approach that was more focused on prevention and was more societal than medical

7. Your NHS Menopause Experience - Julie Bird, Healthwatch

Julie Bird gave a presentation on this issue and made the following points:

- The Health Watch project had started from the end of 2022 to the beginning of 2023
- The project listened to patient voices and assessed their influences and concerns, providing a summary of their conversations and feedback



- Following the hosting of a recent coffee and cake community event, it was noted that there were some information gaps in particular areas such as Hormone Replacement Therapy.
- There was a diverse range of opinions at this event with some welcoming and others mourning the loss of fertility for women. A steering group had been set up concerning HRT to examine alternative approaches
- A workshop had taken place for National Women's Day
- The symptoms of respondents were frequently confused or ignored by GPs with patients often being referred to mental health services when there were other causes of illnesses. Individuals with long term conditions frequently struggled to separate symptoms from pre-existing conditions which made diagnosis harder.
- A number of people from ethnic minorities had requested a hub outside their community. It was important to take into account these cultural differences
- The recommendations of the report included (1) a self referral specialist hub to provide an initial assessment, (2) ensuring early awareness information is sent to all women in preparation for pre-menopause, (3) the designation of leads in Primary Care Networks to provide specialist advice and guidance, (4) the development of signposting information (5) a mandatory provision of medical and cultural competence training
- The full report was available at www.healthwatchbristol.co.uk

In response to members' questions, Julie Bird made the following points:

- This work had been aired with South Gloucestershire and North Somerset
- Further discussions were required internally as well as with wider networks such as GP surgeries
- There would be a further review in about a year's time

Health Watch agreed to share the report with GPs via One Care (Ruth Hughes) and Katrina Boutin

ACTION: Mark Allen-Richardson and Julie Bird

8. Director of Public Health Report 2023 - Christina Gray, Bristol City Council

Christina Gray introduced this report and made the following comments:

- The fourth Department of Public Health report ("The Power of Us") was the 2023 DPH report
- Whilst all elements of the report built on each other, the starting point was "mental wealth"
- 11 Power of Us case studies had been used to demonstrate the great work being carried out around the city with communities telling stories in their own voices
- The report was a scientific document to provide evidence to show that communities matter and provides a link between peoples' physical and emotional selves when this manifested itself in illness
- The report tackled the issue of why inequality made people sick



- As well as social capital via social peers, vertical integration was a key element in assessing the importance of community relations. Organisations such as VOSCUR and Black South West Network were a key element of this
- Urban and natural Places – This approach needed to enable the way we build our homes and public spaces, parks etc.
- Art, Culture and Well Being – it was important to make people aware of the power of art, including street art. An example was provided of an arts project embedded in a stroke ward which led to all patients starting to dance. Analysis of such projects indicated that these frequently led to better health outcomes
- Resource Allocation – there had been a lot of interest in this through projects such as Ambition Lawrence Weston (a resident-driven organisation striving to make Lawrence Weston an even better place to live and work). A great deal of community work had taken place to develop this including many examples of community assets and through the community resilience fund
- A call to action – This enabled community action and leadership through community owned infrastructure, engagement in networks, an asset-based approach, investing in trust and trusted relationships, the development of collaboration, co-production and shared decision-making

Board members noted the prevention work associated with this including greater engagement and feedback to improve mental health and well being and to reduce pressure on public services. In addition, it also helped to provide information concerning the networks involved in building key relationships and in the development of a wider structure (such as One City).

The Committee thanked Christina Gray for her work in producing a very constructive and engaging piece of work with a wide number of organisations involved which provided weight in its assessment.

Christina Gray explained that, in addition to the general publication on the website, there would be a general mailing with the link.

It was agreed that the report and ideas from the Bristol DPH report 2023 are exchanged with the South Gloucestershire and North Somerset DPH reports and reported to the ICP **ACTION: Christina Gray to arrange for the exchange of ideas of Bristol DPH with South Gloucestershire and North Somerset DPH reports and consider reporting on all three reports to the ICP**

9. Integrated Care Partnerships - Verbal Update - Ros Cox, Bristol City Council

Ros Cox gave a verbal presentation on the issues discussed at the 29th November 2023 meeting of the Integrated Care Partnership and reported the following:

- A wall to wall session of the ICP would be taking place on 11th January 2024
- The ICP and ICB would discuss roles and responsibilities with a draft agenda to be circulated to the board. The LGA would facilitate and provide presentations as required



- There would be a trauma informed pledge to sign up to and to assess into organisational plans. There remained concern about how to embed these into the organisational plans.
- A proposal would come back to February 2024 for final sign-off with any required investment and a partnership approach.
- There would be an update concerning the Charge to Assess Programme
- In August 2023, 170 beds had been saved and patient flow had been much improved
- There was a target to make 5% of the population smoke free by 2030. It was noted that smoking cessation had been a key element of the Development Day with the goal of preventing smoking at health centres and care homes through workforce support

The following points were also noted:

- Additional funding would be provided to Local Authorities on smoking cessation – approximately £2 million on the “Swap to Stop Campaign” for an acute smoking cessation service and maternity service including for workforce health.
- There was considerable debate about the possible introduction of health checks for staff which would be free this winter and the same as for the service received from the GP. There had been very positive feedback on this approach to tackle certain members of staff with poor rates of health since it also helped to retain staff
- This was a 5 year cross governmental programme which would triple current investment

1C Care Quality Commission Assurance - Verbal Update - Mette Jakobsen, Bristol City Council

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

- Local Government was now subject to the CQC framework which Mette had spent a great deal of time preparing for
- The LGA Peer Review Challenge was an opportunity to test self-assessment and awareness and to learn from it
- In addition, CQC pilots had been launched (5 in total – 4 had been assessed as good, 1 requiring improvement) and CQC Assurance had now been received. Three sites had been announced for the first reviews, none of which were in the South West
- Some of the early feedback from practitioners had been good, indicating a positive relationship with partners and providing good opportunities.
- There had been a number of issues to reflect on and indicating those areas requiring risks and opportunities for further action and to work with other partners
- Whilst the guidance indicated that self-assessment is not a statutory responsibility, they had to be written from the point of view of each group – partners, colleagues, those who receive the service. Since the inspectors would spend more time at any Local Authority which did not carry out a review, it made sense to participate in it.
- Although there were some concerns about process issues, this was likely to be caused by 13 years of a lack of scrutiny of the service. The review had noted positive relationships with the health



system and voluntary care which resulted in a greater productivity for the development and designing of policies. In addition, lived experience had showed a good intention in the approach indicating that it has been a valuable exercise

- A peer visit would also be carried out to provide support and lived experience. Details of an existing peer experience were noted

The Chair pointed out that the report would be released in about 4 weeks' time. It had highlighted the strength of the HWBB. However, the CQC process was tantamount to an inspection and its significance was not yet appreciated for the organisation.

11 Health and Well Being Board Forward Plan

HWBB agreed that the Joint Development Session on Wednesday 27th March 2024 is a joint session with the Homes Board and discussing issues such as damp and mould plus temporary accommodation.

ACTION: Mark Allen-Richardson to add to Work Programme

Councillor Helen Holland noted that the LGA Peer Pilot Review had highlighted that Bristol City Council Adult Social Care team could improve its relationship with BCC housing.

It was noted that 2 local acute units would shortly be coming together under a joint chief executive and that a report was required to provide the implications for this. **ACTION: Mark Allen-Richardson to add to Work Programme**

The Board noted that the UK Health Security Agency had impacted a report on climate change. **ACTION: CG to provide to Jeremy Livitt for circulation.**

12 Date of Next Meeting

The Board noted that the next formal Board meeting was scheduled for 2.30pm on Wednesday 28th February 2024 in the Bordeaux Room, City Hall, College Green, Bristol.

Meeting ended at 4.10 pm

CHAIR _____

