

Bristol City Council

Minutes of the Health and Wellbeing Board

25 September 2019 at 2.00 pm



Board Members Present: Dr A Bolam, Gray, Elaine Flint, Keith Sinclair and Terry Dafter

Officers in Attendance:- Oliver Harrison, Mark Allen, Sally Hogg

1. Welcome, Introductions and Safety Information

2. Apologies for Absence and Substitutions

Apologies were received from:

Asher Craig

Eva Dietrich

Helen Holland

Jacqui Jensen

Jo Makinson

Justine Rawlings (Greg Penlington subs)

Robert Wooley

Andrea Young (Matthew Bazeley subs)

3. Declarations of Interest

None

4. Public Forum

Two questions were received from Bristol Clean Air Alliance. However, the level of detail in the questions and the lack of available officers mean they could not be answered in time for this meeting. As per committee rules a written answer will be issued within 10 working days. The Director of Public Health has also offered to meet BCAA to discuss these issues.

5. Minutes of Previous Meeting



The minutes from 17 July 2019 Health and Wellbeing Board were agreed as a correct record. Actions were updated:

- JR to find out publication timeline for the mental health strategy to see if THRIVE can be integrated. [Mental Health Strategy on today's agenda]
- LR/VB to write draft letters for members to amend and disseminate to their organisations and contacts. [Done]
- SH to circulate notes of recent One City Plan meetings to HWB members. [Done]
- TD and JR to update HWB on how PCNs work in communities [added to forward plan]
- AC to check whether the minutes for the Healthier Together Programme Board can be distributed to Health and Well Being Board members. [still not clear, a verbal update on the programme board will be given to HWB where appropriate]

Matters Arising:

- Bristol Health Scrutiny has now been established. Scrutiny will be working closely with the CCG.
- At the last HWB there was an update on OFSTED governance. The OFSTED SEND inspection was confirmed to begin from Monday 30 September. Jacqui Jensen is not here today because of this. Justine Rawlings is the HWB SEND champion. She will talk to inspectors if required.

6. Alive Bristol and the Healthy Weight Declarations

Sally Hogg (BCC) gave an update on the Alive Bristol and Healthy Weight Declarations.

- There was a discussion about how to work with communities in deprived areas. There is daily pressure on families in terms of lack of food availability and bad food choices. Important to have community consultation responses feeding into this. Recent feeding Bristol and summer holiday hunger projects have given useful feedback.
- There is currently no community representation in the proposed governance structure. Could have engagement on all levels.
- Could look at locality working / community network focused groups / anchor organisations, already established with a good footprint, providing different touch points at various levels.
- Think about communities of interest, such as older males. They are unlikely to come to a 'talking group', but are willing to engage in activities such as cooking skills and talk while doing it.
- Licencing is an important in terms of moderating volume of fast food offers in a location, but this is difficult to progress due to the rigidity of existing licensing legislation and process.

It was resolved that Health and Wellbeing Board approve the recommendations as set out in the report:

1. Support adoption of the Local Authority Declaration on Healthy Weight and Partner Pledges by February 2020
2. Support this work in your organisations and identify Champions to work with us

7. Paris Declaration on Fast Track Cities (HIV prevention)



Joanna Copping (BCC) presented on the Paris Declaration on Fast Track Cities.

- There is lots of enthusiasm for this, as prevention and care are currently fragmented in HIV treatment. There is an issue with providers lacking the resources to achieve the action plan. By positively engaging with the process, providers hope to attract funding
- Encouragement of more testing is part of the action plan, but the best approach is not yet clear. Screening city wide would be impractical. Look at high prevalence areas and pilot in specific surgeries. Look back through patient history once an HIV diagnosis occurs to see what services they used.

It was resolved that Health and Wellbeing Board approve the recommendations as set out in the report:

1. That Health & Wellbeing Board Members are made aware of the Fast Track City Initiative and endorse Bristol's intention to become a Fast Track City.
2. That Health & Wellbeing Board Members are made aware of the plan to consult around the FTCTI action plan on 22nd October.
3. That Health & Wellbeing Board Members promote and disseminate Fast Track City Initiative information to their respective organisations throughout the life of the project.
4. For the Health & Wellbeing Board to acknowledge that the Fast Track Cities Initiative is part of the One City Plan and therefore comes under the oversight of the Health & Wellbeing Board.

8. Living Wage City

Chris Hackett (BCC) introduced a report on Bristol becoming a Living Wage City.

The Living Wage is about more than economics. In areas of deprivation, low income correlates with high health inequality. Need to eliminate in work poverty and recognise that jobs can be damaging for health if they are poor quality. ONS identifies poor jobs as: low pay, unsecure terms, long hours or not enough hours. Payment of Living Wage is essential criteria for a 'decent job'. Want HWB to endorse and actively promote this for workers in the city. Accreditation from living wage foundation requires an increase in the proportion of workers receiving the living wage. The Living Wage takes into account cost of living. It is currently £9/hr for all workers above the age of 18. This is different from the minimum wage, which concentrates on age 25+ and doesn't include cost of living. More employers need to sign up, meaning they pay their own employees but also contractors Living Wage.

- There may be difficulties in implementing LW structurally in certain industries. For example taxi drivers working long hours for little pay. They are self-employed, so is there anything licencing could do about this?
- Low paid workers are unlikely to come forward for this initiative or be in a position to promote it. Understand low pay has ramifications for health, but not sure what the vehicle to affect change is.
- Enacting Living Wage for employees is one thing, but doing it for contractors is difficult. BCC requests the living wage for contractors, but cannot legally force them to pay it. We are looking at new models of healthcare that could better support LW. Currently working with LGA, who are lobbying higher LW for care working.



- LW needs to be part of the commissioning process. The third sector provides many healthcare related services, but cannot pass on the cost due to limited income.
- From CCG perspective NHS gives living wage but has lots of contractors who may not. Supply chain is a challenge that will need to be looked at.

ACTION: HWB to nominate a member to join the Living Wage Action Group. This is held by the Economy Board but has a strong relationship to Health.

It was resolved that Health and Wellbeing Board approve the recommendations as set out in the report:

- That the Health & Wellbeing Board members are made aware of the Living Wage Foundation's Living Wage Places initiative and endorse Bristol's intention to become a Living Wage City
- That the Health & Wellbeing Board members are made aware of the benefits of workers earning above the Living Wage, beyond those of the clear economic gains
- That the Health & Wellbeing Board members are also made aware of, promote and disseminate information regarding the benefits to employers of becoming an accredited Living Wage Employer
- For the Health & Wellbeing Board to acknowledge that the commitment to becoming a Living Wage City is part of the One City Plan and that the Board will contribute towards that commitment.

9. Air quality and climate change

Simon Wood, North Bristol NHS Trust gave a report on how his organisation was taking action to improve air quality and climate change.

North Bristol NHS Trust has a considerable fleet of 70 vehicles owned by different departments. They are cutting down total number of vehicles, as utilisation is poor and many are old. A central arrangement to rationalise would be good, possibly a shared pool with other organisations. They have a travel coordinator to undertake a review.

Over past 15 years they have tried to change how employees and patients travel to hospital. Washing facilities have been increased to encourage walking / cycling. Now 2000 out of 8000 staff commute by foot or cycle. There is a car share programme. Buses have been greatly increased to 39 per hour. Undertaking more detailed data analysis to measure patients / visitor transport split.

Procurement is an issue: the NHS has to use certain goods and services that may not be very green. Food miles have improved, due to joint venture with the Soil Association. Southmead is buying produce locally, such as Somerset for dairy rather than Belgium. Quite often the expense is packaging, for example Marshfield Ice Cream is a premium brand but is affordable if it is in plain packaging.

- All boards in the One City Plan took sustainability as a core theme. HWB has its own objective on fleet and welcomed the perspective given by Simon. He sits on the environment board, one of the 6 One City Plan boards.
- Simon has been working through healthier together BNSSG STP, e.g. climate change adaption. Cooperation between organisations is very good, as is sharing information.



- There is also engagement with the community via the Southmead Development Trust, which sits on the steering group.

10 Mental Health Strategy

Terry Dafter and Deborah El-Sayed gave a presentation on the Mental Health Strategy.

- HWB recognised that stigma against mental health issues has dropped significantly.
- Important to keep sight of community specific issues, such as different cultural attitudes towards MH. These attitudes are starting to shift slowly but there are large gaps in the available data.
- Members welcomed the strategy and the concept model, which would be very helpful for discussions with partner organisations.
- HWB and related networks will need to engage with reiterations of the strategy. Thrive is progressing well in Bristol, and a North Somerset and South Gloucestershire Thrive is coming soon.
- It would be impossible to have a comprehensive strategy given the breadth of the subject. Improving the service pathways is important. Think of the mental health strategy as the beginning of a working document.
- HWB is interested in the roadmap rather than the strategy document.
- Carers should be consulted with, as they know a great deal about the people they care for and their mental health conditions. Also consider about how to support workers that operate in a mental health environment.

11 Feedback from Healthier Together (STP) Programme Board

There was a brief discussion of the recent STP Programme Board. The main focus was on the local long term plan, which will be submitted in November. The HWB are engaged in this project and have a joint session with Julia Ross later today.

12 Forward Plan

The Forward Plan was noted

The 24 October meeting will be offsite at Wellspring

13 Any Other Business

More details of the SEND inspection were discussed. Everyone should expect the children and young people team to have limited capacity at this time.

Meeting ended at 4.00 pm



CHAIR _____

