

# Bristol City Council

## Minutes of the Health and Wellbeing Board

27 November 2019 at 2.30 pm



**Board Members Present:** Dr A Bolam, Helen Holland, Justine Rawlings, Elaine Flint, Keith Sinclair, Dr J Jensen, Andrea Young, Eva Dietrich, Vicky Marriott and Terry Dafter

### 1. Welcome, Introductions and Safety Information

### 2. Apologies for Absence and Substitutions

Apologies were received from Cllr Helen Godwin, Cllr Asher Craig and Christina Gray.

Cathy Caple substitutes for Robert Wooley

Jacqui Jensen attended the meeting from the CYP Emotional Health and Wellbeing LPT item onwards.

Tim Poole attended with Keith Sinclair. Tim will take Keith's place on HWB in the New Year.

### 3. Declarations of Interest

None received

### 4. Minutes of Previous Meeting

The minutes of the meeting held on 25 September 2019 were agreed as a correct record.

### 5. Public Forum

The Bristol Clean Air Alliance submitted a series of public forum questions relating to air quality. The Chair thanked BCAA for the work they have done in air quality, as it can be used by the Health and Wellbeing board to show public interest in the issue. Under the One City Plan, the HWB will be working closely with the Environment Board on air quality health issues.



## 6. Integrated Care System Localities

Justine Rawlings and Terry Dafter presented a report on Integrated Localities, of which there are 6 in BNSSG and 3 in Bristol.

- Key priority groups for developing more integrated services include: older people, mental health, urgent care, children and families.
- There is a need for more detailed work based on population health management data, to inform the model as well as better understanding of what matters to people in order to design with people and communities our model of care.
- We are developing new models of care for people who are frail (usually the elderly, but also those with frailty caused by other factors such as deprivation).
- As part of the Healthier Together Long Term plan the intention is to strengthen our current joint working in localities into integrated care partnerships, including working closely with voluntary sector. Groups are already looking at joint work in the localities, and how we make the most of our collective resources and avoid duplication.
- Within these localities, teams eg. Those based around primary care networks (PCNs) or in locality hubs will be working with individuals to deliver personalised care and taking an integrated and broader approach to care planning. E.g. involving the voluntary sector.
- There are many practical considerations in locality working, such as social work, community health and relationships with GPs. It will require a whole system approach and there are bound to be problems, but it is important to conserve resources by not duplicating. We should be patient, as similar schemes in London took over 10 years to realise.

Discussion Notes:

- Be aware of the big difference in scale when considering the role of voluntary organisations and their resources. There is nuance in big plans like this e.g. the voluntary sector can show who is not accessing services.
- Greater information sharing between GPs, community nurses and social care would have significant impact. Carers are also a great source of information and support that should be involved.
- Be aware of the different levels involved, CCGs have very wide reach, there are city wide organisations, and voluntary organisations at very local level. High level strategy, but services must directly represent their locality.

The Board NOTED

- The contents of this update and the proposal to share regularly further detail and progress with the specific Bristol locality plans at future meetings
- The progress made to date in Bristol to develop integrated partnerships to deliver locality plans including the role of VCSE in those partnerships

## 7. Health and Wellbeing Board Performance Report



Mark Allen introduced the HWB Performance Report. This report shows progress against the agreed 'Plan on a Page' objectives. Red indicates that outcomes are getting worse, or that progress has stalled. Amber indicates progression towards the objective. Green indicates that the objective has been achieved.

- All objectives in work stream 1 have been achieved. Period dignity has been delivered with the key involvement of schools. There are currently 16 organisations committed to 'time to change'.
- Work stream 2 is all progressing. More information on fleet reduction is needed, UHB and AWP should have this data. Some board members have listened to children reading and there is good news that the BRI is setting up a library.
- In work stream 3, alcohol related admissions and prevalence of diabetes is getting worse.
- Work stream 4 was covered by the integrated care system item earlier in this meeting.
- Work Stream 5: The mental health strategy is close to completion. The Adverse Childhood Experience intervention team has been set up. There is also a helpful film on ACEs that would be good to circulate or show at an HWB meeting. Thrive is going well, the HWB objective is to identify impact, but the data is not yet available.
- Work stream 6: most of these reports will be available in the New Year.

Discussion notes:

- The Board asked that future objectives be related more to outcomes, but accepted that this would be difficult until more data is available.

The Board APPROVED the following recommendations:

1. Board to assess progress and suggest any appropriate actions
2. Relevant Board Members to request information on public sector fleet fossil fuel reduction plans from their organisations
3. Board to request input into the Healthier Together prevention work-stream and substance misuse strategy

## 8. One City Plan Timeline

Sally Hogg introduced the report on the One City Plan Approach and Timeline. It has been a year since the launch of the OCP so a good time to review. The OCP was a difficult process to get together and has undergone several refinements this year. We are looking to get HWB approval for the 3 new priorities for 2020:

1. Bristol is on the way to becoming an ACE Aware city with 20% workforce trained in trauma informed practice.
2. At least 95% of Looked After Children have regular health assessments (This is a Sustainable Development Goal).
3. 50 organisations will have committed to adopting and implementing the Mental Health at Work core standards.

Discussion Notes:



- There were concerns about how the ACE workforce percentage would be measured. Is this in all organisations or just public sector? It would make sense for HWB members to commit to achieving this in their own organisations, but will need to know whether it is feasible. The OCP approach is across the city however. Be aware that changing practice is a major task. The next OCP gathering is 10 Jan 2020, so would need to get commitment before then.
- Mental health at work core standards follows on from 'Time for change', which was more about stigma removal.
- HWB members are asked to examine the goals and report back to Sally with any issues.

The Board APPROVED the following recommendations:

1. The Health and Wellbeing Board approve the Health and Wellbeing timeline for the One City Plan.
2. The Health and Wellbeing Board sign off the three themed priorities for 2019 as fully achieved or in progress (acknowledging that some are longer term ambitions which now have a route towards achievement).
3. The Health and Wellbeing Board agree the 3 themed priorities for 2020 in principle, following feedback of members to SH.

## 9. Annual Health Protection Report

Thara Raj and Sophie Prosser introduced the Annual Health Protection Report. Good progress is being made overall. Measles 86% vaccination rate is not enough. Flu vaccination in old people is good, but worse with young children. There is an engagement campaign with schools to remedy this.

The Board NOTED the following recommendation:

The Board notes progress that has been made to ensure that sustainable and effective local systems are in place for protecting the health of Bristol residents and to continue to seek assurance that key partners in Bristol are addressing the key areas which are outlined in the full report.

## 10 One City Climate Strategy

Alex Minshull gave a presentation on the One City Climate strategy.

- The source of emissions is fairly balanced between domestic, industry and transport. However, 20% of total building emissions are from the healthcare sector.
- Decarbonising heat is achieved by removing gas, but this will be very challenging as it has been the standard for over 40 years. Net zero emissions is possible by 2030, the technology exists but needs action across city and organisations to enable it. The public must want to switch from gas.
- Regarding transport, it is not feasible to electrify the current system, the system itself has to change.

Discussion Notes:

- The board raised concerns about health impact of measures being taken and unintended consequences. E.g. gas is cheap, so moving away from gas could affect fuel poverty.



- The climate strategy will be decided in February Cabinet so it is too late for the HWB to feed in. The HWB February workshop will be held after Cabinet, so would be appropriate to discuss things then.
- ACTION Alex and Sally to discuss how to get strategic discussion together if needed.

The Board APPROVED the following recommendations:

1. Supports the development of a One City Climate Strategy as an effective way to collectively address climate change
2. Actively participates in the development of the Strategy
3. Consider endorsement of the Strategy following agreement by the Environmental Sustainability Board.

## 11 CYP Emotional Health and Wellbeing LTP

Carol Slater presented on the Children and Young People Emotional Health and Wellbeing Locality Transformation Plan. The plan emphasises early intervention and emotional/mental wellbeing rather than physical health. It requires a joined up approach with GPs, schools and other stakeholders. 1 in 8 children have a mental health condition and 25% of Bristol children grow up in deprived households. CAMHS has adopted the iThrive system, and are basing interventions on individual needs rather than age brackets.

Discussion Notes:

- There is not much in the report at the moment relating to young carers. Carers Support Centre is developing a monitoring report which shows a large percentage of young carers have mental and emotional issues. ACTION Keith and Carol to share this data so it can be integrated into the report.
- The issue is complex, so it is important to have good governance across organisations to improve outcomes. There is an emotional wellbeing steering group that has been working on this plan over past year. That reports into NHS England. There is also a children and families STP group, but it is not clear how these integrate with HWB.
- Ages 10-16 is still a complex area, with a huge burden on schools to manage. Interactive online services for young people would be appropriate. In Primary School harder to get access to services than in Secondary. This is the wrong way around if we are emphasising early intervention.
- There needs to be more consideration of what primary care can offer. The route into school used to be school nurses, but their numbers are dropping. It is hard for practitioners to get information on children in schools.
- South Gloucestershire just received an award for its transition model. ACTION Eva to distribute to board.

## 12 Feedback from Healthier Together (STP)

There was a discussion following the recent Healthier Together meeting.



- The long term plan has been developed, to the next step is to work out the connections between different parts. What do we ask people to start providing and how does it relate to the mental health strategy.
- Meetings with other HWB within BNSSG have been productive. There are some concerns about direction of travel, transparency and governance.
- BME representation within the Mental Health Strategy is insufficient and interest groups are leaning on some members. The Mental Health Strategy authors are aware they need to improve on equalities work, but this has been challenging in the context of producing a concise strategy.
- The re-introduction of Health Scrutiny in Bristol is useful, with other authorities following suit. This means that HWB members are more aware of issues. There are discussions about getting a health scrutiny representative to sit on HWB.

### 13 Work Programme

The forward plan was noted.

### 14 Any Other Business

A Decision was made to invite new members to the Board - Sumita Hutchison, Bristol Commission for Race Equality and Jean Smith, Director of Nilaari & Chair of the BME Mental Health Group.

#### ACTION SUMMARY

1. Board Members to request information on public sector fleet fossil fuel reduction plans from their organisations and feed this back to Mark Allen
2. Board Members to request input into the Healthier Together prevention work-stream and substance misuse strategy
3. Elaine Flint to supply film on Adverse Childhood Experiences to Oliver Harrison for circulation / presentation at a future HWB
4. Board Members to feedback to Sally Hogg on the proposed One City Plan objectives, especially Adverse Childhood Experiences
5. Sally Hogg to discuss with Alex Minshull ways in which the HWB can feed into the Climate Strategy
6. HWB to consider endorsement of the Climate Strategy once it has been agreed by the Environmental Sustainability Board
7. Keith Sinclair to share with Carole Slater data from the Carers Support Centre monitoring report relating to mental / emotional health of young carers
8. Eva Dietrich to supply the South Gloucestershire CYP Emotional Health and Wellbeing transition plan to Oliver Harrison for circulation

Meeting ended at 5.00 pm



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

