Health and Wellbeing Board
Agenda

BRISTOL CITY COUNCIL

NHS
BRISTOL CCG

Date: Wednesday, 27 November 2019
Time: 2.30 pm
Venue: The Writing Room - City Hall, College Green, Bristol, BS1 5TR

Distribution:

Board Members: Dr A Bolam, Cllr Helen Holland, Cllr Asher Craig, Christina Gray, Julia Ross, Justine Rawlings, Elaine Flint, Keith Sinclair, Dr J Jensen, Robert Woolley, Andrea Young, Eva Dietrich, Vicky Marriott, Jo Makinson and Terry Dafter

Copies to: Nancy Rollason (Service Manager Legal), Sarah Sharland (Legal Officer), Sally Hogg and Oliver Harrison (Democratic Services Officer)

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Date: Tuesday, 19 November 2019

Agenda

1. Welcome, Introductions and Safety Information

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.

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

To agree the minutes of the previous meeting as a correct record. **(Pages 5 - 10)**

5. Public Forum

Up to 10 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 5 pm on Thursday 21 November.

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 12.00 noon on Tuesday 26 November.

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Agenda Items below each have 15 minutes

6. Integrated Care System Localities

- Justine Rawlings CCG and Terry Dafter BCC **(Pages 11 - 19)**

7. Health and Wellbeing Board Performance Report

- Mark Allen PH **(Pages 20 - 27)**

8. One City Plan Timeline

- Sally Hogg PH **(Pages 28 - 36)**

9. Annual Health Protection Report

- Thara Raj PH **(Pages 37 - 82)**

10. One City Climate Strategy

- Alex Minshull BCC **(Pages 83 - 88)**

11. CYP Emotional Health and Wellbeing LTP

Full title:

- Children and young people's emotional health and wellbeing Local Transformation Plan – Carol Slater, CCG; Phoebe Kalungi and Jo Williams, BCC
- Report to Follow

12. Feedback from Healthier Together (STP)

- Councillor Asher Craig Deputy Mayor

13. Work Programme

To note the work programme. **(Page 89)**

14. Any Other Business

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 FTCI 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 _____

Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Groups

Bristol Health and Wellbeing Board

Title of Report:	**Integrated localities**
Author (including organisation):	**Justine Rawlings**
Date of Board meeting:	**27th November 2019**
Purpose:	Information and discussion

1. Executive Summary

This paper provides an update on the shared aim for developing integrated working across the three Bristol localities. This element of the plan was previously described as follows:

"We aim to develop health and care integration across all 3 Bristol localities so that the community is the preferred setting of care, supporting people to stay independent and active in their own homes and promoting their wellbeing. By focusing on the population health needs of local communities and creating joined up services across key agencies we will build resilience and support people in the places where they live rather than institutional settings. Our key priority groups include

- older people who are frail or at risk of becoming frail
- people with mental health needs
- people when they need more urgent care
- children and families

It is a high priority for us to work together to develop a joint approach that recognises the important contribution the VCSE makes to our communities. We want to work in genuine partnership to empower the sector and encourage new models of care through supporting small to medium enterprises and user led organisations. Such a partnership approach to micro-commissioning in collaboration with local anchor organisations will build healthier communities and develop resilience."

2. Purpose of the Paper

The purpose of this paper is to provide an update on Bristol localities which are a key shared objective within the Bristol Health and Wellbeing Board plan on a page as well as the Bristol, North Somerset and South Gloucestershire Healthier Together Partnership.

3. Evidence Base

We know from work with the Healthier Together Citizen's panel, specific deliberative research and our outcomes data that too many people are living with preventable and poorly managed health conditions, particularly in our more deprived areas, and that some people, as they live longer lives, can struggle as their health and social care needs become more complex. This results in significant differences in healthy life expectancy.

We also know that in some areas people receive excellent care and are either able to look after themselves or are supported, to lead healthy lives, others with long term conditions are amongst the least likely to feel happy and healthy and feel less informed about what they could do to keep themselves well. We have been told that most people with long term conditions would prefer to receive more of their care closer to where they live, for that care to be seamless including ensuring there is effective communication, sharing of information, and consistent care.

The picture across our localities is outline din the paper.

4. Recommendations

The Health and Wellbeing board is asked:

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

5. City Benefits

This place based approach allows agencies within Bristol to join together and align their work in order to deliver the goals of increasing healthy life expectancy and reduced inequalities in healthy life expectancy.

6. Financial and Legal Implications

None applicable for this report.

7. Appendices

Update report Developing Integrated Care in Localities and Building Healthier Communities

Developing Integrated Care in Localities and Building Healthier Communities

The Healthier Together vision for integrated care in localities is that

“Everyone in Bristol North Somerset and South Gloucestershire is able to lead a healthy and fulfilled life”

Our ambition is to deliver this joined up care for people in their communities. We want to:

“Build one single health and care system, so that the community becomes the preferred place for care and so that people can maximise their health and independence and be active in their own wellbeing”.

At present, we have a range of disparate primary care practices, community health services, social services and voluntary sector services. Despite the best efforts of staff, it is extremely difficult to provide joined-up care in this system. People sometimes receive care from too many separate services, which may duplicate activities while struggling to coordinate. Without the right type of community-based services, we end up sending people to hospital or residential care when they could have been better supported in their own homes.

Our shared goals are:

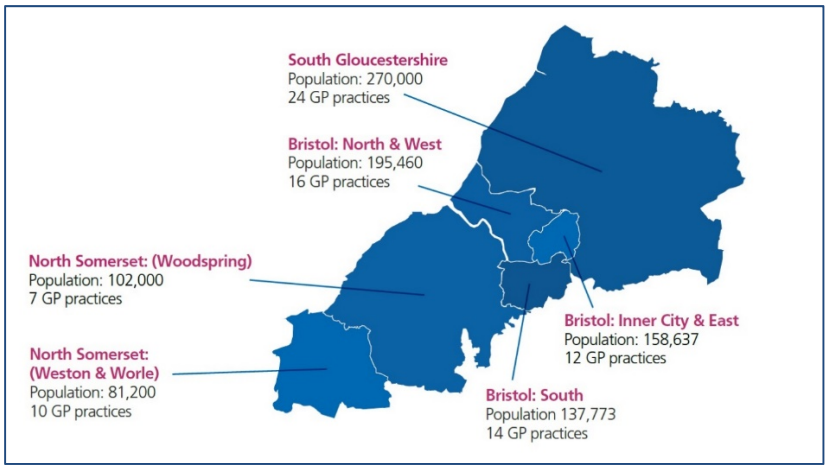
1. Local People are healthier and the gap in healthy life expectancy is reduced
2. Communities are healthy, safe and positive
3. People are able to make decisions about what matters to them
4. People’s lives are less affected by dealing with ill health
5. Our teams are supported to be at their best for people
6. Local People receive more care at home or in the community

This work is led by the Healthier Together Integrated Care Steering Group which reports to the Healthier Together Partnership Board.

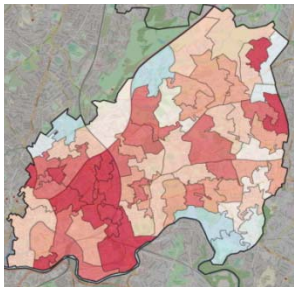
The strategy is for developing integrated community services, capable of delivering proactive, holistic and joined up care to people at home or close to their homes. We want to support everybody to maintain their own health and wellbeing. We want to ensure that our older residents remain fit and healthy for as long as possible. And we want to ensure that nobody attends hospital or is admitted to a hospital ward or to long term residential care who could be better treated in the community or could be supported to stay in their own home. Our strategy for achieving this includes establishing new locality hubs and joined-up community health and care teams capable of providing flexible support to people with a wide range of health and social challenges and stronger support to communities.

The overall strategy will be outlined in the Healthier Together Long Term Plan.

Our localities

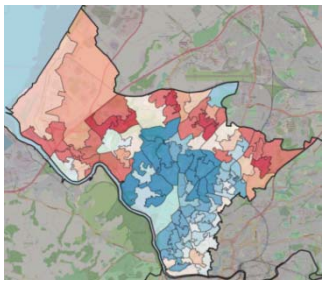


The Bristol localities are Inner City and East, North and West and South Bristol.



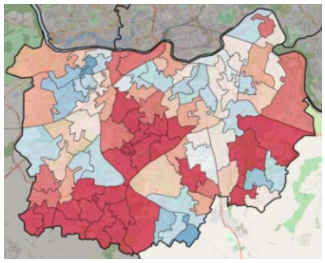
Inner City and East Bristol

Population: 158k, Median age: 29
Control: **5.5***, health: **7.3***, happiness: 7.1
Smoking: **30%***
T1ED SAR: **111**, ambulance covey. rate: **140**
NEL admissions: **109**
1st OPA: 92

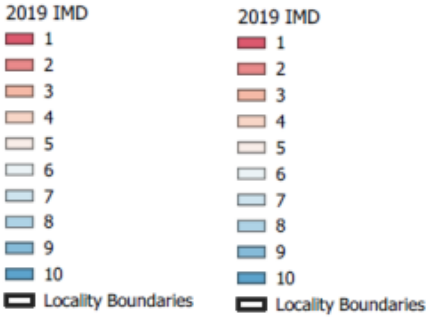


North and West Bristol

Population: 195k, Median age: 31
Control: 7.7, health: 8.2, happiness: 7.4
Smoking: 5%
T1ED SAR: 103, ambulance covey. rate: 102
NEL admissions: 96
1st OPA: 93



South Bristol
Population: 137k, Median age: 34
Control: 7.0, health: **7.0***, happiness: **6.4***
Smoking: **29%***
T1ED SAR: 93, ambulance covey. rate: **137**
NEL admissions: **107**
1st OPA: 100



*indicates statistically different from highest score
LSOA: lower-layer super output area
IMD: index of multiple deprivation (IMD1, red is most deprived)
Control, health and happiness self-reported on 10-point scale [citizens' panel]
T1ED: Type 1 emergency departments
NEL: non-elective admissions
SAR: standardised admission rate per 1,000 population
OPA: outpatient appointment

We know that:

- Inner City and East (ICE)
    - Youngest age profile in BNSSG
    - Self-reported health is statistically lower than the 'healthiest' localities, associated with lowest levels of 'feeling in control of life', though levels of happiness on par with 'happiest' localities
    - Highest rate of smoking.
    - Just over 30% from a BME background.
    - Ranks high for all key markers of unplanned care use, with highest ambulance conveyance rates
    - Ranks lowest for key marker of mean unplanned care use; 1st outpatient appointment (OPA)
- South Bristol
    - Seemingly similar profile to ICE with marked difference in ethnic diversity with just 8% from a BME background.
    - Characterised by low happiness self-rating, but statistically similar feeling of control.

    - Similar pattern of high unplanned care use
- Weston, Worle and Villages (WWV)
    - Lowest overall self-rating for control, health and happiness.
    - Much older population than ICE and South Bristol.
    - Highest rate of ED attendances and strikingly low ambulance conveyance rate, though also has highest rate of 1st OPA.
- North and West Bristol, South Gloucestershire and Woodspring
    - Similar self-reported health, control and happiness.
    - Similar activity rates, with lowest unplanned care rates and relatively high planned care rate in least deprived Woodspring locality
    - North and West historically viewed at 'inner' and 'outer', with the latter being significantly more deprived. All-cause age-standardised premature mortality for males and females in outer North and West were 545 and 377 per 100,000 population respectively, compared with 297 and 180 for inner North and West (2012-2014).

Overall high markers of unplanned care use associated with deprivation, high smoking rates, feeling either not in control of life or lower levels of happiness or both.

ICE, North and West and Weston, Worle and Villages have the highest rates of attendance at type 1 emergency departments and each contain an acute hospital within their boundaries.

Despite varying deprivation, associated factors and known correlations with disease burden, planned acute care rates (adjusted for age) are similar across localities, indicating potential underuse in deprived areas relative to need.

Our ambition is to use this understanding of the variation and specific needs to enhance the way we design interventions with our communities.

Integrated Partnerships in localities

Over the last two years, we have established partnerships in each locality to oversee the development of integrated local services. These include:

- GPs
- Community services
- Local Authority public health and social care colleagues (children and adults)
- VCSE organisations
- AWP

In Bristol, the partnerships have been meeting informally for some time and have, on the whole, had strong representation from each of these providers. There have been small "test and learns" conducted to try out new ways of working, for example multi-

disciplinary/multi-agency team meetings which have addressed long standing high use of services by people or individuals whose complex needs had previously not been amenable to being resolved, provision of drug and alcohol services at GP surgeries to serve a whole new cohort who would not attend other clinics.

The next phase is to design and implement integrated community services in localities, beginning with frailty. The procurement of a new community provider with means that from April 2020 we can start to develop the new community model of care, a significant element of which will be the new frailty model. However, there is already work going on in Bristol with the existing provider and Bristol City Council adult social care to roll out multi-disciplinary working to support our most frail older people through this winter. There are already successful Multi-disciplinary team pilots in South Bristol and plans to start further pilots in North Bristol this year. The aim of these is to reduce risk of hospital admission as well as improve joint working relationships and reduce unnecessary referrals between partners. Our 6 localities are planning how they will further join up services in the community into a system of care at every level. Integrated Locality Partnerships (ICPs) will bring together our primary care networks, community services, local authority services, mental health and the voluntary sector in communities jointly to coordinate services for their populations. They will use population health management data to focus on the specific needs of the people in their communities, taking into account the very different outcomes, circumstances and challenges that are experienced by people across BNSSG. Taking a strengths based approach, agencies will work together to ensure that people can stay independent and in control of their lives and remain living at home for as long as possible.

We will also be looking at the opportunities to use digital technology and equipment to help people manage their own health conditions,live independently and access their communities.

Building Healthier Communities together

We know that alongside developing services, we also need to find a very different way of working with people and their families. There are large numbers of community led, faith and voluntary and social enterprise organisations who already do a considerable amount to keep people healthy well and independent. In many cases these organisations are supported by our Local Authorities. In Bristol, there has been significant support over time and there are already well-established VCSE organisations working closely with health and care providers. This has meant, for instance, that most primary care networks in Bristol have chosen to employ their social prescribing link workers through these VCSE rather than directly into the practice and we have had.

However, we also know that there is considerable challenge for us as a health and care system to make better use and value more the contribution of the VCSE and to

understand communities own assets and strengths. Communities and the VCSE, in turn, share our challenge of increasing demand and unsustainable funding. We know that VCSE, community and faith groups have a reach into the heart of communities and we also know strong communities are good for health

Health, VCSE and local authority colleagues and potential funding organisations are working to develop an entirely new way of working with communities in our localities that is more ambitious, radical and sustainable. There has been a collective failure to reallocate resources to "upstream" preventative support and care – and we want to think more broadly about the resources we collectively have to achieve our common aims to help people lead healthy and fulfilling lives.

Our plan is to establish community based VCSE organisations as equal partners in each of our integrated locality partnerships to support thriving communities where people are able to have healthy and fulfilled lives. Their role will be to extend the reach into communities, supporting them to make the most of what they have, making available health and care resources to be used differently but also to draw in new resources so that communities themselves can determine what is needed and develop services and social support alongside the services provided by the NHS and local authorities. These partnerships will be established in each locality by April 2020.

Working in and with community organisations in this way will facilitate taking a more asset-based approach, supporting and stimulating those communities to create healthier environments, making use of people's strengths. As well as the VSC this will involve working with other services and buildings, (e.g. shops, libraries, private companies) within communities to be accessible and support the needs of their population. We are working with Local Authority colleagues to align with other discussions relating to community organisations in both adult care and community development.

Summary

The steps we have taken to date and have in train have begun to establish our localities as follows:

- Establishing localities, through the locality transformation scheme beginning in August 2017 with a strategic business case for our integrated model of care for frailty having been signed off in September 2019.
- Procuring one provider of community services for the Healthier Together footprint, beginning to deliver care from April 2020
- Setting up 18 primary care networks (PCNs) in July 2019.

- Building Healthier Communities through integrated locality partnerships, including the community, and from April 2020, integrating with VCSEs.
- Integrated network teams working within PCNs.
- Extended our integrated multi-disciplinary team working to cover the whole population is in progress.
- Integrating system data through our population health management (PHM) programme.

Our integrated localities and PCNs will provide an enhanced level of capability including new locality services, above that of any single current primary care or community provider and these will become the new default setting of care.

Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Groups

Bristol Health and Wellbeing Board

Title of Report:	Health and Wellbeing Board mid-year performance report
Author (including organisation):	Mark Allen, Public Health
Date of Board meeting:	27th November 2019
Purpose:	Oversight

1. Executive Summary

- The Health and Wellbeing Board's mid-year performance report provides a summary of 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 performance report
- For Members to assess progress towards actions 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, where applicable, based on progress towards the item's performance indicator

4. Recommendations

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

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

Performance report

Mid-year Performance Report - Nov 2019

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

BRISTOL HEALTH AND WELLBEING BOARD

Statutory Duties	
Publish Health and Wellbeing Strategy	2020
Annual JSNA report to Board	Jan
Publish Pharmaceutical Needs Assessment	
Oversight of Health and Care Integration	
Annual SEND report to Board	

Workstream Summary Updates
Workstream 1: Bristol's application to become an 'Age Friendly City' has been accepted. A 'Period friendly school' approach has being developed and a package of support for schools has been commissioned. 16 organisations have signed the Time to Change pledge and more are expected by end of year.
Workstream 2: Bristol City Council and North Bristol NHS Trust have plans in place to reduce fleet fossil fuel use. A Housing First pilot project is currently being delivered; homelessness and mental health strategies support this work. A meeting is being held regarding a Children's Hospital library.
Workstream 3: Alcohol and diabetes indicators are worsening, whilst rates of smoking in pregnancy have improved. Prevention work includes the Healthier Together prevention workstream, targeted smokefree services, a new substance misuse strategy and a whole city healthy weight programme.
Workstream 4: Progress is being made towards establishing shadow Integrated care partnerships in each locality. Governance arrangements are being made for establishing VCSE anchors. A frailty model business case is in production. Localities are working up plans for Community Same Day urgent Care.
Workstream 5: A mental health strategy is in development, linking with Thrive Bristol which is progressing well. A local approach to preventing Adverse Childhood Experiences has been developed and a Health Integration Team established. Alive Bristol whole city approach to healthy weight has launched.

Workstreams											
Workstream 1: One City Plan - Health and Wellbeing Ambitions		**Workstream 2: One City Plan - Health in wider determinants**		**Workstream 3: Healthier Together - Delivering Prevention**			**Workstream 4: Healthier Together - Delivering Integrated**		**Workstream 5: Joint leadership on Oversight Health Strategy and**		**Workstream 6: Oversight and Assurance**	
2019 - Bristol to achieve WHO 'Age Friendly City' status	G	Public Sector organisations to have 30% of fleet non – fossil fuel	A	Reduce the number of alcohol related admissions in Bristol	▲		A clear plan by April 2020 to integrate health & care provision at locality level	A	Develop mental health strategy for prevention, recovery and care quality	A	To receive the Health Protection Annual Report	G
2019 - End period poverty and promote period dignity for women and girls	G	Support implementation of Housing First for people with mental health and complex needs	A	Reduce the number of women smoking at time of delivery	▼		VCSE anchors established in each locality by April 2020	A	Develop and deliver the Bristol Preventing Violence Strategy.	TBC	To receive annual Healthwatch report	TBC
2019 - Ten organisations will have committed to 'Time To Change'	G	Board members to listen to children read	A	Reduce prevalence of type 2 diabetes	▲		Functioning frailty model from 20/21 with some implementation in 2019	A	Develop the Bristol approach to Adverse Childhood Experiences	G	To receive the Annual Suicide Prevention Report	Jan
				Work towards commitments of Healthy Weight Declarations	A		Community Same Day urgent Care implemented in at least one locality	A	Improve mental health and wellbeing through Bristol Thrive	A	To receive the Director of Public Health Report	Jan
				Collaborate with BNSSG HWBs to contribute to the local NHS Long Term Plan	G		Integrated mental health model of care defined for Bristol April 2020	A	Improve levels of healthy weight in Bristol through Bristol Alive	G	To receive the Bristol Fuel Poverty Strategy	Jan
											HWB Chairs to provide leadership for HWB within the Joint Boards forum	G

Workstream 1 : One City Plan - Health and Wellbeing Ambitions for 2019

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 2019 the priorites are achieving Age Friendly City status, tackling period poverty and signing the Time to Change Employer Pledge.

Workstream Update

Bristol's application to become an 'Age Friendly City' has been accepted. A 'Period friendly school' approach has being developed and a package of support for schools has been commissioned. 16 organisations have signed the Time to Change pledge and more are expected by end of year.

2019 AMBITIONS

1. Bristol to achieve 'Age Friendly City' status from the World Health Organisation

On 23rd November 2018, the World Health Organisation (WHO) accepted Bristol's application (http://bristolageingbetter.org.uk/age-friendly-city/) to become the 705th member of the Global Network of Age-friendly Communities. The network represents cities and communities across the world who are all committed to making their areas better for older people, which also has a positive impact on the community as a whole.	Green

2. End period poverty and promote period dignity for women

In November 2018 Bristol City Council committed to eradicating period poverty in the city, including providing free sanitary products in schools by September 2019. Since then, the approach being taken has developed, partly based on Pupil Voice data indicating that wellbeing concerns relating to periods, rather than financial, were more of an issue for young people. The ambition now is to promote period dignity with a focus on the role schools can play.	Green

Indicator: Develop 'Period friendly school' approach and commission package of support for schools

Reporting: Public Health. The Real Period Project and City to Sea to work have been commissioned. A charter has been developed and training, guidance and lesson plans are to be provided. Resources will be adapted for special schools. The Healthy Schools awards are also now compliant with a period friendly approach.

3. Ten organisations will have committed to 'Time to Change'

Time to Change (https://www.time-to-change.org.uk) is a growing social movement working to change the way we all think and act about mental health problems. The Time to Change Employer Pledge is a way for organisations to demonstrate their commitment to changing how we think and act about mental health in the workplace and make sure that employees who are facing mental health problems feel supported.	Green

Indicator: No. organisations in Bristol that have signed the Time to Change Employer Pledge

Previous Period	Current Period	Target
n/a	**16**	**10**

Reporting: Public Health. More organisations expected to sign by the end of the year.

Workstream 2 : One City Plan - Health in wider determinants

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. The One City Plan includes many objectives relating to the wider determinants of health. The Health and Wellbeing Board chose three actions to focus on for 2019.

Workstream Update
Bristol City Council and North Bristol NHS Trust have plans in place to reduce fleet fossil fuel use. A Housing First pilot project is currently being delivered; homelessness and mental health strategies support this work. A meeting is being held regarding a Children's Hospital library.

ACTIONS

1. Public sector organisations to have 30% of fleet non-fossil fuel by 2026 (Environment)	
Air pollution is one of the major environmental determinants of health. There is strong evidence that it has a significant impact on, amongst other things, the incidence and severity of cardiovascular disease and lung health. The aim is to reduce the percentage of vehicles used that are diesel or petrol, switching to low emission energy sources	Amber
Indicators: BCC and NHS orgs to have plans in place; progress towards target	
Bristol City Council's car fleet has 20+ electric vehicles, with plans to convert more. North Bristol NHS Trust are reviewing their fleet in order to comply with Bristol's proposed Clean Air Zone.	

2. Support the implementation of Housing First for people with mental health and complex needs	
Housing First is a pilot initiative designed for people who have been homeless for a long time or those who repeatedly end up homeless. They are offered housing as a first priority, followed by additional intensive support, to address other needs and help maintain their tenancy.	Amber
Indicator: all key agencies are signed up to principles of Housing First and committed to securing funding	
Reporting: BCC Housing options; Second Step. A small pilot project is currently being delivered. A broad partnership is involved, including Bristol City Council, the CCG, AWP, Second Step and housing associations. A homelessness and rough sleeping strategy is being developed. A draft mental health strategy also supports this work.	

3. Board members to support literacy and highlight the links between education and health by listening to children read (Learning & Skills)	
Reading City has a goal to eliminate gaps in achievement in Communication, Language and Literacy in the Early Years Foundation Stage. The aim is for all children to be able to start school feeling confident about themselves as learners, with positive dispositions to learning and the skills they need to continue to make good progress throughout their education, embracing the challenges that real learning brings.	Amber
Reporting: Public Health. A meeting has been arranged with the Children's Hospital to explore the possibility of a library.	

Workstream 3: Healthier Together - Delivering Prevention

Introduction

Healthier Together is a partnership of Local Authorities and health and care organisations in Bristol, North Somerset and South Gloucestershire. Prevention is a key focus, particularly in relation to unhealthy weight, diabetes, smoking at the time of delivery and alcohol-related hopsital admissions.

Workstream Update

Alcohol and diabetes indicators are worsening, whilst rates of smoking in pregnancy have improved. Prevention work includes the Healthier Together prevention workstream, targeted smokefree services, a new substance misuse strategy and a whole city healthy weight programme.

ACTIONS

1. Reduce the number of alcohol related admissions in Bristol

Over 3,000 hospital stays in Bristol were due to alcohol related harm in 2016/17. This is significantly worse than the national average. There were 131 alcohol-specific deaths in Bristol in 2014-16. 18.4% adults in Bristol 'binge drink' at least once a week. 63% of clients in treatment for alcohol use in Bristol are male, and 37% female	Red

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

Previous Period (2017/18)	Current Period (2018/19)	Target	direction	RAG Rating
810	**Not yet available**		▲	**Red**

Reporting: Public Health. A substance misuse needs assessment is currently being undertaken, to inform a new strategy. Alcohol is also part of the Healthier Together prevention workstream.

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

Smoking during pregnancy is the major risk factor associated with miscarriage, still birth, premature birth and neonatal mortality. In 2017/18, over 600 (10.2%) pregnant mothers in Bristol self-reported as still smoking at the time of delivery. There is significant variation in prevalence associated with deprivation. The proportion of smokers in Bristol has fallen; in 2017, 11.1% of Bristol adults smoked, down from 21% in 2012	Green

Indicator: % women smoking at time of delivery

Previous Period (2017/18)	Current Period (2018/19)	Target	direction	RAG Rating
10.2%	**Not yet available**		▼	**Green**

Reporting: Public Health. A new, targeted support to stop smoking service is being commissioned from April 2020. Smoking is also part of the Healthier Together prevention workstream.

3. Reduce prevalence of type 2 diabetes	
Diagnoses of diabetes continue to rise in Bristol; in 2016/17 there were almost 22,500 Bristol patients with diabetes. 74.1% of people with diabetes have been diagnosed. Hospital admissions data records 18% of Bristol patients admitted for diabetes were living within the most deprived 10% areas. Around 90% of people with diabetes will have Type 2 diabetes; risk of developing Type 2 diabetes rises with excess weight	Red

Indicator: Prevalence of diabetes

Previous Period (2017/18)	Current Period (2018/19)	Target	direction	Rating
5.5%	**Not yet available**		▲	**Red**

Reporting: Public Health. This is an anually reported QOF indicator, for types 1 and 2 diabetes in ages 17+. Alive Bristol, a whole city approach to health weight, has been launched. A 'healthy weight implementation group' has been formed, part of the Healthier Together prevention workstream. The NHS Diabetes Prevention Programme is provided in Bristol by WW.

4. Work towards meeting the commitments of the LA and NHS Healthy Weight Declarations	
Approximately a third of children and two-thirds of adults in Bristol are overweight or obese. The Local Government Declaration on Healthy Weight aims to achieve a commitment to promoting healthy weight and improving the health and wellbeing of the local population; recognising the need for Local Authorities to exercise their responsibility in developing and implementing policies which promote healthy weight.	Amber

Number of organisations identifying a Champion

Current Period (2019)	Target
9	**10**

Reporting: Public Health. 9 health and social care organisations haved signed-up so far; several VCSE sector organisations will be invited to identify Champions in early 2020

5. Collaborate with BNSSG HWBs to contribute to the local NHS Long Term Plan	
The 3 Boards meet quarterly and have contributed to development of the Long Term Plan	Green

Workstream 4: Healthier Together - Delivering an Integrated Care System

Introduction

We aim to develop health and care integration across all 3 Bristol localities so that the community is the preferred setting of care, supporting people to stay independent and active in their own homes and promoting their wellbeing. By focusing on the population health needs of local communities and creating joined up services across key agencies we will build resilience and support people in the places where they live rather than institutional settings. Our key priority groups include

- older people who are frail or at risk of becoming frail
- people with mental health needs
- people when they need more urgent care
- children and families

It is a high priority for us to work together to develop a joint approach that recognises the important contribution the VCSE makes to our communities. We want to work in genuine partnership to empower the sector and encourage new models of care through supporting small to medium enterprises and user led organisations. Such a partnership approach to micro-commissioning in collaboration with local anchor organisations will build healthier communities and develop resilience.

Workstream Update

Progress is being made towards establishing shadow Integrated care partnerships in each locality. Governance arrangements are being made for establishing VCSE anchors. A frailty model business case is in production. Localities are working up plans for Community Same Day urgent Care.

ACTIONS

1. A clear plan by April 2020 to integrate health and care provision at locality level	
In progress: shadow Integrated care partnerships to be established in each locality building on informal current partnership working.	Amber

2. VCSE anchors established in each locality April 2020	
This is on track and papers going to relevant governance meetings. A joint approach has been agreed with LAs, with very strong input from Bristol City Council and we will formalise into a programme board so we can take the work co-produced with the VCSE.	Amber

3. Functioning frailty model of care from 20/21 with some early implementation in 2019	
The frailty business case is in production sponsored via the integrated Care steering group and with input on the frailty programme board from across the system, including VCSE and LA representatives.	Amber

4. Community Same Day urgent Care being implemented in at least one locality	
This programme is still developing with localities working this up within their individual plans.	Amber

5. Integrated mental health model of care defined for Bristol April 2020	
This is part of the mental health strategy development - see workstream 5	Amber

Workstream 5: Joint leadership on oversight health strategy and policy

Workstream Update
A mental health strategy is in development, linking with Thrive Bristol which is progressing well. A local approach to preventing Adverse Childhood Experiences has been developed and a Health Integration Team established. Alive Bristol whole city approach to healthy weight has launched.

ACTIONS

1. Jointly develop a mental health strategy which addresses prevention, promotes recovery and improves care quality	
A Mental Health Strategy is being developed for Bristol, North Somerset and South Gloucestershire, and is aligned to Thrive Bristol. The Mental Health Strategy is about a whole system approach to mental health and well being – including preventing mental ill health and promoting good mental health, improving lives, building collaborative systems and offers of support and meeting the sustainability agenda.	Amber

2. Jointly develop and deliver the Bristol Preventing Violence Strategy	
TBC	

3. Jointly develop the Bristol approach to Adverse Childhood Experiences	
Local partners have worked together to develop a local approach to preventing Adverse Childhood Experiences (ACEs) and to mitigate their immediate and long term impacts. An ACE Health Integration Team (HIT) has been established.	Green

4. Support delivery of Bristol Thrive	
The Thrive Bristol programme is well underway and is working with local and national academic partners to identify baseline measures and outcome indicators to demonstrate the impact of each workstream and the overall programme.	Amber

5. Improve levels of healthy weight in Bristol through Bristol Alive	
Board to receive 6-monthly progress reports for oversight - paper received Sept 2019. See also workstream 3	Green

Statutory duties

Duty	Requirement	Received?
Publication of a Health and Wellbeing Strategy	5 year strategy to be written	2020
Publication of a Joint Strategic Needs Assessment	Annual report to Board	Jan
Publication of a Pharmaceutical Needs Assessment	3 yearly report to Board	Green
Oversight of Health and Care integration, including the Better Care Fund	Standing item and quarterly reporting	
Oversight of arrangements and outcomes for Special Educational Needs and Disabilities	Annual report to Board - July 2019	Green

Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Groups

Bristol Health and Wellbeing Board

Title of Report:	Bristol Health and Wellbeing Board – One City Approach and Timeline.
Author:	Sally Hogg, Consultant in Public Health, Bristol City Council
Date of Board meeting:	27th November 2019
Purpose:	Decision

1. Purpose of the Paper

This paper updates the Health and Wellbeing Board on the One City Approach and seeks approval for the 2020 iteration of the Health and Wellbeing Timeline. The Health and Wellbeing Board is also asked to sign off the 2019 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), and the three priorities for 2020 as part of the Health and Wellbeing Board Plan on a Page.

2. Evidence Base

The first iteration of the One City Plan was published in Jan 2019, with an ambition:

"In 2050 Bristol is a fair, healthy, sustainable city. A city of hope and aspiration, where everyone can share in its success."

The document set out an ambitious vision for the city, decade by decade until 2050, with a thematic approach which is guided by the interconnectivity of the city as a dynamic and diverse 'system of systems'. It is built on six stories; connectivity, economy, environment, health and wellbeing, homes and communities and leaning and skills.

Each of these six themes now has a Board (some newly established, and some mature) to drive the ambitions forward, with an expectation that the boards will maximise their connectivity with each other. The City Office has established Board to Board meetings for the chairs and officers to facilitate the development of this work.

The first annual refresh of the One City Plan is due to be published in Jan 2020, and there has been an opportunity to revisit the goals that were put into the plan last year.

A systematic review of the plan has taken place with input from the Health and Wellbeing Board collectively, individual members and the public health team. It has been revised using the Joint Strategic Needs Assessment (JSNA) and other sources of evidence based literature, in addition to individual and organisational expertise. In addition, there are some Sustainable Development Goals which are unable to be changed, and have been identified in the revised plan.

The three health and wellbeing goals for each year form a strand of the Health and Wellbeing Board Plan on a Page.

The three goals in the Plan on a page for 2019 will been achieved:

- Bristol to achieve WHO Age Friendly Status
- Ten organisations will have committed to ‘Time to Change’. 16 organisations have achieved this to date.
- End period poverty and promote period dignity for women – A ‘period friendly school' approach has being developed and a package of support for schools has been commissioned

The three health and wellbeing goals for 2020 are proposed as:

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

Once the plans for other boards are published three additional goals will be identified from the other boards to form the second strand in the Plan on a Page to address the wider / social determinants and demonstrate Board connectivity.

3. Recommendations

- The Health and Wellbeing Board approve the Health and Wellbeing timeline for the One City Plan.
- 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)..
- The Health and Wellbeing Board agree the 3 themed priorities for 2020.

4. Appendices

Include any background reports or information.

RAG	Goal Year	Theme	Goal	Comments
	2019	Health & wellbeing	WHO Age Friendly City Status achieved.	Delivered
	2019	Health & wellbeing	A city wide commitment to tackling period poverty for girls and women.	Delivered
	2019	Health & wellbeing	Ten organisations in Bristol (including the council) will have committed to tackling mental health stigma and discrimination through signing the Time to Change Employer Pledge.	Delivered
	2020	Health & wellbeing	Bristol is on the way to becoming an ACE Aware city with 20% workforce trained in trauma informed practice.	CHANGED
SDG	2020	Health & wellbeing	At least 95% of Looked After Children have regular health assessments.	Can't change
	2020	Health & wellbeing	50 organisations will have committed to adopting and implementing the Mental Health at Work core standards.	CHANGED
	2021	Health & wellbeing	Integrated community localities will work together to enable people to stay healthy, well and independent in their communities.	
	2021	Health & wellbeing	Inappropriate prescribing of antibiotics will have been reduced by 50% to ensure that they continue to have effect when they are needed.	
	2021	Health & wellbeing	There will be a city wide systematic approach to embedding consideration of the impact on current and future health and wellbeing in all key policy development, ensuring that health outcomes are embedded in non-health policy.	Changed
	2022	Health & wellbeing	All unpaid carers are identified, assessed and supported and valued in their caring role, recognised and respected as 'expert partners in care' by health and social care.	
	2022	Health & wellbeing	Bristol meets all national targets for vaccination uptake, preventing the spread of infection and reducing the incidence of communicable disease.	
SDG	2022	Health & wellbeing	50% of fast food outlets in the City will be selling healthy alternatives and eligible for a Bristol Eating Better Award.	Can't change.

	2023	Health & wellbeing	People living and working in Bristol will know and understand that there is a zero tolerance approach to domestic and sexual violence and abuse.	
	2023	Health & wellbeing	Healthier Together will have a 5 year primary care strategy.	Changed
	2023	Health & wellbeing	Bristol health and care system will be aligned using a population health management approach.	
	2024	Health & wellbeing	Dental decay rates are below the national average for 5 year olds.	CHANGED, MOVED FROM 2023 to 2024 in line with dental data
	2024	Health & wellbeing	50% of all organisations will have committed to adopting and implementing the Mental Health at Work core standards.	CHANGED
	2024	Health & wellbeing	70% of Bristol schools will have achieved a Healthy Schools Award.	CHANGED
	2025	Health & wellbeing	Under 10% of Bristol adults smoke compared to 11.1% in 2017.	CHANGED
	2025	Health & wellbeing	50% more people living in the most deprived wards are doing more than 30 minutes physical activity per week.	
	2025	Health & wellbeing	The gap in healthy life expectancy between the most and least deprived areas of Bristol will be been reduced by 10%, for both men and women.	
SDG	2026	Health & wellbeing	It will be the norm for children leaving primary school at age 11 to be able to cook a meal from scratch.	Can't change
	2026	Health & Wellbeing	Levels of childhood obesity will have stopped increasing	CHANGED from 2025
SDG	2026	Health & wellbeing	There is a reduced need for food banks in Bristol because the root causes of food insecurity (the ability to secure enough food of sufficient quality and quality to allow you to stay healthy and participate in society) have been tackled.	Can't change
	2027	Health & wellbeing	Fast Track Cities achieves 95/95/95 targets to new HIV admissions, and reduces related discrimination to zero.	CHANGED
	2027	Health & wellbeing	Breastfeeding prevalence will have been increased at 6-8 weeks in the most deprived wards to the same as the national average.	
	2027	Health & wellbeing	People requiring social care will work in partnership with expert teams enabled by technology to access the support they need to live a fulfilling life.	

	2028	Health & wellbeing	Mental Health awareness training will have been provided to 1 in 5 people in Bristol.	
	2028	Health & wellbeing	We will have trained local healthcare professionals who have come from the most deprived areas of the city, as part of workforce development.	
	2028	Health & wellbeing	All childcare settings, schools and higher education establishments will have developed a culture that promotes and encourages a healthy and sustainable environment.	
SDG	2029	Health & wellbeing	The obesity gap will have closed bringing high levels of childhood obesity in deprived areas down to a similar level to the most affluent areas.	Can't change.
	2029	Health & wellbeing	Trends of hospital admissions for self-harm in young people (10-24 years) are reversed to below national average.	
	2029	Health & wellbeing	It is the norm for no pregnant woman to smoke.	
	2030	Health & wellbeing	People will routinely use digital technology to interface with health and social care services and a significant element of all health and care will be delivered through digital resources.	
	2030	Health & wellbeing	Bristol will be the most active core city in the country with at least 65% of people in all parts of the city achieving the recommended amount of physical activity.	
	2030	Health & wellbeing	Bristol parents and children are aware of the future impact of ACEs on their health and wellbeing.	
SDG	2031	Health & wellbeing	Everyone has access to affordable fresh food within a 10 minute walk from their home.	Can't change
	2031	Health & wellbeing	People living in the 10% most deprived areas of Bristol will be as satisfied with where they live and the quality of parks and green spaces as people living in the most affluent areas of the city.	
	2031	Health & wellbeing	Bristol will be recognised as a lead city for dementia care.	
	2032	Health & wellbeing	Permanent admissions to residential and nursing care are halved from 2018/19 levels.	
	2032	Health & wellbeing	Bristol will be leaders in TB control with a year-on- year decrease in incidence and improved treatment completion rates.	

	2032	Health & wellbeing	The number of people in Bristol experiencing social isolation is halved with people knowing where in their community they can connect with people, opportunities and jobs.	
	2033	Health & wellbeing	Bristol will have embedded a whole systems approach to healthy weight across the city, ensuring environments support healthy choices that are accessible and affordable for everyone.	CHANGED
	2033	Health & wellbeing	All organisations in Bristol are committed to adopting and implementing the Mental Health at Work core standards	CHANGED
SDG	2033	Health & wellbeing	Child poverty rates will be reduced from 23.2% to 18% at the least.	Can't change
	2034	Health & wellbeing	Alcohol related harm in the population will be significantly reduced (alcohol related admissions).	
	2034	Health & wellbeing	There will have been a shift in the balance of power, so the voices of all citizens are heard.	
	2034	Health & wellbeing	People with learning difficulties have access to effective healthcare in the same way as the wider population.	
	2035	Health & wellbeing	Personalised medicine, through the use of genomics, will have changed the diagnosis and management of complex and rare diseases, including cancers, moving away from a 'one size fits all' approach.	
SDG	2035	Health & wellbeing	The 16% (2018) of Bristol population that live in the most deprived wards in England has reduced to less than 10%.	Can't change
	2035	Health & wellbeing	All students leaving secondary school understand what a healthy diet is and have the skills to prepare and cook a range of meals.	CHANGED
	2036	Health & wellbeing	Bristol will be better that the national average for infant mortality.	
	2036	Health & wellbeing	All Young Carers will be identified, assessed and supported in their role as carer taking a 'whole family approach' in order to reduce the impact on their own health and wellbeing.	
	2036	Health & wellbeing	The numbers of children and young people taken into care or on a Child Protection Plan through neglect is significantly reduced.	

	2037	Health & wellbeing	People feel empowered to talk about their own mental health and wellbeing and are able to access support where necessary.	
	2037	Health & wellbeing	98% of all Adult Social Care service users feel they have control over their daily life (82% at 2018 JSNA).	
	2037	Health & wellbeing	Suicide rates will have reduced by 30% from the 2018 baseline.	
	2038	Health & wellbeing	Sickness rates within the workplace will have fallen to below the national rate and the lowest core city.	
	2038	Health & wellbeing	Inequalities in mental health problems for BAME communities is no longer disproportionate compared to the city as a whole.	
SDG	2038	Health & wellbeing	The gap in healthy life expectancy between the most and least deprived areas of Bristol will have been reduced by 20%.	Can't change
	2038	Health & wellbeing	Hospital admissions from people in the most deprived areas for long term conditions such as diabetes and respiratory disease will be half the level of the 2018 JSNA.	
	2039	Health & wellbeing	The rate of fuel poor in Bristol will have been halved from 2018 rates of 12.9% to 6.45%.	
	2039	Health & wellbeing	Rates of Type 2 diabetes will have more than halved from 2018 rates.	
	2039	Health & wellbeing	There will be virtually no child killed or seriously injured due to avoidable incidents on the roads in Bristol.	
	2040	Health & wellbeing	Significant progress to variation in access and outcomes from NHS services which will match the levels of the best performing health economies.	
SDG	2040	Health & wellbeing	15% of Bristol's annual fruit and vegetable supply comes from a network of market gardens and farms within the city.	Can't change
SDG	2040	Health & wellbeing	There will be no wards in Bristol that fall into the most deprived 10% in England (currently Hartcliffe, Filwood and Lawrence Hill).	Can't change
	2041		We see a reduction in children's need for specialist services as an ACE Aware City is embedded.	CHANGED
	2041	Health & wellbeing	Dietary risks, tobacco and obesity will no longer be the biggest lifetsyle contributors to early death and disability (JSNA, 2018).	
	2041	Health &	Drug related deaths will have significantly	

		wellbeing	reduced.	
	2042	Health & wellbeing	Rates of sexually transmitted infections are reduced.	CHANGED
	2042	Health & wellbeing	Inequalities in early cancer diagnosis will have been significantly reduced.	
	2042	Health & wellbeing	100% of schools will be part of the wider community and their buildings will be open for the community to use effectively.	
	2043	Health & wellbeing	To ensure that antibiotics continue to have effect when they are needed, inappropriate prescribing will have been reduced by 80%.	
SDG	2043	Health & wellbeing	Businesses selling fresh produce will be available throughout the city and all food businesses and take away facilities will be engaged in making the city healthy and well.	Can't change
	2043	Health & wellbeing	No individuals will leave hospital and be determined as homeless on the day of discharge.	
	2044	Health & wellbeing	The strong and persistent link between social inequalities and disparities in health outcomes will have been implemented / addressed as recommended by the Marmot Review 2010.	
	2044	Health & wellbeing	Older people in Bristol will be able to enjoy healthy lives, feeling safe at home and connected to their community.	
	2044	Health & wellbeing	There are virtually no 5 year olds with at least one or more decayed, missing or filled teeth.	
SDG	2045	Health & wellbeing	Household debt has reduced by 50% from the 2018 data.	Can't change
	2045	Health & wellbeing	No area will be in the most deprived 1% in England. (3 in 2019).	Changed
	2045	Health & wellbeing	We will have significantly reduced the gap in healthy life expectancy between the most deprived and most affluent areas in Bristol.	
	2046	Health & wellbeing	Under 3% of people in the city smoke.	
	2046	Health & wellbeing	All people living in the city will have the chance to live a healthy and fulfilling life.	
	2046	Health & wellbeing	Every high street in Bristol will be thriving and be actively promoting health and wellbeing.	
	2047	Health & wellbeing	Hospital admissions from people in the most deprived areas for long term conditions such as diabetes and respiratory disease will be at a third of the level of the	

			2018 JSNA.	
	2047	Health & wellbeing	Premature deaths and hospital admissions attributable to air pollution will be significantly reduced.	
SDG	2047	Health & wellbeing	Child poverty rates have reduced to less than 10%	Can't change
	2048	Health & wellbeing	No area will be in the 10% most deprived in England. (41 in 2019).	Changed.
	2048	Health & wellbeing	Preventable mortality will have reduced to half its 2014-16 rate of 672 deaths per year.	
	2048	Health & wellbeing	Bristol will be a zero suicide city.	CHANGED
	2049	Health & wellbeing	There is virtually no childhood obesity in the city.	
	2049	Health & wellbeing	Bristol residents will have a 95% Life Satisfaction score (Quality of Life Survey)	
	2049	Health & wellbeing	Bristol will be a city free from domestic abuse and gender inequality.	
	2050	Health & wellbeing	Children in Bristol grow to be healthy and happy adults as they do not experience 4 or more ACEs.	
	2050	Health & wellbeing	Mental health stigma and discrimination has been virtually eradicated.	
	2050	Health & wellbeing	Everyone in Bristol will have the opportunity to live a life in which they are mentally and physically healthy.	

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

Bristol Health & Wellbeing Board

Bristol Health Protection Annual Report 2019

Author, including organisation	Thara Raj and Sophie Prosser, Bristol City Council
Date of meeting	27.11.2019
Purpose	Oversight and assurance

1. Executive Summary

The Director of Public Health has examined arrangements for health protection in Bristol and has provided the attached Bristol Health Protection Annual Report 2019 to the Health and Wellbeing Board in line with their statutory responsibility to ensure that adequate arrangements are in place for the surveillance, prevention, planning and response required to protect the public's health.

2. Purpose of the Paper

This report is part of a locally agreed assurance process that was put in place following the 2012 Health and Social Care Act (section 6C regulations). Bristol City Council (BCC) has a critical role in protecting the health of its population. It has set up a local Health Protection Committee (HPC) whose role is to ensure, on behalf of the HWB, that adequate arrangements are in place for the surveillance, prevention, planning and response required to protect the public's health. Members of the Board are asked to review the areas where progress has been made and where efforts need to be focused.

3. Evidence Base

The evidence base for the health protection issues in Bristol is presented within the body of the Annual Report attached.

4. Recommendations

That the Board reviews 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 following key areas which are outlined in the full report and highlighted below.

Key areas for focus in 2019/20

Tuberculosis (TB)

- Ensure TB treatment pathways managed by the Clinical Commissioning Group remain stable during the transition between providers of TB nursing services.
- Proactive testing.
- Using community development approaches to work with communities where there is evidence of ongoing transmission to reduce delays to diagnosis and treatment.
- Preventing reactivation and potential onward infection of people who are in high risk populations through LTBI testing and treatment.

Infection Prevention and Control (IPC) and Antimicrobial Resistance (AMR)

- Practices who are struggling to meet antibiotic prescribing measures to have extra support from the CCG medicines optimisation team.
- Implementation of the AMR 5 year plan and work streams of the BNSSG Antibiotic Stewardship Collaboration
- Maintain our focus on MRSA, working will partners to develop further interventions to reduce the risk and incidence, aiming to achieve a further reduction in local cases.
- Continue the programme of work commenced to reduce bacterial infections for people who inject drugs under the DiPS programme, focussing on developing a checklist for use by health professionals.
- Embed the new national guidance published by NHS England/Improvement (2019) regarding the reporting and assignment of C. difficile cases
- System threshold for C. difficile will remain a focus and we will improve our partnership working with Primary care and Community providers.
- Monitor the rollout and embedding process of the catheter passport and work in partnership with providers to develop an E.coli action plan to provide further focus and support to the system.

Sexually Transmitted Infections

- Reduce incidence of sexually transmitted infections.
- Prepare sexual health services for antimicrobial resistant bacteria.
- Redesign Healthy Schools scheme to support schools to deliver high quality statutory relationship and sex education.
- Continued involvement in the national trial of HIV PrEP.

- Strengthen local prevention efforts focused on groups at highest risk, including Black Africans and MSM in order to reduce late diagnosis of HIV.
- Further explore the opportunities to utilise new technologies to offer increased access to STI testing.
- Develop the Fast-Track City work streams to deliver on the Initiative's agreed objectives and actions.
- Consider impacts of proposed consultation into changes to the Chlamydia Screening Programme.

Foodborne illness

- To continue to clear the backlog of Food Safety Inspections prioritising the highest risk rated premises and new businesses.

Immunisation

- Implementation of the Measles and Rubella Elimination Strategy and implement local actions as defined by the South West action plan.
- Review uptake of immunisations for older people (shingles and PPV).
- Review of recommendations of HPV (Human Papillomavirus) vaccine self-consent study.

Screening

- Review of recommendations arising from national screening reviews to formulate a local action plan particularly for improving cancer screening outcomes.
- Implementation of actions arising from the cancer alliances screening network.
- Implementation and evaluation of the 'cervical screening innovation fund' to improve cervical screening uptake.
- Mobilisation of the Bristol laboratory (North Bristol Trust) as the primary screening site for HPV screening.
- Implementation of Non-Invasive Prenatal Testing (NIPT) as part of the Ante-natal screening programme.

Emergency Preparedness, Resilience and Response (EPRR)

- To prepare for Brexit and to continue to prepare for and manage emergencies.
- To test pandemic flu arrangements.

Environmental hazards to health, safety and pollution control

- Improve air quality
- Initiate a Liaison Group to bring together Community members and representatives from the Avonmouth Industrial companies to discuss

improvements in community impacts and improve the working relationship/good neighbours culture. Work to create this Liaison group has been started by the Neighbourhood Partnership with local residents and will be put in place in 2016/17. With the changes to the NP system this Liaison group needs to be reviewed moving forward.

- Issue the final nuisance dust deposition report to the community.

5. City Benefits

Having robust arrangements in place for protecting the health of the population of Bristol has considerable benefits to the resilience and economy of the City. Many of the key areas for focus will help tackle inequalities and help achieve the vision of the One City Plan.

6. Appendices

Please see attached Bristol Health Protection Annual Report 2019.

BRISTOL HEALTH PROTECTION ANNUAL REPORT 2019

NHS
Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

BRISTOL CITY COUNCIL

Contents

Acknowledgements

The Director of Public Health for Bristol City Council, Christina Gray, would like to thank members of the Health Protection Committee, and in particular the following individuals for their significant contributions to the authorship of this report. Sophie Prosser (Bristol City Council Public Health), Thara Raj (Bristol City Council Public Health), Katie Porter (Bristol City Council), Steve Crawshaw (Bristol City Council), James Gillman (Bristol City Council), Adrian Jenkins (Bristol City Council), Indira Barker (Bristol City Council), Dylan Davies (Bristol City Council), Cecily Cook (BNSSG Bristol North Somerset and South Gloucestershire Clinical Commissioning Group), Andy Ewens (NHS England/Improvement), Louisa Naylor (Public Health England), Dominic Mellon (Public Health England), Julie Mann (Public Health England), Lianne Strauss (Public Health England) and Elizabeth Augarde (Public Health England).

Introduction

This is the fifth annual report to be presented to the Bristol Health and Wellbeing Board (HWB) and reports on progress between April 2018 and the end of March 2019.

This report is part of a locally agreed assurance process that was put in place following the 2012 Health and Social Care Act (section 6C regulations). Health protection arrangements are governed by a range of statutory regulation which applies to a number of organisations, including Bristol City Council.

Bristol City Council (BCC) has a critical role in protecting the health of its population. BCC has a local Health Protection Committee that brings together internal and external partners to provide assurance to the Director of Public Health, on behalf of the HWB, that adequate arrangements are in place for the surveillance, prevention, planning and response required to protect the public's health.

Health protection seeks to prevent or reduce the harm caused by communicable and non-communicable diseases, and minimise the health impact from environmental hazards.

Achieving success in health protection relies on strong working relationships at a local level. The Health Protection Committee (HPC) helps facilitate these relationships, ensuring that clearly defined roles and responsibilities are in place that underpins the local response to public health threats, outbreaks and major incidents. This report has been written to a framework that was agreed by the HPC and outlines assurance to date against the following health protection areas:

- Infectious and communicable diseases
- Screening and immunisation
- Health aspects of Emergency Preparedness, Resilience and Response (EPRR)
- Environmental hazards to health, safety and air quality

Summary of health protection issues in Bristol

Bristol continues to be a thriving hub of activity and energy and like other core cities it has its fair share of health protection challenges. Progress has been made towards addressing some of the major health protection risks in Bristol.

Tuberculosis (TB) has been the lowest since 2013; however rates remain very high in some parts of inner city Bristol. We have seen other diseases in Bristol that should, like TB, have been confined to the history books such as an increase in syphilis. Bristol still has one of the highest rates of HIV in the South West and has continued to participate in the PrEP programme to offer pre-exposure prophylaxis to people who are at a higher risk of HIV.

Whenever there is a national outbreak of measles, which there was in 2018-19, Bristol tends to be affected. Between April 2018 and the end of March 2019 there were 81 confirmed cases of measles in Bristol and 57 of those were between April and June 2018 (whereas there were no cases of confirmed measles between October and December 2018). This indicates how infectious measles can be and that a considerable public health response that was needed locally to contain this outbreak including targeted community immunisation clinics. However pop-up immunisation clinics are not a sustainable solution and the most effective way of preventing measles outbreaks is to improve our routine childhood immunisation rates. Our rates of measles, mumps and rubella (MMR) vaccination uptake remain low in Bristol. Annual data for 2018/19 shows that only 86% of children had received their first and second doses of MMR vaccine by their fifth birthday. This is just below the national average, which is 86.4%.

When it comes to the ‘flu vaccine, rates for people aged 65 and over remain high and we only just missed the national target (which is 75%) by 0.3%. In 2018/19 social care staff who have direct contact with patients including staff in residential care homes were eligible as part of the national NHS scheme for a free flu vaccine. The roll out of the child flu vaccine in primary schools has continued and even schools that have previously refused to host flu clinics have participated in this important health protection programme.

Bristol has led innovation. It participated in a Local Government Association programme delivered by the Design Council to tackle bloodstream infections, such as MRSA, particularly in People Who Inject Drugs. An antimicrobial

stewardship group has been established within the BNSSG area and this has meant greater collaboration to tackle one of the health protection issues on our national risk register of civil emergencies.

Improving air quality has continued to be a focus for Bristol City Council and City partners with considerable work to improve active travel and work within the transport infrastructure to reduce overall emissions. Alongside this work the government designated Bristol to implement a Clean Air Zone to reduce nitrogen dioxide emissions. More work will be needed to improve air quality as part of a wider clean air plan.

2018/19 saw a number of organisational changes. Bristol, North Somerset and South Gloucestershire Clinical Commissioning Groups (CCG) came together as a single organisation in April 2018 and NHS England and NHS Improvement started working closely together and merged in April 2019.

Brexit preparedness has exercised national, regional and local players throughout 2018/19 and continues to do so. Considerations for the health protection impacts that might ensue as a result of Brexit have been made.

Assurance statement

The Director of Public Health has examined arrangements for health protection in Bristol and has provided this report to the Health and Wellbeing Board in line with their statutory responsibility to ensure that adequate arrangements are in place for the surveillance, prevention, planning and response required to protect the public's health.

This annual report provides updates on progress made against those recommendations and identifies areas to focus on for 2019/20.

Recommendation

To note the significant progress that has been made to ensure that sustainable and effective local systems are in place for protecting the health of Bristol residents and the key areas for future focus which are outlined at the end of each section of the report and summarised below.

Key areas for focus in 2019/20

Tuberculosis (TB)

- Ensure TB treatment pathways managed by the Clinical Commissioning Group remain stable during the transition between providers of TB nursing services.
- Proactive testing.

- Using community development approaches to work with communities where there is evidence of ongoing transmission to reduce delays to diagnosis and treatment.
- Preventing reactivation and potential onward infection of people who are in high risk populations through LTBI testing and treatment.

Infection Prevention and Control (IPC) and Antimicrobial Resistance (AMR)

- Practices who are struggling to meet antibiotic prescribing measures to have extra support from the CCG medicines optimisation team.
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- To continue to clear the backlog of Food Safety Inspections prioritising the highest risk rated premises and new businesses.

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- To prepare for Brexit and to continue to prepare for and manage emergencies.
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- Initiate a Liaison Group to bring together Community members and representatives from the Avonmouth Industrial companies to discuss improvements in community impacts and improve the working relationship/good neighbours culture. Work to create this Liaison group has been started by the Neighbourhood Partnership with local residents and will be put in place in 2016/17. With the changes to the NP system this Liaison group needs to be reviewed moving forward.
- Issue the final nuisance dust deposition report to the community.

1. Infectious and communicable disease

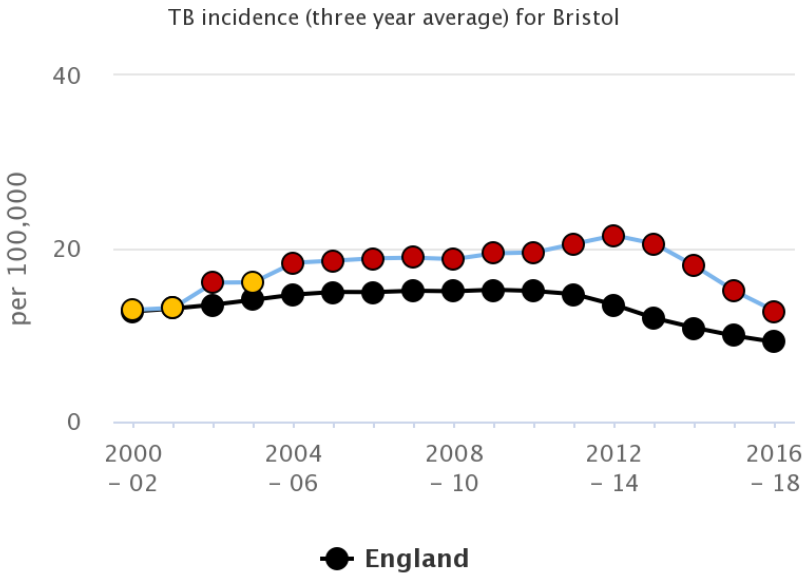
1.1 Tuberculosis (TB)

TB is a priority issue for Bristol as identified by the Health Protection Committee. TB is caused by the bacterium *Mycobacterium tuberculosis.* It is a notifiable disease in the UK.

The Collaborative Tuberculosis Strategy for England 2015 – 2020 was published in January 2015 following extensive consultation. The strategy was jointly launched by PHE and NHS England/Improvement, aiming to achieve a year-on-year decrease in TB incidence, a reduction in health inequalities, and ultimately the elimination of TB as a public health problem in England.

TB incidence rates in Bristol are improving and are at their lowest rate since 2003 (see **Figure 1).**

Figure 1: TB Incidence (three year average) for Bristol. Source: PHOF



In the 2018 calendar year, which is the most recent published data available, there were 4,655 TB cases notified in England, down from 5,070 in 2017. This represents a decline of 8.2% in the number of TB notifications. The TB incidence rate was 8.3 per 100,000 population in 2018, compared with 9.1 per 100,000 population in 2017, a decline of 8.8%. The national 2018 TB incidence rate was the lowest ever recorded in England, and remains below the 10 per 100,000 population WHO definition of a low incidence country, first achieved in 2017.

People with social risk factors (alcohol misuse, drug use, homelessness and imprisonment) are at increased risk of developing TB, are more likely to have

drug resistant TB, and are more likely to be lost to follow-up or to have died within 12 months of starting treatment. In 2018, there was a small increase in the proportion of TB cases in England with at least one social risk factor (SRF), with 13.3% of TB cases aged 15 and over having at least one SRF. This was an increase from 12.4% in 2017 and the highest proportion since SRF data collection began in 2010. The proportion of UK born cases with at least one SRF (21%) was almost double that of non-UK born cases (10.6%). See **Table 1**.

Among culture confirmed TB cases that underwent antibiotic sensitivity testing in 2018, a higher proportion of cases in Bristol (22.7%) were resistant to at least one first-line drug compared to the remainder of the South West (7.2%). The proportion of cases which are resistant to least one first-line drug in Bristol has increased when compared to 2017 (8.3%), whilst the rate in the rest of the South West has decreased when compared to 2017 (11.1%). There were 4 multidrug resistant (MDR) cases in the South West in 2017. Because Bristol has two specially designed infectious diseases units with single pressurised isolation rooms some of these MDR patients, from other parts of the South West, were cared for in Bristol. The proportion of TB cases in Bristol that reported at least one social risk factor was 10.2%, which is higher than the remainder of the South West (7.5%).

Table 1: Epidemiology of TB in Bristol and the South West excluding Bristol, 2018. Data source: PHE Enhanced Tuberculosis Surveillance (ETS). Data extracted: March 2019.

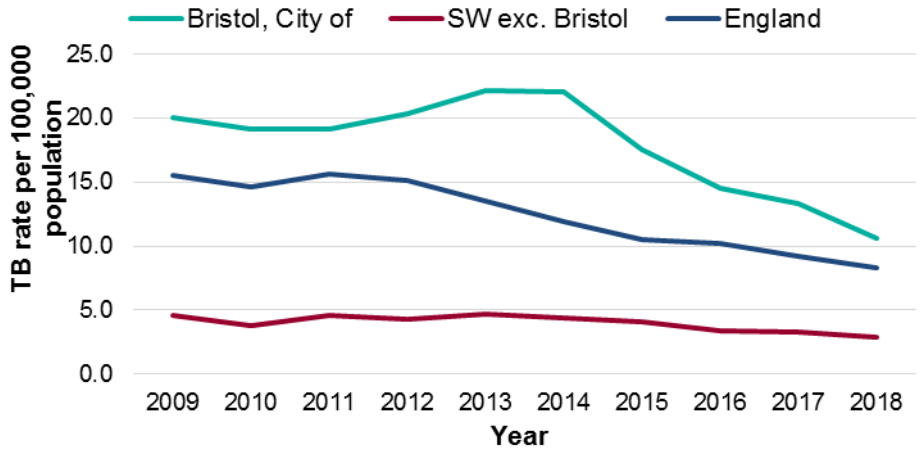
TB INCIDENCE	Bristol	South West excl. Bristol
Number of TB cases notified	49	146
Incidence rate per 100,000 population	10.6	2.8
Proportion of TB cases notified with pulmonary disease	57.1%	74.0%
DRUG RESISTANCE		
Proportion of culture confirmed cases with any first line drug resistance	22.7%	7.2%
Proportion of culture confirmed cases with multi-drug resistance*	0.0%	0.0%
SOCIAL RISK FACTORS (history of past or current homelessness, imprisonment, drug and/or alcohol misuse)		
Proportion of cases with any social risk factor**	10.2%	7.5%
TREATMENT COMPLETED within 12 months* **		
Number of 2017 cases completing treatment (proportion completing)	51 (83.6%)	124 (74.3%)

*Resistant to at least isoniazid and rifampicin
**Of all cases aged 15 years and over
***Excluding those with rifampicin resistance, CNS, spinal, military or cry

Annual TB incidence rates in Bristol remain considerably higher than in the rest of the South West and England (see **Figure 2**). At its peak in 2013, the

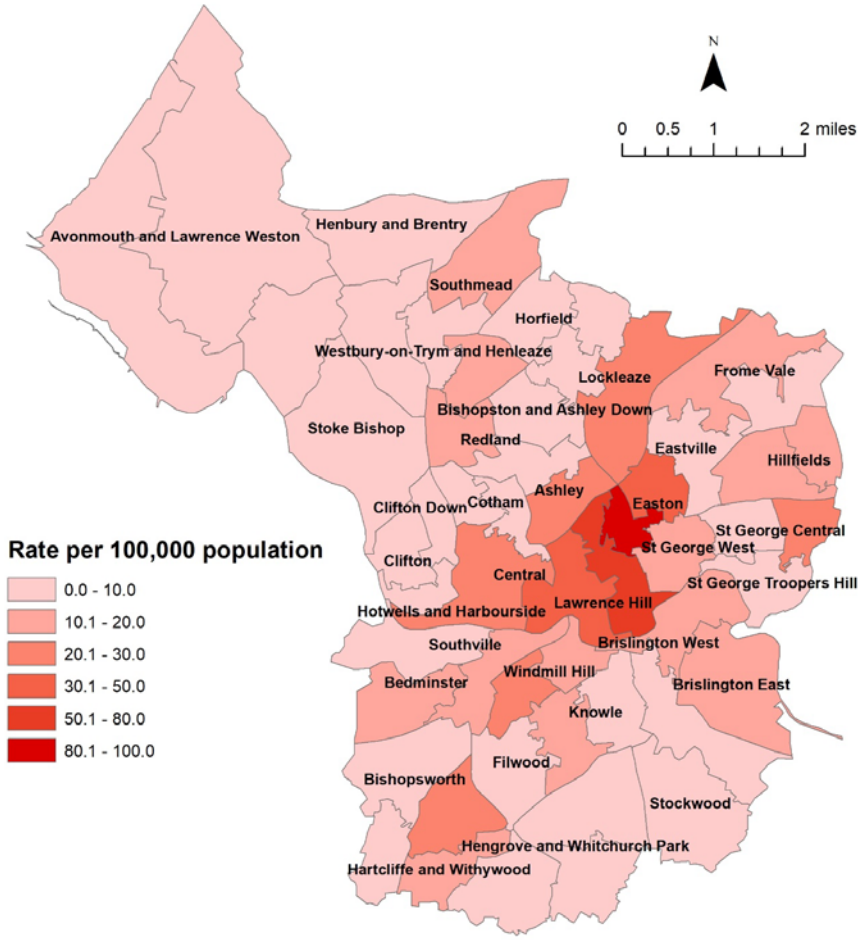
rate of TB in Bristol was 22.1 per 100,000 population. In 2018, the rate has decreased to 10.6 per 100,000 population, but is higher than the rate of 2.8 per 100,000 population in the rest of the South West.

Figure 2: Annual TB rates per 100,000 population, 2009-2018



There were five Medium Super Output Areas (MSOAs) in Bristol with a three year average TB rate (2014-2016) greater than 40.0 per 100,000 population and the highest rate for a single MSOA was 121.3 per 100,000 population (figure 3). The highest MSOA rates were concentrated in central Bristol within the electoral wards of Easton, Lawrence Hill and Ashley.

Figure 3: Three-year average annual TB rate per 100,000 population by MSOA, Bristol, 2016-2018 (electoral ward labels)



Successes/Progress

Latent TB infection testing and treatment

In January 2015, the 'Collaborative Tuberculosis Strategy for England' identified £10 million of funding to establish new migrant Latent TB infection (LTBI) testing and treatment services in areas with high TB incidence (>20.0 cases per 100,000 population). The only clinical commissioning group (CCG) to meet this threshold in the South West was Bristol.

The Bristol LTBI testing and treatment service is delivered through primary care and aims to prevent active TB by identifying and treating latent TB infection. Those eligible for the service are people registering with a GP practice in Bristol who:

- were born or spent more than 6 months in a high TB incidence country (>150.0 per 100,000 population or Sub-Saharan Africa)
- entered the UK within the last 5 years
- are aged between 16-35 years
- have no history of TB, either treated or untreated
- have never been screened for TB in the UK

Data on GP patient registrations (available up to the end of 2018) were analysed to estimate the number of patients that would be eligible for LTBI screening. Based on an average of 3 years of data, the expected screening cohort for a full year was estimated as:

- number of new migrants eligible for screening: 1,025 to 1,324
- number requiring treatment for latent TB (20% positivity): 205 to 265
- number requiring treatment for active TB (<1%): <10

All new patients registering with a GP practice (or identified through The Haven*1*) that meet the eligibility criteria are offered LTBI screening, which comprises a single blood test. A positive result leads to a referral to the TB secondary care providers for treatment and support.

The service has been delivered in 2 phases. Phase 1 commenced in February/March 2016 and saw the service being delivered across 5 GP practices that had the highest need and The Haven. Phase 2 saw the service delivered to the next cohort of GP practices in Bristol CCG identified with high need. Tuberculosis in the South West 2019 (data to end of 2018)

Phase 2 continued through to 2018 but uptake did not reach the anticipated levels seen in other parts of the country. Following a successful trial, a new model of delivery was agreed in 2019 which has seen provision change from General Practice to a community health service provider.

Risks

BNSSG CCG announced that the contract for Adult's Community Healthcare has been awarded to Sirona Care and Health. The Adult contract covers provision of a TB nursing service.

As an incumbent provider, Bristol Community Health will be working closely with Sirona in the lead up to April 2020 to ensure a smooth transition of Adults' services and staff and effectively support the safe transfer to Sirona of the contract.

Latent TB continues to be a risk for communities in Bristol.

Areas for focus in 2019/20

- Ensure TB treatment pathways managed by the Clinical Commissioning Group remain stable during the transition between providers of TB nursing services.
- Proactive testing.

- Using community development approaches to work with communities where there is evidence of ongoing transmission to reduce delays to diagnosis and treatment.
- Preventing reactivation and potential onward infection of people who are in high risk populations through LTBI testing and treatment.

1.2 Infection Prevention and Control (IPC) and Antimicrobial Resistance (AMR)

During 2018/19 BNSSG CCG's aim was to achieve:

- Zero cases of MRSA
- To remain below the threshold of not more than 309 cases set by NHS England/Improvement for Clostridium difficile
- Reduction in the number of gram-negative blood stream infections across the whole health economy, noting the national ambition reduction targets for Escherichia coli (E.coli) bacteraemia
- Reduce antibiotic prescribing, noting the requirements of national Commissioning for Quality and Innovation (CQUIN's).

A focus on Healthcare Associated Infection (HCAI)

Developing either as a direct result of medical or surgical treatment, or from being in contact with a healthcare setting, healthcare acquired infections (HCAIs) pose a serious risk to patients, staff and visitors. HCAIs can incur significant costs for the NHS and cause significant morbidity to those infected (NHS Improvement 2017).

Tackling preventable healthcare-associated infections continues to be one of the CCGs key priorities, working in partnership with a range of contracted providers, Local Authority and Public Health England to achieve this goal.
BNSSG CCG hosted a Bristol, North Somerset and South Gloucestershire wide Healthcare Associated Infection (HCAI) Group bi-monthly during 2018/19. Membership was drawn from commissioners (CCG and NHS England/Improvement) acute, mental health (MH) and community providers, primary care, Local Authority and Public Health England across the BNSSG CCG areas. The standing agenda at each meeting provided regular updates and assurances on performance, identified trends and associated work for improvement for MRSA, Clostridium difficile and Escherichia Coli including sharing of best practice and lessons learned from post infection reviews to provide a system response to prevent avoidable healthcare associated infections.

Successes/progress

Methicillin Resistant Staphylococcus Aureus (MRSA) Bacteraemia (Bloodstream Infections)

There were a total of 33 cases for 2017/18 and 30 cases for 2018/19 of MRSA bacteraemia reported as attributable to BNSSG CCG in the Bristol locality. Community onset cases saw a reduction from 24 in 2017/18 to 19 during 2018/19 Hospital onset cases saw an increase from 9 in 2017/18 to 11 in 2018/19.

The BNSSG CCG quality team undertakes the review of all community onset cases and acute providers undertake the review of hospital acquired cases using a set of nationally recommended metrics. Recurrent themes identified include:

- Previous History of MRSA Colonisation;
- Skin Integrity;
- Higher percentage of males than females;
- Co-morbidities included Hepatitis C;
- Diabetes;
- COPD and ESRF (Dialysis);
- Person Who Inject Drugs and Homelessness.

There is recognition that the risk factors for contracting and managing MRSA bacteraemia are complex and requires system engagement and response. To highlight these incidences when they occur, and to gather the greatest intelligence to promote system learning in a timely manner. An MRSA system alert has been drafted and discussions are underway with providers to trial this process.

Clostridium Difficile Infection (CDI)

BNSSG CCG ended 2018/19 with a reported 196 cases of CDI, which was significantly below the system threshold of 309 cases. In Bristol there were a total of 96 cases for 2017/18 and 82 cases 2018/19. Community onset cases saw a reduction from 63 cases in 2017/18 to 58 in 2018/19 Hospital onset cases also saw a decrease from 33 in 2017/18 to 24 in 2018/19.

The majority of cases reviewed during 2018/19, are associated with repeated or extended courses of antibiotics. Each hospital-acquired case is reviewed by a Consultant Microbiologist within the local provider who has deemed the majority of antibiotic prescribing as appropriate. It is noted that the patient group under review is increasingly complex and/or receiving treatment for cancer. Our assessment for lapses identifies a number of recurring themes including timing of sampling, timely isolation, hand hygiene, environmental cleaning, which are assessed as non-contributory lapses.

For community onset cases in Bristol, we currently ask GP Practices to complete an online tool, which identifies contributing factors/themes. We will be working closely with practice nurses, GPs and practice pharmacists to review cases and identify learning, including recording cases in the GP dashboard.

Escherichia coli (E. coli) Bacteraemia

BNSSG has been challenged in achieving the E.coli bacteraemia NHS ambition reduction targets for 2018/19, which aims to work towards achieving the goal of a 50% reduction in Gram-negative blood steam infections by 2021. Both community and acute provide apportioned cases have seen an overall increase in comparison with 2017/18.

It is recognised that many CCG’s have felt challenged when trying to reduce the incidence of E.coli bacteraemia. The PHE Mandatory Quarterly

Surveillance Report (2019) recently published for Quarter 3, provides a comparison against ten CCG's in our region, which indicates that BNSSG has the four lowest E.coli bacteraemia rates per 100,000 population, further re-enforcing the scale of the issue regionally.

BNSSG CCG ended 2018/19 with a reported 737 cases of E.coli Bacteraemia, which was significantly above the ambition threshold of 485. In Bristol there were a total of 280 cases for 2017/18 and 344 cases for 2018/19. Community onset cases saw an increase from 223 cases in 2017/18 to 272 in 2018/19 Hospital onset cases also saw an increase from 57 in 2017/18 to 72 in 2018/19.

BNSSG undertook a retrospective review of 30 cases and asked acute providers to undertake a similar task. Where a primary source of bacteraemia was identified, urinary tract was the most common source identified in line with other CCGs.

BNSSG CCG in recognising this metric has been working with all providers through the HCAI bi-monthly meeting to develop a catheter passport, which is a recommended NHS intervention. The content and format of the passport was agreed by the Healthcare Associated Infections group, printed and has been in place since April 2019.

Additionally, all contracted providers have been asked to add Gram-negative bacteraemia (including E.coli) to the content of mandatory infection control training and amended the HCAI quality schedule to reflect this. A southwest conference hosted by NHS England/Improvement with a number of contracted providers, explored a number of contributing themes. There was recognition that urinary tract was the most common source, but wider discussion also included patient hydration/dehydration and personal care/hygiene.

The CCG will re-establish the E coli task and finish group and is currently consulting with providers about the membership and frequency. There is a willingness to gain traction on this theme and a consideration is being given to asking specialist continence/incontinence colleagues to join the group
BNSSG CCG have also developed two local Commissioning for Quality and Innovation (CQUIN) Schemes for 2019/20 in discussion with community providers regarding Urinary Catheters and Pressure Injury management to optimise the care provided for these patient groups. Both of which have the potential to optimise care, reduce the risk of wound and catheters related infections and antibiotics use.

Antimicrobial Resistance (AMR) stewardship
During 2019, the government released a new Five- year national action plan 'Tackling antimicrobial resistance 2019-2024' highlighting that AMR continues to be a significant risk. Across Bristol and BNSSG, work is ongoing to assist in the prevention of AMR. A new BNSSG Antibiotic Stewardship Collaboration

has been set up as a multidisciplinary group to work together across human and animal health to prevent antimicrobial resistance by promoting optimal antibiotic use. Membership includes representatives from the acute trusts, CCG, community providers, Public Health England, primary care, dental, veterinary, local authorities and academia. Initial work streams are obtaining a baseline on antibiotic stewardship in all organisations across BNSSG and a review of patients with penicillin allergies, which can have a significant impact on the antibiotics they can receive.

During 2018/19, a national quality premium (QP) target was set for antibiotic prescribing, aiming for a reduction in overall antibiotic prescribing and the appropriate prescribing for urinary tract infections in people over 70 years. Antibiotic prescribing STAR-PU measures overall prescribing rates against a comparable that takes into account the age and sex of the population. The target was 0.965, which is lower than previous years. As a CCG the target was met at 0.842 with the Bristol localities all meeting the target. The CCG was also set a target to reduce the prescribing of Trimethoprim in the over 70s by 30% from the baseline of the year to May 16, this follows on from a 10% reduction the previous year. This was to ensure the appropriate prescribing in the treatment of Urinary Tract Infections; older people are more likely to have a resistant bacteria and prescribing the most appropriate antibiotic empirically will reduce the likely hood of a gram-negative bacteraemia developing. The target was 19,406 and in the year to March 19 there were 13,268 Trimethoprim prescriptions dispensed to the over 70s so the target was met.

There was also a focus on the prescribing of cephalosporins, quinolones and co-amoxiclav during 2018/19. The prescribing of these broad-spectrum antibiotics should not be more than 10% of all antibiotic prescribing. This is because broad-spectrum antibiotics are more likely to lead to the development of resistance and HCAIs such as *Clostridium difficile*. BNSSG met the target at 9.4% as did all the Bristol localities with North and West and South localities meeting the target for the first time during the year.

Work has been undertaken across GP practices in Bristol to assist in the meeting of these prescribing measures; including an audit on the prescribing of broad-spectrum antibiotics. Practices received regular feedback on their prescribing during the year. A review of the diagnosis and treatment of pyelonephritis also occurred during the 2018/19 leading to a new treatment pathway.

Clinicians across Bristol continue to have access to locally endorsed evidence based guidance on the use of antibiotics in the primary care settings, which are frequently reviewed and updated.

Design Council ‘Design in the Public Sector’ Programme (DiPS)

The ‘Design in the Public Sector’ (DiPS) programme aims to improve capacity in the public sector to deliver efficient and effective services, while equipping

local government with the knowledge and expertise to use and apply design principles in their day-to-day work. Delivered by the Design Council and funded by the Local Government Association (LGA), the DiPS programme in 2018-9 specifically focused on applying design principles to address public health challenges, with a focus on prevention. In 2018-9, 14 programmes from 18 councils were selected onto the programme including Bristol City Council.

The aim of the Bristol DiPS programme is to use design principles to reduce harm arising from preventable invasive bacterial infections among people who inject drugs (PWID) in and around Bristol. The team consists of representatives from BNSSG CCG, Bristol City Council, Bristol Drugs Project, PHE and University of Bristol

The Bristol DiPS programme is using the Design Council's Double Diamond model comprised of four phases. First, 'Discover' to look at the problem of invasive bacterial infections among PWID from a fresh perspective. Second, is to use this information to further focus or 'Define' the problem. The third phase 'Develop' produces solutions to test and refine. Last, the 'Deliver' phase finalises these solutions into a project (e.g. product or service design/re-design).

The team have taken forward three priority work streams within the 'Discover' and 'Define' phases;

- First, the team are involving PWID in the programme, by seeking to capture the views of individuals who have had experience of hospital admission for an infection relating to drug use, and exploring perspectives around risk factors. The team aim to capture 'a day in the life' of individuals using anonymous photography and one-to-one interviews. This will help to understand the injection process and relevant contextual factors; any barriers to less harmful injecting practice; barriers and facilitators to accessing healthcare services; and experiences of treatment.

- Second, the team are seeking the views of health professionals' experiences of caring for PWID who present and are admitted to hospital because of an invasive bacterial infection e.g. a skin, soft-tissue or bloodstream infection. This is being done using a journaling method, where health professionals write accounts of their experiences and any factors that could improve care and treatment.

- Last, the team are analysing data regarding the incidence of such infections, risk factors and associated costs to explore the latest data regarding the prevalence and epidemiology of invasive bacterial infections among PWID. Published literature regarding effective interventions to reduce the risk of infection and re-infection in this

group is also being assessed to ensure that activity builds on the very latest evidence.

The Bristol DiPS team produced a quarterly newsletter, which has been circulated across BNSSG to share information on progress with the project and how people can become involved with the project.

Risks

- Although there was reduction in the overall number of MRSA, bacteraemia cases in Bristol in 2018/19 this is still an area of concern.
- Effective solutions to address and reduce harm arising from preventable invasive bacterial infections among people who inject drugs remains a public health challenge
- In terms of C. difficile, we saw a reduction in both hospital and community onset cases and remains below the system threshold. However we need to remain vigilant in this area.
- The ambition to achieve a 50% reduction in E.coli bacteraemia cases is another area of challenge both nationally and locally.

Areas for focus in 2019/20

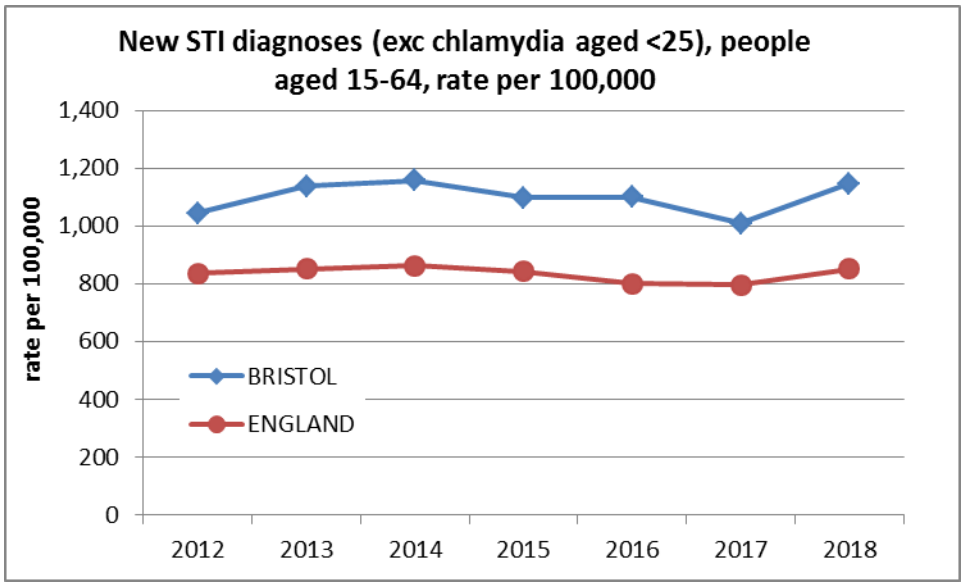
- Practices who are struggling to meet antibiotic prescribing measures to have extra support from the CCG medicines optimisation team.
- Implementation of the AMR 5 year plan and work streams of the BNSSG Antibiotic Stewardship Collaboration
- Maintain our focus on MRSA, working will partners to develop further interventions to reduce the risk and incidence, aiming to achieve a further reduction in local cases.
- Continue the programme of work commenced to reduce bacterial infections for people who inject drugs under the DiPS programme, focussing on developing a checklist for use by health professionals.
- Embed the new national guidance published by NHS England/Improvement (2019) regarding the reporting and assignment of C. difficile cases
- System threshold for C. difficile will remain a focus and we will improve our partnership working with Primary care and Community providers.
- Monitor the rollout and embedding process of the catheter passport and work in partnership with providers to develop an E.coli action plan to provide further focus and support to the system.

1.3 Sexually Transmitted Infections

Sexually Transmitted Infections (STIs) is a term used to describe a variety of infections passed from person to person through unprotected sexual contact. STIs can have lasting long term and costly complications if not treated and are entirely preventable.

The rates of STIs diagnosed in Bristol have been increasing. This is in part due to increased testing through the National Chlamydia Screening Programme (NCSP) and improvements in diagnostic tests, however also reflects ongoing unsafe sexual behaviours. In 2018 there was a significant increase in the rate of new STI diagnoses (excluding chlamydia in under 25 year olds) to 1,147 per 100,000 population aged 15-64, which continues to be significantly higher than the national average (851 per 100,000). **Figure 1** shows the trends in new STI diagnoses between 2012 and 2018. The impact of STIs remains greatest in young heterosexuals aged 15 to 24 years, black ethnic minorities and men who have sex with men. Syphilis cases diagnosed by local sexual health services in Bristol have been increasing. There were 59 diagnoses of syphilis in 2018 (a rate of 12.8 per 100,000), a 40.5% increase since 2017. In 2016 the rate was 6.4 per 100,000. The Bristol syphilis diagnostic rate is similar to England average of 13.1. Similar increases have been seen in other parts of the South West and nationally. The diagnosis rate for gonorrhoea (88 per 100,000) has also increased in Bristol in 2018 although it is still lower than the national average (98.5 per 100,000).

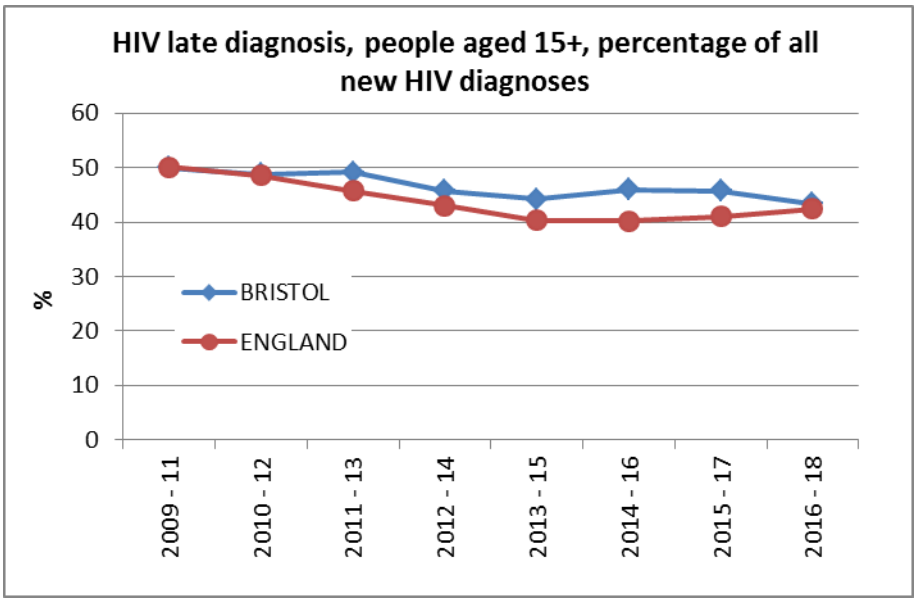
Figure 1. Rate per 100,000 population of STI diagnoses in England (2012 to 2018) (Data from PHE Fingertips)



The new HIV diagnosis rate for Bristol decreased slightly from 11.4 per 100,000 population aged over 15 in 2017 to 9.4 in 2018, similar to the England average of 8.8. Some groups in society are affected disproportionately by HIV, including men who have sex with men (MSM) and black African communities. Late diagnosis of HIV remains a concern, with

43.4% of people in Bristol presenting at a late stage of infection between 2016 and 2018, which is similar to the national rate of 42.5% (**Figure 2**). Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection.

Figure 2. HIV late diagnosis percentage in people aged over 15yrs (Data from PHE Sexual and Reproductive Health Profiles) September 2019



Successes/Progress

Delivery of the integrated sexual health services

Unity Sexual Health has now completed two full years of service provision. They have now consolidated their partnerships with a number of other organisations for specialist aspects of service provision. UH Bristol and partners deliver a model of integrated sexual health, including pregnancy advisory services for Bristol, North Somerset and South Gloucestershire (BNSSG). In 2018/19 services were provided by Unity Sexual Health from:

- Three specialist hubs delivering level 3 sexual health – Unity Central (Bristol), Unity Concord (South Gloucestershire) and WISH (North Somerset) providing a fair distribution across BNSSG
- Twelve Community sites across BNSSG with eight dedicated young people's clinics targeting areas of highest deprivation
- A city centre hub for the Under 20s – Brook at Unity
- Three pregnancy advisory hubs across BNSSG – BPAS (North Somerset), MSI (South Gloucestershire) and PAS (Bristol) clinics
- Outreach services: Barnardo's Against Sexual Exploitation (BASE), One25 project, sex on premises venues.

In addition, Unity Central co-ordinate partner organisations' activity and manage clinical governance, safeguarding, training & education and other partner-wide activities.

Implementation of rapid testing and results pathway with new 'Panther' testing platform

'Panther' is a near-patient testing machine situated in the Central Health Clinic where previously all samples were sent to Public Health England (PHE) at Southmead Hospital. It tests for chlamydia and gonorrhoea with the option of adding further tests in future if cost savings are identified. The results are available in 4 hours ('rapid result pathway') which means some groups of patients can drop off samples at Unity Central for testing and then come back for results the same or the next day as opposed to waiting 2-3 weeks as previously. This reduces unnecessary use of antibiotics, enables antibiotics to be better targeted at a specific infection and generally improves antibiotic stewardship.

The introduction of the rapid results pathway in November 2018 has proved an early success with 17.19% more patients seen in walk-in clinics from November 2018 to March 2019. This represents a total increase of 1.94% patients seen compared with the five months prior to the introduction of the Panther.

Initially testing male samples, the Panther pathway for female patients is expected to be launched in early 2019/20 with a wide scale promotion of the Panther pathways planned for 2019/20. Unity Central are the first sexual health clinic in the UK to host the Panther and owing to the fast turnaround of the sample and same/ next day results, they are leading the speciality by being able to prescribe the most appropriate antimicrobial medication. This minimises cost and reduces antibiotic resistance while enhancing patient outcomes.

Relationships and Sex Education

The government has made Relationships Education compulsory in all primary schools in England and Relationships and Sex Education compulsory in all secondary schools, as well as making Health Education compulsory in all state-funded schools. This comes into effect from September 2020. The new guidance *Relationships Education, Relationships and Sex Education (RSE) and Health Education* (2019) replaces *the Sex and Relationship Education guidance* (2000). Bristol Public Health has continued to support Bristol schools to deliver high quality PSHE, including relationships and sex education (RSE) through the Bristol Healthy Schools awards. Through this schools are being encouraged to become 'early adopters' of the new guidance before it becomes statutory next year.

Sexual Health Population and Patients Health Integration Team (SHIPP HIT)

The mission of the Sexual Health Improvement HIT is to transform services to improve sexual health for the people of Bristol, North Somerset and South Gloucestershire. The team tackles a range of local sexual health challenges, including increasing rates of HIV infection, higher than national average rates

of chlamydia, high teenage pregnancy rates in some disadvantaged communities and a rise in abortions amongst women over 25. During the last year the work programme of the sexual health HIT (SHIPP) has included informing national action to tackle Anti-Microbial Resistance, and working to improve the targeting and diagnosis of Chlamydia.

HIV: Fast-Track Cities

Bristol has committed to sign up to be a 'Fast-Track City' in 2019/20. The initiative's aim is to strengthen existing HIV programmes and focus resources to accelerate locally coordinated, city-wide responses that end AIDS as a public health threat by 2030. In order for a city to become a Fast-Track City, the Mayor is required to sign the Fast-Track City Declaration, which pledges to attain the UN 90-90-90 (90% of people living with HIV knowing their HIV status, 90% of people who know their HIV-positive status on HIV treatment, 90% of on HIV treatment with suppressed viral loads) and reduce HIV discrimination and stigma. To date a Fast-Track City Steering Group has been convened with key stakeholders, an HIV Needs Assessment has been produced and a Fast-Track Cities Action Plan is about to be released for consultation. Bristol will officially become a Fast-Track City when the Mayor signs the declaration on November 30th 2019.

Risks

- The local authority continues to need to achieve financial efficiencies in spend on sexual health services whilst managing an increasing demand for the services.
- Increases in infectious syphilis diagnosed at genitourinary medicine clinics from October 2017, predominantly in men who have sex with men but also heterosexual people and heterosexually identifying men who have sex with men (men who may be in heterosexual relationships who have sex with men).
- Late diagnosis of HIV. Black African heterosexual men remain at greatest risk of late diagnosis followed by men who have sex with men.
- A significant increases in diagnosis of gonorrhoea since 2017
- Antimicrobial resistance in sexually transmitted infections, including gonorrhoea and mycoplasma genitalium.

Areas for focus in 2019/20

- Reduce incidence of sexually transmitted infections.
- Prepare sexual health services for antimicrobial resistant bacteria.
- Redesign Healthy Schools scheme to support schools to deliver high quality statutory relationship and sex education.
- Continued involvement in the national trial of HIV PrEP.

- Strengthen local prevention efforts focused on groups at highest risk, including Black Africans and MSM in order to reduce late diagnosis of HIV.
- Further explore the opportunities to utilise new technologies to offer increased access to STI testing.
- Develop the Fast-Track City work streams to deliver on the Initiative's agreed objectives and actions.
- Consider impacts of proposed consultation into changes to the Chlamydia Screening Programme.

1.4 Foodborne illness

Foodborne illness (more commonly referred to as food poisoning) is any illness that results from eating contaminated food. Foodborne illness can originate from a variety of different foods and be caused by many different pathogenic organisms at some point in the food chain, between farm and fork. Although the majority of cases in the UK are mild they are unpleasant, result in absences from education or the workplace and place a significant demand on healthcare services. Occasionally foodborne illness can lead to complications or even death.

Access to safe food and water is one of the most fundamental human needs. Latest figures from the Food Standards Agency state that there are over 500,000 cases of food poisoning per year across the UK from identified causes and if the unidentified causes were to be included this figure would more than double. In Bristol, there were 759 confirmed cases of gastrointestinal infection between April 2018 and March 2019 (see **Table 1**). Over the same time period, there were 215 confirmed cases of norovirus and rotavirus in Bristol Citizens (see **Table 2**).

Table 1: Confirmed cases of gastrointestinal infection recorded on HPZone in residents of Bristol local authority, April 2018 to March 2019*. Source: PHE HPZone

Infection	**Total cases reported to HPZone**
Campylobacter	457
Cryptosporidium	65
E. coli VTEC	8
Giardia	120
Shigella	11
Salmonella	92
Paratyphoid Fever	4
Typhoid Fever	2

*Cases were extracted and analysed based on date entered onto HPZone

Table 2: Cases of norovirus and rotavirus in residents of Bristol local authority, April 2018 to March 2019^. Source: PHE Second Generation Surveillance System (SGSS)

Infection	**Total cases reported to SGSS**
Norovirus	202
Rotavirus	13

^ Cases were extracted and analysed based on specimen date

Food Standards Agency Audit Report

The food Safety Service recently had a follow up audit from the Food Standards Agency and as a result an additional action plan has been required and now agreed with the agency.

A key action includes identifying additional funding to provide additional Authorised officer capacity to help reduce the backlog of food safety inspections from the annual food businesses inspection programme. In 2015/16 the annual percentage of completed statutory food safety Interventions/Inspections was 37%; this has improved to 73% in 2018/19. (There are approximately 2800 inspections/interventions required per annum and the backlog has been reduced from 2800 in 2015 to 857 end of 2018/19).

Although the FSA recognise BCC has made substantial progress in reducing overdue interventions/inspections it has stated that the 857 overdue interventions reported via LAEMS (Local Authority Enforcement Monitoring Scheme) remain a great concern and one that poses a continuing risk to public health and consumer protection which may impact on consumer confidence in food safety in Bristol and in the Council itself. It points out that from LAEMS data the number of overdue inspections is the 9th highest in England Wales and NI.

The Agency has advised the Council of their serious concerns about the outstanding number of overdue interventions, the continued risks to public health, and that the Council should consider resourcing the elimination of overdue interventions within the next 12 months i.e. by the 1 September 2020. The Council has also developed a new healthy eating award working with businesses across the city.

Risks

The key risks relate to the ability to clear the backlogs and sustain the service on a long term basis, this will be affected if Environmental Health are unable to recruit suitably qualified Authorised Officers to undertake this work and the availability of Environmental Health Contractors.

Areas for focus in 2019/20

- To continue to clear the backlog of Food Safety Inspections prioritising the highest risk rated premises and new businesses.

1.5 Communicable Disease Management

Through close partnership working, Public Health England South West (North) Health Protection Team (HPT) aims to provide 'assurance that infection prevention and control measures are in place to ensure the protection of those members of the Bristol community that may be vulnerable to acquiring an infection both in the general population and whilst in a Health or Social care setting'.
The PHE Health Protection Team responds to any Notifications of Infectious Diseases (NOIDs). In 2018/19 the team managed a range of enquiries, cases and outbreaks in Bristol. The majority of outbreaks the team managed in Bristol were Norovirus and Gastroenteritis in care homes and school settings. In total, there were 2301 notifications of infectious diseases reported among Bristol residents between April 2018 and March 2019.

Influenza in England and the South West
During the winter season 2018/19 influenza activity in England showed a decline across all surveillance indicators compared to the 2017/18 winter season, including notable declines in respiratory outbreaks and influenza confirmed hospitalisations. Syndromic surveillance data showed a decline in the GP consultation rate for influenza-like illness compared to the 2017/18 winter season. The national picture was reflected in the South West activity, with outbreaks in nursing/care homes markedly lower than in the previous winter season.

Notifications of TB
(see also TB section of this report) Cases of TB continue to be managed in Bristol. Outbreak control teams have been convened where needed.

Any failure to comply with TB treatment is followed up and where there have been concerns teleconferences with appropriate parties have been convened to improve compliance.
Of note in Quarter 1 (January-March 2019) there was a complex Tuberculosis incident involving a Bristol Hospital Trust. The outbreak control team were led by the hospital trust, with other agencies involved including another hospital trust in the South West.

Measles
During Quarter 2 (April-June 2018), localised outbreaks of measles were observed in Bristol, within the context of an increase in case numbers across the city and wider South West. There were 133 cases of Measles notified to the Health Protection Team, of these 57 were confirmed and 17 were classed as probable, necessitating public health action. The rate of confirmed measles cases was 12.6 per 100,000 population, more than eight times the rate of the South West as a whole (1.5 per 100,000 population) and over thirty times the rate for Bristol during the same quarter last year (0.4 per 100,000).

The following Quarter (Q3, July-September 2018) saw an increase in measles notifications to 5.2 per 100,000 in Quarter 3. For the same period in 2017 the rate of measles was 0 per 100,000. Although an increase from last year this is a reduction from Quarter 2 in 2018 where the rate was reported as 12.6 per 100,000. It is important to note that although 83 measles cases were reported only 24 were confirmed and 3 probable necessitating public health action.
The rate of measles notifications in Quarter 4 (October- December 2018) dropped to 0.0 per 100,000, there were a total of 19 notifications, all were noted to be possible cases and 4 of these have since been discarded as proven not to be measles. By Quarter 1 (January-March 2019) There were just eleven notifications of measles, all noted as possible cases with five later discarded due to negative measles test results.

Successes/progress

The South West Health Protection Team responsible for Bristol was also responsible for responding to the two Novichok incidents in Salisbury and Amesbury. Despite the enormity of this task the Health Protection Team managed incidents in Bristol including a significant measles outbreak.

Risks

The health protection risks are embedded within other sections of this report such as the TB and the sexually transmitted infections sections.

Areas for focus in 2019/20

The areas for focus are embedded within other sections of this report such as the TB and the sexually transmitted infections sections.

2.1 Immunisation

Immunisation is one of the most effective ways of protecting against serious infectious diseases. Immunisations are given at various points across a person's lifetime, at times when they are vulnerable to disease, and when they will develop the best immune response to the vaccine. High coverage is required to ensure that the local population is protected and does not become susceptible to outbreaks of these diseases.

In Bristol, there were 161 cases of vaccine preventable diseases notified between April 2018 and March 2019 (see **Table 1**).

Table 1: Cases of vaccine preventable infections in Bristol Local Authority between April 2018 and March 2019. Source: Public Health England HPZone record system

Infection	**Confirmed Cases on HPZone residents of City of Bristol Local Authority, April 2018 to March 2019**
Measles	81
Mumps	6
Rubella	2
Diphtheria	1
Tetanus	0
Pertussis	65
Polio	0
Meningococcal	6
HiB	0

Successes/progress

Multi-agency approach to improving uptake of MMR (across all ages)
Local work in Bristol has included the MMR innovation fund (GP Practices put forward bids to test novel ways of increasing MMR vaccination uptake for their local populations). The evaluation of this project is underway. Whilst childhood immunisation rates in Bristol have generally declined, MMR rates have been stable at 86% for 2 doses by age 5.

Local plans for multiagency collaborative activity via the Bristol Locality Immunisation group
This group has now been reformed into the Bristol, North Somerset, and South Gloucestershire (BNSSG) Locality Immunisations Group. A shared action plan has been developed with actions relevant to each local authority.

Membership of this group includes local authorities, primary care, Child Health Information Services (CHIS), PHE (Screening and Immunisation Team, and Health Protection), the Clinical Commissioning Groups (CCGs), school immunisation providers, and academic partners.

Uptake of vaccinations to pregnant women

Evaluation of the programme was completed as part of an MSc in Public Health. Two key issues are data reporting (uptake is likely to be much higher than nationally reported data), and recommendation of the midwife (rather than place of delivery). 2020/21 will look to develop funding bids for local providers to do robust audits of women's vaccination in pregnancy, to help demonstrate disparities in data reporting.

Uptake of vaccinations delivered in school, including delivery of the self-consent pilot

A self-consent study is underway (through the University of Bristol). The study closed to recruitment at the end of June with results expected February 2020.

Uptake of immunisations for older people (shingles and PPV)

Confusion about eligibility for the shingles programme continues to be a concern. This confusion should disappear as of September 2020 when all people aged 70 – 79 will be eligible for a shingles vaccination. Reviewing uptake of immunisations given to older people remains a priority for 2019/20.

Focused work on improving uptake of the flu vaccine

Focused work with the aim of improving uptake across all eligible groups, with specific focus on 2-3 year olds, the school-age programme, pregnant women, at risk groups aged under 65 and frontline health and social care workers has been undertaken in 2018/19.

We have seen improvements in flu uptake in children and significant success in flu vaccination uptake in frontline healthcare workers for Bristol. University Hospital Bristol and North Bristol Trust staff achieved over 80% uptake. The decline in other patient groups reflects a national downward trend.

Expansion of the adolescent HPV programme to boys

From September 2019, all 12- and 13-year-olds in school Year 8 are being offered on the NHS the human papillomavirus (HPV) vaccine. In England, girls and boys aged 12 to 13 years will be routinely offered the first HPV vaccination when they're in school Year 8.

The second dose is normally offered 6 to 12 months after the first (in school Year 8 or Year 9). It's important to have both doses to be protected.

Table 2: Uptake of immunisations 2017/18 and 2018/19 Data Source: COVER, PHE (via gov.uk), ImmForm

		2017/18	**2018/19**	
Child Immunisations (by 12 months)	DTaP/IPV/Hib	94.0	92.0	⇩
	PCV	94.1	92.4	⇩
	Rotavirus	90.0	89.1	⇩
	Men B	93.5	92.0	⇩
Child Immunisations (by 24 months)	DTaP/IPV/Hib	95.3	94.6	⇩
	MMR	89.1	89.2	⇧
	Hib/MenC	89.7	89.6	⇩
	PCV	89.8	89.5	⇩
Child Immunisations (by 5 years)	MMR 1 dose	95.8	94.1	⇩
	MMR 2 doses	86.2	86.0	⇩
	Hib/Men C	95.1	93.3	⇩
School aged immunisations	HPV (Year 9 vaccinated with two doses)	70.6	Data not yet available	
	Td/IPV (school leaver booster) (Year 9)	81.1	Data not yet available	
	MenACWY (Year 9)	82.0	Data not yet available	
Pregnant women	Pertussis (prenatal)	72.8 (Bristol)	70.3 (BNSSG)	
Flu	All 2 and 3 year olds	45.9	53.0	⇧
	Reception	56.0	57.8	⇧
	Year 1	50.4	58.9	⇧
	Year 2	47.1	55.2	⇧
	Year 3	44.6	53.8	⇧
	Year 4	38.7	50.3	⇧
	Year 5	N/A	49.3	
	Pregnant women	47.7	43.1	⇩
	Under 65 at risk	50.5	48.3	⇩
	Over 65	75.1	74.7	⇩
Flu FHCW	GP Practice Staff	65.4	65.8	⇧
	NBT	72.6	87.9	⇧

	UHB	73.3	82.6	⇧
Older adult	Shingles (routine cohort)	44.7	30.4	⇩
	PPV (received at any time over 65 years)	70 (Bristol)	70.2 (BNSSG)	

Risks

MMR vaccination uptake is declining nationally and not improving locally with the consequence of potential measles or mumps outbreaks.

Areas for focus in 2019/20

- Implementation of the Measles and Rubella Elimination Strategy and implement local actions as defined by the South West action plan.
- Review uptake of immunisations for older people (shingles and PPV).
- Review of recommendations of HPV self-consent study.

2.2 Screening

The UK National Screening Committee defines screening as “The process of identifying apparently healthy people who may be at increased risk of a disease or a condition so that they can be offered information, further tests and appropriate treatment to reduce their risk and/or complications arising from the disease or condition.” There are currently three national cancer screening programmes: breast, bowel and cervical; and eight non-cancer screening programmes: six antenatal and new-born (Fetal Anomaly, Infectious Diseases in Pregnancy, Sickle Cell and Thalassaemia, New-born and Infant Physical Examination, New-born Blood Spot and New-born Hearing) and two young person and adult (Abdominal Aortic Aneurysm and Diabetic Eye).

Successes/progress

Initiatives to improve access to cancer screening for all eligible populations

The South West Screening and Immunisations Team, in conjunction with the South West cancer alliances, are leading a screening cancer network to implement initiatives to improve cancer screening uptake. Provisional data shows uptake across bowel, breast and cervical screening in Bristol during 2018/19 has increased.

FIT (faecal immunochemical test) 120 testing for bowel screening

NHS England/Improvement announced a new screening test for bowel cancer which could detect more cancers earlier. The new Faecal Immunochemical Test (FIT) test is easier to use than the current screening test and more accurate. FIT 120 was rolled out in Bristol from June 2019 and is currently embedding into the bowel screening programme.

Human Papilloma Virus (HPV) primary testing and lab reconfiguration on cervical screening

The Avon cytology lab has been awarded the contract to provide primary HPV testing for the South West region. Mobilisation of the service is underway.

Diabetic Eye Screening provider

The provider for Diabetic Eye Screening in Bristol has handed in their notice on their contract. A rapid procurement for the service for the Bristol area is currently taking place so a new service will be in place from April 2020.

Ante-natal and New Born Screening Programme

Work has been undertaken to reduce avoidable repeats, improve sample transport times, and improve coverage of ‘movers in’ for the Ante-natal and New Born Screening Programme. Action plans and pathway work is ongoing with Bristol providers with improvement in sample transport times.

Risks

- The Diabetic Eye Screening Programme procurement for the Bristol area could cause disruption and challenge to delivery of an effective service.
- The roll out of FIT 120 remains challenging and is dependent on national decisions.

Areas for focus in 2019/20

- Review of recommendations arising from national screening reviews to formulate a local action plan particularly for improving cancer screening outcomes.
- Implementation of actions arising from the cancer alliances screening network.
- Implementation and evaluation of the ‘cervical screening innovation fund’ to improve cervical screening uptake.
- Mobilisation of the Bristol laboratory (North Bristol Trust) as the primary screening site for HPV screening.
- Implementation of Non-Invasive Prenatal Testing (NIPT) as part of the Ante-natal screening programme.

3. Emergency Preparedness, Resilience and Response (EPRR)

The public health system and local health economy needs to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident.

The Civil Contingencies Act 2004 (CCA2004) requires health organisations to show that they can deal with such incidents while maintaining services. Organisations must have effective, well-practiced emergency plans in place in order to protect the population of Bristol.

In Bristol, EPRR is facilitated by two fora; the Local Health Resilience Partnership and the Local Resilience Forum.

Successes/ progress / learning from recent incidents

Last year we reported on the fall out of the snow event the “Beast from the East”. Throughout the past twelve months, a task and finish group involving health service providers, NHS England/Improvement and led by Bristol City Council have worked hard to produce a “Logistics” plan that will address a multitude of situations including severe weather with a “common” solution. This is seen as good practice across the Avon and Somerset footprint with real interest across the South West of England.

Bristol Haematology and Oncology Centre, Kingsdown, Bristol

In May 2018 the Bristol Haematology and Oncology Centre (BHOC) caught fire early in the morning with the sounding of alarms and smoke issuing from the building.

Firefighters in breathing apparatus entered the building searching for the fire, which was located on the ground floor of the six floor building, in the plant room, affecting the wards and units above it.

Patients were evacuated from the building and housed temporarily in the nearby Heart Institute Building. The immediate aftermath was a case of the Healthcare community coming together strongly to offer support to BHOC, ensuring that the patients received the best possible care in the aftermath of the emergency.

Annual assurance of publicly funded healthcare providers including Acute Trusts

The annual assurance process across the Bristol City Council footprint was carried out by NHS England/Improvement during Q.3 2018. This process assures each organisation against 50+ Core Standards in Emergency Preparedness, Response and Resilience as defined by the Department of Health and Social Care.

In 2018/19 three organisations were found to be either fully or substantially compliant against the core standards. Two organisations were found to be partially compliant, and one organisation was found to be non-compliant. BNSSG CCG and NHS England/Improvement are working with those that were either partially or non-compliant to address the standards that will improve performance in the coming years.

Brexit

Local Resilience Forums (LRFs) played a lead role in the coordination of planning for a 'no deal' Brexit. Ahead of the delayed April Brexit leave date, Avon and Somerset LRF (ASLRF) worked closely with ports of entry (Royal Portbury Dock, Avonmouth Dock and Bristol International Airport) to understand border issues. This work and an assessment of the Cabinet Office produced 'reasonable worst case scenario' planning assumptions (Yellowhammer) formed the basis of the ASLRF assessment of 'no deal' Brexit risks and the basis of multi-agency Brexit planning. This assessment and preparations were tested in a tabletop exercise held in January 2019.

LRFs also had Brexit reporting responsibilities, through Ministry of Housing Communities and Local Government (MHCLG), into COBR (Cabinet Office Briefing Room) and central government. This required the establishment of robust command and control arrangements and a tight meeting 'battle rhythm' at tactical and strategic levels. With reporting required on a wide range of issues, some of which were not 'usual' LRF areas of interest, ASLRF had to expand its reach, for example, to understand issues faced by local commerce and enterprise.

Control of Major Accident Hazards

The Severnside 'Control of Major Accident Hazards (COMAH) Plan' was reviewed this year. The COMAH Plan details the external emergency arrangements for an incident at any of the four 'upper tier' or four 'lower tier' COMAH sites in Avonmouth and Severnside. The new plan was tested in the multi-agency 'Exercise Spitfire' in Nov 2018.

The COMAH Plan review required a refresh of the public information provided to those who live and work inside the 'emergency planning zone' around COMAH sites. Almost 40,000 booklets, 'What to do if you hear the Severnside Sirens', were distributed to households and businesses in Avonmouth and Severnside in February, advising of the risks and instructing the public of the actions they should take in an emergency.

Incidents

The large fire at the Strachan and Henshaw site in Speedwell, Bristol tested the multi-agency response. The blaze affected over 30 businesses on the site and over 90 residential properties. An overnight evacuation required the establishment of a 'community place of safety' where volunteers from Bristol City Council and the Avon Community Resilience Team supported evacuees.

The presence of asbestos on the site required Public Health advice and ongoing monitoring of air and environmental quality.

Risks

Brexit poses a challenge to business continuity in the City. The following risks remain red on the Local Resilience Forum community risk register for Avon and Somerset: Fluvial flooding, influenza type pandemic, failure of the national electricity transmission system and malicious attack.

Areas of focus in 2019/20

To prepare for Brexit and to continue to prepare for and manage emergencies.

To test pandemic flu arrangements.

Air Quality

Poor air quality can have an impact on health at all stages of life, from being associated with low birth weight, impacts on lung function development in children, an increased risk of chronic disease and acute respiratory exacerbations, to acute and chronic premature death. Latest evidence is linking air pollution with impacts on cognitive function. All these health impacts can impact upon a person's quality of life. The most vulnerable are the young and old.

Air quality in Bristol is sufficiently poor in many locations for the health impacts described in the previous paragraph to be experienced by citizens in Bristol. Monitoring data shows continued exceedances of the annual mean nitrogen dioxide (NO_2) air quality objective close to roadside locations in the city centre and along the main arterial routes. Concentrations of NO_2 do, however, appear to be declining but further urgent action is needed to comply with legal limits.

A report commissioned by BCC[1] calculated that approximately 300 deaths of Bristol residents can be attributed to air pollution (particulate matter - $PM_{2.5}$ and nitrogen dioxide – NO_2) in 2013. This equates to 8.5% of all deaths in Bristol annually. These deaths attributed to air pollution compare, on average, to 9 people killed in road traffic collisions in Bristol each year.

Air Quality Management Area

Road transport is a major source of particulate matter and nitrogen oxides (NO_x) accounting for 34% of nitrogen oxides and 12% of primary particulate matter ($PM_{2.5)}$ emissions in the UK[2]. At busy roadside locations the contribution of traffic to nitrogen oxides can be greater than 80%.

Through monitoring of the city's air quality, a geographical area has been identified where health standards (known as objectives) are not achieved and an Air Quality Management Area (AQMA) has been established in line with DEFRA (Department for Environment and Rural Affairs) recommendations (See **Figure 1).**

Figure 1 indicates the boundary of the Air Quality Management Area (AQMA) for Bristol, inside which air quality is at risk of exceeding government objectives.

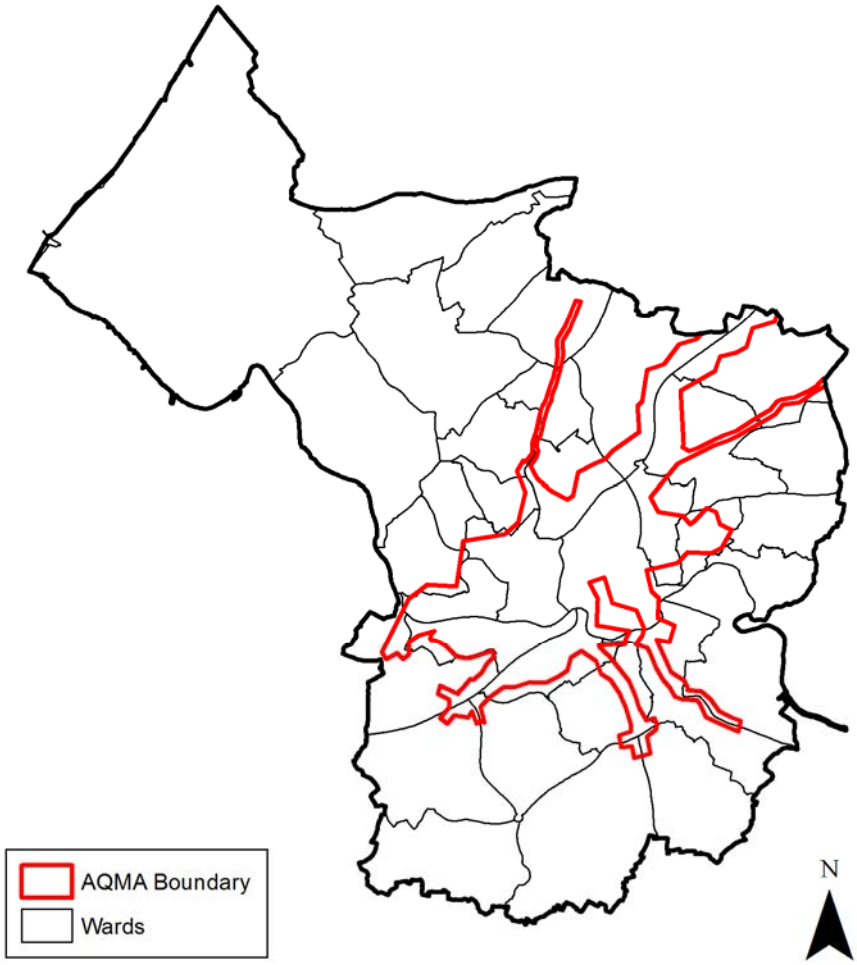
The AQMA is based around busy road junctions and arterial roads where nitrogen dioxide from the exhausts of vehicles does not get readily dispersed because of the surrounding buildings.

[1] Air Quality Consultants (2017. Health Impacts of Air Pollution in Bristol.: Air Quality Consultants Ltd

[2] Department for Environment, Food and Rural Affairs (2018). Clean Air Strategy 2018.

Domestic solid fuel burning is a re-emerging area of concern. Recent evidence shows that this source contributes to 38% of all $PM^{2.5}$ emissions nationally.

Figure 1 Map of Bristol's Air Quality Management Area (AQMA)



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 2016, 5.3% of "all-cause adult mortality" in Bristol was considered attributable to "anthropogenic particulate air pollution"[3], which is the same as the national proportion (5.3%) (fig 5.17.1) and is mid-ranking for English Core Cities.

A citywide Clean Air Plan is being developed to bring down traffic generated NO2 as soon as possible and to reduce levels of fine particulate matter. More information can be found here: https://www.cleanairforbristol.org/

The proportions of deaths attributable to air pollution vary across the city in relation to pollutant concentrations, from around 7% in some wards to around 10% in others. Concentrations are highest in the centre of the city and therefore so are deaths attributable to air pollution.

[3] Via Public Health Outcomes Framework (PHOF), 2017

Successes/Progress

Declaration of a Climate Emergency
In November 2018 Full Council passed a motion which declared a Climate Emergency and asked the Mayor to report back to Council describing the action he and the Council will take. The Mayor has now developed an initial plan of action in response to this.

The Mayor has reiterated his declaration that we are in a climate emergency and formally adopted the goal of Bristol becoming a Carbon Neutral City by 2030.

A new Governance structures to lead the city's response to the climate emergency has been established including:

- a new City Office Environmental Sustainability Board which he is chairing; and
- an Advisory Committee on Climate Change to advise the city boards.

It is envisaged this will enable the development of a One City Climate Strategy for Bristol.

Avonmouth Nuisance Dust Monitoring
Due to concerns from residents the Environment Agency and Bristol City Council carried out monitoring of Air Quality in Avonmouth from August 2014 until September 2015 in response to resident concerns about air quality. The Bristol City Council monitoring station measured the very small particles in the air which we can't see, finer than the kind of dust which people see on car window screens or window sills. These small particles can get past the body's natural filters and into people's lungs. They are measured at 10 microns ('PM10') and 2.5 microns ('PM2.5').

The results after 12 months of monitoring showed that all the measurements were well under the European Union Air Quality limits. The dust monitoring also analysed the heavy metal content in the Avonmouth samples and found to be within available European standards.

A second phase of monitoring was undertaken in 2016 which focused on larger particles; this is dust which can be seen, typically appearing on cars windscreens and other locations. All results were well below available standards and sample contents did not indicate any dominant/industrial source. These results were fed back to the Community via an officer presentation at the community hall in 2017-18.

At the time of the 2016-17 monitoring the results indicated that there is no underlying depositional dust issue for residents from industrial activities in and around Avonmouth. However with all industrial areas should there be an

acute dust episode residents are advised to continue to report concerns to the Pollution Control Team by calling the Customer Service Centre on 01179 222500 Option 3. During 2017-18 the results of the dust monitoring were fed back to the community. During the year a small number of complaints were received about potential nuisance dust which officers investigated, they will continue to monitor the situation when reports are made.

Flies

Since 2015 residents in Avonmouth have been concerned with the level of flies and this is reported in the local and national press articles. There was a clear issue with a particular source in 2015 which required legal intervention by the Pollution Control team but since then complaints have continued with residents concerned that flies are related to the number of waste processing facilities in the area. There have been over 40 separate complainants in 2019 from residents of Avonmouth and the surrounding area.

The Pollution Control Team carries out fly monitoring on an annual basis during warmer summer months when the fly population increases nationwide and will continue to investigate potential sources and will also need to consider whether Avonmouth is impacted adversely compared with other areas of the city. The Pollution Control Team works closely with the Environment Agency (EA) to ensure such sites are suitably regulated but have wider responsibility for other nuisance sources which may not be regulated by the EA.

Blood Lead

The Pollution Control Team has provided assistance in the sampling and investigation of the causes two cases reported of elevated blood lead in children.

Risks

- Poor air quality
- Maintaining an effective dialogue with Bristol residents about environmental hazards to health.

Areas for focus in 2019/20

- Improve air quality
- Initiate a Liaison Group to bring together Community members and representatives from the Avonmouth Industrial companies to discuss improvements in community impacts and improve the working relationship/good neighbours culture. Work to create this Liaison group has been started by the Neighbourhood Partnership with local residents and will be put in place in 2016/17. With the changes to the NP system this Liaison group needs to be reviewed moving forward.
- Issue the final nuisance dust deposition report to the community.

Glossary

AMR	Antimicrobial Resistance
AQMA	Air Quality Management Area
ASLRF	Avon and Somerset Local Resilience Forum
BCG	Bacillus Calmette-Guerin
BCC	Bristol City Council
BNSSG	Bristol, North Somerset and Gloucestershire
BSI	Bloodstream infections
CBRN	Chemical Biological Radiological Nuclear
CCG	Clinical Commissioning Group
CDI	Clostridium difficile (C.diff) infection
COMAH	Control of Major Accident Hazards
CPE	Carbapenemase-producing Enterobacteriaceae
CQUIN	Commissioning for Quality and Innovation
DTaP	Diphtheria, Tetanus and Polio
EPPR	Emergency preparedness, resilience and response
GI	Gastro Intestinal
H&WB	Health and Wellbeing Board
HCAI	Healthcare associated infections
HIB	Haemophilus influenzae type b
HIV	Human Immunodeficiency Virus
HNA	Health Needs Assessment
HPC	Health Protection Committee
HPV	Human Papilloma Virus
IGAS	Invasive Group A Streptococcal
IPC	Infection, Prevention and Control
IPV	Inactivated Polio Vaccine
LHRP	Local Health Resilience Partnership
LTBI	Latent Tuberculosis Infection
MDR TB	Multi drug resistant tuberculosis
MMR	Measles Mumps and Rubella
MRSA	Methicillin Resistant Staphylococcus Aureus
NHS E/I	NHS England/Improvement
NICE	National Institute for Health and Care Excellence
NOIDs	Notifiable Infectious Diseases
PCV	Pneumococcal conjugate vaccine
PHE	Public Health England
PIR	Post-infection review
QP	Quality premium
STAR-PU	Specific Therapeutic group Age-sex Related Prescribing Unit
STI	Sexually Transmitted Infections
TB	Tuberculosis
Td	Tetanus and diphtheria
WHO	World Health Organisation

Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Groups

Bristol Health and Wellbeing Board

Title of Report:	One City Climate Strategy
Author (including organisation):	Alex Minshull, Sustainable City and Climate Change Service Manager, Bristol City Council, on behalf of the Environmental Sustainability Board
Date of Board meeting:	27th November 2019
Purpose:	Oversight and assurance

1. Executive Summary

Action on climate change is taking place in the city, including by organisations in the health and wellbeing sector.

We need to rapidly accelerate progress in the light of the declared climate emergency. The Mayor has provided additional resources to enable the development of a One City Climate Strategy and has asked that the Environmental Sustainability Board to lead the development of a One City Climate Strategy on behalf of the city. The strategy will address both how we achieve a carbon neutral but also climate resilient city.

A significant evidence base is being developed to inform the strategy. The emerging findings will be presented to the Health and Wellbeing Board at the meeting. This will allow the most up to date evidence to be shared.

The Environmental Sustainability Board is seeking input from all of the One City Boards and key stakeholder in the city to the development of the strategy and subsequent delivery plans.

Due to the declared climate emergency this strategy is being developed rapidly for adoption at the end of February 2020.

The Strategy will enable the Hospital Trusts who have declared climate emergencies and other Health and Wellbeing Board members to contribute to a One City approach to climate change.

2. Purpose of the Paper

The brief developed by the Environmental Sustainability Board for the One City Climate Strategy is that it should:

- Stimulate Action
- Widen Ownership
- Build Capacity

- Inspire And Develop

Full details at Appendix 1.
It will be a high level strategy which assembles a sound evidence base, describes the scale of the challenge and agrees shared strategic priorities. Subsequent targeted delivery plans developed.

In the light of the Climate Emergency and to avoid conflicts with the local government election 2020, the climate strategy is being developed to a very tight timetable, with the intention of it being approved by the Environmental Sustainability Board in late February and the Bristol City Council Cabinet on the 3rd March.

With these in mind the Health and Wellbeing Board is asked to support the need for the One City Climate Strategy and commit to participating in its development. The Health and Wellbeing Board is invited to participate in workshop and possibly an informal meeting of the Board.

The Health and Wellbeing Board is also invited to ratify the Strategy after its approval by the Environmental Sustainability Board, in order to demonstrate a One City approach to the challenge of climate change.

3. Evidence Base

The evidence base for climate change is substantial. A key report is the Intergovernmental Panel on Climate Change (IPCC) special report[1] on the impacts of global warming of 1.5°C above pre-industrial levels, issued in October 2018. The IPCC modelling found that, with a rise of 1.5°C, there would be risks to health, livelihoods, food security, water supply, human security and economic growth. A rise to 2°C would be even more catastrophic.

In response Bristol City Council, North Bristol NHS Trust and University Hospitals Bristol NHS Foundation Trust have declared “climate emergencies” which shows a clear and positive commitment to tackle climate change and the effects on the health of our population.

An evidence base on the city’s emissions and our resilience to the impacts of climate change are being developed and initial findings will be presented to the Board.

4. Recommendations

That the Board:

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

[1] IPCC 1.5C Report https://www.ipcc.ch/sr15/

5. City Benefits

The strategy is intended to develop effective solutions to reduce the risk to health and the environment from climate change.

6. Financial and Legal Implications

The implementation of the strategy will require resources but at this stage it is not possible to enumerate them.

7. Appendices

1. Brief for the One City Climate Strategy.

Appendix 1: Bristol One City Climate Strategy Brief

1. Background

In November 2017, Full Council unanimously passed a motion to declare a Climate Emergency. In July 2018, the Mayor brought a report back to Full Council outlining the actions which he was taking to address the emergency. One of these actions was to deliver a Bristol One City Climate Strategy.

2. Purpose

To create a shared strategy / framework for the city to enable us to:

- Rapidly reduce the city's carbon emissions to achieve carbon neutrality
- Improve the resilience of the city to the impacts of climate change.

3. Objectives

The strategy will:

3.1 STIMULATE ACTION

- Be a comprehensive, visible and credible response to the emergency, setting out meaningful action which will be taken to reduce emissions and improve resilience to climate impacts.
- Build on existing work, realign current plans and provide the framework for more detailed delivery plans to follow.
- Deliver a just transition to carbon neutral Bristol.

3.2 WIDEN OWNERSHIP

- Be "of the city" and enable everyone in the city to feel ownership of it. This will galvanise strong contributions to delivery of the strategy.
- Enable all organisations and individuals in the city to achieve significantly more in the short term, and to do everything they currently can.

3.3 BUILD CAPACITY

- Instigate the necessary capability building in the city, including training initiatives and skills development
- Create the conditions for those actions which are not currently achievable – lobbying for the changes in national policy, regulation, funding etc.

3.4 INSPIRE AND DEVELOP

- Articulate a clear and positive vision of Bristol's carbon neutral and climate resilient future, including the co-benefits of measures for the economy, health etc.
- Be adaptive: the social and economic changes required to achieve carbon neutrality and climate resilience will be seismic, and this strategy must be able to respond and accommodate those changes as they occur, seizing new opportunities as they arise.

4. Scope

4.1 Greenhouse Gas Emission Reduction

The strategy will mainly focus on scope 1 and 2 emissions (those from transport / other sources within the city boundary and grid supplied electricity and heat). High level consideration will be given to scope 3 consumption emissions (those

which occur outside the city boundary as a result of activities taking place within the city).

We have a strong evidence base for scope 1 and 2 emissions in the city, but need undertake further analysis to develop understanding of our scope 3 emissions – and to understand if there is value to be gained from commissioning Bristol specific research, or to explore at a national level and pro rata to Bristol citizens.

4.2 Climate Adaptation Measures.

The strategy will mainly focus on addressing the impacts of climate change within the city with respect to both acute shocks e.g. extreme weather and chronic stresses e.g. sea level rise. However there will also be a high level consideration of key interdependencies at other scales where these may have significant consequences or opportunities for change e.g. city region, national and international level.

5. Evidence Base

- Carbon Neutrality Baseline and 2030 Trajectory Report
- Net Zero Greenhouse Gas Gap Analysis Report
- Cross Party Councillor Suggestion List
- Commitments made at March 2019 Bristol Green Capital Partnership Green Gathering
- Friends of the Earth 33 Suggestions for Local Authorities document
- Relevant recent Committee on Climate Change reports – mitigation and adaptation
- IPCC report.
- UKCP18 Climate Projections
- Sustainable City Team Climate Preparedness Review (internal only)
- Evidence and emerging evidence on Bristol climate change impacts: flood, urban heat.

6. Ownership

The Strategy will officially sit under the One City Plan and “belong” to the City Office.

The Environmental Sustainability Board have inputted into the development of this brief.

We need to secure input and buy-in from the other One City Boards and ensure the citywide ownership necessary to enable delivery of objectives.

7. Audience

Everyone who lives or works in Bristol, particularly opinion leaders and formers.

8. Engagement

Carry out meaningful engagement with a range of city stakeholders during strategy development. This will ensure that they have the opportunity to input and

shape the strategy, and are committed to helping us deliver the actions it recommends.

9. Timeline

To be complete by the end of January 2020 and refreshed every 2 years thereafter.

Associated delivery plans would be completed from June 2020 onwards.

10. Strategy Time Horizon

It is suggested that the strategy has a 10 year time horizon – 2030 to align with the Climate Emergency Motion. The focus will be on immediate action.

11. Resources

BCC has £100k of funding for strategy development. This must be spent by March 2020.

BCC staff resource will consist of:
Climate Change Project Managers (0.6 FTE)
Sustainable City and Climate Change Manager (0.1 FTE)

In order to meet the January deadline, it is our intention to engage support from a consultant to assist with writing the strategy. This will also help deliver a strategy which speaks at a city, rather than BCC level.

The Bristol Advisory Committee on Climate Change will be established in October and we hope that its members will review the strategy.

DRAFT Forward Plan as of November 2019

*All at City Hall except BNSSG Boards meetings

December 19th 2:30-5pm – Development Session

- Housing and health seminar, with Members of the Housing Board, Second Step and others

January 10th 8am–12pm - City Gathering

January 22nd 2020, 2:30-5pm – Formal Board

- Fuel poverty strategy
- Population health management and JSNA
- Bristol Carers strategy
- Director of Public Health report

January/February 2020 – BNSSG Boards 'creative conversation'

February 27th 2020, 2:30-5pm – Development Session

- Health and environment workshop TBC

March 25th 2020, 2:30-5pm – Formal Board