

# Bristol City Council

## Minutes of the Health and Wellbeing Board

22 January 2020 at 3.15 pm



**Board Members Present:** Alison Bolam, Helen Holland, Asher Craig, Christina Gray, Justine Rawlings, Tim Poole, Vicky Marriott, Terry Dafter

Cathy Caple, Stephen Parker, Tim Keen

**Officers in Attendance:-**

Sally Hogg, Mark Allen, Oliver Harrison

### 1. Welcome, Introductions and Safety Information

### 2. Apologies for Absence and Substitutions

Apologies were received from:

Elaine Flint

Jacqui Jensen

Sumita Hutchinson

Jean Smith

Tim Keen substitutes for Andrea Young

Stephen Parker substitutes for Eva Dietrich

Cathy Caple substitutes for Robert Wooley

### 3. Declarations of Interest

None received

### 4. Public Forum

None received

### 5. Minutes of Previous Meeting

There was a discussion on minute formatting. It was agreed that minutes should show a separation between the input of presenting officers and the discussion that follows. Minutes will also be circulated to the whole membership for amendments. The minutes from 27 November 2019 will be recirculated.



**Review of Actions:**

1. Board Members to request information on public sector fleet fossil fuel reduction plans from their organisations and feed this back to Mark Allen. [OUTSTANDING]
2. Healthier Together (HT) prevention work-stream. Christina Gray is currently working with HT leads to create a new forum on prevention and tackling health inequality. She will bring back information on the approach to a future HWB. ACTION

All other actions complete.

**6. Bristol Health Needs Highlight Report**

John Twigger gave a presentation on the Bristol Health Needs highlight report. This was based on the production of the Joint Strategic Needs Assessment (JSNA), which contains a great deal of data. The highlight report draws out the key issues. This includes key demographics, health indicators and areas for action.

- Bristol has a growing population, which is unusually young for a core city. There is a significant 20 – 34 years old population in Bristol and fewer older people.
- Bristol is 22% non-white British, but this is increasing, with 38% of school age children NWB.
- Life expectancy has levelled out in recent years, but there is a significant deprivation gap of 8 years for men, 6 years for women between the most affluent and deprived wards. Healthy life expectancy has an even bigger gap of 20 years.
- The obesity level is twice as high in deprived areas. 16% of Bristolians smoke, 10% of pregnant women smoke. Assaults are 5 times more likely in the most deprived wards.
- This data is being used to identify areas of opportunity to improve life expectancy.

**Discussion notes:**

- When considering the high level statistics, we also need to be aware in nuances within the data. For example, the assumption on knife crime nationally is that it relates to youth gangs, but in Bristol the main driver is adults within the home. Self-harm has a large number of manifestations ranging from minor all the way up to suicide.
- The JSNA feeds into the One City Plan ambitions. This information will be used for setting the HWB objectives next year in order to make them more outcome-focused.
- Maternal smoking statistics for Bristol seemed lower than expected, but the figures are based on self-reporting at time of delivery. The smoking cessation strategy has strong targeting on maternal smoking. Smoking is usually cultural within a whole family. ACTION Vicki Marriott to send North Somerset maternal smoking material to Christina Gray.
- Members agreed that it was helpful to have highlights rather than the full JSNA. Members are welcome to look at the full report and make suggestions of what highlights to include.

**7. Health and Wellbeing Strategy Draft Structure and Outline**

Mark Allen gave an update on the HWB draft strategy



- The draft strategy has a large amount of areas included within it, so members may want to focus this down.
- The priorities are divided into five categories: healthy early years, bodies, mind, places and systems.
- These categories are then sub-divided into various indicators
- The expectation is that the strategy is a live document, but the frequency of update needs to be decided by the HWB

#### Discussion notes:

- Where possible we can align the strategy with One City Plan dashboard
- There was a discussion about adding a priority for homelessness, but this sits within the Housing Board. HWB will contribute to homelessness prevention with priorities on mental health and substance misuse.
- It would be helpful to demonstrate what the HWB contribution is going to be for the other boards' priorities. This shows the value of HWB and will help joint working. This should be considered at the meeting of chairs of thematic boards, so they can all look at how they are adding value to each other.
- The strategy is headline information, underpinned by various strategies and plans. It would be impractical to put everything in it. The yearly plan on a page review will also relate to this.
- There should be ambitions that link from the vision to the priorities. These could be based on the six 'opportunities for action' in the earlier Bristol Health Needs report: early years (development, low income families, first time criminal justice entrants), mental health (self-harm), healthy weight (obesity esp. in deprived areas), smoking (reduction), substance misuse (reduction) and violence (esp. domestic violence).

## 8. Feedback from Healthier Together (STP)

Justine Rawlings gave an update on Healthier Together, based on the recent programme update paper, which summarised key developments from Dec 2019 to Mar 2020. These included:

- An update on the Five Year Plan, which should be published in March
- Integrated Care, including community contracts and locality working
- Merger between University Hospitals Bristol and Weston Area NHS Trust
- Outpatients transformation to improve access to services via digital
- Urgent care during cold winters
- Mental Health, Learning Disability and Autism overarching steering group and programme boards
- Mental Health Strategy, due for approval in March
- Learning Disability and Autism 'All Age' Workshop on 22 January
- The first Children and Families programme board took place on Monday 25 November
- Workforce development, including making BNSSG the best place to work, learning academy to optimise skills, addressing workforce shortages, collaborative 'staff bank' and Peloton leadership programme
- Locality Hubs, where physical locations are being agreed.

#### Discussion notes:



- Digital access to care is a significant development. Bristol and South Gloucestershire Councils have recently won bids for digital care systems. South Gloucestershire is introducing a 'Red Box' reporting system for care homes. This enables much better data sharing between health organisations.
- An update on locality hubs would be useful ACTION SH
- The healthier together programme update shows highlights, but for this to be more useful to HWB in future, we need to know the specific areas of focus. ACTION SH JR
- There was a discussion about the possibility of the Healthier Together team providing a regular update and potentially attending HWB to give that update. ACTION MA
- There was discussion on the Mental Health, Learning Disability and Autism steering group and programme boards. The local authority board on this subject is not as thriving as it has been, so this is an opportunity to renew with CCG and BCC representatives, and people with lived experience.

## 9. Forward Plan

The Forward Plan was noted by the Board

OH set dates for next year and circulate these to members ACTION

AOB

BCC is having an independent peer review, focused on public health and wellbeing. This is to investigate how well BCC puts health at the heart of what it does. There will be discussion with health and wellbeing board members on 4, 5, 6 March). Sam Eddy will approach members to arrange timeslots.

Minutes need to accurately record when substitutes attend OH ACTION

There was a discussion about One City health and wellbeing objectives being focussed on the Public and VCSE sector, with little focus on business. The private sector has high representation on the other thematic boards, especially economy. They are also involved in health interventions even though they do not sit on HWB. For example, they are key drivers for mental health at work schemes. Thrive at Work as a national organisation is interested in Bristol as a case study. A future session on workforce development would be useful as it would allow HWB to work with the economy board and private sector SH ACTION HH.

### ACTION SUMMARY

1. Christina Gray is currently working with HT leads to create a new forum on prevention and tackling health inequality. She will bring back information on the approach to a future HWB.
2. Vicki Marriott to send North Somerset maternal smoking material to Christina Gray.
3. The healthier together programme update shows highlights, but for this to be more useful to HWB in future, we need to know the specific areas of focus (Sally Hogg, Justine Rawlings)
4. Investigate possibility of the Healthier Together team providing a regular update and potentially attending HWB to give that update. (Mark Allen)
5. There needs to be an update on locality hubs at HWB (Sally Hogg, Justine Rawlings)



6. Set dates for next year HWB and circulate these to members (Oliver Harrison)
7. Minutes need to accurately record when substitutes attend (Oliver Harrison)
8. A future session on workforce development would be useful as it would allow HWB to work with the economy board and private sector (Sally Hogg)
9. Gather evidence on alcohol free spaces for the Drug and Alcohol Strategy (Christina Gray).

## 10 Developing a multiagency drug and alcohol strategy for Bristol

Thara Raj gave a presentation on the initial framing of a Drug and Alcohol Strategy for Bristol.

- There are several ambitions in the One City Plan: (2024) no increase in substance misuse deaths, (2034) significant reduction in alcohol related hospital admissions, (2036) reduce substance misuse deaths by 25%, (2044) reduce substance misuse deaths by 50%
- Our vision is to make Bristol a place where everyone can have the best start in life, live well and age well, safe from the harms caused by drugs and alcohol.
- Approach is non-judgemental. Want best start for families and children safe from impact of substance misuse. People empowered to avoid using drugs or alcohol to cope. Services to build resilience. Individuals with dependency can recover and contribute.
- Substance misuse leads to a wide variety of negative impacts. Number of deaths is higher from alcohol misuse than drug misuse.

Discussion notes:

- Cannabis use in Bristol among young people is twice the national average. There is a perception in more deprived communities that drug use is being tolerated by authorities. It is important that service provision and access is fairly distributed across the city. Delivery via community organisations is very useful here as they have local knowledge and can be trusted by users, e.g. locals that are former users, now supporting users.
- This demonstrates the great pressures on healthcare system caused by substance misuse.
- Council and CCG, where does DA strategy land? The Mental Health Strategy has substance misuse in it. The Drug and Alcohol Strategy is building on the iterative Mental Health Strategy. There does not appear to be a commissioning strategy for drug and alcohol services.
- It is essential that the police have significant input into the drug and alcohol strategy. The keeping Bristol safe group, which includes police, will feed in.
- There was discussion about appropriate resourcing for these services and where funding responsibility lies. However, the strategy is not about commissioning services, but developing an approach. All agencies will be involved.
- It would be helpful to have more statistics on mental health services related to drug and alcohol issues.
- There was a discussion on alcohol issues and responsible drinking. Bristol's strong night time economy versus cost of alcohol on services. There has been discussion in scrutiny about having alcohol free spaces. HWB may wish to pursue this if it is an intervention that would lead to desirable outcomes. In some cities, the recovery industry runs alcohol free nightclubs to great effect. Some communities that do not drink



alcohol (e.g. for religious reasons) would also be interested in those spaces. ACTION CG Gather evidence on alcohol free spaces.

Meeting ended at 5.00pm

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

