

Health and Wellbeing Board Agenda



BRISTOL CCG

Date: Wednesday, 22 January 2020

Time: 3.15 pm

Venue: The Writing Room - City Hall, College Green,
Bristol, BS1 5TR

Distribution:

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

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

Issued by: Oliver Harrison, Democratic Services
City Hall College Green Bristol BS1 5TR
Tel: 0117 35 26162

E-mail: democratic.services@bristol.gov.uk

Date: Tuesday, 14 January 2020



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. 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 16 January 2020

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 21 January 2020

5. Minutes of Previous Meeting

To agree the minutes of the previous meeting as a correct record.

3.30pm

(Pages 4 - 9)

6. Bristol Health Needs Highlight Report

Christina Gray and John Twigger, BCC Public Health

3.35pm

(Pages 10 - 26)

7. Health and Wellbeing Strategy Draft Structure and Outline

Sally Hogg and Mark Allen, BCC Public Health

4.20pm

(Pages 27 - 30)

8. Feedback from Healthier Together (STP)

Verbal update.

4.35pm

9. Forward Plan

Sally Hogg, BCC Public Health

To note the forward plan

4.40pm

(Page 31)



Bristol City Council
Minutes of the Health and Wellbeing Board

27 November 2019 at 2.30 pm



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

Officers in Attendance:-

- 1. Welcome, Introductions and Safety Information**
- 2. Apologies for Absence and Substitutions**

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

- 3. Declarations of Interest**

None received

- 4. Minutes of Previous Meeting**

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

- 5. Public Forum**

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

- 6. Integrated Care System Localities**

Justine Rawlings and Terry Dafter presented a report on Integrated Localities. This is about linking together the 3 locality regions (Bristol, North Somerset and South Gloucestershire).



- Key priority groups include: older people, mental health, urgent care, children and families.
- There is a need for more detailed work based on population health management data, to understand what is driving health issues so we can address needs.
- We are developing new models of care for people who are frail (usually the elderly, but also those with health issues caused by deprivation).
- Want to strengthen into an inter care partnership, including working closely with voluntary sector. Examining what would be useful joint work to do in the localities, making the most of what already exists and avoiding duplication.
- Working with individuals for personalised care and taking a broader approach to care planning. E.g. involving the voluntary sector sooner.
- There are many practical considerations in locality working, such as social work, community health and relationships with GPs. It will require a whole system approach and there are bound to be problems, but it is important to conserve resources by not duplicating. We should be patient, as similar schemes in London took over 10 years to realise.
- Be aware of the big difference in scale when considering the role of voluntary organisations and their resources. There is nuance in big plans like this e.g. the voluntary sector can show who is not accessing services.
- Greater information sharing between GPs, community nurses and social care would have significant impact. Carers are also a great source of information and support that should be involved.
- Be aware of the different levels involved, CCGs have very wide reach, there are city wide organisations, and voluntary organisations at very local level. High level strategy, but services must directly represent their locality.

The Board NOTED

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

7. Health and Wellbeing Board Performance Report

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

- All objectives in work stream 1 have been achieved. Period dignity has been delivered with the key involvement of schools. There are currently 16 organisations committed to 'time to change'.
- Work stream 2 is all progressing. More information on fleet reduction is needed, UHB and AWP should have this data. Some board members have listened to children reading and there is good news that the BRI is setting up a library.
- In work stream 3, alcohol related admissions and prevalence of diabetes is getting worse.
- Work stream 4 was covered by the integrated care system item earlier in this meeting.



- Work Stream 5: The mental health strategy is close to completion. The Adverse Childhood Experience intervention team has been set up. There is also a helpful film on ACEs that would be good to circulate or show at an HWB meeting. Thrive is going well, the HWB objective is to identify impact, but the data is not yet available.
- Work stream 6: most of these reports will be available in the New Year.
- The Board asked that future objectives be related more to outcomes, but accepted that this would be difficult until more data is available.

The Board APPROVED the following recommendations:

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

8. One City Plan Timeline

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

1. Bristol is on the way to becoming an ACE Aware city with 20% workforce trained in trauma informed practice.
 2. At least 95% of Looked After Children have regular health assessments (This is a Sustainable Development Goal).
 3. 50 organisations will have committed to adopting and implementing the Mental Health at Work core standards.
- There were concerns about how the ACE workforce percentage would be measured. Is this in all organisations or just public sector? It would make sense for HWB members to commit to achieving this in their own organisations, but will need to know whether it is feasible. The OCP approach is across the city however. Be aware that changing practice is a major task. The next OCP gathering is 10 Jan 2020, so would need to get commitment before then.
 - Mental health at work core standards follows on from 'Time for change', which was more about stigma removal.
 - HWB members are asked to examine the goals and report back to Sally with any issues.

The Board APPROVED the following recommendations:

1. The Health and Wellbeing Board approve the Health and Wellbeing timeline for the One City Plan.
2. The Health and Wellbeing Board sign off the three themed priorities for 2019 as fully achieved or in progress (acknowledging that some are longer term ambitions which now have a route towards achievement).



3. The Health and Wellbeing Board agree the 3 themed priorities for 2020 in principle, following feedback of members to SH.

9. Annual Health Protection Report

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

The Board NOTED the following recommendation:

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

10 One City Climate Strategy

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

- The source of emissions is fairly balanced between domestic, industry and transport. However, 20% of total building emissions are from the healthcare sector.
- Decarbonising heat is achieved by removing gas, but this will be very challenging as it has been the standard for over 40 years. Net zero emissions is possible by 2030, the technology exists but needs action across city and organisations to enable it. The public must want to switch from gas.
- Regarding transport, it is not feasible to electrify the current system, the system itself has to change.
- The board raised concerns about health impact of measures being taken and unintended consequences. E.g. gas is cheap, so moving away from gas could affect fuel poverty.
- The climate strategy will be decided in February Cabinet so it is too late for the HWB to feed in. The HWB February workshop will be held after Cabinet, so would be appropriate to discuss things then.
- ACTION Alex and Sally to discuss how to get strategic discussion together if needed.

The Board APPROVED the following recommendations:

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

11 CYP Emotional Health and Wellbeing LTP

Carol Slater presented on the Children and Young People Emotional Health and Wellbeing Locality Transformation Plan. The plan emphasises early intervention and emotional/mental wellbeing rather than



physical health. It requires a joined up approach with GPs, schools and other stakeholders. 1 in 8 children have a mental health condition and 25% of Bristol children grow up in deprived households. CAMHS has adopted the iThrive system, and are basing interventions on individual needs rather than age brackets.

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

12 Feedback from Healthier Together (STP)

There was a discussion following the recent Healthier Together meeting.

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

13 Work Programme

The forward plan was noted.

14 Any Other Business

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



ACTION SUMMARY

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

Meeting ended at 5.00 pm

CHAIR _____





Bristol Health and Wellbeing Board

Title of Report:	Bristol Health Needs: A Highlight Report
Author (including organisation):	Christina Gray, Bristol City Council John Twigger, Bristol City Council
Date of Board meeting:	22nd January 2020
Purpose:	information and discussion

1. Executive Summary

The paper is a summary of key demographic and health indicators for Bristol.

2. Purpose of the Paper

The paper presents a summary of key demographic and health indicators for Bristol and presents some opportunity points for intervention to prevent, protect and grow health and reduce inequality within Bristol.

3. Evidence Base

The JSNA is a very large document containing a wide range of data, it is necessary to summarise and draw out key priorities from the JSNA data based upon up to date evidence.

4. Recommendations

The Health and Wellbeing Board note key areas for intervention to prevent, protect and grow Bristol's health and reduce health inequalities.

5. City Benefits

Identifies priority areas to tackle health inequalities within Bristol and identifies opportunities for interventions.

6. Financial and Legal Implications

n/a

7. Appendices

n/a

Bristol Health Needs: A Highlight Report

January 2020



Authors:

Christina Gray, Director of Public Health

John Twigger, Principal Public Health Specialist

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Introduction

Health outcomes, for better or for worse are determined by a range of social, environmental and biological conditions. These conditions impact on our behaviours and define our choices. This in turn results in different patterns of disease and illness. This is evident in the strong association between poverty and health outcomes.

There is evidence too of protective factors which reduce the impact of negative conditions on health. We are social beings and being loved, a feeling of belonging, having meaning and purpose are among some of the experiences which can help build personal and community resilience which protects both physical and mental health.

We have a great deal of data and information available to us about our population, behaviours and pattern of disease. This is held in the Bristol Joint Strategic Needs Assessment.

The longstanding issue for Bristol is the stark health inequality which exists; with 1% of the Bristol population (some 5,600 people) living in the most deprived in areas the country.

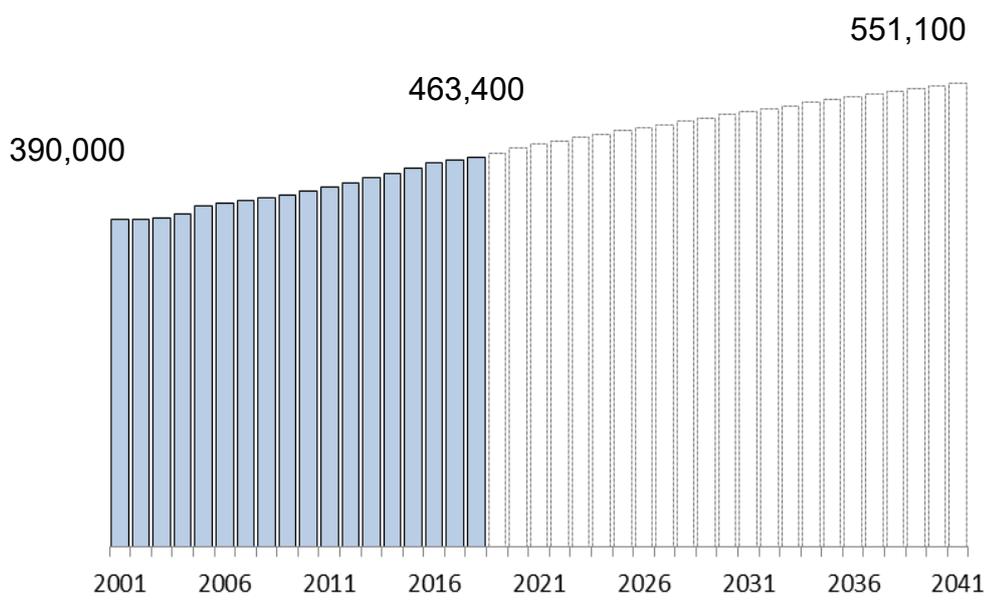
Our approach needs to

- Prevent disease occurring
- Protect from harms to health
- Grow positive health

This Highlight report presents a summary of key demographic and health indicators for Bristol and presents some opportunity points for intervention to prevent, protect and grow health and in particular, to reduce inequality.

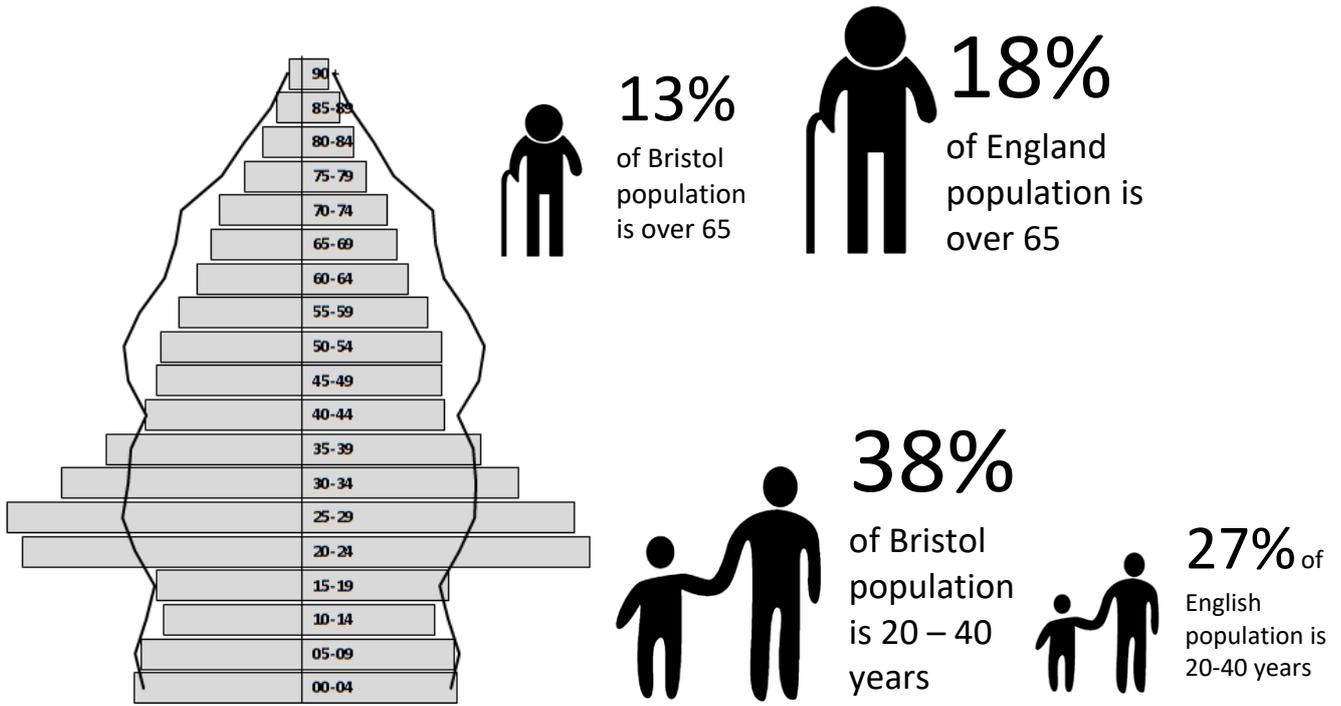
Our population...

...is growing



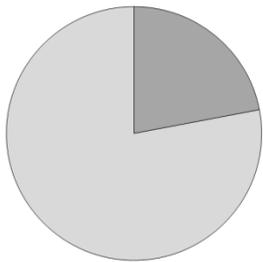
Currently a population of 463,400, by 2041 this will be 551,100. We need to ensure that the growth is inclusive and that opportunities are shared.

...is younger than the average population



We have an opportunity to foster the talent of the future.

...is diverse



22% of
the population
who are not
'white British'



38% of
school pupils who
are not 'white
British'



180
Countries
of birth



91
languages



45
Religions

Our diverse population is an asset, holding a wealth of creativity, languages, art and culture helping Bristol to be truly global City.

A snap shot of health needs



19.7% of children
live in low income families



56% of adults in
Bristol are overweight or
obese



32 drug related
deaths per year



1,466 hospital
admissions for self-harm



3,156 hospital
admissions due to alcohol



15,559
violent crimes

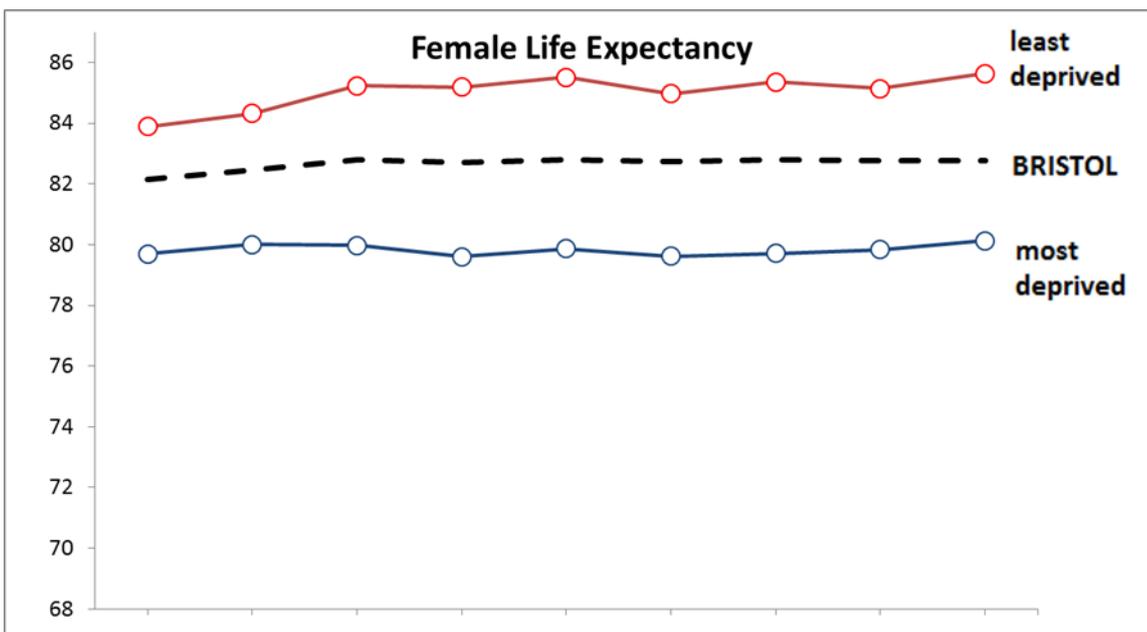
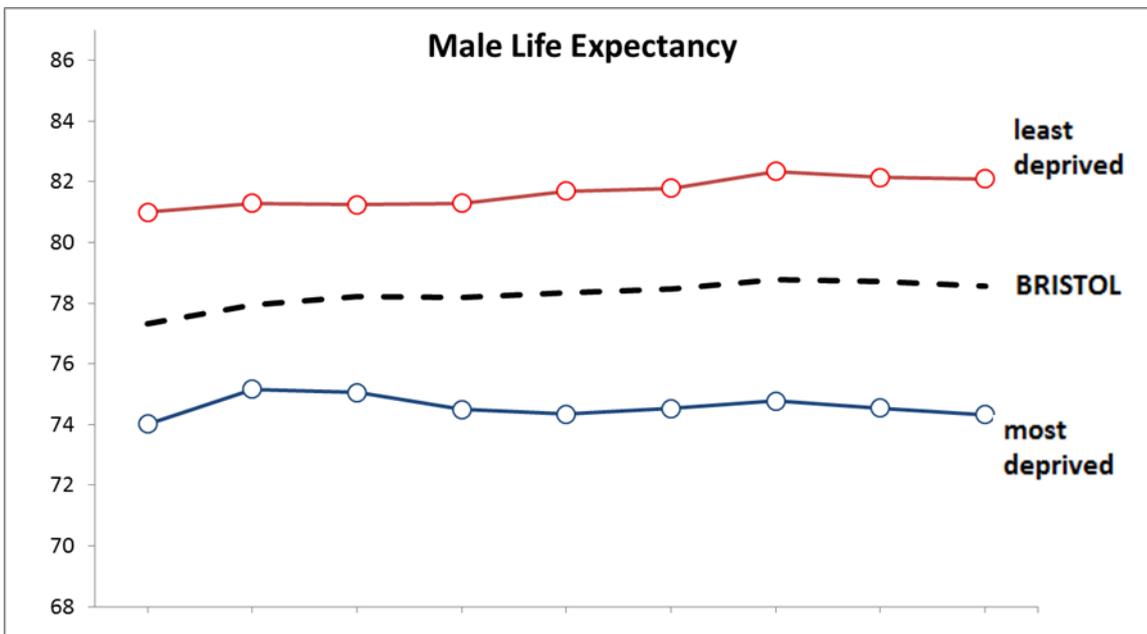


553 women
smoke during pregnancy

Mind the Gap

Gap in Life Expectancy

Until recently life expectancy has risen year on year however the gap in life expectancy has not shifted in ten years and remains stubbornly persistent. Recently life expectancy has slowed / stopped – for the most deprived communities this is more pronounced.



The information above tells us what diseases are causing early death. It is also a good indicator of the sorts of conditions contributing to poor health. The diseases which count for the most premature mortality are Cancers, Cardiovascular diseases and respiratory diseases. The pathways by which these diseases result in early death, is a largely social one, and in the next section we outline a number of priority areas for action – or ways in which we can intervene to break this cycle.

Bridging the gap – opportunities for action

The data suggests six priority areas for action Early Years, Mental Health, Healthy Weight, Smoking, Substance use and prevention violence, including domestic violence.

Early years

We have identified that Bristol has a young population. The under 5 population is currently 290,000. The opportunities for lifelong health are laid down in childhood. Bristol recognises this in being committed to addressing Adverse Childhood Experience - that is protecting children from exposure to harm which could have life long, and life limiting outcomes.

For the purposes of this report we have identified three particular opportunities where Bristol could do better, and which would contribute to lifelong health



69% of children achieving a good level of development by the end of reception



19.7% of children living in low income families



145 First time entrants to the youth justice system per year

Mental Health

Mental health and wellbeing is vital to social functioning and physical health. The number of presentations for self-harm is an indicator of the level of emotional distress within the population.

In Bristol our Thrive Programme focusses on a broad partnership approach to improving health at work in communities and schools. The Healthier Together Mental Health Strategy sets out a new vision for mental health and mental health services across Bristol, North Somerset and South Gloucestershire.



1,466 people
admitted to hospital for
deliberate self-harm

Healthy Weight

With 56% of the adult population of unhealthy weight, we need to recognise that this is a population issue, not an individual one. We need to 'shift the mean' for the whole population, and furthermore, we need to make sure that we address inequality in unhealthy weight.



22% adult obesity in
the most deprived areas
of Bristol



10% adult obesity in
the least deprived areas of
Bristol

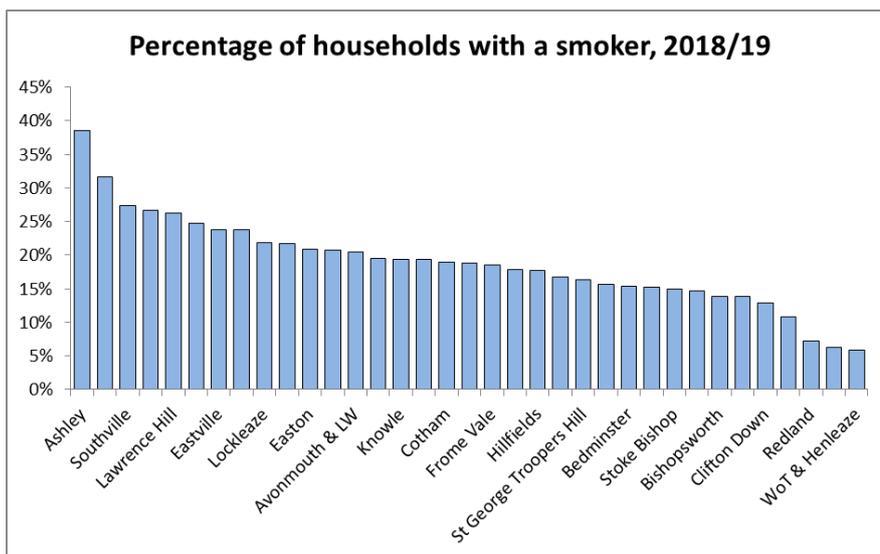
Alive Bristol - Unhealthy weight is a complex issue; diet and levels of physical activity are affected by many factors including our behaviour, environment, biology, and our society and culture. In order to address this complexity, we are working towards a 'whole systems approach'. Our Alive Bristol programme will involve collective action across the local authority, NHS, education settings, food businesses, leisure & sport providers, workplaces and communities, to deliver long-term change.

Health inequality in Smoking

Smoking remains one of the greatest risks to health.

Smoking remains the single biggest cause of premature death in Bristol, the largest lifestyle driver of inequalities in health and the leading modifiable risk factor for poor pregnancy outcomes.

The smoking ban has had a big effect on smoking prevalence and vaping has changed the way people are quitting. Currently 16% of the Bristol population are smokers (60,000 people). However, whilst overall prevalence has declined, there are wide variations in local smoking prevalence and proportion of households with a smoker between wards across the city. Both figures are reported at around 40% in some wards, whilst the lowest prevalence of households with a smoker is just 3%.



16.3%
of Bristolians
smoke



10.1% of women
smoke during pregnancy
(553 women)



29.9% of
routine and manual
workers smoke

Substance use

The use of drugs and alcohol is both a result of and contributes to poor outcomes for physical and mental health. Substance use strongly associated with poor mental and emotional health and violence.



6,572 estimated
dependent drinkers in
Bristol



4,943 estimated
opiate / crack users in
Bristol

32 drug
related deaths
per year



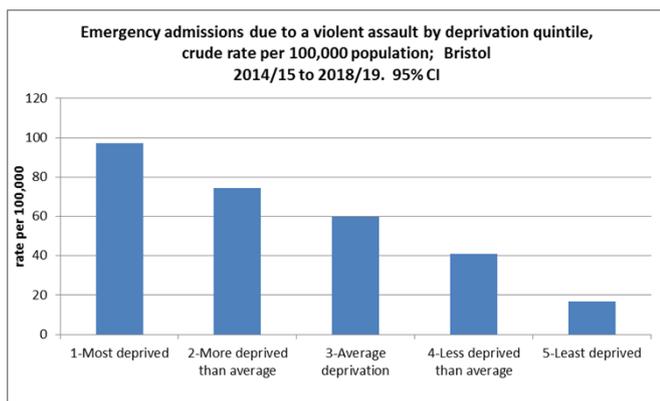
3,156 alcohol
related hospital
admissions

A needs assessment has been undertaken and a substance use strategy is being developed which will further inform our local action.

Violence

Bristol has higher than average levels of violence

 **15,559**
violent crimes



The Children’s Commissioner has asked Health and Wellbeing Board to ensure that youth violence is addressed within the JSNA and Health and Wellbeing Plans.

Bristol has a Preventing Youth Violence Board

Domestic Violence is known to have lifelong impacts on children

6,302 domestic abuse crimes

Reducing harms from domestic violence will impact on health inequality and it will protect current and future generations from lifelong harms to health.

Links

JSNA Webpages – <https://www.bristol.gov.uk/policies-plans-strategies/joint-strategic-needs-assessment>

References

Our Population

Population estimates, 2001 – 2018 - Office for National Statistics (www.ons.gov.uk)

Population projections, 2019 – 2041 – Office for National Statistics (www.ons.gov.uk)

2011 Census – NOMIS (www.nomisweb.co.uk)

Annual Pupil Census, Bristol City Council.

A snapshot of health needs

Public Health Outcomes Framework, Public Health England (<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>)

Mind the gap

Gap in life expectancy

Male and Female Life Expectancy at birth, 2008-2010 to 2016-2018, calculated by Bristol City Council Public Health Intelligence Team using ONS mid-year estimates and Public Health Mortality File.

Gap in healthy life expectancy

Male and Female Healthy Life Expectancy, 2009-2013, Office for National Statistics.

Premature Mortality

Deaths under 75 years, 2011-2015. Source: Public Health Mortality File.

Bridging the gap – opportunities for action

Early years

Public Health Outcomes Framework, Public Health England
(<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>)

Mental Health

Public Health Outcomes Framework, Public Health England
(<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>)

Healthy Weight

Bristol City Council Quality of Life Survey, 2019
(<https://www.bristol.gov.uk/statistics-census-information/the-quality-of-life-in-bristol>)

Public Health Outcomes Framework, Public Health England
(<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>)

Health inequality in smoking

Bristol City Council Quality of Life Survey, 2019
(<https://www.bristol.gov.uk/statistics-census-information/the-quality-of-life-in-bristol>)

Public Health Outcomes Framework, Public Health England
(<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>)

Substance use

Public Health Outcomes Framework, Public Health England
(<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>)

Violence

Public Health Outcomes Framework, Public Health England
(<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>)

Hospital admissions for assault, calculated by Bristol City Council Public Health Intelligence Team using Hospital Episode Statistics and ONS mid-year estimates



Bristol Health and Wellbeing Board

Title of Report:	Health and Wellbeing Strategy draft structure and outline
Author (including organisation):	Mark Allen, Public Health
Date of Board meeting:	22.01.2020
Purpose:	Oversight

1. Executive Summary

A Health and Wellbeing Strategy for 2020-2025 is to be written; the Board is asked to consider the draft structure and outline.

2. Purpose of the Paper

- For the Board to have oversight of the Health and Wellbeing Strategy draft structure and outline.
- For consideration are the 'Strategy at a glance' which is an A3 summary, and an outline of sections and content headings.

3. Evidence Base

The draft structure and outline are based on the latest summary of evidence from the Joint Strategic Needs Assessment and the Board's current work-plan. It also includes feedback from a communities workshop.

4. Recommendations

- Board to consider whether the draft structure and outline adequately addresses the health needs of Bristol and work-plan of the Board, and outlines the necessary strategic direction

5. City Benefits

The strategy aims to improve health and wellbeing and reduce health inequalities in Bristol. Partnerships with the other One City Boards and Healthier Together will ensure gains are maximised across sectors and systems.

6. Financial and Legal Implications

n/a

7. Appendices

- a. Strategy at a glance
- b. Strategy outline

Our vision

By 2050 everyone in Bristol will have the opportunity to live a life in which they are mentally and physically healthy. Mental health will be as important as physical health, health inequalities will be reduced, and children will grow up free of adverse childhood experiences having had the best start in life.

Our approach

Grow positive health Prevent disease occurring
 Protect from harms to health Reduce inequalities in health



Partnerships

One City approach – public, private and third sector partners in Bristol sharing an aim to make Bristol a fair, healthy and sustainable city.

Healthier Together - 13 health and care organisations in Bristol, North Somerset and South Gloucestershire, focussing on integrated services, prevention and early intervention.

Statutory duties

- Health and Wellbeing Strategy
- Joint Strategic Needs Assessment
- Pharmaceutical Needs Assessment
- Oversight of Health and Care integration
- Oversight of Special Educational Needs and Disabilities

Bristol health and wellbeing strategy 2020 – 2025

p1. Forward

- Summary of our vision
- The challenge for Bristol
- Our approach – Prevent, protect, grow
- Scope of the strategy
- One City Approach and Healthier Together

Signed by Chairs of Health and Wellbeing Board

pp2-3. A3 Strategy at a glance

p4. Summary of health needs

- Growing and diverse population
- Snapshot of health needs
- Gap in (healthy) life expectancy
- Premature mortality

p5. The health and care system in Bristol

- Description of system challenges and opportunities
- System map for Bristol
- Healthier Together graphic on Integrated Care Systems

p6. Bristol communities

- Summary of Health and Wellbeing Board communities workshop
- “You said, we did”:
 - Clarify purpose of the Board
 - Details of community engagement where appropriate
 - More non-public sector papers coming to the Board

pp7-9. Priorities and indicators

Healthy early years

- Adverse Childhood Experiences
- Development level at end of reception
- Children living in low income families
- First time entrants to justice system per year

Healthy bodies

- Smoking prevalence – population, routine and manual workers, women during pregnancy
- Substance use – dependent drinkers, opiate/crack users, deaths, hospital admissions
- Healthy weight
- Type 2 diabetes
- Alive Bristol programme
- Substance use strategy

Healthy minds

- Hospital admissions for deliberate self-harm
- Suicide
- Thrive Bristol programme
- Mental health strategy

Healthy systems

- Integrated care system
- One City themes:
 - Homes and communities
 - Environment
 - Learning City
 - Economy
 - Connectivity

Healthy places

- Violent crimes
- Domestic abuse crimes
- Health protection
- Fuel poverty

DRAFT Forward Plan as of January 2020

*All at City Hall except BNSSG Boards meetings

February 27th 2020, 2:30-5pm – Formal Board

- School mental health teams
- Addictive behaviours and ‘choice architecture’
- Bristol Carers Strategy
- Keeping Bristol Safe Partnership – Joint Targeted Area Inspections

March 13th 2020, 10am – 12pm – BNSSG ‘Creative conversation’

- *Town Hall, Weston-Super-Mare*

March 25th 2020, 2:30-5pm – Development Session

- Joint session with Environment Board

June 12th 2020, 10am – 12pm – BNSSG ‘Creative conversation’

- *South Gloucestershire*

September 29th 2020, 10am – 1pm – BNSSG ‘Creative conversation’

- *City Hall, Bristol City Council*

December 16th 2020, 2pm – 5pm – BNSSG ‘Creative conversation’

- *Castlewood, Clevedon*