

# Bristol City Council

## Minutes of the Health and Wellbeing Board

27 February 2020 at 2.30 pm



**Board Members Present:** Dr A Bolam, Helen Holland, Asher Craig, Christina Gray, Justine Rawlings, Vicky Marriott and Dr J Jensen

**Officers in Attendance:** Mark Allen, Oliver Harrison

### 1. Welcome, Introductions and Safety Information

### 2. Apologies for Absence and Substitutions

Apologies were received from Tim Poole

Cathy Caple substitutes for Robert Wooley

Tim Keen substitutes for Andrea Young

### 3. Declarations of Interest

None received

### 4. Public Forum

None received

### 5. Minutes of Previous Meeting

The minutes of the meeting held on 22 January 2020 were agreed as a correct record.

The Bristol City Council Director of Public Health gave an update on the Coronavirus.

- Local Public Health teams are working with Public Health England on this. Coronavirus has been declared global health concern. China is stabilising with a reduction in cases due to the measures being taken there.



- So far there are 9 cases identified in this country, press reports of 14 are mistaken as the others are not British residents.
- Public Health England has conducted over 7000 tests; there are efficient systems in place behind the scenes for prevention and treatment. Further cases are inevitable, but the risk to individuals in UK is low.
- [ACTION] CG will circulate Coronavirus guidance to members.

#### Action update:

- HWB members are working with Healthier Together to give the board more specific and helpful updates.
- Further information on locality hubs will be available from April 2020. This project has only just begun, so needs some time to run before any helpful data is available.
- HWB meeting dates have been circulated and minutes will be circulated to all members.

## 6. Mental Health Support Teams in Schools

Geraldine Smyth (BCC) gave a presentation on the Mental Health in Schools bid.

- Mental Health Support teams work with school age population (5-18) to provide early intervention and support to schools, FE colleges and those outside of mainstream education. This is to support young people with mild to moderate issues developing serious problems.
- This is a bid for 3 years of funding for the BNSSG region, with the CCG submitting the bid and contracting a suitable provider.
- The teams will be practicing from January 2022 as a year will be required for training.
- The aim is to cover 25% of the school age population, with each team having a target population of 8,000.
- The Bristol case focuses on areas of multiple deprivation, which are associated with high risk mental health.
- The Primary team will focus on settings in Hartcliffe and Withywood and Filwood. The Second team could possibly work across Avonmouth and Lawrence Weston.

#### Discussion Notes:

- Number of exclusions should be expressed as a percentage to see the effect per capita rather than raw numbers. Numbers does not account for wards with higher young people populations.
- Is this support intervention going to be able to meet the city of Bristol's needs? The bid is CCG wide, but Bristol clearly demonstrates the highest level of need.
- An implementation date of January 2022 sounds very far away for those young people currently suffering. There is a training need for practitioners that will result in a year's delay of implementation. It could be useful to have a 'year 0', otherwise this is a three year bid that only delivers 2 years of practice.
- Mild to moderate mental health needs are young people that are starting to develop mental health problems, this will often overlap with ACE factors. Targeting primary schools is very important in this, as we need to catch developing issues early.



- The bid is for two support teams, but if only one is funded it will be assigned to South Bristol. Bristol has a provable level of need, but other Local Authorities in BNSSG may be annoyed at two teams being dedicated to Bristol. Weston-Super-Mare has a demonstrable high need too.
- The team structure should be orientated towards delivering as many practitioners as possible. If Bristol is the target area, they should influence the model.
- How will the posts be recruited and what does the talent pool look like? Staff typically come from a range of related backgrounds such as youth services, drug and alcohol, young offending, etc. There is not a lot of experience in this work in the market, which is why the bid emphasises training need.
- The practice model is to deliver set number of sessions to individuals with mental health issues, with the option to extend if required. Also to leverage community support organisations where they are available.
- Approach is useful as most provision at the moment is oriented to serious mental health issues via CAHMS.
- If successful after the 3 year pilot, there should be a regular allocation of funding to the CCG to support these teams. They should become sustainable, but this cannot be guaranteed at the moment. If the pilot works it should take considerable pressure off other services.
- Good to run this alongside other extant programmes such as THRIVE. Taking a whole school approach including staff, leadership, pupils, culture, etc.
- The Board thanked the BCC staff for pushing this work forward.

RESOLVED - The Health and Wellbeing Board agrees to support the progress of this work as described and to sign off the bid when it is completed.

## 7. Keeping Bristol Safe Partnership and Joint Targeted Area Inspections

Ann James gave an update on the Keeping Bristol Safe Partnership. This is the body responsible for statutory safeguarding in the city.

- KBSP consolidates the statutory functions of the four existing boards: Safer Bristol Board (CSP), Bristol Safeguarding Adults Board (BSAB), Bristol Safeguarding Children's Board (BSCB) and the Children and Families Partnership Board (CFPB).
- The inception was motivated by changes in legislation, but also provided an opportunity to develop a more helpful structure to avoid silo working.
- There are currently 3 delivery groups to cover children, adults and community. This is a year of transition, so things are still in development. Data is now starting to come together.

Discussion notes:

- Members recognise that we are in the formative stages of new arrangements, so it is important to see how the new system works and be clear about accountability.
- Oversight scrutiny has a role to analyse progress every 6 months.
- A more joined up approach is welcome as different boards operated in isolation and made decisions that affected others. There was also confusion about budget allocations.



- Serious violence is the key priority for safeguarding. The issue for all partners and stakeholders is how safeguarding responsibility cascades through their organisations.
- There is a drive to make meetings more agile and action oriented. A shadow board of young people was critical of board members not contributing.
- The domestic violence section on p.35 uses male pronouns and needs editing.
- HWB will be interested in monitoring this development and would be interested in examining serious case reviews.

RESOLVED – The Board noted the Keeping Bristol Safe Partnership’s development of strategy and policy relating to its priorities.

Ann James gave an update on Joint Targeted Area Inspections. These are an inspection of multi-agency arrangements for child welfare.

- The inspections are usually conducted around themes, e.g. contextual risk or neglect. The current theme is children with Mental Health issues, so it is appropriate to highlight this to HWB.
- All members should think about the organisational evidence they have to meet this need. Good practice markers can be found on p.79 and evidence base on p.77.
- Inspections are useful to improve safeguarding, but organisations should be on the front foot. Children services have examined this recently and our safeguarding manager can share our findings with you. [ACTION]

Discussion Notes:

- [ACTION] OH circulate JTAI as a separate document in word format so members can fill in the forms.
- Member organisations could consider doing a self-audit for commissioned services.
- Members would like the children’s strand of STP to come to HWB at some point, especially to promote best practice. Autism and Learning Disability Board would be helpful.

## 8. Better Care Fund Plan Update

Daniel Knight gave a presentation on the Better Care Fund overview for 2019/20.

- The BCF is designed to support people over 65. It is currently in its 5th year, and a plan for the future must be submitted. This will require HWB approval.
- Key changes are not repeating anything from 2017-19, including more meaningful outcome based evidence and moving from templates to a narrative approach.
- Stranded Patient metric was introduced last year, which tasks health care systems to reduce the number of patients staying in hospitals for over 21 days. BCF has important role in this via the High Impact Change Model.
- Important to stress that BCF funding is made from existing funding streams and is not new money. 19/20 experienced an unexpected 6% uplift in funding, which was mainly utilised for home care packages. There are 3 ring fenced plans and budgets for each Local Authority, which do not cross over.



- Changes to the governance structure are also being proposed. The intent is to align three different governance arrangements to improve integration and delivery.

#### Discussion notes:

- Better Lives Board is also changing its governance structure. The key thing is having the right people round the table and just having one meeting. Everyone on the same page with a shared agenda. Also important to have consistent attendance to avoid repetition. Governance needs further working up and will come back to HWB in future.
- Members agreed that HWB could do better on oversight of the Better Care Fund and were keen to have regular update reports.
- There is a national project examining the effectiveness of BCF. It is not clear what the outcomes will look like yet.

## 9. Shaping Healthier Behaviour

Prof Marcus Munafo (University of Bristol) introduced a paper on opportunities to improve public health by reducing tobacco and alcohol use by creating vaping spaces and increasing access to alcohol free options.

- Behaviour change achieved by creating environments that encourage healthier behaviour without limiting choice. It is about reducing friction to the positive behaviour. E.g. the closer a gym is, the more likely you are to go.
- Alcohol and tobacco abuse has significant health impacts, with a higher prevalence in disadvantaged areas. All drinkers drink more than the recommended amount, so could do with reducing intake slightly across the board. Binge drinking is a social harm.
- Approach to tobacco is to transfer established smokers onto vaping, which has been shown as an effective means of quitting. This can be encouraged by restricting tobacco areas to vaping e.g. outside shelters for vaping but not smoking. The Bristol University Campus is smoke free but not vaping free.
- Alcohol intake can be reduced by encouraging the availability of alcohol free beer in draft form. There are some very good low alcohol beers available now. However, there are blocks to access as it is served in small bottles and the onus is on the customer to ask for it. Draft does not have this problem as it is displayed prominently and the customer can order just by naming the drink. It is visually indistinguishable from alcoholic draft, so reduces peer pressure. It also increases the ability of the customer to manage their intake as they can choose to have a 'rest' non-alcoholic drink between alcoholic drinks.
- Some bars are already doing this, so it is financially viable. The University is looking to run a study on the effect on revenue.
- Organisations can mandate vaping spaces on their properties. Would have to check with licensing whether BCC can do this.

#### Discussion notes:



- Alcohol initiatives could be integrated into drug and alcohol strategy. It is important that measures are not just applied to the city centre due to higher incidence of alcohol dependency in deprived areas on the city outskirts.
- The smoking ban did not affect pub revenues to a great extent so non-alcoholic draft is unlikely to have a major impact, though members accept more data is needed.
- In many disadvantaged areas there are not many pubs left and the majority of drinking is done at home, so we should also think about home drinking. Increasing availability of healthier items means they will be picked up more often. E.g. not restricting non-alcoholic drinks to a dark corner. Quality of alcohol free beer has improved greatly over past decade. Cost is fairly even as non-alcoholic is tax free but made in smaller batches.
- The policy on non-alcoholic draft may need opt-outs for smaller pubs with few taps.
- Members were concerned about making smoke free spaces vaping spaces, but would support converting smoking areas to vaping.
- In the UK vaping is marketed as a product for existing smokers, rather than new ones. UK has promoted vaping as an alternative. There is a perception among young people that vaping is not cool, but smoking still is.
- Some member organisations have smoke free areas where enforcement is difficult and people smoke in those areas anyway. They are considering changing policy to allow vaping to see whether this lowers smoking levels. A study could be set up to evaluate impact. E.g. number of cigarette butts before and after policy change.
- Some members expressed concern about being perceived as promoting vaping.
- Members welcomed the press presence at the meeting and the role media can play in enabling conversations. It is not about prohibition, but increasing consumer choice, based on contemporaneous research
- [ACTION] OH to circulate Marcus' contact details to HWB members.

## 10 Healthier Together Update

Justine Rawlings gave an update on the Healthier Together Overview and Five Year Plan, with a particular focus on the governance arrangements.

- The four core governance groups are the Partnership Board, the Executive Board, Clinical Cabinet and System Delivery Oversight Group. The CC contains lead clinicians and SDOG has a focus on finance and operations.
- Under the Executive Group, there are nine steering groups and boards with a specific function. E.g. Acute Care Collaboration to improve link ups, Integrated Care to improve health outside hospitals and Digital Delivery to improve data sharing and new ways of working.
- The outline of the 5 year plan shows areas that HWB may want to focus on. The three main goals are increasing the proportion of care that can be delivered at home, support wellbeing to reduce the need to access services and supporting staff.

## 11 Going for Gold Update



Councillor Asher Craig gave a verbal update on the 'Going for Gold' initiative, which is a bid for Bristol to be recognised as a Gold-standard Sustainable Food City.

- Individuals, organisations and food businesses can pledge to take action on six key Food Action Areas: Buying Better, Food Waste, Urban Growing, Community Action, Eating Better and Food Equality. Each of the six key areas will have notable individuals to champion them.
- There has been a lot of recent activity behind this campaign, including secured resource for next steps, a detailed project plan and a dedicated programme officer. There should be a full report coming to the next HWB [ACTION].
- There is an app in development to support the initiative. The main objective is to enable people living in deprived wards to know where they can go to access good quality food.
- Members should explore the website <https://www.goingforgoldbristol.co.uk/> to see the six key themes and pledge their own actions. The website is easy to use and would appeal to children in schools to improve their relationship with food.

## 12 Forward Plan

RESOLVED – The Forward Plan was noted by the board.

AOB – Celebration of Care

The Celebration of Care / Proud to Care Jobs Fair will be held in City Hall Bristol 19 March 2020. 30 care provider and further education organisations will be showcasing. The Mayor will be signing the Care Charter, intended to reduce barriers to care jobs.

Action Summary

1. CG to circulate Coronavirus guidance to members
2. Members to fill out good practice markers in preparation for a potential Joint Targeted Area Inspection
3. AJ to circulate safeguarding manager findings from recent inspection
4. OH to circulate Prof Munafo contact details to members for vaping / alcohol development
5. Members to explore the Going for Gold Bristol website to pledge actions.
6. AC to give Going for Gold update at future HWB

## 13 Health and Wellbeing Strategy

Mark Allen (BCC Public Health) presented the Health and Wellbeing Board strategy 2020 – 2025 and summarised it for the Board. The only difference from the last draft is additional information to support the priority areas with suggested indicators and work streams.

RESOLVED – the Board approved the Health and Wellbeing Strategy



Meeting ended at 4.45 pm

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

