

Bristol City Council

Minutes of the Health and Wellbeing Board

27 January 2021 at 2.30 pm



Board Members Present: Alison Bolam (Co-Chair), Helen Holland (Co-Chair), Asher Craig (Vice Chair) Christina Gray, Tim Poole, Vicky Marriott, Jacqui Jensen, Cathy Caple (substitute for Robert Woolley), Tim Keen (substitute for Evelyn Barker), Janet Rowse and Jean Smith

Apologies – Board Members: David Jarrett, Robert Woolley, Evelyn Barker and Hugh Evans

Officers in Attendance:- Sally Hogg, Raquel Aguirre and Jeremy Livitt

Apologies – Officers: Mark Allen

Other Attendees:

Agenda Item 8 - Anna Smith (CEO Pause Bristol One25), Ann James (Director – Children and Families, Bristol City Council)

Agenda Item 9 – Councillor Brenda Massey (Chair of the Health Scrutiny Commission) and Councillor Claire Hiscott (Chair of the People Scrutiny Commission)

1. Welcome, Introductions and Safety Information

The Chair for the meeting, Alison Bolam, welcomed all parties to the meeting and asked everyone to introduce themselves.

2. Apologies for Absence and Substitutions

The meeting noted the following apologies and substitutions:

Committee Members

Tim Keen attending for Evelyn Barker who sent her apologies
Cathy Caple attending for Robert Woolley who sent his apologies
David Jarrett sent his apologies
Hugh Evans sent his apologies



Officers

Mark Allen sent his apologies

3. Declarations of Interest

There were no Declarations of Interest.

4. Minutes of Previous Meeting held on Wednesday 28th October 2020

The minutes of the meeting held on Wednesday 28th October 2020 were agreed as a correct record subject to the following amendments:

Agenda Item 10 - Minutes of 281020 HWBB Meeting – Rewording First Part of Bullet Point (i) to More Accurately Reflect What Was Said by Tim Keen

Tim Keen advised said there were regulations on charging to be followed and acknowledged that presentation raised some areas where there could be improvements for identifying chargeable patients. In addition, he indicated that he could facilitate a conversation about whether more data sharing could help improve the system.

Also that the minute is amended to clarify that the second sentence referring to “The need to better identify the status of patients and distinguishing those who are travelling just for free health care” was made by Councillor Asher Craig.

Page 7 281020 Minutes – Paragraph (b)

The reference to University of Bristol Hospital to be amended to read University Hospitals of Bristol and Weston.

5. Public Forum

There were no Public Forum requests.

6. Draft Forward Plan

The meeting discussed the Forward Plan and noted the following:

- A Stakeholder event would be taking place at 10am to 12pm on Tuesday 2nd February 2021. 189 people would be attending. One of the issues to be discussed would be the importance of COVID vaccinations. In addition, there would be discussion of Health and Care Integration and Mental Health issues.



- At the webinar on Tuesday 26th January 2021, over 500 people had watched from 875 who had signed up to attend and over 400 questions had been asked. There had been a turnout of 47% amongst the BAME community from those who had signed up. A great deal of thanks had been passed on for this event which had helped dispel the most common myths about it. Everybody who signed up would receive a copy of the presentation. It was agreed that all stakeholders would be sent a link to the event.
- The next development session was scheduled for 2.30pm on Thursday 25th February 2021 and would discuss City Funds
- A City Gathering would take place at 10am to 1pm on Friday 12th March 2021
- The next full Board meeting was scheduled for Thursday 18th March 2021 and would include a closed session beforehand at 1.30pm on the Drug and Alcohol Strategy
- A HWBB Development Session was also scheduled for 22nd April 2021
- Christina Gray referred to the short JSNA which was available with framework intelligence. It would be helpful to update this and use it **ACTION: Mark Allen to add to Forward Plan**

7. COVID-19 Outbreak Management Update and Vaccines (Christina Gray, Director of Public Health - Verbal Report)

Christina Gray, Director for Communities and Public Health, gave a verbal report on this issue as follows:

- The number of cases are starting to level out from the third wave which had been the most difficult period so far. The rate of reduction in rates has been slower than during the second wave.
- The south west R Number is now moving below 1 but there is still a need to get this much lower.
- Rates remain high and the pressure on hospitals remains challenging
- 13,000 tests were being carried out a week (15,000 had been carried out at peak)
- The positivity rate is currently around 10%. In Summer 2020, it had been below 1%
- The high rates in south Bristol reflect the fact that many people have come forward to take a test even though it may be challenging for people financially.
- Christina emphasised the importance of people to come forward for testing as this is how we can see where the virus is and take steps to stop it spreading.
- The reduction in the infection rate indicates that the interventions of the lockdown are effective.
- However, there is still a need to keep driving down background rates of infection as these are still incredibly high. For contact tracing to be effective rates need to be much lower.
- The vaccine is being rolled out to cohorts 1 to 4. These first four groups account for the majority of severe illness and mortality

ACTION: that the priority list of the first four cohorts and analysis of clinical risk is circulated to HWBB Members

- Cohort 1 – Care Homes and Staff. Almost all of these had now received the vaccine – 100% of residents and all staff would shortly receive it



- Cohort 2 – Over 80's. Well above 80% had now received this vaccine via local hospitals and the mass vaccination centre. All Health and Social Care Staff would also receive it
- The next to receive it would be based on age and the clinically extremely vulnerable
- There was sufficient vaccine with a clear clinical plan to deliver it using the best health care system in the world. The local system was very good in delivering it
- All people needing the vaccine would be invited to attend for an appointment based on a clinical analysis of who is at risk
- A number of at risk groups, including people with learning difficulties and other extremely vulnerable groups, would be in the next cohort to be vaccinated. Equality and equity would be at the core of the process

It was also noted that GPs and Sirona were already delivering for over 80s patients who were housebound. The local system had already received a letter from Matt Hancock thanking them and congratulating them for having one of the highest vaccination rates in the country of over 80% of care homes.

The following comments were also made:

- The recent Government announcement concerning provision of extra funding to help challenge anti-vaccine myths was important.
- Work was also required in helping other groups obtain access to the vaccine, such as the homeless and those who misused drugs and alcohol. The homeless health service would be supporting work with this client group.
- A spectrum of people with learning difficulties would be invited as part of the next cohorts
- Alison Bolam advised that in her practice GPs were contacting all over 80s to invite them for a vaccination. Sirona were also working to ensure all individuals within this group were vaccinated
- Although previously only 57% of care workers had indicated they were prepared to receive the vaccines, these refusal levels had now much improved

8. Pause Bristol (Anna Smith, CEO of One25)

The Board received a presentation from Anna Smith, CEO of One 25 and Ann James, Director of Children and Families on the Pause Bristol programme.

Ann James explained that the programme formed part of Bristol City Council's One City Approach to work with women and help them with their recovery from bad childhood experiences and to help in reducing the need for demand in criminal health, justice and housing demand.

Anna Smith explained that Pause 25 helped women involved in street sex work.

The presentation made the following points:



- Women who had two or more children permanently taken into care were at the heart of the One25 service which had been operating since 2017. It had been established to address the problems caused by a repeated cycle of children being removed from parents
- 65,000 women were involved in care proceedings with 1 in 5 returning to family court order concerning the child. Many were out of care themselves and their babies were born into care. Many had also experienced neglect and physical and sexual abuse in their past
- The purpose of Pause was to identify those women who were frequently disengaged from all other services and to intervene to help provide them with goals and to break the cycle of birth and removal
- The team consisted of 5 people, including 3 practitioners with a caseload of 7 to 8 each that was kept deliberately low to ensure intensive work could be carried out. The other two members of staff consisted of a lead and co-ordinator
- The first cohort of women in Bristol being supported included 100% who had suffered domestic abuse, 91% with mental health problems and 65% with problems caused by alcohol and drugs addiction
- Details were provided of different elements of situations faced by women using this service. In Bristol there were particularly complex problems facing women of drugs and homelessness. Many did not realise they were supposed to stop their child support benefit and were getting into debt. They might have low self-esteem, not have a GP and lead very chaotic lives either on the streets or in inappropriate housing. They might also be in a controlling and abusive relationship
- Details were provided of women who had completed the programme and obtained more secure housing. Outcomes included an improvement in dealing with issues caused by past loss, trauma and self esteem
- There had been two cohorts of women completed. Details of the results of Cohort Number One were provided with Cohort Number Two currently being evaluated. A third cohort was about to start
- As part of the process, women agreed to accept long term contraception.
- An analysis of Cohort One showed that 91% of women had mental health diagnoses with just under half receiving a further assessment by the NHS, 30 had received statements given to the Police concerning violence or abuse, there was a 50 per cent reduction in A and E visits, 9 had face to face contact with children, 14 had been helped to leave abusive partners and 10 had been helped to secure a tenancy with 4 being street homeless
- An assessment had shown that in the first few months 40% of women would have liked support but it was not necessary and at the end 20% more felt this – also 17% felt they didn't need to use the service any further. A baseline of life satisfaction of 3.8 had increased to 6.5, whilst an assessment of worthiness had increased from 4.4 to 6.7 which was a huge success given that many of the women involved frequently expressed suicidal thoughts
- A slide showing a number of quotes from women were shown – one which was particularly notable was from a woman who said that now she felt confident about getting on a bus which was hugely difficult for her before
- The success of the service is if the women no longer require this service, don't become pregnant until they want to and deal with their problems of drug use



- The Board was then shown a video of a case study involving a woman being able to cope with looking after her children following intervention from Pause
- The most important part of the work of Pause was helping women take control of their lives
- The current cohort (Cohort 3) ends in November 2021. This was a rolling programme requiring three year corporate and Bristol City Council funding.

At the end of the presentation, Board Members made the following comments:

- It was hoped that the Health and Well Being Board could engage as required in the work of Pause
 - Thanks to Ann James and Anna Smith for a very moving film and personal stories.
 - The Health and Well Being Board does not hold a budget so is not in a position to discuss funding.
 - However, one option might be to facilitate partners to examine possible options for funding. It was noted that there had been dialogues with a number of family law firms about this
 - Some Local Authorities provided Pause programmes as a cost avoidance measure. A case could be made for change in each of the organising bodies involved
 - A contribution of £100,000 had been provided by Public Health but a strategic approach is required to look at the wider picture.
 - It was good to see local outcomes from the programme
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- Janet Rowse indicated that discussions with Healthier Together and Children's Services could take place concerning possible options for funding for the One25 Programme.

ACTION: Janet Rowse (Sirona Care and Health) and Jacqui Jensen (Director of Children's services, Bristol City Council) to have discussions concerning this, together with Healthier Together.

9. Working Group Reports of the People and Health Scrutiny Committees - Councillors Claire Hiscott and Brenda Massey

The Board received reports from Councillor Brenda Massey (Chair of the Health Scrutiny Committee) and Councillor Claire Hiscott (Chair of the People Scrutiny | Committee).

Councillor Brenda Massey made the following points:

- There had been cross-party collaboration in this area which attempted to address concerns about the impact of the current pandemic on Planned Health Care
- The report provided a snapshot of the current situation with lots of different inputs concerning communication, impact on communities and changing ways of working
- The report had noted that there had been a fear amongst some communities of attending for planned health care in view of the risk of catching COVID-19 and who were therefore reluctant to attend
- Concerns raised included the gap between treatments, how people are contacted about changes and problems for people with a limited IT ability



- There were also language and culture difficulties for BAME communities and it was acknowledged that it was important for local communities to help out in this area
- There was an impact on mental health particularly for older people who were forced to stay at home
- The difficulties caused by school closures had made a particular impact on single parent families
- Changes to the way the NHS worked in the current situation resulted in people relying on the role of health providers even more
- Certain areas have been identified as being very good ie partnerships, social prescribing and advice by chemists
- Leaflets had been produced in a range of different languages to help provide information to all communities

Board Members made the following comments:

- It was important for the system to see the problems and be accountable for them and to be as well organised as possible
- It was also important for systems to be as well organised as possible
- One City had put together a Digital Exclusion Task Force to address the problems caused by Digital Exclusion. It was important that vulnerable people had access to machines
- This was a really good report. It could cross reference against work which was already happening in these areas

Councillor Claire Hiscott made the following points:

- The challenges of child protection in the first lockdown period were analysed in order to capture learning while it was still fresh in people's memories ie what did you do, what went well and what didn't go well
- She expressed her thanks to the wide range of participants who were all extremely helpful. Input was obtained from Avon and Somerset Police, Cirona, the Youth Service and Keeping People Safe. There were comments from experts and academics
- The Board's attention was drawn to a diagram on Page 42 of the agenda papers. This helped to understand the risks and harms concerned. It identified how partners identified children at risk including the effects on schooling and attendance for those children who were at risk to begin with as well as those children who were not at risk to begin with but became vulnerable
- Community support had been looked at including the effect on Children and Young People's Mental Health together with the harm from lockdown as children went back to school. An analysis had shown that the inequality was very obvious and that every contact with a Young Person or child was important
- The incredible stress on some families was noted and the need to help parents and carers to support young people
- Partnership work was vital during lockdown. It was important that these were strengthened and built on



- Some of the recommendations contained in the report had already been acted on
- The report had looked at children in foster care but did not look at young carers. This issues would be considered in future.

Board Members made the following comments:

- Councillor Hiscott and the Scrutiny Committee members were thanked for their work with many issues being pertinent. Both reports had captured the essence of very complex discussions
- The accountability of the Local Authority in CCG work was very important and helped as part of a policy development role
- The use of this report as a critical friend was very helpful. The formal response from Children's Services to the report would be submitted to Scrutiny as part of an assessment of how Children's Services can protect children
- This was a very good report in assessing feedback from young carers and helping find the right support

It was noted that any actions with clear organisational owners would be implemented as soon as possible. Those recommendations which required system changes would be submitted to the Healthier Together Executive Board for action and to Jacqui Jensen in her capacity as Chair of the Children and Young People's Maternity Board.

It was also noted that these recommendations would be considered by the next meeting of the Joint Scrutiny meeting of North Somerset and South Gloucestershire.

10 Any Other Business

It was noted that Board Members would shortly be receiving a request to complete an Equalities Questionnaire.

11 Date of Next Meeting

It was noted that the next Health and Well Being Board Meeting was scheduled for 2.30pm on Thursday 18th March 2021.

Meeting ended at 4.20pm

CHAIR _____

