

Bristol City Council Minutes of the Health and Wellbeing Board

20 October 2021 at 2.30 pm



Board Members Present: Helen Holland (Co-Chair), Ellie King (Deputy Chair), Jarrett, Beet, A James, Joyce, Evans, Christina Gray, Keen, Zarah Jama, Williams and Vicky Marriott

Officers in Attendance:-

Sally Hogg, Sarah Lynch, Jeremy Livitt and Mark Allen

1. Welcome, Introductions and Safety Information

The Chair welcomed all parties to the meeting and asked them to introduce themselves.

The Clerk explained the arrangements in the event of an emergency evacuation procedure.

1. Apologies for Absence and Substitutions

Apologies for absence were received from Julia Ross, Paula Clarke, Tim Poole, Janet Rowse, Zahra Kosar and Cathy Caple.

The Board noted that, following recent change in Cabinet Member responsibilities, Councillor Asher Craig had been replaced on the Health and Well Being Board by Councillor Ellie King. It was also noted that the Cabinet title of the Chair, Councillor Helen Holland, had changed to Adult Social Care and Integrated Care System to reflect her additional responsibilities.

The ICP members of the Board were also welcomed to the meeting.

1. Declarations of Interest

There were no Declarations of Interest.

1. Minutes of Previous Meeting held on 28th July 2021



The minutes of the meeting held on 28th July 2021 were approved as a correct record and signed by the Chair subject to the inclusion of Vicky Marriott as being present.

1. Public Forum

There were no Public Forum Statements.

1. Forward Plan

Mark Allen confirmed that:

- a remote Teams meeting of the Joint Health and Well Being Board was scheduled to take place on Thursday 28th October 2021 and would discuss issues relating to Adversity and Trauma as well as the Integrated Care System
- in November 2021, there would be the rearranged Joint Workshop with the Children and Young People's Board would take place
- On 16th December 2021, the next formal Board meeting would focus on refugee health

RESOLVED – that the Forward Plan be noted.

1. Mid Year Performance Report - Sally Hogg and Mark Allen, Public Health

Sally Hogg and Mark Allen gave a presentation on the Mid Year Performance Report and made the following comments:

- A summary was shown of health targets assessed against actions
- The front page of the performance framework scorecard was shown
- The six pillars of the workstream updates were shown with goals and themes from the One City Plan together with strategies and Work Programmes for Health and Prevention including a reduction in Childhood obesity
- Following an introduction, information was provided on each goal with indicators for each
- The Board noted the following colour indicators for each target – white indicates that information had not yet been received, green that it had been received and was improving (ie the number of women delivering children whilst also smoking), amber showed that progress had been made but not completed and red showed that it had stalled and/or was worsening
- It was noted that there were lots of amber targets and some red in relation to Hospital Admissions drink

Board members made the following comments:

- It was good to see that actions were being honed so closely to objectives



- It was important to note that many of the targets had been knocked off track due to COVID-19 and work was now needed to get them back on track
- This was a very helpful way of presenting performance information
- The One City Children and Families project had built an Equalities Framework to build inclusion and had been recently launched on Monday 18th October 2021. Board members commented on how this project could be incorporated into scrutiny and how particular groups such as the ICP's could help to develop it. Reference was made to the presentation of the Integrated Care System at the last Board meeting and its connection to other work areas such as the Institution of Mental Health Framework

RESOLVED –

(1) that the list of actions arising from the Mid-Year Performance Report be revisited at the next HWBB meeting

ACTION: Mark Allen/Sally Hogg to add to agenda for Thursday 16th December 2021 formal Board meeting

(2) that the One City Belonging Strategy be circulated to all HWBB members **ACTION: Jeremy Livitt**

(3) that an inquiry event concerning the One City Belonging Strategy be held with partners to assess the direction of travel and to ensure HWBB is held to account **ACTION: Ann James to arrange, Mark Allen and Sally Hogg to support as required**

1. COVID Update (Standing Item) - Christina Gray, Director of Public Health

Christina Gray gave a verbal report on this item and made the following points:

- All relevant data is set out on the website
- Some process issues had been discovered concerning data at the NHS Wolverhampton Laboratory which had been closed since this had been identified on 12th October 2021. An investigation into this problem had been started by the Security Agency. However, only a few tests from Bristol had been sent to this laboratory. All individuals affected by this had been contacted by Test and Trace
- Rates were rising across the country and this had impacted local rates. PCR testing had dropped steeply in the last few weeks
- Bristol currently had 436 cases per 100,000 which was now at the England average, although below the South West average (BANES, Wiltshire and Swindon were peaking at higher rates than Bristol)
- The virus continued to circulate widely and the highest rates was amongst younger age groups
- Organisations and individuals were being encouraged to take voluntarily the necessary measures to reduce the infection rates, such as washing hands thoroughly and frequently, as well as ventilation
- Individuals would be encouraged to take the booster jab when called to do so as immunity was already waning



- Vaccination rates were already improving with over 70% of people having received their second vaccination

The Board were then shown a short film concerning measures being taken to encourage vaccination rates.

In response to a members' question, Christina Gray indicated that the roll out of vaccinations for 12 to 15 year olds was being carried out by the Child Health Immunisation Service but was taking place quite slowly. The most vulnerable were being targeted first. The programme was taking place with the consent of parents and would be a rolling programme.

RESOLVED - that Christina Gray checks to see whether the video shown to HWBB members can be shared on social media. **ACTION: Christina Gray**

1. Joint Strategic Needs Assessment Annual Report - Viv Harrison, Public Health

Viv Harrison gave a presentation updating the Board on the Joint Strategic Needs Assessment (JSNA) Annual Report and made the following comments:

- A package of work had been carried out to assess the health and care needs of the population
- Members' attention was drawn to a report that was presented to the Board in January 2021 which set out the implications and future direction of the Health and Well Being profile of Bristol
- A rolling programme of measures was being introduced which contained sections on living conditions and priority groups. Partners had been sent updated bulletins with the latest information
- A piece of work was in progress to create locality level profiles
- The Integrated Care Partnerships set out data profiles with the population and its needs. An example of the format used was provided showing a population profile with maps at the bottom. There was also included a set of indicators comparing each locality with the rest of Bristol
- The summary of the Health and Well Being profile from January 2021 included data gathered pre-pandemic – all no later than 2019. Analysis showed that Bristol had a high health burden in comparison with other core cities
- Key statistics showed that deaths under 75 were no longer decreasing and also showed increasing numbers of obesity and self-harm amongst young people. Figures for patients who smoked had also increased, although the rates of smoking amongst those who were pregnant had decreased and was dropping in the most deprived quintiles. Nevertheless there remained 500 parents within this category which showed marked inequalities. More collaboration with neighbouring Local Authorities as needed in this area
- Existing priorities still remained key priorities. However, COVID was now also a key indicator and the impact of long COVID needed to be considered. There is scope for further alignment to strengthen the focus on inequalities



Board members made the following comments:

- It was important to address this issue through ICP's. Information from the census would inform ward profiles and ensure these issues were tackled at locality level
- A very similar presentation had been given by South Gloucestershire Health and Well Being Board. It was important to engage ICPs in developing the work of the HWBB and help in preparing the JSNA Action Plan
- The survey had identified a lot of issues about depression being connected to people's concerns about housing
- It was important to remember that health outcomes were the result of wider determining factors. For example, parents who smoked could have an impact on those children and their lifetime health risks.

RESOLVED – that the presentation be noted.

1. Integrated Care System (Standing Item) - Councillor Helen Holland and Integrated Care Partnership Representatives - Verbal

The Chair introduced this item and made the following points:

- A major part of the role of Integrated Care Providers (ICPs) was to ensure the Memorandum of Understanding was completed. This set out important principles and the need for a culture change in approach
- The pandemic had revealed the importance of ensuring services were grown to meet the needs of the community
- Once the service goes live in April 2022, it would need to develop in its own way
- A recent workshop had helped to develop a fruitful relationship between the HWBB and the LGA

Stephen Beet made the following additional points:

- Following recent recruitment, Jo Hall, Steven Rea and Sharron Norman had been appointed in full time delivery Director roles for each of the ICPs
- ICP Governance rules had now been agreed and would apply across the ICS
- The HWBB would have an important role in setting the role of the ICPs and in the ICS. Strategy and the target Operating Models (TOMs) were key aspects of this
- Since the last Board meeting there had been a recent session with local Councillors including Julian Ross who had attended to discuss ICS Development and the role of ICPs as part of a breakout meeting

The Board received verbal updates from each of the ICP Representatives as follows:



Rhian Loughlin (ICP – Inner City and East)

In assessing key priorities for delivery, discussions had taken place about two months ago. A TOM for Community Mental Health was being developed and would be signed off on 2nd November 2021.

The uptake of vaccinations was being improved and was focused on under 40s and communities with a current low uptake in the inner city area.

There was also work taking place concerning children's mental health and ensuring a healthy weight (through the wellbeing network). In addition, work was being strengthened with community partners in relation to the "Ageing Well" programme.

Kerry Joyce (ICP – North and West)

Work was taking place in care homes in relation to autism and resolving any areas of conflict in the delivery of the service. Integrated Personal Care Teams were carrying out work fundamental to individual's needs and operated in a co-ordination/liason role.

Recent workshops had identified the need to embed practice in workstreams to address a Design Council challenge to address difficulties of access and co-ordinated care. The focus on preventative support would enable a momentum of change to develop.

Eloise Wyke (ICP – South)

Steven Rea and Josie New had recently been appointed to roles in this ICP area.

JSNA data was key in helping assessments in areas such as Mental Health, Drug and Alcohol Misuse and Domestic Violence in particularly deprived wards such as Filwood , Withywood and Stockwood.

An Asset based approach was being developed to provide early support to individuals. Integrated Care Teams provided a trusted assessment of the complex needs of individuals. In Year funding was helping to enable roles to ensure community connector funding for roles to support Mental Health and THRIVE. Work was taking place to ensure relevant experts with experience were available as required.

The Chair advised the Board that Jeff Farrar had been confirmed as the permanent chair of the ICS and chair-elect of the Healthier Together Partnership for Bristol, North Somerset and South Gloucestershire.

RESOLVED - that the verbal reports be noted.

1. Adult Care Workforce Capacity - Stephen Beet, Bristol City Council - Verbal Report

Stephen Beet made the following verbal presentation for this item:



- Over the last few months, social care had faced some serious challenges which had affected the workforce capacity of the service
- The number of vacancies had increased from 7% to 10%
- The end of lockdown had coincided with issues such as the growth in the workforce for amazon and supermarkets, Brexit, continuing poor pay and a lack of development opportunities. Jobs in the social care sector were tough jobs and were not attractive to people. In addition, the growth in the number of people waiting for elective surgery had resulted in an increased number of people with disabilities and more complex care needs
- In addition, there was a requirement for mandatory vaccines for care homes from 11th November 2021. The government was also exploring a requirement for mandatory vaccines in all care settings
- Discussions were taking place with the voluntary sector to help with recruitment drives
- Whilst in the short term, it would be difficult to get the workforce to meet the current demand, work was being carried out in the long term to improve the wellbeing and to support carers including the use of new technology to assist them, in their work
- Nevertheless, there remained a big challenge in this area for the coming winter period. Discussions were taking place with the LGA, the Association of Directors of Social Care, Skills for Care and colleges to address this problem

The Chair noted that these difficulties emphasised the need for a greater focus on prevention as well as ensuring that jobs in this sector were well valued.

RESOLVED – that the report be noted.

1. Special Educational Needs and Disabilities: Overview of Progress Against the Written Statement of Action: Ann James and Alison Hurley, Bristol City Council

Alison Hurley, Gerry Bates (SIRONA) and Kate Markley gave a presentation on this item and made the following points:

Alison Hurley

OFSTED had carried out an inspection of the SEND service and had identified five areas of weakness in a ratified written statement of action.

These were identified as:

- a lack of accountability for leaders at all levels
- a lack of a timeline assessment
- a dysfunctional health and care process
- a lack of quality
- High rates of persistent absence leading to a breakdown in the trust with parents and carers



The need for rigorous community monitoring had been highlighted by NHS England. The first monitoring visit had identified a number of successes in the last 18 months including an improvement in the accuracy of data available, ensuring meaningful participation and consistency of service and the development of an Adult Health Care Plan.

The service had been significantly impacted by COVID which still needed further embedding. There remained a high level of absence of staff with parents and carers continuing to feel excluded.

Although 81 new places had opened across the city with Phase 2 opening in two to three weeks' time, a stronger foundation was required to build resilience across the city. Whilst the majority of users were getting an enhanced strategy, there was an increase in waiting times.

A new SEND Action Plan was being co-produced with partners and would include a written statement of action.

Gerry Bates

The waiting list for community paediatricians had now been reduced with 82% being seen in 18 weeks, a big increase from 17% last year. The medical needs of users were being identified earlier.

There had been difficulties when children were seen remotely as they needed to wait for a block of therapy, including occupational therapy and speech and language therapy.

There was a need to ensure early identification led to significant progress on health visiting and an assessment to ensure intervention took place soon and signposting led to the required support.

There had been an unprecedented increase in the demand for early intervention and support. There had also been a big increase in diagnosis of autism via the User X Project.

Following an assessment of people's experience at both ends of the process, a number of prototypes were being developed to ensure less presentation and triage and more development concerning health care through a new team.

Statutory Assessments – there had been a big increase nationally and also locally in comparison to Bristol's statistical neighbours. Board members were shown a graph indicating work that had been carried out in this area and with a resource that had been significantly increased since 2018. It nevertheless faced a challenge in meeting the demand that had been increasing and which continued to place the system under pressure.

Kate Markley – FLORA (Families, Local Offer, Resource and Advice)



The Board noted that earlier in the pandemic they had engaged with parents in difficult to reach communities. FLORA had been set up to identify health visitors who were aware of the need to fight for children's needs to be met.

The role of social care practitioners was to build relationships and ensure that reasonable adjustments for children were provided with support from the earliest stage in the process. They also worked with parents and could help provide support to advise them on what service they needed and through carer grants.

Board members made the following comments:

- It was encouraging to see that there had been so much progress, particularly in terms of working together
- Oversight and championing SEND is one of the Council's statutory duties and it was important to do everything possible to meet this
- An increase in training was required to ensure an impact on certain areas such as Anti-Social Behaviour
- Since children using the SEND services would grow into adults who might require acute services and therefore early intervention and early prevention were the key
- A trauma informed strategy was important as a belonging strategy. It was very important that children were part of these priorities and that the system worked to achieve this

RESOLVED – that all Board members continue to actively contribute to and support the Belonging Strategy and SEND Partnership Plan.

1. Treating Tobacco Dependence: North Bristol Trust and Andrea Dickens, Public Health

Kathryn Hamilton presented this report and made the following points:

- There remained a great deal of work to medicalise tobacco addiction and ensure that it was not treated as a lifestyle choice



- The rates of tobacco addiction were starting to increase again and the costs remained high. There was also an impact on mental health since 40% of mental health patients smoked
- The aim was for all Health Trusts to be smoke free in terms of acute maternity provision and its impact on mental health
- Vaping was assessed as a useful tool to stop smoking. Whilst the recording of smoking was improving, getting people to quit remained a challenge
- The Ottawa model had been developed 5 years ago and was a systematic approach. This had extended across all of Canada to over 100 hospitals and had helped to reduce mortality
- Some outcomes were encouraging. One fifth of smokers had quit three months later
- A consultation involving 500 people had been carried out by the University of Bristol. Designated outdoor vaping areas had been set up as a method of communicating behavioural nudges and provision of training for staff was being carried out to help with this
- As part of a next step, the Treating Tobacco Dependence Working Group would be set up, mapping current activities and assessing aims to develop a strategy
- Various options for helping people stop smoking included designating vaping areas, selling e-cigarettes and improved training for staff
- Further education was required concerning vaping and its assistance in treating dependency on tobacco. Focus groups would help in this process, together with signage and nudging techniques
- Details of the methodology were set out and of collaboration between the University of Bristol and HWBB
- The Board were requested to support the proposed approach

Board members made the following points:

- There was a need to engage primary care on this issue
- Manchester produced training videos on this issue, including a move away from enforcement towards cessation support
- It was important to find ways of transmitting these conversations into the community to those hard to reach groups which were usually the most difficult to engage
- This was a welcome shift in approach

RESOLVED –

- (1) that the recommendations contained in the report be approved
- (2) that progress in this area continue to be monitored and appropriate discussions take place with the BRI and other relevant groups in the applicable community and education settings

ACTION: Andrea Dickens/Kathryn Hamilton

1. Date of Next Meeting



It was noted that the next formal Board meeting is scheduled to be held at 2.30pm on Thursday 16th December 2021 in the Council Chamber, City Hall, College Green, Bristol.

Meeting ended at 5.00 pm

CHAIR _____

