

# Bristol City Council Minutes of the Health and Wellbeing Board

25 June 2020 at 2.30 pm



**Board Members Present:** Alison Bolam, Helen Holland, Asher Craig, Christina Gray, David Jarrett, Elaine Flint, Vicky Marriott, Jacqui Jensen, Hugh Evans, Jean Smith and Sumita Hutchison

**Officers in Attendance:-** Sally Hogg, Mark Allen, Oliver Harrison

## 1. Welcome, Introductions and Safety Information

The Chair welcomed everyone to the meeting and led introductions.

## 2. Apologies for Absence and Substitutions

Apologies received:

Tim Poole  
Janet Rowse (Claire Chapman substitutes)  
Andrea Young (Tim Keen substitutes)  
Robert Wooley (Cathy Caple substitutes)

## 3. Declarations of Interest

None received.

## 4. Public Forum

None received.

## 5. Minutes of Previous Meeting

The minutes of the meeting held on 27 February 2020 were agreed as a correct record.



## 6. COVID-19 update

Christina Gray gave a slideshow presentation on Covid-19. This gave an overview of the position in terms of numbers and an overview of the plan. Looking at NHS lab results, there are 722 total cases since the beginning of records. The current rate of incidence is low at the moment.

- The negative effects of Covid related restrictions on public health are now significant. The virus is still a present risk.
- The LA needs to submit an outbreak plan by 30 June. This will be a method to identify and contain outbreaks.
- Remember that the virus will travel through multiple locality areas. We are working with the South West region authorities to align policy. This work is also taking place in the Resilience Forum and BNSSG. We are already doing a lot of joint work but now formalising this, especially in regard to care homes.
- There will be 2 new boards: the Covid Health Protection Committee and the Communication and Engagement board. The Engagement Board is Mayoral led, building on existing engagement work and equalities. The outbreak plan needs high levels of public trust to work. The Health Protection Committee contains a wide and diverse membership of health experts. This is to provide visible leadership and works through existing health networks such as the HWB.
- The Covid data is held in the joint bio security system, which is nationally held. However, local authorities are important contributors as they can get live feedback from the public. Our local intelligence then feeds into the data.
- Testing / tracing / isolating. Identify a case, identify ongoing transmission and stop the spread. Test tells us if someone is positive at the time. Testing needs to be agile and fast to deploy correctly and accessible for the public. An antibody test is being rolled out to key staff, which will tell if you have been exposed in the past. Note that we do not currently know whether this grants immunity.
- Health protection committee is expected to account and help vulnerable people e.g. homeless.
- There needs to be specific plans for care homes and schools. The BCC Education Director has regular meets with school heads, with lots of mutual communication, support and advice. There is a response plan in place for schools. Each school has its own needs.
- The outbreak plan has an appendix of high risk contexts, e.g. prisons, homeless, BAME community. This is a planning process not a fixed object. We need to help vulnerable people to isolate otherwise the outbreak plan cannot work. Some will have social, welfare or economic reasons that incline them to resist isolating.

### Discussion Notes:

- Members gave their thanks to CG and the public health team for developing a comprehensive Outbreak Plan.
- The BCC Director of Policy will be leading on managing and supporting the Engagement Board. Engagement has been going well so far, but this will formalise the approach to take it into the next level.



- There have been some concerns from older people and BAME individuals about mixed messages. It is important there is unified messaging based on trusted data.
- VCSE will be expected to do a lot of support work. Community organisations are standing down their response work and moving back to business as usual, while being more aware of lessons learned from virus. They will need to be informed ASAP if they need to go back to response work as they cannot turn on a pinhead. Engagement is critical to get into communities.
- There is a contact tracing app, which is simple to use, however we realise we are not in a one size fits all situation.
- Communications will need to identify a contact number clearly so people will actually pick up the phone.
- Acute colleagues were asked whether they would like to attend the Technical Board. This is an open opportunity for people who want to be engaged.

## 7. The impact of COVID-19 on BAME communities

Dr Tim Jones (University of Bristol) gave a presentation on the impact of Covid-19 on BAME Communities. There is a disproportionate death toll on BAME, so looked for evidence about this based on publicly available data. This report combines 5 studies. We need to understand factors to protect BAME individuals with future policies.

- Factors include deprivation, housing, employment, geography, discrimination, comorbidities, etc. The report itself goes into more detail.
- Risk of death increases with deprivation. Roughly double risk between most and least affluent.
- BAME are more likely to live in intergenerational and crowded housing, meaning it is harder to self-isolate and easier to infect the elderly.
- Low English proficiency means it is harder to understand medical advice.
- BAME are more likely to work in health, social care or other environments that put them at greater risk, e.g. taxi/bus driver, care homes. They are also more likely to work in areas that have shut during lockdown.
- BAME have higher rates of diabetes, heart disease, anaemia, etc. which increases risk. There are lower levels of physical activity and higher smoking in certain groups such as South Asians.
- BAME live primarily in urban areas, which have a bigger risk of infection.
- Experience of racism causes health issues, esp. mental health. Genetics is only a minor factor.
- Some measures to help include: ensuring adequate income support so self-isolation can happen, supplying cultural / language appropriate communications, suspending NHS charges during outbreak, collecting data by ethnicity, tailoring interventions that are understanding but not stereotypical, and ensuring a good representation of BAME in any Covid-19 response.

### Discussion Notes:

- This is a good piece of work and has been developed quickly. Equalities group presentations have gone on and are helpful. We have also set up a Covid Race Equality Group. There are some additional actions that will need addressing coming out of the community. This will require



resourcing, many BAME are concerned about the situation but there are trust issues that need overcoming. The BAME Community wants to see action.

- Some acute practitioners have noticed BAME patients are more anxious about Covid risks. There is anxiety coming from BAME staff on the frontline, they feel they are not getting the information that they need. Clear communications is vital.
- Covid is an event that has exposed inequalities in the city and country. An action plan is currently being put together based on recommendations from equalities groups. All of the thematic boards need to be aware of this and take appropriate actions. HWB will lead on this work and it will get regular updates from the equalities board.

## 8. 2020-21 Plan on a Page

Mark Allen gave an update on the HWB “Plan on a Page”, which links closely to the HWB strategy. The integrated care system section will be updated after the next development session. The recommendation is to approve the plan, pending the update of integrated care.

### Discussion Notes:

There is currently no mention of Covid-19 activity on the plan. While health inequalities are on the plan, they will need updating to include Covid related actions.

**ACTION** MA to add Covid and BAME Covid activity into the Plan on a Page.

### Any Other Business:

There has been a question from the Connectivity Board to the HWB: How can the public access NHS services via (public) transport and how do we promote active travel?

- There is a hospital bus is running from Bristol Temple Meads to the BRI now. Capacity is reduced to ensure social distancing.
- Southmead has a community service and regular First buses, but there has been a reduction. Running these services is up to First.
- Many standard NHS services are up and running, but some are now delivered virtually. Sarah Truelove at BNSSG silver group has detailed reopening plans.

**ACTION** Mark Allen to contact Sian Trew (CCG) re: healthcare reopening plans and related communication plans.

**ACTION** Sally Hogg to draft a response to the Connectivity Board addressing active travel schemes.

Meeting ended at 4.00 pm



CHAIR \_\_\_\_\_

