Bristol City Council
Minutes of the Health and Wellbeing Board

19 August 2020 at 2.30 pm

Board Members Present: Dr Alison Bolam, Helen Holland, Asher Craig, Christina Gray, David Jarrett, Elaine Flint, Tim Poole, Vicky Marriott, Dr Jacqui Jensen and Sumita Hutchison

Officers in Attendance:-
Sally Hogg, Mark Allen and Oliver Harrison (Democratic Services Officer)

1. Welcome, Introductions and Safety Information

The Chair welcomed everyone to the meeting and led introductions.

2. Apologies for Absence and Substitutions

Apologies received:

Jean Smith
Hugh Evans
Janet Rowse
Eva Dietrich
Julia Ross (David Jarrett substitutes)
Andrea Young (Tim Keen substitutes)
Robert Wooley (Cathy Caple substitutes)

3. Declarations of Interest

None received.

4. Minutes of Previous Meeting - Thursday 25th June 2020

The minutes of the meeting held on 25 June 2020 were agreed as a correct record.

5. Public Forum

None received.

6. Work Programme

The board noted the work programme.

7. COVID-19 Local Outbreak Management Update - Christina Gray, Director of Public Health

Christina Gray gave a presentation on Local Outbreak Management and highlighted the following points:

- The objective of the management plan is to Identify, Contain and Isolate the virus to prevent spread. The current rate of cases is 7.6 per 100k in Bristol, based on data over the past 7 days. This is below the England rate but we should be mindful our rate is creeping up. We were on 2/100k, now on 7. The England rate is also climbing. The biggest outbreak areas are at 50. Leicester was at 60 but is reducing. Darwen used to be 80 but is dropping.
- The National institute for Health Protection was announced formally on Tuesday. Our Public Health England team in the South West are still online and their work will remain largely the same. The aim is to bring all health teams together, including the NHS test and trace programme.
- Health issues being compounded by Covid-19, including Healthy Weight, Mental Health and Health Inequality are still a high government priority, but it remains to be seen what particular actions will look like.
- The National Alert System has a 1 – 5 scale. The initial pandemic was at 4, but we are now at 3. All outbreak plans aim to keep the alert level at 3.
- The Local Authority section of the plan contains the Health Protection Board and the HWB is closely linked to this part. The Local Authority escalates to the LRF if required, linking up into regional level and down into neighbourhoods.
- National monitoring system has comprehensive alert systems to identify any areas of concern. This monitors daily data down to the postcode level. Intervention level is 50 cases / 100k population.
- The Covid-19 data dashboard is published on the BCC website. This includes narrative context from the Director of Public Health.

Discussion Notes:

- There are a number of cases in Bristol but no deaths. Why is this? Protection of vulnerable people is working well. Age is huge factor on deaths, most being in the over 75 category. The wider availability of testing means that cases are being identified earlier. We have not been doing population testing until recently. The virus was probably circulating in the population before any action was taken in January.
- We commend people with Covid-19 symptoms that get a test knowing that it will affect them adversely. There have been some unhelpful instances where people who have tested positive have received a negative reaction from the community.

- We are working hard to bring testing sites closer to the population. The current Bristol testing site will remain at Bristol Airport, but in an easier to access part of the site. We are currently working with Bristol University to open a testing site at the Victoria Rooms. Another site in Nethem Park is also being developed. There are lots of technical considerations when creating sites.

8. The Impact of COVID-19 Social Care Services at Home June 2020 - Vicky Marriott, Area Manager, Healthwatch Bristol, North Somerset and South Gloucestershire -

Vicky Marriott introduced the report and highlighted the following points:

- This is the first report following the change of the Healthwatch contract late last year. We are champion for consumers of health and social care. We use user lived experience to influence planning and design.
- This report looks at Care at Home, including community outreach. As of July 2020, there have been 30,500 excess deaths nationally. Bristol has 662 at home and 638 in care homes excess deaths. There have been more deaths in domiciliary care rather than care homes, this is because care homes are more able to mitigate Covid-19 impacts.
- There is currently a social care staff crisis. Volunteers are going back to work or not able to help anymore.
- Some users are not accessing services due to safety concerns. Self-funders are missing from the data, some will have unmet needs.
- Aims are to improve service users' sense of security so they are more willing to get their care. Improving continuity of carers if possible. More effective communication of changes to healthcare arrangements. More assistance for self-funders.

Discussion notes:

- Members thanked VM and her team for their work, but expressed concerns about the sample size in this survey, which was 53 respondents that was then reduced to 15 individuals. It would be difficult to draw conclusions based on this.
- The Healthwatch contract is new for this organisation, which is still finding its network within the city. The survey was on a website and there were insufficient resources during Covid-19 to canvass via telephone.
- The research is qualitative rather than quantitative, it represents individual experiences and a snapshot of what some people are feeling.
- On care services recruitment, some organisations have lost staff due to isolating, with some not coming back from isolation or furlough.
- Unpaid carers are struggling as they are isolated and there is an increase in safeguarding issues as lockdown means people are in their homes for long periods of time with increased tensions.
- There is an expected 30% increase in mental health referrals in this period.
- It is important to support people who self-organise their care. People should have a choice about what care they need. Self-organisation is part of the personalisation approach to care and will help on cultural sensitivity issues if the user has more choice.

- The keep it local programme will help on this by making it possible for community organisations to access funding. They have a greater knowledge of how they can meet their own community's needs. We recognise that personal contact is a necessity despite tech we are using now.
- 50% of respondents are in age group 25-39, which would be a significant over-representation. It is not clear why this is the case; it may be carers answering on behalf of users.
- Small community organisations often struggle to deal with the commissioning system. The system should be flexible enough that small organisations can bid for funding (they usually only need smaller amounts) and concentrate on service delivery.

9. Healthier Together: Impact of COVID-19 and lockdown on health inequalities and steps that need to be taken to address this in Bristol, North Somerset and South Gloucestershire (BNSSG) - Adwoa Webber, Head of Clinical Effectiveness, BNSSG Clinical Commissioning Group (CCG)

Adwoa Webber introduced the report and highlighted the following points:

- The data currently available on health inequality is poor. There needs to be improvement on ethnicity recording to identify racial inequalities.
- There is a Population Health inequality group with the Directors of Public Health in the regional authorities, but it needs more input from providers.
- We have several steering groups which need to take responsibility for actions.
- There is a question on how the HWB interacts with other groups, is this just via the DPH? There is also a need for challenge / scrutiny group for Healthier Together.
- Health pathways need to be more effective to make a positive impact on health inequalities. Lots about targeting interventions towards the 20% most deprived communities and BME areas. Regular reporting should include that lens. There is also gap in uptake for learning disabilities.
- Short actions are due 21 September 2020. Healthier Together needs to show how we are going to put this into action.

Discussion notes:

- Trying to set out our experience with Covid-19 really highlights the health inequalities in the city. We need to systematically get an action plan together which is owned.
- We have a BAME working group in BCC, it would be good to integrate them into this. It is good to be joined up as BAME voices often feel isolated. Also consider other neighbouring authorities with smaller BAME populations. How are they doing things? Learn from each other and avoid replication.
- This is a great call to arms, we now have the evidence so can mobilise the community. Take up of a vaccine is an important element. Will require a lot of coordination.
- There is lots of power to address inequality via commissioning. Service based targets that incentivise organisations to be more inclusive, extend access and improve user experience.
- There is no money mentioned in the report, can we redirect resources to do this? We have heard it discussed at CCG, if certain areas are targeted with funding, other areas will necessarily have less resources.

- Funding allocation is in the gift of commissioners. Decide the outcomes we want for funds and allocate accordingly. Sometimes we will have to move money around to reduce inequality. Certain parts of the population will need the support. It is a difficult conversation, but funding is going to people with higher need. If we are serious about inequality we will need to change the approach, but we will need clear communications about why we are doing it.
- There is a risk that if we do things too fast, we could make errors that make equality worse. However, it is important to make the most of momentum and we should not be in the same position 6 months down the line. There are checks and balances even when acting quickly.

10 Fuel Poverty Action Plan - Aisha Stewart and Hannah Spungin, Bristol City Council Energy Service

Aisha Stewart introduced the report and highlighted the following:

- 2 years ago there was a fuel poverty chapter within the Joint Strategic Needs Assessment (JSNA). Last year the action plan outline was further developed to show areas of focus.
- The team is now seeking input from organisations across the city. The action plan is due for completion in autumn 2020. It will be a live document, which needs regular review.
- The HWB will govern the action plan, with endorsement from the Environment and Housing boards. The No Cold Homes steering group can feed relevant data into HWB.
- Warmer Homes advice and money service provides a single point of contact for support on finance, food and fuel issues. We need to engage with shielded vulnerable individuals. Also determine new opportunities for fuel poor households and consider actions organisations can take to alleviate fuel poverty.

Discussion notes:

- The deadline for feedback on the plan is the end of August.

ACTION all members to feedback relevant fuel poverty mitigation ideas to Aisha Stewart.

- p.6 paragraph 2 of report needs amending.
- There was a discussion on social proscribing, health professionals directing to services for debt / finance advice and related fuel poverty issues

ACTION MA to link Celia Phipps with Aisha Stewart re: social proscribing and related community groups.

11 Going for Gold and food equality update - Elizabeth Le Breton, Bristol City Council and Joy Carey, Bristol Food Network

Joy Carey introduced the report and highlighted the following points:

- 'Going for Gold' is Bristol's ambition to become a Gold Sustainable Food City and make positive changes to our city's food system. There are 6 action areas: buy better, food waste, urban growing, community action, eating better and food equality. Each of these areas has an 'owner' organisation.

- It is about collective action to make changes that are measureable and building a resilient food system for the future. Actions are recorded at the individual, organisation and food sector levels.
- A key concern for HWB is food equality: making sure that nutritious food is available for everyone.
- Covid-19 had a big impact on the GfG process. It was not appropriate to ask people to take actions to change their food approach during an emergency. The priority in this environment was food security, how to reach isolated communities and organise help.
- The Bristol Food Kind initiative was to show how simple individual actions can help. Supporting local producers / suppliers, reducing waste and grow your own food.
- The aim is still to achieve the gold award but have lasting food resilience off the back of the bid.

Discussion notes:

- Members congratulated all people working in the food response during the Covid-19 lockdown. The lockdown has shown that food needs to be a high priority for the city. It showed that isolated and deprived citizens are vulnerable to food insecurity.
- Health and Wellbeing Board can lead the delivery of a food action plan; this should be explored at a future development session.
- 22k children in Bristol are currently going hungry. The emergency response during lockdown was effective, but needs to be maintained so there is a significant reduction in hungry children.
- Work is being done with young carers to guide them on cooking, food and health.

ACTION SH to link with TP about adapting cooking / food guidance for young carers.

- Covid-19 has made many people think about food security and the feasibility of growing their own food.
- The community learning team at BCC may have relevant food related courses that can be leveraged.

Meeting ended at 4.45 pm

CHAIR _____