

**Bristol City Council**  
**Minutes of the Health and Wellbeing Board**

**28 October 2020 at 2.30 pm**



**Board Members Present:** Helen Holland, Asher Craig, Christina Gray, Jarrett, Elaine Flint, Poole, Rowse, Evans and Smith

**Officers in Attendance:-**

Sally Hogg and Claudette Campbell (Democratic Services Officer)

**1. Welcome, Introductions and Safety Information**

The Chair, Cllr Holland welcomed those present and led introductions.

**2. Apologies for Absence and Substitutions**

The following apologies and substitutions were noted:

- Alison Bolam
- Julia Ross
- Vicky Marriott – Karen Whitaker Sub
- Georgie Bigg
- Jacqui Jenson
- Robert Woolley – Cathy Caple Sub
- Eva Dietrich
- Andrea Young – Tim Keen Sub

**3. Declarations of Interest**

There were none.

**4. Minutes of Previous Meeting**

The minutes of the meeting held on 19<sup>th</sup> August were agreed as a correct record.



## 5. Public Forum

There were none.

The Chair invited Christina Gray, Director Public Health to present the Situation Report.

The Board was provided with a presentation that shared the current direction of travel of the pandemic in the Bristol region.

- That although the City remains at tier 1 a number of factors has led the Mayor & Partners to issue a new designation of Tier1 plus to enable direct action.
- That at present; infection rates had risen to 340.8 per 100.00 in 7 days; 14% positivity; that LA was ranked 34 out of 149 authorities; 84 Covid19 patients in hospital; low number of care home residents are positive; 55% of the cases are in those under 30 years, students and children in school; a steady increase in adults of working age 27% (30-60).
- Bristol Covid19 Local Outbreak Management Plan was shared; Multi agency group convened because of the changes in the growth of the infection over the last two weeks, chaired by Mike Jackson and attended by key agencies dealing with the pandemic; that the change in the spread of the virus has resulted in the region moving on to the national watch list.
- Work is being done to 'Keep Bristol Open – Safely'; reduce the spread of the virus; protect at risk groups; prevent harms to health from job loss; enable young people to engage in education; promote mental health and wellbeing;
- Tier 1 plus targeted actions from local outbreak plan - launch local Marshalls; increase local testing; effectively use data to target local breakouts for specific action.
- Seven Areas for enhanced joint action namely; to understand; to engage; to support; to protect; to contain; to restrict; to enforce.

The following was noted from the discussion that arose:

- a) North Bristol Trust reported that as of Friday 23<sup>rd</sup> October there were 37 patients being treated and now up to 55; that the hospital continued to experience the standard seasonal pressure on beds, not only as a result of patients with Covid19; that the loss of bed space results in less capacity to deliver other service provision.
- b) University Hospital Bristol: they had a lack of capacity and had to declare a major incident; that they were moving forward to maintain service and manage the backlog in treatment; that they are determine to keep services operational; that an operational plan was in place to manage when and how the Nightingale Hospitals come on line.
- c) Questions were asked on whether the Nightingale Hospital could be used for covid19 patients thereby removing them from the mainstream to a specialist setting. In answer the Board was advised that; the staff required to deliver services in the Nightingale hospital would be drawn from current resource impacting the overall deliver of care; that the Nightingale was for those patients very poorly requiring critical care whilst unconscious.



- d) Reassurances were given that hospital had capacity in the ICU for those requiring critical care. That Primary Care & GP practices have reported high demand and additional pressures across all areas of health care. That joint working continues across the partnership to deliver services.
- e) Elaine Flint explained that access to good data would support those local networks supporting those families in communities at higher risk of transmission; For example data for Lawrence Hill & Barton Hill that house families in high rise flats and homes occupied with multiple generations. There is a need to know what is actually happening to enable the networks to share the right information with these communities.
- f) Chair shared that the work undertaken community volunteers continues to be important; that they were also experiencing the fatigue similar to health professionals because of the extended length of the pandemic.
- g) The Chair thanked the DPH for the updating the Board with the Situation Report.

## 6. Work Programme

The Chair invited members to consider the forward plan schedule. Proposing that the 26<sup>th</sup> November development meeting should be seen as an opportunity to plan the stakeholder event to ensure the voice of those who are represented by the Board is heard. Encouraged all to come along to this session with suggestions to input into formatting an engaging and unique event.

## 7. Fuel Poverty Action Plan

The Board received the presentation of the final version of the Fuel Action Plan for sign off from Aisha Stewart and Hannah Spungin the programme Managers.

The No Cold Homes Steering Group (a collective of organisations across Bristol that are committed to taking action to tackle fuel poverty in the city) has developed a Fuel Poverty Action Plan for the city. The aim is to provide strategic roadmap for actions that support and lift households out of fuel poverty.

The plan was presented to the Board in August and over the intervening period had been presented to other key organisations for comment and feedback.

- The plan provides a strategic approach for engaging with and supporting the residents of Bristol that are in fuel poverty.
- The plan would continue to evolve and is open to be revisited by the Board
- The Board was requested to agree and support the action plan to enable it to be published.

**The Board Resolved to Agree and Endorse the Fuel Poverty Action Plan**

## 8. Bristol Future Parks

Hayley Ash programme manager, Jane Powell UWE Professor of Public Health and UWE Lecturer Sanda Ismail spoke to the report & presentation.



Outlined the nature of the 2 year accelerator project funded by National Trust, Heritage Lottery and the Ministry for housing, communities and local government. The aim is to transform the way in which parks are managed, to ensure sustainability for the future. The budget allocated to parks and green spaces service reduced by a third from £5.96 million to £4 million. The full presentation is available on line.

- a. Jane Powell from the University of West of England shared the conclusions drawn from the project centred on the population that should be encouraged into the City's parks & greenspace.
- b. The aspiration is for all to access a good quality park within ten minutes walking distance from their home address.
- c. The project examined the target groups; those who didn't use parks; people who need to use parks for health and wellbeing;
- d. The project mapped those areas with less greenspace and health deprivation and disability finding that the two correlate.
- e. Access to parks & greenspaces it has been proven that it encourages positive outcomes for those facing health inequalities.
- f. There were several asks of the Board, detailed in the report, primarily how health partners could direct funds to support activities in parks & greenspaces.

The following was noted from the discussion that arose;

- g. Cllr Craig shared that one of the outcomes from the quality of life survey indicated that residents had lost faith in the way parks were managed; that parks were seen as vital during the pandemic restrictions; that every effort was being made to find ways to fund parks & greenspace; that Newcastle Public Health had provide a grant of £1 million pounds investment per year to maintain parks & greenspace to address health inequalities; that the aspiration would be to have conversations with our health partners on what could be done in Bristol.
- h. The Chair extended thanks to those health partners who had engaged with the programme team on many of the events led by the team and may have and/or are looking into ways to input into the programme.
- i. Elaine Flint commented as a representative of those local community voluntary networks who delivered social prescribing in liaison with the primary care partners. That this was a project these local networks should be linked with suggesting they should be invited to participate.
- j. **David Jarrett Action:** would link the 6 locality groups joint meeting with the programme leads.
- k. Jane Rowse suggested that the programme contact Kyle Lansdown Sirona the prevention and well-being lead. That she would be the link with the work of the PCNs are doing on population health management. **Action:** the programme leads to make contact.

Resolved:

- That the Board would endorse the report
- That the Board would share the asks with their organisations

## 9. A Cross Sector Approach to Tackling Hate Crime

The Board received a presentation from Alex Raikes (Sari), Mark Parry & Clare Sims (Safer Communities team), that is attached for information.



The presentation aimed to update the Board on the work of the Strategic Partnership Against Hate Crime (SPHAC). Outline its history and to inform the Board of the work carried out by the Bristol City Council funded service- Bristol Hate Crime & Discrimination Service (BHC&DS).

The report made the following recommendation:

The Board is asked to:

- a. To support the development of the hate crime needs assessment.
- b. To offer access to professionals for advice when working with high risk and complex hate crime cases that feature either victims or perpetrators with mental health problems.
- c. To support with efforts to secure future funding to enable the continuation of services for victims of hate crime in Bristol.
- d. To support SPAHC with attendance of professionals from health and wellbeing services in the city.

The following was noted from the discussion that arose:

- e. Reference was made to the need to train staff at different levels to recognise those who are victims of hate crime. The question was asked about access and who should have the training. It was suggested that training should extend from customer facing staff to those who manage. That there was good equality training available to support organisation and in turn to support staff gain knowledge and insight on the issues that face all victims. That the training should extend to members of all governing bodies and organisation leads which will enable all to identify and challenge missed opportunities in all organisations.
  - f. Hate Crime was a particular strand of training in addition to Equality & Inclusion training.
  - g. Cllr Craig gave assurances that the LA had no intention to reduce funding; that community safety formed part of the remit of Adult Care; that the data shared reflected the upturn in hate crime incidents and the challenges to come as Brexit approaches; she acknowledged the good work all partners are doing to support the needs of victims.
  - h. Alex Raikes reminded all that the issue was to be owned by the City and not just the LA to enable better outcomes for all. That the organisations the Board members represented could have a vital input to support the resources needed to deliver support to this area of work. The consequence of Hate Crime impacts the whole city not just the LA.
  - i. Bristol Safeguarding Board is commissioning the training that can be provided to partner organisation.
- The Chair thanked the presenters for an overview of the situation and looked to a time that the continued reporting of hate crime is correctly reflected in all data stats.

The Board Resolved

- To endorse the report and
- To consider the recommendation among partner organisations

## 10 Migrant, Refugee and Asylum Seeker Health



The presentation from Anne James, Commissioning Manager Refugees with her colleagues Anne Gachango from Haven, and David Barclay provided the Board with oversight of the key issues of inclusion and accessibility experienced by migrants & asylum seekers & refugees.

The following was highlighted from the presentation that is available online.

- a. Provided an explanation on how migrants engage with the health service and the hurdles they face.
- b. That a number of refugees had been resettled in the UK to support serious health issues; that they spoke little English; that many were illiterate so translating papers into their own language may not be as beneficial as officials believe; explained the role of the Haven to advocate on behalf of those accessing the health service; that post-traumatic stress was prevalent amongst their clients; that they represented those children who travelled on their own to the UK.
- c. An explanation was given on the impact of those receiving letters demanding payments for services delivered by the NHS and the impact on their well-being. That this has given rise to a number of migrants in fear of using NHS service.
- d. The Board was asked to consider the recommendation outlined in the report on ways to improve information, to review how charging is delivered and to consider funding to ensure equal access to services.

The following was noted from the discussion:

- e. The Chair thanked the team for the report and noted the request for a working group to be established to progress the recommendations.
- f. David Jarrett – hoped to take the presentation to our organisation and meet with the right representatives from the CCG to address the questions & asks highlighted in the presentation.
- g. Cllr Craig – a time limited task and finish group had been established but the presentation demonstrated the need for it to continue its remit but with public health partners participation; that Covid19 conversations would be adapted to target refugee and asylum seekers community.
- h. Action: Janet Rowse agreed to note the request and follow it through.
- i. Action: Tim Keen advised that there are regulations on charging to be followed but the system was failing to identify those who should not be charged; agreed a piece of work should be undertaken to enable the sharing of information between agencies. The need to better identify the status of patients and distinguishing those who are travelling just for free health care.
- j. The following comment was fed into the discussion from Beth Wilson of Refugee Rights commented on the report recommendations:
- k. We would agree with the recommendations in the report and suggest that they should go further to include:
  - i. Publicity (in different languages) about the rules around not charging for Covid treatment;
  - ii. Improved, compulsory training for all involved in gatekeeping and charging to ensure they are applying the rules correctly and appropriately;
  - iii. Translated information to be provided with bills/invoices about how to access assistance to: understand the bill, why you have been charged, and how you can arrange a payment plan. This assistance should be provided free of charge and provision should include referral on for advice and assistance to challenge a bill where individual's think they have been incorrectly charged



The Board Resolved:

- To endorse the report
- To take the action noted above to progress the recommendations

Meeting ended at 5.00 pm

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

