

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

18 March 2021 at 2.30 pm



Board Members Present: Councillor Helen Holland (Chair for this meeting), Alison Bolam (Co-Chair), Asher Craig (Vice-Chair), Christina Gray, David Jarrett (substitute for Julia Ross), Tim Poole, Vicky Marriott, Tim Keen (substitute for Evelyn Barker), Zahra Kosar, Hugh Evans and Janet Rowse

Officers in Attendance:-

Sally Hogg, Mark Allen, Raquel Aguirre and Jeremy Livitt

1. Welcome and Introductions

Councillor Helen Holland acted as Chair for this meeting and asked all parties to introduce themselves.

2. Apologies for Absence and Substitutions

Apologies for absence were received from Julia Ross (David Jarrett substituting) and Evelyn Barker (Tim Keen substituting).

3. Declarations of Interest

There were no declarations of interest.

4. Minutes of previous meeting held at 2.30pm on Wednesday 27th January 2021

The minutes of the meeting held on 27th January 2021 were agreed as a correct record.

5. Public Forum

It was noted that two written questions had been received from James Ilett-Jones and written responses provided to these.



In response to two supplementary questions, Sally Hogg and Councillor Asher Craig advised that they would be happy to engage on either issue and would provide contact details accordingly. **Action: Sally Hogg/Mark Allen**

The Chair also drew the Board's attention to recent national coverage today of the CQC's multi-system review into 'living and dying well during Covid-19' and the headline finding relating to inappropriate use of DNA CPR across the country. She indicated that she would arrange for information about this from Julia Ross to be circulated to all Board Members. **Action: Jeremy Livitt**

6. Forward Plan

The Board noted the Forward Plan and their attention was drawn to the following future dates:

1st April 2021 – Joint Meeting of the Health and Well Being Board (Hosted by North Somerset)

26th April 2021 – Development Board session which would include discussions concerning the One City Plan and Mental Health

26th May 2021 – Provisional Next Meeting Date for the next Health and Well Being Board

7. COVID-19 update - Christina Gray, Director of Public Health - Verbal Report

Christina Gray provided a verbal update on COVID-19.

She made the following key points:

- The case rate was now below 50 (at 46) per 100,000. However, the reduction rate was slowing so there was a need to keep pace with this. The Board was reminded that Leicester had gone into lockdown when the rate was in the 30s and that there was therefore a need to avoid complacency
- The positivity rate had now reduced from 10% to 1.8%
- The vaccine rollout had been extremely good with approximately 30% of the whole population of Bristol having been vaccinated, although take up of the vaccine was lower in some wards. Pop up and outreach work was going in in some faith-based communities to address this
- The UK Health Regulator had confirmed that the benefits of the vaccine far outweighed the risks of side effects. The instances of blood clots in those who had received the vaccine was far lower than the normal rate and there was not believed to be any causal link
- The cohorts 1 to 9 consisting of the over 50's and clinically vulnerable would shortly be vaccinated and accounted for 99% of those who were the most clinically vulnerable at highest risk
- Whilst vaccination for under 50's would be paused in April 2021, this would not impact on the target for all adults to be vaccinated by July 2021



- Containing new variants will be the key priority within the next year or two. An updated vaccine will be produced as a result of work that was being carried out by virologists and pharmaceutical companies who were obtaining the necessary data to keep the vaccine ahead of the virus
- It was important to stop the chains of transmission. However, there were only about 35 variants of concern in the country which were very small numbers

The Chair thanked the work that had been carried out to ensure the calm and logical message concerning the vaccine, whilst acknowledging that the numbers could mask that there remained areas of concern, such as the homeless. She referred to recent work carried out by Carol Slater and Mohammed ElSharif in this area and suggested that a report might be helpful to a future meeting **Action: Mark Allen/Sally Hogg**

In response to questions from Board Members, Christina Gray made the following further points:

- Information concerning testing referred to both lateral flows and rapid tests. Whilst not all negative results were reported, all positive tests were including all Pillar 2 results
- In relation to surge testing, there had been over 40,000 additional asymptomatic PCR tests which was about 1% of all those tested. It was noted that all of these had been followed up, isolated and contained. As a result of these, two additional cases had been identified, in comparison with 35 cases identified by traditional enhanced contact tracing
- Following the concerns that had arisen as a result of misleading recent information concerning the Astra Zeneca vaccine, information would be given for NHS staff to provide to those taking the vaccine

It was also noted that there would shortly be a press release indicating the different side effects arising from each of the two vaccines.

8. Building an Age-Friendly City - - Carly Urbanski, Head of Programme, Bristol Ageing Better, Age UK Bristol

Carly Urbanski gave a presentation on this item, supported by Kay Libby and made the following key points:

- The Bristol Ageing Better Programme (BAB) aimed to tackle isolation and loneliness and was currently working across the city to carry out evaluations in this area
- The original bid had been made in Adult Social Care supported by the Help Early Intervention Strategy and assisted by Educate Bristol
- BAB were not sole providers and operated across the city with 30 different partners. It was important to embed learning and ensure it fitted together
- Older people were at the heart of the programme through a combination of interviews which would identify and inform a response, working with communities and supporting individuals



- The goal was to bring all delivery partners together through age friendly city work and decreasing loneliness. Details of the outcomes of the measures of the projects were listed
- The Board was requested to provide oversight to an age friendly work plan in its final remaining year and support its work including setting targets in the One City Plan
- BAB understood the impact of the current situation on older people in the city and was working with the Older People's Forum to tackle this issue. They also wanted to ensure the legacy of their work lasted

Board members made the following comments and Carly Urbanski responded as appropriate:

- This was a very important project which needed support and would benefit everyone. It was noted that there had been a recent LGA webinar concerning elderly isolation and that Barnsley Council had recently carried out a project in this work area
- This was a fantastic example of innovative ways of working, training, providing support as peers as well as involving communities in their own health
- The health of participants was a good result of the project and whilst social contact between family and friends remained good, this work needed to be scaled up. An analysis of what had and had not worked was being produced and would be submitted to the Healthier Communities Working Group
- All surgeries had access to social prescribing link workers which were an important resource in combatting loneliness and isolation. It was also important to develop a Mental Health Framework
- It was noted that language could be a big barrier in this area in instances where English was an additional language. Local organisations had worked with BAB to produce translations of much of the material ie Oasis Talking Therapies had 10 partner organisations who funded different partners
- The results of this project were extremely good. A recent workshop on Population Health Management had many parallels and contained examples of data sharing and evidence building
- Although there had been a huge change in the last year, learning remained very important across the city. Intervention and partnership working were important to ensure the achievements were maintained

9. Bristol Health Partners Academic Health Science Centre - Professor David Wynick (Director, Bristol Health Partners AHSC), Lisa King and Olly Watson (Joint Chief Operating Officers, Bristol Health Partners AHSC)

David Wynick, supported by Oliver Watson, gave a presentation on this issue and made the following key points:

- The Bristol Health Partners Academic Health Science Centre had been operating since 2021



- Bristol was one of 8 UK Centres and had been expanded to include South Gloucestershire, North Somerset, Acute Trusts, CCG and Sirona
- The organisation had been set up to provide a multi-disciplinary care through a partnership bringing together health professionals, voluntary organisations and research teams to provide a group focused on work in this area
- The three key pillars of their work were tackling inequalities in care, Children and Young People and Mental Health with the aim of mapping these onto the targets in the One City Plan
- Impacts had been achieved across areas such as Chronic Care Prevention, broad research and design
- These workstreams would continue to operate Post-COVID to address the areas affected by the pandemic for children, such as isolation and loss of learning. Evidence suggested that this would take three to five years to fix the problems caused by COVID

Board members made the following comments, together with responses from David Wynick as appropriate:

- Mental health remained a concern for each city. Work was being carried out between Health Partners through Integrated Partnerships to tackle this issue which created real opportunities for overlap
- Social deprivation and inequalities in rural and coastal areas were very different and required work, particularly involving members of the public and had been part of this approach for a while. However, there was no mention of the need for research and evidence for value-based health care in the recent white paper in this area which was disappointing
- Discussions with population health, health inequality and the prevention hub could be important to bring into discussions on this subject
- The link between health partners and the community mental health framework and how resources were allocated was important

10 Fast-Track Cities Bristol (HIV) - Dr Joanna Copping, Consultant in Public Health, Bristol City Council

The Board received a presentation from Dr Joanna Copping, supported by Mark McNally concerning the Fast Track Cities Programme who made the following key points

- HIV had caused 32 million deaths globally and was one of the most prevalent and deadly viruses in the world
- The Fast Track Cities Programme was a global initiative
- HIV remained a problem. There had been extensive work done in addressing it such as education, condoms and treatment. Early diagnosis was crucial. Late diagnosis was worse in terms of transmissions, morbidity, mortality and costs
- Bristol had a significantly higher than average prevalence of HIV. Around 900 people in the city lived with it, including significant numbers of people over 15. The disease was particularly



prevalent in the Black African Heterosexual community but was also related to deprivation and male/male sex

- Bristol had been designated a Fast Track City in 2019 under the Health and Well Being Board
- An action plan had been produced driven by an HIV Needs Assessment
- One key target was to reduce the stigma surrounding HIV by 2030
- Further details of the programme were set out, including a signed pledge, a published Needs Assessment and a National HIV Commission visit in March 2021 which had been attended by Gareth Thomas, the retired former Rugby Player who had HIV, an action plan and three workstreams, a website, a conference, the recently launched Common Ambition Programme (supported by the University) and the Undetectable to Me Campaign
- The Fast Track City partners had recently signed up with the African Voices Forum to improve the uptake of the Sexual Health Service in this community
- A National HIV Plan was due in 2021 with a commitment to end HIV throughout the UK by 2030, to normalise HIV testing and develop a local plan for Bristol
- Key challenges were to keep HIV as a priority, address persistent inequalities and the implications of the complexity of commissioning and funding arrangements
- The draft Fast Track Cities Plan for 2021/22 would focus on increased testing, reducing stigma surrounding HIV and systems leadership
- HWBB's role in supporting this included addressing the barriers to ensuring zero new cases, addressing stigma through their own organisations and helping with the wider implications of the Common Ambition Programme

It was noted that this topic might be a useful item to discuss at a future Development Session meeting. **Action: Mark Allen/Sally Hogg**

11 Final Meeting for Elaine Flint and Alison Bolam

The Chair pointed out that this was the last meeting for Elaine Flint and Alison Bolam who were thanked for the amazing work they had carried out in putting policies into practice.

Elaine and Alison both thanked the Board and said that they had enjoyed joint working and the opportunity to find out how Bristol City council worked.

12 Date of Next Meeting

It was noted that the next meeting is provisionally fixed for 2.30pm on Wednesday 26th May 2021 (subject to cabinet appointments following the forthcoming local government elections).

Meeting ended at 4.20 pm

CHAIR _____



