

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

28 July 2021 at 2.30 pm



Ann James, Stephen Beet, Zahra Kosar

Officers in Attendance:- Mark Allen, Sally Hogg (substitute for Christina Gray), Sarah Lynch, Jeremy Livitt

Presenting Officers: (also indicated below for item they are presenting to) Victoria Bleazard, Rhian Loughlin, Lindsay Gee, Katie Porter, Nicola Knowles

Observer: Alasdair Wood

Apologies for Absence – listed below under Agenda Item 2

1. Welcome, Introductions and Safety Information

The Chair welcomed all parties to the meeting. All attendees introduced themselves and were advised of the procedure in the event of a fire alarm.

2. Apologies for Absence and Substitutions

Apologies for absence were received as follows:

Julia Ross, Jean Smith, Ros Cox, David Jarrett (Steve Rea substituting), Paula Clarke, Christina Gray (Sally Hogg substituting), Sonia Davies, Kerry Joyce, Katrina Boutin, Cathy Caple, Evelyn Barker, Emily Kavanagh, Eva Dietrich and Nancy Rollason

3. Declarations of Interest

There were no Declarations of Interest from Councillors.



4. Minutes of Previous Formal Board Meeting held on Thursday 18th March 2021

RESOLVED – that the minutes of the above meeting be approved as a correct record and signed by the Chair.

5. Public Forum

There were no Public Forum items for this meeting.

6. Forward Plan

The Board noted the Forward Plan and discussed the issue of defibrillator sites:

It was noted that Hengrove and Whitchurch Park had put in a CIL bid for this. When this issue had been considered 2.5 years ago, it was identified that there was a greater need for training. Something similar to the arrangements for mental health training could be considered.

ACTION: It was agreed that the issue of training for defibrillators should be added to the Forward Plan and the issue of further sites re-visited to see if the situation had changed since the last time it was considered – Sally Hogg/Mark Allen to add to the Forward Plan.

7. COVID-19 Update - Verbal Report From Sally Hogg

Sally Hogg gave a verbal report on this item and made the following points:

- The current rate of COVID cases was very high in Bristol (783 per 100,000) which had increased from 6th July 2021. It had dropped slightly from last week (845 cases per 100,000) which may have been due to a reduction in testing.
- The average in England was 499 cases per 100,000. The highest in the country was Cleveland and Redcar with 1,127 cases per 100,000
- There were 3,628 cases in the city which was a very large figure for a comparatively small city with 85 people in hospital with COVID
- Schools had faced considerable difficulties in the summer
- Work was taking place with the night-time economy to provide a safe opening
- Care homes had faced small clusters of cases with the highest now in the 18 to 39 age group. Cases were very low in the over 60s
- 74% of all eligible residents had received both doses of vaccines
- There were mass vaccination centres at UEW with regular walk-in centres in Easton and a Youth Campaign “Let’s get the jab done”.
- A trailer had been set up in Avonmouth targeting employers and also providing vaccine coaches, marshals and champions



- Targeted leafleting was proposed for localised areas and there were plans for combined flu and covid jabs in the winter
- The focus was aimed at the following areas to improve take-up – Barton Hill, Easton, Avonmouth, the BAME community, residents of Eastern European background and the 18 to 30 age group
- Whilst the mandatory requirement for social distancing measures had taken place on 19th July 2021, it was still circulating widely and people were asked to wash their hands, use protective facecoverings indoors where they could and maintain social distancing

In response to Board members' questions, Sally Hogg made the following comments:

- The walk-in centres would focus on South Bristol but would also be targeting those wards which currently had the highest number of cases
- The promotion of lateral flow testing as the route out of the pandemic was important

It was noted that some people were losing a great deal of money on testing when they went on holiday. If there was an opportunity to support people in these situations, this could be examined.

The Board noted the impact of the pandemic across the social care sector and in particular acute care and hospitals. The backlog of selective surgery that had been starting to reduce was once again increasing.

The Chair thanked all those involved in this area of work particularly those working to improve take up of the vaccine in particular communities.

8. Community Mental Health Framework - Victoria Bleazard, Steve Rea, Rhian Loughlin and Lindsay Gee

Victoria Bleazard gave a presentation on the Community Mental Health Framework and made the following points:

- The aim was a once in a generation approach to tackling Mental Health commencing from April 2022 through delivery by Integrated Care Partnerships (ICPs) and with new investment of £12 Million over the next three years
- Discovery Phase production had operated through a Target Operating Model (TOM) through 40 events and approximately 1000 attendees
- There had been a wide range of feedback to these responses from Community Groups
- Anyone requiring mental health support would be assessed as required and care would be tailored to their needs
- It was acknowledged that, at the moment, the workforce did not feel part of a single team at the moment. The Target Operating Model would develop a one-team approach and would be more proactive and inclusive. It would embed quality improvement



- People would be able to receive local culturally sensitive support on a 24 hours 7 day a week basis through the Integrated Care Teams involving a combination of professionals and voluntary agencies. There would be wrap around care with support throughout the process
- There would be access to community assets through special pathways for those with particular needs, such as people with eating or personality disorders
- The TOM model and ICPs would allow a local-based approach to assess whatever works and create a local response
- Members noted a diagram setting out the six areas where this approach would operate – North and West Bristol, Inner City and East Bristol, South Bristol, South Gloucestershire, Weston and Worle, Woodspring. The following key areas were set out and the following areas to deal with Health Management (Open Door – 24/7 Mental Health Line, Talking Therapies, BNSSG System Support, Specialist Community Pathways, Acute and Crisis Care)

Lindsay Gee made the following points during the presentation:

- A wide range of groups were taking forward this work in a short timescale
- North West Bristol – a diverse community was being served in this area with student health services with various disorders such as eating and personality disorders
- Citizen engagement would be a key element of the programme. People's GPs would be a key element to support the differing strands of the programme

Rhian Loughlin made the following points during her presentation:

- The ambition of this programme was to ensure it served the people not the organisation and to transform relationships in this area
- Anything which was implicit in the current system needed to be made explicit. Co-production would help to ensure that people's views were brought out properly

Steve Rea made the following points during the presentation:

- The Health and Social Care Bill was currently progressing through Parliament and was likely to be subject to significant change. Mental Health was a crucial area as special services were frequently required
- Mental Health problems in Bristol were higher than average, particularly in South Bristol but also in other areas such as Lawrence Hill and Avonmouth in North Bristol
- The goal was to remove health inequalities in the most deprived areas of the city and deliver meaningful care support. There was a vision for ICP to work as a whole and empower individuals and families by wrapping services in an integrated way around them.
- This would be a shift away from reactive care with expertise being used where required



Board members made the following comments:

- The Mental Health Strategy demonstrated how things will be different in various localities, for example in the north of the city where there was a prevalence of students
- The City Gallery had been chosen by HWBB as a priority mechanism for using community assets since it was only communities that understood their needs
- The approach whereby CCG aims were translated into action by local communities and then fed back up sounded a very exciting approach
- This new approach had been a long time coming and should remove the current one size fits all system. Consideration needed to be given as to how to integrate this system with private sector employers since as a member of the public it was often very difficult to get support
- This was very encouraging. The recognition of the value of the integration of health and social care was a big step forward
- Following the recent successful application of Bristol in its award of Changing Futures, there were a great deal of synergies with this and mental health. There was an onus on us to make use of these
- Pump priming had to be used once and for all as a means of embedding change
- It was great to hear the presentations and to see such a positive response to them. This would be important for certain groups, such as people with learning disabilities and autism. It was noted that there had been a 21% increase in demand for social care during COVID
- The voluntary sector had helped with provision in this sector for a long time without adequate resources. Obtaining the views of these communities was the correct approach and the person centred model looked very good. Time would be needed to ensure that the new approach could start to tackle the health inequalities in the current system
- This is a massive transformation which would take time. It was important to make sure that it was irreversible

9. All Age Carers Strategy

Stephen Beet introduced this report since Sonia Davies was unable to attend the meeting. He explained that the paper presented four strategic principles and pointed out some people had become carers for the first time during the pandemic.

Tim Poole then made the following comments:

- This strategy has been developed with the involvement of a range of statutory and voluntary sector organisations as well as a number of carers themselves. Similar work was also taking place in parallel developing the Young Carer aspects of the strategy. In the past, having separate strategies has been difficult as many carers fall through the cracks during transition. One group who suffer greatly because of this is Young Adult Carers for whom this remains a significant issue. One problem is that responsibility for servicing/funding this vulnerable group gets passed between Adult and Children services and vice versa. Hopefully, bringing both strategies together will give us the opportunity to finally address this anomaly and meet our obligations to these carers.



- The pandemic had disproportionately affected carers. 69% of carers had reported a significant deterioration in mental well-being during the pandemic and expressed concern at not being able to continue as a carer. 71% of carers live with continued stress and isolation
- The four priorities of strategy were set out – providing information and advice which was accessible and as required was very important. Further work was needed in this area, especially for those for whom English is not their first language, ensuring support provided is culturally appropriate.
- During the pandemic, the role of carers had been recognised more. A lack of respect for their knowledge had long been a problem
- There was a demand for increased funding tailored to the needs of community groups in delivering services
- A wider group of stakeholders would help in producing an action plan

In response to Board Members' comments, it was agreed that the recommendation contained in the report should include discussion of whether or not ICP's could be commissioned to deliver this work.

Board Members made the following comments:

- This strategy needed to be underpinned by key principles. ICP's needed to be built into the structure
- It was important that localities should discuss it. Their response would be important
- The views of carers in different services needed to be considered

RESOLVED – that

- (1) The Health and Wellbeing Board endorses the principles presented as the All-Age Carers Strategy for Bristol**
- (2) That a wider discussion on carers is scheduled at a future meeting of the Joint Health and Well Being Board + Children and Families Board**
- (3) That Board members consider whether there are representatives in their organisations who would be well placed to take forward the development of an Action Plan for Bristol to deliver against these priorities**
- (4) That the Joint HWBB and Children and Families Board also discusses whether or not ICPs can be involved the delivery of this**

ACTION: Stephen Beet/Tim Poole/Mark Allen/Sally Hogg

10. Building Rights Report - Hugh Evans and Stephen Beet

Hugh Evans and Stephen Beet introduced this report and gave the following presentation:

- This was commissioned by Bristol City Council in 2019 in conjunction with Bristol Safe Partnership to review autism services and see how effective and capable they were following a review by Sir



Stephen Bubb who had been critical of the existing service and systemic problems of many Local Authorities in this area whilst supportive of the work that was being carried out

- Sir Stephen remained optimistic that Bristol can be a pioneer for a changed approach
- Social structures were not currently geared up to support people with diverse needs and were disjointed and too crisis driven (human rights, social justice and citizenship)
- The assessment and treatment regime often sent people to receive treatment a long way from their families which made it difficult for them to get there to see them
- A shift in resource and greater involvement in a community network was required – what was required was a Charter of Rights, a right to complain and an independent commissioner to provide an overview of the system

Board members made the following comments:

- People Scrutiny Commission had discussed this report which was provided a timely opportunity to consider current service provision and had received a quick community response from agencies
- There were similar problems across all Local Authorities. The House of Commons Select Committee on Social Care had referred to the dire state of services across the country
- Bristol City Council had requested this report which indicated how seriously they saw this issue and responding immediately to the challenge was very important. Whilst the report was sobering reading, it was necessary
- If the first two recommendations of the report were implemented, it might need a wider approach, it might need a wider approach from the CCG and the Regional and National Commissions
- The energy and commitment arising out of the workshop had been very powerful. Governance and delivery were very important. ICPs were the best placed to deliver this service at locality level
- The person centred approach was important. It was noted that autism and Learning Disabilities were priorities for the Equality Group

11. Health Protection Report - Katie Porter, Consultant in Public Health

Katie Porter introduced this report and made the following presentation:

- Health Protection workers across NHS England had worked on this for the 2019/20 year just prior to the pandemic. There had also been a lot of work carried out on BREXIT preparation concerning seaports and supply chains
- Cancer screening catch-up was required due to the backlog that had built up during the pandemic
- TB – there had been one report last year. This was a cause for concern as there should be more than this
- Food Safety – more inspections were needed



- A timeline for the commencement of the COVID-19 pandemic was provided – end of December 2019 it had been identified and a Programme of Test Management set up, 22nd January 2020 China announced person to person transmission, 31st January 2020 first two cases in England were announced, 10th March 2020 a global pandemic was announced, 16th March 2020 the Government announced everyone must work from home if it was possible to do so and 23rd March 2020 there was a National Lockdown
- There had been no cases of measles announced in the UK during the pandemic

The report was welcomed by the Board, including a reminder of the early timeline for COVID and the following items were proposed for adding to the report for 2020:

Air quality, clean air zone, working with STI's and HIV as part of a fast track city.

It was noted that Bristol had received some resources in the last two years to deal with these issues and was regarded as an exemplar.

ACTION: Katie Porter to add to 2020/2021 report.

12. Healthier Together Memo of Understanding - Hugh Evans and Nicola Knowles - Presentation

Hugh Evans and Nicola Knowles have the following presentation on this item, supported by comments from Stephen Beet:

- The Health Care Bill which was proposing an integrated care system was progressing through Parliament and would largely undo the reforms made by Andrew Lansley
- CCG's would change into Integrated Care Systems and dilute the Foundation Trusts
- The emphasis would be on the recruitment of integrated services. Whilst Public Health England and NHS England would be less autonomous, there would be a strong emphasis on place to ensure specificity centred around different communities
- Healthier Together would be based around localities and communities and the CEO would commission at Senior Locality Levels. The principle would involve basic shared principles and a more effective services and workforce
- A structure chart was shown - HWBB's would act as the conduit between the high level partnership and activities on the ground
- ICS NHS body – this would act as an Integrated Care Board providing a consolidation of NHS activity operating a rolling programme of 5 years' services
- The proposed ICB membership would consist of 4 NHS Trusts, 3 Local Authority CEOs, 1 representative from Primary Care and the Sirona CEO
- Whilst there was no current mandate for an independent/lay person, an equalities representative or VCSE representative. However, this might change
- Details of the Executive Group were shown. These would be maintained
- Health and Care Partnership Boards are very important within the system



- Health and Care Partnership Plan – there was a logic to localities having their own JSNA’s
- The HWBB was vital for oversight work. Local specificity and accountability were crucial to this
- Maintaining a focus on the Mental Health Strategy would ensure accountability to the HWBB and that the ICP priorities were met
- It was important that Ward Councillors were involved in decisions
- The intention was for Cabinet sign-off by 5th October 2021 with comments to be submitted between 15th July 2021 and 15th August 2021. Until the end of December 2021, ICS would look at the Operating Model and oversight framework

The Board noted that the new body would not be the CCG by any other name, although TUPE arrangements would apply.

ACTION: Hugh Evans to circulate the draft response letter to the HWBB.

13. Any Other Business

- (1) Link House – The Chair indicated that this was one of 28 organisations highlighted worldwide for best practice by the World Health Organisation. The Board noted that this venue had opened 12 years ago and provided 24 hour psychiatric support for women

ACTION: A letter to be sent to the CEO of Missing Link Sarah O’Leary by the Chair on behalf of the HWBB to congratulate her on this, Jeremy Livitt to prepare on the Chair’s behalf

- (2) City Funds – The Chair reported that the grant criteria had recently changed and that, as a result, many more projects had been funded.

14. Date of Next Meeting

It was noted that the next formal meeting of the Board was scheduled to be held at 2.30pm on Wednesday 20th October 2021 in a Committee Room, City Hall, College Green, Bristol.

The meeting ended at 5.05 pm

CHAIR _____

