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Bristol City Council Minutes of the Health and Wellbeing Board

24 February 2022 at 3.00 pm



Poole, Heather Williams, Sarah Parker, Sharron Norman, Joe Poole and Julie Bird (substitute for Vicky Marriott)

Officers in Attendance:-

Mark Allen, Carol Slater and Jeremy Livitt

Presenters:-

Brianna O'Malley (Agenda Item 9), Richard Martin (Agenda Item 10), Megan Murphy (Agenda Item 10), Ped Asgarian (Agenda Item 11), Alasdair Wood (Agenda Item 11), Anne James (Agenda Item 12)

Also Attending:-

Jenny Tomkinson and Rachel Metcalfe

Observer:-

Matthew Jordan and Lynn Barlow

Apologies for Absence:-

Board Members – Kirsty Alexander, David Jarrett, Janet Rowse, Hugh Evans, Vicky Marriott (Julie Bird Substituting)

Officers – Sally Hogg, Kathy Derrick, Sarah Lynch

1. Welcome, Introductions and Safety Information

The Chair welcomed all parties to the meeting and asked them to introduce themselves.

The Clerk for the meeting explained what was required in the event of an emergency evacuation procedure.

Carol Slater, Bristol City Council's Health Equity lead, provided the meeting with an update on the Pharmaceutical Needs Assessment which had been delayed due to the pandemic but needed to be completed in 2022. She explained that a paper on this issue would be provided to the formal meeting of the Health and Well Being Board on Wednesday 20th April 2022. This meeting would be requested to provide delegated authority to authorise the report for sign off by September 2022.

ACTION: Mark Allen/Sally Hogg to add to HWBB Work Programme

2. Apologies for Absence and Substitutions



Apologies for absence were received from the following Board Members - Kirsty Alexander, David Jarrett, Kathy Derrick, Janet Rowse, Hugh Evans and Vicky Marriott (Julie Bird to substitute). Sally Hogg, Kathy Derrick and Sarah Lynch (officer attendee) also gave apologies.

3. Declarations of Interest

There were no Declarations of Interest.

4. Minutes of Previous Formal Board Meeting held on 20th October 2021

RESOLVED – that the minutes of the meeting held on 20th October 2021 be agreed as a correct record and signed by the Chair.

5. Public Forum

There were no Public Forum items.

6. Health and Well Being Board Draft Forward Plan

Mark Allen referred to the Forward Plan and confirmed that the Development Session on Wednesday 23rd March 2022 would include an item on Age Friendly City Action plan and Ageing Well programme by Age UK and Healthier Together.

The Board also noted that the clerk would shortly be canvassing dates for meetings of the formal HWBB Board and Development Sessions for 2022/23 Municipal Year.

ACTION: Jeremy Livitt to canvass dates

7. COVID Standing Item - Verbal Update - Christina Gray, Director of Public Health

Christina Gray provided a verbal update on COVID-19 and made the following points:

- She thanked the press and media for their support in keeping messages clear in disseminating information
- On Monday 21st February 2022, the National Living with COVID strategy had been announced by the Government. With effect from 24th February 2022, it was no longer a requirement to isolate and support payments for doing so would no longer be available from 1st April 2022
- Free tests would no longer be available from the end of March 2022 which would affect people who are immunocompromised
- A local LWC framework was being introduced and would replace the Bristol Outbreak Plan. This was an important step in moving away from emergency measures
- Infection levels remained high in the city – Bristol had the fifth highest levels in the country. However, this was not translating into the same levels of increases in hospitalisations and deaths
- There were still ways for people to take action to reduce infection such as being fully vaccinated, maintaining good hand hygiene, wearing face coverings in busy and enclosed places and staying at home if you are unwell. The message was to proceed with caution

It was noted that the situation remained uncertain for NHS staff who tested positive for COVID



after March 2022.

8. ICS Standing Item - Verbal Update

In introducing this report, the Chair noted that:

- the implementation of the Integrated Care Partnerships had now been pushed back to July 2022
- Shane Devlin had been appointed as Interim Chair of the CCG
- The Health and Care Integration White Paper had now been published. It was agreed that a discussion on this needed to be added to the Forward Plan with a discussion on what was required for action. **ACTION: Mark Allen/Sally Hogg to add to Forward Plan**

The Board then heard the following verbal presentations in respect of each of the city regional ICP's and Health Watch:

Joe Poole – ICP Chair (Inner City East – ICE)

He made the following points:

- There were wider health issues related to deprivation that had been identified by the ICP. The importance was noted of adopting an approach with shared progress and priorities
- It was important to encourage people to engage with services to ensure that services continued to be aligned with the public
- Studies had identified the uniqueness of the area's population in respect of children's mental health and healthy weight
- The delivery of a place-based offer for this area remained important

Sharron Norman – ICP Chair North and West

She made the following points:

- There remained capacity issues within ICP's. The White Paper crystallises how much work was required for a small team
- There needed to be a discussion about establishing a joint level of expertise in each ICP rather than all three making the same requests to the HWBB
- Greater synergy was required to assess priorities. Development time would help with an assessment of practicalities
- An agile decision-making system was required to ensure a focus on health was maintained. Local Authorities needed to consider if there was an area they could lead in
- A Well Being College was introduced to support virtual group consultations in Lawrence Weston, Southmead and Lockleaze and also to increase the number of digital champions
- The Healthy Minds One City Plan was being introduced to address the problem of people being admitted to hospital due to self-harm and the number of deaths caused by homicide. An analysis of the data has helped in this area
- It is important that the THRIVE Programme becomes embedded
- Work was taking place with drug and alcohol services

Stephen Beet – ICP Chair (South) – providing a presentation in the absence of Steve Rea



He made the following points:

- There had been a great deal of partnership work across organisations
- People with lived experience of issues have joined work streams
- It was important to assess priorities beyond mental health and ageing well
- The pilot projects had helped to provide learning for different approaches in respect of Housing and Children's Services
- Governance for the structure were provided through the commissioning route ie CCG but greater clarity was required. Views on the HWB Partnership were developed in response to the local needs and priorities of our citizens
- Contributions were needed to ensure improvement of travel options in public transport throughout the city. It remained difficult to travel across the city rather than into the city centre

Members of the Board made the following points:

- The ICP's needed to be part of an embedded approach rather than on top of what was currently been done. There was an important balance to be struck between standardisation and the different needs required in different areas of the city
- There had been a recent discussion at a meeting of the Chairs of the One City Boards concerning the Task and Finish Groups and whether or not the three ICPs needed to work together to create a One City Mental Health Priority plan. A Joint meeting of the HWBB and Task and Finish Group might be helpful in addressing this **ACTION: Mark Allen/Sally Hogg to investigate**
- An analysis of the White Paper would be helpful in assessing progress on priority areas

Julie Bird – Healthwatch

She made the following points:

- At the moment, only 1% of hospital discharges were picked up. There was a need to put people at the centre of decisions with an agreed Care Plan.
- The care plan records showed patients' personal journeys. These were completed online with paper copies available as required
- Key issues included time pressures, waiting times and staff shortages
- 1 to 1 interviews were also carried out
- The majority of respondents reported on a lack of clarity with the system. There were many instances of patients being moved without relatives being kept informed of the situation



- An improvement in communication and protocols was important
- It was important to collect feedback from across the city and break it down by area and demographic.
- Since March 2020 there had been difficulties concerning ambulance queues and discharges from hospital. There was a need to establish a proper pathway for people who were originally admitted to hospital once they were discharged

The following points were noted:

- Shane Devlin should be invited to a future Development Session or Board Meeting
ACTION: Mark Allen/Sally Hogg
- Consideration should be given to ensuring that there were carers at every ICP Board meeting and for a designated person to support the process at each stage
- Steve Rea would be attending the next Carers Voice Meeting on behalf of ICP's to explain their role

9. Health Protection Annual Report - Brianna O'Malley, Bristol City Council Public Health

Brianna O'Malley introduced this report which had been prepared under considerable pressure between 1st April 2020 and 31st March 2021:

- COVID had resulted in some gaps in the information and further compounded health inequalities
- No further details were provided concerning tuberculosis. An Improvement Plan had been developed in 2021/22 in respect of Health Care Acquired Infections (HCAI's)
- The number of cases of MRSA had doubled – the reasons had been assessed
- A reduction in the number of cases of sexual diseases had been identified – however, syphilis was significantly higher and was more than double since 2016. Cases of HIV remained high
- HIV – Cases remained high. There had been changes in Chlamydia screenings which had only targeted women only
- Food borne illness – there had been a reduction in cases. There was a significant backlog in Food Safety Inspections affecting 1000 businesses. A recovery plan was being put in place to reduce this backlog by 2022
- Responses had been provided to COVID outbreaks as they occurred
- Immunisations for whooping cough and polio were only 90% instead of the required target of 95%. Work was taking place concerning the Somali community to improve uptake in respect of the MMR vaccine
- Uptake in respect of the shingles vaccine had reduced and work was being carried out to improve this
- There had been a very good uptake of the flu vaccine which had expanded in 2020 to include all 50 to 64 year olds
- Cervical screening was lower than the South West average. A backlog had developed during the pandemic
- There was no additional data for breast or bowel screening
- Air Quality – due to less vehicular movement during the pandemic, there had been a reduction in pollutants. There had been a reduction in complaints at Avonmouth
- There had been more than 30,000 COVID-19 cases in 2020/21 with just over 5,000 hospitalisations and 611 deaths due to COVID



- Details of the levels of vaccinations were provided

The Chair thanked Brianna for the presentation. Board members noted the breadth of work being carried out on all communicable disease, not just COVID.

10. One City Climate Ask, Richard Martin BCC Sustainability

Richard Martin and Megan Murphy gave a presentation on this issue and made the following key points:

- In 2018 Bristol declared a climate emergency and set a target of net zero by 2030 with the aim of being climate neutral and climate resilient
- Following the publication of the Climate Strategy in February 2020, the 10 themes were set out with 6 enabling conditions to achieve the required change
- Whilst Bristol City Council only had control of less than 5% of Bristol's emissions, it could lead on engagement and the co-ordination of the approach.
- BCC will decarbonise its own operations and ensure supply chains and procurement met the required standards
- There was an important role for health organisations and businesses in examining supply chains and providing a powerful community voice in discussing the issue with local citizens
- There was a need for a shared ambition for the city, a development plan for the city and then to ensure delivery of it
- The ICS Green Plan had been developed for 2022 to 2025
- In September 2019, the Trust Board had joined in the declaration of a climate emergency
- The medical professional's oath included mitigation of health impacts on the environment
- In April 2021, a carbon route map to achieve net zero had been commissioned in April 2021
- Plans were being prepared concerning active travel to address heat decarbonisation, as well as estate design to address the problem of car sharing spaces
- A net zero approach was required in respect of the Integrated Care System
- The ICS Green Plan 2022-2025 will be developed in conjunction with partners to ensure BCC was embedded as an anchor institution in net zero

Board members were requested to consider what their organisations required to meet the required targets.

Board members made the following comments:

- A great deal of work was being carried out to address issue such as the disposable of clinical waste in clinical practice.
- A Tree Strategy had been discussed at Cabinet as part of a means of scaling up the level of tree planting and improving areas of low tree cover across the city. It would be submitted to the One City Board in early 2023
- Recent discussions with students had provided an important challenge and innovative suggestions such as recyclable materials for operating theatres
- Work by care providers in care homes was also important. These need to be much more local and community focused ie to enable care workers to walk to work rather than travel across the city
- Green social prescribing was an important aspect of this issue



- Two electric bikes had recently been purchased by Health Watch. In addition, lots of collective small steps would help move the organisation in the correct direction. It was also noted that there were four electric vans which were currently being used by the Community Meals Service
- During the pandemic, approximately 7000 kilometres of travel had been avoided in one year due to the number of outpatients who were assessed remotely
- Increased work was required in areas such as digital storage and in education
- There was currently a big piece of work being carried out on food waste to ensure a more circular approach to it and address issues relating to nutrition in areas of deprivation

11. Food Equality Strategy, Alasdair Wood, Bristol City Council Public Health and PedAsgarian, Feeding Bristol

Ped Asgarian and Alasdair Wood introduced this report and made the following comments:

- There were problems with growing food insecurity. The Rowntree report had reported that almost one fifth of the population were living in poverty and that the pandemic had aggravated this problem. In addition, one in eight households had experienced moderate to severe food insecurity in 2021
- There was a need to address problems faced by the disabled, homeless and the diverse range of cultures
- Over the last 16 months, 70 organisations had been consulted and the sharp division of equality in the city was noted
- Board members' attention was drawn to the document circulated with the main agenda which set out all the relevant data and discussions
- A great deal of work had been carried out to create the existing strategy which would provide physical and mental health benefits. It was important to meet other priorities as part of a corporate strategy and ensure the development of an action plan.
- This strategy needed to be embedded in the One City Framework
- There was a need for engagement with stakeholder groups
- Food Equality Champions would sit on the Board and become involved in the development of the Action Plan and the 2030 Good Food Plan

It was noted that allotment holders were keen to be involved in this plan.

During the subsequent discussion, the following points were made:

- There was a concern about the lack of funding. It was hoped that the release of the National Food Strategy in April 2022 would offer opportunities in this area by providing larger funding opportunities and the potential for larger pots of funding. It was noted that the ICPs were already looking at options for this
- Brentry allotment was currently providing live activities for the community
- The book launch for Eat, Share, Love had demonstrated a means of getting a range of difficult to find foods across the city

RESOLVED (unanimously) – that the One City Food Equality Strategy be approved and that the Board continues to support this work throughout development and implementation of the Food Equality Action Plan.



ACTION: Ped Asgarian/Alasdair Wood**12. Migrant and Refugee Health and Well Being - Anne James (Bristol City Council Commissioning Refugees)**

Anne James introduced this report. She gave apologies from Anne Gachango and gave the following presentation:

- There had been collaboration with key partners on this issue
- A Health Needs Assessment had been made of refugees and asylum seekers in Bristol
- Work had been taking place at the Haven Health Service and commissioning work on children's mental health services
- Health courses had been operating with ambassadors for COVID and vaccine champions
- Task and Finish Groups and welcome workshops for refugees living in temporary accommodation in Bristol would be set up as part of the resettlement programmes for asylum seekers
- Charging for letters has been minimised for resettlement scheme clients who are entitled to receive NHS care
- Campaigning – it was recommended that BCC campaigns for more mental health services for refugees and for the Race Equality in COVID group to take a more campaigning role
- CCG has provided funding for increased capacity for Hope – Asylum Seeker and Trauma Refugee Services
- Following the Afghan refugee crisis in the middle of 2021, this had changed the way of working for refugees in the city
- Bristol City Council had approximately 600 people in private sector accommodation across the city
- There had been a pledge to support 15 ACRS and 15 UKRS families each year
- Operation Warm Welcome had started from around June 2021 and the response had started in July 2021. 15,000 people were settled within a week, some of them in Bristol with around 270 Afghan adults and children in temporary accommodation. In addition, there had been 200 asylum seekers housed in temporary accommodation in Bristol
- The way we supported families changed as large numbers of people received health support (COVID vaccinations including at the moment boosters, NMR jabs, TB screening, Hepatitis B and Vitamin D jabs). The CCG had worked closely with us
- 220 people had been seen for dental screening in two days. Anyone with dental pain is requested to phone 111
- Increased resources had been provided to ensure additional funding for health as well as maternity services and which had been organised at operational level. There had been weekly meetings concerning the refugee sector and armed forces
- There had been mobilisation of befrienders, walking groups, sewing groups and the local language service
- The DWP were working with migrants and refugees. A large part of my role is to mobilise Bristol residents to support them
- Organisations who had provided support included Bristol Zoo, Gloucestershire County Cricket Club, Bristol Library, M Shed, We The Curious, Laundry Services, Wilko (who had provided a large number of household goods). Resources had to be redirected to new arrivals from Afghanistan



Board members made the following comments:

- 70 refugee children in the city had been traumatised and some in residential homes. The trauma for many people had been significant and would be with them for most of their lives
- In the case of Syria, refugees had been selected from those with the most need. A great deal of good work had been carried out. Anyone who wished to see this should see the video on the website
- Translations into Arabic had assisted with the provisions of vaccination

The Chair requested that organisations who were attending the Board meeting should cascade this request for accommodation as required.

13. Date of Next Meeting

It was noted that the next meeting is scheduled to be held at City Hall, College Green, Bristol at 2.30pm on Wednesday 20th April 2022.

The meeting ended at 5.20 pm

CHAIR _____

