

Bristol City Council
Minutes of the Health and Wellbeing Board

20 April 2022 at 2.30 pm



Board Members Present: Helen Holland (Co-Chair), Christina Gray, Sarah Parker, Cathy Caple, Tim Keen, Tim Poole, Heather Williams, Sharron Norman

Officers in Attendance:-

Mark Allen, Sally Hogg and Jeremy Livitt

Presenters:-

Jenny Tomkinson (Agenda Item 8 - Long Term COVID), Alasdair Wood and Kate Egan Martin (Agenda Item 10 – Fuel Poverty Action Plan), Carol Slater (Agenda Item 11 – Pharmaceutical Needs Assessment)

Other Attendees: Councillor Tom Renhard (Agenda Item 10)

Apologies for Absence:-

Board Members – Councillor Ellie King, Vicky Marriott, Jean Smith, Kirsty Alexander, David Jarrett, Joe Poole, Steve Rea, Stephen Beet, Hugh Evans, Kerry Joyce, Janet Rowse, Zahra Kosar

Officers – Sarah Lynch and Lucia Dorrington

1. Welcome, Introductions and Safety Information

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

2. Apologies for Absence and Substitutions

Apologies for absence were received from Vicky Marriott, Jean Smith, Kirsty Alexander, David Jarrett, Joe Poole, Janet Rowse, Kerry Joyce, Stephen Beet, Steve Rea, Sarah Lynch, Lucia Dorrington, Cllr Ellie King, Hugh Evans and Zahra Kosar.

3. Declarations of Interest

There were no Declarations of Interest.



4. Minutes of Previous Meeting held on Thursday 24th February 2022

RESOLVED – that the minutes of the meeting held on 24th February 2022 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 Forward Plan

Mark Allen drew attention to the Forward Plan.

The Board noted that 26th May 2022 Development Session would discuss the One City Partnership and the role of the Board in bringing this work together.

July and September 2022 would be formal meetings of the Board with a break in August

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

Christina Gray provided an update on COVID.

She made the following points:

- The situation had moved from outbreak to containment
 - The four pillars were outlined – prevent, protect, treat and respond
 - OMICRON remains the main strain
 - The infection rate is still very high
 - The number of COVID cases was plateauing but not reducing. However, the levels of hospitalisation were still not high due to the success of vaccination
 - Two Government agencies were helping to provide collective sharing around the country
 - Biweekly reports were reported on the website
 - A future update would be provided on the uptake of the vaccines amongst the 5 to 11 year olds. Whilst slow in uptake in children, coverage in adults was now at 60%
 - A piece of work was being set up to look at the health offer for refugees. It was noted that Haven had been very successful for Bristol. The role was to skill up GPs as required and ensure expertise in the system
 - The future COVID bulletin would include information on the total children's vaccination rates
- ACTION: Christina Gray to provide**



The Chair read out a comment by Hugh Evans (who had been unable to attend) concerning support for refugees from Ukraine which had been sent to Board members immediately prior to the start of the meeting.

Board Members made the following points in response to the presentation:

- The number of patients who caught COVID continued to have a knock on impact for other services
- Staff were encouraged to continue to test themselves weekly which had created issues with staff absence
- Guidance/prevention control had been issued by the NHS. Its purpose was to address the NHS backlog and ensure that people continued to meet up safely
- Health Checks for Refugees - Ten Hubs were being set up in churches, including one in Hartcliffe and Withywood. The Environmental Health Team were carrying out accommodation safety checks with the help of volunteers, including Ukrainian and Russian speakers
- There remained concerns about GP payments. GP's would only receive payments for MMR vaccines if they reached 95% **ACTION: Christina Gray to investigate**
- The Haven Health Centre currently had no responsibility for Ukrainian refugees and no funding

8. Long COVID Services - Jenny Tomkinson (SIRONA Care and Health)

Jenny Tomkinson and Sally Hogg gave presentations on Long COVID Services and made the following points:

Sally Hogg

- Vaccination rates remained the key to tackling this emerging problem
- The UK Health Security Agency had recently undertaken a rapid evidence review
- 1.7 Million people in the country experienced symptoms experienced self-reported symptoms
- Applying this to Bristol it meant that about 12,580 people were experiencing symptoms. Most of these would improve without intervention
- Anyone who had received one or two doses of a vaccine was far less likely to get COVID or Long COVID. Vaccines remained extremely effective protection for the over 60s

Jenny Tomkinson

- Long COVID was increasingly recognised and symptoms included fatigue (51% identified this as the main symptom), shortness of breath and loss of smell and taste
- There was a 4 week period within which people would present with COVID. If the symptoms continued beyond 12 weeks, this was considered Long COVID
- Women between 30 and 69 were considered to be more at risk and particularly those in more deprived areas such as teaching and social care



- There was a mixture of symptoms which had a big impact on people's lives concerning exercise, not being able to drive and not being able to parent properly – around 200 in total
- Work had been carried out with the Red Daffodil in the spring of 2021 at a time when the health service did not understand Long COVID
- The Healthier Together Offer describes what we are doing. SIRONA have a single point of access – there had been 1400 referrals for adults to date with 400 waiting.
- There remained very few children referrals. This had not yet been properly explored. It was not clear if this was due to a lack of referrals rather than a genuine reduction. It was noted that a lot of people with Long COVID had first caught COVID pre-vaccination
- Details were provided concerning peer support groups and peer partnerships
- There was support provided with a psychologist, Health and Social Care staff and direct enhanced funding to help coding
- A great deal of work was taking place to enable people to manage the condition and self-management in order to individualise what is required
- A number of these had got COVID again. Whilst some had improved, many had been badly disabled by it
- All six localities within Bristol had their own set of information
- Southmead Development Trust were acting as lead to tackle Long COVID
- Staffing had previously been a problem but this issue was now resolved
- A grading exercise in fatigue management needed to be considered to address this problem
- There was a broad church of support, including digital platforms
- There was currently no evidence that antivirals improved Long COVID.
- Details of the referrals were shown – there were 15 to 20 referrals from each locality per month
- Long COVID predominantly affected 35 to 60 year olds and tended to impact more on certain groups such as Health and Social Care staff and teaching staff. 15% of people with Long COVID lived in deprived areas. There remained insufficient information concerning ethnicity in respect of Long COVID
- Modelling was difficult and there had been variation in the different waves of COVID. The medical impact of COVID waves in relation to cardiovascular issues such as a racing heart. Whilst there had not yet been a drop in number, there was a continuing need to balance clinical need against other need
- There was a limited capacity of funding of primary care and the yearly provision of funding made it difficult
- A long COVID webinar had recently been held and had provided information on remedies

In response to questions from Board members, Jen Tomlinson made the following comments:

- The data indicated that there would continue to be a reasonable need for support. It was important to build knowledge and understanding in his area
- There was a recovery plan and a partnership process to support people between referral and being seen. There was an attempt to provide more information at the front end



ACTION: that the ICP Locality Partnerships, Healthwatch and Mental Health Trust be provided with an update on Long COVID – Mark Allen/Sally Hogg

9. ICS Standing Item - Verbal Updates

Board members noted the following:

- Shane Devlin had now started in his new post. Julia Ross and Robert Wooley had now retired
- Joint meetings would rotate through each of the three Local Authorities commencing in July 2022, Bristol would host the secretariat with the other two Local Authorities paying into it. The structure now also included representation for Health and Well Being Boards

Sharron Norman provided updates for each of the ICP Locality Partnerships as follows:

North and West

- Shane Devlin was looking at the Governance structure of the Integrated Care Board
- Sarah Truelove has been appointed as Deputy CEO and Chief Finance Officer
- The first meeting of the North and West ICP had been held
- There was a commitment to consider Ageing Well work. The key population cohort had been identified (50 to 70 with a small number of co-morbidities). If these could be influenced, their decline in health could be significantly reduced
- Significant gaps in service provision had been identified
- There was a need to integrate the service in a way that works. The One City Partnership included a commitment to meeting the cost of living crisis

Inner City and East (ICE)

- In May 2022 there had been a market engagement exercise to establish a Community Inclusion Service that is part of the Community Mental Health Programme
- Details were provided of a prototype integrated and personalised care team
- There would be funding provided to advise people concerning debt and finance issues and to prevent a deterioration in mental health
- A model of care had been developed to help people as they age
- Children's Inequalities – the Board was informed of a healthy weight workshop with community groups, activity groups, and schools. It was noted that the aim of the workshop is to map those communities and groups who are most affected, the contributing factors, and the wide consequences on children and young people's health.



South

- The second case review took place on 6th April 2022 to continue to pilot the process of bringing partners together across organisations and sectors to better support individuals with complex or multiple mental health needs
- The next steps were to continue to develop the IPCT2 (my team around me approach) model and to finalise job descriptions for the IPCT Coordinator and IPCT Administrator roles in order to recruit by June/ July 2022
- Project engagement with communities continues in Marksbury Road area and would be undertaken with older communities in the coming weeks. There would be some funding to support community connectors
- Ageing Well – 25th March 2022 ICP Board had set up a work stream and to develop target outcomes based on an equality model
- There was a need to develop new roles of working and strengthen primary care
- Digital technologies would be introduced to improve working
- As this approach started to work well, its impact on the population needed to be considered as part of the prevention of the decline in poor health

Board Members made the following comments:

- Running community connectors was a good model with navigators
- The role of carers was important in Ageing Well
- There was a need to identify resources wider than each locality area

10 Fuel Poverty Action Plan - Kate Egan Martin (Energy Services), Alasdair Wood and Adele Mildon (Public Health)

Councillor Tom Renhard was in attendance for this item.

Alasdair Wood and Kate Egan Martin introduced this item and made the following points as part of their presentation:

- This action plan had been developed in 2019 but needs a refresh particularly in view of the cost of living crisis
- It had been developed through the No Cold Homes group as part of the Partnership Network
- The purpose of the action plan was to ensure that no-one in Bristol suffered from the cold, including low income groups and inefficient insulated housing
- 2019 is the latest data and demonstrated that it broadly matches the areas of deprivation as well as rented properties in other areas, such as Redland



- The overview of the action plan included issues related to affordable energy housing such as retrofit for private and social housing, works with Housing Associations and ensure Planning regulations met energy efficient levels
- The plan also included a section on sustainability and the issue of affordable low carbon heating and to ensure that decarbonisation does not take place at the expense of heating homes
- Smart technology was proposed to alleviate fuel poverty through community outreach
- The specialist Cold Homes Advice service provides a local single point of contact for the service and the specialist hospital case worker
- Whilst grant funds were available, it would be reduced in Summer 2022 with no funding beyond July 2023
- A great deal of advocacy work was taking place in this area to provide possible energy support
- The Chief Executives of Energy Companies expect 40% of households to fall into fuel poverty. It was important to remain flexible in response. A project manager was required to provide an oversight to this service
- The following steps were required – a refresh of the No Cold Homes Group, community representation, talk with One City for a one city approach, funding of a project manager, a fully aligned system relating to the priority of the cost of living, strategic resilience and prevention
- There would be promotion of the action plan across key partners

Following the original approval of the Fuel Poverty Action Plan in 2019, the FPAP was being re-submitted to the HWBB prior to referral to a Joint People and Growth Regeneration Scrutiny meeting Cabinet and a sign off at a Cabinet meeting.

Councillor Tom Renhard commented on the impact of the cost of living crisis and measures to tackle it such as work with Housing Associations, increases in direct debit and homes upgrades.

Board members made the following points:

- Practical measures to address this were important
- Pressure needed to be placed on locality partners to address this. The pandemic had aggravated long-standing problems.
- The remit of work had increased but the funding was being reduced

RESOLVED – that the Health and Well Being Board notes the One City Fuel

Poverty Action Plan



11 Pharmaceutical Needs Assessment - Rachel Metcalfe (Public Health)

Carol Slater introduced this report and made the following points:

- the Health and Well Being Board were requested to provide delegated authority to sign off the Bristol Pharmaceutical Needs Assessment 2022 (PNA) to publish it by the statutory date of 1st October 2022
- A questionnaire would be issued seeking views until 17th April 2022 prior to its submission to NHS England

The Board noted that the link to this document would be placed in appropriate bulletins.

Board members suggested that the document needed to ask individuals to identify if they were a parent or carer and identify the organisations to support parents if their child was sick on a Sunday (ie which pharmacies are open).

RESOLVED –

- (1) that the Health and Well Being Board delegates authority to the Director of Communities and Public Health to sign off the Bristol Pharmaceutical Needs Assessment 2022 (PNA) so it can be published by the mandatory date of 1st October 2022.**
- (2) that the draft report is received prior to consultation and the final draft before sign-off for comment with the he final report to come to the board for endorsement in October 2022, after publication**

ACTION: Carol Slater (to bring draft report back to HWBB), Mark Allen to add to the Forward Plan.

12 Date of Next Meeting

It was noted that the next formal meeting of the Health and Well Being Board was scheduled for 2.30pm on Thursday 23rd June 2022 in the Bordeaux Room, City Hall, College Green, Bristol.

The meeting ended at 4.50 pm

CHAIR _____

