



Bristol Health and Wellbeing Board

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- Updates will be published on the [public website](#)
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1. Highlights of our work since the last meeting

- Integrated Personalised Care Team (IPCT) Mobilisation for Mental Health**
– We continue to test and learn from the development of this model for community mental health holding case reviews every three weeks. Over the last couple of weeks, the group have particularly been focussing on developing process and structure for the IPCT-way of working, including developing information governance procedures and a standard operating procedure. We have been learning and sharing with the other Locality Partnerships across BNSSG and are also aligning our way of working with Changing Futures and the My Team Around Me approach.
- Community Connectors** – Engagement with chosen communities continues throughout June to build relationships and trust to encourage interest in co-production and recruitment of the new Community Connector roles which we are testing and learning from in areas of South Bristol to work with what is important to each individual, which will include reducing social isolation and loneliness. We will be recruiting a Lead Community Connector from July to oversee community engagement activity and start to trial the role of a Community Connector by helping people make connections with what matters to them, building on learning as they go.

In July the Community Connector Engine Room (Working Group) will be hosting a Theory of Change workshop in collaboration with CCG Evaluation colleagues to clarify the key outcomes the project aims to achieve.

- Ageing Well** - The Working Group has commenced and is starting to explore our local offer whilst remaining aligned with the system-wide programme and other Locality Partnerships to prevent duplication, whilst we all develop approaches to the programme. Recently, the Working Group were joined by PHM colleagues to look at health inequalities for populations of South Bristol when considered against a condition-based multimorbidity score. We are now exploring this further; the next step is for the PHM team to provide a 'deep-dive' into what is driving the greatest health inequalities in South Bristol and in which areas, or groups, to allow us to be targeted in our support and interventions. It is great to have colleagues at Wesport and Age UK Bristol

now joining to support this work given their roles in the community and the links to the 2022/23 AW pilot schemes that they are running.

2. A challenge in our work since the last meeting

As a Locality Partnership, we want to ensure that we work within and across the different communities of South Bristol and effectively involve them in the co-production of what we do. We initially struggled in our Community MH work to effectively engage people with lived experience. This improved; however, we want to ensure that moving forwards we have strong links in all parts of South Bristol. We are currently developing an approach to better engage all VCS Community Anchor Organisations in our work to support us in an ongoing conversation with the people of South Bristol.

An 'ask' of the Health & Wellbeing Board/ One City Partnership in relation to this challenge:

We ask that the Health & Wellbeing Board, through its role and position within the city, helps us develop our links to organisations and agencies that might typically not have been so easily engaged from a pure 'health' or 'care' perspective.

3. Links to current One City priorities

2022 priorities include the Drug and Alcohol Strategy, Carers Strategy, Belonging Strategy, cost-of-living-crisis, inclusive recruitment, active travel.

- a. Our Community Mental Health developments recognise the links for some people between mental ill-health and drugs & alcohol. Our holistic 'My Team Around Me' approach, and the developing links with Changing Futures will help support people holistically and ensure strong links across key agencies. Through our work we want to help achieve the One City priority that acknowledges MH being as important as physical health.
- b. The important role that carers play is a theme running throughout our work streams, but is particularly strongly noted in our developing Ageing Well work where we are seeking to identify the greatest opportunities around the 'Anticipatory Care' agenda where we can support people to 'age well' within connected and inclusive neighbourhoods. A focus is being given to identify the areas suffering greatest inequalities in the space and then take targeted action to reduce these.
- c. As a Locality, we are considering how we can support the 'cost of living crisis' and we are particularly aware of the impact this will have on mental health. It has been beneficial to discuss this within our Bristol Locality Partnerships meeting and our GP Locality Forum meeting this month, and we will work proactively with Public Health and other partners to take action to support people in South Bristol who will be most impacted by the current economic position. The holistic and person-centre approach that we are taking to our

MH work is cognisant that even though people may present with health and care needs, we recognise that the root causes of some presenting conditions might be driven by their wider situation in the context of an individual's financial or wider personal circumstances, for example.

An 'offer' to the Health & Wellbeing Board/ One City Partnership in relation to this work:

We think the development of Locality Partnerships is a great opportunity to support achieving a number of the priorities and goals of the One City Plan through integrated health and care provision which works within and throughout the communities in South Bristol. The Locality Partnership is well placed to make strong connections across organisations, particularly noting where multiple agencies may be supporting individuals from a number of different perspectives.