

Bristol City Council
Minutes of the Health and Wellbeing Board



Thursday 23 June 2022 at 2.30 pm

Board Members Present: Councillor Helen Holland (Chair), Kirsty Alexander, Stephen Beet, Carol Slater, Hugh Evans, Christina Gray, Tim Keen, Vicky Marriott, Sharron Norman, Joe Poole, Steve Rea, Vicky Marriott, Heather Williams

Officers in Attendance:-

Mark Allen, Sally Hogg, Jeremy Livitt, Sarah Lynch, Helen Thornton

Presenting Officers:-

Penny Germon, Leandra Pacary (Minute Number 10) and Julie Northcott (Minute Number 11)

Also Attending: Alasdair Wood

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 Councillor Ellie King, David Jarrett, Tim Poole, Zahra Kosar, Sarah Parker (Board Members), Tiffany Wood and Ashley Ward (Presenters).

3. Declarations of Interest

There were no Declarations of Interest.

4. Minutes of Previous Meeting held on Wednesday 20th April 2022

RESOLVED – that the minutes of the meeting held on Wednesday 20th April 2022 were agreed as a correct record and signed by the Chair.

5. Public Forum

There were no Public Forum items for this meeting.



6. Health and Well Being Board Forward Plan - Mark Allen

Sally Hogg introduced this report in Mark Allen's absence and made the following points, in conjunction with the Chair (Councillor Helen Holland) and Sarah Lynch:

- Officers were attempting to make the July Development Session meeting (a Joint meeting with the Homes and Communities Board) more community-focused
- The subject area discussions for 7th September 2022 formal Board meeting had yet to be decided
- Discussion was needed concerning the planning and provision of food and the need for local providers for small outlets. It was also noted that there were other issues related to housing – adult social care and housing
- All Boards were being re-set and exploring what support they required
- The Chair referred to key issues that needed to be addressed such as the workforce and its impact on the Board, as well as the need to attract people in Health and Care without impacting on other aspects of the economy

7. ICPB Verbal Update - Councillor Helen Holland

Councillor Helen Holland made the following points updating the Board concerning the Integrated Care Partnership Board:

- The ICP would start on Friday 1st July 2022 and would include representatives from the locality partnerships. Members had last been updated on Wednesday 22nd June 2022
- The Partnership Board will operate as a rotating chair – firstly North Somerset, then Bristol then South Gloucestershire
- The three Local Authorities involved will co-fund the secretariat but it will be based at Bristol City Council. The other two Local Authorities (who do not chair) will have shared agenda meetings
- The initial membership will consist of 28 members – including umbrella organisations such as VOSCUR (Bristol), VANS Voluntary Action (North Somerset) and Community and Voluntary Services CVS (South Gloucestershire)
- Jeff Farrah (Chair of Strategic Board) will attend the ICP Board meeting
- The ICP Strategy needed to be developed by Christmas 2022.

Other Board members commented that:

- The HWBB would still own the HWBB strategies. However, the ICPB would provide parallel intelligence
- There would continue to be discussions between the HWBB and ICPB regardless of whether or not there was any formal consultation
- It was noted that Christmas was a very tight timescale to complete the ICP Strategy

8. Locality Partnership Updates - (a) North and West (b) ICE (c) South

The Board noted the written reports prepared for each Locality Partnership Area as follows and received verbal updates as follows:



North and West

Sharron Norman made the following points:

- Ageing Well Programme - there was less silo working under the new arrangements although LPA's were in an embryonic stage
- The decision to increase the cohort dealt with from over 65 to over 70 allowed the LPA to deal with a population that they would not normally deal with. This group suffered from anxiety and depression and spent on average £5,500 more on hospital treatment than the average person
- All organisations and voluntary organisations were working in the community to assist in what is required to do things differently
- A newly formed network group had been charged with going into the community to carry out the necessary assessments. There was an impact on emergency departments, ambulances and voluntary sector. Mechanisms needed to be found to move money from the voluntary sector into the community

Inner City and East (ICE)

Joe Poole made the following points:

- Mental Health – there was a more holistic approach required for funding and to target these groups as part of Ageing Well. There was a need to understand the required learning to support people
- Community Inclusion – there was a need to provide link workers to support those communities not traditionally well served (Afro-Caribbean and Somali)
- There was a need for a multi-disciplinary approach for professionals and GPs to ensure everyone received a joined-up service
- Eating Disorders Pilot – specialist pathways for this service were being developed. Workers will be placed within the locality services to deal with this
- Partnership Board Development – this was being carried out to make it more representative of the population and its values

South

Steve Rea made the following points:

- There had been a recent event at the Watershed concerning retirement in action and addressed issues such as maintaining regular exercise
- There was a strengthened case for networks to share information and to translate evidence based work
- The information received would inform plans and would feed into the wider City Plan

Board members made the following points:

- The Chair had visited Shining Care recently (A Somali-led Home Care Provider). The HWBB was available to help in any way possible such as with the Black Southwest Network to do what is required for the CQC
- The Ageing Well scheme did not stop at 65 so a change in the existing approach was welcome



- It was encouraging to see the various types of work across the whole city and a need to start building relationships with Councillors

9. End of Year Performance Report - Sally Hogg, Communities and Public Health, Bristol City Council

Sally Hogg introduced this report and made the following points:

- The Board members' attention was drawn to the green and amber colours for different services. Green indicated that progress had been achieved, even if the problem had not been solved. Amber showed that work was still required to meet the required standard
- Statutory duties had been fulfilled
- Success in tackling childhood obesity had been held back due to COVID. There remained issues concerning an inadequate nutritional diet
- Alcohol was worse than the national average. Further work through the Dru and Alcohol Strategy was required to tackle this problem
- Oversight of the Health Strategy was moving forward
- Overall the performance showed a good trajectory

Board members made the following points:

- The legacy from Wills in South Bristol remained significant. Although the figure of smoking cases from this period was not high, it contributed to the problem
- In 2019 a difficult decision had been taken to reduce the universal offer and focus on smoking. Since smoking was coming back on to the agenda, there was a need to take a lead in this area. Andrea Dickens was taking a lead in this area
- Smoking cessation was an important issue
- The Children's Centre in South Bristol remained an important gateway for work
- An interesting piece of work had been carried out in 2019 to assess why women were not taking up the offer to help them to stop smoking since anecdotal evidence suggested the numbers had increased
- It was important to support people in this area. It took time to support someone to give up smoking and any learning that could be used in this area would be of benefit
- There was a requirement to do an annual check. Localities could delve into the required information to assess them with this. It was acknowledged that mental health was a key issue in relation to this area
- It would be helpful to provide further information on what work was taking place relating to physical activity **ACTION: Mark Allen/Sally Hogg to provide information on this for a future HWBB meeting**

10 Cost of Living Crisis Response - Penny Germon and colleagues, Communities and Public Health, Bristol City Council

Penny Germon introduced this report and, together with Leandra Pacary, made the following points during her presentation:

- The cost of living crisis had far-reaching implications and was causing major problems for the



organisation

- The city had to pull together to address these problems
- Citizen/Neighbourhood action would need to be based on neighbourhood and community leadership via a Council/city approach
- The following questions needed to be addressed – What do we know? What have we got? What can we do?
- A pie chart showed communities and residents involvement
- For 1 in 4 households, there had been a 20% increase in spending and 1 out of every £5 from this would be spent on energy
- The chancellor had provided £400 support for each household, £65 increase in means tested benefit and £150 disability cost
- The results of a reduction in income would be seen. Inflation was having a disproportionate impact on lower income households including 40,000 claimants of universal credit
- A poll carried out in January/February 2022 indicated that 50% of households were going without essentials
- An interactive map showed the risks and impact including the percentage of households with income deprivation, free school meals eligibility and additional support such as the local crisis prevention fund
- The written impact assessment would feed into the JSNA (Joint Strategic Needs Analysis)
- A number of groups faced additional risks such as the BAME community, the disabled, single parents, those in rented accommodation, those with pre-payment meters and various under-served populations
- The Asset map showed three groups – those with assets, the voluntary sector and public sector
- Each section showed the action taken to maximise the income for these groups, actions in terms of city co-ordination in response as well as the key role of businesses
- A framework of action focused on those most at risk of poverty and inequity. The problems with social justice will address issues of inequity and social justice
- Key issues involved were as follows: impact assessment, monitoring, framework collaboration, co-ordination with 26 community links, communications, potential for We Are Bristol helpline, donations of £450 rebate and £400 energy, welcome spaces, One City Plan in place for November 2022
- It was proposed that HWBB oversees the response and how you can contribute

Board Members made the following comments:

- There is an interactive map which includes a website link to GIS
- It was important not to undermine arrangements for financial support for families
- Care providers were concerned about the impact on their organisations. The issue of the pay for carers was important since they regularly went into people's homes to provide care and could make change immediately rather than via the usual procedures
- Whilst the voluntary sector was always willing to be flexible, COVID and the cost of living were having a huge impact on communities. Although many lessons had been learnt from the experience of dealing with COVID, lack of capacity remained a problem. It was noticeable that there were signs that donations to food banks were decreasing
- There would be a seasonal impact this winter on services such as the Community Meals Service
- Food Justice Week had taken place in Lawrence Weston. There had been very helpful support from housing tackling the issue of voids left behind by flat owners. These were properly dealt with



prior to handing them to families needing to be rehoused

The Board noted that, whilst this work was being dealt with through One City, it needed direction. It was

RESOLVED (unanimously) – that the Health and Well Being Board should act as the lead for the governance of this work and provide regular progress and update reports.

ACTION; Mark Allen and Sally Hogg in conjunction with Penny Germon and Leandra Pacary

11 Immunisations - Carol Slater and Julie Northcott, Communities and Public Health, Bristol City Council

Julie Northcott introduced this report. Julie Northcott and Carol Slater made the following points during her presentation:

- NHS held responsibility for this function delivered through a contract by which other organisations were commissioned to provide it
- Details of what was required and the vaccine illnesses were set out
- A body called the Joint Committee on Vaccinations and Immunisations had responsibility for making decisions in this area
- One target was the delivery of the MMR second dose by the age of 5 with the England average set at 95%. These were administered by locality
- Under the COVID-19 vaccination programme, there had been more than 950,000 vaccinations with 80% of over-16s having been vaccinated. There were still instances of people coming forward for their first dose. Work was currently taking place for provision of the autumn booster.
- Details were shown of Barton Hill walk-in vaccination clinic from 8th January 2022 and Stapleton Road clinic on 4th March 2022. This was still being provided once a week and also included blood pressure clinics.
- There was currently a slight uptick in COVID cases (1 in 48) and the Mind the Gap programme showed a gap of between 5 and 18% against the 95% standard. Work was taking place with partners to improve this. A Maximum Immunisation Group had been established which was adopting a systems approach and was working with the Neighbourhoods team

In response to Board members' questions, Julie Northcott made the following points:

- Working parents frequently required more than one access point for immunisations
- Further work was required in tackling shingles which was not yet at the required standard of immunisations
- The University of Bristol had carried out a good piece of work concerning informed conversations and provided clear and accessible information

Board Members made the following comments:

- It was acknowledged that the majority of work in this area was in Primary Care
- From a community perspective, there was an important role of social media in spreading the message and holding conversations that provided dignity and equity to all concerned
- There were various issues to consider such as cultural issues and online support



- Work in the North and West areas had needed to develop completely different approaches to problems, since different populations were being served

12 Drug and Alcohol Strategy - Paul Moores, Ashley Wood and Tiffany Wood, Communities and Public Health, Bristol City Council

Due to unavoidable personal difficulties and illness, no-one was available to present this report. It was therefore, agreed that it should be deferred to a future meeting and added to the Forward Plan.

Action: Mark Allen and Sally Hogg to add to Forward Plan – contact Paul Moores, Tiffany Wood and Ashley Ward to confirm details

13 COVID Update and Drugs Testing Arrangements

Christina Gray provided an update to the Board on COVID-19:

- The figures for COVID-19 were increasing in Bristol over the last three or four weeks
- Since the formal requirement for testing was no longer required, it was possible to get a more accurate figure of background rates of infection
- The Bristol area was part of the national sample survey. Testing was still taking place in care homes, NHS and outbreaks.
- Following the steep OMICRON curve after Christmas and steep reduction in Spring, rates had been very low. However, it had not gone away and following OMICRON mutations was very infectious. Following an increase in socialising, those with increased vulnerability were being referred to treatment as required
- The vaccine was holding its own against variants. Everyone should get their booster if eligible to do so
- Ventilation was very important in closed areas. Mask wearing also helped. Anyone who tested positive for COVID should not come in to work
- If there were rising rates of infection, the numbers in ICU will increase
- The proportion of deaths from COVID remained very small.

Drugs Testing Arrangements

Drug testing procedures were operating under Home Office licence. There had been recent incidents of two deaths caused by party drugs. Testing would detect whether or not there were any rogue strains. **ACTION: Jeremy Livitt to circulate to all HWBB members details of a recent press release concerning this issue.**

14 Date of Next Meeting

It was noted that the next formal Board meeting is scheduled to be held at 2.30pm on Wednesday 7th September 2022.

The meeting ended at 2.45 pm

CHAIR _____

