

Bristol City Council
Minutes of the Health and Wellbeing Board

7 September 2022 at 2.30 pm



Board Members Present: Helen Holland (Co-Chair), Ellie King (Deputy Chair), Councillor Asher Craig, David Jarrett, Stephen Beet, Kerry Joyce (substitute for Kirsty Alexander), Christina Gray, Tim Keen, Vicky Marriott, Tim Poole, Steve Rea, Joe Poole, Caitlin Moss (substitute for Cathy Caple), Fiona Tudge

Officers in Attendance:-

Jeremy Livitt and Mark Allen

Presenters:- Rosanna James and Alissa Davies (Agenda Item 7), Tracy Mathews (Agenda Item 9), Seb Habibi, Charlie Kenward and Nia Reeves (Agenda Item 11), Chiara Lode and Sado Jirde (Agenda Item 12)

Other Attendees:- Penny Germon

1. Welcome, Introductions and Safety Information

Councillor Helen Holland welcomed all parties to the meeting and reminded them of the arrangements in the event of an emergency evacuation procedure.

2. Apologies for Absence and Substitutions

Apologies for absence were received from Sharron Norman (Kerry Joyce substituting), Maria Kane, Heather Williams, Cathy Caple (Caitlin Moss substituting), Carol Slater and Zahra Kosar. The Board also noted that Tim Poole and Councillor Asher Craig would be arriving late.

3. Declarations of Interest

There were no Declarations of Interest.

4. Minutes of Previous Meeting held on 23rd June 2022

RESOLVED – that the minutes of the meeting held on 23rd June 2022 were 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

The Board noted that, following the successful workshop with the Children and Young People Board in the previous year, a follow-up had been arranged for 20th October 2022 and would consider the following issues: Belonging Strategy and the Maternity Equality Update

There was a brief discussion concerning the success of the recent Joint meeting held at the Knowle West Media Centre and whether or not something similar could be arranged for the session in October 2022 to strengthen the links between the Housing and Locality Partnerships and to help with patients who leave care returning to properly heated homes.

It was agreed that, at the Locality Partnership Collective meeting on Thursday 8th September 2022, there should be a further discussion about the cost of living and returning patients being able to heat their homes. **ACTION: Stephen Beet – action now taken**

7. Home First Discharge To Assess Transformation Programme - Rosanna James, Alissa Davies and Stephen Beet

Stephen Beet (supported by Rosanna James and Alissa Davies) introduced this report setting out this programme which ensured the need for people to go to hospital was reduced and focusing on their well-being and independence at home. They made the following points as part of their presentation:

- It was important that the HWBB aligned its principles with the programme's priorities
- This was about an Integrated Care System approach to ensure all agencies worked together
- The purpose of the programme was to reduce the harm to people and keep them safe
- If people did need to go to and remain in hospital, this would ensure that they received the correct support
- People would be supported in their communities wherever possible. Home First priorities needed to be aligned with the Locality Partnership
- There were currently too many people in the bedded pathway when recovery in their own home was the best option. In July 2022, there had been the worst performance hospital handover times
- If moving people back into their own home took too long, this created problems elsewhere. People awaiting treatment were in pain as they were unable to get surgical treatment. There was a target discharge rate for 70%, 38% in hospital care were currently able to be discharged but only 15% were



- The One City Plan had a vision for strong communities. Health Watch had done work to assess the voice of people
- The LGA supported a peer review in this area. The key focus in this area was to support people to stay well
- Once a patient no longer needed acute care, it was important that as least time as possible was spent in a hospital bed, particularly for the frail and elderly
- Discussions were taking place concerning how the home care provider market will work
- Details of the longer term transformation plans were shown
- NHS England were promoting a model to enable 100,000 people aged between 40 and 50 to be in virtual ward beds and receiving wrap around care at a distance. There was a very ambitious timeline to start this programme within the next few weeks to help avoid people deteriorating and going into long term care
- The purpose of this programme was to develop a long term strategy to solve the problems rather than just addressing an immediate problem. Whilst some patients may prefer a warm hospital to a home which is not properly heated, there was a consensus that care needed to shift to treatment at home
- With support from the LGA, this programme would be tested and brought back for reconsideration to the next formal meeting of the HWBB

In response to Board members' questions, the presenters for this item made the following points:

- It was important to involve and support carers in the process and this would be part of the programme
- There needed to be a strong community focus to support care not just focused on discharge points as a means to avoid problems being prevented originally
- Developing connections was important to avoid too narrow an approach
- The local network would be used to ensure the correct community links and engaging with the voluntary sector as required

RESOLVED that the Board –

- (1) notes and supports the immediate and short-term actions being taken to improve outcomes and flow through D2A pathways in Winter 2022/23 via the 100 day challenge and system transformation programme**
- (2) supports and feeds into the development of an implementation plan for a longer-term aligned and integrated model across health and care via the LGA support offer**
- (3) considers the LGA's recommended implementation plan once their support offer has concluded with likely recommendations on models, funding and approaches to greater alignment and integration across health, social care and the VCSE sector to improve outcomes in ways that are sustainable for all partners.**

ACTION: Mark Allen to add to Forward Plan for future Board meeting



8. Locality Partnerships Ageing Well Updates - Locality Partnerships - South, North + West, Inner City and East (ICE)

The Board received updates on the Locality Partnerships as follows:

Joe Poole – Inner City and East (ICE)

Architecture is being developed to deliver national waiting targets and information is being obtained from the business team as to what makes ICE unique as well as identifying the key people concerning health and well-being within our communities.

Discussions would be taking place on Friday 9th September to remodel the Ageing Well Programme. An anticipatory Care Plan and Home Plan would be joined up with Home First.

Kerry Joyce – North And West

There was a high focus on care homes as part of a baseline mapping exercise. AN analysis of frailty data was taking place to ensure that wrap around care was provided and an urgent response where required. Advanced care planning and care providers to help with the Falls Unit was taking place, linked with Care Home Managers. The Place Development Team have supported us with the 50 to 60 year old age group to tackle multiple morbidities and low level mental health needs.

Steve Rea – South

Oona Goldsworthy was leading work in South Bristol. Since the current work may not align with all providers, a wider piece of work will be required in future to achieve this.

The Board noted that a report would come back to a future HWBB meeting concerning the work of NACS in helping each Locality Partnership develop its own problem statements **ACTION: Mark Allen/Sally Hogg to add to Forward Plan and discuss with Locality Partnership leads**

9. JNSA Annual Report and Health Profiles - Tracy Mathews

Tracy Mathews gave a presentation to the Board and made the following points as part of the presentation for this item:

- Details of the Annual Summary for 2021/22 were provided
- The JSNA gave a comprehensive picture of the needs of Bristol and included a large number of updated sections
- There was a standardised template for completing the information with regular monthly bulletins publishing it



- The findings provided certain priority indicators, such as falls and dementia with older people being a priority
- Children – there was a good level of development in this area with a wide range of aged between wards. There were an estimated 15,300 children under 16 in low income families with 17.8% average, slightly lower than 18% UK average. However, the figures were very high in some wards, such as Lawrence Hill
- Adults – Healthy Bodies: 57% were overweight or obese (smoking and substance misuse). Smoking is higher in males and with higher deprivation
- Adults: Healthy Minds – details of the self-harm admissions and suicide mortality rate were given
- Statistics were shown in relation to fuel poverty, climate emergency, health protection and violence and hate crimes
- Violence – Bristol had the third highest rate amongst all core cities and was particularly bad in relation to emergency hospital admissions
- Seasonal flu immunisations – they were broadly in line with the average
- Healthy Systems – 15% of Bristol population were in mostly deprived areas with a rising unemployment rise
- Child development statistics were pre-COVID. More up to date data would be obtained shortly and was also available on the website
- Local Partnership Health Profiles – HWBB determinants were provided for each of the 3 LP areas using selected Performance Indicators
- The document was updated annually and published in June/July each year
- There was a Quality of Life survey across the 3 localities
- Population data had changed over the last 10 years split between sexes, life expectancy, publicity data, deprivation and using a heat map
- Themes covered included CYP, Healthy Lifestyles and Older People

Board members made the following comments:

- The information needed to be as up to date and dynamic as possible
- There was a need to work alongside family hubs as well as Local Partnerships
- Whilst locality profiles showed a different perspective on each locality, it was important to adopt a systematic approach
- There were a lot of big challenges, such as the diabetes programmes in different parts of the city
- COVID would have affected a lot of the data
- This data had been useful information for the locality partners
ACTION: Jeremy Livitt to provide the e-mail address for all Board members to view the latest figures and pass on any views

10 "Have Your Say" Engagement Exercise - Integrated Care Board

The Board noted that details of this item would be included under Agenda Item 11 – ICS Strategy.



11 ICS Strategy - Seb Habibi, Charlie Kenward and Nia Reeves

Charlie Kenward, Seb Habibi and Nia Reeves gave a presentation on this issue and made the following points as part of their presentation:

- The new Integrated Care System had been formally launched on 1st July 2022
- A strategy was being created. Improvements would be designed to help meet the needs of residents
- A large public engagement exercise could provide a shared understanding of need
- It was important to identify what kept people happy and healthy and the role of communities in achieving this
- 700 responses had been received so far, including a lot of staff. About 47% said social connections were the most important, followed by physical activity and diet, then how and where we live
- Problems identified by responders included work, the stresses of life, the cost of living
- This could provide an opportunity to encourage people to do more sport and to have regard for what the Government was doing in this area
- Looking at the operational situation, it was important to work with the Local Partnership areas to meet need
- An understanding of what people think could be followed by a vision and ambition
- The first version would be published in December 2022 and would enable commitments for collective action
- A long term strategy would be developed in March 2023 alongside the Council's Digital Strategy, CYP Strategy and the Mental Health Strategy. The goal was to create something compact and digestible
- The recommendations from the Health Foundation Report had been incorporated into the strategy with an emphasis on inequalities and wider determinants
- This would need to be a living document and continuously updated
- Clear language had been used to engage readers with a data pack of information
- A life course approach been adopted, acknowledging the different life stages. This had highlighted the complexity of HWBB and wider determinants
- A co-ordinated approach would showcase messages in an engaging way - a key example was the way in which a lack of regular eating caused problems for older people
- A strategy focused on key areas such as prevention, design, clustering of risks and inequalities
- Health Gap – population health management data obtained from GP records showed the combination of risks and the level of seriousness – for example, hypertension is less serious than diabetes. Quintiles of deprivation had been used since, in addition to age, there were big gaps in health levels in different parts of the city.
- An understanding of the complexity of micro levels of risk was set out. For example, in youth mental health issues dominated, together with drugs and alcohol. For those aged 50 and beyond chronic pain was one of the biggest problems. At the moment, there was no strategic priority to address it. Other health problems included diabetes and Chronic Pulmonary Obstruction Disease



- Racial Disparities – there had been an extensive local study which had indicated in Bristol that ethnic Chinese had much better levels of health than other groups
- Childhood obesity had increased during the pandemic and this had created future problems
- Demographics – due to the way we age, over 75's Suffered the biggest problems. The majority of users were made up of 3% of the least healthy. Focusing on this group was the only viable option to ensure health improvements with a sustainable service
- There had already been heavy investment in inequalities with another £10 billion provided
- The issue of chronic pain was a very serious issue that needed to be addressed. It was noted that there would be a presentation to a future meeting of the COVID Risk Priority Group on this issue

It was agreed that the final report should be sent to Board members when available.

ACTION: Mark Allen to speak to Charlie Kenward, Jeremy Livitt to send to Board members when available

12 The Bristol VCSE Sector's City Wide Strategic Action Plan - Chiara Lodi and Sado Jirde (Black Southwest Network)

Chiara Lodi and Sado Jirde introduced this report and made the following points as part of their presentation:

- VCSE Strategy Group was working on this action plan and was enabling wider sector engagement concerning health inequalities. Key sectors in the BCSE Strategy Group had been involved with cross sector partnerships for various organisations
- This was a live document for which feedback was welcomed
- The document was as inclusive as possible to develop a strong and equitable partnership. Whilst the voluntary sector was often seen as the last port of call for members of the public, it was an essential part of the city
- A 9-month long research had analysed the capability of the service to respond to events and how it worked. It had analysed the state of the Bristol VCSE Sector, the need to design a collective vision and embedding an equalities-led approach to include those groups who were systematically misrepresented
- There were key assets concerning the Voluntary Service's response to the pandemic and to build a vision
- The vision was underpinned by 7 principles – the need to be equitable, well-funded, the need for a long-term plan and inclusive decision-making, that it should be rooted in the community, resilient and connected city wide. Over 300 Bristol based organisations had been involved in the vision
- Equity was central to the approach to ensure long term sustainability, diverse voices of the sector are part of the decision-making process and ensure improvement in cross sectoral connectivity
- The plan would involve the following objectives: Objective 1 – Voice Enabler, Objective 2 – Equitable Governance, Objective 3 – Diverse Leadership Nurturing to ensure more than one person can fulfil this role



- There was a need to fund it equitably, build the community agency and commission equitably to ensure a long-term approach. This would allow the BME community to build a relationship with all people in Bristol
- There was a need to address issues of economic inequality by the development of contracts for social enterprises

Board members made the following comments in response:

- The One City approach had been crucial and the voluntary sector had stepped up to help during COVID. The voluntary sector was often not taken seriously but as they were at the front line and trusted to deliver. It was vital that they received the necessary funding. The relationship between this sector and ICP's needed to be strengthened
- The engagement of ICPB's with the Voluntary Sector would help them build partnerships and was an opportunity to make connections to provide the sector with the voice it needs
- This sector could act creatively and avoid bureaucracy as during the COVID crisis when it took the initiative to act regardless of any formal requests to do so

It was noted that the COVID Equality Group would soon be launched. During COVID it had felt like an actual partner with BCC. This relationship needed to continue in future.

13 Better Care Fund - Stephen Beet

Stephen Beet introduced this report and pointed out that all the available data was not yet ready for submission, this document needed to be signed off as soon as possible.

In response to a members' question, he pointed out that there would be a minimum contribution for the Local Authority and a wider discussion would be required in future concerning issues such as the implications for the Trust.

It was noted that the application needed to be made by 26th September 2022.

ACTION: Stephen Beet to send final version to Councillor Helen Holland (Chair) for sign-off prior to submission on Monday 26th September 2022

14 Date of Next Meeting

It was noted that the next Board meeting is scheduled to be held at 2pm on Thursday 24th November 2022 in the Bordeaux Room, City Hall, College Green, Bristol.

Meeting ended at 5.05 pm

CHAIR _____



