

Bristol City Council
Minutes of the Health and Wellbeing Board

24 November 2022 at 2.30 pm



Board Members Present: Councillor Helen Holland (Co-Chair), Councillor Ellie King (Deputy Chair), Colin Bradbury (Co-Chair), Caitlin Moss (substitute for Cathy Caple), Stephen Beet, Hugh Evans, Christina Gray, Tim Keen, Zahra Kosar, Vicky Marriott, Tim Poole, Heather Williams, Steve Rea

Officers in Attendance:-

Sarah Lynch, Jeremy Livitt, Carol Slater, Mark Allen, Penny Germon

Presenters: Kay Libby (Agenda Item 9 – New Way Leg Club), Millie Collins (Agenda Item 13 – Women’s Health Report)

Apologies for Absence: Councillor Asher Craig, Maria Kane, David Jarrett, Kirsty Alexander, Fiona Tudge, Kerry Joyce, Joe Poole, Cathy Caple (Caitlin Moss substituting)

1. Welcome, Introductions and Safety Information

The Chair welcomed all parties to the meeting and asked everyone to introduce themselves .She explained the emergency evacuation procedure.

2. Apologies for Absence and Substitutions

Apologies for absence were received from Maria Kane, David Jarrett, Kirsty Alexander, Joe Poole, Fiona Tudge, Kerry Joyce, Councillor Asher Craig and Cathy Caple (Caitlin Moss substituting).

3. Declarations of Interest

There were no Declarations of Interest.



4. Minutes of Previous Meeting held on 7th September 2022

RESOLVED – that the minutes of the meeting held on 7th September 2022 be approved as a correct record and signed by the Chair subject to the following amendment to Minute Number 8 on Page 11 of the agenda papers relating to the first sentence of Steve Rea’s report “ Claire Chapman (Sirona) and Oona Goldsworthy (Brunel Care) are the co-leads of the Ageing Well work in Bristol and work is progressing as per the update given in the reports.”

5. Public Forum

The Chair noted that there were no Public Forum items for this meeting. She urged Board members to encourage people to submit Public Forum Statements to the meeting in view of the many topics that were being discussed.

6. Health and Well Being Board Forward Plan

Mark Allen explained to the Board details of the items scheduled in the Forward Plan for forthcoming meetings, which would include a meeting at a venue in North Bristol.

RESOLVED – that the report be noted.

7. Verbal Update on Winter Pressures (Cost of Living, Flu and COVID-19) - Christina Gray

Mark Allen provided an update on winter pressures. She explained that Penny Germon and Mark Allen were working on measures to help reduce these pressures. The Board noted that there were 58 welcoming spaces around Bristol indicated on a map on the Bristol City Council website. She explained that individuals were able to make a donation and donations were also being accepted by Quartet.

People were being encouraged to get the flu jab and vulnerable groups to get the COVID booster. It was also noted that checks were being made to ensure there were up to date immunisations for polio and MMR.

8. Verbal Update on ICS - Councillor Helen Holland

Councillor Helen Holland indicated that the BNSSG ICP was still in its early “honeymoon” phase. Staffing for the new system was currently taking place including the People Director of ICS, It was noted that Bristol City Council was heavily involved in arrangements and were very optimistic there would be significant improvements.



9. New Way Leg Club - Kay Libby, Age UK

Kay Libby gave a presentation on this issue on behalf of SWIFT PCN. She explained that Tracey Elliott, Abi Hills and Victoria Fyfe were unable to attend but were actively involved in the work concerned with this project.

The Board noted the presentation and the following key points on it made by Kay Libby:

- This was a service providing joint provision for people with lower leg wounds to help them with their physical and mental wellbeing, including compression bandaging and practical and social support
- This project had been set up by SWIFT PCN following the pandemic. The previous model had won a Runners Up award
- Existing funding would end in March 2023. It was hoped that this could be built on for the future
- There were two clinical sessions run a week – one in the morning and one in the afternoon. There was a team who treated the volunteers and others who helped provide refreshments and wash up. Each surgery saw 6 patients at a time
- Age UK were getting to know the people who required this service including how to help them with providing financial benefits or allowances as well as mitigate the effects of social isolation. There had previously been a social café at Withywood
- SWIFT had set up these clinics due to the increasing pressures that surgeries were facing in dealing with leg ulcers
- It helped participants to see other people going through the same experience that they had. Two of the current volunteers had been former leg ulcer patients
- There had been a 67% healing rate since January 2022 and a reduction in healing rate. This had saved £10,000 in staffing costs and 260 clinic hours across 5 practices
- One former participant who had left hospital and not returned received help with their shopping and is now volunteering at the clinic
- This could be used to sign post to other organisations which offered the opportunity to reduce unnecessary health visits
- Since there remained no opportunities for people to get their toenails cut, the clinic was considering options to provide a low cost toe cutting service. However, a larger space was required since the clinic received 43 people a day and also required volunteer transport
- The future of this service would be linked to the provision of joint funding. Once details of long term health conditions were assessed, this could be shared with South Gloucestershire and North Somerset with the potential for future funding
- A video was then shown of those people who attended the clinic

The Board noted the presentation and confirmed its support for an integrated form of working and funding for this service.



Board members made the following points and Kay Libby responded as required:

- This service helped to reduce pressure on GP surgeries and the need for some patients to attend so regularly
- It was noted that this was a great service for South Bristol. The possibility of setting up an equivalent service in Bristol North and West was being examined but would need a great deal of support from partners. Age UK confirmed that they can provide details of the Doppler scores of patients and also provide transport
- Whilst some patients were initially concerned at having to show their legs, most of them got over this and found it extremely helpful to go through it together. Screens had initially been used but following complaints that this was socially isolating for patients these had been removed
- The PCT lead nurse had established a leg ulcer clinic some time ago. There was an important role for Sirona in toenail cutting and bandaging
- There was also a link to falls prevention. The message to urge people to change their behaviour needed to be subtle. There was also a slipper exchange and provision of the renewal for the bottom of walking sticks
- Whilst diabetic foot care had been provided in the past, it was currently not so good and could result in a huge amount of issues with disability if these did not work
- This was an extremely useful service and provided a very consistent approach and a regular service if people knew it was available each week
- This clinic could provide the opportunity for work experience for students, for example with the City of Bristol College along the lines of what had been implemented in Birmingham. Attendees were urged to consider how their organisation could help support work like this

RESOLVED – that the report be noted.

10 Better Care Fund - Stephen Beet, Bristol City Council

Stephen Beet gave a presentation on this issue and made the following points:

- The Better Care Fund is a vehicle for driving health and social care integration.
- The ICB and Bristol City Council were required to agree a joint plan overseen by the Health and Well Being Board
- The Joint Plans would use a pooled budget to support integration through a Section 75 agreement
- There were three main components to this – a minimum contribution to the ICB, £13.5 Million to be spent on adult social care related to funding adaptations and an improved Better Care Fund which would not exclusively be from the NHS and therefore improve flexibility
- There were four conditions – A Joint agreed plan on HWBB to be signed off, an NHS contribution for adult social care at HWBB level, home care temporary beds and a greater focus on the Home First agenda
- A list of performance indicators that needed to be included were set out



- One of the main targets was to reduce the number of avoidable admissions to hospital via bedded care homes
- The Better Care Fund had been in operation since 2013 and had been linked to certain budgets. Following a review in 2022/23, it was now important to make sure these were focused on particular projects such as new transformation projects
- Work was being carried out with the ICB to reprofile expenditure
- There was also a focus on intermediate care such as work funded through the Local Authority and other services subject to social work capacity such as We Care Hospital and the Handy Person Service
- On Thursday 17th November, the anticipated £500 Million Discharge Funding had been confirmed in the Autumn Statement and received. It had been split 60/40 between the Local Authority and the ICB to prioritise home care
- The Winter Fund had been pooled into the Better Care Fund and agreed by Local Authorities as part of the Integrated Care package. There was a requirement to complete a capacity tracker with a progress review in January 2023
- The Board was requested to delegate to the Chair the power to approve the document by 16th December 2022 and report back to January 2023 Board meeting

Board members made the following points and Stephen Beet responded as required:

- Consideration should be given to creating a Sub Group between partners in this area
- Whilst this work sounded great, this had the potential to create a big strain on resources. Consideration need to be given to change to align services better
- Whilst there remained some lack of alignment with need, the BCF remained a good financial vehicle for delivery. There was a need to discuss with Locality Partnerships how additional funding could be provided to them
- It was noted that BCF was very highly performance driven and that therefore local assessment was being carried out even though it was not specifically required
- Whilst the allocation formula was focused on need, this did provide a bigger share of resources. It was important to assess how other parts of other parts of the country were carrying out this work and to prioritise
- This showed the strength of the resources available. It was important to focus on hospital discharge and providing suitable accommodation. The constraints on health and social care were acknowledged but funding services could be used in specific situations, such as ensuring people's homes were safe
- The Work Programme included a discussion on extra care and housing since there was a need to address the issue of pathways out of hospital for patients
- A summit would be carried out shortly for care homes involving a collaboration across the Voluntary Sector



RESOLVED: that the Board supports the 2022/23 BCF (Better Care Fund) which was submitted on 26th September 2022 and agrees to delegate to the Chair of the HWBB (Health and Well Being Board) the authority to approve the submission of a plan for £1.69 Million of Discharge Funding by 16th December 2022 and report back to a future HWBB on plans for BCF to the Board

ACTION: Stephen Beet

11 Pharmaceutical Needs Assessment - Carol Slater

Carol Slater introduced this report and made the following points as part of her presentation:

- Each Local Authority was required to undertake a PNA (Pharmaceutical Needs Assessment) every three years
- A meeting of the Steering Group Multi Agency body has taken place on a number of occasions to do the work involved. This had set out what was offered and whether it meet the required needs. There then followed a 60 day consultation period
- The distance between pharmacies had been measured and testing had shown that all the Bristol population lived within a mile of a pharmacy. There was therefore no gap in provision for any section of the population
- Details of the analysis carried out were shown, including the availability of methadone.
- Responses from people who lived in Lawrence Hill, St George and Inner City and East had indicated issues with access for those with a disability and with no car access so an analysis of walking distance access had been carried out
- Other issues which had been considered were the issue of general population growth arising out of differences between Bristol South, Inner City and East plus North and West
- The PNA had been assessed on the basis of distance from travel and any future changes will trigger the need for another one
- Together with the BNSSG leads, she would be meeting with NHS England to address the issue of access to pharmacies for urban people in isolated places such as flats and how to arrange prescription pickups for them

Board members made the following comments:

- There was low car ownership and poor transport in South Bristol. In addition, some local surgeries charged for delivery. People who were unhappy with the situation concerning charging should make a complaint to NHS England or Health Watch
- Whilst the local GP practice could send prescriptions through pharmacies, it was noted that Lloyds Pharmacy had started charging for this during the pandemic. Volunteers had addressed this problem during the pandemic but this was now a problem
- Anyone suffering from COPD who was discharged from hospital was not referred to their local pharmacy unlike those with other health conditions



- Pharmacies in Lawrence Weston and Southmead were only open until 12pm on a Saturday, then the next nearest available pharmacies were open until 5pm and then the rest were on the other side of the city. Cribbs Causeway also closed early
- The Collective Learning NHS Regulation Framework did not address the issue of access to pharmacies. The direction of travel is for Primary Care Boards to take over addressing issues such as this
- It was disappointing that the most deprived areas had the lowest uptake in the consultation. More feedback was required to address inequalities
- There was a clear concern about the need to reopen the pharmacy at the Wellspring Healthy Living Centre. A lot of people had used the consultation to give their view on this issue. It was noted that the consultation did not allow for people's views on this issue to be taken into account. A legal battle was taking place with the pharmacy companies in relation to it
- There was a need to address the issues of pharmacy access

ACTION: Carol Slater to follow up with Heather Williams regarding concerns about some pharmacies charging for home visits to deliver prescriptions + Carol Slater to follow up with Sharron Norman regarding pharmacies in more deprived areas of N&W locality not offering smoking cessation services.

12 Suicide Prevention Reports - Leonie Roberts, Bristol City Council

In Leonie Roberts' absence, Christina Gray confirmed that this strategy had been republished with a refresh plan. The Board noted that there was an annual audit report on the website and that a link had been provided to this in the e-mail including the dispatch of agenda papers.

RESOLVED – that the report be noted.

13 Women's Health Report - Millie Collins, North Bristol NHS Report

Millie Collins introduced this report and during the presentation made the following comments:

- There were three key aims from the report which provided a comprehensive view of women's health needs - to give information on current initiatives, assess gaps in current provision and give recommendations for the future
- Key themes were – the need to provide a voice for all women, the need for access and to address disparities. Local data would be used to assess disadvantage where possible
- Long-term conditions such as chronic pain were acknowledged as key issues
- Female life expectancy in Bristol was 82.7, slightly less than the national figure of 83. The poor health average was slightly higher than the national average.
- Cancer under 75 and breast cancer figures were higher than average.
- Two thirds of falls related illnesses were for women. The current ranges were quite large and subject to where you lived. In addition, age, ethnicity and deprivation impacted on birth rate



- Statistics for breast feeding were the highest of core cities but there were variations within the city
- Cervical screening rates were slightly lower in Bristol. Women with learning difficulties had lower rates.
- Rates of osteoporosis were higher than in Bristol although nationally this was still a low bar
- More than 1 in 4 experienced perinatal illness. There was a huge overlap with mental illness in terms of perinatal illness, the menopause and violence against women
- Principal current initiatives related to domestic abuse, sexual health, issues related to maternity and issues concerning the menopause
- There were gaps in certain areas such as menstrual health from which further research would benefit. Current levels of HPV Vaccination remained low and the cause of this had yet to be investigated. There was also limited data concerning breast cancer and long-term conditions such as disability and chronic pain
- Recommendations arising from the report were as follows: increase the level of HPV vaccination, the introduction of Women’s Health Hubs, Clear Learning, a Health Audit seeking to improve wellbeing and lifestyle, a reduction in breast feeding inequalities, introduce the findings from projects such as the Health Watch Menopause Project
- Further research was required into menstrual health, cervical cancer screening, pregnancy loss and fertility, pelvic floor health prolapse and incontinence, breast cancer screening, mental health, long term conditions (such as chronic pain) and osteoporosis bone health

Millie Collins thanked the Public Health Team and the Women’s Commission for their help in providing the information for this report. She explained that a lot of data from the health equity audit had been used.

Board members made the following comments:

- The high number of menopause referrals was noted and would be referred to Board member bodies as appropriate
- A number of recommendations were connected to the public health system and needed to be taken back as priorities
- Child immunisation rates remained poor in Bristol with the exception of COVID-19. Work was taking place between Public Health and the Health Protection Committee to improve this as a high priority

RESOLVED – that the report be noted.



14 Evaluation of NHS Menopause Provision - Vicky Marriott, Healthwatch

Vicky Marriott introduced this report and made the following points:

- As well as patient feedback, a strategy was required for women in relation to the menopause – a Steering Group was being set up to examine this
- It was hoped that this would boost outcomes for all women in this area – a survey had just been launched on Healthwatch’s website

Board members made the following comments:

- This was an important issue to address within the Somali community since many women did not always understand the options open to them
- The aim was to improve services related to the menopause by using networks and schools to promote them

Caitlin Moss indicated that she would promote the need to increase referrals concerning menopause.

RESOLVED – that the report be noted.

15 HWBB Mid-Year Performance Report - Mark Allen, Bristol City Council

Mark Allen introduced this report setting out details of the mid-year performance report for the Board. This performance report was carried out twice a year and was a means for the Board to assess its progress in meeting its goals.

He made the following points:

- Targets that were met were shown in green
- Targets where progress had been made were shown in amber
- Targets which had stalled or worse were shown red (none of these applied)
- Targets where the information had not yet been received were shown in white
- Most targets were green with some shortly to be received ie SEND in January 2023 session
- The One City Plan 2023 edition would be refreshed
- The Drug and Alcohol Strategy had been published and would be the subject of an item next year
- All Age Carers – there would shortly be an update on this issue
- Workstream 2 – there had been a Joint session on this in February 2022 and a Joint Session in South Bristol on homes
- Workstream 3 – there has been a reduction in women smoking in pregnancy whilst outcomes around alcohol related hospital admissions and childhood obesity were similar to previous reporting periods



- Workstream 4 – Both indicators rated green
- Workstream 5 and 6 – Leadership or Oversight concerning HIV and Violence/Hate – it was hoped to bring this information to the HWBB in 2023

Board members made the following comments:

- The shared sessions with other Boards had worked very well
- There was a need to hold a Joint Session with the Environment Board

It was noted that a joint meeting of the Board with the Environment Group would be required in February 2023 to include discussion of the Clean Air Strategy **ACTION: Mark Allen to amend Forward Plan as required**

16 Any Other Business

The Board noted that the Children’s Kitchen had won a Nursery HWBB award and that a project to increase COVID-19 amongst minoritised communities had won the Patient Safety Award with Penny Germon’s team being critical in the delivery of the latter.

ACTION: Jeremy Livitt to circulate a picture of the children receiving the award

Food Education In Areas of High Deprivation – Jo Ingelby had carried out work in this area. Work carried out in Bristol concerning obesity would be submitted to a Nottingham award.

COVID – good work in this area was acknowledged.

Combatting Drugs Partnerships – it was noted how this new group would feed into the HWBB and the Keeping Communities Safe Partnership. Bristol has a robust Drugs and Alcohol Strategy with a framework for commissioning – Bristol is also the home for transform which helped to provide housing and support for people. Locality teams were also linked to this and worked with the Ministry of Justice.

Annual Impact Award – Healthwatch had been nominated for their work in supporting people discharged from hospital and care homes. They had been shortlisted from a large number of National Healthwatch organisations.

17 Date of Next Meeting

The Board noted that the next formal Board meeting would be held at 2.30pm on Wednesday 12th January 2023 in the Bordeaux Room, City Hall, College Green, Bristol.

The meeting ended at 4.55 pm

CHAIR _____



