

**Bristol City Council**  
**Minutes of the Health and Wellbeing Board**

**12 January 2023 at 2.30 pm**



**Board Members Present:** Councillor Helen Holland (Co-Chair), Councillor Ellie King (Deputy Chair), Councillor Asher Craig, Stephen Beet, Christina Gray, Tim Keen, Zahra Kosar, Tim Poole, Heather Williams, Sharron Norman, Joe Poole and Steve Rea

**Officers in Attendance:-**

Mark Allen, Jeremy Livitt, Carol Slater and Penny Germon

**Presenters In Attendance:**

Monica Koo (Agenda Item 8), Lizzie Henden (Agenda Item 9), Richard Hanks and Vikki Jervis (Agenda Item 10)

**Also Attending:** Penny Gane – Women’s Forum

**1. Welcome, Introductions and Safety Information**

The Chair welcomed all parties to the meeting and explained the emergency evacuation procedure in the event of an emergency.

**2. Apologies for Absence and Substitutions**

Apologies for absence were received from Maria Kane, Julie Sharma, Colin Bradbury, Abi Gbago (Board Members), Sarah Lynch and Sally Hogg (Officers), Julie Northcott (Presenter for Agenda Item 8 – Health Protection Annual Report) and Sue Moss (Presenter for Agenda Item 9 – Domestic Abuse and Sexual Violence in Bristol)

**3. Declarations of Interest**

There were no Declarations of Interest.



#### **4. Minutes of Previous Formal Board Meeting held on 24th November 2022.**

**RESOLVED** – that the minutes of the meeting held on 24<sup>th</sup> November 2022 were agreed as a correct record and signed by the Chair subject to the inclusion of the final sentence at the of Sharron Norman as an attendee and also

- (1) subject to the inclusion of the following to replace the sentence for Agenda Item 11 at the bottom of page 13 of the minutes “Anyone admitted to hospital with a long-term condition and is a current smoker will have access to hospital smoking cessation services. On discharge, patients are then referred to a community pharmacy to continue smoking cessation support. There are no pharmacies in Avonmouth, Lawrence Weston, Henbury & Brentry offering this service which means residents from these areas cannot access support from their local pharmacy**
- (2) subject to the addition of the words “people discharged from hospital continued support to quit smoking” at the end of the Action for Agenda Item 11 mid-way down Page 14**

#### **5. Public Forum**

The HWBB noted a Public Forum Statement received from Jen Smith in relation to Agenda Item 10 SEN and Disabilities Update.

#### **6. Health and Well Being Board Forward Plan**

The Board noted that the February 2023 Development Session meeting of the HWBB would be a joint session with the Environment Board. They also noted the remaining items set out in the Forward Plan for the meetings in March and April 2023.

#### **7. Winter Bulletin Highlights - Verbal Update (Mark Allen)**

Mark Allen gave a verbal update on this item and made the following points:

- The main messages were that people should continue to take necessary measures to minimise risk during this period such as hand washing, staying at home where possible, wearing a face mask in a crowded non-ventilated space and obtaining the vaccine including boosters
- In an emergency, people were advised to phone 111
- There were 81 welcome spaces throughout the city
- The “We are Bristol” helpline was available where required



## 8. Health Protection Annual Report - Monica Koo

Monica Koo introduced this report and made the following points during her presentation:

- The annual report covered the period from April 2021 to March 2022
- The report included details of the impact of COVID and beyond, together with immunisations including for COVID
- Immunisations – there had been a low update compared to Southwest England. No immunisations had achieved the 95% target. Measures were taking place to increase the take up in particular groups
- There had been a good recovery following the backlog resulting from COVID
- Bowel Cancer – there was a priority to return or overtake screening levels to pre-COVID delivery levels
- STI's – the level of these were higher than elsewhere in the Southwest which was likely to be due to less testing. Diagnosis rates for chlamydia screening indicated that improvement was required
- The prescription of antibiotics was within the expected range
- There had been low flu vaccine take up within the reported period
- Case review meetings to address these issues had been restarted
- The levels of TB were higher compared to elsewhere in England. Case rates continued to be monitored including areas where treatment was delayed
- There had been strong community engagement in relation to the uptake of the COVID-19 vaccine. The situation had revealed inequalities during the uptake
- Environmental Health – control vessels continued to be monitored. Whilst there had been a backlog of food inspections during this period, the backlog was now being recovered
- There were strong national and international surveillance systems. A multi-agency group was operating to ensure assistant commissioners were aware of issues with infectious disease arising from asylum seekers and refugee health
- Annual nitrogen dioxide levels were decreasing but continue to exceed legal limits
- Emergency preparedness was in place involving continued management of a broad range of potential incidents. Local health resilience arrangements had been re-established following the pandemic
- The Clean Air Zone had now been launched
- Successes included the continued delivery of COVID-19 vaccine, support for asylum and refugee groups and maintenance of the emergency planning functions

Board members made the following points:

- The uptake for vaccinations and screening levels for certain services such as cervical cancer continued to be low even before COVID and were being tackled as a priority. However, this area of responsibility was within general practice and required a significant amount of extra work as part of an Integrated Programme
- Work was taking place to better engage primary care in the process of child vaccinations



- A great deal of challenges were in place to ensure access was obtained by those who needed it at the right time, including specific groups such as those seeking asylum
- TB screening occurred jointly with asylum seekers and was a successful service
- The challenge in addressing health needed to take place as part of a community response and with voluntary sector support
- The Women's Commission had recently received a presentation which outlined access to dental care as one of the biggest problem areas for asylum seekers. It was noted that when the University opened their new facility at Temple Quarter, up to 1000 people a week would be able to receive treatment and would help to tackle general areas of deprivation as well as asylum seekers
- The work of the Haven Refuge Centre in dealing with the health of asylum seekers was noted

**ACTION: a report to come to a future HWBB meeting from The Haven Refuge Centre and/or Anne James (Service Manager: Refugee Resettlement) to provide an update on work being carried out for the health of refugees seeking asylum (including vaccinations and cervical cancer screening) - Anne James/Mark Allen (to schedule in Forward Plan)**

## 9. Domestic Abuse and Sexual Violence in Bristol - Lizzie Henden

Lizzie Henden introduced this report and gave the following presentation, also responding to questions from the Board:

- During the pandemic, there was an increase in the number of people sharing homes together
- Under the new Domestic Abuse Act 2021, children were now recognised the victims. This data is our ward data and showed a very complicated picture and was disproportionate in some parts of the city
- An increase in cases was a sign that the amount of reporting of these incidents was improving
- The rape Crisis 2021 document provides a definition of sexual violence which was not always domestic and took place within intimate relationships and families.
- The figures for Bristol were slightly higher than average. Many instances of sexual violence were not reported until many years later
- The new 2021 Domestic Abuse Act placed a new responsibility for local authorities under which BCC had received just over £1 Million. This would be used to improve the effectiveness of justice and set up a multi-agency partnership board to assess how services are commissioned
- This strategy included a Bristol Domestic Abuse Needs Assessment, a Bristol Safe Accommodation Strategy, a Multi-Agency Domestic Abuse and Violence Delivery Group and included partners in education, social care, the Police and others
- Following the commissioning of the Mayoral Commission of Domestic Abuse 2020, a series of virtual workshops had engaged more than 80 people and had resulted in a large number of recommendations.



- As a result of the commissioning process, Next Link Plus now operated Domestic Abuse Services in partnership with other organisations. There was a great deal of engagement and consultation involving a thorough evaluation of bids
- Key groups included a Survivors Forum and Carers Male Survivors group
- Whilst previous services had been quite fragmented, support for children would now operate through a new service
- It had been acknowledged that a number of victims had not wanted to leave their homes and did not want to go into refuges
- IRIS ADVISE is an innovative approach operating with a specialist domestic abuse worker and was the second site in the UK using this model (after Manchester). The pilot for the scheme had been running for a year and had identified people not helped elsewhere such as Trans people, men having sex with men. Unity Sexual Health had commented that they found this new service to be excellent
- Respite rooms were used to provide specialist and domestic abuse to meet high support needs. This service was not designed to replace anything else but provided intense support prior to people using it moving on somewhere else. It had been extended for 6 months but was anticipated to be further extended to 30 months through the rough keeper initiative
- Details were provided of the Sexual Violence Alliance and Domestic Abuse Sexual Violence Survivor Forum with the latter operating as a requirement of the Domestic Abuse Act 2021. It had been established in October 2021
- A poem by a domestic abuse survivor entitled “Hope” was shown to the Board
- There was a key reliance on workers in GP practices asking key questions to ensure the necessary specialist referrals, for example in areas such as drug dependency and overdoses
- As part of an investment into prevention work, a Home Office application had been made to provide support for boys and address difficulties of gender inequalities and healthy relationships in a partnership with the Police. In addition, a great deal of work was being carried out by Carly Heath in relation to the night time economy
- The Delivery Group would respond to any issues relating to targeting of funding in different wards
- Some staff were co-located to improve service delivery
- Since it was clear that there were not sufficient services to buy in everything that was required, work had to be delivered with key communities. Work was taking place with a project called Safer Together in relation to Social Care
- There was currently an FGM Safeguarding Delivery Group and consideration was being given to merging this with the work of the Forced Marriage Group to widen the umbrella of cultural practices
- In the One City Plan, one of the goals was for BCC to obtain Domestic Violence Accreditation and provide a framework across all sectors through the provision of domestic violence funding

Board members made the following comments:

- This was a very exciting piece of work which had already delivered on a number of the recommendations. It was important to ensure that survivors found it easier to navigate a



range of services and would be helpful to see an action plan indicating how the recommendations would be implemented. The team were to be congratulated on the development of this work even during the difficulties caused by COVID

- It was great to see the work of the Survivors Forum as part of best practice
- It was very illuminating to see the duties of adult safeguarding under the relevant care act. Locality Partnerships could work with health and inequalities groups to help provide support to those who had experienced domestic abuse
- This was a fantastic report. There was a target as part of the One City Plan for Bristol to become free from Domestic Abuse and achieve Gender Equality by 2050. However, it was also important to differentiate between instances where there was an increase in reporting of domestic abuse and of instances where there was a genuine increase which needed to be tackled so that an assessment of when numbers would start to decrease could be made
- There was a dedicated pot of funding for communities which was not common outside London
- There were challenges from different groups in this area. In addition to under reporting during COVID, there were particular challenges faced by the Somali community which had been highlighted at a recent event. Many attendees felt they were not encouraged to report abuse and were afraid that their children may be removed and of financial dependence on perpetrators. A commission had been set up by Bristol to examine this issue
- Some recent work had been carried out in the prison service concerning safe sex which had been extremely helpful and informative
- Sometimes carers acted as perpetrators of abuse
- There were examples of good practice elsewhere, such as at Stevenage

**RESOLVED - that the HWBB supports the development of the upcoming citywide domestic abuse and sexual violence strategy. ACTION: Lizzie Henden**

## **10 Special Education Needs and Disabilities Update - Richard Hanks, Education and Vikki Jervis**

Richard Hanks and Vikki Jervis made the following comments during their presentation:

- There were 5 key areas under which the Inspection process operated
- Key partners in health were involved, including team leaders, staff in school settings and parent/teacher representatives
- The inspection report had been published at the end of November 2022
- Progress had been made in 4 areas with 1 not sufficient (the fractured relationships with parents and carers, a lack of co-production and variable engagement and collaboration.
- Area 1 Progress Made – “A lack of accountability of leaders at all levels including school leaders” – There had been previous difficulties with engagement due to the pandemic. The culture of professionals and collaboration was much better with better support for young people. The support systems were now better but not all young people yet obtained the support they needed.



It was acknowledged that it will take some time to ensure there was a positive experience for parents and carers and co-production still needed to be fully established

- Area 2 Progress Made – “Inconsistencies in timeliness and effectiveness of local area arrangements and assessment of CYP with SEND” – It was acknowledged that there was a more consistent approach to helping CYP with SEND and that training was being provided to help people understand and to implement this work. However, parents and carers remain worried that schools do not provide support to SEND children
- Area 3 Progress Made – “The dysfunctional EHC plan process and inadequate quality of EHC” – The assessment process had led to an improvement in the quality of plans and a recognition that CYP was placed at the centre of the process. However, children were still waiting too long and there needed to be further work carried out to help families during the waiting period
- Area 4 Progress Made – “A lack of achievement of inclusion of CYP with SEND including high rates of persistent absenteeism and fixed-term exclusions” – there had been an improvement in work carried out to reduce the exclusion of Young People which was still above the national average in Bristol. However, it was noted that some schools need to do more to welcome children with SEND and therefore more consistency was required
- Area 5 Fractured Relationships Insufficient Progress Made – there was a more mixed view in this area. Whilst it was acknowledged that there was a commitment to achieve this, further work was required to ensure that formal structures were put in place to deliver it. It was planned to re-establish a formal body to deal with this
- An APP (Accelerated Progress Plan) needed to be submitted by 1<sup>st</sup> February 2023 and work would continue on the draft SEND Partnership Plan (SPP). Once the SPP was in place, improvement work would further develop including the development of the final Written Statement of Action (WSOA)
- The DFE would be visiting to check on progress with the SPP

In response to Board members’ questions, they made the following points:

- Some families had been in the SEND system for a long time and had experienced a much less positive experiences than those who had started more recently. Therefore, there was a significant amount of repair and restoration work that needed to be carried out to address these long-standing issues
- There was a community of groups to obtain carer representatives. In addition, a forum was broadening the range of groups that officers interacted with. There were currently 22 different community groups and discussions were taking place with a wide range of individuals. In addition to careful partnership work at strategic levels, there were now carer representatives on the Board. It was hoped that discussions with the Genuine Partnership group would lead to the effective delivery of partner links
- It was acknowledged that there continued to be overrepresentation of certain groups and that workforce development was important. It was therefore important to raise the expectations of pupils’ achievements in certain areas of the city such as South Bristol. Work was taking place to provide training and development of SENCOs. Once the needs had been identified, specific pieces of work could be provided as required.



- It would be extremely helpful to work with the Locality Partnerships to identify where work could support young people with SEND and children with autism, together with carers and refugees as part of the Children's Voice Partnership across the city

**ACTION: a further update report to come to a future HWBB meeting to advise on feedback to BCC's Accelerated Progress Plan (APP) and SEND Partnership Plan (SPP) - Richard Hanks/Vikki Jervis/Mark Allen (to schedule in Forward Plan)**

### **11 Integrated Care Partnership - Councillor Helen Holland (Verbal Update)**

The Chair referred to the Partnership Day which had taken place in Weston-super-Mare in November 2022. The Board noted that the Framework Strategy had been signed off and the next stage of the process would be in February 2023.

### **12 Better Care Discharge Fund Update - Stephen Beet**

Stephen Beet introduced this report and made the following comments:

- The Hospital Discharge Fund had been approved and signed off by the Chair with delegated authority as agreed at the last Board meeting – Bristol had been allocated £1.6 Million from the total fund of £11 Million
- A collaborative approach had been carried out with ICP (Integrated Care Partnership) colleagues and other Local Authorities. This was focused on the Home First principle and enabled Independent Living
- Work was taking place with Age UK Bristol to fund links workers. It was great to see how organisations were working together and were working with care providers so that if someone did need to go into a care home, they would be supported
- There was a new technical kit and pathway to use technology. It was better to be outside hospital wherever possible
- Whilst the current funding was non-recurrent until March 2023, a further set of funding would be provided for the next two years. A mechanism was in place to ensure proper monitoring of the funding which was provided

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

- Details of how the fresh set of funding operated would shortly be provided
- Work was taking place to ensure that individual social workers arranged with hospitals to support their workers and ensure the correct pathways were achieved for those being discharged

The Board also noted wider issues linked to this issue such as the provision of community meals.



### 13 Any Other Business - One City Plan Refresh - Mark Allen - Verbal Update

Mark Allen made the following points concerning the One City Plan Refresh:

- The fourth iteration of this document would be produced in June 2023
- Equalities and other networks were being tasked with reviewing the goals of the document and aligning this with the Integrated Care Strategy
- As part of the input for this group, representatives of public health would assist in promoting community exchange.
- A Task and Finish group of the HWBB would be established to meet approximately three times between February and May 2023. Mark Allen indicated that he would be writing to all HWBB members to ask for people to attend these meetings.

The Board noted that it would be helpful if one of the Locality Partnership representatives attended the T and F Group meetings.

**ACTION: Volunteers from the HWBB to be requested to serve on a newly-created Task and Finish Group on the One City Plan Refresh to meet approximately three times between February and May 2023 ACTION: Mark Allen/Jeremy Livitt**

### 14 Date of Next Meeting

It was noted that the next formal Board meeting was scheduled to be held at 2.30pm on Thursday 23rd March 2023 in the Bordeaux Room, City Hall, College Green, Bristol.

The meeting ended at 4.55 pm

**CHAIR** \_\_\_\_\_

