

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

**13 July 2023 at 2.30 pm**



**Board Members Present:** Councillor Helen Holland (Co-Chair), Councillor Ellie King (Deputy Chair), Councillor Asher Craig, Hugh Evans, Abi Gbago, Christina Gray, Tim Keen, Tim Poole, Rebecca Mear, Rebecca Dunn, Joe Poole, Steve Rea, Mette Jakobsen and Sharron Norman (substitute for Neil Turney)

**Officers in Attendance:-**

Mark Allen-Richardson, Jeremy Livitt, Carol Slater and Penny Germon

**Presenting Officers:-**

Anne Morris, Clare Cook and Mohamed El-Sharif (Agenda Item 8), Reena Bhogal-Welsh (Agenda Item 9), Wavell Vere and Jenny Bowker (Agenda Item 10)

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

The Chair welcomed all parties to the meeting and asked them to introduce themselves. She also explained the evacuation procedure in the event of an emergency.

**2. Apologies for Absence and Substitutions**

Apologies for absence were received from Heather Williams, Colin Bradbury, Neil Turney (Sharron Norman substituting) and Sally Hogg.

**3. Declarations of Interest**

There were no Declarations of Interest.

**4. Minutes of Previous Meeting held on 25th May 2023**

RESOLVED – that the minutes of the meeting held on 25<sup>th</sup> May 2023 were agreed as a correct record.



## 5. Public Forum

A Public Forum Statement was received from Councillor Brenda Massey in respect of Agenda Item 10 – Dental Access for Adults and Children in Bristol.

## 6. Integrated Care Partnership - Verbal Update - Councillor Helen Holland

Councillor Helen Holland gave the following verbal presentation on the Integrated Care Partnership:

- Whilst the strategy had been agreed in principle, the next cabinet meeting was not until September 2023
- A development day would take place shortly as a means of bringing the strategy to life
- A key issue would be the use of integrated space to help health outcomes across the region
- Thanks should go to the editorial group under Matt Lenny to ensure that it aligned with our strategies and ensured that it reflected that strategy in a future iteration
- She confirmed that she was now the Chair of the BNSSG meeting following a recent change from North Somerset and that both Councillors from the other Local Authorities had been replaced following the local elections
- At a recent meeting involving the LGA and ICP, the issue of prevention had been raised as a concern
- Tim Swift from Calderdale Borough Council was now the chair of the national network
- At Councillor Holland's suggestion, the ICP would be submitting a report to a future meeting of the HWBB

The Board noted that this had been a great achievement so far to have developed a strategy which addressed inequality within it and that a properly aligned integration would add value to it.

## 7. Cost of Living: One City Many Communities - Penny Germon, Bristol City Council

Penny Germon introduced this report and made the following points during her presentation:

- The report contained a link to video which will give you an indication of the work being carried out
- Thanks were given to the people who had made the winter event possible including the volunteers
- The Board noted a series of slides of the event which had involved 120 people and had been very positive and engaging. There were 105 welcoming spaces created through the cost of living response
- It was estimated that 87% of households in Bristol were 10 minutes' walk away from a welcoming space which would provide physical access, Wi-Fi, hot drinks, information access and support
- The Board was reminded of examples of the publicity generated
- There were 19 community hubs to co-ordinate activity in the particular area including in Brislington and Lockleaze



- Work was carried out with the centre for the deaf and welcoming people. WECIL had provided advice to all welcoming spaces to improve access for disabled people. There was also access to emotional wellbeing support
- Membership for the scheme had increased from 300 to 14000 post COVID
- There had been signposting had taken place on the website and the communications team had worked with all welcoming spaces
- VOSCUR had organised peer support
- Avon and Somerset Police had indicated areas where there were no welcoming spaces, following which they had been created
- There had been a large number of hits on the Bristol City Council website about these spaces
- Tech support had been received for these welcoming spaces
- There had been aligned funding of £2.4 Million for the winter response – 62% aimed to keep going
- Feedback suggested that a move was needed away from a crisis support approach towards a more sustainable approach
- The principles were for a one city asset based approach focusing on inclusion and social justice and involving collaboration as required
- Seven key ingredients included neighbourly and citizen action, welcome spaces, positive action, community hubs, leadership and collaboration. It was only possible to do this if conditions were sustained that nurture communities and provided civic power for community development and building relationships.
- Since 19th April, a Bristol One City approach supported people most impacted by low income, poverty and inequity
- A map showing Welcoming Spaces was shown. BCC would maintain a Cost of Living website seeking to maximise aligned funding and to develop a planned approach
- There were opportunities to develop innovation and a fresh approach to commissioning and to nurture community ecosystems

Board members made the following comments:

- Discussions with extra care providers at Waverley Gardens Brunel Care Home had revealed the need for resources to be used for those communities which were the most difficult to reach  
**ACTION: Examine possible additional mechanisms to provide extra resources (such as other care providers) for those communities which are reached less well – Penny Germon**
- In view of the likelihood of increased warming of the climate, the development of cool places was also required
- There was a fragility in the system over the last three years caused by older people presenting for care who had held back from requesting treatment
- Adult Social Care is not discrete and separate from the power of strong communities and therefore there was a need to cross boundaries better. With a small amount of seeding, a lot of capacity could be grown. Within the next two years, adult social care needed to be seen as wider than just domiciliary care



- The importance of the complimentary nature of Penny Germon’s team was noted with the use of outdoor community spaces to build resilience – for example, through the Community Impact Fund
- The use of One City Boards and with the voluntary sector to help vulnerable people was noted
- Social connections were very important. There was a need to continue to invest in this area. The use of these spaces could allow development in other areas and provide opportunities to capture other needs
- This was superb piece of work. Interactions with staff providing community care would help those using the facility as well as enabling them to benefit from the warm space  
**ACTION: Request strategic communications to lead a piece of work in the build up to winter in order to ensure a safe and warm place for people – Penny Germon/Rebecca Dunn in conjunction with BCC Communications Team**
- The individuals involved in this work should be congratulated as they worked very well across BCC and helped to collaborate and strengthen the relationship with the voluntary sector
- This approach should be celebrated as it showed the benefit of the development of ecosystems over many years. There was a need to invest further to avoid duplication. This dynamic approach had made a significant change
- Whilst it was good to know that 63% would be continuing, there needed to be focus on the remaining 37% as they focused on the areas of greatest need and deprivation  
**ACTION: Add Locality Partnerships to the diagram shown in the presentation – Penny Germon**
- The resource and aligned funding, together with the role of HWBB in reinforcing and accelerating this approach, was important
- HWBB would be the sponsor for a similar structure to Wigan Deal

## 8. Working in Partnership To Improve Access and Health Outcomes For Marginalised Citizens - Clare Cook, BNSSG Vaccination Programme and Mohammed El-Sharif, Bristol City Council

Clare Cook, Mohamed El-Sharif and Anne Morris presented this report and made the following points:

- This was a collaborative system working together to support our most deprived communities
- There was a huge amount of inequity concerning how people access services. The ethos is that we do not leave anyone behind and vaccinate anyone who requires it
- With the use of levelling up funding, a social determinants approach was adopted using an asset based community development model
- The support helped to continue with a sustainable model
- Temple Street acts as a job centre, citizen service point and had also been used as a vaccination centre
- Interventions were used there for vaccinations and health care in general – the motto was “It’s amazing what you can do with a cup of tea”



- A system of integration and leadership was important to help provide a space for some of the most marginal citizens. It was important to adapt to meet the needs and preferences of some of the groups that have engaged and build long-term trust with them
- In some instances, adaptations were required to meet the needs and preferences of those groups which have engaged and to adapt the learning as required
- The approach reached a large number of ethnic minority communities and homeless people
- It was important to start to connect people into communities and ensure they were listened to and valued
- Some of the first days were only delivered in 2023 and were for people who had never before received the vaccine. The flu vaccine was also co-administered using community pharmacy teams and had worked very well. This had been a wide-ranging approach and had involved lots of pieces of work which went well beyond vaccines
- Whilst for some groups the experience had fallen short, it helped groups gain confidence that they had failed to achieve in the past. A wide range of reasons for seeking vaccination had been provided by those surveyed
- A lot of homeless people went to emergency services and frequently the need was to ensure safety, access to food, the correct environment and also literacy
- Whilst there had been instances of low uptake, this did not mean there was low interest since the first doses were not administered until June 2023. Some people needed time to decide whether or not to seek help
- Short term funding only provided short term relief and therefore the work of local groups in their communities was important to invest in people who need support
- A small campaign was currently being carried out with younger people and there would then be an autumn campaign for vaccines
- The greater people worked together in these areas, the more the system was improved. This was a cost effective approach

Board members made the following comments:

- It was important to signpost help to avoid having to repeat information
- The success of the Community Vaccination Programme was welcomed
- This had been very successful. There was a significant resource for vaccination. However, immunisations were generally low for all ages and across the wider vaccination programme
- Whilst community champions were in place prior to COVID but these did not have the resources of clinical expertise that this team provided. This indicated how important it was to continue this approach
- The provision of support from a locality partnership perspective was important
- Pilot work was being carried out around MMR. The development of a strategy was clearer and collaborative working had really helped with this. It was possible to demonstrate closure of provision gap based on the information available
- A social value assessment was important, in the same way as with climate change



## 9. Accelerated Progress Plan - Reena Bhogal-Welsh, Bristol City Council

Reena Bhogal-Welsh presented this report and made the following comments:

- It was important to speak to a trusted person
- Following the recent OFSTED/CQC Joint Inspection, a written statement of action has been provided with five key areas set out in the report
- Following the re-inspection from the 2019 snapshot inspection, significant progress had been made in 4 out of 5 areas
- The continuing area of difficulty was in relationships. As a result, one piece of action to help address this was the development in May 2023 of a Parent/Carer Forum. It was noted that £18,000 had been provided to enable them to continue the work they carry out
- As a result, an APP (Accelerated Progress Plan) had been created along with an effective and sustainable structure
- Hearing and listening to lived experiences was important and the experiences of young people had been heard. The plan set milestones for 3,6, 9 and 12 months
- The journey behind the story was very important
- Representation was received from schools, health partners and social carers involving a crosscutting and multi professional approach
- Rotherham had gone through a similar journey to Bristol but had formed genuine partnerships as a model for how you can develop these
- The DoE had written to BCC concerning the Really Healthy Workshop

Board members made the following comments:

- There would be further reports back concerning this and in other areas such as SEND. However, it seemed as if the “tide had been turned”
- It was acknowledged that children’s issues had not received as high a priority from HWBB as other areas and that this needed to be addressed
- The work of this team was commended as it had faced three very difficult years. Even when relationships were heightened, there was a need to ensure our voices were heard from as diverse a range as possible
- The SEND Improvement Board was now within the responsibility of BCC and no longer the LGA

## 10 Dental Access for Adults and Children in Bristol - Wavell Vere, NHS England

Wavell Vere and Jenny Bowker gave a presentation on this item and made the following points:

- The NHS Dentistry Service is now accountable for decision-making and budgets in dentistry involving the commissioning of work
- Dentistry primary care, high street care, community care and secondary care are all delivered by our service



- The local context for NHS Dentistry was explained to the Board
- In common with the situation nationally, access to dentistry was a real challenge
- National reforms were part of an attempt to ease these problems. Wherever possible local solutions were preferred by developing a local approach
- The main focus of the presentation related to primary dental care which was significantly different to other care services. Dentists in this area operated as independent businesses, tendering for contracts and delivering both NHS and private dentistry
- Whilst they provided their own staff and premises, there was some reimbursement for the latter
- Dental contracts were procured on dental activity but there remained a huge variation in contracts which creates pressures on staff retention
- The cost of living had created a huge impact on providers. The number of adults requiring the service was increasing and whilst it had dropped, this remained in line with the national average
- In Bristol, there were 57 practices equating to approximately 235,000 patients which was just above 50% of adults
- Orthodontic activity requires aesthetic appliances and operated on a national basis so did not allow for much variation.
- Mandatory care provided cover for patients that participated with 64 patients a week being seen within Bristol. The contract had been extended to March 2024 and it was hoped to extend by a further 36 months to assist with retention of staff to provide a pathway to stabilise oral health
- Access to 111 enabled an urgent provider for temporary treatment (such as fillings) and then further requisite treatment. 8 practices operated to provide stabilisation treatment with approximately 3.5 hours per session. On average there were about 6 patients per session. Further work was required to address regional concerns and take into account regional priorities

In response to Board Members' questions, they made the following points:

- People were sometimes not accessing dental care due to the difficulty in accessing it. There was a need to prioritise what is available for local communities as NHS Dentistry was not being provided
- St Paul's surgery has closed by the end of June 2023. Whilst the service had attempted to offer out other activity to dentists to keep it open, there had been some uptake but not enough. The service had received offers from the local Community Action Group and Housing Association in relation to this
- The service would use an emergency procurement arrangement for the St Pauls Replacement Surgery Service.
- BUPA was advised that they could not continue. NHS dentistry was no longer competitive in the market as opposed to private dentistry
- Private and High Street Dentistry were the first dental services to re-appear after the pandemic. Whilst the service was trying to make the delivery of contracts feasible, these were not long-term solutions and a larger reform programme was required
- It was acknowledged that a national approach was required. It was noted that health visitors cannot get treatment for certain groups such as refugees. There were strong campaigns locally but no delivery from successive governments



- It was also noted that some people were having to provide their own dental care, including pulling out their own teeth. Local people were taking toothbrushes to school. Whilst there was anew provider for Southmead, this was a very bad state of affairs in the long term. Toothbrush procurement for children was being organised to assist the situation. There was also an attempt to understand national priorities. In the meantime, the profession was lobbying very hard for reform via the Dental Association
- There was a long process to register a dentist
- In September 2023, there was a planned HWBB Development Session on dentistry

**ACTION:**

- (1) Lobby Central Government for a more effective NHS Dental Service and continuing work on local schemes such as the one operating in Southmead**
- (2) In the meantime, NHS Dental Services to work with Locality Partnerships to consider ways to improve dental services throughout communities in the region**
- (3) Provide an updated version of the map of NHS Dental Services on the Live Link**

**NHS Dental Services – Wavell Vere and Jenny Bowker**

**11 Health and Well Being Board Forward Plan - For Information**

The Board noted the HWBB plan.

**12 Date of Next Meeting**

The Board noted that the next meeting was scheduled to be held at 2.30pm on Wednesday 25<sup>th</sup> October 2023 in the Bordeaux Room, City Hall, College Green, Bristol.

The meeting ended at 5.05 pm

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

