



2022/23

SOUTH BRISTOL

LOCALITY PARTNERSHIP

Year in Review

What we can achieve together

South Bristol
Locality Partnership

In 2022/23 we:

We have set out our shared goals and a delivery plan for 2023/24.

1. Reviewed evidence and agreed how we will tackle local issues by setting five-year shared goals and a delivery plan for 2023/24.
2. Began to bridge the gaps between our services to ensure vulnerable people are supported.
3. Demonstrated that we can support people to overcome the barriers to improving their health and achieve our vision of enabling people in South Bristol to optimise their own wellbeing.

In doing so we have developed measures which will reduce the pressure on health and care services and support VCSE organisations to step in when are better placed to deliver service which meet needs.

4. Developed clear plans to prevent health inequalities widening as people age.

1. Our shared goals

All of the members of our partnership have their own roles as statutory and community providers and their own strategic commitments. Each organisation is also working to meet increasing demands on their services driven by inequalities, the residual impacts of the pandemic and the financial pressures households are experiencing.

However, we know how much we can achieve when we work together and this year we have agreed shared goals. Achieving those goals is essential to improving wellbeing and health and to tackling the drivers of increased demand on the services on which we all rely.

Those goals

In 2022 we held workshops with partners during which we reviewed the data we collectively hold to agree:

- What were our biggest local challenges?
- Which of those issues could be more effectively tackled as a partnership?
- What are our goals over the next five years?

As a result, in November 2022 we agreed three five-year priorities and have since begun work to develop and implement plans.

Our work is informed by colleagues from a variety of partners, including:



Five Year Goals

Starting Well



Living Well



Ageing Well

To reduce the number of children who are found to be overweight at ages 4-5 years old in Hartcliffe, Withywood and in Filwood from 360 to under 250 by 2028 to reduce the disparity between rates in these areas and other parts of South Bristol.

To reduce the admission episodes in South Bristol for alcohol-specific conditions to under 1,000 in 2027/28 (it was 1,364 in 2020/21 compared to 1,098 in Bristol).

Reduction in falls attending an emergency department in the over 65s by 770 - 50% over five years.

What have we done?

Starting Well

In November 2022 NHS England in the Southwest contacted us about opportunities to address health inequalities that impacted on children and young people during the winter period. As a result the Locality Partnership was able to support Feeding Bristol to extend the reach of their Children's Kitchen across the city.

The Children's Kitchen works in the most deprived 20% wards of Bristol to support a healthy start in life by helping children to enjoy healthy eating. The work aims to address the inequalities and inequity that the children from low-income families face by focusing on fresh healthy food as part of their nursery day as a key part of the curriculum.

Feeding Bristol's Food Leaders programme to support those who work in early education has been extended and additional funding from the Integrated Care Board is supporting work in nurseries in areas of deprivation in South Bristol. The team are delivering hands on workshops where families can access free fruit and vegetables while learning to cook simple recipes and understanding how children learn about food through curiosity and exploration.

The Locality Partnership's Wellbeing Group has also been meeting monthly to develop our plans. The group includes colleagues from Feeding Bristol, public health, children's social services, primary care, Sirona, Wesport, BS3 Community Development, Knowle West Healthy Living Centre, Young Bristol, Family Action, local city farms, BeeZee bodies, Heart of BS13 and Vitamins. Work focussed on reducing inequality by increasing access to healthy lives initiatives for children and families in Hartcliffe, Withywood and in Filwood during school holidays.

Living Well

In January 2023 South Bristol Locality Partnership brought together organisations and professionals who support people to overcome addiction to alcohol. The meeting was an opportunity to review new local data and to hear from peer mentors from DHI (Developing Health and Independence). The session ensured we look at the data but also that we heard from people who know what it is like to need help to tackle issues with alcohol or drugs.

We will continue to work with those partners to shape our approach to reducing alcohol harms and will focus on peer support, reducing stigma about getting help and on working with children and young people to increase awareness of the harms of alcohol addiction.

Ageing Well

We have also brought together agencies and individuals who work with older people in our community to agree what more can be done to reduce falls. What we have heard is that often people do not see themselves at risk of fall and do not look for support. As people age and their health declines that can mean, they are at greater risk of falling.

In South Bristol, Ageing Well funding has supported a range of pilot interventions which aim to enable people to stay well. Wesport's "Live Longer Better" initiatives have focused specifically on reducing falls. The programme included a fall proof campaign which has provided training to 835 people in person, had over 17,000 posts viewed on social media and reached more people in print and on local radio. Broader work has also been done to trial strength and balance classes, to support people in care homes to stay active and to train staff to continue that support in the future.

2. Bridging the Gaps

Integrated working

When someone has multiple health conditions or serious mental illness, or both, our services should work together to meet their needs.

Our response has been to develop a 'My Team Around Me' approach to Multi-Disciplinary team (MDT) working.

This approach recognises that every individual is different and that we need to remove the organisational boundaries and artificial barriers between different health conditions (whether physical or mental health) and truly put the person in the middle. We work with people to understand their needs and what matters to them and bring in support from different organisations and agencies as and when needed.

Our Integrated Mental Health model will go live during 2023. Developmental work in 2022/23 has enabled us to test aspects of the integrated model – particularly how we come together as different organisations to better support people with complex or multiple needs already in the system.

Later this year we are looking forward to having an integrated team in place with dedicated roles that will enable us to connect services together and improve the experience for the service users themselves and those working in the services.



Ellen's story

"Ellen" (No real names are used in this report)

Our Integrated Personalised Care Team reviewed Ellen's case after safeguarding concerns were raised. Ellen had a history of mental health difficulties, alcohol dependence and self-harming behaviour. Ellen was already known to many of our services including AWP, Social Services, Vitamins, St Mungos and Crisis Services and she frequently attended the emergency department (ED). Ellen has attended ED after overdoses and can arrive intoxicated.

Ellen had recently completed alcohol detox - a huge step. However there were significant barriers to her remaining well including her housing situation and her relationships with her family

Together the team was able to review how we could support Ellen while she was struggling to look after herself. As a result of this work Ellen was provided with supported accommodation for a period to help her stabilise.

Since they have learnt that Ellen had accessed supported housing and it seemed to be helping her remain stable, she hadn't visited the emergency department and her situation had improved.

3. Achieving our vision

Peer Support

Our partnership understands that people's lives are complex. Brilliant services and local GPs are there to support people with their health needs but often people have no one else to turn to about the issues which are leaving them stressed, anxious and which prevent them taking care of themselves as well as they want to. Sometimes those issues can leave people feeling isolated, overwhelmed and unsure where to get help.

In 2020 we set out to help improve the mental health and wellbeing of South Bristol local populations by providing more accessible mental health support in community settings through a peer-to-peer model.

Since 2020, the South Bristol project has delivered 675 peer meetings, with a total 3454 visits (695 unique individuals).

In collaboration with the South Bristol Locality Partnership, Changes Bristol have been providing peer support group sessions to residents in South Bristol to build social connection and reduce isolation. These groups have provided dedicated mental health peer support for people across Bedminster, Ashton Vale, Knowle and Brislington, as well as online group settings for anyone that identifies as LGBTQIA+ and Women of Colour.

Within this last year the groups received a total of 1682 visits (323 unique individuals).

In **January 2023**, member feedback showed that:

87%

of attendees felt **more connected** to others

(compared to 67% in January 2022)

88%

of attendees felt **less socially isolated**

(compared to 69% in January 2022)

Overall, member feedback tells us the groups are having a positive impact on mental health, reducing isolation and enabling people to build social connections within their communities by sharing experiences with others.

When members were asked whether attending a peer support group helped to improve their quality of life, 67.7% of members responded, 'yes definitely', and 19.1% 'yes, a bit' , compared to 37% and 27% in January 2022.

'I wouldn't be without it, therapy is so expensive, and the groups are very regular so if you need something to cling on to, this can be it. Also, I find the advice I get from peers to be some of the most useful as it's from lived experience'- member feedback, August 22'

'The peer groups are incredible support. It has helped me understand my struggle with mental health and come out feeling more courageous. It also reduces sense of isolation in dealing with mental health'- Women of Colour member feedback, August 22

'It is a safe and friendly space, very supportive where I can share my thoughts and feelings honestly. It feels like a community in itself. It helps me manage my mental health.'- Women of Colour group, January 2023

83% of participants said they felt better after a group than before joining- LGBTQIA+ group, January 2023

'I like their structure and the companionship they offer, and the fact that they exist'- LGBTQIA+ Group, January 2023

Community Connectors

In 2022 we launched our Community Connectors programme on the basis that we can do more to help people to optimise their own wellbeing and health.

We know that local projects, community groups and opportunities to get support exist across South Bristol.

In Brislington West and Knowle over 80% of people asked said they were satisfied with their local area* and over 44% of people across all of South Bristol wards said they felt they belonged to their local neighbourhood. In Brislington East nearly a third reported they helped out their neighbours.



- Leanne, Community Connector

Despite those statistics over 28% of people in Hartcliffe & Withywood also said they lack the information to get involved in their local community and more than 35% of people in Southville agreed.

Social connections are important to most people, and they become more important as you age. Age UK emphasise the benefits of taking part in social activities. But if you are on your own and don't know people, seeking support or accessing an established community group can be daunting and may stop you completely.

“There are concerns about accepting help but also about admitting you need help.”



Our Community Connectors are there, in person, to provide help and advice on how and where to access support.

Connectors are helping people to take the first steps to connect to one another, access support and be part of their wider community. The result is improved wellbeing, greater confidence and less barriers to staying well. Community Connectors are out working in South Bristol every week these are just a few of their stories:

Pictured: A Welcome Space session at Bedminster Quaker Meeting House



Kate

Leanne bumped into Kate in the GP surgery and she came along to a Stroll and Chat group. Kate felt isolated as an older Mum, with two young children, one of whom has additional needs. She is keen to get more involved in the community and is planning to come along to weekly stroll and chat sessions. She is now talking about setting up her own activity in the area.

Steven

Steven showed curiosity about group meetings for the first few weeks and now he is coming along. Stephen has poor literacy and numeracy and the sessions have been a chance for Leanne and him to start having some gentle conversations about ways he could get help with reading.

Amanda

Amanda has faced various mental health challenges and sometimes feels quite lonely. She is now attending a walking group, saying it "has given me a reason to get out and have some company, otherwise I wouldn't do anything". Amanda also has some health conditions which means she can find exercise challenging, but since starting she has been keen to push herself.

Brenda

The warden at a local retirement housing complex was concerned Brenda was feeling extremely low and was house bound due to poor mobility. She is now attending weekly Connector's session at the communal space, receiving support from Connectors to walk from her flat to the space. The change leaves Brenda less isolated and feeling supported.

Supported Housing

In October Leanne helped residents at one of South Bristol's retirement housing complexes to start a knitting project and bingo sessions. Since then colleagues from CASS and Wesport have been along to the sessions to speak to residents about mental wellbeing and falls. The group have also discussed issues around mental health, physical health, financial insecurity, housing worries. Leanne has been able to signpost residents to getting help but also to provide the support they need to ask for help. The help has included:

- Financial hardship
- Poor mobility
- Using a mobile and Apps
- Anxiety



Pictured: Residents of St.Catherine's Court at their weekly knitting group

4. Tackling health inequalities

This year we developed local plans to tackle the widening of wellbeing and health inequalities as people in South Bristol age by developing local interventions to tackle local needs.

Data shows that within South Bristol as people age, those within the most deprived areas experience health inequalities which has a significant impact on both their health and their use of services.

South Bristol has a significantly higher proportion of residents living in the most deprived areas of Bristol compared to the rest of Bristol (28.8% compared to 19.9%) and over 14% of households are in fuel poverty.

Use of the emergency department and unplanned care is skewed towards those who are older and who live in the most deprived communities in South Bristol.

Our Locality Partnership's vision is to ensure that deprivation does not determine a person's ability to remain well or independent and to help people age well.

Our model will focus on reducing the number of falls and on reducing the impact of chronic obstructive pulmonary disease (COPD), type 2 diabetes and cardiovascular disease.

We have already begun work to implement a new approach by supporting test to learn developments across South Bristol which included funding for:



Age UK and Swift Primary Care Network (PCN) integrated leg clinic

is a project to reduce the negative impact of social isolation on people who rarely leave home due to lack of mobility, pain and stigma. The leg club brings together people who need regular wound care to manage a leg ulcer to provide that care and broader opportunity for social engagement. The club provides integrated and co-located care for over 35 people a day and has had marked success in terms of health and broader social benefits.

Connecting Care: Friends Ageing Better

has recorded 118 individuals attending cafés and 594 total attendances. For online groups there have been 37 individuals participating and 553 attendances in total. Groups are run in all three Bristol Locality Partnership areas and for communities at higher risk of social isolation e.g. LGBT older people, refugees and asylum seekers, digitally excluded older people. Over time, it is proving possible to hand over the running of FAB cafes to a volunteer from amongst those attending with ongoing light touch support from the Co-ordinator. Good use has been made of community resources and free/discounted offers from local businesses and voluntary organisations to support events and cafes.

Ageing Well - Pilot Projects

FAB Cafes

·**Withywood:** weekly since February 2022 at the Mega Bytes Café at the Withywood Community Centre, with an average of 6-7 people per session. We have welcomed speakers e.g. Historic England, Knowle West Health Park Falls Proof initiative, Avon Fire & Rescue on home safety, Glaucoma UK and Community Police. Currently 2 host volunteers.

Hengrove: Pilot café, February - July 2022 at Perry Court Community Hub, Perry Court E-Act Academy. We worked in partnership with local community development workers and the school, but unfortunately attendance was low. In review with the partners involved, we learned that although the venue was accessible, it wasn't well known by the community, and it was hard to find. This café had 1 volunteer host.

**Wesport's Live Longer Better initiatives,
such as their Fall Proof campaign:**



Residents at John James Court, an assisted living facility, with their Fall Proof strength and balance plans

Ageing Well

Work also started in early 2023 to promote peer support for those at high risk of or with a type 2 diabetes with the Peer Partnership. The success of our Ageing Well approach will be measured by our ability to improve the quality of life of people who are currently regularly accessing care in crisis and who are therefore most impacted by the strain on those services. That improvement will be assessed by work with service users and their feedback.

In 2022/23 across the board our GP Practices and care homes were compliant with the majority of the Enhanced Health in Care Homes (EHCH) framework. However to drive improvement where we are not, and to monitor the continued support of this model, we are facilitating opportunity to report and raise issues.

Community Innovation



What we have in South Bristol is a wealth of people and organisations working to support their communities.

We have been working with the following **Community Anchor Organisations** to make sure the work we do is lead by the people who live and work in our communities:

Hartcliffe and Withywood Community
Partnership
Stockwood Alliance
Zion Bristol
Bricks
Windmill Hill City Farm
Our Hengrove and Whitchurch
Community Group
Greater Brislington Together
Totterdown Mosque
Redcatch Community Garden



Community Anchor Organisations together at the second workshop in March

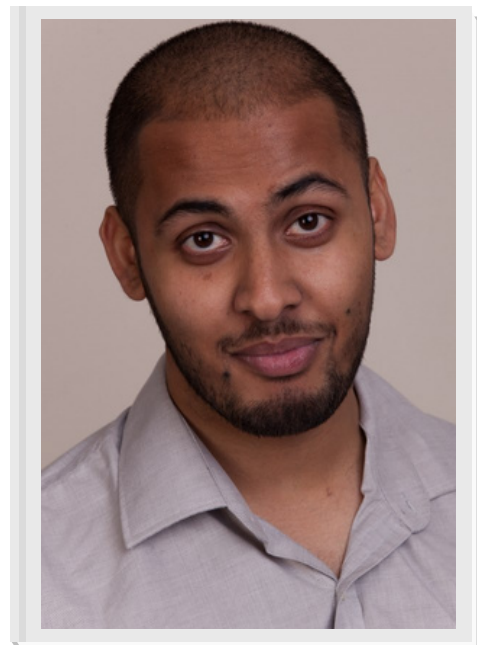
Our Community Anchor Organisations we are working with prove the strength of local people's commitment to improving the area they live in.

However, when people most need help they are often least able to ask for it. The feedback we have had from colleagues working across South Bristol is that people are often reluctant to ask for help. This means that organisations like the Peer Partnership, Windmill Hill City Farm and Changes have reached out to South Bristol Locality Partnership to ask for help increasing referrals.

Community Innovation Lead

We have recruited a Community Innovation Lead. Hari is based in Swift PCN which serves people in some of our areas of highest deprivation and he will be working with primary care.

Hari will help the partnership to bridge the gaps between health services and the multitude of voluntary and community groups.



Hari Ramakrishnan



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