

Healthier
Together

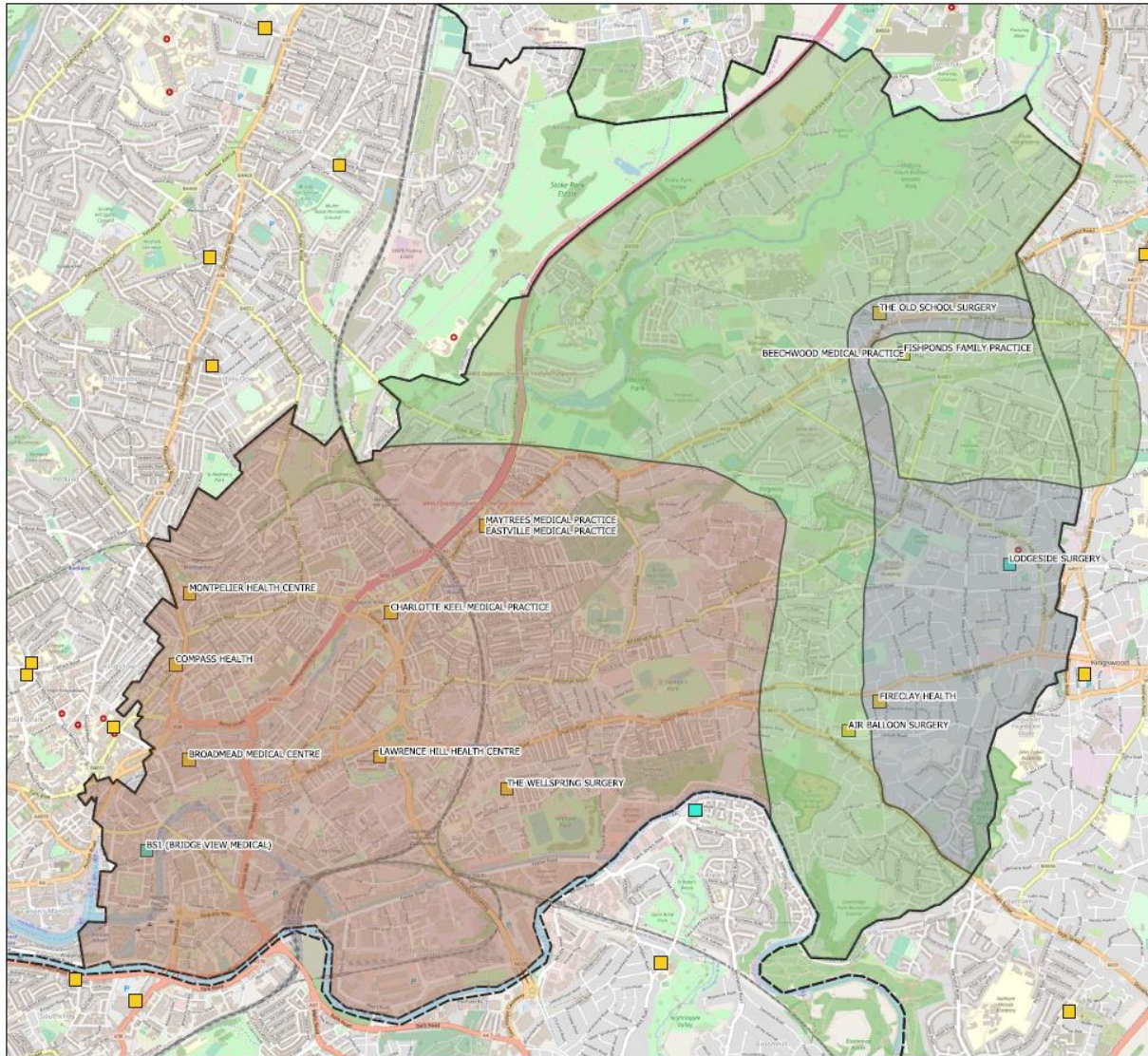


Inner City and East Bristol
Locality Partnership

Inner City & East (ICE) Bristol Locality Partnership

Dr Katrina Boutin, Locality Partnership Chair
Joe Poole, Delivery Director





Inner City & East - PCNs

Inner City and East
 Bristol Inner City PCN
 FABB PCN
 FOSS PCN

Other Layers
 GP Location
 Branch
 Main
 Locality Boundary

Produced for: Area Directorate
 Created by: Chris Waller
 Date of creation: 03/03/2020
 Version: 2.2

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group
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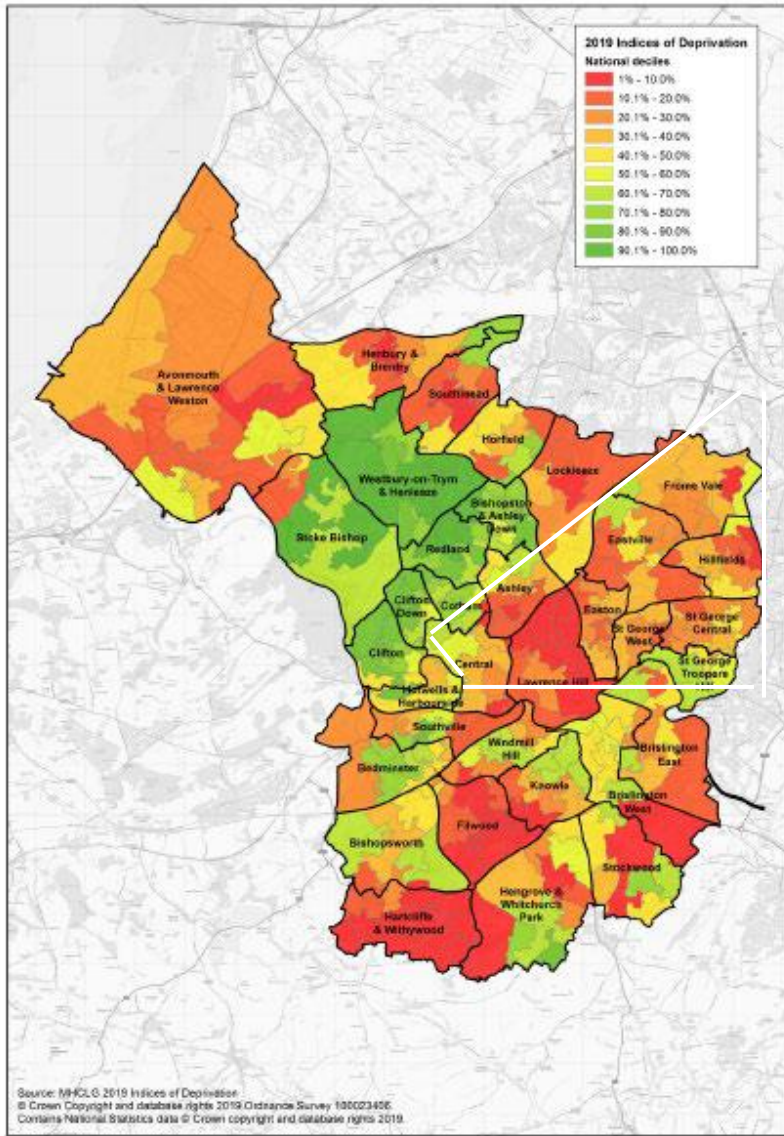
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Inner City & East Bristol Locality Overview

- Population: 175,825
- 12 GP Practices
- 3 Primary Care Networks

Figure 1. 2019 National Deprivation Deciles by Lower Layer Super Output Area (LSOA)
 Source: Strategic Intelligence and Performance using MHCLG 2015 and 2019 Indices of Deprivation

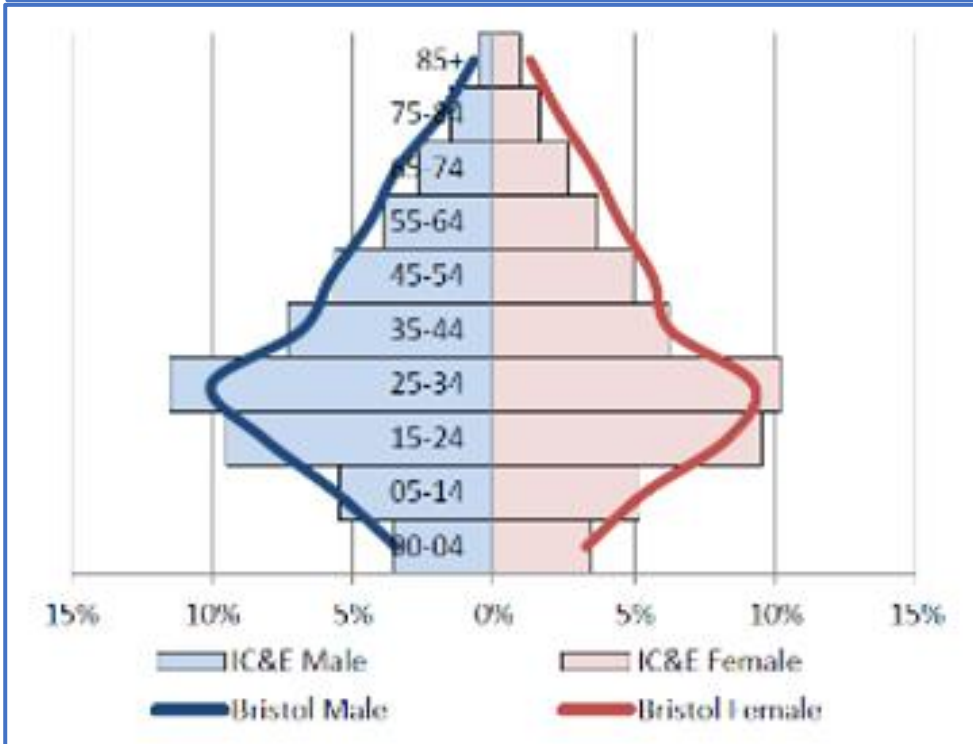


Deprivation

- Indices of deprivation correlate strongly with the social determinants of health as expounded in the Marmot Review.
- Some ICE wards are amongst the most deprived in BNSSG (Barton Hill, Lawrence Hill) where people are more likely to die younger and experience ill health for longer from stroke, COPD, diabetes complications, Atrial Fibrillation (AF)
- 34% of Inner City residents and 11.7% of Bristol East residents, live in the 20% most deprived areas of Bristol
- 26% of children under 16 in Inner City and 15.7% in Bristol East live in low income families

A Youthful Locality

Population Age Structure



- ICE has proportionately more young people and young adults than Bristol overall.
- Lawrence Hill, Easton and St George West have the highest birth rates in ICE and some of the highest in Bristol.
- Overall the population of Bristol is expected to grow by 21% over the next 25 years, with the biggest proportional increases occurring in older age groups: 53% growth in 75-79 year olds, and 47% growth in 80-84 year olds.
- Population Health data shows that benefits expected from having a younger population are offset by the population experiencing adverse effects of ageing earlier in comparison to other parts of BNSSG (bar South Bristol).

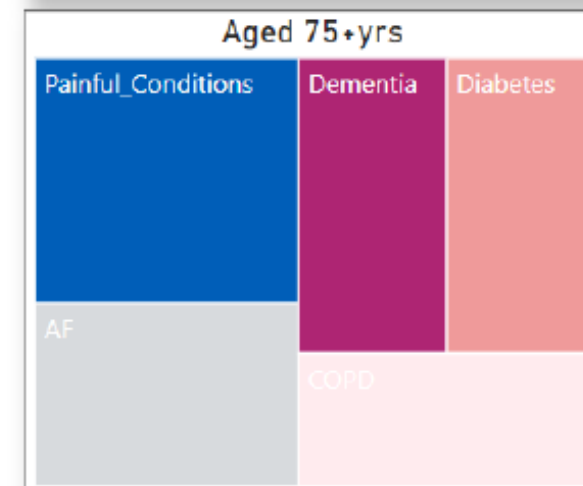
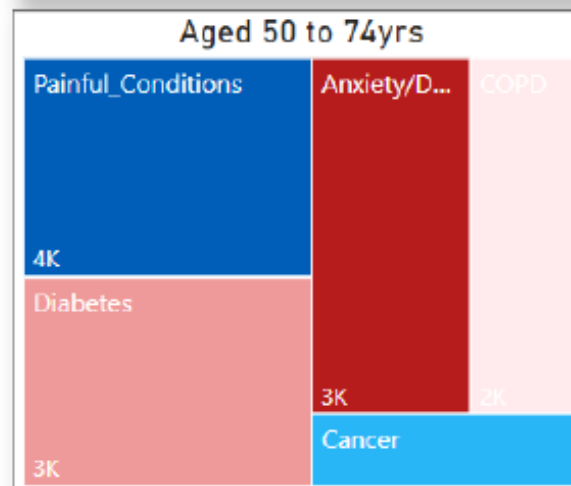
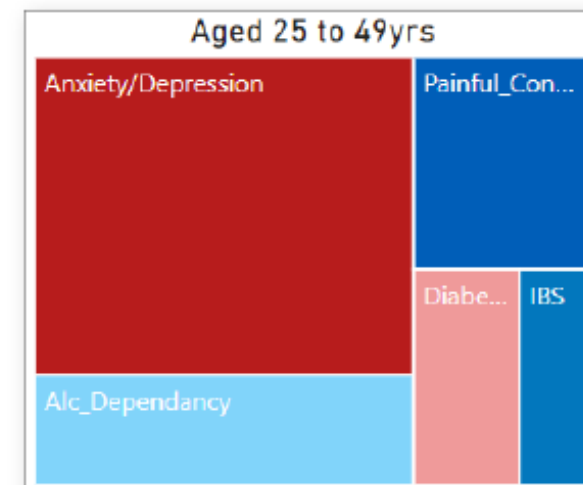
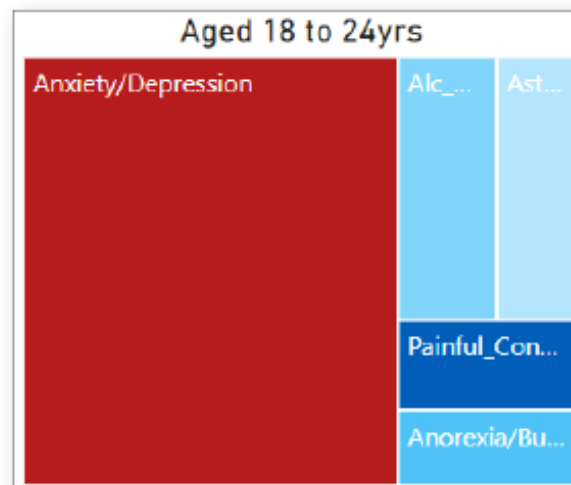
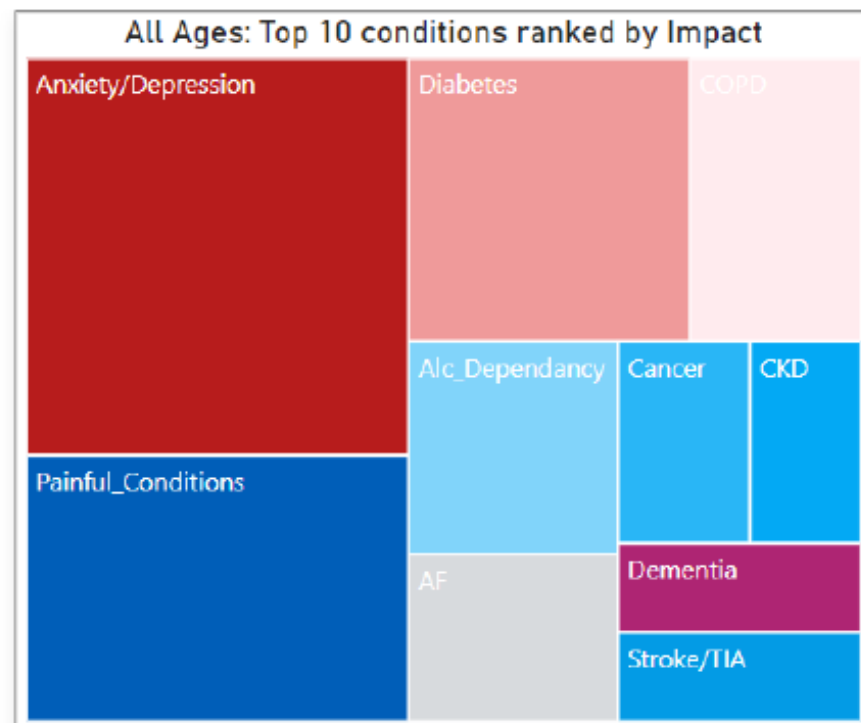
Top 5 impactful conditions by age in ICE Bristol

Impact of Conditions (17yrs and over) by Locality

Impact describes which conditions are likely to have the largest impact on the health service for the population given. Impact is defined as the number of individuals within the relevant population (e.g. ICB, Locality, PCN) identified as having a condition, multiplied by the "general outcome weight" as defined by the Cambridge Multimorbidity Score.

The general outcome weight accurately predicts likelihood of death, unplanned hospital admission and use of GP consultations.

These 'treemaps' display the top 5 conditions, which affect a population. The area correlates to the value of the impact (therefore the larger the rectangle, the larger the impact). Colours are randomly assigned.



Select a Locality:

Select an IMD Quintile

Select a Pop. Segment

Inner City & East Bristol Aim

“To understand and address the inequalities that the people of Inner City and East Bristol experience in access, quality of experience, and outcomes in health and social care”



ICE Values



The individual– first and last

Use Transformative Coproduction

Those closest to the problem are actively involved in **designing, delivering and decision-making**

Unearthing our mental models/biases

Recognition of how our unconscious biases generate where the power/resource resides

Deliver at the margins

Support specialist provision by funding small, grassroots organisations that are trusted by those most marginalised

Invest in social model of health

Core determinants of health
Holistic approach
Preventative/proactive support

Use Personalised Care

What matters to you, not what is the matter with you

Trauma-informed approach

“You are welcome”
“You are in the right place”

Integration

Between statutory services and with VCSFE, and within the VCSFE

Cormac Russell’s Three Lane Highway

Always start with what the community can do for itself, give support where needed, and only do for the community that which it cannot do for itself

Appreciate we are in a complex system; Continuous Learning

Understanding the inter-relatedness and inter-dependencies within ecosystem/place by having ‘real-time’ feedback, space for sense-making, and funding for test and learn

Inner City & East Bristol Priorities

- **Embedding a culture of co-production in our work** – putting our communities at the centre of our design and delivery process
- **Continued development of Locality** – continuous improvement of the Partnership Board and its working groups
- **Championing a non-medicalised approach** to improving the health & wellbeing of our population
- **Delivering our response to the Community Mental Health Framework** – including establishing an Integrated Mental Health Team tailored to the needs of our population
- **Community Inclusion Service** – providing additional, culturally-sensitive support to our most marginalised communities
- **Children & Young People’s Healthy Weight & Mental Health** – working with public health and other partners to develop population-specific support offers
- **Preventing early ageing** (focus on hypertension & diabetes) – Ageing Well
- **Loneliness & isolation in housebound population** – Ageing Well

DELIVERY PHASE

PLANNING PHASE

DISCOVERING PHASE

2022-2025

Implementing our Community Mental Health Integrated & Personalised Care Team

- VCSE workforce training
- Recovery Navigators
- Wellbeing College
- Peer Support Group(s)

Learning Collaborative

Working with communities to explore whether co-designed community interventions can reduce use of unplanned care before people get sick or frail

Anticipating health and care needs in our Ageing Well population – focus on prevention

- Early Ageing (Hypertension and Diabetes)
- Loneliness and Isolation (Housebound older people)

Enhanced Health in Care Homes: avoiding unnecessary escalation of care enabling conversations between partners

AW Proactive Care

MH Community Inclusion Service

CYP MH & Healthy Weight Grants

Understanding high prevalence of **unhealthy weight** for children in year 6, and links to mental health

Possible solutions to address a rise in anxiety and poorer **mental health** in children

Understanding why there is a) higher prevalence of **severe frailty** in over 75's in Asian, Black and Mixed communities and b) **lower spend** per capita in comparison to the white population

Investigating approaches to supporting people with **Menopause**

Deep-dive into inequalities experienced in **Colorectal/Prostate Cancer**

Data

Insights

Co-Production

Co-Production in Action

We are creating links with:

- People with lived experience.
- Experts by experience including care providers etc.
- VCSE and other organizations working in the ICE.

- Ageing Well Subgroup
 - Mental Health Transformation Group
 - Wellbeing Group
- CYP Inequalities Group
- **Locality Partnership Board**

Community Engagements

Asset Based Community Development

Joint working and Collaboration
(Map and link up with existing services and offers)

Task and Finish groups

Expanded
Membership
of
ICE Locality
Partnership
Board



Foss (Fireclay & Old School Surgery) PCN

