

## **DISCLAIMER**

**The attached minutes are DRAFT minutes. Whilst every effort has been made to ensure the accuracy of the information, statements and decisions recorded in them, their status will remain that of a draft until such time as they are confirmed as a correct record at the subsequent meeting.**

**BRISTOL CITY COUNCIL**

**MINUTES OF A MEETING OF THE  
HEALTH, WELLBEING AND  
ADULT SOCIAL CARE SCRUTINY COMMISSION  
HELD ON 4<sup>TH</sup> MARCH 2014 AT 2.00 P.M.**

- P Councillor Lesley Alexander (in the Chair)
- P Councillor Margaret Hickman
- P Councillor Claire Hiscott
- P Councillor Peter Main
- P Councillor Glenise Morgan
- P Councillor Dr Doug Naysmith
- P Councillor Bill Payne (for Jenny Smith)
- A Jenny Smith
- P Councillor Sylvia Townsend

**Co-optees**

- P Judith Brown - BOPF
- A Kaye Long - DEF

**Also in attendance**

Councillor Barbara Janke – Executive Member  
Alison Comley - Neighbourhoods  
Kelechi Nnoaham - Public Health  
Barbara Coleman – Public Health  
Anne Colquhoun – Young People’s Public Health Team  
Aileen Fraser - Bristol Community Health  
Dr Kirsty Alexander – Bristol CCG  
Dr Peter Goyder – Bristol CCG  
Inge Shepherd – Bristol CCG  
Claire Beynon – Bristol CCG  
Pete Franklin – Corporate Performance Team  
Denise Hunt – People’s Directorate  
Vareta Bryan – People’s Directorate  
Kay Russell – People’s Directorate  
Romaine de Fonseca – Scrutiny Team  
Norman Cornthwaite – Democratic Services

**< K 5 G7  
92.3/14**

## **APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

Apologies were received from Jenny Smith, substitute Councillor Payne; also Kaye Long and Mark Williams, who was to substitute for Kaye Long.

**HWASC  
93.3/14**

## **PUBLIC FORUM**

Nothing was received.

**HWASC  
94.3/14**

## **DECLARATIONS OF INTEREST**

There were no further declarations of interest.

**HWASC  
95.3/14**

## **MINUTES – HEALTH, WELLBEING AND ADULT SOCIAL CARE SCRUTINY COMMISSION – 21<sup>ST</sup> JANUARY 2014**

**RESOLVED – that the minutes of the meeting of the Health, Wellbeing and Adult Social Care Scrutiny Commission held on 21<sup>st</sup> January 2014 be confirmed as a correct record and signed by the Chair.**

**HWASC  
96.3/14**

## **WHIPPING**

None was declared.

**HWASC  
97.3/14**

## **CHAIR'S BUSINESS**

- (i) Healthwatch Co-optee. Paula Williams introduced herself as the prospective Healthwatch Co-optee on the Commission.
- (ii) Director of Public Health. The Chair advised that on behalf of the Commission she would be writing to the Mayor and the City Director concerning the down grading and reduced status of the post, and concerns about the delay in the recruitment process for the post.

**HWASC  
98.3/14**

## **REVIEW OF SEXUAL HEALTH SERVICES**

The Commission considered a report of Barbara Coleman (Agenda Item No. 7) summarising the key findings from a review of Sexual Health Services in Bristol and setting out the current financial and contractual arrangements for commissioning these services.

Councillor Janke, Kelechi Nnoaham, Barbara Coleman and Anne Colquhoun were in attendance for this item.

Barbara Coleman gave a presentation, a copy of which is contained in the Minute Book.

During the debate and questioning that followed the following answers were provided:

- Referring to the Demographic characteristics of Brook outreach clients in schools, it was explained that a higher number of under 13's seeking advice indicates that young people are accessing information on sex and relationships before becoming sexually active, which can be seen as positive and can delay the age at which young people start to have sex.
- Most state funded secondary schools in Bristol have a Brook outreach service, however faith schools have chosen not have the service.
- The C-card is a Bristol wide scheme that enables young people to access free condoms. To register for the scheme they have to have a conversation with a trained worker before being given a card which enables them to pick up a certain number (of condoms), after which they must register again. They usually use Pharmacies for the supply of the condoms.
- There has been a change in the Chlamydia screening services parameters as there is now an emphasis on contacting partners of those diagnosed positive to ensure we are targeting the right people.
- The issue of asking women about sexual violence when they request morning after contraception through pharmacies will be considered. It could also be included in training for Pharmacists and GPs

- Service providers are being very pro-active in data provision with very positive responses from UHB; service users' feedback will also be sought.
- There was a discussion about sex education in Bristol primary schools. An update will be provided at a later date.
- The issue of the abuse of young women by men is not just an issue for Public Health, it needs to be addressed by agencies working together. There are already examples of good work taking place across the city to address this.
- Female genital mutilation is a safeguarding issue and a lot of good multi-agency work is going on to address the issue
- In response to a question it was agreed that bench marking of Public Health spending should be carried out with high performing authorities, not just the Core Cities

**RESOLVED – (i) that the report be noted;**

**(ii) that a report on sex education provision in primary schools be received at a future Meeting of the Commission;**

**(iii) that the issue of asking women about sexual violence when accessing emergency contraception be considered; and**

**(iv) that comparison of Public Health spending be carried out against a wider cohort than the Core Cities.**

**HWASC  
99.3/14**

## **BRISTOL COMMUNITY HEALTH QUALITY ACCOUNT**

The Commission considered a report of Aileen Fraser, Bristol Community Health (Agenda Item No. 8) setting out the Bristol Community Quality Account.

Aileen Fraser summarised the presentation highlighting their achievements.

During the debate and questioning that followed the following answers were provided:

- There is a great awareness of the pain and distress caused by pressure ulcers and as much as possible is being done to address the problem; for people living in the community it is not always easy to monitor them; also people with pressure ulcers usually have a number of other different and complicated problems
- Her organisation offer a podiatry service, other agencies offer a toe nail cutting service; carers can be trained in toe nail cutting; the CCG has expanded podiatry as a result of increased demand; the prevention of foot amputation for diabetics and other patients is a priority
- There is a shared decision approach for all patients including those with chronic health problems and this has been found to be helpful

The Commission congratulated Bristol Community Health on their achievements and offered their support for the impending consultation on potential priorities for 2014/15.

**RESOLVED – (i) that the report be noted; and**

**(ii) that a statement be provided to Bristol Community Health supporting the impending consultation on potential priorities for 2014/15.**

**HWASC  
100.3/14**

**CCG STRATEGY DELIVERY THEME: CHILDREN AND MATERNITY**

The Commission considered a report of Inge Shepherd, Bristol CCG (Agenda Item No. 9) outlining the strategic priorities, interventions and outcome targets for children's health and maternity services and the systems which Bristol Clinical Commissioning Group (CCG) has in place to monitor those for which we are responsible.

Dr Kirsty Alexander, Dr Peter Goyder and Inge Shepherd were in attendance for this item.

Kirsty Alexander and Peter Goyder introduced the report and summarised it for everyone.

During the debate and questioning that followed the following answers were provided:

- It is important to properly support women who are obese during pregnancy and education about healthy living is an important aspect of this
- Community midwives are well trained in providing support to women and assessing women's mental health needs and/or being aware of signs of physical abuse; however a lot of women will not want to disclose depression
- A lot of work is being done to encourage women to breastfeed including investment in peer support and supporting NBT in their system of handover from midwives to health visitors; it is acknowledged this is a cultural issue; a lot of women only breastfeed for 2 weeks
- Families are asked to provide feedback on CAMHS twice; the service is likely to be reviewed due to increasing awareness and demands on the service; there is access to mental health needs 24/7 within an agreed timeframe
- The phased introduction of personal health budgets commences on 1<sup>st</sup> April 2014 for patients who have on going and complex needs - this includes very few children
- The major structural changes to the NHS means that all GP Practices are taking responsibility for the CGG and this should bring improvements to patients' lives
- At present there is not a shortage of midwives locally although many are of a similar age meaning they will retire around the same time which is likely to result in problems in recruiting replacements in the future

**RESOLVED – that the report be noted.**

**HWASC  
101.3/14**

**REDUCING NUMBER OF KNEE, HIP AND CATARACT  
OPERATIONS IN BRISTOL CCG AREA**

The Commission considered a report of Dr. Peter Goyder and Claire Beynon, Bristol CCG (Agenda Item No. 10) briefing on

trends in surgery for hips, knees and cataracts.

Dr. Peter Goyder and Claire Beynon were in attendance for this item.

Peter Goyder introduced the report and summarised it for everyone.

During the debate and questioning that followed the following answers were provided:

- The CGG has to manage demand for services as they have to prioritise procedures that give the most benefits to patients; there is an increasing survival rate for patients using all services
- When patients are being prepared for an operation they are thoroughly assessed; patients are operated on when they need the operation
- In relation to the use of data by the BBC it is accepted that it is general practice to use data to support a particular point of view
- Patients can choose where they receive treatment and Emersons Green Treatment Centre has a good reputation; it receives a lot of money from the NHS and it is essential it is spent properly; there is an ongoing issue about the money not spent; it is a DoH contract with a fixed value for a fixed term; there has been a reluctance in some quarters not to use the facility because of a mistrust of external providers and the poor experience of a previous Treatment Centre at Weston; there is a tendency to use services that are known, tried and trusted

**RESOLVED – that the report be noted.**

**HWASC  
102.3/14**

**PERFORMANCE INFORMATION – CORPORATE PLAN  
THEMES (GREENER AND HEALTHIER, CARING AND  
PROTECTING) – 3<sup>RD</sup> QUARTER**

The Commission considered a report of Michele Farmer/Peter Franklin (Agenda Item No. 11) giving an overview of progress against the council's strategic priorities at the end of quarter 3 (1<sup>st</sup> April 2013 to 31<sup>st</sup> December 2013) based on the information provided by directorates, as at 28<sup>th</sup> January 2014.



Alison Comley and Pete Franklin were in attendance for this item.

Pete Franklin introduced and summarised the report for everyone.

During the debate and questioning that followed the following answers were provided:

- It was noted that the issue of life expectancy differences in the City is a potential Work Programme item for next year
- KPI 114 definition relates household adapted to enable a person to attain independent living
- Although moderate exercise is not defined here a copy of the QoL questionnaire will be provided

**RESOLVED – (i) that the report be noted; and**

**(ii) that a copy of the QoL questionnaire on exercise be provided.**

**HWASC  
103.3/14**

## **HEALTH AND SOCIAL CARE TRANSFORMATION – BRIEFING**

The Commission considered a report of John Readman/Denise Hunt (Agenda Item No.12) giving a briefing on Health and Social Care Transformation.

Denise Hunt, Vereta Bryan and Kay Russell were in attendance for this item.

Denise Hunt introduced the report and summarised it for everyone. She advised that the number of residents at Bowmead was now 3 and 6 at St Peters. The Project Team are due to meet with the Social Care and there is confidence that everyone will be placed. She also advised that the Better Health Care Fund was approved by the Health and Wellbeing Board at its Meeting on 11<sup>th</sup> February 2014 (not 11<sup>th</sup> March).

During the debate and questioning that followed the following answers were provided:

- The Extra Care Housing Community in South Bristol will consist

of 200 units and will be built to a very high specification in terms of buildings and facilities; there is a lot of interest in bidding for the scheme

- A great deal of work has been done in managing the capacity of Dementia care Homes
- Netta Meadows has visited a dementia care facility in Amsterdam and although some aspects of the facility could be applied in Bristol, other aspects of the facility are not as positive and would not be applied in Bristol
- There are no indications that any deaths have linked to the moves of residents; death rates increase over the Winter period; staff have worked very hard to ensure that the handovers have been as smooth as possible

**RESOLVED – that the report be noted.**

**HWASC  
104.3/14**

**WORK PROGRAMME 2013/14**

Romayne de Fonseka introduced the report and summarised it for everyone. She advised that the issue of Urgent Care at Cossham would come before the Commission at its Meeting on 15<sup>th</sup> April 2014.

**RESOLVED – that the Work Programme 2013/14 be noted.**

**INFORMATION ITEM**

**HWASC  
105.3/14**

**DATE OF NEXT MEETING**

**RESOLVED – that the next meeting of the Health, Wellbeing and Social Care Scrutiny Commission be held on Wednesday 26<sup>th</sup> March 2014 at 10.30 a.m. with South Gloucestershire Council.**

(The meeting ended at 5.10 pm.)

CHAIR