

Health Overview & Scrutiny Committee  
(Sub-Committee of Public Health and  
Communities Policy Committee)  
Supplementary Information



**Date:** Thursday, 30 January 2025

**Time:** 5.00 pm

**Venue:** Bordeaux Room, City Hall

**6. Public Forum**

**(Pages 3 - 13)**

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**Date:** Thursday, 30 January 2025



## Health Overview and Scrutiny Committee 30<sup>th</sup> January 2025



### Public Forum

**Please note:** The views and information contained within the public questions and statements are those of individuals concerned and not of the Council.

#### Public Forum Questions

The following Public Forum Questions have been received for Health Overview and Scrutiny Committee on 30<sup>th</sup> January:

Number	Name	Subject
PQ01, PQ02, PQ03	Lucy Taylor (on behalf of Bristol Inner City Primary Care Network)	GP practice funding and S106 funding for developments
PQ04, PQ05, PQ06	Ruth Jones ( <i>attending</i> )	BNSSG NHS Talking Therapies provided by VitaMinds
PQ07	Sally Kent	CAMHS Report

#### Public Forum Statements

The following Public Forum Statements have been received for the Health Overview and Scrutiny Committee on 30<sup>th</sup> January:

Number	Name	Subject
PS01	Peace Handovsky ( <i>attending</i> )	ACER NHS DETOX UNIT TO CLOSE 31ST MARCH 2025
PS02	Frances Robertson on behalf of Cherington Road Neighbourhood Watch ( <i>attending</i> )	Bristol Pharmaceutical Needs Assessment



## **Public Forum Questions**

### **PQ01, PQ02 & PQ03 - Lucy Taylor (on behalf of Bristol Inner City Primary Care Network)**

**PQ01:** What funds and resources will be made available to enable GP practices in Bristol Inner City PCN to meet the inevitable and essential staffing capacity needs and physical space shortfall we will face very imminently?

#### **Officer response:**

Bristol Inner City is identified by the ICB as a priority PCN. It is ranked in the 5<sup>th</sup> out of 20 PCNs across BNSSG for capacity pressures. This means the regeneration of Broadmead, Temple Quarter and adjoining areas is something the ICB is engaging with actively.

The ICB is currently leading a project to find a new home for the Broadmead Medical Centre that will provide the modern fit for purpose space that is needed.

The Temple Quarter developments are proposed to run over a much longer period of time than Broadmead and the ICB is working closely with BCC and the Temple Quarter LLP Partners to model the impacts of the proposed growth and assess impacts for health services.

As well as seeking developer contributions to support investment in additional estate, the ICB is engaging with NHS England to raise the importance of making capital funding available for primary and community care services.

**PQ02:** Why was S106 funding not a mandatory condition as part of approving planning applications for current developments in Temple Quarter?

#### **Officer responses:**

##### **BCC Officer reply:**

All planning applications must be assessed on their merits. The law around the use of planning obligations is very tightly constrained, and any Section 106 contribution must comply with statutory tests. Any sum sought must be clearly evidenced, justified against, and proportionate to, the specific impact of a particular scheme. The proposed use of the monies must also be clearly set out and be a direct mitigation of the specific impacts identified. Where these tests are met a Section 106 Contribution may be sought. In some recent cases requests from the ICB for Primary Care Section 106

contributions did not meet all these tests and therefore could not be justified. Officers are liaising with the ICB on a number of matters, including potential ways of assisting the ICB with providing adequate primary care infrastructure through a more nuanced and justified approach to Section 106 or through the use of Strategic CIL, should the Council wish to apply Strategic CIL in this way. These discussions are ongoing and at a relatively early stage.

**ICB Reply:**

The ICB recognises there has been a significant increase in Bristol City Council's housing ambitions over the past two years. In response, the ICB has been strengthening its relationships with the Council's planning and regeneration teams to ensure that health considerations are well-represented in future planning.

The ICB estates team monitors all new planning applications. Since January 2024, S106 funding requests have been submitted for all developments in BNSSG exceeding 100 homes.

Following the development of the BNSSG ICS Infrastructure Strategy this year, the ICB intends to produce a housing growth strategy in 2025/26. This strategy will clearly establish ICB policies for securing S106 and Community Infrastructure Levy (CIL) contributions and identify priority sites across all three Local Authority areas.

**PQ03:** How will HOSC ensure that S106 funding is applied for as part of ALL (current and future) student and housing planning applications in Bristol Inner city?

**Officer response (BCC):**

If development creates a need for additional GP facilities the ICB can request that Section 106 funding is sought by making representations on the relevant planning applications. However, as mentioned in the response to PQ02 above, the need for the amount of funding sought needs to be clearly and specifically evidenced and justified, and the proposed use of the funding needs to be clearly identified, and deliverable. It is also relevant to note that the viability of residential schemes is currently particularly challenging, and this is unlikely to change in the medium term. Consequently, any Section 106 funding sought by the ICB from residential schemes needs to be considered alongside all other mitigation requirements that need to be funded via Section 106; particularly those which are the responsibility of the local authority to deliver (eg affordable housing, highways, public realm and active travel infrastructure). Recent examples where the Council's Development Control Committees have dealt with such issues are DCA Committee (4 December 2024 – Graphic Packaging Site) where viability

was considered and DCA Committee (22 January 2025 – 38 Albert Road) where it was carefully considered why a Section 106 contribution in this instance could not be justified.

### PQ04, PQ05, PQ06 – Ruth Jones

The Protect our NHS Talking Therapies subgroup in Bristol recently sent your committee members a letter describing the unsatisfactory Talking Therapies service being provided by VitaMinds to BNSSG residents. In the light of this and the increasing crisis in Mental Health we ask the following;

**PQ04:** Are members of the committee aware that BNSSG NHS Talking Therapies provided by VitaMinds is not reaching the targets as set out in the NHS long term plan, on access, waiting times and recovery?

#### Officer response:

In the 2024/25 Operational Planning Guidance there was a shift in focus of key metrics that measure the performance of NHS Talking Therapies services

- From access (1+ session) to **courses of treatment** (2+ sessions)
- From recovery to **reliable recovery** and **reliable improvement**

NHS Talking Therapies services now have a national target to increase the number of adults and older adults completing a course of treatment for anxiety and depression to 700,000, with at least 67% achieving reliable improvement and 48% reliable recovery. As you will see from the table below, our BNSSG NHS Talking Therapies service is on track to achieve the national targets in 2024/25:

	Targets	Jun	Jul	Aug	Sep	Oct	Nov	Dec	FYTD
<b>Reliable Recovery</b>	Target Performance (National)	48%	48%	48%	48%	48%	48%	48%	48%
	Actual Performance	53%	47%	48%	47%	48%	48%	47%	50%
<b>Reliable Improvement</b>	Target Performance (National)	67%	67%	67%	67%	67%	67%	67%	67%
	Actual Performance	73%	69%	70%	69%	71%	74%	67%	72%
<b>Recovery</b>	Target Performance (National)	50%	50%	50%	50%	50%	50%	50%	50%
	Actual Performance	57%	50%	52%	50%	51%	50%	50%	53%

In terms of waiting times, the national targets are:

- 75% of referrals to have first appointment in less than 6 weeks. Our service achieved 98-100% consistently in 2024/25

- 95% of referrals to have first appointment in less than 18 weeks. Our service achieved 98-100% consistently in 2024/25

A focus of attention in 2024/25 has been on reducing in-treatment pathway wait times over 90 days and our service has made significant progress:

- Between July 2024 and January 2025 the Step 3 waiting list has reduced by 35%
- Between July 2024 and January 2025 the % of clients waiting over 90 days to enter treatment at Step 3 has reduced from 52.6% to 35%
- Mobilised roll out of 90-day review call process to check in on the wellbeing and safety of those waiting for treatment

This has been done with no additional resources or funding. A 2-year Service Development Improvement Plan is in place to further reduce the over 90 days in-treatment waits to under 10% and is supported by the ICB and NHS England as part of a continuous improvement cycle and monthly performance monitoring by the ICB.

Benchmarking:

If we consider national published data benchmarking, we can be assured that our NHS Talking Therapies service is performing well. For example, they are 1 of only 3 providers nationally achieving national targets for all clinical outcome measures.

**PQ05:** What can the committee do to ensure an independent audit of the BNSSG NHS Talking Therapies provided by VitaMinds takes place urgently?

**Officer response:**

*Please note we will aim to provide a verbal reply in the meeting and if required send a written reply after the meeting.*

**PQ06:** What can the committee do to reallocate funds from VitaMinds to services that will genuinely meet the preventative Mental Health needs of our communities?

**Officer response:**

Service remit:

NHS Talking Therapies, for anxiety and depression programme (formerly known as Access to Psychological Therapies, IAPT) was developed to improve the delivery of, and access to, evidence-based, NICE recommended, psychological therapies for depression and anxiety disorders within the NHS.

NHS Talking Therapies, for anxiety and depression services provide NICE recommended psychological interventions for adults and older adults with anxiety disorders and/or depression. This can be standalone or in the context of a long-term physical health condition where this can be managed effectively in a uni-professional service. Evidence-based therapies are delivered by trained clinicians with or without concurrent pharmacological treatment.

In addition to evidence-based talking therapies for common mental health problems, NHS Talking Therapies services also provide employment advice in many areas of England, to support people to reach their employment goals.

Aligned with the Long Term Plan and the Advancing mental health equalities strategy, NHSE Talking Therapies services are working to reduce health inequalities, ensuring services meet the needs of all the populations they service. This work on advancing equalities focuses on improving access, outcomes and experiences for specific populations and under-represented groups.

#### Our BNSSG NHS Talking Therapies service

Our service is commissioned to, and provides, all the elements outlined above. In addition, they offer:

- Employment Advice Service ‘9 step model’ to support promotion and engagement into the pathway (i.e., supports the prevention agenda within the community)
- An additional evidence-based pathway designed to support positive lifestyle change, focus on improvements to physical activity, diet, and lifestyle habits called the Healthy Living/Healthy Minds service (i.e., supports the prevention agenda within the community, early intervention and holistic approach to interventions). This is a 12-week course with access to 1:1 calls and optional exercise classes and webinars.
- A new, tailored, physical activity advice offer specific to Long Term Conditions like arthritis, obesity, diabetes, asthma and COPD
- A Get Active for Low Mood intervention which is accessible for patients with depression waiting for/within any other treatment

The service also has a dedicated team to engage with communities and increase the accessibility and acceptability of their services.

In 2024/25 their focus has been on increasing referrals from older adults, men and ethnic minorities.

## Highlights include:

### Community Outreach

- Ongoing relationship with Children’s Centres and perinatal network
- Drop-in set-ups in community settings. For example, collaboration with Social Prescribers at Southern Brooks in Kingswood
- Increase in men’s work and new projects such as Young Men’s Network and Rugby Club evenings
- Relationships with universities and foodbanks; linking up with their Employment Support Team to visit foodbanks

The outcomes of this community engagement have seen growth in referrals of men, those from diverse communities and older adults.

### **PQ07 – Sally Kent**

**PQ07:** The CAMHS update report shows that 20% of all referrals are received from just 3 neighbouring wards in South Bristol.

Hartcliffe and Withywood 9.39%

Filwood 6.14%

Hengrove and Whitchurch Park 5.68%

What are the reasons behind this and what mitigations are in place to prevent and meet the SEMH needs of children and young people specifically within these 3 wards?

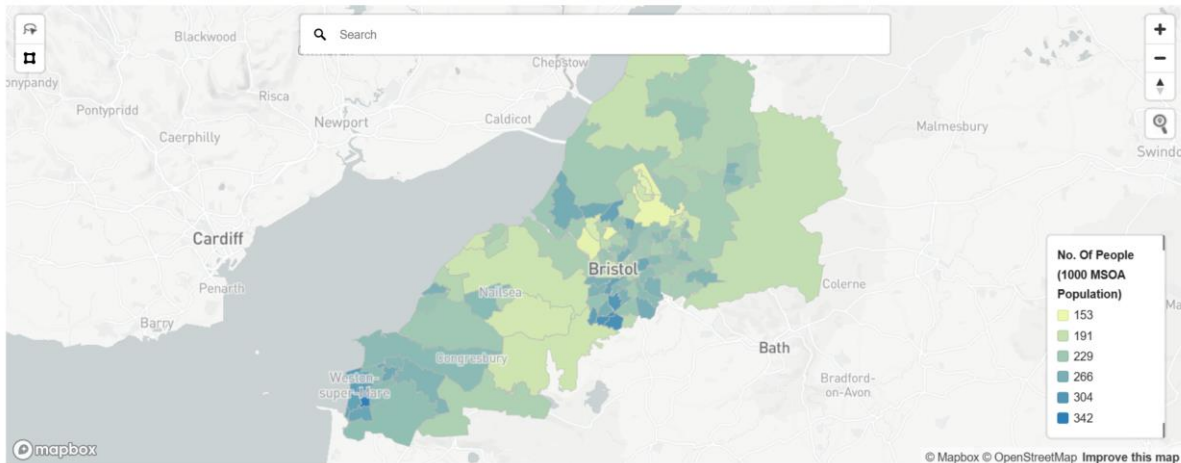
### **Officer response:**

We are aware that Hartcliffe and Withywood, Filwood and Henbury and Benbury have the highest rate of referrals per 1,000 population (0-18 population). This isn’t necessarily a demonstration of higher need as referral process and behaviours will change by area. Higher referrals aren’t always negative, as it could be an indicator that people are able to refer and access services.

Deprivation does however coincide with overall mental health need. We know that the more deprived the area the higher the mental health need. This mirrors the adult mental health population (21%) which is much higher; 27.5% in Decile 1 (most deprived) vs 17% in Decile 10 (least deprived).

The map below shows the overall adult mental health prevalence/need across BNSSG. The same wards, show a higher prevalence.



**Mental Health Population per 1000 People by MSOA**

Correlation with adult mental health need, having a parent or living in a household with someone with mental health needs is an Adverse Childhood Experience measure that could contribute to a higher children's mental health need.

System health inequalities work will probably have the highest impact on the most deprived areas and is a mitigation.

Specific CAMHS mitigations are the launch in January 2025 of 2 new referral pathways into the Mental Health in Schools Teams (via school nurses and via the Whole School Approach) which will help increase access. CAMHS are also increasing KOOH and Off the Record activity to help meet children's needs and to ensure their services are as accessible and acceptable for all children as possible.

## **Public Forum Statements**

### **PS01: Peace Handovsky, ACER NHS DETOX UNIT TO CLOSE 31ST MARCH 2025**

ACER NHS DETOX UNIT TO CLOSE 31/3/25 Vulnerable Bristol residents set to lose specialist detox service A campaign has been launched to save Bristol's beloved Acer Unit, the region's only NHS inpatient drug & alcohol detox unit because management at AWP (Avon & Wiltshire Mental Health NHS Trust) told staff the Unit was being decommissioned and closing down on March 31st. The Acer Unit is one of a handful of NHS, medically managed inpatient detox and stabilisation units in the UK. The unit can manage the most complex and vulnerable service users because of its highly trained and dedicated team. This includes pregnant women and people with physical and mental health issues who are turned away from other services due to their complexity. Acer Unit is also a training hub and provides placements and training for nursing students, medical students, and trainee psychiatrists. The Save Acer NHS Detox Unit campaign is a broad based coalition aiming to raise awareness of the unit

closing and is calling for a delay to the decommissioning so that new funding streams can be established. We're made up of staff, ex-service users, the recovery community, the general public, MPs, Councillors, Trade Unions and Protect Our NHS. A petition to save the unit has been started and it has over 4,000 signatures indicating the huge public support of the unit. Acer Unit service users are often vulnerable and desperately need the support and treatment that Acer offers. If the ward closes as planned, those who would currently be accepted and treated on Acer now won't have anywhere to go, which will lead to tragedy. Those with substance misuse issues are already in a marginalised client group and deserve the best healthcare and support. Acer is being closed for financial reasons, but in reality its closure will not just lead to human tragedy with a huge knock on effect on families and communities. It will have a serious impact, including financial, and mean a far greater strain on many other already stretched public services. It will be a false economy. Closure would also mean about 20 job losses to the NHS, Bristol and beyond. Here's what just some of our hundreds of recent service users have said about the Acer Unit: "I am overwhelmed by the compassion, empathy and love from all of the people that work here. I am so unbelievably grateful." "Thanks to all the excellent staff and patients for giving me another chance." "This Acer Unit gave me and my unborn baby a new chance in life and I will never forget that." "This has been a life changing experience. THANK YOU!" We call on all those who can, to help our campaign and help AWP to keep the amazing, lifesaving, Acer Unit open. We have asked AWP to join the campaign so we can work together but also, importantly, we have asked for an extension to the decommissioning date beyond 31st March to give us time to secure funding. Regarding ROADS recommissioning we've been told that Christina Gray (Director of Public Health BCC) said: 'There was no intention for Bristol CC or the new provider (Turning Point) to reduce or change the arrangement with Acer. This is not linked in any way to the change in provider.' This seems like really good news. But Turning Point said in a BBC Bristol online article: "Nat Travis, national head of Service for Public Health and Substance Use at Turning Point said: "Inpatient detox will still be available to those who need it from the 1 April. "Under the new contract, people in need of detox will be able to choose the service that best meets their particular needs from a number of residential and community-based options." " Have Turning Point confirmed the 3.8 beds block booking to AWP? If not, can you get them to do that please? Can you ask AWP to extend the decommissioning date beyond 31st March please? We also had two other questions we wanted to ask but unfortunately missed the deadline because we thought that three days meant 72 hours: 1. How does the planned closure of Acer NHS inpatient detox unit fit with the 2021 ten year drug strategy 'From Harm to Hope' including Dame Carol Black's recommendation for both greater availability to inpatient detox and providing a drug and alcohol service which reflects the needs of the local population which also stated that accountability is with local health providers? 2. "The wellbeing theme of the Corporate Strategy describes the need to embed health in all policies to improve physical & mental health and wellbeing, reduce inequalities and the demand for acute services". Also, "Key deliverables included: An expansion of access to structured treatment for those with dependent drug and alcohol use, focussing on reducing waiting times and attrition and providing more treatment services embedded in community settings, closer to people's homes." How does closing down the Acer Unit achieve this? We would be grateful if these could be discussed too. Save Acer NHS Detox Unit campaign

**PS02: Frances Robertson on behalf of Cherington Road Neighbourhood Watch, Bristol Pharmaceutical Needs Assessment**

## Public Statement to Bristol Health Overview and Scrutiny Committee from Cherington Road Neighbourhood Watch regarding the Bristol Pharmaceutical Needs Assessment

We ask that Health Overview and Scrutiny Committee scrutinises the development of the latest Bristol Pharmaceutical Needs Assessment (PNA) due for publication in Autumn 2025, and on the agenda of yesterday's Bristol Health and Wellbeing Board

We are concerned that the current public PNA survey is not worded in such a way as to collate the necessary data to ensure the best pharmaceutical needs provision for the community.

We ask that you all read the survey, you can page through it without completing it, or we can provide members with a screenshot version to determine for yourselves how the survey will be able to determine need. The survey questions appear to be designed to limit, rather than maximise, the amount of relevant information elicited, for example, nowhere is the respondent's postcode requested. The online survey is here <https://www.smartsurvey.co.uk/s/ATMAKE/>

We also feel that there is an inherent bias in the process by only being an online survey and many of those most in need of regular pharmaceutical provision, are also digitally excluded by virtue of age, income or other personal circumstances. These are also the most likely members of the community to be disadvantaged in terms of options to access a pharmacy, medication, etc.

We ask that you ensure that developers of the assessment understand the importance of this assessment and that the assessment should ensure the effective provision of pharmacy services for everyone in Bristol.

### Background

The current Bristol Pharmaceutical Needs Assessment expires this year and is being drafted in this round for the whole of the BNSSG area.

There is currently an online PNA Survey open. It is only available as an online survey not in paper copy. We only found out about it through a resident who saw it mentioned on Facebook. Despite our residents' group campaigning about our local pharmaceutical needs and having been in direct contact with the ICB and the Bristol Health and Wellbeing Board and the Public Health and Communities Policy Committee, we have not been sent any information about this survey.

Cherington Road is in Horfield Ward on the edge of the Manor Farm Estate. Our street Neighbourhood Watch is a longstanding, thriving residents' group.

Our residents' initial interest in this began in late 2023 when our local pharmacy, most recently operated by Boots, announced it was closing in mid-January 2024. Boots Company was closing smaller branches to steer its business away from community health and medicines provision, to more commercial sales, e.g. beauty products. Despite over 900 people signing our petition against closure, Boots closed.

The Boots branch was located in a local shopping parade on Southmead Road at the junction of 3 wards, Southmead, Horfield and Westbury-on-Trym & Henleaze. There had been a pharmacy here since the early 1980s and it was well used, primarily by local residents but also by passing customers.

In February 2024 a local independent pharmacy applied to open in the same location, but because Boots had insisted on closing it rather than passing it on to another business (how Boots had acquired it in the first place), this application had to be made as if a pharmacy had never been there and applied for under a clause of the relevant 2013 regulations as an “application offering unforeseen benefits”.

This was then assessed behind closed doors by an ICB panel which determined that there was no need for a local community pharmacy because other pharmacies existed in other neighbourhoods in north Bristol. It should be noted that these other pharmacies all objected to the application to reopen a pharmacy in our neighbourhood. We supported the application, as did local councillors from all 3 wards, and our MP shared our concerns. Also the nearest GP Practice PPG as many of their patients are in our locality because their practice used to be near to the pharmacy on Southmead Road before moving from the area to purpose built premises.

The ICB turned down the application to reopen an NHS pharmacy despite public and councillor support. Their committee decided that our residents could access other pharmacies, all of which are approximately at least a mile away and none of which are in reasonable walking distance for someone needing medicines, be they prescription or over the counter medication, or needing to consult a pharmacist as we are being urged by the NHS to do.

The refusal of the application under the strange clause seemingly ignored the closure of the existing pharmacy provision, and also apparently ignored Bristol's current PNA which clearly stated that we already have fewer pharmacies per capita than the national average and that the demographic of North Bristol area in particular had greater pharmacy needs. Treating this application as if a well used pharmacy had not just closed and left local residents having genuine difficulties accessing alternatives, was bad enough, but to choose to use the 20 minutes' travel time clause rather than the lack of local provision in their own PNA was perverse.

We do not believe the current PNA survey will elicit the best information for best patient and community pharmacy provision in Bristol.