

Bristol City Council

Minutes of the Health Scrutiny Committee (sub-committee of the People Scrutiny Commission)



6 December 2021 at 10.00 am

Members Present:-

Councillors: Graham Morris (Chair), Brenda Massey, Paul Goggin, Lorraine Francis, Mohamed Makawi and Tom Hathway

Also in Attendance:-

Councillor Helen Holland, Cabinet Member for Adult Social Care and Integrated Care System; Councillor Ellie King, Cabinet Member for Public Health, Communities and Bristol One City.

Christina Gray, Director for Communities and Public Health, Bristol City Council; Mark Arruda-Bunker Associate Director, Specialised, Secure and CAMHS, Avon and Wiltshire Mental Health Partnership; Dave Jarrett, Area Director, South Gloucestershire and Bristol, NHS Bristol, North Somerset & South Gloucestershire CCG (BNSSG CCG); Nick Goff, Mental Health Programme Manager, BNSSG CCG; Steve Rea, Delivery Director, South Bristol ICP; Kate Groves, Senior External Affairs Manager, BNSSG CCG.

1 Welcome, Introductions, and Safety Information

The Chair welcomed all attendees to the meeting.

2 Apologies for Absence and Substitutions

Councillor Clark sent apologies.

3 Declarations of Interest

The Chair declared that a member of his family had experience of an autism assessment and Child and Adolescent Mental Health Services.



4 Annual Business Report

The Scrutiny Advisor presented the Annual Business Report.

RESOLVED;

That;

- The Scrutiny sub-committee's Terms of Reference be noted;
- The membership of the Committee for the 2021-22 municipal year be noted;
- The Chair, Cllr Morris, and the Vice-Chair, Cllr Clark, be noted;
- The dates and times for meetings in 2021-22, 6th December 2021, 10am, and 14th March 2022, 10am, be noted.

5 Chair's Business

The Chair advised Members that the Suicide Prevention item, scheduled for today's agenda, would be presented to the sub-committee as a scrutiny briefing in January 2022.

The Chair noted that Cllr Massey had received a text from the NHS which advised her she was eligible for a booster, although she had already received one; the Chair shared Cllr Massey's concern that this error, which had happened to others, had provided confusion to the public.

RESOLVED;

That the Director of Communities and Public Health advise the sub-committee whether this was a known error and that it would be addressed.

6 Minutes of Previous Meeting

RESOLVED;

That the minutes of the meeting held on 25 February 2021 be agreed as a true record.

7 Public Forum

Questions:



Ref	Name	Topic
Qs 1 - 2	Jen Smith	Child and Adolescent Mental Health Service

Statement:

Ref	Name	Topic
S1	Jen Smith	Child and Adolescent Mental Health Service

There were no supplementary questions.

The Chair commented that the statement showed that the system was complex and sometimes confusing when children had additional support need; and stated that there was a need for a simplified and better signposted services.

RESOLVED;

That the Public Forum questions and statement be noted.

8 Child and Adolescent Mental Health Services

The Associate Director, Specialised, Secure and CAMHS, Avon and Wiltshire Mental Health Partnership, introduced the report.

- There was a discussion around ethnicity data, and how representative referrals were of Bristol's communities; Members were concerned that proportionally less Black Asian Minority Ethnic children and adolescents had accessed services, and that 630 referrals were from white applicants, and the combined number from Black Asian Minority Ethnic groups was 119.
- The Committee was told that it was recognised that the referral route for young people had not been representative of the diverse communities, and that there was ongoing work and initiatives, which included a Quality Improvement Project, to improve equitable access for all and also to ensure staff were representative of the communities. There had been partnership working, which included work with the Barton Hill Settlement, to improve equitable access.



- There was a further discussion about access to services and referrals and it was agreed there was need for more clarity regarding the relationship between Bristol's demographics and access/referrals.
- Members were advised that, in terms of Black Asian Minority Ethnic representation in recruitment, the organisation had improvements to make, which included positive action to enable Black Asian Minority Ethnic communities in senior leadership roles, and other initiatives which ensured better representation.
- Members noted that North and South areas had more referrals than the Central & East area and were advised that there were no concerns about a lower ability to access services than in the other two areas, that there were more third sector and community pathways in Central & East before the need to access CAMHS.
- Members asked whether building works at the Riverside Unit would prevent access to services and were told that 10 (of the 12 capacity) patients would receive services whilst the works were ongoing, and that there would be close partnership work that would ensure anyone who needed services would receive appropriate services, and that all young people who were not eligible would be monitored by professionals at Tier 3 which included crisis and outreach services.
- It was confirmed that the building works would enable an increased capacity of 16 (12 inpatients and 4 days patients).
- The Committee was advised that there was a national challenge to meet the need for eating disorders; and that there had been a sustained increase in referrals for young people with eating disorders.
- It was recognised that the service required a more sophisticated system to record characteristics, which included Transgender, but that all young people were assessed based on need and the assessment recognised that an individual who identified as Transgender had increased risk of higher need.
- The Chair commended the approach taken in South Bristol, that he observed that there was a positive outreach service and young people were encouraged to talk.
- There was a discussion about access to information and Members were advised that CAMHS, as part of the community health partnership, had a single website which was subject to ongoing improvement, which included the introduction of an ability to self-refer; and that there was investment to enable development. The Committee heard that the website had successfully signposted young people (see <https://cchp.nhs.uk>), but there was a recognition of the need of further improvement.



- The Chair asked how success was measured and Members were advised that patient reported outcome measures (PROMs) were used, which assess the quality of care from the service users perspective, that young people's experience was the most important aspect to measure success and that CAMHS had worked with Barnardo's who had assisted in enabling young people's voices.
- There was a further discussion about the workforce and the Committee was informed that there was significant planned expenditure to support staff, and that there was a national challenge in terms of the health of the workforce.
- The Committee was informed that mental health support teams focused on both primary and secondary schools, are now in place. The first wave of 3 teams would cover schools in South Bristol, East Central Bristol and South Gloucestershire (see <https://www.otrbristol.org.uk/what-we-do/mhst/>) with a further seven across BNSSG by 2024.
- The Chair commended the report and presentation and thanked the officers involved and all who provided mental health support to Bristol's young people.

RESOLVED;

That;

- Avon & Wiltshire Mental Health Partnership be invited to bring an update to the Committee on its initiatives to improve access to child & adolescent mental health services by Bristol's Black Asian Minority Ethnic communities and ensure a workforce better representative of Bristol's diverse communities.
- The report be noted.

9 Community Mental Health Framework and Integrated Care Partnerships in Bristol

The Area Director (South Gloucestershire and Bristol); Mental Health Programme Manager; and Delivery Director (South Bristol ICP), Bristol North Somerset South Gloucestershire CCG, introduced the report.

The Cabinet Member for Adult Social Care and Integrated Care Systems said that the integration of health and care should be from a bottom-up approach, and what had been seen by the Health & Wellbeing Board, on which the three Integrated Care Partnerships were represented, was good local representation and voice from local communities, and that there had been great enthusiasm from local partners; and that she hoped ICPs would have the opportunity to raise local need and affect ongoing strategy. Also



social prescribing was highlighted as an important role within the development of the ICPs and how communities accessed services.

- There was a discussion about how many GPs there were in relation to population across the area, and Members were advised that the numbers related to GP practices, not the GPs themselves, and that some practices had more GPs in them, which meant more of an even relationship between GPs and population across the area. It was agreed that this needed clarifying and updated statistics would be sent to the Committee.
- There was a discussion around recruitment and retention of the workforce and Members asked what steps would be taken to manage the issues. The Committee was advised that there were workforce shortages and challenges, and that the plan to introduce integrated teams removed the need for a linear referral process, and so resources and time could be freed up.
- There was a recognition that peoples' needs should be met earlier and support mechanisms should be widened with the utilisation for the community and voluntary sector.
- The Director for Communities and Public Health clarified that the proposals for charges in parks only referred to commercial activities, and so would not affect social prescribers.
- A Member of the Committee expressed optimism that the new arrangements would make a positive difference to accessing mental health services, and stated that their experience was one that showed the eligibility criteria for referrals into services was a high threshold, and asked whether the new framework would mean an expectation of more referrals and better and quicker access to services. The Committee was informed that the expectation was now a four week wait for the patient from initial referral; this was a national aspiration embraced locally – the four weeks would be from the point of reach-out for support to an offer of treatment (from a range of offers which included clinical and social prescribing).
- Members were advised that the new framework brought a fundamentally different approach, which included devolved budgets and demanded closer partnership working, a move away from a linear pathway which would increase access where it was needed and improved service.
- The Committee was advised that the framework demanded good partnership working which would recognise the differing factors that affected peoples' mental health, such as access to good housing, food and exercise; that opening up the links across housing, parks and green spaces and healthy eating initiative was integral to the community mental health framework.
- There was a discussion around community engagement and Members asked how communities had been listened to. Members were informed that there had been 40 engagement sessions in the



first half of the year; these had been with professional partners and the voluntary and community sector, as well as with people with lived experiences.

- The Committee was advised that all six Integrated Care Partnerships had people with lived experiences to help shape their plans. Members were also told about groups that focused on specific areas, such as eating disorders, formed to help develop services, co-chaired by professionals and an individual with lived experience.
- The Chair commented that there was not established voluntary groups that represented all communities, and so this should be recognised and arrangements put in place so everyone could have influence if they wanted to; and that there was a need to communicate better with all communities the positive work as set out in the report.
- The Chair commended the inclusion of a need to ‘directly and urgently address the inequalities in health outcomes meeting needs earlier to mitigate against disadvantage...’ as a key attribute of the draft model of care and asked how the relevant communities were being identified and targeted so as to address the inequalities. Members were told that data was utilised to help inform targeted support, and that tackling health inequalities was forefront of all plans.
- The Committee was informed about the use of ‘asset mapping’ (which included mapping of community organisations across the area) which would assist in the engagement of diverse groups.
- There was a discussion around transition from CAMHS to adult mental health services, and members were advised that there should not be a hard deadline for transition, that the focus should be on enabling young people to adult services between the ages 16-25, and that there was a need to ensure accessibility for people with learning difficulties and autism, and so the criteria needed to be flexible.
- The Committee was informed that there was a significant piece of work in development an IT system which would join up care records, and that this would be extended to all relevant organisations within the framework.

RESOLVED;

That;

- The number of GP practices with regard to population across the areas be clarified and passed to the Committee;
- The report be noted.



10 Work Programme

The Work Programme was noted.

11 Public Health Update

The Director of Communities and Public Health provided an update on COVID-19.

- The Delta variant was still dominant; it was expected the Omicron variant would become dominant in the next months.
- The public health advice was that, if meeting in groups to cover faces, ventilate rooms and use lateral flow tests. People were encouraged to ensure they test themselves regularly, especially if they plan to meet in groups.
- It was highly likely Omicron will be at least as transmissible if not more so, and so taking precautions was very important.
- The Mayor was about to sign up to a global vaccine equity statement – it was important to recognise that the more people were vaccinated, the safer everyone would be.

Meeting ended at 12.15 pm

CHAIR _____

