

Bristol City Council

Minutes of the Health Scrutiny Committee

(sub-committee of the People Scrutiny Commission)



14 March 2022 at 10.00 am

Members Present:-

Councillors: Graham Morris (Chair), Amal Ali, Lorraine Francis, Paul Goggin, Mohamed Makawi, Brenda Massey, Barry Parsons, Mohamed Makawi, and Chris Windows

Also in Attendance:-

David Jarrett, Area Director (South Gloucestershire and Bristol), BNSSG CCG; Jenny Theed, Director of Operations, Sirona Care & Health; Christina Gray, Director of Communities and Public Health, BCC; Sally Hogg, Consultant in Public Health; Alasdair Wood, Public Health Registrar, Charly Williams, Principal Public Health Specialist, Bonnie Dimond, Senior Public Health Specialist; Grace Davies, Public Health Principal; Vicky Marriott, Healthwatch BNSSG Area Manager

1 Welcome, Introductions, and Safety Information

The Chair welcomed all attendees to the meeting.

2 Apologies for Absence and Substitutions

Cllr Jos Clark and Hathway sent apologies for absence. Cllr Parsons substituted for Cllr Hathway.

3 Declarations of Interest

The Chair declared that he was on the waiting list for an autism assessment delivered by Sirona for his child.

Cllr Francis declared she was a social worker in mental health services.

4 Minutes of Previous Meeting

The minutes were noted.



RESOLVED;

That the minutes of the meeting held on 6 December 21 be agreed as a true record.

5 Chair's Business

There was no Chair's Business.

6 Public Forum**Questions:**

Ref	Name	Topic
S1	Jen Smith	Children and Young People

The Chair commented that he had experienced long waiting times for his child to be seen for an autism assessment, and had sympathy for the content of Jen Smith's statement.

RESOLVED;

That the Public Forum statement be noted.

7 Public Health Update

The Director for Communities and Public Health provided a public health update, and included the following points;

- Members were referred to the Bristol Living with COVID plan, and outlined the main points, found at the following link: [Coronavirus \(COVID-19\): Living Safely with COVID-19 Framework - bristol.gov.uk](https://www.bristol.gov.uk/coronavirus/covid-19/living-safely-with-covid-19-framework)
- It was noted that free lateral flow tests or a-symptomatic PCR tests, other than in high consequence settings (such as care homes), would not be available after 31 March.
- The Commission was advised that COVID needed to be managed as any other infectious disease, and so if people were unwell, they should not mix.
- Members were advised that the city had worked well together across sectors to manage COVID, and that UK Scientific Advisory Group for Emergencies (SAGE) estimated 25% of infections had been prevented by voluntary measures. A Member asked about the future availability of symptomatic PCR testing, and the Commission was advised that the final guidance had not yet



been published; although the understanding was as for 1 April, general population testing would end. It was expected that there would still be testing in NHS and adult social care settings.

- Members heard that the World Health Organisation and SAGE described a range of possible scenarios, [found at this link](#), to be used within planning and preparedness.
- There was a discussion about preparations for a future variant and the Commission was told the UK Health Security Agency participated in global surveillance programmes; national programmes continued; and there was local sampling to which would indicate levels of infections; and local relationships with communities were important to maintain vigilance and understand whether there were increased infections. This type of work was part of well-rehearsed protocols for infectious disease control the Council and partners had been used to managing.

8 NHS System Pressures and Status Update

The Area Director (South Gloucestershire and Bristol), BNSSG CCG, and Director of Operations, Sirona, introduced the report.

- There was a question about how system pressures and related negative effects in Bristol had been dealt with, and how Bristol compared with other areas, and the Commission was advised that there were various actions to mitigate pressures, which included helping ambulances decant as quickly as possible and monitoring queues.
- Members heard the size of the Bristol Royal Infirmary A&E department led to overcrowding, whereas Southmead had more space; and part of the strategy to release pressure was to encourage people to avoid attendance of the emergency department unless there were life threatening conditions.
- There was a discussion around the improvement plans, and the Commission was advised that earlier access to assessments would be key to improvement; that it was not only about the front door, but the need to address the waiting time for people who required long term care related to the whole system.
- The Commission was told that there had been a large bulge of people with complex needs, which had increased the waiting times. Members heard there was enough capacity for new referrals, although there were a number of vacancies across the system.
- Members asked how community-based staff could be supported within the context of added pressure and complex cases, and were advised that its retention of staff in the community was important and so the support they received was key.
- Members heard that encouragement and promotion of working in care was a priority.
- The Chair asked how the priorities for GPs (final slide of the presentation) would be achieved and the Commission was advise that as well as urgent care access there needed to be a full return to routine appointments, and so routine screening for all conditions, which included cancer, could be undertaken.



- The Commission heard that, in terms of a consistent approach for GPs, there was a national contract element, and it was then up to individual practices and networks to decide how these would be delivered, including levels of access.
- Members heard from Vicky Marriott, Healthwatch, about feedback from patients around the ability to contact and attend GPs, and asked if it was mandated that face-to-face appointments should be returned to. The Commission was advised that all Practices offered face-to-face appointments and it was up to individual Practices to manage their appointment flow; there were more face-to-face appointments now than in the previous year.
- There was a discussion around inequalities across the city and access to primary care, that, for example, in east Bristol, alternatives such as pharmacies were not available and there was less availability for appointments; and Members were advised about the resilience dashboard which tracked those areas and measured performance against key equalities indicator, which enabled identification of areas in need of targeted support.

RESOLVED;

That;

- The report be noted.

9 Urgent and Emergency Care - Minors Programme

The Director of Operations, Sirona, introduced the report.

- There was a discussion about pharmacists, that the system worked well in the south but struggled in the east and north of the city, and Members were advised that all GPs had access to the Community Pharmacy Consultation Service, and that there were pilots in south Bristol for Sirona services which had gone well; and the next step was a roll out of pilots with pharmacists near Southmead and the BRI.
- Members heard the ambition was 4000 appointments per month, with 2000 per month at the moment, and that the next steps addressed the highlighted difference in the north and south of the city.
- The Commission heard that there was central government resource available to support pharmacy services; that BNSSG was one of the fastest growing areas, and issues around east and north Bristol would be taken back and looked into further.
- Members recommended that closer work with patients' groups attached to Practices would assist in easing pressures and improve systems.
- The Chair raised issues around changing mindsets and behaviours and noted that clear explanations and how the messages were provided was important; and noted that enabling change in people's perceptions was important and Councillors had a role to play.



- The Commission was advised that students represented over 20% of visitors to the emergency department and it had been found Freshers Week had been relied on to provide messages to register with a GP, and so information packs were now developed for students before arrival.
- Members heard that parents with children was another group with high representation at emergency departments and there was a pilot with the Children's Hospital which explored the role of the health visitor at the emergency department to assist and signpost.
- There was a discussion around the 111 service, and Members heard that the CCG monitored speed of response and the call abandonment rate, and there had been an improvement since extra resource was injected last summer; there was a lot of work to do which included recruitment to the role.
- The Area Manager, Healthwatch BNSSG, advised Members of work Healthwatch undertook around attendance of Accident & Emergency at Southmead, and 20% of respondents were students, and people managing long term conditions were a large cohort, and recommended those people had communication about where to access support and a named contact.
- Members were advised that people with long term conditions would be brought into the Clinical Assessment Service which enabled a timely response, rather than a visit to and a long wait in A&E.
- Members noted that the waiting room survey found fewer than half who attended A&E had contacted a health provider beforehand, and asked if more surveys would be undertaken to monitor any changes. The Commission was advised that the insights work would be repeated after Easter, and the CCG planned to utilise new software to mine communications traffic across social media which provided insight into how people heard and perceived messaging and how this impacted decisions made which would assist in future planning and communications.

RESOLVED;

That;

- The report be noted.

10 Healthy Weight

The Consultant in Public Health and Public Health Registrar introduced the report.

- The Chair noted that a Whole System approach needed to be owned properly managed for positive impact.
- It was noted that issues around health inequalities had been raised, and it was important to raise awareness of healthy eating within this; but that to tackle these complex issues required city-wide commitment and a measured approach. Members were advised that a managed approach was required, owned by the Public Health team, with oversight of the Health & Wellbeing Board, and embedded across other areas and strategic boards.



- Members heard that this approach was joined up and created leverage for change – it meant close working with planning and housing colleagues and others to get away from short termism and create a long-term approach.
- The Commission heard that the strategy included working closely with, and learning from, communities to roll out the right approaches, countering short term funding by building a community developed insight approach where, should the funding end for a project, there would be ongoing activity in communities.
- The Director of Communities and Public Health advised the Commission that this was a global and national issue, and it was expected this would be government policy in the future. Bristol was ahead of the curve, with local policies which included restrictions placed on fast food outlets close to schools.
- A Member recommended green space be utilised for growing food in communities; and the Chair recommended the allotment policy should be reviewed to ensure wide access and use; the Commission was advised the Public Health team worked closely with the Parks and allotments teams.
- There was a discussion about how people were encouraged to take part in activity and sport, and members were referred to the Sport and Physical Activities Strategy 2020-25. It aimed for everyone to have the opportunity and ability to be active, and it was closely linked to the focus on healthy eating – part of the whole systems approach.
- There was a discussion about weight management services, and that these had not worked previously, and the Commission heard that the focus for this piece of work was to gain community insight, and to ask communities how they would like support to look. This approach would utilise the assets in the communities. Insight enabled a service to be designed that met the needs of communities, and tackled issues related to, and that had impact on, weight and healthy eating.
- There was a discussion around ultra-processed foods and whether there should be regulation, and the Commission was informed that locally, the Council is part of a wider system and partner organisations would engage with government on those issues; that local focus was on use of licencing powers, communication, and enabling local transparency and understanding around those issues.
- Members were advised that the government had produced a national food strategy, and the council was waiting for the White Paper to be published which would contain opportunities for funding and pilots.



Chair welcomed the report and recommended the sub-Committee heard more and all Councillors should be involved in its continued development.

RESOLVED;

That;

- The report be noted.
- Commission members be updated with progress and all Councillors have the opportunity to support the strategy's development.

11 AWP Patient Reconfiguration

There was a discussion about the report and Members welcomed the proposals.

There was a discussion around how out of area placements would be reduced, and in what timescale;

RESOLVED;

That;

- Members welcome the report and support the approach.
- An update be brought to the Sub-Committee on the next scrutiny work programme.
- Members be provided with further information on how out of area placements would be reduced, and in what timescale.

12 Work Programme

The Work Programme was noted.

Meeting ended at 12.40 pm

CHAIR _____

