Bristol City Council
Minutes of the Health Scrutiny Committee

10 October 2022 at 4.00 pm

Committee members present:-
Councillors Graham Morris (Chair), Lorraine Francis, Brenda Massey and Tom Hathway

Cabinet members in attendance:
Cllr Helen Holland, Cabinet member for Adult Social Care & Integrated Care System
Cllr Ellie King, Cabinet member for Public Health & Communities

Bristol City Council officers in attendance:
Hugh Evans, Executive Director: People
Christina Gray, Director: Public Health & Communities
Stephen Beet, Director: Adult Social Care (& Co-Chair of South Bristol Locality Partnership)
Nicola Knowles, Policy & Public Affairs Manager
Ian Hird, Scrutiny Advisor

NHS Bristol officers in attendance:
David Jarrett, Director of Primary and Integrated Care, BNSSG ICB
Sharron Norman, Delivery Director - North & West Bristol Locality Partnership
Joe Poole, Delivery Director - Inner City and East Locality Partnership
Emily Kavanagh, Head of Locality - South Bristol Locality Partnership (on behalf of Steve Rea, Delivery Director - SBLP)
Dr Geeta Iyer, GP at Gloucester Road Medical Centre and Clinical Lead for Primary Care Development, BNSSG ICB
Jenny Bowker, Head of Primary Care Development, BNSSG ICB
Becky Balloch, Communications & Engagement Lead, BNSSG ICB

13 Welcome, Introductions, and Safety Information

The Chair welcomed all attendees to the meeting and explained the emergency evacuation procedure.

14 Apologies for Absence and Substitutions

It was noted that apologies had been received from Cllrs Clark, Goggin and Makawi.

15 Declarations of Interest

Cllr Francis advised that she was employed as a social worker in mental health services.

16 Minutes of Previous Meeting

The Committee **RESOLVED:**
That the minutes of the meeting of the Health Scrutiny Committee held on 14 March 2022 be confirmed as a correct record.

17 Chair's Business

a. The Chair thanked NHS Bristol representatives for attending this meeting and for the clear information and data included within the agenda papers.

b. The Chair advised that he had been pleased to attend the Bristol Community Health Day on 8 October. A wide range of information had been available through this community-led event, including workshops, seminars and booths on a range of healthcare topics, including mental health, lung health, diabetes, maternity, and men's, women's and children's health.

c. The Chair advised that he wished to thank the Friends of Jubilee Swimming Pool for all of their hard work in securing the pool's future for the community.

d. The Chair referred to the 'statement of principles' guidance document for Health Overview Scrutiny Committees as issued by the Department of Health and Social Care in July, in advance of statutory guidance to come; the document essentially set out government expectations about how health overview and scrutiny committees should work with integrated care systems to ensure they were locally accountable to their communities. At the request of the Chair, it was noted that a copy of this guidance document would be sent to Health Scrutiny Committee members.

18 Public Forum

It was noted that no items of public forum business had been received for this meeting.

19 Annual Business Report

The Committee considered the annual business report.

The Committee **RESOLVED**:
1. To note the Scrutiny Committee's terms of reference.
2. To note the membership of the committee for the 2022-23 municipal year.
3. To note the Chair and Vice-Chair arrangements for the 2022-23 municipal year.
4. To note the dates and times of meetings for the remainder of the 2022-23 municipal year.

20 Update - Integrated Care System/Partnership/Board and Locality Partnerships

a. Integrated Care System and related governance - update
The Committee received and discussed a presentation providing an update on the establishment of and governance arrangements for the Integrated Care System / Partnership / Board.

Summary of main points raised:

1. In noting and welcoming, in general terms, the purpose and expected benefits of the Integrated Care System, it was noted that there would inevitably also be forthcoming pressures on the Council's and partners' budgets given the context and impact of the national economic situation. These pressures would need to be taken into account as necessary as part of ICP/ICB planning activity.

2. It was noted that tackling health inequalities, improving people's experience of and access to health services, together with improving outcomes in population health with a particular focus on those 'most in need' were fundamental principles for the ICP.

3. The proposal to allocate 8 seats within the 28 seat ICP membership to the voluntary, community and social enterprise sector was welcomed, noting that there was a degree of local discretion in determining these arrangements. It was noted that careful engagement was taking place in relation to the representation arrangements in line with the commitment to developing a citywide approach to working equitably with the sector in Bristol. It was hoped that the progressive approach being taken could potentially be seen as a model for elsewhere. The full detail was being worked through but would include a clear job role/description/application process with a view to ensuring a best practice approach.

4. It was noted that developing an Integrated Care Strategy (within a timescale of December 2022) was a key area of immediate attention for the ICP/ICB. The strategy would include a focus on:
- the challenge of reducing inequalities and disparities in health and social care.
- improving service quality and performance.

- promoting control, choice and flexibility in how individuals receive care and support.
- setting out how commissioners in the NHS and local authorities, working with providers and other partners, can deliver more joined-up, preventative, and person centred care.
- working closely with local people and communities, with a view to delivering system level, evidence-based priorities in the short, medium and long term.

b. Locality Partnerships and Community Mental Health Transformation Programme
The Committee considered and discussed a presentation providing an update on Locality Partnership development and implementation of the Community Mental Health Framework.

Summary of main points raised:

1. It was noted that the Community Mental Health Framework was being delivered across all 6 locality partnerships within the BNSSG geographical area. Through mental health teams or integrated personalised care teams, the Community Mental Health Programme Board, in partnership with each Locality Partnership, would evaluate how this approach:
- increased people's access to high quality and personalised care, close to home.
- affected people's mental health outcomes.
A phased approach was being taken to an integrated community mental health service that was personalised, proactive and preventative to support individuals in getting the right service, at the right time in the right place. The approach started in April 2022 and was scheduled to complete in April 2024**.**

2. In terms of the South Bristol Locality Partnership, it was noted that key elements of the community mental health response included:
- Supporting communities: agreeing commitment from partners (including engagement with care providers) to a person-led and asset-based community development approach.
- Linking professionals: enabling existing teams to better seek advice and support without referrals.
- Development of the Integrated Personal Care Team and work with individuals who have complex needs, with teams working across disciplines to support the full needs of the individual person.

3. In terms of the North and West Bristol Locality Partnership, it was noted a key element of the community mental health response included a 'foundations' approach to building collaboration through:
- Working with trust and openness between partners.
- Understanding gaps based on both population health data and people's lived experiences; and shared identification and ownership of these gaps.
Through co-production involving service users and frontline staff, the key outcomes expected from the community mental health model were:
- A person centred, holistic model of care that suited the locality population.
- Improved parity of awareness/wider knowledge of how people can access mental health services.
- Planning ahead with an understanding of the needs of 'whole' population community mental health (e.g. including children and young people).
To ensure effective governance, separate leadership, delivery and community wellbeing boards were being set up.

4. In terms of the Inner city and East Bristol Locality Partnership, it was noted that key elements of the community mental health response included:
- Establishing reference groups to drive design processes including people with lived experience, frontline workers and community and faith groups.
- A commitment to asset-based community development approaches, building on the resources in communities.
- Through the above, utilising the local network of community representatives to identify and maximise community assets, and proactively seek to build the community workforce.

5. The Chair and other members welcomed the commitment within Locality Partnerships to wide engagement and co-production in helping to understand local needs and then looking to deliver against them. It would be important to continue to ensure that progress updates were communicated regularly to local ward councillors across each locality as part of the approach to encourage wide collaboration. Members noted and were supportive of the fact that future member briefings on ICS/Locality Partnerships would be provided separately for each of the 3 locality partnership areas serving Bristol, with information tailored accordingly (rather than through a wider citywide briefing for all councillors as had been the case previously).

6. Members also noted and welcomed the approach being taken through Integrated Personal Care Teams to work across disciplines to find the best solutions for individuals with complex needs.

7. In discussion, it was noted that whilst there would be some variations in approach (e.g. in terms of the local detail of the co-production approach), there were common outcomes, with an emphasis also on sharing best practice.

8. It was noted that there was a system-wide issue around workforce gaps, and staff recruitment and retention, particularly in relation to care staff. Work was ongoing in relation to addressing these issues, including the issue of developing clearer and more fluid career pathways and related opportunities.

9. It was noted that it was important to highlight recognition of the contribution of care workers. Cllr Holland referred, for example, to the Annual Care and Support West Care Awards event held on 8-9 October, arranged specifically to acknowledge the positive impact of care professionals/workers on the lives of vulnerable people across the BNSSG area. It was also important to recognise the value of very local and more informal initiatives – for example, individuals leading local walking groups could be seen as making a positive contribution to the mental health of participants.

The Committee **RESOLVED**:
- To note the above updates and information.

21 Access to GP services

The Committee considered and discussed an update covering the following key areas of work in relation to timely and equitable access to healthcare via general practice:
- Background and context to GP access, following the Covid-19 pandemic.
- Current GP access position and ongoing work.
- Workforce issues, including recruitment and retention.
- Recovery / health inequalities update.
- Communications and engagement update.

Summary of main points raised:

1. It was noted that a GP access campaign had been launched in early July with the aim of increasing understanding of and trust in services delivered from GP surgeries across the BNSSG area. Whilst welcoming this initiative, the Chair suggested that every effort be maintained through communications teams to raise awareness of this type of initiative amongst city councillors.

2. In noting the information provided around communications and engagement, Cllr Massey drew attention to the useful approach taken by the Greenway Community Practice, which included consulting a patients group on proposed communications, e.g. in relation to a leaflet made widely available to residents on accessing services. The practice had also introduced and provided clear information to make the public aware of the role of Care Navigators; these were not just 'receptionists' but had a wider role to actively listen and to signpost people to the most appropriate source of help and support. She also drew attention to the usefulness of the NHS patient app and suggested that every effort should be made to promote its availability and to encourage use.

3. In response to questions from Cllr Hathway, it was noted that the current (increasing) percentage of 54% of patients being seen face-to-face by their GP compared with a pre-pandemic level of approx. 80%; it was confirmed that if a patient, having initially accessed a GP via an alternative means, asked for a face-to-face appointment, this would be accommodated.

4. In further discussion, it was noted that the experience of whether an alternative means of accessing a GP worked effectively (in comparison with a face-to-face appointment) for both doctor and patient varied, depending on each individual patient's needs and the nature of each case. In some circumstances, for example appointments that were more 'transactional' or where a GP was very familiar with a patient's condition and knew the patient well, a phone conversation could sometimes be mutually appropriate for both doctor and patient; alternatively, diagnosis might in some cases not be possible through an initial phone appointment, in which case a follow-up face-to-face appointment would be appropriate. Practices accepted the need for a flexible approach depending on the nature of the case. In terms of the length of time taken to secure a face-to-face appointment, it was noted that the timeliness of appointments could sometimes be affected in circumstances where a patient indicated a wish to see a particular GP.

5. With regard to the telephony statistics reported through the presentation, it was noted that call abandonment data was not currently available. It was also noted that a new model for enhanced GP access more generally was being implemented, including a more standardised offer to patients.

6. In terms of GP recruitment and retention, it was noted that NHS England had provided an additional £200k to support retention. Other initiatives to support GP retention included:
- Networks for locum GPs, mid and late career GPs.
- Support for international GPs and increasing the number of GP practices that could sponsor international medical graduates.
- Support for GPs in distress including training and support on risk management.

7. In terms of other means of improving access, it was noted that the Community Pharmacy Consultation Service was designed for patients requiring simple advice, treatment and, for example, could deal with urgent repeat prescriptions.

The Committee **RESOLVED**:
- To note the update and the above information.

On behalf of the Committee, the Chair reiterated his thanks to NHS Bristol representatives for attending the meeting in-person to present these items and to respond to members' questions and for the clear and timely information / data provided in advance of the meeting.

22 Scrutiny Work Programme (for information)

The Committee noted the latest work programme update. It was agreed that it may be appropriate to include an item on the Integrated Care Strategy as part of the agenda for the 20 March 2023 meeting.

Meeting ended at 6.05 pm

CHAIR _____