

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

## Agenda



**Date:** Monday, 10 October 2022

**Time:** 4.00 pm

**Venue:** Bordeaux Room, City Hall, College Green, Bristol BS1 5TR

### Distribution:

**Councillors:** Graham Morris (Chair), Jos Clark (Vice-Chair), Amal Ali, Lorraine Francis, Paul Goggin, Brenda Massey, Tom Hathway, Mohamed Makawi and Chris Windows

**Issued by:** Ian Hird, Scrutiny Advisor  
City Hall, PO Box 3176, Bristol, BS3 9FS  
Tel: 07552 261506  
E-mail: [scrutiny@bristol.gov.uk](mailto:scrutiny@bristol.gov.uk)  
**Date:** 30 September 2022



# Agenda

## 1. Welcome, Introductions, and Safety Information

## 2. Apologies for Absence and Substitutions

## 3. Declarations of Interest

To note any declarations of interest from councillors. They are asked to indicate the relevant agenda item, the nature of the interest and in particular whether it is a disclosable pecuniary interest.

Any declaration of interest made at the meeting which is not on the register of interests should be notified to the Monitoring Officer for inclusion.

## 4. Minutes of Previous Meeting

(Pages 7 - 13)

To agree the minutes of the previous meeting as a correct record.

## 5. Chair's Business

To note any announcements from the Chair.

## 6. Public Forum

Up to 30 minutes is allowed for this item. Please note that questions, petitions and statements must relate to the remit of this committee.

Any member of the public or councillor may participate in Public Forum. The detailed arrangements for so doing are set out in the Public Information Sheet at the back of this agenda. Public forum items should be emailed to [scrutiny@bristol.gov.uk](mailto:scrutiny@bristol.gov.uk) and please note that the following deadlines will apply in relation to this meeting:

**Questions** - Written questions must be received at least 3 clear working days prior to the meeting. For this meeting, this means that any question(s) must be received in this office at the latest by **5.00 pm on Tuesday 4 October 2022**.

**Petitions and Statements** - Petitions and statements must be received at latest by 12 noon on the working day prior to the meeting. For this meeting, this means that your submission must be received in this office at the latest by **12 noon on Friday 7 October 2022**.



**7. Annual Business Report (Pages 14 - 16)**

**8. Update - Integrated Care System/Partnership/Board and Locality Partnerships (1 hour) (Pages 17 - 53)**

To receive the enclosed presentations/briefing note followed by an opportunity for discussion and member questions:

**a. Update: Health and Social Care – integrated working (15 mins)**

Presentation enclosed from Nicola Knowles, Policy & Public Affairs Manager, BCC

**b. Locality Partnerships and Community Mental Health Transformation Programme (45 mins)**

Briefing note and presentation enclosed.

Attendees for this item will include:

Stephen Beet, Co-Chair of South Bristol Locality Partnership (and Director: Adult Social Care, BCC)

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)

At the end of this item, there will be a 5 minute break.

**9. Access to GP services (45 mins) (Pages 54 - 77)**

To receive the enclosed briefing note/presentation followed by an opportunity for discussion and member questions.

Attendees for this item will include:

David Jarrett, Director of Primary and Integrated Care, BNSSG ICB

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

**10. Scrutiny Work Programme (for information) (Pages 78 - 81)**



# Public Information Sheet

## Inspection of Papers - Local Government (Access to Information) Act 1985

You can find papers for all our meetings on our website at [www.bristol.gov.uk](http://www.bristol.gov.uk).

## Changes to how we hold public meetings

Following changes to government rules, public meetings including Cabinet, Full Council, regulatory meetings (where planning and licensing decisions are made) and scrutiny will now be held at City Hall.

## COVID-19 Precautions at City Hall (from July 2021)

When attending a meeting at City Hall, COVID-19 precautions will be taken, and where possible we will:

- Have clear signage inviting you to check in to the venue using the NHS COVID-19 app or record your contact details for track and trace purposes.
- Provide public access that enables social distancing of one metre to be maintained
- Promote and encourage wearing of face coverings when walking to and from the meeting
- Promote good hand hygiene: washing and disinfecting hands frequently
- Maintain an enhanced cleaning regime and continue with good ventilation

## COVID-19 Safety Measures for Attendance at Council Meetings (from July 2021)

To manage the risk of catching or passing on COVID-19, it is strongly recommended that any person age 16 or over attending a council meeting should follow the above guidance but also include the following:

- Show certification of a negative NHS COVID-19 lateral flow (rapid) test result: taken in the 48 hours prior to attending. This can be demonstrated via a text message or email from NHS Test and Trace.
- An NHS COVID-19 Pass which confirms double COVID-19 vaccination received at least 2 weeks prior to attending the event via the NHS App. A vaccination card is not sufficient.
- Proof of COVID-19 status through demonstrating natural immunity (a positive NHS PCR test in the last 180 days) via their NHS COVID-19 pass on the NHS App.
- Visitors from outside the UK will need to provide proof of a negative lateral flow (rapid) test taken 48 hours prior to attendance, demonstrated via a text message or email.

Reception staff may ask to see this on the day of the meeting.

No one should attend a Bristol City Council event or venue if they:

- are required to self-isolate from another country
- are suffering from symptoms of COVID-19
- have tested positive for COVID-19 and are requested to self-isolate



Members of the press and public who wish to attend City Hall are advised that you may be asked to watch the meeting on a screen in another room due to the maximum occupancy of the venue.

### Other formats and languages and assistance for those with hearing impairment

You can get committee papers in other formats (e.g. large print, audio tape, braille etc) or in community languages by contacting the Democratic Services Officer. Please give as much notice as possible. We cannot guarantee re-formatting or translation of papers before the date of a particular meeting.

Committee rooms are fitted with induction loops to assist people with hearing impairment. If you require any assistance with this please speak to the Democratic Services Officer.

### Public Forum

Members of the public may make a written statement ask a question or present a petition to most meetings. Your statement or question will be sent to the Committee Members and will be published on the Council's website before the meeting. Please send it to [scrutiny@bristol.gov.uk](mailto:scrutiny@bristol.gov.uk).

The following requirements apply:

- The statement is received no later than **12.00 noon on the working day before the meeting** and is about a matter which is the responsibility of the committee concerned.
- The question is received no later than **5pm three clear working days before the meeting**.

Any statement submitted should be no longer than one side of A4 paper. If the statement is longer than this, then for reasons of cost, it may be that only the first sheet will be copied and made available at the meeting. For copyright reasons, we are unable to reproduce or publish newspaper or magazine articles that may be attached to statements.

By participating in public forum business, we will assume that you have consented to your name and the details of your submission being recorded and circulated to the Committee and published within the minutes. Your statement or question will also be made available to the public via publication on the Council's website and may be provided upon request in response to Freedom of Information Act requests in the future.

We will try to remove personal and identifiable information. However, because of time constraints we cannot guarantee this, and you may therefore wish to consider if your statement contains information that you would prefer not to be in the public domain. Other committee papers may be placed on the council's website and information within them may be searchable on the internet.



### During the meeting:

- Public Forum is normally one of the first items on the agenda, although statements and petitions that relate to specific items on the agenda may be taken just before the item concerned.
- There will be no debate on statements or petitions.
- The Chair will call each submission in turn. When you are invited to speak, please make sure that your presentation focuses on the key issues that you would like Members to consider. This will have the greatest impact.
- Your time allocation may have to be strictly limited if there are a lot of submissions. **This may be as short as one minute.**
- If there are a large number of submissions on one matter a representative may be requested to speak on the groups behalf.
- If you do not attend or speak at the meeting at which your public forum submission is being taken your statement will be noted by Members.
- Under our security arrangements, please note that members of the public (and bags) may be searched. This may apply in the interests of helping to ensure a safe meeting environment for all attending.
- As part of the drive to reduce single-use plastics in council-owned buildings, please bring your own water bottle in order to fill up from the water dispenser.

For further information about procedure rules please refer to our Constitution <https://www.bristol.gov.uk/how-council-decisions-are-made/constitution>

### Webcasting/ Recording of meetings

Members of the public attending meetings or taking part in Public forum are advised that all Full Council and Cabinet meetings and some other committee meetings are now filmed for live or subsequent broadcast via the council's [webcasting pages](#). The whole of the meeting is filmed (except where there are confidential or exempt items). If you ask a question or make a representation, then you are likely to be filmed and will be deemed to have given your consent to this. If you do not wish to be filmed you need to make yourself known to the webcasting staff. However, the Openness of Local Government Bodies Regulations 2014 now means that persons attending meetings may take photographs, film and audio record the proceedings and report on the meeting (Oral commentary is not permitted during the meeting as it would be disruptive). Members of the public should therefore be aware that they may be filmed by others attending and that is not within the council's control.

The privacy notice for Democratic Services can be viewed at [www.bristol.gov.uk/about-our-website/privacy-and-processing-notice-for-resource-services](http://www.bristol.gov.uk/about-our-website/privacy-and-processing-notice-for-resource-services)



## 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-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** \_\_\_\_\_



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



10 October 2022

**Report of:** Director: Legal & Democratic Services

**Title:** Health Scrutiny Committee annual business report 2022/2023

**Ward:** N/A

**Officer Presenting Report:** Ian Hird, Scrutiny Advisor

**Contact:** [ian.hird@bristol.gov.uk](mailto:ian.hird@bristol.gov.uk)

### Recommendations:

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 for the 2022-23 municipal year.
4. To note the dates and times of meetings for the remainder of the 2022-23 municipal year.



## **1. Context**

### **1.1 Terms of Reference of the Committee**

At the annual meeting on 24 May 2022, Full Council established this committee (as a sub-committee of the People Scrutiny Commission) with the following terms of reference:

#### **Terms of Reference – Overview**

To undertake the scrutiny of local Health Service provision in accordance with Section 7 of the Health and Social Care Act 2001, the Health and Social Care Act 2012 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

#### **Functions**

- i) To review and scrutinise any matter relating to the planning, provision and operation of the health service in its area.
- ii) To review and scrutinise any proposal for the substantial development or substantial variation of the Health Service as referred by a local NHS commissioner or provider under its statutory obligation to consult with the Council. To consider and assess impact assessments from such bodies and decide whether proposals are substantial variations or developments.
- iii) To require the local NHS body to provide information about the proposal under consideration and where appropriate to require the attendance of a representative of the NHS body to answer such questions as appear to it to be necessary for the discharge of its function in connection with the consultation.
- iv) To report to the Secretary of State in writing where it is not satisfied that consultation on any proposal referred to in paragraph 2 above has been adequate in relation to the content or time allowed.
- v) To report to the Secretary of State in writing in any case where it considers that the proposal referred to in paragraph 2 above would not be in the interests of the health service in the area
- vi) Where a matter is referred to it by Healthwatch to consider whether to exercise any powers in relation to the matter, taking into account information supplied by Healthwatch.
- vii) To scrutinise matters relating to the health of the authority's population and contribute to the development of policy to improve health and reduce health inequalities.
- viii) To review and scrutinise the impact of the authority's own services and key partnerships on the health of its population.
- ix) Review and scrutinise decisions made, or other action taken in connection with the discharge of any functions which are the responsibility of the Mayor/Executive, functions which are not the responsibility of the Executive, and functions which are the responsibility of any other bodies the Council is authorised to scrutinise.

- x) In relation to the above functions:
  - a) To make reports and/or recommendations to the full Council, Executive of the Council, any joint committee, NHS bodies or any relevant partner authority as appropriate;
  - b) To consider any matter affecting the area or its inhabitants
  
- xi) To report on an annual basis to the People Scrutiny Commission on progress against the work programme and any recommendations it makes.

## **1.2 Membership of the Committee**

The Committee contains 9 Members (Labour 3; Green 3; Conservative 2; Liberal Democrat 1); details as follows:

- Cllr Graham Morris – Chair
- Cllr Jos Clark – Vice Chair
- Cllr Amal Ali
- Cllr Lorraine Francis
- Cllr Paul Goggin
- Cllr Tom Hathway
- Cllr Mohamed Makawi
- Cllr Brenda Massey
- Cllr Chris Windows

## **1.3 2022-23 Meeting Dates**

- There will be two further meetings of the Committee during 2022/23:
  - a. Monday 5 December 2022, 4.00 p.m.
  - b. Monday 20 March 2023, 4.00 p.m.

## **Legal and Resource Implications**

N/A

### **Appendices:**

None

## **LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985**

### **Background Papers:**

Full Council agenda papers – 24 May 2022





# Health & Social Care - Integrated Working

## October 2022

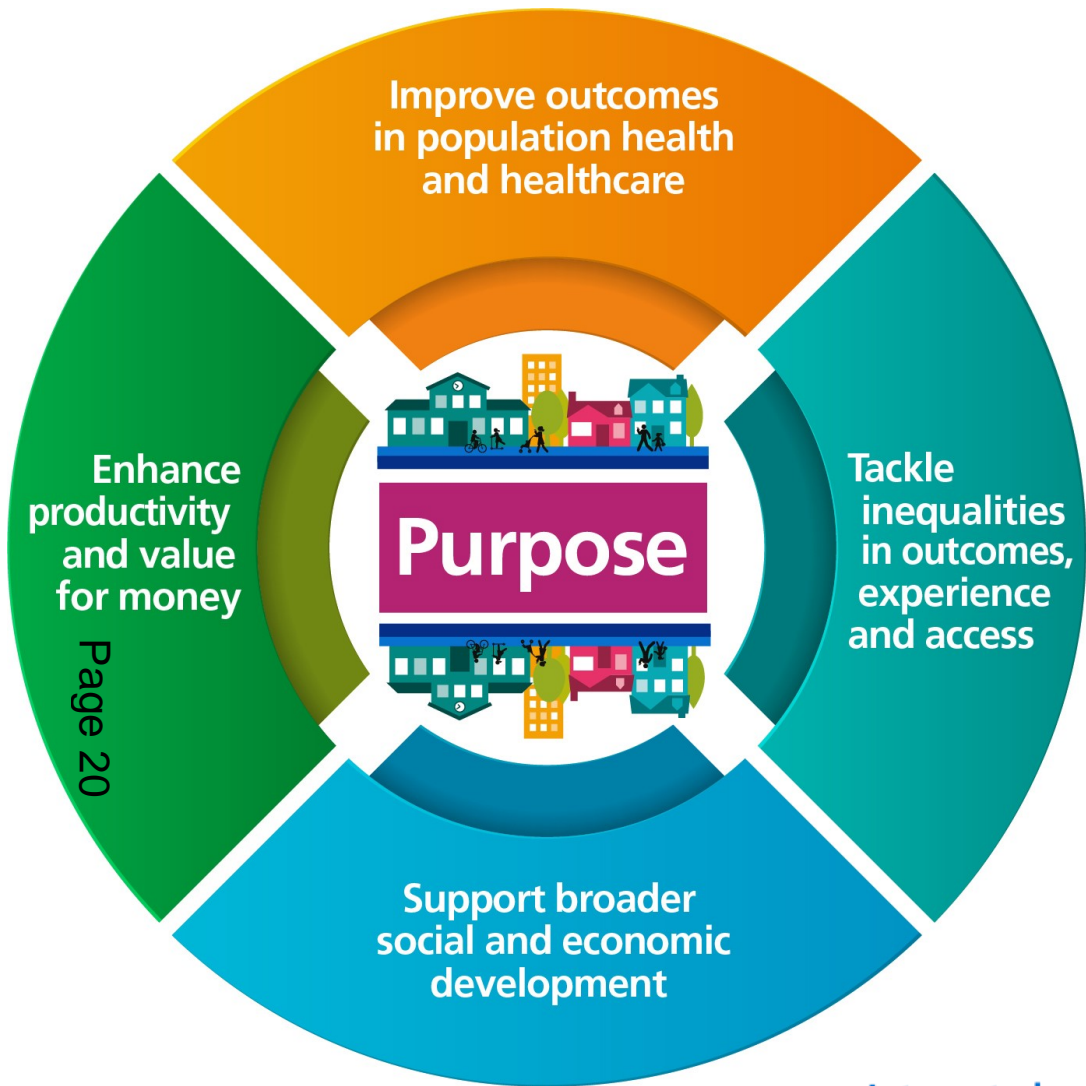


# Agenda -

- **Welcome & introductions**
- **Integrated Care Systems recap**
- **BNSSG – where we are now**
- **Locality Partnerships in Bristol**
- **Next steps for integration**

# Integrated Care Systems

- Policy context: [The Health and Social Care Integration White Paper](#), [Build Back Better White Paper](#), [People at the Heart of Care White Paper](#), Health and Care Act 2022 and [NHS Long Term Plan](#).
- Commitment for NHS to work as an **equal partner** with local government
- Organisations working together
- More joined up care
- Easier to access support when needed
- Focus on well-being
- Wider determinants of health
- Home is best
- Strengths based/ community asset based



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Integrated  
Care Systems



# BNSSG: Our Partner



**Bristol, North Somerset  
and South Gloucestershire**  
Clinical Commissioning Group



**University Hospitals  
Bristol and Weston**  
NHS Foundation Trust

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**South Western  
Ambulance Service**  
NHS Foundation Trust



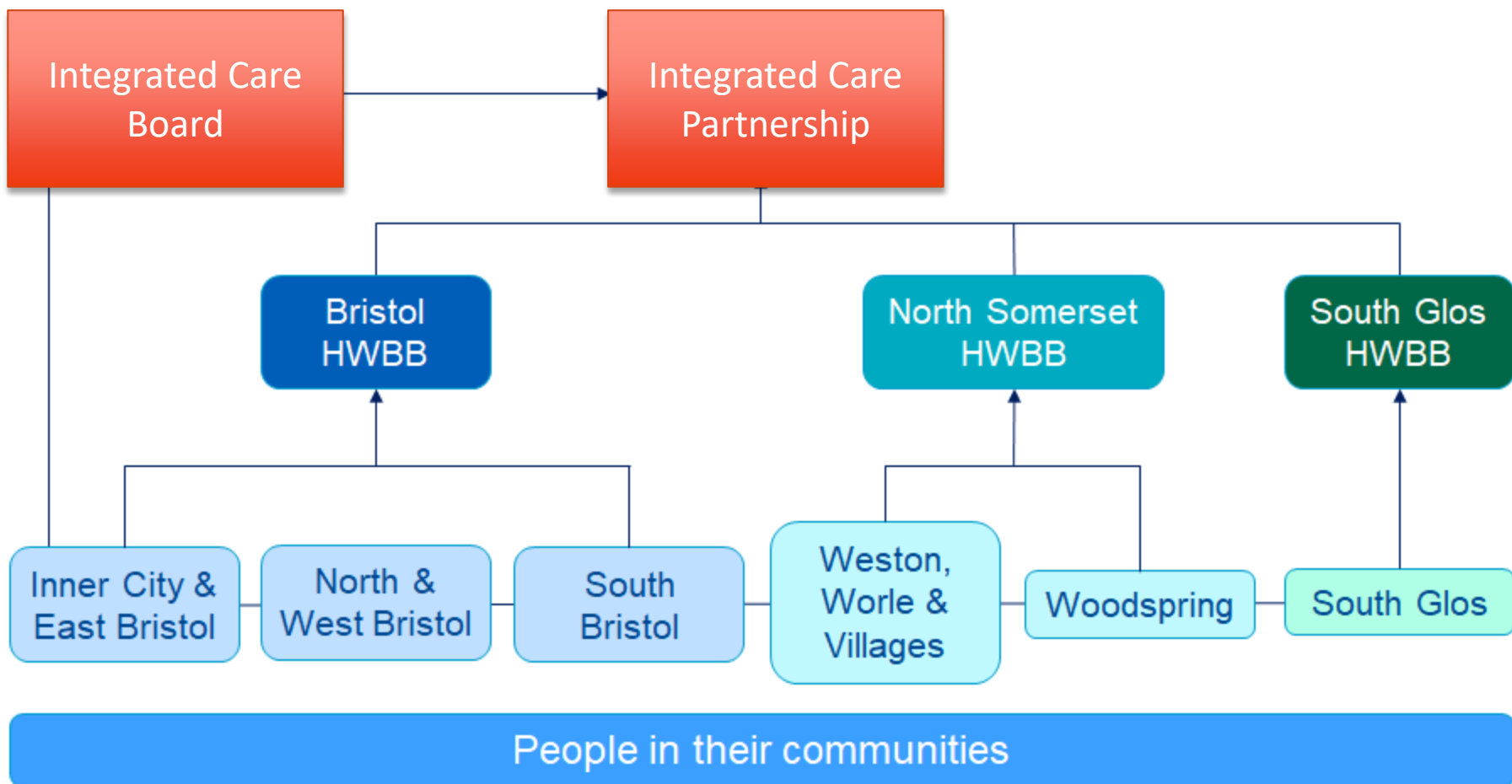
**North Bristol**  
NHS Trust



**Avon and Wiltshire  
Mental Health Partnership**  
NHS Trust

# ICS – recap

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# BNSSG: Integrated Care Partnership

- Previously Healthier Together Partnership Board
- Chair role will rotate between the three councils. Chair is in post for a year
- First Chair will be Cllr Mike Bell, North Somerset Council Health and Wellbeing Board Chair. Deputy Chair will be Jeff Farrar.
- Joint Vice Chairs will be other two council representatives.
- Secretariat is being delivered by Bristol City Council
- Forward planning/ agenda setting will be decided by a leadership group made up of Chair, Deputy Chair, Vice Chairs and CEO of the ICB
- **There are 28 seats on the ICP this will include:** University Hospitals Bristol and Weston NHS FT, North Bristol NHS Trust, Avon and Wiltshire Mental Health Partnership NHS Trust, South Western Ambulance Service NHS Foundation Trust, VCSE, Citizen Voice – **full membership TBC**

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# BNSSG: Integrated Care Board

- Chair – Jeff Farrar
- Chief Executive – Shane Devlin
  - 4 Partner members NHS and Foundation Trusts
  - 1 Partner member Primary medical services
  - 3 Local Authorities representatives
  - 5 Non-Executive Members: John Cappock – Audit Committee; Jaya Chakrabarti – People Committee; Ellen Donovan – Quality Performance Committee and Remuneration Committee; Alison Moon – Primary Care Committee; Professor Steve West – Finance Committee
  - Chief Finance Officer – Sarah Truelove
  - Chief Medical Officer - Dr Joanne Medhurst
  - Chief Nursing Officer
  - 1 Community Services member – Sirona
- Ex CGG – responsible for day-to-day ruining of the NHS
- Commissioning most NHS services including urgent and emergency care, acute care, mental health services and community services.



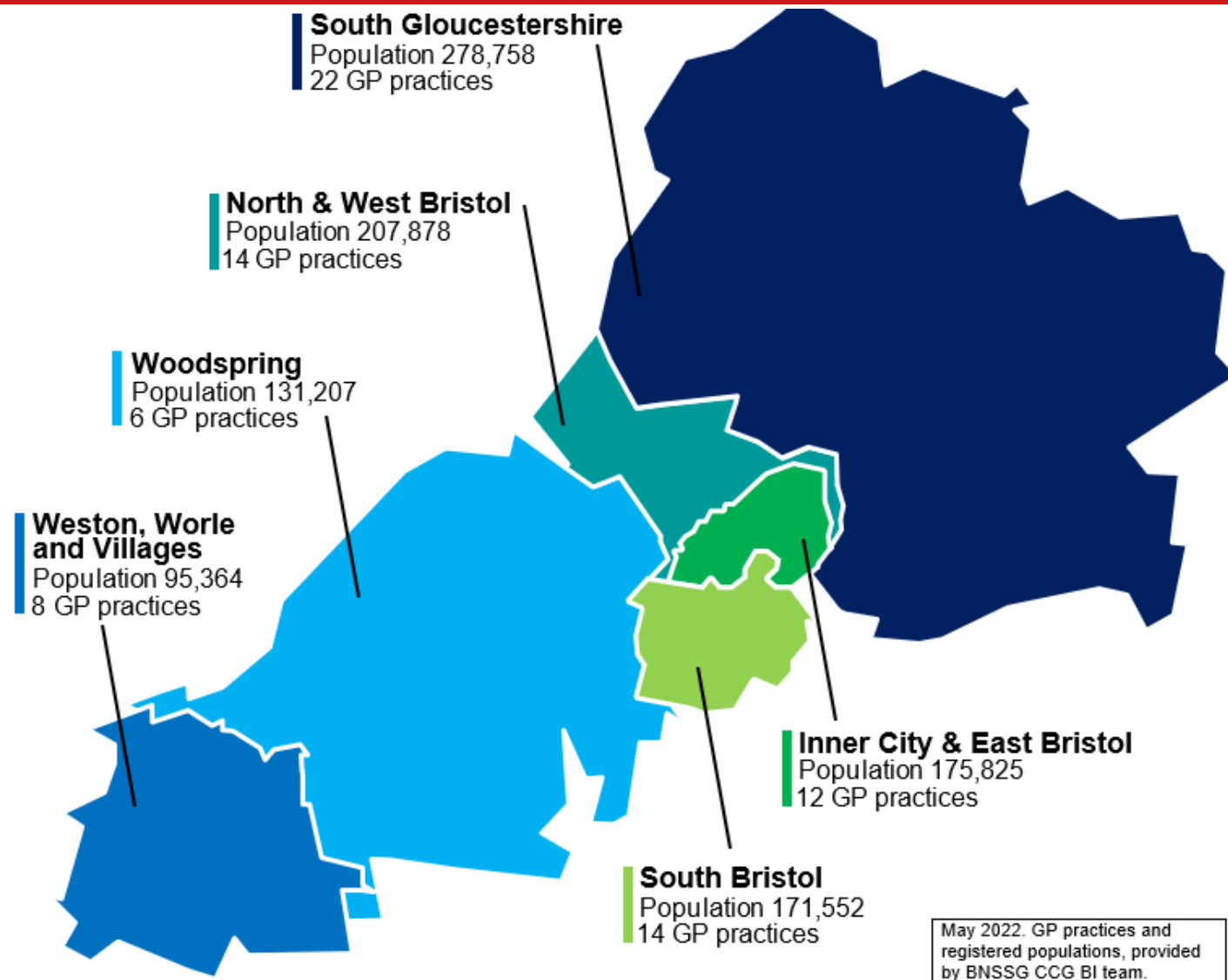


# Locality Partnerships

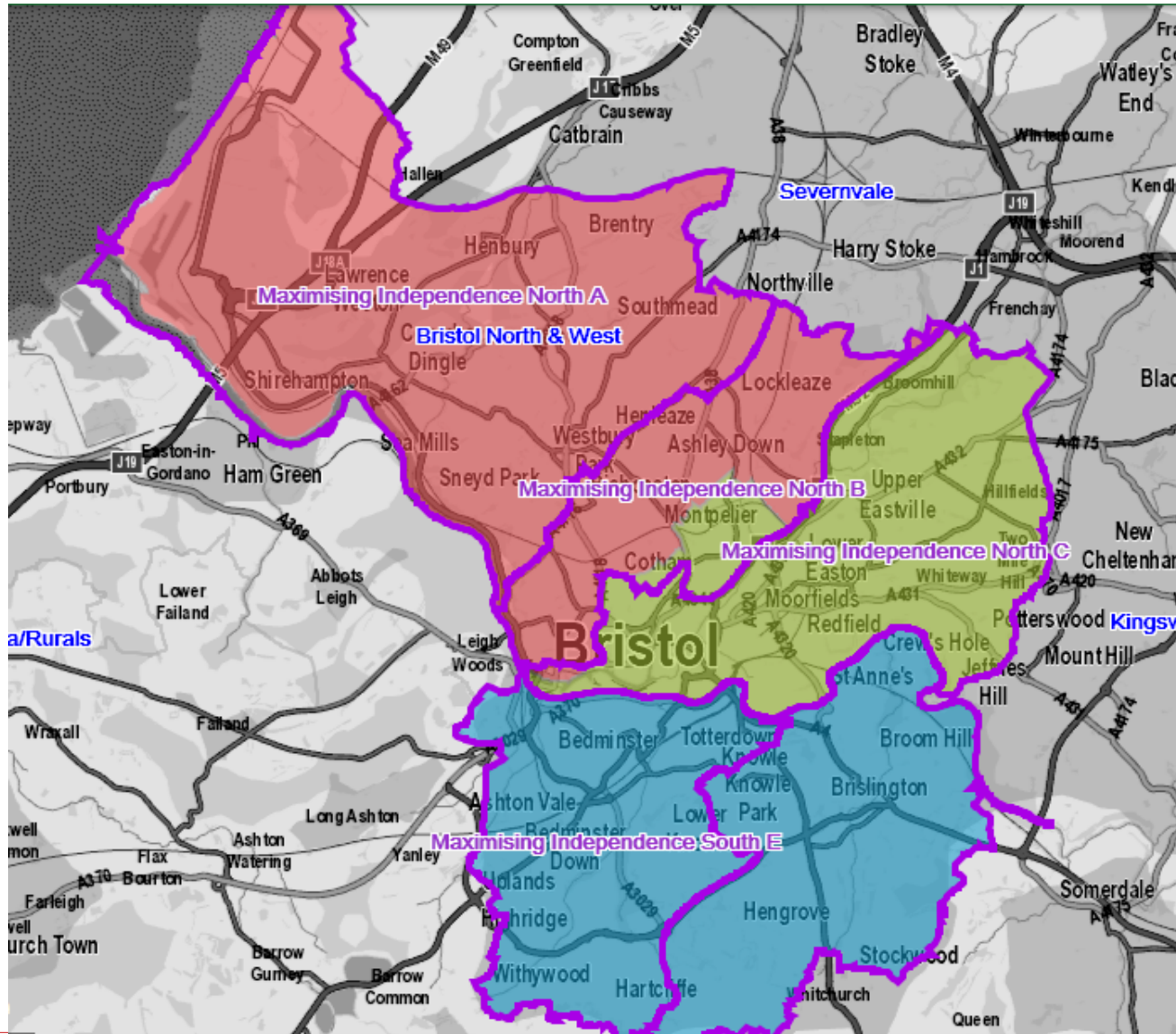
- Locality Partnerships operate on a smaller scale to the ICS as a whole, **responding to the unique needs of their local populations**
- ICPs will **design and deliver fully integrated, preventive, anticipatory, and personalised health and care services** focused on local people's health and wellbeing.
- Building on the asset base of individuals and communities, Embedding the voluntary sector and working with community and faith groups,
- To make the community the default setting of care.

# BNSSG: Locality Partnerships

Locality partnerships (LPs) are formal partnerships of organisations working together to deliver care by collaborating rather than competing.



# 3 Bristol Locality Partnerships



# Locality Partnership developments in Bristol

- Local Authority representation and strong influence on all three Locality partnerships
- Locality Partnerships represented on Bristol's Health & Well-being Board (Development sessions: food equality, climate change, arts and culture, family hubs)
- Link to One City approach – multi-sector working and addressing wider determinants of health
- Locality Partnerships Collective – meets quarterly to share practice, learning and make links to other Council departments/ priorities
- Share examples of meaningful co-production
- Redesign/ aligning of Locality team structures in ASC
- Engagement with Local Councillors

# Locality Partnership Themes


- Leadership and partnership Development
- Co-production
- Population Health
- Community Mental Health Framework
- Ageing Well

# Health & Wellbeing Boards and ICPs

- Setting local direction and priorities
- Overseeing delivery to ensure equity of care for the whole LA population and reducing inequalities
- Supporting and enabling integration of health and social care (and other LA functions)
- Ensuring focus on prevention and the wider determinants of health
- Assuring delivery in line with the Healthier Together outcomes framework
- Maintaining local public accountability alongside Health Scrutiny

# Bristol Bridges

**BRISTOL ONE CITY**



**One City Plan**  
2021

**A Plan for Bristol to 2050**  
In 2050 Bristol is a fair, healthy and sustainable city. A city of hope and aspiration, where everyone can share in its success.

[bristolonecity.com](http://bristolonecity.com)

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**Healthier Together**

Improving health and care in Bristol,  
North Somerset and South Gloucestershire



# Integrated Care Strategy

## Integrated Care Strategy

- build on that existing work and momentum
- tackle challenges such as reducing disparities in health and social care; improving quality and performance; preventing mental and physical ill health; maximising independence and preventing care needs
- promote control, choice and flexibility in how people receive care and support.
- set the direction of the system across the area of the integrated care board and integrated care partnership,
- 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, will take together to deliver system-level, evidence-based priorities in the short-, medium- and long-term.

**Deadline December 2022**

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# ‘Have your say’ – a ‘Big Conversation’ for BNSSG

Survey closing at midnight, this Sunday - 25 September

- Support to co-create a population-level vision for the future (2, 5, 10 and 20 years’ time).
- Generate a set of ‘human statements’ that guide prioritisation and strategy development.
- Engage with our population and partners ‘where they are’.

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Outputs from the exercise:

- A thematic report to guide priority setting and strategy.
- Population-level vision co-created with people and partners.
- Opportunity for residents to feedback today on what you need to help make this a system success.



# Key milestones

## **1 July 2022**

New ICB organisation established

First ICB meeting

New website launches

Public engagement launches

21 July Partnership Board

## **Autumn 2022**

ICS strategy signed off December

Joint five-year plan will developed with partners, and signed off in December by the ICP for implementation from April 2023.

## **April 2023**

Place board

# Questions & answers

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## **BRIEFING NOTE – ITEM 8b**

### **BRISTOL HEALTH SCRUTINY COMMITTEE**

**10 October 2022**

#### **TITLE: Locality Partnerships and Community Mental Health Transformation Programme**

**Author: Delivery Directors, North and West Bristol, Inner City and East Bristol and South Bristol Locality Partnerships**

#### **1. Purpose of briefing note:**

This briefing note and the accompanying presentation are prepared at the request of the Scrutiny Committee to provide an update on Locality Partnership development and implementation of the Community Mental Health Framework.

#### **2. Background / summary of issues for Scrutiny members to note / consider:**

Six Locality Partnerships have been established across Bristol, North Somerset and South Gloucestershire (BNSSG) to work at a local level with their communities, to improve health and wellbeing. Each partnership focuses on a given geographical area and population. Locality Partnerships are made up of local health, social care, and the voluntary sector – with citizens and community as equal partners. This can include GPs, councils, social care, community services, mental health support and local activity clubs. People with lived experience, their support networks and carers are also partners in each Locality Partnership. Together they work as one team to understand what matters most to their local community. They then share their expertise, experiences, and knowledge to improve services for their population and ensure people are at the heart of every decision.

The Community Mental Health Framework describes how the NHS Long Term Plan's vision for a place-based community mental health model can be realised, and how community services should modernise to offer whole-person, whole-population health approaches, aligned with the new Primary Care Networks. Implementation of the Framework is intended to break down the current barriers between: (1) mental health and physical health, (2) health, social care, voluntary, community and social enterprise (VCSE) organisations and local communities, and (3) primary and secondary care, to deliver integrated, personalised, place-based and well-coordinated care.

In BNSSG the framework will be delivered in each of the six localities:

- South Gloucestershire
- North and West Bristol
- Inner City and East Bristol
- South Bristol
- Woodspring
- Weston, Worle and Villages

By piloting place-based and person-centred care through either new Integrated Mental Health Teams or Integrated Personalised Care Teams, the Community Mental Health Programme Board in partnership with each Locality Partnership will be able to evaluate how this approach:

- Increases people's access to high quality and personalised care, close to home.
- Affects people's mental health outcomes.

An update was last provided to committee in December 2021. As set out at that time a phased approach to development and implementation is being taken to offer an integrated community mental health service that is personalised, proactive and preventative to support individuals to get the right service, at the right time in the right place. That phased approach commenced in April 2022 and is scheduled to complete April 2024.

A fuller update on the development of locality plans is provided at Appendix 1.

**Appendices:**

Appendix 1 – Locality Partnerships and Community Mental Health PowerPoint.



## Locality Partnerships and a focus on the Community Mental Health Transformation Programme

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October 2022

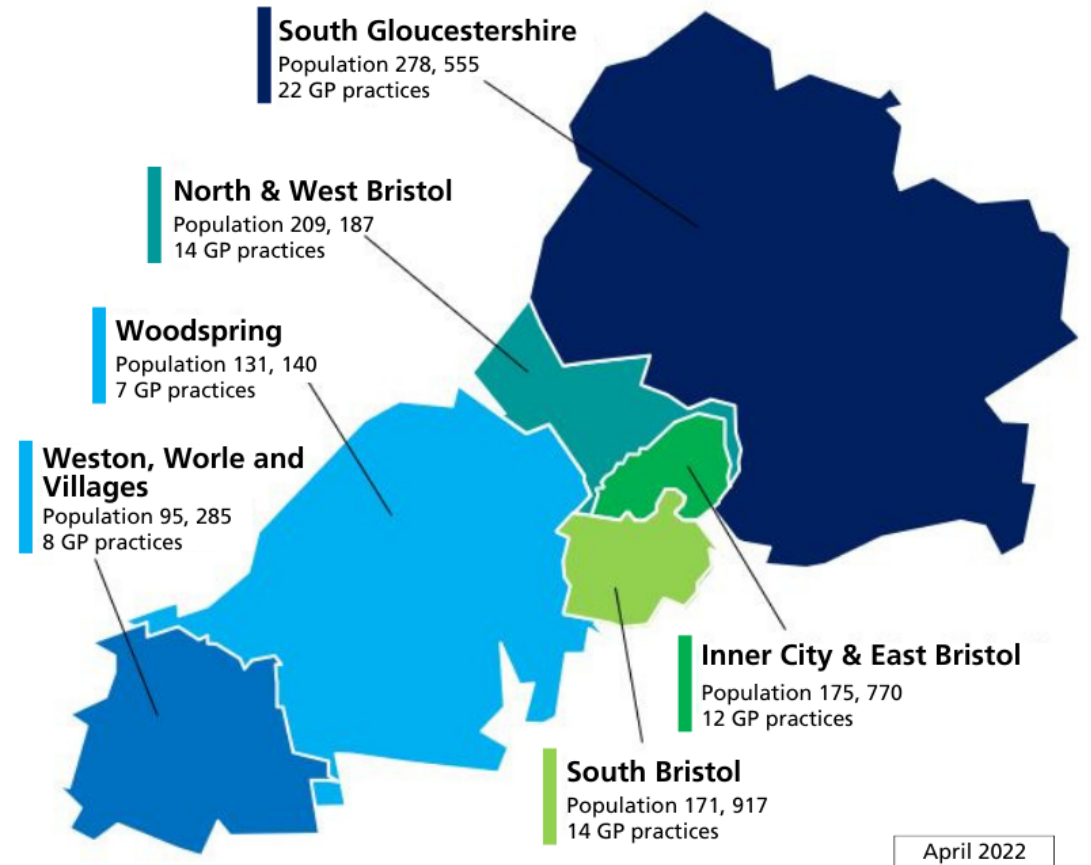


# Locality Partnerships in BNSSG

Our ability to stay healthy and well depends on a range of things, including social connections, employment, housing, and education. To make a real difference in people's lives, health and care services need to reflect the importance of these wider factors and the role they play in our health and wellbeing.

To help do this, six Locality Partnerships have been established in our area.

Locality Partnerships work at a local level with their communities, to improve health and wellbeing. Each partnership focuses on a given area and population, and designs services that fit in with people's lives.



# Who is involved?

Locality Partnerships are made up of local health, social care, and the voluntary sector – with citizens and community as equal partners.

This can include GPs, councils, social care, community services, mental health support and local activity clubs. People with lived experience, their support networks and carers are also partners in each Locality Partnership.

Together they work as one team to understand what matters most to their local community. They then share their expertise, experiences, and knowledge to improve services for their population and ensure people are at the heart of every decision.



# South Bristol Locality Partnership

Co-Chairs – Stephen Beet, Bristol City Council, Simon Hankins,  
BS3 Community

Delivery Director – Steve Rea

**South Bristol**  
Locality Partnership

- **Our vision** is to deliver meaningful care and support that enables individuals and communities in South Bristol to optimise their own wellbeing.
- We have agreed commitment from partners to a person-led and asset-based community development approach
- As part of our Community Mental Health response we have developed the following key elements:
  1. Supporting communities: community focused, asset based wellbeing and prevention.
  2. Linking professionals: enabling existing teams to better seek advice and support without referrals.
  3. IPCT: where dedicated resources provide a single trusted assessment and defined interventions.
  4. Complex Individuals: physical or virtual teams working across disciplines to support the whole person.

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# North & West Bristol Locality Partnership

**Chair – Dr Kirsty Alexander**

**Delivery Director – Sharron Norman**

Our vision is to empower people and their communities, and their voices, to improve their health and wellbeing.

We have agreed a foundations approach to building collaboration:

- Working with trust and openness between partners
- Our understanding of gaps are based on both population health data and people's experiences
- Shared identification and ownership of these gaps

Using co-production (with service users and frontline staff) we have identified the outcomes we expect from our Community Mental Health model:

- Person centred, holistic model of care that suits our locality population
- Improved parity of awareness/wider knowledge of how to access mental health services.
- Planning progresses with an understanding of the needs of whole population community health in our minds (eg children and young people)
- Working together across localities/ICPs for equity of service

**North and West Bristol**  
Locality Partnership

# Bristol Inner City and East Locality Partnership

**Co-Chairs – Katrina Boutin, GP & Nicki Carr, Sirona  
Delivery Director – Joe Poole**

**Inner city and East Bristol**  
Locality Partnership

- Our vision is for transformational coproduction to change power and control, so that people who use services are actively involved in all aspects of designing, commissioning and delivering services.
- We have established reference groups to drive our design processes including people with lived experience, frontline workers and community and faith groups.
- We have established commitment to asset based community development (ABCD) approaches which builds on the resources in our communities.
- As part of our Community Mental Health response this means:
  - Placing our communities at the heart of our design processes e.g. through our reference groups
  - Utilising our network of community representatives (Nilaari, Bristol Black Carers, Somali Resource Centre etc.) to identify and maximise community assets
  - Proactively seeking to build our community workforce
  - Implementing the three lanes approach to ABCD

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# Community MH - Why do we need to change?

- **Lack of early support to prevent crisis**
- **Fragmentation between services** – transitions (young people moving into adult mental health services / moving from adult services to those for older people); poor integration between physical and mental health care
- **Thresholds and other barriers to access** – multiple assessments increase the chance of drop out, delay treatment and is a poor use of resources; people with mental health needs not fitting rigid specifications and being left without support (primary / secondary care gap)
- **Difficulties in getting appropriate high quality care** – multiple assessments; long waiting times; inconsistent access to evidence-based care mean people's health can deteriorate and they are likely to go on to require more intensive or acute support.
- **Distance from community** - care needs to take place in the context of people's lives, and supports them to live better within and as part of their communities.
- **Inequity of access, experience and outcomes**
- **This approach is not sustainable:** Increased demand (e.g. eating disorders); recruitment challenges; financial challenges (e.g. AWP: £34m deficit).

# What do we want to offer?

We will promote mental wellbeing and prevent mental ill health, supporting people wherever they live in Bristol, North Somerset and South Gloucestershire, and whatever their background, to stay well, play an active part in their communities, and have greater choice and control of their care, through:

- Evidence-based, integrated and holistic care, provided when and where it's needed: combining the best from the NHS, social care and voluntary sector
- Services shaped around the different needs of our local communities – trauma informed and culturally inclusive
- Staff working as 'one team' – eradicating barriers between primary, secondary, voluntary and community sector partners
- Support that is co-designed and provided by those with lived experience
- A system and culture that enables outcomes to be easily gathered to constantly learn and improve
- The fastest improvements in those with the poorest outcomes, proactively tackling entrenched mental health inequalities in access, experience and outcomes

# What people have told us: 'I Statements'

## Experts by Experience

- I want to feel better
- I want to be listened to, be seen and respected, and have choice.
- I want to know who to call when I need support and be helped to quickly access care
- I want to share my story, knowing it will be properly listened to and valued; safely recorded; and help offered
- I want care that is tailored to my needs and sensitive to my experiences and trauma, from people who understand.
- I want care to be joined up and accessible (including across different stages of my life).

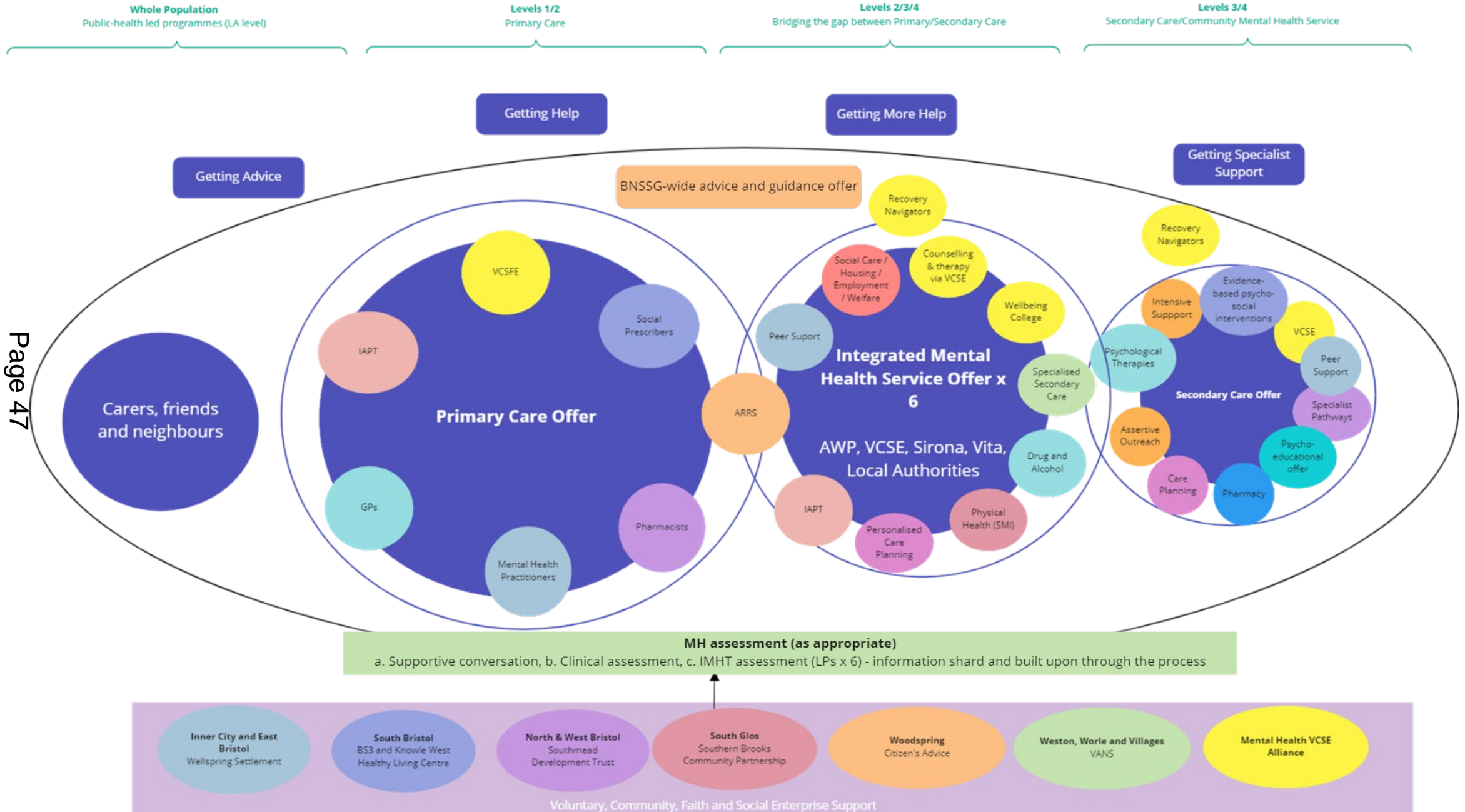
## Carers

- I want to know that help is available if and when I need it
- I want to be heard, respected and valued as an equal partner in supporting the person.

## Workforce

- I want to be effective and kind
- I want people to be supported to be as well as possible
- I want to feel part of "one team" providing care that wraps around people when they need it
- I want us to move from talking about health inequalities to addressing them
- I want trusted relationships to proactively manage risk across organisations
- I want IT systems that allow me to do my job.

# BNSSG Community Health Model - Blueprint

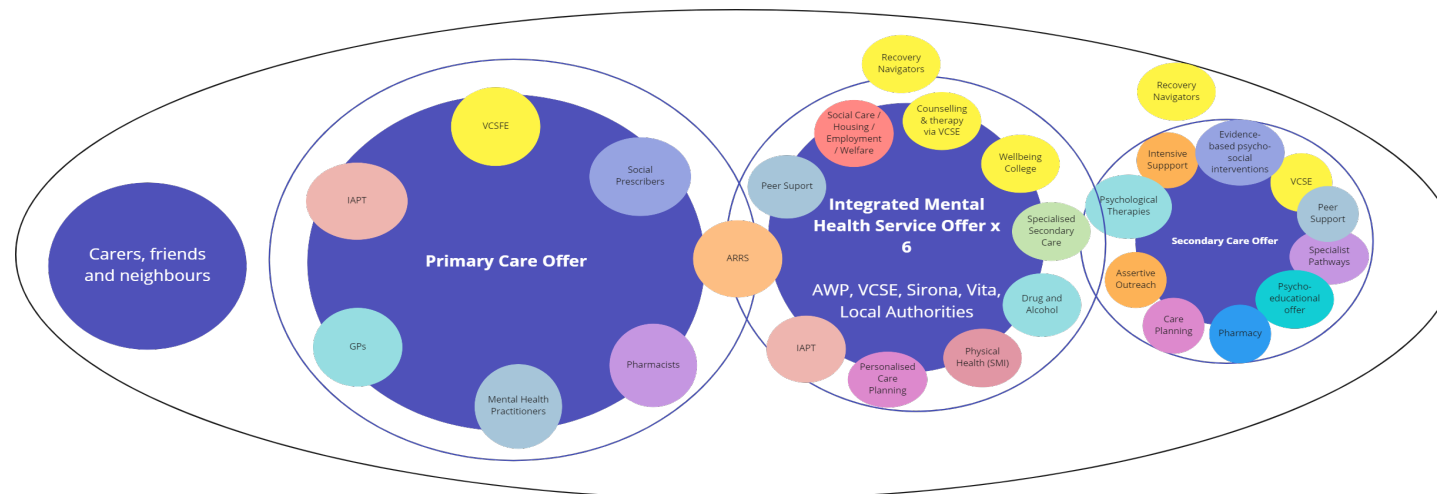


# Example Integrated Mental Health Team (IPCT) Pathway – Patient 1

## New Integrated Mental Health Team (IPCT)

Presentation	Known to	Risk Factors	IMHT Intervention	Outcome of IMHT Intervention	Onward pathway
<ul style="list-style-type: none"> <li>• Psychosocial need (financial &amp; relationship issues)</li> <li>• Depression &amp; anxiety</li> <li>• Physical health issues</li> <li>• Excess alcohol intake</li> <li>• Few coping strategies</li> <li>• Isolated</li> </ul>	<ul style="list-style-type: none"> <li>• GP surgery</li> <li>• PCLS</li> <li>• EDs</li> <li>• 999 Services</li> <li>• Local Authority</li> <li>• Local VCSE services</li> <li>• Vita</li> </ul>	<ul style="list-style-type: none"> <li>• Suicidal</li> <li>• Reduced daily living skills</li> <li>• Escalation by increasing use of emergency services</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive assessment of needs</li> <li>• MDT meeting</li> <li>• Navigator</li> <li>• Stabilisation</li> <li>• Motivational interview</li> </ul>	<ul style="list-style-type: none"> <li>• Stabilisation and engagement</li> <li>• Reduced use of unplanned care</li> <li>• Holistic patient centred care plan</li> <li>• Increased motivation to engage in treatment offer</li> </ul>	<ul style="list-style-type: none"> <li>• Attends Drug and Alcohol services</li> <li>• Engagement with GP and ongoing support re: physical health</li> <li>• Meaningful social activities re: social prescribing</li> <li>• IAPT</li> </ul>

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# Key objectives for Bristol Locality Partnerships' Developments

Through piloting place-based and person-centred care through new Integrated Mental Health Teams, each Locality Partnership will be able to evaluate how this approach:

- Increases people's access to high quality and personalised care, close to home.
- Affects people's mental health outcomes.

## Test and Learn Approach

A key principle of this programme is ensuring equity of care and outcomes across BNSSG. As such, Locality Partnerships are piloting different approaches to help us to collectively develop a consistent model of community mental health care across BNSSG, which will be tailored to each area.

For this to be successful, we will collectively agree the approaches we are taking; how they will be evaluated; and work and learn together to support the development of the new model of mental health care. In parallel, key statutory and VCSE partners will be transforming key aspects of their care – working closely with Locality Partnerships.

# Key Elements of the New Model

## Inner City and East Bristol

ICE's IPCT will be accessed from a wide variety of sources. People will be screened and allocated a link worker or recovery navigator, with consideration given to their cultural context – with agreement sought from the individual. An MDT will be called if needed, but otherwise the link worker will have responsibility for advocating for the person, supporting them to access wrap around support and helping relevant professionals to understand cultural requirements. They will also work with those who aren't engaging with services.

## North and West Bristol

To create a VCSE-led Integrated and Personalised Care Team which will assess need and sign post/support people to access other VCSE services including recovery navigators, peer support and the wellbeing college. It seeks to better meet people's needs and prevent escalation (reducing demand on primary and secondary care). In future, this model may be able to support people's step down. It is initially focusing on people who have been declined support from secondary care (as not eligible) and those with SMI cared for in primary care, which is currently 170 people per month. The team is assessing whether they further define the 170 people so that it fits with the available capacity e.g. initially begin in 1 PCN. A small MDT could be stood up if needed.

# Key Elements of the New Model

## South Bristol

To support the development of an IMHT, South Bristol Locality Partnership has developed a small but intensive MDT for people who have been declined support by multiple services. The MDT is drawing out learning for the wider system and is trying to use these examples to improve culture and integrated care. South Bristol are seeking to expand this model of working and implement a 'IPCT2' My Team Around Me approach.

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# Benefits of the new model

- **Integrated ‘One Team’** working leading to seamless local support “no gaps” – receiving the best from the NHS, social care and voluntary sector (available across levels of need)
- Our **communities** always offer the foundation of our care
- **Timely access** (including re-access)
- Holistic, patient centred and **cumulative assessment** (tailored to need)
- **Focusing on treatment** and therapeutic intervention, with clear and aligned clinical pathways
- Rapid clinical advice and support for professionals (for both VCSE/Statutory): **dynamic Advice and Guidance Offer**
- Support that is co-designed and provided by those with **lived experience** (Lived Experience Leadership and Peer Support)
- Focus on achieving **equity of care and outcomes**
- New approach to gathering **outcomes** in real-time to constantly learn and improve

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## Contact us:

Healthier Together Office, Level 4, South Plaza, Marlborough Street, Bristol, BS1 3NX

0117 900 2583

[Bnssg.healthier.together@nhs.net](mailto:Bnssg.healthier.together@nhs.net)

[www.bnssghealthiertogogether.org.uk](http://www.bnssghealthiertogogether.org.uk)

 @HTBNSSG

## **BRIEFING NOTE – ITEM 9**

### **BRISTOL HEALTH SCRUTINY COMMITTEE**

**10 October 2022**

**TITLE: Access to GP services**

**Author: Jenny Bowker, Head of Primary Care Development, BNSSG ICB and Bev Haworth, Senior Programme Manager BNSSG ICB.**

#### **1. Purpose of briefing note:**

The purpose of this briefing note is to provide an update to the Committee to better understand the current situation and context in relation to residents' access to GP services and the underlying factors/pressures in this area.

#### **2. Background / summary of issues for Scrutiny members to note / consider:**

This briefing will provide detail on the following key areas of work in relation to timely and equitable access to healthcare via general practice:

- Background/ Context
- Current Access Position and Ongoing Work
- Workforce
- Recovery/ Health Inequalities Update
- Communication and Engagement
- Looking Ahead

#### **3. Specific comments sought from scrutiny members:**

This briefing also aims to respond to and provide assurance to the following specific questions:

- From the Primary Care/NHS perspective, what are the key issues in relation to GP services?
- How is information made available to the public about the range of services available through GP practices and how to access them?
- Are there any issues around recruitment and retention of GPs?
- How does the GP experience of the effectiveness of face-to-face patient appointments compare with that of 'online' or 'over the phone' patient appointments?

#### **Appendices:**

Appendix 1 – Access to GP services PowerPoint

# **Bristol Health Scrutiny Committee: Access to GP Services**

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October 2022

Created by  
Jenny Bowker, Head of Primary Care Development

# Briefing Session Plan

- Background/ Context
- Current Access Position
- Ongoing Work
- Workforce
- Recovery
- Communication and Engagement
- Looking Ahead

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# Background/ Context

# Background/ Context

- Primary Care activity returned to above pre-pandemic levels in July 2020
- New models of care have continued following the learning from Covid19
- Demand and workload continues to increase and have exceeded pre-pandemic levels
- The Covid vaccination programme continues to be a priority alongside day to day business
- Multiple programmes of work are underway to move care into the community requiring general practice support
- Health inequalities work in general practice has continued through the Primary Care Strategy Board (PCSB) in collaboration with Public Health, Healthwatch, Building Healthier Communities Group and Population Health Management/Prevention and Health Inequalities Groups in the following areas:
  - Prevention: Mental Health & Wellbeing; Healthy Weight; Alcohol; Tobacco and Cardiovascular disease
  - Long Term Conditions management
  - Ethnicity coding
  - Cancer earlier diagnosis
  - Continuing to support clinically vulnerable patients
  - Learning Disabilities
  - Severe Mental Illness

# Current Access Position

## Ongoing work aimed to:

- Support resilience and additional capacity
- Review and address variation
- Increase on the day appointments / urgent care needs
- Support access and patient experience

# Current Access Position: a GP's point of view

- Many different “front doors”
  - Telephone
  - Online
  - In person (face to face)
  - Video
  - 111 direct booking
- Every door has its advantages for people and we need to find the balance
- General Practice is the “glue” for our healthcare system
- Continuity of care is really important
- Supporting and training our staff is also a priority as well as improving services for patients
- We need to bring our patients with us

# Current GP Access Position

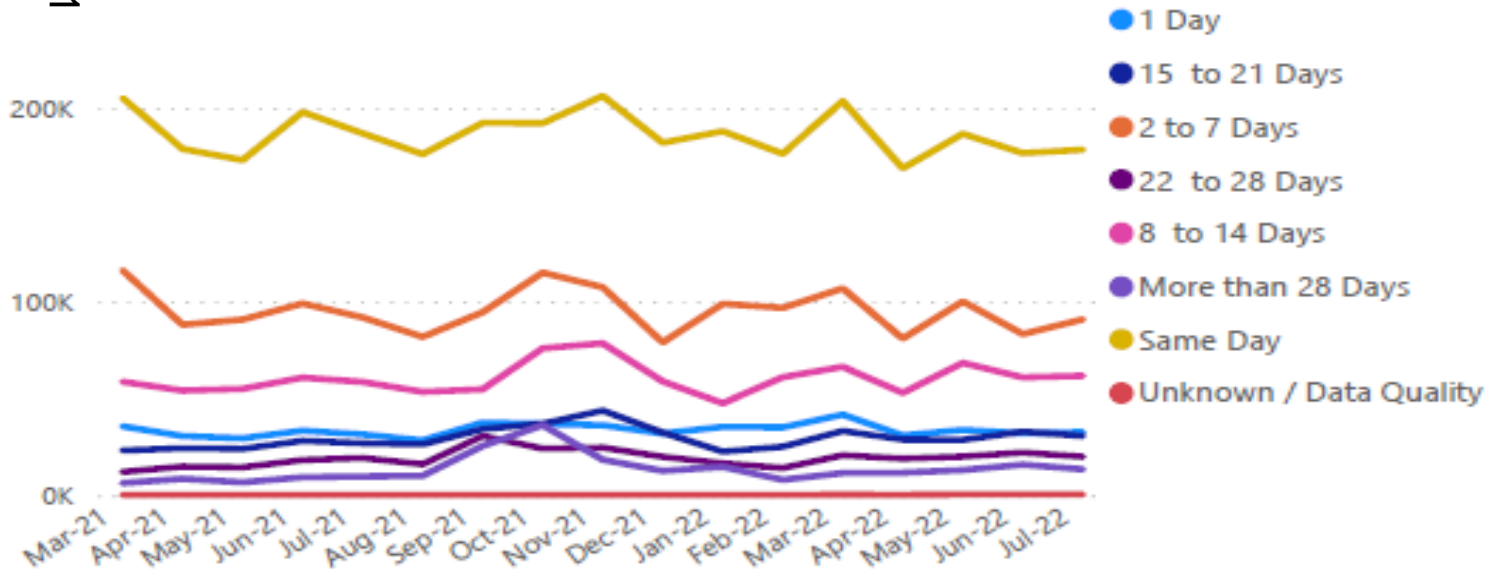
## Key Messages:

- Face to face continues to increase (54%)
- Online Consultations stabilising at around 12% in line with increased face to face and telephone consultations (stabilising at around 34%) as preferred methods. Video continues to be an option but whilst helpful during Covid is the least preferred method now
- The largest proportion of activity remains same day (55%)
- Pre-planned long term condition management and patient choice account for some longer duration times
- More than 5.5m appointments were carried out in GP practices in BNSSG during 2021, with a forecasted 7.3m for 2022/23

	Face-to-Face	Home Visit	Online Consultation	Telephone	Unknown
Sep-21	48.72%	0.79%	13.00%	35.77%	1.72%
Oct-21	53.63%	0.81%	11.79%	31.83%	1.95%
Nov-21	51.39%	0.87%	12.16%	33.82%	1.75%
Dec-21	49.54%	1.04%	11.38%	36.30%	1.74%
Jan-22	47.61%	0.96%	12.86%	36.71%	1.86%
Feb-22	48.45%	0.93%	12.63%	36.09%	1.90%
Mar-22	49.59%	1.01%	12.23%	35.40%	1.76%
Apr-22	50.48%	1.10%	12.00%	34.46%	1.96%
May-22	52.37%	1.05%	12.22%	32.47%	1.90%
Jun-22	53.08%	1.07%	12.11%	31.91%	1.83%
Jul-22	53.86%	1.03%	11.97%	31.32%	1.82%

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## GP appointments time between booking and Appointment



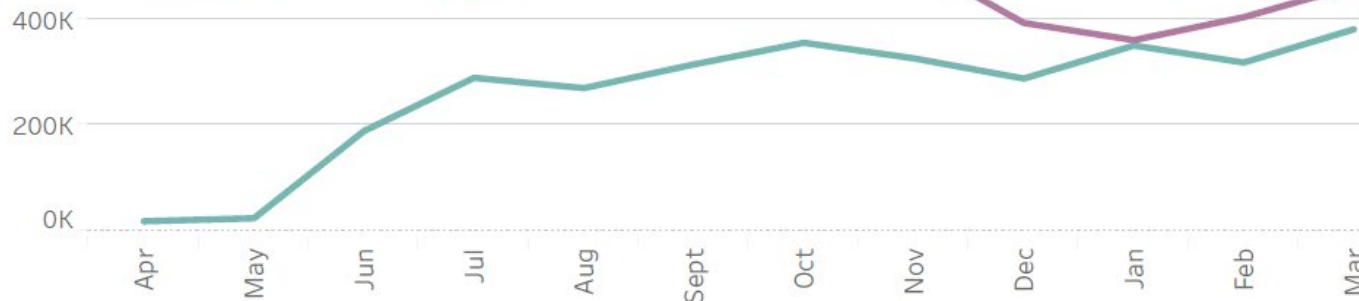
# Current GP Access Position: Telephony for Bristol

2019-2020 vs 2021-2022 contacts



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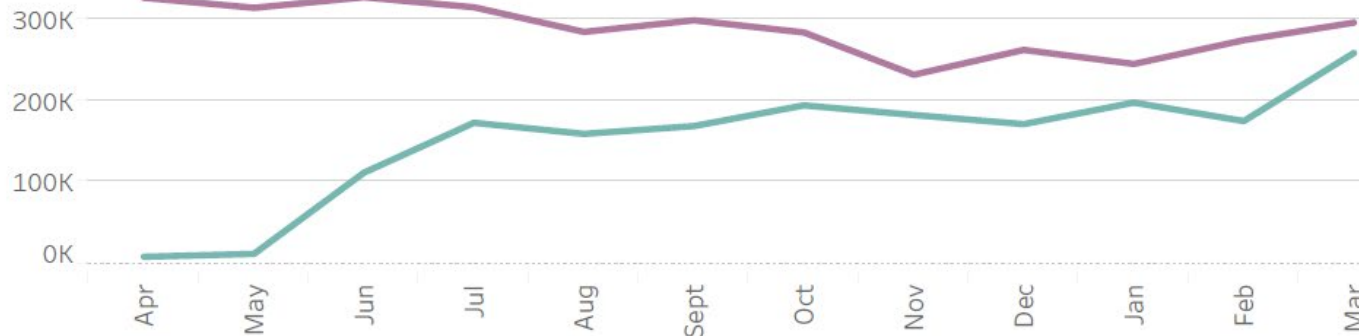
### Incoming telephony contacts



2019-20 monthly average: 261,190 with 3,134,282 incoming telephone calls

2021-22 monthly average: 462,146 with 5,545,754 incoming telephone calls

### Outgoing telephony contacts



2019-20 monthly average: 151,040 with 1,812,484 outgoing telephone calls

2021-22 monthly average: 287,873 with 3,454,473 outgoing telephone calls

# Primary Care Strategy Work to Improve Access

- 1. Dedicated Access, Quality and Resilience team:** in place working across the ICB and our GP Federation to support practices who will benefit from intensive, hands-on support to understand and tackle the root causes of resilience and quality issues. Rolling out a series of best practice toolkits starting with a focus on access
- 2. Mental Health:** Offer of a digital consultation with a Mental Health Practitioner without having to do a review with a GP/nurse prior to the referral
- 3. Community Pharmacy Consultation Service (CPCS):** for patients requiring simple advice, treatment and urgent repeat prescriptions to go to their community pharmacy
- 4. Practice Websites:** Support to practices to improve practice websites by providing training and guidance to practice team. Providing better communication and information on practice websites can help to improve access to primary care by diverting queries away from the telephone that can be answered via the website.
- 5. Digital Inclusion:**
  - BNSSG Digital Inclusion Strategy: to be signed off by Digital Population Working Group
  - Digital Health Inclusion Pioneers project: to support patients to use health apps e.g. GetUBetter app and MyCOPD, is now trialling 6 support routes, including loaning devices, providing digital support to patients and training staff
  - Helping patients to be more digitally included by signposting to existing VCSE Digital Support sessions to increase patient digital confidence to access online support more broadly
  - Guide developed for practices and training restarted to support good practice for the management of patients with a visual impairment

# Primary Care Strategy Work to Improve Access: Enhanced Access

- New Primary Care Network Contract Directed Enhanced Service March 22
- New model for Enhanced Access to be delivered from October 22
- This builds on an existing Extended Access and Improved Access offer which supported practices to offer appointments in the early morning, evening and at weekends
- Enhanced Access appointments available between 6.30-8.00 PM Monday to Friday and 9am to 5PM on Saturdays offering a different blend of clinic types
- New service means a more standardised offer to patients
- Primary Care Networks have worked together to develop plans at locality level



# Recovery

# Recovery

We are investing in recovery to support practices following the pandemic and to develop plans over the winter period:

- System funding of £791k is available to support additional capacity to support recovery of activity in general practice
- This is to recognise the impact of covid, prioritisation of vaccination booster programme and the impact on long term condition management as well as other vaccination and screening programmes

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It is proposed the funding is prioritised to support areas of greatest need for recovery and which will support the greatest population health need

- Royal College of GPs guidance has been published to inform this work
- This is to provide capacity to deliver benefits in both General Practice and to the system

# Workforce

# Workforce: operational pressures

- There is currently no real time information system for our practice workforce position, a manual reporting process has been developed for practices to report issues. This was re-instated in August to understand the increasing workforce pressures in general practice
- 80% staffing provision. Key pressures include lack of admin/clerical as well as clinical staff
- Page 68 Sickness has fluctuated between 4.5 and 7% during August
- Increased number of vacancies being advertised and reported to us: 13.4% vacancy rate
- Locum supply in August to cover annual leave and sickness absence has been challenging – mirrors the experience from last year and continues
- Electronic platform procured to support a staff bank system in primary care being tested with 2 Primary Care Networks this autumn

# Workforce General Summary

Our workforce continues to face significant challenges including:

- Adapting to new ways of working
- Increasing use of digital technology
- Remote working
- Staff shortages and absences
- Introduction of new roles and the extensive requirements for supervision
- Increasing workload
- Managing expectations and increasingly more complex needs of patients
- Supporting the challenges in the wider system
- Tired and exhausted staff experiencing burn out

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# Snapshot of support for our workforce

## GP Retention

NHSE provide a small pot of funding (£200k) to support retention.

Focus groups with GPs led to the following schemes:

- Networks for locum GPs, mid and late career GPs
- Support for International GPs and increasing the number of GP practices that can sponsor international medical graduates
- Support for GPs in distress including training and support on risk management
- Support for 6 GP Health Inequalities fellowships
- Development of a menopause primary care staff network

## General Practice Nursing

£15k to build on our previous successful model of 3 locality nurses and appoint 3 lead nurses to support our general practice nurse strategy which addresses recruitment, retention and leadership.

## Practice Managers

Establishing a practice manager development programme working with the Institute of General Practice Management

## Health and Wellbeing

A Health and Wellbeing Support Offer has been developed and implemented for staff working across Primary Care

## System 1,3,5 year workforce plan development

# Communication and Engagement

# Proactive and positive insights and engagement with our communities:

## GP access campaign

Use of local insights to support national comms campaign working with Health Watch, practice PPGs and voluntary sector.

Page 72  
Aim:

- To increase understanding of and trust in services delivered from GP surgeries in BNSSG.

Core message:

- ‘Your GP surgery team cares for you’.

Launch date:

- The campaign went live on Tuesday 5 July – the NHS’ 74<sup>th</sup> birthday



**Out of home (OOH) advertising on buses across BNSSG, featuring staff and patients from practices across the area – from 25 July**

**Page 73**

**General practice in Bristol, North Somerset and South Gloucestershire is changing.**

Many different health and care professionals are now available in our practices.

**Your GP surgery team cares for you**

**NHS**

# The campaign used

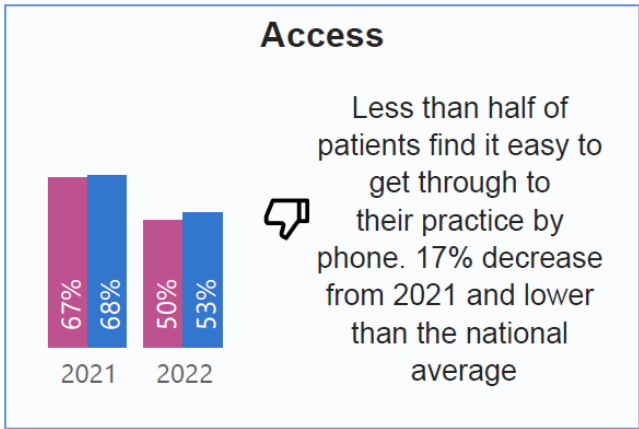
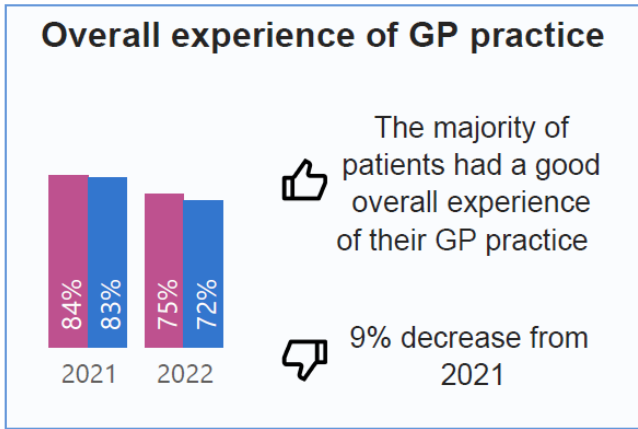
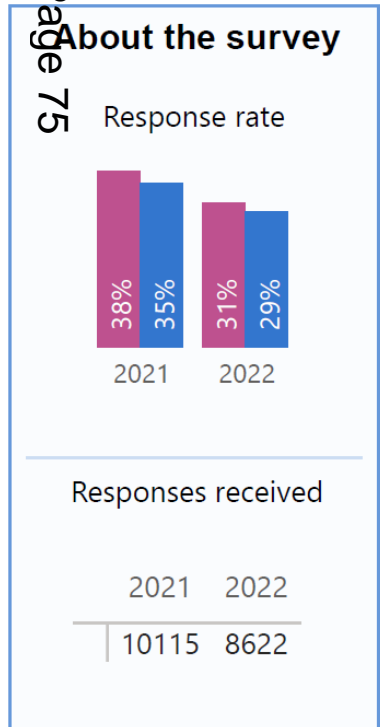
- Social media messages
- Dedicated campaign microsite hosted on the ICB website including:
  - information on how patients can access digital services
  - roles descriptions for the different health care professionals
  - Information about the services general practice provides
  - links to videos and campaign materials
- Toolkit for practices including images, suggested wording and posters
- Engagement with local and regional media

# GP Patient Survey 2022 results

- Results across our area are above the national average for people's overall experience (75% good compared to 72% national), the helpfulness of receptionists (85% compared to 82%), the satisfaction of appointment offered (74% compared to 72%) and for confidence and trust in the healthcare professional (95% yes compared to 93% nationally)
- We also recognise there are some areas for improvement and we have highlighted some of the access work we are doing



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This year's survey was conducted from 10 Jan to 11 Apr 2022. This was after a rise in Covid-19 cases in Dec 2021 but as restrictions were being eased. The 2021 survey took place during the third Covid-19 lockdown. This wider context should be taken into account when looking at results over time

# Looking Ahead

# Looking Ahead

- Flu and covid vaccination campaign from September for over 50s in addition to other specific cohorts (clinical at risk, carers, health and care workers, household contacts of people with immunosuppression)
- Working with our PCNs to develop backlog recovery approaches
- Lessons learnt from Winter Access schemes to underpin development of approach for this winter – national commitment to release some PCN funding to support access over winter
- Continued focus on growing the workforce and supporting retention
- How can we work together?
  - Joined up messages to our public
  - Seeing each other as partners in this

**Bristol City Council - Scrutiny Work Programme 2022 / 2023 (Formal Public Meetings)**

People Scrutiny Commission (PSC)	Health Scrutiny – Sub-Committee (of the PSC)	Communities Scrutiny Commission (CSC)	Growth & Regeneration Scrutiny Commission (G&RSC)	Resources Scrutiny Commission (RSC)	Overview & Scrutiny Management Board (OSMB)
<b>July 2022</b>					
					<b>27<sup>th</sup> July, 2.30pm</b>
					Annual Business Report: To include confirmation of Scrutiny Work Programme, Working Groups and Inquiry Days
					Liveable Neighbourhoods Inquiry Day (TBC)
					Q4 21/22 Corporate Performance Report
					Q1 Risk Report 22/23
					Forward Plan – Standing Item
					WECA – Joint Scrutiny minutes – standing item
					Local Government and Social Care Ombudsman Report
<b>August 2022</b>					
<b>September 2022</b>					
<b>12 September, 5.00 pm</b>		<b>15<sup>th</sup> September, 10am</b>	<b>29<sup>th</sup> September, 5pm</b>		<b>26<sup>th</sup> September, 5.30pm</b>
Annual Business Report		Annual Business Report	Annual Business Report		Q1 22/23 Performance Report
New schools provision (Temple Quay and The Park) and specialist school places provision update)		Home Choice Review	Planning Enforcement		
Inclusive Educational Practice (PSC Working Group Report)		Parks and Open Space Strategy	Temple Quarter (site visit before)		
LG Ombudsman report on EHC plan case (further to OSMB on 27 July)			Previously taken Emergency Key Decisions: <ul style="list-style-type: none"> <li>Electricity Contract Procurement and Renewals</li> <li>Half Hourly Electricity Supply Contract Extension’.</li> </ul>		
EHC plans – update/position statement		Allotment Strategy	Risk Report		
Adult Social Care Transformation – (part 1)		Risk Report	Performance Report		
Risk Report		Performance Report			
Performance Report					
<b>October 2022</b>					
	<b>Date TBC</b>				<b>27<sup>th</sup> October, 9am</b>
	NHS - access to health care (including access to GP services)				One City

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Agenda Item 10

People Scrutiny Commission (PSC)	Health Scrutiny – Sub-Committee (of the PSC)	Communities Scrutiny Commission (CSC)	Growth & Regeneration Scrutiny Commission (G&RSC)	Resources Scrutiny Commission (RSC)	Overview & Scrutiny Management Board (OSMB)
	Update on Integrated: <ul style="list-style-type: none"> <li>Health and Care</li> <li>Care System</li> <li>Care Partnerships and Community Mental Health Framework</li> </ul>				Provisional item – Committee Model Working Group
					Q2 Risk 22/23
<b>November 2022</b>					
<b>28 November, 5.00 pm</b>		<b>17<sup>th</sup> November, 5pm</b>			<b>Date TBC</b>
Safeguarding Children and Young People / Adults - Assurance		Ecological Emergency Action Plan			Equalities and Inclusion Strategy - provisional
Family Hubs (Early model designs for scrutiny input)		BCC Tree Strategy Update and CSC Trees Working Group Recommendations			Work Programme – standing item
Disproportionality in Youth Justice System (note - potential deep dive)		Tenant Participation Review			Forward Plan – standing item
Adult Social Care Transformation (part 2)					WECA – Joint Scrutiny minutes – standing item
<b>December 2022</b>					
	<b>Date TBC</b>			<b>1<sup>st</sup> December, 5pm</b>	<b>Date TBC</b>
	Children's Mental Health / Child and Adolescent Mental Health Services – early intervention Note – Invite People SC Members. (Potential closed session)			Annual Business Report	Gender Identity and Transition Policy - provisional
				Collection Fund - Financial Surplus/Deficit Report	Work Programme – standing item
				Debt Position Across the Organisation (incl pandemic impacts)	Forward Plan – standing item
				Finance Up-date Report	WECA – Joint Scrutiny minutes – standing item
				Council Tax Base Report	
				Performance Report	
				Risk Report	
<b>January 2023</b>					
			<b>5pm, 25<sup>th</sup> January, 2023 (TBC)</b>		<b>Date TBC</b>
			Active Travel/Walking and Cycling Strategy (implementation of WECA Strategy)	Budget Scrutiny	Companies Business Plans (Jan/Feb TBC)
			Culture Review: To include: <ul style="list-style-type: none"> <li>Covid-19 recovery</li> <li>Equalities &amp; Diversity</li> </ul>		Work Programme – standing item

People Scrutiny Commission (PSC)	Health Scrutiny – Sub-Committee (of the PSC)	Communities Scrutiny Commission (CSC)	Growth & Regeneration Scrutiny Commission (G&RSC)	Resources Scrutiny Commission (RSC)	Overview & Scrutiny Management Board (OSMB)
			<ul style="list-style-type: none"> <li>Geographic Delivery</li> </ul>		
			Housing Delivery - Progress of Project 1000		Forward Plan – standing item
			High Streets Recovery		WECA – Joint Scrutiny minutes – standing item
<b>February 2023</b>					
		<b>27<sup>th</sup> February, 2pm</b>		<b>Date TBC</b>	<b>Date TBC</b>
		Waste Transformation: <ul style="list-style-type: none"> <li>Village Model Review</li> <li>Street Cleaning Review</li> <li>Commercial Waste</li> </ul>		Budget Scrutiny	Scrutiny Annual Report to Full Council
		Keeping Bristol Safe Partnership			Work Programme – standing item
		<i>Libraries Working Group</i>			Forward Plan – standing item
					WECA – Joint Scrutiny minutes – standing item
					Work Programme – standing item
<b>March 2023</b>					
<b>03 March, 5.00 pm</b>	<b>Date TBC</b>		<b>5pm, 22<sup>nd</sup> March 2023 (TBC)</b>		<b>Date TBC</b>
SPEND (Value for Money & Outcomes / Exclusions) - TBC	Update from Public Health (on work to encourage healthy weight and eating)		Bristol Flood Risk Strategy (Statutory Item)		Bristol City Council's Business Plans (to include Scrutiny Workshop)
Sir Stephen Bubb Report - Update			Strategic Transport / City Region Sustainable Transport Settlements (CRSTS) <ul style="list-style-type: none"> <li>Including Brabazon Arena</li> </ul>		Forward Plan – standing item
Adult Social Care Transformation (part 3)			Zero Emissions Transport Bid		WECA – Joint Scrutiny minutes – standing item
			Frome Gateway		Work Programme – standing item
<b>April 2023</b>					
	Quality Accounts - Sirona; AWP; NBT; UHBW; SWAS (closed briefings)				
<b>Provisional items / to be scheduled</b>					
Children in Care (National report – implications for Bristol) – likely to be a briefing	Update on NHS Structures (briefing - 26 July)	Public Toilets	Western Harbour		City Leap
WECA – support for young people / adults with learning difficulties		Community Asset Transfers	Place Making (incl - Housing Delivery and Health Infrastructure)		Heat-Networks



