Bristol City Council
Minutes of the Health Scrutiny Committee

5 December 2022 at 4.00 pm

Members present:-
Councillors: Jos Clark (Vice-Chair), Amal Ali, Lorraine Francis, Brenda Massey, Tom Hathway and Tim Wye

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

Other members:
Cllr Tim Kent, Chair, People Scrutiny Commission
Cllr Christine Townsend, Vice-Chair, People Scrutiny Commission

Bristol City Council officers:
Hugh Evans, Executive Director: People
Christina Gray, Director: Public Health & Communities
Penny Germon, Head of Service: Neighbourhoods & Communities
Jo Williams, Consultant: Healthy Children & Families
Ian Hird, Scrutiny Advisor

Healthwatch Bristol:
Vicky Marriott, Chief Officer (Bristol, North Somerset, South Gloucestershire)

Bristol, North Somerset & South Gloucestershire Integrated Care Board (BNSSG ICB):
Greg Penlington, Head of Performance

Avon & Wiltshire Mental Health Partnership NHS Trust (AWP):
Mathew Page, Chief Operating Officer
Mark Arruda-Bunker, Associate Director of Operations
Heather Kapeluch, CAMHS Operations Manager

Sirona Care & Health:
Lorraine McMullen, Interim Deputy Director of Operations
Nikki Lawrence, Family Nurse Partnership Supervisor
Gerry Bates, Head of Children's Community Health Services

23 Welcome, Introductions, and Safety Information

It was noted that Cllr Morris (Committee Chair) had sent apologies due to illness; Cllr Clark, as Vice-Chair therefore took the chair for this meeting.

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

24 Apologies for Absence and Substitutions

It was noted that apologies had been received from Cllrs Morris and Goggin.

25 Declarations of Interest

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

26 Minutes of Previous Meeting

The Committee **RESOLVED:**
That the minutes of the meeting of the Health Scrutiny Committee held on 10 October 2022 be confirmed as a correct record.

27 Chair's Business

a. Fertility Preservation Policy:
It was noted that at the request of the ICB, a briefing note had recently been circulated setting out proposed changes to the Fertility Preservation Policy for BNSSG. This followed a review of the existing policy and related engagement activities undertaken during the last year. It was suggested that members should contact the Chair or Scrutiny Advisor if they felt a further briefing / information was required on this matter.

b. Findings from BNSSG ICB 'Have Your Say' survey:
It was noted that the ICB had recently shared the findings from this extensive engagement exercise. It was suggested that members should contact the Chair or Scrutiny Advisor if they felt it would be helpful for the committee (or potentially the BNSSG Joint Health Scrutiny Committee) to receive a detailed presentation on the findings.

c. NHS staff:
On behalf of the committee, the Chair expressed thanks in advance to all NHS staff who would be working through the Christmas holiday period.

28 Public Forum

It was noted that the following written public forum statement had been submitted for this meeting (a copy of the statement had been circulated to committee members in advance of the meeting):
- Statement from Jen Smith - Topic: Child and adolescent mental health services (agenda item 8)

29 NHS Winter Resilience Framework

The Committee received and discussed a presentation setting out details of the local NHS winter resilience framework and 2022/23 winter response.

Summary of main points raised:

1. The presentation had been circulated to committee members in advance of the meeting. The key areas covered by the presentation were:
a. The national context and background to the ICB's local winter planning.
b. Overview of the content of the winter plan.
c. Summary of Bristol City Council adult social care mitigations.
d. Forecasts against the 6 key 'winter metrics' including 999 total call handling time, category 2 ambulance response times, ambulance handover delays and hospital bed occupancy forecasts.
e. Regional hospital bed modelling and known and further mitigations.
f. Details of the BNSSG winter escalation framework (co-ordination and oversight of delivery).
g. Details of the communications approach (including those related to the Covid seasonal booster update).

2. It was noted that (as highlighted by the Care Quality Commission) there were national issues around long waits for ambulances, including ambulance 'waiting time' outside Accident and Emergency (A&E) units. This was related to the issue of some patients being stuck in hospital beds due to shortages in social care support required to enable them to leave hospital, people also being stuck in emergency departments waiting for a hospital bed to be available to receive treatment, and other individuals stuck waiting for ambulances following emergency calls because the ambulances were stuck outside hospitals waiting to transfer patients. Ambulance 'clean down' requirements/time also needed to be taken account of. These were issues locally as well - in BNSSG, key areas of focus included securing additional capacity in emergency zones where possible but also trying to ensure that patients were able to be transferred to or access the most appropriate clinical setting.

3. It was noted that South Bristol Community Hospital currently closed at 8.00 pm each evening; it was suggested that one option that might be considered was to extend the opening hours at this site to midnight to relieve some of the pressure on A&E units elsewhere during the late evening. It was noted that funding and staff availability and the overall staff recruitment position would need to be factored into assessing any options to increase capacity.

4. It was noted that it was also important to encourage use of community pharmacists where this was appropriate.

5. It was noted that important lessons had been learned from the Covid virtual ward experience, especially in terms of assisting patient 'flow' and following the principle of 'right patient, right place, right time.'

6. It was noted that Covid and Norovirus rates would form key elements in monitoring and managing demand through the winter period. In terms of the '6 key metrics' slide, further detail on the data could be made available to committee members on request.

7. In terms of the operational modelling scenarios, it was noted that these would be kept under ongoing review, noting also that the impact of any staff industrial action would need to be assessed carefully. It was noted that through 'Operation Arctic Willow', each ICS was also stress-testing the health service ahead of the scenario of extreme winter operational pressures and possible industrial action.

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

30 Update from Avon and Wiltshire Mental Health Partnership NHS Trust - Child and Adolescent Mental Health Services

The Committee received and discussed a presentation from representatives of Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) updating on Child and Adolescent Mental Health Services (CAMHS).

Summary of main points raised:

1. The presentation had been circulated to committee members in advance of the meeting. The key areas covered by the presentation were:
a. Transformation update: the long term, 5 year plan (and additional £1.4m investment) to expand mental health services for children and young people through:
- Increasing access to services.
- Developing mental health support teams in schools.
- Increasing community eating disorder services.
- Expanding CAMHS crisis services.

- Improving the transition to adult services.
b. Update on CAMHS access rates.
c. Update on mental health support teams.
d. Update on eating disorders and the demand for support.
e. Update on the asylum refugee clinic.
f. Equalities, diversity and inclusion data.
g. Update on Riverside CAMHS in-patient unit.

2. In response to questions, it was noted that CAMHS was committed to equalities and diversity and was actively seeking to improve representation in its workforce from black and ethnic minoritised groups. There was now a particular focus on ensuring the embedding of a positive action recruitment approach to support increased diversity of the workforce, including higher paid roles. Careful attention was also being paid to the placing of job advertisements to try to ensure that all communities were reached. A full staff training programme around equalities and diversity was in place and this was being supported through a Royal College of Psychiatry Advancing Mental Health Equalities Project.

3. It was noted that a Quality Improvement Project was also in place, with the specific focus of improving access to CAMHS for black and ethnic minoritised communities.

4. In response to questions, it was noted that the average length of stay of individuals admitted to Riverside CAMHS in-patient unit was in line with the national average; the exact length of stay inevitably varied depending on the complexity of each individual case. It was also noted that:
- refurbishment of the Riverside building was completed in July 2021 (the unit had been expanded to be able to provide 12 in-patient beds and 4 day patient places).
- due to the investment in community CAMHS services, the regional demand for inpatient beds had significantly reduced with young people now better able to be treated at home.
- where required, access to a general adolescent bed was available without delay.
- a BNSSG ICB Business Case had been developed for a new Tier 3+ service serving Bristol and South Gloucestershire.

5. It was noted that approx. 10,000 children and young people were accessing CAMHS across the full BNSSG area; there were more specific and detailed metrics ‘beneath’ this figure for the Bristol area, for example in relation to referrals for urgent support.

6. In terms of schools, it was noted that 4.5 mental health support teams were supporting Bristol schools identified as ‘high need’ by Public Health. In response to a question, it was confirmed that all children looked after will have access to CAMHS as required.

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

31 Update from Sirona Care and Health - early help offer and interventions

The Committee received and discussed a presentation setting out details on Sirona's approach / progress in relation to how Public Health Nursing (PHN) and Therapy services support the development of the early help offer in Bristol.

Summary of main points raised:

1. The presentation had been circulated to committee members in advance of the meeting. The key areas covered by the presentation were:
a. Update on the transformation of the PHN service and introduction of the i-THRIVE service delivery model. It was noted that the PHN service had embarked on an ambitious transformation programme that placed children, young people, and families at the heart of the service they receive. This transformation would introduce the i-THRIVE conceptual model, which was a value driven, personalised and preventative/early intervention approach to service provision which supported better outcomes for children, young people and families through its integrated and needs led approach.
b. The 'Universal in reach, personalised in response' approach.
c. Update on the intensive home visiting approach.
d. Update on prevention and early intervention work.
e. The school nursing offer.
f. The therapy offer (speech and language; occupational therapy).

2. It was noted that more research would be needed to more fully understand the longer- term impacts on children from the Covid pandemic. Children and young people's services remained a key priority for the ICB.

3. In response to questions it was noted that Sirona delivered a universal PHN programme to all families. In addition, Sirona also provided two targeted early intervention programmes that aimed to improve a variety of child and parent outcomes and reduce inequalities:
a. The Family Nurse Partnership (FNP) had operated in Bristol since 2014 and was a licensed home visiting programme delivered by family nurses for first time young mothers.
b. The Maternal Early Childhood Sustained Home-visiting (MECSH) programme had also recently been launched in Bristol, delivered by health visitors. This offered sustained support for families at risk of poorer maternal and child health and development outcomes.

4. It was noted that there was a degree of anecdotal evidence suggesting a rise in teenage pregnancies locally; this had not though yet been evidenced through formal data sources – it was noted that the teenage pregnancy strategy in Bristol had generally seen a significant decline in the rate of teenage conceptions.

5. In response to questions, it was noted that each primary school in Bristol had a named Speech and Language Therapist who offered school based drop-in support for families or school staff to discuss concerns with a therapist and identify required support. Interpreters were used as necessary to help

meet the needs of families/children where English was not their first language; there was also some specific, community based support.

6. In response to questions about specialist health visitor support for perinatal and infant mental health, it was noted that a team of three health visitors had recently been formed (sitting within the public health nursing service) and had undertaken additional training in perinatal and infant mental health. The team had a focus on supporting staff to develop their understanding and support skills around parental and infant emotional wellbeing and early relationships, through staff training, supervision and consultations. The team was also building effective relationships with partner organisations engaged in the delivery of perinatal and infant mental health support to improve referral processes for families.

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

32 Scrutiny Work Programme - for information

The Committee noted the latest work programme update.

Meeting ended at 5.48 pm

CHAIR _____