

Bristol Health Scrutiny Committee

(sub-committee of the People Scrutiny Commission)

Agenda



Date: Monday, 5 December 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, Chris Windows and Tim Wye

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Date: 25 November 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.

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 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 questions must be received in this office at the latest by **5.00 pm on Tuesday 29 November 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 petitions and statements must be received in this office at latest by **12 noon on Friday 2 December 2022**



Please note: Petitions, statements and questions must relate to the remit of the Health Scrutiny Committee.

7. NHS Winter Resilience Framework (30 mins)

(Pages 14 - 28)

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

8. Update from Avon and Wiltshire Mental Health Partnership NHS Trust - Child and Adolescent Mental Health Services (40 mins)

(Pages 29 - 43)

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

9. Update from Sirona Care and Health - early help offer and interventions (40 mins)

(Pages 44 - 50)

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

10. Scrutiny Work Programme - for information

(Pages 51 - 55)



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.

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.

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



Bristol City Council Minutes of the Health Scrutiny Committee

10 October 2022 at 4.00 pm



Committee members present:-

Councillors Graham Morris (Chair), Lorraine Francis, Brenda Massey and Tom Hathway

Cabinet members in attendance:

Cllr Helen Holland, Cabinet member for Adult Social Care & Integrated Care System

Cllr Ellie King, Cabinet member for Public Health & Communities

Bristol City Council officers in attendance:

Hugh Evans, Executive Director: People

Christina Gray, Director: Public Health & Communities

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

Nicola Knowles, Policy & Public Affairs Manager

Ian Hird, Scrutiny Advisor

NHS Bristol officers in attendance:

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

Sharron Norman, Delivery Director - North & West Bristol Locality Partnership

Joe Poole, Delivery Director - Inner City and East Locality Partnership

Emily Kavanagh, Head of Locality - South Bristol Locality Partnership (on behalf of Steve Rea, Delivery Director - SBLP)

Dr Geeta Iyer, GP at Gloucester Road Medical Centre and Clinical Lead for Primary Care Development, BNSSG ICB

Jenny Bowker, Head of Primary Care Development, BNSSG ICB

Becky Balloch, Communications & Engagement Lead, BNSSG ICB

13 Welcome, Introductions, and Safety Information

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



14 Apologies for Absence and Substitutions

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

15 Declarations of Interest

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

16 Minutes of Previous Meeting

The Committee **RESOLVED:**

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

17 Chair's Business

- a. The Chair thanked NHS Bristol representatives for attending this meeting and for the clear information and data included within the agenda papers.
- b. The Chair advised that he had been pleased to attend the Bristol Community Health Day on 8 October. A wide range of information had been available through this community-led event, including workshops, seminars and booths on a range of healthcare topics, including mental health, lung health, diabetes, maternity, and men's, women's and children's health.
- c. The Chair advised that he wished to thank the Friends of Jubilee Swimming Pool for all of their hard work in securing the pool's future for the community.
- d. The Chair referred to the 'statement of principles' guidance document for Health Overview Scrutiny Committees as issued by the Department of Health and Social Care in July, in advance of statutory guidance to come; the document essentially set out government expectations about how health overview and scrutiny committees should work with integrated care systems to ensure they were locally accountable to their communities. At the request of the Chair, it was noted that a copy of this guidance document would be sent to Health Scrutiny Committee members.

18 Public Forum

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



19 Annual Business Report

The Committee considered the annual business report.

The Committee **RESOLVED:**

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

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

a. Integrated Care System and related governance - update

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

Summary of main points raised:

1. In noting and welcoming, in general terms, the purpose and expected benefits of the Integrated Care System, it was noted that there would inevitably also be forthcoming pressures on the Council's and partners' budgets given the context and impact of the national economic situation. These pressures would need to be taken into account as necessary as part of ICP/ICB planning activity.
2. It was noted that tackling health inequalities, improving people's experience of and access to health services, together with improving outcomes in population health with a particular focus on those 'most in need' were fundamental principles for the ICP.
3. The proposal to allocate 8 seats within the 28 seat ICP membership to the voluntary, community and social enterprise sector was welcomed, noting that there was a degree of local discretion in determining these arrangements. It was noted that careful engagement was taking place in relation to the representation arrangements in line with the commitment to developing a citywide approach to working equitably with the sector in Bristol. It was hoped that the progressive approach being taken could potentially be seen as a model for elsewhere. The full detail was being worked through but would include a clear job role/description/application process with a view to ensuring a best practice approach.
4. It was noted that developing an Integrated Care Strategy (within a timescale of December 2022) was a key area of immediate attention for the ICP/ICB. The strategy would include a focus on:
 - the challenge of reducing inequalities and disparities in health and social care.
 - improving service quality and performance.



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

b. Locality Partnerships and Community Mental Health Transformation Programme

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

Summary of main points raised:

1. It was noted that the Community Mental Health Framework was being delivered across all 6 locality partnerships within the BNSSG geographical area. Through mental health teams or integrated personalised care teams, the Community Mental Health Programme Board, in partnership with each Locality Partnership, would evaluate how this approach:

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

A phased approach was being taken to an integrated community mental health service that was personalised, proactive and preventative to support individuals in getting the right service, at the right time in the right place. The approach started in April 2022 and was scheduled to complete in April 2024.

2. In terms of the South Bristol Locality Partnership, it was noted that key elements of the community mental health response included:

- Supporting communities: agreeing commitment from partners (including engagement with care providers) to a person-led and asset-based community development approach.
- Linking professionals: enabling existing teams to better seek advice and support without referrals.
- Development of the Integrated Personal Care Team and work with individuals who have complex needs, with teams working across disciplines to support the full needs of the individual person.

3. In terms of the North and West Bristol Locality Partnership, it was noted a key element of the community mental health response included a 'foundations' approach to building collaboration through:

- Working with trust and openness between partners.
- Understanding gaps based on both population health data and people's lived experiences; and shared identification and ownership of these gaps.

Through co-production involving service users and frontline staff, the key outcomes expected from the community mental health model were:

- A person centred, holistic model of care that suited the locality population.
- Improved parity of awareness/wider knowledge of how people can access mental health services.
- Planning ahead with an understanding of the needs of 'whole' population community mental health (e.g. including children and young people).

To ensure effective governance, separate leadership, delivery and community wellbeing boards were being set up.



4. In terms of the Inner city and East Bristol Locality Partnership, it was noted that key elements of the community mental health response included:

- Establishing reference groups to drive design processes including people with lived experience, frontline workers and community and faith groups.
- A commitment to asset-based community development approaches, building on the resources in communities.
- Through the above, utilising the local network of community representatives to identify and maximise community assets, and proactively seek to build the community workforce.

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

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

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

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

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

The Committee **RESOLVED:**

- To note the above updates and information.



21 Access to GP services

The Committee considered and discussed an update covering the following key areas of work in relation to timely and equitable access to healthcare via general practice:

- Background and context to GP access, following the Covid-19 pandemic.
- Current GP access position and ongoing work.
- Workforce issues, including recruitment and retention.
- Recovery / health inequalities update.
- Communications and engagement update.

Summary of main points raised:

1. It was noted that a GP access campaign had been launched in early July with the aim of increasing understanding of and trust in services delivered from GP surgeries across the BNSSG area. Whilst welcoming this initiative, the Chair suggested that every effort be maintained through communications teams to raise awareness of this type of initiative amongst city councillors.
2. In noting the information provided around communications and engagement, Cllr Massey drew attention to the useful approach taken by the Greenway Community Practice, which included consulting a patients group on proposed communications, e.g. in relation to a leaflet made widely available to residents on accessing services. The practice had also introduced and provided clear information to make the public aware of the role of Care Navigators; these were not just 'receptionists' but had a wider role to actively listen and to signpost people to the most appropriate source of help and support. She also drew attention to the usefulness of the NHS patient app and suggested that every effort should be made to promote its availability and to encourage use.
3. In response to questions from Cllr Hathway, it was noted that the current (increasing) percentage of 54% of patients being seen face-to-face by their GP compared with a pre-pandemic level of approx. 80%; it was confirmed that if a patient, having initially accessed a GP via an alternative means, asked for a face-to-face appointment, this would be accommodated.
4. In further discussion, it was noted that the experience of whether an alternative means of accessing a GP worked effectively (in comparison with a face-to-face appointment) for both doctor and patient varied, depending on each individual patient's needs and the nature of each case. In some circumstances, for example appointments that were more 'transactional' or where a GP was very familiar with a patient's condition and knew the patient well, a phone conversation could sometimes be mutually appropriate for both doctor and patient; alternatively, diagnosis might in some cases not be possible through an initial phone appointment, in which case a follow-up face-to-face appointment would be appropriate. Practices accepted the need for a flexible approach depending on the nature of the case. In terms of the length of time taken to secure a face-to-face appointment, it was noted that the timeliness of appointments could sometimes be affected in circumstances where a patient indicated a wish to see a particular GP.



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

6. In terms of GP recruitment and retention, it was noted that NHS England had provided an additional £200k to support retention. Other initiatives to support GP retention included:

- Networks for locum GPs, mid and late career GPs.
- Support for international GPs and increasing the number of GP practices that could sponsor international medical graduates.
- Support for GPs in distress including training and support on risk management.

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

The Committee **RESOLVED:**

- To note the update and the above information.

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

22 Scrutiny Work Programme (for information)

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

Meeting ended at 6.05 pm

CHAIR _____



ITEM 7

BRISTOL HEALTH SCRUTINY COMMITTEE

5 December 2022

NHS WINTER RESILIENCE FRAMEWORK

A presentation is enclosed setting out details of the local NHS winter resilience framework and winter response.

Greg Penlington, Head of Performance, Bristol, North Somerset & South Gloucestershire Integrated Care Board will present this update, to be followed by an opportunity for member discussion and questions.



BNSSG Winter Resilience Framework

Bristol City Council HOSC – 5 December 2022

Page 15



National approach

- Winter plan is the next phase of the System Operational Plan for 2022/23
- The financial allocation for the South West is double per head of population compared to other regions
- The financial allocation for BNSSG ICB is in line with the Demand and Capacity Submission 22.7.22

Page 16

- The intention that NHS England will only work through ICB
- A Board Assurance Framework is being developed which NHS E will monitor ICB delivery through
- Trajectories of the 6 key metrics will be monitored weekly

- The core metric for scheme delivery is Bed or Bed equivalent
- Target number of additional beds or bed equivalent is 490

- Assurance of wider winter initiatives is still required e.g. general practice access; CYP initiatives

- 1) 111 call abandonment.
- 2) Mean 999 call answering times.
- 3) Category 2 ambulance response times.
- 4) Average hours lost to ambulance handover delays per day.
- 5) Adult general and acute type 1 bed occupancy (adjusted for void beds).
- 6) Percentage of beds occupied by patients who no longer meet the criteria to reside.

	NBT	UHBW	System
Regional analysis of bed gap	159	173	331
Technical adjustments	50	19	69
Existing mitigations	74	78	152
Adjusted gap 1 ($a - (b+c)$)	35	76	111
Further mitigations identified	184	147	331
Adjusted gap 2	-149	-71	-220

Content of the winter plan

Ref.	Content	Key contributing plan	Responsible group	Programme Director
Winter performance trajectories and associated plans				
P1	111 call abandonment.	Sevenside/ PPG RAP	Sevenside ICQPM	Deb Lowndes
P2	Mean 999 call answering times.	SWAST EOC plan	SWAST AJCC	Jess Cunningham
P3	Category 2 ambulance response times.	<i>As P4 below</i>	<i>As P4 below</i>	<i>As P4 below</i>
P4	Average hours lost to ambulance handover delays per day	BNSSG Handovers Improvement Plan	BNSSG Handovers Improvement Group	Greg Penlington
P5	Adult general and acute type 1 bed occupancy (adjusted for void beds).	100 day challenge plan	Enabling Discharge	Lucy Parsons & Rob Presland
P6	Percentage of beds occupied by patients who no longer meet the criteria to reside.	D2A Business Case	D2A Board	Rosanna James
Winter schemes - within operational plan: to include beds delivered and financial tracking				
B1	D2A - community beds (142)		<i>As P6 above</i>	<i>As P6 above</i>
B2	Virtual wards		HT@H Planning Group	Rebecca Dunn
B3	Acute flow initiatives		<i>As P5 above</i>	<i>As P5 above</i>
B4	UHBW - SDEC expansion		TBD by respective DCOO	Lucy Parsons
B5	NBT additional ward L6		TBD by respective DCOO	Rob Presland
B6	NBT - SDEC expansion		TBD by respective DCOO	Rob Presland
B7	Integrated MH Emergency Service		MH WSOG	Sarah Branton
B8	D2A business case delivery (132)		<i>As P6 above</i>	<i>As P6 above</i>
B9	Stroke programme delivery		Stroke Programme Board	Rebecca Dunn
Wider winter schemes				
S1	OPEL 4+ action card incl. IPC		Winter Delivery Group	Greg Penlington
S2	CYP winter plan		CYP Urgent Care Group	Laura Westaway
S3	Primary care winter plan		GPCB Urgent Care Network	Jim Hodgson
S4	MH winter plan incl CAMHS		MH WSOG	Sarah Branton
S5	Immunisations plan		TBC	Debbie Campbell
S6	Adult social care plans		Commissioning Arrangements	Julie Kell
S7	Elective Recovery Plan		Elective Recovery Operational Group	Caroline Dawe
S8	Winter comms plan		Strategic Communications Group	Dom Moody
S9	Flu plan		BNSSG Flu Planning Group	Debbie Campbell
S10	System UEC transformation plans		UECC Steering Group	Kate Lavington
S11	Community pharmacy		ICB Meds Op Team	Debbie Campbell

Page 17

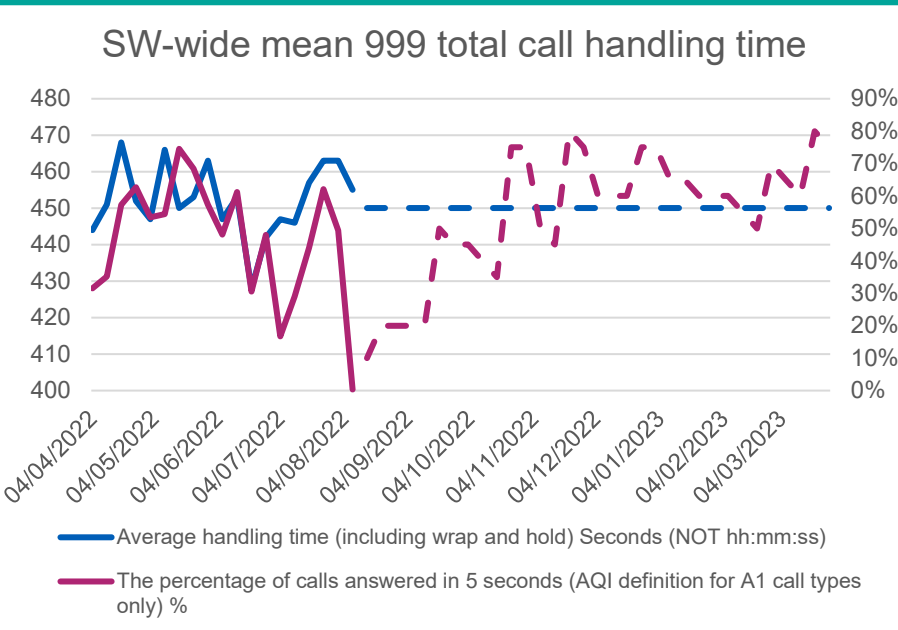
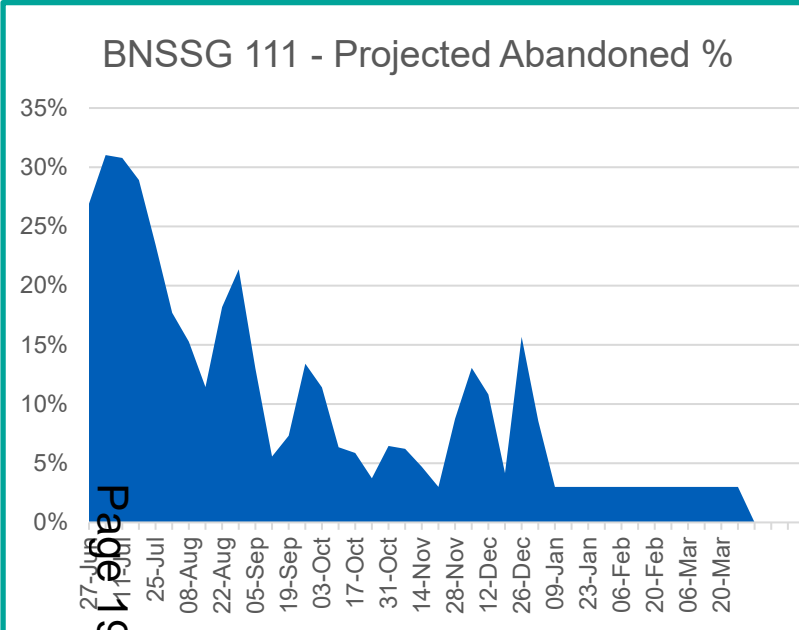
Bristol City Council Adult Social Care Mitigations 22-23

Scheme	Winter Provision	Impact	Timescale
Supporting care providers with sustainability, to manage cost of living pressures, including contract arrangements, rates	<p>Procomp pilot – electronic scheduling system to increase domiciliary care supply efficiency.</p> <p>Block contracts for P1 in place.</p> <p>Working closely to support sector with cost of living pressures.</p> <p>Proud to Care Recruitment campaign launched.</p>	Increase and maintain care supply	Ongoing
Increased and targeted Care Act Reviews to release care supply	Dedicated Reviews team undertaking targeted Care Act Reviews on specific cohorts. Av. 250 reviews per month. Currently focussed on home care packages, 3 months post reablement & Direct Payments to release capacity – maximising use of TEC and other options to promote independence	<p>Increase care supply</p> <p>Increase use of TEC</p> <p>Reduce Spend</p>	Ongoing
Increased investment in TEC (processes and capacity) to increase independence and investment in acoustic monitoring systems for care homes	Increased investment in TEC team 3 x offices in Reablement 1st Sept and additional installers in central TEC team to increase referrals. Bid for more from the latest NHSE digital bid made at BNSSG level.	<p>Increase P0 discharges</p> <p>Free Up home care</p> <p>Reduce admissions from care homes</p>	Early September
Invest in/review reablement services and increase integration between Sirona and LA reablement	LGA key service review of P1 and Sirona interface with BCC reablement inhouse provision to identify opportunities and barriers to closer working	<p>Increase P1 capacity and flow</p> <p>Improve P1 outcomes</p>	Ongoing
In-reach Social Workers supporting MDT discussions and complex discharge planning	4 x Social Care Practitioners based in Hospitals by end Sept – to increase P0 through linking up with community/ working with carers to support early discharge	Reduce LOS fro complex patients	End of September
Prioritising review of domiciliary care packages 3-6 months from getting a package directly from D2A	Identifying opportunities to reduce care hours where appropriate to allow the release of these hours back into the care market.	Increase care supply	Ongoing

Plus contributions to system schemes: D2A; virtual frailty ward

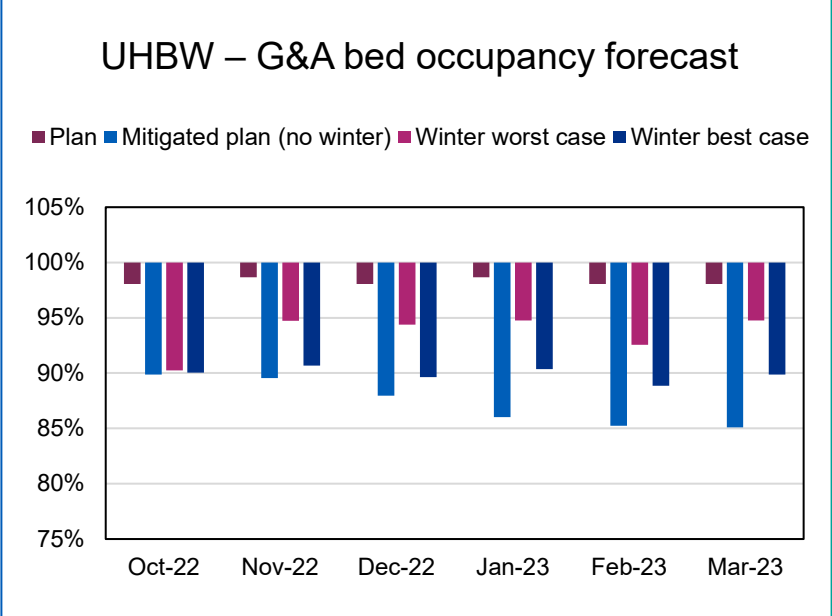
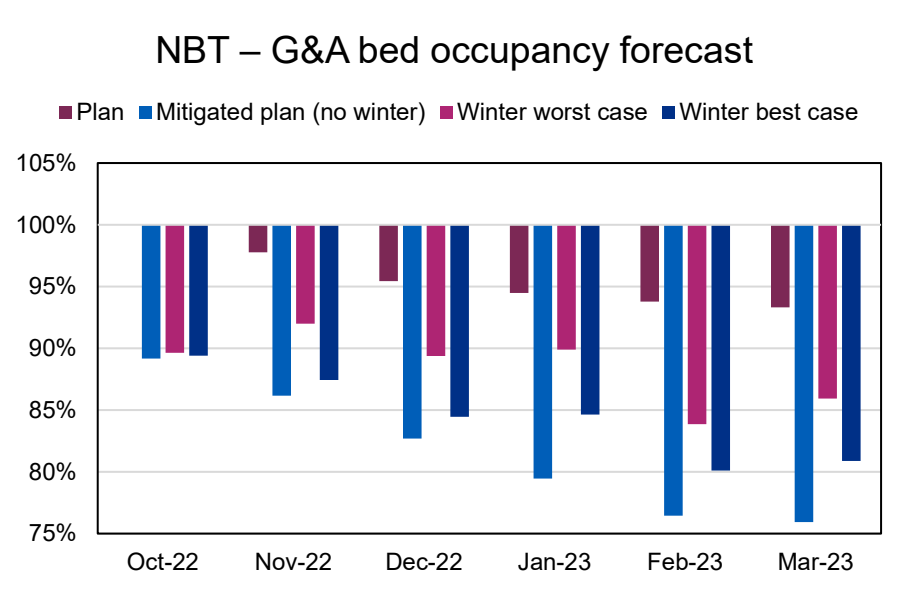
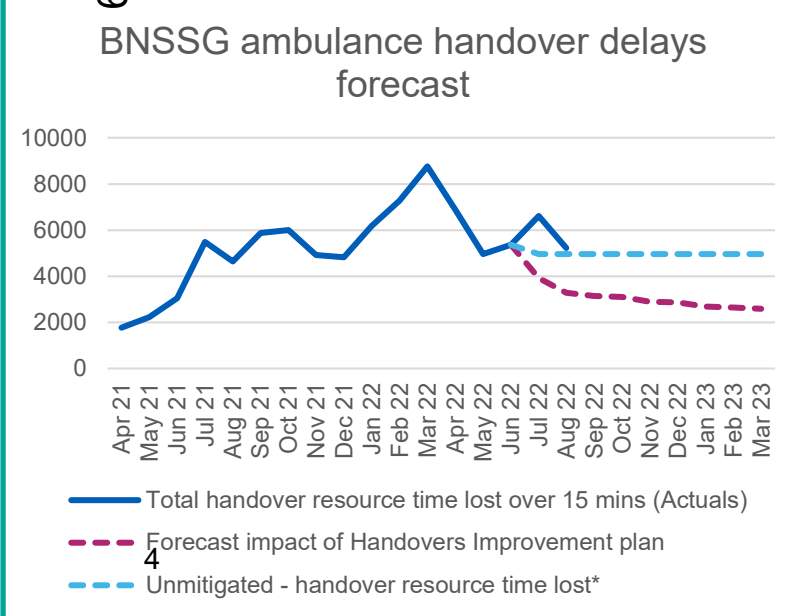
Forecasts for the 'winter six' metrics

NCTR trajectory in development



BNSSG Category 2 ambulance response times

Reporting Area - BNSSG	C2	
	Mean	90th
Q2	0:36:03	1:17:58
Q3	0:26:06	0:53:50
Q4	0:23:44	0:48:13



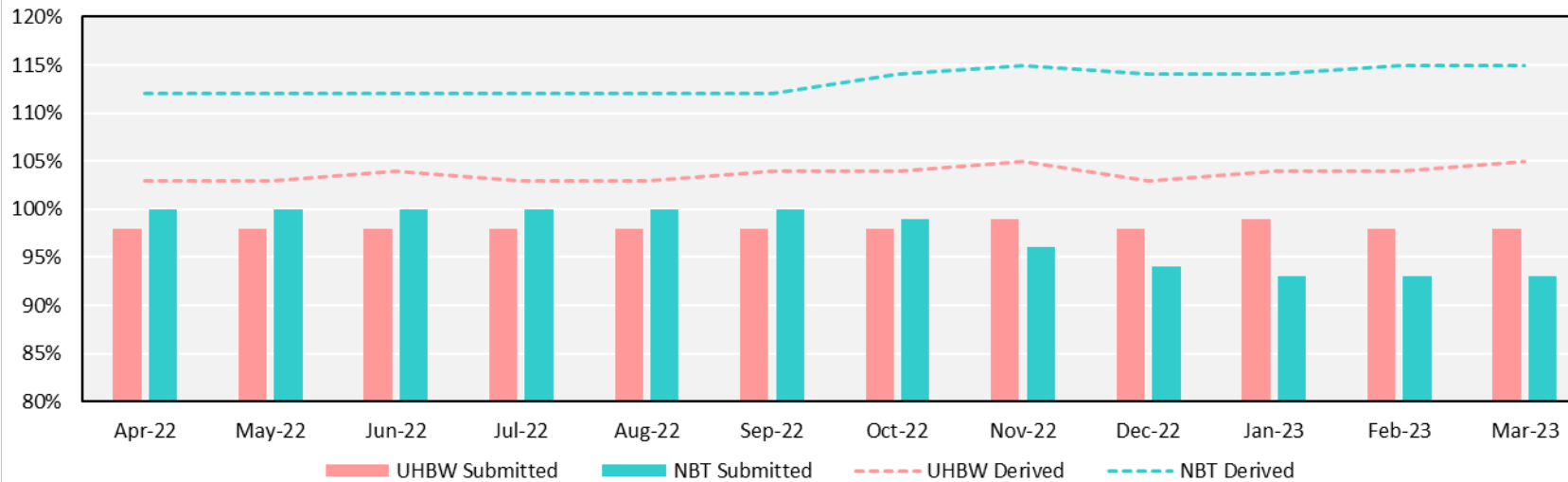
Schemes within our Operational Plan submission Sept. 22

Related Trust	Scheme details	Strategic Objectives (that scheme relates to)	Action (that scheme relates to)	Scheme Cost £000k's	Sept	Oct	Nov	Dec	Jan	Feb	Mar
UHBW and NBT	D2A/Community beds	To provide contingency to the D2A programme which takes effect from October 22 including the decommissioning of spot purchase beds.	To renew contracts by end September to continue current provision	4,359	142	142	142	142	142	142	142
UHBW and NBT	HT@Home /Virtual Wards	To support roll out of 'home first' culture, reducing dependency on beds in hospitals or care homes.	50 VW beds by June 2022 - achieved; 165 VW beds by December 2022 - on track; 165 VW beds by March 2023 - on track (Equivalent to 116 G&A beds due to increased longer LOS in VW.)	3,412	70	100	130	165	165	165	165
UHBW and NBT	Acute Efficiency/LOS improvement	Pump priming of clinical leadership and improvement roles to allow faster role out of best practice flow methodologies impacting on LOS.	End Sep recruitment of staff or backfill of staff into improvement and clinical leadership roles	699	2	2	6	10	16	20	24
UHBW	SDEC expansion UHBW -cardiology, medicine and surgical	Expansion of SDEC in cardiology, medicine and surgical to reduce admissions into beds and reduce numbers in ED	Clinical Model in place. Secondment of staff to run pilot; backfill of staff through recruitment	2037	0	0	0	17	17	17	17
NBT	NBT ward L6	Provides additional beds within the acute Trust as winter mitigation; further contingency to D2A implementation	Conversion of office space. Recruitment of staff through Agency, secondment and bank	4100	0	0	0	12	33	33	33
NBT	SDEC expansion NBT	Expansion of SDEC provision across both Surgical SDEC and Medical SDEC. This is aligned to national and regional priorities and a key lever in reducing ED pressure and admissions. Redirection of 25 patients a day from ED to SDEC.	Mixture of recruitment, seconding existing staff and backfilling their roles. Some staffing through bank/agency may be required to accelerate delivery. A pharmacist has already been identified and domestic resource can be reallocated from within current resource and backfilled.	1654	0	0	4	8	16	16	16
UHBW	UHBW additional laparoscopic equipment SBCH and replacement ENT surgical items for FESS	Greater efficiency and turnaround of patients resulting in more daycase activity, reducing LOS and impact on beds as well as more flex in booking	Purchase of equipment		0	0	0	0	0	0	0
AWP	Integrated MH Emergency Service	Reduce unnecessary acute Trust admissions/LOS through delivery of an enhanced and integrated model of service under the integrated access hub (999 and 111 mental health services). Enhanced and integrated community response - to support individual to remain well in their communities; Integrated mental and physical response - supporting individuals with alternative location response and pathways	Whole system approach with support from SWASFT/AWP/NBT & BRI Psychiatric Liaison/BrisDoc/Avon and Somerset constabulary/Second Step and St Mungo's. Procurement of vehicle in 6w and will test proof of concept for MH ambulances; model designed around 'lift and shift' approach of existing staff and appealing rosters to incentivise overtime/bank for fast mobilisation in line with NR funding.	1026	0	0	15	15	15	15	15
NBT	Escalation beds	1. Presentational/technical changes between Apr and Jun Op Plan	Technical adjustment - planning returns do not include escalation beds as they are not part of core G&A stock, however, the use of these beds explain some of the difference between the plan and sitrep figures. Note that we do not plan to access the same level of escalation capacity throughout the year as we did in May 2022, given the need to protect and increase elective capacity	821	50	50	50	50	50	50	50
UHBW	Escalation beds	1. Presentational/technical changes between Apr and Jun Op Plan	As above.	0	19	19	19	19	19	19	19
NBT	D2A plan	2. System Transformation added in Jun Op Plan	Existing mitigations - these mitigations are already assumed within trust plans, but as mitigations only and thus will not be factored into the bed deficit calculation. Mitigations include our D2A programme, Stroke Programme, HT@Home	0	21	27	33	40	48	56	74
UHBW	D2A plan	2. System Transformation added in Jun Op Plan	As above.	0	11	15	19	22	26	31	34
UHBW	D2A plan	2. System Transformation added in Jun Op Plan	As above.	0	8	10	13	16	18	21	25
UHBW	Stroke programme - impact of NS community team and SARU.	2. System Transformation added in Jun Op Plan	As above.	0	1	2	2	6	9	11	11
TBC	Other - D2A reconciliation	2. System Transformation added in Jun Op Plan	As above.	0	2	2	4	4	6	8	8

Regional bed modelling, known mitigations & further mitigations

Page 21

Submitted vs. Regionally Derived Bed Occupancy



	NBT	UHBW	System	Notes
<i>a</i> Regional analysis of bed gap	159	173	331	<i>Multiply plan EL + NEL admission volumes by average LOS only</i>
<i>b</i> Technical adjustments	50	19	69	<i>Escalation capacity that is not recorded within core bed stock, but does mitigate</i>
<i>c</i> Existing mitigations	74	78	152	<i>Impacts of D2A, Stroke, H@H already factored in as mitigations to trust plans</i>
<i>d</i> Adjusted gap 1 (<i>a - (b+c)</i>)	35	76	111	<i>Regional gap of 331 minus technical and existing mitigations</i>
<i>e</i> Further mitigations identified	184	147	331	<i>Mitigations submitted to region, inc. virtual ward, NBT level 6, community beds</i>
<i>f</i> Adjusted gap 2	-149	-71	-220	

Total 552 beds saved through technical, existing, and new mitigations creates a system bed surplus of 220 based on operational plan activity submissions and basic regional bed modelling

How does the bed requirement change if we experience a 'bad winter'?

			Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Page 22 plus / deficit	Plan (region)	UHBW	- 194	- 171	- 179	- 192	- 195
		NBT	- 184	- 161	- 166	- 169	- 174
		System	- 378	- 332	- 345	- 361	- 369
	Mitigations (all)	UHBW	244	244	244	244	244
		NBT	308	308	308	308	308
		System	552	552	552	552	552
	Plan post mitigation	UHBW	50	73	65	52	49
		NBT	124	147	142	139	134
		System	174	220	207	191	183
	Scenario 1 with mitigations	UHBW	- 12	- 5	- 44	- 39	- 72
		NBT	64	76	28	55	21
		System	51	71	- 16	16	- 52
Scenario 2 with mitigations	UHBW	23	32	- 44	- 39	- 72	
	NBT	98	110	28	55	21	
	System	121	142	- 16	16	- 52	
Scenario 3 with mitigations	UHBW	19	35	11	7	- 11	
	NBT	95	112	86	97	78	
	System	114	147	96	104	66	
Scenario 4 with mitigations	UHBW	36	53	11	7	- 11	
	NBT	111	128	86	97	78	
	System	148	181	96	104	66	

The base position is the bed deficit described by the regional analysis

The mitigations achieve a 552 bed saving is realised in full (NB – assumed impact from Nov-22 for modelling purposes)

Each scenario shows the revised bed position based on the additional beds required and includes the benefits of the mitigations.

In the operational planning scenario (which assumes no additional impact beyond 5% covid) – there is a bed surplus post mitigation at both trusts throughout the period

In scenario 1 – the worst case scenario – NBT have a moderate surplus, whilst UHBW have a moderate deficit

In Scenario 4 – the best case winter scenario – there is only a deficit at UHBW during March-23

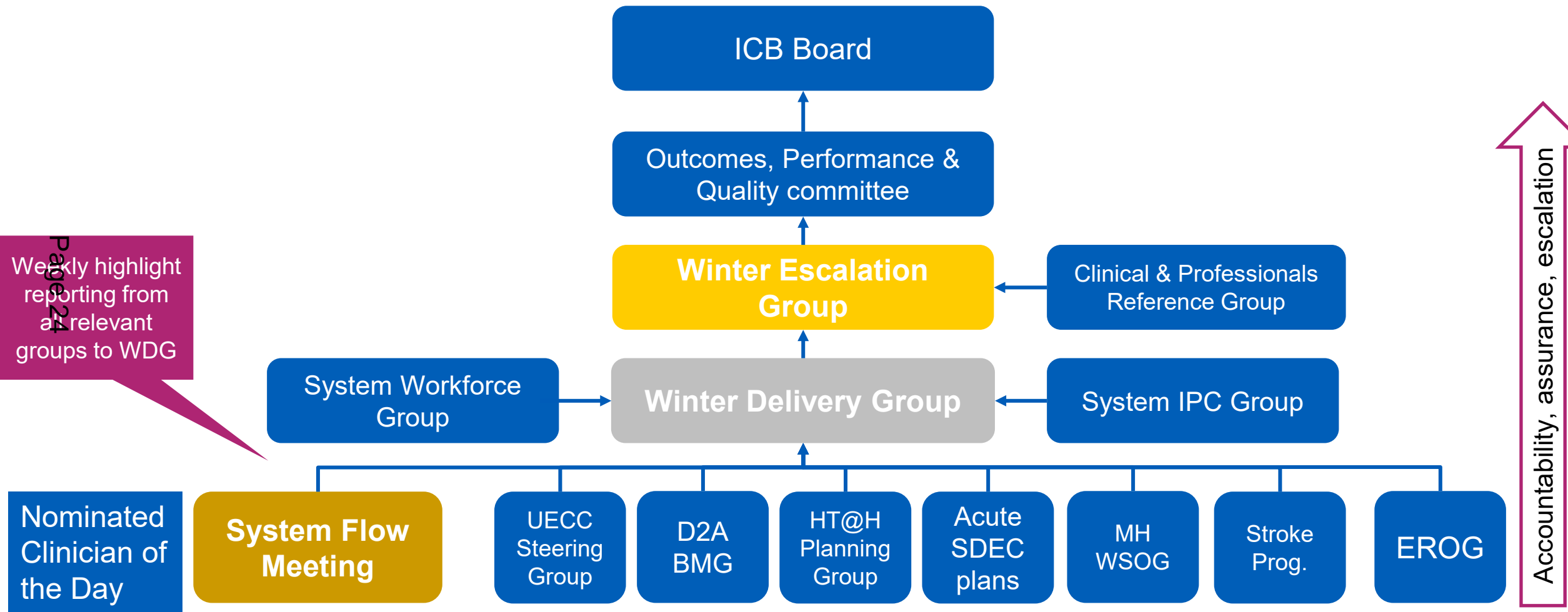
How we will coordinate and oversee delivery

Winter Escalation Framework

Page 23



BNSSG Winter Escalation Framework



Weekly highlight reporting from relevant groups to WDG

Accountability, assurance, escalation

BNSSG Winter Escalation Framework

Group	Members	Summary	Chair	Frequency	Replaces
Integrated Care Board	All CE's ICB INEDS ICB Executive	Oversight of the 6 Key Metrics	Jeff Farrar	Monthly	
ICS Chief Executive	All ICS	To be a point of escalation for the System	Shane Devlin	As Required	
Winter Escalation Group	COO's & DAS's Open invite for CMO/CNO/CFO* HRDs*	Escalation channel for deviations from Winter Plan that require executive input.	Lisa Manson	Weekly	COO's
Winter Delivery Group	Deputy COO's & Deputy DAS's	Oversight of all contributing programmes to Winter Plan – monitoring and mitigations	Caroline Dawe	Weekly	TBC
System Flow Meeting	Site Managers/ Operational leads/ key programme leads	Data driven focus on daily metrics that influence Winter Plan e.g. referrals to virtual wards; supported by targeted Action Card	Greg Penlington	Daily @ 11	Daily system call – and focus on verbal sitreps

Communications approach

- System-wide campaign working in partnership across communications teams
- Taking a bespoke approach to targeting audiences within BNSSG, but making use of national assets to provide consistency and best value for money where possible
- We'd welcome your support in sharing messaging with your constituents – we can share details as our campaign is rolled out over the coming weeks

Page 26



Covid-19 seasonal booster update

Cohort	BNSSG Booster eligibility	BNSSG approx. uptake
75+	83,977	86%
65-74	82,124	81%
50-64	165,869	51%
At-risk (16+)	104,531	42%

Notes about uptake data:

- At-Risk (16+) cohort will include some people reported in the age specific cohorts (50+).
- Data includes unvalidated Covid-19 only data, rounded up/down to nearest percentage.
- People aged 50-64 have only been invited since 15 October.

* Aggregated uptake against all eligible groups in BNSSG is 61%

- Page 27
- Working to a deadline for Autumn Boosters of 11 December – we are currently ahead of trajectory. Have visited all care homes and housebound co-administering Covid and flu vaccine.
 - Some ‘vaccination fatigue’ - working system-wide to support colleagues in health and social care to get vaccinated.
 - Maximising Access work continues and will not stop when Autumn Booster campaign ends – have given over 41k people in outreach settings, so far.
 - Won HSJ Award for Improving Health Outcomes for Minority Ethnic Communities – recognising work of cross-system team in improving equity of vaccine access.
 - Please support by continuing to promote vaccination as first line of defence.

Covid booster communications

- Flu & Covid-19 vaccination film: [YouTube](#) link (NHSE using for national campaign)
- Public-facing film and social media launching this week.
- Local Flu & Covid-19 Q&A addressing concerns in 10 languages plus [British Sign Language](#).
- Outreach clinic support and focus on pregnant people.
- Behavioural change campaign pilot to encourage first dose uptake of Covid-19 vaccine in Weston.

Page 28



ITEM 8

BRISTOL HEALTH SCRUTINY COMMITTEE

5 December 2022

UPDATE FROM AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST – CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

1. Purpose of briefing note:

The purpose of this note is to set the context for a briefing / update to the committee from Avon and Wiltshire Mental Health Partnership NHS Trust Child and Adolescent Mental Health Services.

The note introduces the set of slides that will be used by the presenters to brief the committee (see attached).

The presenters will be:

Mathew Page, Chief Operating Officer

Mark Arruda-Bunker, Associate Director of Operations
and Heather Kapeluch, CAMHS Operations Manager

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

The slide presentation covers the following areas

- Transformation
- Access rates
- Mental Health Support Teams
- Eating Disorders
- Asylum Refugee Clinic
- Equality, Diversity and Inclusion Data
- Riverside CAMHS Inpatient Unit

The presenters will be pleased to take questions and can provide further information to the committee as required.

Bristol CAMHS HOSC December 2022



By Mathew Page, Chief Operating Officer
Mark Arruda-Bunker, Associate Director of Operations
and Heather Kapeluch, CAMHS Operations Manager

CAMHS services

- The Child and Adolescent Mental Health Services (CAMHS) assesses and treats young people with emotional, behavioural or mental health difficulties. CAMHS covers Bristol, North Somerset and South Gloucestershire. We consist of:

Page 31

Mental Health Support teams in schools

[Off The Record](#) and [Kooth](#)

Primary Mental Health Specialists



Early interventions

- Community CAMHS
- CAMHS Intensive Outreach Team (CIOT)
- Eating Disorder services
- A range of specialist services – Be Safe, Learning Disability, Youth Offending Team, CAMHS Children in Care service, Substance Misuse
- Riverside Inpatient unit



CAMHS Transformation

NHS Long term plan

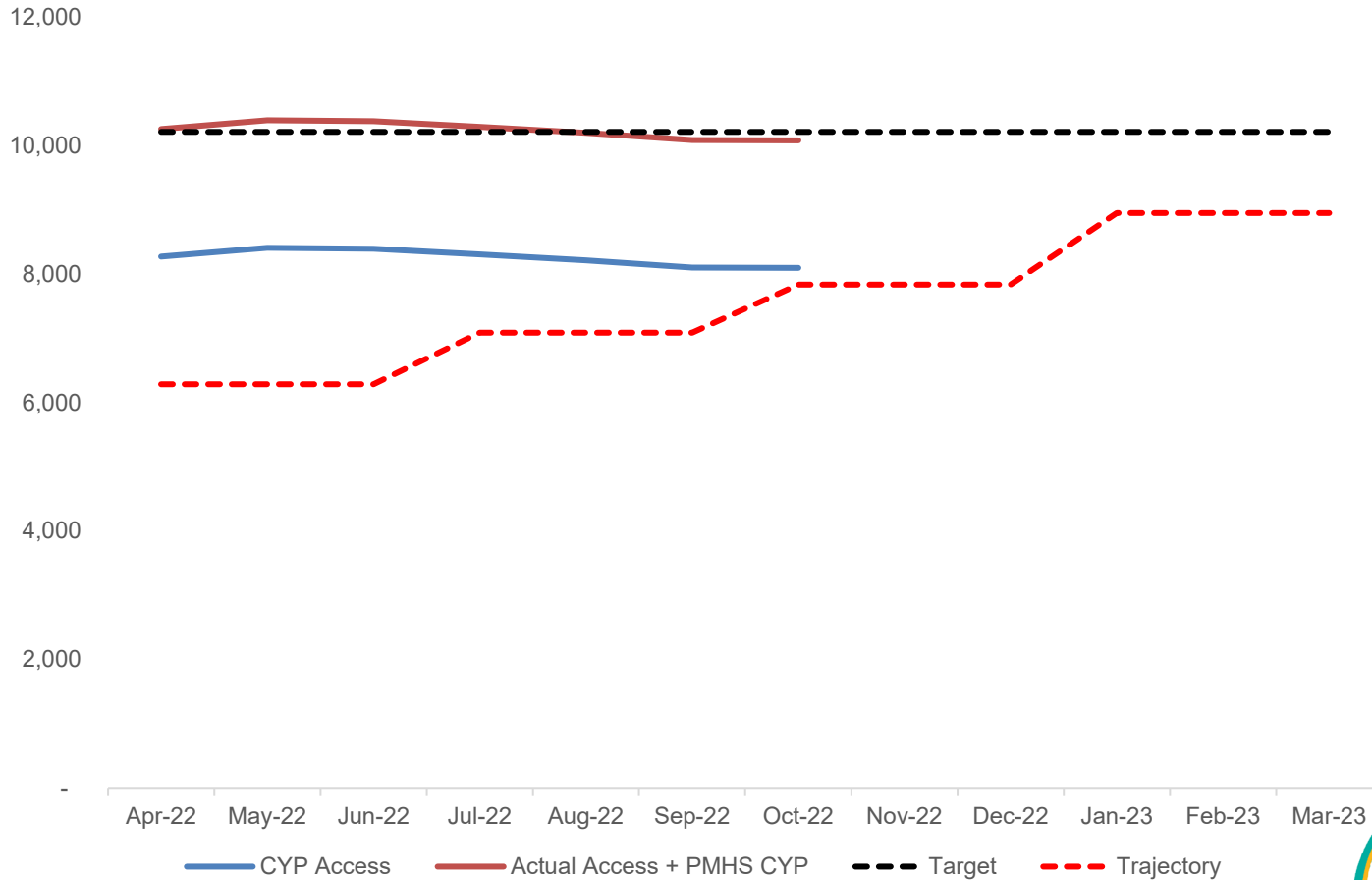
Additional **£1.4m** to expand mental health services for children and young people over five years to:

- Increase **access to services**
- Develop **mental health support teams** in schools
- Increase **community eating disorder** services
- Expand **CAMHS crisis** services
- Improve **transition to adult** services



BNSSG CAMHS Access Rate

2022-23 CYP Access (Rolling 12 month 1 contact)



Mental Health Support Teams

- Provide support to children and young people age 5-18 with mild to moderate mental health issues
- Delivers evidence based 1:1 interventions for anxiety, low mood and exam stress
- Whole school approach: workshops, assemblies, training and resources
- 50% coverage of schools through 10 teams in BNSSG by 2024
- 4.5 teams identified for Bristol in schools identified as high need by Public Health
- “Since you have been working with her she has been coming more out of herself. I’m proud of you in what you achieved with her – thank you” (parent)



Eating Disorder Demand

- Presentations have significantly increased – a national trend
- Investment in an Intensive Community Eating Disorder Team
- Pilot to support young people who require Naso-Gastric feeding
- Two Key Performance Indicators being met:
 - 7 day assessment for urgent referrals
 - 28 day assessment for routine referrals
- BNSSG service recognised as an area of good practice and will be supporting the South West Region to improve the Eating Disorder Pathway

Asylum Refugee Clinic

- The Asylum and Refugee Clinic (ARC) provides mental health support for children and young people (CYP) who are seeking asylum or have refugee status in BNSSG
- A trauma service accepting referrals for CYP who arrive in the UK with family or unaccompanied and are experiencing post traumatic stress disorder (PTSD) symptoms
- 1 year pilot – agreed funding 2023

Equality, Diversity and Inclusion

- Improving access to CAMHS for BAME communities Quality Improvement Project
- Review of data
 - Higher referrals from those in highest deprivation
 - BAME young people are referred/accessing the service

Page 37

Positive action recruitment to support increased diversity of the workforce

- Staff training and awareness
- Support through Royal College of Psychiatry Advancing Mental Health Equalities Project – focus on coaching and co-production

- **Future developments**

- Employing community development workers
- Self-referrals

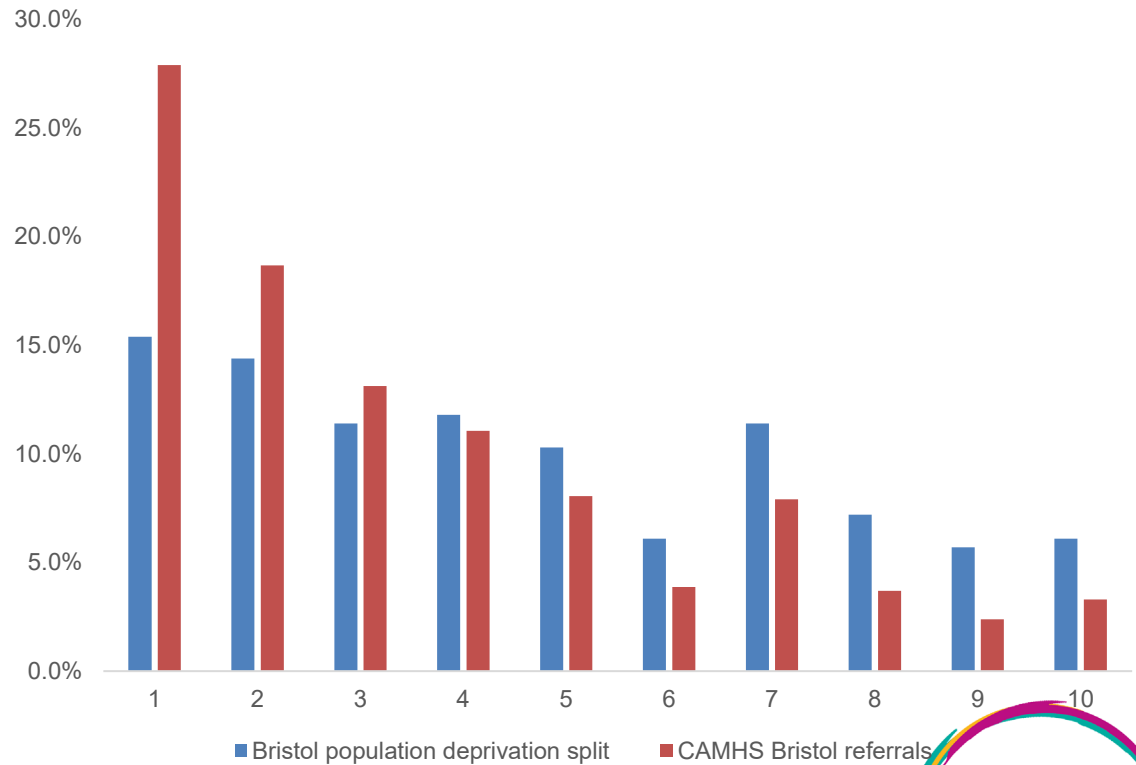


Bristol CAMHS referrals Nov 21 to Oct 22

% of referrals by local deprivation split

Bristol deprivation referrals

	Bristol population deprivation split	CAMHS Bristol referrals
1	15.4%	28%
2	14.4%	19%
3	11.4%	13%
4	11.8%	11%
5	10.3%	8%
6	6.1%	4%
7	11.4%	8%
8	7.2%	4%
9	5.7%	2%
10	6.1%	3%

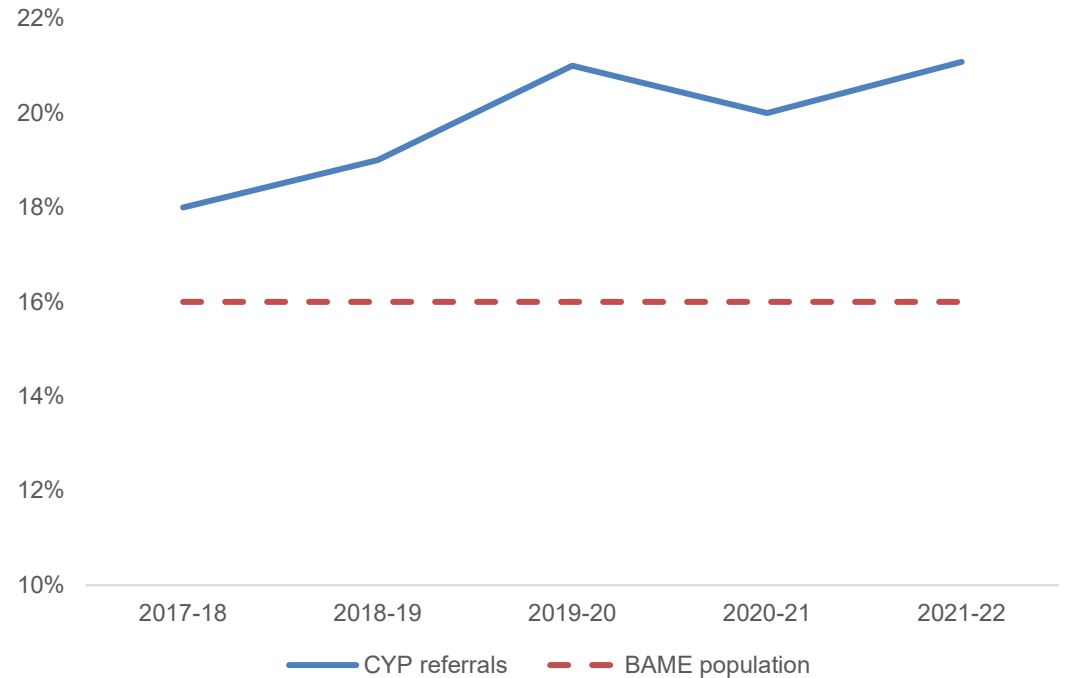


Page 38



Referral ethnicity breakdown

CAMHS BAME referrals



Ethnicity	Bristol population	All CAMHS referrals	Accepted referrals
BAME	16%	21%	79%
White	84%	65%	86%
Not known		14%	80%

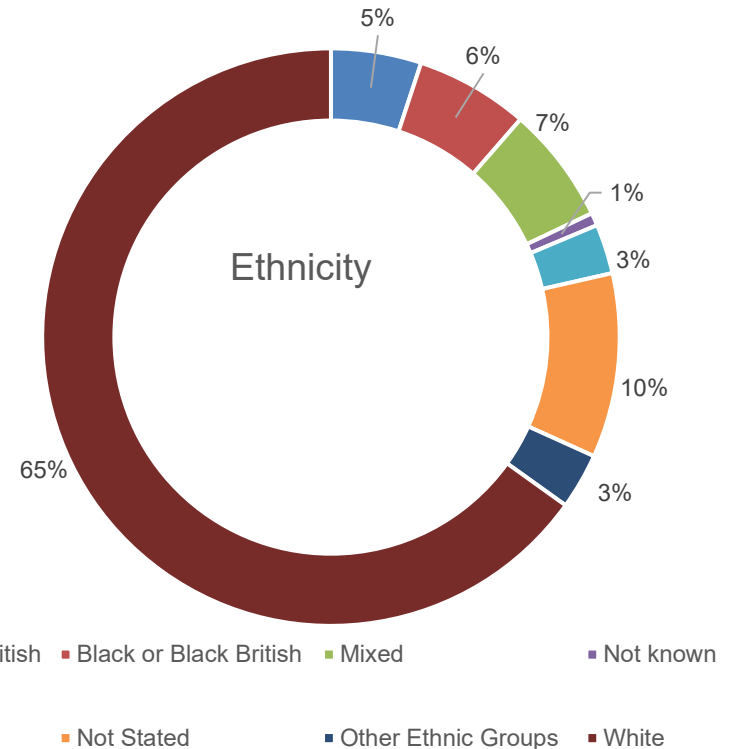


Page 30

Referrals demography Bristol CAMHS

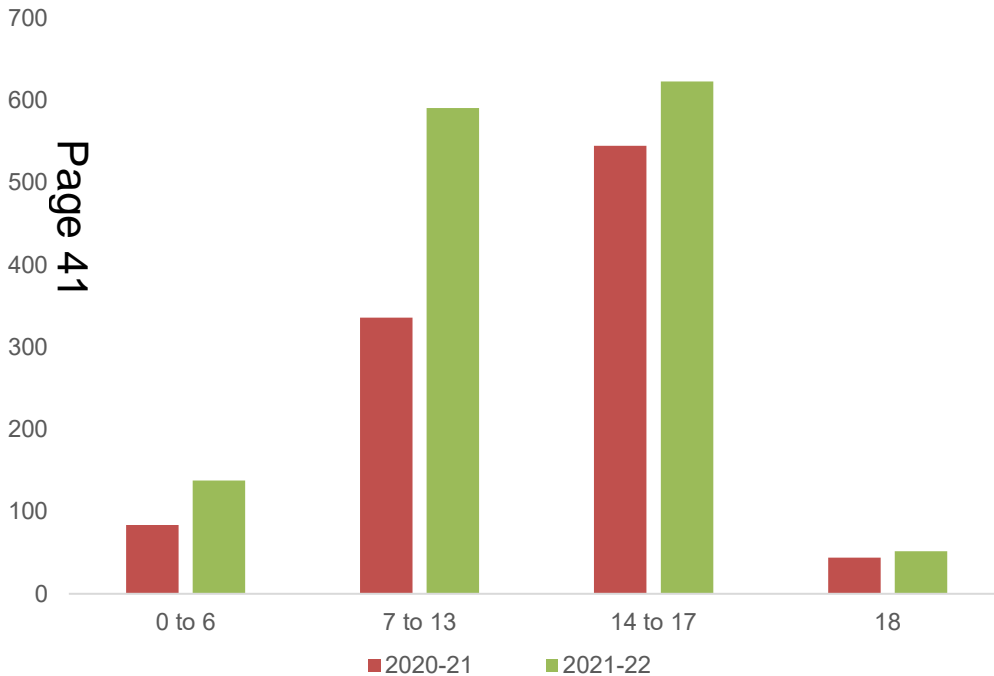
Ethnicity of Bristol referrals	
Asian or Asian British	5%
Black or Black British	6%
Mixed	7%
Not known	1%
Not recorded	3%
Not Stated	10%
Other Ethnic Groups	3%
White	65%

Page 40



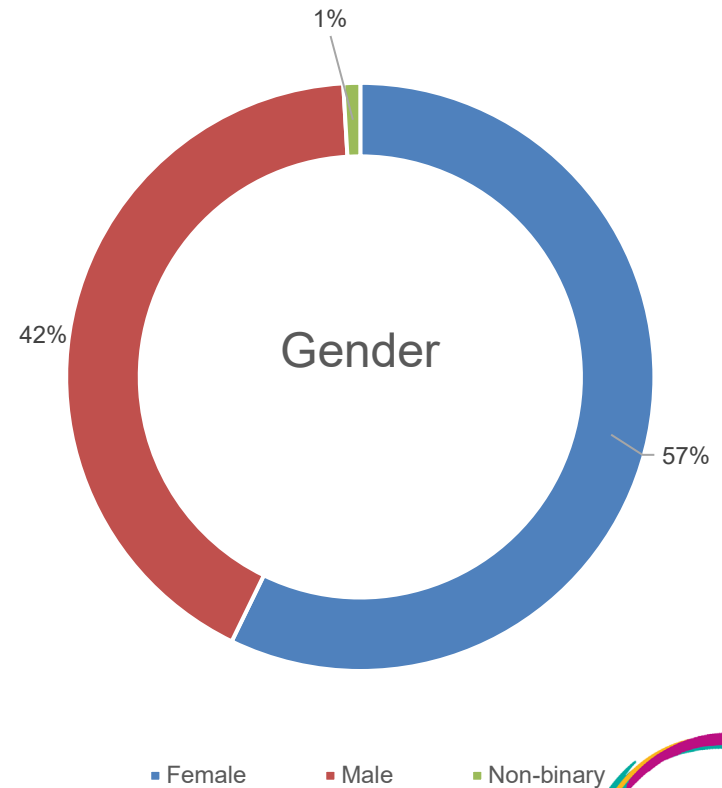
Referrals demography Bristol CAMHS

Age



Page 41

Gender



Tier 4 service – Riverside

- Refurbishment was completed July 2021
- Expanded to be able to provide 12 inpatient beds and 4 day patient places
- Due to investment in community CAMHS services the demand for inpatient beds has significantly reduced (regional position)
- Young people are now better able to be treated at home
- Access to a General Adolescent Bed is fully available without delay
- BNSSG ICB Business Case successful to develop a new Tier 3+ service in Bristol and South Gloucestershire



Thank you



ITEM 9

BRISTOL HEALTH SCRUTINY COMMITTEE

5 December 2022

Update from Sirona Care and Health - The development of the early help offer through offering interventions that have a focus on prevention, early intervention and reducing inequalities

1. Purpose of briefing note:

The purpose of this note is to set the context for provide a briefing / update to the committee from representatives of Sirona Care and Health.

The presentation at this meeting will be delivered by Lorrain McMullen, Interim Deputy Director of Operations and colleagues Nikki Lawrence and Geraldine Bates.

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

The briefing / update at this meeting will provide detail 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

Public Health Nursing

The service offers a range of interventions to support the early help offer which include:

Transformation

The PHN service has embarked on an ambitious transformation programme that places children, young people, and families at the heart of the service they receive. This transformation will introduce the I THRIVE conceptual model, which is a value driven, personalised and preventative/early intervention approach to service provision which supports better outcomes for children, young people, and families through its integrated and needs led approach. Since the modernisation of the Healthy Child programme in 2021, work has already begun to develop new pathways that are based on the best evidence and are being coproduced with a wide range of service users that include parent carer groups, Barnardos schools and system partners.

Mandated reviews

PHN services deliver the healthy child programme (2021) which identifies areas of high impact providing an evidence-based framework for delivering the public health nursing service. These areas of high impact describe domains where health visitors

and school nurses can have significant influence on the health wellbeing and longer-term outcomes for children, families, and communities through the delivery of a universal, preventative service. The programme mandates that 5 universal contacts are made which include: ante natal, new birth, 6 to 8 week, 1 year and 2- 2.5-year reviews. PHN has focussed on ensuring all eligible service users are offered an ante natal visit which provides an opportunity to build a relationship and carry out an assessment which includes the early identification of need, offer health promotion, early intervention and primary prevention in the antenatal period that continues into the early years.

ASQ, ASQ- SE and ELIM assessments

The two-year review aims to optimise child development and emotional wellbeing and reduce inequalities in outcomes by sharing information with parents and the early identification of need in partnership with parents. The priority areas are emotional development, communication skills, support of positive relationships in families and obesity prevention. The ASQ-3 is the screening tool used as part of this holistic needs assessment reviewing the health and development of children in partnership with parents and carers. This review identifies a child's strengths as well as any areas where they may need additional support. Health visitors are encouraged to use the ASQ-SE in partnership with parents where further exploration is required to inform a holistic assessment of need.

Holistic needs assessments completed at all 5 mandated reviews, including the 2-year review, aim to identify health or developmental needs at an early stage to enable further assessment to take place. This may require a referral to a specialist service such as OT, SALT, audiology, ophthalmology, children's centres, voluntary sector support, social care or dietician.

In January 2021, PHE announced their ambition to develop a programme of work to reduce inequalities in early speech, language, and communication. This included guidance to support local areas to develop evidence-based speech, language and communication pathways and the development of a new early language and identification measure (ELIM); this tool to be used alongside our existing ASQ-3 at the 2-2.5-year contact. Research has shown that the ELIM assessment can identify 94% of toddlers with early language needs and that children with delayed language development do worse at school and have poorer outcomes later in life. It can also signal other developmental conditions such as autism spectrum disorders (ASD) and attention deficit hyperactivity disorder (ADHD). The ELIM assessment is now carried out routinely at all Bristol 2- 2.5-year reviews

Baby hubs

One of the transformation's aims is to roll out the successful South Gloucestershire baby hub model across BNSSG. The hubs provide an opportunity to deliver a proactive, family centred model of community support, with the aim of building parents' confidence, sensitivity, and self-efficacy around their relationship with their baby. The primary aim of both services is the reduction of health and wellbeing inequalities and the promotion of responsive, attuned, and secure relationships between children and their parents or carers, ensuring children are ready to learn.

The focus of the hubs is to provide a friendly, safe, and welcoming local community space where parents can find support and swap experiences about their parenting journey. They are places where up to date, evidence based, and unbiased information can be found and where relationships with practitioners and other parents in the local community can be formed.

Intensive home visiting

Sirona delivers a universal PHN programme to all families. In addition to this Sirona also provides two targeted early intervention population programmes that aim to improve a variety of child and parent outcomes and reduce inequalities. The Family nurse partnership (FNP) has operated in Bristol since 2014 and is a licensed home visiting programme delivered by family nurses for first time young Mums. The Maternal Early Childhood Sustained Home-visiting (MECSH) programme has recently been launched in Bristol and is delivered by health visitors. It offers sustained support for families at risk of poorer maternal and child health and development outcomes.

Support packages- Health visiting

As part of the transformation a suite of evidence-based support packages are being developed. These are short term, time limited interventions that will be delivered by Community nursery nurses following a holistic needs assessment by a health visitor. These support packages will include a range of topics such as managing minor illnesses, accident prevention, sleep, healthy eating, introducing family foods and supporting play.

Webinars: The health visiting teams now run several webinars offering accessible and early support for families on a range of issues from infant feeding and sleep to safety at home and introducing family foods. The attendance and feedback have been positive to date and the series is being expanded in response to requests from families.

Public Health Nurse response team

A small team of public health nurses have been established to work in partnership with emergency settings and wider public health teams across BNSSG. They use a health promoting approach, with a focus on prevention and self-efficacy rather than treatment or cure. They can also play an important role in improving parental health literacy to manage minor illness. This builds parental confidence and knowledge on self-management and when to seek help, enabling them to manage childhood illnesses at home, access appropriate support and services and reduce unnecessary emergency department attendance. Public health nurses ensure that young people are aware and confident in how to access health services in their community which includes appropriate use of emergency care settings, GPs, and pharmacists to support self-care.

Specialist Health visitors for Perinatal and Infant mental health

A team of three health visitors that have undertaken additional training in perinatal and infant mental health has recently been formed and sits within the public health nursing service. The team have 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 are also building effective relationships with partner organisations engaged in the delivery of perinatal & infant mental health support to improve referral processes for families.

Targeted, preventative interventions directly supporting parents (such as PEEP antenatal and Watch, Wait and Wonder) will also be offered by the team in 2023 to support parents at risk of isolation, anxiety and low-level depression in the perinatal period, reducing the risk to early parent-infant relationships.

Infant feeding team

The health visiting service in Bristol has retained its UNICEF Baby Friendly Accreditation following an assessment in May 2022. The service will now work towards achieving the Gold Award in 2025.

The infant feeding team in Bristol (which sits within the public health nursing service) continues to offer specialist support for breastfeeding mothers who are experiencing complex and / or enduring breastfeeding challenges. The service offers needs led support both antenatally and postnatally for a wide range of issues impacting of the infant feeding relationship. The team will begin to work closely with the perinatal and infant mental health team in 2023 to ensure a joined-up approach to parental and infant wellbeing.

Chat Health

This confidential and secure text messaging service for young people, aged 11-19 was launched across BNSSG by Sirona school nursing services in April 2022. It provides an easy and anonymous access with a healthcare professional for advice and support.

Youth Access, July 2020, reported that remote forms of support can lead to positive outcomes amongst young people, and improved accessibility for those who struggle to access face to face service such as young men, young carers, LGBTQ+ and young people with disabilities.

To date there has been 1047 text messages sent to the BNSSG school nursing service from young people whose feedback suggests that they value this service and report they may not have sought support had the text option not been available.

Emotional Health support in schools

Mental Health in Schools team (MHST)- The school nursing team in In Bristol is working closely with the MHST programme. This is being delivered in partnership between Off the Record (OTR) and Avon and Wiltshire Mental Health Partnership NHS Trust (AWP), both of whom are already delivering mental health support services locally.

MHSTs are working with several schools across Bristol and offer support to children and young people for mild to moderate mental health difficulties that could include anxieties, low mood, exam stress and friendship issues. The school nurse leads have been working with MHST leads to agree referral criteria so young people can access the level of support they need to manage any issues and to prevent duplication. This should mean that school nurses deliver support to those students with milder issues and the MHST pick up referrals for those with moderate and more complex problems.

Off the Record (OTR) and Kooth: School nursing teams currently signpost young people to these organisations for support with their mental and emotional health. OTR also support the teams by delivering some training to enable the staff to deliver support packages as appropriate

Support packages- School nursing

The PHN service review that was carried out in 2021 identified a need to create a range of evidence based and time limited support packages that school nurses can use when working with children and young people. The first support package is on providing support with emotional health and building resilience and is bringing together best practice guidance and resources to ensure practitioners offer appropriate support that meets the needs of the children and young people accessing their services.

Webinars: the school nurse service runs a series of free webinars for parents and carers to offer tips and advice on issues such as healthy eating, emotional wellbeing, sleep, dental health and eating disorder awareness. These are well attended and positively reviewed by families who find them relevant, accessible, and very supportive, and the continuing BNSSG wide approach to delivering these was described as inspirational.

Healthy Weight extended brief intervention project

A team of school health assistants have started the Bristol evidence-based interventions (EBI) project for children and young People in Year 6 who are very overweight. The team will proactively be calling parents and carers to raise the issue of weight and signpost to the new tier 2 weight management service Bee Zee Bodies. This organisation offers a range of successful healthy weight interventions that can be adapted to meet individual needs.

Engagement, coproduction and service user voice

One of the key aims of the transformation programme is to co-produce PHN with service users and embed effective mechanisms to capture meaningful feedback to drive service improvement. Barnardos and parent carer groups are engaged in the transformation workstreams and steering group while school nursing is involved in a digital project working in partnership with a young people's digital group, Barnardos, Avon & Wiltshire Partnership (AWP) and MHST teams to improve and increase access to "Getting Help".

QR codes and surveys are currently being developed and a strategy agreed to access a wide range of service users, including those who are seldom heard, to ensure that everyone has a voice. The service is also closely linked to the Sirona People's Council and is contributing to the organisational engagement strategy to ensure that all communities across BNSSG have an opportunity to contribute to service design.

Speech and Language Therapy

The speech and language therapy service works in collaboration with educational and early years settings to improve the communication outcomes for children and young people (C/YP) with Speech, Language and Communication Needs (SLCN). We aim to support C/YP at the earliest opportunity and lessen the impact of their difficulties on social success and academic progress. We support schools and early years settings to put communication at the heart of the curriculum, enabling all staff to create a supportive communication environment through Quality First Teaching. We provide training on specific interventions, advice and recommendations for specific children and signposting to high quality resources for children with mild and moderate communication needs.

Speech and Language Therapy telephone advice line is available for any family or professional who has concerns about a CYP's speech, language, and communication to offer early help and advice. Useful resources and signposting available to all via the CCHP website. Training: extensive training package for educational professionals: sirona.sltrainingteam@nhs.net and training videos and webinars are freely available to families of pre-school children to support their child's speech and language development.

Each primary school in Bristol has a named SaLT who offer:

School based drop in, for families or school staff to discuss concerns with a therapist, receive advice and support at the earliest opportunity.

School based liaison meeting with school SENDCo: to discuss early concerns with a therapist, receive advice, support, and possible referral into the service for further investigation

Occupational Therapy

The Occupational Therapy Service offers an early help advice telephone line with a focus on sensory integration. This is available for any family or professional who has concerns about sensory processing difficulties. Calls can last approximately 3/4hour.

Sensory educational films are freely available to all via the CCHP website and local offers.

A range of detailed information handouts and signposting is available on the CCHP website.

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)
July 2022					
					27th July, 2.30pm
					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
August 2022					
September 2022					
25th September, 5.00 pm			29th September, 5pm		26th September, 5.30pm
Annual Business Report			Annual Business Report		Q1 22/23 Performance Report - TBC
New schools provision (Temple Quay and The Park) and specialist school places provision update)			Planning Enforcement		Task Group Updates
Inclusive Educational Practice (PSC Working Group Report)			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"> Electricity Contract Procurement and Renewals Half Hourly Electricity Supply Contract Extension’. 		
EHC plans – update/position statement			Risk Report		
Adult Social Care Transformation – (part 1)			Performance Report Q4		
Risk Report					
Performance Report					
October 2022					
	10 October, 4pm	3rd October, 1pm			27th October, 9am
	NHS access to planned health care - access to GP services	Annual Business Report			Working group updates
	Update on Integrated: <ul style="list-style-type: none"> Health and Care 	Home Choice Review			Committee Model Working Group

Page 6

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)
	<ul style="list-style-type: none"> Care System Care Partnerships and Community Mental Health Framework 				
		Parks and Open Space Strategy			One City update
		Allotment Strategy			People Scrutiny Commission Working Group Report: Inclusion in Mainstream Education
		Q1 Risk Report			Performance Report Q1 22/23
		Performance Report Q4			Q2 Risk 22/23
November 2022					
28 November, 5.00 pm		17 th November, 6pm		22 nd November 2.45pm Public Forum. The meeting begins at 3.30pm. (To be reconvened on 23 rd November 2pm)	29 th November, 4pm
Performance Q1		Ecological Emergency Action Plan		Budget scrutiny meetings to consider budget savings proposals: 22 nd Nov: <ul style="list-style-type: none"> Growth & Regeneration Directorate budget savings proposals 23 rd Nov: <ul style="list-style-type: none"> Resources and People Directorates budget savings proposals 	City Leap
Family Hubs update		BCC Tree Strategy Update and CSC Trees Working Group Recommendations			Resources Scrutiny Commission: Budget Scrutiny Update
Disproportionality in Youth Justice System		Tenant Participation Review			WECA – Joint Scrutiny minutes – standing item
Adult Social Care Transformation (part 2)		Q1 Performance			Work Programme – standing item
					Forward Plan – standing item
Risk Q2					Climate Change Working Group Terms of Reference
‘Snapshot’ update on Education, Health & Care Plan performance					
December 2022					
	5 December, 4pm			1 st December, 5pm	
	Children's Mental Health / Child and Adolescent Mental Health Services – early intervention			Annual Business Report	

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 NHS Bristol response locally to winter pressures			Collection Fund - Financial Surplus/Deficit Report	
				Debt Position Across the Organisation (incl pandemic impacts)	
				Council Tax Base Report	
				Finance Up-date Report	
				Performance Report Q1	
				Risk Report	
January 2023					
			25th January, 5pm	31st January, 4pm	Date 19th January 23 (TBC)
			Active Travel/Walking and Cycling Strategy (implementation of WECA Strategy)	Budget Scrutiny Meeting (the meeting will be adjourned until the following)	Work Programme – standing item
			Culture Review: To include: <ul style="list-style-type: none"> • Covid-19 recovery • Equalities & Diversity • Geographic Delivery 		Forward Plan – standing item
Page 53			Housing Delivery - Progress of Project 1000		WECA – Joint Scrutiny minutes – standing item
			High Streets Recovery		
			Performance Q1 / Q2		
February 2023					
		27th February, 2pm		1st February, 5pm	W/C 13th February TBC
		Waste Transformation: <ul style="list-style-type: none"> • Village Model Review • Street Cleaning Review • Commercial Waste 		Budget Scrutiny Meeting	Companies Business Plans (TBC)
		Keeping Bristol Safe Partnership			Scrutiny Annual Report to Full Council
					Work Programme – standing item
					Forward Plan – standing item
					WECA – Joint Scrutiny minutes – standing item
					Work Programme – standing item
March 2023					
13 March, 5.00 pm	20 March, 4.00 pm		5pm, 22nd March 2023		Date TBC
‘Snapshot’ update on Education, Health & Care Plan performance	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"> • To include Brabazon Arena 		Equalities and Inclusion Strategy - provisional

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Adult Social Care Transformation (part 3)			Zero Emissions Transport Bid		WECA – Joint Scrutiny minutes – standing item
Latest performance report			Frome Gateway		Work Programme – standing item
Latest risk report			Western Harbour (TBC)		Forward Plan – standing item
April 2023					
	Quality Accounts - Sirona; AWP; NBT; UHBW; SWAS (closed briefings)				
Provisional items / to be scheduled					
Children in Care (National report – implications for Bristol) – likely to be a briefing	Update on NHS Structures (briefing - 26 July)	Public Toilets	Place Making (incl - Housing Delivery and Health Infrastructure)		Gender Identity and Transition Policy - provisional
WECA – support for young people / adults with learning difficulties moving into work (in Bristol) – likely to be a briefing		Community Asset Transfers	Parking		Heat-Networks
Dedicated Schools Grant – joint item with Resources Task and Finish		Area Committees (part of wider review of democratic engagement)			Bristol Beacon
Safeguarding Children and Young People / Adults - Assurance (briefing)		Community Events and Festivals (Potential joint with G&RSC Culture Review in Jan)			Quarterly Corporate Performance Reports
		Libraries Working Group report			Trans Inclusion and Gender Identity Policy
					Twice yearly risk reports
Working Group / Task Group / Inquiry Days (provide timeframe if known)					
		Libraries Working Group (Summer / Autumn 2022)		Finance Task Group Note – first meeting in late June. Frequent meetings from September.	Liveable Neighbourhoods Inquiry Day (20 th June)
				Procurement Strategy Working Group - Sustainable Procurement - Social Value	Flood Resilience Inquiry Day (November/TBC) One City Plan Workshop (early 23)
				Cross Party Subgroup - How to make the 2023/24 budget documents more accessible	Climate Change Task Group

Joint Health Overview & Scrutiny Committee (JHOSC)	
Topic	Date

