Bristol City Council
Minutes of the Health Overview and Scrutiny Committee (HOSC)

11 October 2023 at 4.30 pm

Members Present:-
Councillors: Steve Smith (Chair), Jos Clark (Vice-Chair), Amal Ali, Lorraine Francis, Tom Hathway, Brenda Massey, Graham Morris and Tim Wye

1 Welcome, Introductions, and Safety Information

The Chair welcomed all attendees to the meeting and explained the emergency evacuation procedure. Those present were asked to introduce themselves as follows;

- Vicky Marriot, Healthwatch BNSSG
- Jenny Bowker, Deputy Director of Primary Care at BNSSG ICB
- Wavell Vere, Senior Commissioning Manager, Southwest Collaborative Commissioning Hub
- Rosanna James, D2A Programme Director, Sirona care & health
- Greg Penlington, Head of Urgent and Emergency Care, BNSSG ICB
- David Jarrett, Director of Integrated and Primary Care - Bristol, North Somerset and South Gloucestershire ICB
- Dominic Moody, NHS Bristol, North Somerset and South Gloucestershire ICB
- Andy Newton, NHS Bristol, North Somerset and South Gloucestershire ICB
- Christina Gray; BCC Director: Communities & Public Health (DPH)
- Hugh Evans, BCC Executive Director: Adult and Communities
- Johanna Holmes, BCC Scrutiny Coordinator

Also in attendance were;

- Councillor Helen Holland - Cabinet Member with responsibility for Adult Social Care and Integrated Care System
- Councillor Asher Craig – Deputy Mayor and Cabinet Member for Children's Services, Education and Equalities

2 Apologies for Absence and Substitutions

There were none.

3 Declarations of Interest

Councillor Lorraine Francis asked for it to be noted that she is a social worker for Avon and Wiltshire Mental Health Partnership.

4 Minutes of Previous Meeting

The minutes of the previous meeting were agreed as a correct record.

5 Chair's Business

There was no Chairs business on this occasion.

6 Public Forum

The published Public Forum document can be found here.

Tara Miran (on behalf of St Pauls Dentist Action Group) submitted three public forum questions related to 9. on the agenda. Written responses to the questions were provided ahead of the meeting. Ms Miran then asked three supplementary questions as follows:

1. Regarding the new provider in St Pauls; people had been waiting for such a long time. What was causing the delay?
   The Deputy Director of Primary Care at BNSSG ICB said they were working with a potential provider on due diligence but this was taking longer than had been expected. It could be a few more months before they could share further information or say who that provider would be.
2. When would the facility be re-opened? Many people were waiting, and many of those were said to be in considerable pain and needed a timeframe. People had been told there would be some interim care provided but this had not happened. Why was there no emergency interim care?
   The timescales would need to be fed-back when more information was available. In the interim a mobile unit had been considered but there is no capacity to do this at the moment. Patients could call 111 for emergency dental care.

   Tara Miran replied that the lack of communication on this had been very disappointing.

3. When the practice is open, how long will it take for it to be working at full capacity?
   The reply was, there are capacity issues within and across NHS dentistry and this applied to all practices across Bristol. Some flexibility had been announced nationally recently which could help speed things up though.

7 Annual Business Report

The Members resolved to;

- To note the Scrutiny Committee's Terms of Reference.
- To note the membership of the Committee for the 2023-24 municipal year.
- To note the Chair and Vice-Chair for the 2023-24 municipal year.
- And agreed the dates of two further meetings of the Committee during the 2023-24 municipal year as follows:
  - Thursday 7th December 2023, 4.00 p.m.
  - Wednesday 7th February 2024, 4.00 p.m.

8 Healthwatch Updates (Standing Item)

Vicky Marriot introduced herself and briefly explained the role of Healthwatch.
It was noted that Healthwatch have had their funding reduced by 49%.

The Healthwatch item and published presentation slides were split into two sections as follows:

- Your NHS menopause experience
- 'Local Voices' Report for Quarter 1

Your NHS menopause experience;

It is estimated that there are around 13 million women who are currently peri- menopausal or menopausal in the UK.

Vicky described the 'Your NHS menopause experience' research that Healthwatch had undertaken in Bristol, North Somerset and South Gloucestershire earlier this year. The report summarises the feedback from women about their experiences and makes seven evidence-based recommendations from the key themes that emerged. It was said that a steering group had now also been set up.

The key findings of the survey were summarised, many of which were negative experiences, which included:

- A general lack of available information and more help was needed to help women access the appropriate advice.

- Women have low expectations when they seek professional support.
- Many women are unaware of some symptoms due to the lack of available information.
- The impact of cultural conditions & differences; the menopause is still a 'taboo' subject in some cultures and is not discussed at all.
- Many women said their symptoms were being mis-diagnosed to begin with and highlighted a lack of knowledge on this subject within the GP sector.

Vicky also referenced the 'Local Voices – Quarter 1 Summary Update' and said that 'access the NHS dental services ' was highlighted as the biggest issue for three years now.

Questions and Comments from the Committee Members were as follows:

- The recommendation of creating specialist hubs or clinics that could be accessed without a referral was a very good idea. However, it was concerning that perceptions in some cultures still meant that some women would not seek help.
- A Member thanked Vicky for her report and the research but commented that the NHS had previously committed to putting feedback at the forefront but had then cut that service by half. This did not show the commitment that had previously been pledged.
- It was very frustrating and sad to hear how women from minority groups were struggling and that this remained a problem. The situation did not appear to being taken as seriously as it needed to be.
- Had the survey revealed anything about support for women in the workplace? Yes it had and this was all detailed in the full report.
- The recommendations were clear about the need to provide hubs or extra services. Members requested a future up-date on how this was progressing.
- The Cabinet Member with responsibility for Adult Social Care and Integrated Care System said that both reports that had been referred to had also been discussed at the last Women's Commission meeting where they also heard from women speak from experience at the meeting. Were the hubs likely to be physical hubs or virtual? This was apparently yet to be determined but it was possible they could be mobile hubs that moved around to different communities. There was said to be a small amount of funding available for a pilot project but this would not be enough to sustain a long-term service.

The Chair asked for a future up-date when the pilot took place. This was an important link and the Committee were grateful that this information had been brought to them.

Resolved; that a progress update on this is added to the Healthwatch Update Standing Item in February 2024

9 Dental Access for Adults and Children in Bristol

This report was introduced by Jenny Bowker, Deputy Director of Primary Care at BNSSG ICB and Wavell Vere, Senior Commissioning Manager, Southwest Collaborative Commissioning Hub. Some of the key points in the report were summarised as follows;

- It was very challenging for people trying to find an NHS dentist nationally as well as locally.
- It was said that the ICB were now in charge of making decisions on this and were supported by the NHS Commissioning Team.
- The ICB were developing a local dentistry plan. The 'Appendix – ICB Dental Summary' slide to the published report was taken from a group work session. The Committees views on that would be welcomed as it was taken forward.
- There is some general misunderstanding about how funding for NHS dental services works. The contracting process changed in 2006 which meant a cap on 50% of the population receiving NHS dental care, which in turn meant the other 50% of the population needed to purchase private dental care.
- There are huge variances in units of dental activity (UDA) values i.e., £24 - £35 for what can be paid for in contracts. This it was said causes strains on the system and many people have subsequently switched to private care. This also results in differences in what provision dental practices can offer. Some practices now have mixed private and NHS contracts in place. Support was being provided to practices to help them adjust to the new UDA.
- In 2020 a programme was established to improve recruitment and retention of dentists so as to improve access to NHS dentistry. There are currently only 35% of the required NHS dentists in post.
- Patients are not registered at dental practices but are 'known to the practice'.
- 111 telephone helpline service: A discussion was had on what emergency dental care people should be able to access via this.
    - Two pilot programmes. One of these will run until March 2024 and help with the increased demand and stabilisation of care. These are called 'urgent care slots'. There are eight practices in Bristol that provide 'urgent care slots' for patients.
- When the St Pauls practice closed invitations to submit expressions of interest (EoI) were sent to other providers. Discussions with BUPA did also continue. Final due diligence was currently said to be taking place with a practice that could not yet be named.

There was some uncertainty about the dates of when contacts might be in place. Putting a date on this was said to be very difficult because if no agreement could be made they would have to go out to full tender which could take another 18-24 months.

Members asked the following questions;

A Member commented that it appeared the situation for youth and children's dental services were not quite as serious as they were for adults. Why was this? It was said that the majority of pilot projects and specific programmes were focused on children. Prevention as the population ages was seen as the most efficient way forward.

A Member highlighted the daily costs of living that families are struggling with and explained how they and others had been collecting toothbrushes and tooth paste from stores to give to children at schools, as the high prices were preventing parent from buying it. The Deputy Director and Senior Commissioning Manager commended this positive local action and said they were also looking to do more of this in communities.

A Member asked about the differences between private and NHS dentistry and contracts. Was the problem that NHS contracts were so complicated? What was the main problem and what was required to convince more practices of them to take them on? Yes it was replied, the contracts were complicated and each NHS provider was required to go full procurement process which took some time.
The same Member commented that it sounded as if it wasn't worth their while with all that was involved. The contracts didn't offer them enough time to work with patients or provide a full service.

A Member commented that it was very frustrating that NHS provision had been 'run into the ground'. They suggested that the UDA system was a huge problem that needed to be resolved. The officers said that the ICB were unfortunately quite limited in what they could do. The contracts were very complex and difficult to track. Funding had to be clawed back if services hadn't been delivered in full. Claw-back of funding was currently said to be the highest it had ever been. But they were looking at ways to try and support practices to deliver on the existing contracts.

It was asked if some reforms were on the horizon? Yes there could potentially be some in November but it was unlikely there would be any changes made to the UDAs in contracts.

A Member commented that the current situation was quite really depressing. From their observations it was difficult to see why any dentists would want to return to an NHS contract. Unfortunately, those who were most in need were those in communities who were often the hardest to reach and led complicated lives, and this was very sad. The officers concurred with some of the Members comments but added they were looking at ways to provide for those most in need. Things were being done to help, such as a local plan that looked to identify where the biggest gaps in provision were. They may need to commission extra services and there was some flexibility to able to do this.

The Director of Public Health further added that they were feeling more optimistic now than previously were about this and highlighted a recent ICP meeting that aimed to address this situation. There was now more flexibility and more local commissioning. There were also some local practices that were enthusiastic about putting things in place for NHS dental contracts.

It was confirmed that there are 58 practices in Bristol who provide NHS dental services but unfortunately they were carrying staff vacancies. It was asked if the vacancies meant that they were likely to be mainly treating private patients and not NHS patients. The reply was yes.

A Member commented that this was a local health emergency and asked if it was not possible to utilise the army who have their own dental clinicians. It was said it was unlikely that they could do this but Members could be reassured that an urgent commissioning process in St Pauls was being undertaken.

At this point during the meeting the Chair asked those in attendance for Public Forum if they had any specific questions they wanted to ask about what they had heard. Their questions were as follows:

- Local people were told that certain contractual things were already in place with BUPA and Sovereign and there wasn't therefore a requirement for a commissioning process. The response was that it was necessary to invite 'expressions of interest' (EoI) from additional providers. However, there had been limited interest from other providers. But to be reassured the 'wheels were in motion' to resolve this. In reply it was said that those working on this needed to keep the community informed about what was going on because people were very concerned as they currently have no access to dentistry.

- Further information about the urgent appointments via 111 helpline that had been discussed was requested. It was confirmed that 'urgent care slots' could be granted at NHS providers. Patients could then be referred for a 'stabilisation pathway'. Further information about this was in the published report.

The Chair asked how the urgent care slots were publicised and could people really call 111 and be found an appointment? The reply was that this information was on the NHS website. The 111 Helpline was currently under a lot of pressure but yes that was the process. The Chair said it was very important that people knew this was the case and that it should be publicised more.

The final point made on this item was a request from a Member about the Appendix to the report 'BNSSG ICB Dental Strategy Workshop Breakout Session Outputs' and the point about exploring opportunities to put dentistry and oral health in primary care. Please could the Committee be kept up-to-date on this please.

10 Discharge to Assess Programme Update

Rosanna James, D2A Programme Director, Sirona care & health introduced the item to Members.

Rosanna confirmed as per the report that the programme is fully operational with partners, right across the board.

In the past, the solutions to what was referred to as 'bed blocking' were different. Since June the programme team had implemented actions across a number of priority areas for improvement and transformation delivery work.

The Director said they were sited on patient's long term health needs and help to enable independence where it's required. The focus was now on enabling people go home where possible unless this is not the right solution for them.

Referring to 'Figure 3 in the published report: D2A Transformation Programme Deliverables' it was said that there was still a need to improve and increase the use of data across health and social care elements of the pathway (including outcomes data), for example, utilising dashboards and models to make long term decisions.

There had been significant inroads into achieving the target of saving 200 acute beds. Currently 172 acute beds have been saved by July 23 vs. the baseline reporting period. But programme monitoring indicates there remain opportunities to improve joint health and social care decision making, which is likely to impact on the choice of pathway at the point of discharge from hospital.

With regards to preparations for winter, some funding had now been re-profiled and some extra funding had also been released.

A successful application had been made to the Better Care Fund Support Programme (BCFS). This was a national funding pot for system improvement work related to intermediate care and discharge transformation programmes. The BNSSG ICB had been selected to receive additional support in two areas. Culture, Leadership and Learning and Improved Out of Hospital Demand and Capacity Modelling.

The following points were discussed and questions asked;
Patient discharge process; at what point did that conversation begin? A Member suggested it should begin when a patient enters the hospital or there it's at risk of being left too late and causing delays. The Programme Director said they were making a good progress across sites in Weston General Hospital and the Bristol Royal Infirmary (BRI) but there was still some work to do on this at Southmead Hospital. Discharge planning should not start at the point patients become medically fit to leave, as that would cause delays to their overall time in hospital. The programme does seek to bring forward discharge planning, but is also designed to improve joint decision making and reduce the number of times bedded pathways are chosen.

A Member commented about readmission rates and if they were being analysed, for example patients should be surveyed to see if things were improving, which he suggested they probably were.

Another Member commented about the number of different factors causing additional pressures throughout the whole discharging process. But highlighted the need for quality and safety checks to be signed-off and the right decisions being made at right time for patients. They also emphasised the importance of people receiving the right support in their home environment to help get them back to independence, as well as the community side of care and support needed. However, hospital beds must still be available if they were needed.

The Director of Public Health said investments were being made into extra care support to enable this to happen.

The Executive Director: Adult and Communities said that processes were continually being refined. There was also now a very sophisticated network of voluntary and community sector organisations that are very plugged in to enable the right long-term outcomes for people. It was added that BCC discharge teams were recruiting 4-5-fold more staff who could support people through this process and get them back home. We have good domiciliary care here in Bristol and a good chance of reducing these pressures.

It was confirmed that virtual wards did exist (providing both step down care form hospital and step-up care from the community), but they sat under an alternative programme and were not included in the scope of Discharge to Assess.

The Chair thanked those who attended and had provided the information and commented that he was now much clearer on how this worked. He suggested it would be helpful for the Committee to see the relevant metrics at a future meeting so they could see how this was progressing.

11 BNSSG Winter Plan - Summary

Greg Penlington, Head of Urgent and Emergency Care, BNSSG ICB introduced the item to the Committee Members.

Mr Penlington summarised the information in the published papers including the following points:

- There has been record investment in some services which were near to capacity.
- The annual planning process focusses on winter, so it has been possible to additionally invest in schemes and services such as urgent and emergency care (UEC) and 'Home First' services.
- The investment in community services via Sirona means there is now a good spread of services.
- There is continual tracking and monitoring of delivery via the Operational Delivery Groups.
- Same day emergency care, where teams respond to people with urgent needs who may otherwise deteriorate has been expended and will help to reduce the lengths of many patients' hospital stays.
- The development and expansion of home care services such as NHS@home and virtual wards which help to reduce overall admissions and increase earlier discharge times.
- The work resulting from additional investments at the Children's Hospital was said to be progressing well including a positive increase in capacity and the emergency department.
- Pharmacies can now offer much than was previously the case and people can book into programmes and services via 111 as well now.
- Mr Penlington said he would take away the earlier point about communication of access to urgent care slots for NHS dentistry via 111.

The following points were discussed and questions asked:

A Member asked about covid and flu vaccinations and how a low up take-up might affect the numbers who contract them. It was replied that any potential surges were being monitored very closely.

A Member raised issues with telephone calls to GP surgeries not always being picked up now. Was there any data on this? It was replied that some data on the new system had had recently come though and it did show there might be some initial problems. This was being looked into. The data did show the highest volume of calls were on Mondays. The Member responded that issues such as surgeries not answering phones and being put in a long que to speak to someone on 111 showed just how much pressure there currently was on health services.

A Member queried some of the figures on the 'Forecasting pressures on the system' presentation slides. On the Bristol Royal Hospital for Children slide, it appeared that no mitigations had been implemented. And for the Southmead (NBT) slide, the numbers did not add up.
Mr Penlington concurred with the points raised and said he would take this error back.

A Member asked about hospital staff absence rates and said it had been reported that many workers were at breaking point. Was the modelling data looking at staff sickness rates?
It was replied that there was support in place to help people and investments were being made to alleviate situations but the exact details would need to be obtained and reported back.

A Member asked about the dedicated clinical teams working in care homes that were working to ensure up-to-date and quality care plans for those most at risk of admission. He had asked a local care home about this but they had not been contacted about it. Mr Penlington replied that this was not happening in all care homes but those that have the biggest issues are being looked at. However, if the care home did want to make contact to tell them there was single point of access for this.

A brief discussion was had about primary care navigators, who support people to access the 'right care first time'. A Member suggested however that not all people find them particularly helpful. Mr Penlington said he was interested to hear this and would feed this back. But it was also important to understand whether it was necessary for everyone to see or speak to a GP or if there are alternative ways to help and support people instead. Vicky Marriot added that in some cases people didn't always realise there are different options available to them. Healthwatch were currently producing a leaflet on this subject.

The Chair thanked Mr Pennlington for his time and the helpful information.

12 BNSSG Stroke Programme

The Members noted the published Stroke Programme paper which was 'for information' purposes.

13 Work Programme

The Members noted the work programme.

The final point of the meeting was a request from external officers for joint health scrutiny (JHOSC) meetings where possible as this would reduce the need to repeat what was often the same information to each HOSC in the BNSSG area.

The Chair thanked everyone for attending and closed the meeting.