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

7 February 2024 at 4.00 pm

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

1 Welcome, Introductions, and Safety Information

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

Also in attendance were;

- David Jarett, Chief Delivery Officer, Integrated Care Board (ICB)
- Rachel Allbless & Olly Watson, Joint Chief Operating Officer, Bristol Health Partners
- Olly Watson, Joint Chief Operating Officer, Bristol Health Partners
- Bev Haworth, Deputy Head of Primary Care Development, BNSSG ICB
- Christina Gray, Director of Communities & Public Health, Bristol City Council
- Carol Slater, Head of Service, Public Health, Bristol City Council
- Jenny Bowker Deputy Director of Primary Care, BNSSG ICB
- Alison Mundell Community Pharmacy Clinical Lead, BNSSG ICB
- Richard Brown, Chief Pharmaceutical Officer Community Pharmacy Avon

- Councillor Helen Holland, Cabinet Member with responsibility for Adult Social Care and Integrated Care System, Bristol City Council

2 Apologies for Absence and Substitutions

It was noted that apologies for absence had been received from:

- Cllr Amal Ali – Committee Member
- Cllr Graham Morris – Committee Member
- Ruth Hughes, Chief Executive Officer of One Care
- Becky Balloch - Head of Communications & Engagement

3 Declarations of Interest

There were no declarations of interest.

4 Minutes of Previous Meeting

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

There was one outstanding Action from previous meeting:
Agenda Item 8. Children and Adolescent Mental Health Services (CAMHS).
Resolved; It was agreed that more in-depth information would be provided on the demographics of referrals from deprived areas and wards in Bristol.
This information was sent to the Committee and is appended to these minutes.

Matters arising; Councillor Tim Wye remarked that the dentist surgery in St Pauls had recently re-opened and said this was very positive news for the local community. He thanked all those in the NHS and local residents who had worked hard to get the surgery re-opened.

5 Chair's Business

The Chair highlighted that he had just come straight from a Bristol, North Somerset and South Gloucestershire ICB 'Children and Young People's Neurodiversity Accelerated Design Event'. The workshop had been positive and full of energy and it was clear that all those involved understood the problems and there was a determination to sort them out. The Chair said he was grateful to be able to contribute and would also attend the second session on the 21 February.

The Chair added that he had hoped a Joint Health Overview and Scrutiny Committee (JHOSC) meeting to have taken place this municipal year. This had been discussed with neighbouring local authorities but it had become clear it was not possible to arrange one before the pre-election period began in March.

6 Public Forum

There was none.

7 Healthwatch Updates (Standing Item)

Vickie Marriott briefly took Members through the published slides which focussed on Healthwatch's Quarter 3 (Oct – Dec 2023) data. The information showed how Healthwatch's outreach work was generating feedback and who had contacted them. The information also showed the frequently occurring themes that people contact Healthwatch about.

A Member asked if it was known how many of the 212 respondents have multiple issues that crossed over the categories. Yes it was said to be possible to filter that information out separately.

There were no further questions. The Chair thanked Vicky for the information she had provided and for attending the HOSC meetings this municipal year.

8 Bristol Health Partners & Health Integration Teams

Rachel Allbless and Olly Watson introduced the item and took Members through the published paper and slide deck, which included the following key points:

- Bristol Health Partners & Health Integration Teams (HITs) are a collaboration between local health and care organisations. One Care and BrisDoc have now also joined as affiliate partners.
- HITs bring together health and care professionals, managers, researchers and the public to tackle local health and care priorities. Bristol City Council are also members of most HITs.
- Each HIT had a different focus, for example some are focussed on diseases, some health interventions and people's experiences. The published slides show about 20 different HITs grouped into areas. Some examples provided were;
    - Dementia HIT; South Asian communities are much more at risk but present later so is more of a crisis situation.
    - Stroke HIT; has good access to academics to support work. Strong links to local groups who have helped to redesign services and collaboration with survivors.
    - The Bladder and Bowel Confidence (BABCON) HIT aims to promote bladder and bowel continence. The purpose was to give a voice to those people affected and to understand the challenges faced by those living with the condition.

The Health Partners and HITs have strong links with the One City Office and meet regularly to align work.

Bristol Health Partners & Health Integration Teams work with the Integrated Care Board (ICB) and access NHS funding.

Some communities experience disproportionate health issues. Support networks are set up to help make the research undertaken more inclusive.

The following points were discussed and questions asked:

A Member asked about the different pieces of research that had been carried out were details of them all on the website? Yes, all the research and summaries carried out to date were on the website as well as the annual report. Some research was said to be service improvement related and some were formal published papers.

It had been said the work was 'grass roots' and organic but at what point did HITs get involved? Did groups approach them or was it the other way round? It was said to be a bit of both. The outreach work was an open process but they were also very happy to be approached.

The Councillor Helen Holland, Cabinet Member in attendance, commented how positive it was that so many different teams were involved in the HITS. However, it was possible they were not 'plugged in' as well as they could be. Cllr Holland said she had attended the dementia HIT and it was a very positive piece of work especially the work with the Chinese community. But it did in her view need to be more visible.
Christina Gray, Director of Communities & Public Health (DoPH) commented that the Bristol Health Partners website was excellent and very rich in terms of recording the work that had been done which, was very innovative and grounded and puts research into practice.

David Jarett, Chief Delivery Officer (ICB), asked about priority health areas, and connecting the dots between them such as pain and mental health agency, were they keyed into that? The reply was yes, work was being carried into eating disorders and self-harm.

A Member highlighted the inequitable outcomes faced by Black mothers and their babies and asked if the HITs were doing any work on this, because they were aware there were barriers to accessing funding for this type of work. Yes it was said that Health Innovation West of England had formed a collaboration with several other groups to work on this. Details could be provided but in short it was looking to change practice and the system and provide improved support for Black mothers.

The Chair commented how impressed they were by the innovative work was taking place and thanked Rachel and Olly for their paper and the useful discussion.

9 Recovering Access to Primary Care

Jenny Bowker Deputy Director of Primary Care of the ICB and Bev Haworth, Deputy Head of Primary Care Development, at the ICB introduced the item to Members and took them through the published slides which explained the joint NHS and Department of Health and Social Care Delivery Plan for Recovering Access to Primary Care.

Bev and Jenny explained the background to the Plan, which was first published in May 2023 and what it aimed to achieve. The Plan was a collaboration between many groups and individuals including the ICB, OneCare and Healthwatch and they had been working on this for some time before it had been published. The Plan focusses and prioritises the following key ambitions:

- Tackling the 8am telephone rush for appointments and reduce the number of people struggling to contact their practice.
- Restoring patient satisfaction of accessing their general practice.
- Supporting a move to a digitally-enabled operating model in general practice.

The data focussed on the following and was monitored on a monthly basis:

- Number of appointments
- Same day appointments
- Appointments within 14 days
- Face to face appointments
- Number of online consultations

The BNSSG ICB response to the access recovery plan and development of the system level access improvement plan had been based on the patient survey results.

Any GP practices that were struggling were supported and toolkits were available to work through.

Primary Care Nurses (PCNs) work closely with practices by reviewing progress made and assessing what work is still required.

Although a huge amount of work had already been undertaken, it was said there there was still a long way to go on this.

The following questions were asked and points discussed:
A Member said they had been speaking to a digital support group of patients at a GP practice in Ashley and was raising some questions on their behalf about the challenges they were experiencing whilst trying to make changes to their online accounts. The officers said this was a recognised problem because changes needed to be signed off by panels for safety reasons but they would feed this back and see what could be done to speed the process up.

A Member asked about the phone systems and 8am rush of calls and did the new cloud system count the number of calls that were dropped by callers. Yes it was said that all calls including those who drop-off from the call waiting systems and those who request a call-back were calculated and included. The aim was to reduce the number of people calling at 8am because people knew they could call and get action at other times of the day.

Another Member commented that some patients at their local surgery expressed frustration at being required to text on mobile phones, as they were not said to be 'text savvy'. Officers said it had been recognised that some communications were presenting problems for some people, especially older people. However, with the emphasis now on the triage path, it shouldn't matter now what route people came through.

A discussion was had about the quality of GP appointments and how patients could have easier access to appointments and more time if it was required. It was highlighted by the officers that the plan was not to triage everyone straight to a GP appointment. For example, not everyone should need to see a GP to be able to see a physiotherapist in future.

A Member asked about consistency of access to appointments when each morning there are so many people requiring treatment. Officers said that some people can triage whilst on the phone and some needed to call them back, but there were processes in place to ensure it is fair and equitable. It was said that not everyone in surgeries was trained to triage and there needed to be some standardisation on this going forward.

A Member asked about people with specific needs and how the new system could help them. It was said that this was new priority and that were 'care coordinators' that would be a point on contact in each practice. There was so

much to do and this was really just the 'tip of the iceberg'. The Members suggested that this aspect needed a multi-agency approach.

It was asked if anyone was looking at how to help people navigate where they can seek help for example GP appointments or the 111-telephone service etc. Yes it was said that they were looking at ways to bring information to people in different ways and formats. There were said to be 'landing slots' for triaging people via 111 to a GP. These were said to be 'flagged' if they were being used all the time, and then they would be looked into to see why this happening.

A Member asked one last question from the Montpellier patients' group about concerns on the number of new housing developments and how these put more pressure on access to appointments at GP practices. Yes it was said there were trigger points and thresholds that needed to be monitored. The ICB had been asked to look at this such as the increase in local populations and future planning. Work was taking place on this at a high level.

Officers finished the discussion by saying there were quarterly reports that could be provided if Members wanted them.

The Committee thanked Bev and Jenny for the very helpful information and discussion.

10 Local Pharmacy Services

The Local Pharmacy Services item was introduced by Carol Slater, Head of Service in Public Health at Bristol City Council. Pharmacy services were commercial business that were providing services and played a vital role in communities. There were currently many changes taking place such as more online services being made available. The last needs assessment was carried out in 2022 and the next one will be in three years' time. Carol took the Committee Members through the slides, some of which showed pharmacy provision, population statistics and opening hours.

A Member asked for confirmation about the about the number of pharmacies and closers detailed in the slides as they were quite surprised at the figures. Officers said there were some changes in provision, particularly during evenings and weekends but the figures published were definitely correct.

Pharmacies were working hard to take on additional work and to cover any gaps. And so were now delivering some public health services such as sexual health services and substance-use services.

Jenny Bowker, Deputy Director of Primary Care, BNSSG ICB, provided further information about the current community pharmacy network across Bristol and the processes for managing community pharmacy closures.

Alison Mundell, Community Pharmacy Clinical Lead and Richard Brown, Chief Pharmaceutical Officer then provided an update on the 'Delivery Plan for Recovering Access to Primary Care' which commenced in May 2023. This had originally been a pilot project in 2019 and then became part of the national framework. Local pharmacy services had then gotten the Plan 'off the ground' so speak. Part of the aim of the Plan was to increase the number of referrals from GP practices to community pharmacies for some minor ailments. It was said that the average number of referrals had gone up from 5,000 per month to 7,000 in January of this year. This had now become a national plan and the data sets from BNSSG had contributed towards this.

The following points were discussed and questions asked:

A Member said that on paper this all sounded very good. But when they had spoken to residents about this they were not happy about the services being provided. Also, that a 20-minute walk was a lot further if you are 80 years old. And some people could not physically get to a GP practice or a pharmacy. In response it was said that there were rules and regulations within which community pharmacies had to operate. Pharmacies were sometimes invited to open but the underpinning contracts did not completely fund them and they were required to provide more units and services make them financially viable. Boots were said to be consolidating their stores and Lloyds pharmacies had completely gone now, which had made things much worse.

The Director of Public Health said that an NHS England rule stated that a relevant 'pharmaceutical needs analysis' must be carried out and show that they meeting a need before a new pharmacy could open.

A Member said they were aware of all sorts of regulations and restrictions and that a needs assessment had to show a gap in provision before a new pharmacy could open otherwise another pharmacy could object if it was thought it affected them.
A Member asked who actually decided if a pharmacy could be opened. Was it the ICB? It was said there was a joint committee who decides. The committee arranged for information to be sent out and consultation to be carried out etc. However, pharmacies needed to have a national license to be able to dispense drugs.

A Member highlighted the disappointment that a pharmacy at the Wellspring GP Surgery in East Bristol could not get approval to open because of its proximity of other local pharmacies.

A Member commented that another issue for community pharmacies was the amount of funding that Government provided. For example, he said that pharmacies were buying from wholesalers and the prices they were paying for drugs had risen higher than they were being paid for them by the NHS. That was why they were being encouraged to provide additional services where they could increase their profits.
A Member said that pharmacies should not need to pay more for purchasing drugs than the NHS would reimburse them for. Protecting the services was said to be key and would at least keep the doors open.

A Member asked if there was anything good happening and if there were any positive changes on the horizon. There was said to be nothing to report on this point.

It was said that from 2026 all pharmacists that leave university will be qualified prescribers.

A Member commented that Boots closing some of their stores would be a big loss to lots of older people across Bristol.

Richard Brown commented that the UK did have some of cheapest drugs in world. Pharmaceutical companies employed people who's job it was to purchase the best priced drugs possible. However, when there are drug shortages it can hit the UK first.

The Chair thanked everyone who had attended the meeting for the very informative discussion.

11 Work Programme

The Members noted the work programme and that this was the Committee's final meeting for the year.

Meeting ended at Time Not Specified

CHAIR _____