Health Overview & Scrutiny Committee (Sub-Committee of Public Health and Communities Policy Committee)

Agenda

Date: Thursday, 30 January 2025
Time: 5.00 pm
Venue: Bordeaux Room, City Hall

Distribution:

Councillors: Tim Wye (Chair), Kerry Bailes (Vice-Chair), Jenny Bartle, Lisa Durston, Caroline Gooch, Louis Martin, Graham Morris, Jerome Thomas and Cara Lavan

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Date: 22.01.2025

Agenda

1. Welcome, Introductions, and Safety Information

(Pages 5 - 7)

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 (15.10.24)

(Pages 8 - 14)

5. Chair's Announcements

To receive 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. Public Forum items must relate to the remit of the committee and should be addressed to the Chair of the committee.

Members of the public who plan to attend a public meeting at City Hall are advised that you will be required to sign in when you arrive. Please note that you will be issued with a visitor pass which you will need to display at all times.

Please also note:

Questions

1. Written public questions must be received by 5.00 pm, at least 3 clear working days prior to the meeting. For this meeting, this means that questions must be received at the latest by **5.00 pm on Friday 24 January**. Public Questions should be submitted via our webform: www.bristol.gov.uk/publicforum

2. Any individual can submit up to 3 written questions.
3. Written replies to questions will be available on the Council's website at least one hour before the meeting.
4. At the meeting, questioners will be permitted to ask up to 2 oral supplementary questions.

Statements

1. Written statements must be received at latest by 12.00 noon, at least 2 working days prior to the meeting. For this meeting, this means that statements must be received at the latest by **12.00 noon on Monday 27 January**. Public Statements should be submitted via our webform: www.bristol.gov.uk/publicforum
2. Statements, provided they are no more than 1,000 words in length, will be circulated to all committee members and will be published on the Council's website at least one hour before the meeting.

Petitions

1. Details of the wording of any petitions, and the number of signatories to petitions must be received at latest by 12.00 noon, at least 2 working days prior to the meeting. For this meeting, this means that petition details must be received at the latest by **12.00 noon on Monday 27 January**. Please email petition details to policycommittees@bristol.gov.uk
2. At the meeting, individuals presenting petitions may be required to read out the objectives of the petition.

When submitting a question or statement please indicate whether you are planning to attend the meeting to present your statement ask your question

7. Elective Care - Performance Update

(Pages 15 - 25)

8. Primary Care: General Practice Update

(Pages 26 - 37)

9. CAMHS Update

(Pages 38 - 57)

10. Neurodiversity Update - Information Paper

This paper is 'to follow'.

11. Memorandum of Understanding (MoU)

This is a discussion item.

Public Information Sheet

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

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Due to the maximum occupancy of the venue, you may be asked to watch the meeting on a screen in another room.

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

Public Forum

Members of the public may make a written statement, ask a question, or present a petition to most meetings. Please ensure that any submissions made are respectful, factual, and relevant.

- By contributing to the public forum process the participant acknowledges that any content submitted is at the authors own risk and the Council disclaims any obligation or responsibility for it.
- Questions, Statements and Petitions should be factually based and should not contain anything that could be construed as being defamatory, frivolous or offensive. Any

submission including such information shall be redacted prior to publication without notice to the author.
- The Council reserves the right to reject any submission it deems defamatory, frivolous or offensive at its sole discretion.
- Sensitive personal information may be deleted or redacted
- Officer's names below Head of Service, will be replaced by the Officer's job title
- Company names may be deleted or redacted

Your statement or question will be sent to the Committee Members and will be published on the Council's website before the meeting.

Public Questions and Statements should be submitted via our webform:
www.bristol.gov.uk/publicforum

Petitions should be e-mailed to policycommittees@bristol.gov.uk

The following requirements apply:

- The statement is received no later than **12.00 noon two working days 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. 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.

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Bristol City Council Minutes of the Health Overview & Scrutiny Committee (Sub-Committee of Public Health and Communities Policy Committee)

15 October 2024

Members Present:-
Councillors: Tim Wye (Chair), Kerry Bailes (Vice-Chair), Lisa Durston, Caroline Gooch, Louis Martin, Graham Morris, Jerome Thomas, Cara Lavan and Patrick McAllister

1 Welcome, Introductions, and Safety Information

The Chair welcomed the Committee. Safety information was provided. Introductions were made.

Also in attendance:

Bristol City Council officers:

- Christina Gray, Director of Communities and Public Health
- Hugh Evans, Executive Director of Adult and Communities
- Paul Flood, Transformation and Commissioning Manager
- Johanna Holmes, Policy Committee Coordinator
- Ian Hird, Policy Committee Coordinator

External attendees:

- Mark Hemmings, Senior Performance Manager - Learning Disability & Autism, BNSSG ICB
- Lorraine McMullen, Associate Director for Children's Services, Sirona Care & Health
- Greg Penlington, Head of Urgent and Emergency Care, BNSSG ICB
- Shane Devlin, Chief Executive Officer, BNSSG ICB
- Dominic Moody, Deputy Head of External Communications, BNSSG ICB
- Vicky Marriott, HealthWatch

2 Apologies for Absence and Substitutions

It was noted that apologies had been received from Cllr Bartle. Cllr McAllister attended as a substitute for Cllr Bartle.

3 Declarations of Interest

There were no declarations of interest.

4 Chair's Announcements

None.

5 Public Forum

No public forum had been received for this meeting.

6 Annual Business Report

The Committee received the Annual Business Report.

The Committee agreed:

1. To note the function of the Committee (section 1.1 of the report).

2. To note the appointment of the Chair (Cllr Wye) and Vice-Chair (Cllr Bailes) of the Committee for the 2024-2025 municipal year (section 1.2 of the report).

3. To note the membership of the Committee for the 2024-2025 municipal year (section 1.2 of the report).

4. To note the 2024-2025 meeting arrangements (section 1.3 of the report), noting that specific briefing sessions would also be arranged as necessary.

5. To note the draft Health and Overview Scrutiny Committee 2024-2025 work programme as set out in the report.

7 Neurodiversity Transformation Programme Update

The Committee received and discussed a report providing an update on the Children and Young People Neurodiversity Transformation Discovery report. The report outlined key findings and how this had informed the two areas of work being piloted to test a 'needs led model'.

Summary of main points raised/noted:

1. The report was presented by Mark Hemmings, Senior Performance Manager Learning Disability and Autism, BNSSG ICB and Lorraine McMullen, Associate Director for Children's Services, Sirona Care & Health.

Key points highlighted in the presentation of the report included:

a. The report outlined key findings and how this had informed the two areas of work being piloted to test a 'needs led model'.

b. The mandate questions addressed through this work were:
Q1 – Why are we seeing an increase in referrals?
Q2 – What are the benefits of a diagnosis?
Q3 – When and where do needs first present?
Q4 – What is the impact of unmet need?

c. The Neurodiversity Accelerated Pathway Pilot aimed to assess the scale of the issues faced. In terms of methodology, the discovery phase of the investigation had utilised a design thinking approach, which emphasised empathy, idea generation, and testing solutions. This had been co-produced with Parent Carer Forum chairs, which include running a discovery conference where the Transformation Hub had sought to gain deep understanding of the size/scale of the issue and the experiences, needs, and the motivations of children and young people and their parent/carers seeking support.

d. Whilst the Neurodiversity Accelerated Pathway pilot would be testing a profiling tool, this would not solve the whole problem and would only serve those who were already seeking a diagnosis. It had though been highlighted that continuing the diagnostic model was not a sustainable or financially viable option due to the increased awareness of neurodiversity conditions through platforms such as social media. Whilst the Neurodiversity Accelerated Pathway pilot focused on one element of a child's neurodiversity journey, it would not be the solution that fully met the needs of a child and their family. As the social and medical understanding of neurodiversity continued to expand and grow, it would be essential to develop a needs-based, system approach that emphasised identification, inclusion and the recognition of individuals' strengths.

2. Members generally welcomed the approach being taken and recognised the progress being made, particularly around the change to the previous model where a diagnosis was required before any support

could be accessed. The fact that people could now access some level of support without waiting for diagnosis was particularly welcomed.

3. It was noted that important questions remained though about the level of support available and the effect on waiting times, which had been significant in the past. It was noted that service changes were recent and that officers would report back on further progress to future meetings. A further progress update could potentially be brought back to the next meeting of the committee in January.

4. In response to questions, further detail was outlined about the engagement that had taken place with the Parent Carer Forum, which had seen in-depth and honest conversations around individual experiences and needs, and about the level of resources available to support families.

5. It was noted that a BNSGG Charter (known as 'Ahmed's charter) was being developed. This charter specifically recognised the need to remove the need for diagnosis to access support and the system change required to enable families to access the right help at the right time without requiring diagnosis.

6. Members welcomed the fact that schools were being engaged, as it would be important to continue work on raising awareness in schools about these issues and work towards a consistent, inclusive approach across education settings.

7. The engagement and joint work taking place with the Parent Carer Forum was welcomed but it was flagged that efforts must be maintained to ensure a sustained and effective partnership approach remains in place.

8. In terms of future reporting, it was suggested that it would be helpful to:
- where possible, include key data for each locality partnership area.
- provide further detail on the funding profile for this work.
- identify and report back in due course (recognising that pilot work was being progressed at this stage) on how the approach will make a difference in terms of experiences and outcomes for children and young people and their families.

8 BNSSG Winter Planning 2024/25

The Committee received and discussed a report providing an update on BNSSG winter planning 2024/25.

Summary of main points raised/noted:

1. The report was presented by Greg Penlington, Head of Urgent and Emergency Care, BNSSG ICB and Paul Flood, Transformation and Commissioning Manager, BCC.

Key points highlighted in the presentation of the report included:

a. The national context for 2024/25 winter planning as per the NHS winter letter (issued on 16 September) setting expectations of NHS England, Integrated Care Boards and NHS providers.

b. BNSSG had maintained improvement across core metrics this year, but September delays had increased following a surge in activity.

c. The BNSSG Integrated Care System had committed record new, recurrent investment into urgent and emergency care (UEC) and 'Home First' services through the 2023/24 planning round which had supported the performance improvements recorded to date.

d. A number of service developments would impact positively this winter, including:
- Discharge to Assess (increasing community rehabilitation capacity in line with demand, with a focus on shifting towards home-based pathways).
- NBT and UHBW transfer of care hubs (increasing multi-agency capacity for discharge planning from hospitals including therapists, social workers etc).
- NHS @Home expansion (increasing 'virtual ward' capacity to support admission avoidance and earlier discharge using remote monitoring technology coupled with community teams).
- Community Acute Respiratory Infection Hubs (introduction of dedicated community capacity via primary care networks for managing patients with acute respiratory conditions away from general practices).

e. An update on pharmacy provision.

f. Detail of performance management arrangements and winter planning communications.

2. In response to a question, it was noted that no new additional funding was being made available this year; Integrated Care Systems were expected to optimise gains from the significant recurrent investment made last year. It was further noted that following on from Lord Darzi's report on the independent investigation of the NHS in England, there was no news yet from the government on the detail of long-term NHS funding plans; it was expected that this would be clarified through the 30 October government budget and the Comprehensive Spending Review due in Spring 2025.

3. In relation to service developments, it was noted that the new Frailty-ACE service was also now in place. This enabled ambulance crews to engage in a clinical conversation before conveying people to hospital, with the aim of supporting person-centred care and enabling care management at home where this was possible.

4. In response to a question, it was clarified that ambulances were categorised according to a patient's condition, with category 1 being for life-threatening injuries and illnesses (specifically cardiac arrest) and category 2 being for emergency calls, such as stroke patients. The specific aim was to respond to category 1 calls in an average time of 7 minutes and to category 2 calls in an average time of 18 minutes.

In discussion, members noted the importance of monitoring this in the context of winter planning and provision, and agreed that they wished to be kept informed of performance in relation to these targets and also in relation to those targets relating to emergency department waits, and delays to discharges from hospital.

5. In response to questions, assurance was given around the fact that effective liaison and working relationships were being maintained across the ICB, NHS partner organisations and relevant Council services.

9 BNSSG Integrated Care Board (ICB) Finance Update

The Committee received and discussed a report providing an update on the in-year (2024/25) financial position of Bristol, North Somerset & South Gloucestershire Integrated Care Board, and NHS partner organisations (Avon and Wiltshire Mental Health Partnership NHS Trust, University Hospitals Bristol & Weston NHS Foundation Trust, North Bristol NHS Trust).

Summary of main points raised/noted:

1. The report was presented by Shane Devlin, Chief Executive Officer, BNSSG ICB

Key points highlighted in the presentation of the report included:

a. At the end of July 2024, the ICB, and its three NHS partner organisations had reported a combined year to date deficit against plan of £13.0m (planned deficit £6.1m, actual deficit £19.1m).

b. To support financial recovery, all partners were working in the context of the "Financial Forecast Outturn Change Protocol". The Financial Forecast Outturn Change Protocol was a standard operating procedure, designed to ensure that risks to financial deterioration were identified early, and that supportive and corrective action was taken collaboratively, so that the BNSSG Integrated Care System could maintain its financial performance trajectory as set out in its Medium-Term Financial Plan.

2. It was noted that a system level financial recovery plan was being developed. This plan would identify, with the help of an external facilitator, opportunities for further grip and control and provide assurance to the ICB that financial performance would improve and help define the route to the required financial breakeven position for 2024/25.

3. In response to questions, it was emphasised that the move to a group model between NBT and UHBW Foundation Trust was primarily driven by the objective of developing a deeper partnership and strengthening collaboration to enable the delivery of a Joint Clinical Strategy.

4. In response to questions, it was noted that a separate briefing paper would be shared on the PFI financial profile.

5. It was noted that this committee would keep the situation under review and that it would be useful for the ICB to keep members updated on progress in taking forward the financial recovery plan. It was noted that the position was also been kept under review through the regular, formal (in-public) meetings of the Integrated Care Board (Note: further detail about ICB meetings is available at this link: https://bnssg.icb.nhs.uk/about-us/our-integrated-care-board/)

10 Memorandum of Understanding (MoU) - Discussion Item

The Chair updated the committee on the proposal that a Memorandum of Understanding be developed to assist the health scrutiny committee in exercising their health scrutiny functions in relation to the ICB and the local NHS provider organisations.

It was also noted that in liaison with South Gloucestershire and North Somerset councils, arrangements were being made to reconvene the Joint Health Overview and Scrutiny Committee, with a first meeting anticipated to be held in early March 2025.

Health Overview & Scrutiny Committee

(Sub-committee of the
Public Health & Communities Policy Committee)

30 January 2025

Report of: BNSSG ICB

Title: Elective Care Update

Ward: All

Officer Presenting Report: Caroline Dawe, Deputy Director Performance & Delivery, BNSSG ICB

Recommendations:
Members are asked to take assurance in the good progress being made across our system.

The significant issues in the report are:
The purpose of this report is to update the committee on elective care and the recovery work underway in Bristol, North Somerset and South Gloucestershire, including progress with the hospital group model, building capacity and performance.

1. Summary

This item covers:

- Wider context
- Update on UHBW and NBT Hospital Group
- Work to build capacity within the system
- Latest update on elective performance within BNSSG.

2. Context

Please see supporting slides for full details regarding this item.

3. Policy

As part of the NHS operating plan for 24/25 our aim has been to reduce waiting times to a maximum of 65 weeks.

It should also be noted that this January the Government published a new plan for reforming elective care for patients. The plan sets out how the NHS intends to meet the 18-week referral to treatment standard my March 2029. Further information about the plan is available on the NHS website. Local plans in response to this are to be developed.

4. Consultation

Our performance is regularly reviewed at ICB Board level and by NHS England and this information is publicly available.

Engagement activities have been, and will continue, to be undertaken by the trusts in relation to the hospital group model.

5. Public Sector Equality Duties

All services and provision are developed with consideration for equalities impacts. Any new, or substantial changes to services are subject to completion of appropriate equality impact assessments.

Appendices:
None.

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985
Background Papers: None.

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

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Elective Care

January 2025

Context: Elective Care and Recovery in BNSSG 2024/2025

Elective care in BNSSG is delivered by our NHS Trusts (North Bristol NHS Trust and University Hospitals Bristol and Weston NHS Foundation Trust), a number of Independent Sector providers (through a combination of ICB and Trust subcontract arrangements) and is also through our local community-based providers.

Elective recovery encompasses a multifaceted approach to recover services from the impact of the pandemic and bring down waiting lists in terms of overall size, with a focus on the longest waiting patients.

Elective care in BNSSG prioritises:

- Treating the most clinically urgent patients first;
- Followed by the people who have been waiting longest for surgery or other treatments.

Nationally set ambitions for 2024/2025

- For elective pathways the ambition has been focussed on the elimination of patients waiting over 78weeks and the reduction of the number of people waiting 65 weeks or more, with the exception of specifically complex cases and people who have requested to delay their treatment for longer. (This is also described as RTT – referral to treatment - pathways)
- For diagnostic pathways, the aim by the end of 2024/2025 is to achieve 95% of people receiving their diagnostic test within 6 weeks of referral (this is referred to as the DM01).
- For Cancer pathways, the aim by the end of 2024/2025 is to achieve 77% of people on an Urgent Suspected Cancer Pathway receive a diagnosis or confirmation that they do not have cancer within 28 days of their referral (this is called the Faster Diagnosis Standard or FDS); and 70% of people commencing treatment within 62 days of their referral (This is called the 62-day Standard).

Key Messages:

- **UHBW and NBT Hospital Group is moving forward**
  - 2024/25 has seen the appointment of the Joint Chief Executive, the publication of the Joint Clinical Strategy and establishment of active delivery groups taking forward the first phase of transformation in Single Managed Services.

- **BNSSG has been building capacity throughout 2024/25**
  - Two Community Diagnostic Centres opened in 2024
  - The BNSSG Elective Care Centre is in construction and will open in 2025, facilitating an additional 6,500 operations per year.

- **BNSSG Performance position has been consistent**
  - Throughout 2024/25 BNSSG has maintained its excellent benchmarked position for DM01 performance, as 1st in the South-West and top 5 nationally. In November 2024 BNSSG achieved top spot nationally for Dexa, Flexi Sig and Gastroscopy, with a position of 3rd for Colonoscopy, 4th for Audiology and 7th for Echo.
  - BNSSG has achieved significant reductions in long waiters across RTT pathways; and in November performing better than our operational plan at the ICB population level with the reduction of patients waiting over 65 weeks, 52 weeks and total wait list volumes.
  - BNSSG is currently achieving 69% of patients completing their pathways in under 18 weeks.
  - Cancer performance against the FDS has bettered our operational plan over the last 6 months and for several months has not only exceeded the plan in month, but also the nationally set ambition of 77% by year end. In November 2024 BNSSG achieved 79.76% and benchmarked 12th (of 42 ICBs) nationally.
  - Cancer performance against the 62-day standard also bettered plan in November, benchmarking 11th (of 42 ICBs) nationally.

UHBW and NBT Hospital Group

The Hospital Group model means that while NBT and UHBW remain separate organisations, they are enabled to work at scale to take strategic decisions which benefit the group as a whole and the patients that are served.

In 2024:

- Maria Kane was appointed Joint Chief Executive for UHBW and NBT Hospital Group
- The Joint Clinical Strategy was published Joint Clinical Strategy 2024 - 2027.pdf
- Active delivery groups established and have been driving forward the first phase of transformation in Single Managed Services, starting with pathfinder services - Cardiology, NICU, Maternity and Gynaecology

BNSSG has been building capacity

In partnership with InHealth, North Bristol NHS Trust has built and opened a new Community Diagnostic Centre, located in Cribbs Causeway.
This large CDC offers MRI, CT, X-RAY, Endoscopy, Respiratory, Ultrasound, Echocardiography.
The site is open 8am-8pm 7 days a week.

In partnership with InHealth, University Hospitals Bristol and Weston NHS Foundation Trust has built and opened a new Community Diagnostic Centre based in Weston-Super-Mare.
The CDC offers MRI, CT, X-RAY, Respiratory, Ultrasound, Echocardiography.
The site is open 8am-8pm 7 days a week.

Elective Care Centre

Elective Performance (M8 2024/25) - RTT

- **18w performance at the ICB population level was 69% in November 2024** (maintaining an improvement trend from 63% in April 2024)
- **RTT 65 ww** - performance improvement continues and while marginally off plan by 5 at the Acute Total plan was met at the ICB population level. The national shortage of Cornea Graft material continues to cause challenges as UHBW have the capacity to treat these patients, but the material is not available. Other areas where there remains small numbers of patients >65 weeks waiting include orthodontics, oral surgery and a very small number of highly complex Plastic Surgery, Gynae and Urology.
- **RTT 52 ww** – November performance maintained a position better than plan at the ICB population level and at both Acutes.
- **RTT total** - November maintained performance better than plan at both the ICB population level and at both Acute Trusts.

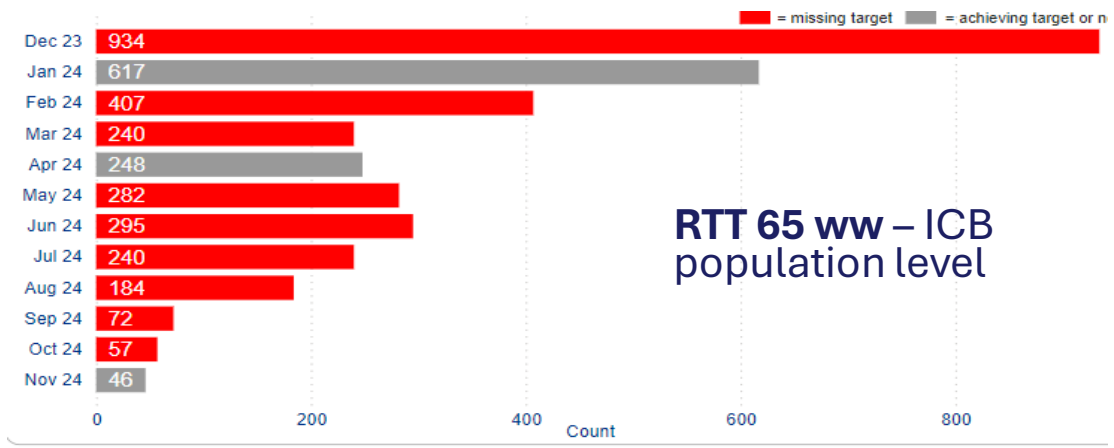
Validated November 2024 position for BNSSG ICB population level

BNSSG Population Level					
Month	**Total Waiting List**	**>52w**	**>65w**	**>78w**	**>104w**
November 24	**88,529**	**1,252**	**46**	**1**	**0**
October 24	88,702	1,492	57	4	0

Validated November 2024 position for BNSSG Trusts total lists combined

BNSSG Trusts waiting lists include people who are both inside and outside of the BNSSG population level.

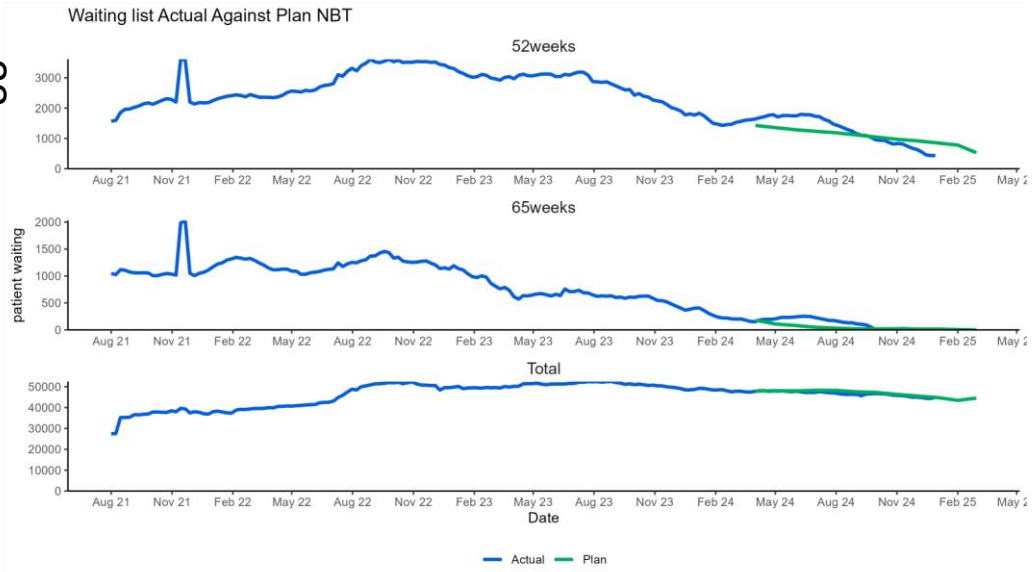
BNSSG Trusts Waiting Lists Combined					
Month	**Total Waiting List**	**>52w**	**>65w**	**>78w**	**>104w**
November 24	**98,933**	**1,786**	**65**	**0**	**0**
October 24	100,030	2,070	69	0	0



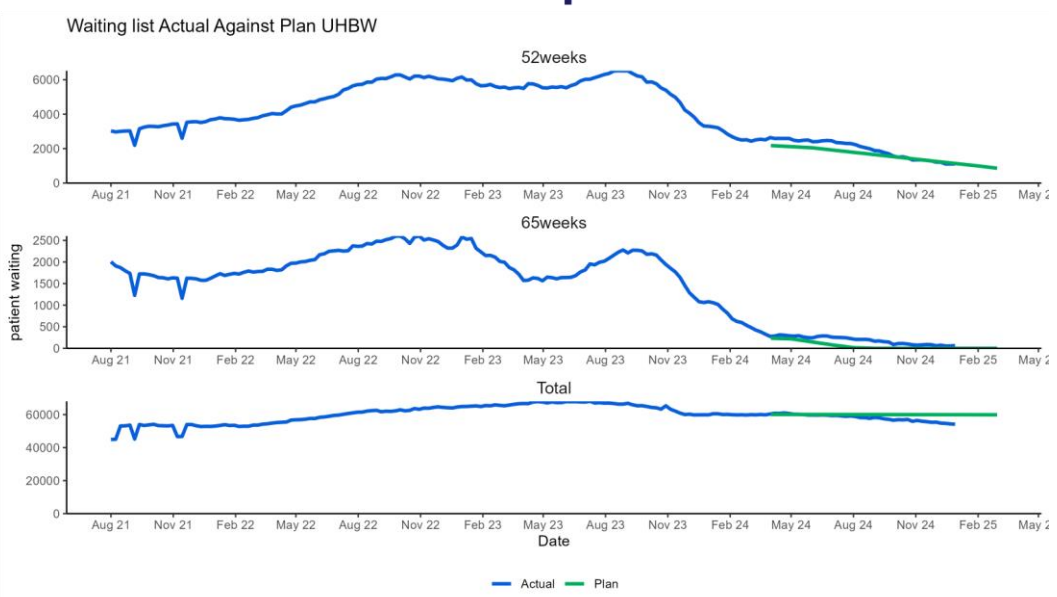
RTT 65 ww – ICB population level

Trust RTT Waiting List - Change over time

NBT WL actuals versus plan



UHBW WL actuals versus plan



Elective Performance (M8 2024/2025) - Cancer

FDS: Actuals vs. Planning trajectories

Provider		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
North Bristol	Trajectory	72.9%	73.0%	75.2%	75.4%	75.3%	75.2%	75.0%	75.8%	76.0%	77.1%	77.1%	77.0%
	Actual	57.3%	67.6%	78.05%	77.6%	77.86%	77%	76%	81%				
	Difference	-15.6%	-5.4%	2.85%	2.2%	2.56%	1.8%	1%	4.2%				
UHBW	Trajectory	75.0%	75.0%	75.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%
	Actual	77.0%	80.1%	78.59%	77.1%	77.64%	77%	77%	77.2%				
	Difference	2.0%	5.1%	3.59%	0.1%	0.64%	-	-	0.2%				

ICB		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
BNSSG ICB	Trajectory	73.9%	73.9%	75.2%	76.2%	76.1%	76.0%	75.9%	76.3%	76.5%	77.1%	77.2%	77.1%
	Actual	65.3%	72.2%	78.14%	77.24%	78%	77.31%	76%	79.76%				
	Difference	-8.6%	-1.7%	2.94%	1.04%	1.9%	1.31%	0.1%	3.46%				

62-day: Actuals vs. Planning trajectories

Provider		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
North Bristol	Trajectory	58.7%	58.5%	60.2%	65.3%	66.8%	66.9%	67.8%	68.0%	67.7%	70.3%	70.4%	70.0%
	Actual	60.2%	59.2%	61.2%	58.2%	69%	61%	68%	70.18%				
	Difference	1.5%	0.7%	1%	-7.1%	2.2%	-5.9%	0.2%	2.18%				
UHBW	Trajectory	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%
	Actual	73.3%	74.5%	80%	80.6%	75.75%	71%	76%	74.12%				
	Difference	3.3%	4.5%	10%	10.6%	5.75%	1%	6%	4.12%				

ICB		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
BNSSG ICB	Trajectory	63.5%	63.4%	64.0%	67.2%	68.1%	68.2%	68.7%	68.7%	68.5%	70.1%	70.3%	70.1%
	Actual	66.7%	64.3%	68.21%	67%	71%	65%	70%	73.28%				
	Difference	3.2%	1.0%	4.21%	-0.2%	2.9%	-3.2%	1.3%	4.58%				

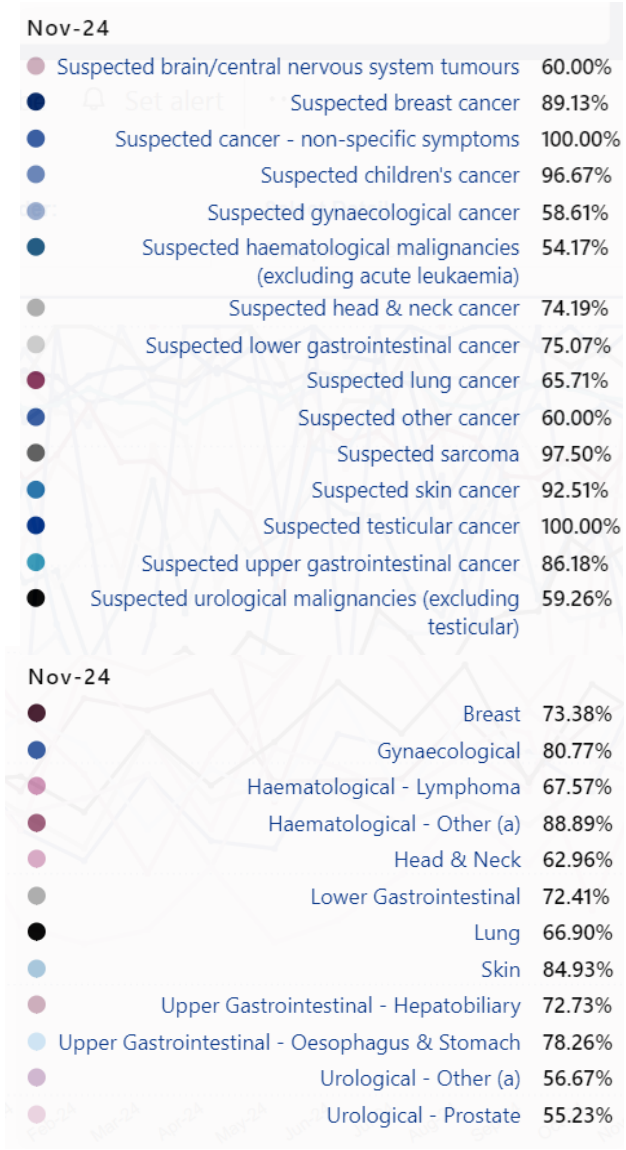
Source: Cancer monthly data via the CUBE datastore. Trajectory figures reflect plans submitted for 2024/25, including local revisions made in June 2025.

FDS:

- Benchmarked as 12th ICB nationally M8
- Both ICB and Acute Total performance in M8 was better than BNSSG Operational plan target and national year end ambitions.
- Both Trusts maintain high levels of achievement with 77% at UHBW and 81% at NBT, with Trust plan targets met.

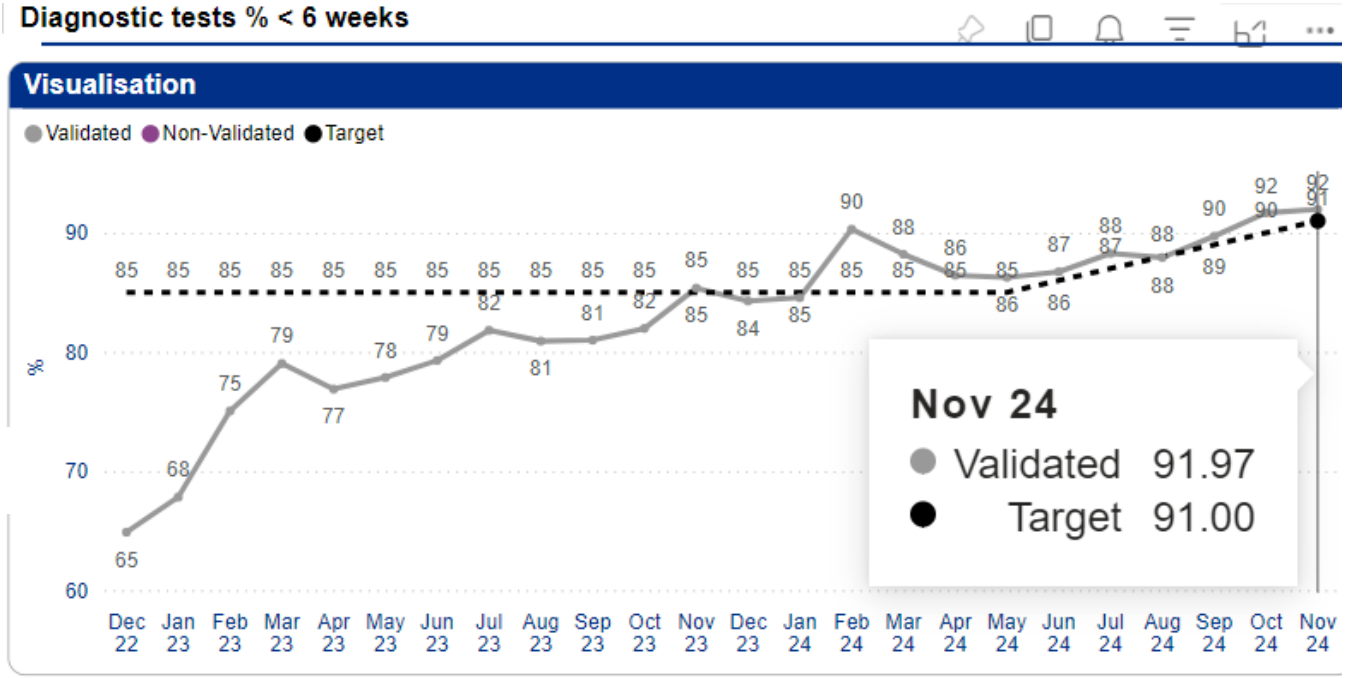
62-day combined standard:

- Benchmarked as 11th ICB nationally M8
- Operational plan in M8 was met across both acutes and at the ICB population level for performance, and activity levels exceeded plan.
- Performance at the ICB level improved to 73%, NBT improved to 70% and UHBW continue to exceed plan and the national target for year end with 74%.



Elective Performance (M8 2024/25) - Diagnostics

- BNSSG performance for DM01 Diagnostics tests completed within 6 weeks of referral maintains exceptional benchmarked position as **1st in the Southwest and top 5 nationally**.
- At the BNSSG ICB population level, in November 2024 91.97% patients received their tests within 6 weeks – this maintains a position better than plan for the 2024/25 year to date.
- November 2024 saw improvements and achievement of plan across many of the diagnostic modalities.
- BNSSG hold best benchmarked position in the South-West for Colonoscopy, Dexa, Echo, Flexi Sig, and Gastroscopy.
- BNSSG holds best benchmarked position nationally for Dexa, Flexi Sig and Gastroscopy, with a position of 3rd for Colonoscopy, 4th for Audiology and 7th for Echo.
- Activity levels exceeded plan at the ICB population level across all modalities with the exception of NOUS.
- November saw significant improvements in CT performance compared to the previous months and high rates of activity.
- MRI performance, despite high levels of activity in November remains a more challenged modality in terms of performance and performance against plan. Despite this, performance remains better than the national average.



Modality	DM01 >6 Weeks ICB level					Activity vs Plan	
	% >6w vs Plan	SW Position (of 7)	National Position (of 42)	Vs National Average		Acute Total	ICB
Audiology	8.37 v 3.52	3	4	Better		-1	+564
Colonoscopy	6.15 v 6.60	1	3	Better		+53	+274
CT	8.43 v 1.04	6	29	Same		+979	+1354
Dexa	0 v 1.98	1	1	Better		-51	+13
Echo	4 .99 v 6.61	1	7	Better		+508	+181
Flexi Sig	4.09 v 6.5	1	1	Better		-11	+23
Gastroscopy	4.75 v 11.13	1	1	Better		-77	+292
MRI	14.92 v 4.55	4	25	Better		+113	+795
NOUS	5.87 v 6.09	4	11	Better		-467	- 247
TOTAL	8.03 v 9	1	5	Better			

Health Scrutiny Committee
(Sub-committee of the Public Health & Communities Policy Committee)
30 January 2025

Report of: BNSSG ICB

Title: General Practice Update

Ward: All

Officer Presenting Report: Beverley Haworth, Head of Primary Care, BNSSG ICB

Recommendations:
Members are asked to note the progress being made within general practice and take assurance in the good collaboration to date regarding collective action mitigations.

Feedback is welcomed from members with regards to any local insights they may have from their communities in respect of collective action activity.

The significant issues in the report are:

The Integrated Care Board (ICB) has a number of measures in place to help monitor general practice quality and resilience. This report provides a broad overview and also highlights some of the particular challenges with regards to access and workforce challenges. It also provides an overview of GP collective action and what steps are being taken locally.

1. Summary

This item covers:

- Overview of general practice structure
- Monitoring of practices
- Access recovery update
- GP collective action briefing.

2. Context

Please see supporting slides for full details regarding this item.

3. Policy

A number of legal documents, published by the Department of Health and Social Care (DHSC), formally underpin the GP contract. Further information is available on the NHS England website.

The General Practice Forward View (GP Forward View), was published in April 2016. In 2019, The NHS Long Term Plan was published, setting out further ambitions for general practice and primary care, building on the ambitions in the GP Forward View. It should be noted that new national direction may emerge with regards to primary care as a result of the NHS 10-Year Plan, which is currently in development.

4. Consultation

We are working collaboratively with system partners, Avon LMC and GPCB on areas contained within this report.

GP practices are responsible for informing their patients of changes to working practices as a result of collective action (no changes outside of their contractual arrangements). The ICB will continue to provide system-wide updates via the ICB website.

5. Public Sector Equality Duties

Targeted work is underway with practices that are within particularly deprived areas to help us understand processes, care navigation, appointment book mapping, population need and workforce planning. This will help us to work with the practices to better understand how we can support and address community need.

Teams are regularly reviewing impacts and potential risks and implementing appropriate mitigations in relation to collective action activity as information emerges.

Appendices:
None.

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985
Background Papers: None.

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

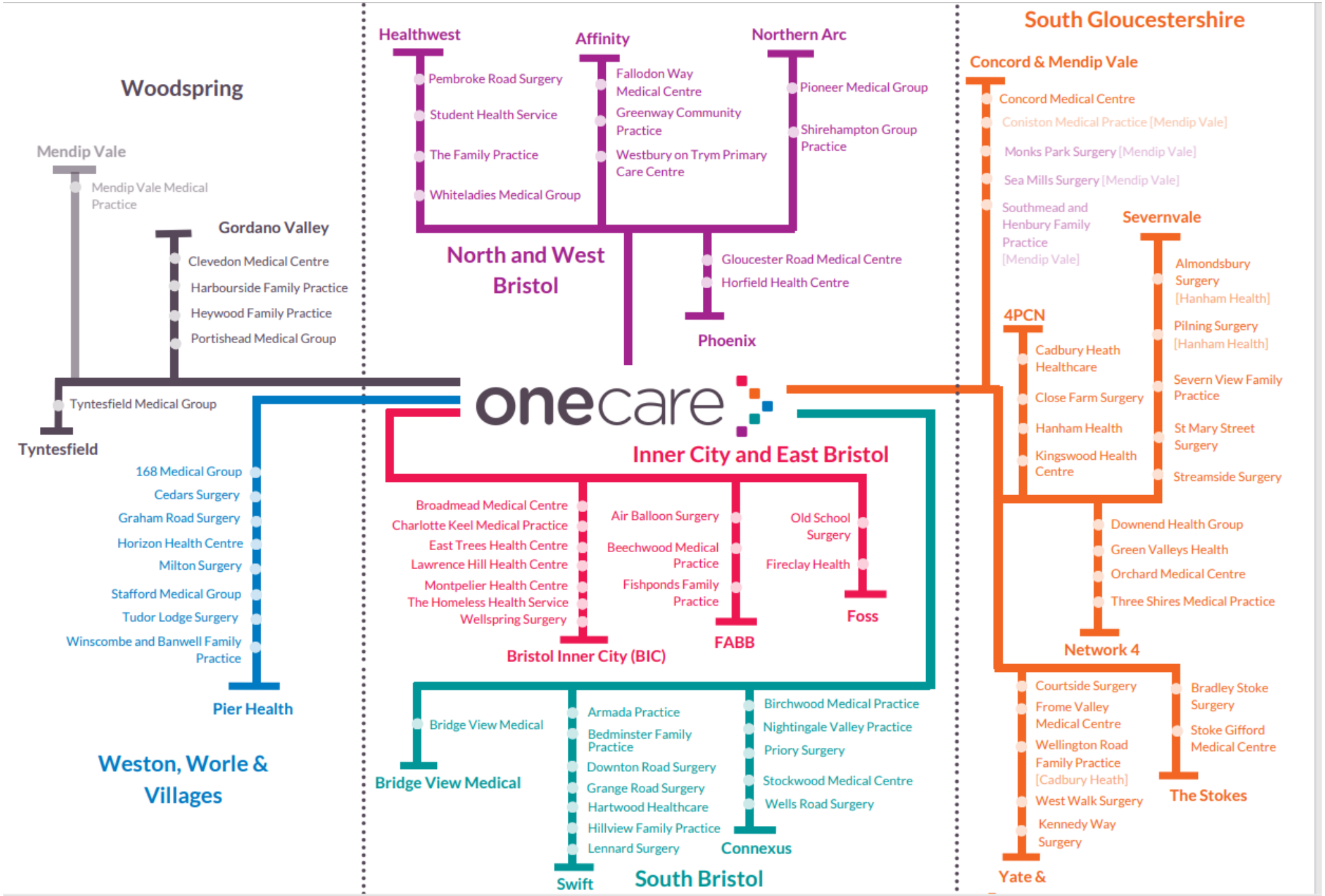
NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Health Scrutiny Committee Bristol: General Practice Update

Beverley Haworth
Head of Primary Care,
BNSSG ICB

General Practice Update Content

- Overview of General Practice Structure
- Monitoring of practices
- Access Recovery Update
- GP Collective action briefing


Woodspring
Mendip Vale
Mendip Vale Medical Practice
Gordano Valley
Clevedon Medical Centre
Harbourside Family Practice
Heywood Family Practice
Portishead Medical Group
Tyntesfield Medical Group
Tyntesfield
168 Medical Group
Cedars Surgery
Graham Road Surgery
Horizon Health Centre
Milton Surgery
Stafford Medical Group
Tudor Lodge Surgery
Winscombe and Banwell Family Practice
Pier Health
Weston, Worle & Villages
Healthwest
Pembroke Road Surgery
Student Health Service
The Family Practice
Whiteladies Medical Group
Affinity
Fallodon Way Medical Centre
Greenway Community Practice
Westbury on Trym Primary Care Centre
Northern Arc
Pioneer Medical Group
Shirehampton Group Practice
North and West Bristol
Gloucester Road Medical Centre
Horfield Health Centre
Phoenix
onecare
Inner City and East Bristol
Broadmead Medical Centre
Charlotte Keel Medical Practice
East Trees Health Centre
Lawrence Hill Health Centre
Montpelier Health Centre
The Homeless Health Service
Wellspring Surgery
Bristol Inner City (BIC)
Air Balloon Surgery
Beechwood Medical Practice
Fishponds Family Practice
FABB
Old School Surgery
Fireclay Health
Foss
Bridge View Medical
Bridge View Medical
Armada Practice
Bedminster Family Practice
Downton Road Surgery
Grange Road Surgery
Hartwood Healthcare
Hillview Family Practice
Lennard Surgery
Swift
Birchwood Medical Practice
Nightingale Valley Practice
Priory Surgery
Stockwood Medical Centre
Wells Road Surgery
Connexus
South Bristol
South Gloucestershire
Concord & Mendip Vale
Concord Medical Centre
Coniston Medical Practice [Mendip Vale]
Monks Park Surgery [Mendip Vale]
Sea Mills Surgery [Mendip Vale]
Southmead and Henbury Family Practice [Mendip Vale]
4PCN
Cadbury Heath Healthcare
Close Farm Surgery
Hanham Health
Kingswood Health Centre
Severnvale
Almondsbury Surgery [Hanham Health]
Pilning Surgery [Hanham Health]
Severn View Family Practice
St Mary Street Surgery
Streamside Surgery
Network 4
Downend Health Group
Green Valleys Health
Orchard Medical Centre
Three Shires Medical Practice
Yate &
Courtside Surgery
Frome Valley Medical Centre
Wellington Road Family Practice [Cadbury Heath]
West Walk Surgery
Kennedy Way Surgery
The Stokes
Bradley Stoke Surgery
Stoke Gifford Medical Centre

General Practice Structure

- 76 practices – individual businesses
- 20 Primary Care Networks (PCNs)
- GP Federation OneCare. GP Collaborative Board (GPCB)– voice of general practice
- Local Medical Committee (LMC)
- BNSSG Integrated Care Board (ICB)

General Practice Activity Data (GPAD) is used by practices, PCNs and the ICB to monitor access:

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

More details of metrics on the next slide

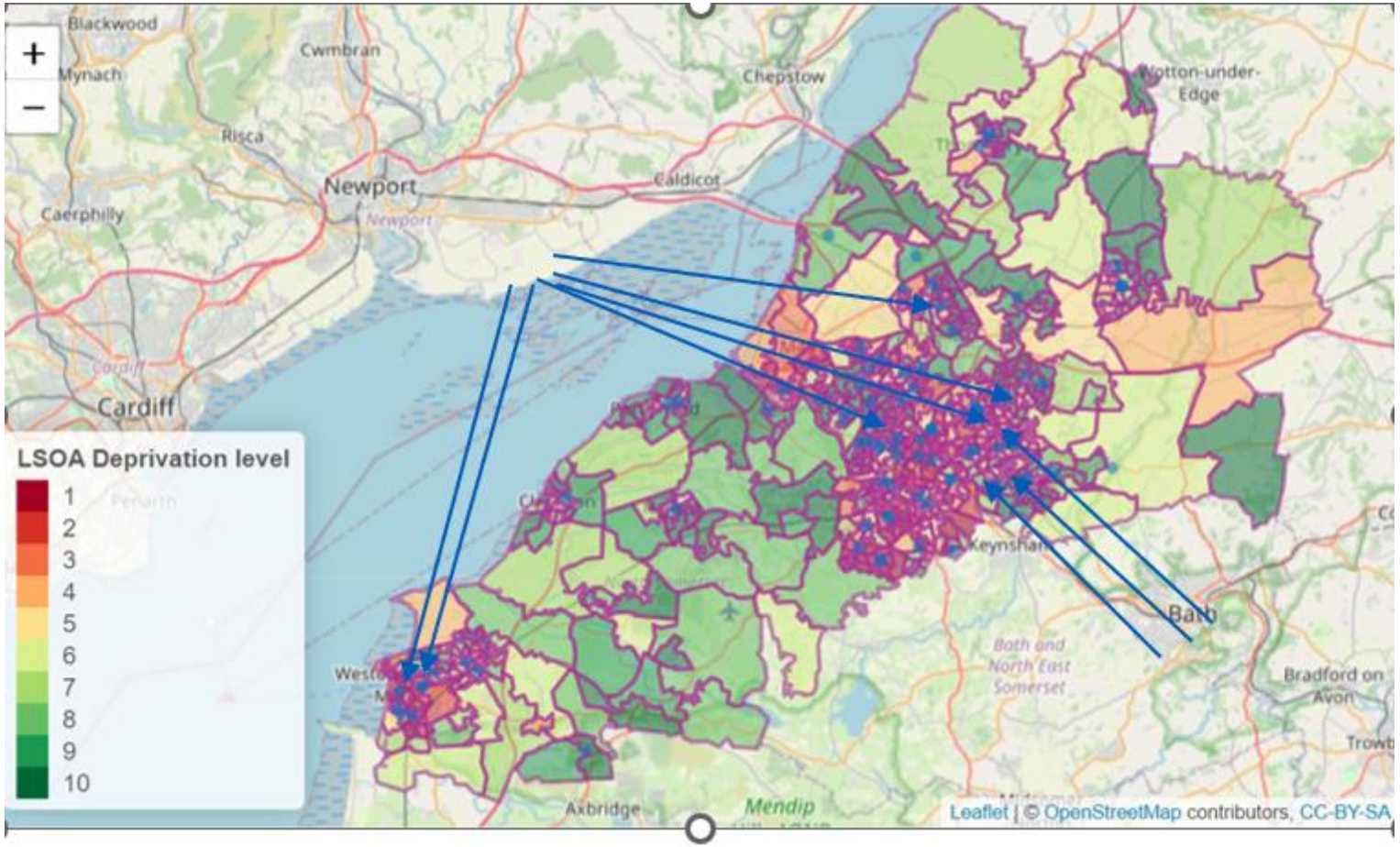
The ICB has developed a dashboard that monitors quality and resilience incorporating a number of metrics including workforce and quality. This is rag rated to identify practices early who may need support and to monitor improvement following input from the Practice Support Team and Access, Resilience and Quality Team

Access Metrics

Area	KPI/ Metric
GPAD	% of same day appointments
	No. of practices one standard deviation below the National average for same day appts
	% of appointments within 14 days
	No. of practices one standard deviation below the National average appts within 14 days
	% of F2F appointments
	No. of practices one standard deviation below the National average of F2F appointments
	Appointment rate per 1000 population
Online Consultations	No. of practices switching off online consultations during the day
	Online consultation submissions (clinical and administrative) per 1,000 registered patient population
	No of practices below BNSSG average of online consultations
	% of practice with increased numbers of online consultations
Telephony	% of telephone consultations
	% of practices on advance telephony solution
	Inbound call volume
111	BNSSG % utilisation of 111 slots
Online access	No. of practices signed up to online patient access to records
	% of practices offering patients the ability to book/cancel appointments online
	% of patients enabled to book/cancel appointments online
NHSApp	Uptake of NHS App
Care Navigation	% of practices completed local care navigation training offer
	No. of PCNs completed local care navigation training offer
	No. of practices signed up to National care navigation training
CPCS	No. of Community Pharmacist Consultation Service (CPCS) referrals
Enhanced Access	Number of Hours Delivered

Access and Workforce Challenges

The map below shows the areas of deprivation in BNSSG. The arrows show where practices are performing below the SW average for same day and within 14 day appointments. These practices also have challenges with recruitment and retention. All these practices have a deprivation level of 3 or below. Targeted work is underway with these practices to support understanding processes, care navigation, appointment book mapping , population need and workforce planning.



GP Collective Action: Background

- Significant unrest because of the current 2024/25 GP contract offer which the General Practitioners Committee (GPC) is clear is an imposed contract
- March 2024 the British Medical Association (BMA) held a referendum and 99.2% of members voted against the 24/25 General Medical Services (GMS) contract
- Government committed to honouring the 2024/25 DDRB (Doctors' and Dentists' Review Body) recommendation of a of 6% uplift, after NHS England and the Department for Health and Social Care only provided a 1.9% uplift in the interim in April 2024
- BMA ballot for a decision on collective action to take place from 1 August 2024 - 98.3% of members voting yes
- Avon LMC survey July 2024 – 87% response rate
- Avon LMC Members event 10 September
- Avon LMC local guidance for practices issued 18 September

GO LIVE	AVON LMC RECOMMENDATIONS	SPECIFIC SUPPORT TO FOLLOW
Now	CAP CONTACTS TO 25/DAY PER CLINICIAN - Practices can start making plans to move to the approach outlined in BMA Safe Working Guidance	
Now	NEW DATA SHARING AGREEMENTS	Liaise with LMC/ One Care
04/11/24	SINGLE GENERIC REFERRAL FORM TO ALL PROVIDERS	ICB BNSSG Standard Referral Template
04/11/24	PUSHBACK OF WORK FROM SECONDARY/COMMUNITY CARE - Prescribing: initiation/28-day script/SCP stabilisation - Fit Notes - Onward Referrals for same condition - Investigations: chasing/communicating/actioning/phlebotomy - Patient queries	Template letter Template letter Template letter Template letter Provider contacts
06/01/25	NO NEW INITIATION SHARED CARE PRESCRIBING IF NO LES - ADHD/Lithium/Mesalazine	Properly costed LES
06/01/25	NO NEW BARIATRIC SURGERY MONITORING IF NO LES	Properly costed LES
06/01/25	NO NEW PHYSICAL MONITORING FOR AWP/CAMHS	ICE licenses

Work to date

- Fortnightly System and ICB co-ordination response
- Fortnightly ICB working group to co-ordinate across different departments
- Fortnightly South West Regional NHSE Incident Management Team meetings with highlight reporting
- National comms toolkit circulated and local system, practice and patient comms developed including ICB website
- Maintained regular meetings with the LMC
- CB Board, Primary Care Committee, ICB Executive Team and GPCB provided with regular updates on GPCB
- System risk assessment and mitigation planning completed by providers
- Development of Quality Impact Assessment on mitigation plans from system partners
- Subgroups established to address areas where notice has been given to

Next Steps

- Continued active monitoring of risk and implementing of mitigations where possible
- Primary /Secondary Care Interface Group already in place and acceleration of work needed to address interface workload and relationship management
    - Complete care (including fit notes and discharge summaries
    - Clear points of contact
    - Call and recall
    - Onward referrals
    - Culture
    - Plans to develop an urgent care interface group
- Continued collaborative working with system partners, Avon LMC and GPCB to prioritise work and move to new ways of working

Health Overview and Scrutiny Committee (sub-committee of the Public Health & Communities Policy Committee)
30th January 2025

Report of:

- Michelle Cox, Clinical Director, CAMHS Secure and Specialised, AWP
- Heather Kapeluch, Head of Operations, CAMHS, AWP
- Faye Gladwin, Senior Performance Manager, Mental Health, ICB

Title: Child Adolescent Mental Health Service (CAMHS) Update

Ward: All

Recommendation:

For Members to note the contents of the report.

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

NHS
Avon and Wiltshire Mental Health Partnership
NHS Trust

Bristol CAMHs HOSC

30th January, 2025

Michelle Cox, Clinical Director, CAMHS Secure and Specialised, AWP
Heather Kapeluch, Head of Operations, CAMHS, AWP
Faye Gladwin, Senior Performance Manager, Mental Health, ICB

AWP

BNSSG ICS Priorities

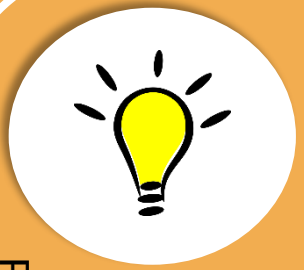
Draft Joint Forward Plan Refresh

- Improve access to and reduce waits for children's mental health services
- Coordinated action across system partners to improve outcomes for children and young people missing education
- Continue to develop a comprehensive Mental Health Support Teams in School service including roll out of new teams
- Build on existing transition improvement and scope opportunities to improve experience and outcomes for children moving on to adult services
- Clarify and promote BNSSG crisis support and guidance for professionals, including delivery of crisis support via NHS111 dial 2
- Address pathway issues and service gaps in eating disorders.
- Continue neurodiversity transformation programme including testing of neurodiversity support hubs
- New BNSSG-wide SEND plan

AWP

CAMHS – Bristol

Avon and Wiltshire Mental Health Partnership NHS Trust



Successes

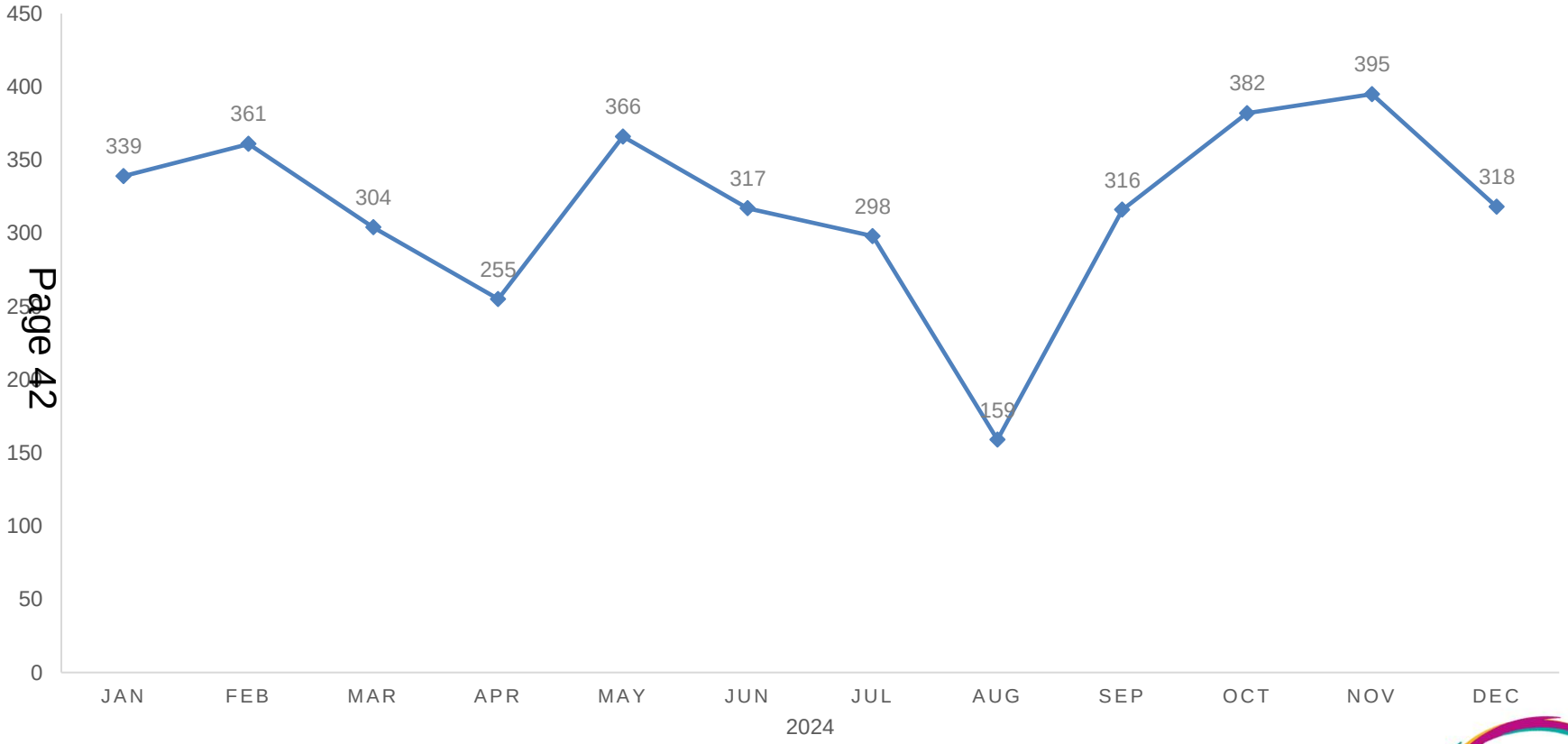
- Recruited the Getting Advice team
- Development of a telephone support line
- Development of the "Waiting Well" calls
- Meeting the urgent performance targets and maintaining treatment waits
- Successful recruitment across all teams
- Focus on wellbeing
- Development of the young person's transition service
- Recurrent funding for the Eating Disorder naso-gastric service

Challenges

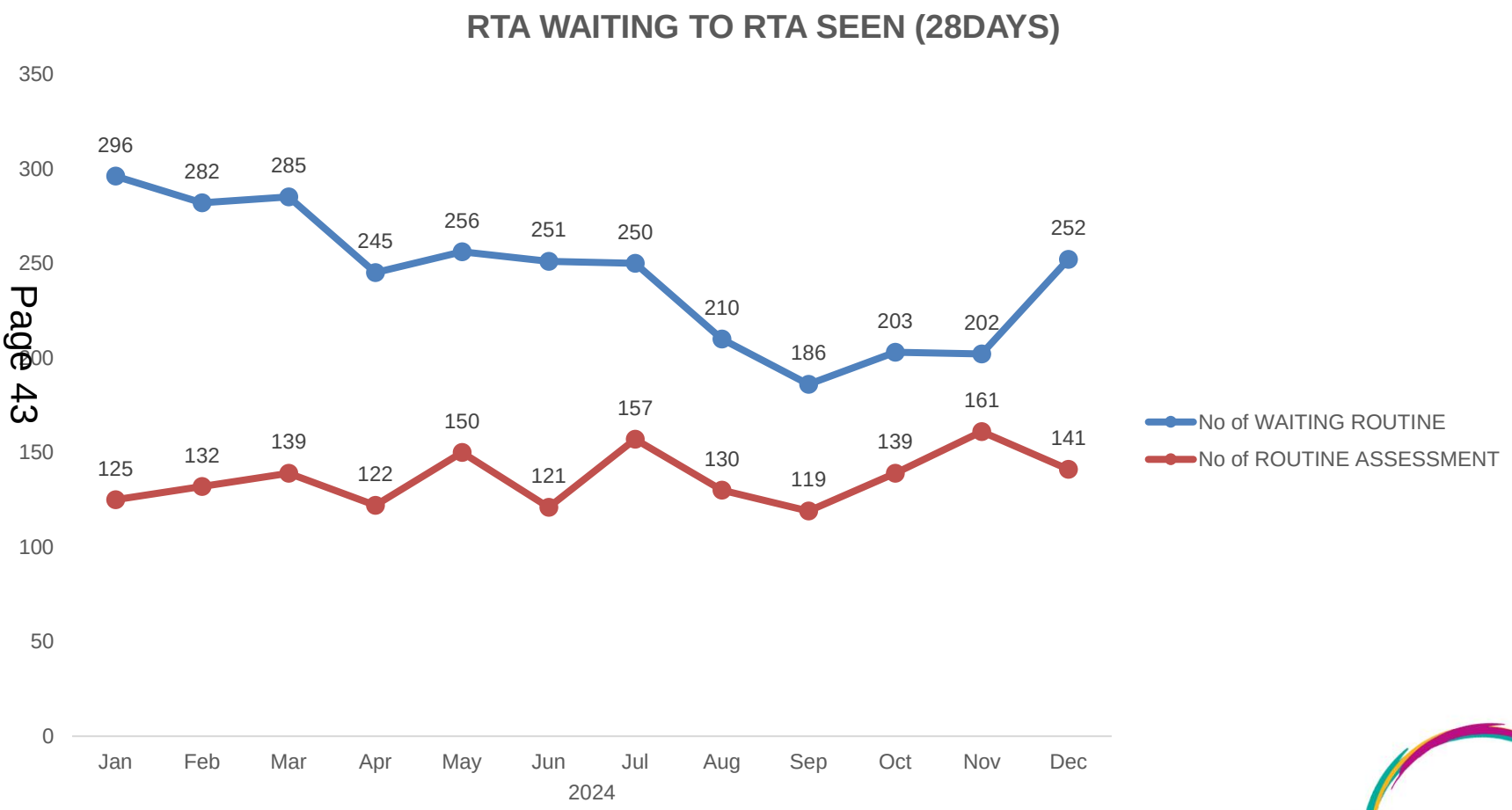
- Adequate bases to meet the needs of service users
- Accessibility of services to meet the needs of children and young people
- Vacancies within some teams has impacted wait times

Avon and Wiltshire Mental Health Partnership NHS Trust

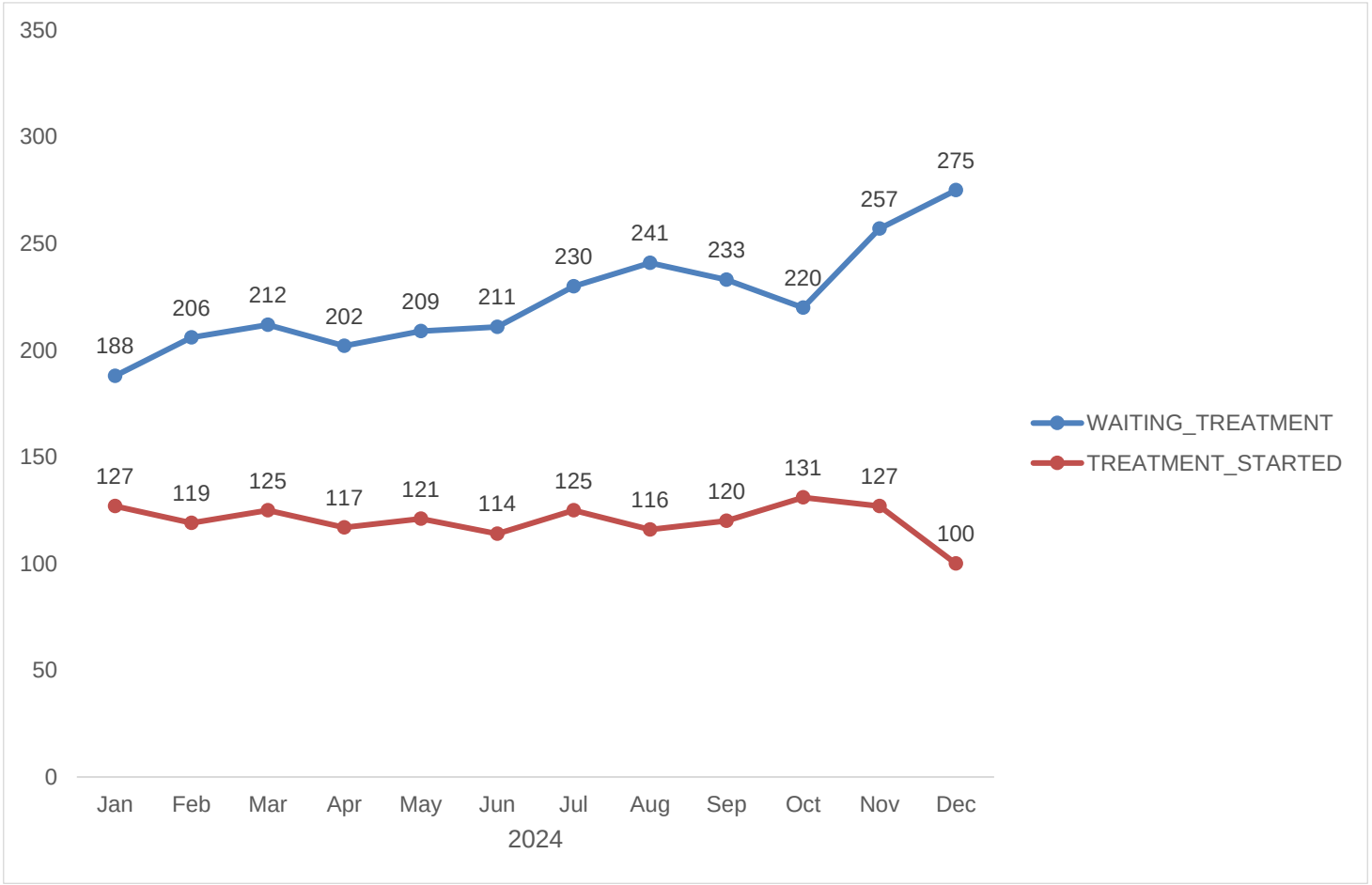
Bristol CAMHS Referrals



CYP Referral To Assessment

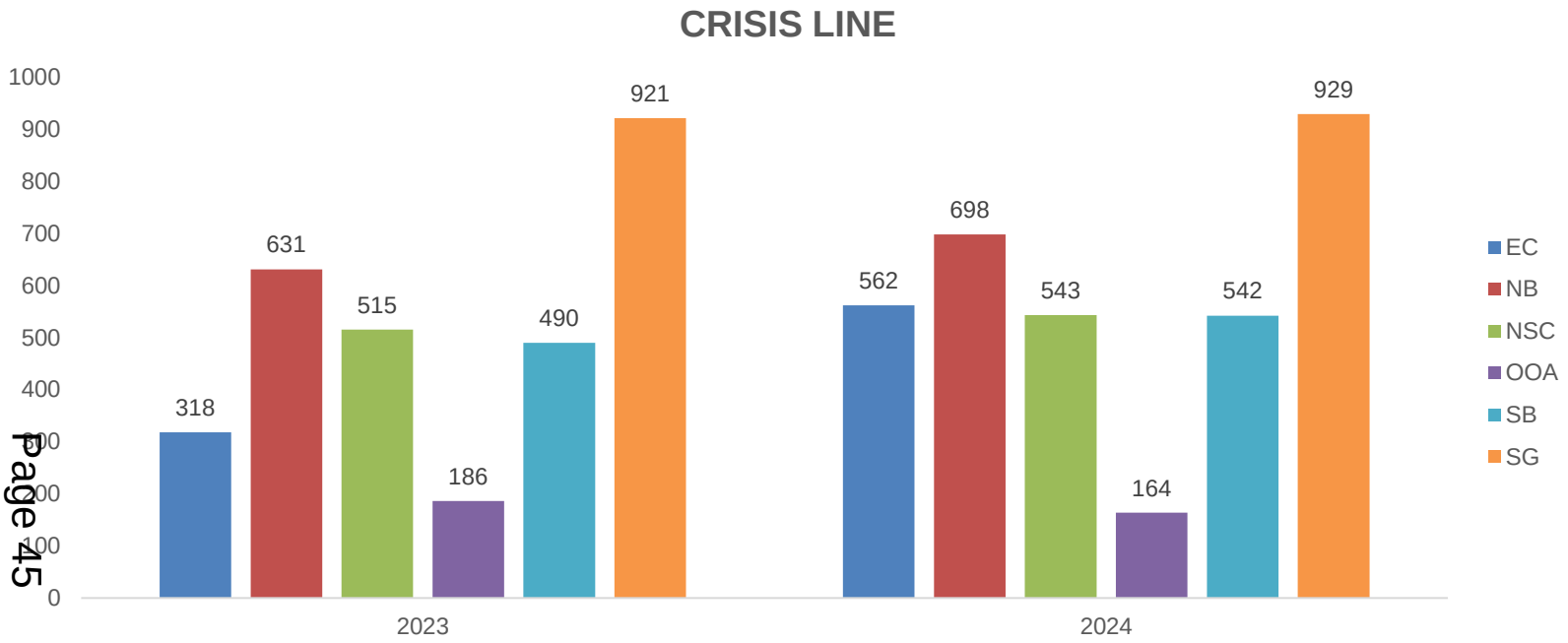


Referral To Treatment within 18 weeks



CAMHS Performance

Avon and Wiltshire Mental Health Partnership NHS Trust



What's gone well

- The CAMHS Emergency Response line offers a 24/7 service, with consistently good feedback from acute hospitals, carers, young people and CAMHS colleagues.

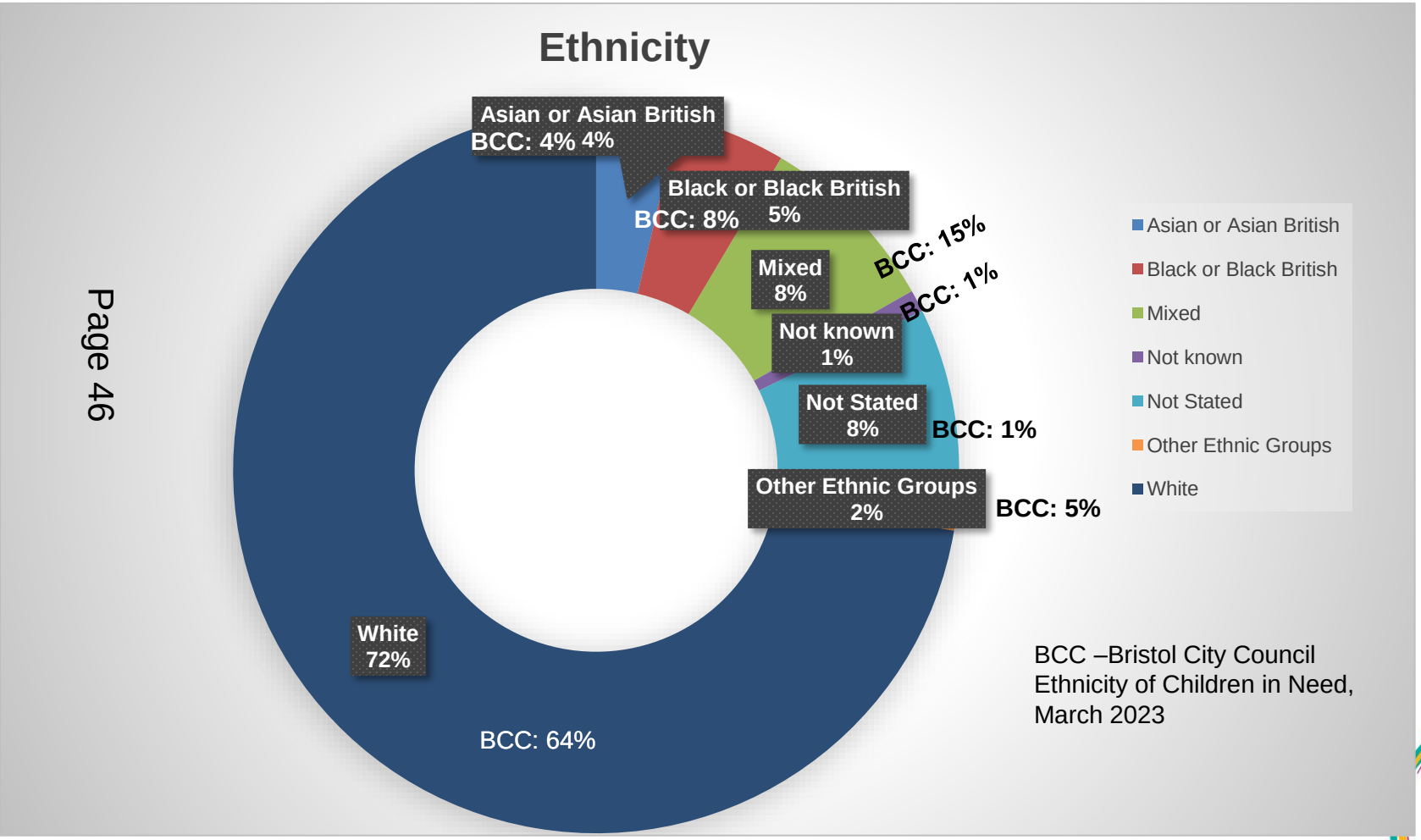
What are the challenges

- Level of activity overnight declines steeply in terms of assessments and need for crisis support.
- Have needed an on-call function to make this possible, which has added an additional role for staff.
- The service will move to NHS 111 in 2025 to provide an all age provision with some reduction to current resources within CAMHS.

Referrals Demography

Bristol CAMHS

Avon and Wiltshire Mental Health Partnership NHS Trust

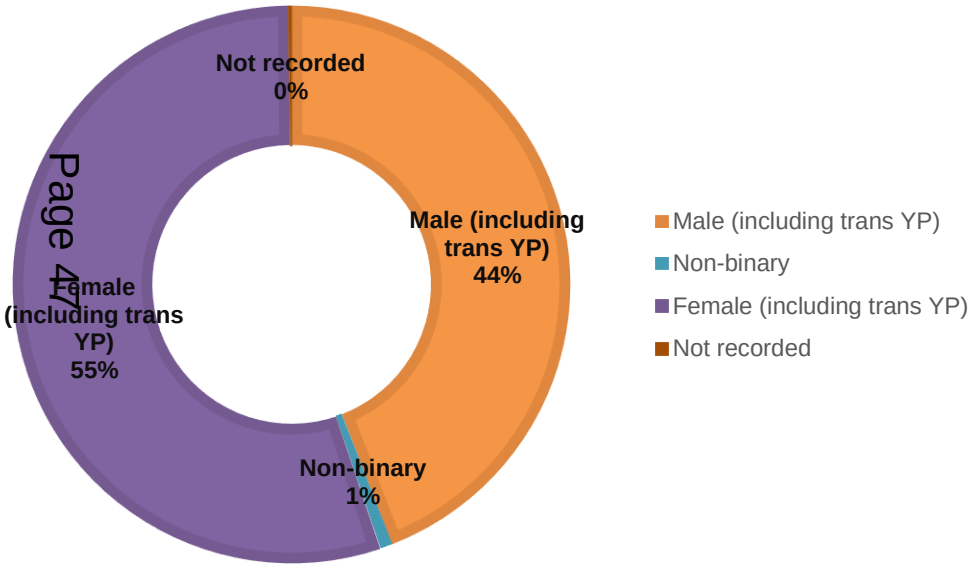


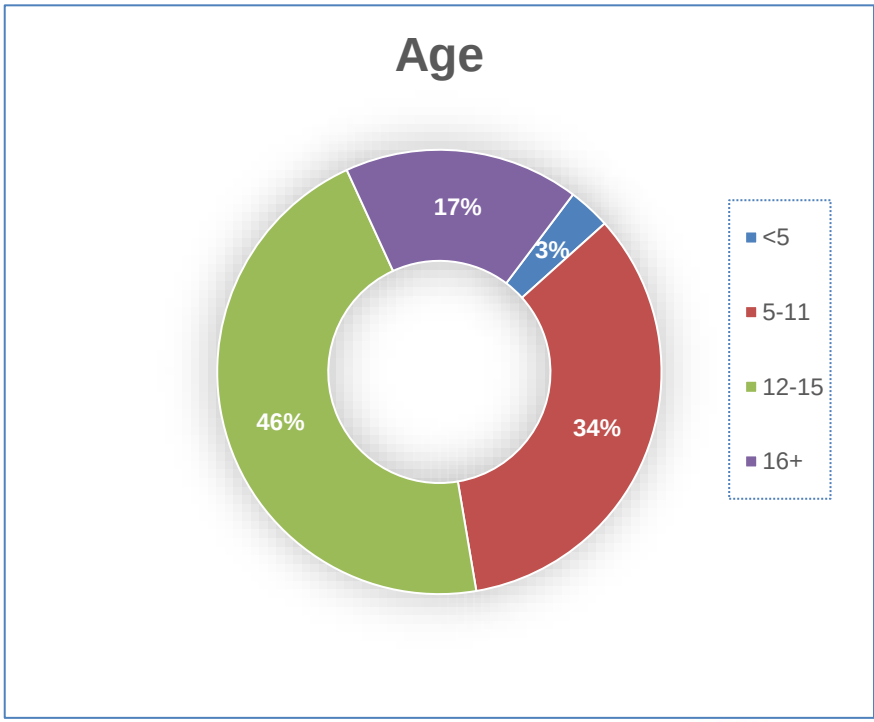
BCC –Bristol City Council
Ethnicity of Children in Need, March 2023

Referrals Demography

Bristol CAMHS

Avon and Wiltshire Mental Health Partnership NHS Trust

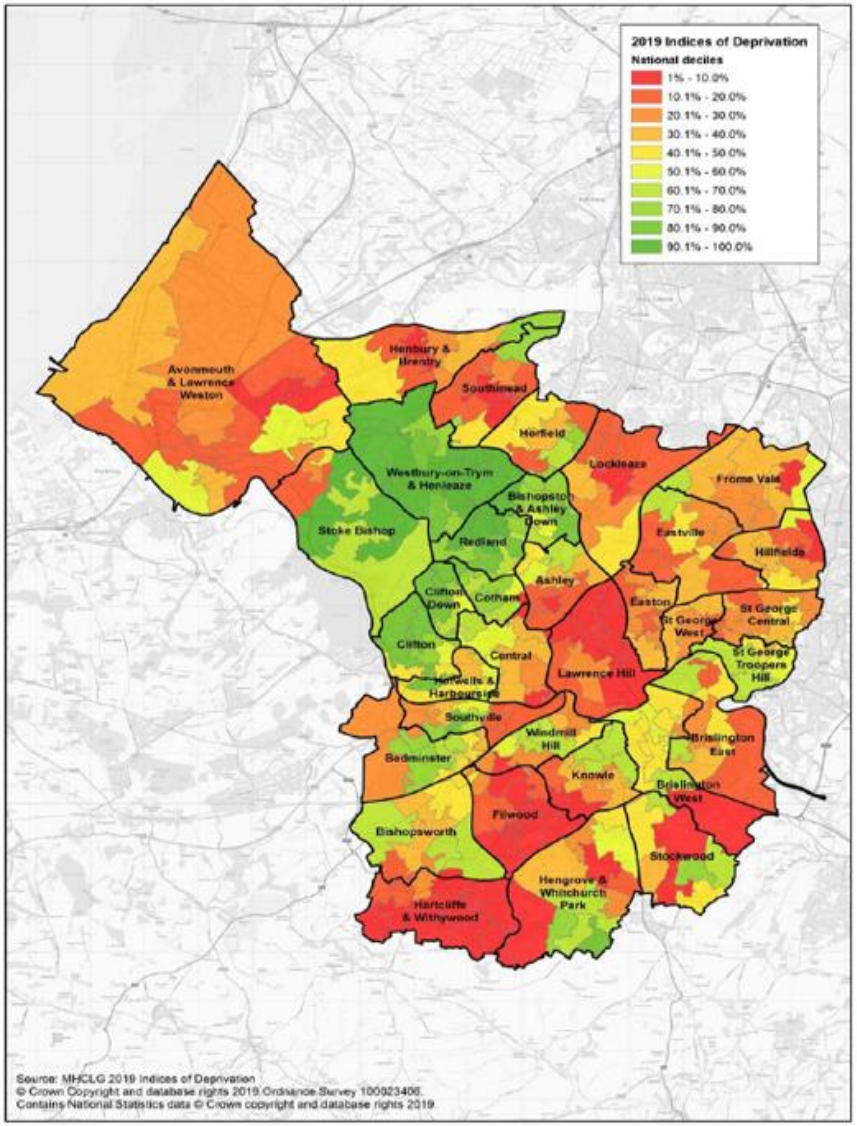




Deprivation Data

NHS
Avon and Wiltshire
Mental Health Partnership
NHS Trust

Electoral Ward Name	% of referrals
Hartcliffe and Withywood	9.39%
Avonmouth and Lawrence Weston	7.13%
Filwood	6.14%
Hengrove and Whitchurch Park	5.68%
Henbury and Brentry	4.94%
Southmead	4.33%
Lawrence Hill	4.20%
Lockleaze	4.16%
Hillfields	3.86%
Knowle	3.28%
Horfield	3.15%
Frome Vale	3.06%
Stockwood	2.98%
Eastville	2.96%
Bishopsworth	2.93%
Ashley	2.71%
St George Central	2.65%
Easton	2.56%
Windmill Hill	2.56%
Brislington East	2.48%
Westbury-on-Trym and Henleaze	2.40%
Brislington West	1.91%
Bishopston and Ashley Down	1.88%
Bedminster	1.86%
Stoke Bishop	1.78%
Redland	1.63%
Southville	1.45%
Central	1.38%
St George West	1.27%
St George Troopers Hill	0.97%
Clifton	0.97%
Cotham	0.53%
Clifton Down	0.42%
Hotwells and Harbourside	0.40%



Equality, Diversity and Inclusion

Avon and Wiltshire Mental Health Partnership NHS Trust

CAMHS Quality Improvement Project – Improving Experience and Access for Black and Brown Young People

- Terminology that is used has been chosen by young people who are part of the Barnardos Black and Brown Mind Matters Group (BBMM) which is a service user participation group. We appreciate the debates around terminology but wished to honour the language chosen by young people
- Over that last year young people have produced a short film on CAMHS – to be released shortly
- Co-produced a Driver Diagram and key actions with CAMHS and other key stakeholders aimed at improving young peoples' experience and access to CAMHS
- Young People reviewed CAMHS scoring as part of the NHS England requirement to meet standards in the Equality Delivery Service
- Alongside the Community Development Lead for the project an Engagement, Access and Outreach worker has been appointed to support young people's and community engagement
- The project is aligned with the requirements to deliver the Patient Carer Race Equality Framework (PCREF) from April 2025
- BBMM group are to present to the Executive and Trust Board in February 2025
- Young people have co-produced Reflective Practice resources for CAMHS staff
- The project has been extended to include all protected characteristics

Asylum Refugee Clinic

Avon and Wiltshire Mental Health Partnership NHS Trust

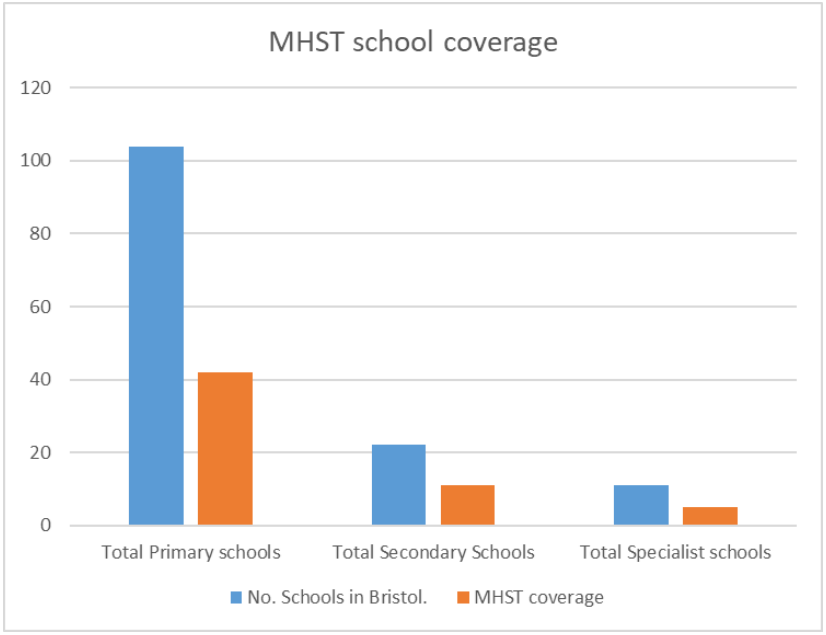
Those in the asylum seeker and refugee (ASR) population have typically experienced multiple traumatic events before arriving in the UK and are at an increased risk of long term serious mental health problems without treatment.

- The asylum seeker and refugee clinic (ARC) is a CAMHS mental health service developed to treat children with symptoms associated with a post traumatic stress disorder (PTSD) diagnosis.

- Receiving on average 84 referrals per year and delivering more than the commissioned service expectations.

- ARC liaise with local partners and commissioners through strategic forums to support a joined up approach within this continually changing area of health and consider mechanisms to support this stretched service to deliver a long term sustainable service.

Bristol MHST coverage



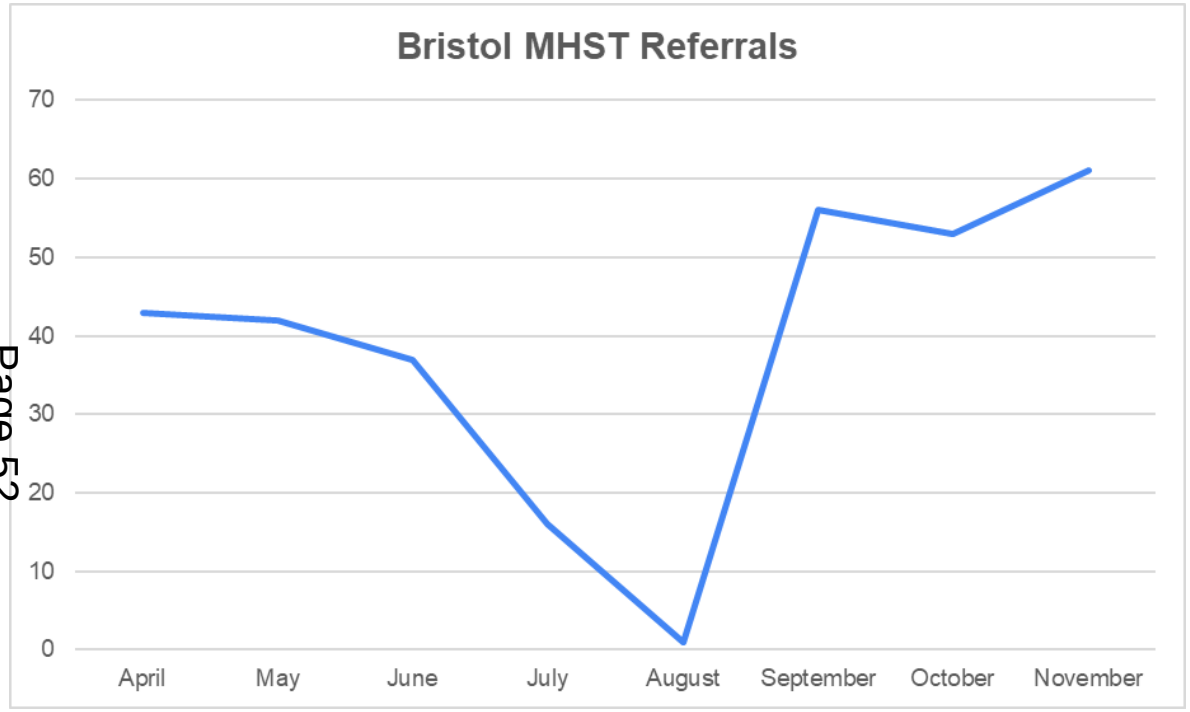
	Curent schools covered by MHST			
	South Bristol	North Bristol	East and Central	Total
All-through	2			2
Primary schools	13	12	17	42
Secondary schools	3	5	3	11
Specialist schools	2	3		5
Alternative Provision (AP)			2	2
Post 16		2		2
Total	**20**	**22**	**22**	**64**

Additional 16 schools and 3 EMHP's will join from January 2025

Increasing our coverage to 64%

Bristol MHST reach

April to Nov 2024



PRIMARY REASON FOR REFERRAL
Anxiety
Attachment difficulties
Behavioural difficulties
Low mood /Depression

64 Number of schools we're working in.'

134 Average No Children that receive monthly 1:2:1 support

1,146 Hours of 'Whole Schools Approach'

28,493 Total children reached

Avon and Wiltshire Mental Health Partnership NHS Trust

17+ Year old Transitions

New Enhanced Service for CAMHS Youth Transitions

•A new enhanced service has been created to support the transition of young people from CAMHS to post-18 adult mental health services and mental health services in primary care.

•A Bristol Youth Transition Practitioner in adult mental health recovery teams has been recruited and will oversee transitions across the three Bristol localities.

•Three Off the Record Youth Transition Workers have been recruited to support the transition to primary care and offer additional transition support to young people with post-18 mild and moderate mental health needs who do not meet the criteria for adult mental health services.

•The service is currently in a settling period and will officially launch in July 2025.

NHS
Avon and Wiltshire
Mental Health Partnership
NHS Trust

Riverside Update

Riverside Tier 4 General Adolescent Unit was closed at the end of January 2024, due to patient safety concerns. It remains closed.

Since closure there has been significant improvement work undertaken by the team:

Review of clinical model in line with new national service specification to meet changing needs of YP.

Developments to include increased provision for YP with Eating Disorder. This will reduce need for Out of Area admissions

Internal and external review and analysis of specific patient safety issues. Review commissioned by the South West Provider Collaborative due end of February which will inform further improvements.

Co-production: Service user, carers and wider stakeholder engagement and feedback. Including project with Barnardo's with YP who have previously been admitted to Riverside

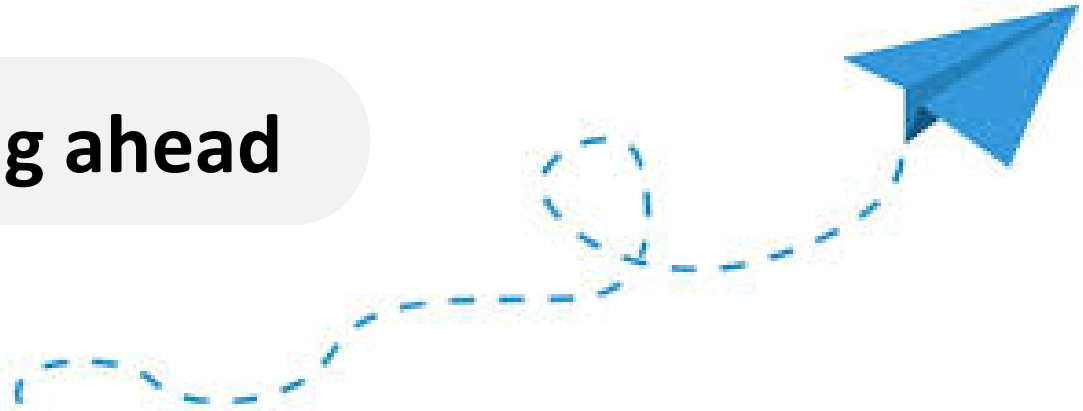
Workforce: Leadership and Culture Development; Staff Training and Team Building

AWP

Impact of Closure

- Riverside continue to undertake access assessments for YP referred for admission
- 61 referrals since March 2024. 37 needed admission
  - 20 admitted to Tier 4 CAMHS units in Southwest region
  - 1 admitted to Tier 4 CAMHS unit out of Southwest region
  - 7 admitted to specialist Eating Disorder Unit
  - 5 admitted to Psychiatric Intensive Care Unit
  - 1 admitted to Low Secure CAMHS
  - 2 admitted to Specialist Children's (under 13) units
  - 1 admission to Great Ormond Street Hospital
- Wessex House, Bridgwater closed August 2024. Re-opening early 2025.
- AWP and SWPC commitment to re-opening Riverside

Looking ahead



- Improving CYP access to Mental Health Services
- Reopening of Riverside General Adolescent Inpatient Unit
- Crisis Line NHS 111 Transition (timeline to be confirmed)
- Continue to build on the learning and success of Community Eating Disorder Services
- Development of new Referral To Help 4-week target in 2025

Thank You

Any questions?

AWP