

Bristol City Council

Minutes of the Public Health and Communities Policy Committee



21 June 2024 at 10.00 am

Members present:

Councillors: Stephen Williams (Chair), Emily Clarke (Vice-Chair), Tom Blenkinsop, Lisa Durston, Fi Hance, Cara Lavan, Abdul Malik, Bador Uddin and Sibusiso Tshabalala (substituting for Ed Fraser)

1 Welcome, introductions and safety information

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

2 Apologies for absence and substitutions

It was noted that apologies for absence had been received from Cllr Fraser and that Cllr Tshabalala was substituting for Cllr Fraser.

3 Declarations of interest

Cllr Malik (as per his declaration in the members' register of interests) advised that he was Chair of trustees, Jamia Masjid mosque, Easton.



4 Chair's announcements

The Chair commented that this was the first meeting of a service-focused policy committee under the Council's committee governance system. He looked forward to the engagement of members in addressing this Committee's work programme over the coming year, and to public engagement with the Committee through the refreshed public forum arrangements.

The Chair also reminded members that in terms of policy development, it had been decided at the recent policy committee work programme setting workshop that this Committee would focus in particular during the year ahead on the development of a new library strategy for the city.

5 Public Forum

The Committee noted that the following public forum statements had been received in relation to agenda item 9 - Extension of Bristol Impact Fund 2:

1. Dan Bourton, Bristol Disability Equality Forum
2. Paul Jayson, Lawrence Weston Community Farm
3. Stacy Yelland, Eastside Community Trust
4. Steve Sayers, Hartcliffe City Farm
5. Ameena Ahmed & Leilah King, Off The Record
6. Andrew McCarthy, Bristol Refugee Rights; Mijanou Blech, Bristol Hospitality Network; Layla Ismail, Refugee Women of Bristol; Clare Smith, Project Mama; Caitlin Plunkett, Borderlands
7. Alessandra Gava, Changes Bristol
8. Rebecca Mear, VOSCUR
9. Amy Kinnear, Southmead Development Trust
10. Alex Raikes, Bristol Hate Crime and Discrimination Service

Statements were presented by those in attendance at the meeting (or by their representatives).

The Committee noted the statements, noting also that their content would be taken into account as part of their consideration of the relevant agenda item.

6 Public Health and Communities Policy Committee annual business report

The Committee considered the annual business report for 2024/25 (agenda item 6).



The Committee **RESOLVED:**

- 1. To note the membership of the Public Health and Communities Policy Committee for 2024/25.**
- 2. To note the appointment of Cllr Stephen Williams as the Chair of the Public Health and Communities Policy Committee for 2024/25.**
- 3. To note the appointment of Cllr Emily Clarke as the Vice-Chair of the Public Health and Communities Policy Committee for 2024/25.**
- 4. To note the terms of reference of the Public Health and Communities Policy Committee.**
- 5. To note the Public Health and Communities Policy Committee's meeting dates for 2024/25.**
- 6. To note the establishment of the Health Scrutiny Sub-Committee.**

7 NHS health checks in GP practices

The Committee considered a report (agenda item 7) that requested approval to procure in accordance with the NHS Provider Selection Regime established by the Health Care Services (Provider Selection Regime) Regulations 2023 and recommission Bristol's NHS Health Checks contract from 1 April 2025 to 31 March 2030.

The Chair commented that this was a key decision report, as the proposed decision involved spend of more than £500k and would have a significant impact on 2 or more wards in the city.

Summary of main points raised/noted in discussion of this item:

- Concerns were raised about the fact that, as highlighted in Bristol's Joint Strategic Needs Assessment, the rate of early deaths from cardiovascular disease was over three times higher among people living in the most deprived areas of the city compared to the most affluent areas. It was noted that sometimes these significant local population health disparities, including life expectancy rates, were evident between communities that were close to each other geographically, for example Southmead and Henleaze. There were a range of factors influencing health inequalities, some of which were directly health related but also included a range of other influences such as the impact of low family/individual income and quality of housing. It was noted that the Joint Strategic Needs Assessment included detail and evidence about the scale of health inequalities in the city.
- In terms of the contract award, it was noted that because of the need to deliver this service across the city's population, the proposal was to continue to deliver these health checks through a contract with GP surgeries/primary health care, to seek to maximise the reach of the service within the city's communities.
- Whilst noting that these NHS health checks were available to everyone aged between 40 and 74, an issue was raised about the need to address gaps in terms of the take-up and reach of the service within communities. It was noted that targeted action was being taken to try to secure increased uptake of health checks from groups identified in the Joint Strategic Needs Assessment as being at higher risk of cardiovascular disease, such as South Asian men.



4. It was noted that one organisation, Caafi Health, carried out basic health checks outside mosques and community centres, including blood pressure and blood sugar levels, as well as checks for cholesterol, and liver and kidney function. Whilst this intervention was welcomed, it was flagged that there were issues around some individuals identified with health needs through these checks then not being able to secure subsequent GP appointments.

5. In response to a question, it was noted that measures were in place to tackle smoking and vaping related waste (although this particular matter did not fall within this Committee's remit).

6. In response to a further question, officers undertake to check and assess the extent to which social value considerations were factored into the contract/specification.

7. It was noted that when an individual undertook a health check, the results, along with age, gender and ethnicity considerations, were used to calculate an individual's risk of developing a cardiovascular disease. These risks were largely preventable, and support would be made available for individual lifestyle changes such as stopping smoking, losing weight and reducing alcohol intake.

The Chair then moved the recommendation set out in the report. Councillor Clarke seconded this motion.

The Committee **RESOLVED** (unanimously):

To authorise the Director: Communities and Public Health, with the Executive Director: Adult and Communities to procure and enter into a contract for the provision of NHS Health Checks that assist with the reduction of cardiovascular disease for the period of 5 years (1 April 2025 to 31 March 2030) in accordance with the maximum budget envelopes outlined in the report.

8 Direct award of substance use services in primary care

The Committee considered a report (agenda item 8) that sought permission to award a contract to GP practices and pharmacies from 1 April 2025 to deliver prescribing, supervised consumption, community detoxification and holistic health care, working in partnership with the main substance use provider.

The Chair commented that this was a key decision report, as the proposed decision involved spend of more than £500k and would have a significant impact on 2 or more wards in the city.

Summary of main points raised/noted in discussion of this item:

1. It was noted that the commissioning plan set out the intention to direct award to primary care for the provision of medical interventions and support from GPs for the main substance use services and the delivery of supervised consumption from pharmacists. These were services that could only be delivered at a population level by primary care providers.



2. In terms of the public consultation that had taken place on the Substance Use Commissioning Plan, it was confirmed that the key findings included:

- 80% of respondents either agreed or strongly agreed with the proposal to continue the investment in community prescribing for adults via shared care and to bring together all other adult prescribing pathways into a single specialist prescribing pathway which would cater for the most complex clients.
- Respondents highlighted the need for services to be community based. The need to build recovery into the community was mentioned as well as the need for infrastructure and resource to provide community-based services.
- The importance of enhancing the role of primary care in shared care was highlighted as well as ensuring it was integrated effectively with the proposed specialist prescribing service.

3. In terms of the consultation survey, it was suggested that some of the questions could have been phrased in a more user-friendly way. It was noted that in addition to the survey, a range of focus group sessions had also been used to seek feedback.

4. In relation to the consultation report (Appendix F), a concern was raised that in terms of the ethnicity of respondents, there were no responses recorded from individuals identifying as Black/Black British. It was noted that in response to this, officers would look to refine the consultation approach and take advice on the best way to reach communities more effectively in relation to future, similar consultations, noting the importance of maximising the engagement of the city's diverse communities.

5. In response to a question, it was noted that liaison was taking place with Children and Families, and Education and Skills teams related to bringing targeted services for children and young people into scope.

6. In relation to the equalities impact assessment, it was noted that there was a reference to research showing that LGBTQ+ people face widespread discrimination in healthcare settings, with one in seven LGBTQ+ people avoiding the seeking of healthcare for fear of discrimination from staff. It was noted that a number of interventions were being taken to address this issue, including improved communications and assurance around the safety of healthcare settings.

The Chair then moved the recommendations set out in the report. Councillor Clarke seconded this motion.

The Committee **RESOLVED** (unanimously):

- 1. To approve the proposal to direct award a substance use services contract to primary care in accordance with the requirements of the Health Care Services (Provider Selection Regime) Regulations 2023.**
- 2. To authorise the Director: Communities and Public Health, with the Executive Director: Adult and Communities, in consultation with the Chair of the Public Health and Communities Policy Committee, to take all steps required to direct award the contracts for the provision of substance use services in primary care for a period of 5+2+2 years in accordance with the maximum budget envelopes outlined in the report.**



3. To authorise the Director: Communities and Public Health, with the Executive Director: Adult and Communities, in consultation with Chair of the Public Health and Communities Policy Committee, to invoke any subsequent extensions/variations specifically defined in the contract(s) being awarded, up to the maximum budget envelope outlined in the report.

4. To note the consultation report at Appendix F.

9 Extension of Bristol Impact Fund 2

The Committee considered a report (agenda item 9) that sought approval to extend Bristol Impact Fund 2 medium and large grants to community and voluntary sector organisations for 6 months from 1 October 2025 to 31 March 2026. This extension would allow time to develop the approach to Bristol Impact Fund 3 with a view to a committee decision being made in January 2025.

The Chair commented that this was a key decision report, as the proposed decision involved spend of more than £500k and would have a significant impact on 2 or more wards in the city.

As per the public forum, the Committee noted that 10 public statements had been submitted in relation to this item of business (see item 5 above).

Summary of main points raised/noted in discussion of this item:

1. Members indicated their appreciation of those individuals and organisations who had submitted public forum statements in relation to this report.

2. The proposal and recommendations as set out in the report were generally welcomed.

3. It was noted that whilst the proposal would extend Bristol Impact Fund 2 medium and large financial grants to community and voluntary sector organisations for 6 months from 1 October 2025 to 31 March 2026, the position beyond April 2026 was not certain. The Bristol Impact Fund would then enter its third round of grants, which could potentially see changes in terms of those organisations funded in future. As per the timeline set out in the report, public consultation would take place over September-October 2024 involving the community and voluntary sector and key stakeholders, and would include positive action to speak to equality-led groups. It was anticipated that a report to determine the Bristol Impact Fund 3 approach would then be submitted to the Committee for decision in January 2025.

4. The Chair encouraged members to take the opportunity in the coming months to visit community organisations to learn more about the breadth of services funded through the Bristol Impact Fund.

The Chair then moved the recommendations set out in the report. Councillor Clarke seconded this motion.



The Committee **RESOLVED** (unanimously):

- 1. To approve an extension to Bristol Impact Fund 2 medium and large grants programme of 6 months, from 1 October 2025 to 31 March 2026, at a cost of £766,340**
- 2. To endorse the proposed indicative timeline and suggested date for a decision to be brought to Committee to approve the approach to Bristol Impact Fund 3.**
- 3. Authorise the Head of Service: Communities, in consultation with the Chair of the committee, to take all steps required to award the grants and ensure the timetable is met.**

Meeting ended at 11.35 am

CHAIR _____

