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.