

Bristol City Council

Minutes of the Health Scrutiny Committee (sub-committee of the People Scrutiny Commission)



25 February 2021 at 1.30 pm

Members Present:-

Councillors: Brenda Massey (Chair), Eleanor Combley, Paul Goggin and Gill Kirk

Also in Attendance:-

Councillor Asher Craig, Deputy Mayor (Communities, Equalities & Public Health)

Christina Gray, Director for Communities and Public Health, Bristol City Council (BCC); Carol Slater, Health Equity Lead, BCC; Lewis Peake, Public Health Registrar; Leonie Roberts, Consultant in Public Health; Victoria Bleazard, Head of Mental Health Services, BNSSG CCG; Michelle Smith, Associate Director for Communications & Engagement, Bristol North Somerset South Gloucestershire Clinical Commissioning group (BNSSG CCG); Lisa Manson, Director of Commissioning, BNSSG CCG; Emma Moody, Head of Mental Health Commissioning, BNSSG CCG; Anna Norris, Senior Contract Manager – Non-Acute, BNSSG CCG; Andy Newton, Head of Planned Care, BNSSG CCG; Tim Whittlestone, Clinical Lead for Vaccination Programme, BNSSG CCG; Claire Thompson, Chief Operating Officer, Nightingale Hospital Bristol

1. Welcome, Introductions, and Safety Information

The Chair welcomed all attendees to the meeting.

2. Apologies for Absence and Substitutions

Councillor Clough sent apologies.

3. Declarations of Interest

There were no declarations of interest.



4. Minutes of Previous Meeting

The minutes of the meeting held on 11th March 2020 were agreed as a true record.

5. Chair's Business

The Chair noted that the written response to the Health Scrutiny Working Group report by the CCG Governing Body would follow, and that there would be a verbal update at this meeting.

6. Public Forum

There were no public forum submissions.

7. COVID-19 Update (For Information)

The Director for Communities and Public Health introduced the report.

- The Committee was advised that the 'collect and drop' test kits were successful and more people had used this facility and dropped their kit back than attended the mobile testing units.
- The Director for Communities and Public Health was thanked, and the Public Health team commended for the clarity and timeliness of the information brought to the Committee and the public.
- There was a discussion about the use of libraries, that they had provided a central role in communities. It was agreed that this should be learnt from.
- The Deputy Mayor (Communities, Equalities & Public Health) commended the Communities & Public Health team for the work accomplished over the last year and stated that libraries were community hubs and had a role to play to support public health.
- The Committee was advise that Government funding had been secured to support the Library strategy, and there would be investment in a group of libraries to extend entrepreneurship.



8. Health Scrutiny Working Group Report

The Associate Director of Communications & Engagement from the Clinical Commissioning Group provided a verbal update for the Committee.

- The Committee was advised that there had been a meeting of the Clinical Commissioning Group (CCG) Governing Body in February, at which the Scrutiny Working Group report was well received and appreciated.
- The Governing Body thanked the Working Group for the report and a formal written response would follow.
- Members heard that the Governing Body had commented that the range of partners brought together in the evidence sessions had been a useful way to inform the report.
- The Governing Body welcomed the joint working, and provided three core themes of reflection: (i) digital exclusion and digital literacy (informed recovery planning), (ii) screening services (the importance of the establishment of clear messaging of the safety of screening as well as elective care), and (iii) the importance of effective communication with patients on waiting lists - these would be expanded upon in the formal written response.
- The Director for Commissioning thanked the Committee for the report.
- It was noted that the Committee, during the evidence sessions, also received views from the NHS Trusts which was helpful and constructive; and the important thing was to pick up the learning and ensure it was included in the recovery planning.
- The Committee heard that the CCG had noted the importance of digital literacy, and this would be one of the key points included in recovery planning.
- The Deputy Mayor (Communities, Equalities & Public Health) advised the Committee that a One City Digital Inclusion Group had been convened, instigated by the feedback of the Working Group, feedback from the business community, and the recognised needs of young people to access the internet and devices. The scope had been broadened to include different cohorts and communities which included older people and refugee communities. There were over 4000 laptops that would be distributed; and training had been made available for older people to learn how to use the devices; this would help tie together the need for and access to health apps.
- The Committee was advised the CCG was aware that many people had no access to the internet. It was agreed that the digital inclusion strategy that the CCG and Trusts were working on should therefore be joined up with the work the Council had been doing in this area.



9. Specialist Children's Mental Health Inpatient Beds in Bristol - Update

The Clinical Commissioning Group (CCG) Senior Contracts Manager introduced the report. The Associate Director, Operations for Specialised Services, Avon & Wiltshire Mental Health Partnership (AWP), also spoke to the report.

- The Committee was advised that the bed process was overseen by NHS England and Improvement; AWP had a key role in the delivery of that service.
- Members heard that the inpatient bed capacity was closed in March 2020, and the figures until the end of January 2021 were as follows: Of all referrals for Tier 4 beds
 - 37 have been supported by the Riverside enhanced service
 - 35 have been admitted to Tier 4 beds within SW region – 6 of these were to Bristol Priory before it closed
 - 7 were admitted out of region
 - 34 supported by Tier 3
- The Committee was advised that young people with eating disorders were not included in those figures as there were no specialist eating disorder Child and Adolescent Mental Health Services (CAMHS) beds within region; all would have gone out of region, managed by NHS England & Improvement.
- Members were advised the closest specialist eating disorder provision was Coventry; AWP had been working with commissioners to plan how that service provision could be delivered closer to home.
- Members heard that there had been plans for service user evaluation and this would be reported upon; that AWP had a service agreement with Barnardo's to assist with the young person and child engagement.
- The Chair raised concern about out of region placements and recommended that this item be monitored, and the Committee updated.

RESOLVED;

That changes in specialist bed provision be considered when Members plan the 2021-22 work programme.



10. Carers accompanying patients for outpatients appointments

The Head of Planned Care, Bristol North Somerset South Gloucestershire Clinical Commissioning Group (BNSSG CCG) introduced the report.

- It was confirmed that carers could attend face to face appointments along-side patients; and that guidance provided to the patient stated that patients should attend alone unless a carer was required.
- The Committee heard that there was not a policy on differentiation of types of carer, which included voluntary or paid.

11. Delivery of the BNSSG Mass Vaccination Programme - Update

The Clinical Lead for Mass Vaccinations for Bristol North Somerset South Gloucestershire Clinical Commissioning Group (BNSSG CCG) introduced the report. The Operations Lead for Mass Vaccination, Director of Commissioning, Associate Director of Communications and Director of Commissioning, BNSSG CCG, also spoke to the report.

- The Chair stated that Councillors had a role to ensure information reached communities; and invited the CCG to send updates which would be passed on to known networks and via social media.
- The Committee heard that the Clinical Governance Group had recorded all known side effects; local reporting for moderate to severe side effects had shown low rates and no difference between the vaccinations. The most common side effect was a local one (painful arm).
- The report was commended, and Members commented that it was good to see data used in a smart way, with a geographical focus and used to identify at-risk groups.
- There was a discussion about how prioritisation of cohorts had worked in practice, and the Committee heard that all GP practices were grouped in Primary Care Networks (PCN) and cohort populations were identified within them, the vaccine supply was matched to that, and it was ensured that all PCNS were in line and had not fallen behind others so no area of the population would be disadvantaged.



- Members heard that in practice, due to the way the vaccine had arrived and that it had to be used within a week, there might not have been a completely even roll out across the PCNs, but it had been kept as even as possible.
- The Committee heard that GP records were used to identify those who had underlying health risks, and so assessed at a higher risk for COVID-19, and would be prioritised.
- The team were commended for the way the vaccination roll out had been coordinated and delivered so far.
- Cllr Goggin shared with the Committee that he had received the AstraZeneca vaccine and had posted a photo on social media which provided positive messaging about the vaccine. Mohamed Abdi and Mohammed ElSharif at Muslims for Bristol were commended for their work to provide information and dispel myths about the vaccine.
- The Committee was advised that there was a national observatory system which monitored every vaccination, provided information and ensured 2nd doses were appropriately provided.
- There was a discussion about how not being registered with a GP affected access to vaccinations, and the Committee was advised that there had been work to encourage people to register, with assurances that information would be only used for health purposes.
- Members heard that, as a fail-safe, there was the ability to vaccinate those people who were unregistered; this ensured there were no barriers to receiving the vaccine. This was particularly important for people who were homeless and asylum seekers.
- Also, it was recognised that some people had not registered with a GP or would not share all health issues with their GP, and so if they had a risk factor and had not been registered, they could still receive a vaccination.
- The Committee heard from Vicky Marriott, Healthwatch Bristol, who explained that there had been enquiries from people how considered themselves carers and tried to register with a GP but had been unable to do so; and there was a discussion about whether there was a criteria for how GPs would recognise carers.
- Healthwatch and Members were advised that there was a definition for unpaid carers; the issue was a number of people who identified as carers did not fit into those categories; but this would be mitigated by the ability for people to self-declare which would be available soon.



12. Drug and Alcohol Strategy

The Registrar in Public Health introduced the report. The Consultant in Public Health and the Bristol North Somerset South Gloucestershire Clinical Commissioning Group's Head of Mental Health and Learning Disabilities also spoke to the report.

- The report was commended; it was described as being comprehensive and data-rich.
- The Chair recommended that a note should be sent to the Licencing Committee to highlight the importance of the availability of alcohol-free drinks on licensed premises.
- There was a discussion about the clarity of the strategy and whether it was accessible to the public and service users, and Members were advised that it was tailored to providers and commissioners, and being accessible was important so communities could engage.
- Members heard that there was a question in the consultation document which asked people if they found the strategy clear, legible and readable; broadly speaking most people agreed that it was clear and legible, although too much jargon was referenced, and this would be considered.
- There was a discussion about how mental health could be more embedded within the strategy across the key points and members were advised that references to the importance to mental health throughout had been increased; further reference to mental health within the vision would be considered.
- Members recommended that the strategy would have benefited from a greater focus on the lived experience of service users and marginalised groups. It was acknowledged that consultation and engagement with groups was difficult during the pandemic.
- There had been engagement with individual service users directly, although due to the current circumstances there had been a lot of engagement with organisations that worked closely with service users and people with lived experiences.
- Members were advised that this was a high level strategy which set out the vision, and the next steps would require more specific pieces of work where people with lived experiences and from marginalised communities would be engaged and inform the its development.
- The Committee was advised that it was important that the trauma informed work in the city was aligned with the drug and alcohol strategy, and there would be consideration about how to make those links more explicit; and that the CCG could offer support to link in the information from its engagement with marginalised groups which referred to experience with alcohol and drugs.



- The Committee heard that the CCG, as part of the whole systems approach to mental health, had developed a mental health and wellbeing outcomes framework and there was an opportunity to link up with the alcohol and drugs strategy and the outcomes framework could be aligned.
- The whole systems approach where organisations would be working together was commended.
- Members stated that there should be, over and above a focus on individual behaviour change, more emphasis on structural inequalities and underlying issues which could be more strongly reflected within the strategy.
- There was a discussion about safe consumption rooms and the Committee heard that the law had not changed and so they were still illegal and there was not a commitment to produce one.
- Members heard that the strategy highlighted the Council's intent to be on the forefront of conversations to be had about legislative and policy change on safe consumption room; and that the Council would take the strategic view that this was something there was growing evidence for and Bristol would want to be part of the conversation.
- The Deputy Mayor (Communities Equalities and Public Health) noted the Committee's comments that more clarity was needed, and this would be considered, together with how to build on the existing positive joint work with the CCG.
- Vicky Marriott, Healthwatch, informed Members of the coproduction project Healthwatch had completed with service users of alcohol and drug services in North Somerset, which had a recommendation that there should be stronger availability of community mental health support at the same time as recovery.
- The Chair invited Vicky Marriott to send a list of Healthwatch priorities which could be considered by the Committee.

Meeting ended at 3.35 pm

CHAIR _____

