



Joint Health Scrutiny Committee
Wednesday, 26th September, 2018 at 10.00am
held at the Civic Centre, Kingswood, South Gloucestershire

Present

South Gloucestershire Council:

Councillors: Marian Gilpin (Chair), Janet Biggin, Shirley Holloway, Sarah Pomfret, Matthew Riddle and Ian Scott

Apologies: Cllrs Keith Burchell (replaced by Matthew Riddle) and Sue Hope

Bristol City Council:

Councillors: Brenda Massey (Vice-Chair), Eleanor Combley and Celia Phipps

Apologies: Cllrs Paul Goggin and Gill Kirk; also Cllr Helen Holland (Cabinet Member for Adult Social Care)

North Somerset Council:

Councillors: Roz Willis (Vice-Chair), Ruth Jacobs and Deborah Yamanaka

Apologies: Cllrs Mike Bell (replaced by Deborah Yamanaka), Andy Cole, David Hitchins, Reyna Knight and Ian Parker

In Attendance

South Gloucestershire Council:

Sara Blackmore, Director of Public Health

Karen King, Democratic Services Officer

Gill Sinclair, Deputy to the Head of Legal, Governance and Democratic Services

Bristol City Council:

Louise de Cordova, Democratic and Scrutiny Manager

Jacqui Jensen, Executive Director Adults, Children and Education

North Somerset Council:

Andrew Burnett, Interim Director of Public Health

Julia Parkes, Democratic and Registration Officer

Leo Taylor, Scrutiny Officer

Health Service Representatives:

Rebecca Balloch, Communications & Engagement Lead, Healthier Together Office

Deborah El-Sayed, Director of Transformation, BNSSG CCG

Stephen Lightbown, Director of Communications, North Bristol Hospitals NHS Trust

Lisa Manson, Director of Commissioning, BNSSG CCG

Laura Nicholas, STP Programme Director BNSSG CCG

Julia Ross, Chief Executive, BNSSG CCG

David Soodeen, Clinical Lead for Mental Health, BNSSG CCG

Apology: Robert Woolley (Chief Executive, UHBristol)

1 WELCOME AND INTRODUCTIONS (Agenda Item 1)

The Chair welcomed everyone to the meeting.

2 EVACUATION PROCEDURE (Agenda Item 3)

The Chair drew attention to the evacuation procedure.

3 DECLARATIONS OF INTEREST (Agenda Item 4)

There were no declarations of interest.

4 MINUTES OF THE LAST MEETING HELD ON 27TH FEBRUARY 2018 (Agenda Item 5)

Upon a proposal by Cllr Roz Willis, seconded by Cllr Brenda Massey, it was

AGREED: To approve the minutes of the meeting held on 27th February 2018 as a correct record for signing by the Chair.

5 PUBLIC FORUM (Agenda Item 6)

5.1 Submission by Viran Patel – Waiting List backlogs

A written public submission had been received, however the member of the public was not present at the meeting. The Chair indicated that a written response would be prepared and sent.

6 REPORT OF THE HEALTHIER TOGETHER TEAM (Agenda Item 7)

The Chair indicated that the part of agenda item 9 entitled 'Community Services Re-procurement' would also be considered as part of the main Healthier Together report under item 7, rather than in exempt session as shown on the agenda.

6.1 Healthier Together Update

Julia Ross introduced the Healthier Together update report. Since the Healthier Together Conference in June 2018, much progress had been made. A significant step had been to secure support to deliver a citizens' panel to gather the views of around 1,000 members of the public across the BNSSG area. The Healthier Together Panel would be surveyed on a range of health and care topics. Further progress included the establishment of 6 localities within the BNSSG area, being 3 localities in Bristol, 2 in North Somerset and 1 GP led locality in South Glos which contained a number of clusters. GPs were leading the work and vision of the localities and the ambition was that localities would be the default place of care with secondary (hospital) care being accessed only when there was real need.

The Clinical Commissioning Group (CCG) was on a journey to integrated care and to achieve this, 6 areas of change had been identified to focus upon:

- Integrated community localities
- Networked general hospital care
- Regional centre of excellence for specialised services
- Clinically and financially sustainable services
- Staff enabled to deliver excellent care every day
- Digitally enabled care

To deliver this vision of integrated care, there would be 10 priority areas of work:

- Integrated Community Localities
- General Practice Resilience and Transformation
- Mental Health Strategy
- Prevention
- Acute Care Collaboration
- Maternity
- Urgent Care
- Digital
- Workforce
- Healthy Weston

Members asked questions about the information presented and noted the following:

- No reduction in services was anticipated over the next 12 months and the intention was that waiting times would get no worse
- Social Care was part of the integrated community localities and local authorities were fully engaged with the Sustainability and Transformation Partnership (STP) plans
- There was a national direction on workforce planning post Brexit (withdrawal of the United Kingdom from the European Union), however local planning would take place
- Ways of maximising collaborative working across the BNSSG in order to provide the population with health and care services in the best way, were being explored; examples included deciding who would deliver specialist services currently available at more than 1 hospital; a BNSSG wide approach to tackling difficulties of recruitment and retention of staff to Weston Hospital; and aiming to have a BNSSG wide focus for clinical teams, work on which was already exemplified by the Maternity Services Team
- The voluntary sector played an integral part of community localities; the CCG worked with umbrella organisations such as the Care Forum, but also directly with discrete organisations such as BS3 Community; however, ways of funding the voluntary sector were as yet unclear; a planned engagement event would start to address ways of working under the 6 community localities
- Plans for an aspirant Integrated Care System were at an early stage

- The need to avoid duplication of work undertaken by the local authorities was acknowledged, for example in the area of meeting the mental health and wellbeing needs of the population.

6.2 Urgent Care Strategy

Deborah El-Sayed presented an update on the Urgent Care Strategy which gave details of work that had been done to identify what people wanted from urgent care and gave details of the vision for integrated urgent care and how this could be achieved. Members gave some examples of using the current 111 urgent care and 'out of hours' telephone system, which indicated a mixed experience.

6.3 Developing Strategic Plans for Mental Health

David Soodeen and Deborah El-Sayed addressed the Committee on the need to develop access to equitable mental health services across the BNSSG area, whilst respecting locality needs. A listening event had taken place to gauge views on gaps in services and as a result IAPT (Improving Access to Psychological Therapies) services were particularly being reviewed. Planning was also underway to improve crisis response, access to CAMHS (Children and Adolescent Mental Health Services) and work to reduce suicides and self-harm.

Members asked questions about the information presented and noted the following:

- Access to CAMHS services for children could involve lengthy waiting times; there had been many years of under-investment in providing CAMHS but the CCG had committed to additional investment
- The CCG had regular meetings with University leaders in the BNSSG, to work together to address the mental health of students; there had been a cluster of suicides by students in Bristol which was of concern; a pilot had been set up to establish integrated mental health staff within GP practices and it was planned to extend this to the university
- Work under the CCG mental health strategy and Public Health prevention programmes was linked and the workstreams were operating collaboratively
- Mental Health workstreams in schools related to areas such as self-harm and cyber bullying; most work took place within secondary schools but this did not rule out more work in primary schools in the future. A useful resource was suggested by Cllr Janet Biggin who recommended the book 'The Cyber Effect' by Dr Mary Aiken, which explained how human behaviours changed online

6.4 Communications and Engagement

Stephen Lightbown updated the Committee on the ways the STP was being shared with the Public and methods of engaging the Public in the re-design of services. As outlined earlier in the meeting, the Citizens' Panel would be a key part of the engagement plans. Rebecca Balloch added that there would be other engagement opportunities with a public facing event planned for November 2018 with a second Member workshop planned for January 2019.

Members asked questions about the information presented and noted the following:

- The issue of a lack of transport to healthcare facilities, particularly to the hospitals, affected many residents and this was something that the CCG and local authorities needed to work together on
- The CCG would make contact with the local authorities' communications teams to promote involvement in the Citizens' Panel and other engagement opportunities
- Patient Participation Groups were being included in engagement work through the area teams
- It was important to promote the good work already completed by the CCG as well as including the public on new initiatives

6.5 Capital Bids

Julia Ross reported on the list of capital bids currently underway. Key items noted were a bid for £9.40m for the Thornbury Primary and Community Health Care Hub and a bid for £18.32m for 3 frailty hubs across the BNSSG area. Information about the outcome of bids would be shared in due course. It was also noted that there was a bid for a combined heat and power cost efficiency scheme, which would be in the North Bristol area. The bid for Community Children's Health Partnership IT would require collaboration with the local authority children's social service departments.

6.6 Community Services Reprourement

Lisa Manson and Deborah El-Sayed reported on the reprourement of Community Health Services across the BNSSG area. Currently services were provided by 3 separate organisations, Sirona care & health, Bristol Community Health and North Somerset Community Partnership, each with its own service specification. Market testing of the services was required and this would be set against a BNSSG wide specification to align services with the CCG area. The intention was that the CCG Governing Body would make a decision on the specification and formally start the procurement exercise at its meeting in January 2019, with the aim of a new service being in place and operational from April 2020. Wide public engagement would take place, details of which were given.

Members asked questions about the information presented and noted the following:

- It was important to involve cultural groups in the engagement activities, noting that these differed from faith groups; local authority contacts could provide details of which ones operated within their area
- Weighting for local needs would be part of the procurement process and would be taken into account as the specification was developed and evaluated
- It was hoped that there would be a single community services provider across the BNSSG area, possibly with some separate specialisms

The Chair thanked the CCG for their informative presentation.

7 EXCLUSION OF THE PUBLIC (Agenda Item 8)

Upon a proposal by Cllr Roz Willis, seconded by Cllr Janet Biggin, it was

RESOLVED: That the public be excluded during consideration of the following item on the grounds that is likely, in view of the nature of the business to be transacted or the nature of proceedings, that if members of the public are present during consideration of the exempt item, there will be disclosure to them of exempt information as defined under Section 100(1) of the Local Government Act 1972.

**8 REPORT OF THE HEALTHIER TOGETHER TEAM - CONTINUED
(Agenda Item 9)**

Representatives of the CCG reported on Estates Rationalisation Plans for the Avon & Wiltshire Mental Health Partnership (AWP) and answered further questions about the reprocurement of community services which related to commercially sensitive details. The information reported is contained in a separate confidential minute (see Appendix 1)

Cllr Ian Scott raised an objection to receiving this part of the Healthier Together report in a closed session because he felt that scrutiny items should be heard in public. He suggested that the information would be better delivered in a briefing session for Members until the point at which the details could be made public. Cllr Scott left the meeting at this point.

OPEN SESSION

9 DATE OF NEXT MEETING (Agenda Item 10)

AGREED: To hold the next meeting in March 2019, to take place after the second Members' workshop planned for January 2019.

The meeting closed at 12.40pm

Chair _____

Date _____