Draft Minutes

of the Meeting of the

Joint Health Overview and Scrutiny Panel
Friday, 25th October 2019

held in the City Hall, College Green, Bristol BS1 5TR.

Meeting Commenced: 13:30 Meeting Concluded: 14:25

Members Present:-

Bristol City Council
Councillors: Brenda Massey (Chair), Harriet Clough, Eleanor Combley, Gill Kirk and Celia Phipps

North Somerset Council
Councillors: Geoffrey Richardson, Timothy Snaden, Mike Solomon, and Richard Tucker

South Gloucestershire Council
Councillors: April Begley, Robert Griffin, Shirley Holloway, Trevor Jones, Sarah Pomfret, and Matthew Riddle

Officers:-
Dan Berlin (Scrutiny Advisor, Bristol City Council), Lucy Fleming (Head of Democratic Engagement, Bristol City Council), Christina Gray (Director of Public Health, Bristol City Council).

STP Representatives:-
Luke Culverwell, (NICU Lead Commissioner, NHS England), Rebecca Dunn, Programme Director, BNSSG CCG), Deborah El-Sayed, (Director of Transformation, BNSSG CCG), Dr Lou Farbus, (Head of Stakeholder Engagement, Specialised Commissioning, NHS England), Sebastian Habibi, (Programme Director Healthier Together), Martin Jones, (Medical Director), Dr Paul Mannix, (Consultant Neonatologist, North Bristol Trust), Dr Kate Rush, (Associate Medical Director, BNSSG CCG), Amanda Saunders, Neonatal Services Project Manager, NBT & UH Bristol), Julie Sharma, (Director of Business Development at Sirona Care & Health).

1 Welcome, Introductions and Safety Information

The Chair welcomed all those present.

2 Apologies for Absence

Apologies for absence were received from:
Councillors Caroline Cherry, Paul Goggin, Ruth Jacobs, John O'Neal, Roz Wills, Chris Windows.

It was also noted that Julia Ross, Chief Executive Officer for Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group was unable to attend.

3 Declarations of Interest

The following non pecuniary interests were declared;

Agenda item 10 – Councillor Harriet Clough declared as she was a current user of mental health services.

Agenda item 7 - Councillor Shirley Holloway declared she was Chair of the Legal Friends of Thornberry Hospital.

4 Chair's Business

There was no Chair's Business

5 Minutes of Previous Meeting

The minutes of the previous meeting were approved, subject to:
That paragraph 6.4, Communications and Engagement, be amended to reflect the following comments from Councillor Geoffrey Richardson;

1. He had not raised any concerns about transport.
2. In addition Councillor Richardson advised that he did not believe queries in relation to lack of transport to healthcare facilities; the CCG contacting the Local Authority Communications team; and the engagement work with Patient Participation Groups had taken place.

RESOLVED: That minutes of the meeting on 26th September 2018 be approved as a correct record, subject to the amendment detailed above.

6 Public Forum

Seven items of Public Forum Business were received and a copy placed in the minute book.

The Chair confirmed that written answers would be provided for publication on the Bristol City Council website within 28 days and circulated to Members of the Committee.

RESOLVED: That the public forum business be noted and the answers to questions circulated to the Committee when then were available.

[the written responses referred to above can be found at appendix 1 at the end of these minutes]

HEA Healthier Together 5 Year System Plan

The Programme Director of Healthier Together spoke to the report (details and accompanying slides are in the published pack).

The Committee raised concerns about mental health inequalities not being listed as one of the agreed design principles and were advised that mental and physical health and well-being were integral and this should be made more explicit.

There was a discussion about delivery of the 5 year plan, the list of priority care programmes, how success was measured and how risk was managed, and the Committee was advised that there are key deliverables and milestones which were reviewed via robust performance and risk management procedures.

The Committee noted the profile and diverse representation of people living in the Bristol, North Somerset South Gloucestershire area and were advised that more insight could be produced by engaging more with people, and enhanced linking of data between agencies, which was an area where the BHSSG was improving.

Bristol City Council Deputy Mayor, Cabinet Member for Communities stated that the 'wheel' *(shown on slide 9/36*) is not representative of Bristol's diversity and, although representative of the wider area, should not be used as an evidence base for local decisions without further drilling down of data. The Committee was advised of the need to define value, which included focusing on health outcomes that mattered to people.

The Committee asked what was being done to increase the representation of BME respondents on the Citizens Panel from the current 7% to the actual BME representation of the population across the area, which was 10%, and were advised that plans were in place to make improvements in this area. There was a discussion about population figures within the 6 localities in the BNSSG (*shown on slide 25/36*). The Committee asked for clarification of the figures and sources, and it was agreed this information would be sent to the Committee.

Delivering digitally enabled health and care, including issues with accessing services via digital technology was discussed, and the Committee was advised that digital was not a replacement to traditional ways of accessing services such as phone and face to face, and there was a need to maintain both. The Committee asked if the IT systems were being built 'in house' or whether packages were being utilised, and was advised that both were being done; for example, in outpatient care, there was a plan to procure a system. Regarding extracting insights from data, this would be done in house. Financial challenges were referred to, with the Committee being advised that growth of 3.4% in real terms was expected over the next 5 years, so it was important this was used well, including investing in primary and preventative care; together with a plan of reducing the historical deficit by £50M over the 5 years.

The Committee was advised that the draft plan would go to the Partnership Board on the 15th November for sign off, before being submitted to NHS Improvement for agreement; and then be published.

The Committee noted that transport needs should be considered in the final draft of the plan.

The Committee asked about rates of vaccinations and was advised that there would be specific commitments on screening and vaccinations agreed with Public Health England, to be reflected in the plan.

The Committee was advised that GP closures and amalgamations would be better brought to local Health Scrutiny Committees.

RESOLVED: That GP capacity and closures should be placed on the next agendas of all three Council's Health Scrutiny Committees.

RESOLVED: That each local authority would benefit from a locally focussed presentation and scrutiny of the final plan; the item should be placed on the next agendas of all three Council's Health Scrutiny Committees.

RESOLVED: That population figures within the 6 localities in the BNSSG (*shown on slide 25/36*) and the sources be clarified for the Committee.

8 Adult Community Health Services Procurement

The Associate Medical Director of Bristol North Somerset South Gloucestershire CCG and The Director of Business Development at Sirona care & health spoke to the report (details and accompanying slides are in the published pack).

The Committee was advised of the objective to achieve equity across the BNSSG by upscaling every service for parity, rather than cutting from one area to give to another. There was a discussion about the importance of being able to get people home from hospital, and that achieving a care plan could provide barriers to this. The Committee was advised that a core part of overcoming barriers was to have an integrated care plan for one person, which followed them.

The Committee noted that South Gloucestershire Council was happy Sirona got the contract; that Sirona had already provided a good service in South Gloucestershire.

There was a discussion about the need for social care and health colleagues working together, and so the Committee would have liked to hear from Council social care officers.

The Committee was advised that the procurement process had social care representation from all Local Authorities, as well as Public Health representation. The management arrangements regarding the transfer of services to Sirona was raised, and the Committee was told a Mobilisation Group for 1st April 2020 was in place; that there was also a Service Transfer Group to help manage services not in scope, which would carry on and users of those services would not notice a difference on the 1st April 2020.
It was noted that Sirona already had a contract for children's services and sub-contracted with Avon & Wiltshire Mental Health Partnership (AWP) for Child and Adolescent Mental Health Services; the arrangement with AWP should not change and Sirona would take back responsibility for children's services across South Gloucestershire and Bristol.

It was noted that Sirona had a close relationship with the South Gloucestershire Health Scrutiny Committee, Councillors and Officers, and had a challenging relationship which ensured accountability.

There was a discussion about working in partnership with the voluntary sector and the Committee wanted to know what Sirona intended to do with the extra money earmarked for the voluntary organisations to help build capacity. The Committee was advised that Sirona was working with organisations across the three areas; Sirona has met with 80 organisations so far, VOSCUR has been utilised; the issues in the local areas needed to be understood so the money could add value and investment decisions were to be made jointly.

The Committee asked about the proposed timescales before investment, and was advised that there was money already invested in services; there was a need to monitor the demand before investment decisions and changes were made. Sirona expected to start this process in year one, to make investments in year 3.

The Committee asked how outcomes would be measured and stated that hospital admissions should not be used as a measure; Sirona was in agreement, advising that this was reflected in the Community Outcomes Framework – what matters to people which introduced 'I' statements, eg: *what does this mean to me*?

There was a discussion about the integrated care approach, (shown on slide 7/10), and the Committee was advised that the model was meant to show that people would flow through, but not necessarily in that order, and the objective was that people should be in the left section.

The Committee asked if Sirona was confident there were enough people to carry out all the planned work, and was advised that change was required to ensure there was enough workforce to deliver services, and what was behind the model was finding ways to stem demand; from a staffing point of view the model is robust, but it was important to focus on close work with families and others.

RESOLVED: Committee Members to submit questions in writing to Council social care officers not represented at the meeting, and responses would be provided.

9 Specialised Neonatal Intensive Care

The Head of Stakeholder Engagement and Consultant Neonatologist, NHS England spoke to the report (in the published pack). Also introduced were the NICU Lead Commissioner and Neonatal Services Project Manager.

Head of Stakeholder Engagement provided a statement for clarity, that there was no planned closure for Southmead hospital or the neonatal unit at Southmead. The Committee was advised that the proposal as presented was to strengthen relationships that exist between the two neonatal units and reduce the amount of babies that needed to be transferred from Southmead to St Michaels for services not available at Southmead. The proposal would

result in all Level 3 Neonatal Intensive Care services being at St. Michael's (UHB) with a supporting Local Neonatal and Special Care unit at Southmead (NBT).

There was a discussion about plans to create 10 extra cots at St Michaels, including timescale and costs, and the Committee was advised that Southmead specialised in pre term very small babies, at risk of having complications that may need surgical expertise; so on occasions unwell babies needed to be transported to St Michaels in specialised ambulance and have surgery. It was known that 30-40% of those babies (10-14 babies per year) ended up having to be transported so there was a need to design a system where they got all things in one go.
The Committee was advised that the suggestion was to bring expertise of 2 groups of clinicians together, involving good collaboration, which enabled safer care, so more babies survived. There were proposals to transfer the 8 intensive care cots from Southmead to St Michaels, and then funding had been agreed to open an extra 2 intensive care cots also at St. Michael's. This would create 41 intensive care cots in Bristol, for babies delivered in the Bristol, North Somerset and South Gloucestershire area and wider neonatal network region.

The Committee asked how the additional 30 women giving birth at St Michaels rather than Southmead would be identified; would the need for transport to St Michaels be identified early in the pregnancy. The Committee was told that there were different choices where to give birth, but women don't have a choice about going into labour pre-term, which would remove the choice for homebirth. That group of women would still need to seek help at their local hospital, as some would go on to deliver early – although most would not. The proposal would minimise the number of babies that need to be transferred after delivery. If a woman was considered too high risk to transfer she would deliver and then move. Staff would rotate around service - this was about creating a unified tertiary care system.
The Committee was advised that there was no reduction in cot numbers; and they were expanding; this was not about cost saving, but doing what it was felt as clinically correct.

The Chair referred to difficulties in recruiting staff, and asked if there was confidence about recruitment, and the Committee was advised that there were increasing numbers of staff that wanted to come through and do neonatal work; that Southmead provides good training, but as soon as a baby developed a surgical issue or heart problem, the baby was moved to St Michaels so staff at Southmead did not all have experience of this type of care. The Committee was told that the ability to provide academic output was important. The team at Southmead have worked hard to produce published research. Amalgamating services meant the ability to do research has increased. A bigger service, bringing units together, would be positive for the city and attractive for recruitment.

The Committee asked about technological advances, and whether, with the current technology, a plateau had been reached in terms of saving very small babies, and was. advised that there were continuing debates through neonatal colleges. Technological issues included that there could be more difficulties the smaller that items were manufactured. It was explained that we used to be

pushing boundaries at 28 weeks – now those babies would be expected to be fine. There was now a focus at 24/5 weeks.

The Committee was advised that more public engagement was needed; the feedback was ongoing and interesting. The main concerns included 'where will we park', 'where will we be accommodated', 'what is the bereavement support at St Michaels?' There was a need to ensure the right bereavement support would be in place.

BCC Cabinet Member for Adult Care asked if the diversity of Bristol's communities and their different needs around birth and neonatal services had been taken into account. The Committee was advised that this had been discussed via Maternity Voices Partnership, although the majority of women who attended have had babies at term and not so many on neonatal units; there was a will to take views from as wide a group as possible. This was about a tiny proportion of women having babies - Southmead admitted 770 women in total in 2016, of which 54 delivered babies at less than 28 weeks. Head of Stakeholder Engagement stated that there would be further engagement with staff and public; there was an intention to write to the Joint Health Scrutiny Committee to invite it to monitor and scrutinise further development and engage in the process.

RESOLVED: That Committee Members could submit further questions in writing to scrutiny@bristol.gov.uk

RESOLVED: That the Joint Health Scrutiny Committee endorse the proposal to centralise level 3 NICU at St Michael's, with families still able to access level 2 neonatal services at Southmead, and the direction of travel, subject to any changes and developments be brought to the Committee for further updates and scrutiny, and is able to be fully engaged in the process.

10 Mental Health Services

The Director of Transformation and Clinical Lead for Mental Health, Bristol North Somerset South Gloucestershire CCG spoke to the report (details and accompanying slides are in the published pack).

The Committee was advised that this is not just a mental health strategy, but is a mental health and well-being strategy. It was a piece of work that had engaged nearly 2000 people. There was a need to investigate why people have experienced so many issues with mental health; mental health being part of health strategies was a really important part of societal change.

There was a discussion about public engagement, and the Committee was advised that the feedback showed early intervention and engagement may have prevented people going into crisis; the mental health and well-being strategy was person-centred; a key objective was to prevent crisis, and the data helped to understand what was needed regarding investment.

The Committee asked for reasons Vita Health won the contract and noted concerns about the choice, and was advised that there was a period of 3 months due diligence, including legal and clinical checks, to be assured about the and viability of company. References had been obtained from other areas

the company had provided mental health services. Concerns had previously been raised and details were in the public domain. Vita Health had 2 partners – Blue Bell and Windmill Hill City Farm and it was planned they would work through a hub-and-spoke model; there would be satellite clinics based in communities. They started on 1st September.

The Committee was advised that services already being delivered would continue. There were three newly commissioned services: (i) Improving access to psychological therapies; (ii) sexual violence therapies services; (iii) Crisis café in Weston.

There was a discussion about issues with provision of therapy and the Committee was advised of a gap between moderate to severe which was nationally recognised and there was work underway to address this gap, including providing different mental health services.

Recruitment was noted as a challenging issue and the Committee was advised that staffing delays would now be resolved with new recruitment. There was a 5000 person caseload inherited, and there was ongoing work to ensure the inherited waiting lists were minimised.

The Committee was advised that the Crisis Café model had been around for 7 years, but not running to the same hours. . There were also Crisis Houses, where people could stay for up to a month.

The Committee was advised that more appropriate environments than A&E or a Police station was required for people in crisis; this is what the Crisis Café provides. The Crisis café was planned to be running from May 2020, provided by Second Step. The process of developing the Crisis café was co-produced.

RESOLVED: That the Committee be provided with relevant papers related to the procurement of services.

RESOLVED: That progress and development of the mental health and well-being strategy be brought to the Joint Health Scrutiny Committee.

HEA Healthy Weston: Future at Weston Hospital

The Programme Director and Medical Director spoke to the report (details and accompanying slides are in the published pack).
The Committee was advised that there were significant staffing issues at Weston leading to issues and financial challenges.

There was a discussion about the consultation and the Committee was advised that there was a good response, which was representative of the local population; it had informed change - the final proposal changed as result of public consultation.

The Committee noted that there seemed to have been a robust and positive engagement from North Somerset scrutiny colleagues.

Recruitment and retention was discussed and the Committee asked how this was being approached with regard to planned increases in paediatric services.

The Committee was advised that there was good interest in paediatric positions at Weston Hospital, with opportunities to develop joint working with Bristol Royal Hospital for Children; there was confidence that posts would be recruited to so as to ensure cover of services.

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Chair

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APPENDIX 1

Joint Health Overview and Scrutiny Committee
Public Forum 25th October 2019

Petitions, Statements and Questions

Members of the public and members of council, provided they give notice in writing or by electronic mail to the proper officer of the host authority (and include their name and address and details of the wording of the petition, and in the case of a statement or question a copy of the submission), by no later than 12 noon of the working day before the meeting, may present a petition, submit a statement or ask a question at meetings of the committee. The petition, statement or question must relate to the terms of reference and role and responsibility of the committee.

The total time allowed for dealing with petitions, statements and questions at each meeting is thirty minutes.

Statements and written questions, provided they are of reasonable length, will be copied and circulated to all members and will be made available to the public at the meeting

There will be no debate in relation to any petitions, statements and questions raised at the meeting but the committee will resolve;

(1) "that the petition / statement be noted"; or

(2) if the content relates to a matter on the agenda for the meeting:

"that the contents of the petition / statement be considered when the item is debated";

Response to Questions

Questions will be directed to the appropriate Director or organisation to provide a written response directly to the questioner. Appropriately redacted copies of responses will be published on the host authority's website within 28 days.

Details of the questions and answers will be included on the following agenda.

Questions received (to be responded to within 28 days)

Question 1: From Imogen McCabe, Operations Manager, Southmead Project
Questions 2 – 7: From Cllr Gill Kirk, Lockleaze ward

Question1: Imogen McCabe, Southmead Project

Will Vita Minds be offering counselling to survivors of trauma, and if so what type of counselling or therapeutic support are they offering? If they are not, or if it is only CBT or

EMDR, who is going to support those that have experienced prolonged abuse resulting in trauma that may not fall under the category of PTSD?

Response from Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG):

Within our contract with Vita Minds for the provision of IAPT services we have set out a clear expectation surrounding the treatment of individuals who are experiencing common mental health problems. Provision covers depression and a range of anxiety disorders and treatment is delivered through a range of evidence-based individual and group therapies to meet the needs of the individual. For depression, treatments available include the counselling modalities of Inter-Personal Therapy and Counselling for Depression.

For those who have experienced trauma in their past, Vita Minds will offer a holistic assessment to understand how these experiences are impacting on the individual in the present. Where clinically indicated they will offer treatment, or alternatively look at whether different types of support are required to address other determinants of poor mental health (such as debt, housing, social isolation etc.). Often, experiences of trauma can manifest as PTSD and treatment for this disorder would be CBT or EMDR. The service commissioned through Vita Minds is intended to be inclusive and flexible enough to vary its interventions to meet the needs of individuals who meet their eligibility criteria. Where presentations are complex in nature due to prolonged or multiple experiences of trauma over a period of time and clinical interventions indicated fall outside of what an 'IAPT' service would provide, Vita Minds would be expected to refer to Secondary mental health services.

Question 2: Cllr Gill Kirk, Lockleaze ward

The evolution of the BNSSG STP in its journey towards becoming Integrated Care Systems has caused some confusion, partly due to the various acronyms in use at various times, to cover Sustainable Transformation Plans and Partnerships, (STP) Accountable Care Organisations (ACO), Integrated Care Organisations (ICO) and Integrated Care Systems (ICS) and Integrated Care Providers (ICP). To make things simpler and more intelligible for the residents councillors represent, could we ask for the following clarification:

a. Could we have a summary of the journey of BNSSG from the initial setting up of the STP in 2014, with a projected timeline towards its aspiration to becoming an Integrated Care System (ICS)?

Response from Healthier Together Director:

Sustainability and Transformation Partnerships were established in 2016 with the purpose of bringing together organisations delivering health and care services within a geography, in our case Bristol, North Somerset and South Gloucestershire. Over the course of 2017 and 2018 the concept of STPs evolved to take responsibility for the health and wellbeing of the population living in the area as well as the delivery of health and care services. Improving population health is a core component of an Integrated Care System, requiring a system of organisations to work more closely together with a focus on the health and wellbeing of their population and a shift in resources to preventing deterioration in health. ICSs also take more delegated authority for health and care from regional and national NHS England/Improvement, enabling them to manage performance and delivery locally.

Question 3: Cllr Gill Kirk, Lockleaze ward

It is our understanding that NHS England expects all STP areas to become ICS's by April 2021.

a. Can you confirm when BNSSG expects to apply to be an ICS?

b. Is there an expectation by NHS England for all areas to go on to become Independent Care Providers, and if so, by what date?

Response from Healthier Together Director:

As set out within the national NHS Long Term Plan, all systems are expected to be maturing as ICS's by April 2021. NHSE/I has published a maturity framework to validate what this means.
There isn't an expectation around Integrated Care Providers – however we are currently working with our six integrated community localities to develop integrated care partnerships.
[Healthier Together Partners: UH Bristol & Weston Area Health Trust, North Bristol Trust, BNSSG CCG, Sirona care and health, Bristol City Council, North Somerset Council, South Gloucestershire Council, Avon and Wiltshire Partnership Trust, South West Ambulance Trust, One Care]

Question 4: Cllr Gill Kirk, Lockleaze ward
We understand ICS to be an informal alliance of organisations in a partnership, (not requiring substantial contractual or structural change) working together to set strategy, finance, workforce planning and general integration. It overlays but does not replace regular commissioning processes and contracts; Integrated Care Provider system involves merging multiple services into a single long term contract held by a single provider, which can be an NHS or a Private provider.
a. What will be the necessary steps for BNSSG to take in order to become an ICS or an ICP?
b. Will BNSSG ICS aim to be run by a Lead provider? Can you guarantee that any lead provider would be an NHS body?
c. Does an ICP system carry more likelihood of services being run by private providers than an ICS system?
Response from Healthier Together Director:
a. We will set out some of the next steps to mature as an ICS in our 5 year system plan.
b. BNSSG is developing a partnership model as we mature to an ICS.
c. We have no plans to establish Integrated Care Providers run by private providers.

Question 5: Cllr Gill Kirk, Lockleaze ward
Could you update us on the response to the Integrated Care Provider consultation run by NHS England in 2017?
Response from Healthier Together Director:
The response to the consultation can be found here:
https://www.engage.england.nhs.uk/consultation/proposed-contracting-arrangements-for-icps/

Question 6: Cllr Gill Kirk, Lockleaze ward
Have there been requests for further legislation, regulation and public consultation as a result of MP's concerns and judicial review, and will BNSSG need to wait on the outcomes of these challenges before proceeding towards an ICS/ lead provider system?
Response from Healthier Together Director:
We aren't aware of these requests locally. Multiple individuals from each local authority and Health and Wellbeing Boards are involved in the development as we set out what an ICS means for our system. Fundamentally, we know that working as a partnership across health and care is a critical step in delivering improved services.

Question 7: Cllr Gill Kirk, Lockleaze ward
What systems of democratic accountability and consultation will be put in place as organisations join into an ICS and especially if services are merged to become an ICP?
Response from Healthier Together Director:
This hasn't yet been defined and the Local Authority officers are involved in the development and design.