

Bristol City Council

Minutes of the People Scrutiny Commission Meeting in Common with North Somerset Health Overview and Scrutiny Panel and South Gloucestershire health Scrutiny Committee to discuss the regional Sustainability and Transformation Plan



1 December 2016 at 2.00 pm

Attendance

Present from Bristol City Council:

People Scrutiny commission

Councillors Brenda Massey (Chair), Jos Clark (Vice-Chair), Mark Brain, Eleanor Combley, Gill Kirk, Cleo Lake, Ruth Pickersgill, Celia Phipps, Liz Radford

Other Councillors in attendance

Councillors Clare Champion-Smith (Cabinet Member for People), Fi Hance (Cabinet Member for Health & Wellbeing), Geoff Gollop (Chair of Overview and Scrutiny Management) and Jon Wellington (Neighbourhoods Scrutiny Commission)

Officers in attendance

John Readman (Strategic Director, People and Local Authority Regional Lead for the STP), Mike Hennessey (Service Director Care, Support and Provision – Adults), Nancy Rollason (Legal Officer), Karen Blong (Scrutiny Policy Advisor), Joshua Van Haaren (Democratic Services Officer).

Present from North Somerset Council:

Health overview and Scrutiny Panel

Councillors Roz Willis (Chair), Ruth Jacobs (Vice-Chair) Mike Bell, Sarah Codling, Andy Cole, Bob Garner, Ann Harley, David Hitchins, Reyna Knight, Tom Leimdorfer, Ian Parker, Donald Davies, David Jolley, Dawn Payne, Jill Iles

Officers present: David Jones (Assistant Director Adult Social Services), Leo Taylor (Scrutiny Officer), Julia Parkes (Democratic Services Officer),

Present from South Gloucestershire Council:

Health Scrutiny Committee Councillors

Councillor Toby Savage(Chair), Sue Hope (Lead Member), Ian Scott (Lead Member), April Begley, Janet Biggin, Robert Griffin, Paul Hardwick, Shirley Holloway, Sarah Pomfret, and Erica Williams



Officers in attendance

John Shaw (Head of Commissioning, Partnership and Performance), Claire Rees (Health & Wellbeing Partnership Support).

Expert Witnesses

Ellen Devine – Healthwatch Bristol

Georgie Bigg – Healthwatch North Somerset

Morgan Daly – Healthwatch

Health Partners in attendance

- Robert Woolley (Chief Executive University Hospital Trust Bristol (UHB) and Senior Responsible Officers for the local STP)
- Julia Clark (Chief Executive at Bristol Community Health)
- Andrea Young (Chief Executive, North Bristol Trust)
- Tony Jones (Bristol Clinical Commissioning Group))
- Rebecca Rafiyah Findlay (Weston Area Health NHS Trust)
- Colin Bradbury (North Somerset Clinical Commissioning Group))
- John Dyer (South Western Ambulance Services)
- Ben Bennett (Director of Strategic Projects, Clinical Commissioning Group)

1. Welcome, Introductions and Chairing Arrangements

In accordance with previously agreed arrangements, Councillor Brenda Massey would act as Chair for the duration of the Meeting and Councillor Toby Savage, Chair of the South Gloucestershire Health Scrutiny Committee and Councillor Roz Willis, Chair North Somerset Health Overview and Scrutiny Panel, acted as joint Vice-Chairs.

The Chair welcomed attendees to the meeting and outlined the following procedural information:

- The meeting had been arranged as a ‘meeting in common’ between the Bristol City Council People Scrutiny Commission, the North Somerset Health Overview and Scrutiny Panel and the South Gloucestershire Health Scrutiny Committee.
- The meeting has been arranged to consider the Bristol, North Somerset & South Gloucestershire (BNSSG) Sustainability and Transformation (STP) Plan. This was an informal arrangement and each Committee remained independently constituted.



- It was not the remit or role of the meeting in common to accept or reject the STP. The meeting had been arranged to receive the first iteration and to pave the way for further scrutiny and consultation.
- The People Scrutiny Commission would be responsible for the health scrutiny function in Bristol but the Neighbourhood Directorate has responsibility for Public Health. Therefore the Neighbourhoods Scrutiny Councillors were also invited to participate in the discussion.
- Colleagues from HealthWatch had been invited to attend and contribute to the meeting as expert witnesses.

The Chair welcomed Health colleagues in attendance.

The Chair outlined the meeting approach:

- Public Forum – questions, statements and petitions
- Supplementary questions (if any)
- Substantive item – presentation on the STP (aprox 20 mins) followed by questions from Councillors and expert witnesses.

2. Apologies for Absence and Substitutions

The following apologies for absence were noted:

Bristol City Council

- Councillors Lesley Alexander, Martin Fodor, Carole Johnson and Anna Keen
- Alison Comley (Strategic Director, Neighbourhoods)
- Becky Pollard (Director of Public Health).

North Somerset Council

- Councillors Liz Wells, Sarah Codling (substituted by Tom Leimdorfer), Andy Cole (substituted by Donald Davies), Ann Harley, David Hitchins, Ruth Jacobs, Reyna Knight, Liz Wells (substituted by David Jolley)
- Sheila Smith (Director, People and Communities)

South Gloucestershire Council

- Councillors Kaye Barrett, Robert Griffin (substituted by Councillor Ben Stokes), Marian Lewis
- Mark Pietroni (Sara Blackmore, Deputy Director of Public Health attended as a substitute)

Health Colleagues

- Jane Gibbs (Chief Officer, Clinical Commissioning Group)
- Jon Hayes (Clinical Chair, Clinical Commissioning Group)
- Claire Thompson (Bristol, North Somerset and South Gloucestershire Delivery Director)



3. Declarations of Interest

None received.

4. Chair's Business

The Chair highlighted the importance of the STP for health and social care and citizens across all three of the Local Authorities. Councillors understood the importance and recognised the opportunities and challenges.

5. Public Forum

The following public forum items were received:

Questions

PQ01- Helen Thornton –Equalities Impact Assessment

PQ02- Steve Timmis – Weston Sustainability

PQ03 - Daphne Havercroft – Data Proposals

PQ04 - Mavis Zutshi - Capability & Capacity

PQ05- Mike Campbell – Regional Consultation

PQ06 -Emma Foote – Staffing Levels

PQ07 - Viran Patel – Health Service Consultation

PQ08 – Shaun Murphy (permitted by chair on the day)

Statements

PS01 -Kate Bower -Protect Our NHS

PS02 -Ben Glatt –BNSSG STP Public Stakeholder Group

PS03 -Barbara Harris –Local Healthcare Concerns

PS04 -Bristol City Councillors Gill Kirk, Ruth Pickersgill, Celia Phipps and Brenda Massey –Social Care Funding

PS05 -Pamela Trevithick –Mental Health



PS06 -Sid Ryan –Save the NHS

PS07 - Mike Campbell (Additional statement not included in the Public Forum pack)

Petition

PP01 -Charlotte Paterson –Protect Our NHS

Nancy Rollason, Bristol City Council Legal officer advised that petitions presented to a Committee must relate to the role and responsibilities of that Committee and information in the petition must be factually accurate. The wording in the petition presented asked the Committee to 'reject the STP'. The three Local Authorities would not have the power to reject the STP so the wording presented in the petition would not be considered factually accurate. A petition with the same wording had been submitted on the BCC e-petition web page but had not been accepted until the wording had been altered to be factually correct.

The Legal Officer advised that the Committee could accept the petition as presented but asked Members to note that the legal advice provided.

For each question received one supplementary question would be permitted. The following supplementary questions were received:

Reference and name	Question	Response
PQ04 Mavis Zutsi	What will be the capacity and capability of social care within STP? Local authorities were responsible for delivery and should only sign it off when there is certainty and less risk that it can be delivered?	Information to be provided as part of the presentation
PQ05 Mike Campbell	What impact will the plan have on residents and patients, and will Cllrs oppose it until there has been a consultation across the region?	The Chair reassured that Councillors will be scrutinising going forward – the meeting in common was the first appraisal.
PQ08 Shaun Murphy	The aim of the STPs nationally is to redesign NHS services to annually cap the spending to £23 billion less than NHS needs to deliver pressurised services currently offered. Will lrs reject this STP and call on the government to increase spending on the National Health Service?	The Chair re-affirmed that the purpose of the meeting in common was not to accept or reject the STP, as this is not within the remit of the respective local authority committees. The meeting had been arranged to receive the



		first iteration and to pave the way for further scrutiny and consultation.
PS07 Mike Campbell	Queried how committees can properly scrutinise such a large document? Asked for timelines on when will this be scrutinised properly and not merely noted. Do not accept the comments and asked where the financial details were for the plans.	The Chair acknowledged the repeated concerns over the density of the document but reassured the public that the councillors had read the documents. Health partners had prepared presentations for the meeting.

6. Sustainability & Transformation Plan (STP) for Bristol, North Somerset and South Gloucestershire

A report had been provided in the agenda papers which asked the Committee:

- 1) to note the STP in its current stage of development as the basis for further detailed work leading to implementation of specific proposals, and
- 2) to consider the preferred option to receiving further updates as this work is progressed.

Presentation

Mr Robert Woolley (Mr Woolley), Chief Executive University Hospital Trust Bristol (UHB) was in attendance at the meeting as the Senior Responsible Officer for the local STP.

Mr Woolley welcomed the questions and statements received. Health colleagues recognised the emotive nature of the issue and welcomed the opportunity to speak on behalf of the partners who had so far contributed into the work.

Mr Woolley presented the Committee with an overview of the report which outlined the vision of the Sustainability and Transformation Plan (STP). The initial development of the local STP has involved 15 local organisations responsible for planning and providing your health and social care services (see page 5 of the agenda papers for the full list of partners).

The STP in its current stage of development included; a shared assessment of the service and financial challenges facing the local health and care system, a summary of the case for change and our vision for working together and working differently to meet this challenge. Following a 'checkpoint' review by NHS England, the STP would now be progressed leading to the development of specific plans and proposals. Mr Woolley made the following general points:

- The report presented outlined a high level strategy and further work would be required to provide the detailed plans. Mr Woolley apologised that the report could not be published earlier but felt this was at the vanguard of those being released nationally.



- The aim of the STP was to do the best possible with available resources. Mr Woolley referenced the ongoing crisis in health and social, the STP was required because of the ongoing austerity measures introduced by central government.
- The proposals were a result of collaborative work, undertaken with no extra funding which looked at what local people wanted and the challenges that face healthcare now and in the future. The concern raised over proper consultation had been noted and actions had been taken to address this, i.e. initial conversations have already involved HealthWatch patient engagement via existing surveys and feedback.
- Further engagement would take place (which would include the public and Councillors) to assess the impact on communities and different groups with strategies to help people engage going forward. The STP steering group were committed to absolute transparency and honesty and felt it was critical that communities and the public fed into the strategy to make it a workable plan.

The following health colleagues were also present to provide information on their work areas:

- Julia Clark – Chief Executive at Bristol Community Health
- Dr Sara Blackmore – Deputy Director of Public Health at South

Gloucestershire Council (Substituting for Mark Pietroni)

- Andrea Young – Chief Executive – North Bristol Trust

As part of the presentation (appendix A to the minutes) the following salient points were noted:

Slide 2 – A new approach and principal aims

- By empowering residents individuals would know how to find information and resources to look after their health and long term wellbeing.
- Residents across BNSSG should be able to access services across the region based on need and not location.
- Health and social care should be affordable.
- Mental and physical health would be recognised equally – bringing health and care systems together.

Slide 3 – The Case for Change

- The number of people requiring care for life changing diseases such as dementia and diabetes continues to rise was an aging population.
- Sufficient and well organised services allowed individuals to be supported in the community and specialised services in hospital when required. Incorrect services led to admittance to hospital for extended periods which could lead to a loss of independence.



- A substantial deficit was projected within 5 years and Local authority budgets for social care were also reducing. Significant change would be required to address the financial challenge. No action could result in a deficit between -£100 million and -£300 million.

Slide 4 – What people tell us matter to them

- Work has focussed on developing a shared, detailed understanding and agreeing a shared approach.
- Information from existing feedback about local services from previous engagement activities, patient surveys and complaints has been used.
- Specific communication and engagement plans would be used for individual projects.
- Where significant changes to services are proposed formal public consultation would be required.

Slide 6 – Our vision

- **Prevention, self-care and early intervention**

Work to date has identified four core components – Pathways, Healthy lifestyles & wellbeing, Mental health Inequalities. Initial priorities were steered by a stakeholder group drawn from Voluntary and Community groups. Funding for a diabetes prevention programme had been secured directly because of STP and alignment of work.

- **Integrated primary and community care³**

Most people experienced this service area which involved everything outside of the hospital setting.

- **Acute care collaboration**

The following general points were noted:

- The STP aimed to keep the full range of specialist works in Bristol which was seen as vital to keeping the region at the leading edge and to protect the bigger picture.
- John Readman (Strategic Director for People, Bristol City Council and STP Local Authority Lead) noted the appetite to work across the region to deliver better back office savings which could assist to mitigate front line impact. Standardised regional discharge practice focussed on supporting patients back to an appropriate community facility or home more quickly.
- Acute care collaboration plans were outlined which included a more integrated single discharge service for the area to make transition smooth and prevent complications. Acute hospitals working differently would enable GPs to manage and care more effectively. Regional services would need to be standardised to ensure consistency across all hospitals.



Questions

Following the presentation Councillors and HealthWatch expert witnesses were invited to ask questions. The Chair asked for questions rather than statements to ensure the best of the time allocated. The following was noted as part of the discussion;

- a. Councillors requested ongoing proper public consultation and a reduction in the use of jargon. The size of the document was also questioned as it could hinder engagement. The financial predictions were queried, specifically the projected £500,000,000 (pg49) short fall and the reduction in government funding. It was noted that the “unidentified savings” fall short by £104,000,000. More detail would be needed to understand the scale of the problem faced 4-5 years down the line.
- b. Cllr Roz Willis, North Somerset Council, assured the public that Councillors had read the agenda papers and additional information had been requested. Regardless of the meeting outcomes, North Somerset Council would continue work as part of a steering group which would then feed into further joint committee work.
- c. Comments were made on the scale of the financial crisis and the proposals to address this. South Gloucestershire Councillors noted the loss of Frenchay hospital: the area had experience of going through referrals with government to save facilities. Councillors urged those present to lobby MPs in the local area to highlight this as the number one issue of concern.
- d. Councillors requested an accessible and well planned engagement programme to allow for all groups who use health services to be involved, this included the elderly, disabled, marginalised and ethnic groups.
- e. Further information was requested on unidentified savings. Publicity had been scarce and the public felt it had been difficult for people to provide meaningful feedback. Health colleagues clarified that the technical submissions (provided for meeting) would not be used for public engagement and more user friendly documents were available. Ben Bennet , Clinical Commissioning Group) was introduced and clarified his position as part of South Gloucestershire CCG (Clinical Commissioning Group) with a dedicated role to lead on development of communications and engagement strategy for the STP. Mr Bennett acknowledged the challenges identified and clarified that the documents submitted for the meeting were used to enable NHS England to plan centrally, hence the technical nature. The CCGs had worked with the Care Forum and engaged with local people at the start of the process. The public and Councillors were encouraged to promote the development of the STP within the communities. The input of local people, service users and carers would be integral to inform this work going forward.
The concern of unidentified savings was acknowledged; some had been identified and information provided in the report but more work would be required to identify these. Engagement plans would include targeted engagement for specific projects.
- f. Information was requested on specific options not included in the document. Mr Woolley confirmed that all information had been provided. Work had taken place across agencies to begin the strategy and reports submitted to central government as requested.
The Chair encouraged Councillors to use the meeting as an opportunity to ask questions and scrutinise the proposals, rather than making statements.
- g. Councillors made the comparison with the health changes introduced 15 years ago and highlighted that funding had further reduced. Reference was made to the Frenchay hospital site – no replacement services had been developed in Yate and Thornbury. The report provided minimal



information about the pressures on social care and how this would be approached. Councillors requested a commitment to openness and transparency.

Health colleagues referred to the current funding crisis which required partners to address the obstacles that have previously stopped similar work. Work would be required across organisational boundaries, switching more resource to Mental Health, Social Care and prevention. These things have long needed to happen but must now be done within tightly strained resources and with greater impetus.

Mr Woolley confirmed that health colleagues believed NHS & Local Authorities (LA) needed to take this forward together, reiterated that both NHS and LA directors attended the steering group meetings. The NHS would continue to draw on Local Government expertise, especially as integrated health and social care would be vital and needs the Council's input. LA input would be required both on the specific plans and as part of engagements plan: reaching out to people and communities via consultation.

h. The Chair introduced Judith Brown (JB) – Older People's Forum. Ms Brown welcomed the discussion related to working together and sustainability. Colleagues should be encouraged to consider how Councillors, organisations and the public could work together to lobby the government to increase percentage of GDP spent on health and social care to 10.6%.

i. Councillors requested a stronger voice for Local Government as the lack of social care has impacted and put pressure on hospital beds which can cause the system to fail. Could the STP be implemented with so little funding to make changes?

John Readman, BCC People Strategic Director and STP lead for LA's highlighted that Directors from each Local Authority area had been involved with the planning but acknowledged the governance concerns highlighted. Proposals to change social care or public health practices within the remit of LAs would be subject to the same governance and scrutiny procedures as normal. The Statutory duty of health bodies to consult the public on significant change was also noted.

j. Discussion was had around resource requirements for engagement – those present agreed that it would need to be thorough. Some projects would be more resource heavy than others.

The Committee meeting was scheduled to end at 4pm. There were a number of outstanding Councillor questions and Councillors resolved to extend the meeting.

k. Councillors requested clarity on the stroke pathway review as services have a big opportunity to improve quality of life and outcomes.

Officers confirmed that staff across BNSSG were looking at how improve acute care and prevention (including standardising treatments) could be improved. A detailed plan would be available by summer 2017. The region was considered good at acute care and provided effective treatment without operations.

The Chair asked one Councillor from each Local Authority / HealthWatch to ask final questions.

k. Was joint commissioning being explored and do the plans involve reducing the "wasteful" process of re-commissioning to market? How would concerns about the pressures facing local authority spend on adult social care, the biggest proportions of LA spend, be addressed?

Health colleagues referred to the suggested combined budget for commissioning which was being explored. Councillors welcomed this proposal as something that could result in an actual saving and free



up money for the front line services. Acknowledgement was given to the statutory requirements but there was hope this strategy could achieve some change.

L. Can future reports or presentations can be acronym and initial free? Councillors had found the report challenging to read - the style could also hinder member engagement with member so the public. Health colleagues re-iterated that the document provided was technical and had been shared to ensure transparency amidst concerns over secrecy. A commitment was made to use a more manageable and transparent style going forward.

M. HealthWatch North Somerset, Chair, Georgie Bigg requested the following information:

1. An explanation on the sentence "acknowledge evidence around supply has on a service – bold collaborative decisions unwarranted demand"
2. 2% funding applied for prevention and self-care- commend but what if this if not available?
3. What investigation has been done to see what resource and capacity is available in the voluntary sector?
4. Enabling population to adopt healthy behaviours - what will happen if they don't?

ACTION: Due to time constraints answers to be put into writing with Somerset CCG to follow up. Appendix B.

Councillors were encouraged to submit any further questions in writing via their Scrutiny / Democratic Services Officer.

The Committee members discussed the proposal to 'note' the presented report with some Councillors expressing concerns that noting the report would indicate an acceptance of the proposals. Following a discussion members agreed to amend the wording and 'receive' the report as presented. As suggested in the report, updates on the STP would be provided each quarter in 2017.

ACTION: The Chairs from each Health Scrutiny Committee would meet in January 2017 to discuss options around a formal joint health scrutiny committee.

The Chair thanked all who contributed and apologised to those who didn't get to speak, acknowledging the challenging time frame. The Chair thanked officers, colleagues and health partners for attending.

Resolved:

The Bristol City Council People Scrutiny Committee, the North Somerset Health Overview and Scrutiny Panel and the South Gloucestershire Health Scrutiny Committee agreed:

1. **To receive the report: this would not indicate acceptance of the STP proposals as presented**
2. **To receive updates on a quarterly basis going forward**
3. **To discuss formal joint health scrutiny committee options.**

The meeting closed at 16:30



7. Appendix A

- Presentation delivered at the meeting on “Developing a Sustainability and Transformation Plan”.

Meeting ended at 4.30 pm

CHAIR _____

