Minutes

of the Virtual Meeting of

The Joint Health Overview and Scrutiny Committee

Monday, 15 March 2021

Virtual Meeting

Meeting Commenced: 11.15 am Meeting Concluded: 1.25 pm

Councillors:
North Somerset Council (NSC): Ciaran Cronnelly (JHOSC Chair for the meeting); Caroline Cherry; Ruth Jacobs; Huw James; Timothy Snaden; Roz Willis

Bristol City Council (BCC): Brenda Massey (BCC HOSC Chair); Harriet Clough; Eleanor Combley; Gill Kirk;
Apologies: Paul Goggin; Celia Phipps; Chris Windows

South Gloucestershire Council (SGC): Sarah Pomfret (SGC HOSC Chair); Robert Griffin; Shirley Holloway; John O'Neill; Matthew Riddle
Apologies: April Begley

Councillors also in attendance: Asher Craig BCC; Shirley Holloway (Thornbury Town Council),

Council officers: Christina Gray (Director of Public Health, BCC), Sara Blackmore (Director of Public Health SGC), Gill Sinclair (Deputy to the Head of Legal Governance and Democratic Services SGC), Leo Taylor (Scrutiny Officer, NSC), Dan Berlin (Scrutiny Advisor BCC), Brent Cross (Scrutiny Officers NSC), Neil Young (Democratic Services SGC).

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG): Becky Balloch (Communications and Engagement Lead), Rebecca Dunn (Deputy Director of Transformation), Sebastian Habibi (Programme Director, Healthier Together), Robert Jones (Quality Improvement and Engagement Manager/Stroke Association), David Moss (Head of Primary Care Contracts), Rebecca Murch (Head of Internal Communication), Dr Phil Simons (Primary Care Clinical Lead), Michelle Smith (Communications Lead), Fritha Voaden (Insights and Engagements Officer), Alex Ward-Booth (Communications and Engagement Lead), Jeremy Westwood (Project Manager)

North Bristol Trust: Chris Burton (Medical Director, North Bristol Trust), Dr Phil Clatworthy (Clinical Lead), Anthony Dorman & Liz Perry (BNSSG Stroke Programme Leads). Vicky Mathias (External Comms)

University Hospitals Bristol and Weston: Dr Clare Holmes (Clinical Lead)

Other representation: Esme Mutter (Stroke Association), Chris Priestman (Stroke Health Integration Team), Chris Priestman and Professor Stephen Hill (Lived Experience Representatives), Phillipa Cozens (Sirona Care & Health)

1 Welcome and Introductions

The Chairman welcomed all present.

2 Declarations of interest

None.

3 Chair's Business

There was no Chair's Business.

4 Minutes

Resolved: that the minutes of the meeting on 25th October 2019 be approved subject to the following typographic correction: a reference in Minute 3 to a local hospital be amended to read "Thornbury Hospital".

5 Public Forum

There were no items referred to the Committee under Public Forum.

6 Proposed amendment to the Joint Committee's Terms of Reference (ToR)

Resolved: that the proposed minor amendments to the Committee's Terms of Reference, as set out on the agenda, be adopted.

7 BNSSG Stroke Programme

Chris Burton (Medical Director NBT and Chair for the BNSSG Stroke Programme Board) in introducing the presentation on the Stroke programme, emphasised the partnership approach taken to the development of the programme which brought together a diverse range of people around a shared vision for future stroke care in the region. These included: key clinicians; the charitable sector; social care staff and service managers; and people with lived experience.

The presentation was structured around the following four aims:

- to share progress on the BNSSG Stroke Programme;

Members received an outline of the challenges associated with strokes; the programme vision for stroke care; national evidence; the case for change; the co-design/partnership approach to programme development; and the emergent engagement themes. This part of the presentation also included representation from two participants in the "lived experience group", whose personal experience had contributed to guiding the development of the programme.

- to seek JHOSC feedback on the plan for public consultation;

- to seek JHOSC feedback on the draft evaluation criteria for decision-making; and
- to agree how JHOSC would like to engage with the proposals for change once approved for consultation by the BNSSG CCG Governing Body

Before inviting Members comments and queries on the presentation, the Chairman thanked the team for the comprehensive and detailed presentation and particularly welcomed the open and frank contributions from the lived experience group representatives.

The Stroke Programme team responded to Members' comments and queries as follows:-

a) Had the team factored-in post-covid issues such as blood clots and other cardiology issues? - *These problems presented early and had already been picked up in the programme.*

b) Parish & Town Councils needed to be involved in the consultation, together with local resident groups and the farming community – *This would be taken into account;*

c) Would any weighting be attached to the evaluation criteria? – *It was likely that a combination of quantitative and qualitative factors would be used in the evaluation. A group had been established, as part of the governance structure, with oversight of the evaluation process.*

d) The clear focus on prevention was welcomed: was this something that BNSSG was leading on or working with Public Health and if so, what would this look like? - *They were still working with partners on this. It would build on work already going on in Primary Care around, for example, lifestyle, hearty rhythm disturbances, public health lifestyle measures etc).*

e) It made sense for hyperacute services to be focussed where there was expertise but were there any concerns around services being moving away from local hospitals and anticipated difficulties convincing local communities of the need for these changes? - *There was a shortage of workforce with the required skills. Clinical evidence and NICE Guidance were that workforce should be consolidated to maximise available skills. Proposals to move care were necessary if the programme ambitions were to be achieved and they were carefully considering how best to introduce this into the conversation going forward. Where distances were greater such as in North Somerset, the focus was around quicker transport and "equalling out" travel time where possible.*

f) Given the critical importance of treating stokes in the first hour, were there lessons that could be learnt from the Scottish Highlands were "clot busting" injections could be administered by paramedics? - *unlike the situation with heart attacks, in the case of Haemorrhagic stokes, a brain scan would be required first to avoid making matters worse. There were significant challenges around equipping ambulances with CT scanners.*

g) Had consideration been given to the needs of people with leaning difficulties – *They were in touch with leads in the community, the acute providers. and learning disability teams to establish links with key stakeholders. It was*

recognised that focus was needed around planning discharge and this was being taken into account in the planning of out-of-hospital services.

h) Inequality maps showed significant pockets of depravation in Bristol and North Somerset. Members wanted assurance around the development of mitigation proposals and the extent of the work around prevention – *the guiding principle underpinning the programme was maximising access for the whole population. Location, travel times and deprivation effects were all key considerations and built into the decision-making criteria. Prevention also a workstream of its own so would have proper focus across all factors. Members would have an opportunity to scrutinise these plans when recommendations were brought forward.*

In concluding discussions it was:-

Resolved:

(1) that the update report and progress made by the BNSSG stroke programme in planning for consultation be noted;

(2) that the plan for public consultation, taking into account the flexibilities that may be required in delivering the consultation in the context of the pandemic and any other government restrictions at that time, be supported;

(3) that the draft evaluation criteria developed for the decision-making process be supported;

(4) that the proposed process, involving discussion with the JHOSC, for fixing a date by which the JHOSC must provide comments on any proposals arising from the consultation, be noted; and

(5) that, in confirming how the JHOSC would like to be consulted with on our proposals once the decision to consult has been made, it be agreed that a workshop be arranged by the CCG during the consultation phase (between June and September 2021).

8 Bristol and South Gloucestershire Community Surge Testing

Christina Gray (Director of Public Health BCC) and Sara Blackmore (Director of Public Health SGC) presented the report updating Members on the extraordinary work of the Bristol and South Gloucestershire local authorities, local communities and partners around the recent community surge testing and analysis undertaken between 7th and 15th February in response to the recent emergence of known variants of concern of the Covid-19 virus in the Bristol and South Gloucestershire areas.

Members noted the following recommendations set out in the report:-

- that we should expect, and prepare for, the emergence of changes in the virus;
- that case identification and isolation of case and contacts remains the most important action in containing the virus;
- that local authorities will need to maintain capacity and capability to support outbreak management and to support individuals to isolate; and

- that it will continue to be important to support national and global efforts to understand and enable science to “stay ahead” of the virus. This may well require the collection of additional case samples to support this effort.

Resolved: that the report and recommendations set out above be noted.

9 Integrated Care System (ICS) Progress Update

Sebastian Habbibi (programme director Healthier Together Partnership) and David Moss (Integrated Care Partnership Discovery Programme Director) presented the report providing an update on the ICS programme. The report covered:

- ICS designation and continuing evolution of partnership working;
- structural implications of the Government white paper: ‘Integration and Innovation: working together to improve health and social care for all;
- progress on formalising how we will work together through the development of a Memorandum of Understanding; and
- ICS work at “place” level – the integrated Care Partnership Discovery Programme

Members raised the following points (with responses shown in italics): -

a) There were considerable uncertainties about: the future shape of the ICS, particularly around social care funding; the role of local authorities and democratic accountability; and the question of whether the Government ends competitive procurement. The report indicated that further conversations were needed before the legislation was enacted. Were those opportunities being offered by Government/officials? - *to some extent yes though the draft bill had not yet been published. Links were being provided to NHS England officials (on behalf of the Department of Health and Social Care) who had been identified as leading on the development of guidance around key issues such as governance, new financial framework for ICSs, and workforce development etc.*

b) There were also considerable concerns about budgets and these might be pooled or shared. It was noted that there were plans for the ICS to be in place as shadow form from April. How would this happen without clarity on funding? - *the notion of shadow running within April next month specifically related to the Integrated Care Partnerships and providers at “place” level. This was mostly about reaching an understanding with providers on footprints and the specifics of community mental health. Assurance was given that there was no expected changes to the current financial regime in the 2021-22 financial year. At high level, the understanding was that local government would continue to hold statutory responsibility (and funding) for social care and a new ICS body would hold responsibility for Health budgets (expanded to include some of budgets currently held by NHS England, notably budgets for local primary care and some specialised services.*

In concluding discussions, a view was put that Members required much more clarity going forward and it was formally requested that regular updates be provided to Members as negotiations progressed.

It was also requested that it be formally noted that, for accountable Councillors

serving local residents, there was considerable concern and dissatisfaction with the process as it was currently unfolding.

Before closing the meeting, the Chairman agreed that these concerns be formally recorded in the minutes.

Chairman