

# Minutes

of the Meeting of the

## Health Overview & Scrutiny Panel

**Thursday, 20th November 2014**

held at the Town Hall, Weston-super-Mare, Somerset.

Meeting Commenced: 1.30 p.m. Meeting Concluded: 4.15 p.m.

### Councillors:

P Roz Willis (Chairman)

P Linda Knott (Vice-Chairman)

P Michael Bell

A Carl Francis-Pester

P Catherine Gibbons

A David Hitchins

P Anne Kemp

P John Norton-Sealey

P Nick Pennycott

P Liz Wells

P Robert Cleland

P Bob Garner

P Hugh Gregor

P Jill Iles

P Tom Leimdorfer

P Ian Parker

A Annabel Tall

P Deborah Yamanaka

### Co-opted Member:

A Georgie Bigg

P: Present

A: Apologies for absence submitted

Also in attendance: Councillor Ann Harley

**Health colleagues in attendance:** Liam Williams (North Somerset Clinical Commissioning Group), Nick Wood (Weston Area NHS Hospital Trust), Eileen Jacques (North Somerset Healthwatch)

**Officers in attendance:** Claire Leandro, Dr Jon Roberts (People and Communities); Leo Taylor (Corporate Services)

### HEA 25 **Declarations of Interest by Members**

None

### HEA 26 **Minutes of the Meeting held on 25<sup>th</sup> September 2014 (Agenda Item 4)**

**Resolved:** that the minutes of the meeting be approved as a correct record.

### HEA 27 **Medium Term Financial Plan (MTFP) to 2018 – Update Report (Agenda Item 5)**

The Panel considered this reference from the Executive.

In order to assist each Panel's responsibilities for scrutiny of the directorate's budget within their remit, this reference was covered by the separate workshop for the People and Communities Directorate, to which elected Members of all Panels were invited.

The Chairman noted that the Panel's Public Health Contracts working group were reviewing the public health budget and would be reporting back to the Panel with recommendations at its January 2015 meeting.

**Concluded:** that the reference be received and dealt with as detailed above.

**HEA 28 Weston Area Health NHS Trust (WAHT) – Acquisition Transaction Update (Agenda Item 6)**

The Chief Executive of WAHT presented the report which summarised the progress made to date with the NHS-only procurement and the actions taken to ensure that the proposed timetable for completion by November 2014, enabling a decision on a preferred NHS bidder to be agreed at the next meeting of the NHS Trust Development Authority (NTDA) Board on 20 November 2014, is achieved.

Members expressed some concern about the financial sustainability of the like-for-like service specification in view of the withdrawal from the procurement of Bristol University Hospitals NHS Foundation Trust. The Chief Executive said that the financial sustainability of the winning bid would be considered in detail after the acquisition phase of the process.

In response to further queries from Members, he also confirmed that there were no current proposals to change existing clinical links with UHBT (such as Cardiology and Dermatology) but emphasised that the new organisation, once established, would be in a position to reconfigure these should it chose to do so.

**Concluded:** that the update report be received and that Members' comments be forwarded to WAHT in the form of the minutes.

**HEA 29 Weston Area Health NHS Trust – Summary Performance Report – half year ending September 2014 (Agenda Item 7)**

The Chief Executive of WAHT presented the report which provided an update on performance within the Trust.

He responded to Members' comments and queries as follows:

- (1) *Incidents where WAHT performance has been impacted by performance at other Hospitals (eg Cancer Targets at Southmead Hospital)* – WAHT was not financially penalised in such cases.
- (2) *Recruitment of Nurses* - there were recruitment challenges in some areas due to high staff turnover. The Trust currently complied with minimum staffing requirements but there were some issues with staffing consistency in the wards.
- (3) *Emergency Department (ED) waiting times* – there were a number of issues impacting on waiting times including: a significant increase in ambulance arrivals after 7pm; 30-40% more surgical procedures than predicted; and discharge delays (double the number compared with the same

period last year). It was increasingly difficult to predict summer demand peaks but he emphasised that waiting times were a national issue.

(4) *Was 24 hour ED viable over the longer term if these pressures are sustained?* – The main challenge was about the capacity and flexibility of clinicians. There were a number of plans to build more clinician flexibility over the winter months and, following recruitment, there were now six consultants and the Hospital was now in a better position than previously.

In closing the discussion, Members welcomed the progress made by the Hospital.

**Concluded:** that the report be received and that Members' comments be forwarded to WAHT in the form of the minutes.

## **HEA 30 North Somerset Public Mental Health Strategy (Agenda Item 10)**

Dr Jon Roberts, Public Health Consultant, presented the report setting out the draft Public Mental Health Strategy and inviting comment from the Panel as part of the consultation process.

He drew Members' attention to Appendix B of the report which set out a list of consultation questions for which feedback was particularly sought.

Members suggested a number of "groups" that did not appear to be listed in the report as "higher risk of poor mental health". These included

- Women suffering pre and post-natal depression
- Those suffering family breakdowns
- Chronic illness sufferers
- Teenage Pregnancy
- Adoption breakdowns
- Younger servicemen (eg not covered by the "veterans" definition)

The Public Health Consultant explained that some of these were implicitly covered by the existing list but Members' suggestions would be taken account of.

Members sought and received clarification on the following elements of the strategy:

- (1) the challenges associated with monitoring strategy actions across a wide range of clinical and voluntary agencies, some of which were in various states of flux;
- (2) the need to identify "causality" - eg underlying causes of mental health conditions;
- (3) how the action plan would be converted into clear deliverables and indicators; and
- (4) the objective of reducing the incidence of suicide through improved support for those at risk;

Members were supportive of the work being undertaken to develop the strategy and welcomed the opportunity to provide input as part of the consultation process.

**Concluded:** that Members views and comments on the draft Mental Health Strategy be forwarded to Public Health in the form of the minutes.

**HEA 31 Urgent Care – Planning for Winter 2014 (Agenda Item 8)**

The Interim Director of Nursing, North Somerset Clinical Commissioning Group (NSCCG), presented the report setting out plans for ensuring capacity and resilience across urgent health care services in the forthcoming winter period. The report outlined, and requested feedback from Members on, the following documents:

- North Somerset Operational Resilience & Capacity Plan 2014
- North Somerset Urgent Care Clinical Network Action Plan 2014
- South West Ambulance Service Foundation Trust Liaison Action Improvement Plan

He responded to Members' queries and comments as follows:

(1) *Key challenges this year* – the main difference was that there was now no flex in the system. There was a significant shortage of registered workforce in some areas – for example paediatrics.

(2) *Initiatives to divert patients to Primary Care away from Emergency Departments (ED)* – There were various projects including: encouraging use of local pharmacies for minor ailments treatment; “the Perfect Week” initiative – working with partners to focus effort on the most efficient patient flow through the system; and social education activities

(3) *Were there sufficient numbers of out-of-hours Pharmacies to take some of the strain of the reported surge in early evening ED attendance?* – A pharmacy needs assessment had just been completed. Chemists were businesses and ultimately additional out-of-hours capacity would follow increasing demand.

(4) *Self care/treatment initiatives* – As far as possible, the additional Government “winter pressure” resources needed to be focussed on underpinning a strategic approach. Self care was an important element in that approach.

(5) *Medical records sharing progress: “Connecting Care”* – The first stage of this wide ranging and complex project was a pilot scheme giving ED access to patients' primary care records. He acknowledged there were significant challenges associated with sharing information “cross boundary” with other CCG/Trust areas.

(6) *Concerns about Community Care (district nurse) access to Patient Care records* – Community Partnerships would soon be migrating to the same (EMIS) medical records system used by all GPs in the district.

(7) *Any plans to restrict operations for some classes of patient (eg the obese and smokers)* – There were no current plans to ration treatment in that way but he could not rule it out as an option in the future. Any consideration of such options going forward would be undertaken openly and transparently.

**Concluded:** that the report be received and that Members' comments and views be forwarded to the NSCCG in the form of the minutes.

**HEA 32 Update on re-commissioning of Children's Community Services (Agenda Item 9)**

The Interim Director of Nursing (NSCCG) presented the report which updated the Panel on progress to date of the Children's Community Health Services (CCHS) re-commissioning project and which set out a revised timetable (delaying the implementation of the new service by up to one year).

**Concluded:** that the report be received.

**HEA 33 Healthwatch report: A Review of North Somerset GP Practice Websites (Agenda Item 11(1))**

The Chief Officer, Healthwatch North Somerset (HNS) presented the report outlining the results of a review of GP websites undertaken by Healthwatch in August 2014.

The Panel welcomed the report but Members expressed concern that there appeared to be a number of poorly designed and/or maintained GP websites.

The Interim Director of Nursing (NSCCG) commented that websites were a challenge in any organisation and the resources available for web maintenance varied between practices. Although websites were a useful channel of communicating with patients, he emphasised the importance of the 111 telephone service.

**Concluded:**

- (1) that the report be received; and
- (2) that Members take account of GP website standards, particularly in their own wards.

**HEA 34 Healthwatch report: Special Enquiry on Hospital Discharge (Agenda Item 11(2))**

The Chief Officer HNS. presented the report outlining the work undertaken by HNS in support of a national Healthwatch England special enquiry on hospital discharge. HNS chose to seek views of service users at a local drop in centre for the homeless and vulnerably housed.

Members commented that the Healthwatch conclusions reinforced some of the findings of a wider review previously undertaken by the Panel and demonstrated that there was more work to do on supporting this cohort of patients. The Panel findings had shown that discharged patients were not always seen by the relevant occupational therapist who could have signposted them to relevant outreach services (eg Somewhere to Go).

Members also referred to issues where patients had encountered considerable delays accessing medication at the hospital pharmacy service on discharge. The Interim Director of Nursing (CCG) acknowledged the absolute need to join-up services at the front and back doors of the hospital. Unplanned discharges in particular had presented difficulties at the pharmacy but he was hopeful that the current WAHT procurement would address this problem.

**Concluded:** that the report be receives and that Members' comments be forwarded to Healthwatch in the form of the minutes.

**HEA 35**     **Declarations of Interest by Members**

None.

**HEA 36**     **Public Health Contracts Review – progress update**

The Chairman presented the report setting out progress made to date by the Panel's Public Health Contracts working group on addressing the Panel's recommendations in respect to the Council's management and commissioning of Public Health services (as set out in the working group's report at the 20<sup>th</sup> September 2013 Panel meeting).

Members noted that this ongoing work would contribute to the Panel's scrutiny of the Public Health budget at its January 2015 meeting.

**Concluded:** that the progress report be received.

**HEA 37**     **Assistant Executive Member update**

The Assistant Executive Member (adult social services and health integration) tabled a report updating Members on the development of Integrated (adult social services and health) teams.

Members commented as follow:

- (1) the formal evaluation of the scheme undertaken by Dr Emma Gibbard (Avon Primary Care Research Collaborative) was welcome;
- (2) there needed to be progress on the team accommodation issue in the north of the District
- (3) It was noted that the Assistant Executive Member provided regular update reports on the pilot schemes to the Chief Executive and Leader and it was suggested that these be circulated to the Members for information.

**Concluded:** that the progress report be noted and that Members' comments be forwarded to the Assistant Executive Members in the form of the minutes.

**HEA 38**     **The Panel's Work Plan**

The Chairman presented the Panel's work plan.

**Concluded:** that the work plan be updated to reflect work in progress.

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Chairman

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