

Notes

of the Meeting of the

Health Overview & Scrutiny Panel

Thursday, 22nd January 2015

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

Meeting Commenced: 1.30 p.m. Meeting Concluded: 3.50 p.m.

Councillors:

P Roz Willis (Chairman)

A Linda Knott (Vice-Chairman)

Michael Bell

A Carl Francis-Pester

A Catherine Gibbons

A David Hitchins

P Anne Kemp

John Norton-Sealey

A Nick Pennycott

A Liz Wells

P Robert Cleland

A Bob Garner

P Hugh Gregor

A Jill Iles

P Tom Leimdorfer

A Ian Parker

Annabel Tall

P Deborah Yamanaka

Co-opted Member:

A Georgie Bigg (substituted by Eileen Jacques)

P: Present

A: Apologies for absence submitted

Health Colleagues in attendance: Mary Adams, Julie Kell, Ginny Snaith (North Somerset Clinical Commissioning Group), Tricia Down, Alison Moroz (North Bristol NHS Trust)

NSC Officers in attendance: Sheila Smith, Alun Davies, Claire Leandro, Lucy McCann, Becky Pollard, Dr Jonathan Roberts (People and Communities), Leo Taylor (Corporate Services)

Notes of an inquorate meeting

HEA **Declarations of Interest by Members**

1

None

HEA **Minutes of the Meeting held on 20th November 2014**

2

As the meeting was inquorate consideration of the minutes of the Forum's July meeting were deferred until the next Panel meeting.

HEA 3 Community Services Development update (Agenda Item 7)

3

The representative of the North Somerset Clinical Commissioning Group (NSCCG) Chief Clinical Officer presented the report setting out developments within the North Somerset Community Health Service and, in particular, the Specialist Older People Team, the Admission Prevent Team and the Clinical Hub.

Members sought and received clarification on the following issues:

- (1) assurance that staff appointments under the new arrangements were sustainably funded and compliant with the new commissioning model;
- (2) the involvement of pharmacists and emphasis on self-care;
- (3) details of the health and social care clinicians and practitioners that would have access to the Clinical Hub.

Concluded: that Members receive that report and that their comments and queries be forwarded to the NSCCG in the form of the notes.

HEA 4 Southmead Hospital – progress report north Bristol NHS Trust (NBT) (Agenda Item 10)

4

The Head of Capital Planning and the Head of Business Planning (NBT) gave presentations updating Members on progress in respect of the new hospital development at Southmead and clinical performance.

Members noted that many of the “teething problems” affecting the new building appeared to have been largely resolved including: theatres running under capacity, ventilation and electrical issues, and public access to the buildings. They were concerned, however, that these had not been resolved more quickly and that the hospital did not appear to have sufficiently taken on board lessons learnt from similar developments and from the extensive patient engagement undertaken.

The Head of Capital Planning acknowledged that addressing these issues had taken time but emphasised that the Hospital had learnt a great deal from the early challenges and from the public engagement. She especially welcomed the input from Alun Davies (Planning Manger, Adult Care, NSC) on the proposed audio guide to assist blind and partially blind patient access to the Hospital. She confirmed that the Hospital would ensure that the scheme was funded and introduced.

Members sought and received updates or clarification on the following issues:

- (1) patient flows through the hospital and where there were blockages were in the system;
- (2) elective surgery cancellation rates;
- (3) current status of the Severn Pathology service; and
- (4) how well the new Breast Care Centre was working.

The NBT representatives agreed to investigate and respond to the following specific concerns raised by Members:

- Persistent delays in respect of the number 505 bus serving Long Ashton

- The loss of a direct service for Clevedon and Portishead (with the X5 no longer stopping at the hospital)
- Insufficient lighting at the first pedestrian crossing outside the main entrance – Members were concerned about pedestrian safety but acknowledged the role of security staff in that location.
- Concerns about a lack of clear signage routing passengers through the multi-deck car park to the hospital main entrance.
- Request for information about the numbers of patient (operation) cancellations that the hospital was unable to reschedule
- Request for information about the number of missed appointments

Concluded: that the report be noted and that Members' comments be forwarded to NBT in the form of the notes.

HEA 5 Re-procurement of Community Health Services in North Somerset (Agenda Item 6)

The Head of Joint Commissioning (NSCCG) presented the report updating the panel on the overall progress of the re-procurement of Community Health Services and detailing the procurement process and timetable culminating in the award of the new contract(s) in July 2015.

She responded to Members' comments and queries as follows:

- (1) There was no duplication with services provided by the Council. Council officers sat on a number of working panels and integration with Council services had been taken into account.
- (2) The current £21m budget allocated to the contract was a minimum allocation. Bids that exceeded that minimum could be considered as the procurement was looking for enhancement and innovation.
- (3) Following a suggestion from Members, she said Secondary Schools would be incorporated in the engagement.
- (4) Risk associated with the procurement was continuously monitored and so far none had needed to be transferred to the NSCCG risk register.

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

HEA 6 The re-commissioning of independent sector treatment centre services (Agenda Item 8)

The Interim Chief Operating Officer (NSCCG) presented the report outlining the proposed arrangements to the re-procurement of services currently carried out through Independent Sector Treatment Centres (ISTCs) centre services and the proposals to secure effective patient and public engagement throughout the process.

In response to Members queries, she confirmed that NHS organisations would indeed be able to bid to provide services.

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

HEA 7 North Somerset Health and Wellbeing Survey findings (Agenda Item 9)

The representative of the Director of Public Health presented the report outlining the results of the health and wellbeing survey conducted across four wards and which would investigate health behaviours and mental wellbeing and loneliness. The findings of the survey would provide the Council with information on the local population and could be used as a baseline to assess the impacts of public health and other programmes in future.

Members sought and received clarification on the following aspects of the survey findings:

- (1) the correlations between excessive drinking and smoking;
- (2) the import health and wellbeing implications of income and associated issues such as fuel poverty and housing and the survey's ability to identify these ;
- (3) opportunities to identify health issues associated with carers

In response to Members' queries about how the Council would respond to the results of both this survey and others such as the Davos affluence report, the Director of Public Health said that the Council would continue to focus on (multiple risk) areas of deprivation, citing the South Ward health and wellbeing project.

She said there was a need to continuously focus on increasing awareness about the impacts of community engagement, diet, reducing drinking and smoking and physical activity on health and wellbeing and emphasised the importance of measuring the effectiveness of the Council's interventions, hence the importance of regularly repeating the survey.

Concluded:

- (1) that the findings of the survey be received; and
- (2) that the repetition of the survey to evaluation the impact of future planned Public health programmes be endorsed.

HEA 8 Deferral of agenda items 11 (Public Health Contracts Review), 12 (Proposed joint scrutiny working group and 13 (The Panel's Work Plan)

As the Panel was inquorate, it was agreed that the above items, all of which required decisions by the Panel, would be deferred to the next meeting of the Panel.

Chairman
