

## Minutes

of the Meeting of the

## Health Overview & Scrutiny Panel

Thursday, 26th March 2015

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

Meeting Commenced: 1.30 p.m.

Meeting Concluded: 4.05 p.m.

### Councillors:

P Roz Willis (Chairman)

P Linda Knott (Vice-Chairman)

Michael Bell

Carl Francis-Pester

P Catherine Gibbons

A David Hitchins

P Anne Kemp

P John Norton-Sealey

P Nick Pennycott

A Liz Wells

P Robert Cleland

P Bob Garner

Hugh Gregor

P Jill Iles

P Tom Leimdorfer

P Ian Parker

P Annabel Tall

P Deborah Yamanaka

### Co-opted Member:

A Georgie Bigg

P: Present

A: Apologies for absence submitted

**Health Colleagues in attendance:** Karen Croker (Weston Area NHS Health Trust); Suzanne Howell, Fiona Turnbull (Avon and Wiltshire Mental Health NHS Trust), Mary Backhouse (North Somerset Clinical Commissioning Group)

**NSC Officers in attendance:** Alun Davies, Dr Jon Roberts, Sheila Smith (People and Communities)

### HEA Public Discussion – Town Councillor Graham Watkins (Agenda Item 2) 43

Councillor Watkins addressed the Panel, updating them on the campaign to protect the community hospital in Clevedon. He said that the old part of the hospital was vulnerable as its facilities were not up to modern standards and the focus had shifted now to resurrecting the campaign to replace hospital with a more modern facility. He said campaigners had commissioned a report by Helen Tucker, Vice President of the Community Hospital's Association setting out the options and this had been provided to the Council, the Clinical Commissioning Group and bidders for the North Somerset Community Partnership service.

In thanking Councillor Watkins for his address, the Chairman gave an open invitation to the campaigners to open a dialogue with the Panel.

**HEA 44 Declarations of Interest by Members (Agenda Item 3)**

None

**HEA 45 Notes of the inquorate meeting held on 22<sup>nd</sup> January 2015 (Agenda Item 4)**

**Concluded:** that the notes of the meeting be noted.

**HEA 46 Minutes of the Meeting held on 5<sup>th</sup> February 2015 (Agenda Item 5)**

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

**HEA 47 Quality and Performance Update (Avon and Wiltshire Mental Health NHS Trust (AWP)) (Agenda Item 8)**

Fiona Turnbull, (Client Account Manager AWP), presented the report, setting out the Trust's performance improvements and challenges going forward. She said performance had improved across a range of indicators, highlighting Friends and Families feedback. Areas for improvement included four (out of 39) Contract and Monitor indicators which were not RAG rated as green. She emphasised that the trust was working closely with commissioners and results were improving.

Members received the following responses to their comments and queries:

*Negative Community Comment* – she was unable to provide further background information about the individual comments listed but emphasised that the purpose of the sharing these with Members was to demonstrate the swift and positive actions taken by the relevant teams in response to negative comments.

*Recruitment and retention of staff* – recruitment was a national problem. The Trust's Wiltshire division was facing the biggest challenges but North Somerset was also struggling to recruit staff. The Trust was concentrating on recruiting locally as this tended to improve staff retention. Other initiatives included a "golden handshake" scheme for new recruits; possible recruitment in Ireland; and the maintenance of a core of bank workers (thereby reducing dependence on agency working).

Staff were not offered financial incentives to stay in the organisation; the organisation focussed rather on encouraging retention through professional and leadership development schemes. The aim was to highlight the opportunities and advantages of working with AWP.

*Juniper Ward* – she reported that there had been a major refurbishment programme, which had included Juniper Ward, following the recent CQC inspection. The CQC had also found that Juniper ward was running over-capacity (reflecting a national trend for acute mental health wards). In response, the Trust had established "Bed Action Plans" for each area and

were aiming to ensure that 85% of admissions were reserved for North Somerset Patients before permitting admissions from outside the district. Other Trust areas were following this approach and this was reducing the number of out-of-area admissions. The Trust was also working with the Clinical Commissioning Group (CCG) and local authority to reduce delayed patient transfers and discharge and this had proved successful.

*Staff Sickness* – sickness was having a significant impact on the service and the Trust had undertaken a number of health and wellness initiatives to support staff.

Following the discussion about AWP performance, Suzanne Howell (Managing Director North Somerset AWP) briefly outlined the outcome of the Care Quality Commission (CQC) inspection of AWP services undertaken in June 2014. She responded to Members comments and queries as follows:

*Shortage of “local place of safety” capacity in the Avon and Somerset Constabulary Area* – The 4 bed unit at Southmead Hospital remained the only resource for the area and the emphasis now was on considering ways of working with the police and other agencies to minimise the detention of children and young people (under S.136 of the Mental Health Act) such as through the wider use of the street triage team.

*Issues (identified by the CQC) about the recording of critical incidents at Juniper Ward* – a great deal of work was been undertaken by the Trust on developing and embedding the process; getting the balance right between the staff time taken up in recording incidents and the acknowledged benefits of doing so effectively - improving staff understanding of emerging issues and themes.

**Concluded:**

- (1) that the report be received; and
- (2) that the Panel’s comments be forwarded to the Trust in the form of the minutes.

**HEA 48 Weston Area Health NHS Trust – Summary Performance Report – Period ending January 2015 (Agenda Item 7)**

Karen Kroker (Director of Operations) presented the report which provided an update on performance within Weston Area Health NHS Trust. Members noted that the Trust had faced a particularly challenging third quarter in respect of performance against national standards. However, despite the rise in Emergency attendances and a series of Norovirus outbreaks, the Trust reported that it continued to make improvements in the quality and safety of its services.

She responded to members’ comments and queries as follows:

*Failure in Quarters 2 and 3 to achieve the Emergency Department (95% of patents seen/treated<4hours)* – Whilst this headline performance measure was clearly disappointing, Members noted that the hospital had outperformed

the national average (90.5%). She confirmed that the hospital used a range of more sophisticated metrics to more closely measure patterns of demand in order to better match staffing rosters with peaks and troughs.

*Trust procurement/acquisition* – The procurement process was ongoing and in line with reported timescales.

*Issues with the hospital's pharmacy identified in a recent Healthwatch report on patient discharge* – She reported that a senior Matron had been appointed this week as part of the Trust's strategy for addressing the complex issues around delays in discharging patients from the hospital. The Chairman reported that these issues would be considered by the Panel's Discharge Working Group; building on earlier work undertaken by the Panel.

It was agreed that the newly appointed Matron would report to the Panel in due course.

*The 28 day target for rearranging cancelled operations was too generous: more should be done to ensure patients were dealt with sooner and was the Trust's average?* – The target was set nationally. Trust had achieved 100% compliance with the target and most were dealt with more quickly. She was unable to give the Trust's average time for rearranging operations at that time but would provide the information in due course.

**Concluded:**

- (1) that the report be received; and
- (2) that the Panel's comments be forwarded to the Trust in the form of the minutes.

**HEA 49 NHS England Five Year Forward View (Agenda Item 9)**

Noting that this was the last meeting of the Council's current administration, Dr Mary Backhouse (Chief Clinical Officer, NSCCG), opened the item by thanking the Chairman and Panel Members for their positive contribution to the work of the Clinical Commissioning Group.

Dr Backhouse then presented the report outlining the NHS Five Year Forward view, a vision for the future of the NHS, which had been developed by the partner organisations that deliver and oversee health and care services including NHS England, Public Health England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority. Patient groups, clinicians and independent experts had also provided their advice to create a collective view of how the health service needed to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services.

She responded to Members comments and queries as follows

*The future for Clevedon Community Hospital* – She acknowledged the concerns raised about the need for rehabilitation beds and the strength of

feeling in the community about the hospital. Previously the Primary Care Trust had responsibility for estate: the CCG had been investigating where responsibilities now lie and were talking to the North Somerset community services about adequate premises. She was unable to give firm assurances about the existing rehabilitation beds at the hospital due to the ongoing rehabilitation review being undertaken across the wider Bristol area but emphasised that it was a key issue of concern for the CCG.

The Chairman said that the Panel would keep this issue under review going forward.

*How did the Five Year Forward View address warnings that the NHS was headed for a £30 billion funding gap by 2020/21?* - She acknowledged the scale of the challenge ahead. Whilst there had been significant work undertaken on reducing referred treatment and emergency flow times, there remained some very significant problems such as around staffing and recruitment.

**Concluded:**

- (1) that the report be received; and
- (2) that the Panel's comments be forwarded to the CCG in the form of the minutes.

**HEA  
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**North Somerset Director of Public Health Report 2014 (Agenda Item 10)**

Jon Roberts (Public Health Consultant) presented the report outlining the Director of Public Health's "Living well – a case for prevention" annual report for 2014.

He said the report adopted a model known as the '3:4:50 approach'. This was a long-term public health strategy that focussed on the three health behaviour risk factors (substance misuse, unhealthy diet and physical inactivity) that contribute to the four chronic diseases (cancer, circulatory diseases, respiratory diseases and liver disease) which are responsible for over 50% of our premature deaths (those under 75 years).

The Panel was asked to consider in particular a number of recommendations set out in the report and which focussed on what local organisations could do to tackle some of the unhealthy behaviours which contribute towards leading causes of death.

Members sought and received clarification on the following issues:

- (1) the ongoing scope for NHS England funding previously allocated to the former Boulevard Health Centre being reallocated for local community health outreach projects;
- (2) the welcome focus on Men's health;
- (3) the ABCD project in South Ward;

- (4) working with Pharmacists in the district; and
- (5) the need to start early when looking at changing lifestyles – focussing on children and young families.

**Concluded:**

- (1) that the report be received; and
- (2) that the recommendations set out in paragraph 3.10 of the report be endorsed.

**HEA 51 Annual Report of the North Somerset Health Protection Committee 2013-14 (Agenda Item 11)**

Jon Roberts (Public Health Consultant) presented the report which provided a summary of activities undertaken by the North Somerset Health Protection Committee during the period December 2013 to December 2014 and which set out key priorities for the Committee over the next 12 months.

Members were asked to consider in particular the following priorities recommended in the report:

- ensure the local service specification for treatment and management of Tuberculosis is implemented;
- achieve a further reduction in all Health Care Associated Infections;
- update all local emergency plans eg Pandemic Influenza, Cold Weather, Health Wave etc;
- continue to review contingency plans as identified and ensure further testing of national plans eg Pandemic Flu
- update the Sexual Health and HIV Strategy and develop and implement an action plan to reduce Sexually Transmitted Infections and late diagnoses HIV;
- further improve the number of food hygiene interventions with business by ensuring intervention planning is carried out in timely manner; and
- increase flu immunisation uptakes, especially in priority groups

Members sought and received clarification on the following issues:

- (1) slippage on rates of Cervical Screening and work being done by the Council to raise awareness;
- (2) Chlamydia diagnosis – concerns about the lack of robust clinical data;
- (3) The availability of genetic testing in respect to breast cancer screening; and
- (4) The numbers of women seeking breast cancer screening who were older than the prescribed age limit at which the screening is no longer provided by the NHS.

**Concluded:**

- (1) that the report be received; and
- (2) that the recommended priorities set out above be agreed.

**HEA 52 Response of the Leader, North Somerset Council, to the Panel's recommendations of 5<sup>th</sup> February arising from its Public Health Contracts review (Agenda Item 12)**

In considering the report, the Panel welcomed the Leader's responses to the recommendations made by the Panel following the work of the Public Health Contracts working group.

The Panel noted that the working group would continue to review the Public Health Contracts as part of the budget scrutiny process.

**Concluded:** that the response of the Leader be received.

**HEA 53 Assistant Executive Members' update (Agenda Item 14)**

Members noted the update on integrated working from Councillor Mrs Ann Harley (Assistant Executive Member, Adult social services, health integration).

Councillor Mrs Reyna Knight (Assistant Executive Member Public Health) updated Member on progress with the Council's recruitment of a new Director of Public Health. She also referred to the Public Health Outcome Framework data (produced by Public Health England) which was used by the Council to help it understand public health trends in North Somerset. The data had been updated in February 2015 and showed that outcome trends in the district were showing strong improvement but also that there remained large inequalities with the most deprived areas of North Somerset continuing to show poorer health status outcomes.

**Concluded:**

- (1) that the update reports be received; and
- (2) that a report providing a commentary on the Public Health Outcome Framework data update in respect of North Somerset be circulated to Members for information.

**HEA 54 The Panel's Work Plan (Agenda Item 13)**

The Chairman presented the Panel's work plan

**Concluded:**

- (1) that the work plan be updated to reflect work in progress;
- (2) that information about the re-procurement (contract review) of St Georges Surgery be circulated to Members for information.

**HEA**    **Closing comments**  
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On behalf of the Panel, Councillor Tom Leimdorfer thanked the Chairman and Vice-Chairman for their hard work and commitment over the last five years.

The Chairman also expressed her gratitude to Members for their valuable contribution.

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Chairman

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