

# Minutes

of the Meeting of the

## Health Overview & Scrutiny Panel

Thursday, 23rd July 2015

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

Meeting Commenced: 1.30 p.m. Meeting Concluded: 4.30 p.m.

### Councillors:

P Roz Willis (Chairman)  
P Liz Wells (Vice-Chairman)

P Michael Bell	P Sarah Codling
P Andy Cole	A Bob Garner
P Ann Harley	A David Hitchins
P Ruth Jacobs	P Reyna Knight
P Tom Leimdorfer	P Ian Parker

### Co-opted Member:

A Georgie Bigg

P: Present

A: Apologies for absence submitted

**Also in attendance:** Councillors David Oyns, Dawn Payne, Kate Stowey

**Health colleagues in attendance:** Mary Adams, Jeanette George, Jeremy Richards (North Somerset CCG); Bronwen Bishop (Weston Area Hospital NHS Trust)

### HEA Declarations of Interest by Members

1

None.

### HEA Minutes of the Meeting held on 26<sup>th</sup> March 2015

2

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

### HEA Minutes of the Quality Accounts Sub Committee Meeting held on 20<sup>th</sup> April 2015

3

**Resolved:** that the minutes of the meeting be noted.

### HEA Community Services Re-Procurement Update (Agenda Item 6)

4

The Chief Operating Officer (North Somerset CCG) gave a verbal update on the Community Services re-procurement. She reported that they were close to announcing the “preferred bidder” and said that critical to the selection had been how well bidders had responded to the consultation throughout the process – particularly in respect to the expectation of transformational change. She said the new service would be mobilised by 1<sup>st</sup> April 2016.

Members queried and received clarification on following points:

- (1) The relative success of the consultation process and how this had changed the specification of the service;
- (2) Information about the financial parameters set for bidders and how these may have impacted on proposals.

Members were informed that the engagement process undertaken was regarded as an example of best practice with stakeholders clearly articulating the case for “transformational” change. The procurement process had been extended to ensure that bidders fully understood and accounted for this in their proposals. The Chief Operating Officer acknowledged the financial constraints within which the procurement process was being run but gave assurance that this had not prevented bidders from proposing transformative and sustainable service models.

**Concluded:** that the update be received and that Members’ comments be forwarded to health colleagues in the form of the minutes.

## **HEA 5 The Reprourement of Non-emergency Patient Transport Services (Agenda Item 7)**

The Chief Operating Officer (CCG) and the Programme Lead ISTC and NEPTS Procurement (CCG) presented the report updating Members on the Reprourement of non-emergency patient transport services and the on-going patient and public involvement process.

Members received the following responses to their comments and queries:

- (1) *Security issues at Southmead Hospital* – security was covered in the specification and some work had been undertaken on discharge procedures. Nevertheless the concern was acknowledged and would be fed into the process.
- (2) *The procurement timetable* – The new contract needed to be in place by April 2016. A public/patient survey had been undertaken which had informed the development of a service specification. This was currently being reviewed in consultation with partner CCGs and acute trusts before moving forward to an open tender process with short timescales.
- (3) *Lay assessors* – these were recruited through Healthwatch and were trained to undertake the process. Many brought particular skills and experience with them and tended to be matched with different schemes accordingly.
- (4) *Inconsistent application of the eligibility criteria and concern that this is impacting on voluntary sector* – The CCG was fully aware of the pressures on Community Transport and, in supporting GPs through the patient transport process, were gathering on-going intelligence about this issue.
- (5) *Escorted transport for residents in care homes* – The CCG had received feedback regarding transport booked via care homes. Care Homes were not always able to provide escorts and, whilst the non-emergency service was unable to fill this gap, it was important to take account of this as an issue.

**Concluded:**

- (1) that the update be received and that Members’ comments be forwarded to health colleagues in the form of the minutes; and

(2) that the approach North Somerset CCG is taking in relation to patient and public involvement in this procurement be endorsed.

## **HEA 6 Public Health Mental Health Strategy (Agenda Item 8)**

The Interim Director of Public Health (NSC) presented the report which set out the North Somerset Public Mental Health Strategy. The Strategy, developed by a multi-agency steering group led by Public Health, had recently been approved by the North Somerset People and Communities Board following consultation in winter 2014/15.

The Strategy incorporated an Action Plan identifying key actions across the life course aimed at promoting well-being and reducing stigma and discrimination. Delivery against the strategy would be assessed by monitoring outcomes against indicators and action leads would be required to report progress quarterly to the People and Communities board who had oversight and governance of the strategy.

Members commented on the Strategy and Action Plan as follows:

- The Acton Plan should be referred to the Children and Young People's Policy and Scrutiny Panel;
- Although broadly comprehensive, the Strategy could have had more focus on older adults. It was agreed that the Strategy and Acton Plan be presented to the Older People's Champions Group;
- There was a need for a fresh look at the issue of ensuring that Council Policy equalities impact assessments took account of mental health impacts;
- Action outcome indicators should be reviewed to provide assurance that they were clearly defined and achievable (SMART);
- Concerns were raised that the "Your neighbourhood" pilot project (referred to in Item 5 of the Action Plan) was in danger of folding and any pressure to expand the project without additional resources could further threaten its viability; and
- Members commented on the success of the St Georges Surgery coffee mornings and Rotarian run Memory Café in tackling loneliness and other age-related mental health issues. The Panel supported the suggestion from Alun Davies (Planning and Policy Manager NSC) that, in co-ordination with Public Health, he lead on reviving work previously undertaken on social isolation with older people. The outcome of this work will be reported to the Panel before the end of 2015.

### **Concluded:**

(1) that the report be received and that Members' comments be forwarded to Officers in the form of the minutes; and

(2) that Public Health provide the Panel with a performance update on progress against the Strategy and Action Plan in six months' time.

## **HEA 7 North Somerset GP Practice Survey – Healthwatch North Somerset (Agenda Item 9)**

The Chairman of Healthwatch North Somerset presented the report setting out the findings of Healthwatch North Somerset's GP Practice survey undertaken between October 2014 and January 2015. The report identified a range of recommendations for improvements including access, appointments, privacy at reception, complaints and waiting rooms.

In discussing the Survey, The Panel took the view that it had been an excellent undertaking, making a useful contribution to the work of improving health services for the public. Specific comments from Members included:

- Patient Participation Groups (PPGs) must be key to taking the results of the survey forward and for delivering the recommendations. The considerable differences between practices in terms of the level of PPG engagement meant this could be challenging;
- The recommendation regarding receptionist training would meet a clear need identified by respondents and would appear to be relatively easy to deliver.
- There needed to be realism about the extent of what could be delivered and over what time scales given the significant financial constraints facing GP practices; and
- A significant number (12%) of respondents to the survey were categorised as unpaid carers and it would be useful if the related data could be extrapolated and shared with carers groups.

The Panel was especially disappointed by the response to the survey from the Avon Local Medical Committee (ALMC). Whilst Members acknowledged many of the concerns raised in the survey may have been beyond the direct control of the practices, the critical response failed to fully appreciate that the purpose of the survey had been to hear from patients about the direction of travel for improvement. There was discussion about requesting that the ALMC to attend the next meeting to respond to Members' concerns but it was felt that these issues could be raised by Members at the forthcoming CCG GP Membership Forum in October.

**Concluded:**

- (1) that the report be received and that Members' comments be forwarded to Healthwatch in the form of the minutes; and
- (2) that the recommendations be endorsed.

**HEA 8 Membership of the Quality Accounts Sub-Committee (Agenda Item 10)**

Councillor's Roz Willis and Sarah Codling indicated that they were interested on sitting on the Sub-Committee.

**Concluded:** that the membership be finalised at the next meeting of the Panel.

**HEA 9 The Panel's role, remit and work plan (Agenda Item 11)**

In reviewing the work plan, the Panel considered the following topics together with associated working groups and their membership:

(1) Public Health Contracts and Budget – It was agreed that the Public Health Working group would continue as a standing “steering group” and would review and report back to the Panel on an on-going basis on the Public Health contracts and budget. Councillors Roz Willis, Reyna Knight, Mike Bell, Sarah Codling and Ruth Jacobs volunteered as members of this working group.

(2) Better Care Fund – Members agreed that consideration be given to arranging a joint workshop.

(3) Health Service Reconfigurations – Members acknowledged the Panel’s statutory functions in respect to proposed service reconfigurations and noted and endorsed the Panel’s earlier establishment of a standing “steering group” to consider and advise the Panel on reconfiguration proposals that arise.

Lesley Woakes (Head of Primary Care & Public Health, NHS England) updated Members on the establishment of the Central Ward Health Forum.

Councillor Tom Leimdorfer updated Members on the work of the AWP Joint Working Group.

There was discussion about the various joint-authority health scrutiny bodies to which the Panel sends representatives but it was felt that Members required further information about these before agreeing nominations.

**Concluded:**

(1) that the Scrutiny Officer circulate to Members brief outlines of all the current committees and working groups to which the Panel sends representatives; and

(2) that the work plan be received and updated.

---

Chairman

---