

Minutes

of the Meeting of the

Health Overview & Scrutiny Panel

Thursday, 21st July 2016

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

Meeting Commenced: 1.30 p.m. Meeting Concluded: 3.20 p.m.

Councillors:

P Roz Willis (Chairman)

P Ruth Jacobs (Vice-Chairman)

P Michael Bell

P Andy Cole

A Ann Harley

A Reyna Knight

P Ian Parker

P Sarah Codling

A Bob Garner

P David Hitchins

Vacancy

P Liz Wells

A Georgie Bigg (Co-opted Member)

P: Present

A: Apologies for absence submitted

Also in attendance: Councillors Jill Iles, Tom Leimdorfer, Dawn Payne

Health colleagues: Mary Adams, Jeanette George (North Somerset Clinical Commissioning Group); Karen Croker, James Rimmer (Weston Area Health NHS Trust); and Maggie Blackmore (Patient Council)

NSC Officers in attendance: Natalie Field, David Jones (People and Communities); Leo Taylor (Corporate Services)

HEA Declaration of Disclosable Pecuniary Interest (Standing Order 37)

1

None

HEA Minutes of the Meeting held on 24 March 2016

2

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

HEA Notes of the Quality Accounts Sub-Committee Meeting held on 26th April 2016

3

Resolved: that the notes of the meeting be noted.

HEA 4 Weston Area Health NHS Trust (WAHT) – Summary Performance Report – Half year ending June 2016 (Agenda Item 6)

The Chief Executive of WAHT presented the report providing an update on the Trust's performance in the six months ending June 2016. He also showed the Trust's "Celebrating Success 2016" video promoting the hospital's achievements.

He responded to Members comments and queries as follows:

(1) *Any impact on performance from the 111 service* – he said that there was no particular problems with the service; patients were not being sent to the hospital inappropriately.

(2) *The Trust had not achieved the national standard on keeping appointments* – There were some issues with GP referrals. The Trust was working with the CCG and GPs to clarify the processes particularly around communications.

Recognising the challenges facing the Trust going forward, Members were impressed by the video promoting the Hospital's successes, suggesting that the Trust could seek the support of Weston Mercury and the Streetlife community in showcasing the video. The Chairman also suggested that the video be shown to the Older People's Champions Group.

The Chief Executive (WAHT) thanked Members for their suggestions.

Concluded: that the report be received.

HEA 5 North Somerset Clinical Commissioning Group (NSCCG) verbal updates (Agenda Item 7)

In introducing the item the Chairman reported that NHS England had just announced that, as part of a national package of measures to stabilise NHS finances, North Somerset CCG had been placed into "special measures" alongside eight other CCGs. She said she had discussed this with the NSCCG's Chief Clinical Officer who had given assurance that, whilst the CCG would be working hard behind the scenes to address the issues identified by NHS England, from the public's perspective services would continue as normal.

In response to Members' queries about the sustainability of CCG funding, the Chief Operating Officer (NSCCG) emphasised that the NHS England announcement had implications that went beyond funding, with structural changes likely going forward. She referred to the Sustainability and Transformation Plan work (see below) being undertaken by local and other partners across the wider West of England area and which was looking at combining CCGs to make best use of resources. She said there would be further announcements in due course and careful consideration would need to be given to the implications moving forwards.

In response to concerns raised by Members about the possibility of North Somerset priorities being side-lined by such a reorganisation, she said that it

would be for key North Somerset stakeholders to do their best to protect North Somerset interests.

There was also a view expressed by Members that the Panel needed to avoid merely supporting the status quo whilst also recognising that there were limits to how far reorganisation could reduce financial pressures. The Panel's role going forward should be to proactively engage with, and challenge, all parties involved in this process. Members emphasised the need for all partners to consult the Panel in this process going forward.

The Chief Operating Officer (NSCCG) then provided verbal updates to Members on the following issues:-

(1) *"Make a Difference" project* – at the invitation of the Chief Operating Officer (NSCCG), the Director of Operation (WAHT) explained that this work followed on from the outcomes of the recent "MADE" event, focussing on whole system strategies for improving patient flow through Weston General Hospital. The Chief Operating Officer (NSCCG) added that the work had shown that on the whole the right people had been admitted to hospital (mainly people with complex condition and elderly/frail patients) and had been a very useful exercise in respect to winter pressure planning.

(2) *"The Sustainability and Transformation Plan (STP)"* – She said that following the outline plan submitted in June, a more detailed iteration of the Plan was due for submission in September. Whilst this process was about how partner organisations worked together to deliver services, the approach was "service based" rather than focussing on organisational issues, with the emphasis on efficiency. She added that the NHS recognised that it could learn from how local authorities had been delivering transformational efficiencies.

The Interim Assistant Director, Adult Support and Safeguarding (NSC) reported that the Council had met with two other Local Authorities in the area to consider how they might contribute to the process: a number of practical inputs had been developed including mapping the way Councils work with acute trusts and the alignment of best practice across the three authorities and these would be presented at a forthcoming STP meeting.

Members again emphasised the importance of engaging with the Panel early enough in the process to allow Members to have a meaningful input, commenting that they had not yet seen the plan iteration submitted in June.

The Executive Member Adult Social Services (NSC) raised a concern that the Plan had only been shared with the Chairman and Vice-Chairman of the People and Communities Board and she was aware that STPs had been shared more widely with Councillors in other Authorities.

The Chief Operating Officer (NSCCG) emphasised that the Plan incorporated a consultation work stream and that there would be more communication and engagement following the September iteration.

(3) *Non-urgent patient transport* – The Chief Operating Officer (NSCCG) reported that no bidders had come forward for the contract and that, as a

result, discussions were being held with potential bidders as to the reasons for this. Simultaneously the CCG was in discussion with the current providers to secure assurance about the continuity of service and no problems were anticipated.

Concluded:-

- (1) that further assurance from NSCCG (and details) about stakeholder engagement with the STP be sought; and
- (2) that the Scrutiny Officer be advised of any progress in respect of the non-urgent patient transport contract so that this information can be circulated to Panel Members.

HEA 6 People and Communities Board Strategy (Agenda Item 8)

In introducing the item, the Chairman reported that following discussions with the Interim Director of Public Health (NCC), it had been agreed that a briefing would be held for HOSP Members (and possibly all Councillors) on the People and Communities Board Strategy. She emphasised the importance of engaging with Councillors at an early enough stage in the process to allow meaningful feedback and suggested that, following the briefing, the Panel may wish to establish a working group to consider elements of the strategy in more detail.

The Executive Member Adult Social Services echoed these views, commenting that she had made the case for there to be more Councillor representation on the People and Communities Board. Members also noted the apparent inconsistency whereby Healthwatch was represented on the Board whilst the HOSP was not.

The Interim Director of Public Health (NSC) presented the report outlining the process by which the People and Communities Strategy 2017-2020 was being developed. She emphasised that the process included a two and a half month period for stakeholder and public consultation.

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

HEA 7 North Somerset Director of Public Health Report 2015 (Agenda Item 9)

The Interim Director of Public Health presented the report which, in accordance with requirements of the NHS Act 2006, provided an independent report on the health of the district's population, focussing on the key areas that affect the health and wellbeing of children from conception to age five. The report listed a number of key messages and recommendations which the Panel was asked to consider and endorse.

She responded to Members comments and queries as follows:-

- (1) *promoting breastfeeding awareness in the community* – overall breastfeeding rates seemed to be improving over the last year in North

Somerset but there were variations and more data was necessary to get a more complete picture but she agreed to take on board Members' suggestions including considering involving volunteers (and Councillors) and widening the reach of the campaign (to include supermarkets for instance).

(2) *the need for evaluation of proposed interventions and a clear action plan*- evaluation was built into the process and work was underway on the development of an action plan. There was a clear plan in place to achieve full accreditation for the UNICEF breastfeeding baby initiative.

(3) *Community Access Review (integrating health visiting and children's centres): were they reaching as many young parents as they should?* – She confirmed that the Public Health team was working closely with the Community Access Group. She said that performance against the five mandated health visits/checks was good. All families were able to access the child health clinics at any time. All families received a home visit at around 10-14 days post-birth. Home visits were prioritised according to a set of criteria for the 6-8 week check. All mothers can attend the GP for a 6-8 week check.

(4) *The “whole system approach” is to be welcomed but will health visitors also address sexual health (and other) issues?* – She confirmed that this did happen, adding that Mental Health was a particularly important issue and the NSCP were appointing a Mental Health and Wellbeing specialist.

Concluded:- that the following key messages and recommendations outlined in the report be endorsed:-

- The need to develop a whole-system approach to prevent and reduce childhood obesity
- Addressing maternal obesity
- Supporting all women to stop smoking in pregnancy and achieving smoke-free environments for children
- Reducing the stigma associated with perinatal mental illness as this prevents women being open and asking for the help they need
- Improving breastfeeding rates in areas of traditionally low breastfeeding prevalence
- Continuing to improve the immunisation uptake for children and pregnant women
- Further integrating Health Visiting and Children's Centres services to improve outcomes in a holistic way with families
- Further investigation of inequalities in outcomes for children and families across North Somerset through the Joint Strategic Needs Assessment (JSNA)
- Promoting good oral health in the early years, through implementing the West of England oral health strategy
- Maintaining a focus across all agencies on prevention and early intervention in challenging economic times
- Improving data linkage through early years providers to enable better tracking of outcomes for children

HEA 8 Discharge from hospital stakeholder Inquiry Day report “Insights and recommendations on promoting safe and streamlined discharge – working together in North Somerset” (Agenda Item 10)

The Chairman presented the report setting out the outcomes of the Panel’s Discharge from Hospital Stakeholder Inquiry Day and recommending a course of action to take these outcomes forward.

Concluded:-

- (1) that the report be endorsed; and
- (2) that a Panel working group be established to develop and test an action plan for consultation with relevant stakeholders, the partners and agencies in the health and care system used by North Somerset residents.

HEA 9 Healthwatch North Somerset Annual Report (Agenda Item 11)

Concluded: – that the report be noted

HEA 10 Report of the Assistant Executive Member – Public Health

The Assistant Executive Member referred to the Healthy Lifestyles Service Annual Report (April 2015 – March 2016) which provided a summary of North Somerset Health Trainer activity and summarised the key points in the report. She recommended the report to Members and it was agreed that it would be circulated to the Panel by the Scrutiny Officer.

Concluded:- that the update be received.

HEA 11 The Panel’s Work Plan (Agenda Item 12)

In considering the Work Plan, the following was agreed:

- (1) An invitation to all Members be sent out encouraging them to participate in the Public Health Contracts working group;
- (2) The North Somerset Community Partnership (NSCP) be invited to report to the next HOSP meeting on performance and progress following the implementation of the new contract; and
- (3) The date for the next report of the North Somerset Health Protection Committee to be revised to November 2017.

Chairman
