

## Draft Minutes

of the Meeting of the

## Health Overview & Scrutiny Panel

Thursday, 9th March 2017

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

Meeting Commenced: 1.30 p.m. Meeting Concluded: 3.35 p.m.

### Councillors:

P Roz Willis (Chairman)

P Ruth Jacobs (Vice-Chairman)

A Michael Bell

A Andy Cole

P Ann Harley

P Reyna Knight

P Liz Wells

P Sarah Codling

P Bob Garner

A David Hitchins

A Ian Parker

A Georgie Bigg (co-opted Member)

P: Present

A: Apologies for absence submitted

**Also in attendance:** Councillors Jill Iles and Tom Leimdorfer

**Health colleagues:** James Rimmer (Weston Area Health Trust); Mary Backhouse, Mary Adams (North Somerset CCG); John Dyer, William Lee (South Western Ambulance Trust); Eric Sanders (North Bristol NHS Trust).

**NSC Officers in attendance:** Sarah Shaw (People and Communities); Leo Taylor (Corporate Services)

### HEA 27 **Declarations of Interest by Members (Agenda Item 3)**

None.

### HEA 28 **Minutes of the Meeting held on 1 December 2016 (Agenda Item 4.1)**

**Resolved:** subject to a number of minor amendments to the attendance, that the minutes of the meeting be approved as a correct record.

### HEA 29 **Minutes of the Meeting held on 12 December 2016 (Agenda Item 4.2)**

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

## **HEA 30 Weston Area Health NHS Trust performance update (Agenda Item 6)**

The Chief Executive of Weston Area Health Trust (WAHT) gave Members a verbal update on the Trust's performance covering the autumn/winter 2016/17 period to date. He responded to Members' comments and queries as follows:

- (1) He confirmed that a scheme to provide a GP service at the "front door" of the hospital was being trialed and would be evaluated in May. He emphasised that this was about maximising the opportunities for faster turnaround.
- (2) In response to concerns about the particularly poor January (63.7%) figure in respect of the 4 hour emergency department turnaround target, he reported that the causes were a combination of funding and pathway issues. There was more that could be done at all three key stages: home care and prevention; the hospital front door; and at discharge.

On the question of what the ambulance service could do to minimise admissions, the representative of the South West Ambulance Trust emphasised that its use of clinical advisers at the control room had delivered significant improvements, with the Trust now having one of the best (i.e. lowest) "conversion to admission" rates in the UK.

The Chairman drew Members' attention to the on-going work of the Panel following its Discharge Inquiry Day last year, noting that there would be an update on this later in the meeting.

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

## **HEA 31 Public Engagement on Future Services at Weston General Hospital (Agenda Item 7)**

The Chief Clinical Officer (NSCCG) presented the report summarising the work to date of the North Somerset Sustainability Board on engaging with the public and other stakeholders on early thinking on how services at Weston General Hospital could be made sustainable.

She responded to Members' comments and queries as follows:

- (1) *Changes to the Clinical Commissioning Group (CCG) following the creation of the Bristol, North Somerset and South Gloucestershire (BNSSG) structure:-* She reported that there would be an overarching Executive officer/team but emphasised that the three CCGs would remain as separate statutory organisations.
- (2) *Emergency and "severe" operations:-* it was agreed that the current figures for the above types of operations at Weston General be provided to Members.
- (3) *Potential impacts of transferring urgent surgery/overnight emergency admissions to Bristol hospitals (such as additional delay) and contingency arrangements:-* it was agreed that impact assessment work/evidence would be shared with the Panel. She emphasised that outcome-based

(contingency) planning had always been part of the day-to-day work of commissioners and providers, adding it was recognised that survival rates tended to be better at specialist centres.

(4) *Maximising the potential of the new operating theatres:-* these would be available for use by other hospitals as part of expanding, and seeking efficiencies from, services.

(5) *Potential use of Advanced Nurse Practitioners (ANPs) to cover overnight Emergency Department services and level of doctor cover:-* the importance of publicising the role and skills of ANPs was acknowledged but the Chief Executive (WAHT) said that this this would become more important when the “consultation” phase of the process was reached. Detailed proposals had not yet been finalised: the current “engagement phase” was about engaging with stakeholders in order to shape and refine of a set of worked-up proposals which would then be put out for consultation during the next phase of the process.

Nevertheless, there was a view expressed by some Members that the public needed a fuller explanation about the outline proposals (such as in respect of the use of ANPs) and how these could better deliver more sustainable and safer services.

(6) *How was the engagement exercise being evaluated?* – In addition to a series of public meetings, the CCG was holding a number of community and equality based meetings and were confident that they were in touch with the people they needed to reach. Members were referred to the weekly dashboard on the CCG website for a full line up of meetings and events and to the on-line form for submitting comments.

The representative of the Director of People and Communities (NSC) confirmed that the CCG engagement was following best practice, adding that the Council was working closely with the CCG to support and publicise this work.

The Chairman reported that the Panel was complementing the engagement process by holding its own public engagement sessions on 11 March (Sovereign Centre); 1<sup>st</sup> April (Portishead Library) and 5<sup>th</sup> April (Weston General Hospital). The Chief Executive (WAHT) welcomed the involvement of the Panel in the engagement and the Chairman encouraged Members to volunteer to attend these sessions.

Members noted that the deadline for receipt of comments on the engagement was 6<sup>th</sup> April.

**Concluded:** that the report be received and that Members’ feedback on the report be provided in the form of the minutes.

## **HEA 32 South West Ambulance Service performance (Agenda Item 8)**

John Dyer, Head of Operations, East Division, South West Ambulance Service (SWAS) presented the report updating the Panel on the Trust’s activity and performance in the district.

He responded to Members' comments and queries on the report as follows:

- (1) *Register of accredited defibrillator sites:-* it was agreed that NSC officers liaise with Trust about the possibility of publicising the register (and the Trust's efforts to capture as many more units as possible) in North Somerset Life.
- (2) *Turnaround (handover) performance at Weston General:-* he acknowledged the significant challenges, noting the Government's new 15 minute handover of 15 minutes. Work was ongoing on addressing these challenges but he emphasised that the local managers in place were working very effectively.
- (3) *Churchill Ambulance Station:-* he confirmed that there were no plans to remove the service in Churchill. There had recently been significant investment at the site and it was used as a training facility.
- (4) *8 Minute emergency service in rural areas of North Somerset:-* Although 75% of calls-outs met the target, he acknowledged the challenges associated with the remaining 25%. The Trust was employing a range of innovative measures to ensure patient safety including the use of Community First Responders (CFRs).

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

### **HEA 33 Proposed Restrictions to Gluten Free Prescribing in North Somerset (Agenda Item 9)**

The Chief Clinical Officer (NSCCG) presented the report setting out the proposed changes to arrangements for the prescribing of gluten free food. Members noted that these would shortly be going out for public consultation and Members feedback was sought on the changes.

In response to Members' queries about arrangements for the vulnerable or financially disadvantaged, she confirmed that there would be an exceptions panel which would consider possible exemptions on a needs basis.

Some Members remained concerned by potential equalities impacts, noting that concerns had been raised by the Weston Healthy Living Centre and, nationally, by the Celiac Association.

It was agreed that the numbers impacted by the changes would be provided to the Panel.

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

### **HEA 34 HOSP Discharge Inquiry Day update (Agenda Item 10)**

The representative of the Director of People and Communities gave a verbal update on progress in respect of the recommendations arising from the Panel's Discharge Inquiry Day held in spring 2016.

She said that of the 18 recommendations/actions, 16 had been taken forward into various commissioner/provider workstreams. The two not taken forward related to issues requiring national interventions.

She reported that there had been progress on discharge performance with partner organisations working more effectively together to deliver improvements. The Chairman noted that much of the work had been around patient flows through the hospital and that initiatives such as the ambulance trust working with care homes to triage patients prior to hospital transfer had been successful in reducing admission numbers which consequently reduced pressure at discharge.

The Chairman emphasised that the Panel's Inquiry Day outcomes had indeed fed into integrated commissioner and provider resilience strategies and plans to improve patient flows through Hospital and commended Members' involvement.

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

**HEA 35      The Panel's Work Plan (Agenda Item 11)**

Members considered the Work Plan which had been updated to reflect the outcome of discussions from the previous Panel meeting.

**Concluded:** that the Work Plan be updated, picking up actions and discussion outcomes from the present meeting.

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Chairman

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