Minutes

of the Meeting of the

Health Overview & Scrutiny Panel
Thursday, 22nd June 2017

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

Meeting Commenced: 1.30 p.m. Meeting Concluded: 4.50 p.m.

Councillors:

P Roz Willis (Chairman)
P Ruth Jacobs(Vice-Chairman)

P Michael Bell
A Andy Cole
A Ann Harley
A Reyna Knight
P Liz Wells
A Sarah Codling
P Bob Garner
David Hitchins
P Ian Parker

A Georgie Bigg (co-opted Member)

P: Present
A: Apologies for absence submitted

Also in attendance: Councillors Donald Davies, Jill Iles, David Jolley, Dawn Payne, Tom Leimdorfer

Health colleagues: Mary Adams, Colin Bradbury, Jeanette George, Melissa Neill, Claire Thompson (BNSSG Clinical Commissioning Groups); Peter Collins, Phil Walmsley (Weston Area Health Trust); Dr Sean O'Kelly, Dr Mark Smith (University Hospitals Bristol)

NSC Officers in attendance: Jon Roberts, Sheila Smith, Helen Yeo (People and Communities); Leo Taylor (Corporate Services)

HEA 1 Declarations of Interest by Members

None

HEA 2 Minutes of the Meeting held on 9th March 2017 (Agenda Item 4.1)

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

HEA 3 Minutes of the Quality Accounts Sub-Committee held on 5th May 2017 (Agenda Item 4.2)

Resolved: that the minutes of the meeting be noted (pending approval at the next meeting of the Quality Accounts Sub-Committee).

HEA 4 University Hospitals Bristol (Agenda Item 6)

The Medical Director and Deputy Chief Executive/Chief Operating Officer, University Hospitals Bristol NHS Foundation Trust (UHB), gave a presentation updating the Panel on the following:

- the Trust's recent Care Quality Commission (rated as "outstanding");
- the profile of North Somerset patients using Trust services;
- the performance trends of the services provided: and
- partnership working with Weston Area Health Trust.

Members sought and received clarification on the following:

- the definitions and methodology used by the CQC in reaching the "outstanding" assessment;
- the interventions and values introduced by the Trust to move from the "requires improvement" to "outstanding" CQC rating in just two year;
- instances of non-compliance with the referral to treatment time (RTT) 18 week target in quarters 2 and 3, 2016/2017;
- non-compliance with the 99% 6-week diagnostic waits standard; and
- future ambitions for further joint working with WAHT and any implications for UHB partnership arrangements with North Bristol Trust.

In response to Members questions about the impacts of the temporary overnight closure of Weston General A&E, the representatives of the Trust responded as follows:

(1) The impacts for UHB were manageable - UHB had undertaken some modelling and were confident that the plan in place was robust:

(2) They emphasised that these were temporary measures to allow sufficient time for a more sustainable solution to be introduced

(3) Recruitment was a critical issue and UHB was working closely with WAHT to support the service.

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

HEA 5 Weston Area Health Trust performance and STP engagement (Agenda Items 7 and 8)

The Panel agreed that items 7 and 8 on the agenda be taken together.

Phil Walmsley (Director of Operations WAHT) updated Members on the Trust's recent performance and the background to the temporary A&E overnight closure.

He said the Trust was doing well across most indicators with the exception of the Cancer waiting times standards (70% compliance). In the case of the A&E 4-hour standard, performance had improved significantly from a low in March 2017 (when it was the worst performing Trust nationally), to the

current 90% compliance (placing it in the mid-range nationally for that indicator).

In reference to the CQC Inspection and temporary A&E overnight closure, he said that following its inspection in March 2017, the Care Quality Commission (CQC) issued a warning notice relating to 4 key issues:

- flow (responsiveness);
- A&E (single point of access);
- use of the corridors for queuing patients; and
- consultant and middle grade cover overnight.

A great deal of work had been undertaken to address these issues but the Trust was still not yet in a position to guarantee overnight cover.

He added that, despite the focus on the “inadequate” rating for one of the range of inspection measures assessed, there were significant positives to be taken from the CQC report with six out of the eight key measures rated as “good”.

Phil Walmsley Director of Operations, and Peter Collins, Medical Director, (WAHT) responded to Members’ comments and queries as follows:-

(1) *What was being changed to address the CQC’s assessments relating to the “fragile medical infrastructure”, lack of “clinical leadership” in A&E and critical care and a “top down culture?* – these issues were interrelated and symptomatic of a range of challenges, especially around senior and middle grade clinician recruitment. The partnership with University Hospitals Bristol Trust was strengthening clinical leadership and a number of measures had been introduced to improve staff communication such as the daily “huddles” which provided opportunities for staff to present issues direct to the executive team.

(2) *The A&E closure was announced in July but the CQC’s warning notice was issued in late March: why did it take so long before the closure announcement was made and why was there no engagement with the Panel on the closure possibility in the intervening period?* – At the outset, the CQC warning notice did not float the prospect of closure. It required that the Trust produce an action plan giving assurance that measures were being put in place to address the inspection findings. As that process moved forward, a range of issues including rota fragility, performance and financial viability combined and intensified to the point at which the Trust was no longer able to guarantee overnight cover and thereby patient safety, triggering the formal closure notice in July. The Trust was not permitted to respond publicly until the CQC report was published.

(3) *Where was the £842,000 funding (for improving A&E) from NHS England going to be spent?* - This was as a result of a bid from the Trust and would fund a primary care streaming facility within the Emergency Department.

(4) *The hospital tried primary care streaming several years ago with an on-site GP-led facility but this was closed on cost-effectiveness grounds. What has changed to make it viable this time?* - The landscape had changed and the hospital was looking to provide the best treatment for patients now.

(5) *What was the hospital doing to restore the overnight A&E service given this would require for additional five consultants and additional middle grade cover? Was there a realistic prospect of success given the current national challenges around recruitment?* – there was a rolling recruitment in place with an expectation of short term appointments. The process was proving challenging (with neighbouring hospitals also struggling to recruit into A&E). In the longer term, the Sustainability and Transformation Partnership (STP) process was looking at alternative models. He emphasised that the problems could not be solved by looking at A&E in isolation. It was a wider problem and more holistic approaches were needed to deliver sustainability both in the short and longer term.

(6) *Would the new models under consideration provide a 24 hour A&E service?* - The Hospital's Board was committed to the provision on a 24 hour emergency service going forward, however, in common with other Trusts nationally, alternatives to the traditional A&E model were under consideration.

(7) *With the holiday period approaching, what was the hospital doing to communicate the new overnight A&E arrangements to visitors*? - A campaign would be starting next week specifically targeting holiday destinations, public transport etc. The Executive Member Adult Social Services (NSC) added that all guest houses and hotels (and the Tourist Information Office) in the wider area had been informed.

(8) *With inequalities in the area being some of the worst nationally, what was being done to support friends and families with travel arrangements should patients be sent to Bristol for treatment?* - In the case of emergency treatment, these tended to be short episodes of care and arrangements were made to repatriate patients to Weston-super-Mare as quickly as possible. In the case of longer periods of care, there were existing systems for support such as the Patient Transport Service and other voluntary organisations.

Claire Thompson and Colin Bradbury (Bristol, North Somerset and South Gloucestershire Clinical Commissioning Groups (BNSSG CCGs)) then updated Members on progress in respect of the STP Process around Weston Hospital following the recent engagement exercise. They said that the next phase would set the hospital in a wider setting. Over the next 6 weeks a document would be published setting out conclusions from the engagement and, following assurance by NHS England and Clinical Senate over the summer, a final set of proposals would be published in late summer/early autumn for consultation. A full 3 month period would be set aside to allow for statutory consultation on any proposals involving significant service change.

Concern was expressed that there was still insufficient clarity about where financial savings would come from in the process and the longer it took for this to emerge, the greater risk that this would be presented as a fait accompli. In response, the BNSSG CCGs representatives emphasised that four clearly defined "main ideas" for delivering a more sustainable service had been set out in the pre-consultation engagement.

In response to a query seeking assurance that appropriate attention would be given to ambulance cover and response times, they confirmed that impacts on the ambulance service of the changes to A&E cover at Weston hospital had been modelled and additional short term emergency and non-emergency resource had been put in place.

Members commented that lessons needed to be learnt from the temporary closure when thinking about models of care in the ongoing STP process.

Concluded: that the updates be received and that Members comments be forwarded to WAHT and BNSSG CCGs in the form of the minutes.

HEA 6 **New BNSSG CCG structure (Agenda Item 9)**

Jeanette George (BNSSG CCGs) updated members on the new CCG arrangements under which the three CCGs would work together within existing structures to increase the level of collaborative working whilst a collective commissioning function was built around a single executive team with a single accountable officer.

She confirmed that Julia Ross had been appointed as the new Chief Officer (single accountable officer) of BNSSG and that Mary Backhouse had been appointed as the north Somerset Clinical Chair. The BNSSG CCGs would have a “single commissioning voice” but she emphasised that, although they would increasingly work as a single entity, the three statutory organisations remained in place. The purpose was to benefit from economies of scale whilst also celebrating the differences between each area and continuing to shape services locally.

The Chief Officer was currently consulting internally on the new executive structure and there would in due course be a staff and stakeholder consultation on the overall structure of the new arrangements.

Following discussion about the new arrangements, it was requested that the following information be provided to the Panel when available:

- Details of new executive structure;
- a simple guide explaining the separate functions of the local (eg CCG governing bodies) and overarching (ie single executive) elements of the new structure and how they would interface (eg in respect of decision making);
- the governance arrangements underpinning this new structure

Concluded: that the update be received and that Members’ comments be forwarded the representative of BNSSG CCGs in the form of the minutes.

HEA 7 **Suicide Prevention Strategy (Agenda Item 10)**

Jon Roberts (NSC Public Health) presented the report updating Members on the suicide prevention work being undertaken in North Somerset and seeking views on the role of the Panel in monitoring the area’s North Somerset Suicide Prevention Action Plan.

Members agreed that the Panel should have a role in overseeing the multi-agency Action Plan and that officers should engage with Members on its forthcoming refresh. It was agreed that the Chairman would take the lead in any engagement with officers on the further development of the Plan.

Members commented as follows:-

- The importance of linking the plan with the work being undertaken on the Sustainability and Transformation Partnership (STP);
- It would be useful to liaise with Positive Steps (there are capacity issues/long waiting list)
- Useful also to build on the Council's links with Weston College

Concluded:

(1) that the report be received and that the Panels comments be forwarded to officers in the form of the minutes; and

(2) that periodic monitoring of the Suicide Prevention Action Plan be added to the Panel's Work Plan

HEA 8 Assistant Executive Member update (Agenda Item 11)

The Assistant Executive Member updated Members on the Diabetes Prevention Programme. As part of the BNSSG area, North Somerset Council had been chosen to take part in a pioneering national NHS programme which will see people offered education and lifestyle coaching to reduce their risk of Type 2 diabetes.

Concluded:

(1) that the report be received; and

(2) that the Diabetes Prevention Programme be added to the Panel's work plan as a potential agenda item for the next Panel meeting.

HEA 9 The Panel's Work Plan (Agenda Item 12)

Members considered the Work Plan which had been updated to reflect the outcome of discussions from the Previous Panel meeting and other Panel activity.

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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