#### **Minutes**

of the Meeting of the

# Health Overview & Scrutiny Panel Thursday, 22nd February 2018

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

Meeting Commenced: 1.30 p.m. Meeting Concluded: 3.40 p.m.

#### **Councillors:**

P Roz Willis (Chairman)

P Ruth Jacobs (Vice-Chairman)

P Michael Bell P Sarah Codling
P Andy Cole P Bob Garner
A Ann Harley David Hitchins

P Reyna Knight P Tom Leimdorfer (Substitute for Ann Harley)

P Ian Parker P Liz Wells

P Georgie Bigg (Co-opted Member)

P: Present

A: Apologies for absence submitted

Also in attendance: Councillors Jill Iles, Dawn Payne

Health colleagues; James Rimmer (Weston Area Health Trust); Colin Bradbury, Mary Backhouse, Mary Adams (BNSSG CCGs);

Officers in attendance: Alun Davies (People and Communities), Leo Taylor (Corporate Services), Julia Parkes (Corporate Services)

#### HEA Public Discussion (Standing Order SSO 9) (Agenda item 2) 16

Eve Wilson spoke on behalf of Protect our NHS North Somerset. She referred to the response submitted by them to the Healthy Weston consultation, highlighting concerns raised about temporary closure of the Hospital's A&E, funding constraints and associated problems around staff recruitment and retention.

The Chairman thanked Ms Wilson for her address and gave assurance that the Panel was also concerned about the temporary overnight closure and would be keeping the issue under close review.

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

17

None

## HEA Minutes of the Meeting held on 26 October 2017 (Agenda item 4) 18

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

#### HEA Winter Pressures and Performance (Agenda item 6) 20

James Rimmer (Chief Executive Weston Area Health Trust), presented a report on Winter Pressures and Performance. It has been a particularly difficult winter and routine planned care had been suspended in January in line with national requirements. Five outbreaks of Norovirus were reported in December which presented the Trust with some challenging decisions. He particularly noted that changes made in response to actions suggested by Care Quality Commission (CQC) last March had resulted in significant improvements in performance by comparison with last year. However, he confirmed that the CQC warning notice had not yet been officially lifted.

Members sought and received further clarification on the following issues:

- (1) How additional government funding for addressing winter pressures had been used, particularly in respect of high (bed) occupancy rates;
- (2) ambulance waiting times;
- (3) four hour A&E waiting time target compliance;
- (4) implementation of primary care streaming at the hospital "front door"; and
- (5) the restoration of outpatient clinics in February;

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

## HEA Temporary Overnight Closure of the Emergency Department (Agenda item 7)

James Rimmer presented a report updating members on progress since the temporary overnight closure of the emergency department. The impact of the closure was largely as predicted. Recruitment was ongoing in order to provide enough permanent medical staff to consider reopening. Some posts had been filled but more were needed. There was a nationwide shortage of the Middle and Consultant Grades required, and the Trust was looking to recruit from abroad for these posts.

He responded to Members comments and queries as follows:

(1) what was the likely timescale for recruiting sufficient staff for the 24/7 emergency department (A&E) to be restored and was the impact of the temporary closure on patient experience recognised? - The expectations of the communities served by the hospital were recognised but patient safety was paramount. Progress was being made on recruitment. Restoring a 24/7 service was being looked at as part of the Healthy Weston Programme. (2)

Had a phased implementation (eg starting on week-ends) been considered? – the only option discussed in stakeholder engagement was for a 24/7 service and a phased or stepped approach had not been considered.

(3) Why were night times seen as less safe (the justification for the temporary overnight closure) – The CQC reached this conclusion after a

number of measures to address the staff cover issues had been put in place but risks remained around overnight cover . A planned approach was seen as the best way forward.

Mr Rimmer then took the opportunity to announce the proposed formal merger between University Bristol Health Trust and Weston Area Health Trust. This was still essentially an "intention" and a business case was currently being developed.

In response to Members comments, he acknowledged past difficulties around a previous merger proposal but emphasised that the current proposal was contextually very different. The direction of travel was now towards closer working within the BNSSG footprint and the two organisations were natural partners, already working within a formal partnership arrangement.

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

#### HEA Clinical Commissioning Group update (Agenda item 8) 22

Colin Bradbury, Area Director BNSSG CCGs, gave a presentation providing updates on the following:-

- Healthy Weston codesign phase until 2<sup>nd</sup> March 2018;
- Integrated Urgent Care Service procurement underway for a new Clinical Assessment Service;
- Breast reconstruction, homeopathy and gluten free prescriptions consultations underway (closing 15<sup>th</sup> April); and
- Primary Care Strategy BNSSG divided into two localities with lead GP commissioners in each and GP provider groups established.

Members sought and received clarification on the following points:-

- (1) the likely timetable for Healthy Weston implementation and further consultation opportunities:
- (2) opportunities for linking social care services/pathways into Clinical Assessment Service (CAS);
- (3) the pre-triage role of the CAS service and access to GP appointments
- (4) the precise geographical definitions of the two BNSSG localities and further information about GP provider/commissioner governance arrangements. More detailed information would be provided to Members by Colin Bradbury regarding the above.
- (5) assurance that GP Patient Participation work would not get lost in the new structures

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

## HEA Children and Young People's Transformation Programme (Agenda item 9) 23

This item was withdrawn by Healthwatch North Somerset.

## HEA Membership of Quality Accounts Sub-Committee (Agenda item 10) 24

**Concluded:** that the sub-committee comprise five Councillors to be politically balanced as follows: Councillors Jacobs, Knight, Parker and Willis (with one vacancy).

#### HEA The Panel's Work Plan (Agenda item 11) 25

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

Chairman