

# Minutes

of the Meeting of the

## Health Overview & Scrutiny Panel Thursday, 7th June 2018

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 Ruth Jacobs (Vice-Chairman)

A Michael Bell

P Andy Cole

P Ann Harley

P Denise Hunt (Substitute for Ian Parker)

A Ian Parker

P Sarah Codling

A Bob Garner

David Hitchins

P Reyna Knight

P Liz Wells

P Georgie Bigg (Co-opted Member)

P: Present

A: Apologies for absence submitted

Also in attendance: Councillors Dawn Payne and Jill Iles

**Health and Social Care colleagues in attendance:** Colin Bradbury (BNSSG Clinical Commissioning Group); William Newton (South Western Ambulance Service); James Rimmer (Weston Area Health Trust); Andrew Burnett, Gerald Hunt, Helen Yeo; Leo Taylor (North Somerset Council)

### HEA Declarations of Interest by Members

1

None.

### HEA Minutes of the Meeting held on 22<sup>nd</sup> February 2018

2

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

### HEA The Panel's Work Plan (Agenda Item 6)

3

In considering potential items for the work plan, Members referred to recent speculation around the future of the Maternity Unit at Weston General Hospital following reported plans for a temporary overnight closure.

James Rimmer, Chief Executive (WAHT) clarified that that, contrary to media reports, the midwife-led Maternity Unit would continue as a 24 hour-a-day service for births, albeit now operating on an on-call basis overnight. He emphasised that 90% of the work of the unit related to anti-natal and post-

natal services, none of which would be affected by this change to the way the unit operated.

Members recognised that the change was necessary for clinical reasons but felt that more could have been done to communicate the reasons for this and, more widely, to promote the service. Mr Rimmer reiterated his view that a misapprehension had arisen due to inaccurate reporting but welcomed any suggestions from Members on promoting the service.

It was not proposed that the change to the operation of the Maternity be added to the work plan but Members were minded to keep the wider issues around the sustainability of the Maternity unit under review.

Having considered the Panel's Work Plan, Members: -

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

## **HEA 4 Improved Better Care Fund (Agenda Item 7)**

The Head of Commissioning (NSC) presented the report outlining the priorities for the continued use of the Improved Better Care Fund (iBCF) as approved by the Health and Wellbeing Board and NHS England for 2017/19.

There was discussion about the cross-Panel implications of the BCF and it was noted that the Adult Services and Housing Policy and Scrutiny Panel (ASH) would also be considering this matter.

The Head of Commissioning responded to Members comments and queries as follows: -

(1) *How would the additional money announced with the iBCF be spent in North Somerset?* - Some was being used to support the care home rate but the immediate priority was to assess the resourcing implications of the Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG) re-structure.

(2) *What does integration as referred to in the iBCF look like in North Somerset?* In operational terms (eg integration at locality offices), there had been a hiatus but this was being reviewed going forward. In joint-commissioning terms, the Council had worked well with the CCG and was committed to establishing well developed joint arrangements with the new merged CCG. There was, however, a need to approach this with some caution as there was a risk that an over-consolidated approach could put respective budgets at risk.

(3) *Supported Carers* - The carer support contract was being maintained at current levels under iBCF.

(4) *Concern about the stability and sustainability of the domiciliary care contracts and the care home market. The fragility of the sector made formal scrutiny difficult since there was a risk that this could yet further destabilise the arrangements.* – There was a significant tension between ensuring quality contract management and the operational sustainability of providers. This was a recognised problem nationally, however, whilst there were issues around local capacity, there were no significant concerns about the quality of the service being provided. Comparative performance data showed that North Somerset services were doing well against the national average.

(5) *Concern about delayed transfers of care (DTC) performance:* – Each of the BNSSG local authorities had unique characteristics which were reflected in varying discharge processes and social care provider arrangements. There was recognition across the local authorities that there was a need to further harmonise some of these processes and some joint-work had been commissioned to address this.

**Concluded:**

- (1) that the context and priorities for the use of the IBCF be noted; and
- (2) that the continuation of the approach as outlined for use of the Grant that meet national conditions be endorsed.

**HEA 5 South Western Ambulance Service – operations re-structure and performance (Agenda Item 8)**

William Newton, Operations Officer, South Western Ambulance Service (SWAST), presented the report outlining the Foundation Trust’s revised operations re-structure model (following staff feedback) and the Trust’s performance in 2017-18.

Members noted that the proposed restructure more closely aligned operations to the BNSSG footprint.

Members sought and received clarification on the following matters: -

- The numbers of ambulances designated for North Somerset and circumstances in which these ambulances might be deployed in other areas;
- the potential for the 111 service to take an over-cautions approach when pre-triaging callers, leading to unnecessary admissions;
- impact assessment of the organisational re-structure

Mr Newton confirmed that the CCG was continuing to fund an additional ambulance whilst the temporary overnight closure at Weston General hospital was in place.

In thanking Mr Newton for his presentation, the Chairman referred to the Panel’s recent consideration of the Trust’s Quality Account, noting that Members had been impressed with performance in the preceding year and with the Trust’s initiatives including the Red Badge scheme.

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

**HEA 6 North Somerset Director of Public Health Annual Report for 2016/17 (Agenda Item 9)**

The Interim Director of Public Health presented the report which provided an overview of the Public Health Outcomes Framework (PHOF) key indicators for North Somerset.

He responded to Members comments and queries as follows: -

- (1) *Outcomes data for obesity and the impact of social prescribing* - It was agreed that this data would be provided to Members after the meeting;
- (2) *Reason for the delay in publishing the report for 2016-17?* – It took time to put together the necessary information and there were local delays compiling some of the data sets.
- (3) *The Local Government Association and Kings Fund had identified a number of worrying trends in 2017/18 including a reduction in life expectancy and an increase in sexually transmitted disease. Could these be linked to the ongoing cuts in Public Health funding?* – It was too early to establish whether this emerging data constituted sustained trends or to link it directly to funding. Nevertheless, it was clear that prevention strategies were key to ensuring the most effective use of available resources.
- (4) *Concerns about comparative data that indicated North Somerset was performing worse than national trends in respect of alcohol harm risks and Measles, Mumps and Rubella (MMR) immunisation.* The Alcohol harm data was acknowledged but he said there were some relatively simple interventions which could reduce the risk. Similarly, with MMR, the Council fully recognised the need to encourage immunisation and had written to GPs and headteachers to raise awareness of the cohort of children/young adults where immunisation take-up had been most affected.
- (5) *Concern that smoking cessation interventions only worked with willing participants* – Research showed that 80% of smokers want to give up and he cited Barnet Primary Care Trust as an example where focus on smoking cessation had succeeded in closing the outcomes gap in deprived areas by reducing deaths from heart attack.
- (6) *How were health inequalities in the district being addressed and what would the reductions in the Public Health grant prevent the Council from doing?* – evidence showed that 80% of long term conditions were avoidable or delayable. The Public Health service needed to focus therefore on reducing the incidence of avoidable disease and disability. He saw an important part of his role as raising the profile of Public Health and a large amount of work was underway towards better integrating public health team activity with the work of other Council directorates and the Clinical Commissioning group.

With respect to the Public Health Grant, this had been reduced by 2.4% nationally and the Council was now evaluating all aspects of its spend on improving “wellbeing”, taking a “zero budgeting” approach. On the basis of this work, proposals for North Somerset Council services and associated budgets to improve wellbeing would be put to the Executive in October.

**Concluded:**

- (1) that the report be received: and
- (2) that a joint working group involving the Adult Services and Housing and Children and Young People Policy and Scrutiny Panel Members be arranged to engage with officers in the development of the proposals referred to in 3(6) above.

**HEA Suicide Prevention Action Plan (Agenda Item 10)**

**7**

The Advanced Health Improvement Specialist (NSC) presented the report which provided an update on the suicide prevention work that had been

undertaken over the last 12 months. Members noted that the previously increasing rate of suicides in the district appeared to have been halted with trends now broadly in line with those across England and the range of initiatives being put in place to underpin the prevention work.

Members sought and received clarification of the following issues: -

- domestic abuse trends and how these were being addressed;
- local concern in Clevedon about the discontinuation of funding for the 1 in 5 scheme (a partner in the Warriors of Wellbeing scheme referred to the report) and any plans to replace the service;

**Concluded:**

- (1) that the report be received; and
- (2) that a further update be requested for the January HOSP meeting focussing on key outcome indicators - in order to provide further assurance on the sustainability and effectiveness of the various interventions outlined in the updated suicide prevention plan.

**HEA CCG update (Agenda Item 11)**

**8**

The Area Director – North Somerset (BNSSG CCG) gave a presentation updating Members on the following issues: -

- Healthy Weston Co-Design and Engagement
- Healthy Weston – Next Steps
- Healthier Together (STP) update

The slides used in the presentation have been added to the signed minute book.

He responded to Members' comments and queries as follows: -

- (1) *The need for early engagement with the Panel on Healthy Weston proposals* – He acknowledged the benefits of early engagement and said this would take place, though added the caveat that, even after initial proposals were formulated, there was potential for further change following submission to the South West Senate and NHS England.
- (2) *Concern about the tendency for much of the engagement so far to focus on high level aspirations without linking these directly to the stated requirement to deliver services that were more financially sustainable. There was an overdue need now to look at specific proposals* - He recognised that the process was lengthy but insisted that there was a need to bring stakeholders along this progressive engagement and co-design process that would, by design, lead to a synthesis of specific proposals. The current stage in the process was about engaging stakeholders in ensuring sustainability by establishing the evaluation criteria for arriving at these specific proposals. He emphasised that clinical aspirations and financial sustainability were inextricably linked throughout the engagement process.
- (3) *Can it be assumed that any proposals in Healthy Weston seeking to address the current temporary overnight A&E closure at Weston General Hospital would amount to a substantial variation in service?* – This was likely but it was important to note that there needed to be a permanent and

sustainable solution to this issue and that, following the current consultation, proposals would be put forward with evidence, including impacts.

**Concluded:** that the presentation be received and Members concerns and comments be provided to health colleagues in the form of the minutes.

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Chairman

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