



**North
Somerset**
COUNCIL

South Gloucestershire
Council

Minutes of the Joint Health Overview and Scrutiny Committee

Tuesday, 27th February 2018 at 10.00 a.m.

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

In attendance:-

Bristol City Council

Councillors: Brenda Massey, Eleanor Combley, Donald Alexander (substitute for Paul Goggin), Tim Kent, and Celia Phipps

Apologies: Paul Goggin, Gill Kirk, Chris Windows

North Somerset Council

Councillors: Roz Willis (Chair), Mike Bell, Andy Cole, Ruth Jacobs, Reyna Knight, Ian Parker.

Apologies: David Hitchins

South Gloucestershire Council

Councillors: Marian Lewis, Janet Biggin, Robert Griffin (substitute for Keith Burchell) Shirley Holloway, Sue Hope, Sarah Pomfret

Apologies: Ian Scott

Officers:-

Louise deCordova (Scrutiny Advisor, Bristol City Council), Claire Rees (Health and Wellbeing Partnership Officer, South Gloucestershire Council), Leo Taylor (Scrutiny Officer, North Somerset Council)

STP Representatives:-

Dr Mary Backhouse (Clinical Chair, North Somerset CCG), Rebecca Balloch (Communications & Engagement Lead, Healthier Together BNSSG CCG), Laura Nicholas (BNSSG STP Programme Director), Professor Mark Pietroni (Director of Public Health, South Gloucestershire Council), James Rimmer (Chief Executive, Weston Area Health Trust) Julia Ross (Chief Executive, BNSSG CCG), Jo Underwood (Delivery Director, North Somerset CCG), Dr Lesley Ward (South Bristol Representative, Bristol CCG), Robert Woolley (Chief Executive, University Hospital Trust Bristol UHB and Senior Responsible Officer for the local STP)

11 Declarations of Interest by Members (Agenda Item 3)

None

12 Chair's Business (Agenda Item 4)

There was no Chair's Business

13 Minutes of the Meeting held on 23rd October 2017 (Agenda Item 5)

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

14 Public Forum (Agenda Item 6)

There were no Public Forum items.

15 Proposed amendment to the Joint Committee's Terms of Reference (ToR) (Agenda Item 7)

The Chairman presented the report proposing that Members review and clarify the intention of the resolution at the last meeting of the Committee on 23rd October 2017 - that its ToR be amended to include the power to scrutinise a newly merged Clinical Commissioning Group and other NHS bodies acting together across North Somerset, Bristol and South Gloucestershire.

In considering the report, the consensus view was that the existing ToR was adequate and, contrary to the Joint Committee's earlier resolution, the proposed change was unnecessary. It was therefore:-

Resolved: that, having reviewed the Joint Committee's earlier resolution, no amendment to the ToR be proposed.

16 Healthier Together Update – Overview (Agenda Item 8)

Robert Woolley (Chief Executive, UHB) provided an overview of the report and presentations which covered the following four distinct themes [minuted separately below]:

- Healthier Together programme update;
- improving the health of our population;
- improving quality of services; and
- Healthy Weston update.

In setting out the context of the "Healthier Together" programme - formerly known as the "Sustainability and Transformation Partnership" (STP) programme - he also referred to the prospective merger between UHBT and WAHT and the potential benefits this could deliver to the programme. In concluding, he emphasised that the STP was not a pre-determined plan but should rather be seen as a developing partnership born out of the need to find more sustainable ways of improving health and social care through closer and more integrated service planning and delivery from commissioners and providers across the BNSSG area.

[N.B. A copy of the overarching report and slides used in the presentations referred to in the minutes below can be found with the meeting agenda papers on respective Council websites]

17 Healthier Together – programme update (Agenda Item 8)

Laura Nicholas (BNSSG STP Programme Director) gave a presentation providing an update on the Healthier Together programme and covering the following:

- the core draft narrative for Member feedback;
- the local context including the history of local collaboration, the challenge around the BNSSG STP rated as needing “most improvement” and an increasing focus on whole system rather than individual organisation performance;
- the constituent organisations;
- a summary of the BNSSG case for change; and
- a finance update outlining the budgets and financial pressures across the BNSSG health economy.

Members received the following responses to their comments and queries:-

- (1) *How would the STP be communicated to the public?* – The purpose of draft narrative set out in the report was to give workforce and stakeholders the tools to provide a consistent and clear message. Feedback on the draft was important in ensuring the finalised version was the right message;
- (2) *had risks around Brexit impacts on workforce been assessed?* – There were no specific mitigation plans but the issue was being addressed through NHS lobbying channels and through on-going European and world-wide recruitment strategies. Working together at scale across BNSSG could bring about potential significant recruitment benefits;
- (3) *reference in the narrative to having “the highest bed occupancy rate in the country”. Why was performance so poor in BNSSG?* – Further detailed work was being undertaken on assessing causes and mitigations but it was clear that there needed to be a balance between improving hospital admission and discharge processes and increasing capacity in the community. Members were assured that this further work, particularly around urgent care pathways, would be brought back to the Joint Committee as this was likely to result in service changes;
- (4) *how would the Healthy Weston approach be cascaded through the rest of BNSSG?* – This was around the locality driven approach: bringing together Community Health, GP Practices, Social Care and (eventually) acute care within each of the six BNSSG localities to ensure that place-based service change would be delivered in partnership with the communities served;
- (5) *the need for the communications strategy to reach people who did not use computers* – There was a communications/engagement team whose work included looking at these kinds of inclusion issues;
- (6) *the draft narrative was good at identifying the challenges but not good at articulating a vision of what success would look like and, without that, it would struggle to bring people on board* – This was a good point well made. Nevertheless, it was an evolving process and an event was in the process of being planned, most likely in June, to focus on the “vision”;
- (7) *what were the opportunities/capacity for capital spend on funding transformational change?* – There was an Estates Group looking at opportunities and there were proposals, for instance, relating to rationalising the mental health estate. Some capital had been made available in areas such as primary care. However, the overriding focus was on looking at ways

of collectively doing more with existing revenue budgets such as by pooling resources; and

(8) *what was being done to drive economies of scale as a result of a larger BNSSG footprint?* – It was acknowledged that there were significant opportunities around procurement. There was already, for instance, a Bristol procurement consortium. Consideration was also being given to opportunities around shared corporate and support services.

Concluded: that the report and presentation be received and that Members' views be provided to health colleagues in the form of the minutes.

18 Healthier Together – improving the health of our population (Agenda Item 6)

Professor Mark Pietroni (Director of Public Health, South Gloucestershire Council) gave a presentation on the programme covering the following:

- purpose of the prevention plan;
- case for change – importance of variation;
- prevention workstream priorities driven by population need;
- five priority areas for 2018-19;
- five core principles to be taken up across the system; and
- next steps and timescales.

Members received the following responses to their comments and queries:-

(1) *the obesity strategy focussed on children but how was this balanced against the treatment needs of adults?* – There was no suggestion of a lack of commitment to treating adults but rather that there should be an emphasis on early prevention – hence the focus on childhood obesity;

(2) *how would the health “nuances” in pockets within localities be identified (eg equalities issues in Weston-super-Mare) and, more generally, how were inequalities being addressed?* – The key points had been identified but delivery was a constant challenge at operational level. All parts of the health and social care system needed to work effectively together in addressing these challenges but local authorities had a critical role identifying and articulating local need; and

(3) *concerns around young people’s mental health services (the effects of cyber bullying were highlighted) and the important role of the voluntary sector. A view was expressed that the mental health elements in the programme needed to be developed further* – The importance of the voluntary sector on delivering services at local level was acknowledged, as was the need for greater focus on early intervention and prevention. There had been some recent work on suicide prevention and there was an expectation that Members would see more as the Mental Health strategy was developed further.

Concluded: that the report and presentation be received and that Members' views be provided to health colleagues in the form of the minutes.

19 Healthier Together – improving quality of services (Agenda Item 8)

Jo Underwood (Delivery Director, North Somerset CCG) and Dr Lesley Ward (South Bristol Representative, Bristol CCG) gave a presentation updating the Joint Committee on progress in respect of the Urgent and Emergency care project and cover the following key points:-

- urgent and emergency care – project scope;
- urgent care delivery plan; and
- high level timeline.

Members received the following responses to their comments and queries:-

(1) *more detail about progress on actions undertaken to date towards meeting the high level “seven pillars” (urgent care model) – Actions so far included measures around GP access, NHS 111 access and procedures and urgent treatment centres. It was acknowledged that there was a need to build sufficient capacity into the delivery timeline to ensure there was a common understanding about where the local populations were which work needed to be focussed around - eg following local engagement;*

(2) *there was a request for more information about the project “vision”. If they were talking about urgent treatments centres, the timeline looked very ambitious. Some Members felt that the seven pillars model posed challenging questions about current capacity to deliver (for instance some parts of this system such as GP access were clearly not working effectively due to demand outpacing capacity) - The current work was mostly around scoping what already existed and how to best match this with local need. The project was designed in accordance with a national specification but nevertheless the point about vision was acknowledged as was the need for this to be clearly defined going forward; and*

(3) *what was being done to address the necessary behavioural change from people accessing urgent care – experience was the key, making it easier for people to make the right choices first time but the reality was that an effective system needed to be there in the first place. Getting the constituent parts of the service to operate as one coherent system was essential. Members’ concerns around capacity were acknowledged but there were no simple solutions – work around telephony/direct bookings and GP practices working more effectively together were elements of a wider and more holistic, whole system approach that was key to addressing these challenges.*

Concluded: that the report and presentation be received and that Members’ views be provided to health colleagues in the form of the minutes.

20 Healthier Together – Healthy Weston update (Agenda Item 8)

Dr Mary Backhouse (Clinical Chair, North Somerset CCG) gave a presentation updating the Joint Committee on the Healthy Weston programme.

The Chairman noted that the Chief Executives of both UHBT and WAHT had attended the meeting, illustrating their commitment to the programme. The high numbers of GPs involved in the Healthy Weston engagement was also welcomed.

Concluded: that the report and presentation be received

Chairman
