

## Minutes

of the Meeting of the

## Health Overview & Scrutiny Panel

Thursday, 20th September 2018

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

Meeting Commenced: 1.30 p.m. Meeting Concluded: 4.45 p.m.

### Councillors:

P Roz Willis (Chairman)

P Ruth Jacobs (Vice-Chairman)

P Michael Bell

P Andy Cole

P Ann Harley

P Reyna Knight

P Liz Wells

P Sarah Codling

P Bob Garner

P David Hitchins

P Ian Parker

P: Present

A: Apologies for absence submitted

### Officers in attendance:

#### HEA Declarations of Interest by Members

9

None

#### HEA Minutes of the Meeting held on 7<sup>th</sup> June 2018 (Agenda Item 4.1)

10

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

#### HEA Minutes of the Quality Accounts Sub-Committee held on 2<sup>nd</sup> May 2018 (Agenda Item 4.2)

11

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

#### HEA Healthier Together Update – BNSSG Presentation – (Agenda Item 9)

12

It was agreed that this item be taken out of sequence to accommodate the presenters' time constraints. In addition, it was agreed that the item be considered in two parts with the second part taken later in the meeting.

The Healthy Weston Programme Director gave a presentation providing an update on the Healthy Weston programme and seeking Members' feedback to support the next steps.

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

- (1) *Voluntary Sector funding* – The Healthy Weston Programme Director confirmed that concerns about third sector funding raised in the co-design workshops had been heard and taken account of in the process going forward;
- (2) *The emphasis on integration and concerns about how much this would cost* – He explained that this was not about “organisational integration”. The focus was on the need for frontline staff to work seamlessly together across organisations;
- (3) *Scope of engagement and consultation work particularly in respect of local and hard-to-reach communities* – BNSSG had consulted and engaged with a comprehensive range of communities and interest groups both within the district and across boundaries where, for instance, patient participation groups covered areas that overlapped the BNSSG area.
- (4) *Potential impact of the forthcoming local elections on the project timetable and, in particular, in respect of any forthcoming Panel consideration of the Pre-Consultation Business Case* – This was recognised and it was agreed, as a matter of urgency, that the Scrutiny Officer provide further information to the CCG about the pre-election “purdah” period during which the Panel would be unable to meet.
- (5) *Would the “High Level Indicative Time Line” leading to final decision in Summer 2019 be met?* – There was confidence that the timeline was achievable;
- (6) *In order for people to buy into in the evaluation process it was important that there was clarity about services which were currently provided in Weston and those services which could no longer be safely provided -* The evaluation and subsequent initial business would go for wide consultation early in the 2019. This would set out the methodology underpinning the process and provide full rationales for the proposed options including safety limiting factors;
- (7) *Evaluation criteria* – He confirmed that the evaluation criteria would not be “weighted”. Members were reassured but emphasised the need to address a public perception that reducing costs carried greater weight than other criteria in the process:

In concluding discussions, the Chairman commented on the length of time the project was taking and the risk that the consultees and the public were becoming process weary. She said it was critical that the public stayed engaged and felt there was a need to reinvigorate the process. She suggested that the CCG emphasise positives, such as the progress already being made in respect of the “just do it” opportunities including the proposals for a crisis café in Weston, joint appointments and primary care collaboration.

**Concluded:**

- (1) that the presentation be received; and
- (2) that the continuing work on the evaluation criteria be supported.

## HEA 13 Performance within the Trust and Progress against the CQC Inspection Plan (Agenda Item 6)

The Chief Executive of the Weston Area Health Trust (WAHT) presented a report giving an update on performance within the Trust and Progress against the Care Quality Commission (CQC) Inspection Plan.

The report covered the following:

- Quality and Safety;
- Operation performance;
- Workforce and finance;
- Workforce issues; and
- Care Quality Commission update.

Members welcomed the steady improvements shown by the Trust, noting in particular, July A&E performance, which put the WAHT in the top third of Trusts nationally, and Referral to Treatment Times and Diagnostics, surpassing National Standards consistently over several months. There had been no cases of hospital acquired MRSA, MSSA or C Difficile infections reported in July and Members noted that the hospital had made it a priority to put procedures in place ensuring that symptoms of norovirus were referred at the first recognition of symptoms as part of its winter pressures measures

Members also noted that since March 2017 when the CQC issued a Section 29A Warning Notice, sustained performance improvements had been achieved as recognised in a subsequent inspection. Nevertheless, the Warning Notice had remained in place due to the CQC's assessment that new systems and processes needed further time to bed down. The Notice was reviewed in August 2018 with feedback from the CQC forthcoming.

Members sought and received clarification on the following issues:

- measures being taken by the Trust to improve recruitment rates, particularly in respect of its efforts to highlight the benefits of living and working in Weston;
- Measures being taken by the Trust to reduce its financial deficit, particularly in respect of reducing dependency on agency staff;
- Progress towards reinstating a 24/7 A&E service;
- Further information about the Trust's recruitment challenges

In further discussion, Members commented on the performance data provided in the report. It was felt that it would be helpful to the Panel if the performance data could include trends over time thereby allowing Members to better monitor the Trust's (performance) direction of travel.

Members sought an update on the proposed merger between WAHT and University Hospitals Bristol NHS Foundation Trust. The Chief Executive reported that the current partnership work between the two organisations was going well and they were working towards a full merger in October 2019.

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

## HEA 14 Avon and Wiltshire Mental Health Trust Performance (Agenda Item 7)

The Quality Director, Avon and Wiltshire Mental Health Trust, presented the performance report together with an update following the CQC inspection in late 2017.

The report set out:

- a key performance indicator dashboard covering AWP services in North Somerset from September 2017 to August 2018;
- a Trust-wide by exception commentary on performance” across key service areas; and
- an update on progress against issues identified by the CQC following its inspection in late 2017.

Members received the following responses to their comments and queries:

- (1) *The significant drop in North Somerset performance against Safeguarding training key indicators* - The Quality Director (QD) explained that this had been caused by an error in the way the training had been presented and had now been rectified.
- (2) *Health Crisis services and Health-based places of Safety (HBPS) assessed by the CQC as “inadequate” and CAMHS services “requiring improvement”* – The QD confirmed that these assessments were not related to services in North Somerset. In the case of Crisis services and HBPSs, the issue was about governance rather than a need for intervention and in the case of CAMHS services, an Action Plan was being implemented.
- (3) *Impact of overnight closure of Weston Hospital* – Members were very pleased to hear that, whilst a few patients were being diverted to mental health services from the hospital, AWP had encountered a significant change in patient behaviour since the overnight closure, with fewer presenting to A&E because they were finding alternative ways of managing their issues.

There was subsequent discussion around bed occupancy and readmission rates. The QR acknowledged that AWP occupancy rates regularly exceeded the 85% guideline but emphasised that, whilst capacity issues were acknowledged across the AWP area, North Somerset patients were getting beds when they needed them. Members also noted that the small number of beds available in North Somerset tended could result in statistically disproportionate results.

In response to concerns raised about readmission rates, Member were reassured to hear that numbers were low in North Somerset.

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

## HEA 15 Healthier Together Update – BNSSG Presentation – (Agenda Item 9)

As proposed earlier in the meeting (minute number HEA12 refers) this item was considered in two parts, with the second part, focussing on the Healthier

Together “vision”, delayed until later in the meeting when the presenter, the Chief Executive of BNSSG CCG was able to attend. Unfortunately, the Chief Executive had been unavoidably further delayed and in the circumstances it was agreed that the Area Director – North Somerset (BNSSG CCG) present the item.

The presentation set out the significant challenges currently being faced in the BNSSG area and the need to work as a system to change the way services were delivered towards a more integrated approach to care. In working towards this change, the BNSSG and partners had developed a vision for future care delivery across BNSSG, focussing on six areas of change: integrated community localities, networked general hospital care, regional centre of excellence for specialised services, clinically and financially sustainable services, enabling staff to deliver exceptional care every day, and digitally enabled care.

A number of concerns were raised by Members about the reference in the Presentation to NHS England’s nomination of the BNSSG “healthier together” Sustainability and Transformation Plan (STP) as an “aspirant Integrated Care System (ICS). These concerns focussed mainly on the implications for the Council of greater health/social care budget sharing, a feature they believed was associated with ICSs, and on how a more organisationally and geographically integrated care system would be scrutinised. The Area Director warned against confusing the more informal ICS model with the contractually based (and more controversial) “Integrated Care Organisation” model (ICOs). He gave assurance that this was very much the beginning of the development of an ICS in BNSSG and that Councils, as integral parts of the STP process, would be fully involved going forward.

The following questions were also raised by the Executive Member, Adult Social Services, about the announcement of the procurement of a BNSSG-wide Community Health services provider:

- what services would be provided;
- what services would be replaced;
- how would North Somerset be affected; and
- how would Councillors be involved in the process?

The Area Director outlined the rationale for the procurement, explaining that there was a need for more consistency in services provide across BNSSG if the CCG was to effectively monitor and evaluate performance and outcomes. There were also organisational efficiencies which could be achieved by scaling up the service. He agreed to respond to the specific points raised above in writing.

In response to concerns raised by Members that the BNSSG Chief Executive had not been available to deliver the presentation and that there had been insufficient engagement with the Panel on the Healthier Together vision, it was agreed that further arrangements would be made for the Chief Executive to meet with the Panel on a date to be agreed.

**Concluded:** that the presentation be received and that Members’ comments and queries be provided to officers in the form of the minutes.

**HEA 16 Proposals for NSC services and associated budgets to improve wellbeing (Agenda Item 8)**

The Interim Director of Public Health for North Somerset presented the report which summarised the areas of expenditure of the Council's Public Health Grant to support health improvement and health protection and to better enable people to be more independent.

He confirmed that issues raised by Public Health England (PHE) about the Council's deployment of the Public Health Grant had been resolved and that PHE was now satisfied that requirements and guidelines concerning the use of the Grant had been met.

The Chairman thanked the Interim Director for all his work on the budget and suggested that any further queries from Members about the report be referred to the Interim Director via the Scrutiny Officer.

**Concluded:** that the report be noted and approved.

**HEA 17 The Panel's Work Plan (Agenda Item 10)**

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

The Chairman updated Members on the following primary care developments: plans to merge the Riverbank GP practice with St Georges practice; and the decision to close the Wrington Branch Surgery. In respect of the Wrington Branch Surgery closure, Members agreed that the following Panel statement be forwarded by the Scrutiny Officer to Mendip Vale GP practice:

"The Panel notes the decision to now close the Wrington Branch Surgery and accepts the decision made. The Panel is however concerned by the time it has taken but is pleased to see that transport has been put in place to mitigate any difficulties"

It was also noted that there were local concerns about the need for greater clarity about the availability of this transport and it was agreed that appropriate representations would be made to the practice requesting further information be provided.

In the context of the work plan and issues arising that may be of interest to the Panel for further consideration, the Chairman of Healthwatch North Somerset drew Members attention to the recent publication of the Healthwatch Annual report and gave a brief overview of its contents. She also referred to the various reports produced by Healthwatch over the previous year, highlighting, the GP "enter and visit" report which, following Healthwatch recommendations, resulted in 97 instances of changes made by the practices inspected.

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

---

Chairman

---