

# Minutes

of the Meeting of the

## Health Overview & Scrutiny Panel

**Tuesday, 11th December 2018**

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

Meeting Commenced: 10.00 am Meeting Concluded: 12.05 pm

### Councillors:

P Roz Willis (Chairman)

P Ruth Jacobs (Vice-Chairman)

P Michael Bell

P Sarah Codling

P Andy Cole

P Bob Garner

P Ann Harley

David Hitchins

P Reyna Knight

P Ian Parker

A Liz Wells

P Georgie Bigg (co-opted Member)

P: Present

A: Apologies for absence submitted

**Also in attendance:** Councillors: David Jolley, Jerry O'Brien, Tom Leimdorfer

**Officers and health colleagues in attendance:** Colin Bradbury, Kirsty Corns; Richard Evans, Glyn Howells, Martin Jones (BNSSG Clinical Commissioning Group); Andrew Burnett, Leo Taylor (North Somerset Council).

### HEA **Declarations of Interest by Members**

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None

### HEA **Minutes of the Meeting held on 20<sup>th</sup> September 2018**

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It was noted that the attendance list was incomplete and agreed that this be corrected to show the additional Councillors and officers that had been present at the meeting.

**Resolved:** that, subject to the above correction, the minutes of the meeting be approved as a correct record.

### HEA **Healthy Weston update (Agenda Item 6)**

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The Chairman, in introducing the item, referred to the BNSSG CCG report and emphasised that the Panel was not at this stage being asked to formally determine whether or not the proposals were substantial variations.

Members were instead being asked to offer a preliminary opinion as to whether any the proposed models were likely to constitute a substantial variation. She also drew Members attention to the recommendation that the

panel support the Clinical Commissioning Group's planned approach to formal consultation as set out in the draft Consultation Plan.

The Area Director, North Somerset, and the Medical Director of Commissioning and Primary Care (BNSSG Clinical Commissioning Group) gave a presentation outlining the 6 proposed options (models of care) for delivering integrated health services in the Weston-super-Mare area. Members noted that option 6 was not supported by national policy and no further analysis was being undertaken on it.

The Area Director said that models 1 to 5 were about delivering a positive change and not about diminishing services though he emphasised that the need to provide sustainable services going forward was critical; doing nothing was not an option - as the unplanned partial closure of the Weston General Hospital's A&E service had demonstrated.

The Area Director and the Medical Director of Commissioning and Primary Care responded to Members comments and queries as follows:

- (1) *Given the overnight closure of Weston General A&E service was referred to as being "temporary", why were 4 out of 5 of the options limited to a 14 hours per day services (rather than the 24/7 service previously provided)?* – Many serious conditions such as major trauma and strokes could not be treated at Weston General and it is was not clear that a 24/7 service was necessary. The Area Director emphasised that the CCG had not yet come to a preference in respect of the 5 models, saying that this process was about working towards certainty on the options. He acknowledged that the current temporary closure was unacceptable, noting that the hospital had started to receive direct admissions overnight.
- (2) *Does this process of "narrowing down" the options impact on the ability to consult effectively?* – There would be a full consultation document and if a consensus emerged, the CCG would be open and honest about it, setting out a clear rationale.
- (3) *The data in the Case for Change document appeared to show the additional cost of a 24/7 service as opposed to a 14/7 service was relatively small* – The financial benefit of the overnight closure could be relatively modest, depending on which model it was being compared with.
- (4) *In considering the current attendance data, Weston Area Health Trust was second only to North Bristol for major attendances so why did the CCG appear to be leaning towards a reduced 14/7 service?* - There was a need for more robust mapping of the service. For instance, a higher reliance on agency staff and junior doctors appeared to skew the results with more admissions being classified as "major" due to a tendency for these to over-medicalise. These were symptoms of the need for the kind of 'whole system' change being proposed.
- (5) *Was the forecast population increase for North Somerset properly taken into account?* – The Council's data on projected population growth together with demographic trends were being factored into the work undertaken.
- (6) *Concerns about frailty and care support* – there was recognition that there was a need for a more bespoke frailty model and work was underway on this.

- (7) *Had consideration been given to a 24/7 model proposed by the Weston Area Health Trust in the past where daytime operation would be consultant-led and GP-led overnight? This could minimise risks associated with transfer times since traffic between Weston and Bristol was lighter in the evenings (when urgent cases would be transferred to Bristol hospitals) – This had been considered but some urgent cases could only be dealt with in Bristol regardless of the time of day. Whilst there were facilities in Weston to manage some more complex cases but there was a need to get the balance right across the whole day. It was emphasised that there was no suggestion that consultants would be taken away from Weston.*
- (8) *How would community feedback to the consultation be weighted? - The CCG was committed to listening to as wide a range of views (including staff) as possible. The methodology would be published.*
- (9) *Models 3, 4 and 5 were reliant on significant GP involvement. How would this work when there was currently a shortage of GPs in Weston? – GP capacity issues in Weston were acknowledged but the aim was to move to very different models of care and evidence suggested that these new, more integrated, ways of working would attract more GPs to the area.*
- (10) *Were the proposals predicated on an assumption that a merger was likely to take place between Universities Bristol Health Trust (with the staff capacity that this could deliver modelled) and, if not, how would the CCG respond to the challenge that this consultation process was happening prematurely given the potential impacts of the future merger? – The models did not take account of the proposed merger between the two Trusts. This was a system wide approach looking at clinical models. UHB had nevertheless been involved in all the design work. It was also pointed out that recruitment challenges were sector wide and it was not the case that UHB had spare clinician capacity.*
- (11) *What would the CCG be actually consulting on: was it the 5 options being considered today, or would this be narrowed further and would the CCG express a preference? – This had not yet been decided by the CCGs Governing Body. It would not consult on any new models and if the range of models were to be narrowed or a preference expressed, this would be fully explained in the consultation.*
- (12) *When would the consultation start? – This had not yet been finalised but was likely to commence in early 2019.*

In concluding the session, the Chairman, supported by Members present said that the Panel would not accept any ‘downgrading’ of the service at Weston General Hospital. She commented on the proposals being put together by the Hospital’s A&E consultants and asked and received assurance from the CCG that these and any other ideas that emerged in the consultation would be given due consideration.

In considering the recommendations set out in the CCG’s report, the Panel

**Resolved:-**

- (1) that the proposed commencement of a public consultation on the proposals and the planned approach as set out in the draft Consultation Plan be noted;

- (2) that, having regard to the statement by the Chairman at the start of the meeting, it is the opinion of this Panel that each of the options outlined in models 2, 3, 4 and 5 in the presentation could constitute a “substantial variation” in service due to the reduction in access to overnight emergency services characterising each of these options; but
- (3) that this Panel reserve formal determination as to whether any proposed change to services constitutes a substantial variation until such time as it receives and has given due consideration to a finalised proposal for services provided at Weston General Hospital.

The Panel also agreed the following statement: “this Panel is concerned for the future of Weston Area Health Trust and will not accept a downgrading of Weston General Hospital. There is still work to be done to further develop these options”.

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Chairman

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