

Minutes

of the Meeting of the

Health Overview & Scrutiny Panel

Thursday, 28th February 2019

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

Meeting Commenced: 10.30 a.m. Meeting Concluded: 1.30 p.m.

Councillors:

P Roz Willis (Chairman)

P Ruth Jacobs (Vice-Chairman)

P Michael Bell

P Andy Cole

P Ann Harley

P Reyna Knight

A Liz Wells

P Sarah Codling

P Bob Garner

A David Hitchins

A Ian Parker

A Georgie Bigg (Co-opted Member)

P: Present

A: Apologies for absence submitted

Also in attendance: Councillors Jill Iles, Tom Leimdorfer, Richard Nightingale, Dawn Payne

Officers and Health colleagues in attendance: Michele Chesterman, Leo Taylor, Hayley Verrico (NSC); Mark Graham (For All Healthy Living Centre); Colin Bradbury, Martin Jones, Julia Ross (Bristol, North Somerset and South Gloucestershire CCG)

HEA Chairman's Announcements

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In welcoming everyone, the Chairman noted that it was the last meeting of the current administration and thanked Members, officers and health colleagues for their helpful support and engagement.

HEA Public Discussion – Alan Rice, Vice Chairman of Clarence Park/Graham Rd Patients Participation Group (Agenda Item 2)

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Alan Rice addressed the Panel about the proposed changes to Clarence Park and Graham Road surgeries (Agenda Item 6 refers).

He was concerned that the views of patients appeared not to have been taken account of as the option of maintaining the status quo (with both practices remaining) was not being considered in the current consultation.

He also questioned the necessity for change now, noting that delaying a decision until the opening of a proposed Health Centre in Central Ward was not being considered as a consultation option.

The Chairman thanked Mr Rice for his address.

HEA 3 Public Discussion – Laurie Fineman, Chairman Clarence Park/Graham Rd Patients Participation Group (Agenda Item 2)

Laurie Fineman addressed the Panel about the proposed changes to Clarence Park and Graham Road Surgeries (Agenda Item 6 refers).

He posed the following questions:-

- Would the CCG be attending the two public meetings on 19th March to address the broader issues?
- Was the CCG convinced by the financial case for discounting the two options not now included in the consultation proposal and was this based on the findings of a qualified accountant?
- Had the CCG considered additional funding to keep Clarence Park surgery open?

He also raised a number of concerns including parking capacity at Graham Road and the risks of implementing the new digital appointments system at the same time as the changes were being introduced.

The Chairman thanked Mr Fineman for his address. She said that the CCG and practice management were represented at the meeting and would respond when the item was discussed later in the meeting. She noted, however, that some issues may be covered by commercial confidentiality.

HEA 4 Declarations of Interest by Members

None.

HEA 5 Minutes of the Meeting held on 11th December 2018

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

HEA 6 Healthy Weston (Agenda Item 8)

This item was taken out of sequence to accommodate the time constraints of presenting officers. The Area Director, Bristol, North Somerset, South Gloucestershire Clinical Commissioning Group (BNSSG CCG), gave a presentation updating Members on the Healthy Weston project and the process by which it had arrived the preferred consultation model for health services in Weston-super-Mare and the surrounding areas.

Members commented and queried the CCG consultation proposals as follows and received the following responses from the CCG Chief Executive, Area Director and Medical Director of Commissioning and Primary Care:

- (1) *The alternative model proposed by hospital consultants* – Members felt that this alternative model should have been included in the consultation document and were concerned that its omission gave the impression that it was not being given equal status to other models considered. It was suggested that a pause in the consultative process would give sufficient time for proper evaluation and subsequent inclusion within the consultation document. There was also concern that the consultants may not be sufficiently resourced to prepare a case that would meet the required evaluation criteria.

The CCG responded as follows: -

- the consultants' proposals had not been fully worked up by the time the public consultation document had been finalised for consultation;
 - New ideas were nevertheless positively encouraged in the consultation process and would be considered in the same way as any other proposal;
 - the consultants' proposals, as with any other new proposals, would need to be evaluated against the stated "case for change" - the same process taken with all models considered. The consultants would be supported by the CCG in undertaking this evaluation.
 - There were similarities between the consultant' model and that proposed by the CCG and therefore opportunities to reach consensus going forward;
 - the immediacy of a number of challenges in Weston-super-Mare (including demographic pressures, staffing challenges and the need for financial sustainability) meant that a pause in the process was not possible.
- (2) *Critical Care* – concern was expressed about a lack of clear evidence supporting the case for the proposed reduced level of critical care provided at Weston General. The rationale also appeared somewhat contradictory, pointing to capacity constraints in the Intensive Care Unit (ICU) as the primary driver for this change - which would see patients with level 3 critical care conditions diverted to other hospitals - but nevertheless permitting for some level 3 patients to continue to be treated at Weston on a case by case basis (for up to 12 hours or longer), with the number of allocated beds (5) remaining the same, though referred to as being "re-purposed".

It was requested that the CCG provide the following information: numbers of patients requiring level 3 critical care over the previous 18 months - broken down by those arriving at the ICU via the hospital front door (A&E), those patients being transferred (from within the hospital) due to complications with routine elective surgery and those from the general wards where a patient's condition may have deteriorated.

The representatives of the CCG provided further clarification on the rationale for the proposal but it was agreed a written response would be provided including the specific patient numbers requested above.

- (3) *Transport issues under the proposed model where larger numbers of patients may be transferred by ambulance to Bristol or Taunton hospitals requiring transport home (particularly when discharged overnight and*

where the patients may have vulnerabilities) – The CCG agreed that, though the numbers of patients affected was relatively small, this was a recognised challenge and reported that a working group had been established to address the issue. They welcomed the involvement of the Panel and Healthwatch North Somerset in this work going forward.

- (4) *Impact assessments and the importance of the long-term direction of travel for health services in Weston-super-Mare* – Members commented that there whilst there were some positive elements within the proposals, the CCG needed to be open about the impacts of the preferred model and about the longer-term plans for health services in Weston. They requested that both service and financial impact assessments be provided to the Panel.

In concluding discussions, the Chairman emphasised that this was the beginning of both the public consultation and, as the Healthy Weston proposals were a significant change in service, the CCG's statutory consultation with HOSP. She confirmed that a Panel working group had been established to consider the proposals with a view to drafting a formal response for approval by HOSP in due course. She indicated also that the working group would shortly be meeting with the aforementioned hospital consultants to hear about their alternative model for services at the hospital.

There was discussion about whether the working group deliberations should be held in public or in closed session and the Chairman determined that, as the Council was about to enter purdah in advance of the District and Parish Elections, the working group would not meet in public but would report back to the full Panel in public at the next full HOSP meeting.

Concluded: that the presentation be received and that the Panel's comments be forwarded to the CCG in the form of the minutes.

HEA 7 Proposals for the future of Graham Road and Clarence Park Surgeries in Weston-super-Mare (Agenda Item 6)

Mark Graham, Chief Executive, For All Healthy Living Centre presented the report setting out the process by which the Locality Health Centre Community Interest Company (LHC CIC) had reached its conclusion that merging the two patient lists and consolidation of services would enable clinicians to offer a better range and continuity of care whilst providing a more resilient platform for the future of health services in Weston-super-Mare. Before reaching a final decision, he confirmed that a public consultation would take place on two options as set out in the report.

The CCG Area Director opened discussions by responding to points raised in Public Discussion (Minute HEA 3 above refers). He confirmed that the CCG would be attending the public consultation events.

With respect of the suggestion that the process be paused pending the outcome of proposals around a new health centre in central Weston-super-Mare, he emphasised that clinical concerns around the poor state of Clarence Park surgery and around financial sustainability were pressing and

needed to be addressed in the short term. It was agreed that the questions raised under the public discussion item be forwarded to the Area Director.

Mr Graham responded to Members' comments and queries as follows: -

- (1) *Future proofing* – Members were concerned that decisions about these surgeries were being taken in isolation from, and potentially prejudicial to, the wider process considering primary health care provision in and around Weston-super-Mare

Mr Graham reiterated the point made earlier by the CCG that Clarence Park surgery was currently clinically not fit for purpose and there was an urgent need to address this through this process.

- (2) *Concerns about clinical capacity and car parking constraints at Graham Road* – Mr Graham emphasised that capacity was being increased and they were looking at additional measures for reducing demand. They were aware of the transport and car park challenges and looking to mitigate these.

Members acknowledged the financial challenges but raised concerns about the deliverability of the number and range of clinicians required and the need for more detailed information about impacts and how these would be addressed. There was support for the view that it was too early to make a decision on the future of the surgeries, given the wider work that was being undertaken on health services in the area. A view was expressed that a discussion with the CCG was needed regarding bridging the funding gap until such a time that a decision made more sense.

In addition, there was discussion around the statutory role of HOSP with respect to the consultative process and any consequent decision to implement proposed service changes. Members noted that a decision on the future of the surgeries could be taken as soon as April which would pre-date the next full Meeting of HOSP and may therefore require the Panel to arrange an additional meeting.

Mr Graham confirmed that he would seek further advice on the required process and that both he and the Area Director would liaise with the Scrutiny Officer accordingly. The Area Director confirmed that he was happy to continue dialogue with the Panel and that Member' views would be fed into the consultation process.

Concluded: that the report be noted and that Members' comments be forwarded to the Chief Executive of the For All Healthy Living Centre and the CCG in the form of the minutes.

HEA 8 Adult Community Health Service Procurement (Agenda Item 7)

Medical Director of Commissioning and Primary Care (BNSSG) presented the report which provided an overview of the scope and process that BNSSG CCG were using to procure adult community health services.

Members sought and received clarification on the following points: -

- involvement of the Council/Panel in the contract specification phase;
- integration with primary care and social care;
- future of children's community health care;
- the need for universal standards governing thresholds for GP referrals to community care (as these currently vary from GP to GP);

Concluded: that the report be received.

HEA 9 Report of the Assistant Executive Member for Public Health (Agenda Item 9)

The Assistant Executive Member presented the report setting out key activities concerning North Somerset Council's public health responsibilities – covering the Director for Public Health role; the public health budget; service developments; seasonal flu immunisation; 0-19 year old's services; and cervical cancer screening.

The Assistant Executive Member also referred to updated figures provided by the Director of Public Health on the impressive seasonal influenza flu immunisation rates, showing yet further improvements in vaccine uptake (despite recent widely reported issues around vaccine supplies).

There was discussion around the ongoing low uptake of cervical smear tests, a national issue, though Members noted that North Somerset uptake was consistently higher than both the South West and national averages. Members suggested that consideration should be given to targeting women aged less than 25 years.

Members noted that a joint CYPS/HOSP working group was being established to consider options for the development of health visiting and school nursing services in the light of the CCG's intention to re-procure adult community services by a single provider.

There was also concern raised about the reference in the report to foster carer's safety equipment being deemed a low priority for public health funding but were reassured that equipment would continue to be available to those in need.

Concluded: that the report be received.

HEA 10 Membership of the Quality Accounts Sub-committee (Agenda Item 10)

The Chairman presented the report requesting that the Membership the Panel's Quality Accounts Sub-committee be agreed.

Concluded: that confirmation from Group Leaders be sought for the five appointments to the sub-committee which must be politically balanced (4:1).

HEA 11 The Panel's Work Plan (Agenda Item 11)

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

It was proposed that plans for Sunnyside Surgery (Mendip Vale Medical Practice, Clevedon) be added to the work plan for future consideration by the Panel.

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

Chairman
