

# Minutes

of the Meeting of the

## Health Overview & Scrutiny Panel

Thursday, 6th June 2019

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

Meeting Commenced: 1.30 p.m. Meeting Concluded: 3.30 p.m.

### Councillors:

P Richard Tucker (Chairman)

P Geoffrey Richardson (Vice-Chairman)

P Marc Aplin

P Caroline Cherry

P Andy Cole

A Hugh Gregor

P Karin Haverson

P Ruth Jacobs

P Huw James

P John Ley-Morgan (substitute for Hugh Gregor)

P Tim Snaden

P Mike Solomon

P Roz Willis

P: Present

A: Apologies for absence submitted

**Also in attendance:** Councillor Mike Bell and Georgie Bigg (Chairman Healthwatch North Somerset)

**Health colleagues and Council Officers in attendance:** Colin Bradbury (BNSSG Clinical Commissioning Group); Phil Warmsley (Weston Area Heath Trust); Sheila Smith, Leo Taylor (North Somerset Council)

### HEA Election of the Vice-Chairman for the 2019/20 Municipal Year (Agenda Item 1) 1

Resolved: that Councillor Geoff Richardson be elected Vice-Chairman of the Panel for the 2019/20 Municipal Year.

### HEA Public Discussion (Agenda Item 3) 2

Mr Richard Nightingale, local resident, addressed the Panel about concerns about proposals to close Clarence Park GP Surgery. He emphasised importance of this surgery in providing access to primary care in a part of Weston-super-Mare identified as being an area of multiple-deprivation. He urged the Panel to consider advising the Council to refer the matter to the Secretary of State for Health and Social Care.

The Chairman thanks Mr Nightingale for his address

**HEA 3      Declarations of Interest by Members (Agenda Item 4)**

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None

**HEA 4      Minutes of the Meeting held on 28 February 2019**

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

**HEA 5      Presentation: introduction to NHS structures, summary of key health issues in North Somerset and the focus on Healthy Weston (Agenda Item 7)**

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The North Somerset Area Director (BNSSG CCG) gave a presentation covering the following:

- a brief introduction to NHS Structure;
- a summary of key health issues in North Somerset; and
- the focus on the Healthy Weston proposals around service changes at Weston Hospital, wider improvements in the Weston area and longer-term ambitions for high quality, sustainable health care.

In the course of the presentation, Members sought and received clarification on the following issues:-

- (1) impacts of patients using the hospital A&E service inappropriately or due to difficulties accessing primary care and implications of the different ways in which GPs and hospitals were funded;
- (2) reasons for recruitment challenges at Weston hospital;
- (3) challenges affecting smaller general hospitals serving semi-rural and especially coastal areas and opportunities around “networking” across groups of hospitals;
- (4) ambulance hand-over issues at Weston hospital;
- (5) investing to save in integration but recognising impacts on the balance between health and social care cost; and
- (6) a breakdown of the numbers of patients accessing the Weston General Hospital beds via direct referral or through A&E.

The Area Director (CCG) and Director of Operations (Weston Area Health Trust) responded to Members’ specific comments and queries as follows:-

- (1) *Why were “precipitous” changes being considered when there were longer term solutions to the challenges faced by the hospital such as the anticipated merger between University Hospitals Bristol Trust and Weston Area Heath?* – There was already increasing joint working between the two general hospitals with, for example, Weston taking orthopaedic work from Bristol. However, there was insufficient capacity across the health sector in the area to resolve the current issues at Weston and, whilst, the merger could facilitate a more sustainable service, this would depend on the kind of changes being proposed.
- (2) *Are the Healthy Weston proposals around “blended care” (greater involvement of community health and GPs in acute care) more about finding cost savings than about innovation?* - this was about looking at more sustainable models of care but it was also evident that this kind of model was more attractive to GP’s than a traditional GP practice and could therefore deliver a more stable workforce longer term.

- (3) *Had there been any progress on the suggestions put forward by a group of Consultants and particularly in respect of a proposed trial of their solution for retaining a 24/7 A&E service at the hospital?* - The consultants were now fully engaged in the process and were no longer advocating a trial. Elements of their proposals had been incorporated.

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

## HEA 6 The Panel's Work Plan (Agenda Item 8)

As part of the work plan considerations, Members were invited to consider whether they were content to continue with the current arrangement in which the Chairman of Healthwatch North Somerset was co-opted onto the Panel as a non-voting Member and that, in line with an agreed protocol with Healthwatch, work plans between the two organisations would be shared and co-ordinated where appropriate.

The Chairman of Healthwatch provided a brief update on the activities of the organisation and outlined the circumstances in which it had been decided that, superseding the current arrangements where each local authority commissioned its respective Healthwatch, a new single Healthwatch organisation, co-terminus with the Clinical Commissioning Group's Bristol, North Somerset and South Gloucestershire footprint was being jointly commissioned by the three Local Authorities.

### **Resolved:**

- (1) that the Panel was content with continuing the existing co-option arrangements; and
- (2) that the Scrutiny Officer be requested to submit a report to the next formal meeting of the Panel recommending the formal co-option of Healthwatch for the term of the administration.

At this point of the meeting the Chairman proposed a brief adjournment.

The meeting adjourned at 3.15 p.m.

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The meeting reconvened at 3.25 p.m.

Members then considered the Work Plan which had been updated to reflect the outcome of previous Panel discussions.

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

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Chairman

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