

Draft Minutes

of the Meeting of the

Health Overview and Scrutiny Panel

Tuesday, 15th October 2019

held in the Old Council Chamber, Town Hall.

Meeting Commenced: 10:00 am Meeting Concluded: 11:45 am

Councillors:

P Richard Tucker (Chairman)
P Geoffrey Richardson (Vice Chairman)

P Marc Aplin
P Caroline Cherry
P Andy Cole
P Hugh Gregor
P Ruth Jacobs
P Huw James
P Karin Haverson
P Timothy Snaden
P Mike Solomon
P Roz Willis

P: Present

A: Apologies for absence submitted

Other Members (as appropriate):

Georgie Bigg (Co-opted Member)

Also in attendance: Councillors Mike Bell, Ciaran Cronnelly, Donald Davies, Catherine Gibbons, Ann Harley

Officers in attendance: Nicholas Brain, Brent Cross, Leo Taylor (Corporate Services), Matt Lenny, Sheila Smith, Hayley Verrico (Adult Services and Housing).

Healthcare colleagues: Colin Bradbury, Dr Chris Chubb, Rebecca Dunn, Martin Jones, Julia Ross, (BNSSG CCG); Fiona Jones (WAHT); Robert Woolley (WAHT/UHB)

HEA Public discussion (Standing Order SSO 9)

Steve Timmins, speaking for the Save Weston A&E campaign group, asked the panel to compare the figures in the CCGs report to those in the report made by Save Weston A&E. He also stated that service users and providers

on the ground were not happy with the proposal, and that the CCG was ignoring academically researched evidence that was contrary to the Healthy Weston proposals. He then asked the panel to refer the proposals to the Secretary of State for Health and Social Care.

Dr Harriet Burn, a local GP registrar, asked the panel to examine the proposed expansion plans for Bristol Airport. 77 GPs locally had signed a letter asking North Somerset Council to reject the expansion plans on the grounds of air pollution, noise pollution and the global impacts of having more aircraft visiting as well as an increase in road traffic.

The Chairman thanked the speakers for their representations.

HEA Declaration of disclosable pecuniary interest (Standing Order 37)

None

HEA Decision as to whether or not to recommend that the Council refer the Healthy Weston Proposals to the Secretary of State for Health and Social Care

The Chief Executive of the Bristol, North Somerset, and South Gloucestershire Clinical Commissioning Group (BNSSG CCG) introduced the CCG team and thanked the panel for the constructive meeting on the 30th of September. Subsequently, the CCG governing body had decided to implement the Healthy Weston proposals at its meeting on 1st October but she emphasised that points of concern raised by the HOSP at its meeting on 30th September would be addressed at this meeting. She also reported that a full review would be undertaken by the CCG one year after the implementation of the proposals.

Members welcomed the CCG's announcement of the full review and there was discussion around the potential this may offer for reconsidering the viability for a 24/7 A&E service should circumstances change.

The CCG team gave a presentation which set out the CCG response to the Panel's concerns, a copy of which was published with the agenda. A letter from the Consultant Body for Weston Area Health Trust was also read out, a copy of which was also published with the agenda.

Members raised the following additional queries with responses by the CCG and healthcare providers shown in italics:

- It was not clear from the CCH's report whether there had been a change in patient mortality following the overnight closure of A&E. - *The statistics did not show a deterioration.*
- Assurance that theatres would not close at Weston Hospital overnight, - *There was a strong future for Weston's theatres. These could be used to bring other specialties to Weston, such as ophthalmology and orthopaedic surgery.*
- Was Weston Hospital going to have the bed capacity for these changes? - *Capacity was a national problem, but all partners are signed up to the proposals.*
- What could UHB say about the recent increase in mortality at UHB? - *UHB was a pioneer in the Learning from Deaths programme; following*

further analysis no discernible changes had occurred and therefore data systems were being reviewed.

- Concern that the inconvenience of travelling to Bristol for medical care might lead to people avoiding seeking medical help; and concern that some patients, particularly frail and elderly, were facing difficulties when discharged from Bristol Hospitals, especially over-night. - *It was important to recognise that although Weston A&E was closed overnight, direct referral meant that patients would continue to be admitted when A&E was closed. In terms of repatriation from Bristol, in most cases, this happened as soon as possible. UHB was considering how best to ensure that there were no problems with discharging frail and/or elderly patients by working with partners in social care. It was also noted that good quality primary and community care as envisaged in Healthy Weston promoted the best overall outcomes for morbidity and mortality.*
- Was it a possibility that the overnight opening of A&E would never return following the review to be held in April 2021, and that this could also lead to a complete closure of A&E and the gradual downgrading of the hospital to a minor injury unit? - *On the contrary, the proposed model was very much a building up of the hospital, with new specialisations opening at the hospital (e.g. chemotherapy services and frailty hub). The CCG emphasised the safety and staffing issues that had originally precipitated the overnight closure, noting that the proposed way forward, which included direct admissions, was supported by clinicians.*
- Reassurance was sought that the viability of opening the A&E on a 24/7 basis would be in the announced review. *A commitment was given by the CCG was that this would not be excluded from the review.*

Following debate, it was agreed that the Panel briefly adjourn to consider its conclusions and take procedural advice from Council officers.

The Panel adjourned at 11:25 a.m.

The panel reconvened at 11:40 a.m.

On reconvening, the HOSP set out its conclusions as follows:

- (1) The HOSP was aware of the staffing and safety challenges faced by Weston Hospital that led to the temporary overnight closure of the A&E in 2017 and noted the CCG's subsequent decision to commission a different model of 24/7 urgent and emergency care going forward.
- (2) The HOSP noted the additions to local care that the Healthy Weston programme was planning to deliver, such as the new out of hours service for people in mental health crisis and a new integrated frailty hub, as well as the 1,100 more children who would receive their urgent and emergency treatment locally and the 900 extra people who will be directly admitted to Weston hospital overnight every year.
- (3) Whilst these improvements were welcome; the HOSP believed that given the size, needs and projected growth of the population in the Weston area, a 24/7 urgent and emergency care service was required at Weston

Hospital. Therefore, the HOSP supports a full review of 24/7 urgent and emergency care services one year after the Implementation of the changes, i.e. April 2021.

(4) This review, which would be reported to the HOSP, would include the following issues:

- The staffing position for urgent and emergency care and the prospect of sustainably staffing a return to a 24/7 rota (including the impact on other specialties and services)
- Progress in recruiting primary care staff for the new front door model for the A&E
- Evaluation of the impact and outputs of the mental health community crisis and recovery centre following the setting up of the new service in Spring 2020
- The number of people transferring to care elsewhere in the health system and their experience and outcomes

(5) The HOSP asked the CCG to ensure that the scope and timelines for the review be co-produced with HOSP so that all relevant factors are considered and, further, that the HOSP would wish to use an agreed Outcomes Framework.

(6) The HOSP also requested that the CCG present regular programme reports on the Healthy Weston implementation.

Following the Panel's conclusions, the CCG Chief Executive confirmed that such a review would be conducted.

During further discussion, the Chairman moved a motion recommending the referral of the proposals to the Secretary of state. This motion was defeated.

It was then:-

Resolved: that, in relying on the assurance given by the CCG that a full review (as detailed in the conclusion above) would be undertaken one year after the implementation of the changes, the Panel does not make a recommendation to Council for referral to the Secretary of State

Chairman
