

Minutes

of the Meeting of the

Health Overview and Scrutiny Panel

Monday, 30th September 2019

held in the New Council Chamber, Town Hall.

Meeting Commenced: 14:00 Meeting Concluded: 17:50

Councillors:

P Richard Tucker (Chairman)

P Geoff Richardson (Vice-Chairman)

P Marc Aplin

A Andy Cole

P Ruth Jacobs

P Karin Haverson

P Mike Solomon

A Caroline Cherry

P Hugh Gregor

A Huw James

P Tim Snaden

P Roz Willis

Also in attendance: Councillors Mike Bell, Mark Crosby (substitute for Andy Cole), Ann Harley, Ian Parker; Georgie Bigg (co-opted member).

Officers in attendance: Sheila Smith, Matt Lenny, Gerald Hunt, Leo Taylor, Brent Cross.

Others in attendance: Julia Ross, Colin Bradbury, Ned Brown, Martin Jones, Rebecca Dunn, Clare McInerny, Tim James (BNSSG CCG); Peter Collins, Fiona Jones (WHAT); Robert Woolley, Andy Hollowood, Paula Clark (UHB); Laurie Fineman (Clarence Park and Graham Road PPG); Laurence Vaughan (Quiet Places Ltd.)

HEA Public Discussion (Agenda Item 1)

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Laurie Fineman, Chair of the Clarence Park and Graham Road Patients Participation Group made a statement requesting clarity on the progress of the new premises for the combined surgery.

Laurence Vaughan, of Quiet Places Ltd, read a statement highlighting the health issues caused by noise pollution.

Steve Timmins, speaking for the Save Weston A&E campaign group, asked the panel to recommend the referral of the Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group's (BNSSG CCG) proposals to the Secretary of State for Health and Social Care on the grounds of not being in the interest of local residents.

The Chairman thanked speakers for their representations.

HEA 8 Declarations of Interest by Members (Agenda Item 3)

None

HEA 9 Minutes of the Meeting held on 6th June 2019 (Agenda Item 4)

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

HEA 10 Co-option of the Chairman of Healthwatch (Agenda Item 6)

Resolved: That the chairman of Healthwatch, Georgie Biggs, be co-opted onto the panel for the length of this administration.

HEA 11 Healthy Weston (Agenda Item 7)

The Chief Executive of BNSSG CCG introduced the CCG presentation, emphasising that the proposals had strengthened over time, taking into account feedback from consultation.

The Area Director (North Somerset), Medical Director of Commissioning and Primary Care and Healthy Weston Programme Director (BNSSG CCG) gave the presentation (a copy of which has been published with the agenda).

In summarising, the Chief Executive said that the proposals were intended to improve patient safety, and to improve the compliance of Weston Hospital services against national clinical guidelines.

The members of the CCG responded to members' queries as follows:

- If, following referral, the Secretary of State were to uphold the Panel's concerns, was there a backup plan? - *Any delay would remove certainty, which in turn could jeopardise the business case for the proposed merger with University Hospitals Bristol.*
- This plan was deliberately focusing on the short term. Were there plans to eventually re-open the overnight A&E service, possibly arising from the merger with University Hospitals Bristol NHS Trust (UHB)? - *A&E recruitment was a national issue and there was no spare staff capacity at UHB. The aim of the new model was to reduce demand on A&E through greater focus on at-home and preventative care across BNSSG.*
- Had there been a full statistical assessment for the clinical outcomes of all 3000 of the patients affected by the decision to close A&E overnight? The report indicated that just 50 patients were assessed for adverse outcomes. - *A review has taken place that found no incidents resulting in patient harm due to the Temporary Overnight Closure. In addition, an in-depth clinical audit has taken place on 100 patients who were transferred due to the temporary overnight closure that also found no adverse clinical outcomes.*
- The General Medical Council had indicated that it might not assign junior doctors to Weston Hospital in the December rotation due to current circumstances at the hospital. How likely was this, and what

would the impact on the Healthy Weston proposals be if this were to happen? - *The GMC was considering removing the junior doctors from December. The Trust, working closely with the CCG and other system partners, was providing evidence to the GMC to prevent this, as it could jeopardise the case for the merger of WAHT and UHB (as could any substantial delay arising from a referral of the Healthy Weston proposals to the Secretary of State).*

- *Could any savings made in the new proposals be used to improve travel time for patients and their families? - In terms of patient outcomes, a significant factor was not only travel time, but the quality and availability of equipment and staff. The additional travel times modelled and published in January 2019 have been reviewed using NHS best practice. The CCG will be working with partners in the area to promote the support available for people to travel to and from healthcare appointments.*
- *How many emergency bleeds had been diagnosed out of hours, and how many had been transferred as a result of the A&E closure? - These cases had always been (and would continue to be) transferred to specialist hospitals;*
- *Recruitment of new GPs was difficult. Why were GPs not taking up offers? - There were many reasons – lack of suitable housing, the availability of schools, recreational facilities, the possibility of extra training, networking, uncertainty around job stability. However indications were that the emerging new primary care structures in the district allied with the new models of care proposed in Healthy Weston were perceived as “exemplars” and attracting interest in the recruitment market.*
- *Healthwatch’s major concern was the temporary overnight closure of A&E and the length of time it was taking to implement these changes - The delay is because of the thorough consultation process to develop the best possible model for the hospital and patients.*
- *Concern about the cost of funding new “Healthy Weston” services and employing more staff – Weston Area Health Trust (WAHT) was already £17 million in deficit. - Not all funding was from existing budgets, for example the Mental Health funding was new.*
- *Concern that phase 3 of the Healthy Together proposals appeared to advocate a yet further “downgrade” of Weston Hospitals A&E service to an urgent treatment centre? - The CCG emphasised that the long-term sustainability of the hospital was the critical issue but gave assurance that no decisions on longer-term proposals had been made. Further, any additional significant proposed changes would be subject to the scrutiny of the HOSP and public consultation where required. The merger along with the proposals recommended through Healthy Weston will enable the hospital to provide a stable platform to strengthen the services on offer.*
- *How robust was the business case for frailty care? - This was built into the specification and had already been incorporated into the current adult community services contract.*
- *Instead of a permanent overnight A&E closure, was it possible to keep renewing the temporary status? – This was not possible: it would perpetuate uncertainty around the future of the hospital, thereby*

exacerbating recruitment challenges and further undermine the hospital's sustainability going forward.

Following the question and answer session, the Panel then proceeded to consider its formal response, noting that a key purpose of the meeting was for it to exercise its statutory power to provide a formal response to the proposed "substantial variation" in service represented by the Healthy Weston proposals.

In the ensuing discussion, a motion was proposed and carried requesting that the CCG delay its decision (due to be taken by its Governing Body on 1st October) in order to facilitate further discussion with the Panel about a range of issues. The motion further proposed that should the CCG be unable to meet this request, the Panel would move to recommend that the Council refer the proposals to the Secretary of State and that the Panel would reach this decision on or before 14th December 2019.

In response, the CCG indicated that it would not be possible to delay the Governing Body's decision and raised a number of concerns about the motion, including: noting that some issues raised by Members as requiring further discussion had been addressed in the course the meeting and in previous discussions with the Panel; the requirement that any decision to recommend referral should be provided with evidenced reasons; the practicability of the date by which the Panel would reach its decision to recommend referral; and its potential implications for the UHB/WAHT merger process.

Following further discussion the Panel agreed to adjourn the meeting to consider these matters, any additional information arising and to seek procedural advice from Council officers.

The Panel adjourned at 16.40 pm

The Panel reconvened at 16.55 pm

On reconvening it was:-

Resolved: that the following formal statement be provided to the CCG in advance of its Governing Body meeting on 1st October 2019:

Before reaching a decision on whether or not to recommend referral to the Secretary of State, the HOSP recommends that the CCG address the following points:

- (1) provide a thorough analysis of clinical outcomes on the transfer of A&E patients to Bristol compared to the previous outcomes in Weston
 - (2) provide evidence that the recruitment of GPs to support A&E is feasible and will not undermine primary care locally
 - (3) provide evidence that sufficient and appropriate ambulances will be available in the new model
 - (4) provide reassurance that Mental Health needs will be addressed
 - (5) provide evidence that the emerging business case being developed for the frailty model across BNSSG fully takes account of potential additional resource implications for Adult Social Care and the Voluntary sector.
- HOSP will convene an additional meeting in order to consider the CCG's response to the above points before deciding whether or not to recommend to the Council to refer the proposals to the Secretary of State.

HEA 12 Adult Community Health Services Procurement (Agenda Item 9)

The report, providing an update on BNSSG CCG's procurement of Adult Health Services procurement was received by the panel.

Concluded: that the report be noted.

HEA 13 Central Weston Primary Care Estate (Agenda Item 8)

The CCG's Head of Locality Development (North Somerset) presented the report giving an update on the progress of the project, including the site option appraisal process and the next steps to be taken to define a preferred site for the relocation of the merged Clarence Park and Graham road surgeries.

She highlighted a £3.2 million grant that had been secured from the Strategic Transformation Partnership Wave 2, as well as funding of £1.4 million from the Estates and Technology Transformation Fund.

CCG officers answered questions from the panel and Laurie Fineman, of the Clarence Park and Graham Road PPG as follows:

- How long would it take until the new site was open given the current primary care capacity challenges in central Weston-super-Mare? - *It was not possible to estimate at this stage. It was important that due process was followed. In the meantime initiatives had been implemented, such as the Ask My GP mobile application, which were helping to manage demand in the area.*
- The report only mentioned the publicly owned sites – what about the others on the shortlist? – *Negotiations with private sector site owners were ongoing and subject to commercial confidentiality.*
- What would the patient capacity of the new centre be? *It was anticipated that the new centre would initially be able to handle 15 000 patients.*
- How would the new hub help to facilitate GP recruitment? *It would be an attractive place to work, as it was being designed by clinicians as a multi-purpose centre.*

Concluded: That the report be noted and that Members' comments be provided to officers in the form of minutes.

SPE 14 The Panel's Work Plan (Agenda Item 10)

The Chairman deferred this to the next meeting of the panel.

Chairman
