

Minutes

of the Meeting of

The Health Overview and Scrutiny Panel

Thursday, 23 June 2022

New Council Chamber - Town Hall

Meeting Commenced: 2.30 pm

Meeting Concluded: 4.30 pm

Councillors:

Ciaran Cronnelly (Chairman)

Hugh Gregor

Sandra Hearne

Ian Parker

Roz Willis

Also in attendance: Georgie Bigg (co-opted Member)

Apologies: Councillors: Caroline Cherry (Vice-Chairman) Mark Aplin, Andy Cole, Karin Haverson, Ruth Jacobs, Huw James and Timothy Snaden.

Health colleagues in attendance: Colin Bradbury (BNSSG Clinical Commissioning Group); Andrew Hollowood and Ian Barrington (Bristol Hospitals Bristol and Weston NHS Trust); Dr Lou Farbus and Lisa Chivers (NHS England); Dr Geoff Woodin, Clinical Director for CAMHS.

Officers in attendance: Matt Lenny (Public Health), Jo Purser (Adult Social Services), Leo Taylor (Corporate Services).

HEA Election of the Vice-Chairman for the 2022-23 Municipal Year

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Resolved: that Councillor Caroline Cherry be elected Vice-Chairman for the 2022-23 Municipal Year.

HEA Declaration of Disclosable Pecuniary Interest (Standing Order 37)

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None.

HEA Minutes

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Resolved: that the minutes of the meeting held on 20th April 2022 be approved as a correct record.

HEA Annual NSC directorate statements and health partner plans for 2022-23

Members noted that due to a combination of the impact of the rail strike today and sickness, officers due to update Members on NHS England Commissioning Operational Plan had been unable to attend. The corresponding report would therefore be taken as read.

The Director of Public Health and the Assistant Director Adult Services presented their respective Directorate's Annual Directorate Statements for 2022/23. This set out the Directorates' strategic and specific commitments for the year ahead.

Officers responded to Members' comments and queries as follows:

(1) *Covid-19 testing* – The Director of Public Health (DPH) acknowledged that there were challenges around the changes to national testing policy but emphasised that there was ongoing monitoring. They were seeing more infections but at a lower level of risk. He urged everyone to continue to engage positively in addressing what was a preventable harm.

(2) *What can realistically be done about inequalities in North Somerset? South Ward was still the most deprived neighbourhood in the district* – The DPH acknowledged the challenges but emphasised the need for working with the community to find place-led solutions that would make a difference, referencing as an example progress around breastfeeding. The Area Director (BNSSG CCG) spoke about wider developments in Health and Social care, referring to the new Integrated Care System (ICS) with focus through partnership, on the wider determinants of health, supporting social and economic development and improved access to services supporting health and wellbeing.

(3) *The private sector housing market and social housing need: the extent to which the Joint Health and Wellbeing Strategy (JHWBS) was addressing this? – Members proposed some joint work with the with the Adult Services and Housing Scrutiny Panel (ASH) to consider and seek to address supply and tenancy concerns* – In response, the Director of Public Health referred to a key element of the Council's Housing Strategy: an audit (stock condition) survey of private sector housing supply was being undertaken and an assessment of associated health impacts would be considered as a function of the JHWBS.

Concluded:

(1) that the reports referred to above be noted and taken into account in the development of the Panel's work plan going forward.

(2) that a HOSP-led briefing on health impacts, following the completion of the housing stock conditions survey be provided.

HEA 5 Dental Services in North Somerset

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The item opened with a presentation by the Chairman of Healthwatch setting out qualitative feedback from users of dental services in North Somerset over 2021/22. This included concerns raised about de-registration from dental practices, difficulties accessing appointments, cost of treatment and pressure to go private. She said the dedicated helpline was welcome, but it was important that this was adequately signposted and that the correct information was in place.

This was followed by a presentation from the Head of Stakeholder Engagement (NHS England South West – the commissioner of dental services in the region).

Taking into account Healthwatch's local feedback and referring to the attached NHS England report, the Head of Stakeholder Engagement responded as follows:

- in the process of restoring of face-to-face treatment (following Covid-19 lockdowns), Dental Care Hubs were established to better respond to people needing urgent care and unregistered patients;
- urgent care was being prioritised (with no need for registration) and there was no reason that anyone should have to wait 5 weeks for treatment;
- it was not the first time that reports of pressure to go private had been heard and anyone encountering this was urged to report this to NHS England; and
- she referred Members to the range of initiatives set out in the Dental Reform Program (detailed in the report)

She responded to Members' specific comments and queries as follows:

(1) *The initiatives (particularly the dedicated helpline) were welcome but how were they signposted* – When a patient calls 111 they need to select the dental helpline. Failure to do so would see them directed to a different pathway and this seemed to be where problems could occur.

(2) *The lack a visiting community dentist (particularly in respect of the service used by some care homes)* – The HSE was concerned to hear that there appeared to be some gaps in the provision of this service and she speculated that this may be about delays in the restoration of services following lockdown. She agreed to look into this.

In drawing discussions to a close the Chairman commented that that significant numbers of people in the district were struggling to get appointments and nothing he had heard in the item had given him assurance that this was being adequately addressed.

Concluded:

- (1) that the presentation and report be received; and
- (2) that the Panel review the district's dental health service provision in early Autumn to consider progress.

HEA 6 Overview of Eating Disorders

The Clinical Director/regional director for CAHMS presented the report setting out an overview of eating disorder service for people across all ages.

He said that we were doing comparatively well in BNSSG with just three patients waiting for treatment. Moving away from centralised commissioning, a new care model was being introduced, delivered via a provider collaborative programme. This was successfully addressing inefficiencies in the centralised model, reinvesting resource in community settings where people were treated as close to home as possible

In response to queries and concerns raised by Members in respect of referrals to CAHMS in the district, he clarified the referral criteria (based on the clinical evidence base) was a 1-week urgent turnaround where there were immediate

physical risks for patients and the longer 4-week turnaround for non-urgent cases - referring by way of context to a 90% increase in referrals since the onset of Covid-19.

In response to concerns about inpatient waiting lists, he outlined the available number of beds in the wider area (none available in-district for specialist eating disorders) but emphasised that there was just one patient in North Somerset waiting for a bed. Responding to a query on the reason for the lack of any Paediatric Intensive Care Unites (PICUs), he said these were not fit for purpose in respect of the current working pathways. They would be commissioning something different in the South West.

Concluded: that the report be received.

HEA 7 BSSG Healthy Weston Phase 2

The Area Director North Somerset (BSSG CCG) and Managing Director and Site Medical Director (University Hospital's Bristol and Weston – Weston Division) presented the report updating Members on progress made by the BSSG Healthy Weston Phase Two programme team in developing and implementing plans for public engagement on the new model of care for Weston General Hospital. Members noted that the proposed public engagement would start on 25th June and were asked to feed back on the 5 key engagement themes set out in section 4 of the report, thereby helping to inform plans for implementation.

In responding to get the messaging out about the engagement, Members suggested Town and Parish noticeboards, websites and newsletters; supermarket and public transport noticeboards.

Concern was raised that there was a public perception that anyone requiring longer than 24 hours care was transferred to Hospitals in Bristol or Taunton. In response the NHS representatives emphasised this was a recognition that this misconception needed to be addressed very clearly – the focus needed to be on improvement. It was also acknowledged that the dedicated transport service (where passengers were transferred but minimising out-of-district lengths of stay) was also a key message that needed further traction with the public.

There were also concerns about recruitment challenges, potentially undermining potential at the hospital. Key to addressing this was confronting perceptions of uncertainty about the hospital's future and the new ways of working - fundamentally what Healthy Weston was about.

Concluded: that the report be received and Members' comments be forwarded to relevant officers in the form of the minutes.

HEA 8 The Panel's Work Plan

The Chairman reviewed the current work plan and it was agreed that the following topics would be added to the list of proposed items/work streams:

- Housing impacts on health: possible joint work with the Adult Services

Policy and Scrutiny Panel

- Panel Inquiry Day: work to commence on scoping the project with the aim of planning the Inquiry Day in the Autumn
- Integrated Care Board/Integrated Care Partnerships briefing
- Health and Wellbeing Action Plan/Needs Assessment update
- Dentistry Services update
- Eating Disorders update
- Primary Care Recruitment

Concluded: that the work item be updated in accordance with the above.

Chairman
