

## Minutes

of the Meeting of

## The Health Overview and Scrutiny Panel

Monday, 19 July 2021

New Council Chamber, Town Hall

Meeting Commenced: 10.00 am

Meeting Concluded: 11.45 am

### Councillors:

Ciaran Cronnelly (Chairman)

Andy Cole  
Hugh Gregor  
Sandra Hearne  
Ruth Jacobs  
Huw James

**Apologies:** Councillors: Mark Aplin, Caroline Cherry, Karin Haverson, Ian Parker, Timothy Snaden, Roz Willis and Georgie Bigg.

**Health colleagues in attendance:** Colin Bradbury, Peter Brindle, Clare McInernie (BNSSG Clinical Commissioning Group); Andrew Hollowood (Bristol Hospitals Bristol and Weston NHS Trust)

**Officers in attendance:** Matt Lenny, (Public Health), Mike Riggall, Leo Taylor, (Corporate Services).

### HEA Election of the Vice-Chairman

1

**Resolved:** that Councillor Caroline Cherry be elected Vice-Chairman.

### HEA Declaration of Disclosable Pecuniary Interest (Standing Order 37)

2

None.

### HEA Minutes

3

**Resolved:** that the minutes of the meeting on 18<sup>th</sup> March 2021 be approved as a correct record.

### HEA Central Weston (Primary Care) Estate

4

The Panel agreed that this item be taken early.

In introducing the Panel working group's report into transport access issues and potential mitigations at the proposed new GP Practice/Health Centre at the Weston Rugby Ground site, the Chairman emphasised the following:-

- solving the transport access challenges inherent to the location and layout of the site were a shared responsibility of the Clinical Commissioning Group, the developer and the Council since the proposal formed part of a wider regeneration scheme around Weston-super-Mare station;
- these were preliminary discussions as the project was still some way away from the planning application stage; and
- that he felt there was acknowledgement from all parties involved around the need to address these issues.

Although the report's conclusion was that the Panel would be unable to support the current proposals as things stood, he considered there were reasons to be hopeful that the Panel's concerns could be sufficiently addressed going forward, and the working group would reconvene at any time to consider any proposed revisions.

Before opening the item for Member discussion, he invited the CCG to respond to the report's findings. The Head of Locality – Weston, Worle and Villages (BNSSG CCG) confirmed that the CCG was working closely with the developer to find solutions to the accessibility challenges at the site. A transport feasibility study would need to be undertaken as part of the development of a planning application (due to be submitted at the end of August) and consideration was being given to options that would be submitted for planning officer feedback in the pre-application process. She said that that would be a useful point at which to bring the proposals back to the working group.

The Area Director – North Somerset (BNSSG CCG) added that the CCG shared the HOSP's concerns around the need to address accessibility to the site. In providing context, he said the selection of the current site had followed extensive site evaluation process and he emphasised that it would not have been chosen were it not for the opportunities around the Council's planned regeneration of the surrounding area.

The Chairman then responded to Members' comments and queries as follows: he had not yet received responses from First Bus and First Great Western to questions raised by the working group; and that concerns raised by a Member around the particular challenges faced by older and less mobile people were acknowledged.

In bringing discussion on the item to a close, it was:-

**Concluded:** that, subject to the Chairman's amendment to bullet point 4 (as italicised below), the following working group recommendations set out in the working group report be endorsed by the Panel:

- HOSP recognises the importance for patient outcomes of building a bespoke health centre rather than retrofitting this into an unsuitable building, but this must be balanced with accessibility.
- HOSP is unable to support the building of the health centre at Sunnyside

Road (rugby club), as is currently planned, due to the inability of the site to suitably provide access to public transport which we believe will be detrimental to some patients.

- HOSP calls on the CCG and the developers to work together to reconfigure the plans for the Sunnyside Road site incorporating a suitable road to allow access to public transport that serves patients using the health centre.
- Upon reconfiguration of the plans for the site, *the Chairman will reconvene to the working group to reconsider our position if there is new information.*
- If the plans remain unchanged then HOSP calls on the CCG to consider alternative plans for the relocation of Graham Road surgery (such as an alternative location or a branch surgery in the centre of Weston-super-Mare)

## HEA Healthy Weston review

5

The Area Director – North Somerset (BNSSG CCG) and colleagues from the CCG and University Hospitals Bristol and Weston NHS Trust (UHBW) gave a presentation addressing four key themes that the Panel had requested in an agreed one-year review of the implementation of the “Healthy Weston” changes to health services. It was noted that although the implementation had commenced in Spring 2020, progress had been impacted by the pandemic.

The Area Director opened the presentation by highlighting some contextual developments since the start of implementation, including the merger between UHB and Weston Area Health Trust (WAHT), the impacts of the epidemic and the commencement of the second phase of Healthy Weston.

Andrew Hollowood, Consultant Surgeon and Clinical Lead for Strategy, gave the second part of the presentation addressing **Theme 1: the staffing position for urgent and emergency care and the prospect of sustainably returning to a 24/7 rota (including the impact on other specialities and services)**. He reported that there had been little improvement in the recruitment position. Whilst the merger had delivered greater stabilisation of the existing workforce, he said there was no foreseeable sustainable prospect or rationale for returning to a 24/7 rota.

The Area Director (BNSSG CCG) gave the third part of the presentation addressing **Theme 2: progress in recruiting primary care staff for the new front door model for the A&E**. He reported on a number of initiatives around the digital offer (eg Push Dr), redirection of suitable patients to the Clevedon Minor Injury Unit, a six-month pilot involving Sirona Care and an eight-week pilot involving the secondment of a GP with special interest in frailty.

The Area Director also covered the fourth part of the presentation covering **Theme 3: 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**. He highlighted the temporary redeployment of the team to provide a telephone service in May 2020 due to the impacts of Covid-19, with reversion to the original service model (Safe Haven Centre) in February 2021. He also provided a break-down of the patients seen during this time.

Andrew Hollowood gave the fifth part of the presentation covering **Theme 4: the**

*number of people transferring to care elsewhere in the health system and their experience and outcomes.* A breakdown was provided of numbers attending or transferred to the Bristol Royal Infirmary, numbers of children transferred to other care providers and the number of patient safety incidents related to A&E transfers (there were no serious incidents reported), together with information about patient satisfaction.

In summary, the Area Director highlighted the following points:

- the unprecedented impacts of the Covid-19 pandemic;
- the lack of a clear rationale suggesting a return to 24/7 A&E staffing would improve patient outcomes;
- progress bringing more primary care capacity to the hospital “front door” and the more active role of community services;
- progress in implementing the Safe Haven service; and
- the stable number of patients transferring to other hospitals as a result of the changes and the robust protocols for overnight transfers

Members received the following responses to comments and queries raised:

(1) *What were the main blocks to recruitment at Weston General (Covid-19, Brexit or the Hospital’s reputation, pay and conditions) and were Bristol hospitals less or more affected?* – This was a significant national issue affecting the whole sector. The focus for UHBW was on creating a more attractive recruitment and retention offer. There was scope for some incentives and the ability to offer joint appointments across both locations but them in a better position in a challenging environment.

(2) *Were there any plans to widen the opportunities to work across both locations (nursing for example)?* - This was the fundamental aim of the integration process, such that there would be single services straddling both locations with single leadership and opportunities for staff to move across both locations. Whilst the pandemic had affected progress in some areas, there had been significant successes in others due to more integrated working (such as in Intensive Therapy Units).

(3) *What was the long-term vision for the hospital and how could residents be assured that services would not be degraded going forward?* – It had to be a dynamic and vibrant vision, focused on the needs of the population whilst providing a sustainable future. Current and future changes were about creating a new, exciting model that better and more sustainably delivered for the population and for its staff. Far from reducing services, the aim was to increase the numbers of patients using the hospital.

(4) *Had the pilot scheme involving the secondment of a GP specialising in frailty been a success and if so, was this likely to be implemented permanently? How were Care homes selected to take part as some were apparently unaware of the scheme?* – The pilot was considered a success and the CCG was looking to strengthen the wider frailty offer by recruiting specialist GPs going forward. There were a number of factors that had influenced the choice of care homes including scale and circumstances where it was felt that interventions could work upstream to avoid hospital admissions.

It was **agreed** that the Area Director provide an update to the next meeting of the

Panel on progress with the recruitment to and development of the integrated frailty and care home model.

(5) *With respect to usage of the Safe Haven service, what was the reason for the disparity in the numbers of patients from North Somerset and South Gloucestershire accessing the service* – It was always intended that the service would be focussed on the North Somerset footprint but in order to support a capacity issue in South Gloucestershire during the first phase of the project, appointments were made available.

(6) *Concern that investment in crisis mental health services should not overlook children and young people* – reassurance was given that additional investment was going into children’s services in parallel with the Safe Haven centre.

(7) *How would crisis mental health services be scaled up to address the likely surge in mental health issues associated with the pandemic?* – A first priority of the introduction of the integrated care system model from April next year was to develop community mental health offers at locality level, supported by additional investment ramping up over the next three years.

(8) *What was the reason for the small increase in the numbers of patients transferring to care other hospitals in the health system in 2019?* – A response was not possible at this time and would be provided in writing in due course.

(9) *What were the consultative arrangements for phase two of Healthy Weston?* – Proposals were currently being worked up by a group of senior clinicians and the due statutory consultation would occur should these proposals include significant service changes

Following discussion about next steps, it was:-

**Concluded:** that a Panel working group be established to consider the integration plan (integrating Bristol hospital and Weston General to form a single integrated Trust)

## **HEA Health and Wellbeing Strategy**

**6**

The Director of Public Health presented the report setting out the draft Health and Wellbeing Strategy.

Members sought and received clarification on the following issues:

- the disparity between male and female figures within the infant mortality data;
- the reasons for stagnating or declining health indicators in the most deprived areas in the district after 2015;
- the ways in which low levels of sexual health testing in the district would be addressed;
- how the Strategy would be focussed to deliver best value for money; and
- further clarification on early intervention for children and young people and the work of the Healthy Schools programme;

**Concluded:** that HOSP endorse the draft Strategy.

**HEA**  
**7**     **The HOSP Work Plan 19 July 2021**

The Chairman outlined the current work plan and it was agreed that the following topics would be added to the list of proposed future projects: services around eating disorders and access to dentists. It was also agreed that further thought to be given to work around trans health inequalities. It was agreed that consideration be given to arranging a briefing involving neighbouring local authorities, possibly at Joint Health Overview and Scrutiny Committee (JHOSC) level.

The Chairman also highlighted likely items for inclusion within the October HOSP agenda including winter pressures, long Covid, sexual health services, cancer services and possibly an update on the stroke programme currently being considered by JHOSC.

He also referred to the item within the work plan regarding the nomination of a North Somerset Council Mental Health Champion. Members agreed that it be **recommended** to Group Leaders that Councillor Mike Solomon be nominated as Mental Health Champion.

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

---

Chairman

---