Minutes

of the Meeting of the

Health Overview and Scrutiny

Wednesday, 20th April 2022

held in the Town Hall, Weston-super-Mare

Meeting Commenced: 13:30 Meeting Concluded: 15:52

Councillors:

P Ciaran Cronnelly (Chairman)
A Caroline Cherry (Vice Chairman)

A Marc Aplin
A Andy Cole
A Hugh Gregor
P Karin Haverson
P Sandra Hearne
P Ruth Jacobs
P Huw James (on Teams)
P Ian Parker
A Timothy Snaden
P Roz Willis

P Georgie Bigg (Co-opted Member)

P: Present
A: Apologies for absence submitted

Health colleagues in attendance: Colin Bradbury (BNSSG Clinical Commissioning Group); Andrew Hollowood; Mark Goninon; Anne Frampton (University Hospitals Bristol and Weston NHS Trust); Sarah Jenkins (SWAST)

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

HEA 10 Declaration of disclosable pecuniary interest (Standing Order 37) (Agenda Item 4)

None.

HEA 11 Minutes (Agenda Item 5)

Minutes of the Panel meeting held on 19 July 2021, and notes of the informal Panel meeting held on 18 October 2021.

Resolved:
(1) that the minutes of the meeting of 19 July 2021 be approved as a correct record; and that

(2) the notes of the informal meeting of 18 October 2021 be noted.

HEA 12 **BNSSG Healthy Weston Phase 2 (Agenda Item 6)**

The BNSSG Area Director (North Somerset) introduced the report on the proposed changes at Weston Hospital, including the two options for the new model of care at the hospital which would enable between 22 and 114 extra daily procedures. The two options were summarised as:

"Option 1 - Patients in ambulances (other than care of elderly patients) who may need more than 24 hours specialist medical inpatient care are taken straight to another hospital".

"Option 2 - Patients in ambulances are taken to Weston as they are today and assessed. If they need care that is best delivered elsewhere, they are transferred to another hospital."

Requests for clarification from Members were as follows (with responses in italics):

- Why would there need to be a transfer if patients needed care for longer than 24 hours? *The 24-hour period allowed for a thorough clinical review to determine whether there was a need for further ongoing treatment in specialist units. Examples of this were patients with heart problems, respiratory ailments, liver failure, complex gastrointestinal issues etc.*
- Details on the types of procedures envisioned under the new model. *Hip and joint operations, eye, breast cancer, gastroenterology, emergency surgery, urology and gynaecological surgeries.*
- How dependent on capital investment were the plans for option 2? *Much could be achieved within the current services – modelling indicated that changes to non-elective services could release up to 26 beds for planned care work.*
- What assurances did these options give for the long term plans for the hospital? *Option 1 would bring risk to recruitment and retention of staff; Option 2 would ensure that no patients were diverted outside of existing networks. There would also be more access to medical investigations early on, which would provide increased job satisfaction for staff.*
- Would there be a redeployment of staff due to the increased triage at the start of the patient journey? *There would be little change in terms of the nursing workforce, although there would be a change for consultant practitioner roles as well as the therapy workforce.*
- How had calculations on capacity and use of the hospital throughout the year been done? *2019/20 had been used as a baseline, plus allowing for demographic growth.*

The Chairman called for an adjournment for procedural clarification.

Meeting adjourned 14:53

Meeting restarted 15:12

In considering the proposed model of care, it was noted that the Panel had been asked to form a view on whether the proposed model and two delivery options would constitute substantial variations. Although a substantial variation determination would necessitate formal consultation both with Panel and the public, Members noted that the Clinical Commissioning Group was committed to further public, staff and panel engagement on the proposals regardless of the Panel's determination.

The Panel also noted that, although delivery Option 2 was strongly favoured by the programme's Clinical Design Group, the evaluation process was still underway and a decision on the preferred approach was due shortly (assuming the HOSP supported the proposed criteria included in the covering paper). Both Options 1 and 2 would involve significant additional capital investment and were therefore dependent on funding streams becoming available.

The Panel nevertheless took the view that Option 2 did not represent a "significant" change but rather an 'evolution' of the service, delivering improvements including treating more emergency cases at Weston, reduced emergency ambulance journey times and reductions in the number of non-elective beds displaced to neighbouring hospitals. The panel also indicated it provisionally was supportive of option 2, if the benefits outlined in the report around increased access to local elective treatment were realised.

The Panel considered that Option 1 would however constitute a substantial variation in service since it would not deliver this anticipated evolution of services at the hospital required to meet the projected needs of the local population. The panel stated they were not supportive of option 1 and asked the CCG to consider dropping this option when the evaluation process concluded.

Resolved:

1) that it be determined that the proposed Option 2 does not constitute a substantial variation;

2) that it be determined that Option 1 does constitute a substantial variation, but, as this option is not in the best interest of the local population, this option should be dropped;

3) that the Panel expects that any outcomes of engagement and evaluation meetings be shared with it;

4) that the draft evaluation criteria proposed to be used to assess the options be supported; and

5) that the panel would be supportive of helping with engagement of the public and that the Chairman determine with Panel Members how it can best do this.

HEA 13 **Joint Health and Wellbeing Strategy Action Plan (Agenda Item 7)**

The Director of Public Health presented to the Panel and asked it to review the progress in implementing the Joint Health and Wellbeing Strategy Action Plan, including the performance monitoring dashboard, as well as providing comments and suggestions to the ongoing work. He also asked the Panel to note that the team producing the work had been shortlisted for two national awards for their work on the Strategy and Action Plan.

Members asked for clarification and commented on the following: who would be participating in the stakeholder workshops; how to maintain healthy work environments; mental health and social prescribing; whether there was buy-in from all partners.

Concluded: that the report be received, and comments shared with officers in the form of minutes.

HEA 14 **The HOSP Work Plan April 2022 (Agenda Item 8)**

The Chairman outlined the current work plan and it was agreed that the joint working group with the Children and Young People's Services Panel on Child and Adolescent Mental Health Services (CAMHS) would be reported on at the June meeting of the Children and Young People's Services Panel; the meetings of the Merger Integration working group were still ongoing; and that resolutions from this Panel meeting would be added to the work plan.

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

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Chairman

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