

## Minutes

of the Meeting of

## The Health Overview and Scrutiny Panel

Thursday, 12 October 2023

New Council Chamber - Town Hall

Meeting Commenced: 2.00 pm

Meeting Concluded: 4.40 pm

### Councillors:

Helen Thornton (Chair)

Ian Parker (Vice-Chair)

Wendy Griggs

Timothy Snaden

Joe Tristram

Marc Aplin

Jemma Coles

**Co-opted Member:** Georgie Bigg

**Apologies:** Councillor Stuart Davies

**Health Colleagues in attendance:** Becky Balloch, Head of Communications & Engagement, Bristol, North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB), Wavell Vere, Senior Commissioning Manager, South West Collaborative Commissioning Hub (NHS England), David Jarrett, Director of Integrated and Primary Care (BNSSG ICB), Jenny Bowker, Deputy Director of Primary Care, (BNSSG ICB), Brandie Deignan, Chief Executive Officer, Pier Health Group Limited, John Heather, Director, Pier Health Group Limited, Susie McMullen, Head of Primary Care Contracts (BNSSG ICB), Greg Penlington, Head of Urgent and Emergency Care (BNSSG ICB)

**NSC Officers in attendance:** Gerald Hunt (Adult Services); Matt Lenny (Public Health); Leo Taylor and Harriet Isherwood (Corporate Services).

### HEA Public Discussion (Standing Order SS09)

32

Andrew Rogers, local resident, addressed the Panel about difficulties faced by patients at the Graham Road Surgery over a number years and his proposal that Pier Health Group contract for the management of the practice be terminated when it came up for renewal.

In response to concerns he raised about delays in the construction of a new surgery at the Weston Club site, a representative of the Integrated Care Board (ICB) confirmed that planning permission had been approved, allowing building works to commence this Winter.

In conclusion, the Chair emphasised the need to remain focused on both Graham Road Surgery and the Healthy Living Centre due to their locations, serving the

some of the most socio-economically challenged communities in North Somerset. She noted that issues around performance at these practices were being considered later on the agenda.

Alan Rice, Weston Housing Action, then addressed the Panel urging recognition of the link between housing and health, particularly the damaging effects of damp, mould and no-fault evictions on residents' mental wellbeing. He gave several examples illustrating what he felt was a failure of the system to adequately respond to these challenges faced by local residents.

The Council's Executive Member for Homes and Health gave assurance that the relationship between housing and health was understood and that consideration was being given to improving the Council's response in partnership with health providers and the third sector. She reported that Mr Rice had also addressed the Council's Health and Wellbeing Board and that a formal respond to his concerns was being provided.

**Concluded:** that the Panel add the issue to its work plan and to consider the establishment of a joint working group with the Adult Services and Housing Policy and Scrutiny Panel to review current arrangements and opportunities for improving the response from Council and partner agencies.

The Chair thanked both Mr Rogers and Mr Rice for their respective addresses to the Panel.

**HEA 33 Declaration of Disclosable Pecuniary Interest (Standing Order 37)**

None.

**HEA 34 Minutes**

**Resolved:** that the minutes of the Panel meeting held on 12 July 2023 be approved as a correct record.

There was a query from Members about an unresolved action in Minute HEA 29 in respect of the Integrated Care Strategy data packs and the representative of the ICB explained that reporting arrangements were still being worked out and an update would be provided to the Scrutiny Officer in due course

**HEA 35 Dental Access for Adults and Children in North Somerset**

The Deputy Director of Primary Care, BNSSG ICB and Senior Commissioning Manager, NHS South West Collaborative Commissioning Hub presented the report outlining: the delegation of dental services commissioning from NHS England to the BNSSG ICB; actions being taken by the ICB to develop a local dental plan; and the ongoing programme of work across the South West to address the key challenges in dental services and to improve services for the future.

Members sought and received clarification on the following:

- Domiciliary (dental) care for people in care - It was confirmed that this was intended to cover both care homes and nursing homes, and that discussions

around making access easier for care home residents were ongoing.

- The percentage of private as opposed to NHS dental practices in North Somerset - it was reported that the landscape had changed since the onset of COVID-19, with significant numbers of dentists leaving the NHS due to challenges in delivering required care under the existing contract terms.
- Accuracy of the NHS website with Members noting the apparent availability of high street NHS dentists where there were none in reality - it was confirmed that reminders had been sent requiring the website be updated.
- Examples of Community Interest Companies in the context of recruitment and retention of dental professionals - there were challenges around capacity in the voluntary and charitable sector and the current focus was on exploring different salary models and how best to deploy current resource. The Director of Public Health commented on the need to address the root problems before exploring alternative models and resource utilisation.
- Scope for the Council's involvement in promoting oral health in schools and ensuring that children had access to toothbrushes and toothpaste – there were various initiatives, including contracts for supervised brushing and preventative lessons in schools, primarily targeting areas with the greatest need.
- The supervised (teeth) brushing pilot - this had started in Devon and was progressively expanding.
- Dentist's eligibility for NHS pensions - dentists were eligible to contribute to NHS pensions, but most were self-employed and negotiated their own remuneration.

**Concluded:** that the Chair give consideration to the establishment of a Panel working group, potentially including the other HOSPs within BNSSG to engage with, and monitor progress against, the implementation of the Strategy and Action Plan

## **HEA 36 Bristol, North Somerset and South Gloucestershire Winter Plan**

The Head of Urgent and Emergency Care, BNSSG ICB, presented the report which set out an overview of the local NHS winter plan, providing an update on the national context together with the local response, a forecast of anticipated pressures, a summary of additional investment in winter schemes, mental health plans, an explanation of our system control centre, the vaccination programme and the communications approach.

Members received the following responses to their comments and queries:

- the intersection of the winter plan with the impact of climate change, (specifically related to issues like dampness, mould, and cold) and any provision in the plan's responding to unpredictable and disastrous events such as floods - whilst acknowledging the potential impacts of these issues, it was explained that the scope of the winter plan was confined to the response to the forthcoming winter challenge rather than tackling these types of "upstream" issues requiring longer term interventions. These were more within the remits of the Council and other partner agencies; and
- the noticeable contraction in the pharmacy sector, with several pharmacies

shutting down - there was ongoing mapping of pharmacy opening hours and, as with dentistry, community pharmacy services had also been delegated to the ICB. While some pharmacies had closed, collaborative efforts with partner organisations were being explored to better target services where needed.

Members also sought and received clarification on the following:

- The concept of a virtual ward; and
- the practice of embedding senior staff in the ambulance service and potential impacts.

**Concluded:**

(1) that the Panel note and take assurance from the work being delivered to ensure an appropriate system response to winter planning; and

(2) that the Panel provide its support to any winter health and care messaging where practicable.

***\*change to agenda order agreed by Chair\****

***[Agenda item 10 taken earlier on the agenda with items 7, 8 and 9 following].***

**HEA 37 Graham Road Surgery and Horizon Health Centre Care Quality Commission Inspections**

The Chief Executive Officer and Director of Pier Health Group Limited, and Head of Primary Care Contracts at BNSSG ICB briefed the HOSP on the most recent inspections of Graham Road Surgery (GRS) and Horizon Health Centre which had been conducted by the Care Quality Commission (CQC). They also informed the Panel of the actions being taken in response to the findings and recommendations of these inspections.

In discussion, the Vice-Chair expressed concern about the outcome of the inspections at the Horizon practice. He said there had been a significant decline in CQC ratings since Pier Health took over the practice and questioned the sustainability of the improvement which he attributed to the involvement of the CQC and inquired about the reasons for changing the contract to a Personal Medical Services (PMS) contract.

In response, the Director of Pier Health Group explained that the decision to hand back the contract was due to prior funding challenges at the practice. He emphasized that the previous outstanding surgery rating was evidence that, with the right personnel and sufficient capacity, the practice was capable of delivering quality care.

He also challenged the notion that recent improvements were due to the CQC's involvement, stating that changes had already been underway and that they had been working with commissioners over a considerable period prior to the inspections to address the challenges subsequently identified by the CCC.

He referred by way of example to the issue of coding and data backlogs which they had identified early and had initially sought to resolve through outsourcing, however, ongoing work with the support of the ICB was now successfully

addressing the issue. In response to Members' queries, it was confirmed that the backlogs covered, covered a period of 18 months and included approximately 30,000 documents. A harm review had been conducted and it was acknowledged that lessons had been learnt from that process.

In concluding discussions, the Chair reiterated her view that, given the population served, there was a critical need for significant and sustained improvement at both practices. She noted that the CQC inspection process had not yet completed, with both officially still in "special measures".

**Concluded:**

(1) that the report be received and that Panel feedback be provided in the form of the minutes

(2) that it be requested that the practice provide a further progress report to the Panel following the conclusion of the CQC inspection process.

**HEA 38 Healthwatch Annual Report 2022-23**

The Chair of Healthwatch presented the report, noting that this was the first year that Healthwatch was in a position to produce one report for the whole BNSSG footprint. She also mentioned that the "local voices" report could be downloaded on monthly basis.

**Concluded:** that the report be received and that any feedback from Members be provided to Healthwatch by email.

**HEA 39 Better Care Fund Plan 2023-25**

The Principal Head of Commissioning, Partnerships and Housing Solutions presented the report outlining the Better Care Fund Plan for 2023/25 and support financial and planning assumptions for 2023/24. In addressing the Panel, he focused predominantly on elements of the Fund that related to provisions for the upcoming winter period, focussing on the fund's role in supporting the community aspects of the Winter Plan, noting the allocation of £2.7 million to support the discharge plan, as well as collaborative work with Curo (Housing Association) on a homeless plan.

In response to concerns raised about care staff remuneration, he highlighted the increase in the minimum wage and ongoing work around care staff pay and retention initiatives.

He also responded to a query about the composition of the Equalities Oversight Group, explaining that it was led by BNSSG Chief Medical Officers and referred to an upcoming stakeholder survey. The Director of Public Health commented that as these oversight groups mature, they would report back to provide further insights and recommendations.

**Concluded:** that the report be received and that Members feedback be provided in the form of the minutes.

**HEA 40 Health Protection update**

The Director of Public Health presented the report, which noted the seasonal challenges for health and care services due to the additional demand for services during winter months, often driven by an increased prevalence of communicable disease. Effective prevention was based on vaccination and infection prevention and control strategies implemented across our health and care system and plans were in place to implement these approaches and effectively monitor trends and impacts during the winter period.

The Director also provided an update the response to COVID-19, including the new COVID variant. The Chair inquired about the transmissibility of the new COVID variant, and confirmed that there was no reported significant increase in clinical risk.

**Concluded:** that the report be received.

**HEA 41 The Panel's Work Plan**

**Concluded:** that the work plan be received and updated to reflect outcomes agreed during the meeting

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Chairperson

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