

Draft Minutes

of the Meeting of the

Health Overview and Scrutiny Panel

Thursday, 8th October 2020

held in the Virtual Meeting.

Meeting Commenced: 13:30 Meeting Concluded: 15:25

Councillors:

A Richard Tucker (Chairman)
P Geoffrey Richardson (Vice Chairman)

P Marc Aplin
P Caroline Cherry
P Andy Cole
A Hugh Gregor
P Ruth Jacobs
P Huw James
P Karin Haverson
A Timothy Snaden
A Mike Solomon
A Roz Willis

P: Present
A: Apologies for absence submitted

Other Members (as appropriate):

Georgie Bigg (Co-opted Member)

Also in attendance: Councillor Mike Bell

Health colleagues in attendance: Colin Bradbury, Leslie Ward, Kate Lavington (BNSSG CCG).

Officers in attendance: Officers in attendance: Matt Lenny, Mike Riggall, Leo Taylor, Brent Cross, Sheila Smith (Corporate Services).

HEA Public Discussion (Agenda Item 1)

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The Chairman read out an address from Richard Lawson, a Churchill resident, about a novel Air Dynamics Management system for reducing transmission of Covid-19 in hospitals.

As representatives from UHBW were not present, the BNSSG CCG Area Director for North Somerset would coordinate a written response to the speaker. The CCG had already been in contact with Dr Lawson, and Dr Kennedy, an intensivist specialist at the CCG, had some technical questions for further discussion with him.

Following that, the Chairman read out an address from Helen Thornton, of the Save Weston A&E Campaign Group, who requested that the Panel adhere to the original timeline for the Healthy Weston Review. She also requested information about the Outbreak Investigation at Weston Hospital, as well as information about whether the Council had plans to recruit more public health and regulatory services staff.

In response, the Director of Public Health stated that 85% of Test and Trace contacts in North Somerset were identified, and that there were currently over 60 staff in the Public Health team spread across several statutory areas. The Local Outbreak Management Plan had enabled the Council to hire 11 more staff members. He was happy to provide more detail in a written answer.

HEA 13 Declarations of Interest by Members (Agenda Item 3)

None.

HEA 14 Minutes of the Meeting held on 4th June 2020 (Agenda Item 4)

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

HEA 15 Matters referred by Council, the Executive, other Committees and Panels (Agenda Item 5)

None.

HEA 16 Public Health Update (Agenda Item 9)

North Somerset Council's Director of Public Health provided a brief update to accompany his report. The main update points were as follows:

- The local levels of transmission had gone up in August and early September, had fluctuated but were now increasing again. As of the day before this meeting, there were 28 cases per 100,000 population compared to 35 per 100,000 in the South-West and over 100 per 100,000 across England on average. These numbers needed to be treated with some caution, as there was not always full access to testing although as much capacity as possible was being put into the local sites.
- Meetings to review Covid-19 and health protection in general were ongoing.

Questions and comments from members were responded to as follows:

- Neighbouring authorities had shown spikes in levels of infection once the incorrect spreadsheet data had been accounted for, but North Somerset had only had a small increase. Why was that? *It was to do with demographic factors – we did not have the same residential student population.*
- Was there a way for the public to access daily local data on the epidemic? *This was being investigated, and thought was being given as to how to tailor the information to make it more useful and understandable for everybody who had in an interest.*
- Was there any information about the vaccination programme? *Work was ongoing, and NHS England were leading the programme, and locations for mobile vaccination centres were being identified in line with requirements.*

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

HEA 17 Healthy Weston (progress) Update (Agenda Item 6)

The Area Director for North Somerset from the BNSSG Clinical Commissioning Group presented the report on the progress of the Healthy Weston review. In outlining the report, he emphasised the disruption caused to the Healthy Weston programme by Covid-19 – an example of this was the slowdown in the recruitment of new paediatric staff and raised the possibility that the Panel consider delaying the April 2019 date in the light of this.

He responded to Member's comments and queries as follows:

- How had recruitment to the hospital changed due to the pandemic and Brexit? - *The merger with UHB had improved recruitment. Although there were ongoing challenges, such as the current hold on specialist recruitment nationally, the hospital had made good progress.*
- Was there a need to delay the review? some of the proposed Healthy Weston changes at Weston Hospital should have already been made or were in progress. Presumably the CCG was monitoring progress in 'real-time' (could this data be made available to HOSP?) and retaining the April 2021 date could still be a useful point in time to review this progress – albeit recognising that external factors had and could in future yet further impact on the delivery timescales. Taking this into account, it was acknowledged that there is an ongoing monitoring process already in place - *The Area Director confirmed that CCG was amenable to continuing with the April 2021 review on that basis*

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

At this point, the chairman suggested a brief adjournment to enable health colleagues from UHBW to attempt to join the meeting.

Meeting adjourned: 14:28

Meeting resumed: 14:35

HEA 18 NHS 111 First (Agenda Item 10)

Dr Lesley Ward and Kate Lavington from the BNSSG CCG presented a report updating the Panel on the NHS 111 First scheme. This work had become more urgent in recent months, as there were 300 fewer beds across the CCG area due to Covid mitigations, and thus it was important that patients be directed to the appropriate place for treatment. It was emphasised that the implementation of this across the CCG area would be clinically led, and that the programme would affect all providers of NHS care. Patients would not be prevented from using Accident and Emergency services, but would possibly receive better outcomes and a decrease in delays if they were sent 'heralded' to the correct service in the first place.

Member's queries were responded to as follows:

- How long did the CCG expect it to take the message to use 111 First to get across to service users? *The team was in the process of examining patient expectations and outcomes – e.g. 40,000 patients were sent to a pharmacy in the BNSSG last year, but only 5,000 patients actually attended; the communications team was still deciding how best to reach people.*
- There was concern that patients would miss out on face-to-face contact (usually with GPs) that often resulted in secondary conditions being diagnosed. Was there some way of picking this up in the programme? *GPs would have access to post-event care messages and it would be important to link those up. The scheme had support from the community and mental health providers but this would be looked into in more detail.*
- Did 111 First have an online/ digital offer? *This was challenging, as 111 First and 111 Online did not always work well together when it came to heralding patients and pharmacy dispositions.*
- How easy was it to access the service? Would patients be able to speak to an appropriate person to send them to the right place? What were the measures of success to be? *Rate of answering within 60 seconds and the number of call abandonments would be one of the measures; the evaluation models used in Cornwall and Portsmouth would be added to. Daily clinical huddle meetings would evaluate and pass concerns on to 111 First. The algorithms for sending patients to specific providers would not change drastically, but clinicians would also have sufficient discretion to work alongside the algorithm.*

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

HEA 19 Weston General Covid-19 Outbreak (Agenda Item 7)

Concluded: that it this Item be deferred to the next meeting of the Panel.

HEA 20 Weston General CQC Inspection Report (Agenda Item 8)

Concluded: that this Item be deferred to the next meeting of the Panel.

HEA The Panel's Work Plan (Agenda Item 11)
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Concluded: that this Item be deferred to the next meeting of the Panel.

Chairman
