



**North  
Somerset**  
COUNCIL



## **Minutes of the Joint Health Overview and Scrutiny Committee**

**Monday, 23 October 2017 at 10.00 am**

### **DISCLAIMER**

The attached Minutes are DRAFT. Whilst every effort has been made to ensure the accuracy of the information and statements and decisions recorded in them, their status will remain that of a draft until such time as they are confirmed as a correct record at the subsequent meeting

---

### **Members Present:-**

#### **Bristol City Council**

**Councillors:** Brenda Massey (Chair), Eleanor Combley, Paul Goggin, Tim Kent, Gill Kirk and Celia Phipps

#### **North Somerset Council**

**Councillors:** Roz Willis, Charles Cave, Andy Cole, Ruth Jacobs, Reyna Knight, Ian Parker, Deborah Yamanaka

#### **South Gloucestershire Council**

**Councillors:** Marian Lewis, Janet Biggin, Shirley Holloway, Sue Hope, Ian Scott

### **Officers:-**

Louise deCordova (Scrutiny Advisor, Bristol City Council), Leo Taylor (Scrutiny Officer, North Somerset Council)

### **STP Representatives:-**

Julia Ross (Chief Executive, BNSSG CCG), Laura Nicholas (BNSSG STP Programme Director), John Readman (Strategic Director, People, Bristol City Council), Prof. Mark Pietroni (Director of Public Health, South Gloucestershire Council), Gemma Morgan (Public Health Registrar, South Gloucestershire), Dr Kate Rush (GP, Member of the BNSSG Clinical Cabinet), Dr Peter Collins (Medical Directory, Weston Area Health NHS Trust)

## **1. Welcome and Introductions**

To open the meeting the Joint Committee was asked to confirm the appointment of a Chair (from the host authority).

In response to Councillor Kent's question, it was confirmed that joint Chairing arrangements existed, as set out in the Joint Committees Working Arrangements, meetings would usually be led by each authority on a rotating basis.

**The Joint Committee RESOLVED to appoint Councillor Brenda Massey as Chair.**

The Chair welcomed the attendees to the meeting and led introductions of the Councillors from Bristol, North Somerset and South Gloucestershire and asked health colleagues and local authority officers to introduce themselves.

The Chair confirmed that this was the first formal meeting of the Joint Health Overview and Scrutiny Committee which had been constituted for the purpose of scrutinising the Bristol, North Somerset and South Gloucestershire Sustainability Transformation Plan.

**The Joint Committee NOTED the Minutes of the Meeting in Common, 1 December 2016, which had convened to discuss the Sustainability Transformation Plan.**

## **2. Joint Health Overview and Scrutiny Committee - Business Report**

The Chair introduced the business report.

### **A. Proposed Chairing Arrangements for future meetings**

The Joint Committee considered the proposed chairing arrangements for future meetings.

- February 2018 – North Somerset Council
- June 2018 – South Gloucestershire Council

Meeting dates to be confirmed outside of the meeting. **Action: Officers**

The Joint Committee AGREED the proposed chairing arrangements for future meetings

### **B. Terms of reference and working arrangements**

The Joint Committee considered the terms of reference and working arrangements as set out in the appendices.

In response to the Cllr Kent's proposal to amend the Terms of Reference, to include scrutiny of the proposed merger of the regional clinical commissioning groups the following points were noted in discussion:

- a. The terms of reference had been agreed at the Full Council of each of the three authorities. The Legal Officer confirmed that any proposed amendments would need to go back to the individual Full Councils of the three authorities.
- b. There was concern by councillors that it was not clear that they had the ability to scrutinise the proposed joint CCG and sub regional health body arrangements
- c. It was acknowledged that if the proposed merger of CCGs was agreed that the new body would not be formally constituted until April 2018. It was thought that although likely, the outcome shouldn't be taken for granted within the context of this meeting. It was advised that a decision would be taken on 25<sup>th</sup> October.
- d. It was recognised that due to differences in the authorities' committee calendars, there could be timing issues in managing the process to change the terms of reference
- e. It was not clear to all members that an amendment was required at this stage prior to the confirmation of the decision to merge.
- f. It was not clear to members whether a newly merged CCG would operate outside of the existing Sustainable Transformation Plan. It was confirmed by the Chief Executive, BNSSG CCGs that the organisation(s) welcomed scrutiny holding them to account both in individual and joint form and confirmed that CCGs were core members of the STP and coterminous with the STP. It was noted that any exercise of restriction of treatments for cost savings constituted a change to service but was not part of the STP.
- g. The Joint Committee was asked to note that individual authorities were engaged in ongoing dialogue with the CCGs to discuss individual local authority concerns.

The Chair asked the Joint Committee to vote on the proposed amendment to the Joint Committee's Terms of Reference to be passed to individual authorities to progress.

*That the terms of reference add the power to scrutinise the new CCG and other NHS bodies acting together across North Somerset, Bristol and South Gloucestershire.*

Councillor Kent moved the amendment.

Councillor Hope seconded the amendment

Upon being put to the vote,

The Joint Committee RESOLVED that the proposed amendment be referred to individual authorities to progress through their governance processes. (17 members voted in favour with 1 abstention). **Action: Officers**

### C. Invitation of co-optees or involvement of other stakeholders

The Joint Committee considered the invitation of co-optees or involvement of other stakeholders.

In discussion the following points were noted:

- a. North Somerset had co-opted Healthwatch as an independent voice to the North Somerset Health Overview and Scrutiny Panel and had found this to be a positive working arrangement.
- b. The Chair welcomed the role of Healthwatch as an independent voice and considered that a range of appropriate stakeholders with the relevant expertise could be invited to attend future meetings as required.
- c. It was acknowledged that as the Joint Committee's membership was already a significant number it may not be appropriate to invite co-optees at this stage.

**The Joint Committee RESOLVED that:**

- A. the proposed chairing arrangements for future meetings be agreed**
- B. the Joint Committee's terms of reference and working arrangements as set out in the appendices be noted and that the proposed amendment be referred to individual authorities to progress through their governance processes.**
- C. relevant expertise and stakeholder involvement be requested when appropriate but not via a co-opted arrangement at this stage.**

### 3. Apologies for Absence and Substitutions

The following apologies for absence were noted:

Bristol City Council

- Councillor Chris Windows

North Somerset Council

- Cllr Mike Bell - Cllr Deborah Yamanaka attended in substitute
- Cllr David Hitchins - Cllr Charles Cave attended in substitute

South Gloucestershire Council

- Councillor Keith Burchell
- Councillor Sarah Pomfret

#### **4. Declarations of Interest**

Cllr Phipps expressed a declaration of interest, and confirmed being employed by the Southmead Development Trust Social Prescribing Project.

#### **5. Chair's Business**

There was no Chair's Business.

#### **6. Public Forum**

The following public forum items were received:

##### **Statements**

PS 01 Mike Campbell

PS 02 Viran Patel (Additional statement not included in the Public Forum pack)

Mr Campbell's representative (Protect Our NHS) presented his statement. Mr Patel was not in attendance.

**The Joint Committee RESOLVED that the statements be noted.**

##### **Questions**

PQ 01 Ms Daphne Havercroft

PQ 02 Mr Shaun Murphy

PQ 03 Mr Viran Patel

Shaun Murphy presented his questions. Ms Havercroft and Mr Patel were not in attendance.

It was noted that a written response would be provided to the questioners as per the Joint Committee's working arrangements. (attached at Appendix B)

**The Joint Committee RESOLVED that the questions be noted.**

In response to a member's question in respect of statements that had been submitted in respect of the Condon family, the Chair confirmed that the statements would go to the meeting of Bristol's Overview and Scrutiny Management Board Wednesday, 1 November 2017.

## 7. Sustainability & Transformation Plan (STP) for Bristol, North Somerset and South Gloucestershire

The Joint Committee considered the Sustainability Transformation Plan update report and presentations, (attached to these minutes at Appendix A) for information and discussion.

Julia Ross, Chief Executive, BNSSG CCG introduced the context for the presentations that followed and advised that the Sustainability and Transformation Partnership (previously the Sustainability and Transformation Plan) was the framework for how members organisations worked together in a more integrated way.

### A. Recap on the BNSSG STP

Laura Nicholas, BNSSG STP Programme Director presented a recap of the progress to date of the BNSSG STP and shared examples of work that was being done differently as well as the plans for future engagement with councillors as the approach was developed.

In response to the presentation the following points were raised:

- a. **Cllr Kirk** sought clarification over whether there was a statutory or legal framework that underpinned the STPs and Accountable Care Systems and sought to understand where the democratic accountability lay with reference to this. In addition, there was a question over whether these had been debated in Parliament and whether any legislation had been passed. It was confirmed that the STP did not have statutory or legal status but was a vehicle for members in health and local authorities to plan together over a larger footprint, and in a strategic way for their populations. Each individual organisation was still statutorily accountable for its own business and the local authority was a partner to the STP as it current stood.
- b. It was important not to conflate Accountable care systems with STPs which were something different and about delivering a service in a different way which could only be done with a set of underpinning legal arrangements and the BNSSG CCG were not currently seeking to establish this type of arrangement although it could be an option for the future. The Chief Executive, BNSSG CCG suggested that a written reply would be appropriate to respond to these questions in more detail. **Action: BNSSG CCG**
- c. Further, it was suggested that an informal seminar could be arranged for councillors, to provide some background knowledge on these subjects. The Chair agreed that this would be a useful approach. **Action: BNSSG CCG**
- d. **Cllr Yamanaka** commented that whilst it was known that NHS funding would not be cut locally over the next five years, asked whether the funding was in real terms taking into account inflation or irrespective of inflation. The Programme Director BNSSG STP advised that a written answer

would be provided, to detail how the inflation calculations were worked through as different inflation rates could be applied. **Action: BNSSG CCG**

- e. It was noted that future allocations would be determined by spending reviews that would be decided at a national level. It was noted however, that the rate of spending was currently increasing faster than the rates of inflation. The Chief Executive, BNSSG CCG confirmed that as a tax funded organisation, the focus was now to change delivery to a more appropriate model to service populations and to operate within the resources provided.
- f. **Cllr Willis** reminded the Joint Committee that the minutes of the Meeting in Common on this issue had been changed to reflect the Committees decision to 'note' rather than 'accept' the STP, but agreed that the STP was a vehicle to work together to deliver services and that 'Healthy Weston' was a good example of how this process was working.
- g. **Cllr Hope** stated that it was not clear what the current position was as Councillors had not been party to the work that had taken place and therefore did not have sight of the whole plan. For example, it was not clear what had happened to delayed transfers of care and the work to progress single point of access. It was difficult to understand the consequences of the changes and therefore difficult to scrutinise. Further, clarification was sought as to whether the STP had to go to Southwest Senate for quality assurance. It was confirmed that the presentations that followed would outline what had been achieved. For example, a real impact had been seen in delayed transfers as the Local Authorities and CCGs had been working very carefully with the community providers on this. In addition, Single Point of Contact had already been implemented across the CCGs.
- h. In progressing the STP there was a definite need for the change in terminology from plan to partnership, which was necessary as the STP was not a unified plan but was a collection of organisations trying to bring a partnership together to make better use of resources. The STP was initially envisaged as a plan and they had been moving on with these things. All organisations were spending more than they had. The goal was to be clearer about partnership priorities. There appeared to be misunderstanding about the role of the Senate. It was confirmed that, proposed clinical service changes would need to be taken through the senate. For example, some specific areas of the Healthy Weston redesign were required to go through the Senate process to be approved. However other areas would need to go through NHS England or through Scrutiny.
- i. **Cllr Goggin** raised concern regarding the level of involvement Members had had in relation to the proposed BNSSG CCG merger and the low ranking that had been received from NHS England in respect of the STP. It was confirmed that a link could be provided to the published NHS England report. It was confirmed that each of the Local Authorities had received individual briefing sessions on the proposed merger and submitted feedback which had been included with the application to NHS England. [Link to be included here]

- j. **Cllr Biggin** queried whether a merged CCG would result in improved or better purchasing power. It was believed that this would result in better economies of scale in negotiations with providers.
- k. **Cllr Biggin** stated that in the move to increasingly digital forms of engagement it should be ensured that those without access to digital platforms were not left behind.
- l. **Cllr Scott** queried the future of community hospitals at Cossham or Frenchay hospital in light of the positive benefits a proposed merger could offer. It was confirmed that a merged CCG could offer better strategic planning and use of resources in respect of the future of community hospitals including minor injuries at Cossham and the future community hospital at Frenchay. It was confirmed that the South Gloucestershire HOSC would be receiving an item regarding this at its next meeting.

#### B. Case for Change and Strategic Framework Development

Dr Gemma Morgan, Public Health Clinical Lecturer & Specialty Registrar presented the developing case for change and strategic framework development including the work to jointly assess health needs and associated data.

*The Chair adjourned the meeting of the Joint Committee for a 10 minute comfort break*

#### C. Key drivers for change

Dr Kate Rush, GP & Member of the BNSSG Clinical Cabinet presented the key drivers for change to improve the patient experience and quality of care to improve outcomes and the opportunity to improve efficiency by working differently to meet the needs of the population and reduce expenditure.

*The Chair requested that further questions be taken at the end of the presentations*

#### D. Communications and engagement approach

The Chief Executive, BNSSG CCGs presented the Communications and engagement approach, to build public confidence and trust through the STP and reflect the needs and aspirations of local people in prioritisation and decision making.

In response to the presentations the following points were made:

- a. **Cllr Kirk** remarked that it was important that the financial recovery plan was shared and presented to the public, in light of the scale and the speed of the cuts that need to be made this year. It was noted that there was a projected residual risk of £22.5m which had not yet been included as part of the current savings proposals and the sum of £17m which was planned for a future surplus. Further it was noted that the idea of control centres had been presented to councillors but it was important that the public were made aware of these. It was confirmed that the BNSSG CCGs were



still in process of finalising the savings plans with some areas still being out for consultation and were working with NHS England regarding what savings could be delivered this year and in subsequent years. It was important to note that as a democratically tax funded system it was the role of the STP to work to redesign, deliver and pay for services in a different way within the existing budget allocation of £350m. As the detailed financial plan was developed the BNSSG CCG would bring back to next meeting for discussion. **Action: BNSSG CCG**

- b. It was confirmed that Control centres were a CCG invention to focus on different areas of care and explore the potential changes that could be made. The Joint Committee was asked to note that the existing proposals had been published and that public engagement on the financial recovery plan had taken place with each of the Local Authority Scrutiny Committees.
- c. **John Readman, Strategic Director for People, Bristol City Council** advised that there was a lot of work and joint dialogue taking place in Local Authorities and in partnership with CCG colleagues both at Cabinet member level, officer level and with Julia Ross meeting with the Local Authority Chief Executives in order to meet the tough challenges and avoid the risk of cost shunting.
- d. **Cllr Phipps** noted that many of the elements of prevention proposals would need to be delivered or supported by Local Authorities such as MSK, the Great Weight Debate and Sugar Smart and asked whether it would be possible for projects to be linked and coordinated with a process for Members to feed into the outcomes?
- e. **Mark Petroni, Director Public Health, South Gloucestershire** confirmed that a lot of prevention work was being delivered through public health departments, with formal and informal mechanisms to ensure the work is joined up. The informal mechanism means the lead consultant of public health in each of the local authorities takes account of the issues in each of the local authority areas. There is a formal monthly meeting of the West of England Public Health Partnership which includes BANES which is minuted and presents annually to the Chief Executives of the Local Authorities and the action plan is published on council websites.
- f. **Cllr Biggins** remarked that a tightening up of repeat prescriptions was required to ensure that patients' needs reflected their ongoing health; and noted that education could help people change lifestyle choices. It was confirmed that the medicines management programme was focused on the right medication for the right things, to ensure that they are used and taken effectively and that repeat prescriptions were regular reviewed.
- g. **Cllr Hope** remarked that it would be important for Members to have access to monitor the ongoing outcomes of service redesign work such as MSK and Respiratory programmes. It was noted that there had been a press release which reported that people were dying of respiratory problems. There may be a role for Members to support clean air as a public health initiative issue in order to look at the issue as a whole and make an impact on this.

- h. The Director of Public Health, South Gloucestershire advised that the West of England Public Health Partnership had coordinated public health input into the Joint Spatial Plan and Public Health Strategy. There had been positive achievements around health inputs into the plan. Air quality still needed to be addressed by Local Authorities through their transport mechanisms but it was noted that Bristol and South Gloucestershire continued to work in partnership in this issue.
- i. **Cllr Hope** reiterated the importance of the need for a robust response to these issues. It was noted that BNSSG CCGs welcomed the Local Authorities ability to tackle some of the wider determinants of health issues.
- j. **Cllr Knight** asked that public communications were tested with lay people of all ages before being published. There was a concern that some of the terminology and acronyms used would not be easily understood by the target audience. It was agreed that this was valuable feedback and would be actioned. **Action: BNSSG CCG**
- k. **Cllr Combley** queried what performance indicators existed that would illustrate the success of the redesigned programmes, and requested confirmation of how Members could help to scrutinise them. It was confirmed that performance indicators were currently being designed. Information would be provided at the next meeting to clarify the work being undertaken to produce health improvement plans for improved health outcomes for different patient groups. **Action: BNSSG CCG**
- l. The Director Public Health, South Gloucestershire advised that a BNSSG prevention plan was being drafted to look at how to reduce ill health alongside the promotion of good health and will have outcome measures attached to it.

## 8. Healthy Weston

The Joint Committee considered the report and verbal update on the Healthy Weston programme.

The Chief Executive, BNSSG CCG provided the context and an outline of the programme known as 'Healthy Weston' before handing over to Dr Peter Collins, Medical Director, Weston Area Health NHS Trust.

The following key points were noted:

- a. Weston area health trust had been a challenged hospital for some time, second smallest hospital in the country trying to provide a wide range of general hospital services which was difficult to make sustainable both from a financial perspective and from a health care workforce perspective. A lot of work had been carried out to look at Weston as a place, with all of the health and social care providers working together to deliver services in a way that better use could be made of the resources available.

- b. Significant work had taken place to align the work of providers, commissioners and primary community services into a cohesive vision to meet the needs of their populations and could start to demonstrate real change.
- c. The decision to implement temporary overnight closures at Weston Hospital, due to safety concerns, had gone well due to the ability to call on health partners to take care of patients. It had also acted as a catalyst for work being done to look for different models of care and start a healthy debate with the public regarding the provision of the best care possible within the resources available.

In response to the summary report, the following points were raised:

- a. **Cllr Willis** confirmed that the North Somerset Council's Health Overview and Scrutiny Committee would be discussing the Healthy Weston Programme at its next meeting. A huge amount of work had been done by North Somerset and North Somerset Councillors were very much engaged in the process.
- b. **Cllr Biggin** commented that there may not have been sufficient communication with local residents to explain the safety issues related to staffing that resulted in the decision to implement temporary overnight closure. Work had been carried out to spread the message that this is a collection of different services that could be provided in a different way. There was a responsibility to ensure that patients that attended Weston could be treated safely and if that was not possible to find alternative ways of treating them. The education piece had been all about the staffing difficulties and it would take time to communicate that effectively.
- c. **Cllr Holloway** recognised that the situation was complicated and queried how close they were to receiving a list of targets and timescales. It was advised that in respect of the wider work programme a detailed plan was expected at the end of the financial year.

*Cllr Knight left the meeting*

- d. **Cllr Scott** commented that Police and Education Services were publicly lobbying central government for an increased allocation in the forthcoming budget and queried whether there was a risk of the NHS falling behind if they just accepted the settlement. It was noted that the head of NHS England was exercising his role to speak about extra funding nationally and the challenges on the health service. Locally the role of the BNSSG CCG was to operate within its means.
- e. **Cllr Combley** queried whether there was any evidence that the impact of the Weston Hospital closure had led to better outcomes and what impact the closure had had on other hospitals picking up the work. It was confirmed that there was a weekly meeting of those services involved in overnight care and the impact on the other acute services at Musgrove Park, Southmead Hospital and UHB was being carefully monitored. In addition there was careful monitoring of whether there was any adverse impact on patients that would normally have attended Weston. It

was noted that detailed planning with partners as part of the STP process in advance of the temporary closure modelled what would happen and things had gone according to plan. On average 9 patients overnight are transferred to various hospitals in the region with more going to Taunton than North Bristol.

- f. In terms of outcomes it has been safer. Providing effective care for people but some people have to travel further. The alternative models being looked at aim to make the most impact as quickly as possible. In addition, no incidents had been reported nor negative feedback received. Many of the more complex services were already being provided by partners elsewhere that a small hospital could not be expected to provide, although this may not be widely understood.
- g. **Cllr Willis** suggested that it might be useful to share the Weston Hospital data with members of the Joint Committee. **Action: BNSSG CCG**

The Chair thanked all present for their contributions and noted that the next meeting would be held in North Somerset.

## **9. Appendix A: Sustainability and Transformation Plan Update Presentation**

Presentation delivered at the meeting to update on progress with the Sustainability and Transformation Plans.

## **10. Appendix B: Response to Public Forum Questions**

Attached are the responses to Public Forum Questions submitted to the meeting of the Joint Health Overview and Scrutiny Committee held on 23 October 2017.

- a. Response to PS 01 Mr Mike Campbell
- b. Response to PQ 01 Ms Daphne Havercroft
- c. Response to PQ 02 Mr Shaun Murphy
- d. Response to PQ 03 Mr Viran Patel

Meeting ended at 1.00 pm

**CHAIR** \_\_\_\_\_

