

Annual Report of the Scrutiny for Policies, Adults and Health Committee

Chairman: Cllr Hazel Prior-Sankey

Division and Local Member: All

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1. Summary

- 1.1 The Scrutiny for Policies, Adults and Health Committee is required by the Constitution to make an annual report to the Council each year and also to provide each other meeting of the Council with a summary progress report and outcomes of scrutiny.
- 1.2 The Committee agreed their work programme would comprise of items considered directly at meetings plus other items considered or 'commissioned', using flexible arrangements outside of the formal committee structure.
- 1.3 Members of the Council are reminded that:
 - all Members have been invited to attend meetings of the three Scrutiny Committees and to contribute freely on any agenda item;
 - any Member could propose a topic for inclusion on the Scrutiny Work Programmes;
 - any Member can be asked by the Committee to contribute information and evidence and to participate in specific scrutiny reviews.
- 1.4 The Committee has 9 elected Members.
- 1.5 The meeting on 01 March 2017 focused on: Learning Disability Provider Service Update; Mental Health Services Update; Patient Safety & Quality Report – Q3 2016/17; Corporate Performance Monitoring Report – Q3 2016/17; Adult Social Care Performance Update; Reable Somerset Contract Update.

The 29 March 2017 meeting focused on: Somerset Sustainability and Transformation Plan; Winter Pressures Update; Update on the Somerset Autism Strategy; Improved Access to GP Services; Maternity Services Update.

2. Background

2.1 Scrutiny Work Programme

At each meeting, the Committee considers and updates its work programme, having regard to the Cabinet's forward plan of proposed key decisions. Members

appreciate the attendance of representatives and stakeholders from partner agencies

2.2 **01 March 2017**

The Committee received a verbal update from the Director of Adult Social Services regarding the transfer of the Learning Disability Provider Service (LDPS) to a Social Enterprise – Dimensions. The Director began by thanking members of the public for their questions and confirming that formal written responses will be sent for all Public Questions.

We heard that the decision to transfer the LDPS was part of a very long process emerging from the need to make significant changes to the way that the service is delivered. The current, in-house, service has become increasingly less competitive, has poor physical environments with limited opportunity for community integration and has struggled with sustainability. The service needs to modernise and in order to be sustainable; the service needs to address its major cost element which is staff costs.

The Director stated that the LDPS staff are highly valued and have been critical to providing services. He empathised with staff and understood their anxiety over potential changes to their terms and conditions but stated that there has been no discussion of this to date with Dimensions. This will instead take place after the transfer.

It is important that people with learning difficulties are supported with a modern service that is affordable. The service will transfer on 1st April 2017 and there is a transition team in place to manage this. The Director felt strongly that any delay to this transfer would be detrimental.

The Committee discussed: whether the original business case had changed; whether Cabinet & SLT were aware that changes would be made to staff terms and conditions; capital receipts and the use of surplus funds.

A Committee Member made a proposal that 'following information which has come to light since the original decision was made, in terms of potential closures of day centres and changes to staff's pay and conditions and following the total non-assurance from the Cabinet Member that we cannot guarantee that these will not take place, then the Adults and Health Scrutiny Committee wish to refer this back to the Cabinet to ask for a delay of the implementation of this transfer (the Council's Learning Disability Provider Service) until after the May election and to urgently review the original decision.'

The proposal was seconded and the Committee moved to a vote. There were three votes in favour and three votes against. I used my Chairman's casting vote and the vote was carried.

The Committee made an urgent recommendation to Cabinet to consider its original decision made in July 2016 and to consider a delay of the transfer of the LDPS until after the May elections.

The Committee then received a report from the Head of Mental Health Services with an update on Mental Health Services for adults and their development in Somerset.

We heard that significant progress has been made since the last report. The performance and quality of the services commissioned by Somerset CCG is monitored via monthly and quarterly contract review meetings. SCC also has monitoring arrangements in place for the Mental Health Social Work Service as well as for their other commissioned services.

In implementing the Five Year Forward View for Mental Health, a number of bids have been submitted to NHS England to invest in and further develop services. These include a bid for a specialist Mental Health Liaison Service within the Acute hospitals and a bid to extend Improving access to Psychological Therapies (IAPT) services to individuals with a broader range of conditions. As opportunities present, the CCG will work with partners to develop and submit further bids to meet the ambitions set out within the Five Year Forward View.

During 2017, the new SCC commissioning intentions for adults' mental health and dementia care and support services will be implemented, which will see a refocus on the importance of community and outcome-based support options that promote independence and enable individuals to work towards recovery.

The Committee was informed that, while services have developed, there is always more to do in assuring that outcomes are being met and that people have ease of access to the highest quality of service to meet their needs.

The Committee discussed: waiting times from GP referral to treatment; and the impact that MTFP cuts and service re-design may have on these services.

The Committee noted the report.

Following this, the Committee considered a report from the Deputy Director of Quality, Safety & Governance, Somerset Clinical Commissioning Group (CCG). The report provided an overarching update to the Committee on quality, safety and patient experience of health services in Somerset.

The Committee were advised to consider the following key areas: Serious Incident (SI) investigations (section 5); NHS England CCG Quality assurance (section 7); and Mortality Rates (section 9).

The Committee discussed: the increase in SI's in Q3 particularly from Somerset Partnership; and concerns at Weston Hospital over SI and mortality figures;

The Committee noted the report. It requested a performance update from Weston Hospital and an update regarding gynaecology waiting times and the programme of recovery at Taunton & Somerset NHS Trust.

Next the Committee considered a report that provided an update on performance across the organisation. There are four "Council" segments which seek to measure how well the council manages its relationships with partners, staff and the public and how good its 'internal management' processes are. There is one

segment that seeks to reflect the performance of the Vision Projects being undertaken by the Vision Volunteers.

The report summarised that there are three red segments: P1 which is red but improving; P3 which is red but improving and C4 which is red but improving. P1 falls under the Committee's remit and the Committee agreed to discuss this in more detail during Item 9.

The Committee noted the report.

We then moved on to consider a report from the Adults and Health Operations Director. The report summarised the current performance of Adult Social Care in Somerset and provided benchmarking data showing how Somerset's data compares to other Councils in Somerset's 'family group'.

We heard that analysis of the data presents a mixed picture of performance. The data shows that year on year there have been improvements across almost all measures including: a decrease in permanent admissions to residential/nursing homes, particularly for older people (aged 65+); and an increase in overall satisfaction of people who use services. Somerset's performance against the two measures concerned with clients with learning disabilities is good. The Director stated that where performance is improving, it is often in relation to changes that have been made within the service.

However, the data also highlighted areas for improvement including personalisation, a key measure of which is the proportion of eligible users who receive personal budgets. Whilst Somerset does offer an average number of direct payments, these are often being used to fund traditional services and not being used creatively. Another area for improvement is the number of younger adults (aged 18-64) being placed in residential/nursing homes.

The Director of Adult Social Services added that he was disappointed with the report and that it reflected the paternalistic approach taken by the service in the past. It is hoped that some improvement will be seen in the 2016/17 data and certainly the 2017/18 data as the service can and should do better. The Director recommended that the Committee receive a regular update on performance.

The Committee discussed the need to reform the service and make improvements to performance.

The committee noted the report and requested regular updates in future.

For the final item of this meeting the committee received a report from the Strategic Commissioning Manager, Adults and Health which provided an update on the decision to abandon the Reable Somerset procurement.

On 14 December 2016, the Cabinet decided to award contracts (by two geographical lots) to Provider A for the provision of Reablement Services.

Officers carried out the appropriate due diligence checks prior to the decision to award. However, due diligence is a continuing obligation with further significant

checks carried out following the award decision but prior to the signing of the contract(s).

During the standstill period, Officers received information which merited careful consideration and the standstill period was formally extended for Lot 2. As Provider A was the successful bidder for both lots, the contract for Lot 1 has not been progressed to signature either.

Provider A has informed the Council that it would need to make material changes to their delivery model. The changes were not part of the tender that was evaluated by the Council. Information has also been obtained from Provider A's referees and from Provider A in order to ensure the Council makes an informed and proportionate decision which respects EU procurement principles and complies with the Public Contracts Regulations 2016.

As a direct consequence of the information received at various stages since the decision on 14 December 2016, including that information voluntarily provided by Provider A, Officers do not consider that it is in the best interests of the Council or the vulnerable users of the Reablement Service to proceed with concluding the award to Provider A. Furthermore, Officers recommend that the entire procurement (both lots) is abandoned in order to take time to consider carefully the issues raised by the current procurement process and whether they might need to be reflected in a revised procurement.

This decision was taken by the Leader of the Council on 02 February 2017.

The Committee discussed: the procurement process and lack of competitive dialogue; the quality of the evaluation questions used; the costs of abandonment and whether the Council planned to re-tender.

The Committee noted the report.

2.3 29 March 2017

Firstly, the Committee considered a report and presentation from the Sustainability and Transformation Plan (STP) Programme Director and the Strategic Lead – Communication and Engagement which provided Members with an update on the Somerset Sustainability and Transformation Plan (STP).

The presentation set out the shared vision for reforming health and social care to address the challenges of the rising needs of our population, changing demographics and increasingly stretched resources. The presentation highlighted the strategic priorities identified by the Programme Executive Group and the proposals for engagement with stakeholders and the public. This included: the STP vision and case for change; the priorities for closing the Health & Wellbeing, Quality and Financial gaps; the 'One Plan' approach for integrating care and pathways; identifying 'quick win' projects; establishing Design Groups to develop and implement solutions; addressing issues of sustainability and improving efficiency; and the three phases of the engagement and communication process.

The Committee discussed: the huge scale of the challenge; concerns about adequate funding; the perception that the STP is a cost-saving exercise; workforce challenges; the importance of prevention and Public Health; the need to communicate in plain English; the importance of working with other emergency services.

The Committee agreed with the priorities identified and was content with the direction of travel for consultation and engagement. We noted the report and requested an update at the next Committee meeting.

The Committee then moved on to consider a joint report from the Head of Urgent Care Programme Management (CCG) and Adults and Health Operations Director (SCC) regarding winter pressures planning across all health and social care services during the winter period for 2016/17.

The report explained that there has been increased demand across the urgent care system within health and social care services during the winter period for 2016/17 and this remains a persistent challenge for all organisations concerned within the urgent care system. During the winter period the Somerset system has been predominantly in Operational Pressures Escalation Level (OPEL) 2 and 3. The system has not declared the highest level of alert which is OPEL 4. Health and Social Care services have worked more collaboratively together than in previous years and are comprehensively planning for winter together.

We heard that a debrief event was held last month to consider the learning from this winter. Successes identified included: effective use of planning; working well together as a system and becoming more efficient at treating people as they present. It also highlighted the need to communicate more effectively and to increase performance with regard to discharge to access.

Services are still not performing well when compared nationally so there is much more work to do but performance is improving on previous years. Planning for next winter is beginning now and will also incorporate planning for the Easter period which is another time of challenge.

The Committee discussed: the extra government funding for adult social care; the culture of providers of reablement services; and the purchasing of additional beds.

The Committee noted the report.

The Committee then considered an update on the Somerset Autism Strategy from the Head of Joint Commissioning (Mental Health & Learning Disabilities) which provided a progress update on the implementation of the Somerset Autism Strategy, launched in November 2015.

The Strategy is aligned to the national strategy and the Autism Strategy Group brings together, Somerset CCG and SCC commissioners from adults, children's and public health teams, along with a range of agencies. The group meets on a quarterly basis to oversee the implementation of the Strategy and the action plan and has four priority areas of work: Living with Autism; Workforce Development; Identification and Diagnosis; and Children and Young people. The report highlighted the areas of progress and next steps for each priority area.

The report concluded that while services have developed there is always more to do in assuring that outcomes are being met for individuals with autism and their families. Work will continue within each of the priority areas.

The Committee discussed: the difference between autism and Asperger's Syndrome; and the significant delays in diagnosis.

The committee noted the report but expressed concern over the delay in diagnosis. They would welcome actions to improve the delays.

Next the Committee received a report from the Director of Clinical and Collaborative Commissioning which outlined the commissioning process of the improved access service for the population of Somerset.

In October 2016 it was announced that Somerset CCG was identified as a transformation area for improved access to GP services. In January 2017 Somerset CCG Governing Body approved a proposed commissioning, financial and service framework for the delivery of Improved Access to the Somerset population.

The foundation of the Somerset CCG improved access service is based on four primary objectives that are coherent with the Somerset Primary Care Plan and supported by key enablers;

- Commission a sustainable and effective model of care that enhances the availability of primary medical services across the county whilst maintaining high quality services, increasing patient satisfaction, managing demand and reducing duplication
- To deliver joined up, collaborative and responsive out of hospital care for patients across 7 days, meeting population needs and reducing unnecessary demand through the use of patient education and awareness
- Increase the capacity of primary medical services through the delivery of at scale services, sharing of resources and utilisation of IT innovations
- Deliver an integrated and responsive primary medical service that is clinically led and supported by a multi-disciplinary team, providing care to population groups in collaboration with multiple provider organisations

It is the ambition of the CCG to deliver the national requirements from April 2017, with the model for delivery being developed over the course of the contractual period. The intention is to learn from potentially different delivery models across Somerset and allow for the collaboration and integration between providers to take place.

A phased model has been developed to allow movement towards an integrated same day service across seven days, joining up service provision to deliver better care for patients and enhance the sustainability of services. Some federations were already considering or moving towards different ways of managing demand for primary care services. Having a phased approach prevents the CCG from unintentionally restricting any local innovations.

The Committee discussed: the huge variation of access currently available and the need for parity; skill-mix models; and whether GP surgeries can opt out of the extended service. We noted the report and requested an update early in the new quadrennium.

Finally the Committee considered a report from the Deputy Director of Quality and Safety which provided an update on Somerset Maternity Services and the local Maternity Transformation programme.

The report focused on how maternity services are responding to the Better Births report published in Feb 2016 and the quality measures put in place to ensure monitoring of the key priorities. Somerset has been chosen as one of eight national early adopter sites for Better Births, to support this transformational change in maternity services. The core Somerset bid is for the implementation of IT and Post-natal support for Somerset.

It is expected that the Local Maternity Services (LMS) will align with Sustainability and Transformation Plans (STP) footprints in Somerset. The challenge we have in Somerset is that the RUH, Weston and Dorset are outside our STP footprint and Local Maternity Systems will be expected to develop and implement a local vision for improved services.

- commissioners and providers are asked to work together across areas as local maternity systems (LMS)¹, with the aim of ensuring women, their babies and their families have equitable access to the services they choose and need, as close to home as possible. In particular, the role of the LMS is to:
 - bring together all providers involved in the delivery of maternity and neonatal care, including, for example, the ambulance service and midwifery practices providing NHS care locally
 - develop a local vision for improved maternity services based on the principles of Better Births
 - co-design services with service users and local communities
 - put in place the infrastructure needed to support services working together

In addition, the Committee received an update with regard to potential changes to maternity services at Dorchester Hospital which may impact on Yeovil District Hospital.

In September 2015, as part of its overall Clinical Service Review, Dorset CCG asked the Royal College of Paediatrics and Child Health (RCPCH) to conduct an Invited Review of the current service provision for maternity, neonatal and paediatric services. This review focussed on the services provided at Poole, Bournemouth, Dorchester and Yeovil Hospitals. The resulting report raised questions about the long-term sustainability of the current model of provision and proposed some high level future service options. The RCPCH report is publically available via the Dorset CCG website.

Following the publication of this report, the Boards of Yeovil District Hospital and Dorset County Hospital have agreed to work together to explore in more detail the options for the future model of maternity and paediatric services across the two sites. It was acknowledged that key to this work will be ensuring that the broader access implications for the populations of West Dorset and East Somerset are

fully considered, recognising the responsibility of Yeovil District Hospital to work as part of the Somerset NHS. A data modelling exercise is underway to inform this. The work is on-going and an options appraisal will be developed for consideration in the summer 2017. Any future service change will be subject to the NHS England requirements which would involve a full public consultation.

The Committee discussed: the high level of induced births in Somerset; and the impact on Yeovil Hospital if Dorchester maternity services are moved.

The Committee noted the report and asked for an update when more information was known regarding Dorchester Hospital.

3. Consultations Undertaken

The Committee invites all County councillors to attend and contribute to its meetings.

4. Implications

The Committee considers carefully and often asks for further information about the implications as outlined in the reports considered at its meetings.

For further details of the reports considered by the Committee, please contact the author of this report.

5. Background Papers

Further information about the Committee including dates of meetings and agendas and reports from previous meetings, are available via the Council's website:

www.somerset.gov.uk/agendasandpapers

Note: For sight of individual background papers please contact the report author.