

## **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 21 June 2017 focused on: Update on the Development of the Somerset Sustainability & Transformation Plan; CQC Inspection of Somerset Partnership NHS Foundation Trust; Joint Strategic Needs Assessment and Update on the Somerset-Wide Integrated Sexual Health Service.

### **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 21 June 2017**

The Committee received a report from the Senior Responsible Officer, Somerset Sustainability & Transformation Plan (STP). They also received an executive

summary of the STP.

The Somerset STP has been developed jointly by Somerset Clinical Commissioning Group, Somerset County Council, Somerset Partnership NHS FT, Yeovil District Hospital NHS FT and Taunton and Somerset NHS FT and was launched in November 2016. It sets out a 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 report detailed the key aims that the STP will focus on in order to close the current health and wellbeing, quality and financial gaps. These were identified through a prioritisation process undertaken by the STP programme executive group.

The next phase of the STP is to take forward these priority schemes, working with health and social care professionals, patients, service users and the public to develop new models of care that are effective and sustainable. A programme of engagement work is now being planned and undertaken with representative groups, including experts by experience and voluntary sector groups, relevant to the priority areas identified to ensure that a wide range of views are taken into account in developing the new models. If the outcome of these reviews leads to significant service change then the STP will undertake a formal consultation with people, families and communities across Somerset.

The Committee discussed the need to focus on prevention, the huge costs associated with consultations, the need for more detail in the plan and the need to address workforce challenges.

We noted the report and asked for a further update at the 20 September 2017 meeting.

The Committee then received a report and presentation from the Chief Executive, Somerset Partnership NHS Foundation Trust regarding the inspection of the Trust by the Care Quality Commission (CQC) in February and March 2017.

The Trust had previously been inspected by the CQC in September 2015 where the CQC rated the Trust as requires improvement overall. Following the inspection in March 2017, the CQC changed the overall rating of the Trust to good.

The report detailed the significant progress made by the Trust in addressing the concerns the CQC had raised in September 2015. CQC has still identified areas for improvement for the Trust, particularly in relation to community hospital and mental health inpatient services and the Trust will be developing an action plan to address the areas identified as requiring improvement. The Trust is ambitious to move from good to outstanding.

In addition, the Chief executive was also able to provide updates regarding the temporarily closed ward at Minehead Hospital and the Magnolia Ward in Yeovil. It was confirmed that the temporarily closed ward at Minehead Hospital will re-open on 11<sup>th</sup> July 2017 with staff relocating from the ward at Williton Hospital. It was also confirmed that the Magnolia Ward in Yeovil will be temporarily closed as of the 12<sup>th</sup> July 2017 on the grounds of patient safety. The ward cares for older

patients with dementia but there is currently insufficient staff to maintain a safe service. A number of steps have been taken to try to mitigate the temporary closure including: opening four additional beds in Taunton; purchasing extra spot care in the Yeovil area and the provision of a seven day outreach service.

The Committee congratulated the Trust on its improved performance and discussed the performance and inspection of dental services and the need to improve mental health services.

We noted the report.

Following this, the Committee received a report from the Joint Strategic Needs Assessment (JSNA) Project Manager and a Public Health Specialist.

Production of an annual JSNA is a statutory duty for Health and Wellbeing Boards (HWB). The assessment presents evidence on the scale and nature of the population's health and care needs, and likely future need, to inform decision making by the Board and its members. The bulk of the information is published as a website at [www.somersetintelligence.org.uk/jsna](http://www.somersetintelligence.org.uk/jsna). An annual summary is also produced, usually concentrating on a cross-cutting issue or population group in the county. The draft annual report for 2017 has a focus on ageing well. It looks at the health, social care and wellbeing needs of the population aged over 65 and is complemented by a qualitative report detailing personal experience and attitudes to ageing well.

The report is produced collaboratively by the partners on the Health and Wellbeing Board, and consulted upon widely to assess whether it is presenting a useful and realistic picture of need. The Health and Wellbeing Board is formally a committee of the County Council, but also includes members from each district council in Somerset, the Somerset Clinical Commissioning Group and Healthwatch, representing patients' views. The HWB is required to take the findings of the JSNA into account in developing the Health and Wellbeing Strategy. Somerset County Council and CCG are required to take it into account in commissioning decisions.

The report highlighted a number of key themes including: the importance of prevention and lifestyle choices; that inequalities in health are very evident and that good transport, housing policy and social contact have a significant impact on the ability to remain independent, active and included in community life.

The Committee discussed: the importance of investing in prevention; the role of the 3<sup>rd</sup> sector and the need for the JSNA to inform the HWB strategy.

We noted the report.

Finally, the Committee received a report from a Public Health Specialist which updated the Committee on the progress of the Somerset-Wide Integrated Sexual Health (SWISH) service including areas of concern raised in the last report to the Committee in November 2016.

The SWISH Service is making strong progress and is performing well against the key performance indicators and outcomes for the service.

The service continues to manage public demand through the telephone booking system. The online triage and booking system is still not operational after it was found the provider were unable to deliver the required service despite initial assurances. New software is being developed by the company and it is expected that the new system will be viable at the end of 2017/18.

Access to the service in the Yeovil area has been improved with the opening of a weekly clinic based at Hendford Lodge medical practice. There is still a need to monitor service access by east Somerset residents and SWISH are currently reviewing DNAs and waiting times for services.

There have been developments with the HIV pathway to improve the transition for patients diagnosed with HIV through SWISH and The Eddystone Trust to the HIV treatment service at Taunton and Somerset NHS Foundation Trust. The HIV treatment service have completed a look back review on patients with a late diagnosis and identified missed opportunities within primary care and hospital A&E for patients attending with a variety of conditions. The Consultant for HIV is sharing information across clinical networks to raise awareness and will be working with the Somerset Sexual Health Network to disseminate knowledge and good practice.

A pathway for Post Exposure Prophylaxis (PEP) for sexual exposure has been developed and SWISH are now being reimbursed by NHS England for the associated antiretroviral therapy drugs as per national guidance. The Consultant for HIV has developed pathways with Taunton and Somerset NHS Trust, Yeovil District Hospital NHS Foundation Trust and Optima (occupational health) to support needle stick injuries for healthcare workers and to ensure these are not sent inappropriately to sexual health services.

SWISH are responsible for managing the chlamydia screening programme for 15-24 year olds, including sub-contracting services from general practices and pharmacies. The service has developed a multi-faceted plan to increase coverage of the programme and this includes visiting general practices to provide training and to identify chlamydia champions to increase the confidence and skills of practitioners in offering opportunistic screening. There is good evidence within Somerset of young people accessing screening online and through minor injury units and pharmacies all of which show high positivity rates demonstrating that these areas are targeting the right young people.

A significant challenge for the new SWISH service is managing demand within a fixed budget. This is a national issue, with the numbers of attendances to sexual health services increasing across the country whilst services are having to deal with cost efficiencies. SWISH is funded through both fixed costs (e.g. staffing and estates) and non-fixed activity costs (e.g. pathology for sexual health tests, STI treatment, contraception and medical supplies). During 2016/17 there were nearly 16,000 attendances at SWISH services demonstrating huge demand. To mitigate against financial risk an improvement plan has been developed with Somerset Partnership with identified areas of focus. SWISH have a leadership role for the whole sexual health system and are responsible for ensuring that pathways exist with other services including those provided by General Practices, pharmacies, HIV treatment services, sexual assault centres and abortion services as well as training and updating practitioners.

To ensure financial viability it is essential that service demand is managed across the health system and that prevention targets those at greatest risk. An example of this would be access to Long Acting Reversible Contraception (LARC) which SCC also commission from General Practices. SWISH is not commissioned to provide contraceptive services for the whole of the population and most women would and should access this through their GPs. A training programme is being put in place for GPs and Practice Nurses to ensure more women can access them for LARC and to reduce the numbers of women being sent by GPs to the SWISH service for e.g. routine coil fits and removals. The Somerset Sexual Health Network is engaged with the Local Medical Committee to review access to LARC and to increase uptake in training and provision in General Practice. In addition the SWISH website has been amended to reflect that contraceptive services and some sexual health services are available from General Practice to raise public awareness.

The Committee discussed the importance of prevention and education and services to support female genital mutilation.

The Committee noted the report.

### **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](http://www.somerset.gov.uk/agendasandpapers)