

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

Chairman: Cllr Hazel Prior-Sankey

Division and Local Member: All

Lead Officer: Julian Gale – Strategic Manager – Governance and Risk

Author: Jamie Jackson – Governance Manager - Scrutiny

Contact Details: 01823 359040 [jajackson@somerset.gov.uk](mailto:jajackson@somerset.gov.uk)

### **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. This report covers the meetings of 12 July 2017, 20 September 2017, 11 October 2017, and 8 November 2017.

**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. There is currently one vacancy.

### **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 12 July 2017**

The first main item was a report from the Somerset Clinical Commissioning Group (CCG) regarding its Clinical Quality Review Report for the period 1 January to 31 March. Points highlighted in the report included: areas of good practice during quarter 4 were infection control, falls reduction and medication management; challenges during this period included mortality reviews and workforce issues. The CQC status for organisations was highlighted with Shepton Mallet Treatment

Centre receiving an overall rating of outstanding. Somerset Partnership NHS Foundation Trust had been rated as requiring improvement but was now rating as good. There was discussion regarding on-going work with partner organisations to resolve concerns with urgent care and about the new format of the report which was useful but a bit difficult to follow in places. We noted the report and asked if a summary to the report and information regarding waiting times and performance could be included in the next update.

The next item was a performance update about Weston Hospital. A presentation was given by representatives of Weston Area Health Trust and North Somerset Clinical Commissioning Group. James Rimmer, Chief Executive of Weston Area Health NHS Trust updated the meeting following a CQC visit and report. The visit focused on areas which required improvement or were inadequate since the last visit in 2015. Three areas had improved – surgery and critical care had moved from requires improvement to good and medicine had moved from inadequate to requires improvement. However emergency services had deteriorated to inadequate. We noted the report and asked for an update when there was further information to report.

We then considered the Council Performance Monitoring Report for quarter 4 of 2016/17. During this period there were three red segments which included P1 Help vulnerable and elderly people. However improved use of data in the Adult Social Care Service to support performance improvement was being regularised across all teams with a focused improved use of technology. Progress was also being made to reach targets and management actions were in place and were being monitored closely. Two other segments though green had a declining performance P2 Healthy Residents and reducing inequalities and C1 Working with our Public. This was largely due to a natural variation between reporting points. We noted the report.

Adult and Health Operations Director Mel Lock presented the Adult Social Care Performance Update which focused on the measures included in the Adult Social Care Outcomes Framework, and also included an update on the latest figures for Delayed Transfers of Care (DToc). In terms of placements in residential and nursing homes in 2015-16 Somerset placed more adults under 65 years old than the national and comparator group average.

Although overall satisfaction of people who use services of care and support showed Somerset significantly behind the national average for 2015/16 this had increased significantly in 2016/17 from 61.4% to 66%. There was an issue around perceptions of care and associated messaging of that which the Council needed to continue to work on. Somerset's performance in DToc for the period April 2016 to 2017 was still below the England average, despite an overall improvement. Significant work was being done with Musgrove Hospital to improve this and a discharge to access service would be starting in September. This would be reported on in the next quarter. We noted the report and that there would be further update in September. It was agreed that there would be a member briefing on information for adult social care contacts.

## **20 September 2017**

The first main item was the Somerset Safeguarding Adults Board Annual Report. Independent Chair Richard Crompton presented the report and explained that the

Board had concentrated its efforts on improving its overall effectiveness in order to better coordinate activity, learn from events, and raise its local profile and the value of what it offered through high quality communications with both professionals and the public. Priorities for the year 2017-18 would continue to centre on prevention, making safeguarding personal, adopting a Think Family approach, and enhancing the Board's effectiveness. The Committee also welcomed Dr Alyson Norman to the meeting who gave a personal account of her experience with services connected to adult safeguarding and provided further insight into this area. There was a lot of discussion including: assurance that the actions arising from the serious case reviews would reduce the risk of these situations happening again, the need for a holistic approach to intervention and that family concerns were listened to. The need to address the 'silo mentality' of problems only relating to one service such as drug or alcohol services when in reality the issues related to multi-agencies was also highlighted. We noted the report and thanked the presenters for their hard work.

The Committee then received a report about the Somerset Clinical Commissioning Group finance and performance issues. Deputy Chief Officer and Director of Commissioning and Governance Paul Goodwin presented the report and explained that NHS England published its 2016/17 assurance rating for all of England's 211 clinical commissioning groups and Somerset CCG was rated as inadequate. Poor performance in three key areas had been identified – a rising budget deficit, slow progress towards the county's Sustainability and Transformation Plan (STP), and lack of progress addressing the patient demand and longer waiting times for treatment. Somerset's NHS 111 service had been rated as in need of improvement and Somerset Doctors urgent care as inadequate and subject to special measures. There was discussion about: Staffing issues with district nurses – recruitment was taking place but it was difficult to recruit the right staff and availability of workforce was a significant challenge; the impact of the new Chief Officer – discussions had already taken place with stakeholders and there was a drive for working collaboratively and differently with partner organisations; problems with 111 and OOH service were being addressed with the provider Vocare. We noted the report and asked for an update when there was further information to report.

There was an update on the Maternity and Paediatrics Services. The most recent proposals suggested that Dorset County Hospital in Dorchester might share some services with Yeovil District Hospital. Configuration of service has not been outlined and proposals would be forthcoming after a formal public consultation. We noted the report and that there would be a further update when there was more information to report.

We then considered a report on the future service provision for Yeovil Health Centre. New arrangements had already been put in place by Somerset CCG and the centre was being run by Symphony Healthcare Services. Yeovil Health Centre's list of patients had now merged with Oaklands GP Surgery. The Centre had become a nurse practitioner-led urgent care service with GP medical oversight as of 1 September 2017. Revised opening hours for the urgent care service were now weekends only 10am to 6pm. We noted the report. The committee then received a report from Somerset CCG regarding improved access to GP services in Somerset. The report was an update on progress on the delivery of improved access across the county since the introduction of the new plan at the beginning of the year. The 71 Somerset practices had formed into 10

geographically based provider groups to deliver the requirements of improved access. The groupings provide their collective population with access to same day and pre-bookable appointments from 6.30pm – 8pm on weekdays and weekends. We noted the report and asked for a further update when there was more information to report.

Somerset Partnership NHS Foundation Trust gave a presentation regarding the future of Milverton Branch Surgery. The partnership took over the management of the surgery in September 2016 following the departure of all the partners. There had been some success with recruitment. The surgery in Wiveliscombe was being used as the main healthcare delivery service. A team based approach to healthcare had been introduced providing access to specialist nurses, physiotherapists, mental health specialists and village agents. This has enabled appointment times with GPs to be extended. We noted the report and asked for a further update when there was more information to report following the analysis of the public consultation.

The committee were also given a report from Somerset Partnership NHS Foundation Trust updating on community hospitals in Somerset. There were 13 community hospitals in the county and each one provided a different mix of services from inpatient, outpatient, minor injury unit and diagnostic services. The Trust owned 11 of the 13 hospitals with 222 inpatient beds open to patients. 22 of these were dedicated for stroke rehabilitation. This was recognised as incredibly important as it could affect long-term outcomes. In the last couple of weeks these had been prioritised and the 6 beds at Williton had been made re-available. Staffing issues in the recruitment and retention of registered nursing staff in the hospitals continued to be a major issue. This was resulting in temporary closure of some wards at times for patient safety reasons. We noted the report and asked for a further update when there was more information to report.

### **11 October 2017**

The first main item was regarding the proposal for a Joint Commissioning Function. Health and Social Care leaders in Somerset through the Sustainability and Transformation Plan had agreed to develop one Accountable Care System for the county by 2019. It had been agreed that this would require joint commissioning arrangements to be developed. Currently commissioning for this was across the Somerset Clinical Commissioning Group (CCG), Somerset County Council and NHS England. Initial proposals for development of joint commissioning were agreed by the CCG Governing Body and SCC Cabinet in July and August 2017. It had been agreed that a full business case should be developed for further consideration. We agreed we would continue to identify any issues that need consideration during the development of a full business case.

We then received a report regarding the Annual Report of the Director of Public Health 2017. This year's report looked at the care required by people in the last year of life. Members were also given a presentation which further illustrated trends in numbers, causes and places of death in Somerset, how end of life was currently supported, how individuals and the community provided support. We welcomed the report and supported the approach to End of Life care within health and care services.

The Committee then received a report by Motor Neurone Disease (MND) campaigner Heather Twine, who was a Somerset resident living with MND. She hoped that the council would adopt the MND Charter, a statement of the respect, care and support that people living with MND and their carers deserve and should expect. More than 50 local councils across England and Wales had already adopted the Charter, created by the MND Association. Currently there were known to be 49 people in Somerset with MND. We commended the report and recommended that it come before the Health and Wellbeing Board for consideration.

The Committee then received a report about the NHS 111 and GP Out of Hours (OOH) services provided by Vocare Limited. There were ongoing performance and quality challenges and following the Care Quality Commission's inspection in early August the 111 service was rated as 'Requires Improvement' with the GP OOH service as 'inadequate'. A follow up visit had taken place at the end of August and the CQC were in the process of reviewing of this and this would be formally shared as soon as it was available. The Committee noted the report and requested that an update on the situation be brought to the January 2018 meeting or sooner if the report from the Care Quality Commission becomes available sooner.

We then received a report from Somerset CCG updating on the recent work of the CCG to maintain and improve the quality and safety of health services used by local people. Challenges experienced during quarter 1 included stroke care, mortality data, safe staffing and blood clots in veins. We noted the report and asked for a format amendment to the reports for future meetings to make it clearer to read.

An update on Community Hospitals was given to the committee by Somerset Partnership NHS Trust. The report provided an update on staffing and sustainability issues at community hospitals across the county. The highest risk area for staffing was the South Somerset cluster where all of the hospitals were facing challenges and the position was deteriorating. Chief Operating Officer Andy Heron explained that the trust had been through the figures and the current situation and a decision had been taken to temporarily close the inpatient beds at Chard and Shepton Mallet. We noted the report and asked for a further update when there was more information to report.

The committee were given a presentation to accompany the report regarding an update on reablement and the new Home First discharge to assess service. The Government had introduced additional social care funding with instructions on how it should be targeted and spent. One of the priority areas was supporting more people to be discharged from hospital when they are ready. Somerset had chosen to do this by introducing a Home First discharge to assess service, incorporating reablement and therapy services. These services were designed to reduce delays in transfers from acute hospital care and talking to people about future plans in their own environment. The committee supported the service and noted the report.

We then received a report about the Somerset Pharmaceutical Needs Assessment 2017. This was a statutory duty of the Health and Wellbeing Board to report on accessibility of pharmacies and pharmacy services from rural, dispensing GP practices in their localities. The report needed to be produced

every 3 years and the next was due by April 2018. The evidence suggested that there were no gaps in provision that would not be filled by existing arrangements and that changes in the next 3 years would not be of a scale or nature that required new provision. There was a statutory consultation period from 21st September to 20th November. We noted the report.

Finally, we received the performance monitoring report providing an overview of the Council's performance across the organisation. The report provided the latest information available in the period up until 31st July 2017. There were three red segments with P1 Help vulnerable and elderly people of particular relevance to this committee. The performance improvement process continued to embed within adult services with improved use of data to support performance improvement being regularised with a focused improved use of technology. Progress was being made with regarding to improving recording of data to ensure reporting accurately reflects work done. We noted the report.

### **8 November 2017**

Our main item for this meeting was an update on the Learning Disability Service Contract. We had a good public attendance for this with more than 21 speakers. Director of Adult Social Care Stephen Chandler assured all those who raised questions that they would receive written responses. He highlighted the requirements were transformation and sustainability and that changes in the first year were part of the plan. If no changes were made to staff terms and conditions the service would cease to exist as it would not be affordable. A presentation was given by Discovery's Managing Director Luke Joy-Smith. He said that the company recognised that the staff had the customers' best interests at heart and that it was a listening organisation. He was happy to fast-track a survey with customers, family and friends. There was a lot of discussion including that it was important to get the right foundations and settle colleagues anxieties, there was a current mismatch between core hours, amount of staff and temporary staff and the management of the contract had to be good in order to deliver a good service.

The Committee also agreed it was not satisfied with the report and information provided, to request that a survey with customers, families and staff of the service be conducted as soon as possible, to establish a Task and Finish group to look at the contract performance in more detail and to refer the contract matter to the Audit Committee for its consideration.

Chief Executive Pat Flaherty introduced the next report regarding the Somerset Sustainability and Transformation Plan. This has been developed jointly by the Somerset Clinical Commissioning Group, Somerset County Council, Somerset Partnership NHS Foundation Trust, Yeovil District Hospital NHS FT and Taunton and Somerset NHS FT. It set 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. There was currently a £30m debilitating gap for NHS in Somerset and there was no extra money coming from government. Transformation was difficult without the funding for it and currently there was an impasse. Consultation about the new plan was due in the spring and this would be brought back to the committee in the future. We noted the report and asked for an update when there was further information to 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)

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