

SCRUTINY FOR POLICIES, ADULTS AND HEALTH COMMITTEE

Minutes of a Meeting of the Scrutiny for Policies, Adults and Health Committee held in the Luttrell Room - County Hall, Taunton, on Wednesday, 25 January 2017 at 10.00 am

Present: Cllr H Prior-Sankey (Chairman), Cllr J Parham (Vice-Chairman), Cllr M Adkins, Cllr P Burridge-Clayton, Cllr A Govier, Cllr R Henley, Cllr D Huxtable, Cllr N Woolcombe-Adams and Cllr A Dimmick

Other Members present: Cllr H Davies, Cllr A Groskop, Cllr C Le Hardy, Cllr J Lock and Cllr W Wallace

Apologies for absence: Cllr N Pearson

167 Declarations of Interest - Agenda Item 2

Councillor Andrew Govier declared a personal interest in Item 7 as he was involved with the decision to build the new Community Hospital at Minehead.

168 Minutes from the previous meeting - Agenda Item 3

The minutes of the meeting held on 07 December 2016 were accepted as being accurate and were signed by the Chairman.

169 Public Question Time - Agenda Item 4

There was one public question.

Mandy Chilcott made a statement regarding agenda item 7. The statement expressed concern that the Community Hospital at Minehead has never been fully utilised and that many of the promises made as part of the business plan for the hospital have never materialised. Ms Chilcott stated that the Minehead Hospital is crucial, both as a local service and as a support to Musgrove Park Hospital. She expressed disappointment at not being able to find any evidence of recruitment for nurses at Minehead online.

170 Medium Term Financial Plan 2017/18 - 2019/20 - Agenda Item 5

The Committee received a report from the Director of Finance and Performance which gave an overview of the 2017/18 Provisional Local Government Finance Settlement as well as the 2017/18 Medium Term Financial Plan.

The Committee heard that the Financial Settlement was broadly in line with expectations. The exception was a new Adult Social Care Support Grant of £2.5m for SCC. The Settlement confirmed the loss of Revenue Support Grant which will reduce from £42m last year to £26m this, representing a loss of £16m. The Settlement confirmed that there will be an MTFP gap of £18.1m for SCC next year.

Other headline announcements from the Settlement included:

- National decrease in Core Spending Power for 2017/18 compared to 2016/17 of 1.14% (0.4% increase for Somerset);
- National decrease in the Settlement Funding Assessment for 2017/18 compared to 2016/17 of 10.06% (13.98% for Somerset);
- National decrease in Revenue Support Grant of 30.7% (37.68% for Somerset);
- Confirmation of the 2% Council Tax referendum limit;
- Confirmation of an additional 2% adult social care precept and the ability to raise the precept to 3% in 2017/18 and 2018/19. However the overall increase can be no more than 6% over the next three years;
- Reduction in the number of years eligible for New Homes Bonus in 2017/18 from six to five and from five to four from 2018/19. The bonus will also only be applied to growth above a 0.4% baseline;
- Adult Social Care Support Grant for SCC of £2.509m, created from savings from New Homes Bonus reductions.

The Committee then received a report confirming the MTFP approach for 2017/18. The new approach means that the search for savings to balance the budget has been led much more by the Commissioning Managers within SCC than by Finance this year. 7 themes were created to manage costs, demand and resources.

The 7 themes are: Technology and People (TAP); Productivity & Culture; Commercial & Third Party Spend; Stronger Communities; Partnership & Integration; Service Redesign; and Transport. The Committee received a report on each of the 7 themes. In total these propose savings targets of £18.1m for next year with the majority coming from service redesign. The savings proposals will be turned into decision reports over the next few months and will then follow the normal governance process.

The following points were raised during discussion of the Financial Settlement:

- I'm concerned about the new MTFP approach. It is harder for Members and the public to scrutinise individual budget savings. Small savings might not be as clear if they are not contained within a member Key Decision. Are we burying bad news until after the election?
- I understand this point about getting to the detail. Last year we were criticised for bringing too many papers so this year we have tried to summarise. There has been no change to the governance process though; we will still follow this. We had low-value officer decisions last year and we will again this year. This hasn't changed.
- The new approach is clear and is the end of a long process to try to bring our unique process of reporting the MTFP in line with our neighbours.
- With regard to the Adult Social Care Support Grant (ASCSG), I'm concerned that we are taking funds from one area and pushing it into another but that this will only be a one-off. Doesn't this just store up problems for the next year? Also Public Health funds are currently ring-fenced but in future will be part of business rates which are not ring-fenced. This will weaken the whole structure.

- This is correct but I don't think that this will be a one-off. The intention has always been to reduce the New Homes Bonus and put it into Adult Social Care. The Public Health Grant (PHG) may not be mandated in future as it is currently but it does still represent additional funds.
- The Better Care Fund, Adult Social Care and Public Health Grants all show the importance of getting the Sustainability & Transformation Plan (STP) correct. We have to join all of the budgets together to make it work. This will also have an impact on the District Better Care Fund so other councils will be similarly affected.

The following points were raised during discussion of Theme 1:

- The report talks about a 10% reduction in employee related costs – is this a target?
- The savings is the target so it is an outcome rather than a target.

The following points were raised during discussion of Theme 2:

- The agency spend of £12m in 2015/16 is very large. Is it feasible that we have spent nearly £50m over the last quadrennium on agency spend?
- I can't say without looking at the figures.
- This may not be the case as, for example, last year Adult Social Care had a higher agency expenditure and this was agreed but only for that year.
- I would question the agency spend figure too. I have seen a FOI response that states the agency spend in 2015/16 was £16m and £54m over the last 4 years. Where has that money gone?
- I am not sure without looking. It may be that some is capital and some is revenue spend.
- It's still agency spend whether it's capital or revenue.
- I agree, but I'm not sure how to run a capital programme without having agency spend.
- It was agreed that figures on agency spend over the last quadrennium would be provided to Members outside of the meeting.
- It was confirmed that the Heart of the South West LEP agency spend reported on page 44, did not represent SCC expenditure. SCC report it because they are responsible for it.
- Members queried a discrepancy in figures for apprentices. It was clarified that there is a discrepancy but that this is known and both figures are correct in their own right. The Apprenticeship Levy is made based on the total employee salary.
- I think the failure to recruit permanent staff should be identified as a key risk.
- I agree that we want to recruit permanent staff.
- Agency staff costs are not necessarily due to not having enough permanent staff.

The following points were raised during discussion of Theme 4:

- I suspect that rural areas will achieve better in this theme than urban areas where community cohesion is missing.

- I agree that rural parishes have a greater sense of community but there are less people. It is often the same few people participating and this is not easy either.

The following points were raised during discussion of Theme 6:

- It is critical not to compare money spent between authorities. What matters is outcomes and quality of service.
- I wouldn't disagree but if you can match outcomes and reduce spend; we must look to do this.
- We have got to make sure that our spend level is affordable. One example is that spend on Learning Disabilities in Somerset is significantly higher in Somerset than in the South West and in England. The real legitimacy is ensuring we get value for money for Somerset taxpayers whilst ensuring outcomes and improving services. I believe that we can do this.
- But it's more expensive to provide services in rural areas. In the national picture costs always vary hugely. I would question why this is not included.
- I agree and we do benchmark nationally as well as with our statistical neighbours. The data is available if you would like to see it.
- I welcome the change to bring children's services back into local communities.
- I agree with the need to fundamentally re-design services but we have been talking about this for ages but it doesn't seem to happen. One Teams have been very successful.
- I agree that where there are One Teams is place it seems to work well but where there are no One Teams it doesn't. I think we should pass this comment to the Children & Families Scrutiny Committee.
- We seem to be moving away from delivering services ourselves and relying on others and the community. This is a risky strategy. What if they don't have the resilience required or they experience financial difficulties.
- There is concern but I think the strategy is worth a try. We don't know if it will work and I am concerned that things come back to Scrutiny so that we can review and check that the strategy is working. We need to look at all of these savings again before the budget is set.
- There will be some decisions that we will have time to bring before the Committee before they complete the decision process.
- We would welcome the opportunity for Scrutiny to look at our mental health and learning disability services including the financial aspects and this could be added to the Adult Social Care report coming to the next meeting.

The following points were raised during discussion of Theme 7:

- It was clarified that although there is a perception in the community that concessionary bus fares costs the authority, actually it doesn't. In fact when bus routes and services are cut the cost come down.
- As there is an underspend for concessionary bus fares, would it be possible to extend this to include other groups, for example, young people?

- It is important to clarify that the reduction is due to the commercial operator going out of business and not because SCC cut the route. It would cost £19m to include every young person. We do have the County ticket and we try to include young people. It would be possible but at a cost.

The Committee noted the report. They commented that the new process seemed reasonable but that they wished to see more detail around individual decisions, particularly for mental health and learning disability services.

171 **NHS 111 and GP Out of Hours Service Performance update** - Agenda Item 6

The Committee received a report from the Chief Finance Officer and Director of Performance, Somerset Clinical Commissioning group. The report gave detailed information about the performance of the NHS 111 and Out of Hours (OOH) services between August 2016 and December 2016.

The performance of the NHS 111 service is monitored on a monthly basis via the measurement of a national and local set of Key Performance Indicators (KPIs) including: the number of calls answered within 60 seconds at the end of the introductory message >95% and percentage of calls abandoned <5%.

The Committee heard that performance of calls answered within 60 seconds improved upon previous months in August and September 2016 following a previous action plan agreed with Somerset Doctors Urgent Care (SDUC). However, since September performance has declined. As a result SDUC have produced a plan which outlines how they will recover performance and reach the 95% target. Specifically, performance has been inferior at weekends and part of the SDUC recovery will include a staff realignment to ensure appropriate staff coverage at these times. Nationally, when compared with the other 111 providers, the Somerset 111 service performs well.

The number of NHS 111 calls abandoned remains under the target of 5% and has been achieved every month since service transition to SDUC. More recently the abandonment rate has increased and this will be discussed within the next CCG contract review meeting.

NHS 111 performance has improved from 81% last year to 89% this year but this is still below the target and contractual levers have been put in place. The demand for services continues to rise and the recruitment of GP's continues to be challenging.

There have been three Serious Incidents (SIs) in the reporting period and all of these related to abdominal pain. This has been investigated internally and as a result Vocare Limited is arranging a national Abdominal Pain 'look back and learn' event. This event will involve experts from across the UK to come together to review the SIs and make any recommendations for change

nationally. In this instance the Pathways system for abdominal pain may require refinement.

The following points were raised during discussion:

- It would be easy to be alarmed by these figures but it seems that they reflect the national picture. Therefore it would be helpful to have some comparative data.
- Our 111 service is performing in the top 25% of the country. We could include comparative data in future reports.
- It was agreed that a more integrated approach is needed between A&E and the 111 service at Musgrove Park Hospital.
- Was there a particular reason for the performance decline in October and November?
 - This was probably related to a surge in demand and it was also when the service was taking on the Devon 111 service.
- What percentage of calls are translated into transportation to hospital and how does this compare nationally and with near neighbours?
 - The rate for conversion 999 is around 13-14% which is above the national rate of 10%. The rate for conveyance to hospital is not a problem; it's around 5%.
- Are frequent callers able to manipulate the system to gain an ambulance?
 - I'm assured that we haven't got a significant problem with this. We are not receiving feedback to say people are arriving inappropriately at A&E.
- It was confirmed that dealing with paperwork shouldn't cause a huge delay in transferring patients at A&E.
- With regard to the 3 serious incidents; were all the patients okay?
 - They were not all okay. A local review was carried out, calls were listened to and we reviewed the process. These conditions are very difficult to pick up and can deteriorate very quickly.
- Is there a relationship between the reduction in GP numbers and an increase in demand for OOH services?
 - This is really tricky to identify as it is very difficult to measure but we haven't heard huge concerns expressed regarding this.

The Committee noted the report and requested a report in 6 months' time to include comparative data.

172 **Minehead & Williton Community Hospitals update** - Agenda Item 7

The Committee received a report from the Chief Operating Officer, Somerset Partnership, regarding the temporary closure of inpatient beds at Minehead Community Hospital.

The Committee heard that this decision was taken in response to significant shortages of registered nursing staff working in the inpatient wards at both Minehead and Williton Community Hospitals. The inpatient beds at Minehead Community Hospital have been consolidated at Williton Community Hospital.

Consolidation has allowed the Trust to maintain and safely staff 30 community hospital beds in West Somerset during the winter period to support patients locally and to support acute care providers in discharging patients for rehabilitation. The closure of the inpatient beds at Minehead Community Hospital and consolidation at Williton Community Hospital is temporary and will be kept under review until such time as sufficient qualified staff can be recruited to ensure the safe re-opening of the service on both sites.

The rationale to temporarily close the inpatient beds at Minehead as opposed to Williton was because this option will maintain the level of inpatient bed capacity within the West Somerset area while providing a safe and sustainable solution for staffing in the short to medium term. The Trust is commissioned to provide a specified number of inpatient beds across the county over the course of the year. Williton Community Hospital has the available bed capacity to ensure the Trust can maintain the current capacity. Minehead Community Hospital does not have this flexibility. Avoiding the potential loss of contracted bed numbers will support patient flow across the system and reduce the impact on the local community and acute trusts and GPs over the winter period.

It was confirmed that the Trust is actively trying to recruit to Minehead Hospital, although recruitment is usually slightly more successful at Williton Hospital. A recruitment event was recently held at the Holiday Inn and there are some improvements forecast as one member of staff will shortly be returning from maternity leave and it is hoped that another member of staff may return from a career break. When recruiting from abroad, the Trust has previously found that staff do not tend to stay long-term so this may not represent a permanent solution. There has been no application received for a Minehead post for over 18 months.

It was emphasised that this is not a cost-saving measure and that the Trust is committed to re-opening Minehead Hospital but that it must be safe.

The following points were raised during discussion:

- Is the fact that nursing is now a degree profession instead of a vocational profession putting people off?
- I strongly believe that nursing must be a degree-level qualification because of the skill and knowledge required. There is no shortage of young people applying to study nursing but there is a shortage of bursaries.
- Although I am reassured that there is no intention to close the hospital, it would have been preferable to discuss the recruitment problem before it got to crisis point. There are short and long-term recruitment issues. We are not good at tailoring recruitment to local areas. We need to work with local people with skills. Public bodies must work with communities and young people in schools to show them an employment future in West Somerset.
- We support this. We need a local solution and short and long-term solutions.
- This a nation-wide issue. Do you carry out exit interviews? Why are people leaving and what can be done to retain staff?

- Yes we do and the most common reason is retirement. The turn-over rate at Minehead has been incredibly low. A lot of staff have worked there for a long time. We now subsidise accommodation in West Somerset and we don't do this elsewhere. We are aware that transport can be an issue.
- Minehead residents are hugely disadvantaged by this decision. Why has the hospital never been fully operational? Is the Hospital in breach of contract by closing the beds and what does 'temporary' mean?
- There is no breach of contract as we are contracted to run a number of beds. This number changes through the year and increases over the winter period and we are meeting this. The hospital has mostly been running at full operational level although there have been some issues with the use of clinical space. We support the view that we would like to see Minehead fully used. We are hopeful that the temporary closure will last less than six months but it depends on recruitment.
- This was a predictable situation if you had an aging workforce. You need to have succession planning in place.
- The NHS is notoriously bad at workforce planning. We can't solve the West Somerset recruitment problem alone though; we need to work together with all partners.

The Committee noted the report and asked for a progress report in 6 months.

173 **Minor Injuries Units Update** - Agenda Item 8

The Committee received a report from the Chief Operating Officer, Somerset Partnership regarding the need to make changes to the opening hours of Minor Injuries Units (MIU's) across the county.

The Committee heard that the MIU's operate a very efficient and highly regarded service. They treat around 100,000 patients per year and are performing in the top 10% nationally. However, they face a number of challenges including increased demand, recruitment and retention issues and static funding issues. In addition, due to the variation in what is provided at the different units at different times of the day, and/or days of the week, there is an issue of equity of provision across the County that should be addressed.

Over the past year a Project Board within the Trust has reviewed the situation and sought ways to ensure that wherever possible all seven units should remain open, and open for seven days per week. The findings of this group were that to ensure the sustainability and resilience of the MIUs, and to improve the quality of that which is provided a move towards more standardised operating hours (08.00-21.00) should be adopted in all MIUs, with the exception of Minehead that would remain a 24 hour service, and Burnham which would move to extended (summer time) hours all year round.

The new operating hours will significantly improve the clinical and financial viability of this highly regarded service, and are scheduled to become operational in February 2017.

The following points were raised during discussion:

- What would happen if a patient turned up at the end of a shift?
- The staff would make a clinical decision but it would be very unusual to turn a patient away.

The Committee noted the report and supported the changes.

174 Proposal for Shared Maternity and Paediatric Services at Yeovil and Dorchester Hospitals - Agenda Item 9

The Committee received a verbal update from the Director of Clinical and Collaborative Commissioning, Somerset CCG, regarding the proposal to share maternity and paediatric services between Yeovil District Hospital (YDH) and Dorchester Hospital.

The Committee heard that YDH has agreed to support an options appraisal to develop a detailed plan to consider shared services. A Steering Group has been established and they are looking for representation to join the group. The Somerset CCG will be represented on the Steering Group and an options appraisal should be completed by the end of April 2017. Public engagement would then follow. A representative from YDH would be happy to attend a future Scrutiny meeting once there is more detail available to discuss.

It was clarified that under the proposal there would be one hospital with midwife-led services and one hospital with consultant-led services but it is not yet known which would be held at which hospital. Similarly, there would be only one paediatric service with overnight facilities but it is not yet known which hospital would be best placed to provide this.

The following points were raised during discussion:

- If it became a shared service, how would we be able to scrutinise what happens at Dorchester hospital?
 - There is no proposal currently on the table but you may be able to get a sense of the direction of travel in the update in March. You should be able to scrutinise services at Dorchester.
- Travel distance needs to be considered.
- Transport is a major issue. There should be a budget to assist those that need transport.
- Accessibility also needs to be considered.

The Committee agreed that they were very open to engaging with the proposal but would find it difficult to comment until more detail is known. They requested a progress update on the options appraisal at the 29 March 2017 meeting.

175 Safeguarding Adults Reviews 2016/17 - Agenda Item 10

The Committee received a report from the Operations Director, Adults & Health which provided an update on the background and central learning to emerge from two of the Safeguarding Adults Reviews (SARs) that completed in Somerset in 2016.

The Committee heard that the Safeguarding Adults Boards must arrange a SAR when:

- An adult in its area dies of abuse or neglect, whether known or suspected, *and* there is concern that partner agencies could have worked more effectively to protect the adult.
- An adult in its area has not died, but the Board knows or suspects that the adult has experienced serious abuse or neglect.

The Committee considered each SAR in turn and the lessons learned from each independent review.

The following points were raised during discussion:

- CTALD was defined as Community Teams for Adults with Learning Disability.
- How many SARs took place in total in 2015/16?
 - Both of these took place in 2014 and there are two others currently under review. Previously, we have not carried out SARs but we have taken steps to improve this, which is why you have some historic SARs now.
- Is disjointed communication between partners the main cause of issues?
 - I agree that communication is often a key part but the Somerset Safeguarding Adults Board is very well defined and works with other agencies well. We have multi-agency weekly meetings where we look at current cases that we have concerns about. There are plenty of opportunities for us to talk and have discussions now.
- Should One Teams be utilised more?
 - There are One Teams in some areas but not everywhere, so we can't rely on them solely. We need the multi-agency meetings. However, One Teams are valuable, especially for their local knowledge, and they do feed into the multi-agency meetings.
- We need to discuss domestic abuse services at scrutiny and the relationship with support for Care Leavers.
- A hierarchy of needs should be drawn up at multi-agency meetings, especially for housing needs.
 - We do work with housing colleagues and this can be a challenging area.
- Mendip District Council avoid having to use Bed & Breakfast accommodation because they invested in alternative provision that is not so expensive.

The Committee noted the report and agreed to invite the Community Safety Partnership to attend a future Committee meeting (post County Council elections)

176 **Scrutiny for Policies, Adults and Health Committee Work Programme - Agenda Item 11**

The Committee considered and noted the Cabinet Forward Plan of proposed Key Decisions.

The Committee requested the following changes to the work programme:

- A progress update on the options appraisal for shared maternity & paediatric services at Yeovil & Dorchester Hospitals (29 March 2017)
- A progress update on Minehead & Williton Community hospitals (6months)
- Performance update for NHS 111 and OOH services (6 months)
- Community Safety Partnership (to include Domestic abuse services) (post-election)

177 **Any other urgent items of business** - Agenda Item 12

There were no other urgent items of business.

(The meeting ended at 12.45 pm)

CHAIRMAN