

## **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, 1 March 2017 at 9.30 am

**Present:** Cllr H Prior-Sankey (Chairman), Cllr J Parham (Vice-Chairman), Cllr P Burridge-Clayton, Cllr R Henley, Cllr N Pearson and Cllr C Lawrence

**Other Members present:** Cllr Coles, Cllr H Davies, Cllr C Le Hardy, Cllr J Lock, Cllr M Rigby and Cllr A Wedderkopp

**Apologies for absence:** Cllr M Adkins, Cllr A Govier and Cllr D Huxtable

**1 Declarations of Interest - Agenda Item 2**

There were no declarations of interest.

**2 Minutes from the previous meeting - Agenda Item 3**

The minutes of the meeting held on 25 January 2017 were accepted as being accurate and were signed by the Chairman.

**3 Public Question Time - Agenda Item 4**

There were seven public questions.

Nigel Behan asked the following questions in relation to Item 5:

Q1 a) When this Committee went into private session (press and public excluded) at the end of June last year was there any indication that Dimensions UK Ltd would offer to close day centres, make redundancies, cut pay, sick pay, terms and conditions of employment?

b) How have service users, parents, carers, families and community and voluntary organisations been informed and consulted on the Dimensions UK Ltd proposals?

c) Dimensions UK Ltd have not released the Economic Organisational and Technical (ETO) reasons for the proposed changes. The only reason given to date is they want to align with the Dimensions national structure (the Social Enterprise Vehicle seems to be a halfway house to take-over?) - can we be provided with the ETO reasons?

Q2 a) Will this Scrutiny Committee support the reasonable request for the business case on which the Cabinet made the decision July 2016 to be released into the public domain as this is a public service, operated by public funds and there is only one bidder limiting the benefits of (so-called) competition?

b) Will this Committee recommend a delay in the transfer of 1200 staff to Dimensions UK Ltd to allow for the current levels of uncertainty to be addressed?

Q3) a) The financial profiles indicate that after 6 years the forecast saving is £4m? Why is Dimensions UK Ltd getting a taxpayers "dowry" £6m upfront?

b) Have Dimensions UK Ltd profit (surplus) forecasts been shown to you and have they been significantly amended since June 2016?

c) Has SCC asked Dimensions UK Ltd to make greater savings than were agreed by Cabinet in July 2016 when SCC decided to give a contract to them?

Q4 a) Have the risks of recruitment and retention been addressed in the risk log and for service continuity?

b) Has SCC assessed the risks of a legal action on lack of consultation?

c) If this controversial outsource of LDPS fails then will there be a Plan B (including an In House Service Improvement and Innovation Plan)?

Ewa Marcinkowska asked the following question in relation to item 5:

Q1) Staff turnover rates in the LDPS are about 17% per year. Service users and their supporters have repeatedly stated they value continuity of care. What evidence does the Cabinet have that planned cuts to terms and conditions will not increase the turnover rate further, hitting quality of care?

Sara Mainwaring gave the following statement in relation to Item 5:

'I've worked in the LDS since 1997 and it's clear to me how important this service is to vulnerable people in Somerset. The county-council run service is something staff are proud of and users and their carers are confident in it. Now all this is up in the air thanks to the transferral to Dimensions. When the consultation was done the council made some good points about sustainability and promised that it wouldn't be about cutting costs. Now I feel they've gone back on their word and I don't know what my job or my finances are going to look like after Dimensions make their cuts. The transfer date is approaching and it doesn't feel like anything has been sorted. I didn't sign up to see the jobs of me and my colleagues at risk and my wages reduced.

Staff, service users and their families feel disappointed William Wallace and the council did not address the questions asked by concerned staff and the public.

Staff, service users and their families already feel misled by Somerset County Council and the evasiveness of the councillor to address the concerns has further disappointed them.'

Sara asked the following question:

Q1) In an interview on 10 February, the councillor Wallace stated that no frontline staff would be affected by the transfer of the learning disability service

to Dimensions. Can you explain how this can be true when Dimensions have stated in their further measures letters that they predict redundancies, cuts to salaries and to terms and conditions?

Ginny Johnston made the following statement regarding Item 5:

'This job is all about relationships and you have to be prepared to give your all to the service users. But that's really hard when I don't know what's going to happen to my job and my pay. Somerset is not a cheap place to live and I don't earn much – it seems wrong and unfair to me that the county council is letting Dimensions cut our wages. I don't want to leave the area but if I can't afford to live here after Dimensions take over I'll have to move. I'm not the only one thinking this and the LDPS will be at risk of losing experienced and skilled staff, undermining the continuity of care that service users were promised in the consultation. Maybe changes need to be made but not all on Dimensions' terms.

Ginny asked the following question:

Q1) The LDS relies on committed and skilled staff to deliver the care its users expect. Does the cabinet think that cutting wages to only 10 or 20p above the legal minimum, as outlined by Dimensions, is suitable treatment for these staff?

Sean Cox made the following statement in relation to Item 5:

'Having moved to Learning Disability services from the prison service I have already seen firsthand the dangerous impact that cuts can have on vulnerable people. The transfer of LD services was intended to maintain quality of care and I am concerned that the reality proposed by Dimensions seems so far from this original principle. I am proud to currently work within a team that provides a fantastic service and has a great relationship with the customers. Proposed changes to terms and conditions are already leading to staff looking for work with other employers, who they feel will value them. It really concerns me that Dimensions are so willing to risk the relationship between staff and the customers who they provide essential care to everyday.'

Sean asked the following questions:

Q1) Background provided for the transfer of the LDS service to Dimensions did not suggest that large scale restructuring and changes to terms and conditions would be necessary. Does the cabinet agree that the proposed transfer date of 1 April does not provide sufficient time for the legal consultation requirements and opens SCC to risk from legal challenge?

Q2) Dimensions propose to cut sick pay to the legal minimum in the LDS service, meaning staff will be more likely to attend work while sick as they would otherwise not receive pay for the first three days of illness. Would the cabinet member want a vulnerable person they knew to be looked after by a sick member of staff and why do they think this is acceptable for others?

Nick Batho made a statement in relation to Item 5:

Mr Batho stated that he was part of the panel that wrote the specification for the social enterprise. Dimensions needs to streamline management, modernise services and make changes to terms and conditions. He recognises the short notice to staff, that nobody likes change and that staff concerns need to be

addressed but does not feel that this justifies delaying the transfer. Social Care is underfunded and this will need to be dealt with either by the in-house service or Dimensions.

He is confident that Dimensions will deliver high quality care and he is not aware of any alternative plan. He urged the Cabinet not to delay the transfer because of the negative impact that this would have on customers and also on tax payers. The customers are the most important aspect and transferring the service is the best way to ensure that they are catered for.

Campbell Main made the following statement prior to Item 9:

Campbell Main, Somerset parent, noted the low proportion of Somerset folk receiving self-directed support (from the ASCOF data). In his experience, in a supported living context, this was the key to rapidly raising service quality i.e. transferring the payment to the person needing the support and their families

He also noted decreasing satisfaction with services by service users and stated that low overall satisfaction and difficulty in finding information about services was linked to six years of cuts to funding for the voluntary and third party sectors.

#### **4 Learning Disability Provider Service update - Agenda Item 5**

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.

The Committee 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. There has been a year on year decline in the number of people using the in-house service. The service needs to modernise and extend the range of support that it is able to offer. In order to be sustainable, the service needs to address its major cost element which is staff costs.

By the end of the procurement process there was only one bidder but at the stage where financial information was being considered there was more than one bidder.

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 1<sup>st</sup> 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 following points were raised during discussion:

- Why are we ignoring comments received from staff and carers? If people are not convinced then we should listen to them.
- It's very disappointing that neither the Leader nor the Cabinet Member for Adult Social Care is present.
- I think it is astonishing that we are still trying to defend this calamitous decision.
- I would urge all Councillors to visit some of our homes and experience them for themselves. We need to look to the future; people need better accommodation. Change is not easy but we can't stay as we are. The new generation of people with LD will need new and different services.
- You say that the staff are important and yet you have done nothing to alleviate their fears. You should have protected their terms and conditions before agreeing to the transfer.
- You have known that there is an election coming for some time so why is the decision being pushed through? I would urge you to put the decision off until after the election.
- It's a fundamental point that the in-house service has failed to attract service users. There is more choice now and people vote with their feet. If 60% go elsewhere, this shows that our service is not meeting their needs. The move to Dimensions will help to change this around – particularly with regard to attracting younger people.
- I don't think there is any question that the service needs to change and modernise. This follows a lack of investment in the last decade. This Committee has previously looked at staff sickness levels in LD services. Were changes to staff sick pay part of the original business plan? And if you knew that this was the case, why wasn't this discussed? The first consultation for this failed and I suspect that the second consultation was only agreed to because the full details weren't known.
- When day centres are closed, who gets the capital receipts?
- With regard to buying-in services from the community, what if they don't chose to purchase and who will safeguard them?
- I can't see any problem with delaying for just a few weeks.
- Dimensions are not looking at people's tenancy agreements.
- I think that this transfer is being viewed through rose-tinted glasses.
- I have personal experience of a person with LD in Bath. Dimensions also operate in Bath and have made some shocking changes; with the person I know losing the equivalent of a whole day of care. Do you really know the work plan of this company? We seem to only be cutting everything. I urge you to take this back to Cabinet and reconsider.
- The news in the press is that Dimensions are struggling in Bath and Swindon to make ends meet and are using their reserves. What has happened to TUPE and protecting staff? Who picks up the cost for redundancies?
- Having only one bidder means that we have nothing to compare to except the in-house service which we want to dispose of. This represents the disposal of staff and abandonment of care.

- There has been a lack of investment previously and the staff are being sold down the river. This is a disastrous proposal and it should be taken back to Cabinet.
- This is a case of the least-worst bidder. I am confident that we could have made the same £4m savings through our in-house service. This decision is a disgrace.
- We must conclude that the business case has changed since the original decision was made.
- Having only one bidder is a clear market risk. As the in-house service is the only plan B, why have there not been any efficiency measures over the past three years? I recommend delaying this decision by two months to re-examine it.
- Why is there no representation from Dimensions here today? There has been no presentation made to Councillors.
- I believe from personal experience that TUPE always works this way; with terms being negotiated after transfer. I have asked myself if the Committee were aware that these changes were going to happen. I am content that we did not know but perhaps we didn't ask the right questions or we may have been too naive with the answers we were given. Can you provide an answer to: whether Cabinet & SLT knew that there would be changes to staff; has the business case changed; what happens to capital receipts and where did we go wrong in getting to this position?
- I would urge Councillors to visit some of our services. They are not fit for purpose and there is a need for radical change for some parts of services. With regard to capital receipts, the asset returns to the Council. There has been no change to the business case and SCC has not required Dimensions to make staff cuts. I would have to say that Cabinet & SLT did know as there was no way to make the fundamental change necessary without making changes to staff pay to ensure sustainability. But we didn't know details of individual and specific changes and we still don't know this at this time. We have taken guidance and both SCC and Dimensions are applying the law appropriately.

I would like to make it clear that there can be no reduction in a person's package of care without SCC authorising and agreeing to this. I am not aware of the specific situation in Bath and Swindon but there is no risk of Somerset funds being used to bail out Dimensions. I am personally and legally responsible for this. I want this to succeed and believe that it will.
- It was confirmed that all public questions would receive a written response.
- I think it was brave of you to admit that Cabinet & SLT knew about this but the business case is fundamentally different to what was presented. SCC retains all the risk but the profit goes to Dimensions.
- You didn't mention what would happen to the surplus?
- Dimensions is not a private company so they are not for profit. Over 51% of any surplus has to be used according to what the Board agrees and the rest is invested in the community.
- The Director and the Cabinet Member for Corporate Improvement were asked to give their absolute assurance that there would be no

redundancies, cuts to staff pay and conditions or closures of day centres.

- We cannot give this assurance.

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. The Chairman used her casting vote and the vote was carried.

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

## **5 Mental Health Services Update - Agenda Item 6**

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

The Committee 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 heard 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 following points were raised during discussion:

- This reads extremely well and it is great to see good progress being made. Are there specific areas that need focussing on for improvement?
  - We need to focus on being bid ready, we'd like to extend talking services to people with co-morbidities and we are always keeping a close eye on waiting times.
- Is there a budget spent on putting bids together?
  - We manage bids through our existing resources.
- There is a national shortage of therapy available for cognitive behavioural therapy, is there access to this in Somerset?
  - This forms part of our talking services and we keep a close eye on waiting times. There has been a lot of work done around ensuring staff are well trained and highly skilled.
- How long does it take from referral from the GP to the first talking therapy meeting with a counsellor?
  - The standard is up to 18 weeks, although screening is quite prompt and it depends on the urgency of referral.
- I believe that there was a missed opportunity last year when Cabinet took the decision to take £1m out of the service last year, although there was no cut to services.
- I am concerned about pushing services out to communities.
- How will MTFP cuts impact on mental health services?
  - I think that the changes that Cabinet approved last year were wise. SCC has received local and national recognition that our social work is as close to being Mental Health Act compliant as it is possible to be. It is correct that last year's cuts did not come from front line services. Service re-design has a significant savings target attached to it. We will be focussing on areas where spend far exceeds the regional or national average. Learning disabilities is a stark example of this.
- Do you anticipate any of the £18m savings to come out of mental health budgets?
  - I would anticipate some savings coming out of most budgets because of the nature of service re-design.
- I would like to commend the work being done by the mental health team.
  - The concept of getting things right first time is very important. This means that we can prevent a crisis, which is better for the patient and costs less.
- It has been in the news recently that it is proposed to reduce Personal Independence Payments (PIP). We should write a letter to the Minister against this proposal.
- Do you think reducing the PIP would have a detrimental effect?
  - No formal proposal has been made so there is currently nothing to consider.



- When will the Norton Fitzwarren incident which was subject to a Safeguarding Adults Review (SAR) be reported on?
  - I am not aware of it being a SAR but I will check the details and get back to you outside of the meeting.
- I have heard reports of a social worker sitting with a schizophrenic patient for eighteen hours. How much of this would be spent with the patient and how much on paperwork?
  - We wouldn't expect any of our social workers to sit with a patient for eighteen hours.
- There is still no detail available on where cuts will fall in care services. When is this likely to materialise or will it be after the election?
  - I am not able to add any further comment to this.

The Committee noted the report.

## 6 Patient Safety & Quality Report - Q3 2016\_17 - Agenda Item 7

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 following points were raised during discussion:

- There was a significant hike in Serious Incidents (SI's) in Q3 and most of these were from the Somerset Partnership. Can you comment on why?
  - I have been reassured that the increase from Somerset Partnership is within a normal variation. However, there is no doubt that the numbers have increased. This may in part be due to changes in what we have to report. We do consider organisations that report SI's to be good organisations that have a culture of learning.
- Weston Hospital have very poor figures for SI's and mortality rates – why is this?
  - We knew that there were concerns at Weston Hospital but we were very surprised by the figure of 43 SI's and have requested an in-depth review. They are struggling with the 4-hour target at Weston.
- Is there a trigger point for when a hospital would cease to function?
  - This would be bigger than the CCG and would require a risk summit. It would be difficult to close a hospital but we would look at areas of concern. It was confirmed that the CCG would have the power to close the hospital as the commissioner.
- I think the Committee needs to receive a report from Weston Hospital to explain its performance.
- Can you give us more information about the programme of recovery for gynaecology?
  - I don't have any further detail at this time but this is not an issue which is reaching quality and patient safety. I believe that this is more of a performance issue.

- It was agreed that in the CAMHS section of 5.10, the second bullet point should read 'handovers from CAHMS to adult service *must* have a full formulation of risk...'
- It was explained that the CCG's position for Clostridium Difficile represents a good news story for Somerset. NHS England sets objectives for this each year and Somerset are in a really healthy position and trailblazing for this issue. This has been achieved primarily by implementing safe practices in hospitals.
- What is being done to shorten the waiting time for a first appointment for the CAHMS service?
  - I wouldn't be able to comment on this.
- How are we reducing bed blocking? I have heard of examples where patients are waiting for occupational therapists to provide an assessment before they can be discharged. African agencies are being used to supply staff but they are unable to carry out the assessments.
  - Delayed transfers of care are not hitting my radar from a patient quality and safety perspective.
  - I am not aware of African agencies being used but I am happy to discuss outside of the meeting.

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.

## 7 **Corporate Performance Monitoring Report - Q3 2016\_17** - Agenda Item 8

The Committee considered this report that provided Members with 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.

## 8 **Adult Social Care Performance Update** - Agenda Item 9

The Committee received 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'.

The Committee 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 following points were raised during discussion:

- I am shocked by the variation in performance between council areas in the number and type of people accessing services. There seems to be no consistent approach across the country in terms of best practise. No one area seems to be a shining light.
- That's true. We need to identify areas of good practice. No Council has got it all right.
- I am personally disappointed with this report and would hope to see improvement in future. I would recommend that the Committee reviews this regularly.
- I would disagree that this report reflects a mixed picture. I think that the performance is poor and that the report is quite damning.
- This is why we need to make changes.
- It's about spending money in the right way and we need to be more creative with how we use direct payments.

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

## 9 **Reable Somerset Contract Update** - Agenda Item 10

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 following points were raised during discussion:

- I think the report acknowledges that this is a result of the procurement process. Had the right questions been asked at the right time, we could have avoided this situation. Would you consider using competitive dialogue in future when procuring?
- I agree and to some degree this has been a blessing in disguise. We are currently in discussion with the current provider and key stakeholders. I am a big advocate of holding the negotiation process with our stakeholders and the Procurement and Legal teams are currently looking at how we might do this. You will see a different methodology used in future. The provider was very clever in the way that they were able to answer our questions and we have learnt a lot through the tendering process.
- But letting contracts can't be a mystery at the Council. They've been doing it for decades. I can't believe that we got to where we were. The evaluation questions and answers given were very poor. If this decision had gone ahead, hundreds of people would have been let down. Concerns were raised prior to the decision. Are you going to re-tender?
- It's correct that concerns were raised which we did look into but we did not find any evidence to support them. It was only when we received new information. There are clearly lessons to be learned. I want us to get this right. Reablement is probably the most important service get right; it is critical. I am pleased that our due diligence enabled us to

identify this. In the short term there will be a combination of continuing with our existing service with some new services but we are working with our providers over this.

- Will you still continue to use the EU procurement route?
  - Yes.
- What is the cost of this abandonment?
  - There are no significant additional costs other than internal staff costs.

The Committee noted the report.

10 **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 performance update from Weston Hospital
- An update regarding gynaecology waiting times and the programme of recovery at Taunton & Somerset NHS Trust
- Regular Adult Social Care Performance updates

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

There were no other items of business.

**(The meeting ended at 12.25 pm)**

**CHAIRMAN**