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 29 March 2017 at 10.00 am

Present: Cllr H Prior-Sankey (Chairman), Cllr J Parham (Vice-Chairman), Cllr P Burridge-Clayton, Cllr A Govier, Cllr R Henley, Cllr N Pearson, Cllr N Woollcombe-Adams, Cllr M Healey and Cllr D Yeomans

Other Members present: Cllr S Coles, Cllr A Dimmick, Cllr A Groskop, Cllr D Hall, Cllr C Le Hardy, Cllr J Lock and Cllr W Wallace

Apologies for absence: Cllr M Adkins and Cllr D Huxtable

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

There were no declarations of interest.

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

The minutes of the meeting held on 01 March 2017 were accepted as being accurate and were signed by the Chairman.

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

There were two public questions.

Debbie Russell, a registered nurse and member of Unison, asked the following question in relation to Item 5:

The changes proposed by the Somerset Sustainability and Transformation Plan will affect the health and social care services locally. This is the biggest threat to the future of the NHS that I have seen in my career. I fully welcome the vision proposed but have grave doubts about how it will be funded. How is the Committee going to exercise its powers to ensure that these changes undergo appropriate scrutiny and are preceded by full and transparent consultation?

Campbell Main asked the following question during Item 7:

Campbell Main spoke on behalf of adults with autism but without a Learning Disability. This includes adults with a diagnosis of Asperger's Syndrome or high functioning autism. Mr Main stated that there had previously been a specialist service to help this specific group. The small, specialist service was set up in December 2004 by Somerset Partnership, prior to the Autism Act 2009. The service was supported by a part time social worker. Recently, the part time social worker has been transferred to SCC Mental Health teams and was now on sick leave.

Mr Main expressed concern that the Somerset Autism Strategy covers a huge field and has lost its focus on the specific group of adults with Asperger's Syndrome. He asked for this to be reconsidered, along with suggestions made

to the Health and Wellbeing Board with regard to the restoration of leadership and resources for both diagnosis and post diagnostic support.

15 **Somerset Sustainability and Transformation Plan Update** - Agenda Item 5

The Committee received a report and presentation from the Sustainability and Transformation Plan (STP) Programme Director and the Strategic Lead – Communication and Engagement.

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

The following points were raised during the discussion:

- One of our biggest problems is that the NHs is enormous and parts of it are not accountable to the public. How will you get each department to work together?
- – We can't underestimate the challenge but there are incentives for this to work. Individual organisations don't have the resources and adequate funding so this encourages collaboration and co-operation. There are national issues to address in Somerset.
- Have you thought about working with the emergency services? We are all talking the same language and experiencing the same issues. I would invite you to attend the South West Emergency Services Forum and explore avenues there.
- – We haven't properly engaged with the emergency services and there is opportunity there. Thank you for the insight.
- I applaud the vision of this ambitious project but have concerns as we have been talking about this for years. There is an emphasis on early intervention but there is a huge cohort already in the system that has missed early intervention so savings are a long way off.
- – With prevention, longevity is the key in this area. Some people who already have a problem can be helped e.g. those with hyper-tension.
- Can community care be stepped up to the level that we require to make this work? Staffing in this area is already a challenge. The STP will be seen to be driven by financial cuts and people will focus on this instead of the need to make clinical change. I think the timescale to achieve this will be difficult to meet.
- – I agree with a lot of what you say. The key is to have something in place which has been tested to show the public and to reassure them of change.
- I am concerned that the perception will be that the STP is a delivery model to achieve cuts. The closure of community hospitals and beds is

concerning. The NHS needs more public money. I don't believe that we can achieve savings through efficiency alone.

– There has been no discussion of closing community facilities as part of the STP yet but we do recognise that we have a finite pot of money no matter what plan we develop.
- How did you achieve the £8m saving in overspend?

– This was achieved through savings and cost improvement plans, for example, reduced agency spend and reduced costs of delayed transfers of care. There were lots of small things that added up to that saving.
- How will early intervention work?

– These are being developed at the moment with clinicians. At this stage we have identified this as an area to improve and the plan is yet to come.
- The language used in the report is not simple enough for the public to access it.

– We agree with the need to use plain English and to explain things better.
- With regards to housing, there is a huge challenge to get groups together. How to get people back into their homes for care instead? Volunteers are difficult to find especially in large built-up areas.
- This is seen as a cost-saving exercise and the five year timeframe is not achievable. The NHS is a bottom-less pit. You could poor money into it forever. There are huge staff shortages and they can't be trained at the drop of a hat and there are not enough volunteers. We are going to lose expertise and knowledge.

– The workforce challenge is very real; only 4% of the workforce is under 24. We are very supportive of a university for Somerset. It's important to remember that we are not coming from a standing-start. We already have some good examples in Somerset and we are considering hwo we can widen this.
- Village agents – we don't have the in urban areas and Councillors don't always know who they are. I think that village agents are working well but they are not in every community.

– This is being developed and grown. We will have them in all areas in the future. We could bring this to Scrutiny at a later stage once it has been developed.
- I am hearing that there is consensus amongst NHS staff that the NHS needs reform but that there is huge disagreement about how it should be changed. There is a conflict between strategic views and local views. It requires a change of culture and the NHS needs to engage more.

– We will get local differences and may need to take account of these in our plans.
- What percentage does the £600m overspend represent of the total budget?

– It's around 6-7% over that period.
- That is very low compared with the savings that other public sectors have had to make.
- Are you going to engage with the One Public Estate (OPE) process for sharing facilities?

– We are engaged with OPE and have a representative on the Board. We are having conversations about sharing facilities.

- With regards to the need to consult if significant service change is needed; what is the definition of 'significant'?
- – There are very clear guidelines around this and we would be happy to circulate this. We would expect to consult over significant changes to clinical services but it may not be required for some areas, for example, changes to back office systems.
- I am concerned about recruitment and training of staff and I am not sure that this has been addressed in a meaningful way. This is not a joined up approach in my view.
- – Recruitment and retention is key and there is a benefit to collaboration. Historically, we have been competing with each other to recruit from the same pool of people. There is work to do also around re-defining roles but it is a big challenge. There is a dedicated workstream looking at this.
- I have heard that Musgrove Park Hospital is very consultant heavy and there is not enough theatre time to support them but that this is not being addressed. There doesn't seem to be a balance of responsibility. Where do community hospitals fit into this? What's the plan for them? You need to be upfront early on with the public over this.
- – Community hospitals are only one piece of the strategy and shouldn't be looked at in isolation. There is the voluntary sector, complex care at home and bed-based care in the community. We don't yet have a plan for this so we are not at a stage to share it. Somerset does have more community beds than other areas.
- It is critical to engage at a local level. In South Petherton the village agent, volunteers and parish councillors are collaborating together and this is working very well.
- What does a local community care plan look like? Who decides if someone is fit enough to go home? Some people need an in-between service and historically this has been delivered by community hospitals.
- We need to consider the issue of transport. It makes more sense for staff to travel around the county rather than patients.
- A&E needs a stronger message that it is only for emergencies. If someone presents several times, we are not addressing their problem. GP's used to filter patients and now patients just go direct to A&E because they can't see their GP.
- – People do present at A&E for reasons that are not emergencies.
- I would like to give a Public Health perspective. The STP is about what is right for the health of the population. Need and demand is undoubtedly increasing and the NHS is becoming unsustainable. I have been inspired by the Fire Service which used to be very reactive but has had a huge shift to prevention. The NHS needs to achieve this flip to being more proactive in keeping people healthy to stop them needing to use services.
- – It all came back to education for the Fire Service. One severe road incident costs the emergency services and NHS £1.6m so prevention is very worthwhile.
- – I agree but it is hard to back this up with evidence when you see the Government making so many cuts to preventative services.

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

16 **Winter Pressures Update** - Agenda Item 6

The Committee received a report from the Head of Urgent Care Programme Manager and the Adult and Health Operations Director.

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

A debrief event was held last month to consider the learning from this winter. Successes identified included: effective use of planning; working well together as a system and becoming more efficient at treating people as they present. It also highlighted the need to communicate more effectively and to increase performance with regard to discharge to access. Discharge to access refers to how a patient is moved back to a bed whether that is at home or at a community hospital or nursing home. Several different methods have been explored and these will continue to be trialled. Some short-term beds have also been purchased for people who aren’t ready to go home but don’t need to be in an acute hospital.

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

It was clarified that the Government has announced extra funding for Adult Social Care. For Somerset this will be £11m, £7m and £3m respectively over the next three years. This funding will be ring-fenced, primarily to help with delayed transfers of care but more detail is yet to follow.

The following points were raised during discussion:

- Is the increased performance due to the fact that this winter was not so bad, with no real flu epidemic?
- – I agree that there has been less pressure on the system but even so some of our near neighbours have been on OPEL 4.
- What about patients who cross the Somerset border?
- – Numbers have been low this year from Royal United Hospital and we have had good conversations with them. Collaboration with Weston Hospital has been more difficult but we have recently begun to work together to address this. There has been a 6% increase in Adult Social Care patients over the winter period.

- I have heard that Yeovil District Hospital is experiencing a frailty in its system on Saturday afternoons. Has this affected mortality rates?
- We haven't seen any increase of mortality rates.
- The extra funding only represents investment for one small part of the system when it really needs to be looked at as an entire system. I hope that it can be used flexibly and not ring-fenced too narrowly.
- Public Health data shows that healthy life years are not increasing so we need to be cautious and not too optimistic about expecting improvements year on year.
- It seems there has been a culture of passing problems from one part of the system to another, for example, primary to acute.
- The system is not yet well set up enough to care for those patients who do not need treating in hospital but are not able to look after themselves at home. We do need better pathways.
- It's difficult to get a sense of the scale of the problem. What is the percentage of people in hospital that don't need to be there?
- We completed an audit recently at Musgrove Park Hospital (MPH) and we will share this with the Committee. This is a snap shot of one day at MPH.
- It was clarified that extra beds had been purchased at Cookson Court, Yeovil. These were mainly for reablement. It was emphasised that the culture of the providers of reablement services was very important. Providers need to encourage patients to become independent.
- We previously had a convalescent hospital system and this is now called reablement. A one size fits all system will not work.
- We need to look at when a social worker is required and when we can use a different member of staff. We need to use the workforce differently.
- Can we get a better deal with block purchases rather than spot purchases? Somerset Care have 200 empty beds across Somerset.
- We can get a supply of beds at our fee rate at short notice and there is no problem with supply. We use a mixture of block and spot booking. We are currently testing different models of care and we know that different places may need different models.
- We need to change the culture of treatment within hospitals.

The Committee noted the report.

17 **Update on the Somerset Autism Strategy** - Agenda Item 7

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

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

people. The report highlighted the areas of progress and next steps for each priority area.

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

The following points were raised during discussion:

- It was clarified that there is a small Asperger's Syndrome Service with one social worker but they have now transferred to adult Social Care. The rationale behind this was to increase the number of staff that could help and specialise with Asperger's rather than relying on one member of staff.
- There is some evidence that autism is more difficult to diagnose in females. How is this being addressed?
- – There is some thought that it might be underdiagnosed in females.
- Is there a clear pathway for diagnosis?
- – There is a clear pathway but there are significant delays. This is not out of line with the region but clearly there is work to be done in this area.
- There is some good work going on in the service, for example, in raising awareness but there is a lack of resource and support, particularly for adults. Many adults feel abandoned by the system. There are huge delays, even just to begin the process and it can take over two years to get a diagnosis and this is not right.
- – The service provider is taking steps to make improvements but I agree that there is more work to do.

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

18 **Improved Access to GP Services** - Agenda Item 8

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

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

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

- Commission a sustainable and effective model of care that enhances the availability of primary medical services across the county whilst maintaining high quality services, increasing patient satisfaction, managing demand and reducing duplication

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

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

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

The following points were raised during discussion:

- I am cynical about this being achieved. In wellington, I can't see a GOP for any reason because they use a phone triage system and the surgery doesn't have any evening or weekend opening. I don't think this service is deliverable.
  – I understand the frustration and anxiety if patients can't access their GP. There is quite a wide variation in the spectrum of practices and what they can deliver. Workforce challenges are also an issue and we need a skill-mix model.
- There seems to be a wide range of accessibility. Best practise will need to be recognised and rolled out across the county.
  – We would definitely want to learn and roll out best practise but we also want to be better integrated and this is part of what the STP is developing.
- There are issues around communication too. Patients need to know what services are available.
- There has been a move to nurse practitioner practices in other areas of the county. This seems to be a logical model.
  – There is a practice in Exeter that runs this way. There is a challenge with the nursing workforce too - they have the same age profiles. We need to increase the number of nurses and the level of training. I think that nursing is an important part of the system and this will increase in future.
- Is the extended hours voluntary for GP practices?
  – It is a government manifesto commitment but it is not negotiated in the national GP contract. Instead CCG's have been given this mandate. Surgeries could opt-out but it would be difficult as they cannot access the extra funding without committing to extended hours.

- I think we should introduce ratings for GP surgeries, in a similar way to restaurants.
– The Care Quality Commission inspects all health care providers and rates them. Patients can see this on the NHS choices website.
- Did the CCG apply to be a transformation area?
– It was an opportunity that was given to us rather than applied for.
- It seems to have brought a number of surgeries to the brink of collapse.
– Some are significantly challenged but it is also an opportunity for practices to work together and share resources. So collaboration may help with some of the issues that surgeries are facing.
- Are there opportunities to encourage career changes and returners to health services?
– Yes we are pursuing all of these avenues with some rigour.

The Committee noted the report and requested an update early in the new quadrennium.

19 **Maternity Services Update** - Agenda Item 9

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

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

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

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

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

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

Following the publication of this report, the Boards of Yeovil District Hospital and Dorset County Hospital have agreed to work together to explore in more detail the options for the future model of maternity and paediatric services across the two sites. It was acknowledged that key to this work will be ensuring that the broader access implications for the populations of West Dorset and East Somerset are fully considered, recognising the responsibility of Yeovil District Hospital to work as part of the Somerset NHS. A data modelling exercise is underway to inform this.

The work is on-going and an options appraisal will be developed for consideration in the summer 2017. Any future service change will be subject to the NHS England requirements which would involve a full public consultation.

The following points were raised during discussion:

- Why is there such a high level of induced births in Somerset?
- – It’s because of becoming risk adverse to decrease the number of still births.
- It was clarified that the review of service at Dorchester Hospital and Yeovil District Hospital (YDH) was concerned with safety and not with cutting services. Weston Hospital and YDH are two of the smallest maternity units in the country.
- If YDH maternity service is taken away, it is a long way to Dorchester.
- – I don’t think it is about YDH closing but more about how YDH would cope if Dorchester closes.

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

20 **Scrutiny for Policies, Adults and Health Committee Work Programme** - Agenda Item 10

The Committee considered and noted the Council’s Forward Plan of proposed key decisions.

The Committee requested the following changes to the work programme:

- An update regarding the Sustainability & Transformation Plan (21 June)
- An update regarding Improved Access to GP Services

- An update regarding proposed changes to maternity services at Dorchester Hospital
- An update regarding performance at Weston Hospital.

In addition, the Committee requested a briefing note to explain the issues experienced in gynaecology at Musgrove Hospital and the recovery plan in place to address these concerns.

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

The Chairman thanked the Vice-Chairman and Community Governance Officers for their support.

The Committee discussed the lessons learnt from the Committee meeting on 29 June 2016 and concluded that:

- When Officers present they must use the microphone to ensure that they are recorded
- The Committee must request written reports and have access to confidential papers before the meeting
- The Committee did not have a full understanding of TUPE regulations.
- The Committee was too easily reassured by Officers

The Committee discussed the importance of training for Members of Scrutiny Committees.

(The meeting ended at 1.00 pm)

CHAIRMAN