

## **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 21 June 2017 at 11.00 am

**Present:** Cllr H Prior-Sankey (Chairman), Cllr M Caswell, Cllr M Chilcott, Cllr M Keating, Cllr A Govier, Cllr G Noel, Cllr B Revans and Cllr R Williams (Vice-Chairman)

**Other Members present:** Cllr S Coles, Cllr D Huxtable, Cllr J Lock, Cllr L Vijeh and Cllr A Wedderkopp

**Apologies for absence:** None

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

There were no declarations of interest.

**2 Minutes from the previous meeting held on 29 March 2017 - Agenda Item 3**

Due to the change in Committee membership, the minutes of the last meeting were provided for information only.

It was clarified that wherever possible written responses to public questions would be circulated to the Committee electronically.

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

There were three public questions.

**Nigel Behan, Unite Union, asked the following question in relation to Item 3:**

These Questions relate to the minutes of the Scrutiny meeting (29th March), Agenda Item 11, Minute 21.

Q1)

a) We support these conclusions (in Minute 21) – will they be rolled out (as Information, Advice and Guidance) to all Committees?

b) At the 15th March Cabinet meeting a previously confidential document was shown in the presentation about Transformation Costs including Compensation Fund, Equal Terms Buy Out etc. We previously indicated that Equal Terms Buy Out was a very unique, particularly in pre-TUPE transfer stages – so would it have been understandable if Councillors had not been fully informed at the time?

c) Were the other bidders fully informed about these Transformation Costs (Compensation Fund and Equal Terms Buy Out etc.) -which appear to only have been used by Dimensions UK Ltd?

Q2

When will the Dimensions Update (ex LDPS now Discovery) be included in the work programme? From reports received we believe it should be programmed for July this year?

The Director of Adult Social Services responded that, in terms of Transformation Costs, he believed that all of the facts were put before Scrutiny and Cabinet, including the confidential documents. If councillors had any questions they had opportunity to raise it so he assumed that Councillors were fully aware and understood. When submitting their tender document, Dimensions set out their transfer costs and buy out figures. He suggested that Dimensions/Discovery needed at least six months operational time before sufficient information would be available to allow meaningful scrutiny to take place.

The Chairman also responded and said she would ensure that the lessons learnt were taken into account by the Committee, particularly with regard to understanding TUPE regulations. The Committee agreed to consider question 2 as part of agenda item 9.

**Henry Barnes and Campbell Main asked the following question:**

1. How many adults known to Somerset Partnerships Asperger Team were in receipt of post diagnostic support prior to team break up earlier this year?
2. How many young people with a diagnosis enter adulthood each year? How many of these are likely to need preventative input from social care?
3. How many qualified and competent social workers are available to support the experienced and well qualified social worker who transferred from the former Somerset Partnership Asperger Team but only works part time?

A written response to questions was requested and it was agreed to provide this.

**Sean Cox asked the following question:**

- 1). Can we have a breakdown of the overall budget given to discovery for each year of the contract and what it is to be spent on? This is to include all funding and one off payments.
- 2). We believe there is a high staff turnover. Can you tell us how many staff have left since the contract has been awarded? What is the total amount of vacant posts? What is the staff to customer ratio? How many substantive members of staff, agency staff and relief staff are currently employed?
- 3). Can you please provide a report that shows discoveries delivery against the KPIs?
- 4). Are the current CQC service specifications being met by discovery, can you please detail what the standards are and the outturns on these?
- 5). Has there been any change in the budget allocation since the contract was awarded, the contract was signed or the TUPE transfer?

- 6). What are the current recruitment costs and agency costs?
- 7). What has been the LD budget for the last 5 years and what has the expenditure been? How is the Council confident that this contract provides budgetary value for Somerset constituents?

The Director of Adult Social Services responded to question 4 and stated that the CQC inspects against national standards. Inspection reports are then published and in the public domain. He expected that the Learning Disability service will be inspected by the CQC in due course as part of a rolling programme. He agreed to provide a written response to questions.

The Cabinet Member for Adult Social Care responded to say that he believed that it would be appropriate for the Committee to consider an update on the performance of the service at the 08 November meeting.

#### **4 Update on the Development of the Somerset Sustainability & Transformation Plan (STP) - Agenda Item 5**

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

The Somerset STP has been developed jointly by Somerset Clinical Commissioning Group, Somerset County Council, Somerset Partnership NHS FT, Yeovil District Hospital NHS FT and Taunton and Somerset NHS FT and was launched in November 2016. It sets out a shared vision for reforming health and social care to address the challenges of the rising needs of our population, changing demographics and increasingly stretched resources.

The report detailed the key aims that the STP will focus on in order to close the current health and wellbeing, quality and financial gaps. These were identified through a prioritisation process undertaken by the STP programme executive group.

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

During the debate, the Committee queried the overall vision of the STP and questioned the lack of detail as to how the aims will be achieved. They supported the need to increase the focus on prevention. They raised concerns over the level of public engagement but agreed that the costs of a consultation would be high.

A Member questioned the link between the STP, the JSNA and the Health and Wellbeing Board (HWB). The STP has a critical link with both the JSNA and

the HWB. This is continually being developed although the STP is not a linear plan and needs to be agile.

The Committee also raised the need to address the significant workforce challenges.

One Member questioned whether the timeline for delivery of the STP was realistic and cautioned against rushing to deliver such huge changes.

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

## 5 **CQC Inspection of Somerset Partnership NHS Foundation Trust** - Agenda Item 6

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

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

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

The Committee heard that the learning Disability service has been transformed by the staff leading the service. It was clarified that the Trust provides the assessment segment of the autism service and that the local authority provides the on-going service. There is a commitment to joining up care pathways which it is hoped will improve the experience for patients with autism.

In response to a question, it was reported that the inspection shows that significant improvements have been made in mental health services. In some areas the Trust is performing much better than other areas of the country. However, the Trust is not complacent and constantly seeks to improve.

It was clarified that dental services could not be inspected because a specialist inspector was not available. Considerable work has been done to improve dental services since it was last rated as requiring improvement and the Trust is confident that it will receive a better rating when re-inspected.

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

as of the 12<sup>th</sup> July 2017 on the grounds of patient safety. The ward cares for older patients with dementia but there is currently insufficient staff to maintain a safe service. A number of steps have been taken to try to mitigate the temporary closure including: opening four additional beds in Taunton; purchasing extra spot care in the Yeovil area and the provision of a seven day outreach service.

The Committee congratulated the Trust on its improved performance and noted the report.

## 6 **Joint Strategic Needs Assessment (JSNA) - Agenda Item 7**

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

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

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

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

During the debate, the importance of investing in prevention, supporting the 3<sup>rd</sup> sector and encouraging strong community links was acknowledged. Parish Councils, village agents and a holistic view of public transport were all suggested as possible ways of contributing to this.

It was clarified that the JSNA will inform the HWB Strategy.

The committee noted the report.

## 7 **Update on the Implementation of the Somerset-Wide Integrated Sexual Health Service (SWISH) - Agenda Item 8**

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

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

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

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

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

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

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

A significant challenge for the new SWISH service is managing demand within a fixed budget. This is a national issue, with the numbers of attendances to

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

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

In response to a question about prevention and education, it was confirmed that the service does work with young people and is developing a PSHE programme for schools. There has been good progress made including a reduction in the teenage pregnancy rate.

It was confirmed that there is a new mandated service to support female genital mutilation (FGM). There is not a high prevalence of FGM in Somerset but a service is still commissioned for this.

The Committee noted the report.

## **8 Scrutiny for Policies, Adults and Health Committee Work Programme - Agenda Item 9**

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

Following debate, the Committee requested the following changes to the work programme:

- To remove the planned update on Minehead/Williton Hospital
- An update regarding the STP on 20 September 2017
- An update on the Reablement and Discharge to Access services

- An update on the Dimensions/Discovery learning disabilities service on 08 November 2017
- An update on the Health and Wellbeing Strategy
- An update on the new County Plan
- An update on Domestic Abuse services

9 **Any other urgent items of business** - Agenda Item 10

There were no other items of business.

**(The meeting ended at 1.55 pm)**

**CHAIRMAN**