

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 12 July 2017 at 10.00 am

Present: Cllr H Prior-Sankey (Chairman), Cllr M Caswell, Cllr M Keating, Cllr A Govier, Cllr J Lock (substitute) Cllr G Noel, and Cllr R Williams (Vice-Chairman)

Other Members: Cllr C Aparicio Paul, Cllr S Coles, Cllr H Davies, Cllr D Hall, Cllr A Kendall, Cllr J Lock, Cllr L Redman, Cllr L Vjeh , Cllr G Fraschini

Apologies for absence: Cllr M Chilcott, Cllr B Revans

10 Declarations of Interest - Agenda Item 2

There were no declarations of interest.

11 Minutes from the previous meeting held on 21 June 2017 - Agenda Item 3

It was agreed that the word strategy should be inserted after Health and Wellbeing Board on the bottom line of page 3 and on the top line of page 4 to the minutes from 21 June 2017.

Following this change the minutes of the meeting held on 21 June 2017 were accepted as being accurate and were signed by the Chairman.

12 Public Question Time - Agenda Item 4

There were no public questions.

13 Patient and Safety Quality Update Q4 update - Agenda Item 5

The Committee received a report from the Somerset Clinical Commissioning Group (CCG) regarding its Clinical Quality Review Report for the period 1 January to 31 March.

Deborah Rigby from the CCG explained to members that the report was in a new format and was the same as had come before its governing body.

Points highlighted in the report included:

- Areas of good practice during quarter 4 were infection control, falls reduction and medication management
- Challenges during this period included mortality reviews and workforce issues.
- The CQC status for organisations was highlighted on page 5 of the report with Shepton Mallet Treatment Centre receiving an overall rating of outstanding. Somerset Partnership NHS Foundation Trust had been rated as requiring improvement but was now rating as good.
- Data regarding harm free care and care home support.
- The integrated dashboard provides the governing body with relevant and timely information for assurance of safe and effective patient care.

- Data on incidents of restraints and on-going monitoring actions
- Summary of performance for urgent care NHS 111 service and GP Out of Hours Service.

Discussion on this included:

- There was on-going work with partner organisations to resolve concerns with urgent care
- The new format report was useful but a bit difficult to follow in places as there appeared to be some inconsistencies. It would be useful to include 5 quarters of data for comparison.
- It would be useful to also have standard and ceiling data information and rag ratings.
- An overall summary paper to the report would be useful highlighting concerns or good news.
- Information regarding actual outcome would be beneficial as well as national issues and concerns and data on waiting times.

The Committee noted the report and asked for a further update at the next appropriate meeting.

14 **Weston Hospital Performance Update** - Agenda Item 6

The Committee received a presentation from James Rimmer, Chief Executive of Weston Area Health NHS Trust following a CQC visit and report.

The visit focused on areas which required improvement or were inadequate since the last visit in 2015. Three areas had improved – surgery and critical care had moved from requires improvement to good and medicine had moved from inadequate to requires improvement. However emergency services had deteriorated to inadequate.

The Overall CQC summary found 8 out of 10 services now good or outstanding, however the trust was rated as “requires improvement” overall. Safety had improved from Inadequate to requires improvement and responsiveness had fallen from requires improvement to inadequate and the CQC had issued a Warning Notice re patient flow and the Trust had been told to address issue of Inadequate Accident and Emergency. It had been decided to close the Accident and Emergency facility overnight on patient safety grounds. Plans were in place to cover the overnight closure with all stakeholders engaged in the process. The meeting was informed that no significant permanent changes to Weston’s A&E services or any other services in the hospital will be made without full public consultation. North Somerset CCG was working on a commissioning context document which would set out how Weston General Hospital can work with, and be supported by, the wider health system including GPs, Community Services and Mental Health.

Further discussion on this included:

- Staff were spread too thinly and staff as well as patient safety was a major consideration
- Staff recruitment was proving very difficult

- Patients were being directed to other hospitals at night and were being well looked after
- Actions had been put in place to improve patient flow
- Measures had been implemented to limit those needing care at night
- Appropriate messaging was being given to the public regarding overnight emergency care through a variety of methods including signs on site and via social media
- Further clarification was sought on paediatric treatment – major trauma related care was already being provided by Broadmead.
- Further CQC visits could happen at any time but was likely to be about a year after the last visit.
- The hospital was the biggest employer in Weston-super-Mare and was of vital importance for the town.
- Staffing of emergency departments was a national problem.

The Committee noted the report and asked for an update when there was further information to report.

15 **Council Performance Monitoring Report -2016/17 - Agenda Item 7**

The Committee received a report from Emma Plummer, Strategic Manager for Performance which gave an overview of the Council's performance across the organisation for quarter 4 of 2016-17.

During this period there were three red segments which included P1 Help vulnerable and elderly people. However improved use of data in the Adult Social Care Service to support performance improvement was being regularised across all teams with a focused improved use of technology. Progress was also being made to reach targets and management actions were in place and were being monitored closely.

Two other segments though green had a declining performance P2 Healthy Residents and reducing inequalities and C1 Working with our Public. This was largely due to a natural variation between reporting points.

Further points raised in discussion included:

- Better Care Funding was helping to bring improvements but there was still a long way to go.
- Concern that there had been a change for people with learning disabilities with regard to subsidised transport. Mel Lock, Adults and Health Operations Director said she would look into the matter and report back.
- In this period there had been a slight drop in breastfeeding and two year olds receiving development checks from a health visitor. It was agreed to highlight the child checks to the Scrutiny for Policies, Children and Families Committee.

The committee noted the report.

16 **Adult Social Care Performance Update** - Agenda Item 8

The Committee received a report from Adult and Health Operations Director Mel Lock focusing on the measures included in the Adult Social Care Outcomes Framework, which also included an update on the latest figures for Delayed Transfers of Care (DToc).

In terms of placements in residential and nursing homes in 2015-16 Somerset placed more adults under 65 years old than the national and comparator group average. This contrasted with better than national average performance for those over 65 years where Somerset's placement numbers were among the lowest in the family group. It was recognised that there needed to be a change in culture to enable a greater growth in supporting more people in their own homes.

Although overall satisfaction of people who use services of care and support showed Somerset significantly behind the national average for 2015/16 this had increased significantly in 2016/17 from 61.4% to 66%. There was an issue around perceptions of care and associated messaging of that which the Council needed to continue to work on.

Somerset's performance in DToc for the period April 2016 to 2017 was still below the England average, despite an overall improvement. Significant work was being done with Musgrove Hospital to improve this and a discharge to access service would be starting in September. This would be reported on in the next quarter.

Further discussion points raised included:

- Information on all the data associated with the Adult Social Care Outcomes Framework could be included, currently only the best and worst data was being highlighted in the report.
- Concern that people with learning disabilities could be eating mainly processed food. However there were lunch clubs and other places available to people where they could obtain freshly cooked food. The challenge was to link people to their communities where this service was available.
- A question was asked about what the solid black line on the graphs in Appendix A represented and this would be clarified and reported back to members.
- The link to the Somerset Sustainability and Transformation Plan and whether change would be quick enough to meet the plan's aims.
- Incremental changes were being made at the pace needed to ensure sustainability.
- More detailed information about the changes being undertaken at Musgrove was available to members if they wished to find out more.
- It was essential that people made better use of community help available and members said that in a number of cases they did not know where to seek help.

- The Somerset Choices website was highlighted as a useful source of contacts and all members would be provided with further information about where to seek help and advice.

The Committee noted the report and that there would be further update in September.

17. **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 add an update regarding Adult Social Care Performance for September 20 meeting.
- To schedule in asap a NHS 111 and OOH Service Performance Report from North Somerset CCG and BANES.
- To add in a Motor Neurone Disease Charter presentation when suitable.
- To include Suicide Reporting on the 6 December meeting.

Members were reminded of the need for them to arrange substitutes for meetings they could not attend.

18. **Any other urgent items of business - Agenda Item 10**

There were no other items of business.

(The meeting ended at 12.37 pm)

CHAIRMAN