

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 20 September 2017 at 10.00 am

Present: Cllr H Prior-Sankey (Chair), Cllr M Keating, Cllr P Burrridge-Clayton, Cllr A Govier, Cllr M Chilcott, Cllr B Revans, Cllr G Noel, and Cllr R Williams (Vice-Chair)

Other Members: Cllr C Aparicio Paul, Cllr S Coles, Cllr G Fraschini, Cllr C Lawrence, Cllr L Leyshon, Cllr L Redman, Cllr L Vijeh, Cllr H Davies, Cllr D Hall, Cllr A Broom

Apologies for absence: Cllr M Caswell and Cllr D Huxtable

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

There were no declarations of interest.

20 **Minutes from the previous meeting held on 12 July 2017** - Agenda Item 3

Cllr G Fraschini asked that his attendance be added to the minutes for this meeting.

Following this addition the minutes of the meeting were accepted as being accurate and were signed by the Chair.

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

Sean Cox explained that he attended the Scrutiny for Policies, Adults and Health Committee meeting in June to ask questions regarding the Learning Disability Provider Service and had only received a response to this yesterday. He did not feel that the questions had been adequately answered. He wanted further clarification around the breakdown of the overall budget given to the new LDPS provider, the staff turnover, recruitment and agency costs and reports the new provider was not taking on any more patients.

The Chair apologised for the delay in Mr Cox's response and acknowledged that the response should have been much quicker and asked that responses be much speedier in future.

The Director of Adult Social Care also apologised for the delay and assured Mr Cox that the information given was accurate at the time when the questions were asked. There was no intention to mislead. The information had been provided at numerous meetings including Scrutiny Committees, Cabinet and Council. It had been agreed that the performance of the contract would be looked at in detail at the November meeting of this committee meeting. The high availability of staff was not just due to vacancies but also due to sickness which was at a high level. Key performance indicators were being delivered at the point expected at this time in the contract. The new contract with the provider was designed to create an environment that is sustainable. He would be happy to answer more in depth and would provide a written answer shortly.

The Chair welcomed Somerset Safeguarding Adults Board (SSAB) Independent Chair Richard Crompton and expressed her admiration on the amount of work the Board had undertaken in the year.

Mr Crompton gave some background to the committee about the SSAB explaining that its main objective was to seek assurance that local safeguarding arrangements and partner organisations act to help and protect adults who had needs for care and support, were experiencing or at risk of abuse, neglect or exploitation, were unable to protect themselves from the risk of experience of abuse or neglect as a result of their care and support needs. The key achievements for the year were in point 3.3 of the report and he paid tribute to the work of Niki Shaw who was newly appointed in the post of strategic manager of quality and performance. The Board had concentrated its efforts on improving its overall effectiveness in order to better coordinate activity, learn from events, and raise its local profile and the value of what it offered through high quality communications with both professionals and the public.

Points highlighted in the report included:

- Production of an adult safeguarding risk assessment tool to assist practitioners in considering the vulnerability of an adult at risk and the seriousness of the abuse against the impact of the abuse and risk of it recurring.
- A re-invigorated public facing 'Thinking it? Report it' campaign to coincide with the annual World Elder Abuse Awareness Day.
- Strengthened ways to promote learning from serious cases through practice briefing sheets and hosting first multi-agency learning event to more than 100 frontline professionals
- The launch of a dedicated website to promote work and provide information and resources and joining Twitter to enhance reach and influence and offer new engagement opportunities.
- Board members had contributed to the second annual SSAB effectiveness survey with results revealing improved performance against all 12 quality standards when compared to previous year's figures.

Priorities for the year 2017-18 would continue to centre on prevention, making safeguarding personal, adopting a Think Family approach, and enhancing the Board's effectiveness. The Committee welcomed Dr Alyson Norman to the meeting who gave a personal account of her experience with services connected to adult safeguarding and provided further insight into this area. She also raised a number of concerns such as people's cases falling in-between services, this appeared to be the situation for a number of people with brain injuries. Closer working relationships between organisations were needed as well as ownership of individual cases. She highlighted ongoing issues with staff hiding behind confidentiality even in cases where there were recognised advocates who needed support from the services. She felt mental health capacity in cases needed further evaluation with proper assessments by neuro psychologists.

The Chair thanked Dr Norman for her helpful insight.

Further discussion on this included:

- Assurance that the actions arising from the serious case reviews would reduce the risk of these situations happening again
- The need for a holistic approach to intervention and that family concerns were listened to
- Concerns around information sharing and confidentiality
- Closer working relationship had developed with the brain injury charity Headway at both national and county level
- Review around legislation around mental health capacity
- The need for a cultural change in adults safeguarding
- Some of the issues that had emerged from the serious case reviews were not new such as communication issues
- The ongoing problem of providing a service while facing budgetary pressures
- The need to address the 'silo mentality' of problems only relating to one service such as drug or alcohol services when in reality the issues related to multi-agencies
- Ensuring a proper continuation of service to people as they moved from being a youth to adult
- Changes in relationship working with other agencies including the NHS and with better communication poor practice could be turned into good and this should be a key focus
- Joint commissioning arrangements could help with some of the issues.

The Chair thanked the report authors for their hard work and for presenting the report. The Committee agreed to note the report.

23 **Somerset CCG NHSE Assurance Rating 2016-17 - Agenda Item 6**

The Committee received a report about the Somerset Clinical Commissioning Group finance and performance issues. Deputy Chief Officer and Director of Commissioning and Governance Paul Goodwin presented the report and explained that NHS England published its 2016/17 assurance rating for all of England's 211 clinical commissioning groups and Somerset CCG was rated as inadequate. Poor performance in three key areas had been identified – a rising budget deficit, slow progress towards the county's Sustainability and Transformation Plan (STP), and lack of progress addressing the patient demand and longer waiting times for treatment. Somerset CCG's former Managing Director had left and Nick Robinson had been appointed Chief Accountable Officer in August. Reviews were underway to understand what was going on and what needed to change. Cancer services were rated good but mental health services were classed as in need of improvement and dementia services as inadequate. A clinical services review was also to be launched. The CCG were required to participate in the capped expenditure process along with 11 other STP areas where financial plans were more than 1.5% away from their permitted budget control totals. Somerset CCG ended the financial year £3m overspent. In 2017/18 Somerset CCG was required to deliver a savings plan of £12.9m. Draft saving plans proposed to focus on further savings in provider trusts through reducing locum and agency staff,

reducing back office and management costs, improving patient flow in hospitals, improving the consistency and responsiveness of assessment processes, reducing the demand for acute services, reducing the volume of elective care procedures.

Somerset's NHS 111 service had been rated as in need of improvement and Somerset Doctors urgent care as inadequate and subject to special measures.

Further discussion on this included:

- Concern regarding the dementia services rating. Members were informed that this was due to a data recording issue rather than the care. A review was being undertaken.
- Staffing issues with district nurses – recruitment was taking place but it was difficult to recruit the right staff and availability of workforce was a significant challenge.
- Impact of the new Chief Officer – discussions had already taken place with stakeholders and there was a drive for working collaboratively and differently with partner organisations.
- Forecasting – the need for a clear strategy and what the system would look like in 5 years' time and to communicate to the public the difficult decisions that the CCG had to make.
- The CCG was looking 'aggressively' at making significant improvements.
- Problems with 111 and OOH service were being addressed with the provider Vocare.
- Concerns that services could not improve if there were staff shortages. Difficult decisions had to be taken and a different workforce needed to be developed to meet demands.
- More detail in the report would be helpful to be in a better position to analyse the situation.
- There had been a phenomenal growth in demand with an ageing population. There was a need to ensure people used the services better.
- Better joined up thinking with GP services, 111, and accident and emergency services was required to reduce demands.

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

24 **Maternity and Paediatrics Services Update** - Agenda Item 7

The Committee received a report regarding the Dorset CCG Clinical Services Review for maternity and paediatrics. The most recent proposals suggested that Dorset County Hospital in Dorchester might share some services with Yeovil District Hospital. Configuration of service has not been outlined and proposals would be forthcoming after a formal public consultation. It had been agreed that boards of Yeovil District Hospital and Dorset County Hospital work together to explore in more detail the options for the future model of maternity and paediatric services across the two sites. Somerset CCG is undertaking its own review of maternity and paediatric services for the people of Somerset. Future service planning would be informed by patient and public views with proposals subject to further public engagement and consultation.

The committee noted the report and that there would be a further update when there was more information to report.

25 Yeovil Health Centre - Agenda Item 8

The Committee received a report regarding the future service provision for Yeovil Health Centre. New arrangements had already been put in place by Somerset CCG and the centre was being run by Symphony Healthcare Services. Yeovil Health Centre's list of patients had now merged with Oaklands GP Surgery. The Centre had become a nurse practitioner- led urgent care service with GP medical oversight as of 1 September 2017. Revised opening hours for the urgent care service were now weekends only 10am to 6pm. Patients could access the service via NHS 111. Nurse practitioners were able to treat a range of minor injuries and ailments. The CCG has an agreed monitoring process in place with the provider which will support evaluation of demand and capacity.

Members were disappointed that the report had come to them after the decision had been taken and asked that any significant policy changes be brought before the committee before any implementation in future

The Committee noted the report.

26 Improved Access to GP Services in Somerset – Agenda item 9

The committee received a report from Somerset CCG regarding improved access to GP services in Somerset. The report was an update on progress on the delivery of improved access across the county since the introduction of the new plan at the beginning of the year. The 71 Somerset practices had formed into 10 geographically based provider groups to deliver the requirements of improved access. The groupings provide their collective population with access to same day and pre-bookable appointments from 6.30pm – 8pm on weekdays and weekends. Each group had developed and implemented a rota to deliver the national and local requirements. Provider groups had concluded that there was very limited demand on Sundays for access to GP services and Sunday service provision would not offer value for money. The quarter 2 data received from the provider groups would be reviewed to assess the early benefits of the service. A communications and engagement programme was due to be implemented to ensure patients were aware of the availability of appointments.

Further discussion included:

- The changes had needed to be implemented quickly and given the challenge they had been done well
- Access was important but so was continuity of care and it would be good to deliver on both of those
- Monitoring of the access of service was important particularly with regard to the shortage of GPs. It was hoped that this would not result in few appointments available during the day when most people wanted to access the service.
- Cost-effectiveness and benefits of this would be evaluated regularly.

27 **The Future of Milverton Branch Surgery** – Agenda item 10

Somerset Partnership NHS Foundation Trust gave a presentation regarding the future of Milverton Branch Surgery. The partnership took over the management of the surgery in September 2016 following the departure of all the partners. There had been some success with recruitment. The surgery in Wiveliscombe was being used as the main healthcare delivery service. A team based approach to healthcare had been introduced providing access to specialist nurses, physiotherapists, mental health specialists and village agents. This has enabled appointment times with GPs to be extended. However the lack of GPs has made it harder to provide GP sessions at Milverton and the building was old and in need of repair and no longer considered to be at the standard for delivering quality healthcare services. It was becoming increasingly harder to support the two sites. The preferred option was to close Milverton Surgery to provide long term sustainable primary care services for the local population. There was a consultation process involving workshops, leaflets, meetings, a working group, and conversations with owners of the Wiveliscombe surgery and NHS England and this had just been completed. These views were now being looked at and a report would be written for the Somerset Partnership Board with NHS England making the final decision on the future of Milverton Surgery.

Further discussion on this included:

- Issues such as the ability to pick up medicine were being looked at
- Concerns about older people without transport accessing the services
- Clear messaging to the public was critical
- A multi-disciplinary approach seemed to be right way forward
- Capacity of other nearby surgeries

The committee noted the report and asked for a further update when there was more information to report following the analysis of the public consultation.

28 **Somerset Partnership Community Hospitals Update** – Agenda item 11

The committee were given a report from Somerset Partnership NHS Foundation Trust updating on community hospitals in Somerset. There were 13 community hospitals in the county and each one provided a different mix of services from inpatient, outpatient, minor injury unit and diagnostic services. The Trust owned 11 of the 13 hospitals with 222 inpatient beds open to patients. 22 of these were dedicated for stroke rehabilitation. This was recognised as incredibly important as it could affect long-term outcomes. In the last couple of weeks these had been prioritised and the 6 beds at Williton had been made re-available. Staffing issues in the recruitment and retention of registered nursing staff in the hospitals continued to be a major issue. This was resulting in temporary closure of some wards at times for patient safety reasons. The question was how sustainable the current model of service in community hospitals was.

Further discussion included:

- Ongoing monitoring of the situation in the hospitals in light of the staffing shortages.
- Looking at ways to decrease the current resource inefficiencies e.g. consolidation of sites
- Addressing the age profile workforce issue as many staff were currently eligible for retirement
- The ongoing investigations taking place at Deane Barton were not connected to the temporary ward closure there.
- There were discussions underway with the Somerset CCG
- Concerns around availability of public transport for patients using community hospitals and problems of increasing social isolation becoming even greater issues in the event of fewer sites.
- Questions around whether there should be a greater service to patient or patient to service
- The in-patient beds were just a small part of the service provided at the community hospitals and the proposal of consolidation of sites was only suggested for the in-patient bed service
- To provide modern 21st Century care there was a need to move away from a bed provision dependency model otherwise the unplanned unmanageable situation would continue.
- The need to sell Somerset as a great place to work and live and attract more staff.

The committee noted the report and asked for a further update when there was more information to report.

29 **Scrutiny for Policies, Adults and Health Committee Work Programme - Agenda Item 12**

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

30 **Any other urgent items of business - Agenda Item 13**

There were no other items of business.

(The meeting ended at 1.33 pm)

CHAIR