

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 11 October 2017 at 9.45 am

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

Other Members: Cllr C Aparicio Paul, Cllr S Coles, Cllr G Frascini, Cllr L Vjeh, Cllr H Davies, Cllr D Hall, Cllr A Wedderkopp, Cllr J Woodman

Apologies for absence: None

31 Declarations of Interest - Agenda Item 2

There were no declarations of interest.

32 Minutes from the previous meeting held on 20 September 2017 - Agenda Item 3

The minutes of the meeting were accepted as accurate and were signed by the Chair.

33 Public Question Time - Agenda Item 4

Campbell Main asked a question in relation to agenda item 5 about the proposal for a Joint Commissioning Function. He informed members that yesterday had been World Mental Health Day and asked about future support for adults over 25 with aspergers. He was concerned about the loss of experience and expertise in front line and commissioning staff and wanted assurance that these vulnerable adults were not overlooked.

Adult Social Care Strategic Commissioning Manager Tim Baverstock reassured Mr Main that there would be a continuation of good service from the council and that training regarding aspergers and autism was taking place to ensure there was a larger breadth of experience and knowledge across the teams.

34 Proposal for a Joint Commissioning Function - Agenda Item 5

Director of Public Health Trudi Grant introduced the report and explained the background to this issue. Health and Social Care leaders in Somerset through the Sustainability and Transformation Plan had agreed to develop one Accountable Care System for the county by 2019. It had been agreed that this would require joint commissioning arrangements to be developed. Currently commissioning for this was across the Somerset Clinical Commissioning Group (CCG), Somerset County Council and NHS England.

Initial proposals for development of joint commissioning were agreed by the CCG Governing Body and SCC Cabinet in July and August 2017. It had been agreed that a full business case should be developed for further consideration.

Further discussion on this included:

- The proposals were at a very early stage at the moment
- This was designed to streamline current arrangements and make it more efficient
- Members welcomed being informed at an early stage and the initial ideas
- The aim was for full integration of this by 2020
- Responsibility of budgets, financial risks
- System should be accountable to the public and transparent
- Scrutiny of the system

The Committee agreed it would continue to identify any issues that need consideration during the development of a full business case.

35 **Annual Public Health Report** - Agenda Item 6

The Committee received a report regarding the Annual Report of the Director of Public Health 2017. This year's report looked at the care required by people in the last year of life. Members were also given a presentation which further illustrated trends in numbers, causes and places of death in Somerset, how end of life was currently supported, how individuals and the community provided support.

Further discussion on this included:

- The importance of planning and knowing people's wishes
- The section on bereavement would be expanded
- Recognition that being in hospital was not always a failure and in some cases was the appropriate place
- Funding for care was sometimes found to be distressing and bureaucratic
- Problems of short staff and delays in service
- Dementia was a huge issue and needed tackling in the best way
- A lot of information was available on the Somerset Intelligence Website
- The report was well written and easy to read
- It was hoped there would be more joined-up thinking and working with the communities

The Committee welcomed the report and supported the approach to End of Life care within health and care services.

36 **Motor Neurone Disease Charter** - Agenda Item 7

The Committee received a report by Motor Neurone Disease (MND) campaigner Heather Twine, who was a Somerset resident living with MND. It was hoped that the council would adopt the MND Charter which is a statement of the respect, care and support that people living with MND and their carers deserve and should expect. More than 50 local councils across England and Wales had already adopted the Charter, created by the MND Association. Currently there were known to be 49 people in Somerset with MND.

Further discussion on this included:

- The disease process varied for those with the condition
- The Charter had five points regarding early diagnosis and information, access to care and treatments, being treated with dignity and respect, quality of life and carers of people with MND.
- Members were fully behind the charter and wanted this to also be promoted in the districts
- It was felt that the Charter could also be applicable to other fatal conditions

The Chair thanked the report author for her presentation and explained that this could be brought before the Health and Wellbeing Board who would be able to make a decision about this.

The committee commended the report and recommended that it come before the Health and Wellbeing Board for consideration.

37 **NHS 111 and Out of Hours Service Performance Report** - Agenda Item 8

The Committee received a report about the NHS 111 and GP Out of Hours (OOH) services provided by Vocare Limited. There were ongoing performance and quality challenges and following the Care Quality Commission's inspection in early August the 111 service was rated as 'Requires Improvement' with the GP OOH service as 'inadequate'. A follow up visit had taken place at the end of August and the CQC were in the process of reviewing of this and this would be formally shared as soon as it was available.

Further discussion on this included:

- Somerset CCG were working on a combined remedial plan with Vocare to ensure it met targets
- Concerns over staffing levels and ongoing conversations to remedy this and other actions to address performance
- Other issues included safety and training
- Fall-back and contingency arrangements in the event of current provider no longer providing the service
- The CQC report criticised the governance and leadership arrangements in place for the Out of Hours service
- Clinical and governance arrangements were being reviewed to understand the underlying causes
- The 111 script did not work and needed revising
- A lot of work was happening in the background to turn the situation around

The Committee noted the report and requested that an update on the situation be brought to the January 2018 meeting or sooner if the report from the Care Quality Commission becomes available sooner.

38 **Somerset CCG Patient Safety and Quality Report Q1 2017**– Agenda item 9

The committee received a report from Somerset CCG updating on the recent work of the CCG to maintain and improve the quality and safety of health

services used by local people. Challenges experienced during quarter 1 included stroke care, mortality data, safe staffing and blood clots in veins.

Points raised in the report included:

- Making every contact count (MECC) – an approach to behaviour change that utilises the millions of day to day interactions that organisations and people to encourage changes in behaviour and have a positive effect on health and wellbeing of others
- Data from the GP Patient Survey with responses about experiences of their doctor's surgery and other local NHS services
- CQC status for various NHS providers and integrated dashboard as an indicator of provider performance

Further discussion included:

- Analysing trends over longer periods of time
- Adapting the report to make it clear to read
- Providing examples of actions being taken to address concerns or challenges

The Committee received a report from the Somerset Clinical Commissioning Group regarding its Quality and Safety Report for Quarter 1 2017-18.

The committee noted the report and asked for a format amendment to the reports for future meetings.

39 **Somerset Partnership Update on Community Hospitals** – Agenda item 10

An update on Community Hospitals was given to the committee by Somerset Partnership NHS Trust. The report provided an update on staffing and sustainability issues at community hospitals across the county. The highest risk area for staffing was the South Somerset cluster where all of the hospitals were facing challenges and the position was deteriorating. Chief Operating Officer Andy Heron explained that the trust had been through the figures and the current situation and a decision had been taken to temporarily close the in-patient beds at Chard and Shepton Mallet. The aim was to consolidate beds over fewer sites.

A statement from Cllr Amanda Broom, County Councillor for Chard North Division, was read out. In this she raised a number of concerns regarding Chard Hospital about the effects on staff and local residents, viability of transport, problems with accessing hospitals further away, separation and social isolation.

Further discussion on this included:

- Assurance that permanent closure of in-patient beds would not take place without further consultation.
- Whole system review was taking place with proposed new models of care for Somerset and in-patient beds formed a part of that
- The current decision of temporary closure was on patient safety grounds and would be reviewed

- Various options were being considered and the difficulties of public transport and social isolation were being taken into account
- A significant amount of people using Chard Hospital as in-patients were from Chard or within 5 miles.
- The CCG as commissioners of the service had challenged the trust very hard on whether it was necessary to close.
- The CCG was supportive of the decision given the fundamental challenges around workforce
- Concerns around destabilising staff with little notice on decisions
- Assurance that the review would look at a number of staffing issues including training and encouraging more people into nursing
- Good relationship with Bournemouth and Plymouth Universities to encourage newly qualified nurses to come to Somerset.
- A pilot scheme was now running which would enable 24 people to become registered nurses
- The situation at Wellington Hospital with regard to a high number of red flags shown on the chart. This was due to only one nurse being available overnight.

The committee supported the action taken by Somerset Partnership with respect to community hospitals on the grounds of patient safety.

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

40 **Reablement and Discharge to Assess** – Agenda item 11

The committee were given a presentation to accompany the report regarding an update on reablement and the new Home First discharge to assess service. The Government had introduced additional social care funding with instructions on how it should be targeted and spent. One of the priority areas was supporting more people to be discharged from hospital when they are ready. Somerset had chosen to do this by introducing a Home First discharge to assess service, incorporating reablement and therapy services. These services were designed to reduce delays in transfers from acute hospital care and talking to people about future plans in their own environment.

Further discussion included:

- The service was welcomed
- To be mindful that there were a high number of people living alone
- Assessing of care needs to move from a care home to the person's home was still taking far too long
- Work on this did not always have to be carried out by a social worker
- One of the focuses was to upskill the social care reablement resource
- A number of benefits from the service including improved outcomes for patients, reduced costs of on-going care packages, increased number of discharges, supporting people to regain independence, and reducing duplication and joining up health and social care.

The committee supported the service and noted the report.

41 **Pharmaceutical Needs Assessment** – Agenda item 12

The Committee received a report about the Somerset Pharmaceutical Needs Assessment 2017. This was a statutory duty of the Health and Wellbeing Board to report on accessibility of pharmacies and pharmacy services from rural, dispensing GP practices in their localities. The report needed to be produced every 3 years and the next was due by April 2018. The evidence suggested that there were no gaps in provision that would not be filled by existing arrangements and that changes in the next 3 years would not be of a scale or nature that required new provision. There was a statutory consultation period from 21st September to 20th November available at www.somersetintelligence.org.uk/pna

There was a query about information about dispensing online and members were informed this was briefly covered in the report.

The committee noted the report.

42 **Corporate Performance Monitoring Report Q1 +1 2017/18** – Agenda item 13

The Committee received a performance monitoring report providing an overview of the Council's performance across the organisation.

The report provided the latest information available in the period up until 31st July 2017. There were three red segments with P1 Help vulnerable and elderly people of particular relevance to this committee. The performance improvement process continued to embed within adult services with improved use of data to support performance improvement being regularised with a focused improved use of technology. Progress was being made with regarding to improving recording of data to ensure reporting accurately reflects work done.

Further discussion included:

- There was a much better triage with assessments so people were being responded to quicker
- There were still significant amount of vacancies in adult social care
- The Council was slightly missing the Delayed Transfers of Care (DToC) target
- Waiting lists were going down
- It was disappointing that the red areas on the performance chart were those areas that it was felt the Council should be doing well
- Concern that the Council was not getting out of the red status for some areas as quickly as it was hoped
- The Council was generally pessimistic in its approach to the status' as it was believed this was right view rather than change a status prematurely
- Future forecasting of performance

The committee noted the report.

43 **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.

It was agreed that the Committee's Work Programme should include the Somerset Sustainability and Transformation Plan and an update on the NHS 111 and Out of Hours Service for the November meeting.

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

There were no other items of business.

(The meeting ended at 1.10 pm)

CHAIR