

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 6 December 2017 at 10.00 am

Present: Cllr H Prior-Sankey (Chair), Cllr R Williams (Vice-Chair), Cllr M Chilcott, Cllr J Lock (substitute) Cllr L Redman (substitute) and Cllr J Williams (substitute)

Other Members: Cllr C Aparicio Paul, Cllr G Frascini, Cllr D Hall, Cllr D Huxtable, Cllr L Leyshon, Cllr T Munt, Cllr C Lawrence,

Apologies for absence: Cllr P Burridge-Clayton, Cllr A Govier, Cllr B Revans, Cllr M Keating, Cllr M Caswell

53 Declarations of Interest - Agenda Item 2

Cllr R Williams declared a personal interest as a member of governor of Taunton and Somerset NHS Foundation Trust.

54 Minutes from the previous meeting held on 8 November 2017 - Agenda Item 3

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

55 Public Question Time - Agenda Item 4

There were 2 requests from members of the public to speak about agenda item 6 and the Chair said they could speak under that item.

56 NHS 111 and GP Out of Hours Update - Agenda Item 5

The Committee received a report and presentation updating members on the ongoing challenges with the NHS 111 Service and the GP Out of Hours (OOH) Service both provided by Vocare.

Somerset Clinical Commissioning Group (CCG) Acting Director for Quality and Safety Deborah Rigby assured the meeting that provider was continuing to be held to account and were monitoring the situation closely. The Care Quality Commission (CQC) had conducted a follow up visit at the end of August to review services where there had been three warning notices issued. The NHS 111 Service had been rated as 'Requires Improvement' and the GP Out Of Hours Service (OOH) had been rated as 'Inadequate'. The report relating to the inspection was published on 17 November and it found that although action had been taken progress had been insufficient for the requirements in the warning notices to have been met. In addition a further warning notice was issued regarding confidentiality arrangements.

The CCG recognised there had been some progress from Vocare in implementing improvements but there remained significant concern about the quality of the service. There were also ongoing concerns of leadership and governance. Members' attention was drawn to the charts on pages 15 and 16

of the report which showed performance against the national quality requirements for people using the 111 and OOH service. The figures for 6hour centre visits and 6 hour home visits had improved, however the 2 hour visit performance still needed to improve.

Further discussion on this included:

- Assurance that performance was gradually improving and moving in the right direction and that it would eventually be where it should be
- Members were informed that in the last 6 weeks there were improvements but it was not certain if this was sustainable
- Whether the staffing issues could be resolved
- Recognition that staff need to feel valued or they will not want to stay with an organisation
- Clarity regarding the remedial action plan – the focus was on the need to ensure safety
- Action would be taken if improvements were not forthcoming
- Call satisfaction was being monitored as well as the call abandonment rate
- There was a Patient Engagement Group working with Vocare
- Concern whether an increase A&E admissions were due to these problems. Members were told that it was not solely due to these services
- There were routine calls between the CEOs in the South West to discuss beds and capacity
- Assurance that the urgent care system was safe
- Vocare was actively recruiting staff
- Concern that the public have the perception not to use the 111 and OOH services and the need to address this and try and change behaviour
- Analysis was underway to understand why emergency care and urgent care admissions was high in Somerset

The Chair thanked the CCG officers for the report and information provided.

The report and presentation was noted and it was agreed that an update on the situation would be brought to the committee again soon.

57 **NHS waiting times for Somerset patients** - Agenda Item 6

The Chair invited the members of the public who wished to ask questions to speak. Debbie Russell and Lisa Youlton both asked a number of questions regarding Yeovil District Hospital's (YDH) plan to transfer 350 staff into a subsidiary company.

The Chair thanked them for their questions but felt that these specific matters should be directed to the YDH Trust to address the concerns.

The Committee then received a report and presentation about the Somerset Clinical Commissioning Group's performance against key constitutional standards to the period ending September 2017. The main focus was on waiting times for Somerset patients.

Members were informed that Somerset CCG was not currently meeting a number of the key constitutional access standards including Referral to

Treatment 18 week waiting times, A&E 4 hour to admission or discharge, diagnostic 6 week waiting times, 62 day wait to first definitive treatment following urgent GP referral. Taunton and Somerset NHS Foundation Trust has updated its RTT Remedial Action Plan and Somerset CCG is meeting the Trust on a monthly basis to review progress. The Trust has experienced a 9.97% increase in attendance from April to October 2017 compared to the same period the previous year. A detailed analytic review had been undertaken to understand the reasons which have found to be multi-factorial. The focus is now upon urgent care and winter planning and a further update report will follow about this. There had been a smaller increase of 3.8% at Yeovil District Hospital NHS Foundation and the 4 hour performance remained strong with it ranking about the top 5 performers nationally.

Further discussion on this included:

- The worry that patients waiting for treatment suffered mentally as well as physically
- Teams were in place to comfort call patients and help manage anxiety and there were robust systems in place in managing negative outcomes from waiting times
- Patients were being treated based on needs
- Planning around demand and capacity was being done but patient choice was also a factor. Patients were informed if it was the case they could have a shorter waiting time if they chose an alternative place of care.
- Continuing workforce challenges in the NHS
- There had been additional funding in A&E and primary care in Yeovil to mitigate the closure of the walk-in centre.
- The need to monitor the situation in Bath and Bristol as many residents in Somerset attending these hospitals.

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

58 **Somerset Suicide Prevention Scrutiny report - Agenda Item 7**

The Committee received a report and presentation about the Somerset Suicide Prevention Strategy. The Council through its health and wellbeing duties was responsible for ensuring that appropriate and sufficient local arrangements were in place to prevent suicide.

Members were informed of a number of facts regarding suicide in Somerset.

These included:

- An average of 50 people died each year by suicide in Somerset between 2014-16.
- 70% of deaths are men
- Highest rates of suicides within 35-64 year age range for both sexes
- Strong association between suicide rates and levels of deprivation

The Suicide Prevention Strategy has been in place for ten years and has two objectives: To reduce the suicide rate in general population and to provide

better support for those bereaved by suicide. There are six priority areas included in the action plan which is overseen by the Suicide Prevention Advisory Group. Priority areas include: reduce risk of suicide in high risk groups; reduce risk of suicide in high risk groups and; support research, data collection and monitoring. Highlights from this year included embedding a Suicide Prevention Assessment Framework in all GP EMS Systems, Specialist Suicide Prevention Skills training was delivered, meeting 48 hour follow up visits after discharge from hospital and holding an inspiring media workshop. Some of the priority actions over the next 12 months were to refresh the Somerset Suicide Prevention Strategy, focus on self-harm reduction starting with young people, develop multi-agency response pathways and build suicide-safer schools and colleges.

Further discussion included:

- This was the first time that the report had been brought to the Board and it was hoped to bring it back regularly in the future
- Members were informed that the action plan was being refreshed and work was ongoing with this.
- Further work was being done to engage with men and boys in differently ways as many did not like to interact in the same way as women
- It was felt that awareness and education should be emphasized more in the action plan
- More research and information around suicide attempts could also help

The Committee noted the report and it was noted that there would be an update to this reported to the Health and Wellbeing Board in about 6 months.

59 **Adult Social Care Performance Report - Agenda Item 8**

The Committee received a report providing an update on Somerset's performance in Adult Social Care in comparison to national and comparator benchmarks. The report focused on the measures included in the Adult Social Care Outcomes Framework (ASCOF) and Delayed Transfers of Care (DToC).

Results for ASCOF showed Somerset's performance against the two measures for clients with learning disabilities was good and was ahead of the national and comparator group average. An area of improvement was the proportion of eligible users who receive a personal budget as currently performance was poor.

Further work was ongoing to improve Somerset's performance on DToC. In August 36.3% of delays were attributable to Adult Social Care.

Other points discussed included:

- The need to help social workers to promote personalisation in order to improve this and Somerset's marketplace being ready for personalisation.
- The need to also help users and families with using personal budgets which were viewed as daunting form some.
- Whether there was any further information from Government about the Better Care Fund. There had been no recent advice.

- Reasons for social care delays for care packages in the home which included issues around assessments, access to care. Steady progress was being made.

It was agreed that a RAG status could be applied to the action plan for future meetings. The committee noted the report.

60 **Council Performance Report - End of September (Q2) 2017/18-** Agenda Item 9

Members were provided with a report which gave an overview of the Council's performance across the organisation.

It was noted that segment P1 on helping vulnerable and elderly people had moved from a red to amber status due to improvements. Processes and improved use of data to support performance improvement was now being used consistently across all teams. Management actions were in place for all performance targets and were being monitored closely. The implementation of the new management structure would help improve and strengthen the approach further.

It was felt that comments from other Scrutiny Committees for this item in future would help.

The Committee noted the report.

61 **Terms of Reference for the Learning Disability Services Task and Finish Group** - Agenda Item 10

The Chair allowed Nick Batho to speak on this item. He raised a few concerns about the service under the new provider Discovery and questioned why members felt the report to the committee in November was satisfactory when the Key Performance Indicators were not being met.

It was felt that T&F group could consider the information about the key performance indicators from Discovery as part of their research and investigation instead of it needing to come before the committee.

The Vice Chair then explained the terms of reference for the Task and Finish group (T&F) covering composition, purpose and scope. The intention was to hear the voice of the customer and staff as well as to listen to Discovery's explanations and communications with staff and users.

If the T&F group find remedial action needs to be taken they would pass these concerns to the Director of Adult Social Care and the Cabinet Member for Adult Social Care.

The Committee agreed the Terms of Reference and noted that they would receive the group's report at the committee meeting scheduled for 7 March.

62 **Discovery Contract Performance Update** - Agenda Item 11

It was agreed that this report should be looked at by the Task and Finish Group to analyse in further detail and not be considered by the committee. This would form part of the information to be considered by the Task and Finish Group who would report back to the Committee in March.

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

The Committee agreed to update the work programme for the next meeting.

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

There were no other items of business.

(The meeting ended at 12.55 pm)

CHAIR