

SOMERSET SCRUTINY FOR POLICIES, ADULTS AND HEALTH COMMITTEE

Minutes of a Meeting of the Scrutiny for Policies, Adults and Health Committee held in the Taunton Library Meeting Room, Paul Street, Taunton, TA1 3XZ, on Wednesday 3 July 2019 at 10.00 am

Present: Cllr H Prior-Sankey (Chair), Cllr M Healey (Vice-Chair), Cllr M Caswell, Cllr A Govier, Cllr B Revans and Cllr A Bown

Other Members present: Cllr D Huxtable, Cllr G Fraschini, Cllr T Munt, Cllr L Redman

Apologies for absence: Cllr P Clayton and Cllr G Verdon

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

There were no new Declarations

197 **Minutes from the previous meeting held on 05 June** - Agenda Item 3

The Committee requested that Cllr Huxtable and Cllr Fraschini were recorded as present.

The Committee accepted a request to make minor amendments to paragraph 5 of minute 190 as follows:

“An external specialist company has been engaged to support the engagement and consultation for the Fit for my Future programme. One of their tasks will be to recruit a Citizens Panel to reflect and properly represent the communities of Somerset. It will also include additional numbers of people from groups whose views are seldom heard. The Committee discussed the detailed proposals for the first programme to be considered, which will be acute mental health inpatient beds for adults of working age, and asked that windows for consultation should be extended over a reasonable time period to allow as wide and detailed consultation as possible. They commented that the two-week online survey, part of the engagement earlier this year on the criteria used for appraising the options, was felt to be short.”

Following these amendments, the Committee approved the minutes.

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

There were no public questions.

199 **Community Hospitals Update** - Agenda Item 5

Somerset Partnership provides care in 13 community hospitals across Somerset. The hospitals provide a range of services to their local communities; however, this paper will only consider the inpatient wards at each hospital. The Trust is commissioned to provide a total of 222 inpatient beds. The configuration of the bed numbers across the county is flexible within the agreed

envelope of 222 beds. Historically the number of inpatient beds used in some units have been reduced either due to changes in commissioning or staff shortages. These unused beds are spread throughout the community hospitals. The configuration of the bed numbers across the county is flexible within the agreed number of 222 beds. Historically the number of inpatient beds used in some units have been reduced either due to changes in commissioning or staff shortages. These unused beds are spread throughout the community hospitals. The decision to close some of these hospitals on a temporary basis was reported to the Committee and was because the vacancy level had reached 50% in some cases. The Committee were informed that the position has now changed and after a recruitment drive overseas. There will be another detailed review of Community Hospital provision in preparation for winter planning. The Committee welcomed the decision to re-open Wellington Community Hospital. They were surprised about the decision to continue the temporary closure of the ward at Dene Barton. The Committee were assured that the rehabilitation wards were still open and with the move of the Hydrotherapy pool it made sense to use the facility in Dene Barton for rehabilitation. The Committee were interested in the proportion of Agency staff employed to support these units. The exact figures were not available, but the Committee were assured that the desire to reduce the reliance on Agency staff was a driving factor in the temporary closures. There was some discussion about the difficulty in attracting nurses; the lack of a local training course, the loss of the bursary and the national pay agreement preventing local pay additions. The Committee was concerned that the Community Hospital in Chard remained close and were informed that this was due to the vacancy rate still being over 50%.

The Committee asked how many community hospital beds were required in the contract. The commission was for 222 average over the year and with 300 possible bed across the county it had been possible to fulfil the contract at all times.

Whilst welcoming the re-opening of some Community Hospitals the Committee were concerned by the fragile nature of the position and were keen to ensure that the Fit For My Future programme was involved to address this so there was a long-term view as uncertainty about the future fuelled the fragility of the service. The Committee were determined that the decisions should not be taken in isolation but formed part of the discussion about all Community based services.

The Somerset Scrutiny for Policies, Adult and Health Committee:

- **Noted the report.**

200 Podiatry Services Update - Agenda Item 6

The Committee considered a report on the podiatry service in Somerset. Since 2014, the Somerset Foot Integrated Pathway and adherence to the 24 hour pathway has resulted in a marked reduction in amputation rates across the county. The priority is to ensure the pathway continues to be delivered in a safe, responsive, equitable and sustainable manner, focussing on key areas of delivery: education, clinic sites and domiciliary care. In response to national workforce challenges, Somerset Partnership Podiatry service has had to review the current service provision and proposes a new service model which will provide a longer-term sustainable model of delivery.

The Podiatry reset paper outlined the areas of challenge and proposes a new skill mix which will be delivered within hubs of excellence, located at sites defined by disease prevalence data and to meet patient need. The proposed structure aligns with the CCG and alliance plans to move towards neighbourhood locality working.

The redesigned service; based around Hubs and satellite venues was subject to a public consultation. Of those who responded 81% indicated that would still be able to access the service and the availability of free and disabled parking was the single most important factor. Under the new proposals no-one would have to travel more than eight miles further than they currently do.

The Committee discussed the report proposed redesign and the following points were made:-

- The rural nature of the County could mean that some people were unable to attend the new location. It was acknowledged that there is still a domiciliary service and that assistance with transport is always an option.
- Foot checks should still be part of the Primary care role in relation to patients with diabetes and all GP's should be undertaking these. There are occasions where these are missed but they are not frequent.
- There was some concern around the unregulated local "Foot Clinics" which can be staffed by unqualified and unregistered operators. All those who need and use the NHS podiatry service are advised not to see anyone else as this could harm their health.
- The possibility of some publicity, widely available to raise awareness of the risk of using unregulated podiatry services.

The Somerset Scrutiny for Policies, Adults and Health:

- **Welcomed the report, noted the proposed new arrangements and requested that consideration be given to some more publicity around the importance of using qualified clinicians.**

201 Hydrotherapy Services Update - Agenda Item 7

The Committee considered a report which set out the rationale for the proposed temporary relocation of the hydrotherapy pool currently cited at Musgrove Park Hospital. Taunton and Somerset NHS Foundation Trust has been awarded £11.524m of Sustainability Transformation Programme (STP) capital funding to develop an Acute Assessment Hub on the Musgrove Park Site.

Centralising Acute Assessment Services on the Musgrove Park Hospital Site will require the relocation of the hydrotherapy service; relocation elsewhere on the hospital site is not considered to be either appropriate or feasible. The proposed relocation of hydrotherapy services into a community setting has long been anticipated as part of the hospital development plan at Musgrove Park Hospital. This will enable acute and emergency services for the sickest patients to be centralised into one location. It is proposed that the hydrotherapy service is to be temporarily collocated with the outpatient department physiotherapy service at Dene Barton Community Hospital.

There is space at Dene Barton without prejudicing any decisions about provision of other services other (for example Community Hospital services).

The Committee discussed the report and proposals and the following matters were raised: -

- The number of in-patients who use the hydrotherapy pool and this was confirmed that there used to be a high demand, but this has reduced to one a month.
- The cost of the temporary pool, this was not known as at the moment the cost is being assessed only as the cost of the entire project not the individual elements.
- Access to Dene Barton, Public transport is currently a Community Bus Service but there is plenty of free parking which has made the move an attractive one to patients.
- The overall look of the temporary pool; would it be in a new unit or not. The Committee heard that the current pool could be located in an underused area of the existing building.

The Somerset Scrutiny Policy for Adults and Health Committee: -

- **Supported the recommendation to relocate the hydrotherapy pool from Musgrove Park Hospital on a temporary basis to Dene Barton Community Hospital.**

202 **Sexual Health Service Update - Agenda Item 8**

The Committee considered a report setting out an overview of sexual health in Somerset. Improving sexual health outcomes contribute to a number of priorities in the County Plan and the Health and Wellbeing Strategy particularly in relation to making Somerset a healthier place, helping people to help themselves, targeting resources where they are most needed and reducing inequalities.

The Committee were informed that Improving sexual health outcomes contribute to a number of priorities in the County Plan and the Health and Wellbeing Strategy particularly in relation to making Somerset a healthier place, helping people to help themselves, targeting resources where they are most needed and reducing inequalities.

The Committee were informed that there have been good improvements in sexual health including a significant reduction in teenage conceptions and new diagnoses of HIV. However, there are concerning underlying trends with rising rates of some STIs, a reduction in the number of women accessing the most effective form of contraception Long Acting Reversible Contraception (LARC) and recent rising rates of abortion. Much of the burden of poor sexual health outcomes continue to fall on certain groups increasing inequalities in health. The Somerset-Wide Integrated Sexual Health service (SWISH) has been in place since April 2016. The service has successfully integrated contraceptive and sexual health services providing community-based clinics across the county. In line with the national picture SWISH has experienced ongoing increases in demand for its clinical services but with no additional funding to meet this demand. One of the service key performance indicators is to increase the number of men attending the service as a proportion of all service users and SWISH have achieved a year on year increase in the number of attendances by men.

SCC are currently reviewing the Targeted Prevention Service element of SWISH to identify how to best target prevention interventions at those most at risk of poor sexual health and ensuring those that need to access services are able to do so whilst working to reduce repeat attendances at SWISH. SWISH will soon be trialling online access to testing for HIV, syphilis and gonorrhoea targeted at those groups at highest risk. Online testing is becoming more popular and acceptable and the national HIV home sampling programme has demonstrated that such services are used by those who might be at risk but who don't use sexual health services. Chlamydia screening for young people in Somerset is currently available online and there has been good uptake of this including from young men and a good level of positivity demonstrating that it is being accessed by those who consider themselves to be at risk.

The Committee discussed the report and the following matters were raised: -

- Whilst the prevalence of HIV is low in Somerset the diagnosis of HIV at a late stage in the development of the disease is very high leading to increased morbidity and mortality. However the percentage of late diagnosis in Somerset whilst high has been reducing.
- The number of cases of 'drug resistant' gonorrhoea. This is a concern as there have now been some cases nationally of drug resistant gonorrhoea. There have been increasing rates of gonorrhoea and syphilis nationally and in Somerset. Whilst most STIs are in those aged under 35, nationally the largest proportional increase was in the over 65 age group. The Committee were interested to know why and how best to inform this group of the need for better sexual health since they were not a group usually targeted. Much of this increase could be attributed to on-line dating and a lack of knowledge in older people. Public Health will be looking at ways to promote positive sexual health to older age groups and it was suggested that information could go in a future edition of 'Your Somerset'.
- SWISH is now community based in hubs and spokes and had over 17,500 attendances last year. The challenge was to make sure that SWISH helped those with more complex cases and that Primary Care continued to offer straightforward support, particularly in relation to contraception. To support this there SCC are working with primary care to develop an inter-practice referral system for LARC, and longer term are looking to develop women's reproductive health hubs in the new Primary Care Networks.
- The Committee noted the recent increase in termination of pregnancies when so many options were available to prevent this. The Committee were assured of work going on in schools including school nurse led school-based clinics and Relationship and Sex Education; targeted at those in the most deprived wards was beginning to reverse this slight increase. The Committee were interested to know if information about teenage pregnancy was available down to Ward level but whilst this data is available to help plan interventions it was not made publicly available because the numbers were small enough for individuals to be identified.
- SWISH has enabled more community based sexual health services meaning that they are now more accessible than when sexual health services could only be accessed in the two Somerset hospitals. Of particular concern was the homeless being able to access services. The Committee were informed that SWISH worked alongside Primary Care

and other local partners to target some high-risk individuals. But getting any service to the homeless is a recognised challenge.

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The Somerset Scrutiny for Policy, Adults and Health Committee agreed the proposed priorities: -

- **supporting people to look after their own sexual and reproductive health,**
- **collaboration across the system on sexual health promotion and prevention initiatives,**
- **an integrated approach to ensuring access to contraceptive and sexual, health information and services so that specialist sexual health services can focus on meeting the needs of those with the poorest sexual health and complex need,**
- **supporting people with HIV to manage their own health whilst ensuring access to support services when needed.**

203 **The Somerset 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 in forthcoming months including Cabinet meetings up to date
- Add Health Protection Assurance to the programme for 2020
- Add Scrutiny Review report to October meeting.

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

There were no other items of business.

(The meeting ended at 12.00 pm)

CHAIR