

## **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 5 June 2019 at 10.00 am

**Present:** Cllr H Prior-Sankey (Chair), Cllr A Govier, Cllr B Revans, Cllr A Bown and Cllr G Verdon

**Other Members present:**

**Apologies for absence:** Cllr M Healey, Cllr P Clayton and Cllr M Caswell

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

There were no declarations of interest.

188 **Minutes from the previous meeting held on 08 May 2019 - Agenda Item 3**

The minutes of the previous meeting were agreed.

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

The questions below were submitted in advance and replied to in writing as Mr Behan was not present at the meeting.

#### **Question 1 Mr Nigel Behan.**

Public spending on care for the elderly and disabled is much higher in Scotland and Wales than England, figures show.

In England, £310 per person is spent each year on services such as care homes and home help for daily tasks such as washing and dressing.

But in Scotland, £445 is spend – 43% more than in England – and in Wales it is £414 – 33% more.

The analysis has been produced by the Health Foundation using official spending and population data.

What is Somerset's (like for like comparison) spend per head per year relative to the English Average?

#### **Response**

The data that has been quoted in the BBC report comes from the Health Foundation who have used Public Expenditure Statistical Analyses report. The report does not make data available at a county level, so it is not possible to do a like for like comparison. They did release the data by region and the South West is above the England average.

There is a separate report produced by Leicestershire County Council in February 2019 on the Fairer Funding of Adult Social Care. This report compared authority types using figures for all 152 local authority with Social Care Responsibility and used a number of indicators (Relative Needs Formula ALT) to come up with a figure per head for each council. This report compared Somerset favourably with all County Councils. Somerset receives £379 per head compared to £344 per head for all County Councils.

## Question 2 Mr Nigel Behan

SCC has been lobbying government (and via the Local Government Association) for more funding for Social Care. Did you undertake comparisons with the Scotland and Wales figures (and noting the systems are different)?

### Response

SCC has not specifically lobbied utilising other arrangements in Wales and Scotland. They do though all form part of the national debate on funding social care.

## Question 3 Mr Nigel Behan

Has SCC proposed removing/significantly raising the threshold reported here: In England, anyone with assets of over £23,250 has to pay the full cost of their care?

### Response

This is a national threshold. The question asked forms part of the debate on how social care and individuals fund the support in the future. Other reports and recommendations (eg Dilnot) have recommended changes to this threshold. To be clear, a higher threshold would increase the cost to the LA under current funding arrangements and would therefore require that replacement funding to be found.

## 190 **Fit for My Future** - Agenda Item 5

The Committee considered a report giving an update on progress on Fit for My Future and invited views on the proposals for engagement and consultation strategy. The report summarised the 'Fit for My Future' Programme which was introduced in the proposals for changing health care services in Somerset. There are a number of emerging proposals to address the case for change. The changes have been divided into two groups; those that require public consultation as they would involve significant change in the configuration of public service and those that are more straightforward and can be implemented without consultation.

There are three service areas covered by the Fit for My Future programme: -

- **Neighbourhoods and Community Settings of Care;** this includes Community Hospitals and their inpatient beds, same day urgent care including the future role of minor injuries units and the creation of urgent treatment centres (these have been mandated by the Department of Health). The wider Neighbourhoods work, encapsulating the development of Primary Care Networks across the county is now becoming more closely aligned with the setting of care workstream.
- **Acute settings of care;** county-wide configuration of stroke service, including diagnosis, treatment and rehabilitation; county-wide configuration of obstetrics and acute paediatrics; review of other potentially vulnerable acute specialities including oncology to understand optimum future configuration of services.

- **Mental Health services;** configuration of acute inpatient beds for people of working age.

Each of these will be addressed individually in three or more separate engagement and consultation exercises. The report detailed the individual officer responsible for each element and that all four reported to Pat Flaherty as SRO (Senior Responsible Officer).

The details of each of the above elements were set out fully in the report with the overall aim of ensuring that patients are cared for as near as possible to their home, to avoid unnecessary admissions, to reduce the duration of hospital stays and reduce the need for readmission. If this is successful there will be an overall reduction in the demand on hospital beds and more targeted support for people to be looked after in their own homes. The plan is to encourage use of Urgent Treatment Centres and not A&E Units.

There is a financial drive to reduce the expenditure on obstetrics as Somerset is an outlier spending £6million more than its comparators.

This report set out detailed proposal for engagement and consultation and reported on some emerging findings from the engagement undertaken in January and February this year. There were two public focus groups and a third group of staff from acute hospital, community hospitals, primary care, community health care services and Somerset County Council to test and develop the proposals further. These initial focus groups were followed up by:

- An invitation to over 800 stakeholders to give feedback
- Engagement via social media, two videos explaining the different options were viewed 993 times on Facebook and 447 on Twitter
- An Online survey open for two weeks during which 129 members of the public and health staff responded.

All participants were asked to comment on seven criteria leading to the following options being agreed for appraisal: -

- **Quality of care – impact on patient outcomes**, eg does clinical effectiveness lead to improved outcomes for patients? how well are patient's needs met? are health and wellbeing improved and illness reduced?
- **Quality of care – impact on patient experience and on carer experience**, eg is care provided in a positive environment? does it support privacy and dignity and promote rapid recovery? is more care delivered closer to people's homes? is the service easier to navigate?
- **Travel times for patients and their carers and visitors**, eg how much longer will their journeys take by private transport? how long will it take by public transport and how difficult is the journey to make? are any particular geographic areas especially negatively affected?
- **Impact on equalities**, eg are any disadvantaged groups particularly impacted, negatively or positively? is there a particular positive or negative impact in terms of access and travel times for areas with relatively high levels of socio-economic deprivation?

- **Deliverability**, eg how long would each option take to implement? are there any particular risks?
- **Affordability and value for money**, eg what is the overall impact (revenue and capital, health and care services) from the perspective of the taxpayer? which if any options make best use of the overall public estate?
- **Workforce sustainability**, eg can we ensure a sustainable workforce with availability 24 hours, seven days a week, or as needed for the specific services? are we able to attract and retain high quality staff? does the option support multi-disciplinary working and improved integration?

An external specialist has been engaged to support this consultation to ensure the exercise is conducted in such a way as to be properly representative and includes both specialists, experts and those groups whose views are seldom heard. This is achieved by using a Citizens Panel.

The Committee discussed the detailed proposals and asked that the window for consultation be extended beyond the proposed two-week timescale. To allow as wide and detailed consultation as possible. The Committee agreed that the consultation needed to be done properly in order to support any subsequent decisions about the changes to provision of health care services in Somerset. The Committee asked for some detail about proposed timescales and where we were on the route. In response the Committee were informed that the proposals around Mental Health provision are likely to be the first changes introduced and the aim is to deliver this in March or April 2020. It was too early to put a timescale on the proposals around Community Settings. The report authors agreed to keep the Somerset Health and Wellbeing board updated when a timescale was agreed.

The Committee expressed concern about the slow track of the consultation and implementation of these changes against the backdrop of the emerging financial difficulties faced by the NHS. The Committee wanted assurance that the finances were being managed to mitigate against any shortfall and this will not have an impact on these consultations.

The Committee reminded the Programme Director that although most of Somerset was represented by Parish Councils there was no Parish Council in the Taunton area – consultation has Taunton Charter Trustees.

The Committee wanted assurance that the well-known issue around GP shortages nationally. They were assured that all the proposals sought to reduce the demand on GP surgeries by providing support from other primary carers. In response to questions about limiting this focus on Adult services the Committee were informed that children's services were being looked at separately and a similar workstream is looking to strengthen support services for young people. The Citizens Panel is a tried and tested method which, if maintained well can prove to be very effective.

The Panel were interested in knowing if the Fit for My Future programme had been rolled out in any other parts of the UK and what sort of consultation took place. Fit for My Future has been introduced in Manchester where the consultation was useful and productive.

The geographical nature of Somerset and in particular the fact that Stroke Services are at either end of the County and can be up to 4 or 5 hours on public transport from some places. The Committee were reassured that the availability of public transport was a factor in the consultation process.

**The Scrutiny for Policies, Adults and Health Committee noted the overall direction of travel, provided some views and asked to be kept informed of emerging timescales.**

#### 191 **Intensive Dementia Support Service - Agenda Item 6**

The Committee considered a report on the enhancements made to the community Intensive Dementia Support Service for Somerset (IDSS) These changes were necessary to ensure provision of safe, sustainable and quality community services for people with dementia, in line with services for those older people with a non-dementia mental health illness. It enables patients to be assessed, treated and supported seven days a week, within their own home in line with a shared vision to focus care as much as possible in supporting people within their local communities and away from an institutional focussed model of care.

These changes were by informed learning from the service developed in 2017 when Somerset Partnership was forced to close temporarily Magnolia ward, its inpatient dementia ward in Yeovil due to staffing difficulties. As a consequence of the evaluation of that service, the proposal is to that alongside the expansion of the IDSS that the temporary closure of the Magnolia ward is made permanent.

The IDSS was set up:

- to provide an urgent assessment of patients with dementia
- to prevent hospital admissions to mental health inpatient beds through the provision of intensive home support/treatment for patients who may otherwise be admitted.
- to provide in reach to the county's hospitals to support the assessment, treatment and management of patients.
- to support and facilitate early discharge from inpatient beds.
- to provide psychiatric support to patients and their carers in a crisis.
- to provide management of psychotropic medication.
- to provide short term interventions where the situation cannot be safely held within a community mental health team.
- to work collaboratively with community hospitals, integrated teams and the acute Trust to manage complex and challenging patients.
- to supplement with intensive input the Community Mental Health services.
- to work across dementia inpatient and community services to provide the most appropriate intensive service for patients with a diagnosis of dementia presenting with particularly challenging behaviours.
- to offer support and guidance to carers and care home providers to enable their caring roles to be maintained.
- to escalate assessment and transfer to appropriate placement if required.
- to provide signposting to other services.

The IDSS is now a national programme and is in the best interest of patients. The Committee discussed the report and welcomed the positive contribution the IDSS is making to patients and were keen to make sure that the service did not forget to take account of the whole family around each adult as they too need support to be able to cope with and continue to support their family member.

The Committee were interested to hear about the current state of play on recruitment and retention. They were informed that as a new service the IDSS was attracting staff as the service is seen as being so much more responsive and attractive and modern.

**The Somerset Scrutiny for Policies, Adults and Health Committee agreed the permanent closure of Magnolia Ward in Yeovil and to replace this with a sustainable inpatient service in Taunton and a Somerset wide community-based service such as IDSS and to continue to monitor outcomes for patients and families.**

## 192 CCG Integrated Quality Report - Agenda Item 7

The Committee considered an update on the Integrated Quality, Safety and Performance. The CCG has established performance monitoring meeting with all providers of healthcare services, this paper gives a summary of the escalation issues for quality, safety and performance against the constitutional and other standards for the period 1 December 2018 to 30 March 2019. In 2018/19 the demand for both elective and emergency services in Somerset continues to increase compared to the previous year. This has led to increased waiting times particularly for diagnostics and elective treatment. The CCG and Health providers have identified particular areas of pressure and these are monitored with support from the Somerset Referral Management centre to offer alternative choice to individuals.

The increase in people who have long waits continues to be a concern against the national target of zero, the numbers are small (less than 40) and all individuals awaiting treatment are regularly assessed against potential harm arising from a wait and urgent cases are prioritised.

The Committee heard that in February NHS Somerset Clinical Commissioning Group (CCG) published the independent report by Prof Brian Toft's which examined whether changes had been made to services since the death of Mr Andrew Prentice in July 2009. It was a review of the areas where service provision failed to meet Mr Prentice's health and social care needs and considered the services available now and arrangements which should be prioritised for improvement. The report concludes that a person suffering from the same or a similar medical condition as Mr Prentice would today find a health and social care environment that is considerably different to the past, and one which has vastly improved. Although there were a number of involuntary failures in the processes, procedures and systems that provided his health and social care needs. Key recommendations included review of the pancreatitis information available today to individuals.

Areas to celebrate include: -

- the appointment of two new GP dermatology trainees,

- exemplar work on e-coli prevention,
- the rating of Good or above for 91% Somerset Care Homes.
- NHS 111 – good to record an improving service under the contract with Devon Doctors for Somerset Integrated Urgent Care (IUC).

In contrast the challenges include: -

- the inconsistency of Discharge Summaries,
- Staff turnover,
- Long waits for some treatments,
- Suicide prevention work,
- hospital admissions following a fall – where Somerset is an outlier when compared to other similar counties and
- Ambulance Service – concern that the response time for Category 1 fell short of the 7-minute target (Performance of 7.2 minutes) but of greater concern is the response times for Category 2 calls as these are outside the targets and after an initial improvement they have started to decline.

The Committee discussed the report and during this the following points were made: -

The Committee welcomed the improvements to the 111 service and asked if this had resulted in a reduction in demand for A&E services. The improvements in the 111 service were too recent to have had an impact on other activity but it was anticipated that as confidence in the service grew it would lead to a reduction in demand.

The Committee were concerned that whilst trying to reduce waiting time it was important to make sure that every patient had the best service possible and that by passing the target they were not then put to the back of the queue. The Committee were assured this was not the case. All patients are treated in chronological order. The Committee were pleased to confirm that there was a recovery plan to bring down the wait for MRI scans. In relation to falls leading to hospital admissions the Committee were interested to know if it was recorded if these took place in the home or outside. Current recording is only if it was from a height or uneven surface but does not gather information about location. The Committee did not want to request further information gather but wanted to emphasise the importance of encouraging people to look after themselves and to avoid trip hazards (for example leaving objects on stairs).

### **Somerset Scrutiny for Policy Adults and Health: -**

**Noted this paper as assurance of the health performance reviews.**

### **193 Adult Social Care Performance - Agenda Item 8**

The Committee received a report which followed on from the report provided to Scrutiny Committee on 13 March. This update highlighted some of the key performance measures relating to Adult Social Care. The accompanying appendix provided further detail in relation to some of those indicators monitored closely by the service which help to evidence the improvements and areas for further development identified within the main report.

The report also provides some early analysis of the results of the annual

Adult Social Care Survey, completed in early 2019. In summary the report covered the following: -

### **Key Achievements**

**Managing Demand** - Continued focus on managing demand, improving outcomes and investing in strengths-based conversations with those seeking assistance via Somerset Direct (our call centre) has enabled the Adults team to routinely meet and maintain our target 60% resolution at first point of contact since July 2018. Performance has been 60% or more for the last 5 months consecutively.

The number of overdue assessments has reduced to 76 at April 2019. This compares to 942 at the same point last year. The number of overdue reviews has also reduced by more than 50%

**Delayed Transfers of Care** - An increased understanding of themes and scrutiny of long-stay patients with a more robust oversight of data and multidisciplinary decision making has seen the DToC performance of the Somerset system significantly improve over the last 6 months. At the end of November 2018 we achieved a DToC result of 2.31% against a target of 2.50% and this performance has been sustained, coming in under target for the last 6 months consecutively and reporting a new 'best' figure of 1.88% in January 2019.

**Care provider quality** - The quality of local regulated care provision in Somerset has seen steady and continuous improvement over recent years, evidenced by the growing proportion of providers judged by the Care Quality Commission (CQC) to be 'Good' or 'Outstanding'.

**Practice Quality Conversations** - Our Practice Quality auditing tool was designed as a means of monitoring and evidencing the quality of practice in promoting independence and strengths-based approaches. It is intended to engage frontline staff in constructive, reflective conversations alongside senior managers. Launching in April 2018, it has proved to be an effective way to share learning and improve the visibility of managers with staff across the county.

**Permanent Placements into Residential and Nursing Care** – an important part of Somerset's Promoting Independence Strategy is to reduce the reliance on permanent placements into Residential and Nursing care. Some of the reasons for this are as follows:

- Placing people into permanent care often reduces their independence,
- It limits peoples' choices and control. They have less control over who comes into their home and lack privacy,
- It restricts a person's liberty,
- Aim to enable Somerset residents to live their best life,
- It often does not provide best value for the Council or residents.

### **Performance priorities for the year ahead: -**

- Aim for Somerset residents to be able to have equal access to mainstream support within their local community, and tailored assistance to support where they require it.
- To focus further attention on the experience of and outcomes achieved by individuals with Learning Disabilities and/or Mental Health social care needs.
- As part of the corporate service planning process we have reviewed all of the reported performance measures and have agreed stretch targets

to ensure that we are seeking continual improvement. We also routinely benchmark Somerset's performance against both our regional neighbours and the local authorities in our "family group" to ensure we are able to identify and learn from best practice in other areas.

The Committee discussed the report and the following points emerged: -

- The report gives the impression that all is well and yet the Panorama programme that put a lens on the challenges of Adult Social Care demonstrated the challenges. Somerset has been on an impressive journey in being responsive to the needs of new clients but has perhaps not been so good at making changes to existing clients. The Committee concluded that this was an area of challenge and some of the reason was a fear of having existing support changed when people had become reliant on a particular service. There had been some criticism about reviews and now they are being undertaken there is criticism of any changes proposed. It is necessary that people are resistant to change.
- Another area of concern was recruitment and retention of qualified staff, especially at the need to recruit younger people. Although there has been some progress in financial support for social work training more needed to be done.

**The Somerset Scrutiny for Policies, Adults and Health Committee:**

**Noted the updates in relation to Adults and Health performance trends captured within the report and the actions being taken to continue to improve the service.**

**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.

The Committee reviewed the Work Programme and asked for: -

- An Update on Carers to be included in ASC Performance report in October
- Move the SSAB Report from September to a later date
- Update on Ambulance response times as a briefing note.

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

There were no other items of business.

**(The meeting ended at 12.28 pm)**

**CHAIR**