

## **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 11 September 2019 at 10.00 am

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

**Other Members present:** Cllr D Huxtable, Cllr G Frascini, Cllr T Munt, Cllr M Chilcott and Cllr J Lock

**Apologies for absence:** Cllr A Govier and Cllr G Verdon

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

There were no new declarations of interest.

**206 Minutes from the previous meeting held on 03 July 2019 - Agenda Item 3**

The minutes of the meeting held on 03 July were agreed.

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

There were no public questions.

**208 Fit for My Future - Acute Mental Health Inpatient beds - Agenda Item 5**

The Committee considered a report under the Fit For My Future strategy covering a review of the acute mental health inpatient beds for people of working age.

The report set out a vision for mental health services and the future model of care. It updated members of the committee on:

- the engagement undertaken so far to seek stakeholder views on potential options for the future configuration of acute mental health inpatient beds for adults of working age,
- engagement and input from the same stakeholder panel into the design of a public engagement / consultation strategy, and
- next steps in the overall governance process.

Background

Mental health services deal with a wide spectrum of need. A relatively small number of people at any one time will have a serious mental illness requiring support from specialist support services; in Somerset the GGC would expect to have:

- 75 people detained under the Mental Health Act
- 1,640 people who have a defined care programme,
- around 2,400 people are in touch with services providing specialist treatment.

Together these account for less than 1% of the Somerset population. A further estimated 4,600 people are registered with GPs as having a mental health illness, and ten times this number with depression.

The Committee heard that the proposed vision for mental health services would want mental health support to be: -

- Drawn together with the person concerned, to meet their needs and build on their strengths
- Focused on maximising the person's ability to thrive in their life
- Provided by a range of services and agencies including VCSE (Voluntary, Community and Social Enterprise) organisations, peer support, primary care, social care and specialist mental health providers
- Delivered closer to home, rooted in community neighbourhood settings and tapping into the person's own network of support
- Accessible with flexible entry points to get the right level of support – where necessary service navigators will help to guide people to the right place and service(s) for them
- Provided at a level best suited to meet the person's level of need and dissolving the boundaries between health and social care as well as primary and secondary mental health care
- Holistic and equitable in meeting the physical, mental and emotional needs of people receiving support, with an ambition of closing the health inequalities gap in terms of life expectancy for people with a severe mental health condition.

To address this need and desire to deliver this challenge the proposal is to commit significant additional investment into mental health services. The proposed model is designed to ensure people are supported more effectively as early as possible by offering: -

- A single point of access into the system,
- A service where people do not fall between the gaps
- Increased investment across the spectrum of care.

The purpose of the Fit for my Future review of this part of the mental health service is not to reduce funding but to arrive at the most effective and efficient model going forward, taking into account a range of factors including location and proximity to emergency departments. Acute inpatient mental health beds for people of working age are currently provided in four wards over three sites, two in Taunton, and one each in Yeovil and Wells.

The review will not involve a reduction of acute mental health inpatient beds, but the recommendations are that there is a reconfiguration of the location of the beds to take account of the recruitment difficulties and safety concern for the beds based in Wells and the distance from major Hospitals in the event of needing further intervention.

A consultation process has begun to establish the best configuration. As well as including the South West Clinical Senate and NHS England Improvement Quality Assurance there has been wider engagement. Service users have been represented by MIND, Community Council for Somerset, Somerset Village Agents and Talking Cafes. There was a workshop event in Victoria Park Community Centre in Bridgwater.

The Committee discussed the rationale for the need to change and the public consultations. They were interested in knowing if waiting times had reduced for mental health consultations. They wanted to be assured that consideration was given to providing wider provision to include towns like Bridgwater.

The Committee were interested to know what was being done to address the recruitment difficulties; in particular losing trained staff to neighbouring Counties. They were assured that recruitment had been a challenge but changes to the method of delivering mental health service had resulted in Somerset being a 'net gainer' in the expected turnover levels of staff. By offering an attractive and nationally recognised in the Acute Dementia model Somerset was establishing a reputation of innovation and positive staff development. It was recognised that the loss of the nursing bursary had made recruitment a challenge.

The Committee asked about plans to make sure Adult Services were fully joined up with Children's service as they were concerned about the high level of suicide in young men. They were assured that the transition between Adults and Children's services was a problem in the past but there is now a specific team to look after young people between 16 and 25 years old. It was recognised that there had been improvements there was clearly more to be done.

The Committee were concerned about 'return rates' for people discharged from mental health in patient support. It was agreed that this level of detail would be included in the next report.

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

- **Considered the report and the proposed consultations and made comments to assist the scope of the community wide consultation.**

#### **209 CCG Integrated Quality and Performance Report - Agenda Item 6**

The Committee considered the Integrated Quality, Safety and Performance report from Somerset CCG (Clinical Commissioning Group) The report provided an update on the Somerset CCG Integrated Quality, Safety and Performance. The CCG has an established performance monitoring meeting with all providers of healthcare services, the report gave a summary of the escalation issues for quality, safety and performance against the constitutional and other standards for the period April to May 2019.

There were six areas to celebrate:

- Eclipse alerts, antimicrobial stewardship, reducing antipsychotic use in Learning Disabilities (LD) and dementia patients, Rationalising inhaler use, ensuring correct monitoring of direct oral anticoagulant patients, reducing inappropriate opioid prescribing
- Somerset CCG is one of the best performing CCGs against the national low priority measures indicator
- Somerset has achieved all of its antimicrobial prescribing performance measures

- Each GP practice has a Sepsis lead and Somerset CCG has raised the profile of National Early Warning Score (NEWS2) in primary care
- Somerset CCG has also ensured that Somerset has a robust infection control system and root cause analysis follow ups of *C. difficile* and *E.coli* cases
- Somerset CCG benchmarks well for high cost drugs, Somerset has consistently achieved early implementation of biosimilars being the best in the country at Taunton and Somerset NHS Foundation Trust (T&S), achieved through CCG leadership and joint working with our trusts.

There were four areas presenting a challenge:

- A&E and understanding increasing demand: some initial findings from the analysis work undertaken is a theme of increased children's attendances. Work is ongoing to understand the causal effects driving this activity.
- Ambulance handovers: over 30 and 60 minute delays. CCG to initiate a harm review process. In April 2019 T&S > 30mins = 135; > 60mins = 3 Yeovil District Hospital NHS Foundation Trust (YDH) > 30mins = 4
- 52 week waits: root cause and potential harm reviews. A review the effectiveness of the existing process to be completed by September 2019
- d) Urgent Care Clinical Assurance Committee to undertake Gap analysis for children's urgent care standards – workforce deployment and availability of qualified and trained staff. To be reported on in Quarter 2 2019/20.

The Committee discussed the report and raised some questions. The areas of discussion covered the meaning of 'biosimilars' and the recorded success of Somerset being the best in the country. Biosimilars are medicines with the same molecular make-up but not necessarily high cost branded medicines. The Committee were also interested in Eclipse Alerts. These alerts are sent weekly to GP surgeries and aim to highlight any potential conflicts in prescribing. The Committee were interested in plans to ensure that there would be adequate supplies should there be any disruption due to the supply of medicines as a result the exit from the European Union. They were assured that there had been South West wide planning. The key message from all this was to request people not to stockpile medicine as this created 'false shortages'. The Committee were informed that the overriding principle was patient safety and cost was not driving the plans.

The Committee were concerned that following an inspection of the Children's Mental Health Services service in Weston the grading changed from 'Outstanding' to 'Inadequate'. They wanted to know how as service could change so dramatically. The Committee were informed that the CQC inspection was 'insightful' and the change in grading was due to the very high staff turnover. In most parts of the NHS a turnover is 12% is expected but in in Weston is was 24%.

Another area of ongoing concern is year on year growth in demand for Emergency Admissions to both Yeovil and Taunton hospitals. Demand was up 4% in Taunton and 9% in Yeovil. The Committee discussed ways to educate people to use appropriate primary care, urgent treatment centres, out of hours services and the 111 service.

The Committee also discussed re-admission rates and asked for these to be examined and details shared in the next report. These are sometimes increased due to a positive desire for people to be in their own home. In addition, they asked that the results of a deep dive into the Ambulance Service were shared with the Committee at the next meeting.

### **The Somerset Scrutiny for Adults and Health Committee:**

- **Considered and commented on the report**

#### **210 Minor Injury Unit Service - Report - Agenda Item 7**

The Committee considered a report a report setting out an overview of the pressures faced by the running of seven Minor Injuries Units across Somerset. The report highlighted the current pressures being experienced by the Somerset Minor Injury Unit (MIU) Service, the impact of pressures and the actions being taken to mitigate these. The Committee were informed that the service is currently experiencing a significant rise in demand across the MIUs against a background of local, regional and national shortages of Emergency Nurse Practitioners (ENPs). The report highlighted which areas of the county are being impacted upon currently, and also some of the work being undertaken within local communities to try to address the challenges of recruiting and retaining ENPs. There have been some overnight closures in Burnham on Sea and Minehead. This was done to protect Bridgwater MIU which is the one with the greatest demand.

To minimise the impact of unplanned closures on the Somerset population, There is a weekly monitoring meeting. It has sought to concentrate temporary closures where they will have the least impact on the population overall. The guiding principles underpinning these decisions are based on:

- Protecting continuity of service delivery at the MIUs treating the greatest number of patients
- Where possible, protecting the MIUs which also offer x-ray facilities as an alternative to attending the highly pressurised accident and emergency departments in acute hospitals.
- Overnight activity at Minehead MIU which averages 2.5 patients per night

In the East, the vacancy situation has been slightly less acute with vacancies running at approximately 20% of ENP posts. Application of the same criteria has resulted in fewer closures overall, but with those that have been required being concentrated at Shepton Mallet which sees significantly fewer patients than neighbouring services at Frome and West Mendip hospitals.

All of the MIUs are co-located with Community Hospitals and between them, they see and treat in excess of 100,000 patients per year. The patient numbers seen by each of the MIUs in the year 1 April 2018 - 31 March 2019 were included in the table in the report. There was a variation between each MIU and this reflected the local demography, proximity to alternative local services and pressures being faced by other services such as Primary Care. For reasons that are not currently understood, activity within the MIUs is up 12% on last year overall, and in some parts of the county has risen by 27%.

The Committee were concerned that Units should not be closed at short notice as this impacted on public confidence in the service. They were interested in the waiting time to be seen and were informed that the target was to be seen within the same four-hour window operated by the Emergency Departments. The challenge for those in rural communities is confidence that the service will be available and the limited public transport. The Committee also heard that despite some closures there was not a knock-on impact in other services. Indicating that perhaps another service was more appropriate. The Committee discussed the use of Agency Workers and the additional cost this incurred. There was some discussion about the impact pay increases in the NHS and the response of Agency Employers to this. There had been some discussion at a national level around not using Agency Staff, but this had proved untenable.

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

- **Considered the Report and welcomed the detailed information about the operation of the Minor Injuries Units.**

**211 Scrutiny for Policies, Adults and Health Committee Work Programme - Agenda Item 8**

The Committee considered and noted the Council's Forward Plan of proposed key decisions in forthcoming months including Cabinet meetings up to date. The Committee agreed to the following changes to the Work Programme: -

- Add detail of re-admission rates at Acute Units to be included in the next Fit for My Future presentation and
- Add details on the outcome of the deep dive investigation into the Ambulance Service in next GGC Integrated Quality report

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

There were no other items of business.

**(The meeting ended at 12.06 pm)**

**CHAIR**