

SCRUTINY FOR POLICIES, ADULTS AND HEALTH COMMITTEE (VIRTUAL MEETINGS FROM MAY 2020 DUE TO CORONAVIRUS)

Minutes of a Meeting of the Scrutiny for Policies, Adults and Health Committee (virtual meetings from May 2020 due to Coronavirus) held in the Taunton Library Meeting Room, Paul Street, Taunton, TA1 3XZ, on Wednesday 29 January 2020 at 10.00 am

Present: Cllr H Prior-Sankey (Chair), Cllr M Healey (Vice-Chair), Cllr P Clayton, Cllr Cllr A Govier, Cllr B Revans, Cllr A Bown, Cllr G Verdon and Cllr M Keating

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

Apologies for absence: Cllr M Caswell

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

There were no new declarations.

241 **Minutes from the previous meeting held on 04 December 2019** - Agenda Item 3

The minutes were approved.

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

There were no public questions.

243 **MTFP (Medium Term Financial Planning)** - Agenda Item 5

The Committee heard a report that summarised the key messages from the Medium-Term Financial Plan (2020-23) Strategy Report considered and approved by Cabinet on 18 December 2019. It also included an overall assurance narrative from the Director for Adult's Services and the Director for Public Health, alongside more details about the key areas of focus for transformation in the next few years and further explanation of the reasons for movements in levels of spend and funding between years over the MTFP period. All of this is to enable effective Scrutiny of relevant service areas ahead of the more detailed budget report being presented to Cabinet and Full Council in February 2020. The Committee heard that significant improvements have been made to the MTFP process since last year to ensure robust budgets are set over the medium term, which includes:

- Challenge sessions held (chaired by the Chief Executive) to ensure evidence-backed budget pressures;

- Wider stakeholder engagement to improve awareness of financial challenges;
- Use of scenario planning to ensure a range of options are considered;
- Multi-year approach to optimise longer term planning and ensure a focus on all three years, and;
- Continued tight financial control of in-year budgets.

The key drivers to the budget planning were protecting frontline services, strengthening financial sustainability, ensuring robust budgets, and strengthening earmarked reserves. The Committee were reassured that the budgets as presented did not contain any new cuts to frontline service. There were, however, some previously agreed cuts that would still be applied. A key element to the confidence in the budgets now proposed was that they had been subject to 'challenge sessions' which were peer-led and tested assumptions for a range of scenarios. The current proposed budgets represent a robust balanced revenue budget for 2020/21, and there will be a modest shortfall for 2021/22 and 2022/23 (<£10m). This represents an affordable multi-year capital programme and offers a high level of confidence in figures across all years. If these proposed budgets are agreed, there will be an opportunity to further replenish reserves.

The Committee heard that there are to be two further reviews: a Fair Funding review and a Comprehensive Spending Review. Somerset is in a strong position to influence both these reviews and hopes to achieve a more equitable allocation. The timeline for the budget is that this will go to Cabinet on 10 February and Full Council on 19 February.

The Committee heard that the funding for Public Health is still based on an assumption, as additional allocation is indicated as an above-inflation increase. What is not clear at this stage is if this increase will come with additional responsibilities. There is also no clarity regarding the increased costs associated with the Agenda For Change pay increase for Health Workers.

The Committee discussed the proposed budgets and the following summarises that debate. The Committee were keen that, whilst the increase in National Minimum Wage and the Agenda For Change were welcome, it was essential to maintain the pressure on central government to make sure the appropriate funding was allocated; otherwise, the investment in Public Health will not have the stability and drive it currently has. The Committee also agreed that it would be most helpful if allocations that had in the past been 'one-off' funding could be part of the initial allocation, as this will allow the Council to plan ahead for future years with confidence. The Committee acknowledged the positive contribution made by the voluntary sector and was keen to do all it could to support all aspects of volunteering. Somerset has made great progress in supporting people to live longer, and this brings additional demands on the

social care budget. The focus now of Public Health is to ensure that the older generation is healthy and independent for as long as possible. The Committee was interested in hearing about the 'Brain in Hand' app as well other adapted technology to assist in this.

The Committee was interested to hear how the Council was going to support the increase in minimum wage for providers, as it was clear this would have an impact on their ability to deliver services at the same level. They were informed that there was an agreed 2% uplift and that negotiations were currently ongoing but had not yet concluded. The Director for Adult Social Services was confident there would be enough money to cover this and members were informed that any decision regarding a fee uplift would be a key decision and would be open to scrutiny.

The Committee were keen to find out if there was scope for further efficiencies in delivering high quality services. They were assured that this agenda had not been forgotten and that further work on closer working in neighbourhoods was underway. The 'Home First' programme and the Falls Prevention service have done much to bring together the range of services in Primary Care.

The Committee was interested to hear that the focus for Public Health for the next year will be looking at cardiovascular disease. It is an area where more prevention work can be done. The Committee was keen that any work in this was properly joined up and was connected to other services at the earliest stage.

The Scrutiny Committee For Policies, Adults and Health Committee:

- **Considered the proposed indicative budgets for 2021/22 and 2022/23 for Adult Services and Public Health budgets,**
- **Agreed to make a request through Cabinet to write to the appropriate Minister requesting that any additional costs incurred as a result of the Government's Policy "Agenda for Change" are met from central funds.**

244 Family Safeguarding - Agenda Item 6

The Committee had a presentation on the Family Safeguarding element of the Somerset County Council Vision of Improving Lives. The aim is to prevent rather than react and to manage demand by working alongside communities to make best use of all Somerset's available assets, providing the best possible outcomes and enabling communities to be strong and resilient. The Family Safeguarding part of this vision aims to deliver improved outcomes for families and reduce the care population, both in prevention and return home, and

deliver support to families when they need it, reducing escalation and long-term trauma. This presents an opportunity for a culture shift – innovation, empowerment, and staff feeling more valued—and for reducing the demand on emergency services (NHS & the Police) while delivering savings to Adult Services (Mental Health & Drug services). The strategy will use a recognised practice model for effective family intervention. Finally, the approach will address OFSTED’s criticisms of ‘less than good’ multiagency working between services for vulnerable families.

In January 2015, a ‘Hidden Harm’ needs assessment concluded that in Somerset there were 645 children with a Child Protection Plan in place, and of these, 18% had three hidden harm factors. In August 2019, of 3735 children in need of protection or support in Somerset, 14% (528 cases) had three hidden harm factors and 70% had at least one factor. These can be identified as follows:

- 41% - domestic abuse (1530 children)
- 40% - adult mental health (1500 children)
- 21% - adult drug misuse (784 children)
- 18% - adult alcohol misuse (672 children)

To address this growing demand, a radical new approach is proposed. The proposal is to adopt a model that has been successfully rolled out in Hertfordshire. This model relies on improved multi-agency working and has specialist workers at the heart of the team. Rather than individual assessment teams, the proposed model has integrated teams of enhanced practitioners supported by two psychologists. The model requires an investment of £3.5m, which will come from social care grant monies but will deliver sufficient savings to be self-sustaining after three years. If successful, the model will deliver a more positive outcome for children, allowing them to remain with their birth family, with fewer needing to be the care of the local authority. The success of the initiative depends on continued buy-in from partners and continued support from the Senior Leadership Team and Cabinet. The one foreseeable risk is the possibility of a follow-up inspection from OFSTED which will put any roll-out on hold for a couple of months. An inspection is expected, but a date is not known, and it would not be desirable to be inspected whilst undergoing fundamental change.

The Committee discussed the presentation and asked about working in schools. They were assured that this all tied in with the Team Around the School and the Team Around the Child model. The Committee was concerned about escalation, should a family with a ‘Hidden Harm’ refuse to acknowledge its existence and refuse to engage with the Safeguarding team. They were assured that the escalation route was through Child Protection. The Committee was interested to know if the cuts to services had resulted in the intervention level being higher. They were assured that the Hertfordshire model successfully supported a range of families, and the key to successful intervention was to do

it as early as possible and at a lower level. So, this model would not increase the threshold for intervention.

The Committee was interested in child protection plans. They wanted to know if these have a fixed term, as some children appear to stop and then restart. It was confirmed that this often occurs because the risk factors have been removed and then something happens within a family, requiring a further intervention.

There were also questions regarding recruitment and retention, as this has been a challenge in this sector. They were informed that this model made the role more attractive to the workforce, as it offered greater opportunity to develop skills across professional disciplines and greater job satisfaction. The recruitment and commissioning of any staff is still in the early stages, and the exact type of contract has yet to be decided. It emerged that Hertfordshire used a combination of contracted and commissioned workers. Other local authorities are using this model, and it has been subject to an OFSTED inspection and found to be 'Good'. The Committee were assured that the risk associated with an unplanned OFSTED Inspection would not lead to a dip in service but would result in a delay to the roll-out of the proposed new model of about a month.

The Somerset Scrutiny for Policies, Adults and Health Committee:

- **Considered and commented on the report.**

245 Somerset Health Protection Assurance Report - Agenda Item 7

The Committee considered the annual report of the Somerset Health Protection Forum. The Somerset Health Protection Forum comprises professional partners across agencies holding health protection responsibilities. The Forum has a collective role to provide assurance on behalf of the Director of Public Health. To ensure the Health Protection Forum has a focused agenda and forward plan, a Strategic Action Plan is developed annually. This identifies the priorities and actions to be taken across the system over the coming 12 months, as approved by the Health and Wellbeing Board. The priorities for 2019 were categorised by the following subjects: Communicable Diseases, Environmental Hazards, Infection Prevention and Control, Resilience, and Screening and Immunisations. Progress against the agreed actions is summarised as follows:

1. Communicable Diseases

Ensuring that robust communicable disease incident and outbreak response arrangements are in place and embedded across the Somerset system was an important priority for 2019. Core activity continued throughout 2019, which included:

- Maintain a system overview of outbreak management processes and response;
- Ensure robust multi-agency outbreak management plans are in place to support individual organisational arrangements; and
- Review significant outbreaks, making recommendations where appropriate. During 2019, we had 195 situations/issues/clusters that spanned a broad range of threats to public health ranging from chlorine releases and fumes at a shopping village, to Norovirus/Flu outbreaks in schools and care homes, Shiga Toxin-producing E-coli (STEC) outbreaks, and cases of meningococcal disease and tuberculosis, which requires contact tracing and screening.

In 2019, the UK lost its 'measles-free' status due to the increased number of confirmed cases and evidence that there was transmission of a strain of the disease within the country. During 2019, Somerset only had one case of measles, which was linked to a measles outbreak in Devon, despite the increasing prevalence of measles within the UK. The Somerset Immunisations Group have prioritised work to roll out the measles and mumps elimination strategy within Somerset. TB remains a concern within Somerset, with 2019 seeing several complex cases of multi-drug-resistant TB. Even though Somerset has a low incidence of TB, there is still significant pressure on the system when faced with a TB case. Work is currently taking place to ensure the system has the resources and processes in place to effectively manage TB cases in Somerset. In 2017, 71% of cases with drug-sensitive TB completed their treatment by 12 months and 11% of TB drug-sensitive patients died. The Committee were disappointed to hear of the loss of measles-free status but were reassured that there had only been one case in Somerset. The Committee agreed to do all they can in communities to drive up the general immunisation levels for all infectious diseases. The Committee was disappointed that tuberculosis remains a concern within Somerset.

2. Environmental Hazards

The priority of ensuring support for initiatives to reduce or mitigate the impacts of environmental hazards on population health was progressed during 2019. The activity that supports this priority includes:

- Maintain oversight of environmental hazards posing a threat to population health (health and safety, food hygiene and standards, air, land, and water)
- Ensure robust multi-agency incident management plans are in place to support individual organisational arrangements; and
- Review significant incidents, making recommendations where appropriate.

In February 2019, Somerset County Council declared a climate emergency and committed to preparing a strategy by the end of 2019. There is a significant overlap between air quality and climate change, so the work undertaken to date on air quality has been fed into the climate change plan. In the meantime, the recommendations within the Air Quality Strategy are being applied in practice:

- Major planning applications now frequently include an air quality assessment.
- Transporting Somerset and SCC Procurement are considering whether changes can be made to make the fleet greener including contracted providers. One change already made is that all pool cars are now petrol rather than diesel.
- All new contracts now contain air quality as a consideration in the social value element of the contracts.
- The Air Quality website going live imminently.

3. Infection Prevention and Control

During 2019, it was agreed to ensure that infection prevention and control priorities address local need and reflect national ambition. A Somerset Strategy for the Prevention and Control of Infection has been produced, for a system-wide approach. The purpose of this document is to set out the CCG's and Somerset's system responsibility and objectives for infection prevention and control and the work plan to ensure these are met.

4. Resilience

During 2019, it was a priority to ensure local and regional emergency response arrangements are in place to protect the health of the population. Core activity includes maintaining an overview of local emergency planning, resilience and response workstreams, and review of significant incidents, whilst making recommendations where appropriate. The Committee asked if this included preparation for a possible Coronavirus outbreak. They were informed that Public Health England are responsible for this and information has already been shared with the appropriate clinicians. The current advice is to self-isolate and call NHS 111 and take the advice given.

5. Screening and Immunisation

It is a priority of the Forum to ensure screening and immunisation programmes meet national standards and reflect local priorities for increasing uptake. The core activity that continues includes monitoring local performance of all screening and immunisation programmes, working across the Public Health system to reduce inequalities in accessibility of services and to raise local awareness, encouraging uptake of all programmes, reviewing programme performance, and making recommendations for improvement where appropriate. The Committee asked about the number of entries marked 'N/A' and were concerned that these meant the figures were Not Available. The

Committee was informed that these figures were not available broken down to a Somerset level. The Committee asked about the upper age limit for some cancer screening and were informed that the programme was a national one and was reviewed on a regular basis.

The Somerset Scrutiny for Policies, Adults and Health Committee:

- **Considered and commented on the report.**

246 **Fit For My Future Update - CCG Consultation Strategy and Consultation on acute mental health in-patient beds for adults of working age** - Agenda Item 8

The Committee discussed a report summarising the engagement and consultation strategy which was approved by the CCG Governing Body on 16 January 2020 and set out the progress made since the last report. People who have used mental health services in the past or are using them now have helped shape the new model of care. It will be easier to access services and to reach a whole system of support through just one referral. The CCG vision for mental health, and the new mental health model, is innovative. The approach it intended to enhance and invest in services that are already there, introducing new ones closer to where people live, and making them wholly accessible at every step of the way. Acute mental health inpatient services for adults of working age are just one part of this whole system of care, a very important component for the relatively small number of people facing the most acute mental health issues. This proposal is not about money or a reduction in service; in fact, the proposal is to invest more to improve the acute mental health inpatient service.

The central issue under deliberation has been how to provide the optimal inpatient care for those who require treatment for an acute psychiatric episode. Currently, there are four wards providing acute inpatient mental health care for adults of working age: Rydon 1 and 2 in Taunton (adjacent to other mental health wards), Rowan ward in Yeovil, and St Andrews ward in Wells. Two of these are 'stand-alone' wards, meaning that there is not an adjacent mental health ward where support can be drawn upon at times of need. These wards are St Andrews in Wells and Rowan in Yeovil. In addition, St Andrews ward in Wells is a long way from the nearest emergency department –it is 45 minutes from St Andrews ward to Royal United Hospital in Bath, compared with several minutes journey time from services located in Yeovil and Taunton, and has limited out of hours support. Having single wards can cause problems with safe staffing and management of patient risk. When two wards are close to each other, staff from one ward can provide support to the other whenever there is a problem. When there is only one ward, staff have no immediate back-up and have to resort to calling the police or an ambulance. This is the case in St Andrews ward in Wells and Rowan ward in Yeovil.

After a consultation process looking at three options After considering all the evidence, the CCG's preferred option is to move the beds from St Andrews Ward in Wells to Yeovil, alongside the existing Rowan Ward. These options will now be subject to a public consultation which will run until 12 April 2020. The feedback from the public consultation will form part of the decision-making business case.

The Committee discussed the report and recommendations and were interested to know why the proposal still had two locations and was told that it was due to the geography of Somerset. It was confirmed that the proposals would not reduce the number of beds available, as this would remain at 62 beds. The Committee asked what would happen to those in Wells needing support. The Committee was assured that the day service will continue; the movement was for the in-patient beds only. The Committee asked about recruitment and retention of staff as well as the options available for the staff currently at St Andrews Ward. It was confirmed that recruitment and retention is a real challenge across the County but that none of these options will require more staff. Those staff who will be affected by the proposals will be fully supported and given the option to move, but not required to do so. What is clear from other units is that a multi-discipline team works better, and the staff feel more adequately supported.

The Committee encouraged those with a particular interest in any of the options to make contact with the CCG and with those leading the consultation, to make sure that all views were considered and to learn the detailed rationale behind the recommendation to move the St Andrews ward inpatient beds to Yeovil in a new ward alongside the existing facility.

The Somerset Scrutiny for Policies, Adults and Health Committee:

- **Considered and commented on the report and supported the proposed move of the Wells inpatient beds to expand the Yeovil facility**
- **Welcomed the opportunity to further respond to the consultation**

247 **Fit For My Future - Engagement Consultation on Neighbourhoods and Community Settings of Care - Agenda Item 9**

The Committee took the decision to:

- **Agree the case for applying the exempt information provision as set out in the Local Government Act 1972, Schedule 12A and therefore to treat the attached confidential report and its appendices in confidence, as they contain commercially sensitive information, and as the case for the public interest**

in maintaining the exemption outweighs the public interest in disclosing that information.

- **Subject to the approval of the recommendation above, agrees to exclude the press and public from the meeting for the consideration of the attached confidential report and its appendices where there is any discussion at the meeting regarding exempt or confidential information.**

The notes for this part of the meeting are contained in a separate confidential annex.

248 Scrutiny for Policies, Adults and Health Committee Work Programme - Agenda Item 10

The Committee returned to open session.

- The Committee considered and noted the Council's Forward Plan of proposed key decisions in forthcoming months.
- The Committee agreed to add to the work programme an update on the Carers Workshop held in December 2019.

249 Any other urgent items of business - Agenda Item 11

There were no other items of business.

(The meeting ended at 1.45 pm)

CHAIRMAN