

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 29 January 2020 at 10.00 am

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

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

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, these include:

- 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, to ensure a focus on all three years, and;
- Continued tight financial control of in-year budgets.

The key drivers to the budget planning were to protect Frontline services, strengthen financial sustainability, ensure robust budgets and strengthen earmarked reserves. The Committee was reassured that the budgets as presented did not contain any new cuts to frontline services. 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' these 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 was 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. 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

are healthy and independent for as long as possible. The Committee was interested to hear 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. Members 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 was keen to find out if there was scope for further efficiencies in delivering high quality services. It was 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 Cardio Vascular 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.

There were questions about volunteering and what members can do to help with promoting this, community safety and the council's responsibility in this area, attracting more Government investment into public health and actively lobbying for more funding. It was noted it was difficult to scrutinise some of the figures as there were still unknowns.

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 Governments 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. 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. Reduce the demand on emergency services (NHS & the Police), 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 and fewer needing to be the care of the Local Authority. Success of the initiative depends on continued buy-in from partners, continued support from Senior Leadership Team and Cabinet. The once 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. Members 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' refused to acknowledge that and did not engage with the Safeguarding team. It was 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. Members 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.

There was also interest in Child Protection Plans and if these had a fixed term as some children appear to stop and then restart. It was confirmed that this was often because the risk factors had been removed and then something happens within a family and a further intervention is required.

There were also questions regarding recruitment and retention as this has been a challenge in this sector. Members 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 of any staff is still in the early stages and of commissioning 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 was 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 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 have had 195 situations/issues/clusters that span 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 was disappointed to hear of the loss of Measles Free status but 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, 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.

2. Environmental Hazards

The priority to ensure initiatives to reduce or mitigate the impacts of environmental hazards on population health are supported 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 infection prevention and control priorities address local need and reflect national ambition. 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 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 significant incidents, making recommendations where appropriate. The Committee asked if this included preparation for a possible Coronavirus outbreak. It was 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 continue includes, monitoring local performance of all screening and immunisation programmes, work across the Public Health system to reduce inequalities in accessibility of services and raise local awareness, encouraging uptake of all programmes and review programme performance and make 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. This 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 'standalone' 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 – 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, the CCG 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 it was 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 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 for make contact with the CCG and those leading the consultation to make sure all views were considered and the details behind the rationale to make the recommendation to move St Andrews ward in-patient numbers 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 heard that the CCG was about to go out to open consultation using the same strategy as previously described for the engagement on acute mental health inpatient beds for adults of working age. The report was an update on community health and care services (formerly known as neighbourhood and community settings of care). It set out how the CCG is undertaking public engagement to obtain feedback on their vision and early thinking on improvements to these services. The CCG has already been working with partners and providers including doctors, nurses, allied health professionals (therapists) and other people working within public health, adult and children's services - and the organisations they work for, Somerset County Council, Somerset Partnership NHS Foundation Trust, Yeovil District Hospital NHS Foundation Trust, Taunton and Somerset NHS Foundation Trust, and the GP practices that make up Somerset's health and care system.

The rationale for the need for change is that the health and care services in Somerset are not currently organised in the best way to support people to live independent, healthier lives. The population is changing and the support they need from health services is changing - which means that services must change too. The good news is that people are living longer but that means our health and care services need to care for more elderly people. In addition, more people are living with long-term conditions which affect their physical and mental wellbeing. Health and social care services must adapt, and this is an opportunity to reshape and improve them. The Rapid Response Service, which started in November 2018 and provides care in the community for frail elderly people, has supported more than 1,000 people to stay in their own homes in its first year. Home First which supports patients to leave hospital either by providing care at home, in a residential or nursing home or in a community hospital bed, has helped 5,000 people to get home from hospital faster. This is an opportunity to invest in more of these community services that promote independence, at home or in a residential or nursing home - and to do this the NHS will need to spend less money on community hospital bed-based care. Feedback from patient and carers indicates that people do not always know where best to go when they need "same day" help for something that is not a medical emergency - that requires a visit to A&E - but for which a patient might need rapid support. The proposal is to "talk before you walk" guidance to help direct access the most appropriate service as close to home as practical.

The Committee discussed the engagement strategy and was interested to know how many Community Hubs there would be and what they would look like. As no decision have been made it was not possible to describe them in detail, but it was hoped that they would be co-located with other services. The Committee asked if the South West Ambulance Service had been included in the discussion and was assured that although they had not been specifically mentioned in the introduction, they were part of the consultation strategy. The Committee asked if the closure of a Minor Injuries Unit in any particular place then made it more

likely that the Community Hospital in the same area might face closure. They were informed that the whole range of Community Services were included in the Engagement Activities.

The Somerset Scrutiny for Policies, Adults and Health Committee commented on the document and agreed to encourage participation in the Engagement Consultation.

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

- 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)

CHAIR