

## South Somerset District Council

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**Draft Minutes** of a meeting of the **Scrutiny Committee** held in **Council Chamber B - Council Offices, Brympton Way, Yeovil** on **Tuesday 3 March 2020**.

(10.05 am - 12.50 pm)

### **Present:**

**Members:** Gerard Tucker (in the Chair)

Robin Bastable	Paul Maxwell
Nicola Clark	Sue Osborne
Brian Hamilton	Robin Pailthorpe
Charlie Hull	Jeny Snell
Mike Lewis	Mike Stanton (to 12.10pm)
Paul Maxwell	Gerard Tucker



### **Also Present:**

Tony Lock

### **Officers**

Dr Alex Murray	Fit For My Future
Martin Woods	Director (Service Delivery)
Cath Temple	Specialist (Performance)
David Crisfield	Specialist (Strategic Planning)
Toffer Beattie	Specialist (Projects & Programmes)
Jo Gale	Specialist (Members)
Becky Sanders	Case Officer (Strategy & Commissioning)

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### **106. Minutes (Agenda Item 1)**

The minutes of the previous meeting held on 4 February 2020 were approved as a correct record and signed by the Chairman.

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### **107. Apologies for absence (Agenda Item 2)**

Apologies for absence were received from Councillors Crispin Raikes and Rob Stickland.

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### **108. Declarations of Interest (Agenda Item 3)**

There were no declarations of interest.

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### **109. Public question time (Agenda Item 4)**

There were no members of the public present at the meeting.

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## **110. Issues arising from previous meetings (Agenda Item 5)**

There were no issues raised from previous meetings.

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## **111. Chairman's Announcements (Agenda Item 6)**

There were no announcements from the Chairman.

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## **112. Fit For My Future (Agenda Item 7)**

The Chairman noted there had been some confusion regarding the purpose of the presentation. He briefly explained that representatives were present from Fit for my Future in order to raise awareness of a formal mental health consultation and to listen to the views of members.

Dr Alex Murray noted that Fit for my Future was the health and care strategy for Somerset. She explained that they wanted to share with members the new model of care regarding mental health services, and to get views of the Committee on the potential future location of adult acute inpatient beds (mental health). She provided a comprehensive presentation including information about:

- The strategy meant people in Somerset would receive a different model of care within their community – and a brief overview of how this would be achieved.
- The process for the review.
- The public consultation on the future location of adult acute inpatient mental health beds including:
  - Why there was a need to focus on mental health services
  - The mental health model in Somerset
  - What it would mean for people in Somerset
  - The current provision of acute mental health inpatient beds across Somerset
  - Why the acute mental health inpatient beds needed to be reviewed.
  - Which wards were being considered in the consultation
  - The three options considered
  - The preferred option and why
  - Implications of moving beds to Yeovil and why going to public consultation
  - What it means for people in South Somerset
- The consultation would run until 12 April 2020.

During discussion, representatives from Fit For My Future responded to points of detail, including:

- The number of beds would remain the same but some beds would be changing use.
- There was a national model for crisis cafes, and Fit for my Future had looked at examples elsewhere in the country and they were also looking at best practice.
- Recognise the important role played by the voluntary sector. There was an aspiration for different sectors to come together as a mental health alliance.
- Need to look at services and engagement with hard to reach groups and in particular how to help people in their own home – this a value in the Fit for my Future vision.

- Most people diagnosed with depression did not require specialist treatment, and severe cases were infrequent.
- Figures stated in the presentation included people with dementia.
- There had been extensive discussions with Mendip District Council.
- Where possible patients were encouraged to make their own way to hospital.

Members wished it to be noted that whilst they supported the proposals as they clearly provided a solution in terms of managing risk, they acknowledged many residents in Mendip may feel disadvantaged regarding the proposals, and that there were concerns regarding the travel arrangements and the potential impact for some patient's recovery when they are outside of their local community. At the end of discussion some members were of the opinion that the Health and Well Being Board should take the lead on behalf of the district councils.

The Chairman suggested that a briefing note be sent to all members and to encourage them to participate in the consultation. He suggested he could do a summary under the Scrutiny Committee item at full Council in order to raise awareness, and this was agreed by members.

The Chairman thanked the representatives from Fit for my Future for their informative presentation.

*N.B. A copy of the presentation slides are attached to these minutes.*

### **113. Equality Policy - Verbal Update (Agenda Item 8)**

The Specialist (Strategic Planning) provided a verbal update on the Council's compliance with the Equality Act and Public Sector Equality Duty since the adoption in April 2019 of the new Equality Policy, Equality Objectives and Equality Impact Assessment processes

He informed members about:

- a number of SSDC specific activities, some of which included:
  - Implementing the new Equality Impact Assessment process
  - Equalities and Armed Forces e-learning modules were now available to all staff
  - Grants awarded to Access For All and Chard Together
  - Promoting the EU Settlement Scheme
- a number of county-wide activities, some of which included:
  - employment of two Black and Minority Ethnic (BME) engagement workers, with one covering South Somerset and Mendip
  - Funding for part-time Gypsy and Traveller engagement workers
  - Work underway to identify land for creating Gypsy and Traveller transit/temporary site provision.
- Some of the tasks looking forward included:
  - Monitoring of the policy and Equality Impact Assessment process
  - The future of Access for All
  - Promotion of e-learning modules
  - Policy alignment across south west councils regarding Reservists and Housing allocations.

There was a brief discussion, during which the Specialist (Strategic Planning) responded to points of detail. It was noted that all members needed to be aware of policies and extending the availability of the e-learning modules to members would be useful.

The Chairman thanked the officer for his verbal update.

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#### **114. Key Performance Indicators 2020-21 (Agenda Item 9)**

The Specialist (Performance) presented the District Executive report which set out the proposed key performance indicators for the 2020-21 reporting period. She highlighted some of the proposed changes to key performance indicators and explained discussions had taken place with Community of Practice leads. The Senior Leadership Team (SLT) had also considered the indicators, and the Specialist briefly went through some of the suggestions made by SLT.

During discussion, suggestions and comments by the Scrutiny Committee included:

- PCS4 – a statement to explain the measure or term ‘assessment’ would be useful. Scrutiny Committee were content that the indicator remain under Protecting Core Services or that it be moved to Environment.
- PCS15 and PCS16 – Scrutiny members understood that these measures would be performance indicators rather than service monitoring / management information. Members felt that the planning function was under much scrutiny and the indicators should be reported in the public domain.
- PCS15 – it was not clear where the requests for extensions of time would come from. A suggestion was made that the word ‘any’ be added before the word ‘extensions’.
- E1 – how will the spend be established?
- EN5 – it was thought that from later in the year that most residual waste would be going for incineration rather than landfill, and hence whether the wording of the measure is correct.
- It would be helpful to see some target relating to action to address the lack of public transport, but there did not appear to be anything.
- EN4 to EN6 – it was questioned if there was a place for these indicators as data specific to the South Somerset area was unable to be sourced.
- EN1 – due to the possibility of trees being felled or new trees not surviving, members queried if perhaps the percentage tree canopy may be an alternative measure.

Members also acknowledged information provided by the Specialist (Performance) regarding:

- PCS19 – more work needed to be done regarding this indicator.
- PCS20 – a residents survey would be going out during the summer, members requested an opportunity to have input to the survey in advance of it being issued.

At the end of discussion, the Specialist (Performance) acknowledged the suggestions made and noted she would feed back the comments to the appropriate officers for consideration.

The Chairman thanked the officer for attending the meeting and explaining the performance indicators

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**115. Verbal update on reports considered by District Executive on 6 February 2020 (Agenda Item 10)**

The Chairman noted that at the February meeting of Scrutiny Committee, members had raised some queries to the District Executive, and he provided a brief update regarding responses, including:

- Whether an independent review of the Transformation process would be undertaken, similar to that undertaken at Somerset West and Taunton Council. – The Chairman noted, as yet, he believed there had been no response to the question. The Specialist (Members) noted she had requested a response from the Leader or Chief Executive about on the matter.
- Regarding queries about the Digital Strategy – the questions had been raised at District Executive and the Chief Executive had responded by explaining that the budget was just a budget provision and it would be subject to formal approval of a Digital Strategy and implementation plan.

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**116. Reports to be considered by District Executive on 5 March 2020 (Agenda Item 11)**

Members considered the reports within the District Executive agenda for 5 March 2020 and raised comments as detailed below. Responses to most questions and comments were provided at Scrutiny Committee by the relevant officers, except those marked by an asterisk.

**Adoption of the Yeovil Public Realm Design Guide as a Supplementary Planning Document (SPD) (Agenda Item 6)**

- \*Some members felt Area South should have had opportunity to comment ahead of District Executive being asked to endorse the public realm design guide and shopfront guide for adoption by council.
- The document refers to a consultation which has been undertaken. The results gave an indication of why some people may not wish to visit Yeovil, including concern about the level of anti-social behaviour and fear of crime. What is being done to address those concerns?
- Have the proposed works been costed yet?
- Was there any indication of what the expected increased footfall might be as a result of the regeneration projects?

**SSDC Transformation Programme – Progress Report (Agenda Item 7)**

- \*A member commented they were pleased that work has progressed around reporting a planning breach. Some members felt that more resource was required to enforce planning breaches.
- \*The Committee raised again that they would like to know if the target of reducing staff by 22% had been achieved through transformation. The Committee feel it is important to understand where we are to ensure savings are being achieved and if the staffing level differs from the original agreed business case. Members asked

for not only details about full time equivalent (FTE) figures, but also a breakdown regarding permanent and temporary staff etc.

- Regarding some planning applications being outsourced to Capita – how would the performance of Capita be measured?
- Para 31 – what is the impact to services when then are losing some staff that are temporarily being redeployed to increase capacity in another service?
- \*A member asked if some of the performance measures for Transformation should be included in the corporate performance report.
- Para 34 – refers to reviewing of some planning procedures – is there a timescale for the work and when details will be circulated to members? What is the scope and process for the reviews?
- Para 3 - Some members sought clarity about the figures regarding recurring net annual savings from the investment figure and the duration of the ‘pay-back’ period.
- Regarding flexible and agile working, is it necessary to hold monthly full council meetings as many other authorities of a similar size meet quarterly or bi-monthly?

### **Corporate Performance Report 2020-21 Key Performance Indicators (Agenda Item 8)**

*Members considered this item in full as an item on the Scrutiny agenda.*

- \*Some of the terminology for the measures needs to be revised to be more meaningful to the public, for example PCS4
- \*It would be helpful if measure E1 gave the amount spent – how will the spend be established?
- \*Is there a need to keep measure E5 - Residual Waste sent to landfill - when all residual waste will be going to Avonmouth from April?
- \*EN1 – Number of trees planted, members suggested a better target/ indicator would be percentage growth of tree canopy cover
- \*One member suggested an additional target should be included for Environment for improvement in the provision of public or shared transport.

### **Business Rates Relief (Agenda Item 9)**

- Was there a view of what the changes to the Business Rates Relief would have on the income to the authority?

### **District Executive Forward Plan (Agenda Item 10)**

- No comments.

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## **117. Verbal update on Task and Finish reviews (Agenda Item 12)**

Members noted the updates provided by the Specialist (Members) and Chairmen of the Task and Finish Groups including:

**SSDC Environment Strategy** - Green Travel Plan – nothing to update.as yet.

**Council Support Scheme 2021/22** – group are awaiting feedback and data from neighbouring authorities to see how they are approaching a review this year. .

**Effect of short term lettings** – currently on hold.

The Chairman and other members expressed their concern that the dedicated officer support for Scrutiny work was being temporarily deployed to Elections, and how this would impact the scrutiny function within the authority. It was noted the matter may need to be discussed more formally at a later date.

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**118. Update on matters of interest (Agenda Item 13)**

There were no updates on matters of interest.

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**119. Scrutiny Work Programme (Agenda Item 14)**

The Chairman noted the comments made at the previous item, that it was felt the work of Scrutiny was being impacted by the availability of officer support, and asked the Specialist (Members) to comment.

The Specialist (Members) noted that at the previous meeting, with regard to Transformation and Performance, a member had referred to some of the officer skills being lost or displaced - In specific terms, how the backfilling was being managed and managing the skills gaps. At the time it was discussed at the previous meeting, members had mooted that they would like a report to come forward. However if members wished a report in order to discuss the matter, then specific information about what was to be covered in the report would be required and also clarity about the outcome or what would be achieved by Scrutiny Committee receiving such a *report*. It was suggested that this could be discussed under the Scrutiny Work Programme at a future meeting when there is more time.

There was a short discussion about whether members felt Scrutiny was valued within the authority, and the amount of influence Scrutiny had in the decision making process. It was suggested, and agreed, that the Chairman and Vice-Chairmen of Scrutiny Committee should arrange to meet with the Leader of Council to discuss the role of Scrutiny and how the function operates within South Somerset.

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**120. Date of next meeting (Agenda Item 15)**

Members noted the next meeting of the Scrutiny Committee was scheduled for Tuesday 31 March at 10.00am in the Council Chamber, Brympton Way.

*Post meeting note - the Scrutiny Committee meeting scheduled for 31 March was cancelled.*

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Chairman

# Fit for my future – the health and care strategy for Somerset

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**Dr Alex Murray**



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# Fit for my Future and the Somerset Vision

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- Fit for my Future is a joint strategy led by Somerset Clinical Commissioning Group and Somerset County Council, in collaboration with our partners across the NHS and voluntary sector and is driving the implementation of the Somerset vision.
- ***In Somerset we want people to live healthy independent lives, supported by thriving communities with timely and easy access to high quality and efficient public services when they need them.***

# Fit for my Future

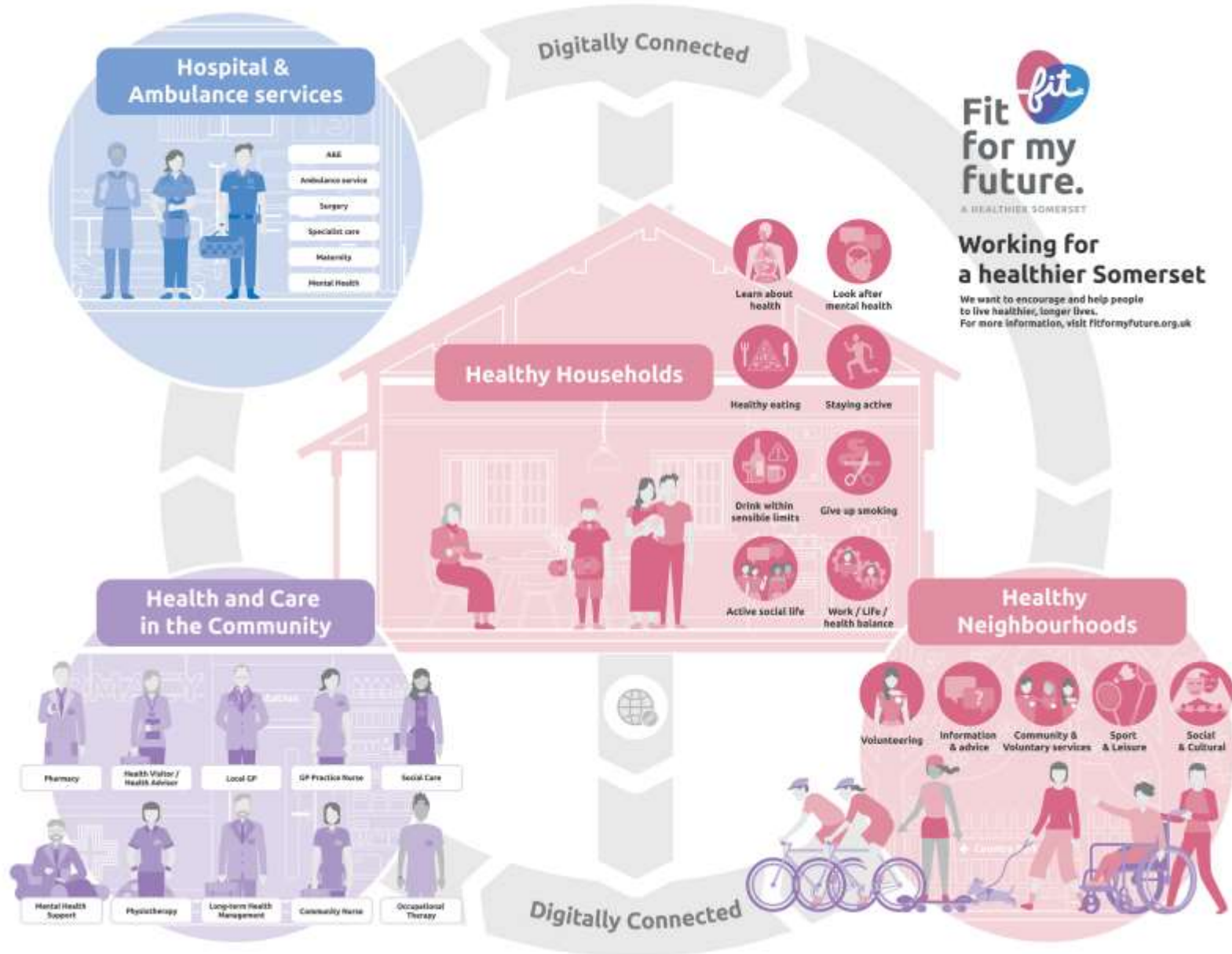
For the people of Somerset this means they will receive a different model of care within their community, as close to home as we are able to achieve, that is safe, effective and equitable wherever people live within the county. We will achieve this by:

- Shifting our focus towards prevention
- The promotion of positive health and wellbeing and tackling inequalities
- Moving to more integrated, holistic services based on the need of the individual and supporting their independence
- Recognising that mental health is as important as physical health
- Shifting resources from hospital inpatient services towards community based services, supporting people in their own homes
- Providing the right care at the right time by the right person, properly resourced

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# Fit for my future

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# Fit for my Future – the process

We are currently reviewing the health and care services provided to Somerset's population. Around 580,000 people are registered with Somerset GPs.

In all of our work we are focussing on the need to bring care as close to home as is practical, investing in and resourcing community based resources along the lines of the NHS Long Term Plan, while reviewing and consolidating where necessary our inpatient bed base.

We will be talking to you later today about the wider community model for health and care services.

Right now, we're here to talk to you about mental health services and listen to your views. Our work on mental health services is the most advanced and we want to share with you our new model of care and get your views on the potential future location of our adult acute inpatient beds.

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# Public consultation on the future location of adult acute inpatient mental health beds

Dr Alex Murray

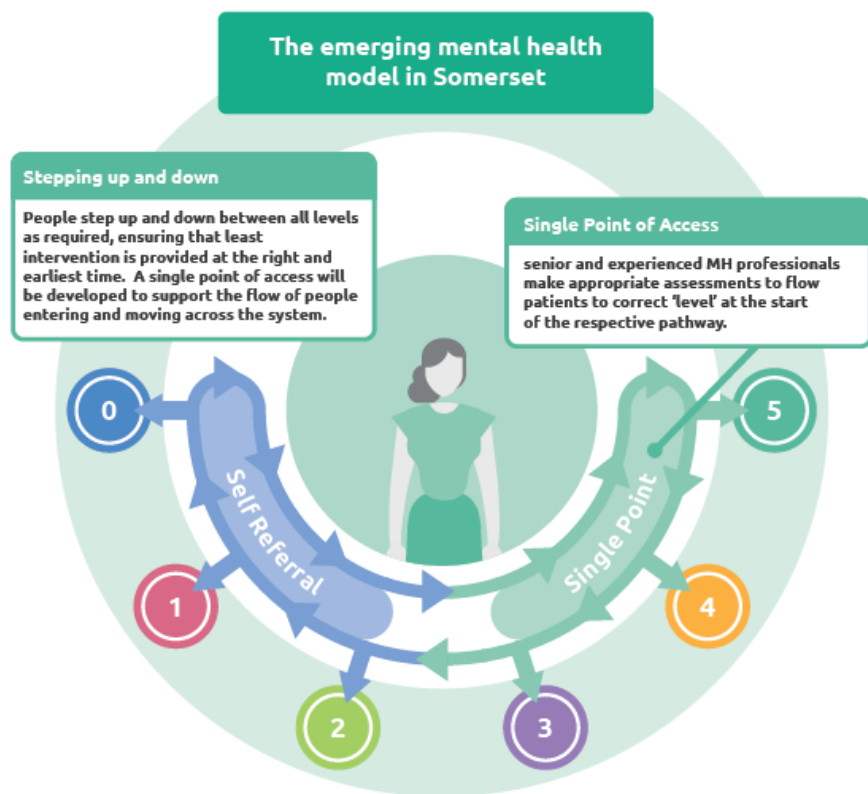
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# Why do we need to focus on our mental health services?

- We know there is inequity in provision and spending between physical and mental health services
- It's thought that over 70,000 of people in Somerset have a mental health problem at any one time:
  - Approximately 46,000 people are registered with their GP as having depression
  - Around 2,400 people are in touch with specialist treatment services
  - On average 620 people are admitted to an acute adult mental health inpatient unit (just over 0.1% of our population) in any one year
- Mental health conditions are becoming increasingly complex, and sadly suicide rates are rising
- Patients, carers and staff say it's difficult to get access to the right services at the right time
- We need to place a greater focus on prevention and recovery with the needs of the person at the centre

# The Mental Health Model in Somerset

Long term conditions, including frailty, are health conditions that can't at present be cured but can be controlled by medication and other treatment or therapies.



What does each levels means?

<b>Offer 0</b>	Building and supporting inclusive communities, understanding what makes people ill, tackling social issues leading to health inequalities eg life expectancy.	<b>Thriving</b>
<b>Promoting positive mental and emotional wellbeing</b>		

<b>Offer 1</b>	Community based support including social and leisure activities that promote emotional wellbeing, often provided by people who have experience of mental health issues.	<b>Coping</b>
<b>Emotional Wellbeing Support</b>		

<b>Offer 2</b>	Improving access to psychological (talking) therapies for anxiety and depression including the use of digital technology. Supporting people with long term conditions and symptom management to meet physical and mental health needs.	<b>Getting help</b>
<b>Timely support and early intervention</b>		

<b>Offer 3</b>	Additional support for people with more complex needs eg experience of previous trauma, who would benefit from specialist talking therapies.	<b>Getting help</b>
<b>Specialist Therapies Service</b>		

<b>Offer 4</b>	Specialist recovery-focused multi-disciplinary mental health support for people with higher level mental health needs including psychosis, severe depression and personality disorders.	<b>Getting more help</b>
<b>Community Services</b>		

<b>Offer 5</b>	Crisis and urgent care support to avoid admissions to hospital eg Crisis Cafes and Home Treatment Teams. Inpatient beds for those who require support in a hospital setting.	<b>Risk Support</b>
<b>Acute/Urgent Care including Home Treatment and inpatient beds</b>		

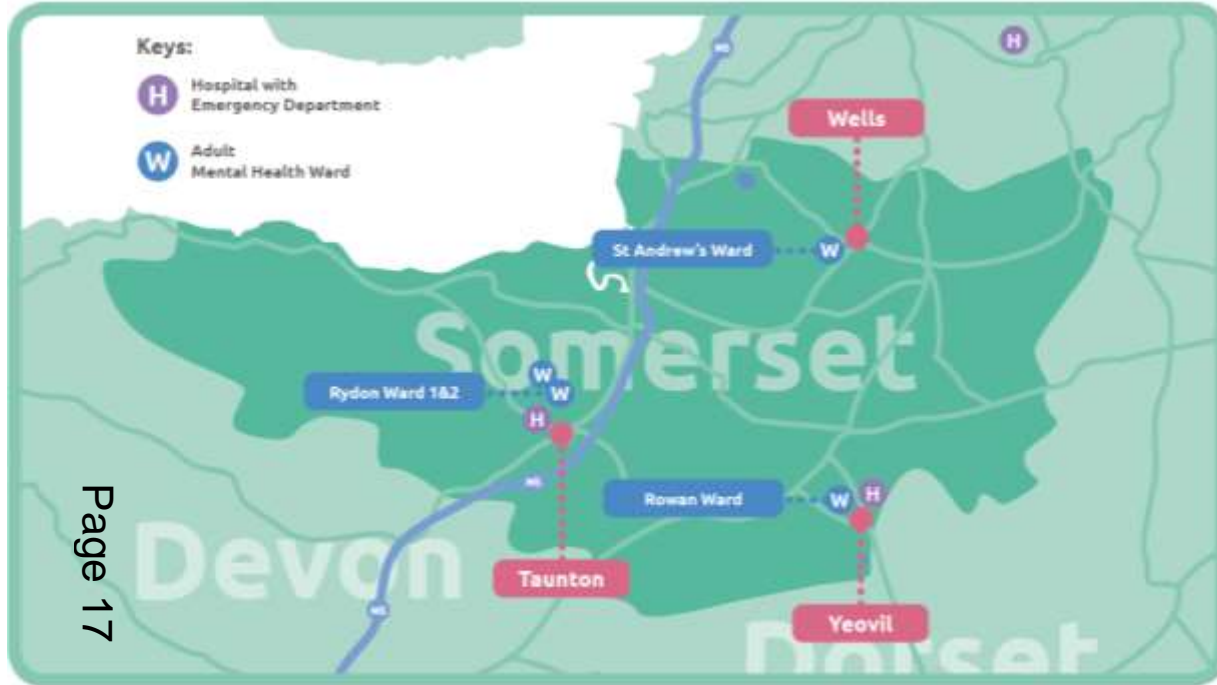
# What does this mean for the people in Somerset?

## We are:

- **Improving partnerships and joint-working with voluntary and social enterprise organisations** - such as the Village Agents, MIND, Rethink and others, increasing the support available earlier in communities and through primary care
- **Increasing the skill mix and capacity of community based mental health teams, home treatment teams, and psychiatric liaison teams in our acute hospitals**– more psychiatrists, psychologists and community psychiatric nurses, enabling safe and effective care for more people at home
- **Appointing ‘Recovery Partners’** – people with lived experience to work alongside Community Mental Health Teams and Home Treatment Teams
- **Developing two Crisis Cafes, one in the Wells/Mendip area, the other in Bridgwater**- to provide safe spaces for people experiencing mental health distress, and support for people at or before they reach crisis point; they’ll be open at times of peak need.



# The current provision of acute mental health inpatient beds in Somerset - a county wide service



Wards	Rowan (Yeovil)	Rydon One (Taunton)	Rydon Two (Taunton)	St Andrews (Wells)	TOTAL
Bed Numbers	18	15	15	14	62

- Adjacent to the Rydon Wards in Taunton is a psychiatric intensive care ward, a S136 place of safety suite, and the two older people's mental health wards.
- Adjacent to Rowan Ward in Yeovil is a S136 place of safety suite
- At the time people are admitted with a mental health crisis, they will be admitted to the ward best able to safely meet their need.

# Why we need to review acute inpatient beds: the critical Issues

- 1. 'Stand alone' wards:** There are no other inpatient ward staff close by to support in times of crisis: Rowan and St Andrews Wards are 'stand-alone' wards (not adjacent to another ward) and rely on the police to support ward staff in times of difficulty.
- 2. Medical cover out of hours:** medical cover is provided 24/7 at Taunton and Yeovil, but 9am-5pm Monday to Friday at St Andrews Ward. As a result patients can't be admitted to Wells after 3pm Monday to Friday or at weekends, and there's no facility for acute psychiatric assessment outside of these hours (psychiatric telephone support only). High risk patients or patients unknown to the service need to be admitted and either remain in Taunton or Yeovil, or transferred back to Taunton or Yeovil in times of crisis, regardless of where they live.
- 3. Distance from an Emergency Department and acute medical support:** Patients admitted to acute inpatient mental health wards are at potentially high risk of harming themselves or others, and at greater risk of medical emergencies than the general population. St Andrews closest ED is at Bath RUH, 22 miles / 45 minutes by ambulance compared to just minutes for Taunton and Yeovil wards. The time taken to reach the nearest acute medical facility can impact on survival and long term recovery from a serious event. High risk patients are admitted & remain at either Taunton or Yeovil.

# Which wards are being considered in the consultation?

- **Rowan Ward, Yeovil:** 18 beds, plus s136 Place of safety
- **St Andrews Ward, Wells:** 14 beds



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Both Rowan Ward and St Andrews ward are 'stand alone' mental health units i.e. they have no other mental health inpatient unit near by.

# Three options were considered

## Option 1 – stay the same

Keep all four wards in the same locations with the same functions and bed numbers; invest in buildings to bring them up to modern standard

## Option 2 – Relocate Wells service to Yeovil

Relocate St Andrews Ward, Wells, and create two wards using existing ward space at Rowan Ward / Holly Court; would require some refurbishment to enable the change

## Option 3 – relocate Yeovil service to Wells

Relocate Rowan Ward, Yeovil, and create two wards, refurbishing or rebuilding the existing Phoenix Ward adjacent to St Andrew's Ward

The preferred option is option 2 – the relocation of the Wells inpatient service to Yeovil, determined through stakeholder deliberative workshops, including review of the evidence and discussion with clinicians, providers, service users and member of the public

# The move from Wells to Yeovil is our preferred option – why

## Distance from an Emergency Department:

- St Andrews Ward is 22 miles / 45 minutes away from the nearest ED at Bath RUH; Rowan Ward is 1 mile away from Yeovil Emergency Department

## Availability of out of hours cover:

- Yeovil and Taunton have psychiatric cover on site at all times, including out of hours, and accredited Clinical Practice Supervisors to oversee training
- Wells doesn't have 24/7 psychiatric cover and doesn't have accreditation due to its size and isolation

## Risk management and safety:

- Even were there to be two wards at St Andrews, Wells (Option 3), a number of patients with high risk of self-harm or complex physical conditions would still need to stay at Taunton to be close to an Emergency Department
- For the same reason the S136 suite couldn't be moved to Wells; capacity of these units is already stretched at times

# Other key considerations in our thinking

## Travel and transport

We analysed the travel times of 321 patients who used Wells and Yeovil services in 2018/19 to compare the options:

- **Transferring Wells beds to Yeovil** – **77** patients would face longer journey time; **28** of them an increase of more than 20 minutes
- **Transferring Yeovil beds to Wells** – **145** patients would face longer journey time; **111** of them an increase of more than 20 minutes

## Workforce:

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- The size of St Andrews Ward and lack of supporting infrastructure make it less appealing for senior consultant psychiatrists
  - Wells can't provide placements to trainee psychiatrists because there are no accredited Clinical Practice Supervisors to oversee their training, and the lack of infrastructure means there isn't the breadth of experience for trainees to develop the full range of competencies and skills they need, this impacts on our ability to recruit and retain staff for the future

## Affordability and value for money:

- Whilst the proposal is not about saving money, the move from Wells to Yeovil is financially more sustainable both in capital and revenue costs

# Implications of moving St Andrews beds to Yeovil

- This option will create two wards of 16 beds, including two extra care areas that can be used to support particular additional requirements at times of greatest need.
- The wards will be equal in size, have round the clock medical cover and be affordable from within existing resources.
- The existing s136 place of safety provision will continue unaffected by these changes, and one of the new extra care areas can function as a section 136 suite in times of need.

## What does this mean for people in South Somerset?

- The community mental health services for South Somerset will be **expanded and enhanced** through our additional investment in community mental health services.
- This means more people will be able to access help and support when they need it.
- There will be **new** services to support more people who traditionally didn't meet the criteria for services, reducing the need for crisis support and admission to an inpatient unit as people are supported earlier.

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## What does this mean for people in South Somerset?

- We will have a greater focus on both prevention and recovery, supporting people to stay well, recover well, and live well .
- If a person needs admission to an acute mental health inpatient unit, they would be admitted to Yeovil. If their carer or family need support with transport to visit them, this will be discussed and we will connect them to organisations who can help support with this.

# Why we are going to public consultation

We want to:

- Understand what is most important to people about mental health services in Somerset
- Understand the issues and challenges people experience in the way our mental health care system works now.
- Share the opportunities we have and why we think making changes will give people better community and ward based services.
- Check out our thinking so far and hear people's views; we want to know whether there is anything we have missed, not thought of, or could do differently.

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## Next steps

The consultation will run until 12 April 2020. We hope as many people as possible will give us their views.

Page 27 All your feedback will be independently analysed by an organisation called Participate Ltd. They will produce an independent report which we will publish this summer.

## Next steps

This report will go to Somerset Clinical Commissioning Group's Governing Body who will make a final decision on whether the proposals should go ahead.

Page 28 We will publish the final decision on our website:  
[www.fitformyfuture.org.uk](http://www.fitformyfuture.org.uk) and will share this decision widely.

# Thank you – Any questions?

