

## **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 8 May 2019 at 10.00 am

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

**Other Members present:** Cllr D Ruddle, Cllr C Lawrence, Cllr M Chilcott and Cllr D Huxtable

**Apologies for absence:** Cllr B Revans and Cllr G Verdon

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

There were no new declarations of Interest.

**178 Minutes from the previous meeting held on 03 April 2019 - Agenda Item 3**

The minutes for the previous meeting were agreed.

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

There were no public questions.

**180 Somerset CCG Finance update - Agenda Item 5**

The Committee considered a report on the Somerset Clinical Commissioning Group's financial performance for 2018/19 as at 31 January 2019. Funding from NHS England amounted to £800m with a planned in-year deficit of £9m This is underpinned by a requirement to deliver Quality, Innovation, Productivity and Prevention (QIPP). The Clinical Commissioning Group has demonstrated achievement of the Commissioner Sustainability Funding (CFC) which will secure an additional £9million funding enabling the Somerset Commissioning Group to deliver a balanced budget position for 2018/19.

The Committee were informed that the challenge is to set a budget plan at the beginning of the year when there are unexpected changes in demand. This year that has been the increase in Emergency Admission to both main hospitals. Somerset is much higher than other comparable CCG areas with similar demographics.

The report contained detailed information on the areas of expenditure with an indication of the reported variances and whether they were red, amber or green indicating whether they were Improving or Static with a favourable variance (green) Static with an adverse variance (amber) or Deteriorating (red).

The Committee discussed the report in detail and during this the following points were raised:

- Staff Pay Awards and how these were funded. It was confirmed that these are planned for but must be found from efficiency savings as the

Department of Health funding does not include an increase to take account of pay awards.

- The Committee were interested in plans to address the areas of the budget that were being reported as deteriorating. There is a national programme of NHS Improvements and this contains a wealth of information on how to make efficiencies and this has informed many of the decisions locally. Some efficiencies deliver results quicker than others but all drive change to improve patient outcomes.
- The long-term goal of moving resources from secondary care to primary care recognising that the desired balance has not yet been achieved but progress is being made. Work with Somerset County Council has assisted that movement of resources and the investment in Mental Health Services has developed better networks to support people in their local area. Taking the pressure off centralised provision.
- Following on from this there was some discussion around the need to make sure the provision of suitable and adapted housing was included in the strategic vision as this would assist in speeding up the movement from hospital to home. The multi-agency approach is essential to delivering this goal.
- The length of time between the referral by a GP to getting an appointment with a Consultant was too long. It was recognised that for some appointments this was outside the target wait times. MRI scans at Musgrove Park Hospital had slipped and to resolve this a mobile unit has been installed.
- Somerset has the highest level of recorded admissions of young people for unintentional and deliberate injuries. As this was not covered by the Financial Report further information would be shared with the Committee.
- The Committee were interested in prevention work and how this fitted with the Fit for My Future initiative. Prevention is the driving force behind this and it is the best way to meet the challenge and make resources stretch. The baby boomers from the 1940's will be approaching 80 over the next few years. Plans need to take account of the potential increase in demand.
- The Committee were keen to acknowledge that Somerset bucked the trend in terms of GP recruitment; nevertheless, they recognised that there was still an over reliance on agency staff and a strong desire to reverse this and to encourage recruitment of permanent staff.

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

**Noted the contents of the report and the challenges in delivering the financial position in 2018/19 and actions needed to address the planned in-year deficit.**

#### **181 South Western Ambulance Service Trust Performance Report - Agenda Item 6**

The Committee considered a report and presentation from the South Western Ambulance Service. This service covers the whole of the South West, has

4,500 staff and has two Call Centres (Exeter and Bristol). The Service has undergone a transformation from a target driven service to one where the national standards are set in the interest of saving lives and supporting patients.

All calls to the ambulance service are assessed and given a category and each has a different target response time. These are as follows: -

Category	Response time	Examples
1	Average 7 minutes (90 <sup>th</sup> centile less than 15 minutes)	Time critical life-threatening event needing immediate intervention
2	Average 18 minutes (90 <sup>th</sup> centile less than 40 minutes)	Potentially serious that may require rapid assessment, urgent on-scene intervention – urgent transport.
3	Average 60 minutes (90 <sup>th</sup> Centile less than 120 minutes)	Urgent problem needing transport to relieve suffering
4	Average 60 minutes (90 <sup>th</sup> centile less than 120 minutes)	Problems that are not urgent but need assessment and possible transport.
5 Hear and Treat – Clinician supported home management	90 <sup>th</sup> centile less than 180 minutes	No ambulance required but ongoing referral or attendance of other provider in accordance with local plans.

When the number of calls in each category was mapped across the region it was clear that there was insufficient resource to meet this target timescale for each category. There has been a release of £19 million over the next two years to invest in new vehicles and staff. Unlike some parts of the NHS the Ambulance service has been able to recruit trained paramedics and relevant support staff. There has been a low turnover of staff which has helped. There is also a valuable volunteer base offering a lifting scheme associated with the emergency Piper response alarms. The introduction of a GP 999 car has proved very successful and will continue.

The Committee welcomed the report and during discussion the following areas were covered: -

- The close working relationship with other emergency responders such as the Fire Service. The Committee were interested to know if there could be even closer working such as training the Fire Service responders to undertake some basic paramedic training.
- The availability of defibrillators in the community and the mapping of their availability. The Committee heard that the Ambulance service do record the location of all defibrillators in the community if they are made aware of them. The Committee asked how they were used and if the clock stopped once it was established that a defibrillator was available

and someone on scene was being talked though using it. It was confirmed that the clock did not stop in this scenario.

- The Committee were interested in the capture of information around 'fall out rates'; when people decide to transport to A&E themselves. They were informed that this was not centrally collated but if there was a concern it would be tracked and logged.
- The Committee were concerned that an elderly person lying on the floor, with perhaps a broken hip, would be categorised as Category three or four. This means that the target is to get there within 2 to 3 hours. This can be very distressing for both the patient and the family. With limited resources it is necessary to prioritise to respond to the greatest threat to life and this can be difficult for those not given the highest priority.
- There was some discussion about 'adverse incidents' and the number recorded in Somerset. The Committee were informed there had been one in January 2018 and that under resourcing was raised as part of the concern.

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

**Noted the Contents of the Report, welcomed the investment in the service and asked for a further update once the new vehicles are in place.**

**182 Somerset Primary Care Committee Update - Agenda Item 7**

The Committee received a report and presentation that highlighted the recent work and forward plans of the CCG Primary Care Commissioning Committee. The purpose of this is to encourage individuals and communities to take control of their own health and wellbeing. The primary care workforce aims to achieve this by: -

- Promoting joined up person-centred care,
- Using IT innovations to allow access to healthcare,
- Ensuring that there are stable and viable providers of primary care,
- Improving urgent care services,
- Supporting continuous quality improvement.

Somerset CCG has been in a joint commissioning relationship with NHS England in respect of GP services since 2016. On 1 April 2019 the CCG took full commissioning responsibility for GP services from NHS England. As part of this change, the previous Primary Care Joint Committee has been disbanded and a new Primary Care Commissioning Committee has been created. The priority for this new Commissioning Committee is to use local budgets to the best effect and to deliver national priorities locally. The key challenges to this are the ongoing recruitment of GPs (Somerset has bucked the national trend to some extent) and the reliance on agency staff. Of concern is the Locum Agency are only able to fill 70% of the shifts being requested.

The Committee noted that the resilience and sustainability of some small rural practices is a challenge. Recently a small local practice on Exmoor had to close when a husband and wife GP team both retired. This was a unique set up as the GP surgery was sited in part of their domestic dwelling.

During the discussion the following matters were raised: -

- The availability of patient records at all points in the NHS. The way in which technology has been introduced and developed in Hospitals, GP surgeries and other services has resulted in fractured communication. This is being addressed and is getting better. It was recognised that there is still more work to do to make this fully accessible.
- There have been some different models for the running of GP surgeries being tested. Some are content with the business model and other surgeries have accepted support from the Foundation Trust. The Committee were interested in the workload of GP's compared to the national position. The number of patients seen by each GP in a day has been increasing and is above that of many other countries in the world. Primary Care is testing out models that use the skills of other Healthcare professionals. The biggest challenge to this is the expectation of patients who like to see their GP when they might not be the most appropriate person. The Committee also discussed the number of new houses being built in the County and wanted assurance that there would be sufficient GP capacity to support this. If patients could accept the new models of healthcare and they took heed to look after themselves it would be possible to deliver quality healthcare the newly expanded population. There are currently 65 GP surgeries, but this may reduce as the smaller practices merge.

**The Scrutiny for Policies, Adults and Health Committee welcomed the update and supported the plans for the future development of Primary Care in Somerset.**

**183 Somerset Oral Health update - Agenda Item 8**

The Committee considered a report on Oral Health Services in Somerset. The report set out the statutory responsibility of Somerset County Council to promote oral health. The duty of the local authority, under the Health and Social Care Act (2012), is to provide or make arrangements to secure the provision of an oral health promotion programme and oral health survey.

- oral health surveys to facilitate

- i) assessment and monitoring of oral health needs
- ii) planning and evaluation of oral health promotion programmes
- iii) planning and evaluation of the arrangements for provision of dental services as part of the health service
- iv) where there are water fluoridation programmes, the monitoring and reporting of the effect of these programmes.

The oral health promotion strategy and commissioning programme supports the vision in Somerset's County Plan to help people help themselves and target our resources where they are needed most. The oral health strategy and the commissioning of, an all age, oral health promotion service supports the population to develop healthy behaviours and promote behaviour change to improve the oral health of Somerset's population.

The Committee noted the detail of how the NHS Dental contract operated. There are 66 Dentists who are contracted to undertake 908,968 units of activity. This contract gives 54.30% of the population of Somerset access to an

NHS dentist, the ideal is 60%. The main challenge to achieving this target is in recruitment. Recent graduates want to stay in the big cities where opportunities are greater, and they tend to gravitate towards private practice where the earning power is greatest. The Committee heard that there have recently been three contract terminations in Somerset and despite the requirement to give three months' notice it can take up to 12 months to find a replacement.

During discussion the Committee raised the following: -

The 60% target for access to an NHS Dentist was challenged as not being sufficiently ambitious. Whilst accepting that young dentists may want to stay in the city Somerset has much to offer. The need to allow for patient choice and the need to be efficient is why the target is set at 60%. While the Committee accepted that was the National target they wanted to express a more ambitious target for Somerset and wanted this made clear to the Chief Dental Officer when she visited Somerset on 22 May.

The Committee were interested in the number of patients using private dentistry but were informed that this was not collected as part of the survey. They were also concerned that there was no data currently available that recorded the number of children not accessing dental services.

The Committee were interested in the NICE recommendations for check-ups. It was confirmed that they can range between 6 and 36 months depending on the recommendation of the dentist and the state of the teeth.

The Committee also suggested that it would be useful to have some information on the availability of dental services across the County overlaid with areas of highest deprivation and population. This mapping work will be undertaken by the report author and the relevant person in SCC.

**The Scrutiny for Policies, Adults and Health agreed to write to the Chief Dental Officer to challenge the target of 60% access to a dentist.**

#### 184 **Somerset County Council Business Plan - Agenda Item 9**

The Committee considered a report outlining Somerset County Council's Business Plan. This plan was originally approved in 2018 and states what the County Council will aim to achieve with partners and communities to deliver the County Vision, namely: -

- A thriving and productive County that is ambitious and confident
- A County of resilient, well-connected and compassionate communities working to reduce inequalities.
- A County where all partners actively work together for the benefit of residents, communities and businesses and the environment.
- A County that provides the right information, advice and guidance and directs support to those who need it most.

The intention was to review the Business Plan to make sure it is on track, effective and responsive. To this end Plan has been revised and updated. The updated version has been endorsed by the various committees en-route to Cabinet.

The Plan for 2019/20 contains the same vision but has some additional priorities have been added to the section of the Business Plan entitled: Meeting the Councils challenges: sustainability, quality, quality and focus. The five priorities are now: -

- Organisational Re-Design (new)
- Our Culture and approach
- A digital and technology-enabled council
- Effective and resilient delivery
- Reduce demand for high cost services (new)

The Committee welcomed the additions and commented that they were pleased to see that the report now included earned income and not just expenditure.

**The Somerset Scrutiny for Policies, Adults and Health Committee considered and supported the additions to the Business Plan.**

**185 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 including Cabinet meetings.

The Committee reviewed the Work Programme and asked that an update on Oral Health was included at a later date.

**186 Any other urgent items of business - Agenda Item 11**

There were no other items of business.

**(The meeting ended at 1.15 pm)**

**CHAIR**