

Report of the Scrutiny for Policies, Adults and Health Committee

Chair: Cllr Hazel Prior-Sankey

Division and Local Member: All

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1. Summary

- 1.1** The Scrutiny for Policies, Adults and Health Committee is required by the Constitution to make an annual report to the Council each year and also to provide each other meeting of the Council with a summary progress report and outcomes of scrutiny. This report covers the meetings of 08 May, 05 June and 03 July 2019.
- 1.2** The Committee agreed their work programme would comprise of items considered directly at meetings plus other items considered or 'commissioned', using flexible arrangements outside of the formal committee structure.
- 1.3** Members of the Council are reminded that:
- all Members have been invited to attend meetings of the three Scrutiny Committees and to contribute freely on any agenda item;
 - any Member could propose a topic for inclusion on the Scrutiny Work Programmes;
 - any Member can be asked by the Committee to contribute information and evidence and to participate in specific scrutiny reviews.
- 1.4** The Committee has 8 elected Members.

2. Background

2.1 Scrutiny Work Programme

At each meeting, the Committee considers and updates its work programme, having regard to the Cabinet's forward plan of proposed key decisions. Members appreciate the attendance of representatives and stakeholders from partner agencies.

2.2 08 May 2019 Somerset CCG Finance Update

We 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.

We 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.

South Western Ambulance Service Trust Performance Report

2.3

We 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.

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 trial of a GP led 999 car has proved very successful and will continue.

Somerset Primary Care Committee Update

2.4

We 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 that the Locum Agency are only able to fill 70% of the shifts being requested

Somerset Oral Health Update

- 2.5** We 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.

We 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.

05 June 2019

Fit For My Future

- 2.6** We considered a report giving an update on progress on Fit for My Future and invited views on the proposals for engagement and consultation strategy. The report summarised the 'Fit for My Future' Programme which was introduced in the proposals for changing health care services in Somerset. We discussed the detailed proposals and asked that the window for consultation be extended beyond the proposed two-week timescale. To allow as wide and detailed consultation as possible. We agreed that the consultation needed to be done properly in order to support any subsequent decisions about the changes to provision of health care services in Somerset. We asked for some detail about proposed timescales and where we were on the route. In response we were informed that the proposals around Mental Health provision are likely to be the first changes introduced and the aim is to deliver this in March or April 2020. It was too early to put a timescale on the proposals around Community Settings.

Intensive Dementia Support Service

- 2.7** We considered a report on the enhancements made to the community Intensive Dementia Support Service for Somerset (IDSS). These changes were necessary to ensure provision of safe, sustainable and quality community services for people with dementia, in line with services for those older people with a non-dementia mental health illness. It enables patients to be assessed, treated and supported seven days a week, within their own home in line with a shared vision to focus care as much as possible in supporting people within their local communities and away from an institutional focussed model of care. The IDSS is now a national programme and is in the best interest of patients.

We discussed the report and welcomed the positive contribution the IDSS is making to patients and were keen to make sure that the service did not forget to take account of the whole family around each adult as they too need support to be able to cope with and continue to support their family member.

CCG Integrated Quality Report

- 2.8** We considered an update on the Integrated Quality, Safety and Performance. The CCG has established performance monitoring meeting with all providers of healthcare services, this paper gives a summary of the escalation issues for quality, safety and performance against the constitutional and other standards for the period 1 December 2018 to 30 March 2019. In 2018/19 the demand for both elective and emergency services in Somerset continues to increase compared to the previous year. This has led to increased waiting times particularly for diagnostics and elective treatment. The CCG and Health providers have identified particular areas of pressure and these are monitored with support from the Somerset Referral Management centre to offer alternative choice to individuals
- We noted this paper as assurance of the health performance reviews.

Adult Social Care Performance Report

- 2.9** We received a report which followed on from the report provided to us on 13 March. This update highlighted some of the key performance measures relating to Adult Social Care. The accompanying appendix provided further detail in relation to some of those indicators monitored closely by the service which help to evidence the improvements and areas for further development identified within the main report.
- We noted the updates in relation to Adults and Health performance trends captured within the report and the actions being taken to continue to improve the service.

03 July 2019

Community Hospitals Update

- 2.10** We had a report from the Somerset Partnership NHS Foundation Trust Board took the decision in September and October 2017 to temporarily close the inpatient wards at Chard, Dene Barton and Shepton Mallet Community Hospitals in order to consolidate beds and staff on to fewer sites to make them sustainable in light of significant staffing problems. Since that decision the position in all three locations has been kept under review. Shepton Mallet was reopened in May 2018, Wellington was closed in July 2018 and will reopen in September 2019. Currently there are 13 community hospitals across Somerset providing 222 inpatient beds.
- Somerset Partnership remains committed to re-opening the temporarily closed wards as soon as it is safe to do so with appropriate levels of staffing to ensure quality provision of care.
- The Trust is reviewing the options for delivering sustainable community hospital inpatient services with Somerset Clinical Commissioning Group for next winter

and we will be kept informed of developments.
We discussed the report and agreed the recommendations.

Update on Podiatry Service

2.11 We discussed a paper that set out a proposed revised service model to support a sustainable future for the provision of podiatry in Somerset and maintain improved amputation rates since the introduction of the Somerset Foot Integrated Pathway in 2014. This revised service model arose from a need to address staff shortages leading to the service placing all routine and Bio referrals on a waiting list in order to ensure the high risk and ulcerated patients receive care in a timely manner. While the service strived to see routine patients within KPI's it was recognised that the rise in acuity and staffing challenges have made this very challenging. Furthermore, the reduction in podiatrists being trained will result in a smaller pool of trained staff, thereby necessitating a move towards a new skill mix. We were informed that there had been County Wide consultation and the proposed changes represented a better option for many. We agreed that this should be kept under review and plans are made to cope with the pressures of winter.

Hydrotherapy Service

2.12 We considered a report which notified us that Taunton and Somerset NHS Foundation Trust has been awarded STP capital funding to develop an Acute Assessment Hub on the Musgrove Park Site. The proposed location for this investment is for the therapies department to provide a closer proximity to the Emergency Department. The proposed relocation of hydrotherapy services into a community setting has long been anticipated as part of the hospital development plan at Musgrove Park Hospital. This will enable acute and emergency services for the sickest patients to be centralised into one location. This service does not need to be located on an acute hospital site and there are no affordable options for relocating this service elsewhere on the hospital site. We considered the report and discussed all the alternatives and then agreed that the proposed site was the most appropriate.

Report on Sexual Health Services

2.13 We considered a report on sexual health services. We heard that there have been good improvements in sexual health both nationally and in Somerset but there are concerning underlying trends that are in turn impacting on population health and sexual health service demand. We were asked to consider:

- the rising rates of some sexually transmitted infections
- the demand on sexual health services in Somerset
- access to long acting reversible contraception

We discussed the report and agreed that there was an opportunity for some wider communication on raising awareness of some aspects of improving sexual health.

3. Consultations Undertaken

The Committee invites all County councillors to attend and contribute to its meetings.

4. Implications

The Committee considers carefully and often asks for further information about the implications as outlined in the reports considered at its meetings.

For further details of the reports considered by the Committee, please contact the author of this report.

5. Background Papers

Further information about the Committee including dates of meetings and agendas and reports from previous meetings, are available via the Council's website:

www.somerset.gov.uk/agendasandpapers