

Minutes of a Meeting of the Scrutiny Committee - Adults and Health held in the Sedgemoor Room, Bridgwater House, King Square, Bridgwater, TA6 3AR, on Thursday, 5 October 2023 at 10.00 am

Present:

Cllr Gill Slocombe (Chair)

Cllr Emily Pearlstone
Cllr Rosemary Woods
Cllr Kathy Pearce

Cllr Claire Sully
Cllr Martin Lovell
Cllr Martin Wale

In attendance:

Cllr Dean Ruddle

Other Members present remotely:

Cllr Graham Oakes
Cllr Sue Osborne
Cllr Leigh Redman

Cllr Andrew Govier
Cllr Peter Clayton
Cllr Fran Smith

28 Apologies for Absence - Agenda Item 1

Apologies were received from Councillors Tony Robbins, Christine Lawrence, Hilary Bruce, Ben Fergusson and John Bailey.

29 Minutes of Previous Meeting - Agenda Item 2

Resolved that the minutes of the Scrutiny Committee - Adults and Health held on 12 October 2023 be confirmed as a correct record subject to the addition of a note to the effect that the NHS rarely make use of Section 106 monies.

30 Declarations of Interest - Agenda Item 3

There were no new declarations.

31 Public Question Time - Agenda Item 4

There was one Public Question from Eva Bryczkowski:

Question 1

For people who are not registered as an NHS patient, how long will it be before they can register as a new NHS patient in Somerset?

Thank you for your question concerning access to NHS dental services in Somerset. The way patients engage with dentistry has evolved. Patients no longer stay with one dentist for life; instead, they typically visit a dentist for the duration of their treatment.

To find a dental surgery that suits your convenience, whether near your home or workplace, you can use www.nhs.uk. You can reach out to dental practices through phone calls or by visiting their individual websites to inquire about available NHS appointments.

In case of a dental emergency, we have established procedures to ensure that individuals without a regular dentist, requiring urgent dental care, can receive prompt assistance. Patients should contact NHS 111 for guidance on accessing urgent dental appointments in their area.

Additionally, we have introduced an initiative where patients can receive stabilisation care to ensure their dental health remains stable.

We understand that finding a dentist can be challenging, and dental surgeries may not always have the capacity to accept new NHS patients. In such cases, you might need to join a waiting list, seek out a different dentist currently accepting new NHS patients, or consider private dental care.

As of April 1, 2023, our dental commissioning team has taken responsibility for overseeing NHS dental services in Somerset. We are actively collaborating with local providers to address the shortage of NHS dental services in the region. Our efforts include implementing initiatives to increase the availability of dental appointments and launching preventive care programs to support patients in maintaining their oral health.

A key part of our initiatives is close collaboration with the local dental committee, including Somerset dental practices, local public health experts, and the local dental

network and managed clinical networks. Together, we are developing new care pathways and identifying opportunities to expand dental capacity within our community. Furthermore, we are working alongside Local Authority Public Health teams to promote and enhance oral health, focusing on both children and adults.

We are also exploring opportunities to commission additional NHS services from dental practices that have the capacity to provide them. It's important to note that dental practices providing NHS treatment are listed on www.nhs.uk, and they are contractually responsible for maintaining accurate information on this platform. Regular updates are emphasized to ensure patients can access up-to-date information about available services.

We hope this information provides clarity on the current state of NHS dental services in Somerset and reassures you that we are actively addressing these challenges to improve access to dental care for our community. Please do not hesitate to reach out if you have any further questions or concerns. Your oral health is our priority, and we are committed to delivering the highest quality care possible.

Question 2

What happened at the national consultation and what result the result?

Regarding your inquiry about the national consultation, it's important to clarify which specific consultation you are referring to, as there have been various developments in the dental field at the national level.

We are aware of ongoing national changes, including revisions to the Unit of Dental Activity (UDA) and the imminent release of the dentistry recovery plan. These changes, coupled with further adjustments to the national dental contract, are aimed at enhancing patient access to dental care and making NHS dentistry a more attractive option for dental professionals. While we await the specifics of these developments, we remain optimistic that they will bring positive improvements to the field of dentistry.

32 Adult Social Care Performance Report, Budget Report and Winter Planning - Agenda Item 5

The Lead Member for Adult Social Care introduced the report covering the latest Budget Report. The current position is £523.7 m against a net budget of £493.4m. This results in a £30.3m adverse variance of 6.1%.

- Adult Services are showing a £14.9m adverse variance against their budget

(8% of service budget). This variance is mainly in the adult social care and Learning Disabilities budget areas.

- Children's Services are showing a £11.8m adverse variance against their budget (9.6% of service budget). This variance relates to External Placements.
- Climate and Place are showing a £2.3m adverse variance against their budget (2.6% of service budget). This adverse variance is seen across Waste Services, Infrastructure and Transport and Economy, Employment and Planning.
- Strategy, Workforce and Localities are showing a £1.3m adverse variance against their budget (6.4% of service budget). This variance is reported in Legal Services.
- Resources and Corporate Services are showing a £0.3m adverse variance against their budget (1.39% of service budget), This variance is reported in Legal Services.

Adult Social Care: Key Performance Summary

The Committee had a presentation on the Key Performance areas of Adult Social Care.

The Committee heard that the monthly average volume of calls handled by Somerset Direct was 5,893 in 2021/22 and 5,830 in 2022/23. So far in 2023/24 the average is 5,682. Whilst there is a high demand the support and advice given by Somerset Direct has been able to resolve a high level of queries at this very early stage thus taking the pressure off statutory services .

Overdue Care Act Assessments and Reviews.

The Committee heard that The number of overdue assessments and reviews continue to remain high, impacted by rising demand, complexity of need and ongoing internal workforce pressures.

Unmet need (homecare provision)

Somerset has continued to see the impact of additional investment and focused commissioning activity, as well as some pick up in care provider recruitment of new starters over recent months, with levels of unmet homecare need falling to their lowest ever levels since March 2021. The average package size for Homecare has increased year on year. This can be attributed to greater complexity of need in a ageing population.

My Life My Future

The Committee had a brief summary of the My Life My Future Programme and the five workstreams it contains. These are the drivers for the ambitious service which is future focussed, providing the right care, in the right place, at the right time.

The Committee discussed the report and asked the following: -

- Why had the volume of 'handbacks' increased? This was sometimes an issue

of capacity of small providers, Sometimes the poor behaviour of service users and due to workforce capacity.

- Do people get the care they need? This is followed up and the fact that 80% of people are able to remain in their own home is testament of a successful service. Those who do return to hospital are often due to a new and unrelated matter.
- Are people discharged too soon? Discharge is a decision by a Multidisciplinary Team and not simply a response to 'bed blocking' pressures.
- Are we confident we have enough beds following the closure of some Care Homes? Planning is carried out to make sure demand can be met and assurance was given that there were sufficient beds available.
- What criteria is used to classify a 'Carer'. DWP use a very specific criteria to decide on the award of Carers Allowance but the Council use the definition contained in The Care Act 2014.

The Committee discussed the latest Adult Social Care budget report and noted the details.

The Committee noted the Adult Social Care Performance report and were please to commend Somerset Direct for the support this first point of contact gives in resolving so many queries without the need for further costed or statutory service from the Council.

The Committee agreed that the Winter Planning information could be raised later or circulated to the Committee.

33 Integrated Care Board (ICB) Performance Report - Agenda Item 6

The Committee had a presentation and report to update them on the Quality, Safety and Performance of the Integrated Care Board (ICB).

Primary Care Access

The Committee was informed that Primary Care services have continued to experience considerable operational challenges in July 2023 with approximately half of the GP practices in Somerset reporting their OPEL status as OPEL 3 or above (Operational Pressures Escalation Levels). The practices reported pressure still showing in General practice due to staff shortages, sickness and patient demand and annual leave. In July 2023 there were approximately 286,000 primary care consultations with either a GP or other healthcare professional, which is an increase of 4.8% when compared to July 2022. Of these consultations 59.3% were delivered face to face (compared to the South-West Regional average of 66.9% and 6 68.3% in England) and 80.9% were made within 14 days and 43.9% made on the same day.

NHS 111 Service

There are ongoing pressures across the wider UEC (Urgent and Emergency Care)

system both in Somerset and nationally. During the cumulative period April and July 2023 there were 62,000 people across Somerset who contacted (and had their call answered) by the NHS111 Service and this represents a 20.1% cumulative increase in demand over this period and comparable increase of 19.9% was also seen in the latest reported month (July 2023). The average speed to answer calls in Somerset improved by 20 seconds in July 2023 to 213 seconds compared to the England average of 159 seconds. There has been a significant reduction in the number of abandoned calls since HUC took over the running of the NHS 111 Service in Somerset from April 2023. Of the total calls received in July 2023 12.4% were abandoned compared to the previous England average of 9.1% and is an improvement upon the previous month. 63.5% of calls were assessed by a clinician or clinical advisor compared to the England average of 43.8%.

Ambulance Performance

The number of people calling the ambulance service in July 2023 was 2.5% lower than the same month in 2022, but on a cumulative basis during the period April to July 2023 there was an overall 0.6% increase in demand.

A&E Performance

Demand for A&E services has increased in 2023 and during the cumulative period April to July 2023 attendances to A&E has increased by 2.3% across Musgrove Park Hospital (MPH) and Yeovil District Hospital (YDH) sites, and in July 2023 reduced by 1.9%. In July 2023, A&E 4-hour performance at MPH was at 65.1% and at YDH 67.2%, which is an improvement upon the previous month at both sites. Both MPH and YDH 4-hour performance is above (better) than the National and South-West average and MIU performance of 96.9% is comparable to the previous month.

Elective Recovery and Waiting Times

The waiting times expectation in 2023/24 is that there will be no patients waiting in excess of 104 and 78 weeks throughout the year, and the new ambition is for there to be no patients breaching 65 weeks by March 2023. In July there were no patients waiting over 104 weeks and continue to be no patients who are forecasted to breach this waiting times standard as of the end of September.

Diagnostic Waiting Times

The number of patients waiting more than 6 weeks for a diagnostic test or procedure in July 2023 has increased by 501 patients to 3,650, but those waiting in excess of 13 weeks has slightly reduced. The proportion of patients waiting less than 6-weeks in July was 75.5% and achieving the 75% Regional improvement standard.

Cancer Waiting Times

The 28 Day Faster Diagnosis Standard (FDS) performance has improved this month to 73.3% (+4.2% to previous month) and is 9.2% higher (better) than our operational plan of 64.5% for June. The most impacted tumour sites are lower gastrointestinal, gynaecological, Skin and Urological. Key drivers are the shortfall in colonoscopy

capacity to meet the significant increase in demand and capacity and challenges within the skin cancer service at University Hospital Bristol and Weston FT and an increase in gynaecological and urological demand YDH and MPH.

Mental Health – Improved Access to Psychological Therapies (IAPT)

The number of people accessing treatment for the year to date in July 2023 using local unvalidated data is 3,719 against the 2023/24 annual target of 13,896 (26.8% of the annual target) and whilst it is recognised that the service remains behind target, we are the only system in the South-West showing a long term sustained upward trajectory.

The Committee discussed the report and the following points were raised:-

- Why the increase in 111 demand? This was in part due to recent national advertising campaign.
- Is the discharge service a 7 day a week service? Yes
- Anecdotal reports of 9 month wait for eye treatment. The Councillor was invited to share the concern in private.
- Ongoing concerns about Ambulance response times 38 minutes against a target of 18 minutes is of great concern. As it people self-referring to A&E when an Ambulance is not available.

The Somerset Scrutiny for Policies Adults and Health Committee welcomed the detailed report and asked to kept up to date with the ICB Quality Performance.

34 NHS Dentistry Report - Agenda Item 7

The Committee discussed a report on Pharmacy and Dental Services.

Pharmaceutical Services are commissioned from independent contractors, Community Pharmacy, Dispensing Doctors and Dispensing Appliance Contractors. Community pharmacy contractors comprise 'bricks and mortar' pharmacies and distance selling pharmacies. There are not generally individual contracts for pharmaceutical services commissioning, there is a contractual framework laid out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. In order to provide NHS pharmaceutical services, the contractor must be on their local pharmaceutical list. Access to pharmaceutical lists is controlled by regulations, the process for this is the responsibility of the ICB. Once on the list, contractors must meet their terms of service including providing essential services in line with the contractual framework and can choose to provide advanced services if they meet the requirements of those services. Distance selling pharmacies are not permitted to provide essential services to patients face-to-face at their listed premises, although they can provide advanced and enhanced services face to face.

There are two types of NHS dental contracts: General Dental Services (GDS) contract and Personal Dental Services (PDS) Agreement. GDS and PDS are nationally agreed regulatory and contractual frameworks. GDS contractors must provide mandatory services and can provide additional services. They are not time limited and do not have a fixed expiry date. PDS Agreements allow contractors to provide mandatory services or additional services. They are time limited and have a fixed expiry date (usually five years) however, contractors providing mandatory dental services with a PDS agreement can convert this activity to a GDS Contract. ICBs contract directly with independent contractors (dental practice owners), who then employ and / or subcontract with staff to deliver NHS dental services. Dental Public Health Consultants are responsible for assessing the oral health needs of their local populations and publishing and updating the Oral Health Needs Assessment. ICBs will need to commission dental services to meet the needs of their population. Current contracts are based on existing arrangements. The commissioner will need to determine whether any new contracts or temporary arrangements must be competitively tendered and procured in accordance with procurement law and any procurement protocol issued by NHS England.

The Committee discussed the report and aired a general frustration of all residents on not being able to access NHS funded dental care. The Committee were surprised to learn the Government funding for Dental Services is based on an assumption that funding will only be available to cover 50% of the population and the rest will voluntarily opt for Private Dental Services was not generally known.

The Committee share a general frustration that the current contract was not delivering a service to residents in Somerset and the solution was very slow in being delivered. The Committee were assured that Flexible Commissioning would yield results but needed to be tempered with an understanding that there is a national shortage of Dentists and encouraging them to take on NHS services was proving to be a challenge.

The Somerset Policies for Adults and Health Committee discussed the report and presentation commissioning was devolved to the ICB on 1st April 2023. The Committee welcomed the offer of a Dentistry Masterclass for all Councillors in due course.

(The meeting ended at 12.05 pm)

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CHAIR