

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 4 December 2019 at 11.15 am

Present: Cllr H Prior-Sankey (Chair), Cllr P Clayton, Cllr A Govier, Cllr B Revans and Cllr A Bown

Other Members present: Cllr D Huxtable, Cllr G Frascini, Cllr L Leyshon, Cllr M Chilcot and Cllr H Davis.

Apologies for absence: Cllr M Healey, Cllr M Caswell and Cllr G Verdon

232 Declarations of Interest - Agenda Item 2

There were no new declarations.

233 Minutes from the previous meeting held on 06 November 2019 - Agenda Item 3

The minutes were agreed.

234 Public Question Time - Agenda Item 4

Eillean Tipper

1. Five out of eight of the providers received a judgement of 'Requires Improvement' on how safe they were: it was the worst performing element across the system. What are the causes of this poor performance: is it training, capacity, failure of governance or organisational problems across the Somerset system?
2. How will the CCG support these providers in changing these judgements in the implementation of their Action Plans?

235 CCG Quality, Safety and Performance Report - Agenda Item 5

The Committee discussed a report that provided an update on the Somerset Clinical Commissioning Group (CCG) Integrated Quality, Safety and Performance. The CCG has established performance monitoring meeting with all providers of healthcare services, this paper gave a summary of the escalation issues for quality, safety and performance against the constitutional and other standards for the period April to September 2019.

The Report looked at some key areas: -

1. Infection Prevention and Control: -

- Tackling anti-microbial resistance (AMR) is a global concern for human health and working together is essential to ensure antibiotics remain effective. The CCG has nominated an AMR Senior

Responsible Officer (SRO) for the strategic executive oversight and leadership to implement a cross system agenda that is collaborative and inclusive of both health and social care colleagues.

- More than 50% of E-Coli infections occur in people outside of hospital settings. A goal has set for a 50% reduction by March 2024 with a 25% reduction by March 2021.
- To “dip or not to dip” a Quality Improvement evidenced-based algorithm for diagnosis of urinary tract infections (UTI) instead of reliance in urine dip-sticks (which has a low threshold for anti-biotic treatment) is being rolled out across the system, including Care Homes.

2. Continuing Healthcare (CHC)

- In April 2018, a historic backlog of 436 assessments was first identified. Since then the assessment backlog has been reduced significantly (-99.81%), with one assessment remaining as at 1 October 2019.
- Somerset performance against NHS England’s 28 Day Quality Premium (Target 80%) has significantly increased, with performance output recorded for July 2019 at 78% and August 2019 at 75%.
- The 2019-20 CHC budget is set at £47.997m, an increase of 2.4% compared to 2018-19, the £2.5m year to date (YTD) overspend comprises £1.9m back dated payments associated with clearance of the 450 plus historic assessments which reduced focus on timely assessments causing an additional £1.4m Fast Track costs.

3. Somerset Treatment Escalation Plan: -

- People facing end stage disease or at risk of clinical deterioration may find it difficult to communicate their wishes about their care. Currently only 4% of people discuss the type of care they would or would not like to receive in an emergency.
- Somerset Treatment Escalation Plan & Resuscitation Decision Form (STEP) is a document designed to help communication between healthcare professionals outlining an individual treatment plan, focusing on which treatments may or may not be the most helpful for individuals should they deteriorate. A variety of treatments can be considered such as antibiotic therapy or mechanical ventilation and the plan must include a resuscitation decision.
- Treatment Escalation Plans (TEPs) are an important document to ensure that every person has their ceiling of care considered and documented formally, in line with the national initiative.
- There are a number of projects in Somerset that are currently supporting improved use of the STEP. A local audit of 10 homes supported by Listening and Responding in Care Homes (LARCH), on a graduated basis since November 2018 shows that between 2017/18 and 2018/19 the year-on-year number of admissions to hospital of care home patients not supported by LARCH rose by 40%, whereas the year-on-year number of admissions for care homes supported by LARCH fell by 20%.

4. Maternity and Neonatal Safety – Supporting the Long-Term Plan

- To improve the safety and outcomes of maternal and neonatal care by reducing unwarranted variation

- To achieve the national ambition, set out in Better Births of reducing the rates of maternal and neonatal deaths, stillbirths, and brain injuries that occur during or soon after birth by 20% by 2020.

5. Integrated Urgent Care Service

- The Integrated Urgent Care Service went live on 25 February 2019. This service is delivered by Devon Doctors Ltd with Care UK providing the NHS 111 element.
- For August 2019 (latest published IUC ADC data available), calls answered within 60 seconds performance (KPI2) was at 86.3% against a target of 95% (July 2019: 90.9%) alongside being over threshold (<5%) for abandoned call volumes at 6.1% (July 2019: 3.5%). Unvalidated data for September 2019 indicates an improved position for both KPIs. The Somerset 111 service continues to be the best performing service within the South West.
- The CCG announced that the brand name for the Somerset Integrated Urgent Care Service (IUCS) is 'Meddcare Somerset'. Although the IUCS is being rebranded, it will continue to be operated by Devon Doctors Ltd. Both Devon Doctors and the CCG has been keen to create a unique identity which would differentiate between the Devon and Somerset services and be recognised as a provider of high-quality urgent care.

6. Ambulance

- Category 1 mean performance fell short of the 7 minutes mean target with performance of 8.1 minutes (YTD 7.8mins), compared to 7.5 mins in both May and June. Category 1 90th Percentile performance exceeded the target at 15.5 minutes against a 15 minute target (YTD 14.8 mins).
- Category 2 performance continues to be an area of challenge and increasing concern within Somerset and across the South Western Ambulance Service NHS Foundation Trust (SWASFT) patch. Whilst there appeared to be some initial improvement earlier in the year, a gradual decline since May 2018.
- Category 3 and 4 performance also continues to be areas of concern with declining performance since May 2018, though lower response times noted compared to June 2019.

The Report contained details on the demands placed on Somerset Hospitals and the impact that had on the units. The number of Somerset patients attending either an A&E (Accident and Emergency) Department or Minor Injuries Unit (MIU) has increased by 4.7%. All main Providers on a YTD basis have experienced varying levels of increased demand ranging between 1.9% (Taunton and Somerset NHS Foundation Trust) to 9.5% Yeovil District Hospital NHS Foundation Trust); this is compared to South West Regional growth of -2.4% and national growth of 2.0%.

Somerset Hospitals have seen a 0.4% increase the level of emergency admissions when compared the cumulative period April to September 2019 to the same period in the previous year (this equates to 150 additional admissions) with Taunton and Somerset NHS Foundation Trust experiencing a reduction in emergency admissions, while Yeovil District Hospital NHS Foundation Trust has experienced an increase in demand. This compares to a 0.1% reduction in demand nationally and a 1.1% reduction in demand regionally. The aspiration in 2019/20 is for the 3.7% underlying growth to be

fully mitigated; in September 2019 the daily rate of emergency admissions was 200 which is an increase upon the previous month of 187; despite this increase in September SCCG remains 0.6% below (better) than plan (2.5% below the zero and 0.4% above the non-zero length of stay plans).

The Report also contained updates on cancer treatment Psychological Therapies, Adult Community Mental Health Services and improvements to some of the Mental Health Services through successful Mental Health bids.

The Committee discussed the report and examined some of the detail. They were interested to know why so many of the local NHS Trusts were reported as being 'Requires Improvement' in the 'Safe' category. The Committee were informed that this was around staffing levels in A&E for specialist staff such as Children's Nurses. The Committee challenged the statement that only 4% of people discuss the type of care they would like in the event of an emergency and it was confirmed that it was 4% of the whole population not 4% of those in a care home.

The Committee were interested to know if the opening of the full service at the Bridgwater Minor Injuries Unit (MIU) had resulted in a reduction in footfall at Musgrove Park Hospital (MPH). They were informed that the number of simple cases had indeed reduced but the result of this was MPH was now dealing with all the more complex cases and as a result the 4-hour target was more challenging without the volume of simple patients helping to keep the average time under this target. This target is being reviewed nationally as it was set some time ago and the data supporting it does not lead to better treatment. Part of this review will be to understand the relationship between demand on GP appointment, the use of the 111 service and Minor Injuries Units.

The Committee thanks the CCG for providing such a comprehensive and clear report and were pleased to note that most of acronyms were fully explained. As we approach the usual winter challenges the Committee was assured to know that plans were in place to manage the increase in demand.

The Somerset Scrutiny Committee for Policies, Adults and Health:

Considered and commented on the report and agreed that the performance of the CCG in Somerset should be kept under such close scrutiny.

236 Adult Social Care Performance Report - Agenda Item 6

The Committee started their deliberations by congratulating Mel Lock on her appointment as Director of Adult Social Care following a national competition for the post.

The Committee discussed a report on the performance of Adult Social Care. The report followed on from previous reports provided to Scrutiny Committee and highlighted key performance activity and indicators relating to Adult Social Care. The report was supported by an accompanying appendix which provided further detail in relation to some of those indicators being monitored closely by the service and helps to evidence the improvements and areas for further development identified within the covering report. The update included initial

analysis of the 2018/19 Adult Social Care Outcomes Framework (ASCOF) figures, published by NHS Digital on 22 October 2019.

The committee discussed the report and both the achievements and challenges. They were interested to know what was planned to address the areas where performance was not meeting the targets – such as South Somerset.

The Committee noted that the percentage of people with learning difficulties who are supported into employment was below the national average. They also discussed the indicators from Carers indicating that they did not feel fully supported. It was hoped that the workshop prior to the Committee meeting today was a starting point to address this and some positive progress would be made.

At this point the meeting was no longer quorate.

The remaining members of the Somerset Committee for Policies, Adults and Health: -

Asked for the slides to be shared and recorded that they were pleased with the progress being made.

237 **Annual Report of the Public Health Director - Agenda Item 7**

The remaining members of the Committee had a presentation setting out the annual report for from the Director of Public Health. The focus of the report this year is prevention. This report takes a broad overview of 'prevention'.

Prevention is about Improving Lives, it's about getting on the front foot and preventing or delaying negative circumstances from happening. The report argues that prevention at the 'high' (and expensive) end of need, is the most effective way to improve the lives of those that experience the worst outcomes and free up resources, enabling investment in prevention at lower levels of need. The report gives many case studies of good practice in the county. Above all, it shows that prevention is 'everybody's business'.

The report is going to be released in the form of an e-book. Doing it this way will mean it can contain video recordings of case studies and recordings by leaders in Somerset health and care.

The Committee were given a presentation on the benefits of the prevention agenda; shifting the costs from those whose health has deteriorated significantly with preventable complications towards benefitting a larger percentage of the population and supporting them to maintain or improve their health.

Initiatives such as working with Natural England to promote the use of Areas of Outstanding Natural Beauty (AONB) in Somerset to encourage groups to access the outdoors to support wellbeing.

The remaining members of the Committee agreed that Public Health should not be seen in isolation and supported the positive approach to improving lives.

238 Scrutiny for Policies, Adults and Health Committee Work Programme - Agenda Item 8

The Committee considered and noted the Council's Forward Plan of proposed key decisions in forthcoming months including Cabinet meetings up to date.

The Chair invited the remaining members of the Committee to consider the Work Programme and offer suggestions for area of Scrutiny for the Committee for inclusion in the forward programme.

239 Any other urgent items of business - Agenda Item 9

There were no other items of business.

(The meeting ended at 12.45 pm)

CHAIR