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SCRUTINY FOR POLICIES, ADULTS AND HEALTH COMMITTEE (VIRTUAL MEETINGS FROM MAY 2020 DUE TO CORONAVIRUS)

Wednesday 3 March 2021

10.00 am Microsoft Teams Meeting

To: The members of the Scrutiny for Policies, Adults and Health Committee (virtual meetings from May 2020 due to Coronavirus)

Cllr H Prior-Sankey (Chair), Cllr M Healey (Vice-Chair), Cllr A Bown, Cllr M Caswell, Cllr P Clayton, Cllr A Govier, Cllr J Lock and Cllr G Verdon

All Somerset County Council Members are invited to attend.

Issued By Scott Wooldridge, Strategic Manager - Governance and Democratic Services - 23 February 2021

For further information about the meeting, please contact Jennie Murphy - JZMurphy@somerset.gov.uk or Julia Jones - jjones@somerset.gov.uk or 07790577232

Guidance about procedures at the meeting follows the printed agenda and is available at (LINK)

This meeting will be open to the public and press, subject to the passing of any resolution under Regulation 4 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

This agenda and the attached reports and background papers are available on request prior to the meeting in large print, Braille, audio tape & disc and can be translated into different languages. They can also be accessed via the council's website on www.somerset.gov.uk/agendasandpapers

Are you considering how your conversation today and the actions you propose to take contribute towards making Somerset Carbon Neutral by 2030?

RNID typetalk

AGENDA

Item Scrutiny for Policies, Adults and Health Committee (virtual meetings from May 2020 due to Coronavirus) - 10.00 am Wednesday 3 March 2021

**** Public Guidance notes contained in agenda annexe ****

1 **Apologies for Absence**

- to receive Member's apologies.

2 **Declarations of Interest**

Details of all Members' interests in District, Town and Parish Councils can be viewed on the Council Website at
County Councillors membership of Town, City, Parish or District Councils and this will be displayed in the meeting room (Where relevant).

The Statutory Register of Member's Interests can be inspected via request to the Democratic Service Team.

3 **Minutes from the previous meeting held on 27 January 2021** (Pages 7 - 10)

The Committee is asked to confirm the minutes are accurate**.**

4 **Public Question Time**

The Chair will allow members of the public to ask a question or make a statement about any matter on the agenda for this meeting. **These questions may be taken during the meeting, when the relevant agenda item is considered, at the Chair's discretion**.

5 **Scrutiny for Policies, Adults and Health Committee Work Programme** (Pages 11 - 12)

To receive an update from the Governance Manager, Scrutiny and discuss any items for the work programme. To assist the discussion, attached are:

- The Committee's work programme
- The Cabinet's forward plan Somerset County Council

6 **Somerset Integrated Care System (ICS)** (Pages 13 - 24)

The Committee is invited to discuss and comment on the report.

7 **Somerset Intermediate Care Model** (Pages 25 - 44)

The Committee is invited to discuss the report and offer comments.

8 **Somerset CCG response to Covid 19 -Update** (Pages 45 - 54)

The Committee is invited to discuss the report and offer comments.

9 **Information Sheets issued since last meeting**

This is an opportunity for members to raise matters contained in the following Information Sheets issued since the last meeting.

- NHS engagement on proposals for Musgrove Park and Yeovil Hospitals. Circulated 27 January 2021
- Adapting the future of Children's radiotherapy. Circulated 23 February 2021

10 **Any other urgent items of business**

The Chair may raise any items of urgent business.

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Guidance notes for the meeting

1. **Inspection of Papers**

Any person wishing to inspect Minutes, reports, or the background papers for any item on the Agenda should contact the Committee Administrator for the meeting – Jennie Murphy on Tel: 01823 359500 or 01823 355529 or Email: jzmurphy@somerset.gov.uk or democraticservices@somerset.gov.uk They can also be accessed via the council's website on www.somerset.gov.uk/agendasandpapers

2. **Members' Code of Conduct requirements**

When considering the declaration of interests and their actions as a councillor, Members are reminded of the requirements of the Members' Code of Conduct and the underpinning Principles of Public Life: Honesty; Integrity; Selflessness; Objectivity; Accountability; Openness; Leadership. The Code of Conduct can be viewed at: **http://www.somerset.gov.uk/organisation/key-documents/the-councils-constitution/**

3. **Minutes of the Meeting**

Details of the issues discussed and recommendations made at the meeting will be set out in the Minutes, which the Committee will be asked to approve as a correct record at its next meeting.

4. **Public Question Time**

If you wish to speak, please tell Jennie Murphy the Committee's Administrator - by 5pm, 3 clear working days before the meeting (Thursday 25th February). All Public Questions must directly relate to an item on the Committee's agenda and must be submitted in writing by the deadline.

If you require any assistance submitting your question, please contact the Democratic Services Team on 01823 357628.

At the Chair's invitation you may ask questions and/or make statements or comments about any matter on the Committee's agenda – providing you have given the required notice. You may also present a petition on any matter within the Committee's remit. The length of public question time will be no more than 30 minutes in total.

A slot for Public Question Time is set aside near the beginning of the meeting, after the minutes of the previous meeting have been signed. However, questions or statements about any matter on the Agenda for this meeting may be taken at the time when each matter is considered.

You must direct your questions and comments through the Chair. You may not take a direct part in the debate. The Chair will decide when public participation is to finish.

If there are many people present at the meeting for one particular item, the Chair may adjourn the meeting to allow views to be expressed more freely. If an item on the Agenda is contentious, with a large number of people attending the meeting, a representative should be nominated to present the views of a group.

An issue will not be deferred just because you cannot be present for the meeting. Remember that the amount of time you speak will be restricted, normally to two minutes only.

5. **Exclusion of Press & Public**

If when considering an item on the Agenda, the Committee may consider it appropriate to pass a resolution under Section 100A (4) Schedule 12A of the Local Government Act 1972 that the press and public be excluded from the meeting on the basis that if they were present during the business to be transacted there would be a likelihood of disclosure of exempt information, as defined under the terms of the Act.

6. **Recording of meetings**

The Council supports the principles of openness and transparency. It allows filming, recording and taking photographs at its meetings that are open to the public - providing this is done in a non-disruptive manner. Members of the public may use Facebook and Twitter or other forms of social media to report on proceedings and a designated area will be provided for anyone wishing to film part or all of the proceedings. No filming or recording may take place when the press and public are excluded for that part of the meeting. As a matter of courtesy to the public, anyone wishing to film or record proceedings is asked to provide reasonable notice to the Committee Administrator so that the relevant Chair can inform those present at the start of the meeting.

We would ask that, as far as possible, members of the public aren't filmed unless they are playing an active role such as speaking within a meeting and there may be occasions when speaking members of the public request not to be filmed.

The Council will be undertaking audio recording of some of its meetings in County Hall as part of its investigation into a business case for the recording and potential webcasting of meetings in the future.

A copy of the Council's Recording of Meetings Protocol should be on display at the meeting for inspection, alternatively contact the Committee Administrator for the meeting in advance.

SCRUTINY FOR POLICIES, ADULTS AND HEALTH COMMITTEE (VIRTUAL MEETINGS FROM MAY 2020 DUE TO CORONAVIRUS)

Minutes of a Meeting of the Scrutiny for Policies, Adults and Health Committee (virtual meetings from May 2020 due to Coronavirus) held in the Microsoft Teams Meeting, on Wednesday 27 January 2021 at 10.00 am

Present: Cllr H Prior-Sankey (Chair), Cllr P Clayton, Cllr A Govier, Cllr J Lock and Cllr G Verdon

Other Members present: Cllr M Chilcott, Cllr G Fraschini, Cllr D Huxtable, Cllr C Lawrence, Cllr T Munt, Cllr C Paul, Cllr L Redman and Cllr L Vijeh

Apologies for absence: Cllr M Healey, Cllr A Bown and Cllr M Caswell

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

34 **Minutes from the previous meeting held on 12 November 2020** - Agenda Item 3

The minutes were agreed as an accurate record of the meeting.

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

There were no public questions.

36 **Medium Term Financial Plans (MTFP)** - Agenda Item 5

The Committee had a presentation and report covering the Medium-Term Financial Plan (MTFP). The report summarised the key areas of specific interest within the Medium-Term Financial Plan to the Scrutiny Committee for Adults and Health. It outlined the key points that were included within the report made to Cabinet on the 20th January 2021. It included an overall narrative from the Directors of Adults Services and Public Health Services to provide assurances around the changes made to funding and spend. A review of this detail through Scrutiny will be presented as part of the overall challenge and assurance process to Cabinet on the 8th February and Council on the 17th February in setting the final budget for 2021/22.

Preparations for the 2021/22 budget were reported to Cabinet in December 2020 and highlighted the unique difficult with producing the 2021/22 budget against the backdrop of the Covid-19 pandemic and the significant uncertainty that it brings. Uncertainty around Government funding and the review of Fairer Funding and Business Rates has been delayed. In addition to this the

Comprehensive Spending Review was delayed and only one year of funding was announced which continues the uncertainty for funding in future years. The Committee were presented with a proposed and indicative budget for adult services as set out below: -

	Proposed 2021/22	Indicative 2022/23	Indicative 2023/24
Adult Social Care Operations	£75.583m	£76.643m	£77.745m
Mental Health	£19.709m	£20.902m	£22.094m
Learning Disabilities	£87.330m	£90.037m	£92.258m
Commissioning	-£42.030m	-£37.010m	-£32.791m

The draft proposals recognise the importance of the Adult Services and the budget adds further investment of c£10.2m dependent on fee negotiation which is a 7.74% increase into this key frontline service. This recognises additional demand pressures especially within mental health which is showing as an overspend within the latest budget monitoring report. Predicting future years' demand is always difficult and Covid-19 has further increased this difficultly. One of the key challenges around this is identifying what is on-going demand and what is temporary demand. The budget proposals have therefore tried to strike the balance between the two and to ensure the budget proposals are robust. In addition to the £6m Contingency budget it is proposed that £10.8m of the Tranche 5 Covid-19 funding, announced as part of provisional Finance Settlement, is put into a specific Covid-19 Reserve to deal with any one-off costs in 2021/22.

The capital proposal has been developed in partnership between Adults Social Care and Corporate Property to support the developing strategy for Adults residential accommodation. Under the Corporate Landlord Model, Corporate Property are leading on the infrastructure element to support the Service's strategy. This proposal comprises several different components to ensure adequate and appropriate adults' residential provision in Somerset. The investment will help to deliver:

- An extra Care housing scheme,
- A specialist supported living scheme,
- 2 x 4 bed homes to support people with complex needs and
- Bringing back into use a number of existing residential units at the Six Acres site in Taunton.

This investment is the first Capital investment for some time and is needed and welcomed. It is difficult to predict the cost of what will no doubt be an increase in demand following the pandemic. It is known that older people being confined to their homes for such a long time may well have more complex needs as both their physical and mental health will have deteriorated by

prolonged isolation. The underlying principle of supporting people to stay in their own homes remains as the proposed budgets support a move from residential care to intermediate care.
There will also be a move away from large centralised day care provision to more local or at home support thus saving travel times and associated costs.
The Committee welcomed the proposed increase in spending, in particular the proposed Capital expenditure. There was a question in relation to the proposed increase in payment to Discovery and the Committee was assured this was part of the original contract but that there had been a reduction in payments for Employment Support.

The Scrutiny for Policies, Adults and Health Committee:

- **Considered the proposed budget for 2021/22 and indicative budgets for 2022/23 and 2023/24 for Adults and Public Health Services.**
- **Reviewed specific proposals for changes from previous years and offered assurance to Cabinet.**

37 **Scrutiny for Policies, Adults and Health Committee Work Programme** - Agenda Item 6

The Committee considered the Work Programme and welcomed the change of the 03 March 2021 meeting from an informal one to a formal one (reflecting the reduced agenda of the meeting on 27 January 2021). Agreed the April Workshop should look at Recruitment and Retention in the Care Sector and acknowledged that Performance needed to be added to the meeting in June. There was a suggestion that consideration should be given to having a further joint workshop with Scrutiny Committee for Children and that oral health for both adults and children should be included in a future agenda.

38 **Any other urgent items of business** - Agenda Item 7

There were no other items of business.

(The meeting ended at 10.40 am)

CHAIR

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Scrutiny for Adults and Health Work Programme – 2021

Agenda item	Meeting Date	Details and Lead Officer
	07 April (Workshop)	
Recruitment and retention (impact of Covid on staff)		Tim Baverstock
	09 June	
Feedback from Workshop in October LD Update Out of Hours -update Performance Report (quality) Microproviders update Neighbourhoods and Communities		Tim Baverstock Alison Rowswell Mel Lock Mel/Tim Tim Baverstock
	07 July (workshop)	
	08 September 2021	
	06 October 2021	
	03 November 2021	

ITEMS TO BE ADDED TO AGENDA: Safeguarding, impact of Covid on health and care staff, oral health
Deprivation of Liberty Safeguarding (awaiting legislation)

Note: Members of the Scrutiny Committee and all other Members of Somerset County Council are invited to contribute items for inclusion in the work programme. Please contact Julia Jones, Democratic Services Team Leader, who will assist you in submitting your item. jjones@somerset.gov.uk 01823 355059 or the Clerk Jennie Murphy on jzmurphy@somerset.gov.uk

Somerset County Council
Scrutiny for Policies, Adults and Health Committee
– 3 March 2021

Somerset Integrated Care System (ICS) – Update & Next Steps

Lead Officer:
Author: James Rimmer, ICS Leader and Somerset CCG Accountable Officer
Contact Details: James.rimmer2@nhs.net
Cabinet Member: N/A
Division and Local Member: N/A

1. Summary

1.1. Building on our progress as a sustainability and transformation partnership (STP), across health, care and the voluntary sector we have made a commitment to work together to support the people of Somerset to live healthy and independent lives, within thriving communities, with timely and easy access to high quality and efficient public services when they need them.

1.2. In line with this aim, in December 2020 Somerset was officially designated by NHS England and Improvement as a well-functioning Integrated Care System (ICS).

1.3. The enclosed presentation provides an overview of progress in developing the Somerset ICS, key points arising from the recent NHS England and Improvement publication, "Integrating care – next steps to build strong and effective integrated care systems across England" and the recently published health and care White Paper.

2. Issues for consideration / Recommendations

2.1. The enclosed presentation sets out:

- A summary of the options for the future of ICSs arising from the publication, "Integrating care – next steps to build strong and effective integrated care systems across England" and the health and care White Paper, "Integration and innovation: working together to improve health and social care for all".
- The current position of the Somerset ICS and progress made to date.
- Next steps and developments.

3. Background

3.1. Building on the NHS Long Term Plan, in November NHS England and Improvement published "Integrating care – next steps to build strong and effective integrated care systems across England" which set out options for removing legislative barriers to integration to help deliver better care and outcomes. On 11 February 2021, the Department of Health and Social Care released a White Paper setting out plans for a health and care Bill, "Integration and innovation: working together to improve health and social care for all".

4. Consultations undertaken

4.1. Developments as a Somerset ICS have been developed across partners in health and care

and there has been strong public engagement on the fit for my future strategy.

5. Implications

5.1. A summary of the implications is set out in the enclosed presentation.

6. Background papers

6.1. Integrating care – next steps to build strong and effective integrated care systems across England.

6.2. NHS Long Term Plan.

6.3. Integration and innovation: working together to improve health and social care for all.

Note: For sight of individual background papers please contact the report author

Integration and innovation: working together to improve health and social care for all

Scrutiny Committee, 3 March 2021

Integrating care – a case for change

- In many instances across the country, health and care services remain too fragmented to meet the needs of our population, with historic divides between organisations and sectors. Learning from Covid-19 has further highlighted the importance of collaboration.

- Building on the NHS Long Term Plan, in November NHS England and Improvement published *'**Integrating care – next steps to build strong and effective integrated care systems across England**'*, to which we submitted a response on behalf of Somerset.

- Based on feedback to the *'integrating care'* paper, on 11 February 2021 the Department of Health and Social Care released a White Paper, ***'Integration and innovation: working together to improve health and social care for all, setting out plans for a Health and Care Bill'*** with the stated aims of making integrated care the default, reducing legal bureaucracy, and better supporting social care, public health and the NHS.

- It is thought that a Bill will be brought forward in the next parliamentary session (likely early summer) with possible implementation by April 2022.

Integration and innovation: working together to improve health and social care for all – summary of White Paper

In summary the key proposals are:

- The creation of statutory Integrated Care Systems (ICS), made up of an NHS Body and a Health and Care Partnership.
- To Introduce a duty to collaborate across health, public health and social care.
- To scrap mandatory competitive procurements. Under the proposals, the NHS will only need to tender services when it is thought this will lead to better outcomes for patients.
- The Competition & Markets Authority no longer involved in NHS significant transactions.
- Formally merging NHS Improvement into NHS England.
- A package of social care measures; assurance and data sharing, powers for Secretary of State to directly make payments to adult social care providers, and creating a standalone Better Care Fund.
- A range of public health measures; the introduction of new requirements about calorie labelling on food and drink packaging and the advertising of junk food before the 9pm watershed and streamlining the process for the fluoridation of water.
- There are other pieces of related legislation in the pipeline. These include specific proposals on social care and public health.

Configuration and key functions

The **ICS NHS Body** will be responsible for:

- Developing a plan to meet the health needs of the population within their defined geography.
- Developing a capital plan for the NHS providers within their health geography.
- Securing the provision of health services to meet the needs of the system population.

The ICS NHS Body will incorporate functions currently held by clinical commissioning groups (CCGs) and several of NHS England's specialised commissioning, primary care and other directly commissioned services functions.

ICS Health and Care Partnership

This Partnership will be tasked with promoting partnership arrangements, and developing a plan to address the health, social care and public health needs of their system to improve population health outcomes and tackle health inequalities.

The journey – vision, strategy and the STP

In Somerset we are well prepared for these changes. We started our journey four years ago with creation of our Sustainability and Transformation Partnership (STP), founded on our Fit for my Future Strategy:

Vision

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.

Objectives

1. Enable people to live healthy independent lives, to prevent the onset of avoidable illness and support active self management.
2. Ensure safe, sustainable, effective, high quality, person-centred support in the most appropriate setting.
3. Provide support in neighbourhood areas with an emphasis on self management and prevention.
4. Value all people alike, addressing inequalities and giving equal priority to physical and mental health.
5. Improve outcomes for people through personalised, co-ordinated support.

The journey – designation as an ICS

In December 2020, the Somerset STP was formally designated as an ICS.

In awarding ICS status, NHS England and Improvement recognised the strength of the Somerset partnership and the shared vision for people of Somerset to be able to live healthy and independent lives, within thriving communities.

Being designated as an ICS signals a commitment across health, care and the voluntary sector to work together to achieve our strategic aims. Currently, it does not change existing statutory accountabilities or individual orgnisations' governance.

We have developed excellent relationships with our partners at all levels and across all sectors – thank you for your role in this work. Just some of the many examples are captured on the next slide.

The journey - progress so far

- Shared strategic vision, and joined-up priorities around responding to Covid-19, meeting winter demand, addressing inequalities, delivering the vaccination programme etc.
- Good examples of partnership working as part of the Covid-19 response and beyond, e.g., intermediate care services and rapid response, shared staffing arrangements etc.
- Strong relationships between system partners, including health, local authority, primary care and the voluntary, community and social enterprise sector (VCSE).
- Local collaborative working arrangements with health and care neighbourhood teams working together with primary care networks.
- Good system relationships / engagement and a culture of openness, support and constructive challenge.
- Skilled system leadership (ICS Leader and Chair in post substantively).
- Established an ICS Board, which is functioning well, and emerging supporting governance.
- Somerset wide plans developed to address workforce, estates and digital infrastructure.
- Collective approach to operational and financial planning; focusing on doing the right thing for the people of Somerset.
- Simple ICS configuration, e.g., co-terminus CCG/Local Authority boundaries.

Discussion points

- We have made good progress over the past few years to improve services and provide more joined-up care and this puts us in a good position. As we move forward, we will look to build on the best of what we have achieved so far in the context of the legislative measures and in the best interests of the people we serve.
- We welcome the ambition set out in the White Paper to create a flexible, permissive legislative framework that aims to remove barriers to collaboration and enable more joined-up care. The emphasis of the White Paper on collaboration and moving away from a competitive model of working will better support partnership working across health and care.
- The move to amend the legislative framework will result in a significant structural, and cultural shift in ways of working within the health and care sector – at a time of unprecedented operational pressure.
- The new proposal for ICSs to be made up of of a wider health and care partnership and a statutory ICS NHS body, is helpful in ensuring ICSs are comprised of partners across the system rather than being entirely NHS focused in scope. However, this dual arrangement raises new questions about how the two bodies will work effectively together in practice and the accountability arrangements.
- As this proposal around the configuration of ICSs is a combination of the two options in the '*integrating care'* paper, and has not been subject to engagement itself, clearly we now need to spend time reflecting on these proposals in the context of our own relatively simple system to ensure we develop the best model for Somerset.

Discussion and questions?

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Somerset County Council
Scrutiny for Policies, Adults and Health Committee
– 3rd March 2021

Update on Intermediate Care Model

Lead Officer: Anna Littlewood
Author: Anna Littlewood
Contact Details: alittlewood@somerset.gov.uk
Cabinet Member: Cllr. David Huxtable

1. Summary

1.1. Somerset's model of Intermediate Care was stood up in March 2020, in response to the Covid-19 pandemic. It built upon the Home First model for hospital discharge that has been operating in Somerset since 2016 and incorporated all intermediate care stepdown support from hospital as well as services to prevent admissions. It was expanded over winter 20/21 to provide more capacity to prevent admissions and to support people returning straight home from hospital, as well as additional beds for gradual rehab.

1.2. This paper provides a summary of Intermediate Care and some early indication of the impact of the additional capacity. It also highlights the impact of the pandemic on these services.

1.3. This links to the County Plan Adult Social Care targets of helping vulnerable and elderly people, long-term prevention, and joining-up with health. It also supports Priority Four of the Improving Lives in Somerset Strategy: Improved health and wellbeing and more people living healthy and independent lives for longer. The model is a tangible part of the Somerset health and care integration agenda, developed collaboratively with health organisations across the system.

2. Issues for consideration / Recommendations

2.1. Consider the information in this paper and the attached presentation and be aware of the progress made in expanding services.

2.2. Understand the impact of the pandemic on demand for Intermediate Care.

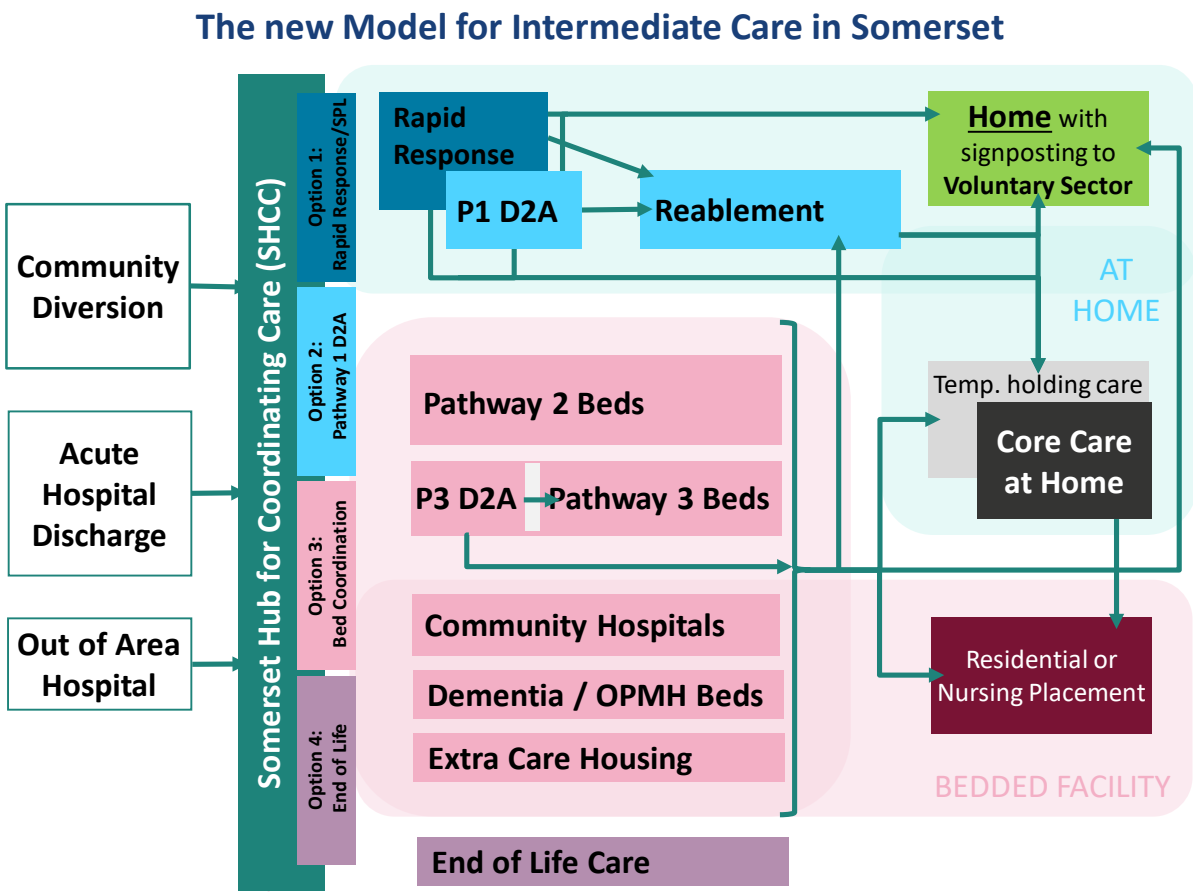
3. Background

3. The term 'intermediate care' is used to describe services in the community that provide short term period of stabilisation, assessment, and reablement with the view to maximising a person's independence and, where possible, keep them at home.

Intermediate care services can either:
provide support to people who are medically optimised following an acute episode of care. This is referred to in this document as 'supported discharge'; or
provide support to people in the community who are in danger of needing an acute episode of care if an intermediate health or reablement intervention is not provided. This is referred to in this document as 'diversion', as it diverts people away from needing an acute hospital.
Intermediate care also includes End of Life provision for those people whose primary need is the short-term provision of care and comfort at the end of their lives.

3. The current model for intermediate care was implemented as the system's response to the Covid-19 pandemic crisis, following NHSE/I guidelines on hospital discharge. The model's concept and design had already been drafted and agreed at system level with senior health colleagues in February 2020, and the onset of the pandemic acted as a catalyst for its rapid implementation.

The diagram below shows which services are included and how people flow through them.



Whilst a number of the pathways and operating principles where already in place in Somerset's Home First service, the revised model ensured that:

a) all supported discharge decision making is removed from the hospital wards

and instead made by a multidisciplinary team within a discharge lounge.

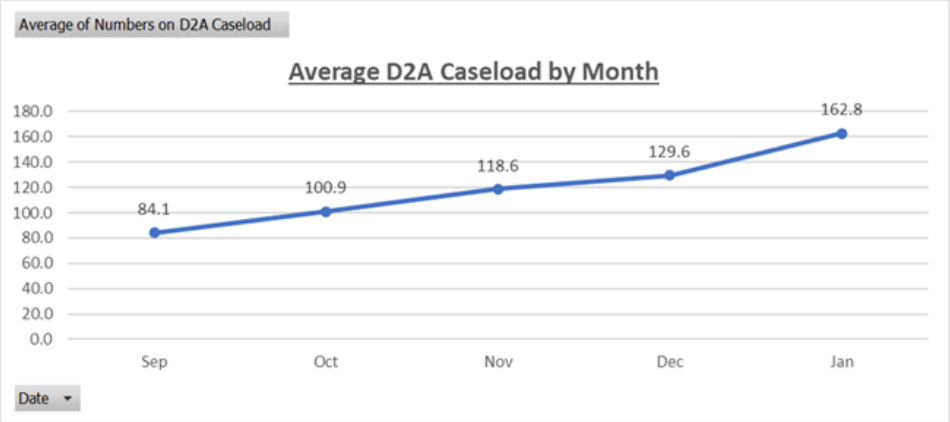
b) responsibility for managing the supported discharge pathways is separated from the acute discharge function and instead managed out in the community.
c) A central Somerset Hub for Coordinating Care is set up to provide a single point for coordinating and managing capacity across all the intermediate care options.
d) All community beds, including Home First Pathway beds, community hospital beds and Older People's Mental Health beds, act as one bed base with a defined hierarchy of use and are coordinated and monitored from one place.
e) The previous Home First reablement pathway (Pathway 1) is converted to a 'Discharge to Assess' model, introducing a period of assessment after discharge to determine ongoing reablement or support needs.
f) A single performance dashboard capturing key performance indicators (KPIs) and flow indicators is in use across the model.
g) A Head of Intermediate Care was appointed as a jointly managed post between Somerset Foundation Trust and Somerset County Council.

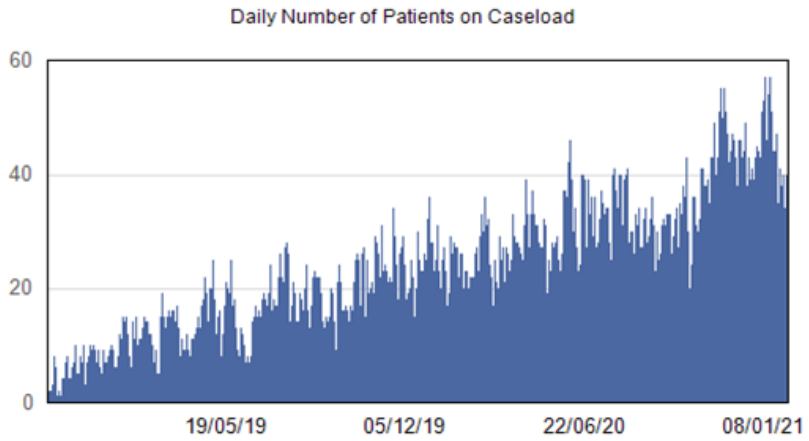
3. In summer 2020, the Somerset system agreed to expand the Intermediate Care model over winter 2021 investing a total of £3.2M to deliver:

- A doubling of capacity of rapid response from 10 slots per day to 20
- A doubling of capacity of D2A from 13 slots per day to 26
- A doubling of night sits to serve both D2A and rapid case loads
- A continued investment in acute discharge lounge functions
- An increased staffing capacity in the bed coordination hub
- An additional 10 Pathway 3 beds

The investment intentionally focused on expanded capacity to support people to remain at home and avoid an acute admission, or to return home following an acute stay. National best practice on discharge recommends as many as 90% of all patients requiring support on discharge should return home. It is proven that this leads to better outcomes and prolonged independence in older people. In August Somerset was averaging 50% of all supported discharges returning home and the system collectively agreed to increase this to 75% by expanding the pathways home.

3. A snap shot view of the average case load in both Rapid Response and D2A shows the impact of the expansion in supporting people at home.





3. The second wave of the pandemic has led to more frail and elderly people being admitted to hospital, as well as younger people with underlying health conditions. The acute hospitals have reported a higher level of acuity of patients who are admitted and increased average length of stay. This has led to increased dependency of those who need support on discharge.

3. Our reablement providers on our D2A Home pathway have successfully supported Covid+ patients to return home and our Community Hospitals have provided care in side rooms for Covid+ discharges who need to recover in a bedded unit.

3. Intermediate Care has needed to manage closures in bedded facilities due to covid outbreaks across the winter. In response to this reduction in capacity, the Council has commissioned additional temporary beds within care homes. These have been used for covid negative patients who require bedded support on discharge for rehab and assessment, prior to determining long term support needs. is a challenge to provide appropriate levels of rehab in these additional beds.

4. Consultations undertaken

4.1. Not applicable

5. Implications

5.1. People who spend time in interim bedded facilities have less opportunity to

maximise their independence than those in pathway 2 or 3 beds due to limited capacity in community therapy and Adult Social Care teams already supporting an expanded Intermediate Care Model. Therefore, these beds are only used in escalation purposes when other options are not available to support timely discharge.

5.2. £3.2M of system funding to expand service for winter 20/21. Evaluation of the use of this funding is currently taking place and a business case for ongoing investment in the model is being developed.

6. Background papers

6.1. UK government paper Hospital Discharge Service: policy and operating model (21 August 2020)
Hospital discharge service: policy and operating model (publishing.service.gov.uk)

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Somerset Model for Intermediate Care

Mel Lock, Director of Adults Services, SCC

SOMERSET County Council

NHS Somerset NHS Foundation Trust

NHS Somerset Clinical Commissioning Group

Yeovil Hospital Healthcare

What is Intermediate Care?

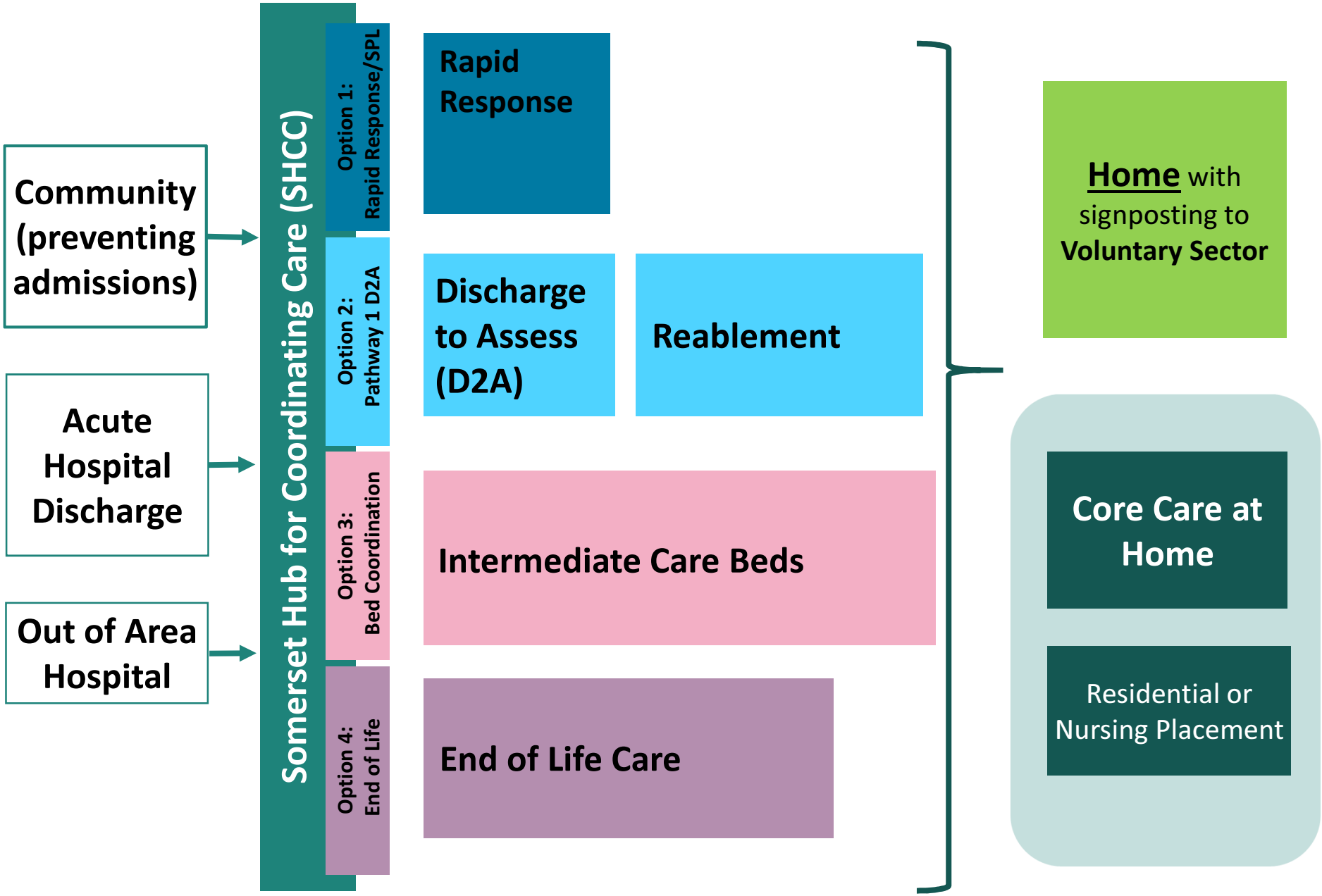
The term ‘intermediate care’ is used to describe **services in the community that provide short term period of stabilisation, assessment, and reablement with the view to maximising a person’s independence and, where possible, keep them at home.**

Intermediate care services can either:

- provide support to **people who are medically optimised following an acute episode of care**. This is referred to in this document as ‘supported discharge’; or
- provide support to **people in the community who are in danger of needing an acute episode of care** if an intermediate health or reablement intervention is not provided. This is referred to in this document as ‘diversion’, as it diverts people away from needing an acute hospital.

Intermediate care **also includes End of Life provision** for those people whose primary need is the short-term provision of care and comfort at the end of their lives.

The new Model for Intermediate Care in Somerset



Key features of the model

The current model for intermediate care was implemented as the system's response to Covid-19, following NHSE/I guidelines on hospital discharge.

Whilst a number of the pathways and operating principles where already in place in Somerset's Home First service, the revised model ensured that:

- **all supported discharge decision making is removed from the hospital wards** and instead made by a multidisciplinary team within a discharge lounge.
- **responsibility for managing the supported discharge pathways is separated from the acute discharge function** and instead managed out in the community.
- A **central Somerset Hub for Coordinating Care is set up** to provide a single point for coordinating and managing capacity across all the intermediate care options.
- All community beds, including Home First Pathway beds, community hospital beds and interim beds, act as **one bed base** and are coordinated and monitored from one place.
- The **previous Home First reablement pathway (Pathway 1) is converted to a discharge to assess model**, introducing a period of assessment to determine ongoing reablement or support needs.

Preparing Intermediate Care for winter

Services were expanded for winter 2021 and service transformation work continued.

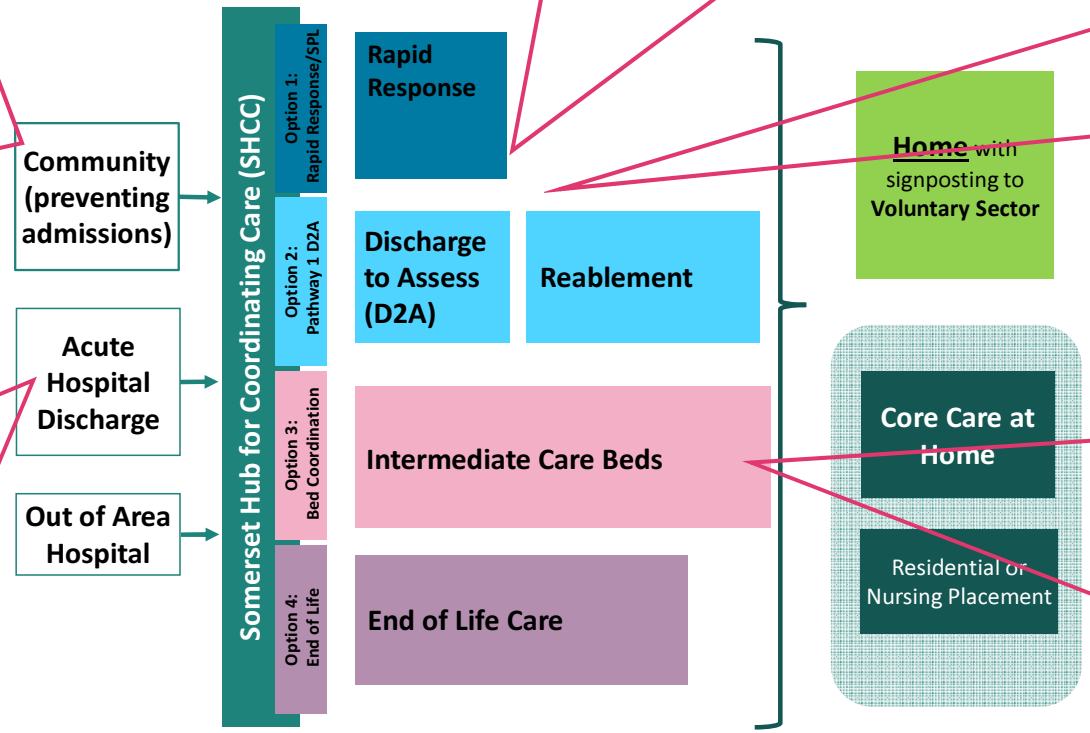
Opening up intermediate care pathways to referrals that prevent admission.

Focus areas SWAST and Front door

Increased capacity on our home pathways (Rapid Response and D2A Home) to optimise the opportunity for recovery at home.

Rapid Response and D2A working across both discharge and diversion.

Improving reablement practice



Focussed work on decision making and reducing barriers to getting people home.

Improving practice in pathway beds and Community Hospitals.

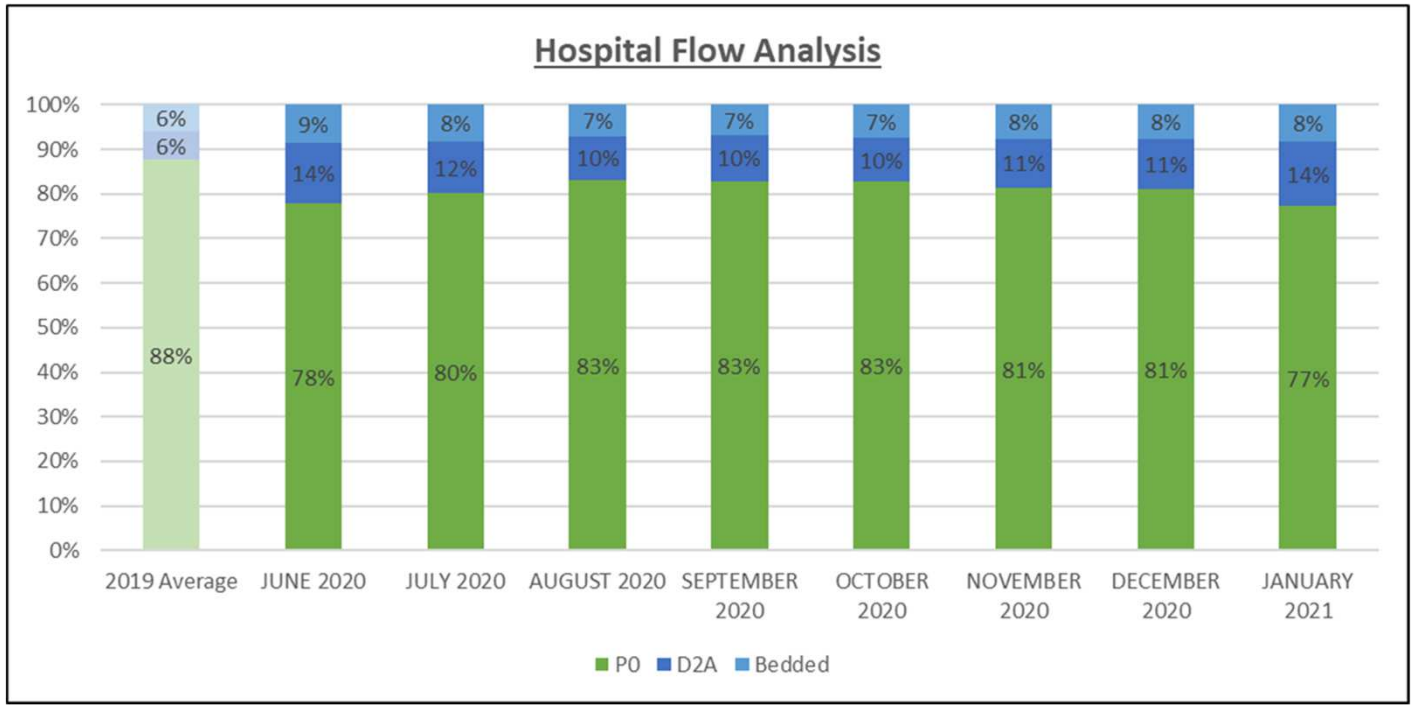
Focussing on discharging people as soon as they are safe to return home

Adding more P3 slow rehab beds

Daily snapshots of demand and capacity moving towards a live flow dashboard

Demand for Intermediate Care as a percentage of all discharges increased by approx. 20% during the pandemic.

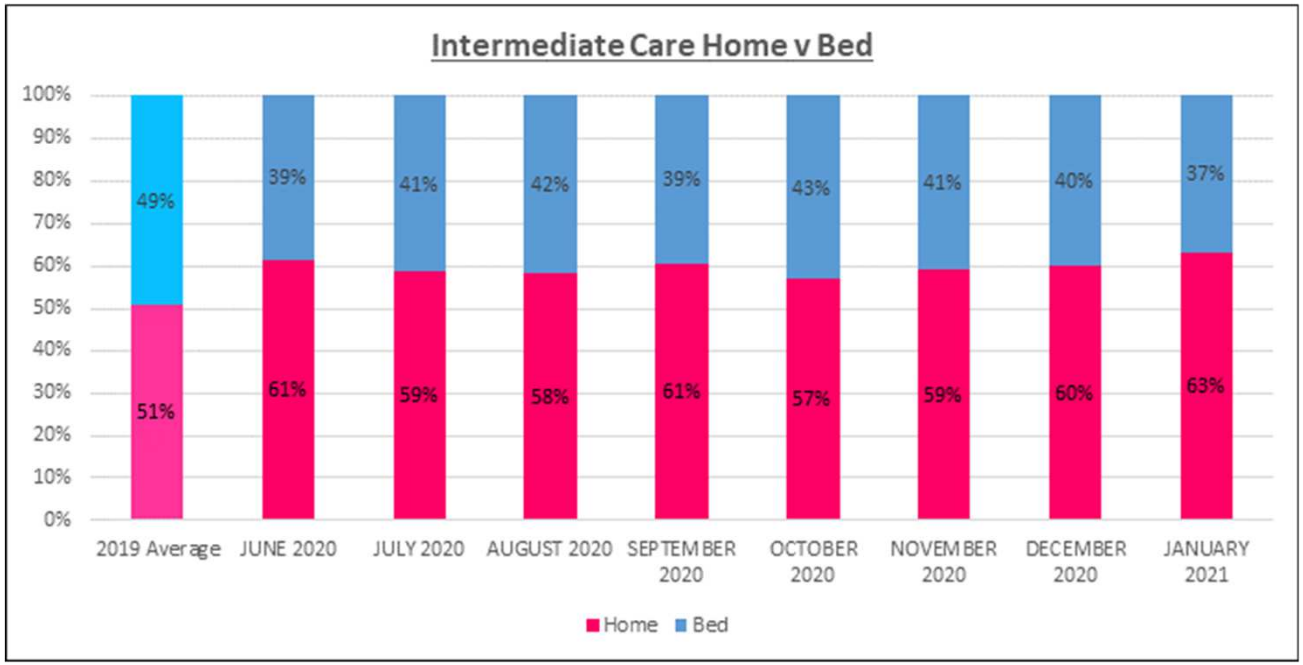
Between Jun20 and Jan21 this higher demand meant that approx. an **additional 607 people** were discharged to intermediate care compared with the same period in 2019/20, at an average of **76 more people per month.**



Despite this, the Somerset System remains one of the best performers nationally for discharging home from hospital, if you combine P0 with D2A numbers.

Despite the increased demand, the percentage of these people going to beds has decreased

In 2019, on average 49% of all supported discharges went to a bedded facility. Between Jun20 and Jan21 this **average reduced to 40%.** This is in spite the additional interim beds at use in the system.

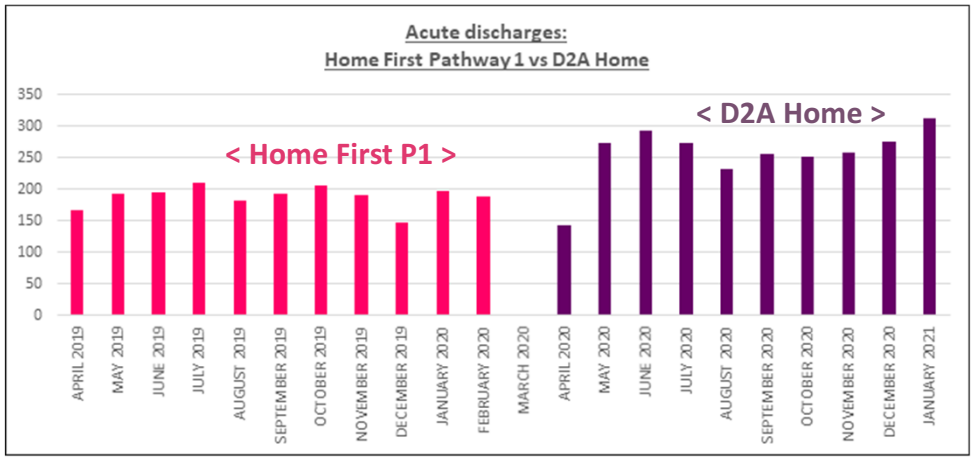


This shift towards home based reablement on discharge is largely due to an **increased volume going home with D2A**, with this pathway now taking on **average 42% more people home per month than Home First pathway 1.**

Note: Before March 2020 the Home First figures would have reported a different average % split for 2019 (69% home / 31% Bed). This is because community hospitals were not included in the total bed count.

D2A has enabled an increase to Home First Pathway 1 with 42% more people going home each month

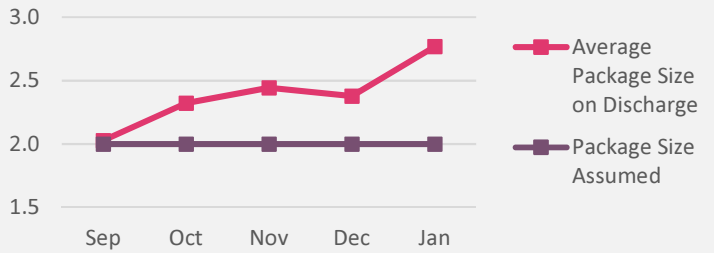
Between Jun20 and Jan21 this increase equates to an **additional 631 people going out on Pathway 1 D2A** compared to the same time last year.



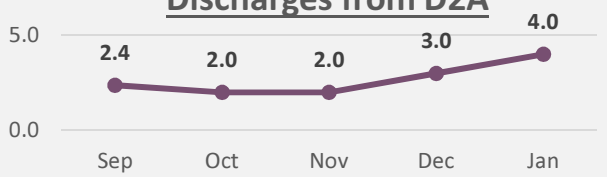
This increase was reflected in the **average caseload which rose from approx. 150 in Nov20 to approx. 200** people in Jan21.

D2A Daily Discharge Target

D2A's target expansion was to move from 13 discharges per day to 26 by mid Feb21. This has since been adjusted to 17 due to an average package size increase of 40%, from 2 visits per person to 2.8.



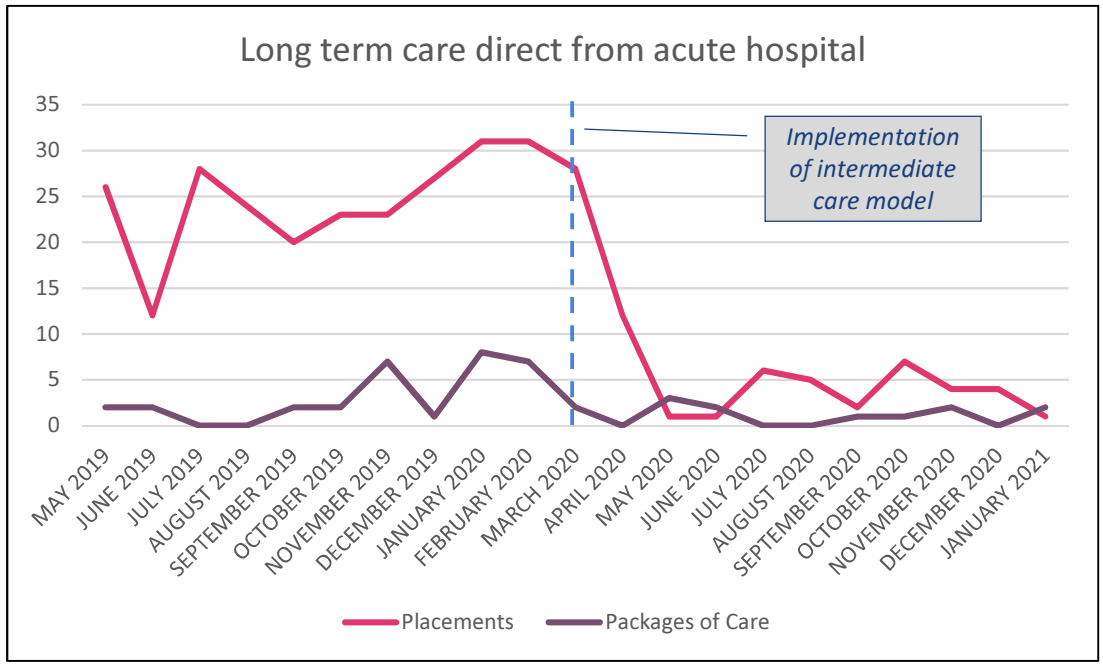
Weekend Average Daily Discharges from D2A



During this time weekend daily discharges rose from 2 to 4 per day

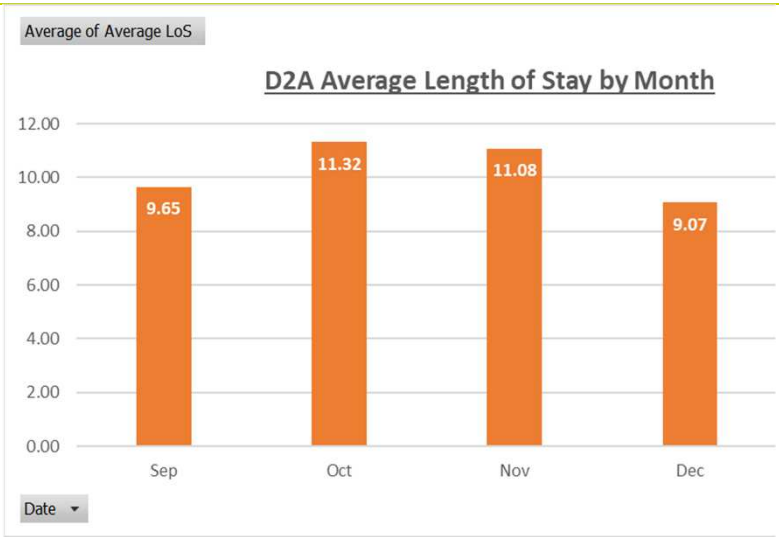
Since moving to the Intermediate Care model fewer people are being placed into long term care direct from hospital

Long term placements to residential and nursing homes direct from hospital have **reduced by 81% since May 2020**



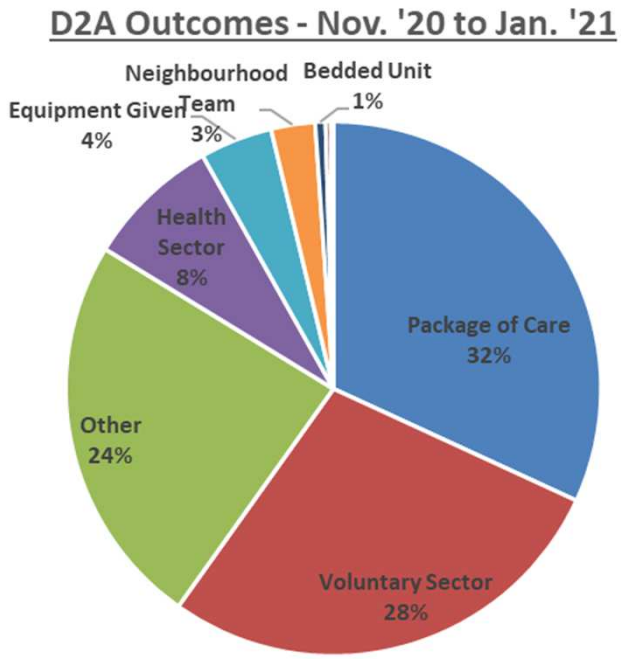
Discharges into long term care now account for 1% of all discharges compared with 6% pre-March 2020.

D2A length of stay is shorter than Home First Pathway 1 and approximately 1/3 go on to receive a package of care



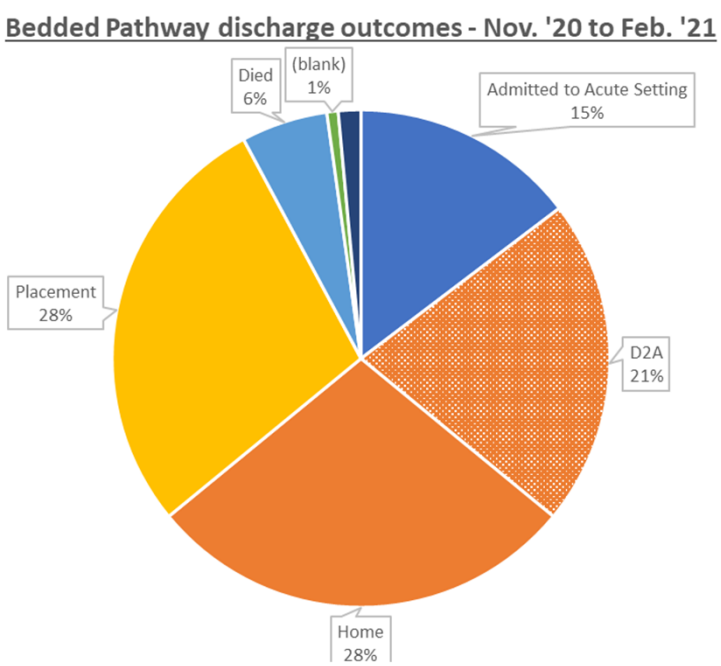
The average length of stay on D2A for period Sept20 to Dec20 is **9.61 days.** This is significantly shorter than the **12.1 day** average length of stay on Home First pathway 1 in 2019.

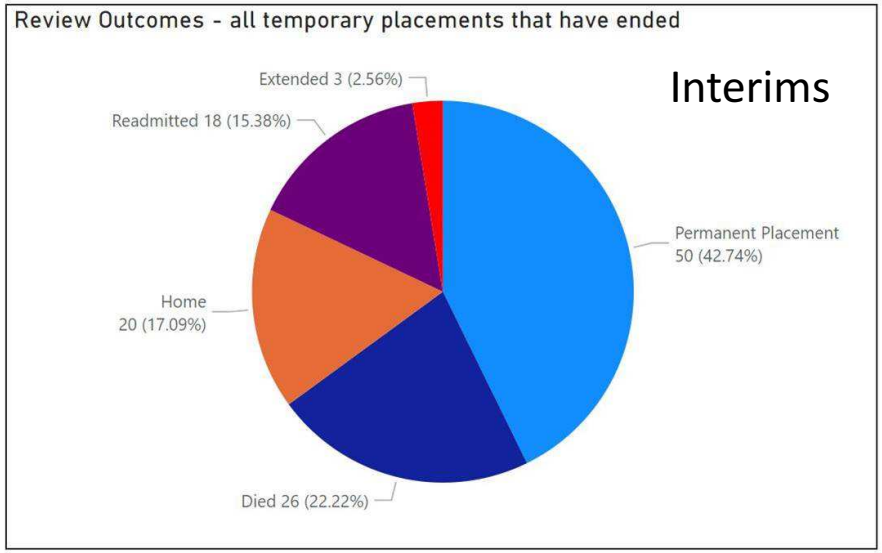
This could be due to the introduction of the D2A part of the pathway allowing for shorter length of stay as more people are assessed and moved on. It could also be due to pressure to move people on and improve daily capacity.



- Approximately 1/3 of people on D2A go on to need a package of care.
- Of the remainder, the vast majority receive short term informal support at home.
- A small minority go on to need a bedded facility.

Outcomes from Bedded Pathways





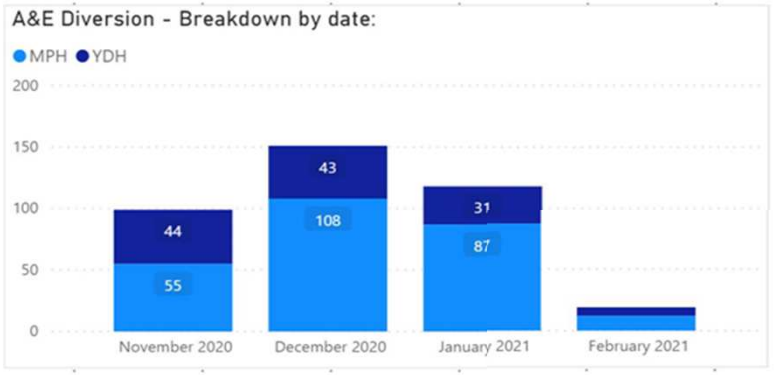
- Approximately 50% of people go home from the bedded pathways, with 21% being supported by D2A to continue reablement at home
- If D2A use on discharge was increased, those going home with no support would go home sooner
- 28% discharged to placements

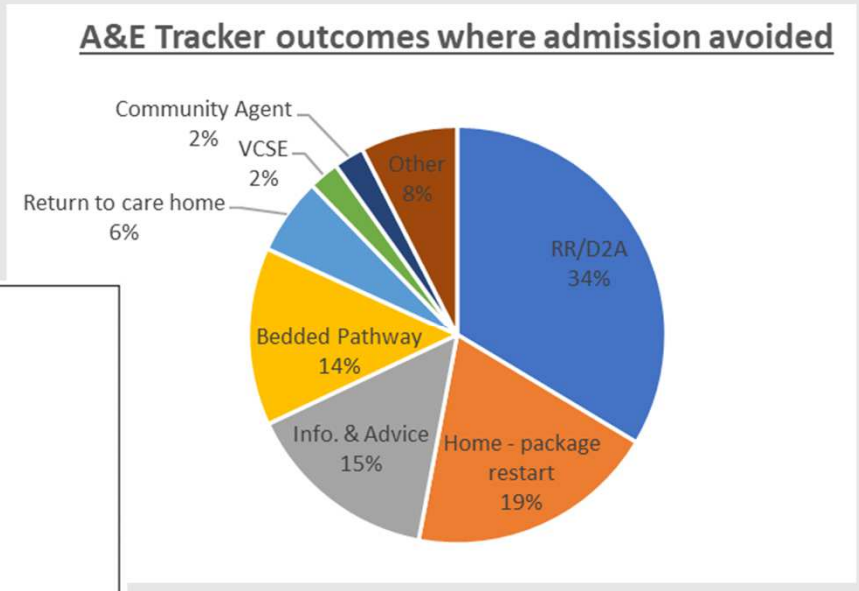
People in interims are:

- Significantly more likely to go into long term placement
- Only 1 in 5 go home compared with 1 in 2 in other bedded facilities

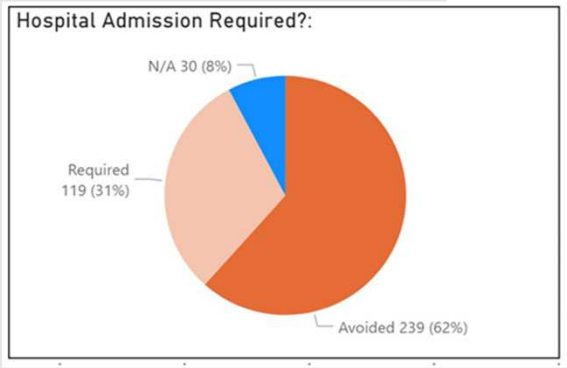
62% of Adult Social Care contacts at the front door resulted in admission avoidance

Since November 2020 ASC staff have been recording details of interventions in A&E at both YDH and MPH including details of whether they were able to prevent an admission to hospital. Since November a total of 388 contacts have been recorded.

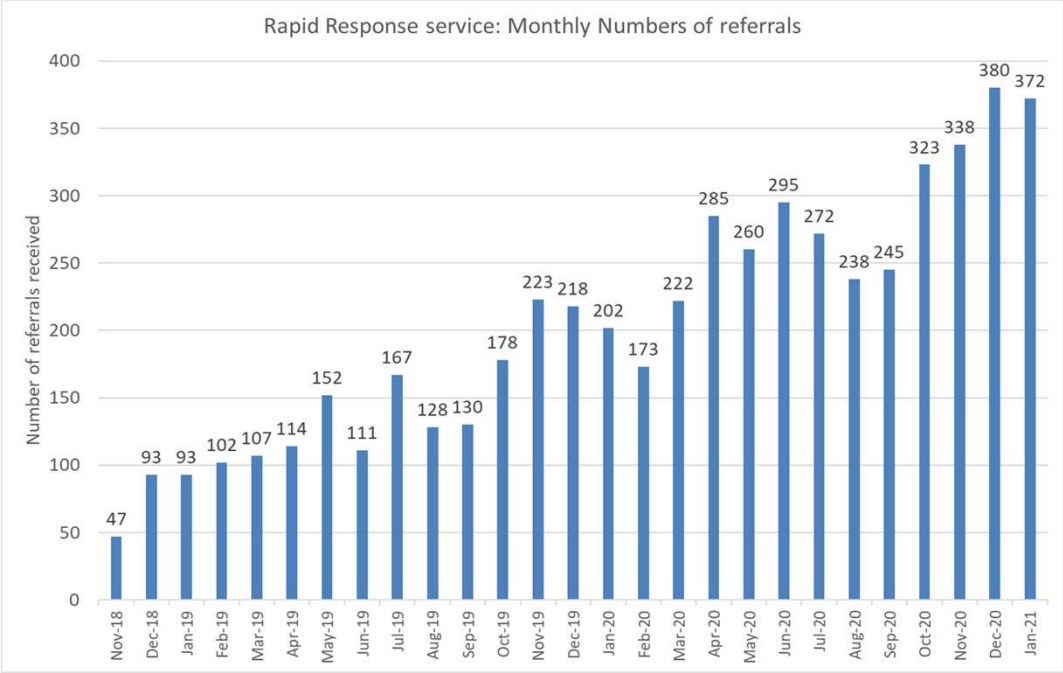




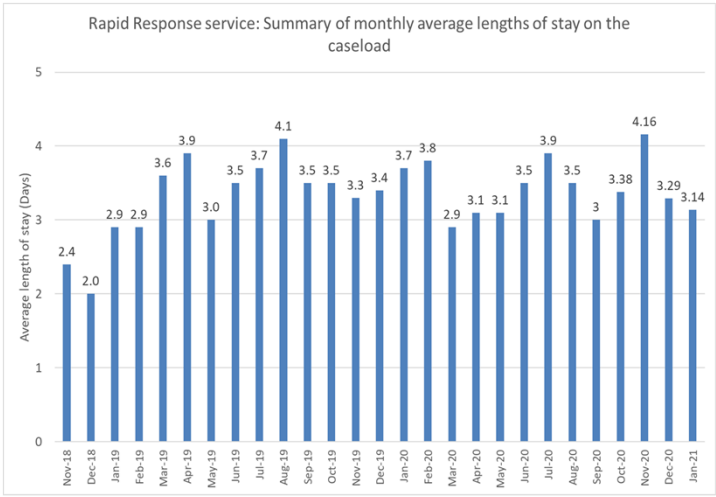
Of these contacts, **62% resulted in admission avoidance**, with **74% of these being returned home** or their usual place of residence. Just under half of these received support from Rapid Response or D2A.



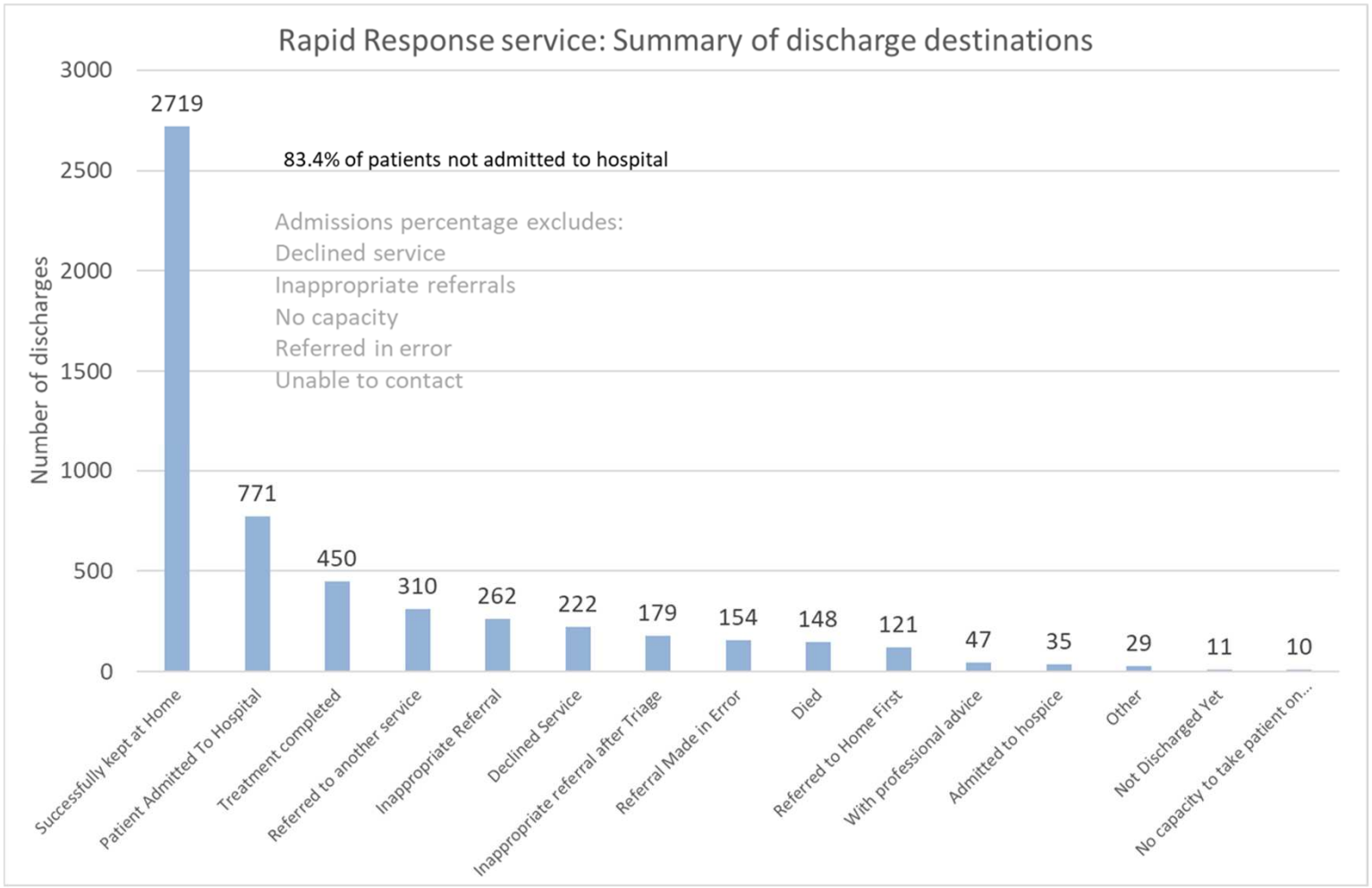
Rapid Response monthly average referrals are 79% higher in 20/21 than in 19/20



Average length of stay on Rapid Response has remained consistent across 2019 and 2020.



Over 83% of people in Rapid Response have been supported to stay at home



Somerset County Council
Scrutiny for Policies, Adults and Health Committee
March 2021

Somerset CCG response to Covid-19 - update

Lead Officers: Alison Henly Director of Finance, Performance, Contracting and Digital, Somerset CCG
Maria Heard, Covid-19 Incident Director, FFMF Programme Director Somerset
Author: Michelle Skillings, Head of Performance, Somerset CCG

Contact Details: maria.heard1@nhs.net

1. Summary

1.1. This paper provides an update on the CCGs Covid-19 response and services which have been impacted as a result of Covid-19.

2. Issues for consideration / Recommendations

2.1. Scrutiny Committee is asked to consider and comment upon this paper.

3. Key Areas of Focus

3. The Somerset health and care system key aims of our response to Covid-19 were set at the start of the Covid-19 pandemic. These are:

- To keep the people of Somerset safe and our workforce safe during the covid-19 response
- To support implementation of the national guidance recommendations to support preparedness and maintenance of ongoing provisions of essential services in Somerset and the wider South West regional response
- Provide information and reassurance to the people of Somerset, working with system partners to provide clear, consistent communications

3. Within our key aims, our priorities within this phase of the pandemic are to:

- Respond to the Covid-19 Pandemic
- Deliver the vaccine programme
- Continue delivering cancer treatment
- Deliver cancer and urgent operations
- Plan for recovery

3. Responding to the Covid-19 Pandemic

On the 4 November, the NHS returned to a Level 4 Major Incident. This means the NHS moved from a regionally managed but nationally supported incident under Level 3, returning for the time being to one that is co-ordinated nationally.

Our expectations are that Somerset will need to continue to respond to the Covid-19 pandemic for at least the next 12-18 months.

Over the last few months, the Somerset system has been experiencing extreme pressures across the whole system from Primary Care services, community services, our hospitals and social care services supporting patients to leave hospital. This position has begun to improve steadily in the last week or so following the reduction in community prevalence of Covid-19, but is still well above the levels we saw in the first wave of the pandemic.

Demand upon intermediate care services to support has also risen, resulting in delays for patients accessing both bedded pathways and Discharge to Assess. This is against backdrop of increased Covid-19 positive patients and outbreaks in many of our usual discharge settings which have affected our ability to discharge patients. We are also dealing with patients who are presenting much more deconditioned and complex due to the impacts of Covid-19.

Throughout the pandemic, we have flexed our response to meet the needs of the Somerset population. This has included:

- Ensuring that we have the capacity to support patients requiring our care, through redeployment of staff by pausing non-essential non-Covid-19 related programmes, whilst maintaining statutory requirements (eg Safeguarding).
- Establishing primary care services for managing Covid-19 patients
- Scaling up and delivering new ways of working supported by digital technology
- Redesigning the flow of our hospitals to accommodate Covid-19 and non Covid-19 patients
- Establishment of Covid-19 vaccine delivery programmes
- Creating additional capacity in Intensive Care and training additional staff to care for Intensive Care patients
- Implementing pathways developed as part of Fit for my Future to support admission prevention and supported discharge
- Developing our services to care for Covid-19 positive patients at home
    - Covid-Oximetry@Home – led by primary care. Provides monitoring of oxygen saturation levels and oversight of patients at home for low risk patients, but who are at risk of deterioration.
    - Covid Virtual Ward – led by secondary care. Provides early supported discharge for moderate risk patients requiring more support e.g regular monitoring, dexamethasone, potentially home oxygen
- Doubling the capacity in our Discharge to Assess and Rapid Response services
- Purchasing additional interim beds to ease flow
- Regular review of patients in our intermediate care services through Practice Development Forums (PDFs), which are a clinical ‘confirm & challenge process’ to identify if discharge processes can be improved

As previously reported, we have made a number of temporary changes to our services to respond. These largely remain as previously presented.

Changes to Integrated health and care services:

Description of temporary change	Rationale for temporary change
Covid Oximetry at Home Providing support to patients at home	Service led by primary care which provides monitoring of oxygen saturation levels and oversight at home for low risk patients, but who are at risk of deterioration
Primary Care Service – Telephone and video consultations GPs providing telephone and video triage and assessment to patients	Enable support to be provided in the patient's home to prevent unnecessary travel or contact with other individuals
Clinical Assessment Service (CAS) within 111 New model of virtual CAS which supports Primary Care in-hours triaging	Virtual CAS triages patients and consults and completes as many cases as possible for in-hours GPs and during the OOH period so operates 24/7
Primary Assessment Centres: (PAC) Patients with suspected Covid 19 can be seen safely after assessment by NHS 111 or their local GP practice.	Every Primary Care Network across the county has a plan in place to see patients with Covid-19 suspected patients safely in a separate environment from patients without Covid-19.
Access to specialist support in Primary Care Extending Consultant Connect access to health care professionals and care homes so that they can discuss complex patients and gain advice	Provides direct link to Consultant Geriatricians at both acute sites to enable a direct telephone conversation to take place between health care professionals such as primary care clinicians, SWASFT, community staff etc. Consultant Connect also extended to all Somerset care homes
Somerset Hub for Coordinating Care (SHCC) Coordination of all admission avoidance and discharge arrangements, through one central point, in response to Covid-19 where otherwise someone would need to attend or be admitted into an acute hospital	Single coordination point and expanded capacity to provide more rapid response, home support and additional intermediate bed capacity. Service covers Rapid Response, Urgent District Nurses, Falls referrals for therapy, discharge to assess services, bed co-ordination and end of life care
2 hour Rapid Response Service Temporarily increased in size and made available to support discharges as well as admission prevention	Provide additional capacity to support patients return to home and prevent admission to hospital
Home First Discharge Service Capacity significantly expanded with community rehab and MSK staff reassigned to this service	Provide additional capacity to support patients return home after admission to hospital
Temporary closure of Shepton Mallet and Wellington Inpatient beds Inpatient beds temporarily closed and staff reassigned to consolidate on fewer sites resulting in net increase of community hospital beds of 12 overall. All other services at these sites remain open, including MIU at Shepton Mallet	Proactive measure to ensure safe staffing levels are maintained across all community hospital sites as there was reduced staff due to increased sickness and self-isolation of some staff Revised configuration enables more beds to be opened in community hospitals on fewer sites if we require these additional beds
Support to nursing and residential care homes Provision of Infection Prevention Control (IPC) advice and guidance	Additional expertise to homes to keep residents safe and prevent the spread of Covid-19

24 hour mental health support line Provision of all age mental health support line established in partnership with the voluntary sector and local authority. Service is provided by Mindline	Support to adults, children and young people with mental health concerns in Somerset
Virtual provision of mental health services Mental health support, including talking therapies which continues to be provided through the Attend Anywhere software.	Continue provision of mental health support throughout the Covid-19 pandemic. Ability retained to see patients where required

Changes to acute hospital services

Description of temporary change	Rationale
Virtual Ward Support for patients to leave hospital	Providing early supported discharge for moderate risk patients requiring more support, for example regular monitoring, dexamethasone, home oxygen therapy
Digital technology supporting outpatient appointments Move to digital appointments across all specialties	Reducing risk to patients and staff given COVID pandemic. Compliance with national direction. Patients risk assessed to identify urgency as per the RCS guidelines with prioritisation of urgent cases
Digital technology to support management of long term conditions Remote support for patients with long term conditions to prevent the need to visit a hospital	Reducing requirement to travel to hospital for a follow up by using digital technology for example, Heart failure teams linking with patients with ICDs, reading data and suggesting to review annually where no problems exist.
See and Treat Clinics for Trauma Optimising F2F appointments for Trauma - See and treat clinics during Covid 19 - treating fracture clinics, soft tissue clinics in one stop shop	Patients receive a more streamlined appointment service and have fewer visits to hospital for their treatment
Patient messaging service Provides ability to get messages to all patients during restricted visiting period	Provide ability for patients to remain in contact with family and friends whilst restricted visiting is in place
Surgical and Critical Care hub	Maximising workforce capacity
Relocation of Chemotherapy Services Chemotherapy services relocated from Yeovil District Hospital to St Margaret's Hospice site in Yeovil	To create an environment which is lower risk for transmission of covid
2 hour discharge process Two hour discharge process put in place	Ensuring all patients are assessed appropriately and to support efficiency of discharge once decision to discharge is made
Pause of routine surgery and diagnostics Temporary pause of routine services given Covid-19 concerns from 1 April 2020 to June 20 with additional pause in December 20 – February 21	Reducing risk to patients and staff given COVID pandemic. Compliance with national direction. Patients risk assessed to identify urgency as per the RCS guidelines with prioritisation of urgent cases
Increase critical care capacity Number of critical care beds increased	Creating additional capacity to treat patients with covid during a peak in hospital admissions

through redeployment of staff and reallocation of areas to provide care in	

3. Delivery of the Covid-19 Vaccination Programme

In Somerset, we are delivering vaccinations across a number of settings:

- **Fixed Sites** – Health and Care Colleague Vaccinations (including Primary Care, Social Care and other partner organisations who have direct patient contact – Yeovil District Hospital, Musgrove Park Hospital
- **County Vaccination Centres** – Two for large scale vaccinations at Taunton Race Course and Bath and West Showground
- **Primary Care** – 13 Primary Care Network sites but expected to allow vaccinations with individual practices in future
- **Roving Model** – supporting those who need to be vaccinated at home and other areas such as care homes
- **Community Pharmacy** – delivery of the vaccine by pharmacies in Yeovil, Morrisons and Bruton

We are vaccinating people in accordance with the priorities set by the national Joint Committee on Vaccination and Immunisation (JCVI). These are set out below.

1. residents in a care home for older adults and their carers
2. all those 80 years of age and over and frontline health and social care workers
3. all those 75 years of age and over
4. all those 70 years of age and over and clinically extremely vulnerable individuals
5. all those 65 years of age and over
6. all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
7. all those 60 years of age and over
8. all those 55 years of age and over
9. all those 50 years of age and over

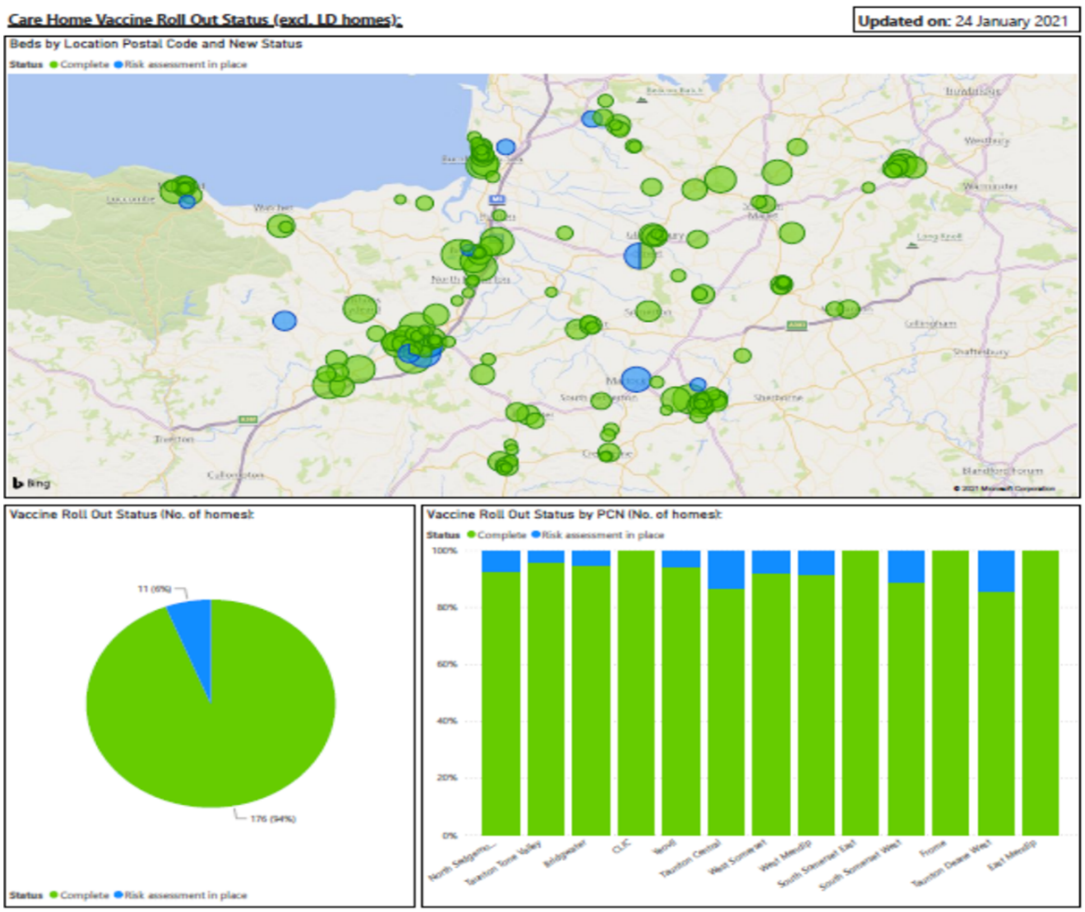
Somerset achieved the targets for the first four cohorts by 15th Feb. These included:

- All over 80s
- Care home staff and resident (with all adult care homes where there was not an active covid outbreak by 24 January)
- All system frontline health and care staff including social care, SWAST, Community Pharmacy, Optometrists, Dentists
- All over 70’s
- All those who are clinically extremely vulnerable

We are currently vaccinating Cohorts 5 & 6.

Remaining Phase 1 Cohorts (50 and above) are to be completed by end of May.

The diagram below shows that all care homes where there are no active Covid outbreaks have had roving teams who have offered vaccinations for all residents and staff. Those in blue are reviewed daily with those who can have the vaccine being vaccinated as soon as possible.



Our progress on vaccination levels up until the 7 February is shown below.

3. Continuing to deliver cancer treatment and urgent operations

This section of the paper provides an overview of elective
and cancer performance against the constitutional standards to the period ending

November 2020. It is a retrospective report which compares the reported month (November) and compares to the same month of the previous year and to February as the last full month pre to the Covid-19 pandemic

Elective Care – Referral to Treatment (RTT)

- All RTT performance measures continue to be heavily impacted by the Covid-19 outbreak causing a reduction in out-patient and surgical capacity available during the pandemic, resulting in an increase in the number of very long waits.

- In March 2020, Sir Simon Stevens and Amanda Pritchard requested that Healthcare Leaders immediately postpone all non-urgent elective surgeries for a period of at least 3 months, to enable Trusts to expand their critical care capacity. Once the number of patients in hospital with Covid-19 started to dissipate Sir Simon Stevens again wrote to Healthcare Leaders requiring Systems to accelerate the volume of elective activities delivered to pre Covid-19 levels ahead of the winter period. The plans developed by the Somerset System forecast that the activity re-start ambitions would be met by March 2021 and that the highest priority and longest waiting patients would be treated.

- Somerset has seen a significant increase in the number Covid-19 cases in hospital. To support this, we have stood up additional critical care capacity and re-purposed out-patient areas, which has led a reduction in elective activity which will have a further impact upon waiting times.

- A combination of this reduction in routine elective activity coupled with an increase in the proportion of patients referred on a suspected cancer pathway has led to deterioration in 18 week performance. In February 2020 81.3% of patients waited less than 18 weeks, dropping to 66.31% in November.

- In November, the number of patients waiting in excess of 18 reduced for a second consecutive month, although those waiting in excess of 40 weeks increased.

- Nationally the number of patients who exceeded 52 weeks has significantly increased from 1,724 in February to 192,172 in November and across the South West Region 19,395 patients. This ranked Somerset CCG as the 26th highest commissioner (out of 152).

- There were 1,849 patients in November waiting in excess of 52 weeks in comparison to 21 in February with the increase in waiting times attributed to a combination of reduced capacity available, the prioritisation of urgent and cancer patients and an increase in the number of patients choosing to delay treatment. The main concentration of long waits continues to be at Somerset NHS Foundation Trust, although due to reduction in elective activities there has been the emergence of very long waits at Providers who have not traditionally seen 52 week waits historically.

- The Independent Sector (Shepton Mallet Treatment Centre and Nuffield Taunton) have been supporting the treatment of elective patients (and specifically cancer patients at Somerset NHS Foundation Trust).

- The volume of delivery continues to increase, with 81.6% of the elective activity

being delivered in November 2020 (compared to November 2019) and 98.6% of out-patient appointments.

- During 2019/20 5.5% of out-patient activity was delivered virtually. By November this has increased to 28.4% as a result of the rapid re-design of services supported by digital technologies.

Elective Care – Diagnostic Waiting Times

- As a result of the stand down of routine diagnostic tests and procedures, all Somerset Providers have experienced an increase in the number of patients waiting in excess of 6 weeks from 610 in February to 3,342 in November resulting in 6 week performance of 68.94%. We have focused on standing back up service provision, where appropriate, and this is an improved position by 1.6%, compared to the previous month.

- Diagnostic recovery continues to be challenged due to the requirement of PPE (and the infection control protocols between patients) and social distancing in the waiting rooms reducing patient throughput.

- The number of patients whose wait exceeds 13 weeks significantly increased from 124 in February to 1,579 in November, with Radiology, Audiology, Echocardiography and Endoscopy having the greatest level of waiters.

- The volume of diagnostic tests or procedures carried out has continued to increase month on month throughout the year, with 89.1% of the diagnostic activity being delivered in November 2020 (compared to November 2019).

Elective Care – Cancer Waiting Times

- Following the first Covid-19 lockdown there was a significant reduction in the number of people being referred to cancer services. This has steadily increasing from May and in November 2020 (when compared to February 2020, the last month unaffected by Covid-19) there has been a 2.23% (+46) increase in the number of patients referred on a 2 week pathway.

- In November 90.9% of patients on a suspected cancer pathway waited less than 2 weeks for their first out-patient appointment, with breaches occurring predominantly within suspected skin, lower and upper gastroenterology at out of county Providers.

- The number of patients who received their first definitive cancer treatment has been incrementally increasing and in November 2020 an increase of 16.7% was seen in the number of patients treated, when compared to November 2019.

- The delivery of cancer will remain a significant challenge during the second wave of the pandemic, but remains a key focus and the Somerset System is working collaboratively with Somerset, Wiltshire, Avon and Gloucestershire Clinical Advisory Groups (SWAG) to develop a robust recovery plan which includes:

    - The steady recovery of 2-week wait referrals back to full pre Covid-19 levels.

- A reduction in the backlog of 62 day and 31 day pathways and take immediate action to reduce those patient waiting in excess of 104 days.

- Ensure sufficient capacity is in place to manage increased demand moving forward including follow-up care.

4. Background Papers

4.1. The full NHS Somerset CCG Quality and Performance Report is available on the CCG website: Enc-I-Integrated-Assurance-Report-as-at-30-November-2020-1.pdf (somersetccg.nhs.uk)

Note For sight of individual background papers please contact the report author

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