

SCRUTINY FOR POLICIES, ADULTS AND HEALTH COMMITTEE

Wednesday 3 November 2021

10.00 am Luttrell Room, County Hall,
Taunton, TA1 4DY



To: The members of the Scrutiny for Policies, Adults and Health Committee

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 M Keating

All Somerset County Council Members are invited to attend.

Issued By Scott Wooldridge, Monitoring Officer and Strategic Manager - Governance and Democratic Services - 26 October 2021

For further information about the meeting, please contact Jennie Murphy - JZMurphy@somerset.gov.uk or 01823 357686 or Julia Jones - jjones@somerset.gov.uk or 01823 359027

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 - 10.00 am Wednesday 3 November 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 08 September 2021** (Pages 9 - 14)

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 15 - 16)

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 **Integrated Quality, Safety and Performance report.** (Pages 17 - 38)

To consider and comment on the report.

7 **SSAB Annual Report** (Pages 39 - 46)

To consider and comment on the report.

Item Scrutiny for Policies, Adults and Health Committee - 10.00 am Wednesday 3
November 2021

8 **Adult Social Care Reform and Assurance** (Pages 47 - 60)

To consider the report.

9 **Any other urgent items of business**

The Chairman may raise any items of urgent business.

This page is intentionally left blank

Guidance notes for the meeting

1. Council Public Meetings

The former regulations that enabled virtual committee meetings ended on 7 May 2021. Since then, all committee meetings need to return to face-to-face meetings. The requirement is for members of the committee and key supporting officers to attend in person, along with some provision for any public speakers. However due to the current COVID restrictions and social distancing measures only a small number of people can attend as meeting room capacities are limited. Provision will be made wherever possible for those who do not need to attend in person including the public and press who wish to view the meeting to be able to do so virtually.

Anybody attending the meeting in person will be asked to adhere to the current Government guidance and Council procedures in place to safely work during COVID 19. These include limiting numbers in a venue, maintaining social distancing, using hand sanitisers, wiping down areas that you have used, wearing face coverings when not sitting at a table (unless exempt from doing so) and following one-way signs in the venue/building. You will also be asked to sign in via the NHS Test and Trace app or to sign an attendance record and will be asked relevant questions before admittance to the meeting. Everyone attending the meeting will be asked to undertake a lateral flow test up to 72 hours prior to the meeting.

Please contact the Committee Administrator or Democratic Services on 01823 357628 or email democraticservices@somerset.gov.uk if you have any questions or concerns.

2. Inspection of Papers

Any person wishing to inspect minutes, reports, or the background papers for any item on the agenda should contact Democratic Services at democraticservices@somerset.gov.uk or telephone 01823 357628.

They can also be accessed via the council's website on www.somerset.gov.uk/agendasandpapers.

Printed agendas can also be viewed in reception at the Council offices at County Hall, Taunton TA1 4DY.

3. 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: [Code of Conduct](#)

4. **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.

5. **Public Question Time**

If you wish to speak, please contact Democratic Services by 5pm 3 clear working days before the meeting. Email democraticservices@somerset.gov.uk or telephone 01823 357628.

Members of public wishing to speak or ask a question will need to attend in person or if unable can submit their question or statement in writing for an officer to read out.

In order to keep everyone safe, we respectfully request that all visitors to the building follow all aspects of the Covid-Secure guidance. Failure to do so may result in you being asked to leave the building for safety reasons.

After entering the Council building you may be taken to a waiting room before being taken to the meeting for the relevant agenda item to ask your question. After the agenda item has finished you will be asked to leave the meeting for other members of the public to attend to speak on other items.

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

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 (20 minutes for meetings other than County Council meetings).

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 an item on the agenda is contentious, with many people wishing to attend 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, to three minutes only.

In line with the council's procedural rules, if any member of the public interrupts a meeting the Chair will warn them accordingly.

If that person continues to interrupt or disrupt proceedings the Chair can ask the Democratic Services Officer to remove them as a participant from the meeting.

Provision will be made for anybody who wishes to listen in on the meeting only to follow the meeting online.

6. **Meeting Etiquette for participants**

- Only speak when invited to do so by the Chair.
- Mute your microphone when you are not talking.
- Switch off video if you are not speaking.
- Speak clearly (if you are not using video then please state your name)
- If you're referring to a specific page, mention the page number.
- Switch off your video and microphone after you have spoken.
- There is a facility in Microsoft Teams under the ellipsis button called turn on live captions which provides subtitles on the screen.

7. **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.

If there are members of the public and press listening to the open part of the meeting, then the Democratic Services Officer will, at the appropriate time, ask Participants to leave the meeting when any exempt or confidential information is about to be discussed.

8. **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. 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.

A copy of the Council's Recording of Meetings Protocol is available from the Committee Administrator for the meeting.

SCRUTINY FOR POLICIES, ADULTS AND HEALTH COMMITTEE

Minutes of a Meeting of the Scrutiny for Policies, Adults and Health Committee held in the Luttrell Room, County Hall, Taunton, TA1 4DY, on Wednesday 8 September 2021 at 10.00 am

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

Other Members present: Cllr M Chilcott, Cllr D Huxtable, Cllr M Keating, Cllr A Kendall, Cllr C Lawrence, Cllr T Munt, Cllr C Paul and Cllr L Redman

Apologies for absence: Cllr J Lock and Cllr G Verdon

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

There were no new declarations.

16 **Minutes from the previous meeting held on 07 July 2021** - Agenda Item 3

The minutes were agreed.

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

There were no public questions.

18 **Scrutiny for Policies, Adults and Health Committee Work Programme** - Agenda Item 5

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

The Committee agreed to add the following items to the Work Programme: -

- Access to Emergency Dental Services and NHS dentists generally. The request was that a Somerset Dentists be represented at the meeting so the Committee can understand the specific challenges.
- The impact of the Health and Care Bill on Somerset residents.

The Committee also confirmed that Musgrove Park Hospital and Yeovil District Hospital changes should remain on the Work Programme for January or February next year. The also agreed that the legislation on Deprivation of Liberty should remain on the Work Programme as new legislation is still expected.

19 **Stroke Services - Consultation** - Agenda Item 6

The Committee had a report that set out the proposals to improve Stroke care in Bristol, North Somerset and South Gloucestershire (BNSSG) and were invited to consider the impact on Somerset residents. The proposals for improving Stroke care centred on the Bristol, North Somerset and South Gloucestershire population. The impact of the proposals on Somerset providers has been assessed as part of extensive capacity and demand modelling and has been assessed as less than one additional patient per week being treated at Musgrove Park Hospital. The Committee were informed that it had been a longstanding ambition of the BNSSG Healthier Together Partnership to improve stroke services and outcomes for everyone in its area. The Bristol, North Somerset and South Gloucestershire Stroke Programme Board – made up of people with lived experience of stroke, senior clinicians and staff – has worked together over a number of months to redesign stroke services in line with national standards and ensure that more lives are saved each year.

The proposed model for BNSSG centralises hyper acute care for stroke patients at a single site in Southmead Hospital, which will have a “hyper acute stroke unit” (HASU) and become a “Comprehensive Stroke Centre” under the new National Stroke Service Specification. Rehabilitation is a key Under the proposed changes many people will be supported directly home from hospital supported by a new integrated community stroke service (ICSS). For a small number of patients from North Somerset whose acute care is transferred by these proposals to Musgrove Park Hospital capacity has been modelled and planned for continuation of care within the BNSSG Sub-Acute Rehabilitation Units and further rehabilitation at home. The modelling has also demonstrated that less than one Somerset patient currently treated at Weston General Hospital will be affected by the proposed changes to Stroke care. These patients will benefit from transfer to the centralised specialist emergency care at the proposed HASU at Southmead.

The Committee discussed the proposals contained in the report and the following points were made: -

- Some Committee members had personal experience of Stroke Services and agreed that rehabilitation close to the patients home was invaluable and the proposed changes would not alter that which was welcomed.
- The Committee had nothing but praise for the current Stroke services in Somerset and welcomed the centralised expertise offered by the proposal.
- The Committee sought reassurance on the critical time limit on getting Stroke patients to the right place for treatment and were assured that the guidance was for that time to be no longer than 60 minutes but the modelling for the proposal had been based on 45 minutes and there was confidence this could be met in all cases. There was a question about the use of Air Ambulances and the appropriateness of this for Stroke

patients and it was agreed this would be investigated and the Committee would have a separate response.

- The Committee asked about priority access for Stroke patients to MRI scans and again it was agreed that this would be answered following further investigation.

The Somerset Scrutiny for Policies Adults and Health Committee: -

Considered and commented on the proposals regarding the future of Stroke Services in the north of the County.

20 **Adult Social Care - Performance Report** - Agenda Item 7

The Committee had a report that set out the challenges the pandemic has placed on Adult Social Care over the past year. The pandemic has reminded all of the importance of collaboration, communities, and of the care, support and protection of those who need some help the most. It has served to demonstrate why adult social care work is both vital and valuable. But it has also served to demonstrate the fragility of the sector, with COVID-19 adding significant additional need, activity and challenges to an already over-stretched and under-resourced set of services and support for old and disabled people over the course of the past year and a half. The report was intended to update the Committee members on key information in relation to demand and performance activity across adult social care, as well as associated risks and mitigation plans.

In Somerset, there is growing evidence of 'carer breakdown' where families have coped without respite during the worst of the pandemic but are no longer able to carry on without assistance. Additionally, the inter-dependence of social care and the NHS has never been starker, with the Local Authority supporting growing numbers of individuals either awaiting hospital admission or being discharged from hospitals, with increasing numbers going on to have a social care package of support. 'System pressures' right across health and care sector services and organisations, particularly over the summer period, has meant there is a lot of reactive urgency to our work, with little additional time, capacity or resource to proactively plan. There are also well known and long-standing challenges across the sector in relation to pay, recruitment, retention and turnover in care, highlighting the importance of a long-term national workforce plan. Care market sustainability is a continued concern and vital in mitigating risks of unmet care need within local communities and from hospital.

The report set out in some detail the challenges across the sector. These covered: -

- Increased demand for care and support,

- A concerning reduction in the number of Adult Safeguarding reports coupled with an increase in the reporting of 'self-neglect',
- More complex needs requiring Intermediate Care and Discharge to Assess cases and
- An increase in demand for home care from independent providers.

The Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021 (the "Regulations"), make it mandatory for those working in care homes to have the Covid-19 vaccination. This requires all staff to be double vaccinated by 11th November 2021. The report set out the current position in Somerset which showed that on current vaccination rates there may be up to 717 staff members in care homes who have yet to be vaccinated. There may be many reasons why staff are not yet vaccinated; maternity leave, sickness or concerns over the vaccine.

The report did make it clear that against the background of all these challenges Somerset has been nominated for three Achievement Awards for:

'Best Workforce Transformation' for its redeployment work during the pandemic,
'Community Heroes' for the work of Community Council for Somerset's Village and Community Agents, and
'Delivering Better Outcomes' for Somerset's Micro-providers, independent care providers who have proved a lifeline for the county's more isolated and rural populations throughout the pandemic.

The live awards take place in London on 17 September 2021.

The Committee welcomed the honesty of the report accepting the demands placed upon Adult Social care generally and exacerbated by the challenges of the pandemic. The Committee wanted to know if there was anything they could do to encourage the take up of the vaccine in care home staff. The Committee wanted to acknowledge the range of support being offered to Somerset residents and the dedication and commitment of staff in the Care Sector.

The Committee were concerned about the number of people waiting for a care package. They were informed that these people were not isolated at home awaiting the package half were in Hospital and the remainder in Community Hospitals with reablement care ongoing. The reality was they could be moved back to their home or out of Hospital if that care package was in place. Individual cases where things appeared to have gone awry were raised and it was agreed that it would be more appropriate to inform the relevant director of these instances and allow for individual investigation.

The Somerset Scrutiny for Policies adults and Health Committee: -

Considered and commented on the report and recorded their thanks for all the hard work undertaken by those supporting those needing some form of care.

21 **Supporting Unpaid Carers in Somerset** - Agenda Item 8

The Committee had a report and presentation on unpaid carers in Somerset. There are 58,000 people who have identified themselves as carers, there are many more who are not known to the Council. Somerset County Council commissions a broad range of support services for carers. These services are currently commissioned by Adults & Health and Children and Young People and delivered by several different providers. It is important to make sure that these services continuously improve to ensure that they are meeting carers needs now and into the future. It is the ambition of the County Council to involve carers and partners to help to understand what is working well and where there is a need to further develop services and practices in order for carers to get the right support they need at the right time.

In December 2019 a workshop was held to involve Scrutiny Committee Members to help us co-design a Carers Transformation Programme. This enabled them to hear about commissioned services for carers and benefited from hearing about the experiences of a carer (Alison Birkett) who articulated very well the frustrations and concerns that carers can face on a day-to-day basis. The event led to the launch of the Carers Transformation Programme and a plan of carer engagement was about to get underway, but unfortunately had to be put on hold due to the Pandemic.

The Somerset Carers Service (provided by the Community Council for Somerset - CCS) provided online carers groups, a dedicated helpline and a website for carers. They also worked closely with colleagues from SPARK Somerset to develop in excess of 70 community support groups across the County, many of which were providing vital support to carers in their neighbourhoods. During the Pandemic CCS also extended the role of all their Village Agents and Carers Agents to ensure carers are supported by all (not just the five assigned carers agents) which meant there were a total of 63 agents who supported over 8,000 carers during the critical months of the Pandemic.

The Carers Transformation Programme has been reviewed and re-developed into The Somerset Carers Continuous Programme which will be an ongoing plan of activities that will be designed and delivered in partnership with the Clinical Commissioning Group our contracted service providers and carers. The aims of the Programme are to:

- Continue to improve internal practice and processes consistently provide good outcomes for carers as well as the cared for,

- Review Carers Voice Somerset to ensure that it is effective in carer engagement,
- Seek continuous improvement through the contract with Community Council for Somerset who deliver the adult carers service,
- Develop working agreements between adults and young carers services to ensure that young adult carers through transition get the support that they need,
- Develop new ways to support carers to ensure that services are flexible and gives the carer choice and control and
- Deliver wider promotion of carers support services so that carers know where to go for support when they need it.

The Committee were shown four case studies that brought to life the real difference made by the collaborative work of the Somerset Carers Engagement Service and the various partners.

The Committee welcomed the follow up to the workshop in 2019 and commended the positive outcome from a productive event. The Committee agreed that the changes made, such as the expansion of Village Agents and that having been in place for a while was noticeable how their expertise had grown and the positive difference this makes on the support they can give. The Committee wanted assurance that this transformation also had a positive impact on young carers and in particular the transition between the two services. The Committee wanted encourage Village Agents to make contact with Parish, District and County Councillors since this would further consolidate the support being offered and may open up further avenues of support.

The Somerset Scrutiny for policies Adults and Health Committee:

Considered and commented upon the report and endorsed the aims of the Carers Continuous Improvement Plan.

22 Any other urgent items of business - Agenda Item 9

There were no other items of business.

(The meeting ended at 11.50 am)

CHAIR

Scrutiny for Adults and Health Work Programme – 2021/22

Agenda item	Meeting Date	Details and Lead Officer
	03 November 2021	
ASC Care Markets and Reforms		Mel Lock
Performance and quality report CCG to include Primary Care (Ambulance response times)		Maria Heard
Safeguarding Annual Report		Stephen Miles
	08 December 2021	
Integrated Care Boards – Update to include Governance Process		James Rimmer
Dental Services		Maria Heard (to include a dentist)
Feedback from Transitions Workshop in October		Tim/Emily Fulbrook/Claire Merchant Jones)
	26 January 2022	
Budget paper and MTFP		Mel Lock
Performance report		Mel Lock
	02 March 2022	

ITEMS TO BE ADDED TO AGENDA:

Impact of Covid on health and care staff, oral health, Deprivation of Liberty Safeguarding (awaiting legislation)

NHS Consultation (MPH redevelopment) -Phil Brice/Ian Boswell to be added to Jan or Feb 2022

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

This page is intentionally left blank

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

Integrated Quality, Safety and Performance

Lead Officer: Alison Henly Director of Finance, Performance and Contracting and Val Janson Director of Quality and Nursing, Somerset CCG

Author: Michelle Skillings, Head of Performance, Somerset CCG

Contact Details: 01935 385015

1. Summary

- 1.1** This paper provides an update on the Somerset Clinical Commissioning Group (CCG) Integrated Quality, Safety and Performance and provides an overview of performance against the constitutional and other standards to the period ending July 2021.
- 1.2** This is a retrospective report which compares the reported month (July 2021) and compares to the same period in 2019/20 unless otherwise stated to provide a comparative view of performance

2. Issues for consideration / Recommendations

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

3. Key Areas of Focus include:

3.1 Primary Care

During July 2021 there were 227,471 consultations which took place in Primary Care with a GP or other healthcare professional. However please be aware that there are data quality issues in relation to this national GP activity (GPAD) dataset from May 2021 onwards and has been escalated with NHS Digital (data owner). Patient demand has continued to remain high and the nationally mandated triage arrangements remain in place. Patients who need to be seen face to face continue to receive this type of appointment and in July 2021 57.3% of consultations were delivered face to face.

3.2 NHS 111

There are ongoing pressures across the wider UEC (Urgent and Emergency Care) system both in Somerset and nationally. In relation to calls abandoned (meaning that of the 111 calls received and reaching 30 seconds after being added into the queue for an advisor, how many callers hung up before they were answered); performance in July 2021 was at 22.4% and is comparable to the England average of 23.6%. Regarding 'average speed to answer' (which replaces the previous 'calls answered within 60 seconds' metric performance is at 263 seconds in July 2021 in comparison to an England average 426 seconds.

Performance against other Integrated Urgent Care metrics are outlined below:

- Proportion of calls backs by a clinician in an agreed time frame (target 90%) - in July 2021 (provisional data):

21.8% of patients offered a call back within 20 minutes (immediately), who received a call back within 20 minutes

66.2% of patients offered a call back within a timeframe over 20 minutes, and up to 1 hour inclusive, who received a call back within 1 hour

81.1% of patients offered a call back within a timeframe over 1 hour, who received a call back within the specified timeframe

- 81.5% of patients received a face-to-face consultation at their home residence within the specified timeframe against the 95% target (provisional data)
- 83.1% of patients received a face-to-face consultation in an IUC Treatment Centre within the specified timeframe against the 95% target

3.3 Ambulance Performance

Please see Ambulance Performance slides.

3.4 A&E Performance

The A&E performance across Somerset's main Acute Providers is outlined below and overall shows an increase in attendances (both minor and major) during the reported period:

Somerset FT: The number of patients attending the A&E Department in July was 8.2% higher (+555) than the last reported period (May 2021) and during the cumulative period April-July 2021 there were 27,147 attendances which was an increase of +3.7% (+981) when compared to the same period in 2019/20. 4-Hour performance in July was 66.6% (and during the cumulative (April-July) period was 73.7%) which is a deterioration upon the same period in 2019/20 where performance was 78.4% and is linked the significant increase in demand across all urgent care pathways.

YDH FT: The number of patients attending the A&E Department in July was 4.3% higher (+213) than the last reported period (May 2021) and during the cumulative period April-July, attendances were comparable (20,083) to the same period in 2019/20 (19,979). 4-Hour performance in July was 90.9% and during the cumulative period April-July was 92.9% which is a small deterioration to the same period in 19/20 where performance was 96%. Despite this deterioration YDH remains one of the highest performing Trusts nationally.

RUH Bath: The number of patients attending the A&E Department in July was similar in volume (7,713) to the last reported month of May 2021 (7,704) and during the cumulative period April-July, attendances were 1.5% (+448) higher than the same period in 2019/20. 4-Hour performance in July was 69% and during the cumulative period of April-July was 76.1% is comparable to the same period of 2019/20 where performance was 75.9%.

UHBW: The number of patients attending the Weston site A&E Department in July was 4139, which is comparable to the last reported month of May and during the cumulative period April-uly, attendances were 8.9% lower (-1,554), than the same period in 2019/20. 4-Hour performance in July was 71.1% and during the cumulative period of April-July was 72.8% compared to 78.3% during the same period in 2019/20.

3.5 Emergency Admissions

The overall number of emergency admissions in July 2021 were 6.7% lower (-276) than July 2019 and when comparing the cumulative period of April 2021 to July 2021 to the correlating period in 2019 the volume of emergency admissions have reduced by 9.2% (-1,522). The average number of daily admissions in July has increased by 1.7 admissions per day when compared to June 2021 and this increase is seen within the non-zero length of stay patient cohort and in turn will have a more significant impact upon bed occupancy and patient flow. The influencing factors of this increase is multifactorial and relating to the higher levels of demand seen throughout all emergency routes (namely, primary care, NHS 1111, SWAST and Accident and Emergency Departments).

Somerset FT: The number of emergency admissions in July were 13.1% lower (-458) than July 2019 and when comparing the cumulative period April 2021 to July 2021 to the correlating period in 2019 the volume of emergency admissions have reduced by 15.4% (-2,166). The average number of daily admissions in July 2021 has increased by 0.8 admissions per day when compared to the previous month and this increase is seen within the non-zero length of stay patient cohort.

YDH FT : The number of emergency admissions in July were 5.6% higher (+95) than July 2019 and when comparing the cumulative period April 2021 to July 2021 to the correlating period in 2019 the volume of emergency admissions have increased by 9.3% (+591). When comparing the current period to 19/20 YDH FT is the only Provider in Somerset seeing this increase in demand (which is predominantly within the zero length of stay patient cohort). However, when looking at the average number of daily admissions in July to the previous month the overall number of admissions has increased by 1.5 per day and this increase is seen within the non-zero length of stay patient cohort.

RUH Bath: The number of emergency admissions in July were 11.9% lower (-63) than July 2019 and when comparing the cumulative period April 2021 to July 2021 to the correlating period in 2019 the volume of emergency admissions have reduced by 12.2% (-271). Dissimilarly to Somerset and YDH FTs RUH Bath has seen the average number of daily admissions in July 2021 reduce by 2.0 admissions per day when compared to the previous month with reductions seen in both the zero and non-zero length of stay patient cohorts.

UHBW: The number of emergency admissions in July were 12.0% lower (-34) than July 2019 and when comparing the cumulative period April 2021 to July 2021 to the correlating period in 2019 the volume of emergency admissions have reduced by 15.9% (-187). However like RUH Bath, UHBW have also seen a small reduction in the average number of daily admissions per day in July 2021

reducing by 0.3 when compared to the previous month with reductions seen in both the non-zero length of stay patient cohort.

3.6 Elective Care – Referral to Treatment

At the onset of the Covid-19 pandemic the number of patients on an incomplete pathway significantly reduced due to the change in referral patterns. Whilst the number of patients accessing elective services slowly increased from Q2 2020/21 the overall number of patients on an incomplete pathway grew at a much faster rate and this was due to the pandemic continuing to affect the way in which care is delivered. The need to maintain social distancing in patient waiting areas, the adherence of IPC (infection, prevention and control) guidelines and the expansion of critical care capacity resulted in reduced elective throughput (out patient, diagnostic, in patient and day case activity) and has led to the month on month increase in waiting list size

The summary below outlines performance against the key performance indicators:

- The number of elective referrals during 2021/22 have continued to restore with cancer demand returning to pre pandemic levels and routine referrals continuing to increase (although there is variation at a specialty level). During the period April to July 2021 there were 52,547 referrals received which equates to 91.9% of the demand seen during the same period in 2019/20
- In July 2021, there were 48,655 patients on an incomplete pathway awaiting their first definitive treatment which is an increase of 7,110 pathways when compared to March 2021 and attributed to the increase in referral demand and a lower level than expected of clock stops delivered.
- In July 2021 the number of patients waiting in excess of 52 weeks has continued to reduce although it should be noted that this reduction is an artifact of the change in referral patterns during 2020/21 (with less patients reaching 52 weeks). However the number of patients waiting in excess of 78 weeks and 24 months has increased over this same period:

>52 Week Waits: In July 2021 there were 2,643 patients whose wait exceeded 52 weeks which is a reduction of 1,333 when compared to March 2021 and the specialities with the longest waits are General Surgery, Orthopaedics, ENT and Ophthalmology and make up approximately 80% of the 52 week backlog.

>78 Week Waits: Monthly reporting of very long waits (in excess of 52 weeks by weekly wait banding) was introduced from April 2021 and in July 2021 there were 869 patients waiting in excess of 78 weeks (which is an increase of +291 upon April 2021). The specialities with the longest waits are General Surgery, Orthopaedics, ENT and Ophthalmology and make up approximately 83% of the 78 week backlog.

>24 Months Waits: Monthly reporting of very long waits (in excess of 52 weeks by weekly wait banding) was introduced from April and in July 2021

there were 73 patients (+41 upon April 2021) waiting in excess of 24 months
The specialities with the longest waits are General Surgery, Orthopaedics, ENT and Ophthalmology and make up approximately 85% of the 78 week backlog.

- The breakdown of the longest waits by Provider in July 2021 is as follows:

Somerset FT: >52 week - 1,450, >78 weeks - 548, >24 months - 45

YDH FT: >52 week - 452, >78 weeks - 102, >24 months - 1

RUH Bath: >52 week - 75, >78 weeks - 11, >24 months - 0

UHBW: >52 week - 147, >78 weeks - 64, >24 months - 4

SMTC: >52 week - 165, >78 weeks - 40, >24 months 12

Other Providers: >52 week - 354, >78 weeks - 104, >24 months – 11

There is an active programme of system-wide actions to support long term recovery and efficient use of available capacity

3.7 Elective Care – Diagnostic Waiting Times

All diagnostic modalities continue to be impacted by the Covid-19 pandemic due to services working at reduced capacity as a result of the ongoing impact of social distancing in waiting rooms and enhanced infection control measures (PPE and cleaning measures between patients), staff sickness (isolation) and recruitment challenges and this has led to a significant increase in the number of patients waiting in excess of 6 weeks for their diagnostic test or procedure
The summary below outlines performance against the key performance indicators:

- There were 5,108 patients in July 2021 waiting in excess of 6 weeks (which is an increase of 1,208 patients when compared to March 2021) resulting in performance of 62.1% against the 99% standard (-6.8% compared to the March 2021) and 2,614 patient waiting in excess of 13 weeks (which is an increase of 507 patients on March 2021)
- The number of patients in July 2021 waiting in excess of 6 weeks at Somerset FT was 3,204, YDH FT 729 and at Other Acute Providers 1,175
- Number of patients in July 2021 waiting in excess of 13 weeks at Somerset FT was 1,979, YDH FT 42 and at Other Acute Providers 593
- The most challenged diagnostic modalities (those that have seen an increase in 6 week breaches) are MRI, CT, Endoscopy and Physiological Diagnostics (predominantly Echocardiography)

Additional Capacity continues to be secured and workforce strengthened in order to deliver improved waiting times during 2021/22

3.8 Elective Care – Cancer

Referral levels have returned to pre Covid-19 levels with some cancer pathways showing a higher level of growth. The summary below outline performance across the Suspected Cancer (2 week) Pathway and the 62 Cancer First Definitive Treatment Following GP Referral pathway:

- The proportion of patients on a suspected cancer pathway waiting less than 2 weeks in July 2021 overall was 88.31% (-1.3% compared to the previous reported month of May 2021) against the 93% standard and performance across Somerset main Providers was: Somerset FT: 91.6% (no change), YDH FT: 85% (-6.8%), RUH Bath: 85.9% (+4.8%), UHBW: 97.1% (+2.9%), Others: 40% (+1.7%).
- The 2 week wait breaches in July 2021 are predominantly within skin cancer (mainly attributed to Other, RUH, UHBW), lower GI (mainly Somerset FT, YDH FT), head and neck cancers (mainly Somerset FT), suspected breast cancer (mainly Somerset Ft and Others)
- The proportion of patients who received their first definitive treatment following urgent GP referral within 62 days overall was 78.4% (+4.6%) against the 85% standard and performance across Somerset main Providers was Somerset FT: 72.3% (+11.8), YDH FT: 85.5% (-0.4%), RUH: 76.5% (-6.8%), UHBW: 85.7% (-4.9%), Other Providers: 66.7% (+16.7%)

3.9 Mental Health – Improving Access to Psychological Therapies (IAPT)

- The number of people accessing treatment for the period April - July is 2,836 against a local indicative target of 3,442 (c.600 below plan); performance for the period is lower than plan and this is due to the annual target being profiled evenly across the year rather than increasing in the later quarters, however we anticipate access will increase over the course of the year as new staff commence in post and new access routes are put in place, e.g. Long Term Conditions (LTC).
- The IAPT recovery rate for July is 60.9% and the national ambition of 50% continues to be met and exceeded
- The IAPT service continues to consistently meet and exceed the 6 and 18 week national waiting times ambitions. In July, 84.7% of patients referred for treatment were seen by the service within 6 weeks against the 75% national ambition, and 99.7% were seen and received treatment within 18 weeks from referral against the 95% national ambition.

3.10 Mental Health – Children and Young People Mental Health (CYPMH)

The access measurement for CYP has changed from April 2021 and systems will be monitored using one contact (previously two contacts).

- Estimates using local un-validated data shows that Somerset has delivered 6,110 contacts to CYP during the 12 month period to July 2021. Somerset's share of the national ambition is awaiting confirmation from NHSEI. Somerset CCG's Performance Team and CYPMH Commissioning Team are implementing plans to support smaller providers with new CYPMH reporting

requirements and we are also working with providers to produce an internal access trajectory

3.11 Quality - Safeguarding

- Initial Health Assessments within 28 days: performance decreased further in June and July in spite of the number of children becoming looked after also being less, (which is the usual pattern for the summer). Reasons for not meeting the target are

- 4 x Out of county provider with capacity issues in CLA team
 - 2 x medical capacity issues at YDH FT
 - 2 x returned home before IHA requested
 - other reasons due to staff sickness, work commitments of kinship

Capacity issues at YDH FT further impacted on health assessment timeliness and this is also likely to be a feature of the August data.

- Dental checks for children looked after for more than 1 year performance continues to recover with 47.1% of eligible CLA accessing a dental assessment This issue forms part of the multi-agency Corporate Parenting Board's health and wellbeing sub group work plan.

3.12 Quality – Continuing Healthcare

The focus of NHS England's CHC Assurance during 2021/22 will be on the system recovery and recovering performance on the following standards:

- Performance against the 28 Day Standard for July 2021 was recorded at 88% (against the 28 day ambition) which is our highest level of attainment since the commencement of this Key Performance Indicator in April 2018.

Day Backlog – Ensuring there are no referrals breaching 28 days by more than 12 weeks;

- There was 1 referral in July which breached the standard whereby no referrals breaching 28 days breach by more than 12 weeks and this referral was concluded within August 2021.

3.13 Quality – Leder

In July 2021, three Notifications were received into the Service, which is consistent with the number of notifications received on a monthly basis in 2021/22.

The 'new' NHS LeDeR platform is now operational and the LeDeR team is fully recruited to with reviewers, senior team lead and administrator in post with our new Local Area Contact due to commence post in early October
As a result of the new NHSEI Learning from lives and deaths – People with a learning disability and autistic people (LeDeR) policy 2021 and the required changes to the ways of working, all staff in the LeDeR Team have successfully undertaken the new LeDeR training on the new platform which Somerset staff have been involved in the development and evaluation of.

We have aligned our current administrative and performance update processes to the new policy changes.

- 3 Month Allocation KPI – Requires any Reviews received to be allocated to a Reviewer within 3 months of the Notification Date. Performance attainment for July 2021 is recorded at 0%, this is the result of all allocated reviews in July having been allocated after the 3 notification period. This reduction in performance attainment is the result of the 'old' University of Bristol LeDeR Platform being suspended in March 2021 and therefore no Reviews were able to be allocated.
- 6 Month Completion KPI – Requires all Reviews to be completed within 6 Months of the Notification Date. As no Reviews were completed in July 2021, there is no performance data available.

3.14 Quality – Pressure Ulcers

- Pressure Ulcers information for both the trusts will differ from previous results due to the validation work that is undertaken on each incident. Please note that validation for Somerset FT is still ongoing and we have yet to receive the latest updated information. Somerset Foundation Trust have identified some additional leadership resource to support the team to aid validation.
- Mental Health have reported zero cases of pressure ulcers for the last 6 months.
- YDH FT has seen a slight decrease in pressure ulcers in July, this is consistent with previous years.
- Low numbers of incidents of hospital acquired pressure ulcers affect the rate variation. Pressure ulcer on admission from home and community settings are at a higher rate, this has led to the Pressure Ulcer Collaborative having a focus in improvements across District Nursing, Care Homes and Hospices. This has been delayed due to Covid-19 however is due to restart July 2021.

3.15 Quality – Infection Control

- **Clostridium Difficile** (C-Diff. is bacteria that can infect the bowel and cause diarrhoea. Most commonly affects people who have recently been treated with antibiotics.). There has been a national increase in C-Diff. infections resulting in a regional collaborative initiative to identify trends, themes etc. to ascertain development initiatives aimed at the reduction of C-Diff. nationally
- **Escherichia coli** (E-coli colonises the gut as part of the natural flora, it is easy for patients to infect themselves with E. coli, especially if they have open channels such as urinary and peripheral catheters, wounds, are immunosuppressed etc. and their hand hygiene is not adequate). There is a Deep Dive currently into data from E Coli Blood Stream Infections. A GNBSI (Gram Negative Blood Stream Infections) introductory Group first meeting planned for August 2021. The deep dive continues with data ready for presentation at the GNBSI meeting in September.

3.16 Quality – Maternity

- Both trusts currently under pressure due to increase in numbers and acuity, and Covid-19 related staff absence. Support available across the system and regionally. This is expected to ease as new midwives are recruited.
- Both Trusts are focused on achieving all actions required in the Ockenden Report. Working closely with the LMNS, CCG Quality and Safety team and NHSEI for assurance. Early feedback from NHSEI is positive. Main themes include embedding processes and ensuring maternity software captures the relevant information to evidence the good practice taking place. All evidence submitted to the NHSE portal within the deadline

4. Background papers

- 4.1 The full NHS Somerset CCG Integrated Assurance Report is available on the CCG website: <https://www.somersetccg.nhs.uk/publications/governing-body-papers/>

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

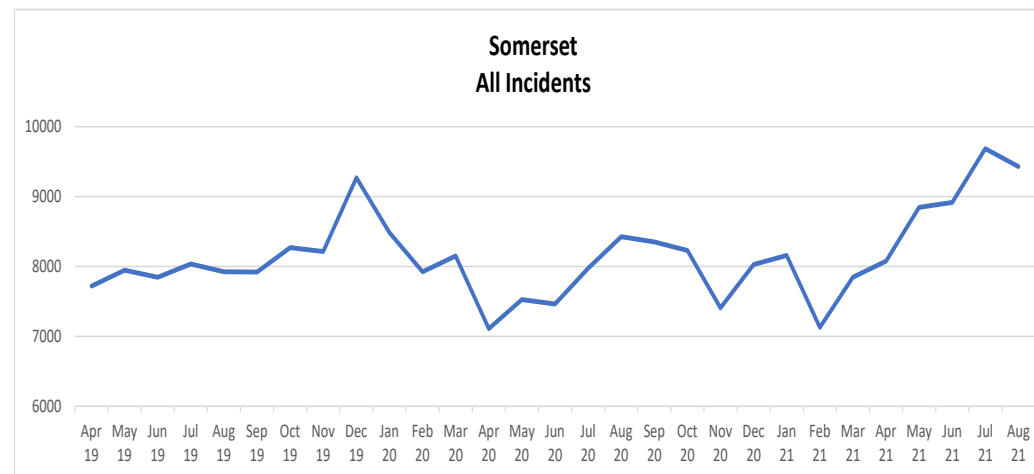
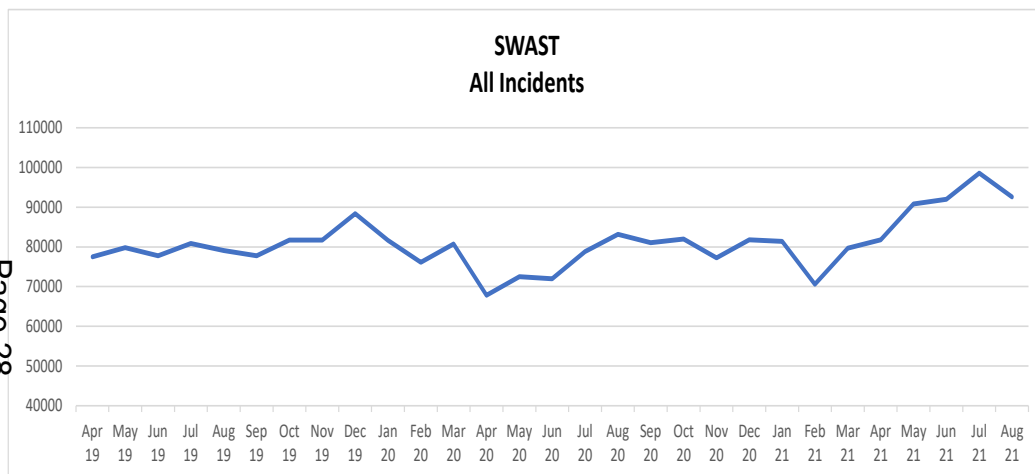
This page is intentionally left blank

Overview & Scrutiny Committee

Ambulance Performance

3rd November 2021

Ambulance Demand All Call Categories



- Over the summer into the early autumn period the ambulance service and the Somerset System have been in a high level of escalation due to the unprecedented levels of urgent care demand, resulting in an increase across all urgent care pathways
- During financial year 2021/22 ambulance activity across the South West (and Somerset) has continued to increase since the easing of lockdown measures in May 2021, and in August the level of activity was significantly higher than historic levels (with some weeks seeing increased demand >30% when compared to the previous 2 years)
- Since the easing of the lockdown restrictions we have seen a higher proportion of lower acuity calls which could be as a result of other system pressures and a change in how people may be accessing healthcare across the county
- When comparing the cumulative period April 2021 to August 2021 ambulance activity across Somerset has increased by 13.9% when compared to the same period in 2019 and across all SWAST's geographical areas has increased by 15.4%
- The national Ambulance Quality Indicators report upon the call answer times; in August across all SWAST commissioners the mean duration of call to answer was 31 seconds in comparison to 26 seconds nationally and the 99th percentile for SWAST's call to answer was 252 seconds compared to 240 seconds nationally

Category 1 Ambulance Calls

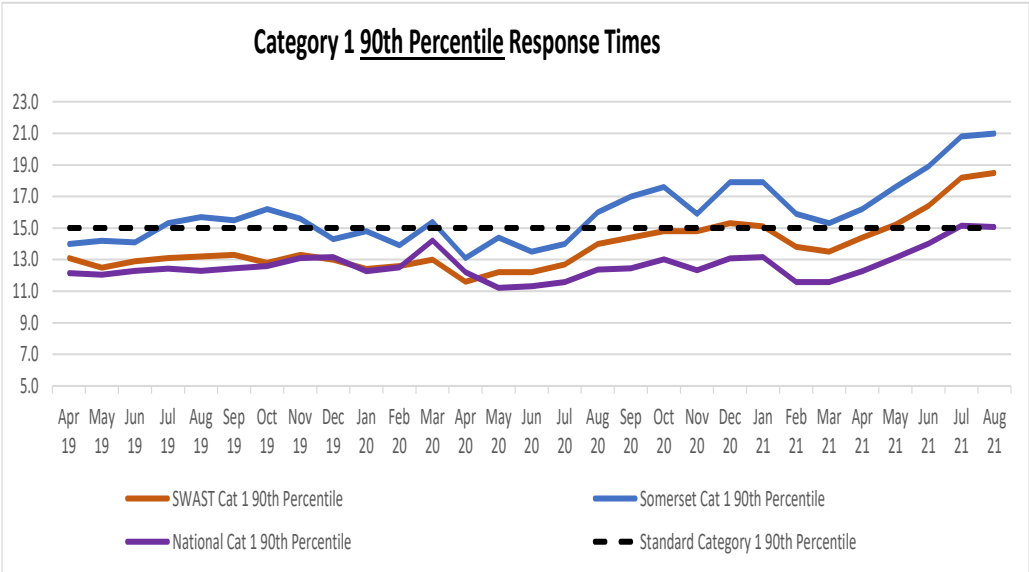
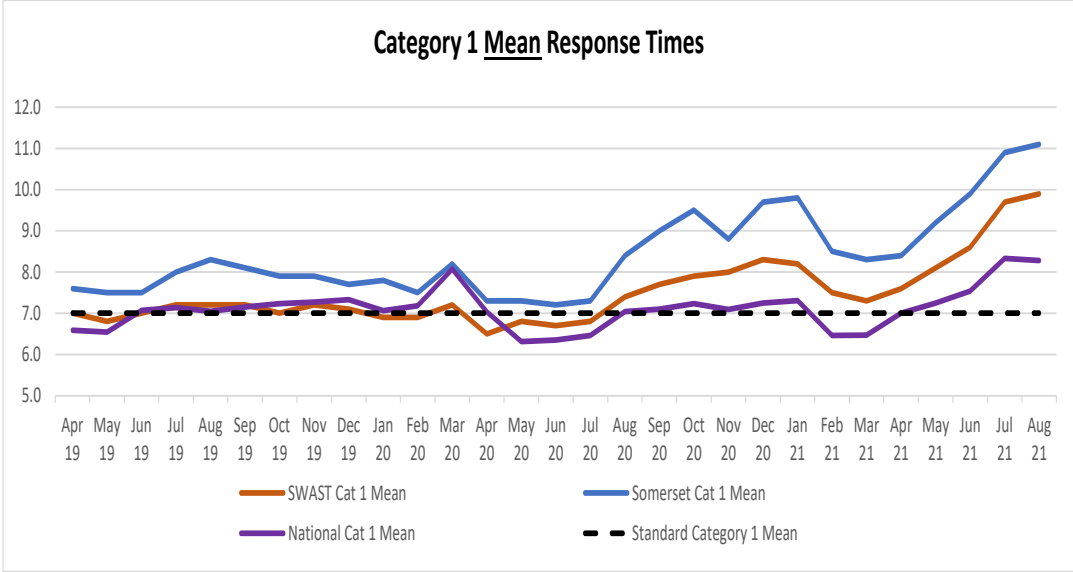
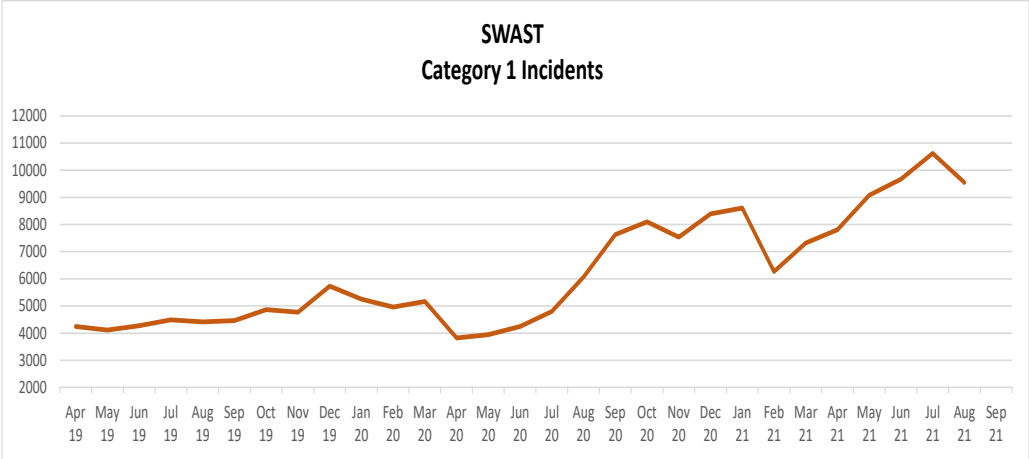
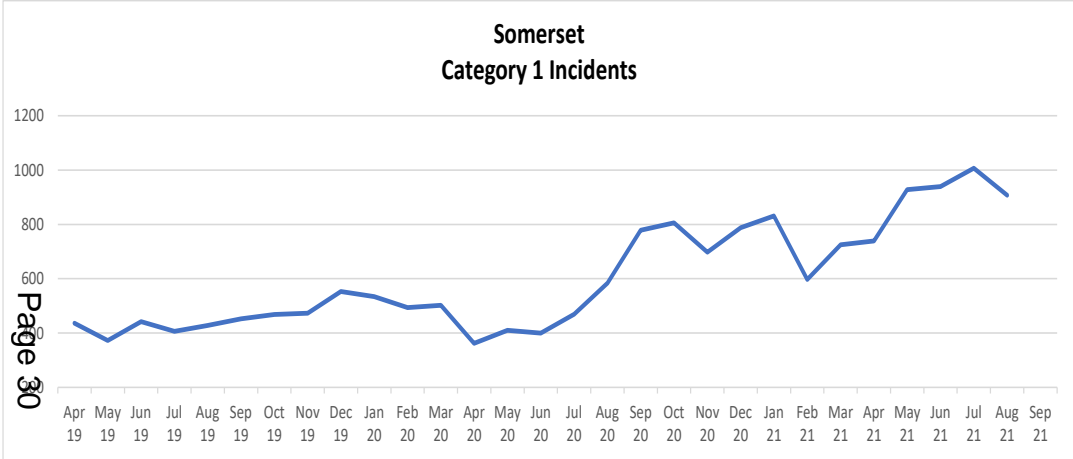


- Category 1 Ambulance Calls are those that are classified as life-threatening and needing immediate intervention and/or resuscitation (e.g. cardiac or respiratory arrest) and the national standard sets out that all Ambulance Trusts must respond to Category 1 calls within 7 minutes on average, and respond to 90% of Category 1 calls within 15 minutes
- Category 1 response times have declined during the cumulative period April 2021 to August 2021 as a consequence of the increased activity levels; this increase is attributed to both an increase in demand as well as a re-categorisation of incidents from Category 2 to Category 1 during 2020/21. In addition, SWAST also introduced additional guidance to assist in the triage of patients with ineffective breathing. A consequence this has led to a deterioration in the time it is taking to hand over patients to the care of the Emergency Department or Ward and thus impacting upon ambulance resource availability
- During August 2021 Category 1 performance was:
 - Somerset: 9.6 minutes against the 7 minute Mean standard, 21.0 minutes against the 15 minute 90th Percentile standard
 - SWAST: 11.1 minutes against the 7 minute Mean standard, 18.32 minutes against the 15 minute 90th Percentile standard
 - National: 8.3 minutes against the 7 minute Mean standard, 15.06 minutes against the 15 minute 90th Percentile standard
- Whilst a high proportion of Category 1 demand in Somerset is from the general public an increase in calls has also been seen from Care Homes, NHS111 and Health Care Professionals
- During the cumulative period April 2021 to August 2021 52.6% of Category 1 incidents were conveyed to an Emergency Department, 6.6% to a non Emergency Department destination with the remainder not conveyed to hospital

Category 1 Ambulance Calls



Somerset
Clinical Commissioning Group



Category 2 Ambulance Calls

- Category 2 Ambulance Calls are those that are classified as an emergency for a potentially serious condition that may require rapid assessment, urgent on-scene intervention and/or urgent transport (eg a person may have had a heart attack or stroke, or be suffering from sepsis or major burns). The national standard sets out that all Ambulance Trusts must respond to Category 2 calls within 18 minutes on average, and respond to 90% of Category 2 calls within 40 minutes

Page 31

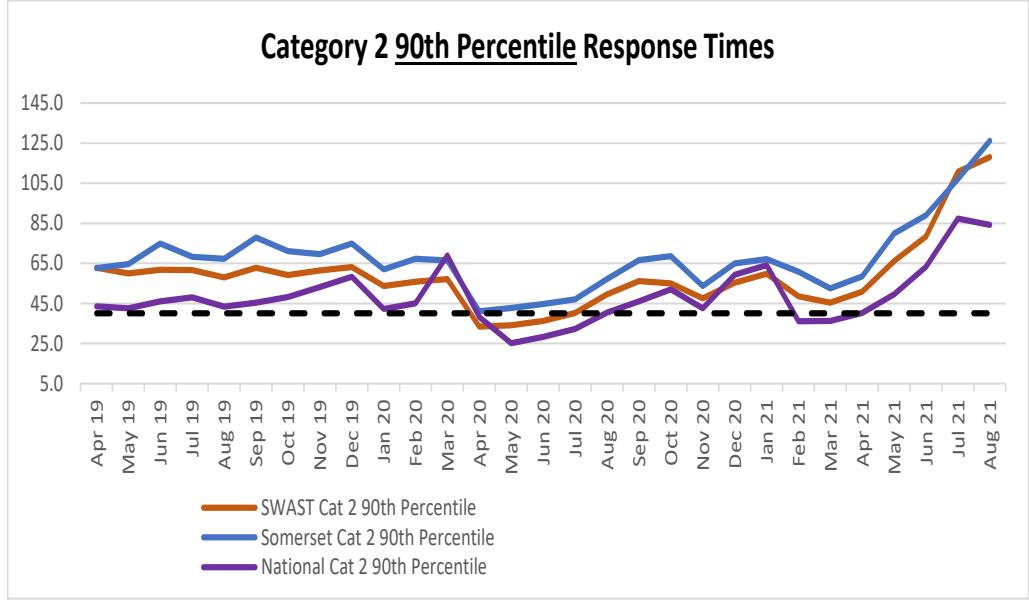
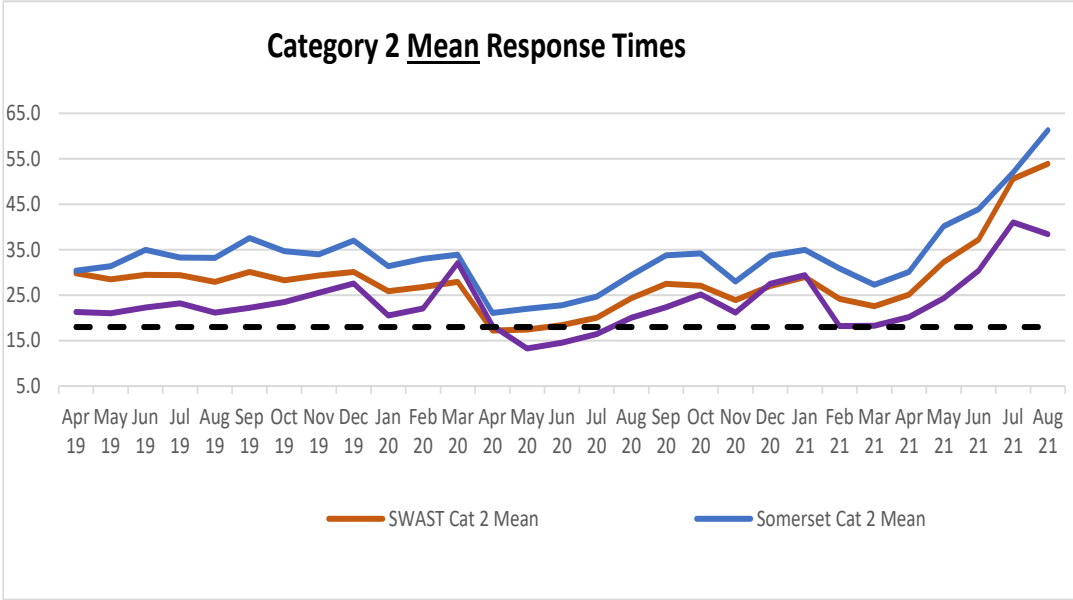
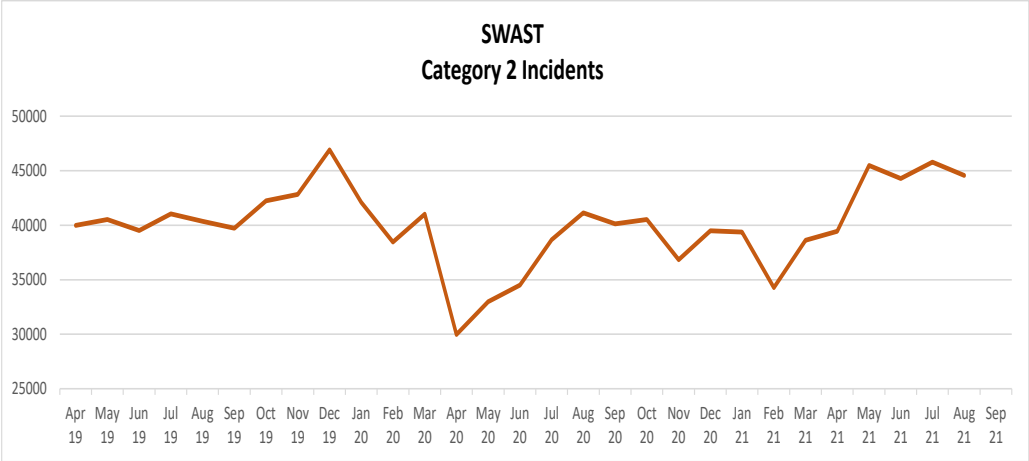
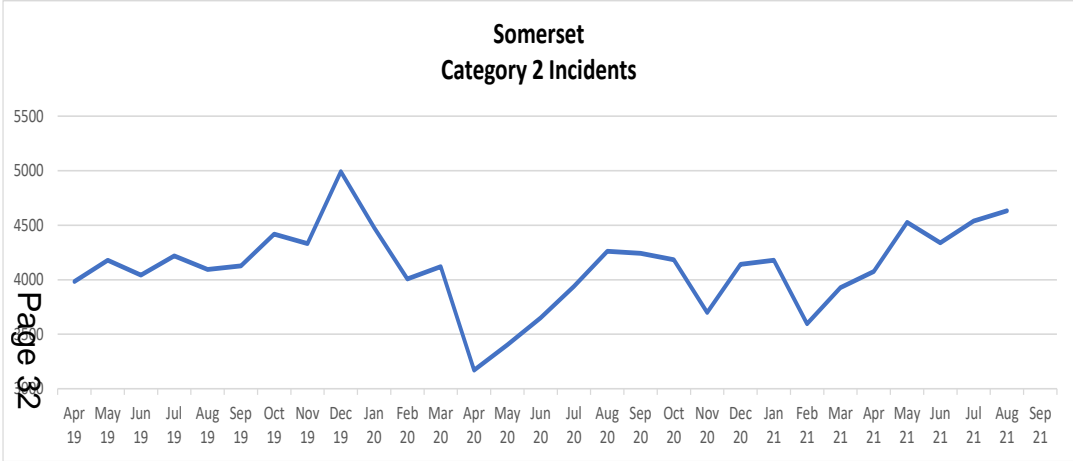
Category 2 response times have also deteriorated during the cumulative period April 2021 to August 2021 as a consequence of the increased activity levels and during August 2021 Category 2 performance was:

- Somerset: 61.3 minutes against the 18 minute Mean standard, 126.2 minutes against the 40 minute 90th Percentile standard
 - SWAST: 53.9 minutes against the 18 minute Mean standard, 118.1 minutes against the 40 minute 90th Percentile standard
 - National: 38.4 minutes against the 18 minute Mean standard, 84.2 minutes against the 40 minute 90th Percentile standard
- The majority of the Category 2 demand in Somerset is from the general public and via NHS111 and during the cumulative period April 2021 to August 2021 54% of Category 2 incidents were conveyed to an Emergency Department, 4.6% to a non Emergency Department destination with the remainder not conveyed to hospital

Category 2 Ambulance Calls



Somerset
Clinical Commissioning Group



Call Outcomes



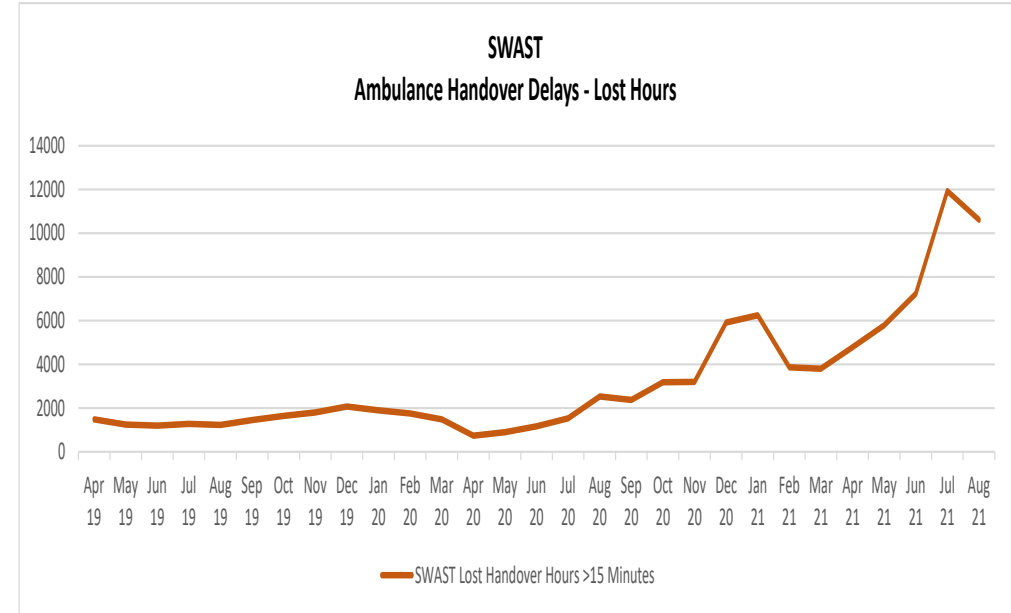
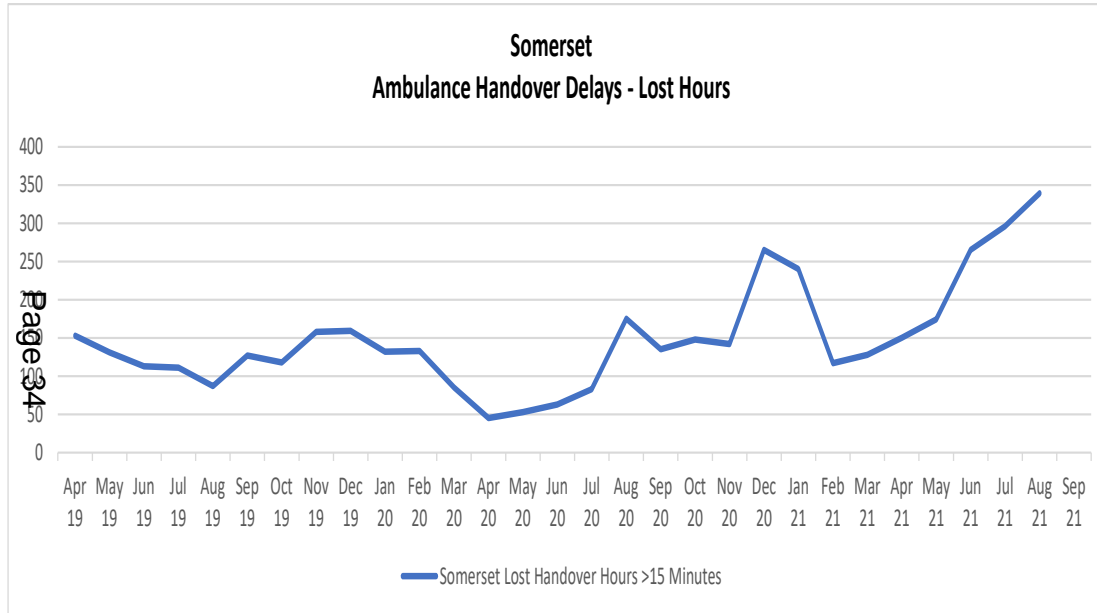
Somerset	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Apr 21	May 21	Jun 21	Jul 21	Aug 21
All Incidents	7720	7949	7849	8037	7926	8076	8846	8918	9686	9432
Hear & Treat	850	875	1020	1002	1047	960	1281	1548	2320	2303
See & Treat	2404	2508	2393	2528	2497	2706	2914	2894	3005	2837
See & Convey	4466	4566	4436	4507	4382	4410	4651	4476	4361	4292
Hear & Treat	11.0%	11.0%	13.0%	12.5%	13.2%	11.9%	14.5%	17.4%	24.0%	24.4%
See & Treat	31.1%	31.6%	30.5%	31.5%	31.5%	33.5%	32.9%	32.5%	31.0%	30.1%
See & Convey	57.8%	57.4%	56.5%	56.1%	55.3%	54.6%	52.6%	50.2%	45.0%	45.5%

- Overall the volume of calls to the Ambulance Service have increased by 13.9% when comparing April 2021 to August 2021 to the same period in 2019, and the call outcome with the greatest level of growth is hear and treat:
 - Calls ending without an ambulance dispatch and an outcome of Hear and Treat have increased by 75.5%
 - Calls ending with an ambulance dispatch but with an outcome of See and Treat have increased by 16.4%
 - Calls ending with an ambulance dispatch and with an outcome of See and Convey have marginally reduced by -0.6%
- To manage the high volumes of calls SWAST have significantly invested in the 2 clinical hubs and redeployed a number of senior clinicians including Specialist Paramedics and GPs to support remote triage resulting in the improvement in Hear & Treat rates and thus avoiding an ambulance to be dispatched
- It is our priority for patients to remain in their own home where at all possible and examples include:
 - Working with care homes to support residents with a deterioration in their health condition through use of NEWS scoring system. This helps to determine the urgency of medical review by their GP practice
 - Use of pulse oximeters for care home residents with Covid
 - Developing a scheme to review patients who have had a fall and subject to assessment, decide on those patients who need further investigation and/or possible admission
 - Supporting residential and care home staff with training and education programmes aimed at falls prevention

Ambulance Handover Delays

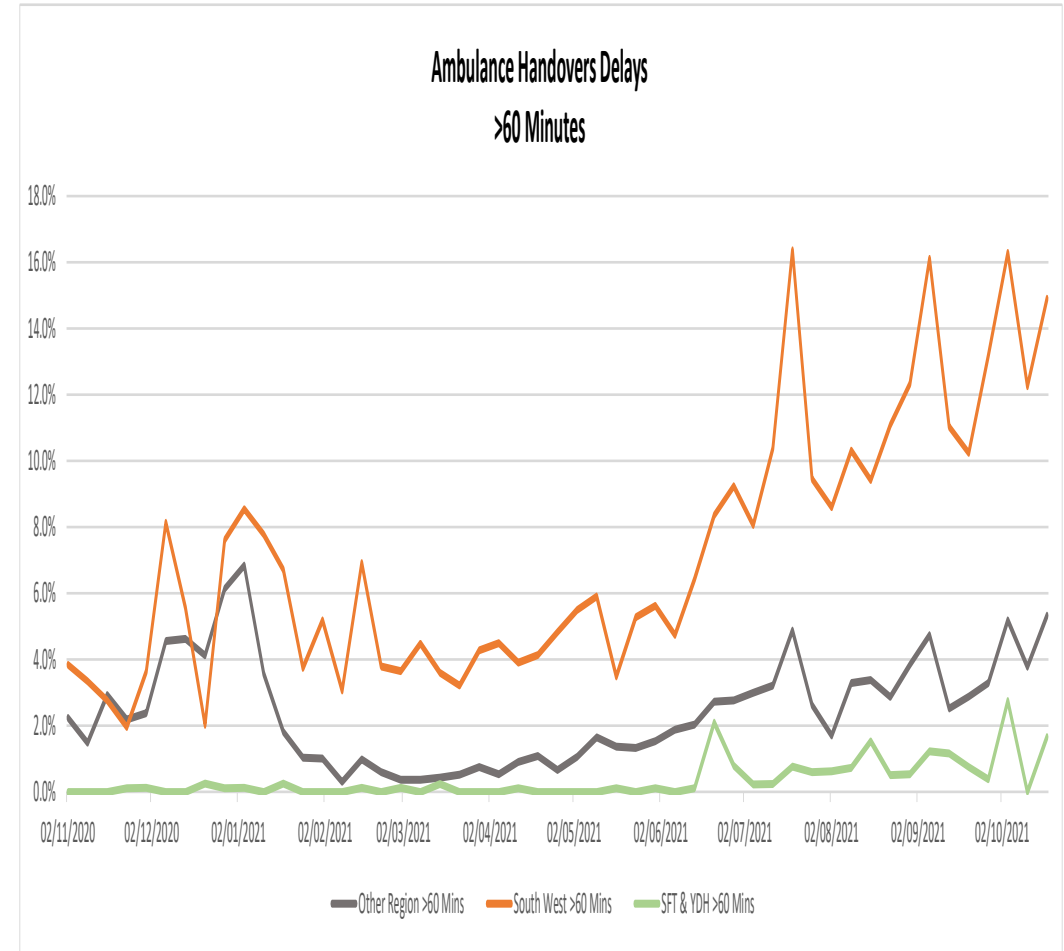
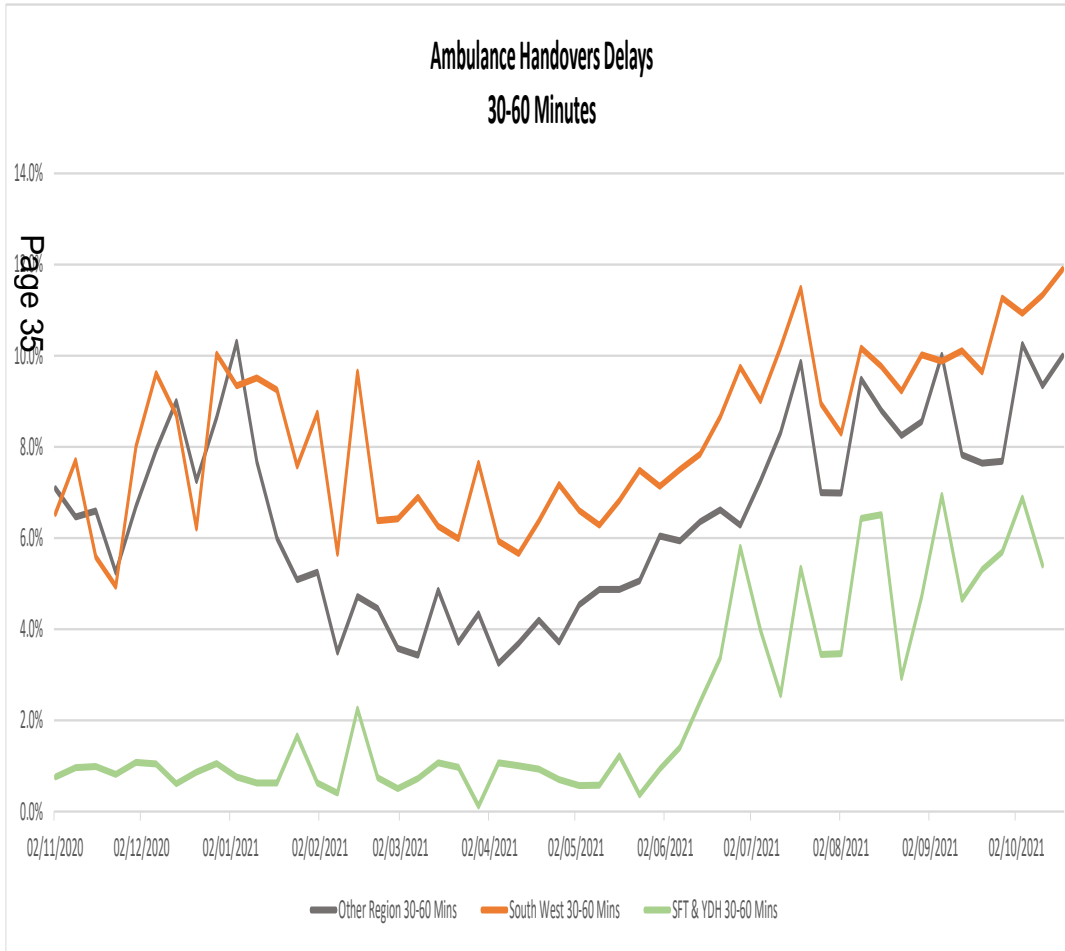


Somerset
Clinical Commissioning Group



- The tables above show the number of lost hours where an ambulance was delayed at an Acute Hospital in Somerset for greater than 15 minutes
- Somerset’s Emergency Departments have the least number of ambulance handover delays when compared to SWAST’s other commissioners
 - In August SWAST had a total of 10,610 lost ambulance hours which equates to 176.8 days
 - In August Somerset had a total of 412 lost ambulance hours which equates to 6.9 days
- The increase in ambulance handover delays from April in Somerset follows an identical similar pattern to the increase in ambulance arrivals to A&E
- SWAST is working with Acute Trusts in tackling ambulance handover delays; this is a system priority in order to reduce risk of harm to patients both in the community and delayed at hospital. Onsite hospital ambulance and liaison officers (HALO) deployed to manage the hospital – ambulance interface , coordinating and expediting speedy handovers
- In addition, a pilot is taking place at the Bristol Royal Infirmary and Treliske Hospital to immediately hand over a patient and release ambulance crews at such times when a hospital is in escalation. This will allow nearby ambulance resources to be deployed and respond to a Category 1 call

Ambulance Handover Delays



- The tables above show the proportion patients who arrived by ambulance who were handed over to the care of the hospital within 30-60 minutes and those greater than 60 minutes
- The time series reports the weekly volume of ambulance handover delays from November 2020 to October 2021 and shows the position for SWAST (and Somerset FT and Yeovil FT) compared to one other Ambulance provider

Mitigations

Clinical Validation & NHS 111 First



Somerset

Clinical Commissioning Group

- Programmes have been implemented in order to reduce the level of unscheduled care by minimising avoidable ambulance call outs and attendances at Emergency Departments
- The national Think 111 First campaign went live on 1 December 2020 to promote the use of NHS 111 (both telephony and online) thus ensuring that patients are directed to the most appropriate service for their needs. To support this programme Somerset Integrated Urgent Care Service (IUCS) introduced a 'clinical validation programme' with Devon Doctors and Practice Plus Group focused on reducing the number of low acuity 999 conveyances and Emergency Department walk-in's in order to free up ambulance resource and to reduce Emergency Department minor attendances where treatment could be delivered elsewhere. This service went live in November 2020 and the summary below shows the performance over the past 3 months:

Page 36

Month	Call Outcome	Calls to 999 Service with Outcome of Ambulance Dispatch (Low Acuity) or Attend ED	Validation Rate	Upgraded Rate	Same Outcome	Downgrade (re-direct rate)	Final Disposition of an Ambulance Dispatch or patient to Attend A&E
Aug-21	999 Low Acuity Ambulance Calls	661	100%	0%	3.33%	96.67%	22
	Calls with outcome of Attend ED	509	100%	0%	17.29%	82.31%	90
Sep-21	999 Low Acuity Ambulance Calls	696	100%	0%	5.75%	94.25%	40
	Calls with outcome of Attend ED	550	100%	1%	13.45%	84.55%	85

- This scheme has resulted in Somerset having the highest levels of validation and highest percentage of re-direction across the Region
 - Ambulance (Low Acuity Cat 3/Cat 4 calls): re-direction rate of 96.7% in August and 94.3% in September
 - Emergency Department: re-direction rate of 82.3% in August and 84.6% in September
- The High Intensity Users Scheme is in place and is taking referrals from the Emergency Department; the Team are working with clients in the community who engage frequently with urgent & emergency services to understand attendance behaviours.
- There is focus on supporting referrals into Same Day Emergency Care (SDEC) in order to reduce overnight stays in the hospital, which will improve hospital flow

SWAST Recovery Actions

- To manage the high volumes of calls SWAST have significantly invested in the 2 clinical hubs and redeployed a number of senior clinicians including Specialist Paramedics and GPs to support remote triage which has resulted in the Hear & Treat rates increasing from 10% to 30% on most days (thus avoiding an ambulance to be dispatched)
- Secured additional resource to support the normal resourcing levels with an average of 5-6 additional crews each day
- Extended the agreement with Devon & Somerset Fire & Rescue Service whereby a number of Co Responder fire fighter colleagues are working alongside the lead clinicians as drivers
- Increased the overall operational resourcing levels within the county and based on 2019 figures equating to an additional 1000 hours of conveying ambulance resources each week and during the extreme pressures over the past 3 weeks have further extended this
- SWAST is working with Acute Trusts in tackling ambulance handover delays; this is a system priority in order to reduce risk of harm to patients both in the community and delayed at hospital
- Ensuring that the Patient Transport Service is being most effectively deployed to support Urgent and Emergency Care and elective recovery
- Accepting ambulance transfers rapidly (including to SDEC and specialities) in order to improve bed flow
- Ensuring the Directory of Services is fully updated in each area to ensure correct onwards patient care/referral to speciality

This page is intentionally left blank

Somerset County Council
 Scrutiny for Scrutiny for Policies, Adults and
 Health Committee
 – 03/11/2021

**Somerset Safeguarding Adults Board: Strategic Plan (2021/2022)
 Refresh and Annual report (2020/21)**

Lead Officer: Keith Perkin, Independent Chair, Somerset Safeguarding Adults Board
 Author: Stephen Miles, Service Manager, Somerset Safeguarding Adults Board
 Contact Details: smiles2@somerset.gov.uk / 01823 359157
 Cabinet Member: Cllr David Huxtable, Cabinet Member for Adult Social Care
 Division and Local Member: Not applicable

1. Summary

- 1.1.** The Somerset Safeguarding Adults Board (SSAB) operates as an independently chaired, multi-agency body under The Care Act 2014. It became statutory from April 2015.
- 1.2.** The SSAB’s role is to have an oversight of safeguarding arrangements within the County, not to deliver services or become involved in the day-to-day operations of individual organisations, including those of Somerset County Council. Any questions from committee members regarding operational matters, including individual safeguarding enquiries, should therefore be directed to the representative of the organisation that has the lead for this work.
- 1.3.** The Board is required by The Care Act 2014 to produce and publish an Annual Plan and Report each year. The plan is normally considered by the Scrutiny for Scrutiny for Policies, Adults and Health Committee in the spring (this did not happen in 2020 or 2021 due to the Coronavirus Public Health Crisis) and the Annual Report in the autumn.
- 1.4.** The purpose of this report is to present both the Board’s refreshed Annual Plan for 2021/22 and Annual Report for the 2020/21 financial year to the Scrutiny for Scrutiny for Policies, Adults and Health Committee.
- 1.5.** Links to Business Plan:
Outcome 2: Safe vibrant and well-balanced communities able to enjoy and benefit from the natural environment whilst addressing climate change

2. Issues for consideration / Recommendations		
2.1.	1	That the Scrutiny for Scrutiny for Policies, Adults and Health Committee receives and considers the Somerset Safeguarding Adults Board’s 2021/22 Annual Plan and 2020/21 Annual Report

	<p>(Appendices A and B).</p> <p>2 That the Scrutiny for Scrutiny for Policies, Adults and Health Committee notes progress highlights during 2021/22 to date</p> <p>3 That the Scrutiny for Scrutiny for Policies, Adults and Health Committee continues to promote adult safeguarding across the County Council and in the services that are commissioned</p>
2.1.	Reason for recommendations: The purpose of this report is to present the Board’s Annual Plan for 2021/22 and Annual Report for the 2020/21 financial year to the Scrutiny for Scrutiny for Policies, Adults and Health Committee.

3. Background

- 3.1.** The main objective of the Somerset Safeguarding Adults Board (SSAB) is to seek assurance that local safeguarding arrangements and partner organisations act to help and protect people aged 18 and over who:
- have needs for care and support; *and*
 - are experiencing, or at risk of, abuse, neglect or exploitation; *and*
 - are unable to protect themselves from the risk of, or experience of, abuse or neglect as a result of their care and support needs
- 3.2.** The SSAB is required by The Care Act 2014 to produce and publish an Annual Plan and an Annual Report for each financial year.
- 3.3.** The Annual Plan must set out what the Safeguarding Adults Board intends to do over the next year to help and protect adults at risk of abuse and neglect in Somerset during that timeframe. In common with many other Safeguarding Adults Boards (SABs), the Board chose to develop a three-year plan in 2019 that is refreshed annually. The 2021/22 refresh is the last refresh of the current cycle.
- 3.4.** The Annual Report must set out what has been done to help and protect adults at risk of abuse and neglect in Somerset during that timeframe. It provides an opportunity to both reflect on achievements over the past year and to formally identify priorities for the year ahead. It also offers a chance to demonstrate the SSAB’s fulfilment of its role and ongoing commitment to safeguard vulnerable adults in the county.
- 3.5.** Safeguarding is everybody’s business, and the SSAB has a strategic role that is greater than the sum of the operational duties of the core partners. It means protecting an adult’s right to live in safety, free from abuse and neglect.
- 3.6. The SSAB’s Annual Plan**
- The SSAB developed a new 3-year strategic plan for 2019-2022 in early 2019,

incorporating comments from Scrutiny for Scrutiny for Policies, Adults and Health Committee, and this has been refreshed for 2021-22. As part of the refresh the plan has been amended to reflect the competing demands on partners during the Coronavirus Public Health Crisis.

By its very nature a strategic plan will be high-level and contain objectives that will be updated as work progresses. Our plan also does not reference specific groups of adults, other than in one specific case, in recognition that while the general level of risk may vary, safeguarding work is rarely group specific. Our overarching priorities for 2021-22 are:

- a) Listening and learning:
 - Safeguarding is person-led, outcome-focused, enhances involvement, choice and control, and improves quality of life, wellbeing and safety
 - We use learning from within Somerset and elsewhere to enhance practice across the system in Somerset.
 - Identified best practice will be embedded throughout the partnership
 - We will be open to constructive criticism, and take appropriate action to reduce risk and improve safeguarding practice.
- b) Enabling people to keep themselves safe:
 - People are aware of what abuse is and how to keep themselves and those that they care for safe
 - People know what to do if they think that they or others are experiencing abuse or neglect
- c) Working together to safeguard people who can't keep themselves safe:
 - Organisations, including the third sector, work together to ensure that multi-agency arrangements are effective, and that people who are unable to keep themselves safe are supported in the least invasive way
 - Policy and guidance reflects best practice and takes a positive approach to risk
 - There is effective working across local, regional and national partnerships on areas on mutual interest
 - The number of inappropriate referrals is reduced through people raising other types of concern in an appropriate way
- d) Board Governance:
 - Somerset has an effective Safeguarding Adults Board which fulfils its statutory responsibilities, has strong leadership and governance arrangements, and promotes a culture of collective accountability, respectful challenge and continuous learning
 - The Board uses data appropriately to understand where risk exists within the system

3.7. Further information on the work that it is proposed will underpin these priorities can found in Appendix A.

3.8. Assurance in relation to Adult Safeguarding Arrangements in Somerset

In common with many other SABs in England, SSAB did not complete its usual

annual self-audit process in 2020/21 due to the ongoing impact of the Coronavirus Public Health Crisis on partners capacity to participate in the process. In the absence of this audit the Board and its Executive Group regularly monitored the response of the system, with no significant concerns or additional priorities for the Board emerging during the year. This monitoring has included the Board's Independent Chair observing meetings, for example The Vulnerable People's and Care Providers meetings in order to gain assurance that partners were working together to effectively support people with care and support needs.

The Board has also supported work by the Local Government Association and Association of Directors of Adult Social Services to gain additional insight in to safeguarding data during the Coronavirus Public Health Crisis nationally, and the Board wishes to thank Somerset County Council's safeguarding service for its support with this work. This work has resulted in comparative data being made available to the Board which has supported monitoring during the year.

Those areas where development was identified in previous audit process have resulted in work being completed during the year, for example the publication of new information for the public and people with care and support needs for all partners and the public to use.

An exception remains where services are commissioned by commissioners external to Somerset, which was highlighted in our previous two reports the Committee. As stated in our previous report, we have reached the point locally where further progress requires action to be taken on a national level to address the broader concerns about the practices of some commissioners when they place adults into services outside of their local area.

3.9. South West Audit Partnership (SWAP) Audit of the SSAB

During the spring of 2020 the SSAB was independently audited by the South West Audit Partnership, and also conducted an effectiveness survey of members. While the audit highlighted a number of areas for improvement the overall finding was that the Board has satisfactory arrangements across key areas to ensure that it operates as an effective partnership, and at the Board meeting on 12/06/2020 members agreed actions to take work forward to address the findings.

The recommendations include:

1. A review of the Terms of Reference for the Board and all of its Subgroups, and the expectations on its members
2. The inclusion of a standing agenda item for the Executive Group to ensure that all strategic actions are equally owned and resourced by the Board partner
3. For any subgroup meetings that are cancelled or postponed to be reported to the Board each time it meets
4. For self-referral data to be considered by the Quality Assurance Subgroup
5. For the Quality Assurance Subgroup to progress Somerset County

Council's implementation of the feedback process proposed by Healthwatch Somerset in 2019.

6. For the Board to consider the results of the effectiveness survey with a view to improving confidence levels in the identified areas of lower confidence

The implementation of the recommendations has been monitored by the Board's Executive Group and reported to the Board each time it met during the year. All recommendations have now been completed.

3.10. Key Progress, 2020/21

As a result of the demands that were placed on key partners in relation to responding to the Coronavirus Public Health Crisis, in common with the approach taken by many other SABs nationally, the SSAB took the difficult decision to suspend all of its subgroups at the start of the financial year and also to cancel its annual conference. Once restarted subgroups had a focus on the system's recovery and learning from the crisis. Highlights during the year include:

- a) The SSAB has supported the local system during the public health crisis by hosting, and maintaining on a daily basis, information to support organisations providing care and support to adults in Somerset on its [website](#). It has also supported work in relation to Personal Protective Equipment and Infection Prevention in the local system, and the development of Somerset's Adults Social Care Winter Plan.
- b) Each of the SSAB's subgroups has looked to identify learning from the system from the crisis. The vast majority of this learning was that, during 2012/21, the local system performed well, with good examples of partners working together effectively. However, this will continue to be monitored given the significant pressure that the local system is currently under.
- c) The SSAB Executive Group and the Quality Assurance subgroup monitored the levels and types of safeguarding concerns for adults at risk throughout the year, including working to understand any variations compared to the previous two years. While there were some variations in the types of abuse being reported the Subgroup was satisfied that the system in Somerset was responding to referrals appropriately. The Quality Assurance Subgroup has also taken a decision to move to a biennial audit cycle, with the next audit planned for 2021.
- d) [Safeguarding Adults Reviews into the deaths of 'Luke' and 'Damien'](#) were published in August 2020 and March 2021 respectively and the Safeguarding Adults Review (SAR) Subgroup has continued to consider referrals for SARs when they are received. Appendix B includes a summary of the progress that has been made so far to address the recommendations from 'Luke', and further update will follow in our next report alongside a summary of the progress in relation to 'Damien' and any Reviews published during 2021/22.
- e) The Policy and Procedures subgroup has continued to review existing guidance, and develop new guidance in areas where it is identified that it

would be beneficial. Documents published during 2020/21 include "[Medication Management Guidance for Providers](#)" and a regional [Organisational Abuse Policy](#) that the SSAB took the lead in developing. New public facing materials have also been developed by the Policy and Procedures Subgroup which have been promoted with partners and via social media. These include:

- [What is Abuse and Neglect](#)
 - [What happens after abuse or neglect is reported](#)
 - [What is a Planning Meeting](#)
 - [What is a Safeguarding Adult Enquiry](#)
 - [What is a Review Meeting](#)
 - [Preparing for a safeguarding meeting](#)
 - [Mental Capacity](#)
- f) As in previous years each Safeguarding Adult Board in the Avon and Somerset Constabulary area undertook to promote adult safeguarding through the annual 'Stop Adult Abuse Week'. The focus in 2020/21 was "Looking after your community".
- g) Due to the coronavirus pandemic, during 2020/21 we were not able to arrange for anyone who had direct experience of safeguarding in Somerset to talk to the Board in person due to the on-going restrictions, however we hope to be able to resume inviting people during 2021/22. However, to ensure an effective link between senior leaders on the Board and those who provide a direct safeguarding service, practitioners have presented to the Board on the challenges they have faced over the last 12-18 months.

3.11. Key Progress, 2020/21

Our work during 2021/22 has once again been impacted by the need of our partners to prioritise their response to the Coronavirus Public Health Crisis and associated system pressures. Highlights during the year include:

- a) The SSAB continued to support the local system by hosting, and maintaining on a daily basis until August 2021, information to support organisations providing care and support to adults in Somerset on its [website](#). It also continues to support work on Infection Prevention and Control and Rapid Testing grant funding for care providers.
- b) The, now merged, Learning & Development and Policy & Procedures Subgroup has continued developing guidance for staff working with adults who may make disclosures regarding alleged non-recent incidents involving children following the publication of the 'Luke' Safeguarding Adults review, and had also published new public facing materials in relation to Mate Crime, which it intends to add further to during the year.
- c) The, now renamed, Performance and Quality Assurance Subgroup has developed a new performance scorecard. This is expected to have additional measures added from partners over the coming months. It has also been monitoring feedback received through a new feedback process

that was agreed following a report by Healthwatch Somerset.

- d) The Performance and Quality Assurance Subgroup led on the development of a new audit tool, for use by the five SABs that operate within the Avon & Somerset Constabulary footprint on a biennial basis. The submission date for audit returns was 01/10/2021 and the Board was pleased to receive the highest number of returns to date. Analysis of local themes will take place during the autumn of 2021 and will be included in our next Annual Report.
- e) The Board has reviewed the finding and recommendations from a National Analysis of Safeguarding Adult Reviews from April 2017 to March 2019. It has conducted a gap analysis of to identify those that apply to SABs where work is required, and this will be led by the Safeguarding Adults Review Subgroup in the first instance. The Board is also actively contributing to work to take forward national recommendations made in the report.
- f) The SSAB is working with other Boards within the Avon & Somerset Constabulary footprint to provide a series of webinars and other promotional material during the National Safeguarding Adults week from 15/11/2021 to 19/11/2021 having not been able to arrange a conference once again in 2021.
- g) The Safeguarding Adults Review Subgroup has commissioned three Safeguarding Adults Reviews that are expected to be completed during the first half of 2022, with at least one further review expected to be completed during 2021/22. In line with other SAB's, there is a growth in the number of SAR referrals. We are working locally, regionally & nationally to ensure we are reviewing such cases in a timely manner enabling learning from such reviews to be embedded promptly.

3.12. The Annual Report can be read in full in Appendix B.

4. Consultations undertaken

- 4.1.** As part of refreshing the Strategic Plan and developing its Annual Report the SSAB sought feedback from all of its partners. This includes seeking feedback from representatives of people who use services, carers and the third sector, and Healthwatch. Partners were also invited to contribute content to the Annual Report, and this can be found in section 9 of Appendix B.

5. Implications

- 5.1. Financial implications:** The majority of the SSAB's funding is provided by Somerset County Council, with contributions from Avon & Somerset Constabulary and NHS Somerset Clinical Commissioning Group. Safeguarding Adults Reviews (SARs) are resourced by the partnership as and when required and an agreement is now in place between the three statutory partners to resource all SARs from outside the SSAB's core budget. A new approach that we developed, before the Coronavirus Public Health Crisis, of asking a senior representative from a partner organisation that had not had involvement in a case to chair a locally led approach has not yet reduced the proportion of

instances when an Independent Reviewer needs to be commissioned due to the ongoing pressure on the local system.

The SSAB continues with its decision not to professionally print the Annual Plan or Report to save on costs and environment impact. All reports are publicly available on the website www.ssab.safeguardingsomerset.org.uk, including both appendices to this Report.

- 5.2. Legal implications:** The Care Act 2014 represented the most significant change to adult social care in more than 60 years, putting people and their carers in control of their care and support. For the first time the Act placed Safeguarding Adults, and the role and functions of a Safeguarding Adults Board, onto a statutory framework from 1st April 2015.
- 5.3. Partner organisations:** Somerset Safeguarding Adults Board benefits from strong partnership commitment. Organisations represented on the Board had the opportunity to detail their achievements and contributions in 2020/21 and all Board members are encouraged to take the Annual Report through their own internal governance routes.
- 5.4. Equalities Implications:** None. This report does not relate to a decision and has therefore not been impact assessed.
- 5.5. Risk Assessment:** Safeguarding activity by its nature is an inherently risky area and has the potential to bring a Council's reputation, and the wider safeguarding system, into question, when failings are identified. The Annual Plan and Report, both a legal requirement by the Care Act 2014, provide partner organisations and the public with assurances that adult safeguarding is being monitored and scrutinised in Somerset. The Board also has a robust risk register in place which identifies and tracks risk.

6. Background papers

- 6.1.**
- [Appendix A, SSAB Strategic Plan, 2021/22](#)
 - [Appendix B, SSAB Annual Report, 2020/21](#)
 - [Appendix C, SSAB Annual Report summary, 2020/21](#)

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

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

Adult Social Care: Reform and Assurance Proposals

Lead Officer: Mel Lock, Director of Adult Social Care

Author: Nicola Shaw, Strategic Manager – Quality & Performance (ASC)

Contact Details: NXShaw@somerset.gov.uk

Cabinet Member: Cllr David Huxtable, Cabinet Member for Adults

Division and Local Member: All

1. Summary

- 1.1. This covering paper and supporting presentation outlines recent developments in relation to national plans relating to Adult Social Care reform and assurance. At present, these are directions of travel and the full detail is not yet available.

2. Issues for consideration / Recommendations

- 2.1. For Scrutiny members to note and discuss the latest developments and proposals relating to adult social care from 2023, and how this will impact activity and resources both within the service and wider health and care system, and for those reliant on care and support.

3. Background

- 3.1. **Social Care Transformation:** On 7 September 2021, the Government set out its new plan for health and social care. It provided an overview of how the plan would tackle the elective backlog in the NHS and put the NHS on a sustainable footing. It also set out details of the plan for adult social care in England, including a cap on social care costs and how financial assistance will work for those without substantial assets.

The plan covers wider support that the government will provide for the social care system and explains how the government will improve the integration of health and social care. It also outlines the government's plan to introduce a new Health and Social Care Levy.

This paper was laid in Parliament on 7 September 2021 and is available via: [Build Back Better: Our Plan for Health and Social Care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/build-back-better-our-plan-for-health-and-social-care)

- 3.2. **ASC Assurance:** In February 2021, the Government set out legislative proposals for a Health and Care Bill, due to receive Royal Assent in Quarter 1, 2022: [Integration and innovation: working together to improve health and social care for all \(HTML version\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all)

This included proposals for a new assurance framework for adult social care, and the introduction of a new duty for the Care Quality Commission (CQC) to assess Local Authorities delivery of their statutory adult social care duties under The Care Act 2014:

'As social care affects a greater number of people at some point during their lives, accountability for services becomes increasingly important for both national

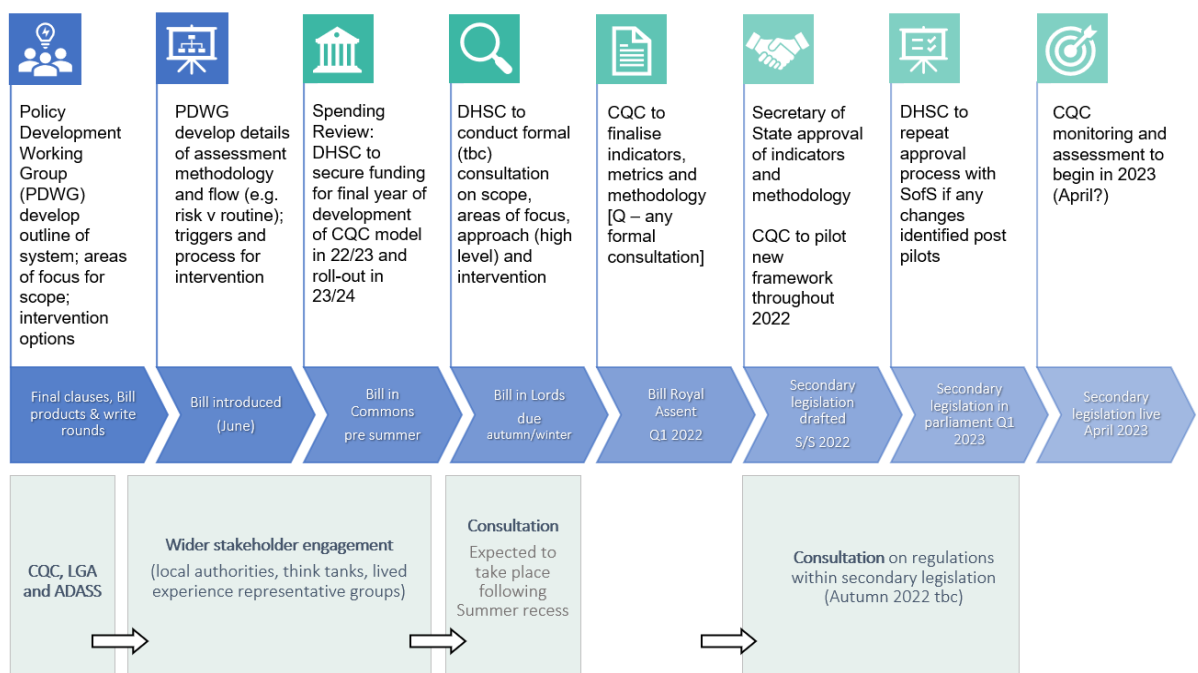
and local government.

It is therefore only reasonable for government to want to ensure the ASC system is delivering the right kind of care, and the best outcomes, with the resources available. We also want to be able to readily identify best practice across the system, building on existing sector-led support and improvement programmes. To achieve this, we want to work with local authorities and the sector to enhance existing assurance frameworks that will support our drive to improve the outcomes and experience of people and their families in accessing high quality care and support, regardless of where they live.

To support these goals, we propose to introduce through the Health and Care Bill, a new duty for the Care Quality Commission to assess local authorities' delivery of their adult social care duties'.

- 3.1** It is likely that the new CQC monitoring and assessment framework will commence from April 2023. Work is underway nationally to clarify the indicators, metrics and methodology for any assurance activity.

Overview of Assurance Development April 2021 – April 2023



As a Local Authority, Somerset has recently started work to self-evaluate our activity and performance, in anticipation of this new requirement and to support regional and national peer sector led improvement and piloting activity.

4. Consultations undertaken

- 4.1.** Consultation is currently underway across the CQC, Department of Health and Social Care, Local Government Association and Association of Directors of Adult Social Services regarding datasets, peer review, regulations and assessment methodology.

5. Implications

- 5.1.** Both Government announcements will impact the Local Authority in terms of demands, expectations, and human / financial resources required to support the impacts of the activity. This level of detail has not yet been explored and it is therefore not possible to fully understand this impact or indeed any accompanying support that reflects it.
- 5.2.** We anticipate a higher level of care act assessments and brokerage/care sourcing functions on the back of proposed reforms. There are tight implementation timescales for all systems and processes to be in place for new reform and assurance activity.

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

This page is intentionally left blank

Adult Social Care: Reform & Assurance Update

Scrutiny Committee – November 2021



Plan for Health and Social Care, HM Govt 7th September 2021



- Plan includes additional funding to help NHS recover from Covid plus adult social care reforms.
- Total funding £36bn over the 3 years from 2022/23 for UK; notionally £5.4bn for adult social care in England.
- Funded by 1.25% increase in NI for employees and employers plus tax on dividends.
- White Paper on further adult social care reform promised; to be developed with local authorities, clients, providers and other key stakeholders.
- Risk that the general public has been given the impression that adult social care is “fixed”.
- Another short-term £5.4bn for the NHS this winter, of which £478m will fund an extended “Discharge to Assess” grant.

Adult social care reforms



Care “cap”

- From October 2023 an £86k “cap” on the maximum individuals (anyone over 18) will pay for their care during their lifetime.
- This is based on the Personal Budget: people may pay top-up care costs towards a more expensive service, but this will not count towards the “cap”
- Includes care costs but excludes “hotel costs”; once “cap” is reached people will not need to pay care costs, but still need to pay “hotel” costs.

Other

- Upper capital assets threshold will increase from £23,250 to £100,000; lower threshold from £14,250 to £20,000.
- Those with less than £20,000 will still have to contribute from their income to the cost of care.
- Self-funders in residential and nursing homes will have the right to ask their local authority to arrange care at reduced rates: this will produce a cost pressure for providers and therefore for local authorities.
- £500m over 3 years for training, wellbeing and care staff recruitment support – likely to be managed nationally.



Main unknowns/questions: reforms

- Levels of “hotel costs” and how these are calculated?
- Arrangements for counting costs towards the “cap”: national tool or local?
- Demand for assessments from self-funders unknown: modelling based on Dilnot estimates but these are six years old and pre-pandemic?
- Need for local authorities to prepare capacity and systems for assessments – and questions about whether there are the social workers available to recruit?
- Equalisation of self-funder and local authority rates will produce a significant but unknown cost pressure?



Main unknowns/questions: funding

- Government intends to use £5.4bn to fund additional liabilities from care “cap”, increased capital thresholds and reduce income for care providers from self-funders rates.
- Expectation that the adult social care precept, Council tax and further efficiencies will be required to meet demographic and cost pressures.
- Not clear how much of the £36bn will actually reach local authorities or when.
- Considerable uncertainty about how much of £5.4bn will reach care providers and staff.
- And whether local authorities will be adequately funded for additional assessments as well as other new duties already planned: Liberty Protection Safeguards, Mental Health Act changes etc?
- Note that higher NI rates create a cost pressure for care providers and staff.

A new assurance framework for adult social care



A new assurance framework for adult social care

“ As social care affects a greater number of people at some point during their lives, accountability for services becomes increasingly important for both national and local government.

It is therefore only reasonable for government to want to ensure the ASC system is delivering the right kind of care, and the best outcomes, with the resources available. We also want to be able to readily identify best practice across the system, building on existing sector-led support and improvement programmes.

To achieve this, we want to work with local authorities and the sector to enhance existing assurance frameworks that will support our drive to improve the outcomes and experience of people and their families in accessing high quality care and support, regardless of where they live.

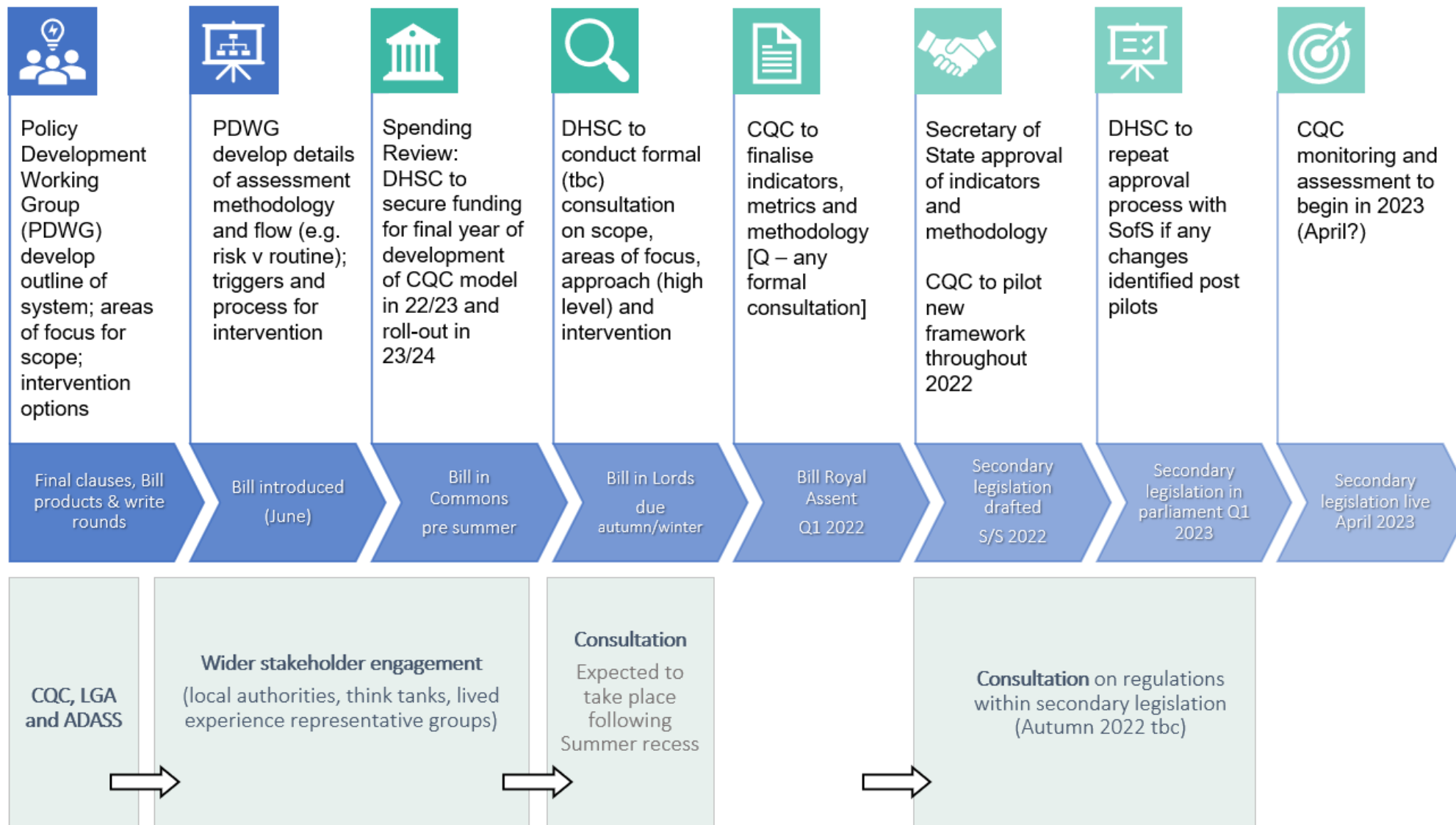
To support these goals, **we propose to introduce through the Health and Care Bill, a new duty for the Care Quality Commission to assess local authorities' delivery of their adult social care duties.** ”



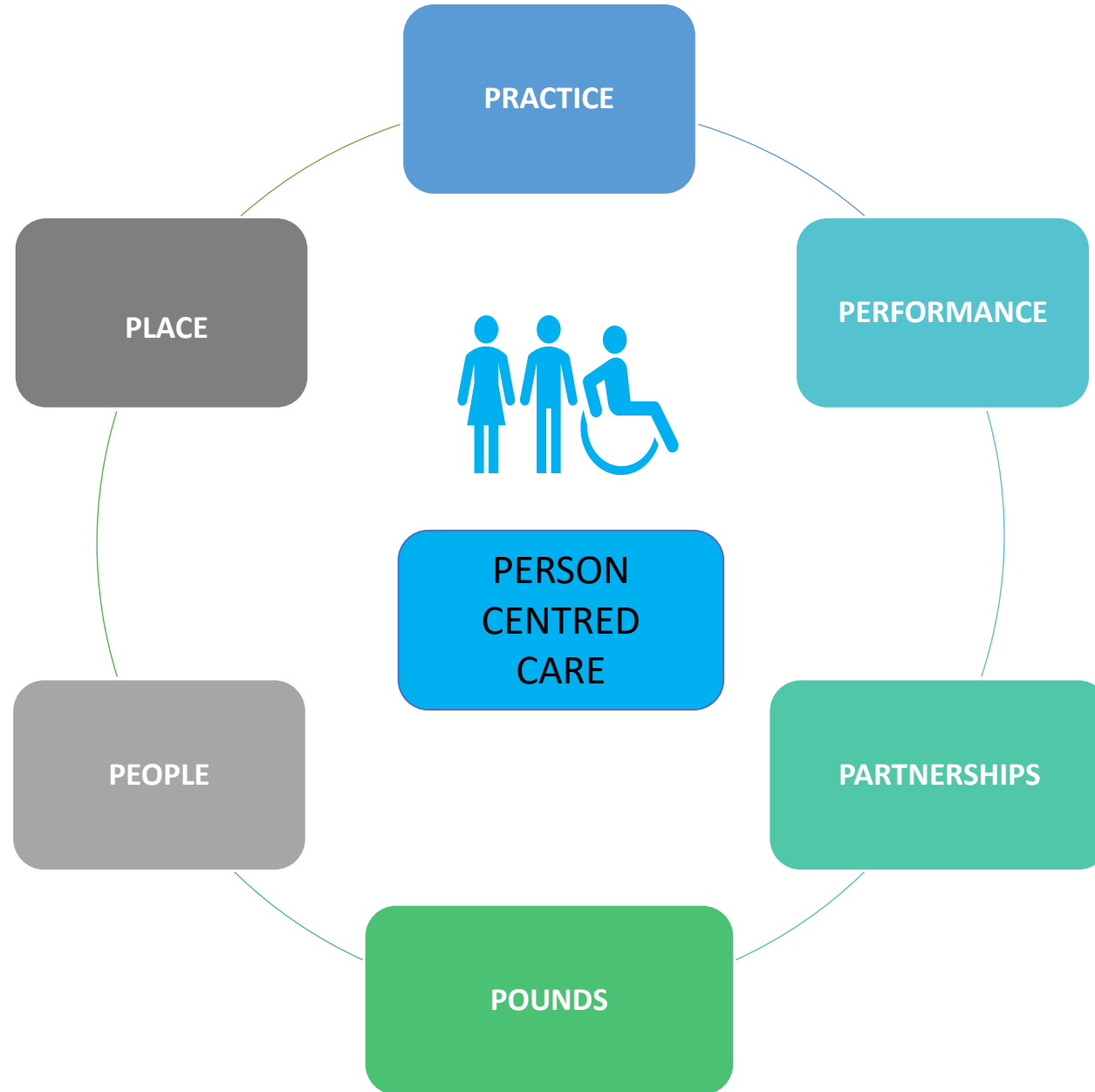
A new assurance framework for adult social care

Overview of Assurance Development April 2021 – April 2023

Page 58



ADASS proposing a self assessment framework comprised of 7 core areas



This page is intentionally left blank