

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 3 November 2021 at 10.00 am

Present: Cllr H Prior-Sankey (Chair), Cllr P Clayton, Cllr A Govier, Cllr J Lock, Cllr M Keating and Cllr J Thorne

Other Members present: Cllr M Chilcott, Cllr G Frascini, Cllr A Kendall, Cllr C Lawrence, Cllr T Munt, Cllr C Paul, Cllr L Redman and Cllr B Revans

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

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

There were no new declarations.

24 **Minutes from the previous meeting held on 08 September 2021** - Agenda Item 3

The minutes were agreed.

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

There were no public questions.

26 **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 have a workshop with Scrutiny Children's and Families to look at Mental Health Services in general. To add the New Hospital Programme to the agenda for the meeting in January 2022

27 **Integrated Quality, Safety and Performance report.** - Agenda Item 6

The Committee had a report that provided an update on the Somerset Clinical Commissioning Group (CCG) Integrated Quality, Safety and Performance and an overview of performance against the constitutional and other standards to the period ending July 2021. It was a retrospective report which compared the reported month (July 2021) to the same period in 2019/20 to provide a comparative view of performance. The report covered the following key areas and gave detailed information on each. This included a great deal of statistical historic information: -

- **Primary Care.** Where there were 227,471 consultations with either a GP or other healthcare professional of which 57.3% were face to face.
- **NHS 111.** Performance in July 2021 was better than the average for England and continued to experience ongoing pressures and demands.
- **A&E Performance.** For each of the four Hospitals covering the Somerset area was outlined. All have seen increased demand, but Yeovil District Hospital remains one of the highest performing Trust nationally.
- **Emergency Admissions.** The overall number of admissions was lower in all but Yeovil District Hospital where they had increased by 5.6%.
- **Elective Care – Referral to Treatment.** 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. The waiting times have all increased with particular pressure on General Surgery, Orthopaedics, ENT and Ophthalmology.
- **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.
- **Elective Care – Cancer.** Referral levels have returned to pre Covid-19 levels with some cancer pathways showing a higher level of growth.
- **Mental Health -Improving Access to Psychological Therapies.** 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).
- **Quality – Safeguarding.** Initial Health Assessments within 28 days: performance decreased further in June and July. 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 T
- **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.
- **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.

- **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
- **Quality -Infection Control.** 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
- **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
- **Ambulance Services.** This was the main thrust of the presentation as the Committee had raised concerns at the last meeting and requested a targeted presentation. The Committee were given a presentation that covered all the performance areas. 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 minutes 90th Percentile standard
 - SWAST: 11.1 minutes against the 7-minute Mean standard, 18.32 minutes against the 15 minutes 90th Percentile standard
 - National: 8.3 minutes against the 7-minute Mean standard, 15.06 minutes against the 15 minutes 90th Percentile standard
- 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 minutes 90th Percentile standard
 - SWAST: 53.9 minutes against the 18-minute Mean standard, 118.1 minutes against the 40 minutes 90th Percentile standard

- National: 38.4 minutes against the 18-minute Mean standard, 84.2 minutes against the 40 minutes 90th Percentile standard

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.

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). They have Secured additional resource to support the normal resourcing levels with an average of 5-6 additional crews each day. They have 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. By ensuring that the Patient Transport Service is being most effectively deployed to support Urgent and Emergency Care and elective recovery they have freed up more resources. They have put on place measures to assist in accepting ambulance transfers rapidly (including to SDEC and specialities) in order to improve bed flow and finally by ensuring the Directory of Services is fully updated in each area to ensure correct onwards patient care/referral to speciality.

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

- The report stated that 57% of the 227,471 consultations were face to face but it did not break that down between GP's and other Healthcare professionals and that was the figure that the Committee were interested in knowing. The Committee were advised that that breakdown was not immediately available but assured that 203 per 1,000 population were seen face to face and this was a higher than the national average. There was some concern raised in relation to repeat referrals to pharmacists who in fact had missed a serious illness. The Committee were aware that there is some political pressure on having face to face consultations when there were some significant advantages for a rural place like Somerset in using technology to communicate. The Committee also acknowledged that some of the pressures were due to staff shortages and not the pandemic.

- The use of Private and Community Hospitals was not covered in the report and the Committee asked that this be shared in a briefing paper so it could be scrutinised at a later date,
- There was nothing in the report about vaccination levels and the Committee requested an update on that with particular reference to the uptake by pregnant women.
- The Committee asked for more information on the targets for Mental Health services as the 75% 'national ambition'.

The Somerset Scrutiny for Policies Adults and Health Committee: -

Discussed the report and requested a further paper covering Ambulance telephone and response times, extremes not averages, further details on Community Hospitals beds, level of vaccinated pregnant women, Mental Health targets and the percentage of face-to-face GP appointments -excluding those seen by other healthcare professionals.

28 **SSAB Annual Report** - Agenda Item 7

The Committee had before it the Annual Report of the Somerset Safeguarding Adults Board (SSAB). 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. 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. 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 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. The purpose of the report was to present both the Board's refreshed Annual Plan for 2021/22 and Annual Report for the 2020/21 financial year.

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.

By its very nature a strategic plan is a high-level and contains objectives that will be updated as work progresses. The 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:

- Listening and learning,

- Enabling people to keep themselves safe,
- Working together to safeguard people who can't keep themselves safe and
- Board Governance.:

The Committee discussed the report and strategic plan and were interested to know what actions were taken and if outcomes were followed up. They were assured they were. The Committee wanted confirmation that the links with other bodies were strong and that follow-up actions were followed through. They were satisfied that they were.

The Somerset Scrutiny for Policies Adults and Health Committee: -

Considered the Annual report, noted progress and agreed to continue to promote safeguarding across the County Council and in services that are commissioned.

29 **Adult Social Care Reform and Assurance** - Agenda Item 8

The Committee had a report and presentation on recent developments in relation to national plans relating to Adult Social Care reform and assurance. It was made clear that at this stage these represented directions of travel as the full details are not yet available.

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.

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. 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'.

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. It is anticipated that 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.

The Committee discussed the report and asked about the likely time frame for a new White Paper on the much-anticipated changes to Deprivation of Liberty rules and was informed that it was due very soon. The Committee discussed the pressure the new arrangements will place on smaller providers, and it was acknowledged that some will be lost. The promised reforms, as a starting point, was welcomed but the finer details of the funding package were urgently needed and would no doubt need to lead to an increase in Council Tax at a local level.

The Somerset Scrutiny for Policies Adults and Health:

Considered and commented on the report.

30 Any other urgent items of business - Agenda Item 9

There were no other items of business.

(The meeting ended 12:15)

CHAIR