

# Public Agenda Pack



Notice of Meeting of

## **SCRUTINY COMMITTEE - ADULTS AND HEALTH**

**Thursday, 5 October 2023 at 10.00 am**

**Sedgemoor Room, Bridgwater House, King  
Square, Bridgwater, TA6 3AR**

To: The members of the Scrutiny Committee - Adults and Health

Chair: Councillor Gill Slocombe  
Vice-chair: Councillor Graham Oakes

Councillor John Bailey	Councillor Hilary Bruce
Councillor Ben Ferguson	Councillor Andrew Govier
Councillor Christine Lawrence	Councillor Sue Osborne
Councillor Emily Pearlstone	Councillor Tony Robbins
Councillor Claire Sully	Councillor Mike Stanton
Councillor Rosemary Woods	

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For further information about the meeting, including how to join the meeting virtually, please contact Democratic Services [democraticservicesteam@somerset.gov.uk](mailto:democraticservicesteam@somerset.gov.uk).

All members of the public are welcome to attend our meetings and ask questions or make a statement **by giving advance notice** in writing or by e-mail to the Monitoring Officer at email: [democraticservicesteam@somerset.gov.uk](mailto:democraticservicesteam@somerset.gov.uk) by **5pm on Friday, 29 September 2023**.

This meeting will be open to the public and press, subject to the passing of any resolution under the Local Government Act 1972, Schedule 12A: Access to Information.

The meeting will be webcast and an audio recording made.

Issued by (the Proper Officer) on Wednesday, 27 September 2023

# AGENDA

**Scrutiny Committee - Adults and Health - 10.00 am Thursday, 5 October 2023**

**Public Guidance Notes contained in Agenda Annexe (Pages 5 - 6)**

**Click here to join the online meeting**

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## Microsoft Teams meeting

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Passcode: CwSWXQ

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**Or call in (audio only)**

[+44 1823 772277,,311135189#](#) United Kingdom, Taunton

Phone Conference ID: 311 135 189#

[Find a local number](#) | [Reset PIN](#)

### **1 Apologies for Absence**

To receive any apologies for absence.

### **2 Minutes of Previous Meeting (Pages 7 - 12)**

To approve the minutes from the previous meeting.

### **3 Declarations of Interest**

To receive and note any declarations of interests in respect of any matters included on the agenda for consideration at this meeting.

(The other registrable interests of Councillors of Somerset Council, arising from membership of City, Town or Parish Councils and other Local Authorities will automatically be recorded in the minutes: [City, Town & Parish Twin Hatters - Somerset Councillors 2023](#) )

#### **4 Public Question Time**

The Chair to advise the Committee of any items on which members of the public have requested to speak and advise those members of the public present of the details of the Council's public participation scheme.

For those members of the public who have submitted any questions or statements, please note, a three minute time limit applies to each speaker and you will be asked to speak before Councillors debate the issue.

We are now live webcasting most of our committee meetings and you are welcome to view and listen to the discussion. The link to each webcast will be available on the meeting webpage, please see details under 'click here to join online meeting'.

#### **5 Adult Social Care Performance Report, Budget Report and Winter Planning (Pages 13 - 40)**

To receive the report.

#### **6 Integrated Care Board (ICB) Performance Report (Pages 41 - 50)**

To receive the report.

#### **7 NHS Dentistry Report (Pages 51 - 58)**

To receive the report.

## Guidance notes for the meeting

### Council Public Meetings

The legislation that governs Council meetings requires that committee meetings are held face-to-face. The requirement is for members of the committee and key supporting officers (report authors and statutory officers) to attend in person, along with some provision for any public speakers. 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.

#### 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 [democraticserviceteam@somerset.gov.uk](mailto:democraticserviceteam@somerset.gov.uk) or telephone 01823 357628.

They can also be accessed via the council's website on [Committee structure - Modern Council \(somerset.gov.uk\)](#)

### 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](#)

### 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.

### Public Question Time

If you wish to speak or ask a question about any matter on the Committee's agenda please contact Democratic Services by 5pm providing 3 clear working days before the meeting. (for example, for a meeting being held on a Wednesday, the deadline will be 5pm on the Thursday prior to the meeting) Email [democraticserviceteam@somerset.gov.uk](mailto:democraticserviceteam@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, or alternatively can attend the meeting online.

A 20-minute time slot for Public Question Time is set aside near the beginning of the meeting, after the minutes of the previous meeting have been agreed. Each speaker will have 3 minutes to address the committee.

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.

### **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.

There is a facility in Microsoft Teams under the ellipsis button called turn on live captions which provides subtitles on the screen.

### **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.

### **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.



Minutes of a Meeting of the Scrutiny Committee - Adults and Health held in the Luttrell Room - County Hall, Taunton TA1 4DY, on Tuesday, 12 September 2023 at 10.00 am

**Present:**

Cllr Gill Slocombe (Chair)

Cllr John Bailey  
Cllr Sue Osborne  
Cllr Mike Stanton  
Cllr Martin Wale

Cllr Andrew Govier  
Cllr Claire Sully  
Cllr Leigh Redman

**In attendance:**

Cllr Dean Ruddle

Cllr Fran Smith

**Other Members present remotely:**

Cllr Emily Pearlstone  
Cllr Liz Leyshon  
Cllr Bill Revans

Cllr Andy Dingwall  
Cllr Frances Nicholson

**20 Apologies for Absence** - Agenda Item 1

Apologies were received from Councillors Graham Oates, Christine Lawrence, Rosemary Woods, Emily Pearlstone, Ben Fergusson, Tony Robbins and Hilary Bruce.

**21 Minutes of Previous Meeting** - Agenda Item 2

Resolved that the minutes of the Scrutiny Committee - Adults and Health held on 03 August 2023 be confirmed as a correct record.

**22 Declarations of Interest** - Agenda Item 3

There were no new Declarations of Interest.

### **23 Public Question Time - Agenda Item 4**

There were no public questions.

### **24 Work Programme - Agenda Item 5**

The Committee discussed the forward Work Programme and made the following amendments:-

- Add and additional meeting in October as a joint meeting with Scrutiny Children and Families,
- Include an update on Suicide Prevention in the December update on Mental Health Services response times,
- Update on the Ambulance Service performance,
- Consideration be given to moving the December meeting to Yeovil.

### **25 Adults Social Care Budget Report - Agenda Item 6**

The Committee received a budget report covering the period up to the end of June 2023 from the finance team. This showed an overspend of £12.1m, representing 6% of the overall budget. The pressure on the budget was attributed to higher costs, inflation and increasing demand. Mitigations in place were: -

- Providers charging VAT
- Medium Term Financial Planning – Review fees for 24/25
- Reduce overreliance of bed placements
- Reablement Service
- Voids
- Review high cost/complex placements – re Continuing Health Care/Joint Funding
- Any additional funding from Integrated Care Board – System Solution
- Review all interim placements – no longer commission
- Effective use of Disabled Facilities Grant.

The Committee were also informed that the expected savings from the My Life, My Future programme were going to be £0.2m in the current year due to longer roll out than originally anticipated and will now be achieved in 2024/25.

The Committee discussed the report, asked for clarification around some of the mitigations and an explanation of some of the terminology; voids and Newton Europe.

The Committee asked if the high costs were attributed to out of area individuals,



children and families or care packages not meeting current need. It was confirmed it was all three.

The Committee asked if they could be supplied with clear definitions of 'statutory' and 'discretionary' provision. Recognising the interdependencies of the two and the risk of not delivering discretionary support could lead to higher statutory costs in the long term. This detail was promised.

**Resolved:**

The Committee discussed the latest Adult Social Care budget report and noted the details. The Committee asked for details on what is covered by Statutory requirements and what aspects fell in to Discretionary and the interdependence of each.

**26 Recovering Access to Primary Care - Agenda Item 7**

Sukeina Kassam and Luke Best from Somerset Integrated Care System gave a presentation on the local implementation of the national recovery plan Access to Primary Care. The plan seeks to address the significant downward trend in patient satisfaction since 2019/20 on two main elements: say day disposition and appointments within 14 days. The Committee heard about the vision for delivering quality responsive and effective primary care in Somerset. This plan was submitted to the Department of Health on 31<sup>st</sup> July 2023. There were 12 key elements to the plan and these were set out in the published report pack for the Committee meeting. The Committee welcomed the report and asked what was being done locally to both attract and retain experience GP's as well as encouraging new GP's to Somerset. More portfolio working, a campaign using the British medical Journal to extol the virtues of Somerset and the amenities it offers and greater use of part-time working to relieve the pressure. The Committee wanted to know about particular 'hot spots' and the age profile of the existing GP cohort. This information was not to hand but the Committee were promised it would be circulated.

Managing demand was discussed with emphasis on self-help and local community groups for particular conditions proving helpful in addressing some concerns. The Committee asked about Quality Measure and Key Performance Indicators. They were also interested in when improvements could be expected. This Committee was informed that his current plan had a 1 year timescale but that the work would continue after that as demand is expected to continue at the current level. The Committee were concerned to make clear that the digital solution may help some but was not necessarily the solution for all and overreliance should be avoided.

**Resolved:**

The Committee discussed the report on Recovering Access to Primary Care. The

requested more detail on the Somerset position in relation to 'hot spots' and details of the Quality based KPI's being used. The Committee asked for regular updates and details on the communications being used to 'sell' Somerset as a location as this may inform other areas.

## **27 Safeguarding Adults- Annual report - Agenda Item 8**

Michael Preston-Shoot was appointed Chair of the Board in January 2023 he presented the Annual Report of the Somerset Safeguarding Adults Board. The Somerset Safeguarding Adults Board (SAAB) is a statutory body established by the Care Act 2014. Its role is to provide assurance that local safeguarding arrangements are in place to prevent the neglect and abuse of adults.

The Board has three statutory functions: -

- To develop and publish a strategic plan setting out how it will meet its objectives and how members will contribute to these,
- To publish an annual report detailing how effective its work has been and finally,
- To commission Safeguarding Adults Reviews (SAR's) for any cases meeting the criteria.

The Committee heard that the highest percentage of risks and concerns over the last year have been adult males. This reflects the national findings.

The Committee asked Mr Preston-Shoot to list his top three priorities for the coming year. He opted to list four:

- Ensure the Board is effective and focus on hoarding and self-neglect,
- Consider the transition from Children's to adult services
- Support the introduction of 'Right Care, Right Person',
- Work closer with the ICB.

The Committee asked about the recent announcements regarding Police response to Mental Health cases and Mr Preston-Shoot made it clear that the responsibilities of the police were clear and they still had a responsibility to safeguard 'life and limb'

### **Resolved:**

The Committee considered the Safeguarding Adults Annual Report and thanked the new Chairman for the comprehensive detail. The Committee asked for the priorities for the forthcoming year and supported these. The Committee invited the Michael Preston-Shoot to attend the Joint Scrutiny meeting in October and indicated they would welcome some further training on Safeguarding Adults for all Councillors.

**(The meeting ended at 12.37 pm)**

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**CHAIR**

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Somerset County Council  
Scrutiny for Policies, Adults and Health Committee  
– 5 October 2023

Paper [Letter]  
Item No. [Item No.]

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## **Adult Social Care: Performance Report**

Lead Officer: Mel Lock, Director of Adult Social Care

Author: Jon Padfield, Service Manager - Quality & Performance, Adult Social Care

Contact Details: [jon.padfield@somerset.gov.uk](mailto:jon.padfield@somerset.gov.uk)

Cabinet Member: Cllr Dean Ruddle, Cabinet Member for Adults

Division and Local Member: All

### **1. Summary**

**1.1** This report provides an update to Scrutiny Committee members on key performance metrics across adult social care in Somerset. It is supported by an accompanying presentation (Appendix A) which includes some visuals to support Committee members to assess and scrutinise local performance in the context of the ongoing pressures and challenges facing the national health and care system, and the upcoming new Care Quality Commission assurance regime.

### **2. Issues for consideration / Recommendations**

**2.1** For Scrutiny Committee to note the key updates provided in relation to Adult Social Care demand and performance, and to consider whether it wishes to make any recommendations arising from the report and wider discussion.

### **3. Background**

**3.1** The service most recently provided a detailed update on Adult Social Care performance to Scrutiny Committee in August 2023 (*see link below*<sup>1</sup>) as part of a wider focus on assurance across the service. This report included a focus on:

- The Adult Social Care 2022/23 Annual Report;
- The Adult Social Care Strategy for 2023-26; and
- Adult Social Care preparations for upcoming external scrutiny via Care Quality Commission (CQC) assurance and Local Government Association (LGA) Peer Challenge.

**3.2** This report's supporting performance presentation (Appendix A) includes the following performance highlights:

- **Calls resolved at first point of contact:** The proportion of calls resolved by Somerset Council's Customer Services (the Council's front door) at 'first point of contact' has remained in line with our target despite demand and enquiry levels remaining very high. This supports our ongoing objective for an effective front door that helps people find solutions to their problems and demonstrates its impact in terms of the delivery of good outcomes and diversions from formal/statutory care services. In June 2023, Somerset Direct

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<sup>1</sup> [Adult Social Care Assurance Report - 3 August 2023](#)

won the Best Transformation Programme 2023 at the South West Contact Centre Forum Awards<sup>2</sup>.

- **Continued high levels of overdue assessments and reviews:** The number of overdue assessments and reviews continue to remain high and above our desired targets, impacted by rising demand, complexity of need, and ongoing internal workforce capacity pressures which our operational restructuring in part seeks to mitigate.

A weekly Operational Assurance Group has been established to provide strategic oversight of the completion of assessments and reviews in our operational teams, and to support reduction of backlogs through close monitoring of trajectories and regular reporting to governance and assurance boards, including the Safeguarding Adults Board which receives quarterly updates.

Somerset has recently contributed to a survey of all regional Councils carried out by the South West Association of Directors of Adult Social Services (SW ADASS) to understand the scale of the issue for overdue assessments and reviews. Somerset are analysing the responses on behalf of the region and findings will be available soon.

- **Stabilising levels of unmet homecare need, reduction in care package contract 'handbacks', increasing complexity and CQC Inspections of Providers:** Somerset has continued to see the impact of additional investment and focused commissioning activity, as well as some pick up in care provider recruitment of new starters over recent months, with levels of unmet homecare need falling to their lowest ever levels since March 2021.

This significantly improved picture is partly consequent to:

- o Homecare pods funded by system – supported stimulation of the market (5 pods of 200hrs)
- o Fee increase 2023/24 to £25 per hour – has enabled providers to pay above national minimum wage, offer contracted hours and improved term and conditions.
- o Oversea recruitment and focussed Proud to Care marketing has stimulated recruits coming into homecare market.

Since April 2023 the highest month end position in terms of the number of unmet packages of homecare has been 4. In contrast between April and September 2022 Unmet Needs ranged from 85 to 111.

The average size of home care packages, in terms of number of hours, has increased by nearly a third from 2020/21 to 2023/24 evidencing the increased complexity of people receiving support.

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<sup>2</sup> [Somerset Council's Customer Services Team Celebrate Success](#)

We have seen a steady decline in the total number of active social care provision rated 'Good or Outstanding' by the independent regulator, the Care Quality Commission, over the past year (dropping from a high of 87.6% in December '22 to 81.8% in August '23). This particularly linked to inspection outcomes in residential provision. Whilst this downturn is predominantly linked to the current CQC approach (which is only inspecting 'high risk services' currently pending the launch of their new single assessment framework from November 2023), we continue to monitor closely and support wider care provider quality improvement and oversight.

Placements were fully or partially restricted by the Council in 13 regulated care provider settings in August 2023 whilst quality/safeguarding improvements were being addressed. New quarterly provider returns were launched in July 2023 via our new PAMMS (Provider Assessment and Market Management Solution) system to further support system scrutiny in partnership with NHS Somerset, and our multi-agency Commissioning & Quality Board was most recently held on 18 August 2023 where providers of concern were discussed and overseen.

A number of home closures have been underway in Somerset following independent decisions taken by Somerset Care Ltd to close Oaktrees and Sunningdale Lodge, and Leonard Cheshire to close St Michaels; these events are intensive from both a capacity and process perspective and are managed sensitively to support affected residents and their families.

Homecare package contract 'handbacks' have steadily reduced since hitting a peak (38) in May 2022. The average per month so far this year (to end of August) is 14. This compares to 19.5 in 2022, and 16.9 in 2021.

- **ASC Hospital Discharge Pathways:** In August 2023 94.6% of people aged 65 and over that were discharged from Somerset Hospital were able to return home. This compares with August 2022 when the figure was 92.3%.
- **Learning from ASC Stakeholder Feedback:** Since launch in January 2022, our ASC Feedback form responses have offered valuable insights on the experience of service users and carers, partner colleagues and other key stakeholders, and opportunities for learning and improvement.

The single biggest element and influencer of both positive and negative feedback is communication – how clear, responsive, professional and compassionate we are in our respective job roles makes a fundamental difference to the experience of those we engage with and support.

Over the last 12 months, 85% of the 236 responses received via the ASC Stakeholder Feedback route rate the overall service received from our adult social care teams as either good or excellent.

- **'My Life, My Future' Transformation Programme:** We are seeking to build on the strengths we have in Somerset to design and deliver high quality, person-centred Adult Social Care services that promote independence and wellbeing. This means providing the right support, in the right place at the right time. We want our service to be future focussed; efficient, effective, resilient to future pressures and providing a supportive environment in which our staff can thrive.

We are working in partnership with Newton Europe to deliver an ambitious Transformation programme, 'My Life, My Future', made up of 5 key workstreams, one of which centres on 'data visibility and control' which will further support us in fostering a culture of performance and improvement through data-driven behaviours and evidence-based decision making.

#### **4. Supporting Appendices**

##### **4.1 Appendix A - ASC Scrutiny Performance Slides (Oct 2023)**





**Somerset  
Council**



**A Healthy and  
Caring Somerset**

# Adult Social Care: Key Performance Summary

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Scrutiny Committee, 5 October 2023



**Prevention  
and early  
help**



**Right  
support,  
right place,  
right time**



**A supported,  
skilled and  
flexible  
workforce**



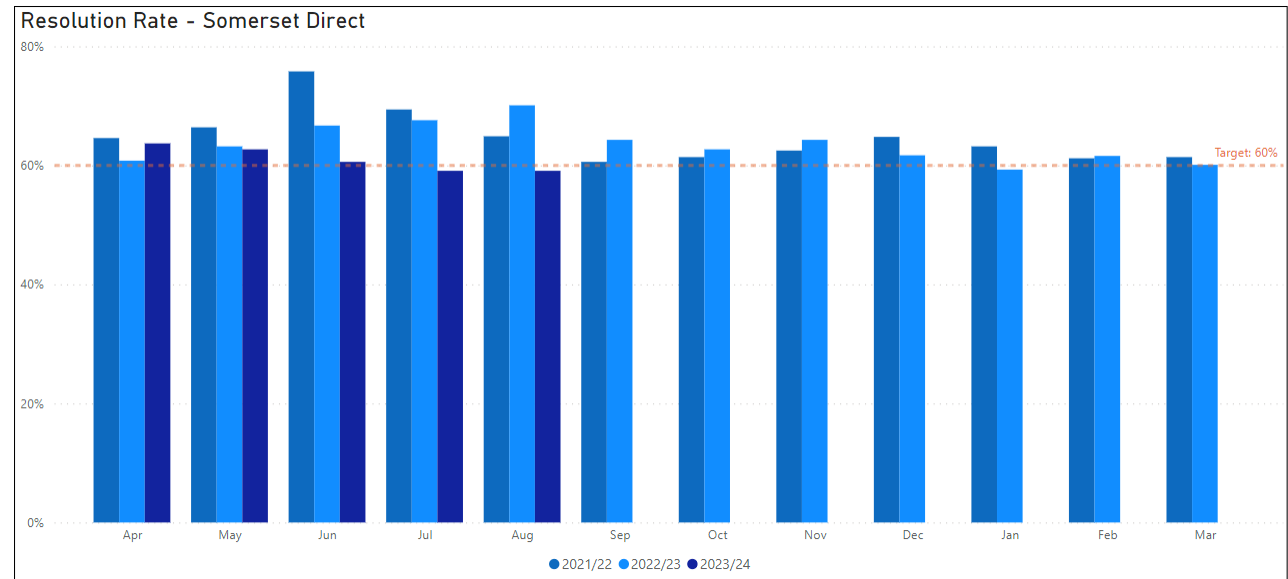
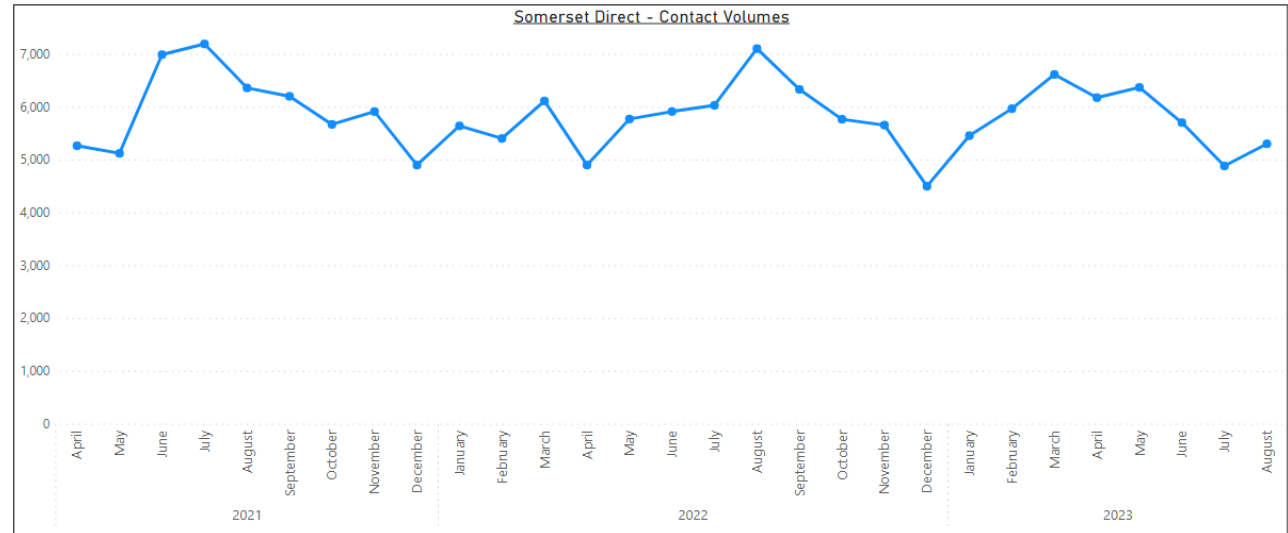
**Future  
focused**

# 'Front Door' demand for adult social care

The monthly average volume of calls handled by Somerset Direct was 5,893 in **2021/22** and 5,830 in **2022/23**. So far in **2023/24** the average is 5,682.

Whilst there remains high demand for social care support and advice, performance remains above target for the proportion of contacts able to be resolved at first point of contact without requiring a costly or statutory service from the Council so far this financial year.

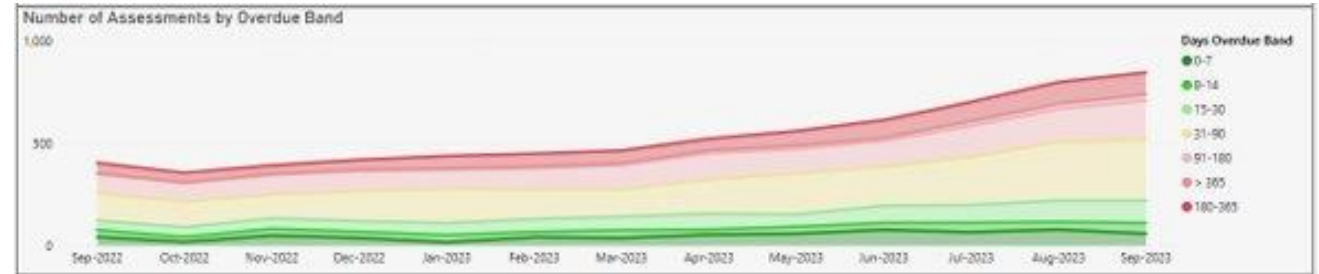
This supports our ongoing objective for an effective front door that helps people find solutions to their problems and demonstrates its impact in terms of the delivery of good outcomes and diversions from formal/statutory care services.



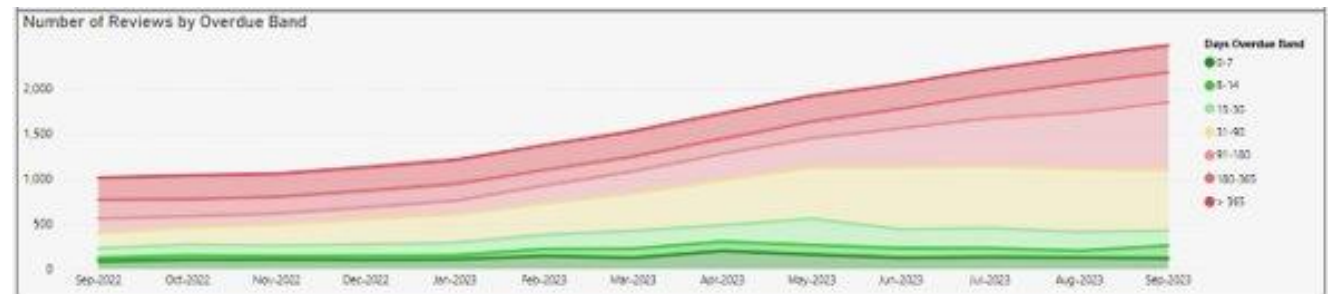
# Overdue Care Act assessments & reviews

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

A weekly Operational Assurance Group has been established to provide a strategic overview on the completion of assessments and reviews in operational teams, and to support reduction of backlogs through close monitoring of trajectories and regular reporting to governance/assurance boards, including the Safeguarding Adults Board.



For context, between April and August 2023, a total of **1,647** Care Act Assessments were completed - an average of **329** per month.



Between April and August 2023, a total of **2,123** Reviews were completed - an average of approx. **425** per month.



# Unmet need (homecare provision)



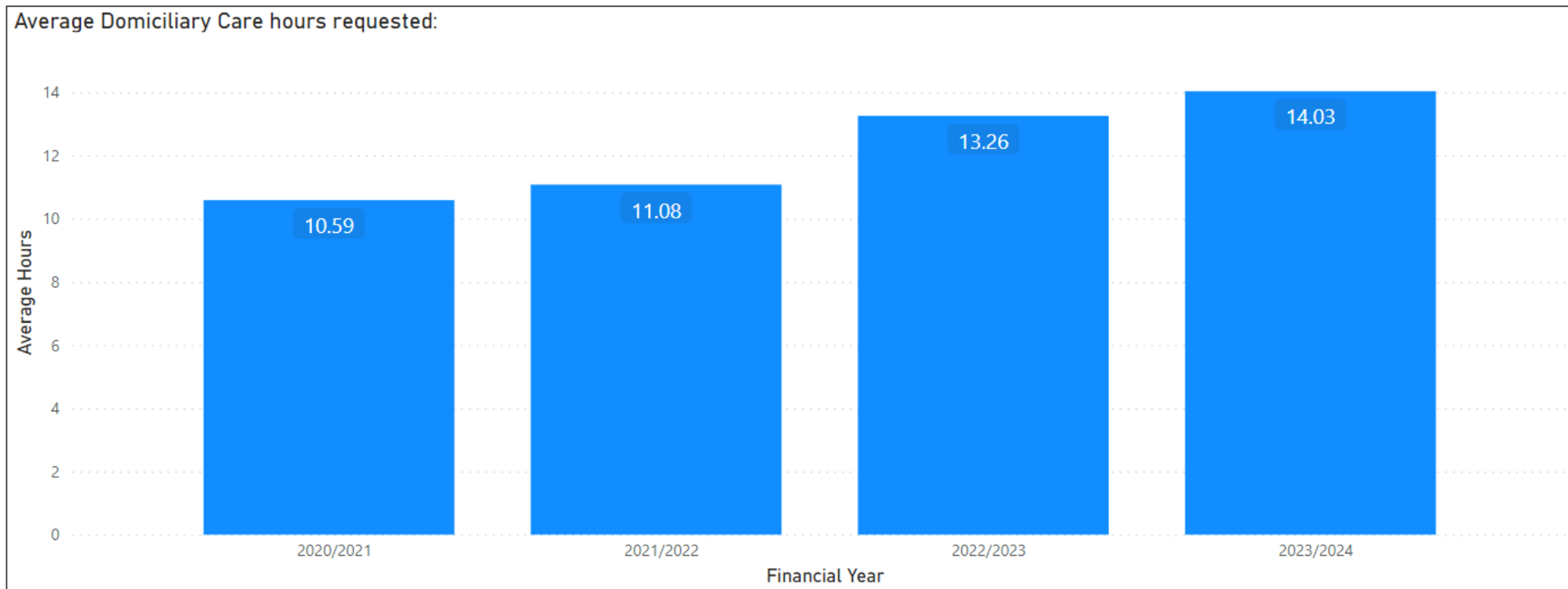
**Somerset has continued to see the impact of additional investment and focused commissioning activity, as well as some pick up in care provider recruitment of new starters over recent months, with levels of unmet homecare need falling to their lowest ever levels since March 2021. This significantly improved picture is partly consequent to:**

- Homecare pods funded by system – supported stimulation of the market (5 pods of 200hrs)
- Fee increase 2023/24 to £25 per hour – has enabled providers to pay above national minimum wage, offer contracted hours and improved term and conditions.
- Oversea recruitment and focussed Proud to Care marketing has stimulated recruits coming into homecare market.



*OPEL thresholds were revised in September 2022 to reflect the national care supply challenges / market position.*

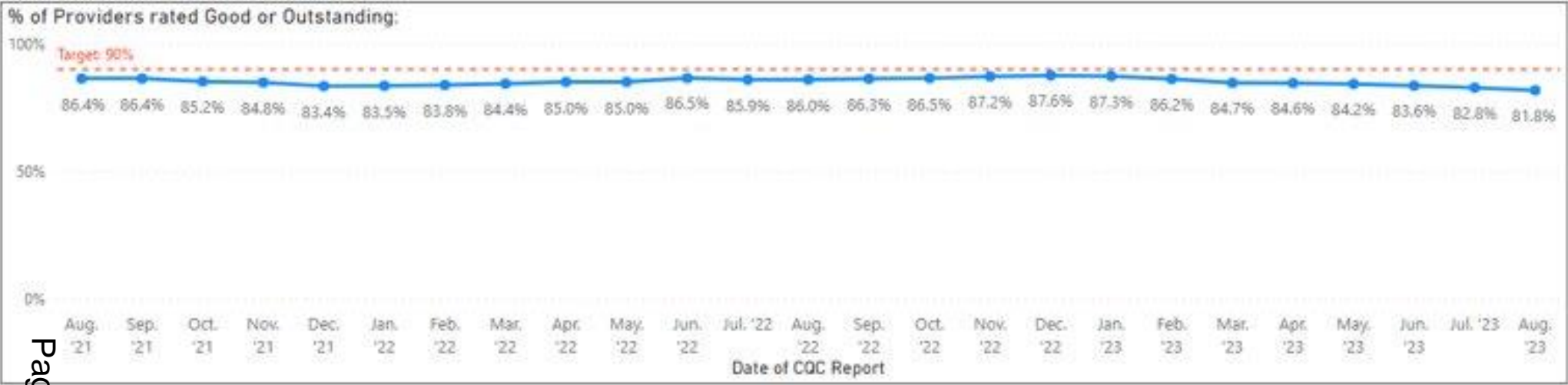
# Homecare – average package size



- Complexity has increased – evidenced by the increased average number of hours per homecare package,
- Between 2020/21 and 2023/24 the average package size has increased by nearly 33%.



# Care Provider Quality – inspection outcomes



There has been a steady decline in the total number of active social care provision rated ‘Good or Outstanding’ by the independent regulator, the Care Quality Commission, over the past year (dropping from a high of 87.6% in Dec'22 to 81.8% in August'23). This is primarily linked to the quality of residential provision. Whilst this has been largely attributed to the current CQC approach (which is only inspecting ‘high risk services’ currently pending the launch of their new single assessment framework from November 2023), we continue to monitor closely and support wider care provider quality improvement and oversight. Placements were being restricted by the LA in 13 regulated provider settings as of Aug 2023 whilst quality/safeguarding improvements were being addressed. New quarterly provider returns were launched in July 2023 via our new PAMMS (Provider Assessment and Market Management Solution) system to further support system scrutiny in partnership with NHS Somerset, and our multi-agency Commissioning & Quality Board was most recently held on 18 August 2023 where providers of concern were discussed and overseen. There have been a number of home closures underway in Somerset following decisions taken by Somerset Care Ltd to close Oaktrees and Sunningdale Lodge, and Leonard Cheshire to close St Michaels; these events are intensive from both a capacity and process perspective and are managed sensitively to support affected residents and their families.



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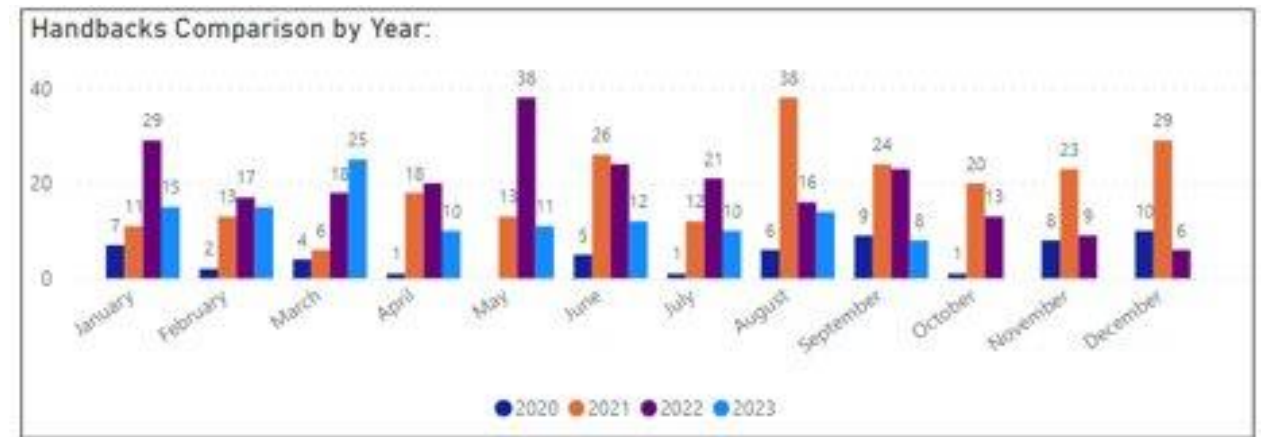
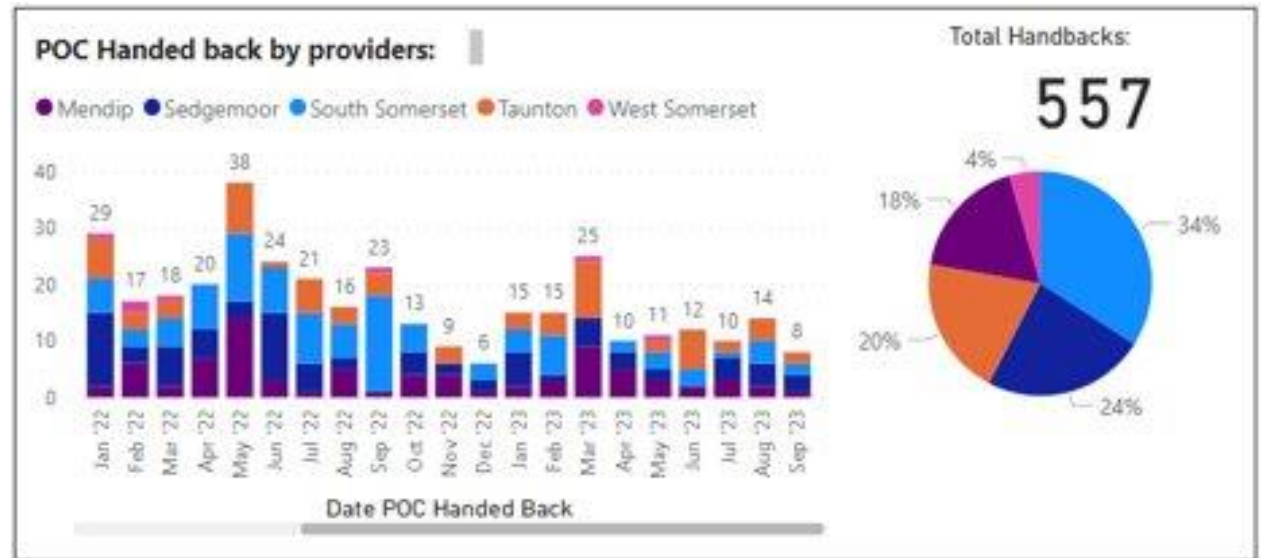
# Care provider contract 'handbacks'

Homecare package contract 'handbacks' have steadily reduced since hitting 38 in May 2022. The average per month so far this year (to end of August) is 14. This compares to 19.5 in 2022, and 16.9 in 2021.

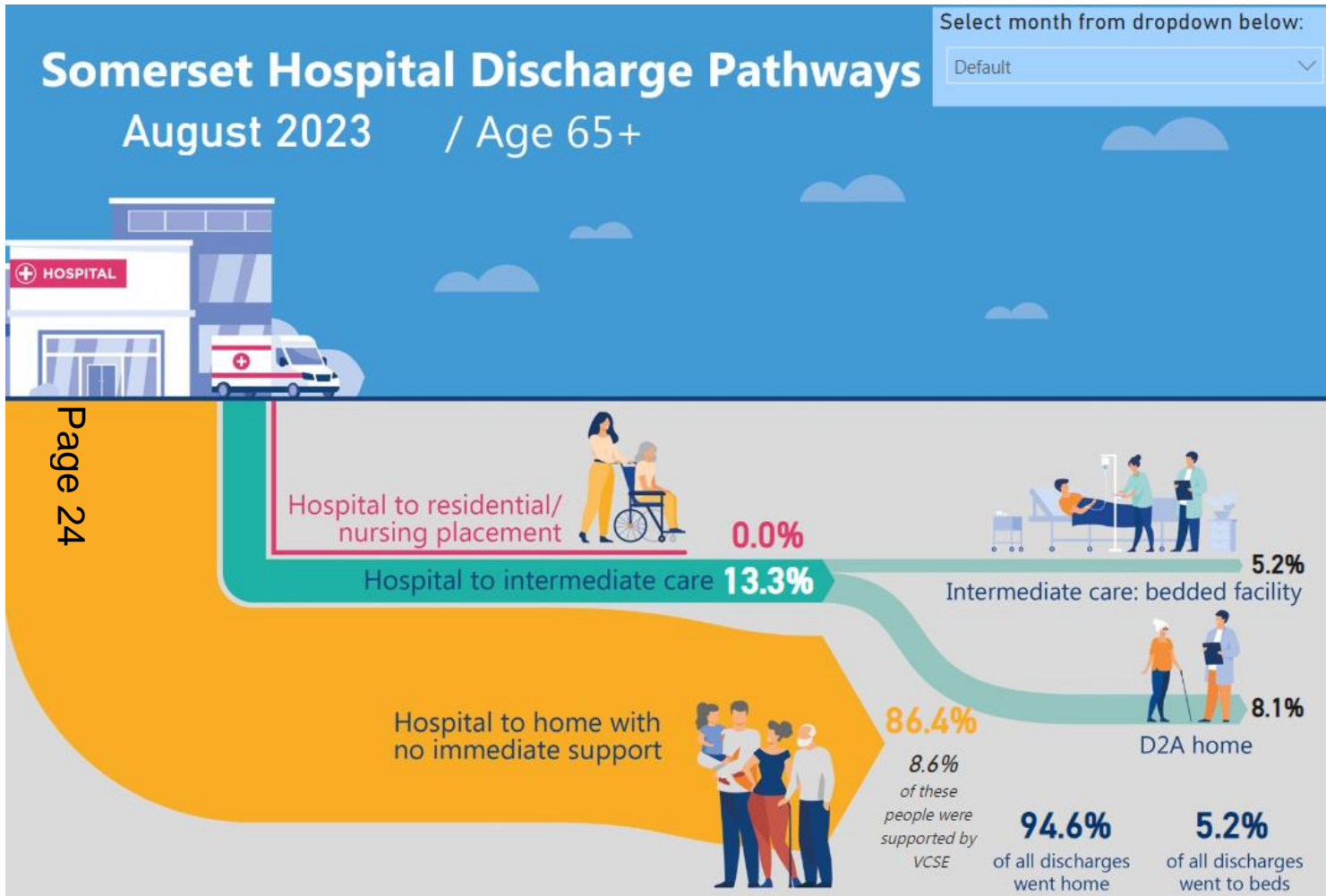
Although occasional care package contract handbacks are not uncommon and can occur for a variety of reasons (most commonly staffing capacity issues within the provider to safely deliver care required), we saw figures rise sharply during the pandemic as evidenced by annual stats below:

**2020** – 54 package handbacks;  
**2021** – 233 package handbacks;  
**2022** – 238 package handbacks;  
**2023 to date** – 120.

Care package contract handbacks place additional pressure on Local Authority staff to find replacement care within a stretched care market and is an indicator we monitor closely as part of commissioning and quality activity. This will also be monitored as part of new CQC assurance of LA Adult Social Care.



# Intermediate Care - Flow



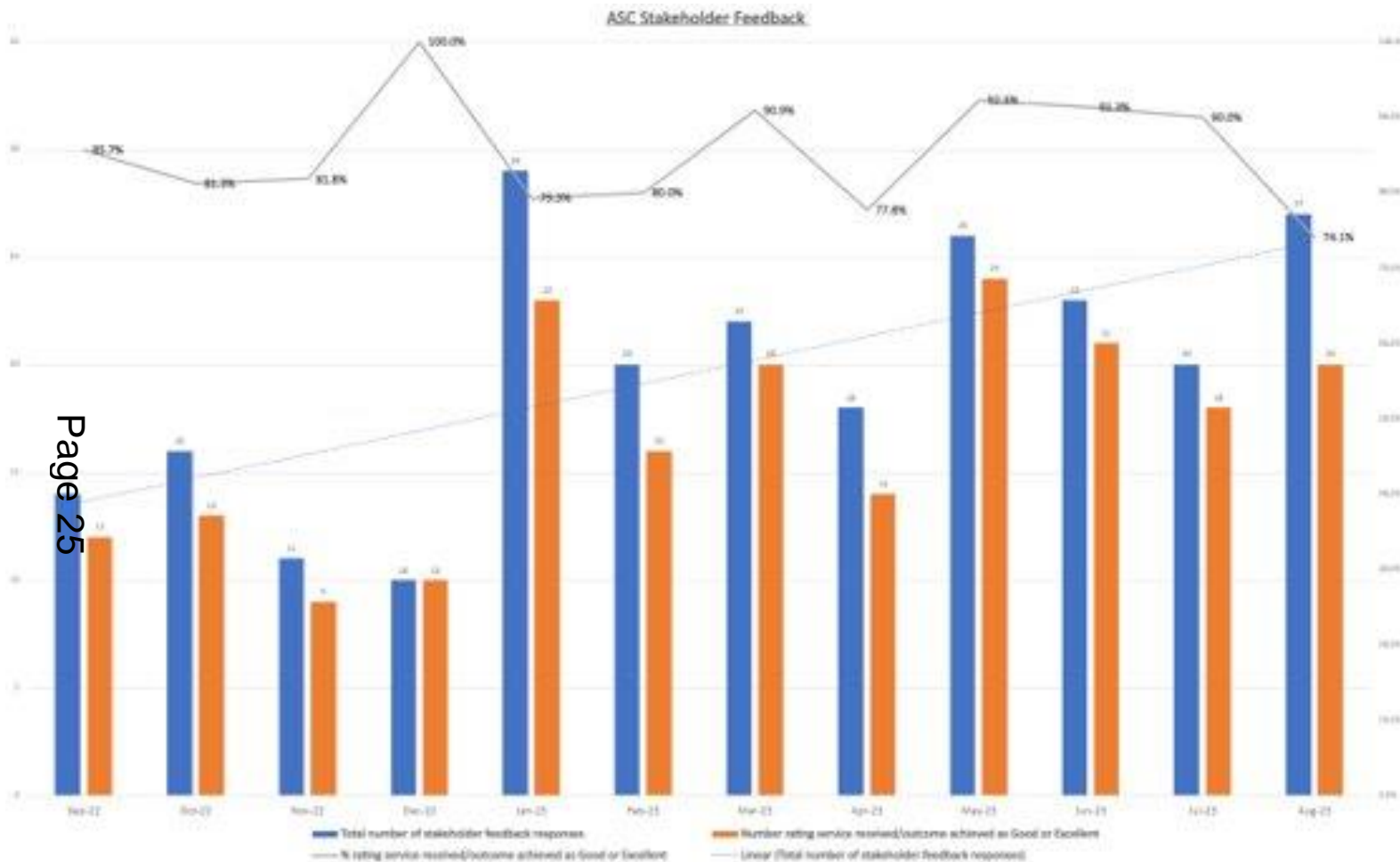
- 94.6% of people aged 65+ discharged from Somerset hospitals were able to return home (August 2023)
- Over 86% of people discharged were able to return home with no formal support.

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# ASC Stakeholder Feedback



Page 25

Since launch in January 2022, our ASC Feedback form responses have offered valuable insights on the experience of service users and carers, partner colleagues and other key stakeholders, and opportunities for learning and improvement.

The single biggest element and influencer of both positive and negative feedback is communication – how clear, responsive, professional and compassionate we are in our respective job roles makes a fundamental difference to the experience of those we engage with and support.

**Over the last 12 months, 85% of the 236 responses received via the ASC Stakeholder Feedback route rate the overall service received from our adult social care teams as either good or excellent.**



# 'My Life, My Future' - ASC Transformation

The programme is made up of 5 key workstreams



## Reablement

Design and implement an improved reablement model:

- Efficient processes and sufficient capacity to support everyone with reablement potential through the service including introducing provision to the community
- Enhanced therapy oversight and MDT improvement cycles that allow us to support individuals with greater starting needs to become more independent

60 Extra people benefitting from reablement per month

Reducing the level of ongoing care required by 10%



## Outcomes from Decision Making

Achieve more ideal outcomes for adults in Somerset by:

- Building on the ops restructure, to establish processes and an environment that enables practitioners to make more ideal decisions
- Shaping the direction on what services are required now and, in the future, to keep our population as independent as possible

82 fewer Older Adults entering a residential placement per year

More ideal outcomes for 32% of people



## LD Progression, Enablement & Moves

Enable individuals living with LD to live more independently by:

- Establishing the right LD progression planning and support
- Facilitating moves from residential to supported living or Shared Lives placements
- Ensuring sustainable, sufficient capacity in appropriate settings for promoting independence.

45% of adults in LD residential placements could be supported more independently through shared lives/supported living



## Preparing for Adulthood

Achieve more ideal outcomes for young people transitioning to adulthood by:

- Establishing efficient processes and information sharing between Children's & Adult Services to enable early identification and planning of support
- Shaping the availability of suitable and cost-effective services to promote independence

27 young people per year achieving more independent outcomes



## Data Visibility & Control

Collaborate with BI to establish ongoing visibility of our service to:

- Enable proactive performance management
- Establish clear links between operations and finance
- Foster a culture of performance and improvement through data-driven behaviours and evidence-based decision-making.

Enabling



We are ambitious for the people of Somerset, and want to deliver a service which is future focused, providing the right care, in the right place, at the right time

**Any questions?**



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Somerset Council  
Adults & Health Scrutiny Committee  
5 October 2023



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## **23/24 Budget Monitoring Report – Month 5 – End of August 2023**

Lead Officer: Jason Vaughan, Executive Director for Resource & Corporate (S151)

Author: Christian Evans, Strategic Manager

Contact Details: christian.evans@somerset.gov.uk

Executive Lead Member: Deputy Leader of the Council and Lead Member for Resources and Performance. Lead Member for Adults & Health

Division / Local Member:

### **1. Summary**

- 1.1.** The Executive considered the Month 5 Budget Monitoring reports at its meeting on 5th October 2023 and the reports will be presented to the scrutiny committee to allow for scrutiny of them.

### **2. Issues for consideration / Recommendations**

- 2.1.** Scrutiny is asked to consider: -
1. If there are any general comments or observations that they would wish to make to the Executive on the reports.
  2. If the actions set out in the report are appropriate and if there were any further actions, they would wish to see included.

### **3. Background**

- 3.1.** The 2023/24 Budget is the first for the new Somerset Council and it brought together the budgets of the five predecessor councils adjusted for new assumptions and identified savings. It is well documented that there are significant delays in the auditing of local authority accounts and this national issue means that there are a number of statement of accounts from the predecessor councils for prior years that are still outstanding. This brings an amount of uncertainty, as well resourcing implications, and in practical terms means that some of the information for Somerset Council such as the 2022/23 outturn, reserves position, and capital position are still being finalised.

**3.2.** The Full Council approved the 2023/24 Budget in February 2023. Budget monitoring is delegated to Executive and Scrutiny and revenue service reports will be presented monthly with a full overview of revenue, capital, and reserves quarterly. This report outlines the forecast year-end position of services against the 2023/24 budget of £493.4m as at the end of August 2023.

#### **4. Report**

**4.1** After taking into account all service expenditure and contingencies the projected outturn position is £523.7m against a net budget of £493.4m. This gives a £30.3m adverse variance which represents a variance of 6.1%.

- Adult Services are showing a £14.9m adverse variance against their budget (8% of service budget). This variance is mainly in the adult social care and Learning Disabilities budget areas.
- Children's Services are showing a £11.8m adverse variance against their budget (9.6% of service budget). This variance relates to External Placements.
- Climate and Place are showing a £2.3m adverse variance against their budget (2.6% of service budget). This adverse variance is seen across Waste Services, Infrastructure and Transport and Economy, Employment and Planning.
- Strategy, Workforce and Localities are showing a £1.3m adverse variance against their budget (6.4% of service budget). This variance is reported in Legal Services.
- Resources and Corporate Services are showing a £0.3m adverse variance against their budget (1.39% of service budget), This variance is reported in Legal Services.

**Table 1: 2023/24 Budget Monitoring Report as at the end of August 2023 (Month 5)**

(Scrutiny Committee – Adults & Health)

Service Area	Original Budget	Current Budget	Full Year Projection	Mbnt h 5 Variance	A/(F)	Movement From Mbnt h 4	Direction From Mbnt h 4
	£m	£m	£m	£m		£m	
Adult Services	186.6	185.5	200.4	14.9	A	2.8	↓
Children & Family Services	123.1	123.1	134.9	11.8	A	3.0	↓
Public Health	1.2	1.2	1.2	0.0	-	0.0	→
Community Services	35.2	34.9	34.9	0.0	-	0.0	→
Climate & Place Strategy, Wbrkforce & Localities	87.1	87.6	89.9	2.3	A	(0.4)	↑
Resources & Corporate Services	20.2	20.2	21.5	1.3	A	(0.2)	↑
Accountable Bodies	20.5	22.1	22.4	0.3	A	(1.0)	↑
Non-Service	3.7	3.7	3.7	0.0	-	0.0	→
Traded Services	9.8	9.8	9.3	(0.5)	(F)	0.0	→
<b>Total Service Position</b>	<b>487.4</b>	<b>488.0</b>	<b>518.3</b>	<b>30.3</b>	<b>A</b>	<b>4.2</b>	<b>↓</b>
Corporate Contingency	6.0	5.4	5.4	0.0	-	0.0	→
<b>Total after Contingencies</b>	<b>493.4</b>	<b>493.4</b>	<b>523.7</b>	<b>30.3</b>	<b>A</b>	<b>4.2</b>	<b>↓</b>
Reserves	(19.9)	(19.9)	(19.9)	0.0	-	0.0	→
Council Tax	(345.4)	(345.4)	(345.4)	0.0	-	0.0	→
Business Rates	(116.1)	(116.1)	(116.1)	0.0	-	0.0	→
Revenue Support Grant	(7.9)	(7.9)	(7.9)	0.0	-	0.0	→
Flexible Use of Capital Receipts	(4.0)	(4.0)	(4.0)	0.0	-	0.0	→
<b>Total Mbnt h 5 Position</b>	<b>0.0</b>	<b>0.0</b>	<b>30.3</b>	<b>30.3</b>	<b>A</b>	<b>4.2</b>	<b>↓</b>

4. **Adult Services Director Mel Lock, Lead Member Cllr Dean Ruddle**  
2

- 2023/24 net budget £185.5m, projected adverse variance £14.9m
- 2022/23 net budget £160.7m, outturn adverse variance £15.4m

**Table 2: Adult Services as at the end of August 2023 (Month 5)**

Service Area	Current Budget	Full Year Projection	Mbnt h 5 Variance	A/(F)	Movement From Mbnt h 4	Direction From Mbnt h 4
	£m	£m	£m		£m	
<b>Adult Social Care Operations - Physical Disability/Sensory Loss/65 Plus</b>						
Residential & Nursing	54.0	54.9	0.9	A	0.2	↓
Home Care	28.1	30.9	2.8	A	0.6	↓
Direct Payments	11.9	13.6	1.7	A	0.8	↓
Staffing Costs	11.6	10.6	(1.0)	(F)	(1.0)	↑
Transport & Daycare	7.6	8.5	0.9	A	0.9	↓
<b>sub total</b>	<b>113.2</b>	<b>118.5</b>	<b>5.3</b>	<b>A</b>	<b>1.5</b>	<b>↓</b>
<b>Adult Social Care Operations - Mental Health</b>						
Residential & Nursing	14.7	14.6	(0.1)	(F)	(0.1)	↑
Home Care/Supported Living	5.7	6.9	1.2	A	1.0	↓
Staffing/Deprivation of Liberty Safeguards	2.6	2.6	0.0	-	0.0	→
Direct Payments, Day Care & Transp	1.7	1.6	(0.1)	(F)	0.0	→
<b>sub total</b>	<b>24.7</b>	<b>25.7</b>	<b>1.0</b>	<b>A</b>	<b>0.9</b>	<b>↓</b>
<b>Adult Social Care Operations - Learning Disabilities</b>						
Residential & Nursing	23.8	25.3	1.5	A	(0.4)	↑
Home Care/Supported Living	33.6	38.4	4.8	A	0.0	→
Direct Payments/In Control	10.7	9.7	(1.0)	(F)	(0.6)	↑
Day Care	6.4	6.9	0.5	A	0.0	→
Transport & Shared Lives	2.4	2.8	0.4	A	0.1	↓
Central & Salaries	2.4	2.6	0.2	A	0.0	→
Discovery	30.5	31.6	1.1	A	1.5	↓
<b>sub total</b>	<b>109.8</b>	<b>117.3</b>	<b>7.5</b>	<b>A</b>	<b>0.6</b>	<b>↓</b>
<b>Commi ssi oni ng</b>						
Commissioning	2.9	5.7	2.8	A	0.0	→
Better Care Fund	(37.3)	(37.3)	0.0	-	0.0	→
LD Pooled Budget Income	(27.9)	(29.6)	(1.7)	(F)	(0.2)	↑
<b>sub total</b>	<b>(62.3)</b>	<b>(61.2)</b>	<b>1.1</b>	<b>A</b>	<b>(0.2)</b>	<b>↑</b>
<b>Adult Services Total</b>	<b>185.4</b>	<b>200.3</b>	<b>14.9</b>	<b>A</b>	<b>2.8</b>	<b>↓</b>

#### **4. Adult Services - key explanations, actions & mitigating controls**

**3**

##### **Adult Social Care - Physical Disability/Sensory Loss/65 Plus**

This area of adults is currently projecting to be £5.3m overspent. As in previous years, we continue to see pressure within residential and nursing placements, with pressure on the weekly costs, as well as the number of people receiving support. Historically the authority has paid low fee rates within this sector. The increase in fee levels for 23/24 are still not stabilising the market, due to the increase in inflation and cost of living.

There continue to be a number of interim placements as the service works with the NHS trusts to ensure a timely discharge for people from hospital. These placements are currently projected to cost £0.9m.

We continue to deliver more homecare, to allow people to remain in their own homes for as long as possible to help reduce the overreliance on beds, as well as it being the best place for them. This has led to reported overspends of £2.8m for home care. As we continue to offer choice and have a varied market that includes micro-providers, we have seen an increase in the use of direct payments, resulting in a projected overspend of £1.7m.

##### **Mental Health**

This budget includes individuals who have a diagnosis of dementia. The budget continues to be an area of growth for the past few years, and this has continued in 2023/24. We are currently projecting an overspend of £1m mainly within home care and supported living. Residential and nursing continues to be a pressure for the service due to a combination of increasing numbers and high unit costs.

##### **Learning Disabilities**

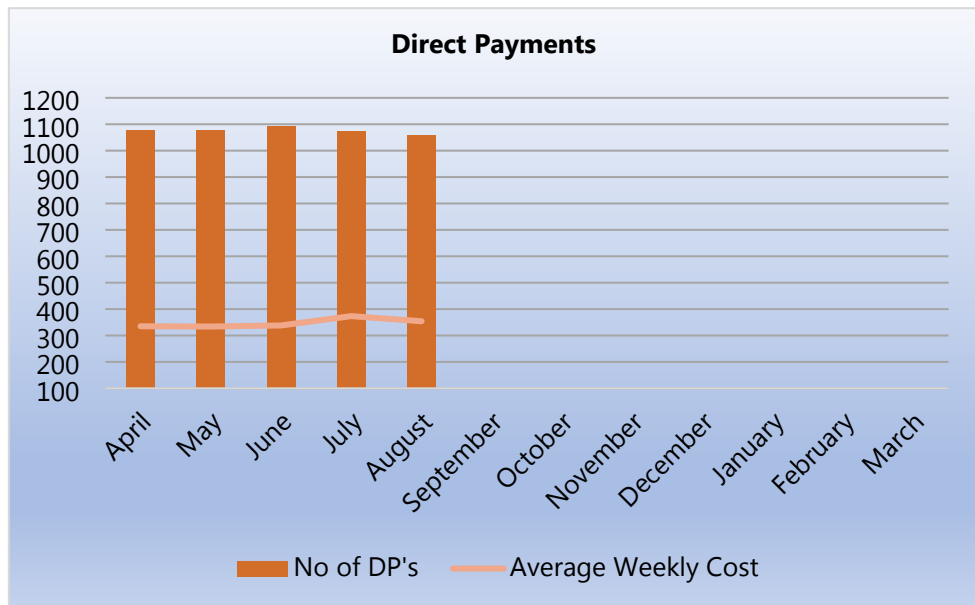
Overall, the cost of Learning Disabilities is projected to overspend by £7.5m. Since outturn we have seen a number of high costs placements come through, either via transitions or due to other forms of funding coming to an end. The four main pressure areas continue to be residential & nursing £1.5m, supported living and homecare £4.8m and day care £0.5m due to market sustainability. Supported Living is in the best interest of people but is an area where unit costs can be high.

##### **Commissioning**

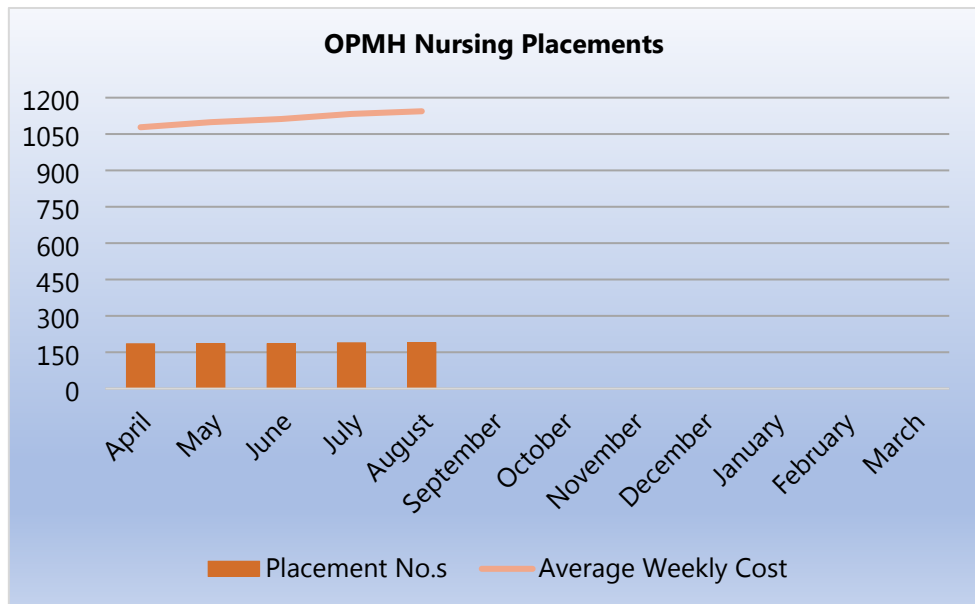
Commissioning is currently projecting to overspend by £1.1m, as the Adults transformation 'my life, my future' will not achieve the full £5m saving.

##### **Adult Services - key performance cost drivers**

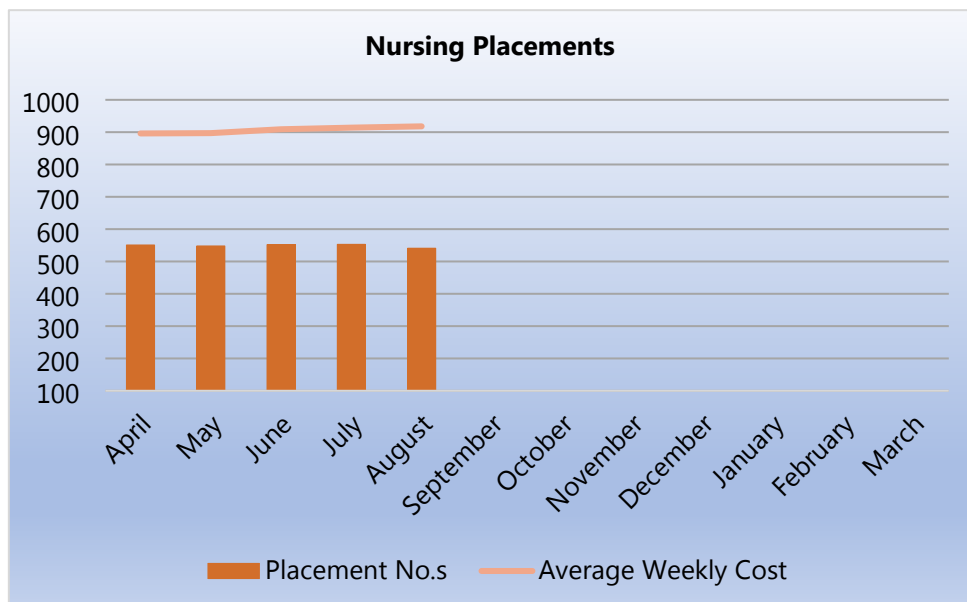




Since the beginning of the financial year, we have seen the number of people receiving a Direct Payment within ASC decreased from 1,077 to 1060 packages. The current weekly average cost of an ASC Direct Payment is £354 per package.



The number of Older People Mental Health (OPMH) Nursing placements has increased by five placements since April, from 185 to 190. The current weekly average cost for OPMH Nursing is £1,144 per placement.



Nursing placements decreased by ten since April from 551 to 541. The current weekly average cost for Nursing is £918 per placement.

#### 4. Adult Services - key risks, future issues & opportunities

4

90% of the ASC budget is spent on individual placements purchased through the market via block and spot placements. Therefore, there is a significant risk that this budget will continue to overspend. This is due to increased demand, the cost-of-living rise, particularly the increases in petrol, gas, electric, and food.

We have a number of mitigations that are not currently reflected in the financial position above but across the financial year we will start to see the impact:

- Enhanced Peer Forum – Robust financial and operating challenge
- Reviewing Interim Placements – This review will identify those who should be self-funding/contributing towards their long-term care.
- My life, my future – reduce the overreliance on bed placements and redesign the reablement service.
- Review all high cost/complex placements.
- Review void costs.

#### 5. Implications

5.1. There are no implications from this report. Scrutiny Members are asked to note the information and recommend any actions to Executive Committee.

**6. Background papers**

- 6.1.** The information within this paper has been taken from the Executive Committee 6<sup>th</sup> September, budget monitoring report for Month 5.

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**Adult Services Scrutiny Committee -  
5th October 2023**

**Budget Monitoring - Month 5**

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**Somerset**  
Council

# Overall Month 5 2023/24

Service Area	Original Budget	Current Budget	Full Year Projection	Month 5 Variance	A/ (F)	Movement From Month 4	Direction From Month 4
	£m	£m	£m	£m		£m	
Adult Services	186.6	185.5	200.4	14.9	A	2.8	↓
Children & Family Services	123.1	123.1	134.9	11.8	A	3.0	↓
Public Health	1.2	1.2	1.2	0.0	-	0.0	→
Community Services	35.2	34.9	34.9	0.0	-	0.0	→
Climate & Place	87.1	87.6	89.9	2.3	A	(0.4)	↑
Strategy, Workforce & Localities	20.2	20.2	21.5	1.3	A	(0.2)	↑
Resources & Corporate Services	20.5	22.1	22.4	0.3	A	(1.0)	↑
Accountable Bodies	3.7	3.7	3.7	0.0	-	0.0	→
Non-Service	9.8	9.8	9.3	(0.5)	(F)	0.0	→
Traded Services	0.0	0.0	0.2	0.2	A	0.0	→
<b>Total Service Position</b>	<b>487.4</b>	<b>488.0</b>	<b>518.3</b>	<b>30.3</b>	<b>A</b>	<b>4.2</b>	<b>↓</b>
Corporate Contingency	6.0	5.4	5.4	0.0	-	0.0	→
<b>Total after Contingencies</b>	<b>493.4</b>	<b>493.4</b>	<b>523.7</b>	<b>30.3</b>	<b>A</b>	<b>4.2</b>	<b>↓</b>
Reserves	(19.9)	(19.9)	(19.9)	0.0	-	0.0	→
Council Tax	(345.4)	(345.4)	(345.4)	0.0	-	0.0	→
Business Rates	(116.1)	(116.1)	(116.1)	0.0	-	0.0	→
Revenue Support Grant	(7.9)	(7.9)	(7.9)	0.0	-	0.0	→
Flexible Use of Capital							
Receipts	(4.0)	(4.0)	(4.0)	0.0	-	0.0	→
<b>Total Month 5 Position</b>	<b>0.0</b>	<b>0.0</b>	<b>30.3</b>	<b>30.3</b>	<b>A</b>	<b>4.2</b>	<b>↓</b>

# Adult Services Month 5 2023/24

Net budget of £185.5m  
Overspend of £14.9m (8%)

- ASC:
    - Residential/Nursing – Cost of beds higher than budgeted.
    - Increased delivery in home care
  - Mental Health:
    - High-cost placements
  - Learning Disabilities:
    - Supported Living – market sustainability
    - Day Care – increased need to allow carer's break/respice
  - Commissioning:
    - My Life, My Future
- Further ongoing risks:
- Increase in demand
  - Market Sustainability

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Service Area	Current Budget	Full Year Projection	Month 5 Variance	A/(F)	Movement From Month 4	Direction From Month 4
	£m	£m	£m		£m	
<b>Adult Social Care Operations - Physical Disability/Sensory Loss/65 Plus</b>						
Residential & Nursing	54.0	54.9	0.9	A	0.2	↓
Home Care	28.1	30.9	2.8	A	0.6	↓
Direct Payments	11.9	13.6	1.7	A	0.8	↓
Staffing Costs	11.6	10.6	(1.0)	(F)	(1.0)	↑
Transport & Daycare	7.6	8.5	0.9	A	0.9	↓
<b>sub total</b>	<b>113.2</b>	<b>118.5</b>	<b>5.3</b>	<b>A</b>	<b>1.5</b>	<b>↓</b>
<b>Adult Social Care Operations - Mental Health</b>						
Residential & Nursing	14.7	14.6	(0.1)	(F)	(0.1)	↑
Home Care/Supported Living	5.7	6.9	1.2	A	1.0	↓
Staffing/Deprivation of Liberty Safeguards	2.6	2.6	0.0	-	0.0	→
Direct Payments, Day Care & Transport	1.7	1.6	(0.1)	(F)	0.0	→
<b>sub total</b>	<b>24.7</b>	<b>25.7</b>	<b>1.0</b>	<b>A</b>	<b>0.9</b>	<b>↓</b>
<b>Adult Social Care Operations - Learning Disabilities</b>						
Residential & Nursing	23.8	25.3	1.5	A	(0.4)	↑
Home Care/Supported Living	33.6	38.4	4.8	A	0.0	→
Direct Payments/In Control	10.7	9.7	(1.0)	(F)	(0.6)	↑
Day Care	6.4	6.9	0.5	A	0.0	→
Transport & Shared Lives	2.4	2.8	0.4	A	0.1	↓
Central & Salaries	2.4	2.6	0.2	A	0.0	→
Discovery	30.5	31.6	1.1	A	1.5	↓
<b>sub total</b>	<b>109.8</b>	<b>117.3</b>	<b>7.5</b>	<b>A</b>	<b>0.6</b>	<b>↓</b>
<b>Commissioning</b>						
Commissioning	2.9	5.7	2.8	A	0.0	→
Better Care Fund	(37.3)	(37.3)	0.0	-	0.0	→
LD Pooled Budget Income	(27.9)	(29.6)	(1.7)	(F)	(0.2)	↑
<b>sub total</b>	<b>(62.3)</b>	<b>(61.2)</b>	<b>1.1</b>	<b>A</b>	<b>(0.2)</b>	<b>↑</b>
<b>Adult Services Total</b>	<b>185.4</b>	<b>200.3</b>	<b>14.9</b>	<b>A</b>	<b>2.8</b>	<b>↓</b>

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Somerset Council  
Scrutiny Committee



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Lead Officer: Alison Henly  
Author: Michelle Skillings  
Contact Details: Alison.henly@nhs.net  
Executive Lead Member: - Cllr Dean Ruddle  
Division / Local Member: - All

## **1. Summary**

- 1.1.** This paper provides an update on the Somerset Integrated Care Board (ICB) Quality, Safety and Performance and provides an overview of performance against the constitutional and other standards to the period ending July 2023.
- 1.2.** This is a retrospective report which compares the reported month (July 2023) and compares to the same period in 2022/23 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 Access**

Primary Care services have continued to experience considerable operational challenges in July 2023 with approximately half of the GP practices in Somerset reporting their OPEL status as OPEL 3 or above (Operational Pressures Escalation Levels). The practices reported pressure still showing in General practice due to staff shortages, sickness and patient demand and annual leave.

In July 2023 there were approximately 286,000 primary care consultations with either a GP or other healthcare professional, which is an increase of 4.8% when compared to July 2022. Of these consultations 59.3% were delivered face to face (compared to the South-West Regional average of 66.9% and

68.3% in England) and 80.9% were made within 14 days and 43.9% made on the same day.

The Deputy Director of Primary Care and Primary Care Development Manager attended the Oversight and Scrutiny Committee: Adults and Health on 12 September 2023 and provided a detailed overview on primary care access recovery. Feedback was provided by the Committee and there was agreement for a further update to be provided during Q4 2023-24.

In respect of the Primary Care Access Improvement Plan a dashboard will be developed that shows progress against key measurable objectives set nationally and will accompany a written report for NHS Somerset Public Board meeting on 30 November.

### **3.2. NHS 111**

There are ongoing pressures across the wider UEC (Urgent and Emergency Care) system both in Somerset and nationally.

During the cumulative period April and July 2023 there were 62,000 people across Somerset who contacted (and had their call answered) by the NHS111 Service and this represents a 20.1% cumulative increase in demand over this period and comparable increase of 19.9% was also seen in the latest reported month (July 2023).

The average speed to answer calls in Somerset improved by 20 seconds in July 2023 to 213 seconds compared to the England average of 159 seconds.

There has been a significant reduction in the number of abandoned calls since HUC took over the running of the NHS 111 Service in Somerset from April 2023. Of the total calls received in July 2023 12.4% were abandoned compared to the previous England average of 9.1% and is an improvement upon the previous month.

63.5% of calls were assessed by a clinician or clinical advisor compared to the England average of 43.8%.

Actions to deliver performance improvements include Health Advisor recruitment, the use of national contingency during periods of high demand to improve resilience and ongoing discussions with the South-West Commissioning Hub in respect of the significant increase in dental calls.

### **3.3. Ambulance Performance**

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

Whilst there has only been a modest increase in the number people calling for an ambulance, we have seen a significant increase in the volume of patients conveyed to hospital; during the cumulative period April to July 2023 there has been a 10.0% increase in the number ambulance arrivals to MPH and YDH. Ambulance response times performance in Category 1 and Category 2 incidents continues to be challenged; in July 2023 the Category 1 mean response time was 10.4 minutes against the 7-minute standard, compared to the SWAST overall performance of 9.3 minutes. For Category 2, Somerset response times were 38.1 minutes against the 18-minute standard, compared to the SWAST (South-West Ambulance Service Trust) overall performance of 35.7 minutes.

To improve ambulance response times performance SWAST is increasing front line resourcing and improving the health of their staff by focusing on reducing sickness levels.

Somerset's Emergency Departments continue to have the least number of ambulance handover delays when compared to SWAST's other commissioners and in July 2023 the number of lost ambulance hours was 445 across Musgrove Park and Yeovil Hospitals, which is an improvement of 150 hours when compared to June 2023.

Somerset ICB has implemented a working group collaborating with SWAST and SFT to develop an Ambulance Handover Trajectory Improvement Plan to achieve the national ambulance handover (15, 30 and 60 minutes) Standards. Focus of the plans are to maximise every opportunity to avoid patients attending A&E, and to ensure efficient and effective processes are in place when patients do attend. Proposed actions and schemes implemented to improve ambulance handover performance and in turn response times include:

- Somerset ambulance doctor are continuing to see patients within the community
- Category 3 and 4 falls validated within NHS 111 to reduce conveyance
- Continue to develop community services including Urgent Crisis Response and progressing the ITK electronic link and Crew education on the use of alternative use of pathways and Same Day Emergency Care, removing barriers to the referrals that could take place.

- Hospital and Liaison Officer (HALO) supporting both Somerset EDs in times of extremis by coordinating ambulances and ensuring appropriate conveyance
- Acute Hospital Escalation Plans are in place at both MPH and YDH sites
- Direct admissions to Emergency Assessment Unit (EAU) and Same Day Emergency Care (SDEC)
- Looking to implement a review of system pathways and the Directory of Services which is currently being led by Dorset ICB

### **3.4. A&E Performance**

Demand for A&E services has increased in 2023 and during the cumulative period April to July 2023 attendances to A&E has increased by 2.3% across MPH and YDH sites, and in July 2023 reduced by 1.9%.

In July 2023, A&E 4-hour performance at MPH was at 65.1% and at YDH 67.2%, which is an improvement upon the previous month at both sites. Both MPH and YDH 4-hour performance is above (better) than the National and South-West average and MIU performance of 96.9% is comparable to the previous month.

In July 2023 there were three 12-hour trolley breaches at SFT (compared to 153 in January 2023, the highest volume in this calendar year).

Delivery of the 4-hour performance standard has been impacted by a number of factors including increased patient acuity, ambulance handover delays and patient flow issues due to operational pressures across the hospital. Actions include:

- Development of an improvement plan and trajectory
- Streamlining of pathways with work underway on the radiology pathway
- Rota review is underway to ensure they efficient and mapped against demand
- Joint-site SDEC task and finish is planned to aim towards a seven-day service, 12 hours per day.

### **3.5. Emergency Admissions**

During the cumulative period April to July 2023 compared to the same period in 2022, the number of patients admitted to hospital as an emergency who stayed more than one day has increased by 6.3% (+890 admissions).

An analysis of the data showed that there has been an increase in acuity, demonstrated by the 10.0% increase in ambulance arrivals to A&E, acuity of A&E attendances and increase in zero and non-zero admissions.

There are number of initiatives in place particularly focusing on the 10 High impact interventions which were outlined in the Urgent and Emergency Care Delivery and Improvement Plan to ensure that we are reducing length of stay across all sites and patients who require ongoing care are on the right pathway for their ongoing needs.

In recognition of the increased demand SFT have reconfigured the medical and surgical bed base at both MPH and YDH sites to protect elective capacity and to support flow. This includes re-classifying the core and escalation beds, in-line with new national guidance. In addition, at the MPH site the Trust have increased the overall bed compliment by 15 beds.

### **3.6. Elective Recovery and Waiting Times**

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

There were 66 patients across Somerset waiting over 78 weeks in July 2023 which is a reduction of 13 patients on the previous month; 39 of these patients are from SFT and 27 patients from hospitals outside of Somerset. The forecast for the end of September 2023 on an SFT Trust-wide basis is 55 and the apportionment of breach is expected to be 27 due to capacity, 27 due to complexity and one due to patient choice.

In July 2023 there were 840 patients waiting over 65 weeks which is a reduction of 55 patients from the previous month. 594 of these patients are from SFT, 246 patients are from Independent Sector providers and hospitals outside of Somerset. The specialty with the greatest backlog is Trauma and Orthopaedics.

There is an active programme of system-wide actions to support reduction in the backlog and longer- term recovery which include:

- SFT has identified the first cohort of patients, who are potentially happy to transfer to an alternative commissioned provider and have contacted

55 patients in the at risk >65 week cohort and a further 126 patients from outside this cohort who are also willing to transfer, to free up capacity for long wait patients to be treated.

- A programme of waiting list validation continues, which includes contacting patients to check that they still need to be seen.
- Detailed specialty plans continue to be progressed and actions include improved productivity, increased capacity (including use of the Independent Sector) and reprioritisation of available theatre capacity across the System.
- System Performance Group which meets fortnightly and receives a deep dive upon challenged elective specialties; the latest one was upon Trauma and Orthopaedics and actions include ring-fenced beds, proposals to increase theatre staffing and for an additional hand surgeon (sub-specialty of high demand), utilising all spare capacity and out-sourcing to the Independent Sector where possible.

### **3.7. Diagnostic Waiting Times**

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

The diagnostic modalities with the longest waits are Endoscopy, Echocardiography, Audiology and non-obstetric ultrasound.

The key challenges predominantly relate to national workforce shortfalls (specifically ultrasound), compounded by the increase in suspected cancer, routine and unscheduled demand across a range of modalities Actions include:

- Non-Obstetric Ultrasound: Sourcing additional capacity and sharing-out the demand as far as possible, across the Musgrove and Yeovil sites.
- Echocardiography: overall waiting list and backlog has started to reduce at SFT mainly due to actions in place to mitigate the backlog, additional waiting list initiatives continue, and an insourcing contract has now commenced at Yeovil. Image sharing is now possible via the new upgrade of the clinical reporting system. The Trust continues to undertake waiting list validation and contact patients to ensure their condition has not worsened.

- Audiology: the backlog has reduced since May 2023 to 373 (latest data as at 27/08/23) by 81 patients, additional clinics are being run to clear the backlog.
- Endoscopy: the backlog had reduced and has reached its lowest point in the last 12 months at 590 in June, however it has risen by 62 to 652 by July. Colonoscopy capacity continues to be prioritised where possible.

### **3.8. Cancer Waiting Times**

The 28 Day Faster Diagnosis Standard (FDS) performance has improved this month to 73.3% (+4.2% to previous month) and is 9.2% higher (better) than our operational plan of 64.5% for June. The most impacted tumour sites are lower gastrointestinal, gynaecological, Skin and Urological. Key drivers are the shortfall in colonoscopy capacity to meet the significant increase in demand and capacity and challenges within the skin cancer service at University Hospital Bristol and Weston FT and an increase in gynaecological and urological demand YDH and MPH.

Pathway improvements for Urological and Lower Gastrointestinal are being developed to reduce delays in the diagnostic element of the pathway and joined up work across both the MPH and YDH sites to ensure streamlined and efficient processes in this part of the cancer pathway and had led to a reduction in triage times. A new community based (self-referral) post-menopausal bleed service opened in September and comprises of a one-stop clinic appointment and ultrasound scan and patients for whom a benign cause of their bleeding cannot be identified, and those requiring additional investigations, will be referred to the secondary care Gynaecology Service as a cancer two-week wait patients.

In respect of skin cancer University Hospitals Bristol and Weston Foundation Trust (UHBW) provide a service for some of the Somerset population and waiting times have been challenged due to sustained increased demand compounded by staff absence. Locums have been used by the Trust to reduce the backlog however industrial action and difficulty with recruiting locums into the dermatology service has slowed progress. As of September, some patients have started to be repatriated back to Somerset (predominantly to SFT) ahead of full repatriation in the Autumn when all patients will be managed within Somerset (unless they choose to be treated elsewhere). SFT continues to put on additional capacity by way of Locums to manage the increase in demand and secured insourcing from August. In addition, SFT has taken over clinical

oversight and responsibility for the tele-dermatology service previously provided by UHBW via the REGO platform.

Somerset has seen an 3.4% increase in the number of first definitive cancer treatments carried out during the cumulative period April to July 2023 compared to the previous year, underpinned by the increase demand into the service.

Within the 62 Day First Definitive Treatment standard there has been a 2.6% decline on the previous month with performance of 67.3% with performance impacted by treatment of the backlog. Performance compares well to National and Region performance of 62.3% and 65.7% respectively. The most challenged tumour sites and improvement actions are described within the faster diagnosis standard update above.

The covid-19 backlog has been cleared in the Breast Screening Service and performance is improving. Efforts are now being focused on development of a targeted plan to improve screening uptake. Somerset Breast Screening Service intends to complete the Health Equality Tool (HEAT) to support accurate identification of cohorts with low uptake and intensify target action to address real or perceived barriers. Action is being taken to implement text message reminders and options are being explored in relation to identifying other areas such as supermarkets to raise awareness and encourage participation. Links continue to be made with PCNs / Practices prior to invitation letters being sent to ensure local promotion and awareness amongst eligible women.

### **3.9. Mental Health – Improved Access to Psychological Therapies (IAPT)**

The number of people accessing treatment for the year to date in July 2023 using local unvalidated data is 3,719 against the 2023/24 annual target of 13,896 (26.8% of the annual target) and whilst it is recognised that the service remains behind target, we are the only system in the South-West showing a long term sustained upward trajectory. The Service has 19 trainees in training, with a further 18 due to commence in the second half of the year which will significantly increase capacity in 2023/24 and into next financial year and additional capacity to support long waiters continues to be sourced via Xyla. Work is underway to embed Talking Therapies as part of the diabetes pathway, in addition to the work already underway with other long term conditions such as respiratory and cardiac conditions, alongside long COVID. The service is also exploring a digital referral/assessment process which has had a positive impact in other Systems to reducing drop-out rates. The service continues to exceed the national target around recovery rates and is the top performer nationally, demonstrating the high standard of care delivered.



Unvalidated data in July 2023 shows performance against the 6-week waiting times standard of 73.7% against the 75% national standard. The Trust has implemented a county-wide assessment model which will increase throughput and prompt access to treatment; this is working well to date and is anticipated to be fully implemented by end of Q2 2023/24. The additional capacity generated by the number of trainees will also support improvement. The current long waiters are waiting for less common therapy types, for which there are fewer staff trained to deliver, and/or an individual's preference to specific date, place, or timed sessions (note that Somerset is currently in line with the recommendations set nationally around % of staff trained in each of the modalities). The next cohort of fully trained therapists and effective management of drop-outs and DNAs will contribute to the improving performance of the 6 week wait list.

In summary, work is focussed on increasing capacity of the service across all areas, with additional trainee cohorts in place and recruitment to qualified positions (administration, therapists and assessment workers) ongoing. Additional capacity to support long waiters continues to be sourced via Xyla. The Long-Term Condition expansion programme has been re-started which will generate additional referrals to meet the needs of patients and support delivery of the target. There has also been a re-focus on group therapies, in line with revised NICE guidance.

### **3.10. Mental Health – Children and Young People Access**

Additional investment has been made into Kooth, Young Somerset and SFT services for 2023/24, which will increase the capacity of services to meet the need of patients. The latest national position shows that on a rolling 12-month basis to June 2023 Somerset delivered 4,535 contacts and due to the ongoing work to resolve an identified data issue it is anticipated that this will increase to 4,700 in July and we continue to work with SFT in respect of data completeness.

We are also working with Young Somerset to increase the countable activity delivered by the Mental Health Support teams with the provider increasingly looking to group work to increase throughput. Increased means of accessing services on a local level have improved service uptake and our dedicated resource is enabling good quality data collection for our smaller providers.

In addition we launched in July 2023 a new offer for VCSFE partners to flow data (with support) and in turn increase the level of countable activity being captured in the national dataset. Whilst this element of the data programme is

in its infancy, but we have already seen significant interest from eligible providers.

### **3.11. Physical Health check for patients with Serious Mental Illness (PHSMI)**

A cross system working group is in place and has resulted in significant improvement in reported performance year on year (from almost zero to over 2000). However, between Q4 2022/23 and Q1 2023/24 data shows 2% drop in performance quarter on quarter, from 2,007 to 1,976 (however, this is in line with the national pattern as the bulk of PHSMI activity takes place in Q4 in line with primary care QOF). The remote health check boxes (which contain medical equipment such as blood pressure monitor, blood glucose monitor etc. to complete the checks) have been approved for use, with implementation planned in Q3.. This will support the delivery of health checks to those who have not traditionally engaged with the programme as the checks can be delivered outside of a traditional health setting. A further physical health support worker has been recruited and commenced in May, which will further improve performance. Engagement with practices has been mixed, and the mental health and primary care teams are working together to support practices with delivery. To support uptake of the checks we have developed new communications material, staff training and peer support offers, which will support people to access their appointments (including chaperoning where appropriate) as well as supporting people with any post check support, such as access to exercise options.

## **4. Consultations Undertaken**

4.1. N/A

## **5. Implications**

5.1. N/A

## **6. Background papers**

6.1. The latest Public Board Report to Somerset ICB can be found here: [Previous Board papers - NHS Somerset ICB](#)

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

Somerset Council  
Scrutiny Committee  
– 05<sup>th</sup> October 2023



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## NHS Dentistry Services in Somerset

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**1. Division / Local Member: Summary**

- 1.1. The Health and Social Care Act established Integrated Care Board's (ICB) as legal entities, allowing the delegation of primary care commissioning functions. Now that these functions are delegated, responsibility for discharging them moves to the ICB but NHSE retains overall accountability for the discharge of its responsibilities under the Act.

Since April 2023 NHS Somerset ICB was delegated commissioning authority for Pharmacy, Optometry and Dentistry.

### **Overview of Pharmacy Commissioning**

Pharmaceutical Services are commissioned from independent contractors, Community Pharmacy, Dispensing Doctors and Dispensing Appliance Contractors. Community pharmacy contractors comprise 'bricks and mortar' pharmacies and distance selling pharmacies.

There are not generally individual contracts for pharmaceutical services commissioning, there is a contractual framework laid out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. In order to provide NHS pharmaceutical services, the contractor must be on their local pharmaceutical list.

Access to pharmaceutical lists is controlled by regulations, the process for this is the responsibility of the ICB. Once on the list, contractors must meet their terms of service including providing essential services in line with the contractual framework and can choose to provide advanced services if they meet the requirements of those services. Distance selling pharmacies are not permitted to provide essential services to patients face-to-face at their listed premises, although they can provide advanced and enhanced services face to face.

Essential and advanced services are commissioned nationally. ICBs can commission pharmaceutical services locally as Enhanced Services (which comply with Directions) or through flexible Local Pharmaceutical Services contracts. They may also commission other services from pharmacy under the terms of the NHS Standard Contract.

ICBs are responsible for recognising Local Pharmaceutical Committees (LPCs) within their ICB area and must consult LPCs in respect of the delegated pharmaceutical functions as required by the regulations and the Pharmacy Manual. ICBs should work closely with LPCs on integration and implementation and uptake of clinical services.

Health and Wellbeing Boards are responsible for assessing the pharmaceutical needs of their local population and publishing and updating

the Pharmaceutical Needs Assessment. ICBs need to commission pharmaceutical services to meet the needs of their population.

Community pharmacy contractors' contracted hours consisting of core hours, which all contractors have, and supplementary hours, which are additional opening hours and can be amended by the pharmacy by notifying the ICB.

Payments for pharmaceutical services are made by the NHS BSA. Essential and Advanced services are paid for from the £2.592bn CPCF budget. ICBs must identify additional local budgets to commission services via any other contractual mechanisms.

NHS BSA also support performance management, provider assurance, including administration of CPAF, and post-payment verification of contractor claims to support ICBs in financial recovery where appropriate.

The pharmacy regulator, the General Pharmaceutical Council register both premises and professionals (Pharmacists and Pharmacy Technicians) and set professional standards.

Primary Care Support England (PCSE) support Pharmacy Market Administration Services, including all market entry applications and consolidation applications.

See also [Community Pharmacy Explained, Kings Fund](#).

### **Overview of Optometry Commissioning**

A General Ophthalmic Services (GOS) contract enables independent contractors to carry out NHS-funded sight tests, redeem optical vouchers and receive remuneration for delivered patient activity. GOS is a nationally agreed regulatory and contractual framework, and is contracted on an **any qualified provider (AQP)** basis.

There are two types of GOS contracts – Mandatory services (delivered at fixed premises such as a high street optical practices) and Additional services (domiciliary or mobile services delivered in patients' homes, residential care homes or day centres). Contractors can hold one or both types, and both contracts are awarded on an AQP basis.

Contractors need to declare as part of the contract application the hours by weekday that they intend to offer GOS.

ICBs award GOS contracts and are responsible for the decision-making, management and assurance of contracts/contractors. NHSBSA provides end-to-end administration of the contractor application process. Applicants need to meet specific eligibility criteria covering workforce, business arrangements, premises and equipment. NHSBSA also administers the process for varying and terminating contracts, submitting the associated paperwork to ICBs for approval.

GOS contracts run in perpetuity, unless the contractor gives notice to terminate or the commissioner issues a termination notice based on one of the specific circumstances listed in the Policy Book for General Ophthalmic Services.

GOS is demand-led. The contract does not carry any upfront financial allocation.

Primary Care Support England (PCSE) (aka Capita) operates the GOS payment system. This includes claims for sight tests and optical vouchers, as well as grants for Continuing Professional Development and supervision of trainee optometrists.

Additional services contractors intending to provide services to patients in their own homes, residential care homes or day centres must submit a pre-visit notification.

Primary Care Support England (PCSE) manages this process. Should the contractor be unable to carry out the visit on the day, they can substitute with another pre-notified patient and venue. Contractors are required to seek approval from the ICB for the substitution.

Optometrists and Ophthalmic Medical Practitioners wishing to work in NHS primary care need to be registered with the NHS England Performer List. PCSE operates the system, with new applications reviewed and approved by Optometric Advisers.

The General Optical Council register professionals, optometrists and dispensing opticians, and set professional standards. There are also Ophthalmic Medical Practitioners delivering primary care eye care services. They are registered by the General Medical Council.

ICBs will need to commission services to meet the needs of their population. ICBs can commission locally enhanced services. This sits outside of the GOS framework and includes Minor Eye Care Services (MECS), Urgent Eyecare Services (UES), Primary Eye Care Acute Referral Scheme (PEARS), Glaucoma monitoring services and Post-cataract follow-ups.

## **Overview of Dental Commissioning**

There are two types of NHS dental contracts: **General Dental Services (GDS)** contract and **Personal Dental Services (PDS) Agreement**.

GDS and PDS are nationally agreed regulatory and contractual frameworks.

GDS contractors must provide **mandatory services** and can provide **additional services**. They are not time limited and do not have a fixed expiry date.

PDS Agreements allow contractors to provide mandatory services or additional services. They are time limited and have a fixed expiry date (usually five years) however, contractors providing mandatory dental services with a PDS agreement can convert this activity to a GDS Contract.

ICBs contract directly with independent contractors (dental practice owners), who then employ and / or subcontract with staff to deliver NHS dental services.

Dental Public Health Consultants are responsible for assessing the oral health needs of their local populations and publishing and updating the Oral Health Needs Assessment. ICBs will need to commission dental services to meet the needs of their population.

Current contracts are based on existing arrangements. The commissioner will need to determine whether any new contracts or temporary arrangements must be competitively tendered and procured in accordance with procurement law and any procurement protocol issued by NHS England.

Contractors are expected to deliver UDAs or other quality measures. Contractors submit FP17 claims to determine their contract attainment as part of the year-end reconciliation.

Payments for NHS dental services and any other payments under the SFE are made by the NHSBSA. NHSBSA supports commissioning teams with national contract and performance management activities, including the Year-End reconciliation/Mid-Year review, and also with national/local clinical assurance reviews

The General Dental Council register all dental professionals and set professional standards.



Dentists wishing to work in NHS primary care need to be registered with the **NHS England Performer List**. PCSE operates the system, with new applications reviewed and approved by Dental Practice Advisers.

Providers of dental services must be registered with the Care Quality Commission (the independent regulator of Health and Social Care in England). ICBs will need to collaborate with CQC to review relevant documentation relating to concerns and complaints.

The GDS contract and PDS agreements confirm the hours that NHS dental services are provided.

## **2. Issues for consideration / Recommendations**

- 2.1.** Members are asked to note that NHS Somerset has now taken over the delegated commissioning function of Pharmacy, Optometry and Dentistry, considering it already has delegated responsibility for General Medical Services.

Since taking over responsibility, NHS Somerset along with all the Integrated Care Boards within the Southwest Region are supported with by subject matter expert resource from the pre delegation NHSE/I teams into a Collaborative Commissioning Hub team. This employment of this team is currently hosted by NHS Somerset ICB.

During and since the delegation of POD services there have been national pharmacy and dental closures mainly due to the national economic impact on businesses.

Somerset ICB is actively working with all stakeholders to implement a recovery plan to help support access across these services, with a particular focus on areas of health inequalities.

## **3. Background**

- 3.1.** Primary care access has long been an area of contention; our Somerset plan seeks to address patient satisfaction and improve overall access to all services including Pharmacy, Optometry and Dentistry.

## **4. Consultations undertaken**

- 4.1.** We are in a period of engagement with all relevant stakeholders to ensure a system-wide, collaborative response.

## **5. Implications**

**5.1.** N/a

## **6. Background papers**

**6.1.** Please find the attached a focussed presentation on Dental which will accompany a verbal update.

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