

**ANNUAL GENERAL MEETING 15 SEPTEMBER 2020**

**PUBLIC QUESTIONS AND SOMERSET CCG'S RESPONSES**

**1 PUBLIC QUESTIONS RECEIVED IN ADVANCE:**

**1.1 Anonymous**

Since becoming my wife's full-time carer, I have become aware of the problems facing carers when they themselves have a hospital appointment. It is often not safe to leave the cared-for person for the time that it takes to drive to & from hospital plus procedure time. These days, it is much more difficult to arrange temporary, casual cover especially as elderly neighbours often have their own problems. In our case, my wife is a "frequent faller" who tends to fall on way to/from toilet. Although she has an emergency call device, an ambulance can take up to 5 hours to appear for a non-injury fall. Hospitals now strongly discourage the bringing of anyone additional to an appointment. Our problem is certainly shared by many. Will the CCG please consider this problem carefully?

**Answer: Dr Alex Murray responded**

This is a common problem and more so since the pandemic when loved ones or those being cared for can no longer attend appointments that are for the person who is caring for them. We also recognise that casual support is more challenging, with the need to socially distance and protect the vulnerable from potential cross infection. Through the development of neighbourhood teams and Multi-Disciplinary Teams, we are joining up the health and care response, so we know about those individuals who may struggle with this situation and enable support workers such as Village Agents or Health Connectors to help find solutions. At the same time we are looking at ways to offer greater support remotely, reducing the need to physically attend appointments at a hospital, to reduce travel time and time away.

**1.2 Ruth Hobbs – Somerset Parent Carer Forum CIC**

Over the next year the CCG will have lots of competing priorities including the increasing needs of our ageing population, addressing the recent SEND area inspection requirements and further pressures from COVID. The CCG do not have infinite resources, so how will you manage and prioritise these areas?

**Answer: James Rimmer, Chief Executive, responded**

The CCG always has competing priorities for resources. Each year the CCG states its commissioning intentions based on national and local priorities. The specific issues highlighted in the question of an aging population, the recent SEND (Special Educational Needs and Disabilities) Inspection and the pressures from COVID have all been addressed in our current plans.

### 1.3 **Mr Sigurd Reimers – Chair, Lyngford Park Surgery PPG**

During the Covid-19 pandemic many Primary Care consultations are having to take place by telephone or video, in the interest of safety. This is a format that can work both efficiently and humanely, and is helping Primary Care staff manage an extremely challenging task.

However, recently the Health Secretary has urged that GP consultations should be “remote by default”, even beyond the Covid-19 crisis.

Again, this can be an efficient and humane method in many cases, but what steps will Somerset CCG be taking to support Practice staff, and to monitor how safe such an approach is turning out to be, given that primary care consultations often involve taking into account factors, including emotional ones, that are not always evident at a distance, and that may affect the accuracy of any assessment of a patient’s problem?

#### **Answer: Dr Alex Murray responded**

At the start of the pandemic Primary Care moved to a ‘total triage’ process for all appointments and enquiries as guided by NHS England. As many will know, this means that everyone receives either a telephone, online or video consultation before any face to face appointment can be made, to help reduce footfall within practices and the risks of transmission of Covid-19. We know that 80% of our population value this, but 20% struggle for a variety of reasons. It is important to recognise that face to face appointments are still appropriate and available either for clinical reasons or taking personal factors into account, and we support GPs and practice staff to ensure that when required face to face consultations are able to be conducted safely, with the appropriate PPE, social distancing, and other preventative measures. Through the LMC we have daily contact with all practices, and follow up directly when they are struggling or flagging concerns to ensure that these can be addressed collectively, and any support offered to ensure that the most appropriate form of consultation for any individual can be supported.

### 1.4 **Anonymous**

Drug and alcohol misuse impinges upon every area of health and social care so it is vital that Specialist services in this field are effective and operate with integrity.

For the past 12 years Somerset County Council has commissioned Turning Point to lead this service.

In July 2018 the commissioner Amanda Payne, in a “contract award” document prior to announcement of the new incumbent provider for the next term of commissioning, drew attention to the grossly unmet need of dependent alcohol users in the county and stated that the new service would have “an enhanced focus on dependent alcohol use”.

In the first financial year of this new commission, however, alcohol detoxes enabled by Turning Point fell by 70% from 66 the previous year to just 20. This equates to around only 0.15% of the alcohol dependent population of Somerset. How has this dire situation been allowed to arise?

The service also fares no better with its substance misusing cohort sending just 15 service users to residential rehabilitation in the past 3 years - one tenth of the national average.

A Government Recovery agenda for all drug and alcohol services has been in place since 2012, yet Turning Point in Somerset evidentially does alarmingly little to address dependence and addiction in the county. Again, I ask, how has this situation been allowed to develop to the immeasurable detriment of the county as a whole?

**Answer: Lou Evans, Vice Chair responded**

As Turning Point is a service commissioned by Somerset County Council (SCC), the question was passed to our colleagues at SCC. They have provided the following response:

“The Care Quality Commission rated the Somerset provider of Specialist Drug and Alcohol Treatment Services overall as Good with one outstanding feature, see <https://www.cqc.org.uk/location/1-226794829> for the detailed report. Somerset County Council remains in the top quartile of comparative local authorities for treatment completion for both Opiate and Non-Opiate clients. Somerset performs at a higher than national average rate for Alcohol Only and Alcohol and Non-Opiate clients where only national comparison data is available. This is a testament to the hard work of both commissioners and providers of services, as well as the individual service users who have addressed their own challenging behaviour and made changes to their lifestyles, supported by SCC services.”

1.5 **Nick Chapman, North Curry Health Centre**

What steps are being taken to reduce the volume of documentation and bureaucracy in your communications to primary care – this has been perfectly highlighted during the Covid pandemic with most practices struggling to read every email from various sources.

**Answer: Dr Alex Murray responded**

The amount of information and emails throughout the pandemic was significant. As a CCG we collated and reviewed that information on a daily basis and included it within a ‘Primary Care pandemic bulletin’ sent to each practice to ensure practices had all the information they required in one place. That bulletin has now moved from a daily publication to several times weekly and will continue to flex depending on the situation. There are additional communications from NHS England that have to go directly to practices, but we will continue to monitor this and to ensure that wherever possible communications are kept to minimum with ease of access and a clear process for practices to follow.

## 2 PUBLIC QUESTIONS RECEIVED AT THE AGM

### 2.1 Julie

What is the expected wait time for secondary aged children to get a paediatric statement for ASD [Autism Spectrum Disorder] ? If no date, why not? Thank you.

**Answer: Provided by Becky Applewood, Deputy Director of Women's and Children's Health**

We are aware of this gap in services and are currently working hard with partners to resolve the issue. The situation is complex and timeliness for our response has been exacerbated by the need to divert resource and capacity to responding to the Covid-19 pandemic. Nevertheless, substantial work is being undertaken on the pre-diagnostic, diagnostic and post diagnostic pathway for children and young people of all ages. As part of our response to the OFSTED/CQC inspection report, within our Written Statement of Action there is an expectation that for those children and young people who have already been referred, a multi-disciplinary team will be assessing their individual needs within 4-6 months and an interim arrangement for diagnostic services will be in place from October onwards. We remain firmly committed and focused to ensuring that all those children who have already been referred will have received the diagnostic assessment by April 2021, with the new pathway which will reduce waiting times and improve access from April 2021 onwards.

### 2.2 Julie

EHCP [Education, Health and Care Plan]: The CCG expects EHCP to be based on the child's needs. How do they see those needs being properly identified if a child with complex suspected ASD has not been assessed? Any EHCP produced without one will not be fitting the child's needs.

**Answer: Provided by Becky Applewood, Deputy Director of Women's and Children's Health**

Please see above (2.1) in answer to waiting times and expectations on implementation of the new pathway. However, the aim of the EHCP is to address a child or young person's presenting needs and seeks to give a child or young person the right support to enable them to learn. A diagnosis is a helpful tool and may bring additional insight, and we acknowledge that access to diagnostic support has been compromised for a considerable time. However, in Somerset there are no barriers to accessing wider services that support children and young people presenting with autism or neuro developmental style behaviours regardless of whether or not they have a diagnosis, either by choice or by lack of access to a diagnostic service.

### 2.3 Anonymous

Lack of face to face appointments with GPs is a cause for concern within the community. Is there any improvement in this area?

**Answer: Provided by Tanya Whittle, Deputy Director of Contracting**

At the start of the pandemic Primary Care moved to a 'total triage' process for all appointments and enquiries as guided by NHS England. This means that everyone receives either a telephone, online or video consultation before any face to face appointment can be made, to help reduce footfall within practices and the risks of transmission of Covid-19. We know from feedback that 80% of our population value this, but 20% struggle for a variety of reasons. It is important to recognise that face to face appointments are still appropriate and available either for clinical reasons or taking personal factors into account, and we support GPs and practice staff to ensure that when required face to face consultations are able to be conducted safely, with the appropriate PPE, social distancing, and other preventative measures. Through the Local Medical Committee (LMC) we have daily contact with all practices, and follow up directly when they are struggling or flagging concerns to ensure that these can be addressed collectively, and any support offered to ensure that the most appropriate form of consultation for any individual can be supported.

2.4 **Anonymous**

How does the spending per pound on secondary care vs. primary care services compare with other local CCGs?

**Answer: Provided by Scott Sealey, Associate Director of Finance, and Ian Lumbard, Senior Management Accountant**

Unfortunately this comparative data is not available with other CCGs or routinely collected. National comparative data is published through a national exercise called Programme Budgeting but that does not present the data which has been requested in the question.

2.5 **Anonymous**

When will the SEND response/action plan in relation to the recent Ofsted CQC report be made available please?

**Answer: Provided by Becky Applewood, Deputy Director of Women's and Children's Health**

We submitted our Written Statement of Action, in response to the findings from the OFSTED/CQC Inspection, on 28 September 2020. Officers from the inspectorate had previous sight of earlier drafts and the draft was amended according to their observations. Now that it has been submitted the Inspectors will undertake a full review. As and when they approve it, we will publish it: we hope this will be in October but it depends on how quickly OFSTED/CQC respond and whether any additional amendments are required.

2.6 **Mo Mahoney - Chair of Friends of Wincanton Community Hospital**

How does the CCG fit into the NHS Trust Fit for the Future proposal?

**Answer: From Fit for my Future Strategy - Alison Rowswell, Deputy Programme Director, Fit for my Future**

Fit for my Future is the joint health and care strategy of Somerset. It is led by Somerset Clinical Commissioning group (who buy and plan health services for the people of Somerset) and Somerset County Council, working together with the hospitals and healthcare providers in Somerset, including Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust. Since starting in April 2018, Fit for my Future has been focused on getting the different parts of our health and care system to work more closely together and we're already starting to see some results.

We want to help everyone live healthier, independent lives for longer. But we can't do it alone. Together, we're working to build a health and care service that's fit for the future. If the different parts of our health and care system work more closely together we'll see some big rewards. We all need to do more to stop getting ill in the first place. But when people do become ill we want to make sure they can get access to joined up health and care support in the community, away from hospitals where possible, to help them live independently for as long as they can.

2.7 **Mo Mahoney - Chair of Friends of Wincanton Community Hospital**

What is the future of Wincanton Community Hospital as we feel that we have had very little or no suggestion as to the future of our hospital. This has caused great concern within the town.

**Answer provided by Maria Heard**

We realise that the question on the future role of community hospitals is causing anxiety in our communities. We engaged with the public between January and April this year to share our early thinking about the future of community health and care services for people in Somerset. We would like to thank everyone who took the time to provide feedback which has been independently analysed.

Our programme of work in relation to community hospitals has been paused as our teams across Somerset have focused their efforts on responding to the Covid-19 pandemic.

We are not able to currently confirm the date we are working to, but as a programme, our next steps will be to review the feedback we received and determine where we take the programme forward to ensure we deliver services which meet the needs of the population now and into the future.