

PUBLIC QUESTIONS RECEIVED

IN ADVANCE AND DURING THE AGM ON 14 SEPTEMBER 2021

ALL QUESTIONS HAVE BEEN ANONYMISED

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| 1 | <p>Oral health can be a good indicator of a person's overall health.</p> <p>What evidence we have suggests that the oral health of Somerset children and adults is alarmingly low, although maybe no lower than regional and national benchmarks. For example, the percentage of 3 and 5 year olds with 'Decayed, Missing or Filled' teeth has been quoted as between 10 and 17%; this percentage should be very close to zero.</p> <p>Given that children grow into adults, and that the best possible standard of oral health in a child's early years is a vital part of Prevention, can the Chief Executive reassure me that the Somerset ICS will give a higher priority to Somerset's oral health, and fund it accordingly?</p> <p>Response: Trudi Grant, Director of Public Health</p> <p>Poor oral health is largely preventable and recognised as an indicator for health concerns across all ages so optimising prevention opportunities for children to have good oral health that lasts throughout childhood and adulthood is a key priority.</p> <p>Somerset Local Authority have the responsibility to commission programmes of support to promote whole population oral health improvement. NHS England are currently responsible for oral health as part of dental commissioning; dental access and screening. Responsibility for dental services will transfer to the new Integrated Care System (ICS) which will be an opportunity for us to ensure we can improve oral health for the people of Somerset.</p> <p>Somerset has an all-age oral health improvement service to target inequalities and reduce oral health need. The specification and scope of the service has been extended to address increased need, across the population, highlighted or exacerbated by the impact of covid-19 on service provision and access to NHS dentistry. The new service will launch 1st October 2021.</p> <p>Key priorities of the service include increasing access to fluoride via a fluoride varnish programme, supporting oral health routines via a supervised toothbrushing scheme and oral hygiene pack distribution. There are bespoke packages of support for those more at risk of poor oral health, including focused work with young carers, homeless and traveller and resettlement families.</p> <p>The service also delivers wider-workforce training and development to support obligations in the Healthy Child Programme, Whole School Approach, Early Years Foundation Stage framework, OFSTED and CQC; also building links with children's and adult social care and with other health improvement offers such as smoking, drugs and alcohol to further improve health outcomes.</p> <p>Being part of an integrated care system gives us an opportunity to bring together all system partners on the prevention agenda. It is very important we commit to taking a needs-based and evidence-informed approach to improving health and wellbeing.</p> <p>NHSE and NHSI (2021) Southwest Oral Health Needs Assessment priorities for Somerset include a targeted increase of child access to NHS dentistry and additional support of dental care services to align with the increasing numbers of older people in the area.</p> |
| 2 | <p>With patients being returned to their homes as quickly as possible, which I know in most cases is the best for them, what provision do you envisage for the increased support that will be needed for their unpaid carers? They are so often taken for granted but have</p> |

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| | <p>already been suffering increased mental and physical ill-health as a result of Covid lockdowns.</p> <p>Response: Neil Hales, CCG Director of Commissioning</p> <p>Thank you for this question which highlights the really important role that carers play. Caring responsibilities can become considerable and sometimes overwhelming and its very important that we support people who are carers.</p> <p>Existing services provided in Somerset to assist Carers include:</p> <ul style="list-style-type: none"> • a dedicated Carers Support Service – this is jointly funded by the CCG and County Council and provided by the Community Council for Somerset. <p>www.somersetcarers.org</p> <p>This has a dedicated helpline, website and online support group and can link people with a wide range of support. If needed this includes signposting people to a formal carers assessment which is a legal duty of the County Council to provide and can result in extra support and carers breaks.</p> <ul style="list-style-type: none"> • https://choices.somerset.gov.uk/025/social-care/carers/carers-assessments/ <p>Each year these services supports hundreds of people who act in a caring capacity in Somerset.</p> <p>Not only do we have the dedicated service but the Community Council of Somerset recently moved to a One Family One Agent approach. This means that all Village and Community agents across the county ask questions and identify caring support needs as part of their everyday work. Some of the talking cafes that are run in the county focus on carers support specifically.</p> <p>Other forms of support for carers include:</p> <ul style="list-style-type: none"> • Carers Champion with GP practices • Consideration and the involvement of carers of people who are leaving hospital to go home as part of discharge planning • Support for carers of people who are at the end of their life. This can include, for example, training family members to give medications and injections quickly when needed. These are usually only given by clinical professionals <p>We have a regular strategic forum including many organisations who want to improve support for carers, and this includes Healthwatch, NHS England, the County Council and CCG.</p> |
| <p>3</p> | <p>When the ICSs are implemented, and the Royal United Hospital Bath (RUH) will not be in the same ICS as Somerset, will the people of Mendip and especially Frome, still be able to be referred to the RUH for treatment and be able still to use the A&E Department of the RUH?</p> <p>Response: Neil Hales, Director of Commissioning</p> <p>The formation of ICSs will not impact on patient choice. Patients, as they do now, will still be able to choose to have their care provided outside of Somerset’s county boundaries, so hospitals such as the RUH Bath, Weston, Bristol, as well as facilities outside the south west, will still be accessible to all Somerset patients.</p> |
| <p>4</p> | <p>What does the CCG think the benefits of becoming an ICS are going to be, to patients and to practices? What do they think the risks or difficulties associated with becoming an ICS are?</p> |

Response: Maria Heard, Programme Director Fit For My Future (FFMF)

Health and care services in Somerset have been working together closely over the past few years to improve services and provide more joined up care. In December 2020, Somerset was formally designated as an Integrated Care System (ICS).

The ICS in Somerset will bring together providers of services (including hospitals, community services, General Practice and mental health), Somerset Clinical Commissioning Group, Somerset County Council, District Councils and voluntary sector partners, to collaboratively plan and organise how health and care services are delivered in Somerset in a way that improves health and reduces inequalities.

At present ICSs are not legal entities, although will be put on a statutory footing from April 2022.

The ICS in Somerset will comprise an Integrated Care Board (ICB), bringing together the organisations that plan and deliver NHS services within Somerset, and an Integrated Care Partnership (ICP), bringing together a broad alliance of organisations related to improving health and care. Together, these elements form the ICS in Somerset.

The question asks about risks and benefits to patients and GP practices:

Risks include: Structural change at the same time as continuing to respond to Covid; delivery of the vaccine programme; recovery of our elective programmes, and delivery of service improvement. However, there is an opportunity to continue with the journey we were on before Covid – which is a journey of evolution rather than revolution, where, over time, the benefits of working as an ICS will begin to emerge.

Benefits for practices:

- Principle of subsidiarity – decisions taken as closer to patients, involving primary care
- There will be arrangements for decision-making at Primary Care Network (PCN), Neighbourhood and Locality level. This means practices will be much closer to the decisions being made
- A 'one workforce' approach will support the development of skills within primary care, helping with the workforce issues seen in primary care
- Services will be integrated, preventing patients being 'bounced' back to primary care.

Benefits for patients:

- a single vision and strategy across health & care services will support the development and improvement of services in Somerset. We have seen the benefits of this during Covid, where we worked together both to support people in their own homes and to get people home as soon as possible following admission to hospital.
- It will remove the barriers between organisations; an improvement that is seen through the Open Mental Health service where VCSE and community mental health services work together to provide care.

The ICS will deliver:

- greater focus on supporting people to live healthy independent lives for longer and reducing inequalities
- more joined up care and support in the most appropriate setting for people with long term conditions, whether those are physical or mental health related

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| | <ul style="list-style-type: none"> • many of our public services working more closely together to tackle the factors affecting health and wellbeing, including employment and housing • greater freedom and control to make local decisions about services and use of the Somerset pound • greater opportunities to attract additional money to develop services and support • staff should find it easier to work with colleagues from other organisations to support shared health priorities - supporting productivity and sustainability. |
| 5 | <p>Over the last 12 months, Special Educational Needs and Disabilities (SEND) has been a priority for the CCG. How will you ensure that with the development of an Integrated Care System, SEND remains a priority and the necessary improvements under the Written Statement of Action are made?</p> <p>Response: Neil Hales, Director of Commissioning</p> <p>Our work on the SEND agenda has illustrated how well Health and Social Care colleagues can work together and is a good example of how we are already working as an integrated system. The development of the ICS will strengthen these links. Delivery of the necessary improvements noted in the SEND Written Statement of Action is, and will remain, a key priority for all Health & Care partners in Somerset as we transition into the ICS.</p> |
| 6 | <p>How does SCCG rate (1-10) the services it provides for children in Somerset, with postcode lottery services given to children depending which Somerset hospital they are under, but also how more complex pathways vary to children in being able to be referred to the nearest out of county service, especially as there is little specialisms available for children in Somerset. Access to Therapy services and specialist provision is very different to other counties. What is the SCCG planned timescale to improve the health care to meet NICE guidelines for children?</p> <p>Response: Neil Hales, Director of Commissioning</p> <p>We are always striving to improve services for all patients in Somerset. It would not be appropriate to offer a 'marks out of 10' rating for any service, given the unprecedented pressures the wider NHS is still facing, and not least the efforts of all health and care colleagues in their response to the Covid pandemic over the past 20 months.</p> <p>If there is a perceived postcode lottery we would welcome further information about specific examples of care so that we may investigate appropriately. We are currently working on a number of priorities including obesity, asthma, urgent care for wheezy children and integrating children's services. We are mindful of geographical equity as our services are further developed. The planned merger between Somerset NHS Foundation Trust (SFT) and Yeovil District Hospital NHS Foundation Trust (YDH) may also assist in addressing any perceived or actual 'postcode' inequity and we will be happy to provide further updates as our plans progress.</p> <p>We are not aware of any NICE Technology Appraisals which have not been implemented in Somerset. It would be helpful to understand if there is a specific area where it is perceived that the mandatory elements of NICE are not being complied with. Without knowing the specifics, it is worth noting that NICE guidance is not mandatory whereas Technology Appraisals are a 'must do'. We are happy to review this if further information can be supplied.</p> |
| 7 | <p>How many of Somerset's GP Practices have an active Patient Participation Group?</p> <p>Response: Neil Hales, Director of Commissioning:</p> |

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| | <p>In Somerset, there are approximately 60 Patient Participation Groups (PPGs) based in GP surgeries throughout the county and made up of patients and practice staff. We work closely with PPGs via our PPG Chair's Network.</p> |
| 8 | <p>SCC often post on Facebook urging the wearing of masks in shops and on public transport. What representations has the Council or CCG made to Somerset MPs to persuade the Government to make this mandatory?</p> <p>Trudi Grant, the Director of Public Health, has met with Somerset MPs frequently (every two weeks during the height of the pandemic) to provide an update of the Somerset situation and to discuss local issues relating to the pandemic and the local and national response. All measures to control the spread of infection are discussed at these meetings and the Somerset MPs have been very keen to understand what more could be done nationally in order to support the control of the virus locally. Face coverings are only one measure and should be considered as part of a whole suite of measures. Currently these measures are voluntary, and we will continue to promote people using these measures help control the spread of infection for as long as necessary.</p> |
| 9 | <p>Does Professor Grant feel that we should consider further lockdown restrictions in the forthcoming weeks to try to reduce the rise in infection rates that we are currently seeing?</p> <p>Response: Trudi Grant, Director of Public Health</p> <p>We are currently seeing a decrease in infection rates across Somerset so there is no need for any further lockdown currently. We will continue to closely monitor the local situation and will continue to put in place local measures to reduce the spread of infection when it is needed and where we have the local power to do so. We will also continue to make representation at a regional and national level should we consider that additional measures need to be reintroduced to control the spread of infection.</p> |
| 10 | <p>A sincere thank you to the CCG and all health and care partners for all they have done to support the health and wellbeing of our population of Somerset in extraordinary times. I would like to ask for assurance that in all the organisational change happening over the next year, patient safety and quality will remain at the forefront.</p> <p>Response: Val Janson, Director of Quality and Nursing</p> <p>We are very proud of the way health and care colleagues have worked together to care for people in Somerset over the past 18 months: they have gone over and above and worked in extremely difficult circumstances at times.</p> <p>During 2021, we have been working to strengthen our patient safety and quality functions. We have developed a network of patient safety specialists across the health system and are continually working to improve quality of care in all settings.</p> <p>Quality and safety remain at the forefront within our organisational changes. For example, we have further developed our System Quality Group this year, increasing membership from across health and care, looking at our collective risks, and how we can collaborate to improve the quality and safety of services for the people of Somerset.</p> |
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| 11 | <p>How many adults with a learning disability or an EHCP are receiving GP or hospital prescriptions? How many of those can access a learning disability nurse? and learning disability annual health check?</p> <p>Response: Neil Hales, Director of Commissioning</p> <p>Prescribing:</p> <p>Of the 3,105 patients on GP Learning Disability registers, approximately 2,000 have been prescribed medication by their GP in last 90 days.</p> <ul style="list-style-type: none"> • 429 are on antidepressants • 264 on antipsychotics • 98 on antidepressants and antipsychotics • 231 are diabetic. <p>It is not possible to comment on those receiving hospital prescriptions as the CCG does not have access to data on hospital prescribing.</p> <p>Learning Disability Nursing:</p> <p>There are 525 people with a learning disability currently open to Somerset Foundation Trust's Learning Disabilities Team. Based on their needs, people are supported by members of the Trust's multi-disciplinary learning disability team (including specialist learning disability nurses) as appropriate. In addition, there are other specialist learning disability nurses operating across the Somerset health system. For example, Musgrove Park and Yeovil District Hospitals have learning disability liaison nurses to help support people with a learning disability when accessing hospital services. We recognise the importance of the availability of specialist staff when required, but equally important is that universal services are able to make reasonable adjustments to afford people with a learning disability the same rights of access and quality as the rest of the Somerset population. As part of this approach, each GP practice has a learning disability champion.</p> <p>Learning Disability Annual Health Checks:</p> <p>The national NHSEI target for annual health checks for people with a learning disability is 75% of the identified population. Somerset's performance against this target for 2020/21 was 2,656 completed health checks for eligible patients, equating to 83%.</p> |
| 12 | <p>Are there plans to bring in a neurological service for epilepsy, and other related conditions that affect the brain, as a way to provide a better cost-effective service to help with better medication management and better life management?</p> <p>Response: Neil Hales, Director of Commissioning:</p> <p>There are no plans in the current financial year 2021/22 in respect of any additional neurological services over and above our existing portfolio of commissioned services. As with all services the CCG commissions, we will review services in future though to ensure our providers are delivering effective care and catering for the needs of our population.</p> |
| 13 | <p>Why is it that we have no one wanting to become a doctor as we seem to have a lack of doctors, when are we going back to seeing our doctors, this is causing very bad feeling towards the Health Service</p> <p>Response: Dr Ed Ford, Somerset CCG Chair</p> <p>Being a doctor should be an extremely rewarding career. It is well paid and every doctor I know has gone into medicine aiming to do the very best for their patients. However, over the years, we have become increasingly pressured in the workplace. Some of this is being addressed by bringing in Integrated Care Systems and workforce is being</p> |

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| | <p>planned at a national level. However, it takes many years to train doctors so we cannot expect a quick fix.</p> <p>The pandemic has exacerbated all of these issues. In the early days of the pandemic, as doctors, we coped because we had public support and it was generally appreciated that we were doing the best that we can. Unfortunately, the rhetoric, especially around General Practice, has changed and we are seeing increasing levels of abuse directed at NHS staff. This is leading many of my colleagues to feel undervalued and we are seeing a rising number of doctors taking early retirement or just leaving the profession altogether. I know that myself and my colleagues have never worked harder trying to provide safe services and meet patient needs but we cannot always provide what patients want. In Somerset we are having these honest and realistic conversations as a system with our patients and we are encouraging our colleagues at a national level to do the same.</p> <p>Nevertheless, the medical profession remains a worthwhile and fulfilling one and we are seeing applications for medicine and other caring professions rise in universities.</p> |
| <p>14</p> | <p>How do I join the citizens panel?</p> <p>Response: Tracey Tilsley, Associate Director of Corporate Business</p> <p>The details for joining the Citizen's Panel are available on our website.</p> <p>Link: How you can get involved - Somerset CCG</p> |
| <p>15</p> | <p>Please could we receive a link for the slides?</p> <p>Response: Tracey Tilsley, Associate Director of Corporate Business</p> <p>The slides have now been published on the website.</p> |