Minutes of a Meeting of the Scrutiny Committee - Adults and Health held in the John Meikle Room, The Deane House, Belvedere Road, Taunton TA1 1HE, on Thursday, 7 December 2023 at 10.00 am

Present:

Cllr Graham Oakes (Vice-Chair)

Cllr John Bailey
Cllr Andrew Govier
Cllr Claire Sully
Cllr Martin Wale
Cllr Hilary Bruce
Cllr Emily Pearlstone
Cllr Steve Ashton

In attendance:

Other Members present remotely:

Cllr Sue Osborne
Cllr Rosemary Woods
Cllr Peter Clayton
Cllr Heather Shearer
Cllr Tony Robbins
Cllr Leigh Redman
Cllr Mike Rigby
Cllr Andy Dingwall

35 Apologies for Absence - Agenda Item 1

Apologies were received from Cllr Gill Slocombe, Cllr Rosemary Woods (present online, substitute Cllr Steve Ashton), Cllr Christine Lawrence (substitute Cllr Martin Wale).

36 Minutes of Previous Meeting - Agenda Item 2

Resolved that the minutes of the Scrutiny Committee - Adults and Health held on Thursday 5th October, 2023 be confirmed as a correct record.

37 Minutes of the Joint Meeting held on 25 October 2023 - Agenda Item 3

Resolved that the minutes of the Joint Meeting of the Scrutiny Committee – Children and Families and the Scrutiny Committee - Adults and Health held on 25 October 2023 be confirmed as a correct record.

38 Declarations of Interest - Agenda Item 4

There were no new Declarations of Interest.

39 Public Question Time - Agenda Item 5

There were two public questions received. The questions and the responses are provided below.

Eva Bryczkowski:

THE PROPOSED CLOSURE OF YEOVIL HOSPITAL ACUTE STROKE UNIT

- The fact that NHS Somerset is still looking at ending emergency stroke treatment, given in the first 72 hours, does not bode well for future stroke victims.
- The quicker the person is seen, the greater chance of survival, with far less damage and disability if they survive the stroke.
- If the stroke unit at Yeovil still remains open, there will be far less expense long term for the NHS as patients will not be so severely affected and less likely to need long term care.
- Thus closing down the emergency treatment is a false economy, and there will be far less ability to save lives.
- It was reported in BBC news that NHS Somerset's plan is a step in the right direction.
- But they are still planning, at this stage, to dilute the service at Yeovil hospital acute stroke unit.
- The knock - on effects of this possible dilution will be poorer health outcomes and slower recovery times, leading to greater costs for adult social care, especially if it is subsidised by the council, incurring more expense for council tax payers in Somerset.
- I do wonder whether NHS Somerset/Somerset Council have considered these implications.

QUESTION ONE

i) What, specifically, are NHS Somerset going to do about preventing poorer

health outcomes, slower recovery times, and the potential risk of rising morbidity for future Somerset stroke patients?

ii) How are councillors/officers on the Health and Wellbeing Scrutiny Committee going to square the circle financially, regarding the extra cost of subsidised adult social care, and paying expensive consultancy fees, which will lead to a further drain on the adult social care budget, seeing as the council is threatened with a 114 notice and possible bankruptcy?

- We know that the clear legal duty of the council is to balance the books.
- Ratcheting up costs by employing an expensive consultancy firm, which has not proved its worth yet, is the last thing the council needs.
- This job should be done by the leading councillors and officers responsible for adult social care.
- (Goodness, I'd be happy and I'm sure other people would be willing to do the necessary research and number crunching to avoid our money helping this consultancy firm make even more profits, at the expense of us council tax payers).

THE CONSULTATION PROCESS

- At the end of the Health and Wellbeing Scrutiny Committee held on 31st of May 2023, I spoke up and asked everybody in the room whether they had participated, or came across the consultation process, which was closed on 24th of April 2023.
- Only 3, maximum 4, people raised their hands.
- In response, people from the ICB and Foundation Trust enthusiastically told me that they had put on talking cafes and numerous other ways of consulting people about this.

QUESTION TWO

I would like to know what were the parameters of the consultation process:
Which people in all of Somerset, parts of Wiltshire and Dorset, plus the surrounding areas affected by the proposed closure, were consulted and how, precisely was this carried out?

A MAJOR CONCESSION?

- NHS Somerset seem to be posing their decision to dilute emergency stroke care at YDH as a major concession.
- It is anything but.
- There seems to some confusion and obfuscation over the issue at this stage in time, particularly when it comes to actually making a decision - or not - to dilute emergency stroke care at Yeovil hospital.

QUESTION THREE

What have you got to say to future stroke victims in Somerset and other affected areas, (ie potentially any of us), about:
The current extremely long wait for ambulances, length of drivetime, slower recovery rates, leading to further necessary aftercare, and possible risk of higher morbidity rates, that will surely ensue from dilution of stroke services, at Yeovil hospital, and when will this decision be finally made?

Response from Julie Jones, NHS Somerset Foundation Trust:
Question One i) Getting to hospital quickly is important when you have a stroke, but being seen by specialist staff quickly when you arrive and access to the best treatment available provides better outcomes for individuals. One hyper acute stroke unit at Musgrove Park Hospital would be better able to support this care by providing rapid access to the right expertise and specialist equipment 24/7.

It is widely accepted that to provide sufficient patient volumes to make a hyperacute stroke service clinically sustainable, to maintain expertise and to ensure good clinical outcomes, 600 stroke patient admissions per year are required.

This is achieved in Musgrove Park Hospital, and Dorchester County Hospital however Yeovil District Hospital does not achieve the required yearly numbers to be able to deliver a clinically sustainable hyperacute stroke service.

Yeovil has also struggled over many years to recruit to the stroke consultant posts even though many strategies have been used to attract specialist stroke consultants.

Having the right specialist staff and getting access quickly to the best treatment available provides better outcomes for individuals and in turn reduces the potential risk of rising morbidity.

Response from Mel Lock, Director of Adult Social Care

Question One ii)
Adult Social Care engaged Newton Europe in the summer of 2023 as a delivery partner to deliver our transformation programme (‘My Life, My Future) which is aligned to our Adult Social Care Strategy and is targeted at making sustainable operational changes, valued in the range of £14.2m-£17.2m per annum as well as improving the lives of our residents. This follows an evidence-based review of the service undertake across the winter of 2022/23 which identified priority areas for change and improvement.

A detailed overview of the

background to, and latest progress of, this work was recently presented to the Adults & Health Scrutiny Committee on 7 December 2023 – *papers are in the public-domain and*
available here:

- https://democracy.somerset.gov.uk/documents/s18707/Scrutiny%20Committee%20My%20Life%20My%20Future%20Report%20Dec%202023.pdf
- https://democracy.somerset.gov.uk/documents/s18702/112023%20Scrutiny%20MLMF.pdf

The support from Newton Europe is
provided on a contingent fee basis; these are fixed and contingent on financial benefits being delivered and signed off by Somerset Council.
As
such, Newton guarantee that the recurrent, annualised benefits delivered in the programme will at least exceed 1.3 times the combined fee from the original diagnosis and programme. As
such the guaranteed benefit is £10.0m.

A monthly Contract Monitoring
forum is established
as part of wider governance and oversight arrangements for delivery of the programme, where progress against operational and financial targets is reported and benefits associated with the programme are signed off.

Response from Julie Jones, NHS Somerset Foundation Trust:

Question Two: The public consultation focused on reaching people within Somerset and also those in neighbouring areas who may also be affected by the proposals. We worked with Opinion Research Services (ORS) who are producing a themed report of the consultation insights. The full report will be shared with the decision making business case. A summary of the responses and key themes can be found in the 'you said, we are doing' report.

Our consultation activity overview report highlights how we reached people during the consultation. To ensure we reached a representative proportion of the Somerset and neighbouring wards, ORS conducted a representation telephone survey.

Question Three:

The answer to the question around risk of higher morbidity and slower recovery rates has been answer in question 1.

When you have a stroke, you're more likely to survive and live with less disability if you go straight to a place that offers the most specialist treatment. This already happens for people who have a heart attack or major trauma. National guidance and research says that people need to get to specialist hospital care within 4.5 hours after a stroke to have the best chance of surviving and avoiding severe disability. That's why we want to centralise hyper acute stroke services at one hospital. Getting to hospital quickly is really important when you have a stroke, but it's also really important to be seen by specialist staff quickly when you arrive and to have access to the best treatment available. One hyper acute stroke unit would be better able to support this care by providing rapid access to the right expertise and specialist equipment. This means that even if some journeys to hospital were slightly longer, there would still be an overall benefit to patients.

The preferred option keeps an Acute Stroke Unit at Yeovil Hospital so that patients can continue their specialist rehabilitation closer to home.
The decision-making meeting will take place at our Board meeting. The final decision-making meeting will be held in public to allow those interested to hear the discussion and how the decision is made. We expect this to take place at our January Board meeting.

Ray Tostevin, chair of the Quicksilver Community Group:

Thank you for this chance to speak further on behalf of Quicksilver Community Group. Our online petition to save Emergency Stroke treatment services at Yeovil Hospital, now has more than 7,000 signatures.

We welcome NHS Somerset agreeing that Yeovil's Acute Stroke Unit, should stay open. We are deeply concerned the Integrated Care Board remains on course, to close down Yeovil's Hyper Acute Stroke Unit.

We accept national guidance is all about developing large well-staffed HASUs, with 24/7 consultant and other specialist staff access. And a target capacity for 600 patients a year. This model has real appeal for positive patient care: patients get a speedy response from a well-staffed, skilled and equipped Hyper Acute Stroke Unit. The ICB has told this committee today that stroke is the single largest causes of complex disability, and has a significant impact on health and social care, unpaid carers, and lost productivity.

Current trends predict within 3 years, more than a third of Somerset's population will be aged 65 or over. Stroke treatment is likely to be a growth industry. The NHS Somerset consultation documents present an upbeat vision: **"Stroke patients in Somerset will receive timely acute interventions and receive access to world-class services, regardless of where they live."**

It's also noted most people with a suspected stroke are admitted by ambulance to either Musgrove Park Hospital in Taunton or Yeovil District Hospital. It is acknowledged journey times are a challenge, because of the rural nature of our county. Whilst one option from the original consultation remains, it still involves shutting the Hyper Acute Stroke service at YDH.

In our view, it is incomprehensible to have a vision of stroke patients receiving timely acute interventions, regardless of where they live, yet propose closing one of Somerset's two existing Hyper Acute Stroke Units. Knowing the result will be hundreds of patients being forced to travel further and for longer, before their emergency treatment can even begin.

If Yeovil HASU were to close, with all emergency stroke treatment relocated to Musgrove Park, the expected capacity at MPH would be around 815 patients. Add to this, the 255 patients from North and West Dorset who currently rely on Yeovil HASU, who would go to Musgrove instead. A total of 1,070 patients. Just a little short of the 1200 patient target for TWO fully-functioning HASUs in Somerset. With rising demand for emergency stroke treatment, as our population gets older, the need for Hyper Acute Stroke provision will undoubtedly increase.

Surely, NHS Somerset should be doubling down on developing the capacity of BOTH existing HASUs at Yeovil and Taunton. We understand a new stroke consultant has just been appointed at Yeovil. While the excellent consultant who has led Yeovil's stroke team, puts off his retirement a little longer.

We urge this committee to use the influence at your disposal to urge the NHS Somerset Board to review and reject the proposal to close Yeovil's Hyper Acute Stroke Unit.

Response

The points made have been heard as part of the wider consultation.

40 Crime and Disorder Overview Report - Agenda Item 6

The committee received a presentation from Clare Stuart, Health Promotion Manager, Violence Reduction Unit, of the Crime and Disorder Overview report, which covered the approach to community safety, the public health approach to violence, and an overview of statistics and activities around violent and serious crime.

The committee asked a number of questions, many of which were responded to at the meeting, as follows:

- How do youth groups interact with other agencies, including police and public health? *There is an early intervention team and a dedicated role in each area to liaise with youth at risk of violence.*
- The number of organisations involved are often complex and difficult to know who to speak to, there is a lack of relationship building and local geographical knowledge. *They will take that feedback back as an opportunity to reestablish links with the voluntary sector. Regional mapping is a work in progress.*
- Is the data broken down to geographic areas and are there areas of concentration that resources are focused on? *There is more detailed data as part of a needs assessment that can be made available to the councillors.*
- Statistics are alarming, given impending cuts to police services are we looking at things getting worse? *Resources are limited and it is a challenge, but they are focusing resources in the right place and have bespoke services for victims of certain crimes like sexual violence.*
- The statistics look bad when compared with other councils. *The comparison is demographic based, so we are being compared with councils that also have a relatively lower crime rates. There needs to be further analysis on what we can learn from other areas.*
- There are many committees and subcommittees on the Safer Somerset Partnership, and some of them are marked statutory or non-statutory. Is there duplication, and given the financial emergency, are these groups likely to be reduced? *Where we have limited resources, we are focusing on understanding who is at risk and working tactically, cluster by cluster, to keep the risk from growing with partnership multi-agency working. We will be looking at where there is crossover and how we can be more efficient and looking at the governance structure overall.*
- Is there still a plan for a review and upgrade of CCTV? *CCTV is an operational function and it would be a question for the officer responsible for it.*
- What do 'recorded crimes' denote specifically? *Once matters are reported to the police, how many crimes are identified. Some things that are reported are not always crimes, and sometimes there will be multiple reports and only one crime, or one report and multiple crimes. The number refers to actual crimes recorded*

rather than reports.

- Is it possible to see which crimes are prosecuted, comparatively to recorded? For example, sexual crimes in particularly have a low prosecution rate. *We do track that data, in areas, regions, and crime type. We know that it is very low for sexual offences, but we do acknowledge that and we are improving.*
- Grants on page 40: Is the grant for this year continuing and are there other grants available? *That grant refers to external funding from the Home Office for reducing serious violence which has been set for 3 years and due to end in 2025. That figure doesn't include other external funding, and we can share more detailed information after the meeting. The Home Office has set a mandate to 'Clear. Hold. Build' but not provided funding to ensure we can meet those objectives. This is an additional pressure but also an opportunity to collaborate.*

It was suggested that while this is a public health issue, it might be an issue in future to be looked at as a joint scrutiny committee with Communities.

41 Adult Social Care Budget Monitoring Month 5 - Agenda Item 7

The committee received a presentation from Penny Gower, Service Manager Adults and Public Health Finance, on the current budgetary position, a breakdown of spending, in-year mitigations and the Medium Term Financial Plan.

The committee asked a number of questions, many of which were responded to at the meeting, as follows:

- Can the unachievable savings from the Newton Europe transformation programme of 4.8m be expanded on? *As work only started three months ago on the transformation, we were not expecting to make full savings. The savings will be 10m over a two year period, we decided to split that into 5m each year. We accept that this year we will not make those savings, and they will be taken out of reserves and the savings will be made up next year.*
- What is Newton Europe? *The next agenda item will expand on this, they are experts in Adult Social Care transformation*
- Efficiency savings: A councillor attended an assessment meeting around a support plan with two social workers with a difficult situation. Query around how many levels of conversation there are for each assessment, with peer forum and strategic managers needing to approve a respite package not being cut. Is it reasonable to have so many people involved, and what are the cost implications of this? *Due to the financial emergency, extra Peer Forums have been put on to look at how we are spending money across children and adults, to ensure we are spending the right amount of money on people and*

making sure our social workers and ASCPs can make the right decision. The Peer Forum also looks at how packages can be enhanced by the voluntary and community sector. Any care packages over £350 go through the enhanced peer forum. They are creating checks and balances, similar to the Spending Board for the whole council. It is putting in the checks that would be put in place if a Section 114 was filed. Peer Forums are also about ensuring the right outcome for individuals is met. Councillors were invited to join Enhanced Peer Forums to understand the process.

- With staff involved in the increased peer forum work, how ASC dealing with the existing overdue care review backlog? *Overdue review backlogs are a national problem, and there is a risk profile for assessments. There is a plan to deal with these backlogs and it is monitored by Somerset Safeguarding Adults Board (SSAB) on a quarterly basis as it is a safeguarding issue.*
- Are there risks to the voluntary and community sector as ASC relies on them more? How is that being monitored and managed? *If decisions are made to look at what non-statutory work our communities can take up, we will need to look at that. Some of this will be covered in the next item.*
- Are there KPIs and performance data this committee will review? *Yes, those KPIs and performance reviews are quarterly, and will be discussed in the April Scrutiny Committee.*

42 Adult Social Care Transformation Programme - Agenda Item 8

The Committee received a presentation from Mel Lock, Director of Adult Social Care, and Emily Faldon, Newton Europe. The presentation gave information on the methods, progress, savings so far, and the projected savings.

During the discussion, the following questions were asked and answered:

- The transformation programme looks at reablement providers working for Adult Social Care in Somerset Council, what about reablement from within hospital settings, where people are often discharged less able than when they were admitted? *There is ongoing work around hospital admissions, but a cultural shift takes time, and while it is part of coming together as a system it is not a part of this transformation programme.*
- The data workstream isn't listed as a financial savings area, why is that? *Data isn't about financial opportunities, it's about developing understanding and making decisions and performance measuring easier.*
- Can you explain the run-rate, the financial benefit realised if it continues indefinitely? *If we get this transformation right and keep using this methodology, we will continue to make savings going forward*

- What's the difference between data driven behaviour and evidence-based decision making? *They are two ways of explaining the same thing: Giving a team the information to identify what changes are needed and the impact they will have*
- On the programme plan, there are delays in two areas due to short-term financial emergency support. How will those delays impact on financial target overall? *For preparing for adulthood, rather than starting with 14 year olds, we have prioritised 17 year olds as they produce better short term savings, but we are learning from the work we are doing with this short-term work to build in the longer term plans. For learning disability progression and enablement, we are taking learning from high-cost reviews.*
- How are micro-providers involved in this? *They continue to be part of the commissioning process and whether we are commissioning the right services.*

It was agreed that there would be a quarterly update on the progress of the transformation programme.

43 Stroke Service - Results of Consultation - Agenda Item 9

The committee received a report from Julie Jones, Sara Bonfanti, David McClay and Dr Robert Whiting on the stroke service proposal and consultation process, with an overview of the themes of feedback and the next steps.

During the discussion, the following points were raised and responded to:

- What does the 600 patient viability figure for the stroke service mean? *The threshold is the ability to do intensive hyperacute treatments as quickly as possible. Large volume centres who do treatments more frequently are able to do them quickly, which is important for strokes. The service also needs to be sufficiently large to have the financial stability to keep the service operating with enough consultants and to provide a high level of service 24 hours, 7 days a week.*
- How many patients are currently seen in Yeovil? *400 patients a year.*
- The service is demand-led, and Somerset has an aging population, so demand is likely to grow. What does that mean for the future of the service? *We have looked at population growth in ten years and what beds and staff will be required in ten years.*
- Is it going to be a postcode lottery for stroke services in Somerset? *The postcode lottery will be more significant if one of the services did not meet the standards of a Hyper Acute Stroke Unit.*

- With speed being important for stroke treatment, there are concerns about the travel time. *The travel time between the stroke and getting help would increase by 25 minutes. The longer travel time would be mitigated by faster treatment times once the patient has arrived at the hospital.*
- Isn't it better for services to be balanced between two locations in case one gets overwhelmed? Is there a plan for that? *There is already a plan to expand the stroke unit in Musgrove Park Hospital. It has already expanded to be two wards.*
- Concerned there are inaccuracies in the report around travel times, as 25 minutes from Yeovil is only feasible when there is no traffic, i.e. at 3am. Particularly with current delays in ambulance times.
- The consultation feedback has been largely negative, with people wanting the Yeovil HACU to stay open.
- Concerns about if there are poorer outcomes as a result of this closure, that will fall on Adult Social Care to provide ongoing care after they are discharged from hospital.
- Does the 600 viability figure take into account rural nature of the population? *Yes, and in NHS England Section 9.2, a balance must be considered between travel times and sustainability. Increased travel times for someone to get to a unit that has the qualified staff.*
- Has the report taken into account the impact on Adult Social Care?
- The consultation has narrowed it down to one option, have any other options come forward as part of that process and have they been considered? *Mobile stroke units were considered, but a trial in South East England has shown they are not cost effective and national guidelines state there is not enough evidence for their use at the moment.*
- Is there a possibility to improve ambulance waiting times to address some of the access issues? *It's not only the ambulance arriving, it's what happens once they get to the hospital. Ambulance waiting times are also influenced by flow across the whole system, and stroke is a Category 2 for an ambulance response. They may be reprioritised in future. SWAST has recently improved its waiting times and there ongoing work around that.*
- Somerset Council considers Rurality a protected characteristic, so it needs to be factored in. *It will be part of the Equality Impact Assessment that will form part of the Decision Making Business Case.*
- Is the decision already made? *No, the Decision Making Business Case will be put forward to the ICB in January, with financial, geo-spatial modelling and EIA. It needs to be proven deliverable or we will have to revisit the broader options.*
- Travel time for family to visit is also a concern, as it is shown that family visits result in beneficial outcomes.
- Workforce fragility for Yeovil Hospital could be a result of previous decisions

around unit closure, rather than the lower number of patients not making the unit viable.

Cllr Oakes (Chair) proposed that the committee resolve this is not the best proposal for the people of Somerset. Cllr Mike Ashton seconded this, and the proposal was unanimously approved.

It was proposed that the committee should write to the Executive to inform of their decision, and Cllr Bruce proposed that this be delegated to Cllr Oakes and Democratic Services. Cllr John Bailey seconded, and this was unanimously approved.

(The meeting ended at 1.12 pm)

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CHAIR