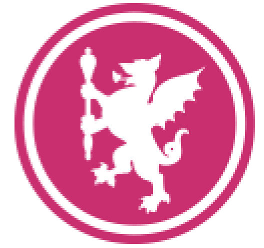
Public Document Pack

SCRUTINY FOR POLICIES, ADULTS AND HEALTH COMMITTEE (ADVISORY BOARD MEETINGS ONLY FROM 19 JANUARY 2022 ONWARDS)



Wednesday 2 March 2022

10.00 am Microsoft Teams Meeting

THIS IS AN ADVISORY MEETING ONLY

To: The members of the Scrutiny for Policies, Adults and Health Committee (Advisory Board meetings only from 19 January 2022 onwards)

Cllr H Prior-Sankey (Chair), Cllr M Healey (Vice-Chair), Cllr A Bown, Cllr M Caswell, Cllr P Clayton, Cllr A Govier, Cllr J Lock and Cllr M Keating

All Somerset County Council Members are invited to attend.

Issued By Scott Wooldridge, Monitoring Officer and Strategic Manager - Governance and Democratic Services - 22 February 2022

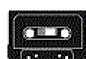
For further information about the meeting, please contact Jennie Murphy - JZMurphy@somerset.gov.uk or 01823 357686 or Julia Jones - jjones@somerset.gov.uk or 01823 359027

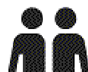
Guidance about procedures at the meeting follows the printed agenda

This Advisory Board Meeting is open to the public and press,

This agenda and the attached reports and background papers are available on the council's website at this link Somerset County Council

Are you considering how your conversation today and the actions you propose to take contribute towards making Somerset Carbon Neutral by 2030?





RNID typetalk

AGENDA

Item Scrutiny for Policies, Adults and Health Committee (Advisory Board meetings only from 19 January 2022 onwards) - 10.00 am Wednesday 2 March 2022

**** Public Guidance notes contained in agenda annexe ****

1 **Apologies for Absence**

- to receive Member's apologies.

2 **Declarations of Interest**

Details of all Members' interests in District, Town and Parish Councils can be viewed on the Council Website at
County Councillors membership of Town, City, Parish or District Councils and this will be displayed in the meeting room (Where relevant).

The Statutory Register of Member's Interests can be inspected via request to the Democratic Service Team.

3 **Notes from the previous meeting held on 26 January 2022** (Pages 9 - 16)

The Committee is asked to confirm the notes are accurate**.**

4 **Public Question Time**

The Chair will allow members of the public to ask a question or make a statement about any matter on the agenda for this meeting. **These questions may be taken during the meeting, when the relevant agenda item is considered, at the Chair's discretion**.

5 **Scrutiny for Policies, Adults and Health Committee Work Programme** (Pages 17 - 18)

To receive an update from the Governance Manager, Scrutiny and discuss any items for the work programme. To assist the discussion, attached are:

- The Committee's work programme

6 **Integrated Care Board - Governance process** (Pages 19 - 20)

To receive the report.

7 **CCG Performance**

To receive the report.

8 **Fit For My Future - Update** (Pages 21 - 46)

To receive the report.

9 **Musgrove Park Hospital Redevelopment** (Pages 47 - 48)

To receive the presentation.

10 **Any other urgent items of business**

The Chairman may raise any items of urgent business.

This page is intentionally left blank

General Guidance notes for Somerset County Council advisory virtual meetings

1. **Advisory Virtual Council Public Meetings**

Please be advised that this an Advisory Board meeting and as a consultative meeting without any decisions to be made. It is not a meeting as defined under the Local Government Act 1972 or Local Government Act 2000 and therefore can take place virtually.

2. **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 democraticservices@somerset.gov.uk or telephone 01823 357628.
They can also be accessed via the council's website on www.somerset.gov.uk/agendasandpapers.

3. **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 on the council website at Code of Conduct.

4. **Minutes of the Meeting**

Details of the issues discussed, and recommendations made at the meeting will be set out in the minutes, which the Advisory Board will be asked to approve as a correct record at its next meeting.

5. **Public Question Time**

If you wish to speak, please contact Democratic Services by 5pm 3 clear working days before the meeting. Email democraticservices@somerset.gov.uk or telephone 01823 357628.

A slot for Public Question Time is set aside near the beginning of the meeting, after the minutes of the previous meeting have been agreed. However, questions or statements about any matter on the agenda for this meeting may be taken at the time when each matter is considered.

At the Chair's invitation you may ask questions and/or make statements or comments about any matter on the Board's agenda – providing you have given the required notice. You may also present a petition on any matter within the Board's remit. The length of public question time will be no more than 20 minutes in total.

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 there are many people present at the meeting for one particular item, the Chair may adjourn the meeting to allow views to be expressed more freely. If an item on the agenda is contentious, with a large number of people attending the meeting, a representative should be nominated to present the views of a group.

An issue will not be deferred just because you cannot be present for the meeting. Remember that the amount of time you speak will be restricted to three minutes only.

In line with the council's procedural rules, if any member of the public interrupts a meeting the Chair will warn them accordingly.

If that person continues to interrupt or disrupt proceedings the Chair can ask the Democratic Services Officer to remove them as a participant from the meeting.

6. **Meeting Etiquette**

- Mute your microphone when you are not talking.
- Switch off video if you are not speaking.
- Only speak when invited to do so by the Chair.
- 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.
- Switch off your video and microphone after you have spoken.
- There is a facility in Microsoft Teams under the ellipsis button called turn on live captions which provides subtitles on the screen.

7. **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. As a matter of courtesy to the public, anyone wishing to film or record proceedings is asked to provide reasonable notice to the Meeting Administrator so that the relevant Chair can inform those present at the start of the meeting.

We would ask that, as far as possible, members of the public aren't filmed unless they are playing an active role such as speaking within a meeting and there may be occasions when speaking members of the public request not to be filmed.

Advisory Board meetings are not recorded by the Council as they are not formal meetings.

This page is intentionally left blank

SCRUTINY FOR POLICIES, ADULTS AND HEALTH COMMITTEE (ADVISORY BOARD MEETINGS ONLY FROM 19 JANUARY 2022 ONWARDS)

Minutes of a Meeting of the Scrutiny for Policies, Adults and Health Committee (Advisory Board meetings only from 19 January 2022 onwards) held in the Microsoft Teams virtual meeting, on Wednesday 26 January 2022 at 10.00 am

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

Other Members present: Cllr M Chilcott, Cllr G Fraschini, Cllr D Huxtable, Cllr A Kendall, Cllr C Paul and Cllr L Redman

Apologies for absence: Cllr M Caswell

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

There were no new declarations.

32 **Minutes from the previous meeting held on 03 November 2021** - Agenda Item 3

The minutes of the previous minutes were noted and no amendments suggested.

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

There were no Public Questions.

34 **Scrutiny for Policies, Adults and Health Committee Work Programme** - Agenda Item 5

The Committee considered the Work Programme and agreed the proposed agenda items for forthcoming meetings. It was suggested that we add and update on Discovery to a future agenda.

35 **Fit For My Future (FFMF) -Update** - Agenda Item 6

The Board discussed a report on the Fit For my Future strategy. The purpose of the strategy is to set out how to support the health and wellbeing of the people of Somerset by changing the commissioning and delivery of health and care services. It is jointly led by Somerset Clinical Commissioning Group and Somerset County Council and includes the main NHS provider organisations in the county. The Fit for my Future programme has been impacted by the national public health restrictions put in place in response to the Covid-19

pandemic, as well as staff from across the health and care system prioritising the system's response to the pandemic. The programme was paused at the end of March 2020 to support Somerset's Covid-19 response.
The progress of the Fit for my Future programme continues to be impacted by the Covid-19 pandemic as staff across the health and care system continue to prioritise the system response, including the delivery of the vaccine programme. The Fit for my Future programme has therefore prioritised some key areas going forward, in conjunction with colleagues from across the system. This includes:

- Refresh of the Fit for my Future strategy moving into an ICS
- Working to develop the vision for community hospitals and how to utilise community hospitals, including inpatient facilities
- Reviewing MIU services at Minehead Hospital
- Hyper acute Stroke Care
- Services delivered from Victoria Park Medical Centre
- Focus on prevention, specifically healthy weight and hypertension

To support the engagement of stakeholders a workshop for all County Councillors, District Councillors and member of the Health and Wellbeing Board was arranged to follow this board meeting and many members had accepted the invitation to attend and contribute.

The Advisory Board discussed the proposed key areas and welcomed the inclusion of Community Hospitals as having a key role to play. It was recorded that they were a valued part of the service and would continue to be so. The overnight closure of the Minor Injuries Unit (MIU) in Minehead was raised as a concern as West Somerset was quite isolated as a community and there were many elderly residents with limited personal transport and very limited public transport. An innovative solution was needed so this vulnerable community could access services when problems arose overnight and would be made worse by waiting for the MIU to open in the morning. West Somerset is a priority for an innovative solution and the CCG welcomed engagement on this.
The centralisation of the Hyper-acute Stroke Care was discussed in relation to the current service offered in Taunton. It was confirmed that Stroke Services had different elements defined by need and there would be some high needs that would be centralised and aftercare and rehabilitation available locally. The decision on how much was centralised was still under discussion and the final decision would take account of travel times and next nearest facility. It was confirmed that no final decisions had yet been made.

The Board noted the report and confirmed that many would be present at the workshop to offer details views to the proposed 'refresh'.

36 **NHS Dental Services** - Agenda Item 7

The Advisory Board had received a report from NHS Dental Services that set out the arrangements for dental services in Somerset.

Dental services are provided in Somerset in three settings: -
1. Primary care – incorporating orthodontics
2. Secondary care and
3. Community services – incorporating special care

Primary Care
The dental practices are themselves independent businesses, operating under contracts with NHS England and NHS Improvement. Many also offer private dentistry. All contract holders employ their own staff and provide their own premises; some premises costs are reimbursed as part of their contract. NHS England and NHS Improvement does not employ dentists directly. At the end of March 2020 under direct instruction of the Chief Dental Officer for England, face to face dentistry ceased and dental practices provided remote triage of dental emergencies, advice and guidance, and prescriptions for antibiotics as necessary. Meanwhile, urgent dental care hubs were established at pace to accommodate dental emergencies. These hubs remain focused on providing care for those patients who do not identify with a regular dentist despite the commencement of face to face treatment. Between 8th June and 31st December 2020 practices were expected to achieve 20% of their usual patient volume, based on last year's delivery. This activity was a combination of both face to face care and remote triage as per national guidance. This rose to 45% between 1st January and 31st March 2021; to 60% from 1st April to 30th September 2021; to 65% from 1 st October and 31st December 2021; and to 85% from 1 st January to 31st March 2022. Activity levels are expected to increase to 100% from 1 st April 2022 onwards.

Over recent years there has been a steady fall in the number of patients in Somerset who have been able to access an NHS dentist. The total number of adults seeing an NHS dentist in Somerset has decreased from 214,715 (47.6% of the population) in December 2020 to 196,949 (43.7%) in June 2021. This is a drop of 17,766 patients (8.27%) over the past 6 months. The proportion of children in Somerset accessing a dentist (33.4%) is greater than the access rate for children across the whole of England (32.8%). This is measured by looking at the proportion of people who have seen an NHS dentist in the past 12 months.

As an early milestone, an Oral Health Needs Assessment (OHNA) was commissioned and published earlier in 2021 and the Dental Reform Programme team held a first SPRINT workshop on 10th June. Over 150 delegates attended with representatives from the dental profession; Healthwatch; Health Education England; Overview and Scrutiny and regional and national NHS colleagues. Dental case studies were considered, and discussions held about what works

well, what opportunities could be explored, what barriers there are currently and how we overcome them. The Dental Reform Programme roadmap is due to be published in the Spring 2022.

The recent press coverage of dental services in the South West was timed with the release of an additional £50million nationally of which £5milion will be available to the South West. There has already been an advertisement seeking bids for new contracts to fulfil the needs of Somerset residents for NHS dental services and the expressions of interest has already hit 16 after only 48 hours of being live. It has been recognised that one of the challenges is attracting new dentists to the South West as a great place to work and work to address this is ongoing.

The Advisory Board discussed this in some detail giving specific examples of local people who have struggled to get appointments and reports that dentists appear to be offering 6 monthly check-ups for existing patients over taking on new patients. The presenters agreed that individual cases should be reported outside of the meeting and emphasised what should be happening under the existing contracts. People registered with a Dentist should be able to secure appointments with their dental surgery and those with an emergency need should be able to access emergency care. Access to Dental Services is vital for children as good oral care early on ensures their teeth are strong and therefore reduces the need for interventions later in life. Currently only two thirds of children are accessing dental services. Addressing this should be a priority in any future strategy.

During the discussion it was acknowledged that some places like Wellington do not have access to NHS dental services locally at the moment and that during the pandemic dentists were operating well below capacity due to the additional time taken to comply with the Covid safe requirements. All surgeries operate under the NICE Guidance and should not be removing patients from 'lists' if they are told that they do not need a check-up for 18 months. It also emerged during the discussion that the NHS funding in the past has been based on 65% of the population accessing services.
There has been a request for a Dental Reform Bill. During the discussion there was a suggestion of having a Task and Finish Group as Cornwall had done. This proposal was one that could be brought forward for the new Unitary Authority to consider. After further discussion the Board agreed that this would be raised by the Cabinet Member attending the committee to discuss with the Leader of Council on the best way to support calls for such a Bill to be brought before Parliament.

37 **Adult Social Care (ASC) Performance report** - Agenda Item 8

The Advisory Board had a report which was introduced by the Cabinet Member for Adults and Health. The report provided an up-to-date information on key developments in relation to demand and performance activity across adult social care both nationally and locally, as well as associated risks, mitigation activity and reform plans. The last year has proved another demanding one; it has further demonstrated the fragility of the broader care sector and required the Local Authority to flex and respond to wider system pressures in a range of creative and/or resource-intensive ways. Workforce capacity challenges, both within and outside of the service, have hampered the delivery and achievement of some ambitions and performance targets, with the pandemic resulting in additional demand and pressure on an already over-stretched and nationally under-resourced set of services and supports. Workforce challenges across the independent adult social care provider market in particular is an ongoing cause for concern for health and care services given our shared reliance on its sufficiency and capacity.

Demand for care and support has risen sharply since the start of the pandemic. In 2019, Somerset Direct (the Council's 'front door') handled 53,379 adult social care related enquiries; this figure rose to 64,413 in 2020 and has again remained well above pre-pandemic levels this year with a total of 70,139 contacts/calls received between 1 st January and 31st December 2021. Despite this, the proportion of calls resolved by Somerset Direct at 'first point of contact' has consistently been well above target every month of 2021/22 YTD (year to date).

High demand is also evident within the work of our frontline operational Adult Social Care teams (which are also impacted by staffing challenges), impacting on performance within desired targets and timeframes. Whilst 4,937 assessments and 6,560 reviews were completed during the year, at the time of writing, there are 438 overdue Care Act assessments and 2,369 reviews more than a month beyond the year overdue. To address this, the Service has procured the support of Diverse Rec/Imperium Resourcing (as a contracted out managed service) to undertake all non-allocated overdue Reviews (0-180 days) across our four Locality Teams, both in and out of county. The Managed Service had secured 15 Social Workers, 3 Quality Assurance leads and a project lead to comprise the team. Recruitment is continuing in January with the aim of having 25 Social Workers and 5 Occupational Therapists in post for February. The aim is for each worker to complete a minimum of 3 reviews per week. An experienced internal Service Manager has been appointed to oversee the work of the Reviews team, routinely reporting on progress, and ensuring compliance with required quality standards and local process expectations.

The service continues to struggle with recruitment into frontline operational roles and is remains reliant on a large number of locum staff. Recruitment activity continues, supported by the expert assistance of a new HR Business

Partner and HR Engagement Partner; this is an area of continued focus and effort for the service, alongside retention of existing staff at a time of increased demand and pressure, but is contributing to some performance and quality monitoring impacts. Somerset County Council and the NHS announced a significant cash investment to increase pay and recognise the hard work and critical contribution of carers in Somerset. This included a 9% uplift to domiciliary care providers in CQC regulated settings who agree to pay all their staff a minimum of £10.50ph, a retention bonus of £250 for all those working in registered care for the last six months, and a £250 welcome payment for new starters in domiciliary care. This was widely welcomed by the market and its employees, has set Somerset apart from other Local Authorities in taking direct action, and underlines our commitment to those working in social care.

The Board welcomed the report and positive performance achievements. Assurance was sought to confirm that the increase in payments and higher pay was permanent and sustainable, and this was given. A 13 % increase in the budget for next year was welcomed as was the confirmation that these increases were not down to 'one -off' payments but did form part of a sustainable budget allocation. It was confirmed that some of the pandemic Emergency funding had been used to move people from Hospital to residential Care in greater numbers that the Home First strategy would have wanted but this is being worked though and it is still the plan to support as many people as possible in their own homes.

The Advisory Board was interested in forthcoming changes indicated by the Social Care Act. The "Fair Cost" of care and the push for more "levelling up" still needs some further work to fully understand the impact. Work is also ongoing to understand the "Care Cost Calculator" as this is very complex and will be digital by default with an element of Self-Assessment.
The Advisory Board asked if Somerset had a Social Care Hotel like one that had been the subject of a recent news report and it was confirmed that this was not in Somerset but in Bristol and still 90% of people do go home and some do go into appropriate Residential Care setting but none to hotels.

The Advisory Board welcomed the report and positive performance over a very challenging period.

38 **Adult Social Care (ASC) Budget Report** - Agenda Item 9

The Advisory Board had a report which was introduced by the Cabinet Member for Resources. Preparations for the 2022/23 budget were reported to Cabinet in January 2022 and highlighted the difficulties of producing the 2022/23 budget against the backdrop of the Covid-19 pandemic, uncertain funding, and preparations for Local Government Reorganisation.

The Medium-Term Financial Plan (MTFP) will link pressures, growth, and savings to the delivery of the Council's key priorities within the Council's vision to create:

- A thriving and productive County that is ambitious, confident and focussed on improving people's lives,
- A county of resilient, well-connected and compassionate communities working to reduce inequalities,
- A county where all partners actively work together for the benefit of residents, communities and businesses and the environment, and
- A county that provides the right information, advice and guidance to enable residents to help themselves and targets support to those who need it most.

The draft proposals recognise the importance of Adult Services and the budget adds further investment of £18.1m, which is an increase of 12.8% to this key frontline service. This recognises additional pressures as a result of demand for services, which continue to be at an unprecedented level. Predicting future years demand is made more difficult by Covid-19 and one of the key challenges around this is identifying whether the current demand is on-going as peoples social care needs have increased, or whether there is a degree of temporary demand. These budget proposals have tried to strike a balance between the two and to ensure the budget proposals are robust.
Inflationary increases recognise the increased statutory pressures on providers such as increased national living wage, as well as general price inflation which is currently running at 5.1%. This figure also includes contractual inflation for the Discovery in line with the contract. The anticipated demographic growth in demand across the service has been calculated using Office for National Statistics population data and trends from previous years.

The Advisory Board welcome the proposed increase in spending and the robust planning that had resulted in the proposed budget.

39 **Any other urgent items of business** - Agenda Item 10

There were no other items of business.

(The meeting ended at 12.25 pm)

CHAIR

This page is intentionally left blank

Scrutiny for Adults and Health Work Programme – 2022

Agenda item	Meeting Date	Details and Lead Officer
	26 January 2022	
Budget paper and MTFP Dental Services		Mel Lock Louise Fabus
Performance report to include outsourcing of Care Reviews		Mel Lock
FFMF - Refresh Strategy		Maria Heard
	02 March 2022 Formal	
Integrated Care Boards – Update to include Governance Process CCG Performance update - Fit For My Future -Update MPH redevelopment		Jonathan Higman Neil Hales Maria Heard/Julie Jones/Deidre Molloy Ian Boswall
	06 April 2022 – Informal Joint	
Feedback from Transitions Mental Health Response times?		Tim Baverstock /Emily Fulbrook Louise Finnis/ Andrew Keefe
	08 June 2022 - Informal	
	06 July 2022 - Formal	
	07 September 2022 - Informal	

ITEMS TO BE ADDED TO AGENDA:
Impact of Covid on health and care staff, oral health, Deprivation of Liberty Safeguarding (awaiting legislation)

Note: Members of the Scrutiny Committee and all other Members of Somerset County Council are invited to contribute items for inclusion in the work programme. Please contact Julia Jones, Democratic Services Team Leader, who will assist you in submitting your item. jjones@somerset.gov.uk 01823 355059 or the Clerk Jennie Murphy on jzmurphy@somerset.gov.uk

Somerset County Council
Scrutiny Committee
– 2 March 2022

Proposed Governance Arrangements for the Somerset ICS

Lead Officer:
Author: Jonathan Higman, ICB Chief Executive Designate
Contact Details: jonathan.higman@nhs.net
Cabinet Member:
Division and Local Member:

1. Summary

1.1. This paper gives a brief update on the development of the Somerset Integrated Care System (ICS). A more detailed overview will be presented on the day of the meeting.

2. Issues for consideration / Recommendations

2.1. To provide feedback and offer support on the proposed vision, ways of working and governance arrangements for the Somerset ICS.

3. Background

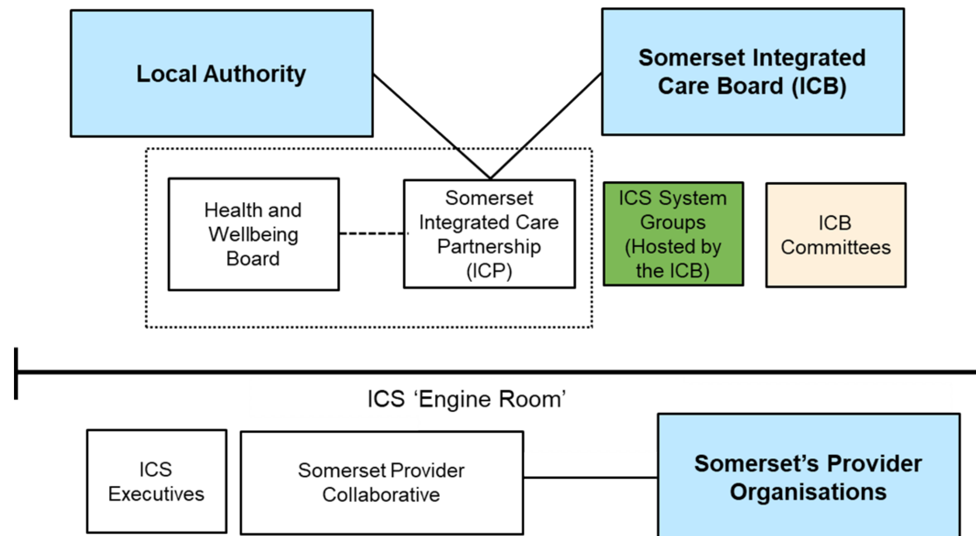
3.1. Integrated care systems (ICSs) are partnerships that bring together providers, commissioners and the voluntary, community and social enterprise sector across a geographical area ('system') to collectively plan health and care services to meet the needs of their local population, in line with four key aims to:

- **improve outcomes** in population health and healthcare
- **tackle inequalities** in outcomes, experience and access
- enhance **productivity and value for money**
- help the NHS support broader **social and economic development**.

3.2. The Health and Care Bill was published in July 2021 and is making its way through Parliament. It introduces two-part statutory ICSs, comprised of an Integrated Care Board (ICB), responsible for NHS strategic planning and allocation decisions, and an Integrated Care Partnership (ICP), jointly established by the local authority and the ICB, responsible for bringing together a wider set of system partners to develop a plan to address the broader health, public health and social care needs of the local population. The current target date for establishment of ICSs in statutory form is 1 July 2022, subject to the passage of the Bill through Parliament.

3.3. Joint working arrangements have been in place at a system level for some time and putting ICSs on a statutory footing is consistent with the journey we had started in Somerset.

3.4. Somerset has a low-complexity system configuration, with a smaller number of statutory health and care organisations when compared to other areas. This will be beneficial as we develop as an ICS. We will ensure that we use this to our advantage as we develop the governance arrangements for the Somerset ICS to maximize efficiency and effectiveness, and build on the progress we have made in working collaboratively across our system. A more detailed overview will be presented on the day of the meeting, but at a high level we are proposing the following:



4. Consultations undertaken

4.1. Not required, but engagement is taking place across the system.

5. Implications

5.1. The Somerset Clinical Commissioning Group will be closed down and superseded by the establishment of the Somerset ICB.

5.2. At its meeting on 10 November, the Health and Wellbeing Board (HWBB) supported a recommendation to establish a close working relationship with the ICP. This means there will be an alignment of work programmes and that the meetings will be held in common where possible, recognising that legally we are required to maintain separation of the ICP and HWBB.

6. Background papers

6.1. Integrating care – next steps to build strong and effective integrated care systems across England.

6.2. Health and Care Bill

6.3. Integrated Care Partnership I(ICP Engagement Document: Integrated Care System Implementation

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

Somerset County Council
Scrutiny for Policies, Adults and Health Committee
February 2022

Integrated Quality, Safety and Performance

Lead Officer: Alison Henly Director of Finance, Performance and Contracting and Val Janson Director of Quality and Nursing, Somerset CCG
Author: Michelle Skillings, Head of Performance, Somerset CCG
Contact Details: 01935 385015

1. Summary

1.1 This paper provides an update on the Somerset Clinical Commissioning Group (CCG) Integrated Quality, Safety and Performance and provides an overview of performance against the constitutional and other standards to the period ending November 2021.

1.2 This is a retrospective report which compares the reported month (November 2021) and compares to the same period in 2019/20 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

General Practice continues to be extremely busy.
During November 2021 there were 305,468 consultations which took place in Primary Care with a GP or other healthcare professional. Patients who need to be seen face to face continue to receive this type of appointment and in November 2021 56% of consultations were delivered face to face.

Throughout November the Whole System GP OPEL level was at 3 which means demand/staff absence is sufficiently high that daily workload cannot be managed even with available additional resources, and it is likely to utilise other services more than usual. On average 3 practices reported OPEL 4 in November which meant these practices needed help to meet demand safely despite using all available resources at their disposal.

3.2 NHS 111

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

- The number of answered calls increased from 425 calls per day in September to 433 in November (+2%). The England average also shows reduction comparing September to November (+2.9% per day)

- The average speed to answer calls in Somerset improved from 321 seconds in October to 233 seconds in November, while in England, a call was answered 174 seconds faster in November (493 sec) than a call in October (665 sec)

- As for calls abandoned in Somerset, there were 2.9% less calls abandoned in November (16.1%) than in October (19%). In England, the proportion of calls abandoned were 4.1% less in November (21.6%) than the last reported month of September (25.7%)

- Other metrics we monitor on (experimental KPIs) is the proportion of call back by a clinician within 20 minutes. Somerset performance has improved by 2.4% from 20.8% in September to 22% in October and to 23.2% in November. England's performance declined from 33% to 31.4%

- Devon Doctors CQC Inspection November 2021 (published 11 January 2022 with a focus on reviewing improvements required from previous inspections. A final published copy of Devon Doctors CQC inspection report is now available and CQC has rated the service as "requires improvement overall". Previously inspectors rated Inadequate and are no longer in 'special measures'.

3.3 Ambulance Performance

- Somerset's Emergency Departments have the least number of ambulance handover delays when compared to SWAST's other commissioners in November however it is an increase upon previous months overall

- In November SWAST had a total of 14,310 lost ambulance hours and Somerset had a total of 507 lost ambulance hours

- SWAST is working with Acute Trusts in tackling ambulance handover delays; this is a system priority in order to reduce potential risk of harm to patients both in the community and delayed at hospital. Onsite hospital ambulance and liaison officers (HALO) have been deployed to manage the hospital – ambulance interface, coordinating and expediting speedy handovers.

3.4 A&E Performance

- **Somerset FT**: The number of patients attending the A&E Department in November was 3.3% lower (-222) than the last reported period (September 2021). During the cumulative period April-November 2021, there were 54,139 attendances. This was +4.7% (+2,407) higher in volume compared to the same period in 2019/20 (51,732). Four-Hour performance in November was 55.98% and during the cumulative (April-November) period was 65.6%, lower than the same period in 2019/20 where performance was 78.6%

- **YDH FT**: The number of patients attending the A&E Department in November was 6.5% lower (-344) than the last reported month of September 2021. During the cumulative period April-November,

attendances were 1.9% higher (+757) compared to the same period in 2019/20 (39,848). Four-Hour performance in November was 86% and during the cumulative period April-November was 90.3%, lower compared to 2019/20 April-November cumulative period of 95.3%

- **RUH Bath**: The number of patients attending the A&E Department in November was lower in volume -4% (-306) compared to the last reported month of September 2021. During the cumulative period April - November, attendances were 0.3% (+170) higher than the same period in 2019/20. 60,660 compared to 60,490. Four-Hour performance in November was 60.54% and during the cumulative period of April-November was 69.9% declined, compared to the same cumulative period of 2019/20 of 73.3%

- **UHBW**: The number of patients attending the Weston site A&E Department in November was 3,604, -10.5% lower (-423) compared to the last reported month of September. During the cumulative period April - November, attendances were 9% lower (-3,118) than the same period in 2019/20. Four-Hour performance in Nov was 68.2% and during the cumulative period of April-Nov was 69.7% compared to the same cumulative period of 2019/20 of 75.8%.

3.5 Emergency Admissions

- **Somerset**: The number of emergency admissions in November 2021 were 6.2% lower (-380) than November 2019 and when comparing the cumulative period of April 2021 to November 2021 to the correlating period in 2019 the volume of emergency admissions have reduced by 7.6% (-3,701). The average number of daily admissions in November has increased by 6.3 admissions per day when compared to September 2021 (the last reporting period) and this increase is seen within the non-zero length of stay patient cohort and in turn will have a more significant impact upon bed occupancy and patient flow. The influencing factors of this increase is multifactorial and relating to the higher levels of demand seen throughout all emergency routes (namely, primary care, NHS 1111, SWAST and Accident and Emergency Departments)

- **Somerset FT**: The number of emergency admissions in November were 12.5% lower (-434) than November 2019 and when comparing the cumulative period April 2021 to November 2021 to the correlating period in 2019 the volume of emergency admissions have reduced by 13.3% (-3,650). The average number of daily admissions in November 2021 has increased by 3 admissions per day when compared to the previous reported month of September and is seen in both zero and non-zero LOS

- **YDH FT**: The number of emergency admissions in November were 4% higher (+66) than November 2019 and when comparing the cumulative period April 2021 to November 2021 to the correlating period in 2019 the volume of emergency admissions have increased by 6.7% (+874). Emergency admissions show a very slight reduction compared to the previous reported month of September

- **RUH Bath**: The number of emergency admissions in November were 2.7% lower (-15) than November 2019 and when comparing the cumulative

period April 2021 to November 2021 to the correlating period in 2019 the volume of emergency admissions have reduced by 7% (-300). The average number of daily admissions have increased by 1.8 admission per day and mainly contributed by non-zero LOS

- **UHBW**: The number of emergency admissions in November were 7.3% higher (+22) than November 2019 and when comparing the cumulative period April 2021 to November 2021 to the correlating period in 2019 the volume of emergency admissions have reduced by 13.5% (-326). Compared to the previous reporting period, the daily admissions have increased by 2.9 admissions per day, predominantly in non-zero LOS.

3.6 Elective Care – Referral to Treatment

- All RTT performance measures continue to be impacted by the Covid-19 pandemic due to services working at reduced capacity due to the ongoing impact of social distancing and enhanced infection control measures, workforce constraints and patient choosing not to attend (for both Covid-19 and non Covid-19 reasons). The emphasis continues to be to keep patients safe whilst ensuring that those patients with urgent conditions continue to be prioritised

- Elective referrals have continued to restore during 2021/22 with cancer demand returning to pre pandemic levels and routine referrals continuing to increase (although there is variation at a specialty level). During the period April to November 2021 the referral volume was 92.4% of those received during the same period in 2019/20. In November 2021 there were 13,951 new clock starts which equates to 634 per working day compared to 12,000 in September 2019 (or 673 per day)

- In November 2021, there were 49,610 patients on an incomplete pathway waiting their first definitive treatment which is an increase of 8,065 pathways when compared to March 2021 and attributed to the increase in referral demand as well as a lower level than expected level of clock stops delivered

- The new national focus is upon treating all patients whose wait has exceed 24 months and with the exception of patient choice for there to be zero by March 2022

- The number of patients waiting in excess of 52 weeks has remained broadly at the same size since June 2021:

  >52 Week Waits: In November 2021 there were 2,726 patients whose wait exceeded 52 weeks which is a reduction of 814 when compared to April 2021 and +167 when compared to September 2021. The specialities with the longest waits are General Surgery/Colorectal, Orthopaedics, ENT and Ophthalmology

  >78 Week Waits: In November 2021 there were 772 patients (+194 upon April 2021 but a reduction of 264 when compared to September 2021)

waiting in excess of 78 weeks and the specialities with the longest waits are General Surgery/Colorectal, Orthopaedics, ENT and Ophthalmology

>24 Months Waits: In November 2021 there were 145 patients (+113 upon April 2021 and +57 compared to September, the rate of increase has slowed) waiting more than 24 months and the specialities with the longest waits are General Surgery/Colorectal, Orthopaedics, ENT and Ophthalmology

- The breakdown of the longest waits by Provider in November 2021 is as follows:

  Somerset FT: >52 week - 1,439, >78 weeks - 400, >24 months - 83
  YDH FT: >52 week - 651, >78 weeks - 199, >24 months - 11
  RUH Bath: >52 week - 94, >78 weeks - 9, >24 months - 0
  UHBW: >52 week - 144, >78 weeks - 44, >24 months - 17
  SMTC: >52 week - 19, >78 weeks - 6, >24 months 1
  Other Providers: >52 week - 379, >78 weeks - 114, >24 months – 33

- There is an active programme of system-wide actions to support long term recovery and efficient use of available capacity. In addition, the Somerset System has set out a significant programme of work with analysis underway to understand at a granular level the patterns of healthcare access for those patients coming from the highest 3 deciles of deprivation to ensure that there is equity of acces
-

3.7 Elective Care – Diagnostic Waiting Times

- All diagnostic modalities continue to be impacted by the Covid-19 pandemic due to services working at reduced capacity as a result of the ongoing impact of social distancing in waiting rooms and enhanced infection control measures (PPE and cleaning measures between patients), staff sickness (isolation) and recruitment challenges and this has led to a significant increase in the number of patients waiting in excess of 6 weeks for their diagnostic test or procedure
- There were 4,309 patients in November 2021 waiting in excess of 6 weeks (which whilst is an increase of 409 patients when compared to March 2021, a reduction of 169 patients upon the previous reported month of September) resulting in performance of 66.9% against the 99% standard (-1.95% compared to the March 2021). There were 2,258 patients waiting in excess of 13 weeks in November 2021 which whilst is an increase of 151 patients on March 2021 is a reduction of 400 upon the previous reported month of September

- Number of patients waiting in excess of 6 weeks by Provider: Somerset FT 2,515, YDH FT 497, Other Providers 1,297

- Number of patients waiting in excess of 13 weeks by Provider: Somerset FT 1,565, YDH FT 15, Other Providers 678

- The diagnostic modalities with the greatest challenges and highest volume of 6-week and 13-week backlog are MRI, Echocardiography, Non-Obstetric Ultrasound, CT and Endoscopy

- Actions in place to restore capacity include securing additional external MRI capacity, the opening of the Rutherford's Diagnostic Centre at Taunton, ensuring maximum utilisation of all available endoscopy capacity (with additional gastroscopy capacity delivered at Bridgwater Community Hospital) and utilising an insourcing company to provide additional echocardiography capacity at Somerset FT whilst the recruitment process concludes. Improvement plans and recovery trajectories are in place for both MRI and Echocardiography and progress against these plans continue to be monitored on a weekly and monthly basis

3.8 Elective Care – Cancer

- Referral levels have returned to pre Covid-19 levels with some cancer pathways showing a higher level of growth.

- **2 week wait referrals**: The change in suspected cancer referrals is as follows:

  Somerset: +5% (+116), Somerset FT: +13%, (+134); YDH FT: same volume as September, RUH: -0.3% (-1), UHBW: -11.2% (-32), Others: -34% (+15) (all compared to the previous reported month of September)

- **2 weeks wait Performance (target 93%):** The change in suspected cancer 2-week wait performance in November is as follows:

  Somerset: 73.7% (-10.9%), Somerset FT: 64.9% (-21.7%), YDH FT: 86% (-3.43%), RUH Bath: 73.2% (+2.9%), UHBW: 84.6% (-4.2%), Others: 57.63% (+28%) all compared to the previous reported month of September.

- The proportion of patients on a suspected cancer pathway waiting less than 2 weeks have been steadily increasing since April. System performance has been below the standard since April 2021. The breaches to the 2 week wait standard are predominantly in suspected breast cancer (mainly Somerset FT, YDH FT in the main due to inadequate outpatient capacity) and lower GI (mainly Somerset FT, YDH FT – due to administrative delay, inadequate outpatient capacity and patient choice)

- **First definitive treatment within 62 days from GP referral volume:** The change in this standard in November (which is comparable to September) is as follows:

  Somerset System: +1.4% (+3)
  Somerset FT: 7.4% (+7); YDH FT: -6.9%, (-4), RUH: +2.4% (+0.5), UHBW: 5.7% (+2), Other Providers: -31.3% (-2.5)

- **62 Day Performance (target: 85%):** The change in 62-day performance in November is as follows:

  Somerset System: 1% decrease in performance to 75.8%,
  Somerset FT: 75% (-2.23%), YDH FT: 77.8% (-7.6%), RUH: 67.44% (+10.3%), UHBW: 86.5% (-3.5%), Other Providers: 72.7% (+41.5%)

- The breaches to the 62-day standard is predominantly within lower gastrointestinal cancer (mainly due to Health Care Provider initiated delay to diagnostic test/treatment planning, complex diagnostic pathway), skin cancer (mainly due to Health Care Provider initiated delay) and urological cancers (mainly due to Health Care Provider initiated delay to diagnostic test/treatment planning)

- **28-day Faster Diagnosis Standard**: The change in the 28-day faster diagnosis standard in November is as follows:

  Somerset: +5.8% (+127), Somerset FT: +11.5%, (+114); YDH FT: +12%, (+75), RUH: -3% (-8), UHBW: -22.3% (-58), Others: +9% (+4) (all compared to the previous reported month of September)

- **28-day Faster Diagnosis Standard Performance (target 75%):** The change in 62-day performance in November is as follows

  Somerset: 75.9% (+0.6%), Somerset FT: 73.8% (+0.1%), YDH FT: 78.7% (+0.5%), RUH Bath: 71.8% (+2.2%), UHBW: 82.2% (-4%), Others: 81.3% (+40.4%) all compared to the previous reported month of September

- The 28-day Faster Diagnosis Standard breaches are predominantly in Lower GI, Gynaecological, Urological, Head and Neck, Skin, Upper GI and Breast cancers (mainly due to inadequate outpatient capacity, administrative delay, complex diagnostic pathway, health care provider-initiated delay)

3.9 Mental Health – Improving Access to Psychological Therapies (IAPT)

- The number of people accessing treatment for the period April – November is 5416 against a local indicative target of 6,885 (c.1400 below plan; 79% delivered); performance for the period is lower than plan and this is due to the annual target being profiled evenly across the year rather than increasing in the later quarters, however we anticipate access will increase over the course of the year as new staff commence in post and new access routes are put in place, e.g. Long Term Conditions (LTC)

- The IAPT recovery rate for July is 60.2% and the national ambition of 50% continues to be met and exceeded

- The IAPT service continues to consistently meet and exceed the 6 and 18 week national ambitions. In November, 76.3% of patients referred for treatment were seen by the service within 6 weeks against the 75% national ambition, and 99.3% were seen and received treatment within 18 weeks from referral against the 95% national ambition

3.10 Mental Health – Children and Young People Mental Health (CYPMH)

- The access measurement for CYP has changed from April 2021 and systems will be monitored using one contact (previously two contacts). Current estimates based on this new counting methodology from local data shows that Somerset has delivered 7,588 contacts to CYP during the 12

month period to November 2021, against the national ambition of 6,167 for 2021/22

- A reconciliation of local access data against national data is underway and a Mental Health Data Working Group has been established to support this area of work; the group involves representatives from Somerset CCG, local CYP Service Providers and Regional NHSE/I. Somerset CCG's Performance Team and CYPMH Commissioning Team are implementing plans to support smaller providers with new CYPMH reporting requirements and we are also working with providers to produce an internal access trajectory

- Somerset CCG have secured NHSEI funding to address the Winter Pressures that result in increased attendance at Emergency Departments. Somerset CAMHS and SWEDA are working in partnership to develop a 'step down / up' approach; and supporting a multi-agency (CAMHS, Social Care and VCSE) out of hours Intensive Support Team for children and young people in crisis.

3.11 Mental Health – Dementia Diagnosis Rate Monitoring and Physical Health Checks for People with a serious mental illness (PHSMI)

- Dementia: Somerset CCG's dementia diagnosis rate performance for November 2021 is 53.5%, against national ambition of 66.7%. The multi-organisational Dementia Operational Oversight Group and an associated Dementia Task and Finish Group have been established to look holistically at the entire Dementia pathway (including diagnosis) and services offered in Somerset

- PHSMI: Our nationally reported data against the 60% national ambition in Q2 2021/22 in 0.61%. However, we know that there is a significant local data issue which is being resolved. The national extract, run by NHS England and NHS Improvement shows significantly higher performance. However, this is still in the quality assurance/testing phase.

3.12 Quality – Safeguarding

- **Children Looked After, Initial Health Assessments (IHA) within 28 days:** CCG and providers are continuing to use new process to analyse IHA (Initial Health Assessment) performance as per November data illustrated below. Work has now begun to determine performance of completed IHAs being available and considered at first statutory CLA Review meetings. The CCG is now receiving a monthly Exception Report which illustrates the specific reasons why some health assessments have been delivered outside of statutory timeframes Dental performance continues to improve.

  Number of children who became Looked After in November 2021 - 12
  Number of children who left care before 20 working days - 1
  Number of children who were offered but declined an IHA – 3

  Total number of children eligible for an Initial Health Assessment -11

  Total number (and percentage) of children offered an IHA within 20 working days - 9 (81.8%)

Total number (and percentage) of children who received an IHA within 20 working days - 7 (58.3% of total number of children who became looked after in month)

3.13 Quality – Continuing Healthcare (CHC)

- The focus of NHS England's CHC Assurance during 2021/22 will be on the system recovery and recovering performance on the following standards: 28 Day Standard - =>80% of Referrals are concluded within 28 Days and 28 Day Backlog – Ensuring there are no referrals breaching 28 days by more than 12 weeks

- Monthly performance attainment since June 2021 has consistently been in excess of the 80% target, with performance in November 2021 being recorded at 86.7%

- 28 Day Backlog (CHC Cases Exceeding 28 Days by 12+ Weeks) - monthly performance attainment since August 2021 has been recorded at no referrals exceeding 28 days by more than 12 weeks

3.14 Quality – Leder (Learning from Deaths of people with a learning disability)

- In November 2021 two Notifications were received into the Service. One of these was a report of a death in November and the other was a delayed notification from a death in August 2021. This will be dealt with as quickly as possible to avoid distorting the figures but must be treated as an exception. The LeDeR Regional Co-ordinator is aware of this issue and has made NHSE aware of this exception and the reasons for it, who agree it was beyond our control

- The four remaining cases being reviewed by North of England Commissioning Service (NECS), which were due for completion in November and December, have been submitted but have been returned to NECS for further work. Once these have been signed off NECS will have no further involvement with our reviews

- The LeDeR Team are focusing on putting learning into action across the system via the new Governance Group, and developing a 3-Year Strategy

- 3 Month Allocation KPI –Requires any Reviews received to be allocated to a Reviewer within three months of the Notification Date. No Reviews were allocated in November as both Notifications were received towards the end of the month but will be allocated as soon as possible in December

- 6 Month Completion KPI – Requires all Reviews to be completed within 6 Months of the Notification Date. Two Reviews were due for completion in November but both have been returned to the Reviewer (NECS) for further work. No other Reviews were completed in November.

3.15 Quality – Infection Prevention and Control

- In response to the Omicron variant and the Covid booster vaccination request the IPC redeployed to work in the vaccination centres. All non-essential work was reduced to support care homes and primary care across

the system with the Omicron variant outbreaks. A resource pack was developed which included recorded IPC training sessions, guidance, posters, check lists and distributed across care homes and primary care. The IPC Team provided cover over the Christmas and New Year period daily from 9-5, supporting self-assessment vaccination “pop-up” centres

3.16 Quality – Falls

- Due to system wide pressures, it is thought that the steady high numbers of falls are related to bed pressures, increase in the acuity of patients, Covid-19 and social distancing requirements and an increase in sickness and absence. Somerset FT is carrying out an overarching review to identify any themes. YDH FT is maintaining the improvement work with a Rapid Response Team attending falls

3.17 Quality – Workforce

- Workforce sickness and absence has increased at the trusts, placing pressures on the organisations, due to Covid-19, isolation and working pressures, it is unlikely that there will be a decrease within these rates. The trusts have invested greatly in health and wellbeing for staff and are supporting staff where needed

3.18 Quality – Maternity

- Both trusts currently under pressure due to increase in numbers and acuity, and Covid-19 related staff absence. Support available across the system and regionally. This is expected to ease as new midwives are recruited; however, this will be a gradual process as newly qualified midwives will need to be supported to ensure competency and build confidence

- Both Trusts are focused on achieving all actions required in the Ockenden Report. Working closely with the LMNS, CCG Quality and Safety team and NHSEI for assurance. Early feedback from NHSEI is positive. Main themes include embedding processes and ensuring maternity software captures the relevant information to evidence the good practice taking place. All evidence submitted to the NHSE portal within the deadline

4. Background papers

4.1 The full NHS Somerset CCG Integrated Assurance Report is available on the CCG website: https://www.somersetccg.nhs.uk/publications/governing-body-papers/

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

Somerset County Council
Scrutiny for Policies, Adults and Health Committee 2 March 2022

Fit for my Future (FFMF) Stroke Update

Lead Officers: Maria Heard, Programme Director, Fit for my Future Programme Director
Julie Jones, Somerset NHS Foundation Trust
Author: Catherine Neck, Clinical Services Programme Lead: NHS South, Central and West Commissioning Support Unit

Contact Details: maria.heard1@nhs.net

Cabinet Member:
Division and Local Member:

1. Summary

1.1 Fit for my Future is a strategy for how we will support the health and wellbeing of the people of Somerset by changing the way we commission and deliver health and care services. It is jointly led by Somerset Clinical Commissioning Group and Somerset County Council and includes the main NHS provider organisations in the county.

1.2 The stroke strategy for Somerset was drafted in 2019 and provides a direction of travel for the next five years, setting out how stroke services should operate across the pathway from prevention to living with stroke. Many of the recommendations within this strategy have been implemented. This paper provides an update on the development of hospital based stroke services in Somerset.

2. Issues for consideration / Recommendations

2.1 Members are asked to note the update, provide comment and support the direction of travel for strengthening hospital based stroke services aimed at improving outcomes for the residents of Somerset.

3. Summary

3.1 Stroke is both a sudden and devastating life event and a long-term condition. It's the fourth biggest killer in the UK, and a leading cause of disability. Over recent years, there have been significant advances in proven, highly effective methods of stroke treatment and care. The NHS Long Term Plan (LTP) states stroke mortality has halved in the last two decades. However, without further action, due to changing demographics, the number of people having a stroke and stroke survivors living with disability will increase.

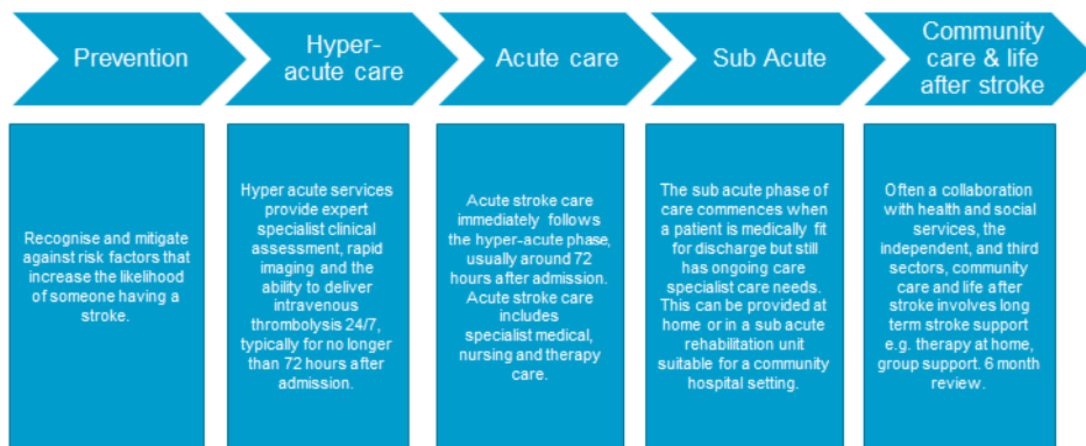
3.2

> ***What is a stroke?***
>
> There are two mains types of stroke – ischaemic and haemorrhagic. About 85% of all strokes are ischaemic and 15% haemorrhagic (Stroke Association, 2017).
>
> - Ischemic strokes are caused by a blockage cutting off the blood supply to the brain. This can cause damage to brain cells.
>
> - Haemorrhagic strokes are caused when a blood vessel bursts within or on the surface of the brain. Haemorrhagic strokes are generally more severe and are associated with a considerably higher risk of dying within three months of having a stroke and beyond. When compared to ischaemic strokes, between 10-15% of people with subarachnoid haemorrhage die before reaching hospital. Subarachnoid haemorrhage is an uncommon type of stroke caused by bleeding on the surface of the brain
>
> - Transient ischaemic attack, or TIA (often referred to as a 'mini-stroke' or 'warning stroke') is the same as a stroke, except that the symptoms last for less than 24 hours. When symptoms first start, there is no way of knowing whether someone is having a TIA or a full stroke. A TIA should be treated as seriously as a full stroke. About half of all strokes after TIA occur in the first 24 hours.
>
> *Source: The Stroke Association*

3.3 It is projected that the number of strokes will increase by as much as 16% in Somerset by 2025 due to the rise in an ageing population with more complex health needs. This means that there will be an increasing demand for stroke care into the future. Stroke services in Somerset need to adapt so that the available specialist stroke workforce can provide the best possible outcomes to those that experience a stroke.

3.3 Following the 2019 stroke strategy, we are taking forward the recommendation about the provision of acute hospital-based services providing stroke care. This specifically includes Hyper Acute Stroke Units (HASU) and Transient Ischaemic Attack (TIA) services. Provision for both services are required to meet National Stroke Guidance[1] to maximise outcomes for patients. Currently Somerset has HASU and TIA services at both Musgrove Park and Yeovil District Hospitals. A review of neuro rehabilitation services is underway in parallel to the acute stroke work. This aims to ensure improved equity of access across the county, as services are currently centred around the Taunton region.

3.4 Hyper-acute stroke care provides the initial, most complex care in the 72 hours after a stroke event.



[1] NICE guidelines on Stroke and transient ischaemic attack in over 16s: diagnosis and initial management, 2019, available at: Stroke and transient ischaemic attack in over 16s: diagnosis and initial management (nice.org.uk)

3.5 Acute stroke care is not considered optimal in Somerset for the following reasons:

Demand for stroke care will increase and the specialist stroke workforce available to provide care is limited

- The local population is growing, getting older and living with more complex long term health conditions
- There will be an increasing number of strokes in the local population and certain groups are more likely to have a stroke
- The workforce available to provide specialist stroke care is limited
- A new way of delivering specialist stroke care is needed that ensures that those most at risk have equitable access to specialist services
- Somerset needs to maximise the way in which the available specialist stroke workforce is deployed to achieve the highest outcomes possible for patients

The provision of acute stroke services currently does not meet National Guidance resulting in variable outcomes for patients

- Although clinical quality of services shows that both services perform relatively well against many of the key national indicators across the whole stroke pathway, both acute providers perform less well in the hyperacute and acute phase standards
- Rates of thrombolysis and thrombectomy are below national standards, leading to poorer clinical outcomes for Somerset stroke patients.
- Centralising acute stroke care will improve clinical outcomes for patients
- Creating a single specialist stroke workforce will increase the quality of care that is given and enhance flow throughout the stroke care pathway
- Reconfiguring services is an opportunity to commission more equitable services which are in line with national best practice.

There are variations in provision of care and access to specialist services in Somerset

- Stroke services provision is inequitable across Somerset
- There is a shortage of specialist stroke doctors and nurses
- The challenge of correcting the historical variations in services is significant and requires the local healthcare system to change the way that stroke services are organised
- If Somerset does not act now there is a significant risk that the gap in workforce availability will get worse

Poorer outcomes from stroke result in higher financial costs for health and care

- There is currently a poor correlation between the money spent on stroke and the outcomes achieved
- Somerset can bring greater value to patients by spending NHS money on stroke services differently
- There is opportunity to reduce the long-term care costs associated with disability by reconfiguring services and giving more people in Somerset rapid and equitable access to those interventions that provide the best outcomes

3.6 To address this, we have reconvened the Stroke Transformation Steering Group and have been meeting monthly to discuss the updates following publication of the Stroke

Strategy and to develop the case for change for service reconfiguration.

Progress update:

- Development of pre-engagement activities including a Communications and Engagement plan. Working closely with the Stroke Association to identify people with lived experience of stroke to be members of the steering group
- Creation of a stakeholder group of key voluntary sector and people with lived experience of stroke representatives. They will be invited to a pre-engagement event in mid-March to discuss the possible options.
- Equalities Impact Assessment (EIA) created and being used actively to identify who might be impacted by any proposed solutions
- Case for Change created and is currently being reviewed by the steering group. Includes options for further consideration as part of the Pre-Consultation Business Case (PCBC)
- HASU/ TIA pathway mapping session planned for 1st March 2022 to go through possible options in detail with the steering group to inform the Clinical Model and PCBC. In addition to Somerset system representation this session will include input from people with lived experience of stroke, the Stroke Association, Dorset system and SWASFT as key stakeholders.

4. Next steps:

4.1

- Finalise the Clinical Model of care and how it interacts with other parts of stroke and TIA care
- Following the pre-engagement event in March to invite representatives to be part of a reference group to work with us to refine and test the options to ensure patients and public are working with us to co-create solutions.
- Implement the Communications and Engagement plan, ensuring that we involve the wider public in our thinking. This includes sharing the potential solutions for HASUs and TIA services to the public later in the year.

5. Background Papers

5.1 Background papers can be found on the Fit for My Future website www.fitformyfuture.org.uk.

Somerset County Council
Scrutiny for Policies, Adults and Health
Committee

Minehead Minor Injury Unit Change of Opening Times

Lead Officers: Maria Heard, Programme Director, Fit for my Future Programme
Julie Jones, Somerset NHS Foundation Trust

Author: Jonathan Davies
Contact Details: maria.heard1@nhs.net

Cabinet Member:
Division and Local Member:

1 Summary

1.1 Somerset NHS Foundation Trust (SFT) temporarily closed Minehead Minor Injury Unit (MIU) overnight in July 2021 in response to concerns about the safety of the service. During this time the Trust reviewed the MIU service and worked with partners, patients, and public representatives to look at how we address these safety concerns, quantify, and meet the overnight needs of the local area within our available resources, and propose a way forward that is safe, sustainable, and operationally robust.

1.2 This paper provides the outcome of this review, the recommendation SFT will be taking to its Trust Board in March 2022, Somerset CCGs support for this recommendation and the next steps to strengthen Same Day Urgent Care (SDUC) services in West Somerset.

2 Issues for Consideration / Recommendation

2.1 Members are asked to note:

- the recommendation to Somerset NHS Foundation Trust Board to permanently reduce the service provision from 24 hours to a new opening time of 8 am – 9 pm, so that this change will align Minehead MIU with all similar and larger sized MIUs provided by SFT.
- the decision that the MIU service is required as a daytime service 7 days a week, where there is a significant demand for the treatment of minor injuries and common minor illness from both the local population and holidaymakers.

- that the proposed changes to reduce the hours of Minehead MIU overnight does not constitute a substantial development or variation in the provision of health services in the Somerset County Council area

2.2 Members are asked to support the development to strengthen Same Day Urgent Care (SDUC) services in West Somerset.

3. Review of Minehead Minor Injuries Unit

3.1 Somerset NHS Foundation Trust (SFT) temporarily closed Minehead Minor Injury Unit (MIU) overnight in July 2021 in response to concerns about the safety of the service.

3.2 During this time the Trust reviewed the MIU service and worked with partners, patients, and public representatives to look at how we address these safety concerns, quantify, and meet the overnight needs of the local area within our available resources, and propose a way forward that is safe, sustainable, and operationally robust.

3.3 SFT produced a report outlining the findings of the review and the engagement that was undertaken and this was presented to the SFT Trust board in November 2021. The report concluded that there were no significant safety risks identified from the temporary closure of the MIU and no discernible impact on the surrounding healthcare services. The SFT Trust Board agreed to extend the temporary overnight closure of the unit for a further six months until 1 May 2022.

3.3 The SFT report highlighted that the local public had concerns about access to same day urgent and emergency care as a whole system across both Minehead and the West Somerset area. With concerns identified in Primary Care provision, 999 ambulance and 111 responsiveness. The engagement exercise found that the MIU acted as a perceived ‘safety net’ for the local population in the event of urgent and emergency healthcare need. However, the MIU could not deliver the level of urgent and emergency care as described by the local population and would attribute further safety concerns for Same Day Urgent Care (SDUC) if used in that way.

4 The MIU Overnight Service Model

4.1 Somerset CCG commissions seven Minor Injury Units (MIU) sited across Somerset, all of which are managed and run by SFT. Minehead Community Hospital is the only location which provides an overnight MIU service in the county. The standard MIU core operating hours within Somerset are 08:00 to 21:00, 365 days a year. During these core hours, the senior clinical decision makers staffing the service are emergency nurse practitioners (ENP). The workforce model has developed and now includes specialist physiotherapists and paramedic practitioners supporting service delivery across the MIUs. A key supporting function for MIUs is radiology x-ray which is available each weekday from 9:00 -17:00 in 5 of the MIU’s including Minehead.

4.2 The Minehead MIU overnight provision consists of one paramedic supported by one health care` assistant, with the night service operating between 21:00hrs and 08:00. The paramedic model is limited to providing triage, assessment and first aid treatment. All patients are required to return after 8am for investigations, definitive diagnosis, and treatment by a senior clinical decision maker (ENP) or where the paramedic identifies that the patient's condition needs specialist or emergency interventions, they may directly refer the patient to the Emergency Department or use 999 services.

5 Clinical Safety

5.1 Clinical safety remains a significant concern for the service. This has been reinforced following the responses received from the public engagement undertaken by SFT which indicated that they would attend the MIU where they had an emergency health care need. Attendances for emergency healthcare needs requires MIU staff to refer patients to the Emergency Department via 999 ambulances for acute medical and major trauma management. Attendance to the MIU can often add to the delays in essential time critical specialist interventions that the person may require. Data shows approximately 10% of overnight MIU attendees required transfer to acute care

5.2 SFT have concerns about the safety of this overnight service because it can delay potentially life-saving treatment if patients with serious conditions like heart attacks, strokes and asthma go to the MIU overnight. There have been three examples over the past 3 years where patient outcomes have been compromised as a result of delayed treatment because the patients attended the overnight service at Minehead MIU. The findings of the incident reviews identified that attending the night service had caused a delay in reaching definitive expert care in an acute facility.

5.3 At night the minor injury unit and out-patient waiting area is unsupervised which represents a safety concern for anyone waiting to be seen. In addition the main hospital entrance and the ambulance entrance are controlled by an intercom system. This has given rise to at least one incident when a patient who was waiting was not in the waiting area when called and had not been let out by staff, resulting in a full search of the hospital to check the patient had not managed to get into another part of the hospital.

5.4 Other safety concerns noted for the overnight activity were:

- **Activity Levels:** Only 0.9 patients seen per shift. The majority of this activity is between 21.00 and Midnight. This activity utilises less that 1% of the potential clinical capacity and will likely impact on ongoing competency.
- **Skill Mix:** The rationale for introducing paramedics was to maintain an overnight responsive first aid capability for any 'casual walk-in' attendances. The service does not provide a senior clinical decision maker and therefore is unable to assess, treat and discharge patients independently or manage acute illness.

- **Diagnostics:** No x-ray service available after 17:00, any patient requiring urgent diagnostic imaging must be directed to the Emergency Department.
- **Life threatening illness:** There are clinical conditions which are considered to be time critical. Examples include: heart attack, stroke, major trauma, asthma, sepsis and wounds (National Institute for Health and Care Excellence Guidelines 185, 40 128 and 176). A total of 79 patients required onward transfer to ED from the Minehead overnight service in 2019/20. this included 9 cardiac patients and 7 with serious infections, all of which should have gone through the 999 route on safety grounds.
- **Recruitment:** there was 1 WTE paramedic working permanent nights, and a 1.6 WTE vacancy. This meant that there were 7 nights out of 14 (50%) that could not be covered over each two-week rota. This increases when annual leave or study leave is taken

6 Impact on NHS Services

6.1 The review undertaken by SFT demonstrates that no impact has been seen during the temporary overnight closure to other service provision:

6.2 Minehead MIU Core service hours:

- attendance data at Minehead MIU during the period of 20:00 – 21:00 hrs has shown no increased activity despite the temporary closure of the MIU at 21:00, and demonstrates that activity after 20:00 remains less than one attendance per night within this hour time frame
- attendance has increased in the morning but correlates with the increase in overall activity in daytime hours and corresponds with high level of holidaymaker activity at that time.

6.3 999 activity impact:

- no adverse incidences have been raised by South Western Ambulance Service NHS Foundation Trust (SWASFT)
- the data provided to the CCG and within the SFT report has shown no discernible impact on SWASFT in the Minehead and West Somerset area (Appendix One and Two).

5.4 Devon Doctors Ltd, who provide the Somerset GP out of hours (OOH) service, reported the following impact:

- no report of any adverse incidents because of the temporary closure of Minehead MIU overnight
- the data provided to the CCG and SFT continues to show no discernible impact on the Devon Doctors OOHs service

5.5 Musgrove Park Emergency Department activity impact:

- Musgrove Park hospital Emergency Department (ED) have not reported any adverse incidence in relation to the temporary closure of Minehead at night.
- the impact of activity as evidenced by the SFT report has had minimal impact in the overall attendances to ED
- of the adults who attended ED almost 50% required admission to a specialist bed, whilst a proportion of those discharged will have required Emergency or specialist intervention not suitable to be delivered in an MIU setting, especially the Minehead overnight service

6 Engagement

6.1 Somerset FT, at the point they communicated the temporary closure of the overnight service, committed to engage with the local community to understand the experiences and expectations of the overnight service and concerns arising from the temporary closure.

6.2 SFT led the engagement programme and this included:

- a survey for the public publicised through local press, trust website, social media groups and on site at Minehead hospital
- meeting with local politicians
- SFT Patient Liaison Team in the hospital speaking to the public directly every Thursday at a drop in session over five weeks
- SFT Patient Liaison Team visiting Minehead town and asking the public directly their opinions on the closure. This was through four sessions over during August and September
- working with community social media groups to get feedback and opinions
- an email feedback route: myvoice@somersetft.nhs.uk
- meeting with the Minehead hospital league of Friends

6.3 The engagement exercises identified some clear themes and issues in relation to the MIU and wider urgent care services in Minehead and West Somerset. The MIU service in Minehead Community Hospital is widely respected and valued by those in the local community. The daytime service is well used and there is no doubt that this should be fully maintained.

6.4 The key themes identified from the engagement were:

- The overnight service is significantly under-utilised and rarely used, but often cited as a necessary ‘safety net’ for local people because of the perceived limited availability, access, and responses from other health care services
- This position is compounded by the travel distance to the nearest Accident and Emergency department which for many will be at Musgrove Park Hospital, Taunton. For those who do not have ready

access to private transport, access to urgent care can only be via ambulance or taxi – which can be prohibitively expensive

- Of those who had concerns with the temporary overnight closure, few had indicated that they had required the service at night during the period of closure. Night-time usage was mainly linked to emergency conditions or unwell children
- There was a common and strong perception that by attending the MIU for serious health events, such as heart attacks, strokes or with acutely ill children, especially at night, those patients would have better survival outcomes, despite a clinical evidence base around small units and low activity levels linking to poor outcomes as well as clinical reality showing otherwise
- The highest level of concern over access to same day urgent care was for the very elderly, in line with the West Somerset demographics, and for parents with young children who do not have ready access to private transport

6.5 Key findings from the engagement found:

- **ATTENDANCE**: Of those who responded to the survey 89% had attended the MIU during daytime hours. However, 36% had never attended the MIU overnight and 31% said they had used the overnight service once in the last year. The majority of those who attended had used the service for acute, emergency care or for unwell children.

  Although many had not used the service at night, they said they received reassurance in the knowledge that the MIU was open overnight if they had a need for urgent or emergency health care.

  The majority of respondents who had attended, said they had decided themselves to attend the MIU overnight. 31% said they had been directed there by NHS 111 and 8% said they had been directed there by a pharmacy or GP. 15% said they had attended because they could not get a GP appointment.

- **WHAT I LIKE**: When asked what they liked about the MIU service, the most common reasons given were that it was “close to where I live” (85%) and that it was a “walk-in service” (72%).

- **ALTERNATIVE SERVICES**: If the overnight MIU was unavailable, half of respondents (50%) said they would have gone to A&E instead. 48% said they would contact NHS 111. 9% said they would see a GP or pharmacist in the morning and 12% would return when the MIU was open.

- **TRAVEL**: 86% of those who had attended the overnight MIU said they had travelled fewer than 10 miles.

- **EQUALITY**: When asked which people in their community a closure might affect most, the main answer given was the elderly. We did not receive any responses to the survey from people over 85. People also identified those who did not have access to a car, as public transport is very limited.

- **CONCERNS**: The overwhelming majority expressed concerns about the long distance to travel to Musgrove Park Hospital for urgent or emergency health care, with very limited public transport available in the evenings and none overnight. People also cited challenges and delays in accessing alternative services generally, including NHS 111, GP appointments and delays in ambulance responses to 999 calls.

7. Responding to the Feedback

7.1 The Minehead MIU service is not resourced and equipped under its current model to address the issues and concerns raised and any solution to the sustainability of urgent care services in West Somerset needs a system level response.

7.2 Somerset CCG will continue to progress the development of a same day urgent care model that best addresses the urgent and emergency care needs of the local population of Minehead and West Somerset, working in partnership across all health care providers. A task and finish group has been established from December 2021 which includes representation from SFT, Local GP, Ambulance Service, Devon Doctors, Somerset County Council Transport Lead and Somerset CCG. The group will support the engagement and development work required to present a plan for a Neighbourhood based Integrated Urgent Care Service that provides the population of West Somerset with safe, high quality and sustainable same day urgent care.

7.3 The development of this model will be informed by a further programme of patient and public engagement to ensure it takes into account the widest possible range of views on the needs of the local population.

7.4 Somerset CCG has commissioned Health Watch a wider engagement exercise to look at the whole of Same Day Urgent Care, including its design and delivery. This will include:

- Engagement over a five-week period 14 February to 18 March and carry out the analysis and reporting between 21 March to 1 April

- The engagement will target young families, older people and those who are more isolated, working across the whole geographical area as well as coastal towns. We are aiming to work within existing local groups and organisations, for example, Homestart, YMCA, Maternity Voices, Age UK and residential and supported living homes.

- A mixture of group discussions with existing groups, 1:1 interviews (in person and telephone), online and hard copy survey.

. 7.5 This engagement will help to strengthen how we address the concerns raised regarding same day urgent care in West Somerset.

8 Somerset CCG Governing Body support for SFT Board Decision This is expected – will be able to confirm on 17 Feb

8.1 Somerset CCG Governing Body endorsed SFT's recommendation to permanently reduce the service provision from 24 hours to a new opening time of 8 am – 9 pm, so that this change will align Minehead MIU with all similar and larger sized MIUs provided by SFT.

- The MIU service is required as a daytime service 7 days a week, where there is a significant demand for the treatment of minor injuries and common minor illness from both the local population and holidaymakers. Resources will be aligned to support daytime need.

- Somerset CCG will continue to progress the development of a same day urgent care model that best addresses the urgent and emergency care needs of the local population of Minehead and West Somerset with partnership working across all health care providers. The development of this model will be informed by a further programme of patient and public engagement to ensure it takes into account the widest possible range of views on the needs of the local population.

8.2 The Governing Body is satisfied that it has met its statutory duties to involve the public in decision making. The proposed changes to reduce the hours of Minehead MIU overnight does not constitute a substantial development or variation and does not require formal consultation by the CCG. This is because:

a) We are not withdrawing a service, but seeking to provide a safe service and make more efficient and effective use of resources

b) Overnight activity at Minehead MIU accounts for 0.5% of all Somerset MIU activity (average since April 2019)

c) Somerset NHS Foundation Trust have engaged with partners and patient and public representatives to understand the impact of the temporary closure. This has led to a number of recommendations which we are able to act on and address. This has met our statutory obligation to involve the public in changes within the healthcare system.

d) An Equality Impact Assessment has been undertaken which identified there was a neutral outcome for most groups, with two areas where a negative outcome was identified which were Age and Other (egCarers, veterans, homeless, low income, rurality/isolation etc). A number of mitigations have been identified which will be implemented.

e) The view from NHSE/I that we have made a case for it not being substantial. They do not wish to apply an assurance process to this decision

f) We have also sought independent advice from the Consultation Institute who determined that formal consultation would not be required given the nature of the change

8.3 The Governing Body has made a number of additional recommendations which were:

- The CCG and SWAST undertake further review of Ambulance response times is undertaken in West Somerset to understand how these compare with other similar areas across the South West
- SFT will continue to monitor the impact of the overnight closure, particularly in relation to understanding if people are putting off accessing healthcare overnight
- For the communication programme planned to be strengthened to ensure people understand the difference in terms of what an MIU and ED provides

9 Next steps

9.1 SFT Trust Board will meet on 1 March to make a decision on the recommendation to permanently reduce the service provision from 24 hours to a new opening time of 8am – 9pm.

10 Background papers

9.1 The Somerset NHS Foundation Trust paper is available on their Trust website as part of their trust board papers. NEED TO INSERT LINK

This page is intentionally left blank

Briefing: Future Health and Care Services for Victoria Park Ward, Bridgwater

DRAFT

1. Purpose of this Briefing

The purpose of this briefing is to update members of the Somerset Health Overview and Scrutiny Committee on engagement with the local community and stakeholders following the closure of the Victoria Park Community Centre.

The committee is asked to note the engagement activity and proposed next steps.

2. Introduction

On 11 August 2021 Somerset CCG closed the Victoria Park Medical Centre. The decision was made due to ongoing clinical staffing shortages and the risk to patient safety. Before the decision was made practice staff, Somerset CCG and neighbouring GP practices worked together to find a way to provide safe patient services at the practice.

This meant finding someone willing to not just work as a GP but also to take over the business responsibilities of the practice during a time when there is a national shortage of GPs

All possible alternative options were explored, but it was not possible to find a way to provide a permanent, adequate, and safe service. All patients registered with the Victoria Medical Centre were reassigned to other local GP practices so that all patients had and continue to have access to primary care medical services.

To meet current and future health needs of the Victoria Park community, Somerset CCG set up a programme of work, overseen by a steering group, to find a long-term, viable solution that maximised the medical centre's location in the heart of Bridgwater so that care can be provided closer to home where possible.

3. Engagement with the Local Community

A key principle set by Somerset CCG was a commitment to listen to the views of the local community and to take them into account as potential solutions were explored, narrowed down and appraised.

A communications and engagement plan was developed and is available in Appendix 1. The plan describes the communications and engagement approach and activities to ensure residents, former patients, community/voluntary groups, and other stakeholders are both kept informed of progress and have opportunities to give their views and feedback at key points during the project. In turn, the project team will make sure that all feedback given will be considered as solutions are developed and a recommendation is made.

This is in line with the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), section 14Z23 *"Public involvement and consultation by clinical commissioning groups"* which places a duty on CCGs to involve the public in commissioning.

4. Objectives

- To understand the views of Victoria Park Medical Centre's patients when the decision to close the practice was made, their experiences of being allocated to a new GP practice and their thoughts about what should be provided locally in the future

- To make sure information is provided in a timely manner on progress and updates are provided through established CCG and local community communications channels

- To provide opportunities for people to give their feedback at key points in the project and to involve them in the process to scope and evaluate potential solutions

- To ensure that the patient and community voice is represented within the project governance

- To ensure flexibility in the engagement approach to take account of the impact of Covid-19 on engagement activities.

5. Approach

The engagement approach is broken down into three stages:

Stage One

- Broad engagement with a wide range of patients, groups and the local community following the closure of the medical centre and to ensure feedback is sought as widely as possible
- Identifying key community and patient representatives who can be involved in the project governance i.e., be members of the project steering group and provide advice and guidance on communications and engagement activities (Chair of the Victoria Park Community Centre/local councillor and Healthwatch representative)
- Identifying community and patient representatives who would like to continue to be involved as the project progresses.

Stage Two

- Focussed engagement with interested parties to update on progress and gather feedback on work to date – on-line engagement meetings in January and a proposed meeting in late February, subject to programme timescales.
- Ensure other key stakeholders are briefed e.g., HOSC
- Adjustment of engagement activities/plans in line with Covid-19 and to ensure learning from January engagement.

Stage Three

- Depending on the number of viable solutions:
  - If one viable solution - communicate decision to local community and stakeholders once decision made by the CCG
  - If more than one solution – broaden out engagement for ask for views on preferred solution – conduct drop-in sessions and run survey, independently analyse feedback and produce report to be used as part of decision-making case.

DRAFT

6. Communications and Engagement Activities – December to February

Stage One: October to December	
Aim	**Activity**
Broad engagement with wide range of patients, groups and the local community following the closure of the medical centre and to ensure feedback is sought as widely as possible	Three drop-in sessions held in October at the Victoria Park Community Centre
	Online survey
	Feedback independently analysed and engagement report produced
	Engagement report presented to the programme steering group
	Engagement report published on the CCG's website, an update provided to use at the community centre, letters to stakeholders and residents
Identifying key community and patient representatives who can be involved in the project governance i.e., be members of the project steering group and provide advice and guidance on communications and engagement activities	Chair of the Victoria Park Community Centre/local councillor and Healthwatch representative established as members of the programme steering group
Identifying community and patient representatives who would like to continue to be involved as the project progresses.	Those who gave their views at the drop-in sessions and via the online survey were asked if they would be happy to be involved in any future engagement activities.
Stage Two: January and February	
Focussed engagement with interested parties to update on progress and gather feedback on work to date – on-line engagement meetings in January and a proposed meeting in late February, subject to programme timescales.	Two online engagement events held in January
	Engagement report produced presented to the programme steering group
	Report published on CCG website
	Update on publication of the engagement report shared with stakeholders and participants
	Newsletter produced for the local community – published on the CCG website, the community centre's website, and Facebook page
Ensure other key stakeholders are briefed e.g., HOSC	Briefing for February committee

DRAFT

7. Feedback – Key Themes

Full details of the feedback received are available in the two engagement reports published in December and February – both are available in Appendix 2.

7.1 Summary of Feedback from October - What do we need to consider when planning health services in the area going forward?

	Number of respondents	% of respondents
Victoria Park surgery needs to reopen	20	18.9%
Rapidly growing population/increasing population	14	13.2%
New housing/planned housing developments	10	9.4%
Need to increase provision/not decrease	9	8.5%
Not enough surgeries in the area/others cannot cope with extra demand	9	8.5%
Problems accessing new surgery	9	8.5%
Public transport is lacking to access other surgeries	7	6.6%
Victoria Park as great/the best/positive comments	7	6.6%
Elderly population need local provision	6	5.7%
Pressure on other surgeries – stress for staff and patients	5	4.7%
Too far to other doctors	4	3.8%
Cannot get through to the new surgery/get an appointment	4	3.8%
Service at Victoria Park was poor for some time	4	3.8%
Right decision/understand the decision	3	2.8%
Victoria Park had a family feel/knew patients	2	1.9%

7.2 Summary of Feedback from January Engagement

Theme	Details
Funding	The Chair of the Victoria Park Community Centre, Councillor Mick Lerry, raised with the group his understanding of the challenge of GP practice liabilities and their impact on the willingness of GPs to take on a practice. He reported that the Community Centre had secured additional funding to reduce the lease by 50 per cent over a three-year period as an incentive to encourage GPs to take on

DRAFT

Theme	Details
Funding (cont.)	the practice and so that the covenant within the lease could continue to be upheld. He explained that he understood the lease to contain a covenant about the use of the community centre premises for healthcare.
Inequity of service provision	Attendees expressed their view that the removal of primary care services from the west of Bridgwater (Victoria Park) caused inequity of access to services, particularly given its geographical constraints.
Geographical access	There is no public transport to get to other parts of Bridgwater meaning residents need to rely on cars, lifts, or taxis or go into town to catch a bus to get to other GP surgeries and other health services. This was severely impacting on residents' ability to access services.
Impact on travel times	Lack of public transport has a significant impact on travel times, particularly for those who must use public transport.
Lack of parking at other surgeries	There are limited car parking facilities at other surgeries.
Impact on the pharmacy	A long-standing local patient raised her concern about the impact on the local pharmacy. She described recent problems with being able to collect her medication due to the lack of on-duty pharmacist.
Need for a community-focussed solution	There was a desire to see services delivered from a local hub to address the local community's needs now and into the future. By having a range of services at the medical centre, and community centre attendees felt a wide range of health and care needs could be addressed.
Impact of new housing developments	Concerns were raised about the impact of new housing developments in the area on already stretched services.
The needs of families and young people	A representative of the Somerset Parent/Carer Forum asked that the needs of young people and families with young children were considered, particularly as the Victoria Park area and west of Bridgwater had a younger population, compared to other parts of Somerset. This was particularly important when planning for future as well as current health needs as the sort of services and support required would be different and not GP reliant.
Timescales	Attendees noted that the medical centre was closed five months ago and wanted to understand when a solution would be found. Questions were asked as to whether the October engagement had asked residents if they would register at a re-opened Victoria Park practice and the view that local people would register if these services were available. Questions were also asked about whether any solution was 'fixed in stone' or whether a level of flexibility could be built in so that services could be adapted if necessary.
Loss of other valued health services:	The withdrawal of other well-used services was raised as an issue which was impacting on the local community. Council run services

DRAFT

Theme	Details
	such as the breast-feeding clinic, baby and early years' clinics had been moved to the other side of Bridgwater at the start of the pandemic. These had been very popular services, particularly as they had been available close to the local community where there was ample parking at the community centre

8. Proposed Next Steps

The programme will continue to consider engagement feedback in further shaping a solution and will be conducting an Equality Impact Assessment. The next steps in the engagement plan will align with these programme's key milestones and decision-making timeline. This may mean timescales and activities for the latter part of stage two and stage three may need to flex, while maintaining the commitment to engage with and inform the local community.

DRAFT

Appendix 1

Victoria Park Medical Centre – Communications and Engagement Plan

1. Background

Due to ongoing clinical staffing shortages at Victoria Park Medical Centre, Somerset CCG took the decision to close the practice on patient safety grounds, due to a shortage of clinical staff. The GP Practice closed on Wednesday 11th August 2021.

Before the decision was reached, practice staff, Somerset CCG and neighbouring GP practices worked closely together to find a solution that meant safe patient services could be provided at the practice. This meant finding someone willing to not just work as a GP but also to take over the business responsibilities of the practice during a time when there is a national shortage of GPs.

All possible alternative options were explored, but it was not possible to find a way to provide a permanent, adequate, and safe service.

The patient list for VPMC was assigned to other primary care practices so that all patients had and continue to have access to primary care medical services

Somerset CCG is now leading a process to determine and evaluate potential solutions that meet the health needs of the local community and supports the CCG's aim of helping people to live healthy independent lives wherever possible.

2. Aims

The aim of this plan is to describe the communications and engagement approach and activities to ensure residents, former patients, community/voluntary groups, and other stakeholders are both kept informed of progress and have opportunities to give their views and feedback at key points during the project. In turn, the project team will make sure that all feedback given will be considered as solutions are developed and a recommendation is made.

This is in line with the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), section 14Z23 *"Public involvement and consultation by clinical commissioning groups"* which places a duty on CCGs to involve the public in commissioning.

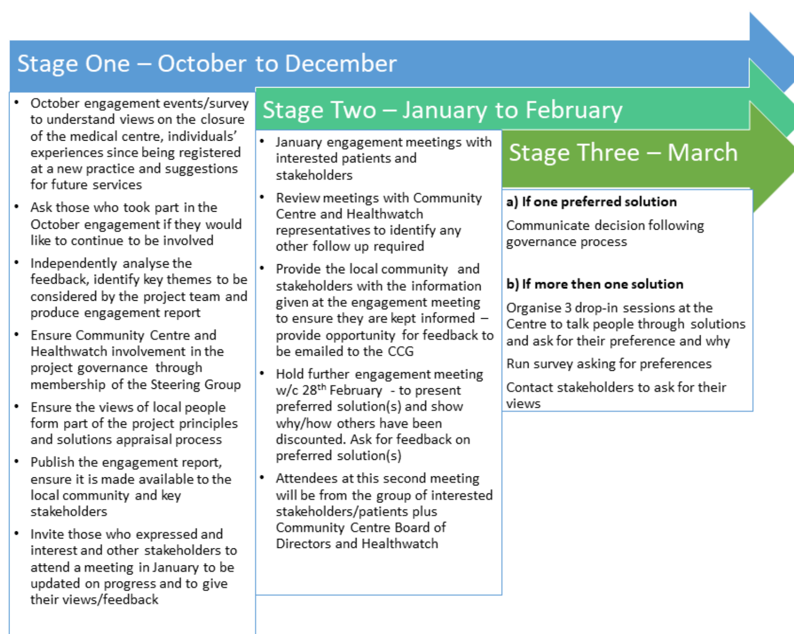
3. Objectives

- To understand the views of Victoria Park Medical Centre's patients when the decision to close the practice was made, their experiences of being allocated to a new GP practice and their thoughts about what should be provided locally in the future
- To make sure information is provided in a timely manner on progress and updates are provided through established CCG and local community communications channels
- To provide opportunities for people to give their feedback at key points in the project and to involve them in the process to scope and evaluate potential solutions
- To ensure that the patient and community voice is represented within the project governance
- To ensure flexibility in the engagement approach to take account of the impact of Covid-19 on engagement activities.

DRAFT

4. Approach and Activities

The communications and engagement approach reflects the project governance and key delivery points and can be described in the following stages:



5. Target Audiences

There are individuals, groups and organisations which would want to be kept informed and give their views and feedback. At the beginning of the project, the CCG's communications and engagement team identified key stakeholders – a copy of their analysis is available in Appendix A alongside a stakeholder map.

In line with the communications and engagement approach, the activities to engage individuals, groups and stakeholders adapt to meet the requirements of the project as it progresses i.e.

Stage One

- Broad engagement with wide range of patients, groups and the local community following the closure of the medical centre and to ensure feedback is sought as widely as possible
- Identifying key community and patient representatives who can be involved in the project governance i.e., be members of the project steering group and provide advice and guidance on communications and engagement activities (Chair of the Victoria Park Community Centre/local councillor and Healthwatch representative)
- Identifying community and patient representatives who would like to continue to be involved as the project progresses.

Stage Two

- Focussed engagement with interested parties to update on progress and gather feedback on work to date – on-line engagement meetings in January and meeting in late February
- Ensure other key stakeholders are briefed e.g., HOSC
- Adjustment of engagement activities/plans in line with Covid-19 and to ensure learning from January engagement.

Stage Three

- Depending on the number of viable solutions:
  - If one viable solution - communicate decision to local community and stakeholders once decision made by the CCG
  - If more than one solution – broaden out engagement for ask for views on preferred solution – conduct drop-in sessions and run survey, independently analyse feedback and produce report to be used as part of decision-making case

6. Key Messages

- We will listen to the views of the local community and take them into account as we develop potential solutions
- We want to make the most of the centre's location in the heart of Bridgwater and maximise the use of all its facilities to meet the needs of the local community
- We want to be able to deliver care closer to home and which reduces health inequalities, helps to prevent ill health and provides more tailored, personalised services according to the local community's health needs
- We want to support the continued provision of the Victoria Park pharmacy service
- We want to find a solution that is deliverable, affordable, and sustainable over the longer term.

7. Timescale Dependencies

Should there be more than one viable solution, increased time will need to be built into the project to ask the local community and stakeholders for their preferred solution.

Their feedback would need to be analysed, ideally by an independent expert and a report produced to be considered as part of the decision-making case. There would need to be sufficient time for a survey to be circulated, responses gathered, analysed and a report written – based on the experience of similar engagement activities run in October it is advised that an allowance is made for an additional eight weeks for this work to be delivered and completed.

DRAFT

Stakeholder Matrix

Satisfy Local MP Chairs of local town and district councils Local Medical Committee Local Pharmacy Committee	**Manage - External** Chair of the Victoria Park Community Centre Board (Cllr Lerry) Members of the Victoria Park Community Centre Board VPCC Manager Residents and patients who have volunteered to be involved following the October engagement events Local town, and district councillors The local Primary Care Network Healthwatch Somerset County Council Health Overview and Scrutiny Committee Somerset NHS Foundation Trust Director of Adult Social Services and Lead Councillor Director of Children's Services and Lead Councillor Victoria Park Pharmacy **Internal** Primary Care Commissioning Committee CCG Governing Body Fit for My Future Programme Board Neighbourhood Board
Monitor	**Inform** Previous patients of the VPMC Local residents Local media

Copy of VP stakeholder list.xlsx

Appendix 2 Engagement Reports

1. Report of the Engagement Held During October 2021

Victoria Park Medical Centre Engagement -

2. Report of the Engagement Held January 2022

Victoria Park Engagement Report .p

DRAFT

This page is intentionally left blank

Somerset County Council
Scrutiny Committee
02 March 2022

New Hospital Programme
Lead Officer: Ian Boswell/ Phil Brice
Author: Ian Boswell
Contact Details:: ian.boswall@SomersetFT.nhs.uk
Cabinet Member: David Huxtable
Division and Local Member: All

1. Summary

1.1. Somerset Foundation Trust is developing outline proposals for the redevelopment of Musgrove Park Hospital site between 2026-2030. These proposals are in response to Musgrove Park Hospital site being designated one of the schemes in the New Hospital Programme.

1.2. The proposals are supported by the Somerset ICS and consistent with the long-term vision for Somerset. Somerset CCG concluded in November 2021 that under the Somerset CCG's consultation policy, consultation is not required.

2. Issues for consideration / Recommendations

2.1. The Committee is asked to consider the process being undertaken to develop the outline proposals for the redevelopment of Musgrove Park Hospital and to confirm whether this approach is supported by the Committee. The Committee is asked to consider whether the view that public consultation is not required is still supported.

2.2. Somerset Foundation Trust will report back to the Committee when more detailed plans have been developed over the next few years.

3. Background

3.1. Musgrove Park Hospital has been designated as one of the Government's New Hospital Programme schemes. Initial planning work was undertaken during 2021 to test out the feasibility of redeveloping part of the hospital site in accordance with guidance provided by the Department of Health and Social Care.

3.2. The outline plans are supported by Somerset CCG and the wider Somerset ICS. A Strategic Outline Case has been submitted to NHS regulators for approval. It anticipated that further work would commence on developing more detailed plans later this year subject to regulatory approval.

4. Consultations undertaken

4.1. The process for developing proposals was shared with HOSC in early 2021 and

views were expressed that public consultation was not required.

4.2. Conceptual plans were developed later that year and shared with a range of stakeholder groups that included patients, carers, members of the public and health service colleagues. Details of the engagement are included in the supporting papers.

5. Implications

5.1. As plans for the redevelopment of the hospital site progress, there will need to be an updated Travel Plan. The plan will need to consider the implications of a significant construction on the hospital site in a way that minimises the impact on access to hospital services.

6. Background papers

6.1. Papers include the presentation that has been shared with the stakeholder groups and the EIA that has been subsequently developed following those engagement meetings.

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