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SCRUTINY FOR POLICIES, ADULTS AND HEALTH COMMITTEE
Wednesday 12 October 2022
10.00 am Luttrell and Wyndham Rooms, County Hall, Taunton, TA1 4DY

To: The members of the Scrutiny for Policies, Adults and Health Committee

Cllr R Woods (Chair), Cllr G Oakes (Vice-Chair), Cllr H Bruce, Cllr N Cottle, Cllr D Denton, Cllr B Ferguson, Cllr A Govier, Cllr A Hendry, Cllr C Lawrence, Cllr E Pearlstone, Cllr T Robbins, Cllr F Smith and Cllr C Sully

All Somerset County Council Members are invited to attend.

Issued By Scott Wooldridge, Monitoring Officer and Strategic Manager - Governance and Democratic Services - 4 October 2022

For further information about the meeting, please contact Jennie Murphy - Jennie.Murphy@somerset.gov.uk or 01823 357686 or Jamie Jackson - Jamie.Jackson@somerset.gov.uk

Guidance about procedures at the meeting follows the printed agenda.

This meeting will be open to the public and press, subject to the passing of any resolution under Regulation 4 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

This agenda and the attached reports and background papers are available on request prior to the meeting in large print, Braille, audio tape & disc and can be translated into different languages. They can also be accessed via the council's website on www.somerset.gov.uk/agendasandpapers

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 - 10.00 am Wednesday 12 October 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 **Minutes from the previous meeting held on 27 July 2022** (Pages 9 - 14)

The Committee is asked to confirm the minutes 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 15 - 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 **Adult Social Care - Budget Report** (Pages 19 - 22)

To consider and comment on the report.

7 **Stroke Care in Somerset** (Pages 23 - 34)

To consider and comment on the report.

8 **Treatment and Recovery Grant Substance Misuse Strategy** (Pages 35 - 40)

To consider and comment on the report.

9 **Somerset Safeguarding Adults Board (SSAB) Annual Report** (Pages 41 - 46)

To consider and comment on the report.

10 **Any other urgent items of business**

The Chairman may raise any items of urgent business.

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Guidance notes for the meeting

1. **Council Public Meetings**

The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020 have given local authorities new powers to hold public meetings virtually by using video or telephone conferencing technology.

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 democraticservicesteam@somerset.gov.uk or telephone 07790577336/ 07811 313837/ 07790577232
They can also be accessed via the council's website on www.somerset.gov.uk/agendasandpapers.
Printed copies will not be available for inspection at the Council's offices and this requirement was removed by the Regulations.

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 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 Committee 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 democraticservicesteam@somerset.gov.uk or telephone 07790577336/ 07811 313837/ 07790577232.

At the Chair's invitation you may ask questions and/or make statements or comments about any matter on the Committee's agenda – providing you have given the required notice. You may also present a petition on any matter within the Committee's remit. The length of public question time will be no more than 30 minutes in total.

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.

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. **Exclusion of Press & Public**

If when considering an item on the agenda, the Committee may consider it appropriate to pass a resolution under Section 100A (4) Schedule 12A of the Local Government Act 1972 that the press and public be excluded from the meeting on the basis that if they were present during the business to be transacted there would be a likelihood of disclosure of exempt information, as defined under the terms of the Act.

If there are members of the public and press listening to the open part of the meeting, then the Democratic Services Officer will, at the appropriate time, remove the participant from the meeting.

8. **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 Committee 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.

A copy of the Council's Recording of Meetings Protocol is available from the Committee Administrator for the meeting.

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SCRUTINY FOR POLICIES, ADULTS AND HEALTH COMMITTEE

Minutes of a Meeting of the Scrutiny for Policies, Adults and Health Committee held in the Luttrell and Wyndham Rooms, County Hall, Taunton, TA1 4DY, on Wednesday 27 July 2022 at 10.00 am

Present: Cllr Cllr H Bruce, Cllr Cllr D Denton, Cllr Cllr A Hendry, Cllr C Lawrence, Cllr F Smith and Cllr R Woods (Chair)

Other Members present: Cllr Cllr N Cottle, Cllr Cllr B Ferguson, Cllr Cllr A Govier, Cllr G Oakes, Cllr E Pearlstone, Cllr T Robbins, Cllr C Sully, Cllr Cllr N Cavill, Cllr Cllr H Davies, Cllr Cllr A Dingwall, Cllr L Leyshon, Cllr L Redman, Cllr H Shearer, Cllr G Slocombe, Cllr S Osborne, Cllr M Stanton and Cllr Cllr R Henley

Apologies for absence:

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

Councillor Rosemary Woods declared a temporary non-pecuniary interest in the South West Ambulance Service should this matter arise during the presentations today.

Public Question Time - Agenda Item 3

There were no Public Questions.

51 **Scrutiny for Policies, Adults and Health Committee Work Programme** - Agenda Item 4

The Committee considered and noted the Work Programme and the following items were suggested as future items for the Committee to have the opportunity to scrutinise:

- NHS Dental Services – Follow-up report,
- Suicide Prevention within Mental Health Services,
- Ambulance Service Performance,
- Workforce Planning.

52 **Integrated Care Board and Integrated Care Service** - Agenda Item 5

The Committee had a report and presentation on the recent developments of the Integrated Care System (ICS) and the establishment of the Integrated Care Board for Somerset (NHS Somerset). The took over the statutory accountabilities from the NHS Somerset Clinical Commissioning Group from 1st July 2022.

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 and
- help the NHS support broader social and economic development.

The presentation set out the vision for the County with short term and long term aims. The population of Somerset is relatively older than the national average, and over the next 25 years while the overall population will rise by 15% those over the age of 75 to double, resulting in a significant rise in demand for health and care services. As the population changes, the support they need from services is also changing. People are living longer and more people are living with long-term conditions. As a result, the NHS and its partners need to work differently by providing more care in people's homes and the community and breaking down barriers between services.
The vision for Somerset is to have a partnership that will create: -

- A thriving and productive partnership that is ambitious, confident and focussed on improving people's lives,
- A County of resilient, well-connected and safe and strong communities working to reduce inequalities,
- A County infrastructure that supported affordable housing, economic prosperity and sustainable public services and
- A County and environment where all partners, private and voluntary sector focus on improving the health and wellbeing of all communities.

The Committee welcomed the report and ambitious aims. The Committee asked how this worked with the already active Health and Wellbeing Board and were assured that the need to collaborate in delivering this was already an integral part of the delivery of this strategy. The tight deadlines of delivering the necessary Care Strategy by the existing deadline of December 2022. They were assured that the Strategy would be in place by the deadline but it was important to note that this would be an evolving document with opportunities to refine it over time.

The Somerset Scrutiny for Policies, Adults and Health Committee: - Welcomed the overview of the Somerset Integrated Care System, including the roles and responsibilities of NHS Somerset, the governance arrangements for the Somerset ICS and the establishment of the Integrated Care Partnership (ICP).

53 **Primary Care Update to include Victoria Park Medical Centre** - Agenda Item 6

The Committee considered a report on Primary Care Services in Somerset with an individual update on the Victoria Park Medical Centre in Bridgwater. There are 64 practices in Somerset. No practices are currently rated 'inadequate' by the Care Quality Commission. One is rated 'outstanding' and one 'requires improvement'. The other 62 are rated 'good'.
The Committee had detailed information on appointment waiting times from booking to attendance and this did show that 43% of patient appointments took place on the same day as booking. Feedback from patients and practices both highlight the challenges to access, with patients experiencing difficulty contacting practices and practices reporting extremely high levels of demand, much higher than pre-Covid. Currently at least 50% of consultations are face to face, with most others being telephone, with video and online forming smaller proportions.
Many areas of the Country have seen practices close, merge or move into new premises. In Somerset one practice has closed; Victoria Park Medical Centre in Bridgwater. despite efforts by all stakeholders to find a way to keep it open. The contract was held by a single GP contractor, which is an arrangement the NHS is increasingly moving away from. Sickness of staff and a number of key staff leaving led to a situation in which the practice was no longer able to provide a safe service on a day to day basis. The practice closed in August 2021 and patients were allocated to neighbouring practices. The building, which is part of Victoria Park Community Centre, will reopen later this year as a health hub, with a range of services for local people. This will be operated by Bridgwater Primary Care Network and Somerset NHS Foundation Trust working in partnership.

The Committee discussed negative impact this was having on a very deprived Ward and were made aware of the feelings of the local community in having to seek services in other GP surgeries. This led on to a discussion about the challenge of attracting GP's to work in Somerset while acknowledging that Somerset had a more stable workforce compared to some parts of the Country. There was also some discussion about making sure Community Pharmacies are used to the best effect. It was agreed that there was no simple solution and creative solutions were required to address the challenges of an ageing population, the rural nature of Somerset and workforce challenges.

The Somerset Scrutiny for Policies, Adults and Health Committee: -

Welcomed the update and report and supported the developments in Primary care in addressing the challenges of continuing to improve the health outcomes of the local population. The Committee asked to be kept informed of progress of the proposed new way of delivering services.

54 **Performance Report** - Agenda Item 7

The Committee considered a report that provided an update on key developments in relation to demand and performance activity across adult social care both nationally and locally. It was supported by an accompanying presentation, prepared by the Adult Social Care Performance Lead, detailing key performance indicators for the service to help inform the Committee's understanding of current activity and performance locally.

Somerset's Adult Social Care strategic approach remains focused on promoting independence and supporting person-centred practice and approaches. The rising cost of social care driven by increasing demand for services, and the recognised workforce challenges (both within social care services delivered by local authorities and across the wider independent care provider market and health sector) has impacted on the ability to consistently deliver within desired targets and timeframes in some areas of activity.

The Strategic focus is Promoting Independence and adopting a person-centred approach to achieve this Somerset Adult Social Care aims to support people in Somerset to: -

- Be able to remain in their own homes for as long as possible,
- Enable people to recover and return home from hospital quickly,
- Reduce our use of out of county placements by ensuring we have a sufficient range of mixed economy provision,
- By enabling people and their carers to tell us what 'good' looks like for them and help design their support,
- Be able to have equal access to mainstream support within their local community,
- Have tailored assistance to support where they need it and finally
- Have enabling conversations focused on their strengths and to offer informed choice.

The first point of contact is Somerset direct and in 2021/22 the average call volume was 5893 calls a month. 60% of which were resolved during that initial call. It was recognised that there is a backlog in overdue Care Act Assessments and Overdue Reviews and the Committee were informed of the plans in place to address this. Somerset is still one of the best performing Local Authorities when compared Nationally but that does not reduce the emphasis on getting these under control.

The Committee asked why there was such a high number of 'Provider Handbacks' – when a provider indicates that they can no longer provide a service. Although occasional care package 'handbacks' are not uncommon, and can and will occur for a variety of reasons, during 2021/22 there were a total of 269 package 'handbacks' (an average of approx. 22 per month) placing additional pressure on Local Authority staff to find replacement care within an already over stretched care market. The monthly average so far in 2022/23 is 27. This is an indication of having hit the limit of people wanting to work in

Care and a reduction in available workforce following the departure from the European Union. There is now a drive to look for workers from overseas as there is a need for about 300 -400 workers to cover the shortfall.

The Committee asked if the handing back of contracts led to re-admittance to Hospital or residential settings. They heard that this may happen but it was a very complex area as people needing the support do often have other medical conditions that may need hospital treatment anyway.

The Somerset Scrutiny for Policies, Adults and Health Committee: -

- **Considered the report and made recommendations.**

55 **Quality Report** - Agenda Item 8

The Committee had a report on Care Provider Quality. The report outlined the overarching duties and arrangements the Local Authority has to ensure the care provision offered to residents is of the highest quality, to support oversight and scrutiny.

The Care Act 2014 requires local authorities to help develop a market that delivers a wide range of sustainable high-quality care and support services, that will be available to their communities. When buying and arranging services, local authorities must also consider how they might affect an individual's wellbeing. This makes it clear that local authorities should think about whether their approaches to buying and arranging services support and promote the wellbeing of people receiving those services.

The Care Act also gives local authorities clear legal responsibilities where a care provider fails. It makes it clear that local authorities have a temporary duty to ensure that the needs of people continue to be met should their care provider become unable to continue to provide care because of business failure, no matter what type of care they are receiving. Local authorities have responsibilities to all people receiving care, regardless of whether they or the local authority pay for that care, or whether it is funded in any other way. Should a care provider fail financially and services cease, the local authority must take steps to ensure that all people receiving care do not experience a gap in the services they need.

The Local Authority and NHS Somerset have a number of forums, functions and teams where concerns relating to care provider quality, risk and performance are overseen by the following : -

- **Somerset System Quality Group**: A strategic forum at which partners from across health, social care, public health and wider within Somerset Integrated Care System can join up around common priorities.

- **Multi-agency Care Provider Commissioning & Quality Board**: Supporting evidence-based commissioning and de-commissioning decision making relative to quality and safeguarding concerns in our care market.
- **The Quality Assurance and Contracts Team**: The Local Authority has a dedicated team in place offering advice and support to externally commissioned care providers to meet the quality standards and requirements of regulators and the Council.
- **Provider engagement and forums**: The service is currently reviewing the provider engagement and communication functions and forums in place locally.
- **Micro-providers** : Somerset has a growing micro-provider market – services that are not commissioned directly by the LA but help give local people more choice and control over the support they require and offer an alternative to more traditional provider services - Somerset is looking to partner with The Independent Living Group and the National Association of Care and Support Workers to purchase a nationally recognised accreditation and learning and development pathway as part of its commitment to deliver quality provision across Somerset.

The report contained a case study the typified the range of responses used to address a quality issue. The report contained some comparator information in relation to the rest of England and similar large rural Local Authorities.

The Somerset Scrutiny Policies, Adults and Health Committee-

- **Considered the report and detailed analysis of the arrangements to ensure Care Provision in Somerset is of the highest quality.**

56 **Any other urgent items of business** - Agenda Item 9

There were no other items of business.

(The meeting ended at 12.25 pm)

CHAIR

Scrutiny for Adults and Health Work Programme – 2022

Agenda item	Meeting Date	Details and Lead Officer
	12 October 2022 -Formal	
Adult Social Care Budget Report Stroke Consultation Somerset Safeguarding Adults Board -Annual Report Substance Abuse Strategy		Mel Lock/ Anna Littlewood Maria Heard Keith Perkins/Niki Shaw Alison Bell
	02 November 2022 Informal	
Neighbourhoods? ICS Strategy/Consultation		Mel Lock Maria Heard
	07 December 2022 - Formal	
Suicide Prevention Strategy Stroke Consultation Adult Social Care Budget Report		Matthew Hibbert Maria Heard Mel Lock
	18th January 2023 - Formal	
Fit for My Future Adult Social Care Budget Report		Maria Heard Mel Lock

Scrutiny for Adults and Health Work Programme – 2022

Healthy Weston		Colin Bradbury/Helen Edelstyn
	08 March 2023 – Formal	
Fit for My Future Adult Social Care Budget Report		Maria Heard Mel Lock

ITEMS TO BE ADDED TO AGENDA:
Quality Performance reports Alison Henly /Alison Rowswell
Ambulance Service Performance
Haematology Services -Yeovil/ Phil Brice
Workforce Planning
NHS Dentistry Services
Healthy Weston -Update
Musgrove Park Hospital -redevelopment – Phil Brice
update Mental Health Response times
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. Jamie.Jackson@somerset.gov.uk 01823 355059 or the Clerk Jennie Murphy on jennie.murphy@somerset.gov.uk

Scrutiny for Policies, Adults and Health Committee _Remit

Functional areas that are the responsibility of the Committee cover personal services to individuals as follows:

- Health & Wellbeing (including Public Health Services)
- Education, Training & Skills
- Learning and Physical Disabilities

- Adult Care & Support Services
- Community Safety
- Somerset Armed Forces Community Covenant
- In addition the Committee considers any referrals made by Healthwatch.

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Somerset County Council
Scrutiny Committee
– 12th October 2022

Adult Social Care Budget Explained and Month 5 report
Lead Officer: Mel Lock
Author: Anna Littlewood
Contact Details: anna.littlewood@somerset.gov.uk
Cabinet Member: Cllr. Heather Shearer
Division and Local Member: N/A

1. Summary

1.1. The Adult Social Care budget makes up over half of the Council's budget. This month's item is an introduction to ASC finances. There will be an explanation of the make-up of the ASC budget including gross spend across statutory and discretionary services, income sources and the net budget requirements. There will be an explanation of how the budget is set each year and what we can do in-year to control demand and costs and manage overspend.

1.2. The month 5 budget position will be explained and will go into detail of the specific and unprecedented pressures on the service because of the longer-term effect of the pandemic. The item will explain the current overspend and actions that are being taken to control and improve this position.

1.3. Going forwards, the Adults and Scrutiny Committee will receive an updated budget position from ASC as part of its formal meetings.

2. Issues for consideration / Recommendations

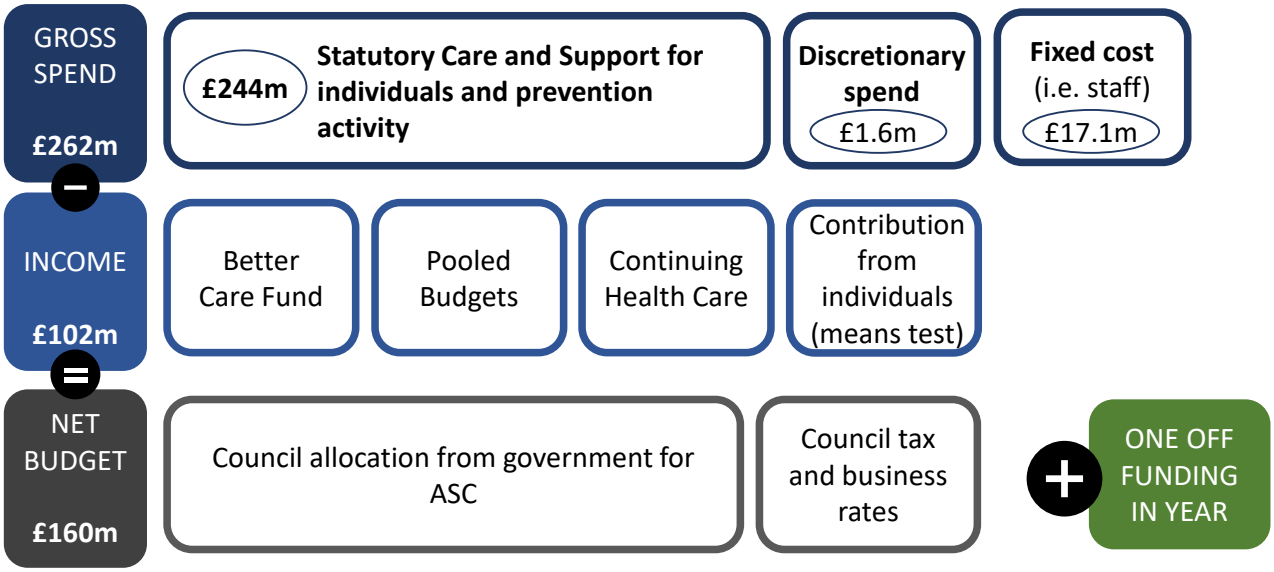
2.1. That the committee has an improved understanding of the make up of the ASC budget, so they are better equipped to scrutinise the budget and hold the Executive to account concerning the ASC financial position.

2.2. That the committee can ask informed questions concerning the areas of overspend and the plans in place to improve this position.

3. Background

Adult Social Care Finance Explained

The money that is spent in Somerset on Adult Social Care is £262m per year. There is a large contribution from the NHS towards these costs of care and also many individuals receiving care and support pay something towards their costs. This means the budget the Council needs for ASC is actually £160m per year. The council also receives one-off funding from the government during the year to cover additional costs i.e. winter surges in demand.

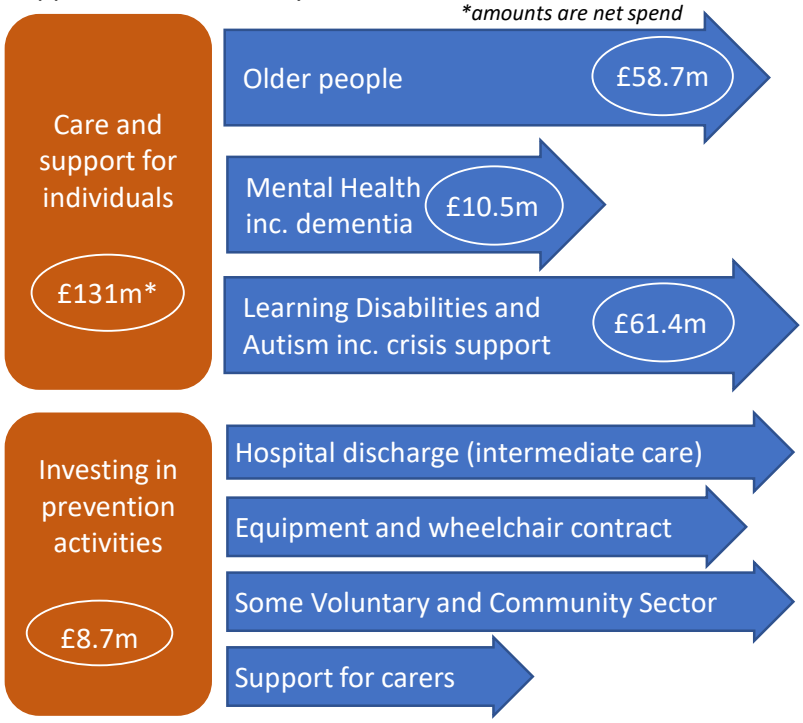


Statutory Services

The council is legally obliged to meet the assessed needs of its population, the services that meet these needs are call statutory services and they make up the vast majority of the council's budget. There are 7500 people within Somerset who are in receipt of some kind of statutory service and a further 500 somerset residents who are supported out of county.

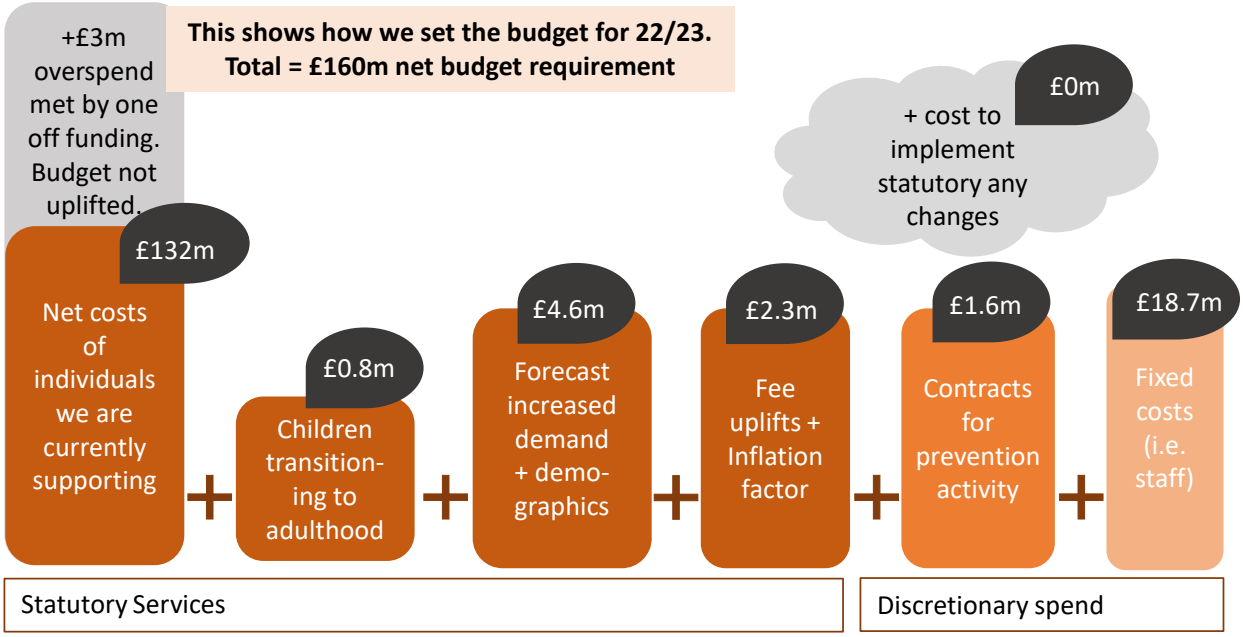
- ✓ If the individual is assessed as requiring care and support under the **Care Act** or **Mental Health Act**,
- ✓ And the individual falls **under the financial threshold** for receiving funded or part-funded support.
- ✓ Then the council is responsible **by law to meet their ongoing care needs** and pay for all or part of this.

- We also have a duty to **prevent, reduce or delay the need** for more formal care and support
- Investing money in this means that we can better manage the demand for our statutory services and **save the council money in the long term**
- These services **help people to live independent lives** for longer



How do we set the Adults budget?

The budget is set each year by starting with the cost of the individuals we currently support. We then add on to this the children we know are transferring into adulthood and also a factor for growing demand and demographics. We then add inflation and other increases to our costs. We also have to factor in the cost of any new legislation that is coming in the next year.



In most years, demand and inflation growth factors, plus one-off funding, can cover any pressures we see in our forecasts. However, this year these pressures have been too unpredictable to forecast, and too large to absorb.

4. Consultations undertaken

4.1. Not applicable

5. Implications

5.1. The Council has statutory responsibility to fulfil its duties of care towards Adults in Somerset. The demand and costs for these services have been growing at increased rates since the pandemic. The Service and the Council need to improve the overspend position in advance of the next budget setting round for the new Somerset Council.

6. Background papers

6.1. Adult Social Care Finances Explained – presentation to be delivered at the meeting including Month 5 budget figures.

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

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Somerset County Council
Scrutiny for Policies, Adults and Health Committee

Update on Hyper Acute Stroke Care

Lead Officers: Maria Heard, Programme Director, Fit for my Future Programme Director
Julie Jones, Programme Manager for Stroke, Neurorehab and Community Hospitals, Somerset NHS FT

Author: Maria Heard
Contact Details: maria.heard1@nhs.net

Cabinet Member: Councillor Heather Shearer
Division and Local Member: All

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 NHS Somerset Integrated Care Board 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 the impacts of stroke. Many of the recommendations within this strategy have been implemented.

1.2 This report provides an update on the development of hospital based hyper acute stroke services and Transient Ischaemic Attack (TIA) services in Somerset.

2. Issues for consideration / Recommendations

Members are asked to note the update and support the direction of travel.

3. Introduction

Stroke is both a sudden and devastating life event, with 100,000 new strokes a year and over a million people living with the consequences of stroke[1]. It is the single largest cause of complex disability. It therefore has a significant impact on health and social care, unpaid carers, and lost productivity.

The good news is that over recent years, the number of deaths from stroke is going down, which is due to improved prevention and people are seeking help and getting

[1] Patel A, Berdunov V, Quayyum Z, King D, Knapp M, Wittenberg R. Estimated societal costs of stroke in the UK based on a discrete event simulation. Age Ageing. 2020 Feb 27;49(2):270-276. doi: 10.1093/ageing/afz162. PMID: 31846500; PMCID: PMC7047817.

treated more quickly. This rapid access to treatment means that more people are surviving stroke, with better outcomes, than ever before.

3.1 Types of strokes

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

3.2 Rapid Access to stroke care should be provided in a stroke unit, or more specifically a Hyper-acute Stroke Unit (HASU) which typically covers the first 72 hours after admission. Every patient with an acute stroke should gain rapid access to a stroke unit within 4 hours and receive an early multidisciplinary assessment to ensure that they get the most appropriate treatment

For suspected and confirmed TIAs, guidance states that people need to be seen for assessment within 24 hours of symptom onset. Prompt intervention after TIA can reduce stroke rates by up to 80%.

3.3 Vision for stroke care in Somerset

Our vision for stroke is that

"Stroke patients in Somerset will receive timely acute interventions and receive access to world-class services, regardless of where they live."

We want people to have a quicker diagnosis and access to faster treatment, with stroke experts available 24 hours a day, 7 days a week, 365 days a year, in line with national guidance. We want people who have had a stroke or TIA to experience joined up services that will support them and their families throughout the whole stroke pathway. We want to provide stroke care that is:

- Equitable
- High quality
- Efficient
- Well led
- Sustainable

- Attractive
- Innovative

4 National and Local Context

4.1 National context

Rates of death following stroke have reduced by half over the past 20 years[2], but the number of people having a stroke continues to rise[3].

The National Stroke Programme[4] aims to deliver better prevention, treatment, and care for people in England who have a stroke each year.

However, the lack of stroke specialist staff nationally is impacting care for many people who have had a stroke.[5] In the 2021 SSNAP audit[6] of the stroke workforce in England, a number of areas of concern were identified:

- Over half the stroke units have a consultant vacancy
- Less than half of stroke units meet the minimum recommended staffing levels for senior nurses
- There are not enough people trained to undertake thrombectomy procedures
- Only 6% of hospitals have access to the right number of clinical psychologists

Addressing the workforce challenges is essential if improvements in stroke care and outcomes are to be achieved.

Many areas of the country are undertaking similar reconfigurations to our own which provides us with an opportunity to learn from their experiences and apply best practice approaches.

There's now a very strong evidence base from a range of reconfigurations that consistently shows that patients are prepared to travel further to receive specialist treatment in emergencies, including thrombectomy, and it mirrors what already happens in heart attack and trauma.

Professor Martin James, Consultant Stroke Physician Royal Devon and Exeter Hospital and Honorary Clinical Professor University of Exeter

4.2 Local context

[2] NHS Digital (2018). Mortality from stroke. Available at https://digital.nhs.uk/data-and-information/publications/clinical-indicators/compendium-of-population-health-indicators/compendium-mortality/current/mortality-from-stroke

[3] Patel, A., Berdunov, V., King, D., Quayyum, Z., Wittenberg, R. & Knapp, M. (2017) Current, future and avoidable costs of stroke in the UK. Available from: https://www.stroke.org.uk/sites/default/files/costs_of_stroke_in_the_uk_report_-executive_summary_part_2.pdf

[4] NHS England » NHS England's work on stroke

[5] psp_stroke_workforce.pdf

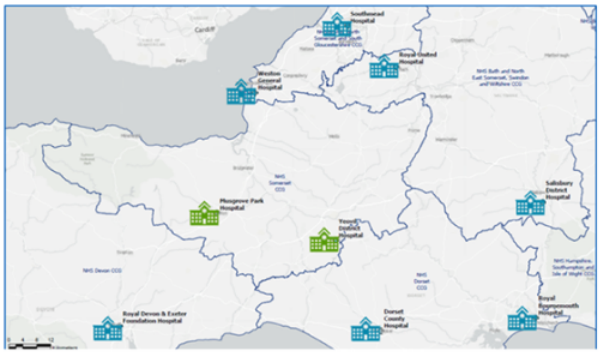
[6] Sentinel Stroke National Audit Programme results Jan-March 2022 https://www.strokeaudit.org/results/Clinical-audit/National-Results.aspx

The ageing population and rurality of Somerset are two of the biggest challenges that we face as a system.

The current prevalence of stroke in Somerset is higher than the national average at 2.38%, compared to an England-wide prevalence rate of 1.8%. This equates to around 1,600 people per year. There are currently 13,991 stroke survivors registered with a Somerset GP.

Hyperacute (HASU) and acute stroke (ASU) care are provided at

- Musgrove Park Hospital in Taunton
- Yeovil District Hospital in Yeovil



Provider	Capacity
Musgrove Park Hospital	HASU 4 beds
	ASU 19 beds
Yeovil District Hospital	HASU 4 beds (co-located with cardiology)
	ASU 12 beds

The map shows the location of all sites which currently provide HASU care in or around Somerset.

Thrombectomy services are provided at Southmead Hospital in Bristol.

Most people with a suspected stroke are admitted via a 999 call to either Musgrove Park Hospital in Taunton or Yeovil District Hospital, in Yeovil. Journey times are a challenge due to the rurality of the county. A small number of people "walk-in" to the Emergency Department and some are admitted from the wards if they have a suspected stroke whilst they are an inpatient.

Around 250 people a year are taken by ambulance to hospitals outside of Somerset for their suspected stroke. If people need a thrombectomy, they are taken by ambulance to Southmead in Bristol.

Every year, around 250 people in Somerset experience a transient ischaemic attack (TIA). A TIA is often called a warning stroke and having rapid assessment and investigation helps to reduce risk of having a stroke by 80%.

5 What are the concerns with stroke services in Somerset?

Provision of acute stroke care is not considered optimal in Somerset for the following reasons:

5.1 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

5.2 **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.

5.3 **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

5.4 **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

6 Developing hyper acute stroke services in Somerset

A significant amount of work has been undertaken by the Somerset stroke steering group (a partnership of clinicians, people with lived experience of stroke and other health and social care staff, as well as colleagues from Dorset) to design a new model for acute stroke services that meets both clinical best practice and one that is grounded in what matters most to people and delivers the best outcomes for

patients. This work has been led by Dr Rob Whiting, Clinical Services Director for Neurological Services and Consultant Stroke Physician at Somerset NHS Foundation Trust.

6.1 It was agreed that the proposals for change should be in line with the draft National Stroke Service Model and address the current inequalities in stroke care provision across Somerset.

The group recognised that in rural areas, compromises might need to be made as achieving a well-staffed unit working 24/7 that is also within a 45 – 60-minute drive in a blue light ambulance might not be possible[7].

Ideally, the model of care in Somerset should:

- Provide high quality emergency stroke care 24 hours a day, 7 days per week.
- Minimise the number of handovers in care for patients
- Consolidate the workforce to provide optimum care, operationally flexibility and an integrated service
- Improve the affordability of the proposals
- Enhance transient ischaemic attack (TIA) services, ensuring equity of access for rapid assessment in all areas of Somerset with digital links to the HASU for advice and support
- Optimise the use of digital technology and learning from COVID-19 to enhance the "reach" that specialist clinicians achieve beyond their immediate vicinity, supporting community services, primary care and ambulance crews in a way not currently seen.

To deliver the model and operate effectively, these dedicated units will need to be supported by other services, including acute medicine, urgent diagnostics, vascular surgery, critical care, and therapies.

6.2 Centralisation of HASUs has been associated with the following improvements in clinical outcomes and benefits for patients and their families[8] [9]:

- Reduced time from admission to thrombolysis
- Improved time from admission to brain imaging for thrombolysed patients
- Reduced total length of inpatient stay[10] [11]
- Reduced mortality

Whilst there are concerns regarding longer ambulance journey times as a result of centralisation, especially in rural areas, these have been shown to be offset by the improved speed of thrombolysis delivery[12] [13]

[7] stroke-services-configuration-decision-support-guide.pdf (england.nhs.uk)
[8] psp_-_reorganising_acute_stroke_services_0.pdf
[9] The impact of acute stroke service centralisation: a time series evaluation - PMC (nih.gov)
[10] Impact of centralising acute stroke services in English metropolitan areas on mortality and length of hospital stay: difference-in-differences analysis | The BMJ
[11] Effects of centralizing acute stroke services | Neurology
[12] The impact of acute stroke service centralisation: a time series evaluation - PMC (nih.gov)

Stroke services need to focus on maximising the likelihood that the local population can receive the best stroke care at the right time, even if it may slightly disadvantage a very small number of people. Not reconfiguring acute stroke services because of this would potentially disadvantage all their residents, by preventing access to best quality stroke care.

Stroke Association, Transforming and reorganising acute stroke services 2022[14]

7 Potential impact of the changes

We recognise that changing the way in which stroke care is provided may impact Somerset residents as well as the Dorset residents who use services at Yeovil District Hospital.

7.1 In considering how we can address the current issues and improving hyper acute stroke care in Somerset, we have been engaging with local clinicians and staff, people with lived experience, community and voluntary sector partners and colleagues from our neighbouring health systems.

At the start of the process, we identified a long list of all the possible ways in which we could change the hyperacute stroke service, including an option to not change it at all.

A range of expert groups were asked to review this longlist of nine options that we could use to improve hyper acute stroke care against a set of Hurdle Criteria which scored a Pass or Fail. These groups were as follows:

- People with lived experience
- Taunton Stroke Team
- Yeovil Stroke Team
- Dorset Stroke team
- The Ambulance Service
- Taunton Emergency Department Team
- Yeovil Emergency Department Team

Options with more passes than fails were added to the shortlist, along with the Do-Nothing option. A shortlist with 6 options was developed and was reviewed by the Stroke Steering Group and reduced to 4 options based on clinical safety.

[13] psp_-_reorganising_acute_stroke_services_0.pdf
[14] psp_-_reorganising_acute_stroke_services_0.pdf

OPTION A	**Do nothing** **HASU and ASU ay both Taunton and Yeovil.** **Same clinical model.** **All suspected strokes taken to nearest ED.**
OPTION B	Minimal change HASU and ASU at both Taunton and Yeovil. Same clinical model, but with a single medical workforce. All suspected strokes taken to nearest ED.
OPTION C	Single HASU at Taunton. No HASU at Yeovil. All suspected strokes taken to nearest HASU.
OPTION D	Single HASU and ASU at Taunton. No HASU or ASU at Yeovil. All suspected strokes taken to nearest HASU.

These four options are being modelled and tested against a set of agreed criteria as described below:

1. Quality of care – impact on patient outcomes
2. Quality of care – impact on patient experience and on carer experience
3. Deliverability
4. Workforce sustainability
5. Affordability and value for money
6. Travel times for patients and their carers and visitors
7. Impact on equalities

We are now considering which final options we will take forwards to consultation.

7.2 Many of our neighbouring systems are reviewing or have reviewed their stroke services.

Changes to stroke services being implemented in Bristol, North Somerset & South Gloucestershire (BNSSG) mean that Musgrove Park Hospital will need to provide hyper acute stroke care to an additional 3.8 patients per week. The changes we make to our services will take account of this.

The greatest impact of any change we make, is likely to be on the Dorset healthcare system. We are working with colleagues in NHS Dorset Integrated Care Board and Dorset County Hospital NHS Foundation Trust to understand how our stroke services can best work together to improve outcomes for both Somerset and Dorset residents. We have also updated the Dorset People and Health Scrutiny Committee on 19 July 2022 on our intentions to review hospital-based stroke services in Somerset.

7.3 The Public Sector Equality Duty requires us to eliminate discrimination, advance equality of opportunity and foster good relations with protected groups. We are engaging with a range of people and organisations representing protected groups, utilising known contacts within Somerset to build the Equality Impact Assessment.

We recognise that centralising services may have an impact on older people, those with a disability or their carers.

8 Communication and engagement

Our approach to communication and engagement is built upon our 10 principles for working with people and communities. These principles were developed through engagement with stakeholders across the Somerset Integrated Care System (ICS).

1. Put the voices of people and communities at the centre of decision making and governance.
2. Understand our community's needs, experience and aspirations for health and care, with a strong focus on underrepresented communities.
3. Involve people at the start in developing plans and feedback how their engagement has influenced decision-making and ongoing service improvement, including when changes cannot be made.
4. Ensure that insight from groups and communities who experience health inequalities is sought effectively and used to make changes in order to reduce inequality in, and barriers to, care.
5. Build relationships with underrepresented groups, especially those affected by inequalities, ensuring their voices are heard to help address health inequalities.
6. Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.
7. Through partnership working, co-production, insight, and public engagement address system priorities in collaboration with people and communities, demonstrating accountable health and care.
8. Use community development approaches that empower people and communities, building community capacity.
9. Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
10. Learn from what works and build on the assets of all ICS partners – networks, relationships, and activity in local places - to maximise the impact of involvement.

8.1 Although only a small percentage of the population of Somerset will need to be admitted to a hyper acute stroke bed, it is important that our engagement and communications reach extends widely, as many people may be impacted by strokes. During our pre-consultation engagement and during any potential public consultation, we will ensure we extend our reach to communities more likely to be impacted by stroke, carers, stakeholders, and the public.

Our approach builds on the engagement work already undertaken.

Throughout the pre-consultation engagement, to ensure we capture the voices of stakeholders effectively we have developed an approach which takes into

consideration the differing levels of interest, involvement, and knowledge.

8.2 Our stakeholders

To make sure our engagement effectively captures the widest possible views and feedback we have developed an extensive list of stakeholders who are involved in, affected by, or interested in the future configuration of the service, as well as the wider public.

The Equality Impact Assessment (EIA) has been utilised to inform our stakeholder analysis and current engagement activities. Our pre-consultation engagement and consultation plan aims to engage with those groups that are most at risk of experiencing a stroke.

Priority audiences to engage with include:

- People with lived experience of a stroke / TIA, either as a survivor or carer of someone who has experienced stroke/TIA
- Key charity, community and voluntary sector organisations supporting those with lived experience, including the Stroke Association
- Those with protected characteristics identified in the EIA as being at higher risk of stroke
- NHS and social care staff working in stroke/TIA services
- Somerset and Dorset Health Overview and Scrutiny Committees (HOSC).

8.3 Our pre-consultation engagement plan

Our plan

Phase 1: The engagement activities which have already been undertaken and which have informed the development of the long list of options are Phase 1.

Phase 2: Informed / interested stakeholder engagement

- Establishment of the Stroke Steering Group
- Establish the Stroke Public and Patient Stakeholder Group
- Undertake engagement around the case for change
- Undertake engagement to inform the development of the longlist of options
- Undertake engagement to assess the longlist of options
- Undertake engagement to develop and inform the shortlist of options.

Phase 3: Wider stakeholder and public outreach engagement.

- Promote the stroke reconfiguration more widely
- Undertake further engagement on the shortlist of options.

8.4 During the pre-consultation engagement NHS Somerset will analyse all of the

feedback received and share this with steering group for consideration. This feedback will be considered and used to inform the development of the solutions.

8.5 Planning for formal public consultation

The proposals for reconfiguring hyper acute stroke services in Somerset are significant. Therefore, we are planning to include formal public consultation as part of our service change plans. The public consultation will be undertaken in line with NHSEI guidance on 'Planning, assuring, and delivering service change for patients.

A consultation engagement and communications plan is being developed.

The public consultation will ensure that there is good opportunity to hear from members of the public, service users, staff and patient groups, particularly higher risk and seldom heard groups. These groups will be targeted in our ongoing pre-consultation engagement work leading up to the public consultation.

The programme is committed to listening to people and will ensure that all the feedback from the consultation is collated and independently reviewed before being fed back to system partners. The final Decision-Making Business Case (DMBC) will demonstrate how the feedback has been taken on board when it puts forward the final clinical model for system-wide decision.

9 Next steps

- We are reviewing the financial, workforce and sustainability modelling of the 4 shortlisted options and are considering whether there is a preferred option(s) for consultation
- Continue to engage with Dorset and neighbouring systems on potential impact of our shortlisted options
- Finalise the draft Pre-Consultation Business Case
- Clinical scrutiny of our proposals to change services by the Southwest Clinical Senate on 28 September 2022
- NHS scrutiny of our proposals by NHS England on 15 November 2022
- ICB Board (Part A) to approve start of consultation 1 December 2022

10 Background papers

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

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Somerset County Council
Scrutiny Committee
– Adults and Health October 2022

Somerset Supplemental Treatment & Recovery Grant and Draft Substance Misuse Strategy

Lead Officer: Alison Bell
Author: Alison Bell & Amanda Payne
Contact Details: Alison.bell@somerset.gov.uk
Cabinet Member: Cllr Adam Dance
Division and Local Member: Somerset wide

1. Summary

1.1. Many of our families, communities or workplaces are touched directly or indirectly by substance misuse, whether you are aware of this or not. This paper aims to introduce scrutiny members how the relaunched Somerset Drug And Alcohol Partnership is tackling this issue, utilising additional funding awarded to Somerset under the Supplementary Substance Misuse Treatment & Recovery Grant (SSTRG).

1.2. A requirement of this grant is to develop a Somerset Substance Misuse Strategy and this paper begins to articulate the approach to be taken locally, in accordance with the national 10 year plan called 'Harm To Hope.'

2. Issues for Consideration / Recommendations

2.1. To scrutinise progress on achieving the pre-requisites against national deadlines of the national grant award – sections 3.1-3.6.

2.2. To provide input into the draft Somerset Substance Misuse Strategy Priorities – section 3.7

2.3. To inform officers how you, as a committee, would like to remain engaged with this work, so that this can be scheduled into forward planning.

3. Background

3.1. Somerset County Council Public Health currently commissions an all-age drug and alcohol treatment service in Somerset, called Somerset Drug and Alcohol Service (SDAS) provided by Turning Point a national voluntary sector provider of specialist drug and alcohol services.

3.2. In December 2021, Government published From harm to hope: a 10 year drugs plan to cut crime and save lives and to support its implementation the government has allocated additional funding over a 3 year period 2022/23 to 2024/25. This supplemental funding is to support improvements in the quality and capacity of drug and alcohol treatment and is subject to plans being submitted annually and approved nationally.

3.3. In year one, 2022/23, Somerset has been awarded £530,557. In line with the spending requirements, our submitted 2022/23 plan is focused on beginning the growth in the capacity of the commissioned drug and alcohol services workforce to deliver drug and alcohol treatment to individuals and families affected by their loved ones' use. Subsequent years are subject to HM Treasury annual confirmation; for Somerset this could mean an additional £880k in 2023/24 and £1.44m in 2024/25. An outline plan for the three years 2022/23 to 2024/25, alongside a detailed plan for 22/23, was submitted and approved. There was a detailed menu of interventions against which the bid had to be written.

3.4. The additional funding asks local areas to deliver the following outcomes over the three years:

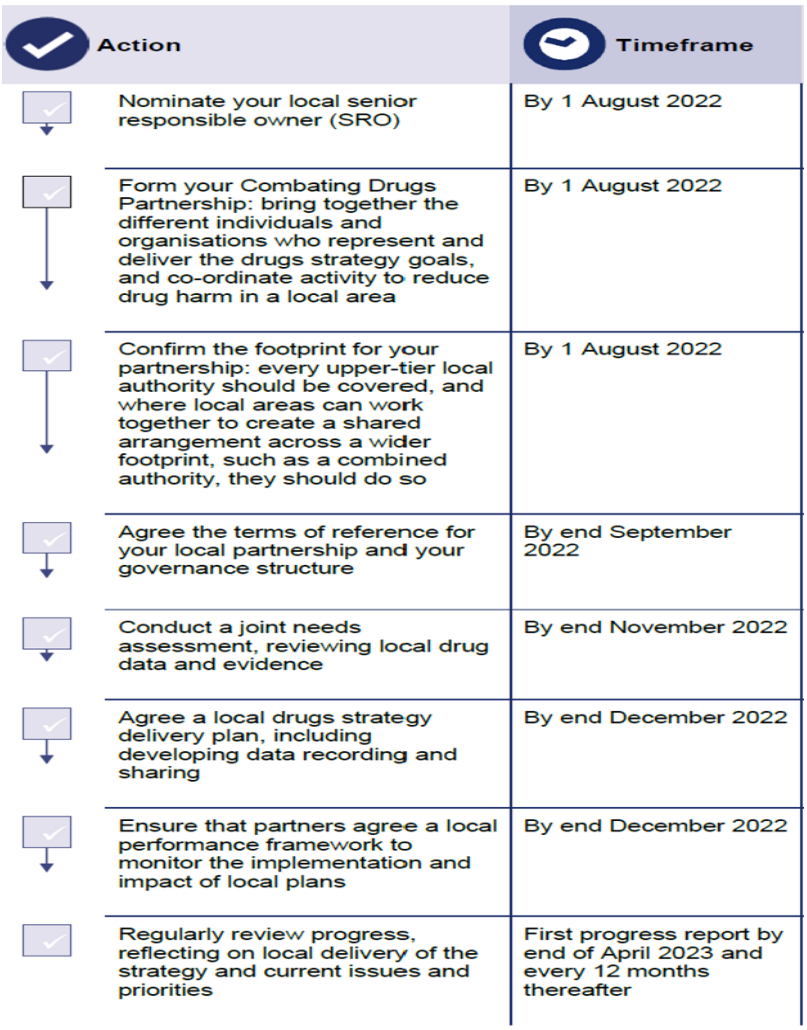
- To have stretch targets to increase the numbers of adults in structured treatment by 20% and young people by 50%
- To reduce drug and alcohol related deaths
- To improve access to treatment for individuals referred from the criminal justice system

3.5. The additional funding is awarded to Somerset under a Memorandum of Understanding from the Secretary of State for Health and Social Care, acting through the Office for Health Improvement and Disparities (OHID), which is part of the Department of Health and Social are. There is a set of outcomes which will be monitored nationally and locally, which will supplement the existing performance framework that is used to manage the contract of the specialist drug and alcohol service.

3.6. Central Government has published a set of requirements to be in place to progress the award of this grant; these are listed below (Figure 1). To date, Somerset has:

- Re-established a Drug and Alcohol Partnership on a Somerset footprint
- Developed Terms of Reference which have been signed off by the partnership
- Agreed an SRO – Alison Bell, Public Health SCC
- Drafted a Needs Assessment to inform strategy development
- Discussed the priorities for our local Drug Strategy and started to develop a performance framework against which progress with implementation can be measured

Figure 1: Requirements of the local drug and alcohol partnership, taken from national partnership guidance [Guidance for local delivery partners (accessible version) - GOV.UK (www.gov.uk)]



Action	Timeframe
Nominate your local senior responsible owner (SRO)	By 1 August 2022
Form your Combating Drugs Partnership: bring together the different individuals and organisations who represent and deliver the drugs strategy goals, and co-ordinate activity to reduce drug harm in a local area	By 1 August 2022
Confirm the footprint for your partnership: every upper-tier local authority should be covered, and where local areas can work together to create a shared arrangement across a wider footprint, such as a combined authority, they should do so	By 1 August 2022
Agree the terms of reference for your local partnership and your governance structure	By end September 2022
Conduct a joint needs assessment, reviewing local drug data and evidence	By end November 2022
Agree a local drugs strategy delivery plan, including developing data recording and sharing	By end December 2022
Ensure that partners agree a local performance framework to monitor the implementation and impact of local plans	By end December 2022
Regularly review progress, reflecting on local delivery of the strategy and current issues and priorities	First progress report by end of April 2023 and every 12 months thereafter

3.7. The Somerset Drug and Alcohol Partnership discussed priorities for our local strategy, based on the national "Harm to Hope" 10 year strategy from [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk)]. From these discussions and reviewing the data, as partnership the following priority areas were identified:

- Admissions to hospital as a result of alcohol use
- The homeless and rough sleeping community
- Join up between mental health services and specialist substance misuse treatment services, to ensure that clients with a dual diagnosis are supported in a co-ordinated manner
- Specialist substance misuse services having a recovery focus
- Engagement with users, carers and families to inform development and implementation of new work

These have evolved to the following framework:

PREVENTION, EARLY INTERVENTION & HARM REDUCTION Use alcohol harm and crime data to inform licensing decisions Public campaigns regarding substance misuse Support for schools PHSE curriculum Engagement of users to inform campaigns Workforce trained in brief interventions Increase access to needle exchange Normalise the use of naloxone	**ENFORCEMENT** Reduce drug supply Test on arrest
INCREASE ACCESS TO SPECIALIST TREATMENT Increase capacity of specialist substance missue service Develop outreach offer to reach vulnerable groups such as homeless/rough sleepers Develop joint working with NHS mental health services, primary care and acute hospital clinicians Collaboration across police, courts, probation, prison and SDAS to ensure a therapeutic response to those who misuse substances but end up in criminal justice system Engage with users to inform development of treatment and outreach models	**RECOVERY** Recruit and train more peer supporters Build support from peer supporters into local pathways Develop mutual aid within communities Engage with users to help focus this work

4. Consultations Undertaken

4.1. National timescales for sign off of this strategy (December 2022) make consultation challenging. The Partnership propose that for this draft of the strategy, we engage with peer supporters who have completed treatment through the local service and adapt our strategy based on their feedback.

4.2. It is proposed that as part of this work to ensure strong engagement with people who misuse substance, both those currently supported by the specialist service and those choosing not to engage. To this end, SCC have recruited a part time Partnership Manager, using some of the SSTRG funding. This postholder's key role will be to engage with users and services to hear what is working and what needs to change, to promote engagement and recovery. Additionally, substance misuse needs to be de-stigmatised and people need to be encouraged to seek early help before behaviours, particularly alcohol intake, become excessive.

5. Implications

5.1. It is likely that if the Somerset Drug and Alcohol Partnership fail to deliver against the requirements of the national grant, they will not be successfully awarded ongoing funding under this grant. It is therefore imperative that work is completed according to the timescales laid out above.

5.2. To date the Somerset Drug and Alcohol Partnership have complied with all the requirements in a timely manner.

6. Background Papers

6.1. From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk)

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

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Somerset County Council
Scrutiny for Policies, Adults and Health Committee
– 12 October 2022

Somerset Safeguarding Adults Board - Annual Report 2021/22

Lead Officer: Keith Perkin, Independent Chair, Somerset Safeguarding Adults Board
Author: Niki Shaw, Strategic Manager, Quality & Performance, Adult Social Care
Contact Details: NXShaw@somerset.gov.uk
Cabinet Member: Cllr Heather Shearer, Cabinet Member for Adults
Division and Local Member: All

1. Summary

1.1 Adult safeguarding is everyone's responsibility. Safeguarding means protecting people's right to live in safety, free from abuse and neglect. The Somerset Safeguarding Adults Board Annual Report *(see attached appendices)* outlines adult safeguarding activity and performance across the county between April 2021 and March 2022.

1.2 The Annual Report is presented each year to the Scrutiny Committee in the interests of promotion, transparency and accountability, as well as being shared with the Chief Executive and Lead Member of the Local Authority, the Police and Crime Commissioner and Chief Constable, Healthwatch Somerset, and the Chair of the Health and Wellbeing Board (as is legislatively required). It is also shared with NHS Somerset leads.

2. Issues for consideration / Recommendations

2.1 Scrutiny Committee to receive and consider the 2021/22 SSAB Annual Report.

2.2 Scrutiny Committee to continue to encourage all elected Councillors to actively support adult safeguarding across the Local Authority and Somerset's local communities, promoting awareness of the resources and support available via the SSAB website: Somerset Safeguarding Adults Board – Somerset Safeguarding Adults Board (safeguardingsomerset.org.uk)

3. Background Information

3.1 The Somerset Safeguarding Adults Board (SSAB) is a statutory body established by the Care Act 2014. It is made up of senior people from organisations who have a role in preventing the neglect and abuse of adults. The main objective of the Board is to seek assurance that local safeguarding arrangements and partner organisations act to help and protect people aged 18 and over who:

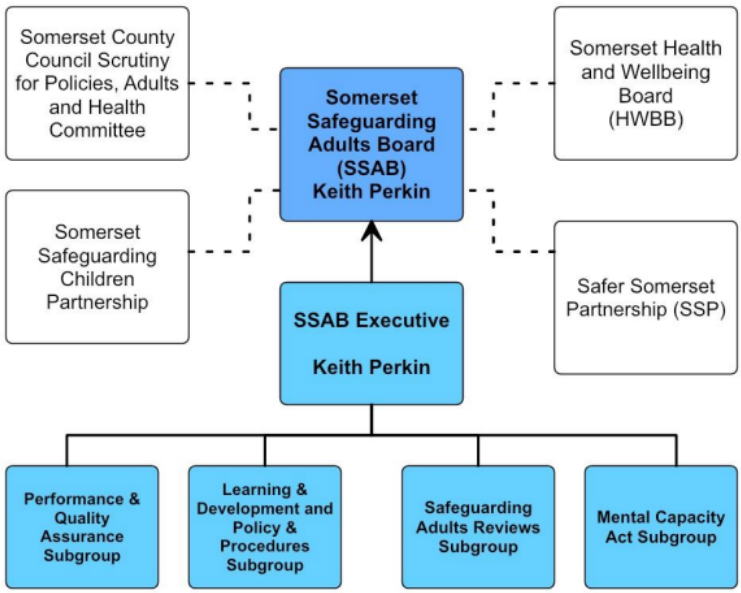
- have needs for care and support; *and*
- are experiencing, or at risk of, abuse, neglect or exploitation; *and*
- are unable to protect themselves from the risk of, or experience of, abuse or neglect as a result of their care and support needs.

3.2 SABs have 3 statutory functions:

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

3.3 Somerset's SAB is independently Chaired by Keith Perkin, who took up post in January 2020. His role is to support and challenge the commitment and vision of the Board and its partners with a main focus on how agencies effectively work together to safeguarding, prevent and reduce the risk of abuse and neglect. The Board also has a Business Manager and some administrative support available to it to help facilitate the effective work of the Board and its subgroups:

3.4 **Board structure as at 31/03/2022**



3.5 The SSAB's role is to have an oversight of safeguarding arrangements within the County, not to deliver services or become involved in the day-to-day operations of individual organisations, including those of Somerset County Council. *As such, any questions from committee members regarding operational matters, including individual safeguarding enquiries, are best directed to the representative of the organisation that has the lead for this work.*

4 Key SSAB updates and highlights

4.1 The work of the Board during 2021/22 continued to be impacted by the need for member organisations (and our SSAB Manager) to prioritise their capacity and response to the pandemic and the associated health and care system pressures arising from it. Despite the demands and capacity challenges faced by the sector, our partner organisations have shown enormous commitment to continuing to help adults in need of safeguarding support and have supported progress activity across a range of priority areas. The Board is keen to highlight the following information for Scrutiny awareness:

a) Somerset has seen a **declining rate of safeguarding concerns contrary to national trends, and fewer Safeguarding enquiries being undertaken as a result**. Analysis suggests this is as a direct result of the significant work undertaken over recent years to improve understanding of safeguarding criteria, and more effectively triage or re-direct the previously high number of 'inappropriate' safeguarding contacts to more suitable settings or teams. *The SSAB has recently convened a task and finish group to review this in more detail, working closely with Somerset Direct*

(the Council's front door/call centre) and colleagues from business intelligence teams to confirm that both reporting and recording, and practice and assurance, remains where we need it to be.

b) In common with national trends, the majority of individuals involved in a safeguarding enquiry are **over 65 and female**. The **most common risk type is 'neglect and acts of omission**', followed by physical abuse, and financial or material abuse. The **most common location where people were identified as being at risk continues to be a person's own home**, followed by a residential care home

c) Somerset is proud of its commitment to 'Making Safeguarding Personal' and continues to secure **valuable feedback direct from service users, carers and advocates via its safeguarding questionnaires developed in partnership with Healthwatch Somerset**. As of end of March 2022, satisfaction levels were highest from service users (100% satisfied with the outcome of the safeguarding work), followed by IMCAs/Advocates (88%); more could be explored to enhance the experience of friends/relatives/carers in safeguarding activity (50% satisfied with outcome), particularly where younger adults are involved. Direct quotes have included:

"My negativity, which was total, has been transformed to positivity which has never happened before in my life"

"An overwhelming sense of wanting to ensure my mother was in safe hands – nothing was beyond debate to achieve this goal"

"I have the full picture – one that allowed me to make an informed decision about how best to proceed. Nothing was forced on me".

"Sam and the team brought life into my life and made me feel better···I am very happy with the friendliness and support that has been provided to me. They have listened and done everything they can, and now it is up to me to make my future life work".

d) The SSAB continues to **raise the profile of adult safeguarding and share best practice** via its website, social media channels and internal/external newsletters and briefings. The Board led a regional webinar on 'Promoting Safer Cultures' during National Safeguarding Adults Week in November 2021 and a webinar on 'Professional Curiosity' in March 2022. *Plans underway to deliver a regional webinar on 'Elder Abuse' this November and to host a Conference in the Spring of 2023.* New public facing materials on Mate Crime have been developed via the SSAB's Policy and Procedures subgroup, alongside the adoption of a short animation to help people understand what good friendships are, when they might be harmful and what people can do to reduce their risk of exploitation.

e) The SSAB coordinated an annual organisational self-audit of effective safeguarding activity and, more recently, conducted a repeat **SSAB Effectiveness Survey** of its members focused of the nationally-agreed characteristics of well-performing and ambitions safeguarding partnerships. The survey identified a range of strengths *(including Board culture and leadership, proactive and responsive safeguarding activity, and clear policies and protocols)* as well as some opportunities for future

development and continued attention *(including improving service user/carer involvement and influence, and seeking more opportunities to prevent abuse and neglect from occurring).*

f) One **Safeguarding Adults Review** was published during 2021.22 ('Matthew'). However, in common with the national and regional picture, Somerset has seen a rise in SAR referrals and is progressing a number of other reviews and debriefs.

6. Looking to the future

6.1 The SSAB published its 2022-2025 Strategic Plan in May 2022. The Plan is publicly available on its website and can be accessed via this link: SSAB-Strategic-Plan-2022-25-Final-For-Publication.pdf (safeguardingsomerset.org.uk). The most recent summary page of the SSAB's Performance & Quality Report is shared (Appendix D) highlighting current performance against each Strategic Plan strand.

7. Implications

7.1 **Financial implications:** The majority of the SSAB's funding is provided by Somerset County Council, with contributions from Avon & Somerset Constabulary and NHS Somerset. Safeguarding Adults Reviews (SARs) are resourced by the partnership as and when required and an agreement is now in place between the three statutory partners to resource all SARs from outside the SSAB's core budget. The SSAB continues with its decision not to professionally print the Annual Plan or Report to save on costs and environment impact. All reports are publicly available on the website.

7.2 **Legal implications:** The Care Act 2014 represented the most significant change to adult social care in more than 60 years, putting people and their carers in control of their care and support. For the first time the Act placed Safeguarding Adults, and the role and functions of a Safeguarding Adults Board, onto a statutory framework from 1st April 2015.

In February 2021 the government announced an intention to develop a new assurance framework for adult social care; proposals included a new duty for the Care Quality Commission to assess local authorities' delivery of their statutory adult social care duties from April 2023 onwards. The proposal was formalised in the Health and Care Bill, receiving Royal Assent in April 2022. Whilst the inspection framework and methodology has not yet been published, the emerging scope will very likely include a focus on 'Ensuring Safety', and will include consideration of SAB effectiveness in the local area.

7.3 **Risk implications:** Safeguarding activity by its nature carries inherent risk and has the potential to bring a Council's reputation, and the wider safeguarding system, into question when failings occur/are identified. The Annual Plan and Report, both a legal requirement by the Care Act 2014, provide partner organisations and the public with assurances that adult safeguarding is being monitored and scrutinised in Somerset. The Board also maintains and monitors its own risk register.

8 Appendices

8.1 Appendix A – SSAB Annual Report, 2021-22
Appendix B – SSAB Annual Report Appendix (The Work of Our Members)
Appendix C – SSAB Annual Report One Page Summary

Appendix D – SSAB Performance & Quality Report Summary (August 2022)

SSAB P&Q Report (Aug 2022)

Summary of key messages

SOMERSET SAFEGUARDING ADULTS BOARD

Listening & Learning	Enabling people to keep themselves safe	Working together to safeguard people who cant keep themselves safe	Board Governance
• **In 94% of s42 enquiries undertaken (2021/22), desired outcomes from the safeguarding process were sought** from the individual or their representative. **Where desired outcomes were expressed by individuals/their representative, these were fully achieved in 88% of cases.** • The SSAB and Safeguarding Service seeks feedback direct from service users, carers and advocates via its safeguarding questionnaires. **Satisfaction levels are currently highest from service users** (100% satisfied with the outcome of the safeguarding work), followed by IMCAs/Advocates (88%); More could be explored to **enhance the experience of friends/relatives/carers in safeguarding activity** (56% satisfied with outcome), particularly where younger adults are involved (transitions). • **Complaints regarding the ASC Safeguarding Service fell during 2021/22** from 12 (2020/21) to 9. 3 were resolved upon receipt or at first point of contact, 2 were 'not upheld' (Stage 1 outcome) and the remaining 4 await a Stage 1 outcome. 'Failure to do something' and 'communication by service' were the most common initial cause for complaint. The Service routinely monitors both complements and complaints, and takes forward learning from investigations where desired standards haven't been met. No complaints received 2022/23 ytd.	• The SSAB continues to generate **high levels of interest and engagement via its comms channels**: website launched April 2016 – in Year 1 it was visited 5,865 times, growing to 50,810 times over the last year. • **The % of all active adult social care settings rated 'Good' or 'Outstanding'** by the CQC in Somerset is currently reported at 85.9% (July 2022). There's been a **rise in the number of provider settings where we are restricting or suspending placements** due to quality/safety concerns and a **growing number of care home closures** putting significant additional pressure on the system and adding to a challenged care market. Somerset's health & care system is also continuing to experience **high levels of unmet care need** and **care package handbacks**, primarily due to ongoing care sector workforce challenges. • **Training compliance across local health services and ASC in relation to Adult Safeguarding and Mental Capacity related activity is monitored and reported**; pandemic related demand pressures noted as impacting on attendance/completion of training. • **Consultation response recently submitted regarding new MCA Code of Practice (incl Liberty Protection Safeguards)** A number of concerns raised re: process and impacts.	• Somerset has seen a **declining rate of safeguarding contacts contrary to national trends and fewer enquiries undertaken as a result**. Analysis suggests this is a result of the significant work that has been undertaken over many years to improve understanding of safeguarding criteria, and reduce/re-direct the previously high numbers of inappropriate safeguarding contacts, but needs testing. • **Contacts are highest from care providers and health colleagues;** increasing from families. A review of 'source options' has been requested • In July 2022, **59.2% of safeguarding contacts received via Somerset Direct were accepted as requiring a formal safeguarding response**; comparing positively to a 21/22 national average conversion rate of 34%. • **Neglect & Acts of Omission remains the most common safeguarding risk type** with the **person's own home the most common risk location. 93% of concluded enquiries resulted in the risk being reduced or removed** during 2021/22, a slight decline on last year's figures. Two thirds of safeguarding enquiries are completed within 60 days. • Positive engagement with **SWAN Advocacy,** Safeguarding Service and other leads to address concerns in relation to **low advocacy referral rates** – action plan in place to address	• **Latest findings/trends relating to the 2021 organisational self-audits have been shared** with the SSAB Exec and discussed as a sub-regional set of SABs. A number of recommendations have emerged and will be followed up as part of peer conversation activity later this year. • In line with other areas of the country, Somerset's seen a **sharp rise in the number of SAR referrals during the pandemic**. Resourcing and responding to these in a timely way remains a challenge due to pressures on involved professionals. • The SSAB received a **reasonable assurance rating** following a SWAP Audit in May 2020. • A repeat **SSAB Effectiveness Survey of Board members** was undertaken in April 2022 with themes analysed and shared. • Contributed to **national survey of Safeguarding Adults Boards**; 11 improvement priorities identified based on themes to emerge. • **New CQC Assurance of LA Stat Duties – Apr'23** Framework and methodology expected to be published by November 2022. SAB contribution/s central to Theme 3 'Ensuring Safety' - *Safeguarding, safe systems and continuity of care* • **Recruitment currently underway for replacement SSAB Business Manager**

This report should not be used to make judgements about how effective local authorities are at keeping adults safe from abuse and neglect to benchmark local authorities against each other, due to the different reporting and practices used to discharge their statutory duties.

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