

Public Agenda Pack



Notice of Meeting of

SCRUTINY COMMITTEE - ADULTS AND HEALTH

Wednesday, 31 May 2023 at 10.00 am

Luttrell Room - County Hall, Taunton TA1 4DY

To: The members of the Scrutiny Committee - Adults and Health

Chair: Councillor Gill Slocombe
Vice-chair: Councillor Graham Oakes

Councillor John Bailey	Councillor Hilary Bruce
Councillor Nick Cottle	Councillor Ben Ferguson
Councillor Andrew Govier	Councillor Christine Lawrence
Councillor Sue Osborne	Councillor Emily Pearlstone
Councillor Tony Robbins	Councillor Claire Sully
Councillor Rosemary Woods	

For further information about the meeting, including how to join the meeting virtually, please contact Democratic Services democraticservicesteam@somerset.gov.uk.

All members of the public are welcome to attend our meetings and ask questions or make a statement **by giving advance notice** in writing or by e-mail to the Monitoring Officer at email: democraticservicesteam@somerset.gov.uk by **5pm on Wednesday, 24 May 2023**.

This meeting will be open to the public and press, subject to the passing of any resolution under the Local Government Act 1972, Schedule 12A: Access to Information.

The meeting will be webcast and an audio recording made.

Issued by (the Proper Officer) on Monday, 22 May 2023

AGENDA

Scrutiny Committee - Adults and Health - 10.00 am Wednesday, 31 May 2023

Public Guidance Notes contained in Agenda Annexe (Pages 5 - 6)

Click here to join the online meeting

1 Apologies for Absence

To receive any apologies for absence.

2 Declarations of Interest (Pages 7 - 8)

To receive and note any declarations of disclosable pecuniary or prejudicial or personal interests in respect of any matters included on the agenda for consideration at this meeting.

(The personal interests of Councillors of Somerset Council, Town or Parish Councils and other Local Authorities will automatically be recorded in the minutes.)

3 Public Question Time

The Chair to advise the Committee of any items on which members of the public have requested to speak and advise those members of the public present of the details of the Council's public participation scheme.

For those members of the public who have submitted any questions or statements, please note, a three minute time limit applies to each speaker and you will be asked to speak before Councillors debate the issue.

We are now live webcasting most of our committee meetings and you are welcome to view and listen to the discussion. The link to each webcast will be available on the meeting webpage, please see details under 'click here to join online meeting'.

4 Work Programme - Forward Plan (Pages 9 - 12)

5 Minutes of Previous Meeting (Pages 13 - 20)

To approve the minutes from the previous meeting.

6 Workforce Planning (Pages 21 - 26)

7 Adults and Health Services Transformation (Pages 27 - 58)

8 Stoke Services (Pages 59 - 60)

9 Annual Report from the Director of Public Health (Pages 61 - 80)

Guidance notes for the meeting

Council Public Meetings

The legislation that governs Council meetings requires that committee meetings are held face-to-face. The requirement is for members of the committee and key supporting officers (report authors and statutory officers) to attend in person, along with some provision for any public speakers. Provision will be made wherever possible for those who do not need to attend in person including the public and press who wish to view the meeting to be able to do so virtually.

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

democraticserviceteam@somerset.gov.uk or telephone 01823 357628.

They can also be accessed via the council's website on [Committee structure - Modern Council \(somerset.gov.uk\)](#)

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](#)

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.

Public Question Time

If you wish to speak or ask a question about any matter on the Committee's agenda please contact Democratic Services by 5pm providing 3 clear working days before the meeting. (for example, for a meeting being held on a Wednesday, the deadline will be 5pm on the Thursday prior to the meeting) Email

democraticserviceteam@somerset.gov.uk or telephone 01823 357628.

Members of public wishing to speak or ask a question will need to attend in person or if unable can submit their question or statement in writing for an officer to read out, or alternatively can attend the meeting online.

A 20-minute time slot for Public Question Time is set aside near the beginning of the meeting, after the minutes of the previous meeting have been agreed. Each speaker will have 3 minutes to address the committee.

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 an item on the agenda is contentious, with many people wishing to attend the meeting, a representative should be nominated to present the views of a group.

Meeting Etiquette for participants

Only speak when invited to do so by the Chair.

Mute your microphone when you are not talking.

Switch off video if you are not speaking.

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.

There is a facility in Microsoft Teams under the ellipsis button called turn on live captions which provides subtitles on the screen.

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, ask participants to leave the meeting when any exempt or confidential information is about to be discussed.

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.



SOMERSET COUNCIL

UNITARY COUNCILLORS WHO ARE ALSO TOWN AND/OR PARISH COUNCILLORS

Somerset
Council

UNITARY COUNCILLOR	TOWN AND/OR PARISH COUNCIL
Steve Ashton	Crewkerne Town Council / Hinton St George Parish Council
Suria Aujla	Bridgwater Town Council
Jason Baker	Chard Town Council
Lee Baker	Cheddon Fitzpaine Parish Council
Marcus Barr	Wellington Town Council
Mike Best	Crewkerne Town Council
Alan Bradford	North Petherton Town Council
Theo Butt Philip	Wells City Council
Simon Carswell	Street Parish Council
Norman Cavill	West Monkton Parish Council
Peter Clayton	Burnham Highbridge Town Council
Nick Cottle	Glastonbury Town Council / St Edmunds Parish Council
Adam Dance	South Petherton Parish Council
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Ben Ferguson	Axbridge Town Council
Bob Filmer	Brent Knoll Parish Council
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Pauline Ham	Axbridge Town Council
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Ross Henley	Wellington Town Council
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John Hunt	Bishop's Hull Parish Council
Val Keitch	Ilminster Town Council
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Tony Lock	Yeovil Town Council
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Sue Osborne	Ilminster Town Council
Kathy Pearce	Bridgwater Town Council
Emily Pearlstone	Ilchester Parish Council

Evie Potts-Jones	Yeovil Town Council
Wes Read	Yeovil Town Council
Leigh Redman	Bridgwater Town Council
Mike Rigby	Bishop's Lydeard and Cothelstone Parish Council
Tony Robbins	Wells City Council
Dean Ruddle	Somerton Town Council
Peter Seib	Brympton Parish Council / Chilthorne Domer Parish Council
Heather Shearer	Street Parish Council
Gill Slocombe	Bridgwater Town Council
Brian Smedley	Bridgwater Town Council
Federica Smith-Roberts	Taunton Town Council
Jeny Snell	Yeovil Town Council / Brympton Parish Council
Andy Soughton	Yeovil Town Council
Richard Wilkins	Curry Rivel Parish Council
Dave Woan	Yeovil Town Council
Ros Wyke	Westbury-sub-Mendip Parish Council

Their memberships of Parish or Town Councils will be taken as being declared by these Councillors to be Personal Interests in the business of the Somerset Council meeting and need not be declared verbally.

Any Unitary Councillor who has a Prejudicial Interest by virtue of their Membership of a Parish or Town Council, or who has a special involvement by virtue of being a Parish or Town Councillor, in a matter to be discussed by the Somerset Council will be expected to declare that prejudicial interest personally or bring to the attention of the Somerset Council meeting their special involvement.

H CLARKE, Unitary Solicitor, April 2023

Scrutiny for Adults and Health Work Programme – 2023/24

	31 May 2023 10am -	
Stroke Service Adult Social Care		Julie Jones
Director for Public Health Annual Report		Orla Dunn
Workforce Plans		Emily Fulbrook
Adults and Health Services Transformation		Anna Littlewood
	03 August 2023 10am	
Adult Social Care Budget Report		Mel Lock
Healthy Weston – Update		Deborah El Syed /Helen Edelstyn
Primary Care Strategy GP Surgeries/ pharmacies/ophthalmology etc		Michael Bainbridge
Adult Social Care Assurance Report		Mel Lock/ Niki Shaw
	05 October 2023 10am	

Scrutiny for Adults and Health Work Programme – 2023/24

<p>Adult Social Care Performance/ Budget Report</p> <p>Dentistry</p> <p>Autism Strategy –</p> <p>ICB Performance Report</p>		<p>Mel Lock</p> <p>Alison Henley</p> <p>Andrew Keefe/ Emily Fulbrook</p> <p>Alison Henley</p>
05 December 2023 10am		
<p>Adult Social Care Performance/ Budget report</p> <p>Winter Plans</p> <p>Update Mental Health Response times</p>		<p>Mel Lock</p> <p>Mel Lock/Alison Rowswell</p> <p>Andrew Keefe/ Paul Coles</p>
08 February 2024 10am		
<p>Adult Social Care Budget Report</p> <p>Musgrove Park Hospital – Development?</p>		<p>Mel Lock</p> <p>Phil Brice/Ian Boswall</p>
04 April 2024 10am		

Scrutiny for Adults and Health Work Programme – 2023/24

Adult Social Care Performance Report		Mel Lock

ITEMS TO BE ADDED TO AGENDA:

Joint meeting with Childrens and Families – Mental Health –TBA

Stroke Consultation August 2023?

~~Primary Care Strategy~~

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 **Relevant Update**

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.

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 8 March 2023 at 10.00 am

Present: Cllr R Woods (Chair), Cllr G Oakes (Vice-Chair), Cllr H Bruce, Cllr B Ferguson, Cllr A Govier, Cllr A Hendry, Cllr C Lawrence, Cllr E Pearlstone and Cllr F Smith

Other Members present: Cllr N Cottle, Cllr D Denton, Cllr T Robbins, Cllr C Sully, Cllr M Chilcott, Cllr S Coles, Cllr A Hadley, Cllr J Hunt, Cllr M Lovell, Cllr S Osborne, Cllr B Revans, Cllr H Shearer, Cllr G Slocombe and Cllr M Stanton

Apologies for absence:

Declarations of Interest - Agenda Item 2

- 12 **Minutes from the previous meeting held on 26 January 2023** - Agenda Item 3

The minutes were agreed as a true record of the meeting.

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

There were no public questions.

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

The Committee considered and noted the Work Programme and requested the following additions: -

- That the Working Group on Mental Health Services and Workforce Planning be established ,
- Working relationships between Adult Social Care and the LCN's and how they will work,
- Dental Services -need an update since this has been outstanding for over a year,
- Update on the Armed Forces Covenant,

- 15 **Southwest Ambulance Service Response times** - Agenda Item 6

The Committee had a comprehensive report from South Western Ambulance Service covering the performance since they last reported to the Committee in 2019.

Activity in the Somerset area saw substantial increases in the summer of 2021 following the lifting of lockdown restrictions. In July 2021 incidents increased to

above 310 per day. After this level of unprecedented activity, which was replicated across a large proportion of the South West region, activity levels have reverted to more sustained levels and much closer to the activity SWASFT were seeing in the period prior to COVID. Activity in December 2022 was an exception, with activity rising to over 300 incidents per day. Similar increases were seen across most areas of the region, with winter pressures and cases of COVID and flu being a factor to the uplift.

The Service is continuing with an extensive Somerset recruitment programme for Paramedics and Emergency Care Assistants and have recently recruited an additional four New Zealand paramedics following a successful recruitment programme back in 2019. Similar to other Somerset NHS providers recruiting people is challenging at times, especially qualified clinicians. This continues to be an absolute focus for recruitment teams for this year and in recent months the Service has recruited a number of Graduate Paramedics and Emergency Care Assistants into Somerset.

The Service has recently recruited to a new Hospital Ambulance Liaison Officer (HALO) role which covers both Musgrove Park Hospital and Yeovil District Hospital seven days a week. The role is to provide a dedicated link to two Somerset acute hospitals in managing periods of escalation and also working alongside Emergency Department colleagues on systems/process and new ways of working to improve the handover process between crews and local Emergency Departments. The dedicated three person team are SWASFT clinicians who provide leadership and support whilst carrying out this role across both sites and it is anticipated this role will be key in developing further improvements in flow into Emergent Departments and the overall patient experience.

In 2022 there was a three year extension to Somerset GP service which provides a dedicated GP within the county seven days a week. During the weekend period there are two GPs working alongside operational crews responding to a variety of incidents within the county whilst supporting patients in the community and reducing hospital admissions. This scheme is unique to Somerset and has been a great example of multidisciplinary team working within the organisation.

The Service continues to work with system partners and the ICS on new ways of working and new services which support care in the community and reduce the impact on Emergency Department admissions and acute capacity. These have started to redirect to other services including the new Falls Service and Rapid Response from our patient waiting queue which supports a more appropriate and timely response to some of our lower acuity patients with the benefit of freeing up operational resources for higher acuity life-threatening calls. Operational crews are also referring into the existing and new services

when attending a patient at home or in the community as part of our 'See and Treat'.

The Service is continuing to replace operational fleet of vehicles in line with the national NHS procurement framework and a number of new FIAT type vehicles are now operational across the county with the remaining Mercedes vehicles being replaced later this year.

The Committee acknowledged the challenge over the past few years and recognised the pressure the Ambulance Service was under. The response times to Category 1 and 2 incidents was discussed and how the decisions were made to allocate the correct category and therefore response time. It was confirmed that triage is based on the greatest risk to life being Category 1 incidents. The Committee were interested to know why it was proving so difficult to recruit permanent staff in Somerset. It was recognised that some experienced staff chose to work for agencies on zero hours contracts so they can have greater flexibility in their working commitment. There is also a finite pool of graduates and Somerset struggles to compete with the larger cities and is regarded as somewhat remote.

The Committee challenged the funding and achieving National Standards. In the report in 2019 it was noted that an extra £19m was going to solve the problem back then and yet the figures appear to show little change. This was down to the COVID Pandemic and the unprecedented demand on the service over Christmas 2020.

There was a concern that people might lose confidence in the service when they are advised to drive patients to hospital in private cars because of delays in getting an Ambulance out. The Committee were assured that this was in rare cases and the advice was to 'only if it was safe to do so'.

The Committee sought reassurance that the service was regularly reviewed and this assurance was given.

The Somerset Scrutiny for Policies Adults and Health Committee:

- **Thanked the Ambulance Service for the detailed report and answering some challenging questions,**
- **Asked that they be given an update in six months' time.**

16 Somerset Hyperacute Stroke Services - Consultation - Agenda Item 7

The Committee had the comprehensive document covering the full scope of the public consultation on Stroke Services in Somerset. This consultation started on 27 January 2023. The vision behind the consultation is to ensure : "Stroke patients in Somerset will receive timely acute interventions and receive access to world-class services, regardless of where they live."

The ageing population and rurality of Somerset are two of the biggest challenges. 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 1600 people per year. There are currently 13,991 stroke survivors registered with a Somerset GP.

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.

The full document ran to 294 pages setting out all the options and the reasons why only two options were now being offered in the public consultation. These options were proposals to:-

- Deliver hyper acute stroke services at one hyper acute stroke unit located at Musgrove Park Hospital in Taunton,
- Deliver acute stroke services at either:
 - (i) Two acute stroke units at both Yeovil District Hospital and Musgrove Park Hospital, Taunton; or
 - (ii) One acute stroke unit, which would need to be located at the same hospital as the hyper acute stroke unit proposed to be Musgrove Park Hospital, Taunton.

Public consultation gives people the opportunity to provide their views. The ICS (Integrated Care Service) wants to understand what the potential upsides and downsides are to the proposal from a range of perspectives. This will help to plan the solution. There may be something not yet thought of, or an aspect that needs to be considered further.

The Committee discussed the proposals and challenged some of the rationale that resulted in only two options being recommended for the public consultation. The fact that the Senior Stroke Consultant was about to retire from Yeovil District Hospital was an event that could and should have been anticipated and planned for. That fact that this consultation was taking place may well have had an influence on potential candidates who may have felt they were joining a diminishing team that was not a priority.

There was some concern about the impact any decision may have on neighbouring hospitals outside of Somerset. The Committee were assured that Dorset are undertaking a similar exercise and are aware of the options being examined in Somerset.

The Committee challenged some of the data in the report. One example was the way physiotherapy services in Yeovil Hospital were noted. The fact that the physiotherapist at Yeovil were not dedicated Stroke practitioners did not mean there was no physiotherapy at Yeovil rather that they covered more generalist roles.

There was also an assertion that the length of stay was reduced in a specialist hyperacute unit yet the report to did not appear to have evidence to justify that.

The Committee were concerned that there did not appear to be a direct communication to Somerset County Councillors and detailed information of what events were taking place across the county so that Councillors can encourage participation. They felt that 500 responses since 27th January appeared to be rather low.

The Somerset Scrutiny for Policies Adult sand Health Committee:

- **Agreed to look out for communications and encourage constituents to attend open meeting, complete the on-line survey and given feedback to the consultation.**

17 Supporting Carers in Somerset - Update from Workshop - Agenda Item 8

The Committee had a presentation covering the activities undertaken since the Workshop in September 2021 which focussed on the support given to Carers in Somerset and to seek suggestions for wider support and improvements.

The 2011 Census shows that there are approximately 6 million unpaid carers nationally. In Somerset, 58,000 have identified themselves as carers and there are many more that are not known about. It is important to recognise and value the contributions that carers make to communities and Somerset County Council want to make sure it is supporting them to carry out their caring role and to achieve their aims and ambitions.

Somerset County Council jointly commissions a Somerset Carers' Support Service with the ICB. This is a universal service for unpaid Carers and former Carers in Somerset. The service delivers a "one stop shop" approach to ensure that all Carers in Somerset can receive the support they require, when they need it, via a single point of contact. There is a focus on early intervention and prevention and the service helps Carers to find support within their local communities.

The report and presentation outlined the wide array of 'touch points' to support Carers in Somerset. Ranging from support in Hospitals, Champions in GP surgeries, Spark Somerset Support Groups, Talking Café's to Roadshows and a Carer Aware Programme.

The Committee were pleased to hear how much progress had been made since 2021. They were keen to support projects to identify Carers in Schools and to use digital solutions to widen access. They were concerned that Carers were able to be able to connect with support when they need it. The Committee were pleased to hear that a digital platform was released two weeks ago.

The Committee were interested to know the approach being taken to encourage people to ask for help without a fear of being 'taken over'. There is a 'no wrong door' approach, joined up services and many micro providers that are available to offer respite care. Somerset Connect brings together all the services and strengthens the 'family centred' approach.

The Somerset Scrutiny for Policies adults and Health Committee:-

- **Welcomed the update and reiterated their commitment to supporting Carers in Somerset.**

18 Adult Social Care Budget report - Agenda Item 9

The Committee discussed the revenue Budget Monitoring Report Month 10. This covered the period up to the end of January 2023.

The overall corporate projection is for an overspend of £23.1m which is an improvement from the previous month of £1.2m and against the net budget of £383.2m represents a 6% overspend. The significant variances are:

- Adult Services has a £11.9m adverse variance against their budget (7.4% of service budget); no movement in position from month nine. The overspend mainly relates to increased demand in residential and nursing placements. There are also pressures forecast due to inflation and potential home closures across Somerset.
- Children's Services has a £19.9m adverse variance against their budget (18.9% of service budget); an improvement of £0.9m from month nine. Most of this pressure is seen in the external placements budget (for children looked after) which is forecasting a £13.9m overspend.
- Economic & Community Infrastructure (ECI) has a £0.8m favourable variance against their budget (1.1% of service budget); a strengthening in position of £0.1m from month nine. This improved position is mainly due to reductions in costs within Somerset Waste due to the Recycling More roll out.
- Finance & Governance are reporting a £0.1m favourable variance which is an improvement of £0.1m from month 9. The projected underspend is within Democratic Services and is mainly because of savings within staffing and increased income generation.
- Corporate Costs has a £3.4m favourable variance due to an increase in investment income following interest rate increases, additional grant funding, and uncommitted Resilience for Business-as-Usual budget.
- Corporate Contingency is a favourable variance of £3.3m after taking account of the additional costs of the national pay award of £1,925 and the reduction of 1.25% in employers National Insurance from November 2022.

The Committee discussed the position and asked about the spend of the extra Winter funding allocated by central government. It was confirmed that this came down in three pots of money. It is always a challenge to spend this money

as it comes with very specific targets to release it. The Director for Adults Social Care has a national role and is working with the Department for Health and HM Treasury to make sure this money is released earlier and that the targets are better planned to take account of actual need. This would allow for advance planning. There was a recent feature in The Times that examined the role Somerset is playing in influencing National policy.

The Committee asked if the Government were listening. The proof of that will be in how the funding is released later this year.

The Committee recognised how well Somerset does in comparison at a national level. The level of 'unmet need' has reduced dramatically recently. Some of this can be put down to the Proud to Care campaign beginning to have an impact with 110 new recruits. Increased hourly rates are also have a positive impact.

The Somerset Scrutiny for Policies Adults and Health Committee:

- **Noted the forecast overspend for 2022/23 of £11.9m**
- **Welcomed the positive steps taken to reduce the 'unmet need'.**

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

There were no other items of business.

The Committee concluded by thanking Councillor Rosemary Woods for her role as Chair of this Committee since May 2022 .

(The meeting ended at 1.35 pm)

CHAIR

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Somerset Council
Scrutiny for Policies, Adults and Health Committee
– 31 May 2023

Adult Social Care: Workforce Planning

Lead Officer: Mel Lock, Director of Adult Social Care

Author: Emily Fulbrook, Deputy Director Operations, Adult Social Care

Contact Details: Emily.Fulbrook@somerset.gov.uk

Cabinet Member: Cllr Heather Shearer, Cabinet Member for Adults

Division and Local Member: All

1. Summary

1.1 This report and supporting presentation provides an update to Scrutiny Committee members on key developments in relation to workforce planning across adult social care, both nationally and locally. It highlights some of the current context and challenges and outlines the critical areas of activity the service is prioritising to ensure there are appropriate numbers of staff who have the skills and compassion to care for the people that they support.

2. Issues for consideration / Recommendations

2.1 For Scrutiny Committee to note the key updates provided in relation to the Adult Social Care (ASC) workforce and our activity to support it, and to consider whether it wishes to make any recommendations arising from the report and wider discussion.

3. Background

3.1 In Somerset, we want people to live healthy and independent lives, supported by thriving and connected communities, with timely and easy access to high quality and efficient support when they need it. People tell us they want to live in the place that they call home, with the people and things they love, in communities that look out for each other, doing the things that matter to them. Achieving this vision is reliant on us having a supported, skilled, flexible *and* sustainable workforce.

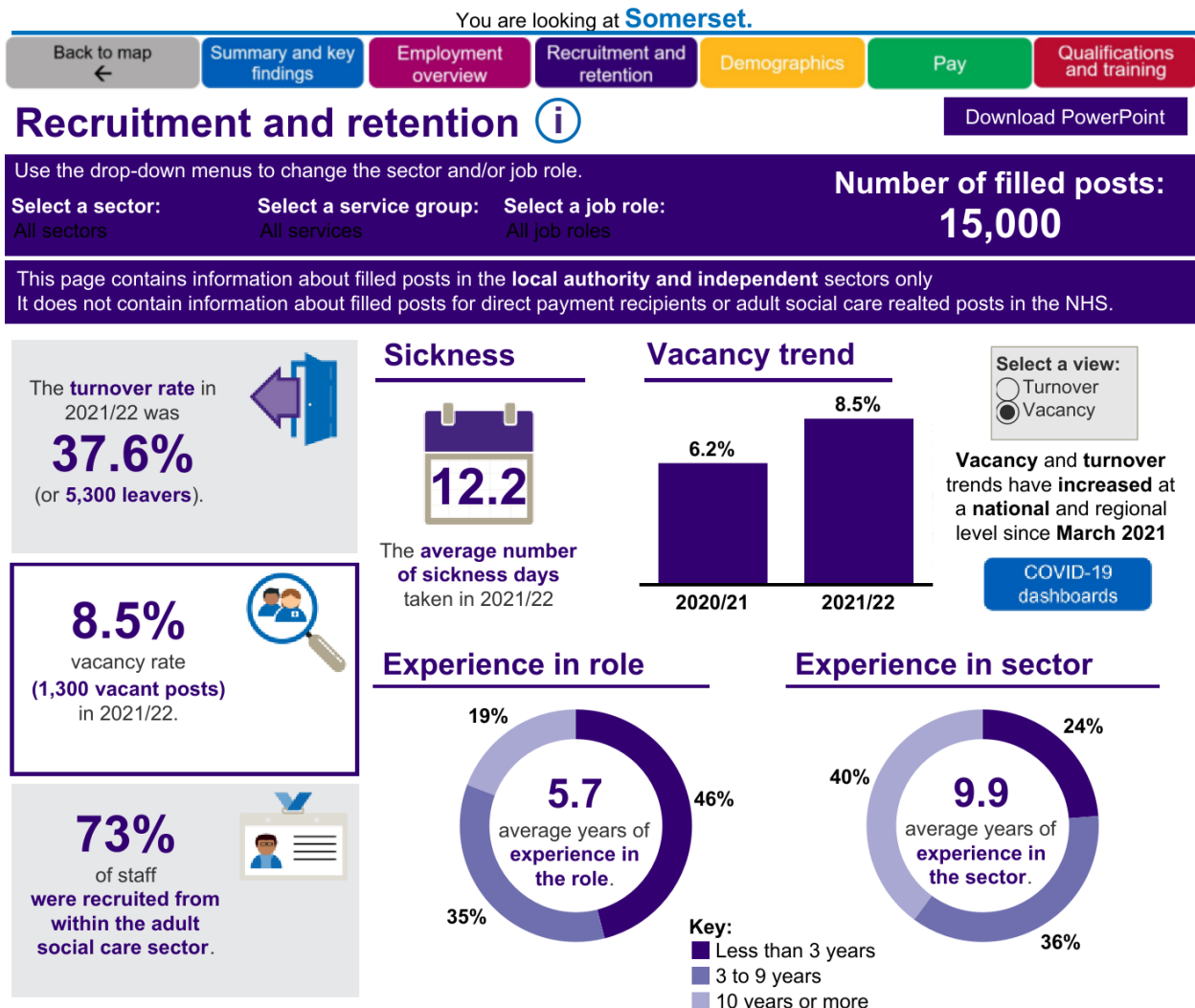
3.2 Nationally, the state of the adult social care workforce is a recognised challenge. As outlined in the Government's Policy Paper, 'People at the Heart of Care¹', with over 1.65m jobs, the adult social care workforce is larger than the NHS, construction, transport, or food and drink service industries, with the number of jobs in the sector forecast to grow by almost one-third by 2035. As the population grows, and the way care is delivered evolves and diversifies, the workforce will need to grow and develop with it. In October 2022, the independent regulator (the Care Quality Commission (CQC), published its annual assessment of the state of health care and adult social care², highlighting the depleted workforce as a key concern. Across all health and social care providers, providers were found to be struggling to recruit and retain staff with the right skills and in the right numbers to meet the increasing needs of people within their care and respond to demographic changes and growing demand post-

¹ [People at the Heart of Care: adult social care reform - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/policies/people-at-the-heart-of-care)

² [State of Care 2021/22 - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/publications/state-of-care-2021-22)

pandemic. Despite best efforts, the CQC found that many providers of adult social care were losing the battle as staff were being drawn to industries with higher pay and less stressful conditions.

3.3 Latest available Skills for Care data (2021/22)³ relating to Somerset reveals some of the scale of the challenge facing the sector:



4 Somerset’s Workforce Planning Response activity

Somerset Council’s Adult Social Care Workforce:

- 4.1** We know that our staff are hugely driven to make a difference and have a positive impact on people’s lives. Last year we launched our new 2022-24 ASC Workforce Strategy as a means of more formally setting out our ongoing activity commitments to support our internal workforce at a time of heightened demand and specific challenges relating primarily to the recruitment and retention of qualified social workers and occupational therapists.
- 4.2** Our Workforce Strategy set out clearly our ambitions for the workforce over that two-year period, acknowledging and seeking to address the identified risks and key pressures facing us as well as identifying how we intend to recruit, retain,

³ [My local area \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk)

support, and develop our staff across both our operational and commissioning team functions.



4.3 Our Workforce Board convenes monthly and is attended by Service Directors, Strategic Managers and HR engagement partner colleagues. The Board not only routinely reviews progress against actions relating to each of the 10 themes/priorities within the Strategy (each one of which is owned by a senior lead), but also monitors workforce data, equality and diversity impacts, staff feedback and surveys, and practice quality audits. We have made some significant strides over the last 12 months, including progressing our international recruitment of social workers, assessing psychological safety across our functions, improving our supervision and appraisal offer, attracting more young people into our workforce via the Council's graduate scheme, and developing competency frameworks to support continuous professional development. Next month (June 2023), the Board will be undertaking an annual refresh of its Strategy, assessing its achievements to date, and ensuring priorities for the next 12 months remain accurate and impactful based on current context and social care landscape. An Equalities Impact Assessment will be undertaken as part of this annual review. The review work will be informed by recommendations arising from an independent audit of our Workforce Planning activity published in March 2023, which offered a 'reasonable' assurance rating and concluded that *"there is a generally sound system of governance, risk management and control in place"*.

4.4 One of the key pieces of work currently being overseen by the Board is a restructuring of our ASC operational teams. The restructure, founded on a detailed business case, is vital in helping us deliver our vision in partnership with local people and system partners, ensuring we deliver the right kind of strengths-based, person-centred care for our local communities, and the best possible outcomes within the resources available to us. □

- 4.5** We need to ensure our operational (frontline) workforce is fit for the future to respond to our current and future service demands, enabling us to safely deliver our statutory duties in a timely and effective way. We want our workforce to be able to champion strengths-based practice and the continue benefits of community-led, asset-based approaches so that people are supported to achieve the outcomes that matter to them. Our focus has been on implementing a structure that builds capacity in the right areas, ensures high standards of practice, and provides our staff with clearer opportunities for career progression and professional development. By doing this, we believe we will make Somerset Council an attractive place to work and develop a career in social care.
- 4.6** Phase 1 restructuring commenced in December 2022. Strategic Grade 5-7 recruitment is now largely complete, except for a Grade 6 Strategic Manager (Neighbourhoods West) which is currently out to advert. Grade 8 Service Manager posts are also being advertised with closing dates in May 2023. Boundary changes to commence restructuring transition will start from June 2023. Our recruitment activity is being promoted via the Council's own career site but is also being widely advertised through other mechanisms, including LinkedIn, Indeed, Glassdoor, Community Care, Facebook, and the Royal College of Occupational Therapists to support external recruitment opportunities. The restructuring will create some vacancy pressure points and impact on establishment control in short to medium term as the recruitment activity progresses and takes effect. Phase 2 of the restructuring is likely to be implemented from July 2023, but will be engagement only as there are no removal of posts/changes to job roles proposed within the business case.
- 4.7** Our new Adult Social Care Strategy (2023-26) places a clear emphasis on the need to prioritise and invest our efforts in enabling a supported, skilled and flexible workforce. In addition to delivering our Workforce Strategy and underpinning action plan, we are committed to creating the right environment and conditions for robust and effective practice, supporting effective performance management, and re-structuring our operational teams as part of our ongoing integrated working with health partners at neighbourhood levels.

The independent care provider workforce: □

- 4.8** The Local Authority equally recognises the tremendous importance and value of our independent care workforce, which the wider health and care sector relies heavily upon. We are proud of our care sector here in Somerset with high levels of good or outstanding CQC-rated provision but recognise the considerable and growing pressures they are facing in recruitment, retention and sustaining their businesses financially. Workforce for the care home sector is a challenge with most struggling with recruitment and in extreme cases this has led to homes having to close whole wings of their property. This reduces the amount of capacity available in Somerset to support hospital discharge flow and people who need to move into a permanent placement. Providers can lose long term employees to acute hospitals due to the NHS ability to give higher salary uplifts, or offer better terms and conditions. The end of freedom of movement within

the EU following Brexit has meant providers are now having to recruit internationally via Home Office sponsorships.

- 4.9** Our ICB People Board is committed to supporting the wider health and care workforce and is progressing plans for a Somerset Training Academy for Health and Social Care to help establish occupational parity of esteem. Additionally, our Proud to Care Somerset⁴ team works hard to support the wider workforce by raising the profile of the care sector and address recruitment challenges.
- 4.10** In January 2023, Somerset launched its bold new recruitment campaign, 'My Time to Care', which was shot entirely in the county and starred real local carers in six new, impactful videos⁵. The campaign emphasised how careers in care present an opportunity to 'break free from behind a desk' and embark in roles filled with meaningful human interaction and job satisfaction. Each video was specifically tailored to target different age groups that may be interested in a care career. As of early May 2023, 130 candidates had been matched to vacant roles in Somerset with more candidates waiting as part of the campaign.
- 4.11** Additionally this year, the Council has hosted a recruitment event (7th February) at Somerset Cricket Club, a jobs fair in Wells (13th April), promoted Proud to Care at the eat:Taunton festival (13th May), and arranged a free International Recruitment Masterclass (8th June) in partnership with the Registered Care Providers Association and funded by Skills for Care. We also report routinely on market sustainability and workforce pressures to the Government as part of wider national monitoring and response activity.
- 4.12** Adult Social Care Fees and Charges for 2023/24 were recently approved and published⁶, adjusted to take account of cost of living, market factors, national guidance and more. The fee settlement for care providers over the coming year represented a further significant investment into the sector by the Council, representing a permanent increase of between 8.8% and 12.8% for the financial year, and representing a total investment of £24.9m into the social care sector. We have seen levels of unmet homecare need improve in recent months, achieving their lowest levels since March 2021, and believe some of our financial investment, in addition to a focus on supporting international recruitment, has directly supported the resilience of this sector.
- 4.13** We hope this report demonstrates clearly our ongoing commitment to effective workforce planning and support. As our workforce evolves, so too will our collective support for it need to grow and adapt, including ensuring we have sufficient housing provision to meet changing needs and demographics. Social care is a keystone of communities, employing over 1.5 million people in England and contributing £51.5 billion to the economy in 2020/21⁷. Recognising, and investing in, our workforce as our most important asset remains vital. END

⁴ Home | Proud to Care Somerset

⁵ <https://www.youtube.com/playlist?list=PLbpaA5vdIqbUzDbelwkjNNeTtejzzyIi>

⁶ [Adult Social Care Fees and Charges](#)

⁷ [The value of adult social care in England \(skillsforcare.org.uk\)](#)

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Decision Report - Executive Decision

Forward Plan Reference: FP/23/04/07

Decision Date – 7 Jun 2023

Key Decision – Yes



ASC Transformation Proposal: Options for Implementing Opportunities Identified in the Diagnostic of Adults Services

Executive Member(s): Cllr Heather Shearer

Local Member(s) and Division: n/a

Lead Officer: Mel Lock, Executive Director, Adults Services

Author: Anna Littlewood, Service Director, Adults Transformation

Contact Details: anna.littlewood@somerset.gov.uk

Summary / Background

1. Adult Social Care is a key statutory duty for Somerset Council and approximately 38% of Councils net revenue budget for 2023/24. The vast majority of the budget is spent on supporting people in receipt of statutory services, including investment in prevention and short-term support. Somerset's spend per adult is in line with the average for England and lower than the average for the Southwest. Somerset benchmarks particularly low when it comes to spend on older people.
2. The Adults budget is growing, and this growth is driven by demographics, increasing complexity of need, and the rising costs of care. The council has some ability to control this growth by working to improve people's independence and delay or prevent the need for long term services. This is not only better for the budget, but it also improves the lives of the people we work with, delivering better outcomes and increasing wellbeing.
3. The Adult Services net revenue budget set in February 2023 increased by £26m from £160m in 2022/23 to £186m in 2023/24. This increase was reflective of the £11.9m overspend in 2022/23 and significant pressure with higher demand driven by the long tail of the pandemic and higher costs due to inflation rates. It included £5m of savings from changing how the service was delivered.
4. An external partner, Newton Europe, was procured in November 2022 to carry out a diagnostic review across all provision to identify the best opportunities for controlling future spend through optimising productivity, managing demand into the service and ensuring that people who draw on services and their carers are at the heart of designing their own support, and future service models.
5. This paper presents the key findings of this diagnostic and sets out the options for the major transformation of the Adults Services and achieving the cost reductions in a timely way.
6. This highlighted major opportunities to change and improve how we deliver Adults Services. Three primary areas were identified to improve outcomes for residents, supported by five enabling workstreams:

Improving outcomes:

- **Improving the environment within which our practitioners operate** so they have the tools to do the job; the time, support, processes, and access to the right services, to help people maximise their independence.
- **Ensuring we have the right care available in the right place, at the right time;** focussing on supporting working age adults (Learning Disabilities /Mental Health / Physical Disabilities) to gain skills and progress to more independent care settings.
- **Optimising our intermediate care, in particular our discharge to assess and reablement service** to both support people to return to greater independence, and to have the capacity for more people to move through the service each year.

Enabling areas:

- **Develop the workforce**, including focussing on improving productivity in social care teams and reducing backlogs for assessments and reviews.
- **Optimise the process of sourcing care** to maximise availability of the right support and reduce delays.
- **Develop the right performance management dashboards**, framework and culture, to support teams to use data on a daily, weekly and monthly basis to drive performance.
- **Develop a process and approach to financial monitoring**, to rigorously track the performance of improvement projects and ensure the target benefit is being achieved.
- **Where required, develop our digital and technology infrastructure** to enable the above including a new digital assessment tool.

7. These key opportunities, supported by the enablers, when delivered will lead to significantly improved outcomes for the residents of Somerset. These outcomes are based on prevention, better use of communities and reabling people to maintain independence, therefore reducing the need for long term services:
 - **700 more people benefiting from reablement every year.**
 - **200,000+ fewer hours of homecare needing to be commissioned every year.**
 - **80 fewer residential placements needing to be commissioned every year.**
 - **100 adults with a learning disability moving out of a residential home and back into the community.**
8. The diagnostic identified opportunities to deliver recurring savings to the scale of approximately £14.2m per year, stretching to a possible £17.2m. The majority of the savings are in the form of demand management, controlling the growth of the Adults budget by the projected amount. This scale of savings will only be achieved if we are able to deliver the required programme of change at the pace outlined in the diagnostic report, over the next 14-18 months.
9. The council now needs to take a decision on how to proceed and deliver these transformational opportunities to realise the projected cost reductions and the

improved outcomes for local people. The 'do nothing' approach is not an option as this would mean continuing to add significant pressure to the Councils budget position.

There are therefore three options to do this;

- 1) To **deliver the required transformation programme using existing internal capacity and skills**, both from within Adults Services and from the corporate business change team. The identified savings would take longer to achieve with the timeframe being potentially 2-3 times as long as that proposed in the diagnostic report. This option puts additional pressure on an already stretched workforce and carries no guarantees that the savings will be realised. This transformation programme is of a similar scale and complexity as the unitary programme. Due to this we do not have the capacity within the new council to deliver both programmes of change.
 - 2) To **continue the strategic partnership with Newton Europe** to implement the next phase of transformation under the procurement framework of the initial engagement. The projected savings would be guaranteed using a 100% contingent commercial fee model. The cost of this option would be approximately £7m over the next 18 months, however the contract would guarantee recurring savings of at least £10m-£14.2m per annum. This includes a team of 15 specialist staff from Newton and includes a learning and development programme for Somerset colleagues to improve their knowledge, skills in behaviours in managing change - leaving us in a better place to lead future change programmes.
 - 3) To **undertake a further procurement exercise to open up the opportunity for a strategic partner to implement these opportunities alongside the service**. This option risks either low response from the market due to the contract being to deliver the findings from a competitor's diagnostic or the successful organisation taking 3-6 months to perform their own diagnostic before designing their version of a transformation programme for Adults Services. Requiring a similar contingent fee model for this work would reduce the market for responses even further. This would significantly delay the achievement of the savings.
10. The **preferred option is option 2; to further engage Newton Europe in this next phase of transformation**. It will be a significant invest to save programme for the Council and a unique opportunity for major transformational change, within Adult Social Services. It will be delivered collaboratively with a highly experienced strategic partner, with a one-off cost of up to £7m (paid over two years) that is 100% contingent on the delivery of better outcomes for people. Newton would guarantee to deliver at least 1.3 times the one-off combined fee for Phases 1 & 2 (Diagnostic & Implementation Programme) in recurrent, annual financial benefit (£10.0m guaranteed benefit per year at full run rate). If this is not the case, either Newton will continue to work at no extra charge until this is realised, or the fee will be reduced, pro rata. We are confident that a targeted value of £14.2m of recurrent savings through managed demand will be deliverable against this fee.

Recommendations

11. The Executive agrees.
 - a) The aims and objectives of the next phase of the Transformation Programme for Adults Services
 - b) To engage Newton Europe as strategic change partner to work alongside the service to deliver these transformational objectives by implementing the opportunities identified in the diagnostic and support the delivery of identified reductions.
 - c) To fund the costs of the transformation programme of £3.5m each year for the next two years initially from Earmarked Reserves and review the position later in the financial year once the 2022/23 statement of accounts from the predecessor councils has been completed.

Reasons for recommendations

12. A strategic delivery partner with a track record of achieving results brings a rapid and sustained injection of capacity as well as consistent experience and tried and tested models of change delivered at scale. Integrated working with a delivery partner reduces the risks of benefits not lasting and can support the development of in-house capability.
13. Newton Europe as a leading partner in Adult Social Care and Local Government will complement the existing resource, skills and capacity within Somerset to support the implementation and long-term sustainability of this major transformation change within Adult Social Care. The proposal will bring opportunities for extending our own in-house business change capability and identify opportunities to extend benefits more widely across the organisation.
14. Through the diagnostic work completed to date, we have identified that the potential to achieve better, more independent outcomes for people is possible. Arising from improved outcomes is the potential for delivering significant recurrent financial benefits against the Adult Social Services budget. The anticipated volume changes as a result of the transformation proposed would achieve a targeted recurrent annual benefit of £14.2m.
15. The sustainable annualised benefit is broken down in an “Opportunity Matrix” described in Table 1 below. As part of the Diagnostic Phase, a likely “targeted” value was derived. This targeted value considers our relative starting position and itself represents a major step change. However, at the same time we derived a “stretch” figure that would show us the potential if we maximised all aspects of model.
16. Consolidating this level of change whilst sustaining and improving outcomes for people and managing within a tight financial envelope will require a range of skills and capacity. Through a competitive process we sought a partner who had extensive transformation experience in transforming Adult Social Care and one

that would use a robust evidence base while working in close collaboration to identify opportunities and work with us to deliver those outcomes. Implementation would follow a tried and tested methodology that focuses on front line led change with solutions and opportunities being rigorously tested, piloted, implemented and embedded over a period of 18 months to ensure that they are sustainable in the longer term.

17. What the fee is paying for

a. The core delivery team

- The team will peak at 15 Newton staff, working full time on the Somerset programme for 12 to 15 months
- This team will have a blend of expertise, across:
 - Operational change specialists with strong public sector experience (around 70% of the team)
 - Digital specialists (around 20% of the team)
 - Behavioural change specialists (around 10% of the team)
- The team will be varied throughout the course of the programme according to what is required to deliver the agreed benefits; additional resource is put in at Newton's cost with the fee remaining fixed

b. Specialist support

- Newton have a team of specialists, outside of the core team, who will be drawn on as required. These specialists include:
 - Data engineers
 - Software engineers
 - Data scientists
 - User experience designers
 - Leadership development specialists / coaches
 - Learning and development specialists

c. Skills transfer

- The programme team will be built jointly between Newton and Somerset colleagues
- The Somerset colleagues joining the team will have a access to an L&D programme, including days of focussed training (3-4 days as a kick-off / induction) along with support on the job
- The ambition is that the Somerset team will be equipped to continue to improve performance following the core programme, and to lead future change programmes

d. Advice and guidance from experienced senior advisors

- Newton's team of senior advisors will be on hand to provide support and guidance as required.
- This would be both 'behind the scenes' directly to the Newton team, as well as working directly with Somerset colleagues as required and appropriate.

e. Quality assurance and senior oversight

- Regular quality assurance will be provided by senior members of Newton's leadership team (usually 2-4 days / month)

- Somerset will also have regular access to members of the Newton senior leadership team as required
- f. Intellectual property
- Newton have extensive IP, built over partnering with 100+ public sector organisations; all IP relevant to Somerset will be openly shared.
 - Any IP developed during the partnership will be freely licensed to Somerset.

Table 1: Indicative resource required from Somerset Council. Requirement for 4 FTE delivery leads (from operational, commissioning or P&C team). Required roles in bold, additional roles that will depend on scope or early design in italics.

Worksteam	Role	Suggested time requirement	Requirements or 'nice to haves' for individual
Programme Leadership	Programme Sponsor	0.25 days/week	
Programme Leadership	Programme Lead	Full time	
Programme Leadership	Programme Governance and Alignment	1-2 days/week	
Whole Life Disability workstreams	Sponsor - Ops	0.25 days/week	
Whole Life Disability workstreams	Sponsor - Commissioning	0.25 days/week	
Transitions / Preparing for Adulthood	Delivery Lead	Full time – activity to begin Sept 23	
Progressions, Enablement and Moves	Delivery Lead	Full time – activity to begin Sept 23	Often helpful to have someone with practice experience in this role but not essential
D2A / Reablement	Sponsor - Ops	0.25 days/week	
D2A / Reablement	Sponsor - Commissioning	0.25 days/week	
D2A / Reablement	Delivery Lead	Full time – activity to begin Jun 23	
Older Adults Outcomes from Decision Making	Sponsor - Ops	0.25 days/week	
Older Adults Outcomes from Decision Making	Sponsor - Commissioning	0.25 days/week	
Older Adults Outcomes from Decision Making	Delivery Lead	Full time – activity to begin Aug 23	
Performance Management	Sponsor	1 days/week	Initially high input required tapering to 0.25 days a week in monitoring
Financial Monitoring	Sponsor	1-2 days/week	Initially high input required tapering to 0.25 days a week in monitoring
<i>Digital Infrastructure</i>	<i>Sponsor</i>	0.25 days/week	Dependant on identified digital requirements (e.g. bringing together health and social care data in D2A work)
<i>Short Term Impact</i>	<i>Sponsor</i>	0.25 days/week	Involved with or has understanding of existing short term impact initiatives

Table 2: Opportunity Matrix

	Opportunity	Outcomes / operational impact	Key metric impacted	Scaled Opportunity	Stretch Opportunity
Older Adults	Outcomes from Decision Making (Older People)	Driving more independent outcomes through strength-based practice, improved care capacity and more creative alternatives to formal support.	Reduced hours of homecare Reduced resi/nursing starts	£1.8M	£2.2M
	Short term services (including reablement) capacity optimisation and increased referrals	More people accessing short term services (who need it)	Increased reablement finishers	£6.7M	£8.1m
	Short term services (including reablement) effectiveness	Greater effectiveness of short-term services	Reduced hours of homecare	£2.8M	£3.3M
	Older Adults Total			£11.3M	£13.6M
Working Age	Effective transitions to adulthood	Increased independence for young people as they transition to becoming an adult	Reduced average package cost 18-25	£0.4M	£0.6M
	Outcomes from Decision Making	Driving more independent outcomes through strength-based practice, improved care capacity and more creative alternatives to formal support.	Reduced residential/supported-living starts. Reducing Home care Hours	£0.2M	£0.3M
	Progression / enablement	More working age adults living independently in their community	Number of moves completed to more independent settings. Reduced Homecare*	£2.0M	£2.4M
	Working Age Adults Total			£2.6M	£3.3M
All Adults	Outcomes from Decision Making (Mental Health, Physical Disabilities, other)	Driving more independent outcomes through strength-based practice, improved care capacity and more creative alternatives to formal support.	Reduced hours of homecare Reduced resi/nursing starts	£0.3M	£0.3M
	All Adults Total			£0.3M	£0.3M
Opportunity Matrix Total				£14.2M	£17.2M

18. The tracking of benefits and financial impact will follow a rigorous approach and is outlined in more detail in the financial legal implications sections of this report.
19. Provided the work can mobilise quickly, £10m of this can be delivered by the end of year 2. These targets are based on mobilising the programme in July '23 and taking 18 months to achieve full implementation.

Table 2: Benefits profile

	FY23/24	FY24/25	FY25/26	FY26/27
Reductions target	£0.2m	£10.4m	£13.1m	£14.2m
<i>Stretch targets</i>	<i>£0.7m</i>	<i>£13.1m</i>	<i>£16.1m</i>	<i>£17.0m</i>

Other local authorities and health systems have engaged Newton Europe to deliver similar pieces of work, with evidence of successful realisation of savings target and improved outcomes for local people. The table below has been compiled both with evidence provided by Newton (that has been agreed with the local authorities in question) and through direct conversations with directors in other organisations.

Please take note of the Derby City testimony where a decision was made not to implement the outputs of the diagnostic.

Table 3: Other Local Authorities' Experiences

Leicestershire County Council	<ul style="list-style-type: none"> • 150 older adults per year now avoid going into residential care. • The reablement service became 27% more effective. • During the programme, over 50 adults with learning disabilities moved out of residential care into supported living, or other community settings. • The programme was signed off as having delivered £11.8m recurrent financial benefit. <p><i>Email from Director at Leicestershire</i></p> <p><i>“They do have a tried and tested methodology on both the adults and children’s (less so on SEN). Our decision to appoint was taken on the basis we just did not have the inhouse change skills to ensure the change was implemented successfully and stuck. We do not have any regrets, though there are a few things we possibly would have done slightly differently on childrens. However, they did deliver the savings and made quality improvements that could well help re future Ofsted. Your decision could be a</i></p>
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	<i>little like ours - and hinge on whether you have the capability to do it yourself."</i>
Lancashire County Council	<ul style="list-style-type: none"> • 450 fewer people going inappropriately into residential care each year. • 80% more service users receiving reablement within existing commissioned capacity. • 15% more independent outcomes achieved for citizens from the improved reablement service. • £27m annualised savings.
Derbyshire County Council	<ul style="list-style-type: none"> • 78% more people are accessing short-term enabling services - an increase of 1,800 people each year. • More people are supported to stay home with 1/3 fewer residential placements. • The programme achieved over £21m in annualised financial benefit.
Essex County Council	<p><i>"We were very impressed with the work of Newton Europe, and they are easily the best consultants we have worked with. They are doers and are very good at connecting with partners.</i></p> <p><i>Our programme has been successful – and also won the national LGC award for integration in 2022. We are pleased that we can see and measure the improved ways of working, with less people going into residential care and lower levels of care packages being required.</i></p> <p><i>In a nutshell, I would recommend them"</i></p>
Derby city	<p><i>From conversation with Director</i></p> <p><i>Derby Urgent Care System previously did a diagnostic with Newton and decided not to proceed to implementation due to lack of buy-in across wider system partners. However, 5 years later and issues in the system have not moved forward at the pace we needed. We have just completed a second diagnostic and are more positive about taking a joint decision across the system to proceed with them to implementation.</i></p>
Nottinghamshire	<p><i>From conversation with Director</i></p> <p><i>"Took forward opportunities directed at improving reablement and overachieved on the savings. I enjoyed working with them, they bring insight, focus and pace. They work bottom up at practitioner level. They are worth the investment, but it is a leap of faith. The experiences of older adults massively improved as did staff wellbeing."</i></p>

Other options considered

20. The Adults Transformation Programme was set up in May 2022 and focussed on delivering the government reform agenda, preparations for assurance, a major restructure of operational teams and a redesign of home care. It also has resources and projects linked into the digital and workforce programmes being delivered at the level of the Integrated Care System. Major elements of the government ASC reform agenda have since been delayed, most prominently Charging Reform and the delivery of Liberty Protection Safeguards. The programme has been successful in the mobilisation, design and early implementation phases of assurance, operations restructure and home care redesign and these workstreams are now being transitioned into business as usual. The programme therefore is in a transitional stage and will become the delivery vehicle for implementing the opportunities outlined in this report.
21. Consideration has been given to delivering this work with our existing change team and operational and commissioning staff. There is, within the Council, considerable knowledge and experience in change. There is also considerable pressure on our change resource across the new council as services transition to operating as part of a unitary authority. Given the scale and pace of change needed within Adults Services in the current challenging environment, as well as the complexity of change required, it was felt that this would be strongly supported by continuing to work with Newton Europe as our Strategic Partner. If we were to deliver this alone it is likely that the delivery timeframes of the scale of change required would be too long to realise the £10m cost control target for the Adults Budget. We would also need to invest and expand the business change team working across adults, building in time for recruitment.
22. Consideration has also been given to returning to the market and conducting another open procurement exercise to invite other change partners to tender for the opportunity. This option risks either low response from the market due to the contract being to deliver the findings from a competitor's diagnostic or the successful organisation taking 3-6 months to perform their own diagnostic before designing their version of a transformation programme for Adults Services. Requiring a similar contingent fee model for this work would reduce the market for responses even further.

Links to Council Plan and Medium-Term Financial Plan

23. This proposal supports the Council Plan priorities 2023-2027 in the following ways.
 - A healthy and caring Somerset. The opportunities focus on promoting the independence of the older people and working age adults that we support. The health and wellbeing of individuals is at the heart of improving adults' services.
 - A fairer, ambitious Somerset. The proposal will enable a step-change in the way adult social services are delivered in partnership with the NHS. This has the potential to improve already good services to become excellent and a flagship in the region. By improving access to reablement in particular increased gives people a fairer chance at independence.

- A flourishing and resilient somerset. By improving the lives of the people we support we enable them to flourish in their own communities and empower them to make the choices that are right for them and their lives. By providing the right care at the right place at the right time, people are more resilient to changes.
 - A greener, more sustainable somerset. Working at a more local level in communities has environmental benefits as well as supporting local communities to thrive in the way they are able to support their own populations.
24. There are also strong links to the Adult Social Care Strategy 2023-2026 particularly the priorities ‘Prevention and Early Help’ and Right Support, Right Place, Right Time.
25. The Medium-Term Financial Plan for the council is dependent on Adults Services delivering a balanced budget. This work will enable the service to make a step change in how the service manages budget growth and help to secure the delivery of the Medium-Term Financial Plan for the Council.

Financial and Risk Implications

26. Against the 2022/23 net revenue budget of £160m for the Adult Social Care there was an overspend of £11.9m. There was an investment of £0.5m November 2022 to procure Newton Europe, to undertake a diagnostic across all provision to identify the best opportunities for controlling future spend through optimising productivity, managing demand into the service and ensuring that people who draw on services and their carers are at the heart of designing their own support, and future service models.
27. Their early work identified that significant on-going reductions to cost could be achieved and savings of £10m were built into the Medium-Term Financial Plan (MTFP) with a profile of £5m in the 2023/24 budget and a further £5m in 2024/25. After considering these cost reductions, significant pressure with higher demand driven by the long tail of the pandemic and higher costs due to inflation and the 2022/23 overspend, the budget for 2023/24 was increased by 16% to £186m.
28. The diagnostic by Newton Europe has identified that reductions in cost of £14.2m can be achieved over a 4-year period with a stretched target of £17m.

	FY23/24	FY24/25	FY25/26	FY26/27
Reductions target	£0.2m	£10.4m	£13.1m	£14.2m
<i>Stretch targets</i>	<i>£0.7m</i>	<i>£13.1m</i>	<i>£16.1m</i>	<i>£17.0m</i>

29. The profile of the cost reductions is different those built into MTFP in February and will cause a pressure within the service of £4.8m in 2023/24 but will help in future years.
30. In order to deliver these on-going reductions, there is the one-off costs of the contract with Newton Europe of up to £7m. This transformational activity would meet the criteria for the flexible use of capital receipts but at this stage this investment in transformation should be funded from Earmarked Reserves and with the 2023/24 costs from the social care volatility reserve. Once the 2022/23 Statement of Accounts for the 5 processor councils have been completed, we will be reviewing reserve and capital receipts position for the Somerset Council and will report any changes to funding of the investment to the Executive. We will be seeking to work with our system partners who will also potentially benefit from this work to minimise the cost to the council.
31. Engagement of Newton Europe to support the delivery of the Adult Social Care Transformation Programme would be based on the following core principles:
 - a) 100% of fee is contingent on delivery of outcomes. In the Design and Implementation phase Newton would guarantee to deliver at least 1.3 times the one-off fee in recurrent, annual financial benefit. This means at a minimum the partnership needs to deliver at least £10m for Newton Europe to attract their full fee. However, we are confident that a targeted value of £14.2m of recurrent savings will be deliverable against this fee. Newton Europe conduct business largely through reputation and have a strong track record of meeting or exceeding the targets set.
 - b) The programme would be planned and resourced to deliver the full target benefits value of £14.2m. At the end of the design and implementation phase, if the final benefits are less than the guaranteed savings, then Newton will rebate its fees until the 1.3 times ratio is achieved. For clarity, in the unlikely event that only £3m of recurrent benefit is delivered, the total fee (including Diagnostic fee already paid) would be proportionately reduced to £2.3m. In the extreme worst-case scenario, if nothing is delivered, then Somerset Council would pay nothing, including receiving a rebate for the diagnostic fee.
 - c) With the fixed maximum fee, if circumstances require Newton to put more resource into delivering the target financial benefit than originally planned, they do so at their own risk and at no additional expense to Somerset Council.
 - d) Newton includes a mechanism to allow Somerset to terminate the contract at any time, by giving a few weeks' notice, for any reason, paying only for work done to date.
32. Alongside financial challenges we recognise that aspects of our service delivery are not where we need it to be and that we are now entering the new assurance regime for Adult Social Care. There is a likelihood that this process will identify requirement for improvements. Conducting a large-scale transformation

programme at this time to improve outcomes and control the budget will help to mitigate the risk of an adverse report as a result of ASC Assurance.

33. Relevant key risks in the Adult Social Care Risk Register (with JCAD reference) are set out below including a revised risk score as a result of the proposed decision.

Current risk: AANDH0030 – Adult Social Care unable to achieve MTFP targets / deliver a balanced budget (costs exceed available resources) (AMBER/MEDIUM RISK)					
Risk Management as a result of proposed decision:					
During the mobilisation of the programme a rigorous approach to benefits tracking will be developed to give confidence in unlocking the benefits realisation. This will include.					
<ul style="list-style-type: none"> • Operational KPI development and tracking against agreed baselines, along with evidence from trials to provide clarity of impact of the change programme. • Use of agreed financial equations and benefits model to determine forecast financial benefit based on the observed changes in operational KPI's. • Reconciliation of actuals vs forecast 					
During the timeline of the programme, operational KPI performance must be sustained for an agreed period before signed off as achieved.					
What is unquantifiable at this stage is the impact of external factors (such as increasing cost of the market, or a pandemic) but would need to be understood if occurred.					
Likelihood	3	Impact	3	Risk Score	9
				Revised Risk Score	9

Current Risk: AANDH0033 – Insufficient staffing resource and capacity to contribute to/deliver against transformation projects alongside core BAU activity (AMBER/MEDIUM RISK)					
Risk Management as a result of proposed decision:					
Working with Newton Europe will bring a team of highly skilled specialists alongside our workforce. Whilst this is an injection of transformation capacity, the activity will drive the requirement for input from our operational and commissioning teams to contribute and implement changes. Therefore, the risk remains at the same level of likelihood and impact.					

Likelihood	3	Impact	3	Risk Score	9
				Revised Risk Score	9

Legal Implications

34. The Commercial & Procurement Team and Legal Services Contract team are fully engaged in the process of awarding this contract and have had early view on a draft contract so that any early implications can be understood for the purposes of this key decision. No negotiations will take place until the key decision has been taken and the call-in period has passed.
35. The Commercial & Procurement Team have confirmed that direct award for the continuation into implementation is possible under the framework through which Newton Europe were originally engaged in Nov 22.
36. In recognising the financial risk of any investment, the contract will be structured to make all attempts to minimise any downside risk, whilst enabling us to maximise upside potential. There are therefore a number of accompanying assurance mechanisms, including rigorous KPI monitoring, robust programme governance, contractual mechanisms to enable early termination and invoicing check points with the ability to pause payments should delivery and benefits fall significantly behind plan. This is also referred to in the Financial Implications section above.
37. A clear statement of aims will be set out in the contract with appropriate break clauses built in to protect funding. The data protection agreement that has been in place throughout the diagnostic will be extended to cover the implementation phase.
38. The programme will be accountable to the Corporate Transition, Transformation and Change Board. This will ensure alignment with other major programmes of change for the council.
39. SWAP Internal Audit will undertake an audit of the programme deliverables against the agreed project initiation document and the contract, 6-9months into the programme.

HR Implications

40. The proposal will provide opportunities for staff development and skills transfer in both Adult Social Care as well as more widely across the Council. This work will provide staff with opportunities to expand their skills and learning. The business change team aligned to Adults Services will play a lead role in supporting Newton Europe with this proposal's implementation alongside Finance and Performance colleagues.
41. The transformation programme will be front line led and will work alongside the operational and commissioning staff in Adult Social Care to design, pilot and implement a new way of working in Somerset. The Newton methodology ensures that staff and teams are inextricably linked to the design of improvements and their implementation. Adult Social Services are committed to ensuring the right resources are available to support its implementation.

42. The operational teams are currently going through a restructure aimed at building smaller local teams and developing some specialised teams. This is an investment in the workforce and will ensure that the structure and numbers of staff are fit for the future of adult social care. Whilst there will be some challenges in delivering this work alongside the restructure, there are opportunities to use the transformation work to establish new ways of working and develop exciting work plans for these new teams.

Other Implications:

Equalities Implications

43. The council's lead equalities officer, consulted as part of this proposal, has confirmed that an Equalities Impact Assessment is not yet required for the purposes of this paper. This is because this paper is proposing an approach to implementing a list of potential opportunities that will not see a reduction or removal of existing service. Detail of how these opportunities will be taken forward into changes that will be implemented on the ground will come out of the design and testing phase of each workstream. Before implementation these will require standalone decisions and considerations of due regard
44. It is therefore proposed that an approach to ensuring due regard for protected groups should be woven into the design and testing stages of each workstream. This standardised approach to equalities will be taken across the implementation of the programme, and will include:
- Somerset Equalities Awareness training for all members of the programme team including Newton Europe staff.
 - An initial consideration of equalities impacts through the design phases of each workstream. The testing phase will then be used to monitor and evaluate these identified impacts and actions to mitigate them.
 - Equalities Impact Assessment completed at the end of this phase for each workstream progressing to implementation, which should be signed off by the programme board.
 - Recognising that the due regard legislation is non-transferable the role and responsibility for equalities will sit with the Somerset Council staff member (sponsor) who is responsible for each workstream.
 - An ongoing consideration review of potential impacts on staff will be maintained through the implementation phase to make sure they can inform any permanent implementation.

Community Safety Implications

45. Positive impact upon quality of life and wellbeing of individuals whose care and support is improved because of this work.
46. No other community safety implications identified.

Climate Change and Sustainability Implications

47. Where possible adults services endeavours to meet local needs locally and the transformation taken forward as a result of these opportunities will maintain this principle. This is supported by a move to more localised operational teams which the opportunities for improvements will be built around.
48. Provision of appropriate and sustainable housing is also at the heart of making sure people get the right care in the right place at the right time. This element will feature particularly in the improvements for working aged adults that come out of this work.

Health and Safety Implications

49. No implications

Health and Wellbeing Implications

50. From the Health and Wellbeing Strategy the proposal has:
 - significant positive impacts on health and wellbeing
 - significant positive impacts on preventing ill-health (physical and mental health)
 - significant positive impacts on reducing health and social inequalities.
51. Significant improvements will be seen for elderly people who would benefit from being able to access more better quality reablement to maintain their independence at home for longer. Similarly for people with learning disabilities or physical disabilities, the enabling workstream will increase the number of working age adults living independently in their community. For children transitioning into adults services, we also expect to see an improvement in their options for independence.

Social Value

52. We know that Adult Social Care contributes to at least £50.3 billion to the economy in England and provides significant societal benefits.
53. The economic contribution is important because it is conducted across the country and is a higher share of economic activity in poorest areas. Meaning that future investment automatically supports the levelling up agenda.
54. Developing employment, skills, and training opportunities for people physical and learning disabilities is part of the strategy to help them to live independently in their own communities. This will be explored in the enabling workstream.
55. Many of the opportunities identified to take forward are focussed on improving the health and wellbeing of individuals, maintaining independence, and reducing inequalities of local residents and employees.

Scrutiny comments / recommendations:

56. The scrutiny Committee are meeting to discuss this matter on a date following the publication of this paper. Any comments will be as an addendum to the report at the Executive meeting.

Background

57. In November 2022 Adult Social Services sought a strategic partner to work with Adult Social Care to undertake a forensic diagnostic look at our Services with a focus on understanding the opportunities to ensure consistent, person-centred, independence-focused outcomes for all the people we support. Newton Europe, following a procurement tendering process, were successful. The diagnostic provided Adult Social Services with the evidence upon which we could envisage and build a future programme of transformative change to improve services, improve outcomes and deliver required savings.
58. Newton Europe worked alongside Adult Social Services to use the evidence to produce a sustainable, measurable and outcome focused transformation strategy and implementation plan. A plan that is grounded in data and evidence and one that will set out the opportunities for the medium to long term in Adult Social Care. Developed in close collaboration with front line staff and senior leaders, it maps a clearly articulated plan that is underpinned by robust performance management and financial monitoring principles. This plan focuses on developing a sustainable Adult Social Care service for residents to support people to be more independent for longer.
59. This is an ambitious proposal that embraces the fundamental challenges in Adult Social Care and sets out a clear vision for the future. The programme is grounded in the core principles of the Adult Social Care Strategy and underpinned by the strategic vision of Somerset Council, focusing on preventing, reducing and delaying the need for formal Adult Social Care services, and supporting people to live as independently as possible with the right support at the right time.

Summary of Diagnostic Outputs

60. The Diagnostic took place from November 2022 to March 2023, and set out to undertake an evidence-based review of our services, identifying our areas of strengths and pressures, what we need to change, and how to deliver change successfully. The activity included workshops with colleagues, reviewing over 100 service user journeys through the Somerset system, joining team meetings, and shadowing individuals to better understand their role and challenges. It also included analysis of data from multiple sources – those already collected on finance and business intelligence systems, as well as surveys and studies with frontline staff. This has generated prioritised opportunities for change and a plan linked to our Adult Social Care Strategy to improve outcomes, staff and resident experience, and make sustainable financial savings.
61. We reviewed real service user journeys with a multi-disciplinary group of practitioners and asked if the person had achieved the ideal outcome for them – and if not, why not. We saw that we have brilliant staff in our organisation who regularly support service users to achieve ideal, independence-focused outcomes. We also know that we don't always achieve these outcomes consistently. Through these workshops, we found the potential to improve outcomes for **54% of the service users reviewed**. The opportunities for improved outcomes lay in three key areas:

- 1) Providing the right environment for our teams to practice
- 2) Being able to provide the right care, in the right place, at the right time.
- 3) Optimising intermediate care

The right environment for our teams to practice

62. In 38% of cases, practitioners felt that decision-making led to a non-ideal outcome for our service users.
- We know that our teams are struggling to keep pace with demand, resulting in increasing backlogs of Care Act Assessments and reviews. This means that our practitioners are feeling the pressure to balance all aspects of their roles and have the appropriate time to work through more creative or strengths-based solutions for our service users.
 - Backlogs are growing across teams and, while variable between teams, productivity is lower than we would like. Teams reported feeling that our processes and systems do not always support them in their role efficiently and effectively and there are some unclear roles and responsibilities between teams.
 - The pressure of feeling personal accountability if something went wrong and the pressure from expectations of service users and families also impacts our practitioners.
63. We can achieve more ideal outcomes more consistently for the people we support by **creating an environment which supports and enables practitioners to make the best use of their professional skillset**; including their support and leadership, time and tools that support them in their ways of working, and how we manage and monitor performance.

The right care, in the right place, at the right time

64. In 36% of cases, practitioners felt that not having the right commissioned services available led to a non-ideal outcome for our service users.
- Having the right services and settings available for our service users is vital to achieving more ideal outcomes. For our older adult population, we want to see a shift towards more independent settings, such as homecare and extra care housing, and away from residential and nursing placements.
 - This pattern of greater independence is also reflected in support for our adults with learning disabilities, where more ideal outcomes could be achieved through Shared Lives and supported living rather than residential care.
 - To achieve this for both of these cohorts, we need the right settings commissioned in the right volumes, which are easy to access.
 - Workshops with practitioners also found that we could improve future independence for 70% of adults with learning disabilities reviewed, including moving into more independent accommodation settings, with the appropriate goal setting and reviews process and support from enabling services.
 - A key enabler to achieving this more ideal balance of provision is being able to source the right care from our providers, in a timely way.

- Having the right pathway through our services is also important, not least for those young people preparing for adulthood, by ensuring planning for transition from an earlier age.
65. With the **right provision of services** that are easy to access and are focused on achieving goals for our service users and **pathways** that work more effectively across teams and organisations, we can support more ideal outcomes for the people we support – ensuring they are in the most independent setting possible for them.

Optimising intermediate care

66. Our reablement service could be supporting more people to live more independently. While we currently support over 150 people every month in this service, the diagnostic found additional demand for this service in both our hospital and community pathways.
- The number of people who successfully finish a reablement period every month has fallen significantly since mid-2021 and is below benchmarks for counties of a comparable size.
 - We know there are up to an additional 250 people per month who could benefit from this service, across both hospital and community pathways. This would impact their long-term care needs and support them to a more independent outcome.
 - There are opportunities to unlock some of this capacity within the current service model, by reducing delays in the service to impact length of stay and by realising a higher number of commissioned hours from providers. We can also consider options to further increase the capacity of this service through exploring alternative models of reablement provision.
 - The effectiveness of the service – the impact on long-term care needs – is also variable between providers, and there are opportunities to improve through greater access to specialist support from therapists and ensuring a strong improvement cycle to review cases within the service.
67. Optimising delivery of our D2A and reablement service would increase capacity, allow for a greater number of referrals into the service and increase the effectiveness for each individual.
68. **The diagnostic also identified key areas of change that would enable the opportunities described above:**
- Develop the workforce alongside the current operational restructure, including **improving productivity** in social care teams and reducing backlogs for assessments and reviews.
 - Optimise the process of **sourcing care** ensuring clarity on roles and responsibilities and appropriate alignment with operational teams, to maximise availability of the right support and reduce delays.
 - Develop the right **performance management dashboards**, governance framework and culture throughout all levels of the organisation, to support teams to use data on a daily, weekly and monthly basis to drive performance.

- Develop a process and approach to **financial monitoring**, to rigorously track key metrics and understand the performance of improvement projects and ensure the target benefit is being achieved.
 - Where required, develop our **digital and technology infrastructure** to enable delivery of the opportunities above.
69. These key opportunities, supported by the enablers, when delivered will lead to significantly improved outcomes for the residents of Somerset:
- **200,000+ fewer hours of homecare commissioned every year.**
 - **80 fewer residential placements commissioned every year.**
 - **100 adults with a learning disability moving out of a residential home and back into the community.**
 - **700 more people benefiting from reablement every year.**
70. Additionally, this work will deliver in excess of £14m saving per year against the ASC budget. Refer to table 1: Opportunity Matrix in the above report.

Background Papers

- Exec Summary report from ASC Diagnostic
- [Adult Social Care Strategy 2023-2026](#)

Appendices

1. Future Focus Implementation Pack: Newton Europe Implementation Proposal

Report Sign-Off (if appropriate) (internal use only - not for publication)

	Officer Name	Date Completed
Legal & Governance Implications	David Clark	12 th May
Communications	Chris Palmer	17 th May
Finance & Procurement	Jason Vaughan	11 th May
Workforce	Chris Squire	12 th May
Asset Management	N/A	
Strategy & Performance	Alyn Jones	21 st May
Executive Lead Member	Cllr Heather Shearer	17 th May
Consulted:		
Local Division Members	N/A	
Opposition Spokesperson	Cllr Sue Osborne	18 th May
Scrutiny Chair	Cllr Gill Slocombe	18 th May

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Adults Transformation

Options for Implementing Opportunities Identified
in the Diagnostic of Adults Services



Adults Services: current pressures

- Adults Services budget is £186m and growing each year and accounts for 38% of council budget
- Drivers of growth are demographics, complexity of need and cost of care
- We can control some of this growth by improving people's independence and delay need for long term services.
This is better for people and also better for the budget
- Adults has growth control target of £10m next year (also referred to as 'savings target')
- But....

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Service continues to experience **high demand** due to tail of pandemic

Inflation continues to drive up the **cost of care**

Already there is **pressure on 23/24** due to high cost of care

Hospital discharge too dependent on expensive beds

MTFP savings initiatives alone will not manage the budget growth

Economic value of Social Care

- 1.5m people are offered care and support in the UK
- Around 361,000 people reside in homes
- 818,000 receive publicly funded care and support in care homes or in the community in 2021/22
- 289,000 were 18/64
- Care and support creates 1.5million jobs
- 4.7m people provide some unpaid care to family and friends
- Estimated 15m people 1-3 of the population take part in informal volunteering

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Adult social care contributes to at **least £50.3 billion** to the economy in England and provides significant societal benefits

- **The Gross Value Add (GVA)** of the sector has **increased each year** since 2016/17, especially during the pandemic.
- The economic contribution is important because it is carried out across the country and is a **higher share of economic activity in poorest areas**. Meaning that future investment automatically **supports the levelling up agenda**.

Diagnostic: summary of outputs

An external partner, Newton Europe, was procured in Nov 22 to undertake a detailed diagnostic across Adults Services. This highlighted major opportunities to change and improve how we deliver Adults Services. Three main areas were identified, supported by 5 enabling workstreams:

Improving Outcomes:

1. **Improving the environment within which our practitioners operate** so they have the tools to do the job; the time, support, processes, and access to the right services, to help people maximise their independence.
2. **Ensuring we have the right care available in the right place, at the right time**; focussing on supporting working age adults (Learning Disabilities /Mental Health / Physical Disabilities) to gain skills and progress to more independent care settings.
3. **Optimising our intermediate care, in particular our discharge to assess and reablement service** to both support people to return to greater independence, and to have the capacity for more people to move through the service each year.

Enabling areas:

- Develop the workforce
- Optimise the process of sourcing
- Develop the right performance management dashboards
- Develop a process and approach to financial monitoring
- Where required, develop our digital and technology infrastructure

These key opportunities, when delivered, will lead to significantly improved outcomes for the residents of Somerset:

- **200,000+ fewer hours of homecare commissioned every year**
- **80 fewer residential placements commissioned every year**
- **100 adults with a learning disability moving out of a residential home and back into the community**
- **700 more people benefiting from reablement every year**

As well as improved outcomes, the opportunities are projected to deliver **recurring savings to the scale of approximately £14.2m per year**, stretching to a possible £17.2m.

The majority of the savings are in the form of demand management, controlling the growth of the Adults budget by the projected amount.

By improving outcomes, this work will deliver in excess of £14m per annum

Modelled as reductions against budget, assume forecast growth is accurate

	Opportunity	Outcomes / operational impact	Key metric impacted	Scaled Opportunity	Stretch Opportunity
Older Adults	Outcomes from Decision Making	Driving more independent outcomes through strength based practice, improved care capacity and more creative alternatives to formal support.	Reduced hours of homecare Reduced resi/nursing starts	£1.8M	£2.2M
	Short term services (including reablement) capacity optimisation and increased referrals	More people accessing short term services (who need it)	Increased reablement finishers	£6.7M	£8.1m
	Short term services (including reablement) effectiveness	Greater effectiveness of short term services	Reduced hours of homecare	£2.8M	£3.3M
	Older Adults Total			£11.3M	£13.6M
Working Age	Effective transitions to adulthood	Increased independence for young people as they transition to becoming an adult	Reduced average package cost 18-25	£0.4M	£0.6M
	Outcomes from Decision Making	Driving more independent outcomes through strength based practice, improved care capacity and more creative alternatives to formal support.	Reduced residential/supported-living starts Reducing Home care Hours	£0.2M	£0.3M
	Progression / enablement	More working age adults living independently in their community	Number of moves completed to more independent settings Reduced Homecare*	£2.0M	£2.4M
	Working Age Adults Total			£2.6M	£3.3M
All Adults	Outcomes from Decision Making (MH, PD, other)	Driving more independent outcomes through strength based practice, improved care capacity and more creative alternatives to formal support.	Reduced hours of homecare Reduced resi/nursing starts	£0.3M	£0.3M
	All Adults Total			£0.3M	£0.3M
Opportunity Matrix Total (Exc. Intermediate Care Beds)			£14.2M	£17.2M	

Options to take this forward:

The council needs to take a decision on how to proceed and deliver these opportunities to realise the projected cost controls and the improved outcomes for local people. The 'do nothing' approach is not an option as this would mean continuing to add significant pressure to the Councils budget position. Therefore, we propose the 3 options:

1. Deliver the required transformation programme using existing internal capacity and skills

- Use existing business change and Adults Services staff
- Would need to recruit to expand internal team
- Savings would take approx. 2-3 times longer to achieve than option 2.
- No guarantee of savings
- Additional pressure on already stretched resources in Adults and corporately

2. Continue the strategic partnership with Newton Europe

- Team of 15 staff from Newton work alongside business change and Adults staff
- Deliver intense focussed programme of activity over 14-18 months
- Tried and tested methodology and approach delivered in over 100 public sector organisations with strong results
- One-off fee of c. £3.5m per year (over two years)
- Guaranteed £10m of recurring financial benefit under the contract with shared risk of realisation
- Projected annualised savings between £14m and £17m
- Direct procurement award under existing framework
- Skills transfer incl access to L&D programme

3. Undertake a further procurement exercise to open up the opportunity to the market

- Delays start due to procurement exercise
- This option risks low response from the market due to the contract being to deliver the findings from a competitor's diagnostic
- or the successful organisation may take 3-6 months to perform their own diagnostic before designing their version of a transformation programme for Adults Services.
- Requiring a similar contingent fee model for this work would reduce the market for responses even further

Recommended option

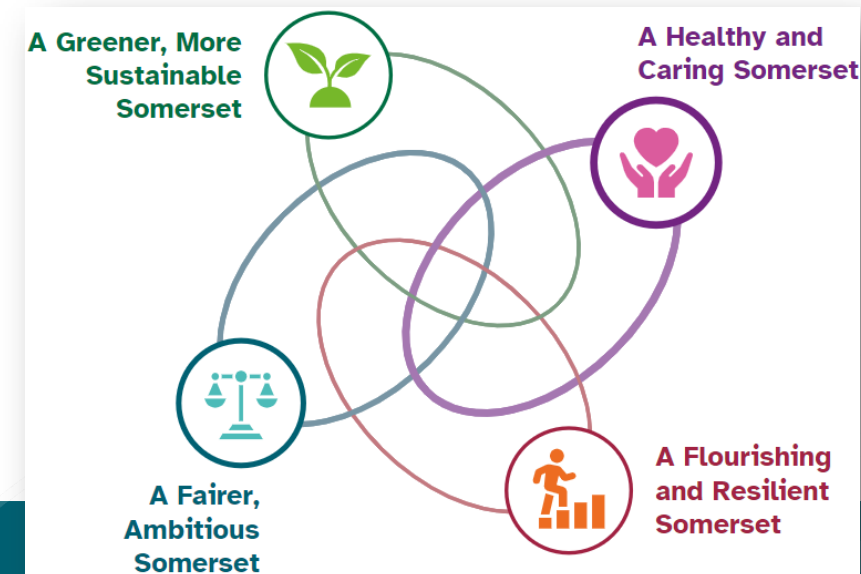
Rationale for recommended option

- A strategic delivery partner with a track record of achieving results at pace, enabling additional capacity as Somerset Council goes undertakes its own Transformation
- Newton Europe is a leading partner in Adult Social Care and Local Government
- Contingency fee model guarantees delivery of at least £10m recurring financial benefit with a target of £14m, stretching to £17m
- Tracking of benefits and financial impact follows a rigorous approach used successfully by many other councils
- If mobilised quickly, £10m of this can be delivered by the end of yr 2.

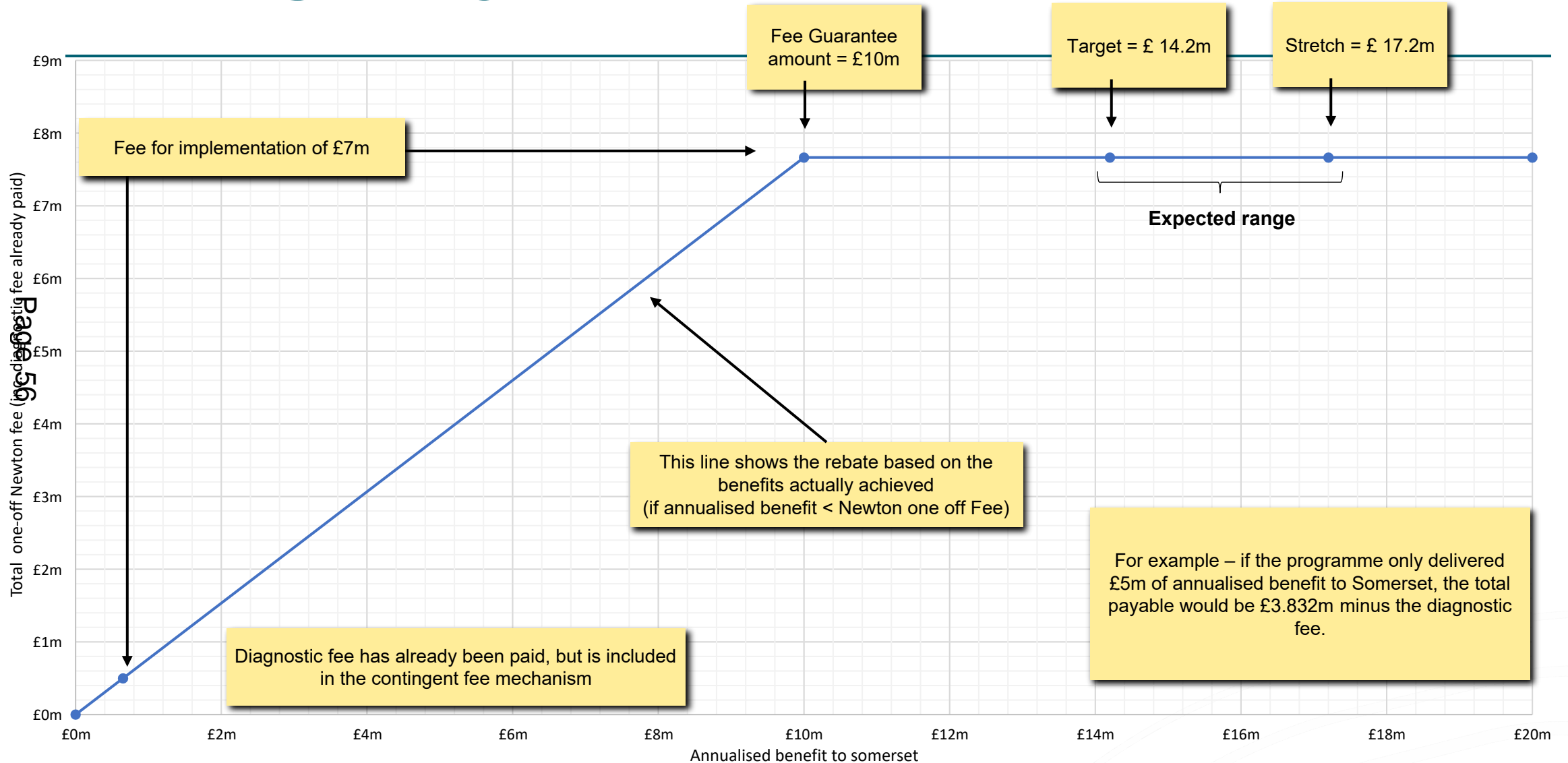
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	FY23/24	FY24/25	FY25/26	FY26/27
Savings target	£0.2m	£10.4m	£13.1m	£14.2m
Stretch targets	£0.7m	£13.1m	£16.1m	£17.0m

This will contribute to Somerset Council's four priorities:



Contingency Fee model



Governance

- The Transformation Programme will mobilise a governance structure for the programme with representatives from ASC and corporate business partners
- Reporting and assurance through the Transition, Transformation and Change Board
- Consideration will be given to independent programme management
- MTFP Board
- Aspects of the programme will report to delivery Boards within the ICB structure.

Time for Questions



Update on Hyper Acute Stroke Care

Lead Officers: Maria Heard, Deputy Director of Innovation and Transformation,
Somerset ICB
Julie Jones, Programme Manager for Stroke, Neurorehab and
Community Hospitals, Somerset NHS FT

Author: Julie Jones, Programme Manager for Stroke, Neurorehab and
Community Hospitals, Somerset NHS FT

Contact Details: julie.jones@somersetft.nhs.uk

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 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.
- 1.3 This report describes the next steps following the public consultation on the future of acute hospital-based stroke services.

2. Issues for Consideration / Recommendations

- 2.1 Members are asked to note the update.

3. Public Consultation

- 3.1 NHS Somerset ran a public consultation to gather feedback about the future of acute hospital-based stroke services in Somerset, from people living in Somerset and people who use Somerset hospitals. Acute hospital-based stroke services is the specialist hospital care people receive in the first few days and weeks when they have a stroke.
- 3.2 The consultation asked for views on the following proposals:
 - 1) To provide hyper acute stroke services at one hyper acute stroke unit in Somerset and, if that is the right way forward, whether the unit be located at Musgrove Park Hospital in Taunton
 - 2) To provide acute stroke services at either
 - Two acute stroke units one at Musgrove Park Hospital, Taunton and one at Yeovil District Hospitalor

- One acute stroke unit, which would be located at the same hospital as the hyperacute stroke unit proposed to be Musgrove Park Hospital, Taunton

3.3 Public Consultation commenced on the 30 January 2023 and ran through until 24 April 2023 and is now closed.

4. Next Steps

4.1 No decision has been made on the future location of hospital-based stroke services.

4.2 All the feedback gathered during the consultation is currently being analysed by an independent research organisation who will prepare a report for NHS Somerset setting out the feedback received. This is expected in July 2023.

4.4 NHS Somerset will consider the feedback, along with a range of other information/ evidence, for example, updated national clinical guidelines on stroke care.

4.5 We will continue to share information and updates about this programme of work and will publish the consultation findings report, including our response to it.

4.6 We expect to make a decision on the future location of hospital-based stroke services towards the end of this year.

5 Background papers

Background papers can be found on the Fit for My Future website [Acute hospital-based stroke services - Somerset Integrated Care System \(somersetics.org.uk\)](https://www.somersetics.org.uk)



Somerset Council
Scrutiny Committee - Adults and Health
– 16/5/2023

Annual Director of Public Health 2022/23

Lead Officer: Prof Trudi Grant

Author: Dr Orla Dunn

Contact Details: Trudi.Grant@somerset.gov.uk

Executive Lead Member:

Lead Member for Public Health and Equalities: Cllr Adam Dance

Division / Local Member: Applicable to all

1. Summary

- 1.1.** The production of an annual report is a statutory obligation for Directors of Public Health. It is an opportunity for the DPH to give an independent view of health and wellbeing priorities in the county.

The 2022/3 report covers the impact of cardiovascular disease in Somerset taking a cricket theme to the public health issues.

- 1.2.** This report promotes:

- A healthy and caring Somerset
- A fairer, ambitious Somerset

2. Issues for consideration / Recommendations

- 2.1.** The report outlines the burden of cardiovascular disease in Somerset and particularly the inequalities experienced by some groups in our population. It showcases a number of initiatives across the system to reduce risk factors and detect disease at an early stage where preventative action can make a difference.

- 2.2.** The report makes the following recommendations for 'a six' for Somerset:
1. Good pitch preparation: We need to develop our environment with the purpose of improving health and environmental sustainability.
 2. Doing it off your own bat: Together with communities we need to re-invigorate efforts to promote, encourage and support people in Somerset to enjoy a healthy lifestyle and all the benefits that it brings.
 3. Working on the Ashes: Call for renewed action to meet the national challenge to reduce smoking rates to 5% or less by 2030.
 4. A good fielding system: A system-wide focus on finding and supporting those with high blood pressure
 5. Taking the right treatment: Finding and sticking to the right treatments

6. Keep an eye on the scoreboard: Improve data collection and use it to help predict risk of disease and diagnose and intervene early

3. Background

- 3.1. The production of an Annual Report is a statutory requirement for all Directors of Public Health (DPH). It is the personal responsibility of the DPH, and an opportunity to give an independent view of the range of factors affecting health and wellbeing in the county.
- 3.2. Cardiovascular diseases (CVD) are a broad range of conditions that affect the heart and blood vessels. Each day in Somerset, approximately five people die from cardiovascular disease and one of them will be under 75, so it takes a long and health retirement away from many people. For this reason, this group of diseases present a significant public health concern in Somerset.
- 3.3. Although cardiovascular disease does become more common with age, it should not be seen as inevitable. It is estimated that about 90% of cardiovascular disease and 80% of premature deaths are attributed to modifiable risk factors. Within the challenge of preventing cardiovascular disease and addressing the risk factors, it is useful to think about them at different phases of the disease progression, ideally beginning before disease has even started.

4. Consultations undertaken

- 4.1. This report has been informed by discussions with people working across the Integrated Care System on cardiovascular disease. It is, however, the personal responsibility of the DPH.
- 4.2. We would also like to acknowledge the input of Somerset County Cricket Club and Somerset Cricket Foundation.

5. Implications

- 5.1. CVD nationally costs our NHS £9 billion. It also costs a further £10 billion each year to the wider economy, causing significant costs in social care and lost working days, not to mention the significant impact it has on families.

6. Background papers

- 6.1. Annual Director of Public Health 2022/3

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

Cardiovascular Disease in Somerset

Annual Report of the Director of Public Health for Somerset 2022/3



Director of Public Health Report

- The production of an annual report is a statutory obligation for Directors of Public Health
- It is an opportunity for the DPH to give an independent and personal view of health and wellbeing priorities in the county
- Acknowledge input colleagues across health system, Somerset County Cricket Club and Somerset Cricket Foundation



Professor Trudi Grant
Executive Director of Public
and Population Health



Cardiovascular disease in Somerset in 2023

Estimated **44%**
aged 40-74
unaware of
future CVD risk



900
Emergency
admissions for heart
attacks each year



5 deaths
from CVD
each day



Almost **2 in 3**
adults are
overweight
or obese



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100k known
cases of high
blood
pressure & **50k**
undiagnosed cases



Atrial
fibrillation
increases
stroke risk **x5**



3 in 4 people
with diagnosed
CVD still have
high cholesterol levels



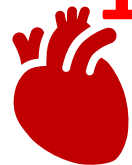
14k
stroke survivors



1 in 7
adults smoke



1 in 5
survive a
ruptured
aortic aneurysm



1 in 12 with
diabetes
by 2035



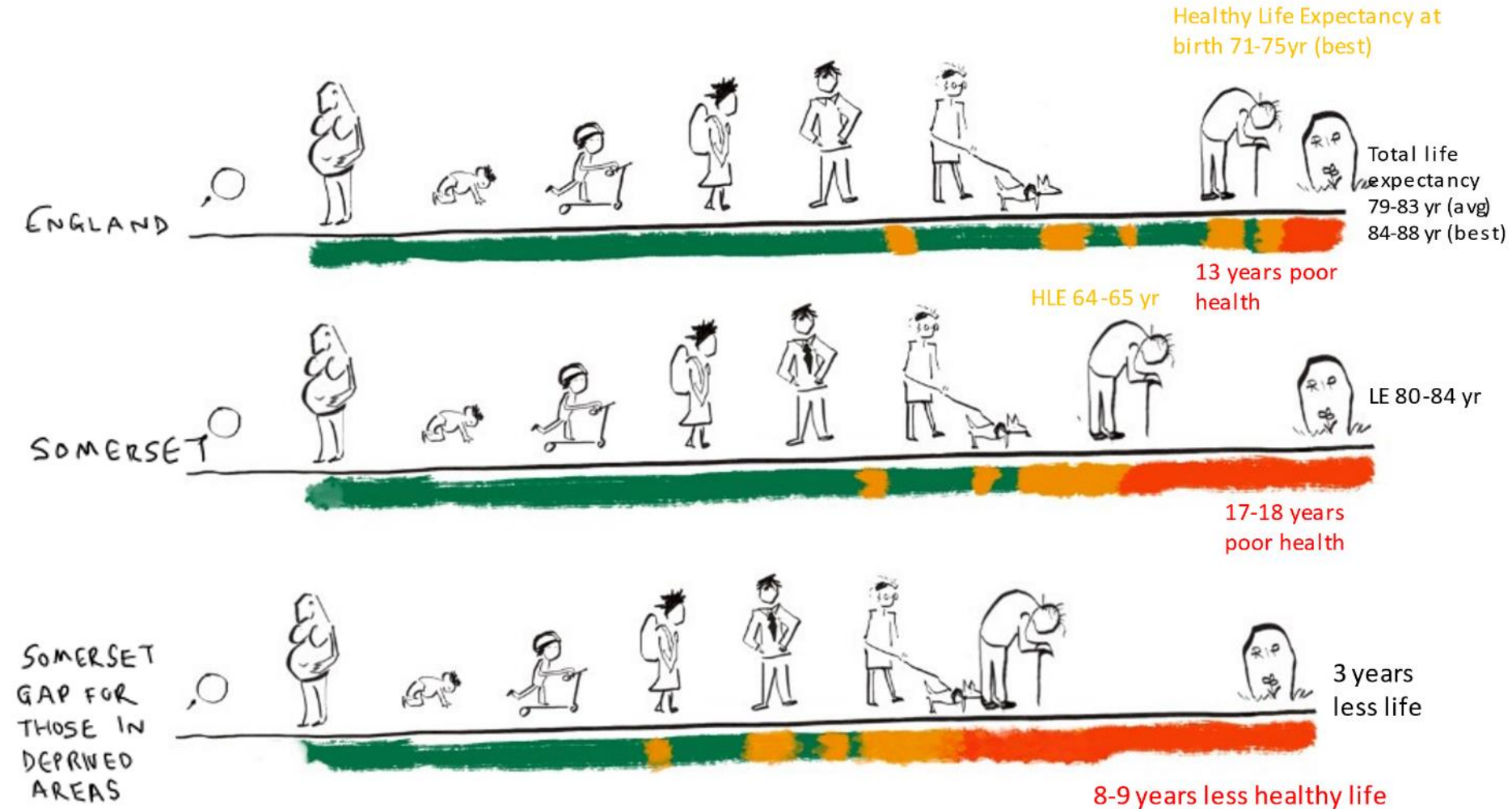
Hypertension is **#1**
risk factor for
kidney disease



Less than **1%** of
people with familial
hypercholesterolaemia
aware of their high
family risk of CVD



A good innings



2022/23 Cardiovascular Disease

- Why focus on CVD and impacts of inequalities?
- Playing conditions
- Team fitness
- Good catches and early detection
- COVID stops play
- Dismissal and end of the innings
- Six for Somerset – recommendations

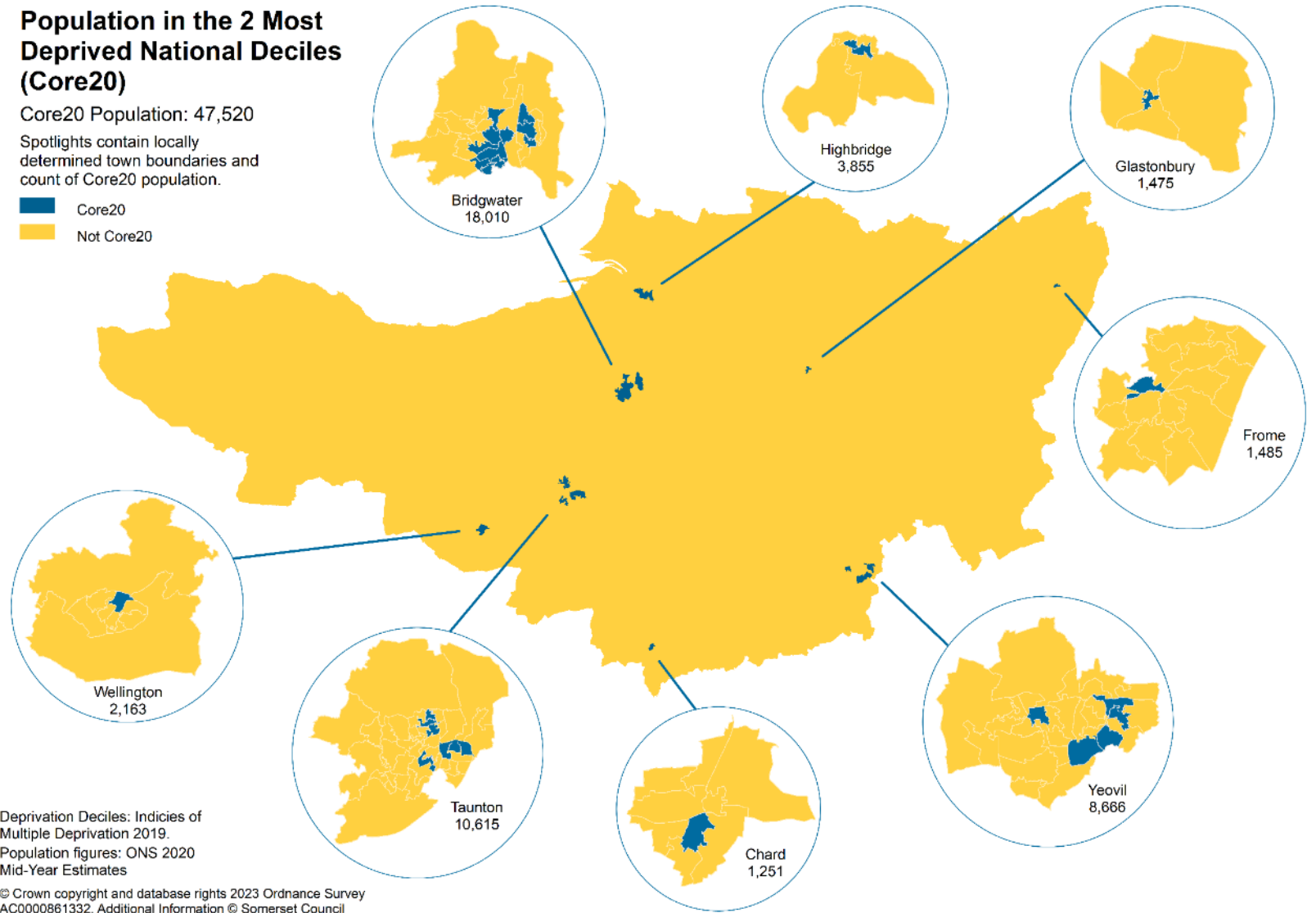
Playing Conditions

Population in the 2 Most Deprived National Deciles (Core20)

Core20 Population: 47,520

Spotlights contain locally determined town boundaries and count of Core20 population.

■ Core20
■ Not Core20



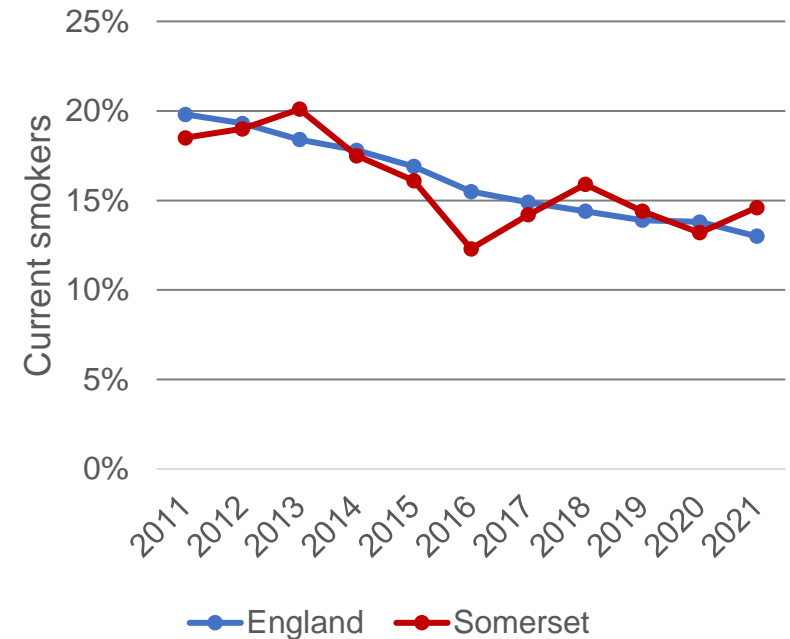
Deprivation Deciles: Indices of Multiple Deprivation 2019.
Population figures: ONS 2020 Mid-Year Estimates

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AC0000861332. Additional Information © Somerset Council

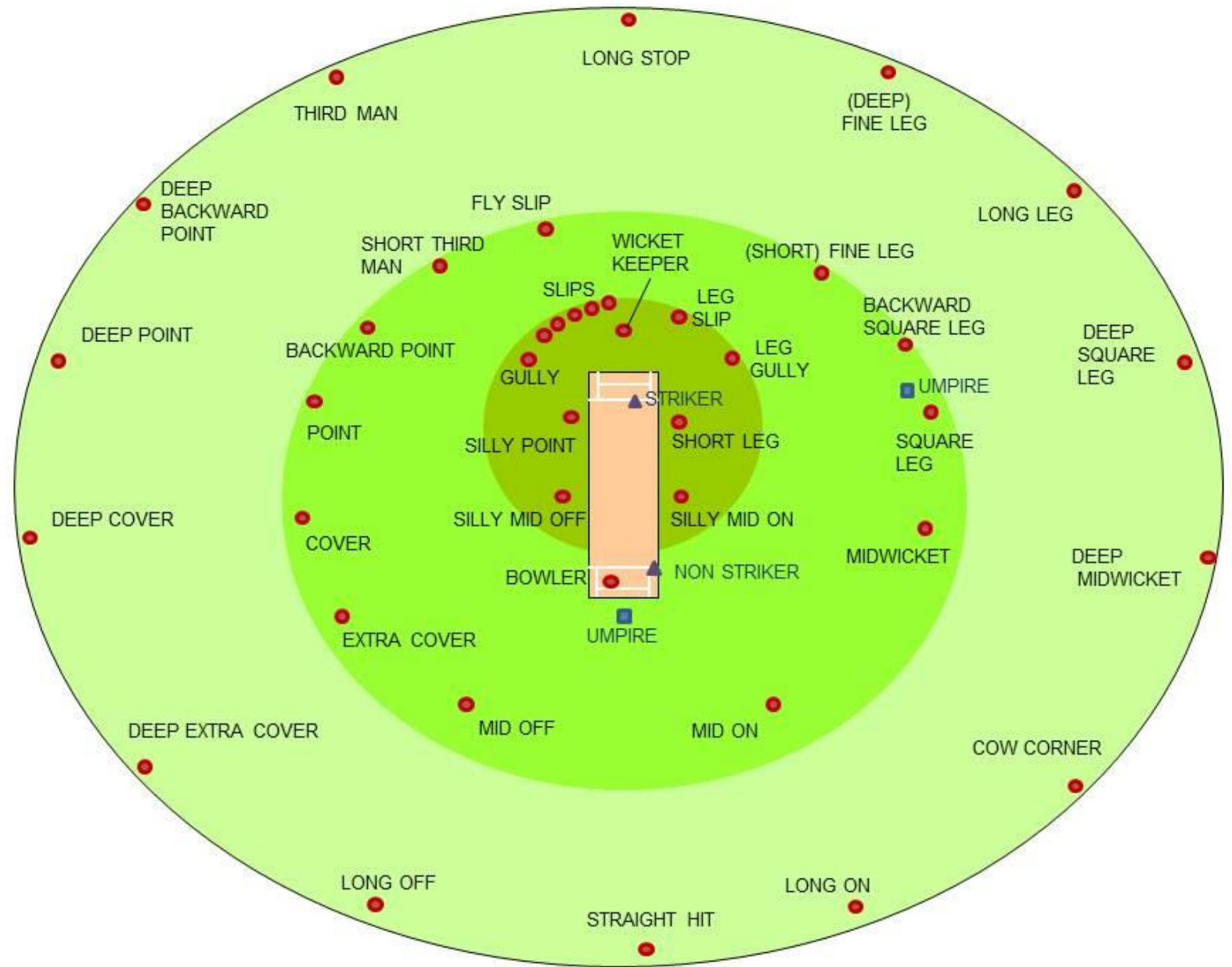
Team Fitness

Smoking as a risk factor for CVD

- Most influential risk factor on both life expectancy, early deaths, loss of quality of life and inequalities in these outcome
- About 14.6% adults are current smokers.
- About 60,000 smokers in Somerset.
- Almost 1 in 3 of those in routine and manual occupations smoke.
- About 1 in 4 of those with severe mental illness smoke
- About 6 in 10 of those homeless smoke



Fielding Positions



Good catches for CVD

High Blood Pressure

Obesity

High Cholesterol

Familial Hypercholesterolaemia

Atrial fibrillation

Kidney dysfunction

Aortic Aneurysm

Diabetes

QRISK: Ten year risk of heart attack or stroke



50y white female



50y white female +
Smoker, overweight and
Family history of CVD

Recommendation 1

Good pitch preparation

We need to develop our environment with the purpose of improving health and environmental sustainability.

“A quality cricket surface allows players to express and develop their skills, ensures the cricketer has a rewarding experience and that the game of cricket can be enjoyed by players, and supporters alike across all levels of participation”.

Pitch Preparation — The basic fundamentals



Recommendation 2

Doing it off your own bat

Together with communities we need to re-invigorate efforts to promote, encourage and support people in Somerset to enjoy a healthy lifestyle and all the benefits that it brings.



Recommendation 3

Working on the Ashes

Call for renewed action to meet the national challenge to reduce smoking rates to 5% or less by 2030.

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Recommendation 4

A good fielding system

A system-wide focus on finding and supporting those with high blood pressure

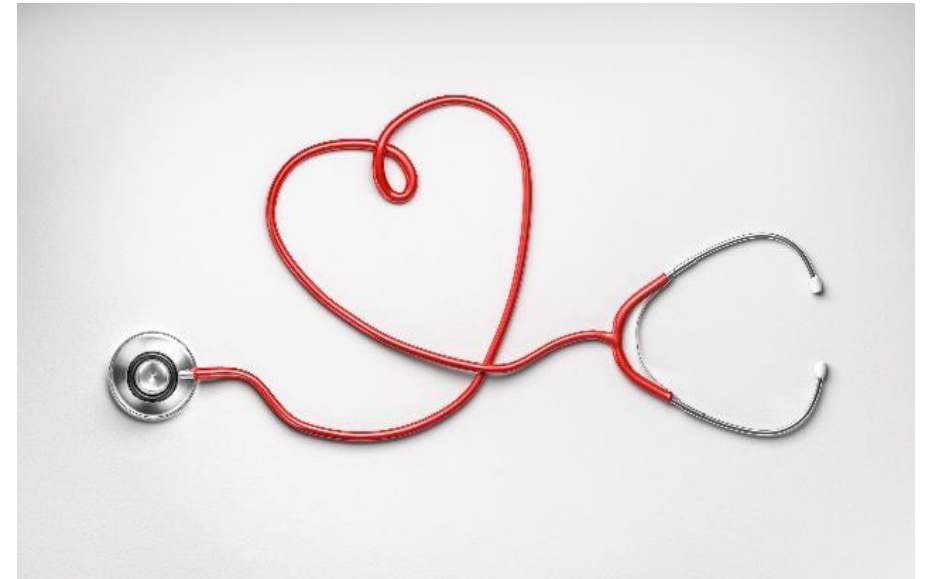


Recommendation 5

Treatment delivery

Finding and sticking to the right treatments

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Recommendation 6

Keep an eye on the scoreboard

Improve data collection and use it to help predict risk of disease and diagnose and intervene early



Questions and Comments

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Trudi.Grant@somerset.gov.uk
Orla.Dunn@somerset.gov.uk
