Public Agenda Pack

Notice of Meeting of

SCRUTINY COMMITTEE - ADULTS AND HEALTH

Thursday, 8 February 2024 at 10.00 am

Sedgemoor Room, Bridgwater House, King Square, Bridgwater, TA6 3AR

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

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

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

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

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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 Wednesday, 31 January 2024

AGENDA

Scrutiny Committee - Adults and Health - 10.00 am Thursday, 8 February 2024

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

Click here to join the online meeting (Pages 7 - 8)

1 Apologies for Absence

To receive any apologies for absence.

2 Minutes of Previous Meeting (Pages 9 - 22)

To approve the minutes from the previous meeting.

3 Declarations of Interest

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

(The other registrable interests of Councillors of Somerset Council, arising from membership of City, Town or Parish Councils and other Local Authorities will automatically be recorded in the minutes: City, Town & Parish Twin Hatters - Somerset Councillors 2023)

4 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'.

5 Work Programme (Pages 23 - 24)

To discuss the work programme.

6 Healthy Weston (Pages 25 - 40)

To consider the report.

7 Annual Report of the Director of Public Health (Pages 41 - 48)

To consider the report.

8 23/24 Budget Monitoring Report Month 9 (Pages 49 - 60)

To consider the report.

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

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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 democraticservicesteam@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.

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

Present:

Cllr Graham Oakes (Vice-Chair)

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

In attendance:

Other Members present remotely:

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

35 Apologies for Absence - Agenda Item 1

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

36 Minutes of Previous Meeting - Agenda Item 2

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

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

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

38 Declarations of Interest - Agenda Item 4

There were no new Declarations of Interest.

39 Public Question Time - Agenda Item 5

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

Eva Bryczkowski:

THE PROPOSED CLOSURE OF YEOVIL HOSPITAL ACUTE STROKE UNIT

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

QUESTION ONE

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

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

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

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

THE CONSULTATION PROCESS

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

QUESTION TWO

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

A MAJOR CONCESSION?

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

QUESTION THREE

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

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

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

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

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

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

Response from Mel Lock, Director of Adult Social Care

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

A detailed overview of the

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

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

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

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

Response from Julie Jones, NHS Somerset Foundation Trust:

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

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

Question Three:

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

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

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

Ray Tostevin, chair of the Quicksilver Community Group:

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

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

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

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

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

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

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

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

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

Response

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

40 Crime and Disorder Overview Report - Agenda Item 6

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

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

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

rather than reports.

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

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

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

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

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

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

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

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

42 Adult Social Care Transformation Programme - Agenda Item 8

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

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

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

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

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

43 Stroke Service - Results of Consultation - Agenda Item 9

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

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

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

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

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

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

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

(The meeting ended at 1.12 pm)

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CHAIR

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Scrutiny for Adults and Health Work Programme – 2023/24

	21 February 2024 4pm	
NHS Engagement Session	Member engagement session - A panel discussion on the future of hyper acute and acute stroke services in Somerset	somicb.engagement@nhs.net Microsoft Teams meeting **Join on your computer, mobile app or room device** Click here to join the meeting Meeting ID: 343 455 817 242 Passcode: GMKY2p Download Teams | Join on the web **Or call in (audio only)** +44 1823 772277,,321227054# United Kingdom, Taunton Phone Conference ID: 321 227 054# Find a local number | Reset PIN
	04 April 2024 10am	
Adult Social Care Performance Report		Mel Lock
Musgrove Park Hospital – Development		Phil Brice/Ian Boswall
Adult Social Care Budget Monitoring		Mel Lock
	TBC	
Workshop on Drug and Alcohol		Alison Bell/Jodie Reading

Agenda Item 5

Scrutiny for Adults and Health Work Programme – 2023/24

ITEMS TO BE ADDED TO AGENDA:
Suicide Prevention Strategy –Update requested - Awaiting National Strategy Publication
Armed Forces Covenant
Quality Performance reports Alison Henly /Alison Rowswell
Ambulance Service Performance - Steve Boucher
Haematology Services -Yeovil/ Phil Brice
Suicide Prevention Strategy -Update

Note: Members of the Scrutiny Committee and all other Members of Somerset Council are invited to contribute items for inclusion in the work programme. Please contact Democratic Services Team, who will assist you in submitting your item. Jennie Murphy on jennie.murphy@somerset.gov.uk

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Meeting:	Somerset Scrutiny – Adults and Health	**Author:**	Helen Edelstyn
Meeting date:	8th February 2024	**Lead:**	Judith Hernandez del Pino

Summary

Purpose: To provide Somerset Scrutiny – Adults and Health with an update on the Healthy Weston 2 programme and an opportunity to ask questions. The presentation covers the three phases of Healthy Weston 2 including:

- Benefits delivered to date because of HW2 **Phase 1** investment in Urgent and Emergency Care
- Plans and work underway to develop the HW2 **Phase 2** case for a specialist centre for care of the elderly and safe and stable inpatient medical care
- Plans and work underway to develop the HW2 **Phase 3** case – Surgical Hub @ Weston

The slide deck attached provides a summary of progress to date across the three Phases, including:

HW2 Phase 1 –

- Appointment of 32 additional people across a range of roles to work in our ED
- More Same Day Emergency Care and Short Stay Care providing high-quality treatment and care faster, with shorter stays in hospital
- Specialist holistic care for older people in an emergency

HW2 Phase 2 –

- Detailed planning underway for a Specialist Centre for Care of the Elderly operational model with a focus on working with primary and community providers to support a ‘hospital without walls’ ethos and seamless patient journeys into and out of the hospital.
- Designing the detail of the inpatient model of care starting with a clinical deep dive into the modelling – and ensuring that WGH catchment population have equity of access to specialised care.

HW3 Phase 3 –

- Improve access and outcomes to surgical procedures for a growing local population
- Working with UHBW, NBT and Musgrove to identify appropriate surgical activity for WGH, based on the principle of right procedure, right place mapping

There will be opportunity for questions and answers at the end of the presentation.

Weston has a bright future

We’re making it a reality

Introduction and purpose of the item

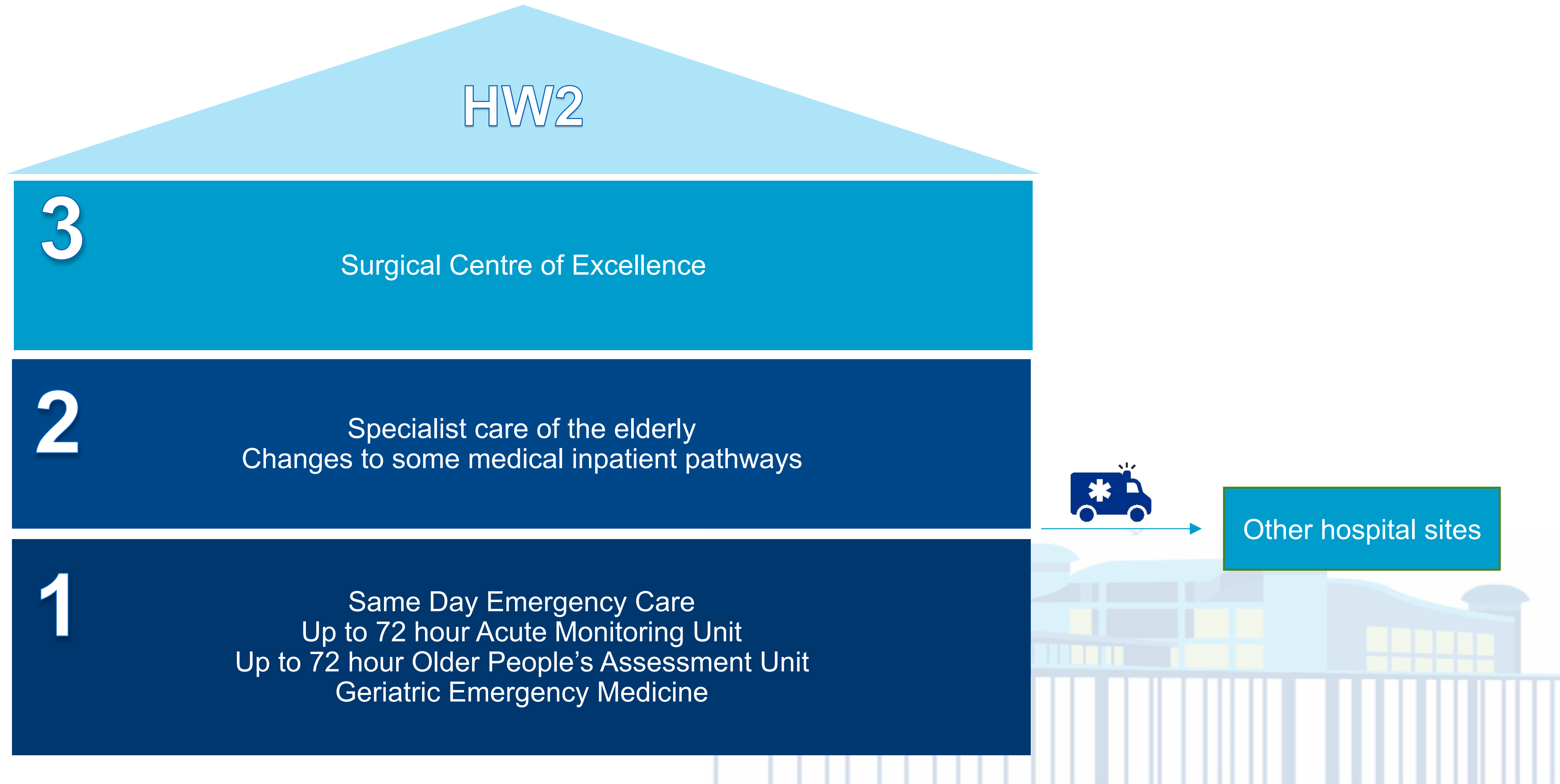
- Our vision for wellbeing, health and care in Weston
- Our plans for a thriving, sustainable hospital at the heart of the community and how these plans meet local population need now and in the future
- How we are turning our plans for Weston General Hospital into a reality
- How we are working together across acute, primary and community care to improve local health and care outcomes

Healthier Together

Healthy Weston 2: Vision

Our vision is for Weston General Hospital to be a strong and dynamic hospital at the heart of the community that is fit for the future, with a range of services providing the very best care, experience, safety, and outcomes to local people.

Our plans for a thriving sustainable hospital



Healthier Together

Enhancements to 4 service areas, alongside ongoing service improvement

Emergency department (A&E) serving adults and children 14/7	**Same day emergency care** (SDEC) service	**Specialist stroke inpatient rehabilitation**	**Emergency surgery**
Children's services Seashore Centre	**Maternity care**	**Intensive care unit**	**Cancer care**
Inpatient medicine E.g. cardiology, diabetes & endocrinology, respiratory, rheumatology	**Outpatient medicine** E.g. cardiology, diabetes & endocrinology, respiratory, rheumatology	**Planned surgery** E.g. orthopaedics, ophthalmology, gynaecology, breast, cancer, urology	**Care of the elderly**

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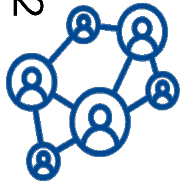
Key:
- [blue] = No change proposed as part of Healthy Weston Phase 2*
- [green] = Change proposed as part of Healthy Weston Phase 2

* Note: Services marked as "no change" in this slide will continue to make usual ongoing improvements, but outside of the remit of Healthy Weston Phase 2

Improving our services to meet local need

The population is growing and has new health needs. The plans include services for all ages. We keep A&E, maternity and children's services. We will have even more care for older people and same day emergency care so people can get home quickly.

We need to keep services safe and stable. The plans mean there are enough staff to make sure hospital services meet local and national standards now and in future.



We need to work better together. The plans help the hospital work better with GPs and community services. They build on the merger between Weston and Bristol trusts. This will provide better access to care and more continuity.

We need to use resources well. The plans will provide 1000s more planned operations, helping get through the backlog and get the best outcome for every NHS pound we spend.

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Engaging with the public, staff and local stakeholders

- Over 5,000 patients, public and staff have shaped plans to keep Weston General Hospital strong for a long time

- Senior doctors, nurses and other professionals are leading the delivery of new services, as well as the planning for new improvements

- We will continue to engage with the public, staff and local stakeholders. A range of sessions are planned over the new few months including our Healthy Weston staff reference group open to all, and an update to our Patient Public reference group supported by Healthwatch

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Taking great strides in implementing our plans

Investment in urgent care for people of all ages, helping people to get home quickly after an emergency:

- Appointment of 32 additional people across a range of roles to work in our ED
- More **Same Day Emergency Care** and **Short Stay Care** providing high-quality treatment and care faster, with shorter stays in hospital
- Specialist holistic **care for older people** in an emergency

Alongside these plans are further developments:

- Our **Seashore Centre** is now open 8am – 10pm, providing paediatric expertise to the ED, urgent treatment and specialist clinics
- Our new **Transfer of Care Hub** is linking services across Weston to speed up discharge and make sure people get the support they need when they leave hospital
- We are **attracting and retaining people** to come and work with us including 30 more internationally educated nurses

A partnership model in Weston Transfer of Care Hubs

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These improvements are making a real difference to quality and safety

- Significantly more patients (just under 10% of ED attendance) have had their care managed swiftly and skilfully, with most people not needing to be admitted

- Improvements to quality and safety. E.g. in Dec 22, there were 9 occasions when ambulances had to be diverted away from Weston General Hospital. In 2023 to date, there have been just 3 occasions

- Month on month improvement in waiting times, and the number of people waiting in the Emergency Department

- Significant reduction in our staff vacancy rate. The vacancy rate for both nurses and doctors are below the 5% target when compared to 19% nursing and 7.5% medical in 21/22

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What's planned next?

- **Care for older people,** meeting the complex health care needs of frail older people in an environment that best suits their specific needs. This includes wards for older people, clinics for quick diagnosis and improvements to how we work together to deliver good integrated care

  If someone needs to **stay in hospital longer than 72 hours** for specialist medical care, we will take them to a neighbouring hospital for the very best care. Older people needing ongoing care will stay at Weston as there will be specialist help for older people

- **More planned operations**, Weston General Hospital will become a surgical hub providing operations for people of all ages, close to home e.g. hip, knee and cataract surgery

Some people would travel less, some more

- More people will have operations at Weston General Hospital so they won't need to travel elsewhere for operations or appointments before and after
- But each day about 6 people will transfer to a different hospital for specialist care if they need to be in hospital longer than 72 hours
- Ways that we are trying to reduce the impact are:
  - We will provide **more same day and short stay emergency care** so fewer people will need to be admitted to hospital
  - People who are transferred to other hospitals can **come back** to Weston General Hospital after getting specialist care. We will provide transport

Healthy Weston 2 – closing remarks

- Together, we are taking great strides towards our vision for health and care in Weston
    - We are transforming urgent care for people of all ages and helping them to get home quickly after an emergency
    - Our Seashore Centre is now open longer, and providing specialist paediatric advice in our Emergency Department
    - The new Transferring Care Hubs are linking services across Weston to speed up discharge and make sure people have the care they need
- But there is more to do together, to deliver our ambitious vision for Weston

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Questions for the panel

PC

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Healthier **Together**

Improving health and care in Bristol, North Somerset and South Gloucestershire

Somerset Annual Director of Public Health Report 2023

Summary for Adults & Health Scrutiny

Somerset Council

Annual Report of the DPH

What is it?

- Statutory duty for *all* Directors of Public Health
- An independent, personal view
- Covering matters outside ‘business as usual’
- Often about issues whose profile should be raised, and where the ‘whole system’ needs to respond.

Housing and Health

Key messages

This year's report examines the relationship between health and our homes and neighbourhoods.

Housing is a core foundation for good health: safe, secure, affordable and good quality homes in healthy places enable people to lead healthy, independent lives for as long as possible.

'Without housing, no one can have decent health': housing is one of the 'building blocks' of health and living in a poor quality or insecure home is a a major cause of health inequalities

Good Quality and Suitable Homes

Key messages

- Poor quality housing –damp or cold, contributes directly to poor health, particularly respiratory diseases
- Bad design can increase the risk of falls, notably for older people
- Overcrowding can be hazardous, especially for young children
- Energy inefficient houses are expensive to heat, and contribute to fuel poverty

Housing hazards are often found together, and can be mutually reinforcing.

Affordable and Secure Homes

Key messages

- Housing in Somerset is more unaffordable than the England average
- Insecurity of tenure – a common feature of private renting – can have harmful impacts comparable to smoking or unemployment
- Homeless people, especially rough sleepers, have multiple and complex needs, and can ‘fall through the gaps’ in services.
- There is inadequate supply of social housing, and a typical applicant is a young adult often with a pre-existing health or care need.

Healthy Places

Key messages

- Domestic energy emissions are a significant contributor to climate-change.
- Flooding, including flash flooding, is having increasing impacts on housing and the ability of residents to feel secure in their homes, and needs to be a major consideration of planning policy.
- How places are designed plays a major role in enabling people to lead healthy independent lives: public transport, walking and cycling routes, green space, ‘safety by design’, and access to local amenities, shops and services all contribute to resilient and

Implications and Recommendations

There is hope: housing can be a *protective* factor

- We have many examples of good practice - working as a system to support to people affected by poor housing
- These interventions could be scaled to develop a health-driven approach that protects and prepares the population
- The new Local Plan give us a great opportunity to put new ideas into practice
- The Homelessness & Rough Sleeper Strategy and forthcoming Supported Housing Strategy present further opportunities to embed systems approaches that put homes at the heart of prevention and early help.

Time for Questions

Contact email

Somerset Council
Scrutiny Committee
– Adults & Health

23/24 Budget Monitoring Report – Month 9 – End of December 2023

Lead Officer: Jason Vaughan, Executive Director for Resources & Corporate (S151)
Author: Penny Gower, Service Manager Adults & Health
Contact Details: Penny.Gower@somerset.gov.uk
Executive Lead Member: Cllr Bill Revan
Division / Local Member: All

Summary

1. The Executive consider the Month 9 Budget Monitoring reports at its meeting on 7th February 2024 and the reports will be presented to the scrutiny committee to allow for scrutiny of them.

Issues for consideration / Recommendations

2. Scrutiny is asked to consider:-

a) If there are any general comments or observations that they would wish to consider to make to the Executive on the report.

b) If the actions set out in the report are appropriate and if there were any further actions, they would wish to see included.

Background

3. The 2023/24 Budget is the first for the new Somerset Council and it brought together the budgets of the five predecessor councils adjusted for new assumptions and identified savings. It is well documented that there are significant delays in the auditing of local authority accounts and this national issue means that there are a number of statement of accounts from the predecessor councils for prior years that are still outstanding. This brings an amount of uncertainty, as well resourcing implications, and in practical terms means that some of the information for Somerset Council such as the 2022/23 outturn, reserves position, and capital position are still being finalised.

4. The Full Council approved the 2023/24 Budget in February 2023. Budget monitoring is delegated to Executive and Scrutiny and revenue service reports will be presented monthly with a full overview of revenue, capital, and reserves quarterly. This report outlines the forecast year-end position of services against the 2023/24 budget of £492.2m as at the end of December 2023.

Report

5. The Council is now projecting an overspend of £17.5m for 2023/24, which equates to 3.6% of the net budget for the year. This is a small improvement of £0.8m from the previous forecast overspend of £18.3m.

5.1 The forecast overspend for year remains driven by Adults Services overspend of £14.9m and Children's Services of £15.3m. Together these total £30.2m and mask the fact that the rest of the council is forecast to be £12.7m underspent.

Table 1: 2023/24 Budget Monitoring Report as at the end of December 2023 (Month 9)

Service Area	Month 3 Variance £m	Month 4 Variance £m	Month 5 Variance £m	Month 6 Variance £m	Month 7 Variance £m	Month 9 Variance £m	Movement £m
Adult Services	12.1	12.1	14.9	14.9	14.9	14.9	0.0
Children, Families & Education Services	8.8	8.8	11.8	12.4	13.9	15.3	1.4
Remaining Services	7.7	5.2	0.6	(8.6)	(10.5)	(12.7)	(2.2)
Total Position	**28.6**	**26.1**	**27.3**	**18.7**	**18.3**	**17.5**	**(0.8)**

5.2 **<u>Adult Services Director Mel Lock, Lead Member Cllr Bill Revan</u>**

Table 2 below is breakdown of the Adult Services budget as at the end of December 2023, which shows a forecast outturn for 2023/24 as £200.4m against a net budget of £185.5m, resulting in a projected adverse variance of £14.9m.

5.3 In 2022/23, the actual outturn was £176.1m, against a net budget £160.7m, resulting in an outturn adverse variance of £15.4m. Key explanations of why increasing the budget for 2023/24 has not resulted in the forecast outturn for the current year being no variance are explained below.

Table 2: Adult Services as at the end of December 2023 (Month 9)

Service Area	Current Expenditure Budget £m	Current Income Budget £m	Current Net Budget £m	Full Year Projection £m	Month 9 Variance £m	A/(F)	RAG Status	Movement From Month 7 £m
Adult Social Care Operations								
Physical Disability/Sensory Loss/65 Plus								
PD/SL/65P Residential & Nursing	76.5	(18.5)	58.0	58.9	0.9	A	Red	0.0
Home Care	30.5	(2.3)	28.2	31.0	2.8	A	Red	0.0
Direct Payments	14.8	(2.3)	12.5	14.2	1.7	A	Red	0.0
Staffing Costs	14.3	(1.9)	12.4	11.4	(1.0)	(F)	Green	0.0
Transport, Daycare & Other	4.7	(1.6)	3.1	4.0	0.9	A	Red	0.0
sub total	**140.8**	**(26.6)**	**114.2**	**119.5**	**5.3**	**A**	**Red**	**0.0**
Mental Health								
MH Residential & Nursing	17.2	(2.5)	14.7	14.6	(0.1)	(F)	Green	0.0
Home Care/Supported Living	7.7	(2.0)	5.7	6.9	1.2	A	Red	0.0
Staffing/Deprivation of Liberty, Safeguards	1.5	0.0	1.5	1.5	0.0	-	Green	0.0
Direct Payments, Day Care & Transport	1.9	(0.1)	1.8	1.7	(0.1)	(F)	Green	0.0
sub total	**28.3**	**(4.6)**	**23.7**	**24.7**	**1.0**	**A**	**Red**	**0.0**
Learning Disabilities								
LD Residential & Nursing	25.4	(1.6)	23.8	25.3	1.5	A	Red	0.0
Supported Living/Home Care	34.9	(1.3)	33.6	38.4	4.8	A	Red	0.0
Direct Payments/In Control	12.7	(2.0)	10.7	9.7	(1.0)	(F)	Green	0.0
Day Care	6.4	0.0	6.4	6.9	0.5	A	Red	0.0
Discovery	31.6	(1.1)	30.5	30.9	0.4	A	Red	0.0
Transport, Shared Lives & Other	3.3	(0.9)	2.4	2.6	0.2	A	Red	0.0
Central & Salaries	2.4	0.0	2.4	3.5	1.1	A	Red	0.0
sub total	**116.7**	**(6.9)**	**109.8**	**117.3**	**7.5**	**A**	**Red**	**0.0**
Adult Social Care Commissioning								
Commissioning	6.7	(68.9)	(62.2)	(61.1)	1.1	A	Red	0.0
sub total	**6.7**	**(68.9)**	**(62.2)**	**(61.1)**	**1.1**	**A**	**Red**	**0.0**
Total	**292.5**	**(107.0)**	**185.5**	**200.4**	**14.9**	**A**	**Red**	**0.0**

5.4 Adult Services - key explanations, actions & mitigating controls

Adult Services overspend is £24.2m due to an increase in both fee levels for care home
placements and delivery of home care, offset by a number of in-year mitigations to reduce
it to £14.9m.

5.5 Since 2020/21 we have seen an increase of 41% in residential placements and this significant increase can be seen across all care home placement types. In October 2022, the unmet needs list was around 150 people waiting for homecare, the number current waiting is two people. This increase in delivery is now showing as a full year effect in the table above.

5.6 To offset this, overspend, a number of in year mitigations and funding have been identified including the market sustainability funding - workforce grant of £3.8m, in year mitigations of £3m including reviewing all 1:1 with a view to reducing hours required and £2.5m NHS monies.

5.7 Adult Social Care - Physical Disability/Sensory Loss/65 Plus

This area of adults is currently projecting to be £5.3m overspent. As in previous years, we continue to see pressure within residential and nursing placements, with pressure on the weekly costs, as well as the number of people receiving support.

5.8 Historically the authority has paid low fee rates within this sector. The increase in fee levels for 23/24 are still not stabilising the market, due to the increase in inflation and cost of living.

5.9 There continue to be a number of interim placements as the service works with the NHS trusts to ensure a timely discharge for people from hospital. These placements are currently projected to cost £1.8m.

5.10 We continue to deliver more homecare, to allow people to remain in their own homes for as long as possible to help reduce the overreliance on beds, as well as it being the best place for them. This has led to reported overspends of £2.8m for home care.

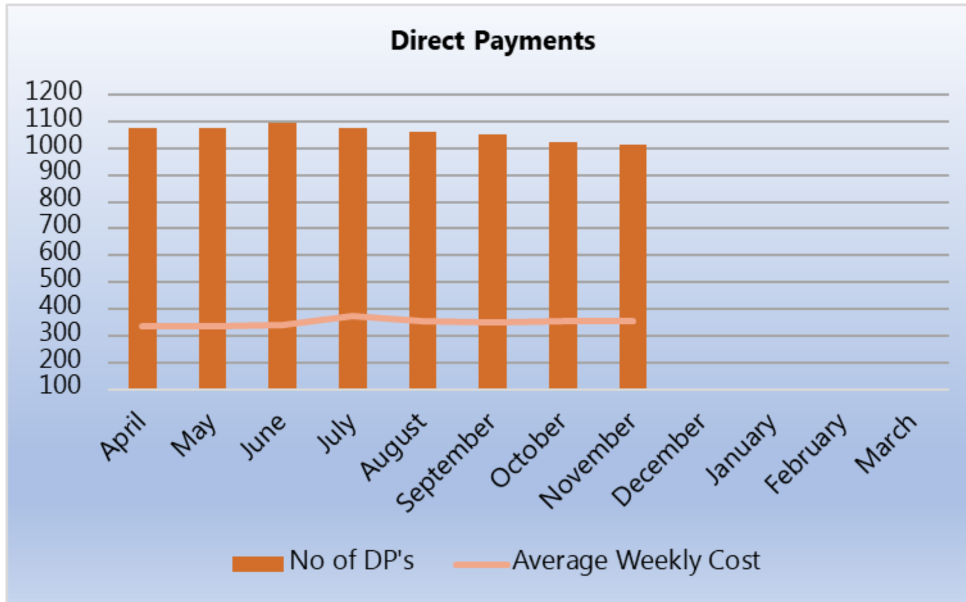
5.11 As we continue to offer choice and have a varied market that includes micro-providers, we have seen an increase in the use of direct payments, resulting in a projected overspend of £1.7m.

5.12 Mental Health
This budget includes individuals who have a diagnosis of dementia. The budget continues to be an area of growth for the past few years, and this has continued in 2023/24. We are currently projecting an overspend of £1m mainly within home care and supported living. Residential and nursing continues to be a pressure for the service due to a combination of increasing numbers and high unit costs.

5.13 Learning Disabilities
Overall, the cost of Learning Disabilities is projected to overspend by £7.5m. Since outturn we have seen a number of high costs placements come through, either via transitions or due to other forms of funding ending. The main pressure areas continue to be residential & nursing £1.5m, supported living and homecare £4.8m and day care £0.5m due to market sustainability. Supported Living is in the best interest of people but is an area where unit costs can be high.

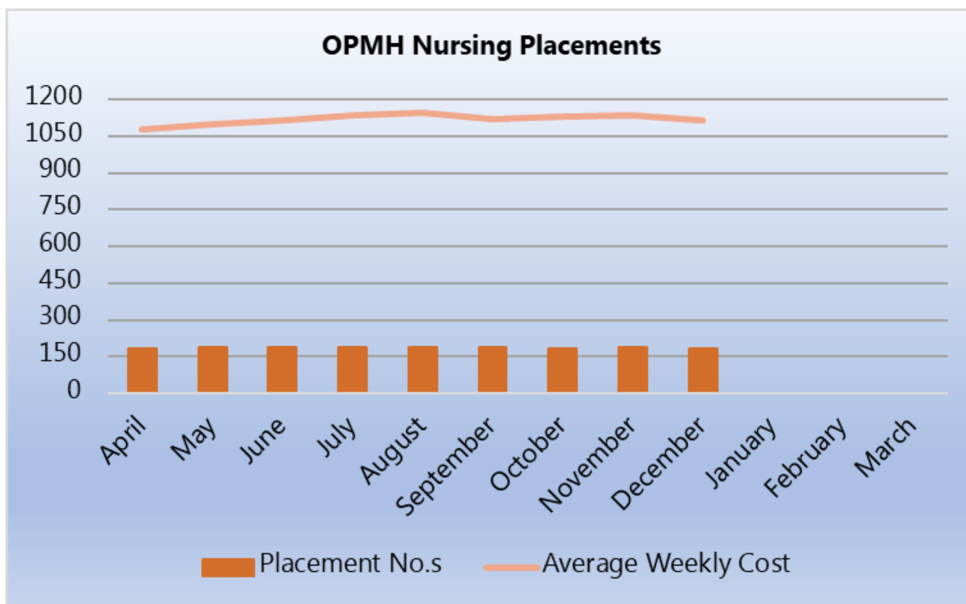
5.14 Commissioning
Commissioning is currently projecting to overspend by £1.1m, as the Adults transformation 'my life, my future' will not achieve the full £5m saving.

5.15 Adult Services - key performance cost drivers



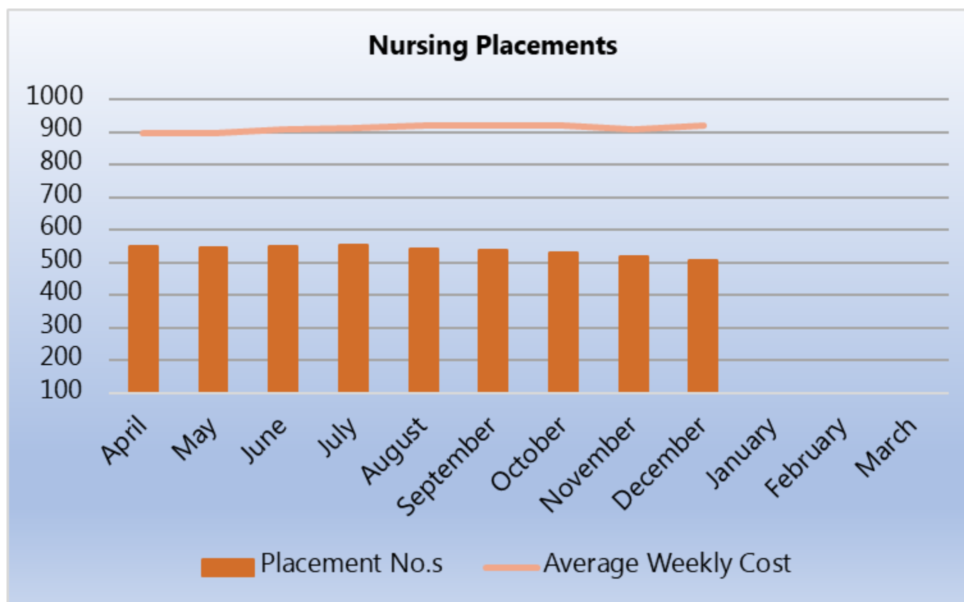
Since the beginning of the financial year, we have seen the number of people receiving a Direct Payment within ASC decrease from 1,077 to 1011 packages. The current weekly average cost of an ASC Direct Payment is £353 per package.

5.16



The number of Older People Mental Health (OPMH) Nursing placements has slightly decreased from 185 to 183 placements since April. The current weekly average cost for OPMH Nursing is £1,112 per placement.

5.17



Nursing placements decreased by forty-two since April from 551 to 509. The current weekly average cost for Nursing is £919 per placement.

5.18 Adult Services - key risks, future issues & opportunities

90% of the ASC budget is spent on individual placements purchased through the market
via block and spot placements. Therefore, there is a significant risk that this budget will
continue to overspend. This is due to increased demand, the cost-of-living rise, particularly
the increases in petrol, gas, electric, and food.

5.19 We have a number of mitigations that are currently reflected in the financial position above but across the financial year we will start to see the impact:

- Enhanced Peer Forum – Robust financial and operating challenge sessions taking place weekly
- Reviewing Interim Placements – This review will identify those who should be self-funding/contributing towards their long-term care.
- My life, my future – reduce the overreliance on bed placements and redesign the reablement service.
- Review all high cost/complex placements.
- Review void costs.

6. Implications

6.1 There are no implications from this report. Scrutiny Members are asked to note the information and recommend any actions to Executive Committee

7. Background papers

7.1 The information within this paper has been taken from the Executive Committee 7 February, budget monitoring report for Month 9.

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

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Adult Services Scrutiny Committee - 8th February 2024

Budget Monitoring - Month 9

Somerset Council

Adult Services Month 9 2023/24

Net budget of £185.5m
Overspend of £24.2m reduced to £14.9m (8%)

- Overspend is £24.2m offset by in-year mitigations and one-off funding.
- ASC:
  - Residential/Nursing – Cost of beds higher than budgeted.
  - Increased delivery in home care
- Mental Health:
  - High-cost placements
- Learning Disabilities:
  - Supported Living – market sustainability
  - Day Care – increased need to allow carer's break/respite
- Commissioning:
  - My Life, My Future

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23/24 In Year Mitigations - £9.3m

One Off NHS Monies
£1m

One Off
ICB Funding Home Care Blocks
£1.5m

Market Sustainability
£3.7m

Voids
£0.3m

Review MH High Costs
£0.4m

Continuing Health Care
£0.5m

Review High Costs Placements
£1m

Review Interim Placements
£0.2m

121 Reviews
£0.2m

Overdue Reviews
£0.5m

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