

Public Agenda Pack



Notice of Meeting of

SCRUTINY COMMITTEE - ADULTS AND HEALTH

Thursday, 7 December 2023 at 10.00 am

John Meikle Room, The Deane House, Belvedere Road, Taunton TA1 1HE

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

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, 29 November 2023

AGENDA

Scrutiny Committee - Adults and Health - 10.00 am Thursday, 7 December 2023

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

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1 Apologies for Absence

To receive any apologies for absence.

2 Minutes of Previous Meeting (Pages 7 - 16)

To approve the minutes from the previous meeting on Thursday 5th October, 2023.

3 Minutes of the Joint Meeting held on 25 October 2023 (Pages 17 - 24)

To approve the Minutes from the Joint Meeting of the Scrutiny Committee – Children and Families and the Scrutiny Committee – Adults and Health on Wednesday 25 October, 2023.

4 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](#))

5 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'.

6 Crime and Disorder Overview Report (Pages 25 - 44)

To discuss the report.

7 Adult Social Care Budget Monitoring Month 5 (Pages 45 - 58)

To consider the report.

8 Adult Social Care Transformation Programme (Pages 59 - 80)

To consider the report.

9 Stroke Service - Results of Consultation (Pages 81 - 106)

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

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.



Minutes of a Meeting of the Scrutiny Committee - Adults and Health held in the Sedgemoor Room, Bridgwater House, King Square, Bridgwater, TA6 3AR, on Thursday, 5 October 2023 at 10.00 am

Present:

Cllr Gill Slocombe (Chair)

Cllr Emily Pearlstone
Cllr Rosemary Woods
Cllr Kathy Pearce

Cllr Claire Sully
Cllr Martin Lovell
Cllr Martin Wale

In attendance:

Cllr Dean Ruddle

Other Members present remotely:

Cllr Graham Oakes
Cllr Sue Osborne
Cllr Leigh Redman

Cllr Andrew Govier
Cllr Peter Clayton
Cllr Fran Smith

28 Apologies for Absence - Agenda Item 1

Apologies were received from Councillors Tony Robbins, Christine Lawrence, Hilary Bruce, Ben Fergusson and John Bailey.

29 Minutes of Previous Meeting - Agenda Item 2

Resolved that the minutes of the Scrutiny Committee - Adults and Health held on 12 October 2023 be confirmed as a correct record subject to the addition of a note to the effect that the NHS rarely make use of Section 106 monies.

30 Declarations of Interest - Agenda Item 3

There were no new declarations.

31 Public Question Time - Agenda Item 4

There was one Public Question from Eva Bryczkowski:

Question 1

For people who are not registered as an NHS patient, how long will it be before they can register as a new NHS patient in Somerset?

Thank you for your question concerning access to NHS dental services in Somerset. The way patients engage with dentistry has evolved. Patients no longer stay with one dentist for life; instead, they typically visit a dentist for the duration of their treatment.

To find a dental surgery that suits your convenience, whether near your home or workplace, you can use www.nhs.uk. You can reach out to dental practices through phone calls or by visiting their individual websites to inquire about available NHS appointments.

In case of a dental emergency, we have established procedures to ensure that individuals without a regular dentist, requiring urgent dental care, can receive prompt assistance. Patients should contact NHS 111 for guidance on accessing urgent dental appointments in their area.

Additionally, we have introduced an initiative where patients can receive stabilisation care to ensure their dental health remains stable.

We understand that finding a dentist can be challenging, and dental surgeries may not always have the capacity to accept new NHS patients. In such cases, you might need to join a waiting list, seek out a different dentist currently accepting new NHS patients, or consider private dental care.

As of April 1, 2023, our dental commissioning team has taken responsibility for overseeing NHS dental services in Somerset. We are actively collaborating with local providers to address the shortage of NHS dental services in the region. Our efforts include implementing initiatives to increase the availability of dental appointments and launching preventive care programs to support patients in maintaining their oral health.

A key part of our initiatives is close collaboration with the local dental committee, including Somerset dental practices, local public health experts, and the local dental

network and managed clinical networks. Together, we are developing new care pathways and identifying opportunities to expand dental capacity within our community. Furthermore, we are working alongside Local Authority Public Health teams to promote and enhance oral health, focusing on both children and adults.

We are also exploring opportunities to commission additional NHS services from dental practices that have the capacity to provide them. It's important to note that dental practices providing NHS treatment are listed on www.nhs.uk, and they are contractually responsible for maintaining accurate information on this platform. Regular updates are emphasized to ensure patients can access up-to-date information about available services.

We hope this information provides clarity on the current state of NHS dental services in Somerset and reassures you that we are actively addressing these challenges to improve access to dental care for our community. Please do not hesitate to reach out if you have any further questions or concerns. Your oral health is our priority, and we are committed to delivering the highest quality care possible.

Question 2

What happened at the national consultation and what result the result?

Regarding your inquiry about the national consultation, it's important to clarify which specific consultation you are referring to, as there have been various developments in the dental field at the national level.

We are aware of ongoing national changes, including revisions to the Unit of Dental Activity (UDA) and the imminent release of the dentistry recovery plan. These changes, coupled with further adjustments to the national dental contract, are aimed at enhancing patient access to dental care and making NHS dentistry a more attractive option for dental professionals. While we await the specifics of these developments, we remain optimistic that they will bring positive improvements to the field of dentistry.

32 Adult Social Care Performance Report, Budget Report and Winter Planning - Agenda Item 5

The Lead Member for Adult Social Care introduced the report covering the latest Budget Report. The current position is £523.7 m against a net budget of £493.4m. This results in a £30.3m adverse variance of 6.1%.

- Adult Services are showing a £14.9m adverse variance against their budget

(8% of service budget). This variance is mainly in the adult social care and Learning Disabilities budget areas.

- Children's Services are showing a £11.8m adverse variance against their budget (9.6% of service budget). This variance relates to External Placements.
- Climate and Place are showing a £2.3m adverse variance against their budget (2.6% of service budget). This adverse variance is seen across Waste Services, Infrastructure and Transport and Economy, Employment and Planning.
- Strategy, Workforce and Localities are showing a £1.3m adverse variance against their budget (6.4% of service budget). This variance is reported in Legal Services.
- Resources and Corporate Services are showing a £0.3m adverse variance against their budget (1.39% of service budget), This variance is reported in Legal Services.

Adult Social Care: Key Performance Summary

The Committee had a presentation on the Key Performance areas of Adult Social Care.

The Committee heard that the monthly average volume of calls handled by Somerset Direct was 5,893 in 2021/22 and 5,830 in 2022/23. So far in 2023/24 the average is 5,682. Whilst there is a high demand the support and advice given by Somerset Direct has been able to resolve a high level of queries at this very early stage thus taking the pressure off statutory services .

Overdue Care Act Assessments and Reviews.

The Committee heard that The number of overdue assessments and reviews continue to remain high, impacted by rising demand, complexity of need and ongoing internal workforce pressures.

Unmet need (homecare provision)

Somerset has continued to see the impact of additional investment and focused commissioning activity, as well as some pick up in care provider recruitment of new starters over recent months, with levels of unmet homecare need falling to their lowest ever levels since March 2021. The average package size for Homecare has increased year on year. This can be attributed to greater complexity of need in a ageing population.

My Life My Future

The Committee had a brief summary of the My Life My Future Programme and the five workstreams it contains. These are the drivers for the ambitious service which is future focussed, providing the right care, in the right place, at the right time.

The Committee discussed the report and asked the following: -

- Why had the volume of 'handbacks' increased? This was sometimes an issue

of capacity of small providers, Sometimes the poor behaviour of service users and due to workforce capacity.

- Do people get the care they need? This is followed up and the fact that 80% of people are able to remain in their own home is testament of a successful service. Those who do return to hospital are often due to a new and unrelated matter.
- Are people discharged too soon? Discharge is a decision by a Multidisciplinary Team and not simply a response to 'bed blocking' pressures.
- Are we confident we have enough beds following the closure of some Care Homes? Planning is carried out to make sure demand can be met and assurance was given that there were sufficient beds available.
- What criteria is used to classify a 'Carer'. DWP use a very specific criteria to decide on the award of Carers Allowance but the Council use the definition contained in The Care Act 2014.

The Committee discussed the latest Adult Social Care budget report and noted the details.

The Committee noted the Adult Social Care Performance report and were please to commend Somerset Direct for the support this first point of contact gives in resolving so many queries without the need for further costed or statutory service from the Council.

The Committee agreed that the Winter Planning information could be raised later or circulated to the Committee.

33 Integrated Care Board (ICB) Performance Report - Agenda Item 6

The Committee had a presentation and report to update them on the Quality, Safety and Performance of the Integrated Care Board (ICB).

Primary Care Access

The Committee was informed that Primary Care services have continued to experience considerable operational challenges in July 2023 with approximately half of the GP practices in Somerset reporting their OPEL status as OPEL 3 or above (Operational Pressures Escalation Levels). The practices reported pressure still showing in General practice due to staff shortages, sickness and patient demand and annual leave. In July 2023 there were approximately 286,000 primary care consultations with either a GP or other healthcare professional, which is an increase of 4.8% when compared to July 2022. Of these consultations 59.3% were delivered face to face (compared to the South-West Regional average of 66.9% and 6 68.3% in England) and 80.9% were made within 14 days and 43.9% made on the same day.

NHS 111 Service

There are ongoing pressures across the wider UEC (Urgent and Emergency Care)

system both in Somerset and nationally. During the cumulative period April and July 2023 there were 62,000 people across Somerset who contacted (and had their call answered) by the NHS111 Service and this represents a 20.1% cumulative increase in demand over this period and comparable increase of 19.9% was also seen in the latest reported month (July 2023). The average speed to answer calls in Somerset improved by 20 seconds in July 2023 to 213 seconds compared to the England average of 159 seconds. There has been a significant reduction in the number of abandoned calls since HUC took over the running of the NHS 111 Service in Somerset from April 2023. Of the total calls received in July 2023 12.4% were abandoned compared to the previous England average of 9.1% and is an improvement upon the previous month. 63.5% of calls were assessed by a clinician or clinical advisor compared to the England average of 43.8%.

Ambulance Performance

The number of people calling the ambulance service in July 2023 was 2.5% lower than the same month in 2022, but on a cumulative basis during the period April to July 2023 there was an overall 0.6% increase in demand.

A&E Performance

Demand for A&E services has increased in 2023 and during the cumulative period April to July 2023 attendances to A&E has increased by 2.3% across Musgrove Park Hospital (MPH) and Yeovil District Hospital (YDH) sites, and in July 2023 reduced by 1.9%. In July 2023, A&E 4-hour performance at MPH was at 65.1% and at YDH 67.2%, which is an improvement upon the previous month at both sites. Both MPH and YDH 4-hour performance is above (better) than the National and South-West average and MIU performance of 96.9% is comparable to the previous month.

Elective Recovery and Waiting Times

The waiting times expectation in 2023/24 is that there will be no patients waiting in excess of 104 and 78 weeks throughout the year, and the new ambition is for there to be no patients breaching 65 weeks by March 2023. In July there were no patients waiting over 104 weeks and continue to be no patients who are forecasted to breach this waiting times standard as of the end of September.

Diagnostic Waiting Times

The number of patients waiting more than 6 weeks for a diagnostic test or procedure in July 2023 has increased by 501 patients to 3,650, but those waiting in excess of 13 weeks has slightly reduced. The proportion of patients waiting less than 6-weeks in July was 75.5% and achieving the 75% Regional improvement standard.

Cancer Waiting Times

The 28 Day Faster Diagnosis Standard (FDS) performance has improved this month to 73.3% (+4.2% to previous month) and is 9.2% higher (better) than our operational plan of 64.5% for June. The most impacted tumour sites are lower gastrointestinal, gynaecological, Skin and Urological. Key drivers are the shortfall in colonoscopy

capacity to meet the significant increase in demand and capacity and challenges within the skin cancer service at University Hospital Bristol and Weston FT and an increase in gynaecological and urological demand YDH and MPH.

Mental Health – Improved Access to Psychological Therapies (IAPT)

The number of people accessing treatment for the year to date in July 2023 using local unvalidated data is 3,719 against the 2023/24 annual target of 13,896 (26.8% of the annual target) and whilst it is recognised that the service remains behind target, we are the only system in the South-West showing a long term sustained upward trajectory.

The Committee discussed the report and the following points were raised:-

- Why the increase in 111 demand? This was in part due to recent national advertising campaign.
- Is the discharge service a 7 day a week service? Yes
- Anecdotal reports of 9 month wait for eye treatment. The Councillor was invited to share the concern in private.
- Ongoing concerns about Ambulance response times 38 minutes against a target of 18 minutes is of great concern. As it people self-referring to A&E when an Ambulance is not available.

The Somerset Scrutiny for Policies Adults and Health Committee welcomed the detailed report and asked to kept up to date with the ICB Quality Performance.

34 NHS Dentistry Report - Agenda Item 7

The Committee discussed a report on Pharmacy and Dental Services.

Pharmaceutical Services are commissioned from independent contractors, Community Pharmacy, Dispensing Doctors and Dispensing Appliance Contractors. Community pharmacy contractors comprise 'bricks and mortar' pharmacies and distance selling pharmacies. There are not generally individual contracts for pharmaceutical services commissioning, there is a contractual framework laid out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. In order to provide NHS pharmaceutical services, the contractor must be on their local pharmaceutical list. Access to pharmaceutical lists is controlled by regulations, the process for this is the responsibility of the ICB. Once on the list, contractors must meet their terms of service including providing essential services in line with the contractual framework and can choose to provide advanced services if they meet the requirements of those services. Distance selling pharmacies are not permitted to provide essential services to patients face-to-face at their listed premises, although they can provide advanced and enhanced services face to face.

There are two types of NHS dental contracts: General Dental Services (GDS) contract and Personal Dental Services (PDS) Agreement. GDS and PDS are nationally agreed regulatory and contractual frameworks. GDS contractors must provide mandatory services and can provide additional services. They are not time limited and do not have a fixed expiry date. PDS Agreements allow contractors to provide mandatory services or additional services. They are time limited and have a fixed expiry date (usually five years) however, contractors providing mandatory dental services with a PDS agreement can convert this activity to a GDS Contract. ICBs contract directly with independent contractors (dental practice owners), who then employ and / or subcontract with staff to deliver NHS dental services. Dental Public Health Consultants are responsible for assessing the oral health needs of their local populations and publishing and updating the Oral Health Needs Assessment. ICBs will need to commission dental services to meet the needs of their population. Current contracts are based on existing arrangements. The commissioner will need to determine whether any new contracts or temporary arrangements must be competitively tendered and procured in accordance with procurement law and any procurement protocol issued by NHS England.

The Committee discussed the report and aired a general frustration of all residents on not being able to access NHS funded dental care. The Committee were surprised to learn the Government funding for Dental Services is based on an assumption that funding will only be available to cover 50% of the population and the rest will voluntarily opt for Private Dental Services was not generally known.

The Committee share a general frustration that the current contract was not delivering a service to residents in Somerset and the solution was very slow in being delivered. The Committee were assured that Flexible Commissioning would yield results but needed to be tempered with an understanding that there is a national shortage of Dentists and encouraging them to take on NHS services was proving to be a challenge.

The Somerset Policies for Adults and Health Committee discussed the report and presentation commissioning was devolved to the ICB on 1st April 2023. The Committee welcomed the offer of a Dentistry Masterclass for all Councillors in due course.

(The meeting ended at 12.05 pm)

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CHAIR

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Minutes of Joint Meeting of the Scrutiny Committee - Children and Families and Scrutiny Committee – Adults and Health held in the John Meikle Room, The Deane House, Belvedere Road, Taunton TA1 1HE, on Wednesday, 25 October 2023 at 10.00 am

Present:

Cllr Leigh Redman (Chair)

Cllr Gill Slocombe (Vice-Chair)

Cllr Evie Potts-Jones

Cllr John Bailey

Cllr Simon Carswell

Cllr Brian Smedley (substitute for Cllr A Govier)

Cllr John Hunt

Cllr Frances Nicholson

Cllr Emily Pearlstone

Cllr Rosemary Woods

Cllr Graham Oakes – attended remotely

Cllr Hilary Bruce

Cllr Peter Clayton

Cllr Andy Hadley

Cllr Martin Lovell

Cllr Sue Osborne

Cllr Tony Robbins – attended remotely

The Revd T Osmond – co-opted member

In attendance:

Cllr Fran Smith

Cllr Dean Ruddle

Cllr Tessa Munt

Cllr Heather Shearer

Other Members present remotely:

Cllr Adam Boyden

Cllr Edric Hobbs

Cllr Marcus Kravis

Cllr Jo Roundell Greene

Cllr Alan Bradford

Cllr Andy Kendall

Cllr Liz Leyshon

Cllr Lucy Trimnell

1 Apologies for Absence - Agenda Item 1

Apologies were received from – Cllr S Aujla (no substitute), R Hobbs, co-opted

member, J Simons (co-opted member), Cllr A Govier (substituted by Cllr B Smedley) and Cllr J Snell (no substitute). Cllr T Robbins and Cllr G Oakes joined the meeting on line.

2 Declarations of Interest - Agenda Item 2

There were no new declarations of interest made at the meeting.

3 Public Question Time - Agenda Item 3

Submissions / request to speak had been received from the following member of the public and the information provided had been circulated as a [supplementary agenda pack](#).

1. Ms E Bryczkowski – attended the meeting and spoke around her questions and points regarding dental services.

On behalf of the Committee, the Chair thanked Ms Bryczkowski for her questions and for taking the time to attend the meeting.

It was agreed that the responses to the questions by NHS Somerset will be circulated in an addendum document with the minutes from the meeting.

4 Dentistry and children and young people's access to dentistry and child oral health improvement - Agenda Item 4

The Vice Chair welcomed the following to the meeting for this agenda item - Sukeina Kassam, Deputy Director Primary Care NHS Somerset, Matthew Mills, Head of Pharmacy, Optometry and Dentistry, NHS Somerset, Tessa Fielding, Programme Manager, NHS, Matthew Jerreat, Clinical Chair South West Local Dental Network and Rachel Handley, Consultant in Public Health.

The Committee received a detailed [presentation](#) from NHS Somerset on the provision of NHS Dental Services in Somerset, and also a [position statement](#) on child oral health improvement, provided by Public Health.

The Committee asked a number of questions and made a number of comments which were responded to at the meeting, as follows:

- Funding is allocated to commission sufficient access for '50% of the population' – how is this calculated and is the unspent amount ringfenced – *national position and the underspend is ringfenced and there are initiatives*

to use the funding / targeted work.

Reiterated that dentists are independent providers and hold contract with them – there is significant concern from stakeholders about access to NHS dental services as an increasing number of practices ceases providing NHS services. The amount dentists receive is also an issue. Also referred to the [NHS dental statistical data information](#)

- *Question about targeted group re oral health in early years settings – use index of multiple deprivation, which includes issues of rurality.*
- *Question about supervised tooth brushing and capacity within schools to do this – working with school nurses - the details will be circulated (Public Health).*
- *Questions about the supervised toothbrushing programme; trial of child friendly dental practices and progress and outcomes; community dental services for ‘some homeless people’ and what this means – supervised toothbrushing targeted in areas of deprivation and involves training of staff and key oral health messages. There is a new provider across the county and the pilot was extended and are awaiting national evaluation. With regard to community dental services for homeless, is around stability of urgent care service essentially. Will provide linked appointments.*
- *Pleased that dental service is part of SEND service – collaborative – NHS 111 workforce deal with calls from desperate people and must have impact on them - highlighted the service development opportunities and prioritisation needed around access, oral health, and inequalities. Clinical triaging referenced – Somerset has contracted with Smile Dental Triage to support patients with advice and appointment booking for emergency / urgent dental treatment. This is accessed in Somerset by calling NHS 111 and following the options for dental care.*
- *Noted that the service is creating a webinar setting out the Service available which will be available to all in the West region.*

In conclusion, the Vice Chair thanked the presenters for attending the meeting and requested that:

1. A briefing be provided to cover the questions raised during discussions, around early years, signposting, primary care recovery plan, route for queries to be funnelled;
2. An update Committee on issues raised come back to either a joint meeting or to the Adults & Health Committee, in 4 – 6 months.

The Committee welcomed and noted the update.

5 Preparing for Adulthood - Agenda Item 5

The Committee received a [presentation](#) from Emily Fulbrook, Deputy Director, Adults & Health Operations and Jayne Shelbourn-Barrow, Service Director for Children and Families, on preparing for adulthood, following the joint scrutiny workshop held in October 2020. Feedback from the workshop has supported the development of the SEND Strategy and 6 mission statements within preparing for adulthood.

The key principles of transition planning and the Service Improvement Plan align well with the 4 priorities within the ASC Strategy in terms of:

- prevent and early help
- right support, right place , right time
- a supported skilled and flexible workforce
- future focussed

The key principles of transition planning and the Service Improvement Plan align well with the key themes of the SEND Strategy:

- working together
- getting help as early as possible
- access to the right support and provision
- preparing for the future.

The Committee asked a number of questions and made a number of comments which were responded to at the meeting, as follows:

- planning for those young people in system – issues arise with ‘not known before’ children and young people, often with complex needs – *work together and partnership working highlighted.*
- Want to see more on ‘resilience’ and delivery quality care – *will bring ‘my life, my future’ to future meeting.*

There is a specific item surrounding preparing for adulthood, and this is about reviewing and updating and implementing the agreed pathways, so it is across the children's social care and adult social care, developing practise guidance and joint working protocols and developing joint commissioning of service, specifically looking at young people 16 plus to prevent the need for several moves within a short time frame, along with more preventative community provision and the plans for this work is to start at the end of October, beginning of November and this was identified as part of a 16 week diagnostic where Newton Europe came in and worked with, across both children's and adults, speaking to a number of staff, looked at some of the outcomes that have been achieved so far for individuals and have created a work programme that is going to encompass both children and adults as part

of that journey. Have county wide preparing for adulthood meetings, which has been running for nearly 2 years.

- Mention of work in Martock area and the Chair said that youth support is an issue which can be added to work plan of the Children & Families Scrutiny.
- Welcome the collaborative working happening – the ‘cliff edge’ comments made is scary prospect for young people and welcome the work being done; how will the Newton work impact on / how working in practice?
- Newton work is child service specific - ‘stories’ weren’t included in presentation, due to time at meeting – welcome opportunity to come back to scrutiny with that (share stories, outcomes, voice of young person).
- Are there ‘lived experience’ volunteers for children & young people; how shape what do; how measure ‘success’ – do have individuals who have lived experience and are also creating, particularly in adults is making it real board. So we have done work around co production and that has involved individuals, young people transitioning through to adult services and also the parents parent and carers as well.
- Comments about the differences in legislation for children and adults – there are differences which is challenging – the overarching principle though is around planning and preparation; children’s is about relational practice; leaving care service is a very strong service.
- Mention about Pathway to Independence contract which is being reviewed now and referred to the Decision paper on this.
- Elective home educated (EHE) children and how impact on planning services – are looking at ways on how plan / engage.
- EHE is on work plan of the Children & Families Scrutiny.
- How bridge gap between 16 – 18? Recognise there is work to do and is around how engage in schools and build on tool kits. Within social care, children have a social worker until they are 18 and leaving care worker comes in at 16, to enable transition. Recognise that transitions happen at every stage of life.

The Committee welcomed the presentation and noted the update.

6 Somerset approach to reducing smoking and youth vaping - Agenda Item 6

The Committee received a [presentation](#) from Kate Anderson Service Manager, Public Health and Rachel Handley, Consultant in Public Health on the Somerset approach to reducing smoking and youth vaping.

In the presentation they highlighted:

- The Somerset, local approach to vaping is around preventing uptake of smoking or vaping – only use vapes to quit smoking – support to be smoke

and vape free.

- Referenced the schools offer, the Intent programme (smoking & vaping prevention programme) which is free to all secondary schools in Somerset.
- Referred to the national consultation which closes on 6 December 2023.
- Vaping is increasing but the majority of young people do not vape and it is not understood to be a gateway to substance misuse and vaping is a highly effective quit tool for adults (it's a quit tool, not a cool tool').
- The main local action is to continue to work with schools and young people to keep understanding local trends; Trading Standards to minimise access; continue to reduce the impact on the environment from smoking and vaping.

The Committee asked a number of questions and made a number of comments which were responded to at the meeting, as follows:

- What work is being done with retailers – 'Think 21/25' for example – as shops should not sell vapes to under 18's – *are doing work with schools; also encourage reporting if shops do sell to underage young people. Is illegal to sell to under 18's but it is not illegal to 'give' them away. Referred again to the national consultation.*
- Feel that the comment 'majority of young people don't vape' is misleading and there is no data here that does not indicate leads to substance misuse – *there is more evidence nationally and referred to school survey, 11-year-olds upwards – seeing significant drop in young people smoking.*
- Very interesting presentation – feel need for tough messages though – *the fruit based vapes are most popular product and if limited this would have impact; also seeing non nicotine vapes on market now as well.*
- Vaping when driving is dangerous and need better health warning on them – *valid points. Mention about campaign in primary schools around being smoke/vape free in cars.*
- Interesting that the majority of vapes sold are produced in China however China itself bans flavoured vapes.
- Real concerns about marketing of vapes to children & young people.
- The presentation raised several important and informative points.

The Committee thanked the presenters for the interesting and informative presentation and agreed a recommendation that they wished to present to the Executive.

The Committee agreed unanimously that it would write to the Executive in relation to Electronic cigarettes:-

1. The Committee asked that the current Government consultation (link to the consultation [Creating a smokefree generation and tackling youth vaping: your views - Department of Health and Social Care \(dhsc.gov.uk\)](https://www.dhsc.gov.uk/consult/condetail/creating-a-smokefree-generation-and-tackling-youth-vaping-your-views)) be shared with all

members who are encouraged to complete and promote locally in their divisions.

2. The Committee asked that the Licensing Committee be asked to review and action stronger enforcement of the sale of these devices in line with the current legal position.
3. The Committee asked that the '*Quit tool not cool tool*' slogan, as highlighted by the presentation be supported and promoted in the Council.
4. The Committee requested that Council take a position with regard to seeking government to work at increasing legislation around electronic cigarettes, that included but not conclusive:- a ban of the use of single use devices with exception of use to support stopping smoking, a ban on child targeting (advertising and packaging), an introduction of plain packaging that would include a health warning, an introduction of an increasing age ban on sales of these devices in line with the change made to cigarette sales.

(The meeting ended at 1.08 pm)

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CHAIR

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Somerset Council
Scrutiny Committee
– 7th December 2023



Safer Somerset Partnership Crime and Disorder Overview Report

Lead Officer: Lucy Macready

Author: Lucy Macready

Contact Details: lucy.macready@somerset.gov.uk

Executive Lead Member: Cllr Adam Dance

Division / Local Member: Cllr Heather Shearer (Chair of Safer Somerset Partnership)

1. Summary

- 1.1. Section 19 of the Police and Justice Act (2006) requires all local authorities to have a Crime and Disorder Overview and Scrutiny Committee each year, to scrutinise the work of the Council and its partners in discharging its community safety functions. The Committee operates under the [The Crime and Disorder \(Overview and Scrutiny\) Regulations 2009 \(legislation.gov.uk\)](#). As the first Scrutiny meeting of its kind in the new Somerset Council, it was decided that the Adults and Health Scrutiny Committee will act as this Crime and Disorder Overview and Scrutiny Committee, and key stakeholders and Members from relevant fellow committees have been invited to attend.
- 1.2. The Council and its statutory partners discharge the majority of their statutory obligations through the Council's community safety team, while receiving strategic direction and oversight from the Safer Somerset Partnership. Due to the depth and breadth of this agenda, the main activities and functions will be presented through the Safer Somerset Partnership's 2022-2023 Annual Report and accompanying slide deck.

2. Issues for consideration / Recommendations

- 2.1. Members are asked to consider the various activities and functions undertaken.
- 2.2. Members asked to acknowledge the current challenges on the resources.
- 2.3. Members are asked to consider the format of this segment of the Committee meeting and recommend how they would like to see this run, in future years.

3. Background

- 3.1.** All community safety functions undertaken within the Council and across partner agencies is underpinned by a range of statutory duties stemming back to the [Crime and Disorder Act 1998 \(legislation.gov.uk\)](https://legislation.gov.uk), which established that the responsibility of reducing crime does not fall solely to the police. Section 17 of the CDA requires local authorities to consider the crime and disorder implications of all their activities and functions and do all that they reasonably can to reduce these problems.
- 3.2.** Since that time, a host of subsequent statutory duties have been published, some fall on the Council, and other fall on Somerset's Community Safety Partnership (the Safer Somerset Partnership).
- 3.3.** The Council leads, manages and coordinates community safety activity internally, ensuring the Council meets its statutory obligations but also externally, across the system.
- 3.4.** The Slide deck attached to the report offers an overview of activity, achievements, and challenges from the past year as well as current priority projects and workstreams.

4. Consultations undertaken

- 4.1.** The Safer Somerset Partnership has been consulted on the content of the Annual Report.

5. Implications

- 5.1.** There are no direct implications on the Council arising from this report.

6. Background papers

- 6.1.** Safer Somerset Partnership Annual Report 2022-2023.
- 6.2.** Somerset Council & Safer Somerset Partnership: Crime and Disorder Overview and Scrutiny 2023 slide deck.

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

Somerset Council & Safer Somerset Partnership: Crime and Disorder Overview and Scrutiny 2023

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Lucy Macready
Public Health Specialist Community Safety



Somerset
Council

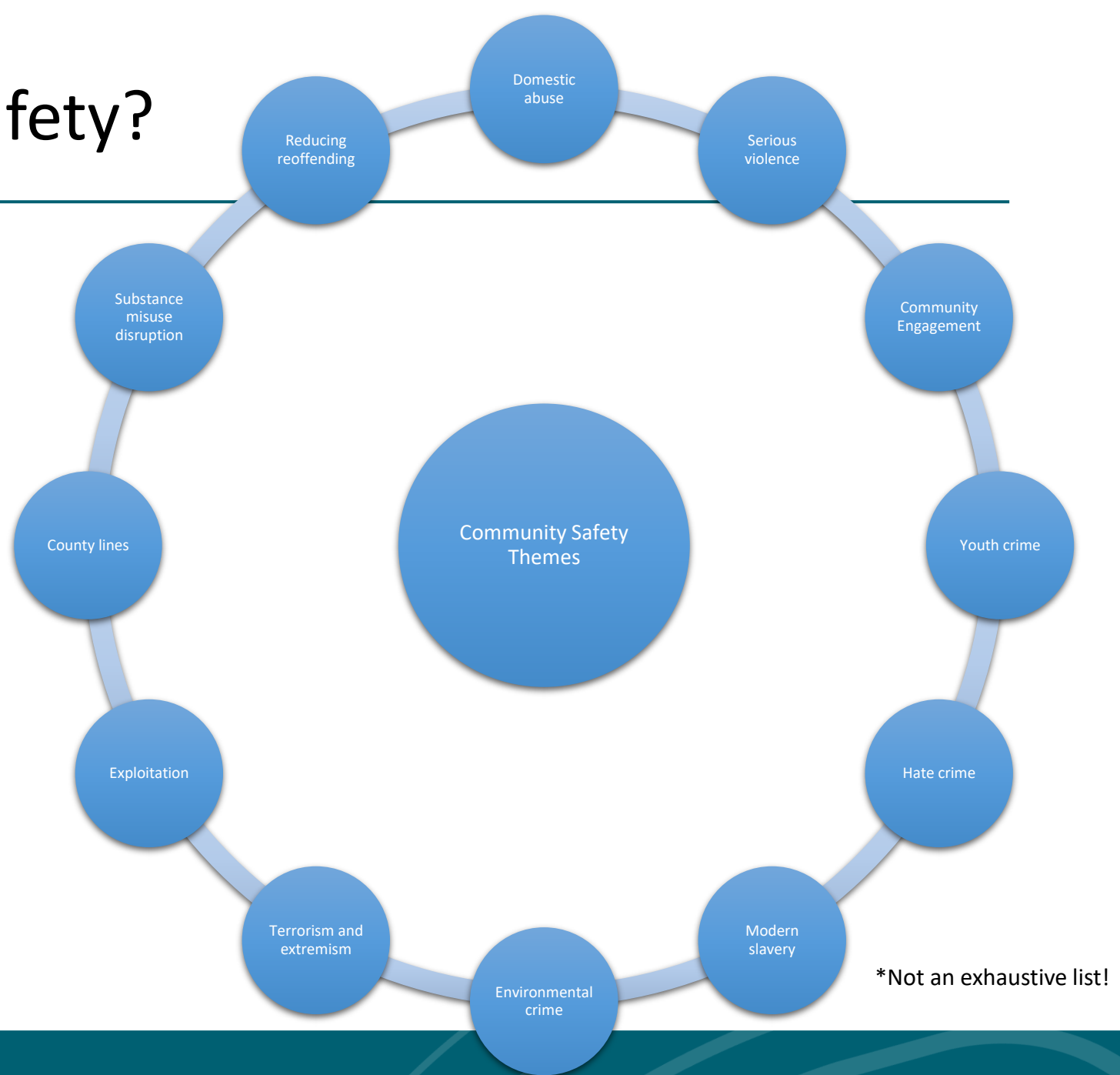
Content

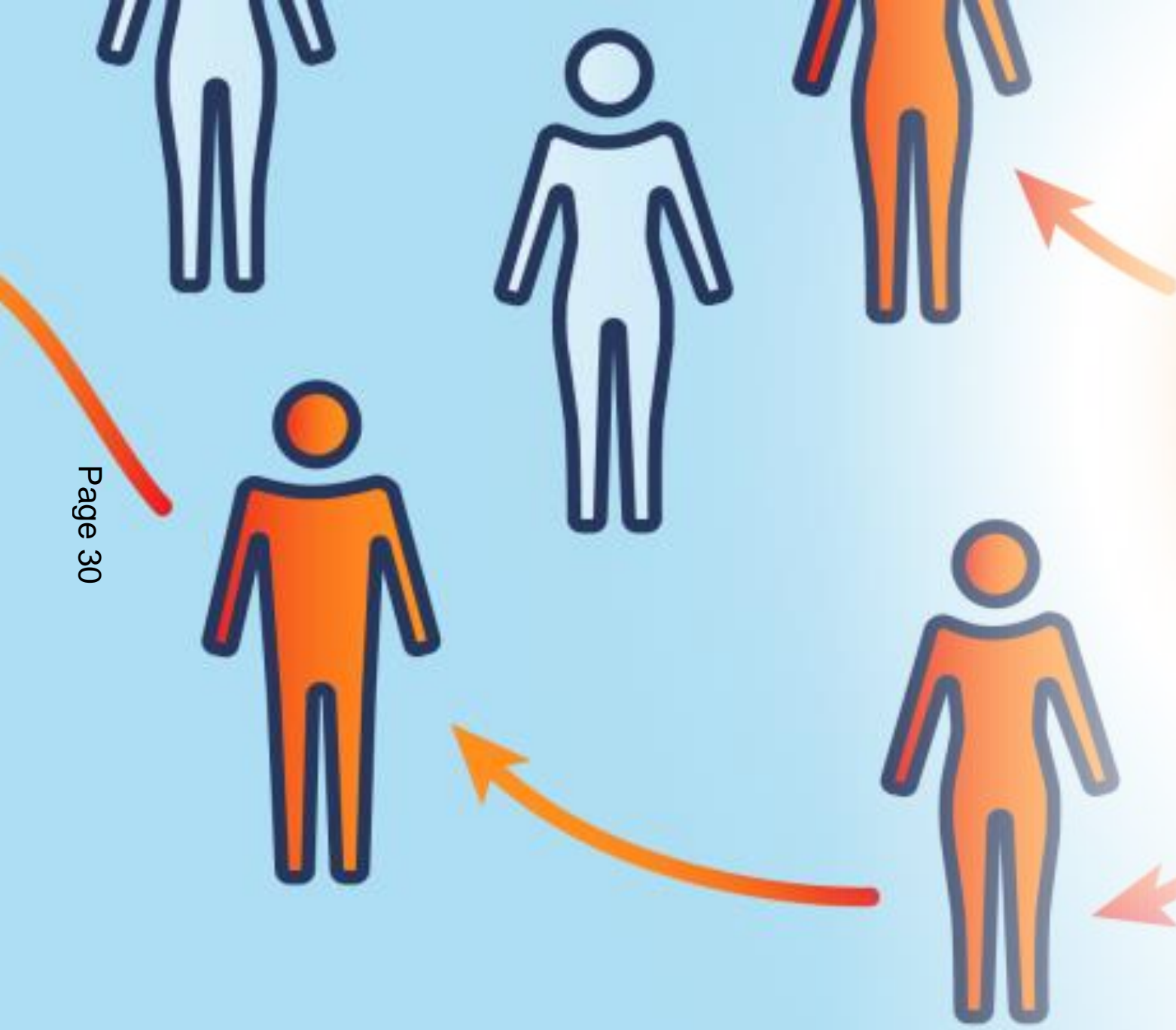
- Community Safety, prevalence and Statutory Duties
- Somerset Council Community Safety Function
- The Safer Somerset Partnership and key functions
- Key achievements – focus on Domestic Abuse and Serious Violence
- Challenges and looking to the future

What is Community Safety?

Any activity that is designed to prevent and reduce crime, disorder and anti-social behaviour and reassure communities, so they feel safer.

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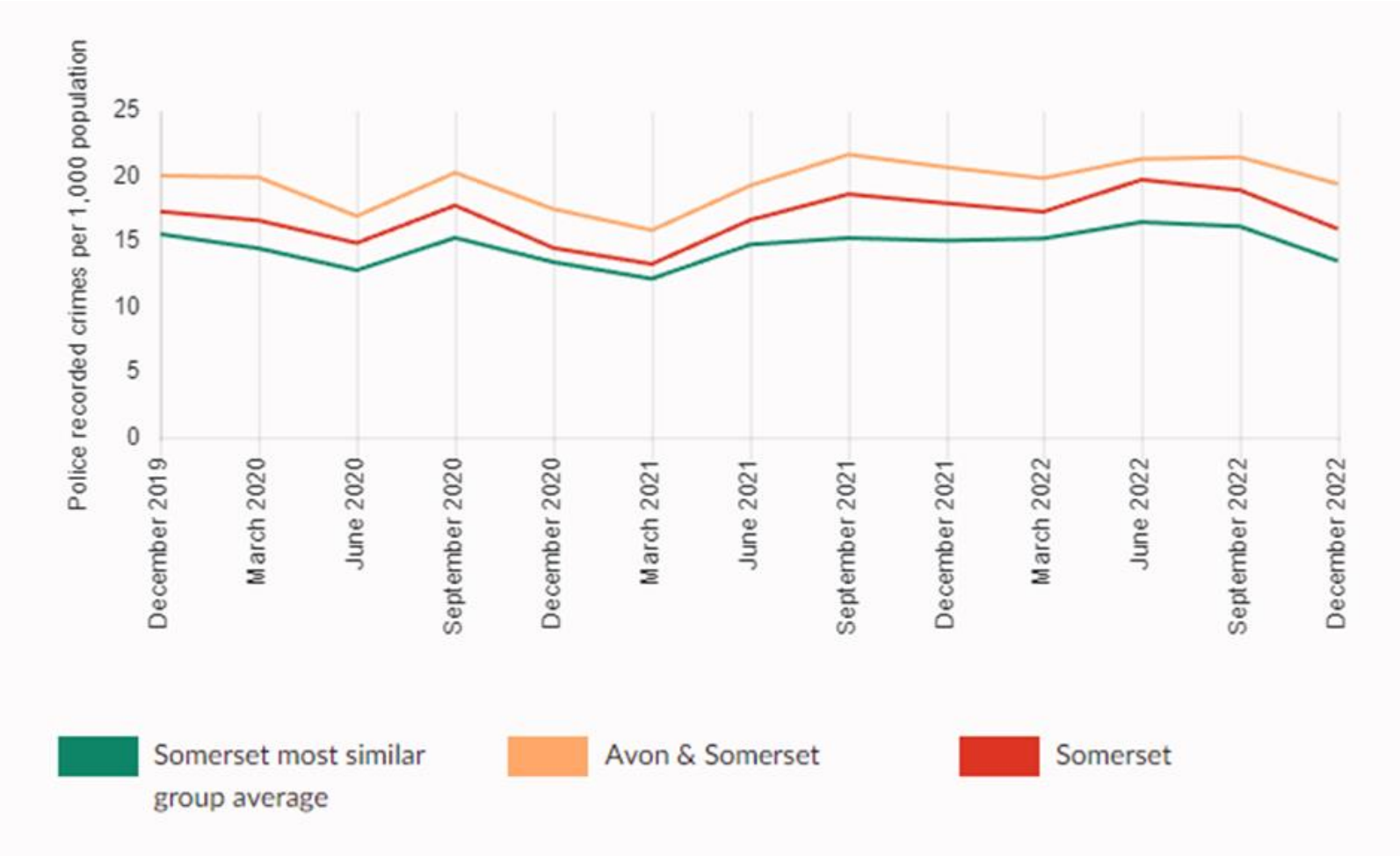


Taking a Public Health Approach

"Violence is a contagious disease...violence is spread from one person to another."
(Slutkin 2013)

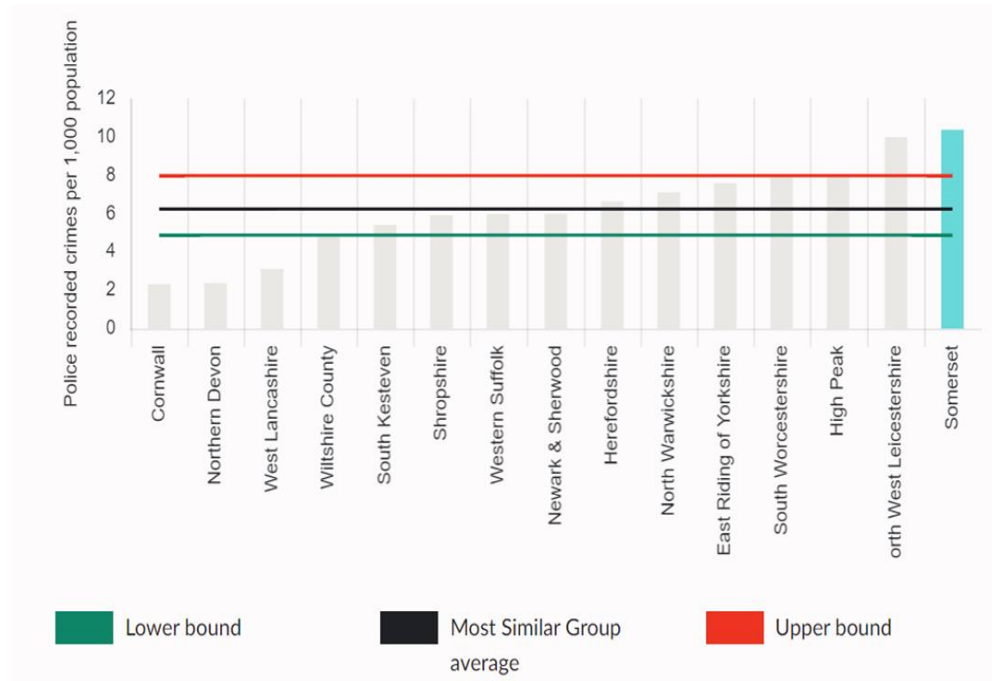
It is therefore, preventable!

Prevalence

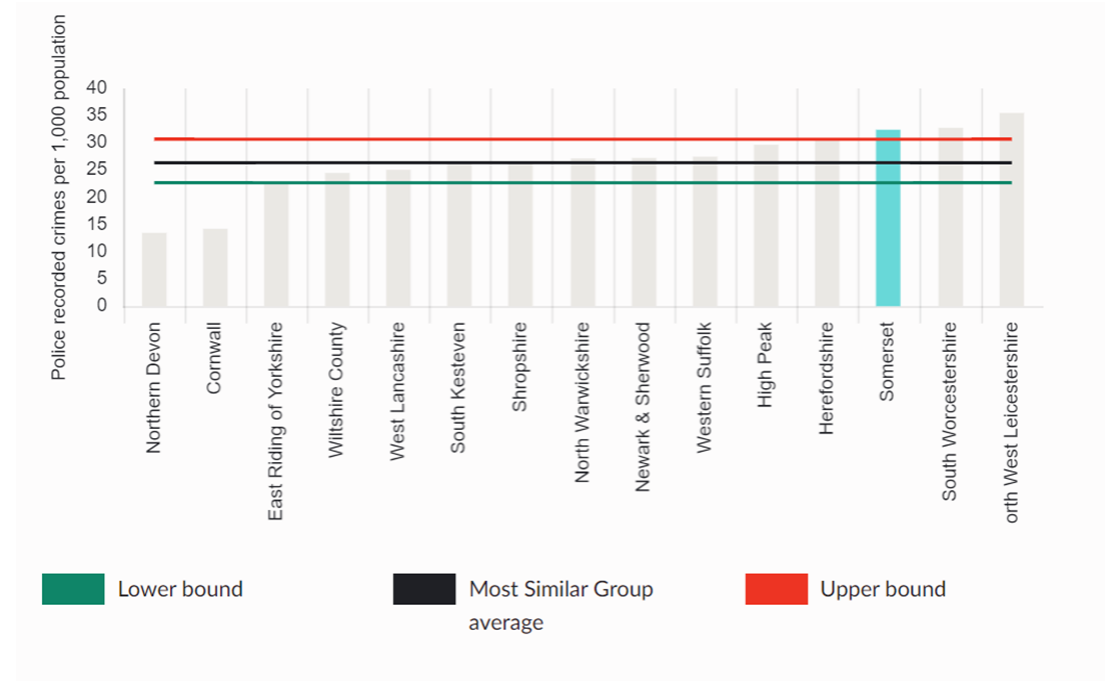


Areas of focus

Public Order offences



Violence and Sexual offences



Statutory Duties

Legislation	Duty
Crime and Disorder Act (1998)	Duty for agencies to work together and share information to reduce crime and disorder and anti-social behaviour.
Domestic Violence Crime and Victims Act (2004) Section 9	Stipulates that Local Community Safety partnerships must commission and publish Domestic Homicide Reviews .
Police and Justice Act (2006)	Community Safety Needs Assessment and Strategy
Police and Crime Act (2009), Section 108	Places a statutory duty on Community Safety Partnerships (CSPs) to formulate and implement a strategy to reduce reoffending by adult and young offenders.
Anti-Social Behaviour Crime & Policing Act 2014	Introduced more effective tools and powers for a range of statutory organisations; including community triggers.
Counter-Terrorism and Security Act (2015), Section 26	Prevent Duty – CLTP, Awareness and Training and lead Prevent Board, Due regard. Revised Channel Duty - Channel Panel
Domestic Abuse Act (2021)	New definition , Council to lead all activity. Domestic Abuse Board on a statutory footing, Strategy, Assessments, commissioning, safe accommodation.
Serious Violence Duty: Police, Crime, Sentencing and Courts Act (2022)	Requires agencies to share information, formulate evidence-base, and then produce and implement a strategy

What is the Community Safety Function in Somerset Council?

Strategic

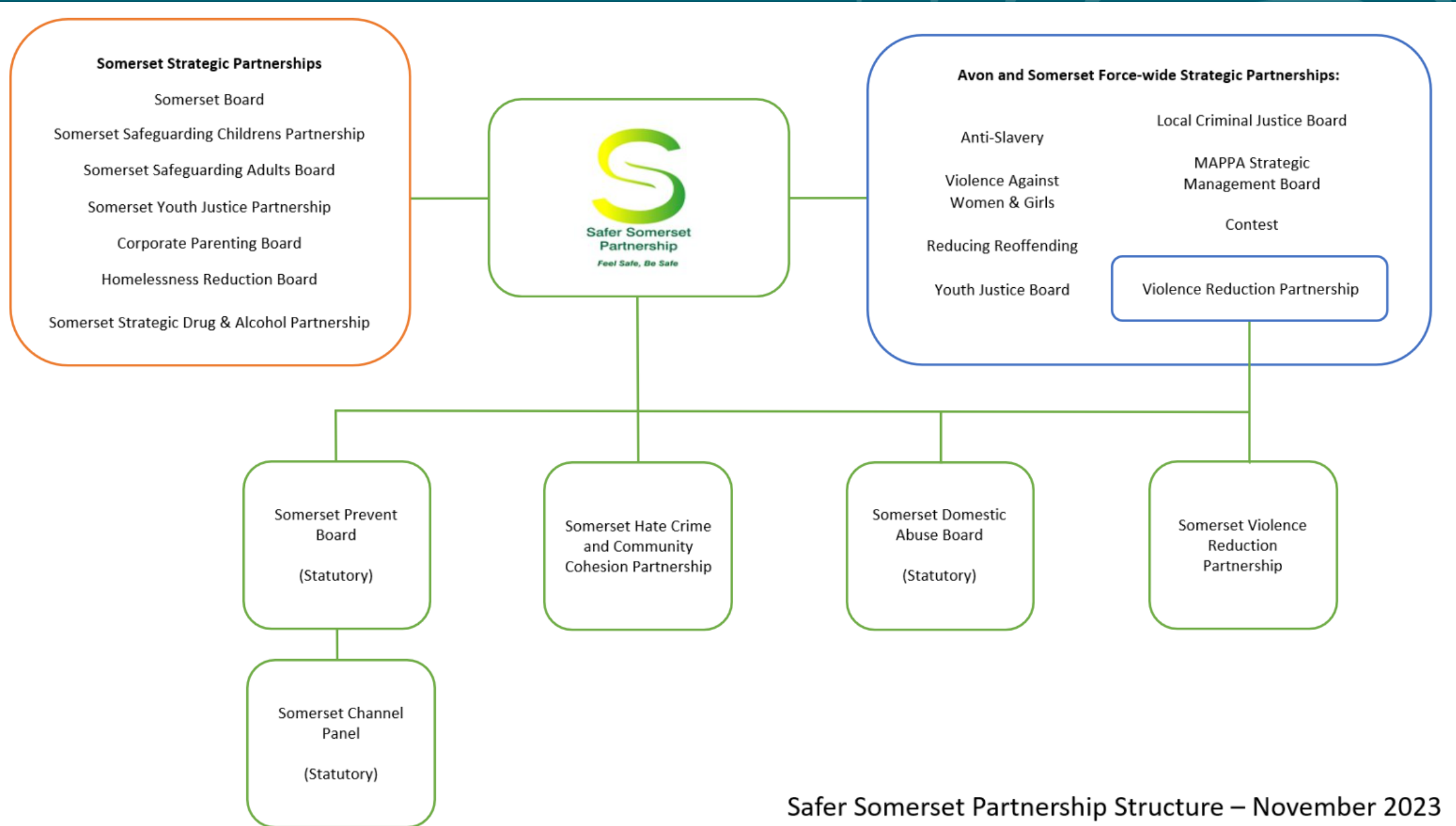
- Translate Legislation into Local Policy
- Ensure Council discharges its statutory responsibilities
- Strategy development
- Commissioning and service design
- Allocates budgets against strategic priorities
- Partnership Management
- Systems change

Tactical

- Needs Assessment and collecting intelligence
- Problem Solving
- Contract monitoring
- Facilitating multi-agency meetings
- Managing quality assurance processes (i.e. case reviews)

Operational

- Community engagement
- Community facing multi-agency working
- Case management
- Enforcement (enviro crime and ASB)
- Tenancy support



Safer Somerset Partnership Structure – November 2023

Funded interventions against the Community Safety Plan 2022 - 2025

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Protect People from the Harm of Domestic and Sexual Abuse

- Project SHE - diversion workers work across Somerset to help divert females from the Criminal Justice System by supporting them to engage with support in a safe and therapeutic environment.
- Domestic Abuse Notification Administrator - facilitate the sharing of domestic abuse information with GPs.
- Large scale awareness campaign

Improve Somerset's response to Serious Violent Crime

- VRU Communications strategy - To include work to implement the Serious Violence Duty and improve accessibility
- Spot purchasing of bespoke schools packages and community prevention and response packages
- Drug and alcohol Hospital Navigators
- Teachable moments programme
- Safer Streets project – joint work between Somerset and North Somerset

Neighbourhood Crime and Anti-Social Behaviour

- Jump Start - Sports mentors for young people at risk of ASB and/or youth justice interventions
- Buddi Tag - Provision of personal monitoring devices that provide active GPS tracking and promote curfew compliance. Somerset Children's Social Care can use these to protect children at risk from exploitation.
- Upgrade to CCTV in Rhode Lane
- Yeovil Boxing Project - Weekly sessions for targeted young people who are on the periphery of the YJ system.

"Central Hub"

Enquiries, advice, governance, volunteer and prevention



Domestic Abuse 2022-2023

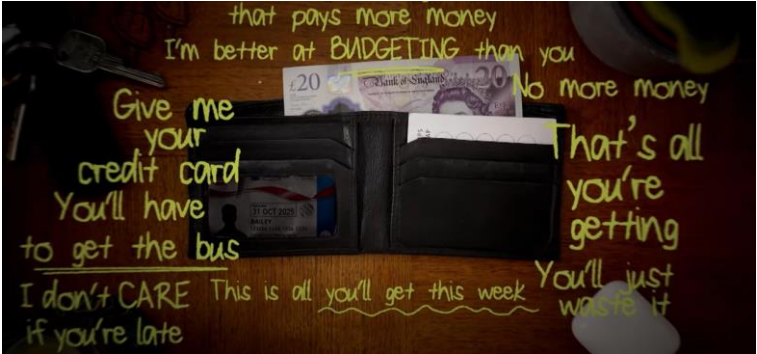
- Implementation of the new **Domestic Abuse Act statutory duties**
- Redesign of Domestic Abuse Services for April 2023:
 - Increase portfolio of safe accommodation
 - Childrens services
 - Counselling trial
- Redevelopment of the New Domestic Abuse Board
- Investment in digital solutions
- Ongoing campaign to raise awareness of domestic abuse
 - Employers toolkit
 - 2022-2023 activity resulted in 1003.29% average monthly increase in visitors to the website and a 9.98% increase in calls to SIDAS

Beyond the bruises: Somerset's new fight against non-physical domestic abuse

Aims to raise the profile of lesser-known types of domestic abuse and encourage those who may not realise they are being abused to come forward for support and advice.

Launching on White Ribbon Day and at the beginning of the worldwide campaign 16 Days of Action Somerset Council has commissioned 12 short films to shine the spotlight on non-physical types of domestic abuse.

The films direct anyone who is experiencing these forms of abuse to a new website, somersetdomesticabuse.org.uk, where they can get more information, support and advice or by contacting the service on 0800 69 49 999.

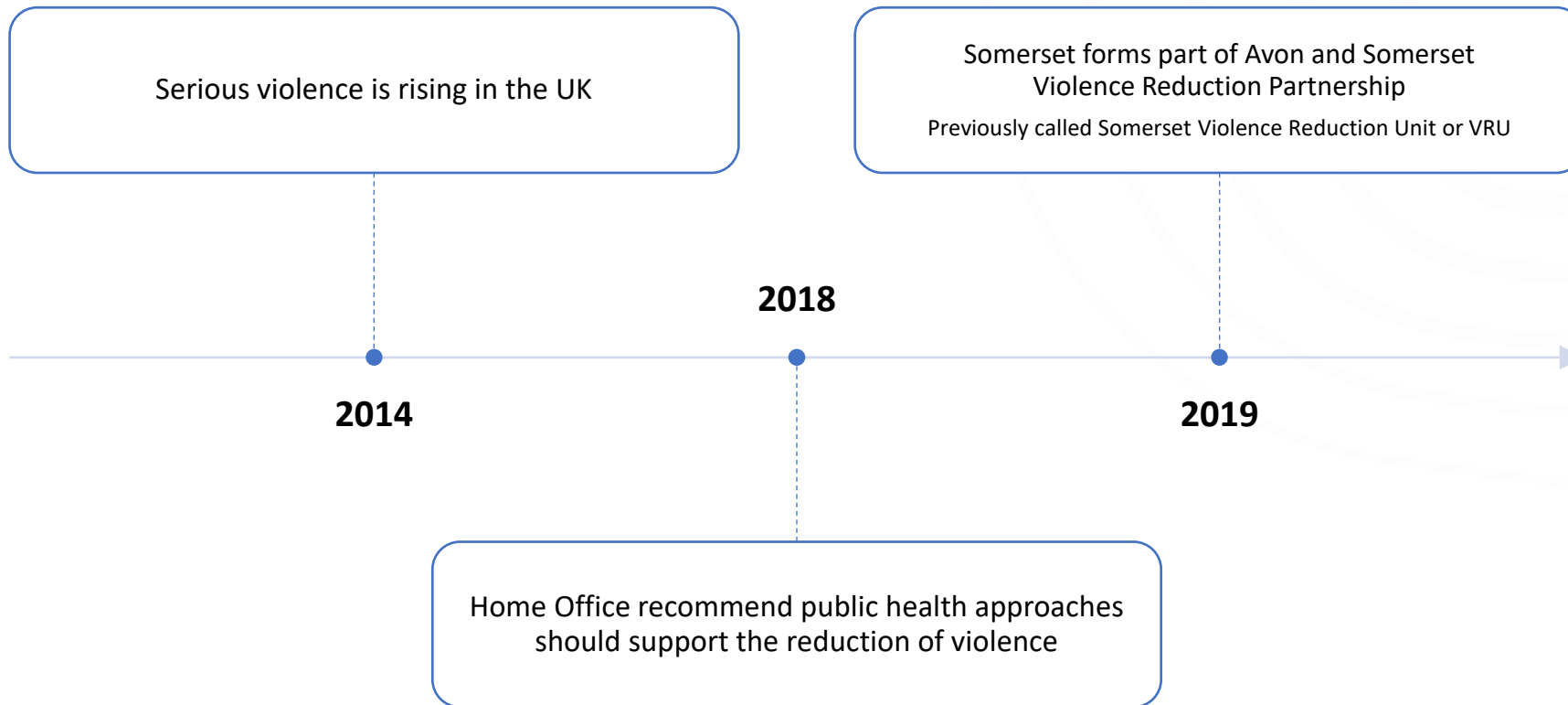


[YouTube Link](#)

Serious Violence



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Headline data:

Somerset remains a safe place to live, however 1/3 of recorded serious violent crimes in Avon and Somerset occur in Somerset.

Police data suggests Somerset has an increase in the reporting of knife crime, youth violence, domestic abuse and sexual offences

Activity 2022-23

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£530,887

VRU Grant approx. 70%
spent on interventions



1398

young people at risk
received support



800

training spaces
provided for
professionals



7540

People reached
through engagement
in our schools, parks
and town centres

A&E Navigator case study



Male aged 15

...presented with an injury to his hand. He reports that on Saturday morning at 3am he was out, a car pulled up, 2 men got out and beat him up and stamped on his hand, pulling one of his nails out. He says they are associated with County Lines.

The young person agreed to ongoing support from SDAS YP Team & was allocated a worker. Due to the levels of concern a Strategy meeting was held.

Challenges for Community Safety Function & Current Priorities

Challenges

- System change and ambition but reliant on short term or annual grant funding.
- Advocating for prevention, in a reactive system
- LGR – community safety may become fragmented
- Resources are limited but the agenda is ever changing and growing.
- High number of Needs assessments and strategies to produce throughout the year with minimal resource. (domestic abuse, CTLP, serious violence, community safety)
- Domestic Homicide Reviews

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Current Priorities

- Review of the community safety team and related functions across the council.
- Review of arrangements for meeting the Serious Violence Duty in Partnership and how the Council responds to youth violence.
- New collaboration with North Somerset for Needs Assessment and analytical work.
- Somerset Reducing Reoffending Strategy.

Time for Questions

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Recommendation - Members are asked to consider the format of this segment of the Committee meeting and recommend how they would like to see this run in future years.

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Somerset Council
Scrutiny Committee
– Adults & Health



23/24 Budget Monitoring Report – Month 5 – End of September 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 Dean Ruddle, Lead Member for Adult Social Care

Division / Local Member: All

1. Summary

- 1.1.** The Executive considered the Month 6 Budget Monitoring reports at its meeting on 6th December 2023 and the reports will be presented to the scrutiny committee to allow for scrutiny of them.

2. Issues for consideration / Recommendations

2.1. 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.

3. Background

- 3.1.** 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.
- 3.2.** 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 £492.9m as at the end of September 2023.

4. Report

4.1 After taking into account all service expenditure and contingencies the projected outturn for 2023/24 is £511.6m against a net budget of £492.9m. This gives a £18.7m adverse variance which represents a variance of 3.8%

- Adult Services has a £14.9m adverse variance against their budget (8% of service budget). This variance is mainly in the Adult Social Care and Learning Disabilities budget areas due to fee levels being higher than anticipated.
- Children's Services have a £12.4m adverse variance against their budget (10.1% of service budget), an unfavourable movement of £0.6m from month five. This increase is mainly due to identification of an under accrual for 2022/23 of £0.9m within External Placements which will remain as expenditure in 2023/24.
- Climate and Place have a favourable variance of £5.3m against their budget. This is a reduction of £7.6m since month five. The favourable movement in the main is due to income received via Connecting Devon and Somerset. The balance received has been reduced due to overspends in Waste Services, and Highways.
- Resources and Corporate have a £2.2m favourable variance (10.5% of service budget). The majority of the favourable variance is seen in Finance and Information Communication Technology Services.

**Table 1: 2023/24 Budget Monitoring Report as at the end of September 2023
(Month 6)**

(Scrutiny Committee – Adults & Health)

Service Area	Original Budget	Current Budget	Full Year Projection	Month 6 Variance	A/(F)	RAG Status	Movement From Month 5
	£m	£m	£m	£m			£m
Adult Services							
Adult Social Care Operations - Physical Disability/Sensory Loss/65 Plus	114.2	114.3	119.6	5.3	A	Red	0.0
Adult Social Care Operations - Mental Health	23.5	23.5	24.5	1.0	A	Red	0.0
Adult Social Care Operations - Learning Disabilities	110.5	109.9	117.4	7.5	A	Red	0.0
Commissioning	(62.2)	(62.2)	(61.1)	1.1	A	Red	0.0
Adult Services Total	186.0	185.5	200.4	14.9	A	Red	0.0
Children, Families & Education Services							
Children & Families	81.8	82.0	92.7	10.7	A	Red	0.6
Commissioning and Performance	11.1	11.2	10.9	(0.3)	(F)	Green	(0.3)
Inclusion	12.6	15.8	17.5	1.7	A	Red	0.0
Education, Partnerships and Skills	17.4	14.1	14.4	0.3	A	Red	0.3
Children & Family Services Total	122.9	123.1	135.5	12.4	A	Red	0.6
Community Services							
Housing	5.9	6.1	6.1	0.0	-	Green	0.0
Customer Services	6.9	6.6	6.6	0.0	-	Green	0.0
Cultural Services	9.1	8.7	9.1	0.4	A	Red	0.4
Regulatory & Operational Services	13.1	12.4	13.3	0.9	A	Red	0.9
Community Services Total	35.0	33.8	35.1	1.3	A	Red	1.3
Climate & Place							
Climate, Environment & Sustainability	55.8	55.5	56.1	0.6	A	Red	(0.2)
Infrastructure & Transport	21.8	22.1	23.2	1.1	A	Red	(0.4)
Economy, Employment & Planning	10.5	10.4	10.4	0.0	-	Green	0.0
Accountable Bodies	3.7	3.7	(3.3)	(7.0)	(F)	Green	(7.0)
Climate & Place Total	91.8	91.7	86.4	(5.3)	(F)	Green	(7.6)
Strategy, Workforce & Localities							
Partnership & Localities	0.8	2.8	2.8	0.0	-	Green	0.0
Strategy & Performance	3.2	3.3	3.3	0.0	-	Green	0.0
Workforce	6.0	5.8	5.4	(0.4)	(F)	Green	(0.2)
Governance, Democratic & Legal Services	9.0	9.3	10.6	1.3	A	Red	(0.2)
Strategy, Workforce & Localities Total	19.0	21.2	22.1	0.9	A	Red	(0.4)
Resources & Corporate Services							
Finance	12.6	12.8	11.4	(1.4)	(F)	Green	(1.2)
Strategic Asset Management	(9.2)	(9.6)	(9.2)	0.4	A	Red	0.0
Information Communication Technology	17.7	17.8	16.6	(1.2)	(F)	Green	(1.3)
Resources & Corporate Services Total	21.1	21.0	18.8	(2.2)	(F)	Green	(2.5)
Public Health	1.7	1.0	1.0	0.0	-	Green	0.0
Non-Service	9.8	9.8	6.2	(3.6)	(F)	Green	(0.1)
Traded Services							
Dillington	0.0	0.0	0.3	0.3	A	Red	0.1
Traded Services Total	0.0	0.0	0.3	0.3	A	Red	0.1
Total Service Position	487.3	487.2	505.9	18.7	A	Red	(8.6)
Corporate Contingency	6.0	5.7	5.7	0.0	-	Green	-
Total After Contingencies	493.3	492.9	511.6	18.7	A	Red	(8.6)
Reserves	(19.9)	(19.9)	(19.9)	0.0	-	Green	0.0
Transfers to Schools	0.0	0.4	0.4	0.0	-	Green	0.0
Council Tax	(345.4)	(345.4)	(345.4)	0.0	-	Green	0.0
Business Rates	(116.1)	(116.1)	(116.1)	0.0	-	Green	0.0
Revenue Support Grant	(7.9)	(7.9)	(7.9)	0.0	-	Green	0.0
Flexible Use of Capital Receipts	(4.0)	(4.0)	(4.0)	0.0	-	Green	0.0
Total Position	0.0	(0.0)	18.7	18.7	A	Red	(8.6)

4.2 **Adult Services Director Mel Lock, Lead Member Cllr Dean Ruddle**

Table 2 below is breakdown of the Adult Services budget as at the end of September 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.

- 4.3** 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 September 2023 (Month 6)

(Scrutiny Committee – Adults & Health)

Service Area	Current Budget £m	Full Year Projection £m	Month 6 Variance £m	A/(F)	RAG Status	Movement From Month 5 £m
Adult Social Care Operations - Physical Disability/Sensory Loss/65 Plus						
PD/SL/65P Residential & Nursing	58.0	58.9	0.9	A	Red	0.0
Home Care	28.2	31.0	2.8	A	Red	0.0
Direct Payments	12.5	14.2	1.7	A	Red	0.0
Staffing Costs	12.5	11.5	(1.0)	(F)	Green	0.0
Transport, Daycare & Other	3.1	4.0	0.9	A	Red	0.0
sub total	114.3	119.6	5.3	A	Red	0.0
Adult Social Care Operations - Mental Health						
MH Residential & Nursing	14.7	14.6	(0.1)	(F)	Green	0.0
Home Care/Supported Living	5.7	6.9	1.2	A	Red	0.0
Staffing/Deprivation of Liberty, Safeguards	1.4	1.4	0.0	-	Green	0.0
Direct Payments, Day Care & Transport	1.7	1.6	(0.1)	(F)	Green	0.0
sub total	23.5	24.5	1.0	A	Red	0.0
Adult Social Care Operations - Learning Disabilities						
LD Residential & Nursing	23.8	25.3	1.5	A	Red	0.0
Supported Living/Home Care	33.7	38.5	4.8	A	Red	0.0
Direct Payments/In Control	10.7	9.7	(1.0)	(F)	Green	0.0
Day Care	6.4	6.9	0.5	A	Red	0.0
Discovery	30.5	30.9	0.4	A	Red	0.0
Transport, Shared Lives & Other	2.4	2.6	0.2	A	Red	0.0
Central & Salaries	2.4	3.5	1.1	A	Red	0.0
sub total	109.9	117.4	7.5	A	Red	0.0
Commissioning						
Commissioning	(62.2)	(61.1)	1.1	A	Red	0.0
sub total	(62.2)	(61.1)	1.1	A	Red	0.0
Total	185.5	200.4	14.9	A	Red	0.0

4.4 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.

4.5 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.

4.6 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.

4.7 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.

4.8 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.

4.9 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.

4.10 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.

4.11 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.

4.12 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.

4.13 Learning Disabilities

Overall, the cost of Learning Disabilities is projected to overspend by £7.5m. Since our return we have seen a number of high cost placements come through, either via transitions or due to other forms of funding ending. The four 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

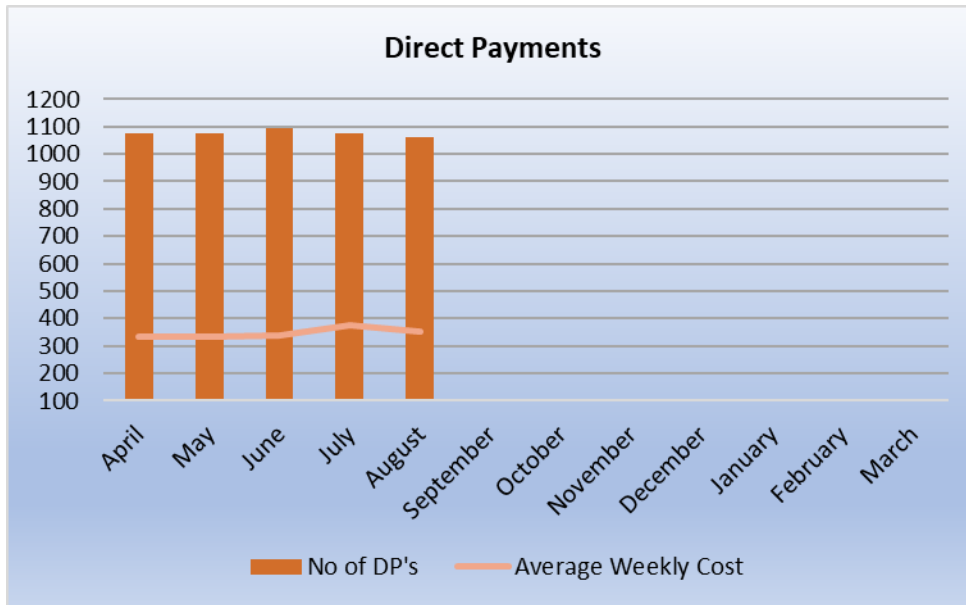
area where unit costs can be high.

4.14 Commissioning

Commissioning is currently projecting to overspend by £1.3m, as the Adults transformation

‘my life, my future’ will not achieve the full £5m saving.

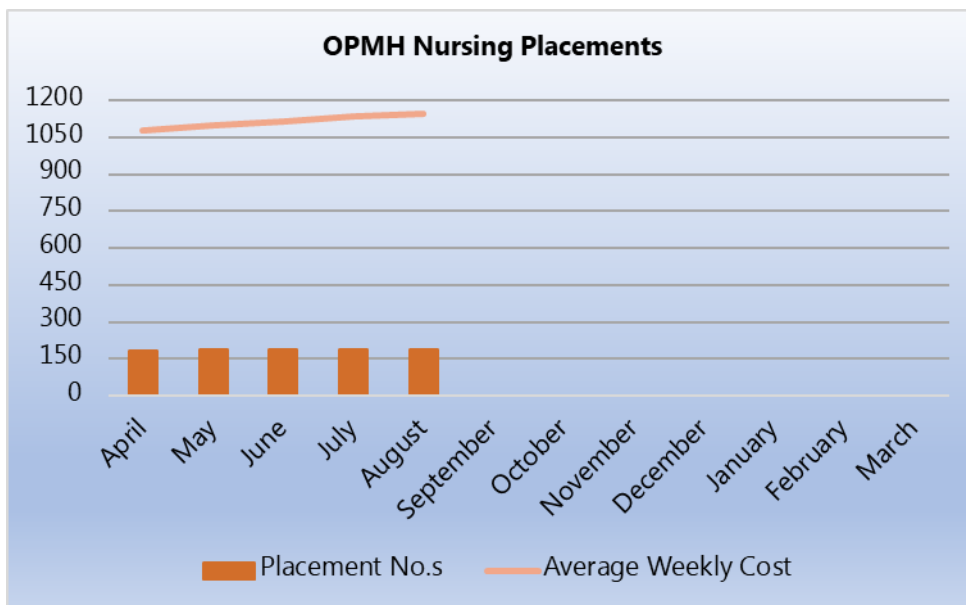
4.15 Adult Services - key performance cost drivers



Since the beginning of the financial year, we have seen the number of people receiving

a Direct Payment within ASC decreased from 1,077 to 1060 packages. The current weekly average cost of an ASC Direct Payment is £354 per package

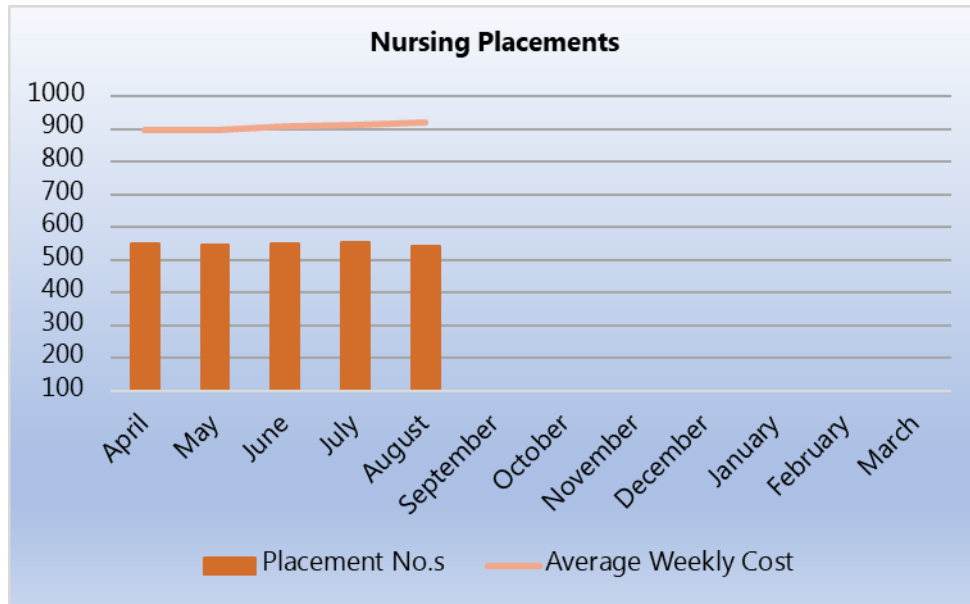
4.16



The number of Older People Mental Health (OPMH) Nursing placements has increased by five placements since April, from 185 to 190. The current weekly average

cost for OPMH Nursing is £1,144 per placement.

4.17



Nursing placements decreased by ten since April from 551 to 541. The current weekly average cost for Nursing is £918 per placement.

4.18 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.

4.19 We have a number of mitigations that are not 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.

5. Implications

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

6. Background papers

- 6.1.** The information within this paper has been taken from the Executive Committee 6 December, budget monitoring report for Month 6.

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

Adult Services Scrutiny Committee - 7th December 2023

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Budget Monitoring - Month 6

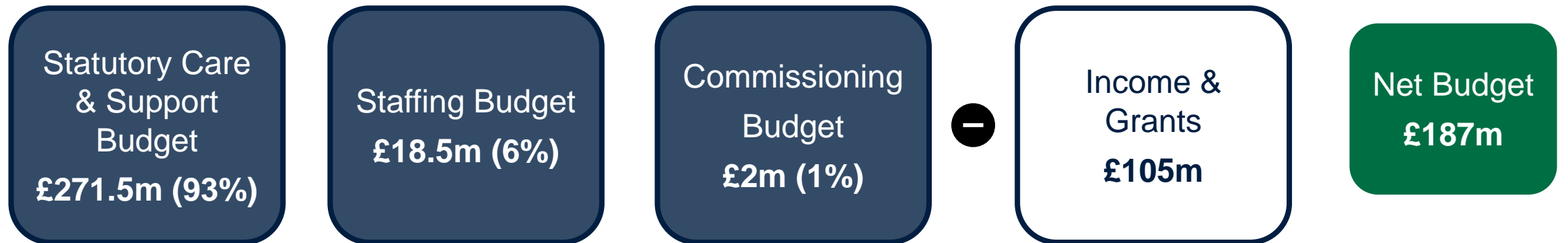


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The Adults Budget explained

Current

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Adult Services Month 6 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

Service Area	Current Budget	Full Year Projection	Mnth 6 Variance	A/(F)	RAG Status	Movement From Mnth 5
	£m	£m	£m			£m
Adult Social Care Operations - Physical Disability/Sensory Loss/65 Plus						
PD/SL/65P Residential & Nursing	58.0	58.9	0.9	A	Red	0.0
Home Care	28.2	31.0	2.8	A	Red	0.0
Direct Payments	12.5	14.2	1.7	A	Red	0.0
Staffing Costs	12.5	11.5	(1.0)	(F)	Green	0.0
Transport, Daycare & Other	3.1	4.0	0.9	A	Red	0.0
sub total	114.3	119.6	5.3	A	Red	0.0
Adult Social Care Operations - Mental Health						
MH Residential & Nursing	14.7	14.6	(0.1)	(F)	Green	0.0
Home Care/Supported Living	5.7	6.9	1.2	A	Red	0.0
Staffing/Deprivation of Liberty, Safeguards	1.4	1.4	0.0	-	Green	0.0
Direct Payments, Day Care & Tran:	1.7	1.6	(0.1)	(F)	Green	0.0
sub total	23.5	24.5	1.0	A	Red	0.0
Adult Social Care Operations - Learning Disabilities						
LD Residential & Nursing	23.8	25.3	1.5	A	Red	0.0
Supported Living/Home Care	33.7	38.5	4.8	A	Red	0.0
Direct Payments/In Control	10.7	9.7	(1.0)	(F)	Green	0.0
Day Care	6.4	6.9	0.5	A	Red	0.0
Discovery	30.5	30.9	0.4	A	Red	0.0
Transport, Shared Lives & Other	2.4	2.6	0.2	A	Red	0.0
Central & Salaries	2.4	3.5	1.1	A	Red	0.0
sub total	109.9	117.4	7.5	A	Red	0.0
Commi ssi oni ng						
Commi ssi oni ng	(62.2)	(61.1)	1.1	A	Red	0.0
sub total	(62.2)	(61.1)	1.1	A	Red	0.0
Total	185.5	200.4	14.9	A	Red	0.0

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

Medium Term Financial Plan – Tracking 23/24

Year Approved	Ref	Directorate	Proposal Title	Saving Amount	Achieved	On-track	Unachievable
2023/24	AD-2324-LTSIGP-02	Adults Services	Newton Europe - estimated savings in Adult services	(5,000,000)		(200,000)	(4,800,000)
2023/24	AD-2324-LTSIGP-01	Adults Services	Community-focused redesign of traditional service in Adults Services	(25,000)	(25,000)		
2023/24	AD-2324-LTSIGP-03	Adults Services	One-Off Use of DFG to Fund Equipment	(3,500,000)		(3,500,000)	

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My Life, My Future - £0.2m to be achieved 23/24 due to longer rollout than originally anticipated to achieve savings, will be achieved 24/25

- Use of DFG to Fund Equipment – On track
- Community focused redesign – Achieved

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Somerset Council
Scrutiny Committee
– 7 December 2023

My Life, My Future: Adult Social Care Transformation Programme Update Report

Lead Officer: Mel Lock, Director of Adult Social Care

Author: Emily Faldon, 'My Life, My Future' programme - Newton Europe

Contact Details: mel.lock@somerset.gov.uk / mylifemyfuture@somerset.gov.uk

Executive Lead Member: Cllr Dean Ruddle, Lead Member – Adult Social Care

Division / Local Member: All

1. Summary

- 1.1.** This report provides an update on the transformation work underway across the Adult Social Care service in Somerset. We are now four months into the design phase of our 'My Life, My Future' transformation Programme. All five programme workstreams are now live, and some have established trials to test new ways of working across our services.

Some encouraging early results are evident; we are seeing 10% more people finishing reablement per week across the county, enabling them to have lower long-term care needs. This is a 20% improvement in our trial team in Taunton & West Somerset, achieved through supporting providers with processes for rigorous progression of cases. We have also seen a reduction in Older Adults residential starts across the county to a rate better than our target. We will continue to monitor this to ensure that this change sustains. Good financial tracking is in place across most areas of the programme and can effectively monitor trial and wider progress, allowing us to react quickly to emergent changes. There are some risks to maximising progress and meeting the projected benefit timelines, particularly around specific resource constraints in some service areas and in our data engineering & business intelligence teams. In recognition of wider council challenges and pressures, we are continuing to challenge programme and workstream plans to bring as much as possible forward to support savings delivery.

- 1.2.** Adult Social Care's transformation activity directly supports the vision and priorities of Somerset Council, as outlined in the 2023-2027 Council Plan, especially those aligned to ensuring we are a 'healthy and caring Somerset'.

2. Issues for consideration / Recommendations

- 2.1. Scrutiny Committee members to consider if there are any general comments or observations that they would wish to make in relation to this programme of work.

3. Background

- 3.1. An evidence-based review of Adult Social Care was undertaken across the Winter of 2022/23, which identified priority areas for change and a proposed plan for an Adults Transformation Programme. In the Summer of 2023, Somerset Council engaged Newton Europe as a delivery partner to deliver this Adults Transformation Programme, now titled the 'My Life, My Future' programme.

As well as collectively improving the lives of 1,000+ Somerset residents, the programme is targeting making sustainable operational changes, valued in the range of £14.2m - £17.2m p.a.

Given the nature of opportunities is based on improving outcomes and sustainably reducing demand for services, there is a multi-year ramp up towards these values. The Programme is intended to design and implement most operational changes within 15 months, which will lead to significant benefits being realised from Year 2 onwards.

Area	Summary	Target	Stretch
Decision Making	Supporting more independent outcomes through strengths-based practice, improved care capacity and more creative alternatives to formal support where appropriate.	£2.3m	£2.7m
Reablement	More people accessing short-term services that support them to improve their independence – when being discharged from an acute hospital stay, and from the community.	£9.5m	£11.4m
Preparing for Adulthood	Increased independence for young people as they transition to adulthood by earlier intervention & support from the Adults team and taking a strengths-based approach.	£0.4m	£0.6m
Progression and Enablement	Supporting more adults with learning disabilities to lead a more independent life in their community.	£2.0m	£2.4m
TOTAL		£14.2m	£17.2m

Table 1 My Life My Future Opportunity Matrix

- 3.2. **My Life, My Future workstreams:** The Programme is aligned to the 2023-26 [Somerset Adult Social Care Strategy](#), which aims to support Somerset people to live

in the place they call home, with the people and things that they love, in communities where they look out for one another, doing what matters to them. Across all cohorts of service users, the Programme aims to support more Somerset residents to live independent lives.

There are five workstreams within the My Life, My Future programme, impacting different teams and with different operational and financial targets associated:

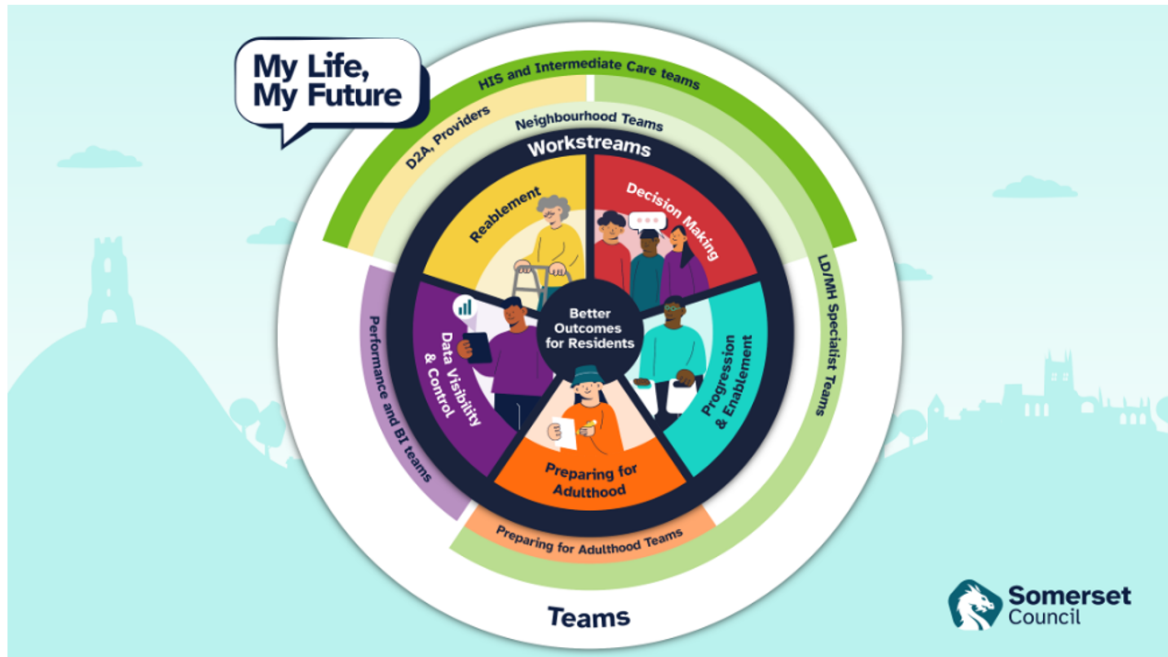


Figure 1 My Life My Future Programme Summary

1. **Reablement**, which aims to design & implement an improved reablement model for Somerset. Reablement is a short-term service that aims to support people to recover skills and confidence and live more independently in the long term. The work here aims to:
 - *Establish more efficient processes and improved service capacity to support more people with reablement potential through the service, whilst opening access to the service for people in the community.*
 - *Support individuals with more complex needs to become more independent through enhanced therapy oversight, improved goal setting and tracking and multidisciplinary input.*

2. **Outcomes from Decision Making**, which aims to achieve more ideal outcomes for adults receiving long-term care and support from Adult Social Care. The work here aims to:
 - *Build on the Adult Social Care operations restructure to establish new processes and create an environment which supports and enables practitioners with strengths-based decisions.*
 - *Shape the direction of what services are required now and, in the future, to keep our population as independent as possible.*

- 3. Progression & Enablement**, which aims to enable individuals living with learning disabilities (LD) to live more independently. The work here aims to:
- *Establish the right progression planning process and support for this cohort, both for those who could be supported to progress within their current accommodation setting and for those who could progress to a more independent setting.*
 - *Ensure sustainable, sufficient capacity in appropriate settings for promoting independence.*
- 4. Preparing for Adulthood**, which aims to achieve more ideal outcomes for young people transitioning to adulthood. The work here aims to:
- *Establish efficient processes and information sharing between Children's & Adults Services to enable early identification and planning of support.*
 - *Shape the availability of suitable and cost-effective services to promote independence.*
- 5. Data Visibility & Control**, which, in collaboration with the Adults Business Intelligence team, will establish ongoing visibility of the Adults service. The work here aims to:
- *Enable proactive performance management and establish clear links between operations teams, their decisions and finance data.*
 - *Foster a culture of performance and improvement through data-driven behaviours and evidence-based decision-making.*

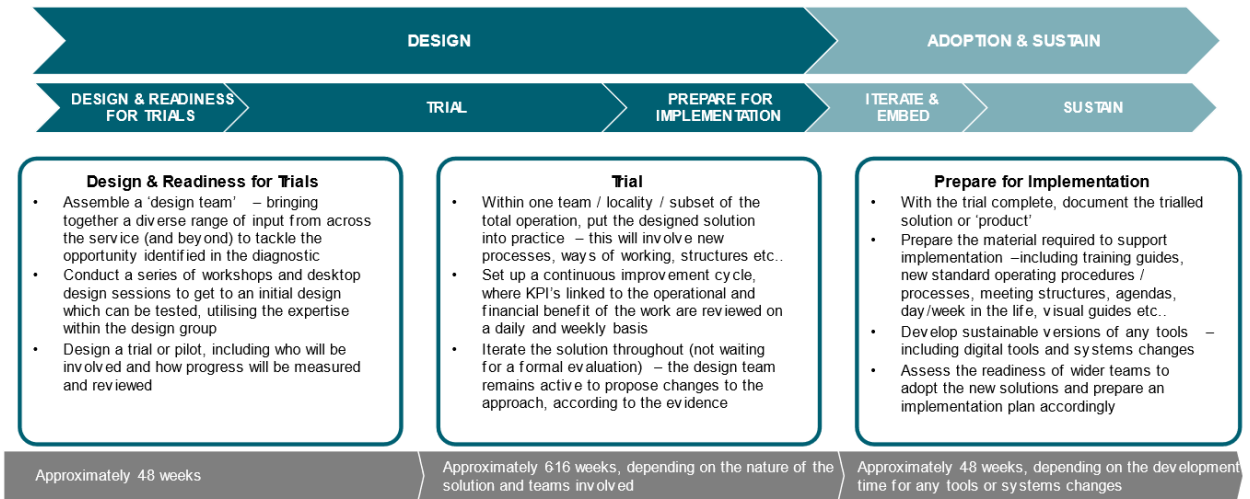
3.3. Approach to change: A joint team has been established between Newton Europe, Somerset Council & NHS Somerset ICB to deliver the Programme. Each workstream has two sponsors from the Adult Social Care team – one from the Operations team and one from the Commissioning team – as well as delivery support from Somerset Council's Project & Change team. This joint approach allows a blend of Newton's experience and understanding of best practice delivery models, with the understanding of the specific Somerset team context and existing strengths.

Joint working with the Somerset Council Project & Change team will also embed Newton's change methodology and approach within the team. We have run an initial training course with the wider Project and Change team and will continue to provide support and ad-hoc training during the life of the programme. We aim to equip the Somerset team to continue to improve performance beyond the core programme timescales, and to lead future identification and delivery of change.

Each workstream will move through a broadly similar approach to change, which will have a design and an adoption phase to create well-evidenced solutions and ensure sustainable change across the county. The design phase involves a short period of 'desktop design' with support from subject-matter experts within the service, before establishing 'trials' where, within a defined subset of a team/locality, we can put the

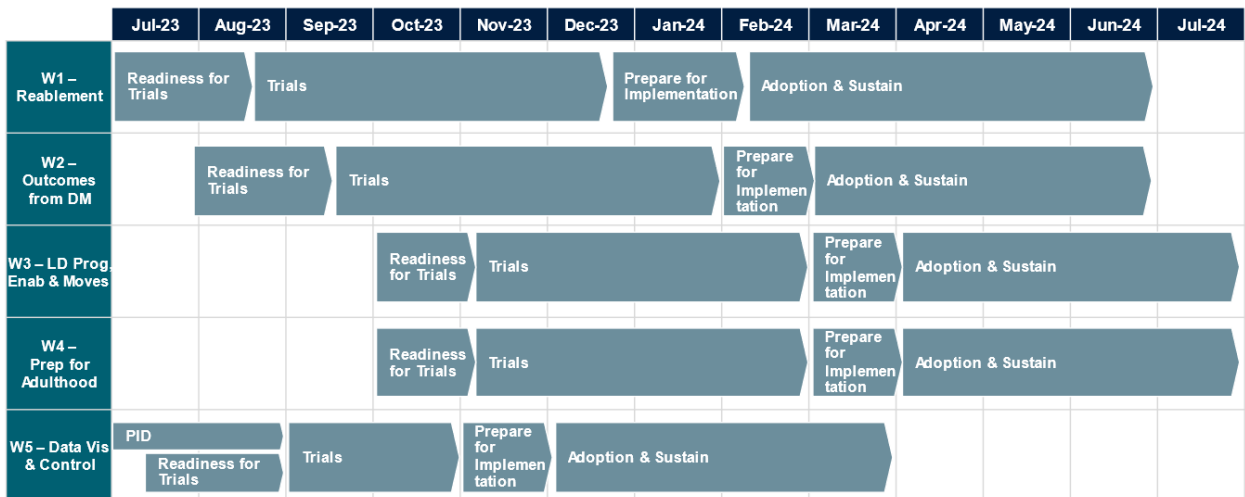
designed solution into practice. These trials ensure that any changes have evidence of success behind them, before rolling out changes across remaining teams or localities.

We are working through a structured change programme which will have a design and an adoption phase to create well-evidenced solutions and ensure sustainable change across the county



The five workstreams have had a staggered start. The workstreams predominantly focused on Older Adults have started earliest, with the workstream focused on our cohort of Adults with Learning Disabilities starting later, to align activity with the establishment of the new operational team structures.

Programme Plan



3.4. Operational and Financial Tracking: The four core workstreams have an operational and financial value attached to them. For each associated area of opportunity, we have worked through a financial equation, consisting of fixed variables (e.g., the duration of a long-term care package) and tracked variables, that we are trying to impact through the operational changes in place (e.g., the number of adults starting a long-term residential placement per month). For each of the tracked variables, we have taken a baseline to use as representative of historical performance, against which we will measure changes.

We established a Working Group, which met weekly and was attended by key operational, finance and performance & Business Intelligence (BI) representatives within the service. This Group assured the process and data used to calculate each variable and baseline. This work resulted in a full Project Initiation Document which gives the underpinning of each financial value.

As many of the targeted changes focus on demand management (i.e., reducing the number or scale of long-term package starts), cash benefits associated with these accrue over time and it typically takes longer than one financial year to see the full benefit realised. We have generated a projected cash profile, with a low and high scenario, to set out the period over which we can expect to see the Programme savings, if the operational activity progresses against plan.

In Year Value Version	FY23/24	FY24/25	FY25/26	FY26/27	FY27/28	FY28/29
Updated Low Scenario	£0.5M	£7.3M	£13.3M	£13.9M	£14.1M	£14.2M
Updated High Scenario	£0.8M	£9.5M	£16.0M	£16.3M	£16.5M	£16.5M

Table 2 My Life My Future Target Cash Profile

The Data Visibility & Control workstream is working to ensure tracking against these operational & financial values. This has now been established across several of the individual financial equations, although there is further work remaining to ensure we are able to fully track changes to long-term support packages at home resulting from a review. This work has been delayed by the lack of data engineering capacity within the Council’s Business Intelligence team.

A monthly Contract Monitoring forum is established where we formally report progress against the operational and financial targets and will sign off the benefits associated with the Programme.

The support from Newton Europe is also provided on a contingent fee basis. The fees for both the My Life, My Future Programme and the preceding diagnostic are fixed and fully 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 diagnostic and Programme. As such the guaranteed benefit is £10.0m. These benefits will be measured by comparing historic baselines to the end of programme operational performance in each of the relevant areas, then using the agreed set of equations to translate this to an annualised “run rate” for the programme. This “run rate” is therefore agreed to be the

value delivered to Somerset Council if the operational performance sustains at this level. If at the end of the programme, the benefits have not achieved the required scale, either Newton will continue to work at no extra charge until this is the case, or the fee will be reduced, pro rata until this is the case.

3.5. Key risks & issues impacting Programme delivery: Risks and issues are managed via the monthly Contract Monitoring forum, with mitigating actions agreed. Current key risks or issues impacting current programme delivery are focused on resourcing and staff capacity:

- A lack of Data Engineering resource / capacity within the Council's BI team has slowed progress against plan in areas which require changes to our core data model (e.g. establishing some areas of financial tracking, or building new sustainable service dashboards). Mitigating actions to improve capacity in this area are now in place.
- The financial emergency of the Council has increased demands on staff across the Adults service and more widely (e.g. finance team) creating a risk to efficient programme delivery, slowing activity & decision-making. Planned mitigation measures involve adapting and aligning programme plans to financial emergency to ease constraints on key individuals.

3.6. Progress to date

Reablement workstream - In this workstream, we want to ensure that more people have access to reablement support, both when they are discharged from an acute hospital stay, and when they enter our services via the community, and that this support is as impactful as possible.

Working alongside colleagues from Somerset NHS Foundation Trust (SFT), we have initiated trials in the Reablement workstream. These trials are testing ways of working changes to drive two key KPIs (Key Performance Indicators):

- *The number of people who finish a period of reablement per week.*
- *The effectiveness of their reablement period (i.e., how much impact the reablement support had on their level of independence).*

A trial to support more timely progression of cases through the reablement service is in progress in Taunton & West Somerset. Here we have designed a new tool which gives our providers and staff from Somerset Council & SFT, shared visibility of the reablement caseload. In this trial area, we have so far seen a 20% increase in people finishing a period of reablement.

In South Somerset, we are trialling new ways of working across key workers, providers, and Adult Social Care staff, redesigning the way we set and track reablement goals for

clients, identify ongoing needs and source ongoing care. This trial aims to increase the effectiveness of the support we offer and ensure people can leave the service closer to independence.

The current 'run rate' for this workstream (i.e., the financial value realised if this operational performance were to sustain indefinitely) is £2.0m (from Finance & Performing Monitoring Group meeting on 16th November 2023).

Outcomes from Decision Making Workstream: In this workstream, we want to support more ideal outcomes for adults receiving long-term care and support from our services. We have initiated trials in the Neighbourhood Teams, testing ways of working changes to drive two key KPIs:

- *The number of people starting a long-term residential placement*
- *The number of new hours of support commissioned for people at home (in homecare packages or in direct payments)*

We are currently trialling a new peer forum in Neighbourhood teams in the West of the county which encourages earlier and multi-disciplinary discussion of cases, focussed on outcomes for individuals. Early results are indicating a reduction in residential placements in the West compared to the East.

We are also trialling improved visibility of case flow, trialling tools with teams to track cases as they progress through our service. As well as improved visibility, this trial is also identifying people who could benefit from reablement in the community.

The current 'run rate' the long-term residential starts element of the workstream (i.e., the financial value realised if this operational performance were to sustain indefinitely) is £0.5m (from Finance & Performing Monitoring Group meeting on 16th November 2023). This performance is significantly ahead of the target trajectory, and ahead of the final target position.

Further work is required to ensure we have an accurate & trusted tracking method for the community support element of the workstream, to ensure a full picture.

Data, Visibility & Control: In this workstream, we want to establish a data-driven decision-making culture through use of clear, accurate and accessible management information at each level of the service.

This workstream has established a full Project Initiation Document to ensure clear tracking against the target opportunities identified in the diagnostic. This allows us to track progress against the operational performance and cash benefits realised.

This workstream has also established operational tracking against for each of the workstreams, allowing us to know how any trials are performing against target.

4. Implications

4.1. The following changes to the Programme Plan have been made in recognition of and response to the financial emergency Somerset Council and its Adult Social Care service face:

- In the Outcomes from Decision Making workstream, we have aligned our work on the case discussion forms with the recent changes to Enhanced Peer Forums (which focus on high-cost support packages and support financial control in adult social care). This should support our staff teams to streamline changes, but also see the benefits of any new ways of working accessed more quickly.
- In the Progression & Enablement, and Preparing for Adulthood workstreams, we have de-prioritised some planned activity to allow the social work teams to prioritise reviews. While some of the activities will continue as planned, we expect that some trials around long-term ways of working changes will be postponed until March 2024.
- Given that unit costs of long-term care placements (in residential and nursing homes) are a significant driver of Adult Social Care spend, we have completed a short diagnostic activity to understand more about the drivers behind our increasing spend (i.e. inflation, staffing costs etc.). This has identified some priority actions that will be taken forward before the end of this financial year.

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Scrutiny

November 2023

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Exec Summary

Nov 2023 Period

We are now four months into the Design Phase of the My Life, My Future Programme, and we have effectively mobilised the programme across health and social care. All **five workstreams are now live** and some have established trials to test new ways of working across our service.

We are starting to see some encouraging early results:

- We are seeing 10% more people finishing reablement per week across the county, allowing them each to have lower long term care needs. This is a **20% improvement in our trial team** in Taunton & West Somerset, through supporting providers with processes for rigorous progression of cases.
- We have seen a reduction in Older Adults residential starts across the county to a rate better than our target. We will continue to monitor this to ensure a sustainable reduction.
- Our current performance run-rate if sustained is worth **£2.5m of annual benefit**.
- We have good financial tracking in place and can effectively monitor trial and wider progress, allowing us to react quickly to emergent changes.
- There are some risks to maximising progress and meeting the projected benefit timelines, particularly around **resource pinch-points in some services and our data engineering and BI teams**.
- We are continuing to challenge programme & workstream plans to bring as much as possible forward given the wider context to support savings delivery. We recognise wider council challenges and have undertaken a **rapid diagnostic of placement rates** to assist.

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Why are we doing this now?

My Life,
My Future

We are seeking to build on the strengths we have in Somerset to design and deliver high quality, person-centred Adult Social Care services that promote independence and wellbeing.

This means providing the right support, in the right place at the right time.

Page 71 Throughout the **My Life, My Future** programme, we will be...



Person-centred



Data and evidence driven



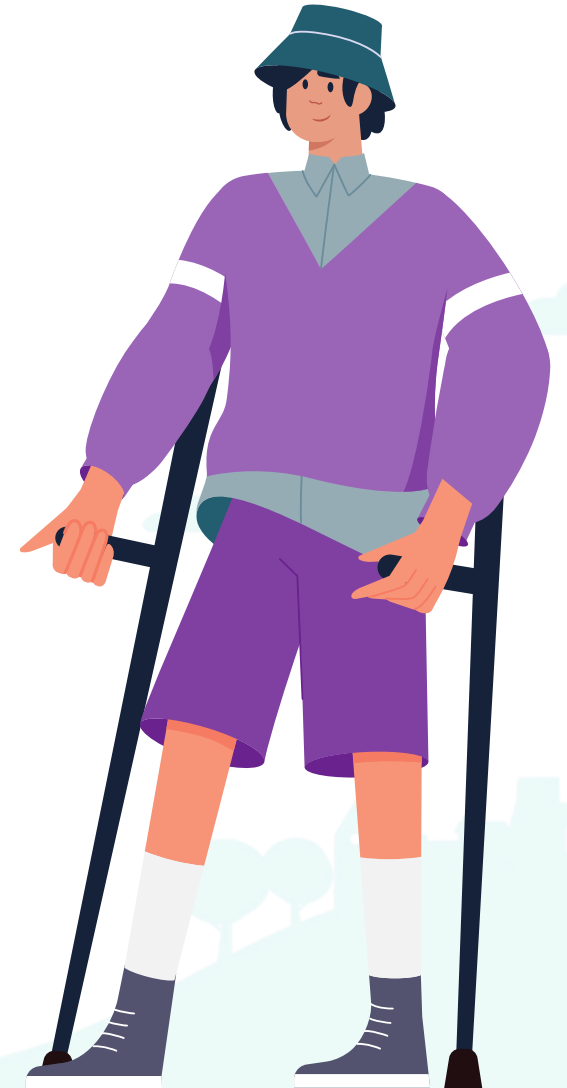
Supportive for staff



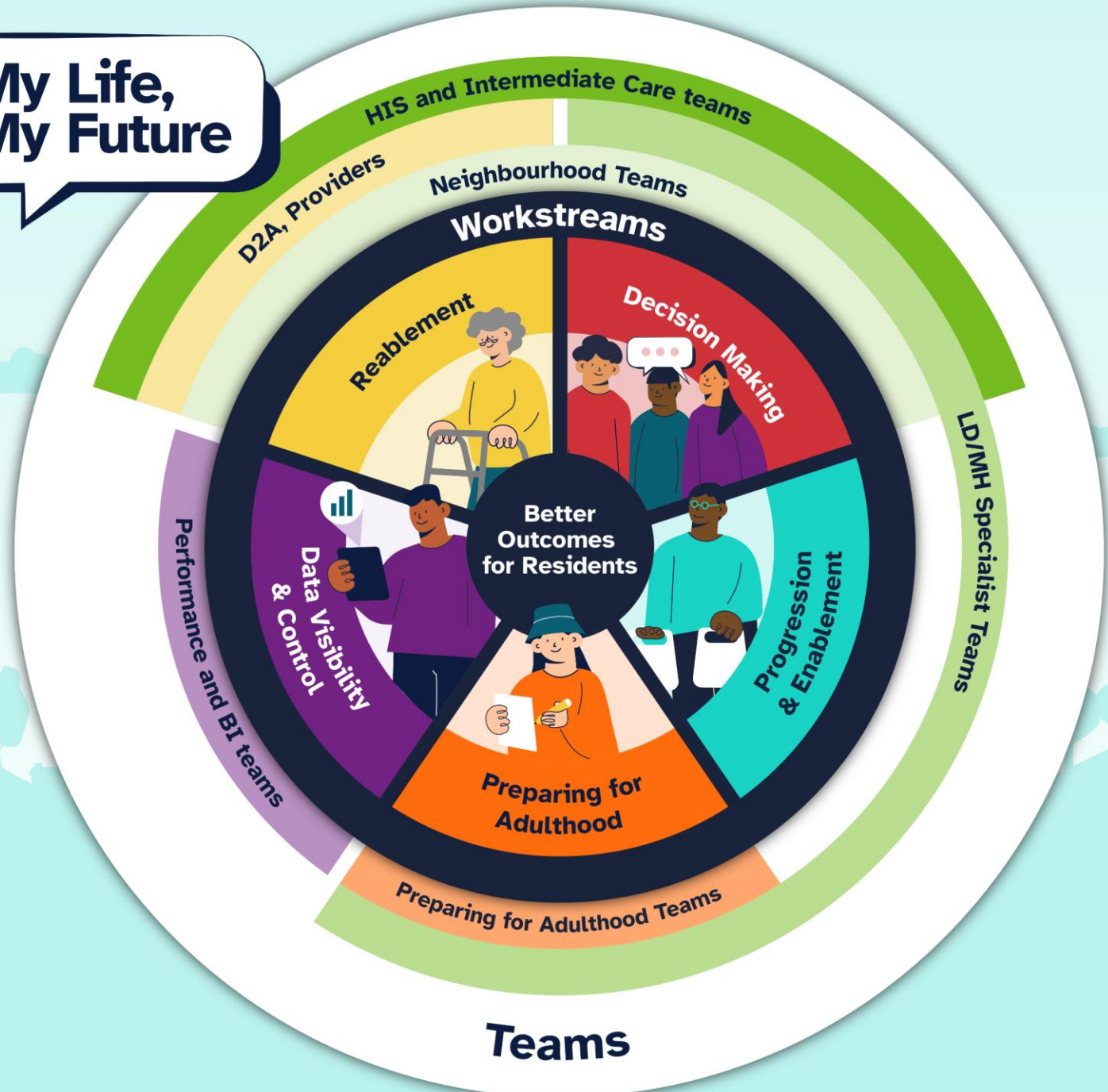
Future focussed



Taking an iterative approach



**My Life,
My Future**



Summary of Financial Opportunities

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Area	Summary	Target	Stretch
Decision Making	Supporting more independent outcomes through strengths-based practice, improved care capacity and more creative alternatives to formal support where appropriate.	£2.3m	£2.7m
Reablement	More people accessing short-term services that support them to improve their independence – when being discharged from an acute hospital stay, and from the community.	£9.5m	£11.4m
Preparing for Adulthood	Increased independence for young people as they transition to adulthood by earlier intervention & support from the Adults team and taking a strengths-based approach.	£0.4m	£0.6m
Progression and Enablement	Supporting more adults with learning disabilities to lead a more independent life in their community.	£2.0m	£2.4m
TOTAL		£14.2m	£17.2m

Projected cash profile:

In Year Value Version	FY23/24	FY24/25	FY25/26	FY26/27	FY27/28	FY28/29
Updated Low Scenario	£0.5M	£7.3M	£13.3M	£13.9M	£14.1M	£14.2M
Updated High Scenario	£0.8M	£9.5M	£16.0M	£16.3M	£16.5M	£16.5M

Supported by Newton's Contingency Fee

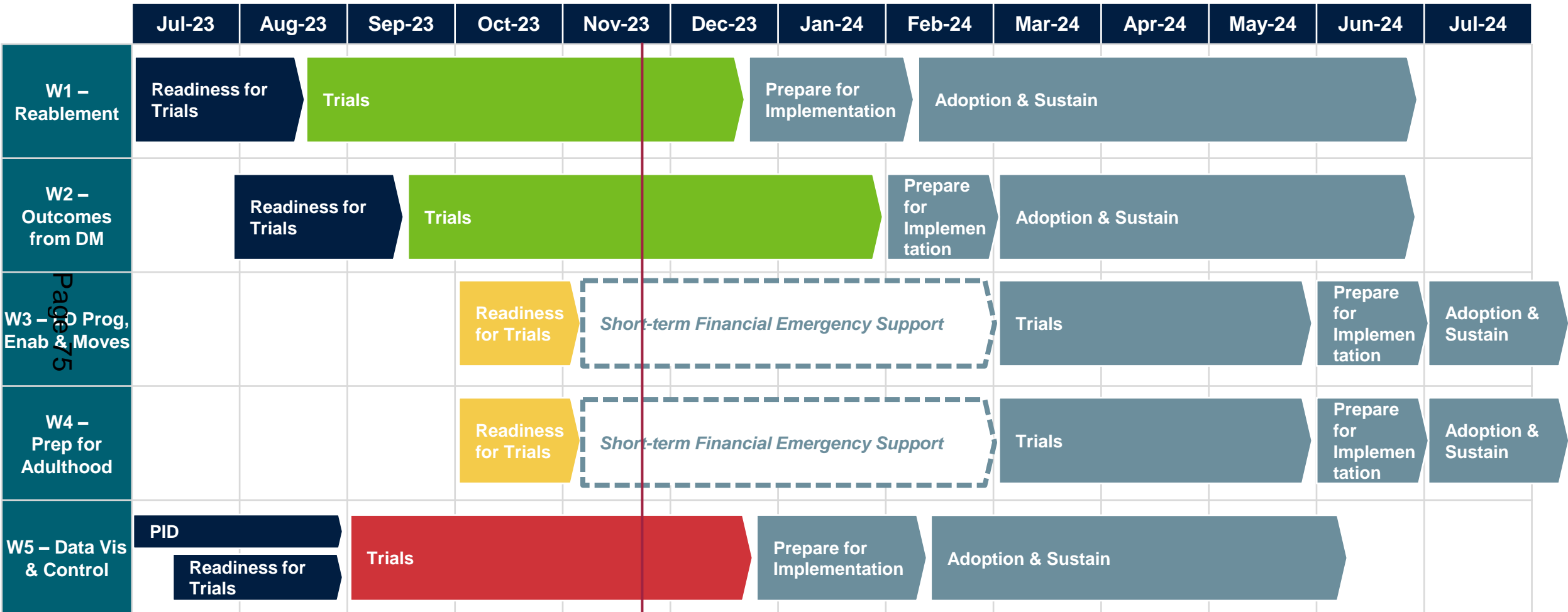
- The support from Newton is provided on a contingent fee basis.
- Newton guarantee that the **recurrent, annualised benefits** delivered in the Programme will at least exceed **1.3 times** the combined one-off fee from the diagnostic and Programme. As such the guaranteed benefit is **£10.0m**

Page 74 These benefits will be measured by comparing historic baselines to the end of programme operational performance in each of the relevant areas, then using the agreed set of equations to translate this to an annualised “run rate” for the programme. This “run rate” is therefore agreed to be the value delivered to Somerset Council if the operational performance sustains at this level.

- If at the end of the programme, the benefits have not achieved the required scale, either Newton will continue to work at no extra charge until this is the case, or the fee will be reduced, pro rata until this is the case.

Programme Plan

● Complete
 ● In progress, on track
 ● Delayed
 ● At risk, support required



Cumulative Value-Add and Run-Rate - Workstream Comparison

CUMULATIVE VALUE-ADD				RUN-RATE				
	Live	High Scenario	Low Scenario	RAG	Moving Average	High Scenario	Low Scenario	RAG
Reablement	£10.2k	£48k	£30k		£2.0m	£4.4m	£2.6m	
Outcomes from Decision Making	£2.1k*	£0.7k	£0.3k		£520k*	£149k	£62k	
Progression & Enablement	-	-	-		-	£0	£0	
Preparing for Adulthood	-	-	-		-	£0	£0	

*Value-add / Run-Rate only accounts for Residential Avoidance, which is above target, as CBS not currently tracked.

The reablement workstream is the biggest contributor to programme run-rate and we are already starting to see significant impact, however it is currently tracking slightly behind the below low scenario. It is important to ensure this is a focus for the programme to ensure we close the current gap to the target.

Reablement – In Focus

- One opportunity is in helping more people receive reablement (helping them rebuild their independence after an event, often a hospital stay), to get this to happen right every time, we need
 - the **hospital to discharge people to the right setting**, which involves changing the understanding, risk appetite and behaviours of 100s of staff, we are addressing this through supporting system colleagues with the design and implementation of a new transfer of care model
 - **enough capacity in the reablement providers**, we are unlocking this through trials with providers to more actively progress cases (i.e. ensuring every day an action happens and people are able to leave the service as soon as possible), we are also looking to trial different scheduling practices with providers to help them get the most hours from staff time they have
 - we also need the **reablement to be as effective as possible** at building peoples long term independence to minimise their onward care needs, we are looking to do this through tools, process and behaviours to more actively set, monitor and support individual goals with people to progress on a daily basis

Reablement – In Focus

One of our trial areas in reablement has been caseload grip and visibility; designing and implementing a tool and meeting structure to create visibility and grip around taking actions to progress cases.

Key principles



Each person has a role description with objectives **that centre around increasing engagement and driving KPIs**



Caseload updates driven by providers with other attendees supporting in deciding **next steps based on goal progress**



Caseload tracker is shared with entire group, improving their visibility and **encouraging MDT input and support**



SMART actions focused on achieving a person's **optimal outcome in minimal time**; actions visible to all



The key KPIs (length of stay and finishers) are **built into the culture and product**

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The tracker is a good visual tool. Now I can see my caseload, goals, and visits at a glance and know if I need to change anything! – Provider

"We can review GAS goals as a team... this ensures visits can be reduced or increased within an appropriate time frame." – Therapist

"This cluster has got so much more efficient than when I was previously on it" – Therapist

Resulting in

A **20% increase** in the number of finishers in the trial area sustained over the past month

Key Risks and Issues

Risk / Issue	Description	Severity	Likelihood	Mitigation Detail
Lack of Data Engineering resource (Issue)	A lack of resource within the Data Engineering function has slowed progress against plan in areas which require changes to our core data model (e.g., establishing some areas of financial tracking, or building new sustainable service dashboards).		ISSUE	<ul style="list-style-type: none"> Additional resource has been secured and is in place, reviewing options as to how to progress sustainably
Lack of capacity of key individuals within Adults service alongside financial emergency (Risk):	Increased demands on staff across the Adults service and more widely (e.g., Finance team) to support activity associated with the financial emergency creates a risk to efficient programme delivery, slowing activity & decision-making.			<ul style="list-style-type: none"> Adapting and aligning programme plans to financial emergency to ease constraints on key individuals
System working challenges across financial emergency and Winter pressures (Risk)	Several workstreams have interdependencies with NHS teams and services. Conflicting demands and capacity pressures on key individuals creates a risk to efficient programme delivery			<ul style="list-style-type: none"> Joint design teams A joint oversight group with health colleagues Increasing engagement with system colleagues

Responding to the Financial Emergency in Somerset

We have made changes to the Programme Plan in response to the financial emergency pressures that the Council and Adult Social Care specifically are facing.

- **Outcomes from Decision Making** workstream, we have aligned our work on the case discussion forms with the recent changes to Enhanced Peer Forums (which focus on high-cost support packages), meaning we will accelerate rollout countywide without a period of testing.

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Progression & Enablement, and Preparing for Adulthood workstreams, we have deprioritised some planned activity to allow the social work teams to prioritise reviews. We are looking at how these are enhanced to support short term savings and will resume the longer term changes to March 2024.

- We have completed a short diagnostic activity on **unit costs** to understand more about the drivers behind our increasing spend (i.e. inflation, staffing costs etc.) and any opportunities to mitigate further increases. This has identified some priority actions that will be taken forward before the end of this financial year.

Update on Hyper Acute Stroke Care

Lead Officers: Maria Heard, Deputy Director of Innovation and Transformation, NHS Somerset ICB
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Cabinet Member:

Division and Local Member:

1. Summary

1.1 The stroke strategy for Somerset was drafted in 2019 and provides a direction of travel for the next five years, setting out how stroke services should operate across the pathway from prevention to living with the impacts of stroke. Many of the recommendations within this strategy have been implemented.

1.2 This report provides an update following the 12 week public consultation on acute hospital based stroke services in Somerset (which ran from 30 January 2023 to 24 April 2023) and describes the next steps which will be taken on the future of acute hospital-based stroke services.

1.3 The final decision-making business case is expected to be considered by the NHS Somerset Board in January.

2. Issues for Consideration / Recommendations

2.1 Members are asked to note the update.

3. Public Consultation – You Said, We are Doing

3.1 The paper attached in Appendix One provides an overview of the key insights gathered during the 12-week public consultation on hyper acute and acute stroke services in Somerset. During the consultation period, residents and other stakeholders were invited to provide feedback on the stroke proposal through a wide range of methods. The findings have and continue to be shared with the stroke steering group and the stroke programme team.

The findings from the consultation have been independently reviewed by Opinion Research Services (ORS) and a summary of the key insights from this report are being shared at the November NHS Somerset ICB Board meeting¹.

¹ [Board papers and meetings - NHS Somerset ICB](#)

Yeovil emergency department (A&E) would not receive suspected stroke patients at any time unless patient walks in	Yeovil emergency department (A&E) would not receive suspected stroke patients at any time unless patient walks in
Patients who would normally go to Yeovil would go to Taunton or Dorset for their HASU care	Most patients who would normally go to Yeovil would go to either Taunton or Dorchester for their HASU care
Somerset patients would return to Yeovil for their ASU care	Patients would remain in Taunton or Dorchester for their ASU care
There would be some changes to the medical, nursing and AHP workforce	There would be some changes to the medical, nursing and AHP workforce
Once ready for rehabilitation, patients would ideally be discharged closer to home following their acute care – either home or to a community hospital	Once ready for rehabilitation, patients would ideally be discharged closer to home following their acute care – either home or to a community hospital
There will be an impact on other health systems in this option, primarily Dorset	There will be an impact on other health systems in this option, primarily Dorset
TIA service would be delivered 5 days a week in Yeovil and at weekends patients would be directed to Taunton service.	TIA services would be delivered 7 days a week in Taunton. There would be no TIA service at Yeovil.

4.3 Somerset ICB undertook a twelve-week period of consultation³, from January to April 2023, which gathered feedback on the future of acute hospital-based stroke services in Somerset, from people living in Somerset, people who use Somerset hospitals and partner organisations who are impacted by these proposals.

The findings from the consultation have been independently reviewed by ORS and a summary of the key insights from this report are being shared at the November ICB Board meeting⁴.

5. Process for developing the original options.

5.1 The options were developed with substantial engagement from local clinicians and staff, people with lived experience, community and voluntary sector partners and colleagues from neighbouring health systems.

At the start of the process a long list of options was developed then using the hurdle criteria a shortlist with 6 options were developed. The stroke steering group reviewed these options, and they were reduced to 4.

Figure 3 shortlisted 4 options

Option A	Option B	Option C	Option D
Do Nothing • No change to current model	Do Minimum • As for option A, but with shared medical workforce	1 HASU • Single HASU at Mungrove Park Hospital in Taunton • No HASU in Yeovil • ASU in Taunton and Yeovil	1 HASU and ASU • Single HASU and ASU at Mungrove Park Hospital in Taunton • No HASU or ASU at Yeovil
Not taking forward to consultation • Failure to meet the >600 admissions per year criteria. • Failure to improve access to time critical interventions. • Failure to meet the equitable access to 24/7 care criteria	Not taking forward to consultation • Failure to meet the >600 admissions per year criteria. • Failure to improve access to time critical interventions. • Failure to meet the equitable access to 24/7 care criteria	Option to take forward to consultation	Option to take forward to consultation

³ [Documents, information sheets and videos - Our Somerset](#)

⁴ [Board papers and meetings - NHS Somerset ICB](#)

5.2 The four shortlisted options were assessed by a Clinical Review panel of the South West Clinical Senate in September 2022⁵. The panel deemed that the first two options would not address the reasons set out in the Case for Change and provided assurance for two options that were consistent with strong clinical evidence base.

Further modelling and appraisal were done which resulted in the two options that went out to public consultation.

6. Actions taken since the consultation

6.1 Feedback from the consultation has been gathered and analysed. This analysis has been considered by the Stroke Steering Group, Stakeholder Reference Group and the Stroke Project Board.

6.2 We have developed a 'You said, we are doing report' which was published at the November 2023 ICB Board to set out the actions we are taking in response to what we heard during the consultation.

6.3 Additional modelling and analysis at a more detailed level about the two shortlisted options which formed the basis of consultation has identified a number of areas which were not available at the time of commencing the consultation.

This additional information can be summarised under two main themes:

- There was significant concern heard during the consultation that family and loved ones play an important role in the patient's recovery and the impact of not being able to see loved ones could have on the wellbeing of patients
 - Concerns around increased travel times to other hospitals for emergency stroke care, especially in the context of the time critical nature of stroke.
 - Suggestions were made around making travel easier for visiting family, helping with car parking costs and having available accommodation nearby.
 - The importance of easy access for visitors was stressed, as visits from loved ones was seen as being crucial to stroke patients' recovery.
 - Concerns raised around the current ambulance waiting times adding to the delay in getting treatment.
- It is not possible to deliver the entirety of Option B at the Dorset County Hospital (DCH) site and even a partly implemented solution would require significant capital investment which would have to be diverted from other planned improvements in Somerset, to support both Dorset County Hospital and Musgrove Park Hospital to provide stroke services and could not be implemented within the two-year timetable set.

7. Process for reviewing the viability of the two remaining options

7.1 Following the public consultation, the two options have been going through some detailed work up by system colleagues, along with Subject Matter Experts within Somerset Foundation Trust and continuing discussion with Dorset County Hospital senior management and clinical staff.

To assess these findings, we used the same process which was originally undertaken to move from a long list of options to a short list of options which involved the application of a series of "pass/fail" criteria. The detail of this is contained within the PCBC⁶ and were adapted from those used by Bristol, North Somerset and South Gloucestershire (BNSSG) in their stroke review.

⁵ [Somerset-Stroke-CRP-Report-Sept-2022-V1.1_FINAL_.pdf \(swsenate.nhs.uk\)](https://www.swsenate.nhs.uk/Somerset-Stroke-CRP-Report-Sept-2022-V1.1_FINAL_.pdf)

⁶ [FINAL-Somerset-Hyperacute-Stroke-PCBC-V4.0.pdf \(oursomerset.org.uk\)](https://www.oursomerset.org.uk/FINAL-Somerset-Hyperacute-Stroke-PCBC-V4.0.pdf)

A summary of these hurdle criteria is shown below.

- Quality of Care - impact on outcomes
 - Clinical Effectiveness / Patient Safety / Access to care
- Quality of Care – impact on patient and carer experience
- Deliverability
 - Expected time to deliver / Co-dependencies
- Workforce sustainability
 - Scale of Impact for Current staff / Future staff
- Travel times for patients, carers, and their visitors
 - Distance, cost, and time to access services
- Impact on equalities

At the initial application of the hurdle criteria, we did not consider the financial impact as this was not available at the time. On the reapplication of the hurdle criteria, we have considered the financial impact of both options.

This has enabled us to evidence whether anything has changed since the initial application of the hurdle criteria which would rule out an option. The same range of expert groups were asked to review the Options and support the application of the hurdle criteria, as follows:

- Experts by Experience
- MPH Stroke Team
- YDH Stroke Team
- Dorset Stroke team
- SWASFT
- MPH Emergency Department
- YDH Emergency Department

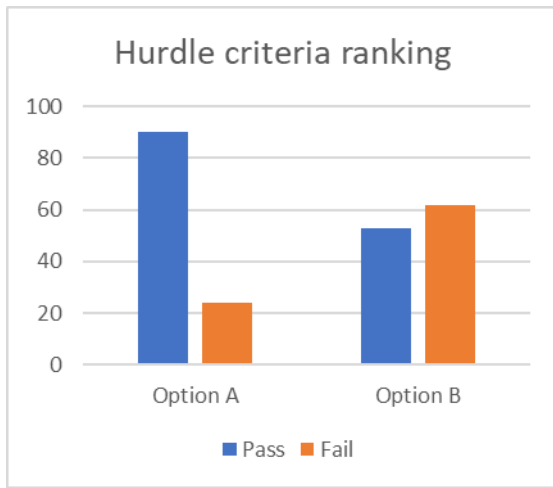
In addition, we asked the Directors of Finance within Somerset ICS, working with Dorset colleagues to assess the options from a financial perspective.

8. Findings of the reapplication of the hurdle criteria

8.1 The reapplication of the hurdle criteria demonstrated that Option B was no longer viable, with more fails than passes, particularly within the deliverability element and travel times for carers.

Option B would require a temporary solution at Dorset County Hospital of a temporary ward, before a final solution was made. This could not be implemented within the next two years.

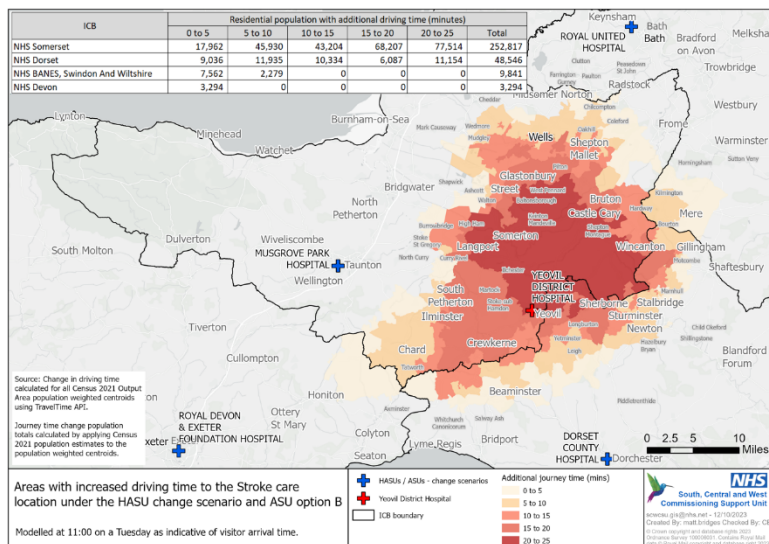
	Pass	Fail
Option A	90	24
Option B	53	62



The main hurdle criteria where there were more passes than fails were on deliverability within two years and travel times. Workforce sustainability also had a higher fail score for Option B.

We know that having carers and family being part of and supporting rehabilitation after having a stroke is key to recovery and this was consistently noted in the consultation feedback.

Further analysis was undertaken to understand the increase in travel time to a stroke care location under the options. The map below shows that a lower proportion of Somerset residents are able to access an Acute Stroke Unit in Option B within the time bandings set out. The increase in modelled journey time at 11.00 and is intended to illustrate the increase in journey time by private car during the daytime. This is most relevant to journeys by friends and family to visit stroke patients at a HASU or ASU



Support for providing acute stroke care at both Taunton and Yeovil hospitals was also echoed across the other consultation strands. The reasoning for most was wanting to keep services local and the potential impacts of increased journey times to reach an acute stroke unit on patients, visitors, and staff members. Early transfer back to their local area would allow carers/relatives to be more easily involved in patients' on-going care.

The hurdle criteria set deliverability criteria of two years. At the time of the reapplication of the criteria, it was expected that to deliver Option B at Dorset County

Hospital would require a temporary ward to provide the bed capacity required before a final permanent solution was made, which could not be delivered within the two years.

Since the reapplication of the hurdle criteria, it has emerged that it is not possible to deliver the entirety of bed requirements for Option B at Dorset County Hospital site and even a partly implemented solution would require significant capital investment which would have to be diverted from other planned improvements in Somerset, to support both Dorset County Hospital and Musgrove Park Hospital to provide stroke services and could not be implemented within the two-year timetable set.

9. Understanding the financial impacts of the options

- 9.1 Further financial modelling of both capital and revenue requirements has been undertaken on the two options. This has included a more detailed analysis by Dorset County Hospital NHS Foundation Trust.

Capital

Indicative estimates for the implementation of Option B are that the capital required for the temporary solution at DCH is approximately £7.8m, however this would still not provide a solution to accommodate the increased demand in a 38 bed stroke unit on the DCH site, therefore Dorset ICS cannot support option B. Even if this option could accommodate the required number of beds, this represents 25% of the Somerset system capital allocation and by investing this money in stroke services means that we could not invest in other priority areas such as Electronic Health Records and a reduction in addressing the backlog maintenance requirements in Somerset.

The indicative capital costs of option A are £3.5m, and whilst this would have an impact on other areas of the system capital programme, is more manageable than option B.

The SFT capital costs of both options are relatively modest and will be managed within existing operational capital programme allocation.

Revenue

The indicative additional revenue costs at DCH of Option A is £2.63m in comparison with £3.2m for option B.

The indicative annual additional revenue costs at SFT of Option A are £2.1m and for Option B are £0.9m.

10. Summary

- 10.1 Implementation of the bed requirements under Option B is not deliverable on the Dorset County Hospital site. Even a part implemented solution would require significant capital investment which would have to be diverted from other planned improvements in Somerset, to support both Dorset County Hospital and Musgrove Park Hospital to provide stroke services and could not be implemented within the two-year timetable set. Put alongside the strong public opinion heard through the public consultation around the adverse impact on families and carers if stroke services were completely removed from Yeovil, a recommendation is being made to the ICB Board on 30 November to discount Option B and to work with Option A as a preferred Option.
- 10.2 No final decision has been made. Based on the modelling and work we have done so far; we think that the only deliverable option for the future of the hyper acute stroke services is for there to be one hyper acute stroke unit at Musgrove Park Hospital in

Taunton and an acute stroke unit at both Yeovil District Hospital and Musgrove Park Hospital.

11. Next Steps

11.1 Before a final decision on the future of stroke services can be made, further modelling of the preferred option needs to be completed. This includes further analysis of the financial, geographical, and operational impact, and public feedback.

Only once this work has been completed, a recommendation for the future of hyper and acute stroke services in Somerset will be made to the NHS Somerset Board to enable them to make a final decision on the future of stroke services.

11.2 We expect our work on acute hospital-based stroke services to be completed in January 2024, and expect a final decision-making business case to be considered by the NHS Somerset Board on 25 January 2024.

Background papers

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



NHS Somerset acute hospital based stroke services consultation activity overview

Introduction

Between Monday 30 January and Monday 24 April 2023, NHS Somerset undertook a public consultation on acute based stroke services in Somerset.

In the development of our consultation plan and process, we considered the feedback from our pre-consultation engagement and worked closely with a range of stakeholders. All methods for consultation were developed in line with best practice and co-designed with local stakeholders alongside guidance from the Consultation Institute and the independent research organisation Opinion Research Services (ORS).

The approach to the public consultation was to use a range of methods and channels to ensure local people, patients, their families and carers, health and care staff, partners and key stakeholders were aware of and able to engage and respond to the consultation.

We sought to reach a broad range of people. This included extensive targeted engagement across our people and communities including people with protected characteristics, deprived communities and other seldom-heard groups to capture and understand a broader range of views as possible on the proposals.

In line with our consultation plan, the public consultation had three main workstreams:

- General public consultation: consultation with the general public through events, the questionnaire and special interest groups.
- Staff consultation: in addition to the consultation documentation and questionnaire we held focused discussion sessions with staff working in stroke services.
- Representative telephone survey: led by the independent research organisation, ORS, we sought to gain the views of a representative sample that was reflective of the geography and demography of Somerset and boarding counties.

We sought feedback on proposals on hyper acute and acute stroke services in Somerset. People could provide feedback in a range of ways including:

- Taking part in a consultation event including online and face to face meetings.
- Coming to see us at one of our pop up or drop in events.
- Providing feedback at one of the community support groups or community organisation meetings we attended.
- Completing a consultation questionnaire online or via post (freepost).
- Providing feedback via email, post, social media or phone.

To ensure we consulted with people who may be impacted by our proposals we:

- Focused on reaching out to people where they are, in their local neighbourhoods and local networks.
- We promoted the consultation and provided opportunities with the aim of covering the geography, demography and diversity of Somerset, and surrounding areas impacted including Dorset.
- We advertised to make sure people were aware of the consultation even if they chose not to participate.



- We produced materials taking into account the differing needs of our communities.
- We worked with partners in surrounding areas, including Dorset, to maximise our engagement and communications reach in surrounding counties where local people may be impacted by any changes.

All the feedback gathered has been shared with Opinion Research Services (ORS) for analysis and theming.

Stakeholder analysis

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

The Equality Impact Assessment (EIA) was utilised to inform our stakeholder analysis and engagement activities.

A detailed stakeholder analysis was undertaken and informed our engagement and communications activity.

Priority audiences included:

- Patient and carers who have experience of stroke services.
- Key voluntary sector stroke organisations including the Stroke Association.
- Protected characteristics identified in the EIA and HEAT analysis as being at higher risk of stroke.
- NHS and social care staff working in stroke services.

Patient and Public stakeholder reference group

A key part of the consultation preparation has been the establishment of the stroke patient and public reference group. The group consists of key voluntary sector organisations and people with lived experience. The public and patient stakeholder reference group is a time limited group established to provide feedback on our developing solutions and offer their perspectives and insights on how we can inform and engage local people in the hyper acute stroke public consultation.

The reference group is made up of a range of individuals and organisations with direct experience of stroke. The group informed the development of the proposals and supported us to plan the consultation activity and materials.

Activity overview



Public consultation events

Our engagement throughout the public consultation was delivered as a set of activities that were adapted to the location and opportunity. Working with our partners across the Integrated Care System, we were able to put together an engagement programme that worked with existing community events to ensure that we were available across the county (including into Dorset) and reaching diverse audiences with varied needs.

Where appropriate we set up a pop-up stand to showcase and draw attention to the consultation in a public space and we attended existing groups (including support groups for people with lived experience of a stroke and talking cafes across Somerset) at which we presented the information and provided the means for people and communities to take part.

Additionally, we ran a series of public events, these consisted of a presentation and an opportunity to ask questions to our panel of professionals involved in the programme.

All the opportunities to come and meet us were advertised on our website, social media, engagement newsletter, citizens' panel. We also shared with partners and networks to also publicise.

We held and attended 52 events.

Feedback from all events was captured and shared with ORS for inclusion in their analysis.

Date	Venue	Event type	Opportunity
30/01/2023	Yeovil library	Pop-up stand	To engage with people and communities who were using the library. We set up our pop-up stand in the main entrance so we could reach passing footfall to share information on the public consultation; including families with young children, parent and baby, people who use the library, including retired people, those of working age but not working on that day.
31/01/2023	Crewkerne and Chard After Stroke Club	Stroke support group	To reach and engage people in Somerset with lived experience of a stroke having survived a stroke or caring for someone who is there because they survived a stroke. People attending the stroke club had been treated at both acute trusts in the county.
01/02/2023	Westlands Entertainment Centre, Yeovil - café space	Pop-up stand	To engage with people and communities who were meeting up at the entertainment centre as a social venue and/or attending an event being hosted in the main ballroom. We set up our pop-up stand in the main entrance so we could reach passing footfall to share information on the public consultation.
02/02/2023	Yeovil District Hospital - Aspire	Stroke support group	To reach and engage people in Somerset with lived experience of a stroke having survived a stroke or caring for someone who is there because they survived a stroke. People attending the stroke group had recently been discharged from YDH having had a stroke. This was also an opportunity to engage with the staff who work at YDH and run the group.
03/02/2023	Bridgwater, Heather Club	Stroke support group	To reach and engage people in Somerset with lived experience of a stroke having survived a stroke or caring for someone who is there because they survived a stroke. People attending the stroke club had been treated at Taunton (on the occasion they had their stroke in Somerset).

06/02/2023	Crispin Community Hall, Street	Pop-up stand	To engage with people and communities who were meeting up at the centre's community cafe as a social venue. We set up our pop-up stand in the main entrance so we could reach passing footfall to share information on the public consultation
06/02/2023	Martock Information Centre	Pop-up stand	To provide a location for those living in Martock to have access to the public consultation, to reach passing footfall and to share information on the consultation and to reach.
08/02/2023	Chard, The Guildhall	Talking Café	To ensure that people and communities who attend the local Talking Café as an information hub could have access to information about the public consultation and ask questions.
08/02/2023	Talking Café Live	Live on social media	Presented as part of a Facebook live event version of a Talking Café; recorded and disseminated to people and communities via Facebook.
09/02/2023	Langport library	Talking Café	To ensure that people and communities who attend the local Talking Café as an information hub could have access to information about the public consultation and ask questions.
11/02/2023	Taunton library	Pop-up stand	To engage with people and communities who were using the library because it offered a 'Warm Space', this is a destination for different ages across the life course.
13/02/2023	Yeovil District Hospital - entrance lobby	Pop-up stand	To engage with people and communities who were coming to Yeovil District Hospital for an appointment or to see a relative/loved one. This was also an opportunity for the workforce to engage and colleagues use this thoroughfare. We set up our pop-up stand corridor in view of the Outpatients' Reception to reach passing footfall to share information on the public consultation.
14/02/2023	Yeovil, St Peters Community Centre	Warm space	To ensure that people and communities who attend the local Talking Café as an information hub could have access to information about the public consultation and ask questions.
14/02/2023	Yeovil District Hospital - entrance lobby	Pop-up stand	To engage with people and communities who were coming to Yeovil District Hospital for an appointment or to see a relative/loved one. This was also an opportunity for the workforce to engage and colleagues use this thoroughfare. We set up our pop-up stand corridor in view of the Outpatients' Reception to reach passing footfall to share information on the public consultation.
15/02/2023	South Petherton Hospital	Pop-up stand	To engage with people and communities who were coming to South Petherton Community Hospital for an appointment or to see a relative/loved one. This was also an opportunity for the workforce to engage and colleagues use this thoroughfare. We set up our pop-up stand corridor in view of the main reception to reach passing footfall to share information on the public consultation.
15/02/2023	Ilminster library	Pop-up stand	To engage with people and communities who were using the library. We set up our pop-up stand in the library so we could reach passing footfall to share information on the public consultation.

16/02/2023	Yeovil, St Peters Community Centre	Talking Café	To ensure that people and communities who attend the local Talking Café as an information hub could have access to information about the public consultation and ask questions.
16/02/2023	Yeovil District Hospital - entrance lobby	Pop-up stand	To engage with people and communities who were coming to Yeovil District Hospital for an appointment or to see a relative/loved one. This was also an opportunity for the workforce to engage and colleagues use this thoroughfare. We set up our pop-up stand corridor in view of the Outpatients' Reception to reach passing footfall to share information on the public consultation.
16/02/2023	Thursday teatime check-in - online meeting at 6pm, open to all	Online	To provide an online space for any people and communities who had been unable to attend an in-person session (pop up, talking café or warm space) and any person who had attended and had further questions.
17/02/2023	Crewkerne library	Pop-up stand	To engage with people and communities who were using the library. We set up our pop-up stand in the main entrance to the library so we could reach passing footfall to share information on the public consultation; including families with young children, parent and baby, people who use the library, including retired people, those of working age but not working on that day.
20/02/2023	Wincanton library	Pop-up stand	To engage with people and communities who were using the library. We set up our pop-up stand in the main entrance to the library so we could reach passing footfall to share information on the public consultation; including families with young children, parent and baby, people who use the library, including retired people, those of working age but not working on that day.
20/02/2023	Online	Somerset Engagement Advisory Group, online meeting	Presented the public consultation to this informed group. They meet every 3 months to hear latest from NHS Somerset engagement team. They act as a 'critical friend' function and to take information back to their communities.
20/02/2023	Taunton Musgrove Park Hospital	Pop-up stand	To engage with people and communities who were coming to Taunton Musgrove Park Hospital for an appointment or to see a relative/loved one arriving via the concourse entrance. This was also an opportunity for the workforce to engage and colleagues use this thoroughfare. We set up our pop-up stand in view of the cafe and M&S Foodhall for passing traffic at lunch time/early afternoon.
21/02/2023	Carers Strategic Partnership Board meeting	Presentation - online	This group brings together the main stakeholders working with and on behalf of carers in Somerset. We attended to present the public consultation proposals with guidance on how to take to part.
21/02/2023	Yeovil rugby club	Public event	This was our main panel face to face public event. A presentation on the public consultation was given by Julie Jones (Programme Lead) and Dr Rob Whiting (Clinical Lead) with a Q&A facilitated by NHS Somerset's Chief Nursing Officer, Shelagh Meldrum and Somerset Foundation Trust CEO, Peter Lewis. Provided the

			opportunity for the two options being proposed to be discussed by members of the public.
22/02/2023	Taunton Musgrove Park Hospital	Pop-up stand	To engage with people and communities who were coming to Taunton Musgrove Park Hospital for an appointment or to see a relative/loved one arriving via the concourse entrance. This was also an opportunity for the workforce to engage as colleagues use this thoroughfare. We set up our pop-up stand in view of the cafe and M&S Foodhall for passing traffic at lunch time/early afternoon.
22/02/2023	Williton Community Hospital	Pop-up stand	To engage with people and communities who were coming to Williton Community Hospital for an appointment or to see a relative/loved one. This was also an opportunity for the workforce to engage. We set up our pop-up stand corridor in view of the main reception to reach passing footfall to share information on the public consultation.
23/02/2023	Thursday teatime check-in - online meeting at 6pm, open to all	Online	To provide an online space for people and communities who had been unable to attend an in-person session and any person who had attended and had further questions.
28/02/2023	Burnham on Sea, Methodist Church	Talking Café	To ensure that people and communities who attend the local Talking Café as an information hub could have access to information about the public consultation and ask questions.
28/02/2023	Dorset - Sherborne library	Pop-up stand	To engage with people and communities who were using the library. We set up our pop-up stand in the library so we could reach passing footfall to share information on the public consultation.
28/02/2023	Wellington, St John's Church	Talking Café	To ensure that people and communities who attend the local Talking Café as an information hub could have access to information about the public consultation and ask questions.
02/03/2023	Bridgwater, The Hub, Angel Place	Talking Café	To ensure that people and communities who attend the local Talking Café as an information hub could have access to information about the public consultation and ask questions.
06/03/2023	Taunton, Albemarle Centre	Warm space	To ensure that people and communities who attend the local Talking Café as an information hub could have access to information about the public consultation and ask questions.
07/03/2023	Taunton Stroke Club	Stroke club	To reach and engage people in Somerset with lived experience of a stroke having survived a stroke or caring for someone who is there because they survived a stroke. People attending the stroke club had been treated at Taunton (on the occasion they had their stroke in Somerset).

08/03/2023	Online Public Event	Public meeting - online	This was our main panel online public event, repeated online for access by those unable to attend in person session 21st February. A presentation on the public consultation was given by Julie Jones (Programme Lead) and Dr Rob Whiting (Clinical Lead) with a Q&A facilitated by NHS Somerset's Chief Nursing Officer, Shelagh Meldrum and Somerset Foundation Trust CEO, Peter Lewis. Provided the opportunity for the two options being proposed to be discussed and challenged by members of the public.
09/03/2023	Thursday teatime check-in - online meeting at 6pm, open to all	Online	To provide an online space for any people and communities who had been unable to attend an in-person session any person who had attended and had further questions.
09/03/2023	Wells, Bishop's Palace Talking Café	Talking Café	To ensure that people and communities who attend the local Talking Café as an information hub could have access to information about the public consultation and ask questions.
10/03/2023	Heather Club, Bridgwater	Stroke Club	Returned with hard copies of the public consultation document.
11/03/2023	Chard Together, Guildhall Chard	Public event	Community event that took place at the Guildhall in Chard. We were invited to attend with a pop up stand by Diverse Communities team, Community Council Somerset.
13/03/2023	Online meeting targeting members of public who are resident on/near the border between Somerset and Dorset	Public meeting - online	Presentation of the public consultation proposals and case for change was given by Julie Jones, Programme Lead with Maria Smith as representative of NHS Dorset in attendance. There was also an opportunity to ask questions.
16/03/2023	Thursday teatime check-in - online meeting at 6pm, open to all	Online	To provide an online space for any people and communities who had been unable to attend an in-person session or had attended and had further questions.
18/03/2023	Veterans breakfast, Yeovil Rugby Club	Pop up stand	Attended this event hosted for veterans living in Somerset (and into Dorset) to present the public consultation proposals and be available to share information on how to take part. Following brief presentation we were available for any person attending the breakfast to find out more.
22/03/2023	Frome stroke group	Stroke support group	To reach and engage people in Somerset with lived experience of a stroke having survived a stroke or caring for someone who is there because they survived a stroke. People attending the stroke club had been treated at Royal United Hospital in Bath and Yeovil District Hospital (as people who lived in Somerset at time of stroke).
23/03/2023	Thursday teatime check-in - online meeting at 6pm, open to all	Online	To provide an online space for any people and communities who had been unable to attend an in-person session and any person who had attended and had further questions.

30/03/2023	Thursday teatime check-in - online meeting at 6pm, open to all	Online	To provide an online space for any people and communities who had been unable to attend an in-person session and any person who had attended and had further questions.
05/04/2023	Shepton Mallet, The Art Bank	Talking Café	To ensure that people and communities who attend the local Talking Café as an information hub could have access to information about the public consultation and ask questions.
11/04/2023	Dorset - Sturminster Newton Country Market	Pop up stand	To engage with people and communities who attended the market. We set up our pop-up stand so we could reach passing footfall to share information on the public consultation.
12/04/2023	Dorset - Sherborne town centre	Pop up stand	To engage with people and communities in Sherborne. We set up our pop-up stand in a central location so we could reach passing footfall to share information on the public consultation.
13/04/2023	Morrisons, Glastonbury	Pop up stand	To engage with people and communities in Glastonbury. We set up our pop-up stand in a central location so we could reach passing footfall to share information on the public consultation.
13/04/2023	Teatime drop in	online	To provide an online space for any people and communities who had been unable to attend an in-person session and any person who had attended and had further questions.
14/04/2023	Dorset - Gillingham library	Pop up stand	To engage with people and communities who were using the library. We set up our pop-up stand in the library so we could reach passing footfall to share information on the public consultation.
20/04/2023	Online meeting with councillors in Somerset	Online meeting	An online meeting was specifically set up to present the proposals to councillors in Somerset. A presentation on the public consultation was given by Julie Jones (Programme Lead) and Dr Rob Whiting (Clinical Lead) with a Q&A facilitated by NHS Somerset's CEO, Jonathan Higman, and attended by Maria Smith as a representative of NHS Dorset.

Telephone and emails

The Engagement team managed and responded to email and telephone queries. Feedback provided on the proposals was logged. This feedback was reported to and analysed by Opinions Research Services as part of their themed consultation feedback report.

Staff engagement

Programme Lead, Julie Jones spent time prior to the start of the public consultation engaging with staff to inform staff on the stroke units at both hospitals. Feedback and insights from staff helped to inform the proposals. Stroke staff were members of the stroke steering group and informed the development of the proposals.

During the consultation, the engagement team visited Aspire, the support group for people recently discharged from Yeovil District Hospital after having a stroke. We also ran a number of pop-up stands in public facing areas of the two acute hospitals and South Petherton Community Hospital and Williton Community Hospital, liaison and facilitation of these opportunity was done with staff at each hospital. Staff could also had the opportunity to visit the pop up

stands. Visits to the stroke units were also completed, giving staff the opportunity to go through the proposals and timelines.

For specific engagement with the staff most likely to be impacted by any changes, the engagement team facilitated the offer of confidential interviews with ORS to ensure that staff who wished to speak, could do so freely. This opportunity was taken up by 4 staff.

Communication activity

We created a variety of communication materials to make sure we met the needs of local people. Public facing materials used information contained within our Pre-consultation Business Case (PCBC). The PCBC was signed off by the stroke steering group, Fit for my Future Programme Board and the NHS Somerset Board.

We tested our communication materials with members of our public and patient stakeholder group and Healthwatch Somerset readers' panel.

Materials included:

- A public facing consultation document
- A summary consultation document
- Easy read summary consultation document
- Aphasia friendly summary consultation document
- Case for change summary
- The first 72 hours of stroke care explainer document
- Patient story examples
- Events list
- Consultation questionnaire (online and hard copy)
- FAQs which were updated throughout the consultation
- Summaries of questions asked at public events were shared on our website
- Videos explaining the proposals and case for change
- Social media infographics
- Launch toolkit for stakeholders
- Stakeholder launch briefing
- MP briefing
- News releases
- A4 Posters
- A5 leaflets
- Pull up banner.

All materials were made available on our website and were available in printed form on request. We also provided printed copies of the consultation document, questionnaire and other key documents at events we held and attended. Materials were also available in different formats on request.

Consultation materials distribution

Printed copies of the leaflet and summary consultation document were distributed to key stakeholder organisations at the start of the consultation and made available at all public listening and pop up events. Paper copies of the consultation documentation were available and promoted at all engagement events.

We shared materials with partners and stakeholders and asked them to share across their channels and networks.

During the consultation, online and hard copies of consultation materials were distributed to key stakeholders.

In recognition of the broad range of people who might be impacted by any changes to hospital-based acute stroke services, we sent copies of the public consultation document and questionnaire to complete (and send to FREEPOST address) to 100 residential homes in Somerset with a view to reaching both residents and workforce. Additionally,

we sent copies of the consultation document and form to complete to 26 organisations who represented a broader view of the population in Somerset with a view to reaching people engaging with these organisations including workforce.

These included:

Name of organisation	Type of organisation
Somerset Care	Company, employer in Somerset
Home Care Taunton	Company, employer in Somerset
Somerset Chamber	Business community
Somerset Energy Innovation Centre	VCFSE
Somerset Wildlife Trust	VCFSE
Creative Innovative Centre CIC	VCFSE
Tacchi Morris Arts Centre	VCFSE
Ilminster Arts Centre	VCFSE
Bridgwater Arts Centre	VCFSE
Wellington Arts Association	VCFSE
Taunton Brewhouse	VCFSE
The SPACE (thespacesomerset.co.uk)	VCFSE
The Princess Theatre and Arts Centre	VCFSE
ACE arts	VCFSE
Black Swan Arts	VCFSE
Halsway Manor	VCFSE
Clayhill Arts	VCFSE
Compass Wellbeing Centre	VCFSE
Courtyard Natural Health	Health and wellbeing company
Nine Springs	Health and wellbeing company
Taunton Chamber	Business community
Company, employer in Somerset	Business community
Yeovil Chamber	Business community
SBA CIC	Company, employer in Somerset
Outsourced HR	Company, employer in Somerset
100 Residential Care homes across Somerset	Care homes

Website

Information on the stroke consultation was shared on the Somerset Integrated care System / Fit for my Future website. The web pages were updated as the consultation progressed. Links to the website were shared across all communications channels promoting the consultation including social media, newsletters, media and radio. The aforementioned materials were published on the website alongside the Pre-Consultation Business Case.

Unfortunately, we do not have any metrics software on the website so are unable to see page views or visits to the site.

Media releases and radio advert

We issued various press releases to raise awareness of engagement opportunities during the public consultation, disseminate information and signpost local people to different ways in which they can find out more about and respond to the consultation.

We also ran a radio advert campaign to raise awareness of the consultation. The 30 second advert ran from 13 February 2023 until 12 March 2023, with 93 spots across the month. The advert ran across Heart West Country, with a reach of 94,000 covering a population of around 433,000.

Social media

NHS Somerset and the Fit for my Future programme both have established social media profiles. We proactively used these channels to promote the consultation and share key messages. We targeted posts to our key demographics including cross border areas. We also posted in individual groups as well as posting organic and paid for content across our channels. We shared a social media toolkit with our partners to support and amplify our reach and encouraged stakeholders to share across their social media channels.

Our social media channels include: Facebook, Instagram, Twitter and NextDoor.

Below is an overview of our posts. In addition to this, we also posted directly to a number of relevant community groups.

	Reach	Engagement	Link clicks
Paid for social media	248,325	2922	2365
Organic social media	233,190	5355	3888
Total	481,515	8277	6253

Our main social media messages encouraged residents to visit our website, attend an event and complete the consultation questionnaire.

The messaging and assets used were adapted during the consultation to encourage engagement with a wider range of people and communities.

Adaptation to our approach following mid-point review

Following the mid-point review of the consultation survey responses at the mid-point of the consultation, we evaluated and adapted our consultation engagement and communication activity. This included:

<p>At mid-point review, proportion of responses:</p> <p>Men 28%</p> <p>Women 72%</p>	<p>To address the gap in the proportion of men to women, we reviewed our existing engagement locations for the remainder of the public consultation and looked for specific opportunities to adapt our approach to reach a greater proportion of men:</p> <ul style="list-style-type: none"> Targeted men specific engagement opportunities including veterans social/support groups and Men’s Sheds association. We were successful in engaging with a nearly all-male audience at a Veterans Breakfast event in Yeovil. Targeted organic and paid for digital posts to online groups and individuals (for instance, making use of male focused imagery, identifying male-specific community and community support groups in Somerset e.g. Men’s Sheds and sports groups). Faith-based community engagement working with our Equalities and Diversity Lead Officer, Lee Reed. Business-led groups in Somerset, including Chambers of Commerce. Staff and students over 18 at schools and colleges (with imagery to represent/create emotional connection with the need).
<p>At mid-point review, responses from people aged 18 - 25 were 2% compared to 10% of population of Somerset who are under 25</p>	<ul style="list-style-type: none"> To encourage greater representation of younger audiences, we maximised our existing contacts and shared targeted creative assets with partners including Somerset County Council for socialising with Young Peoples Forum and Parliament and leading youth charity, Young Somerset. We also shared the collateral with schools and colleges bearing in mind staff and students may wish to participate. We reached out to Somerset Activity and Sport Partnership who work with multiple audiences including different life stages and those living more deprived areas (who are impacted by health inequalities).

	<ul style="list-style-type: none"> We ran targeted organic and paid for digital posts to raise profile of intergenerational aspects of stroke as well as highlighting stroke as a condition that affects all people.
Deprived areas – engagement measured through responses to the consultation at the mid-point of the consultation showed greater engagement in areas with lower IMDs	<ul style="list-style-type: none"> Targeted paid for and organic digital adverts aimed at increasing engagement with people living in Somerset’s most deprived areas. Indices of Multiple Deprivation (IMD) data for Somerset highlight some areas of the most urban parts of Somerset as being the most deprived in Somerset. A significant amount of the engagement activity was delivered in areas where there are Talking Cafes and these sessions were in areas that are high on the IMD scale. One way we adapted our engagement plan was to deliver pop ups in low priced supermarkets in the county to give greater visibility to the public consultation; Morrisons in Glastonbury, Asda in Frome, Asda in Taunton (we were unable to do the same in Yeovil due to a packed agenda in one supermarket and a very hard to reach community function in a second supermarket). Working with our Equality and Diversity Lead Officer, we reached out to specific groups identified in the EIA including homeless people and Gypsy Roma Traveller communities. These were in the plan already but engagement with these communities had not been completed at the mid-point review stage of the process.
Dorset residents	<ul style="list-style-type: none"> To ensure that we reached those potentially impacted by changes to Yeovil District Hospital we also delivered on site engagement in three specific areas of Dorset (as guided to by NHS Dorset) – Sherborne, Sturminster Newton and Gillingham. These areas have variations in deprivation but significantly are not likely to have increased representation among deprived areas but may have contributed to proportions of men and younger audiences. To encourage greater representation from Dorset residents, we also shared further targeted creative assets with partners in Dorset. We ran targeted organic digital posts to raise profile of the potential impact on Dorset residents and targeted these to the bordering areas of Dorset.

Analysis of consultation responses

All the feedback from the public consultation has been shared with ORS for analysis. The feedback report will be shared on our website and shared across our channels.

Hearing the views of people throughout the consultation process is an important part of the decision making and will be taken into account alongside other essential factors such as clinical, financial and practical considerations. Any decision to proceed with the proposals will be informed by the feedback from the consultation.



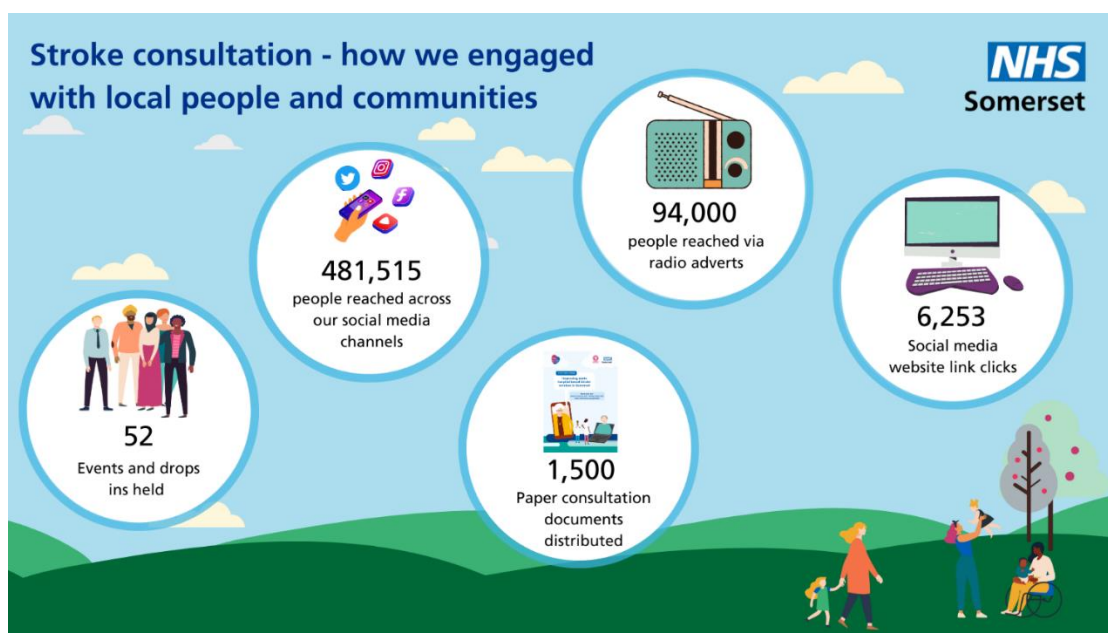


Stroke services public consultation – you said, we are doing

A 12 week public consultation on acute hospital based stroke services in Somerset ran from 30 January 2023 to 24 April 2023. During the consultation, people and communities living and accessing health and care in Somerset were asked to share their feedback on two options:

- **Option A:** A single hyper acute stroke unit at Musgrove Park Hospital, Taunton and an acute stroke unit at both Musgrove Park and Yeovil District Hospital.
- **Option B:** A single hyper acute stroke unit and a single acute stroke unit at Musgrove Park Hospital, Taunton.

A range of methodologies and channels were used throughout the consultation to encourage as many local people, patients, their families and carers, health and care staff, partners and key stakeholders to make their views known to us.



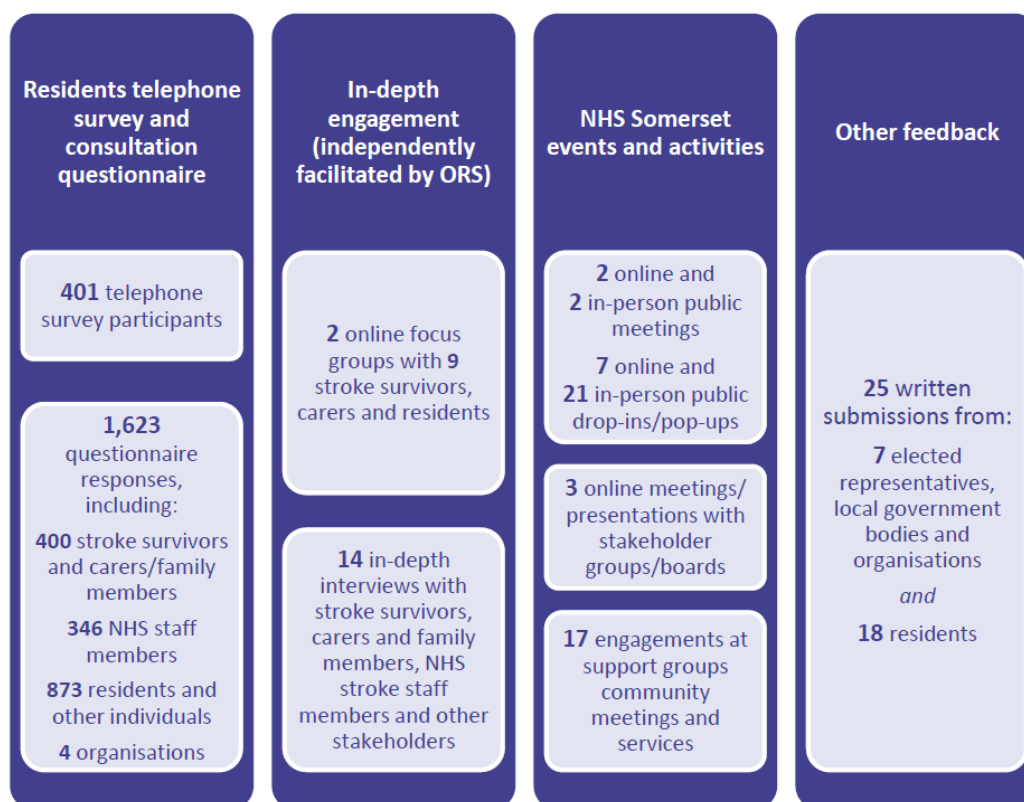
Please see appendix 1 for more information on how we reached people during the consultation.

During the consultation period, residents and other stakeholders were invited to provide feedback on the stroke proposal through a wide range of methods. A consultation questionnaire for residents, staff members, stakeholders and organisations was available online and paper questionnaires were circulated widely and available on request. Easy read, an aphasia-friendly version, and other accessible and translated were also available.

NHS Somerset received written and email submissions from residents, stakeholders and organisations. Opinion Research Services (ORS) also independently facilitated in-depth engagement with staff at the Trust and representatives from communities that NHS Somerset were less able to reach.



ORS also conducted a resident’s telephone survey. The purpose of the telephone survey was to achieve a broadly representative set of views on the proposals from residents. The survey was conducted using a quota sampling approach with targets set on the numbers of interviews required by age, gender, area and working status.



ORS are independently analysing all the feedback received. The themed report is informing the development of the decision-making business case (DMBC).

Consultation findings analysis and deliberations

A detailed programme of meetings and workshops were organised to ensure that the consultation responses were shared and evaluated with members of our stroke steering group and programme team. A workshop, conducted by ORS, was also held with our Board to provide them with opportunity to examine the consultation findings.

The findings have and continue to be shared with the stroke steering group and the stroke programme team.

A brief summary of meetings held to date includes:

Date	Meeting	Purpose	Stakeholders
24/07/2023	Stroke Steering Group meeting	To review the draft feedback from the public consultation and consider actions which need to be taken.	Stroke Steering Group

13/09/23	Stroke Public and Patient Stakeholder Reference Group	To gather further feedback on two questions raised during the public consultation relating to travel times.	Stroke Public and Patient Stakeholder Group
28/09/2023	NHS Somerset Board meeting – development session	To provide the Board with an opportunity to hear from ORS and explore in more detail the feedback given during the consultation.	NHS Somerset Board
7/11/2023	Stroke Public and Patient Stakeholder Reference Group	To gather further feedback and insights on the main topics arising from the consultation feedback.	Stroke public and patient stakeholder group

The feedback will continue to be utilised to inform the development of the decision-making business case.

What you told us in the public consultation and what we are doing

- There was broad recognition of the need for change to address challenges in delivering acute stroke services in Somerset. Moreover, many respondents said they had not previously been aware that 24/7 consultant-led stroke care is not already in place at both current stroke units.
- Overall views on the proposal to deliver hyper acute stroke services from a single hyper acute stroke unit (HASU) at one Somerset hospital were more negative, with a majority of residents (via the representative telephone survey) and respondents to the open consultation questionnaire disagreeing. Agreement varied based on geography, questionnaire respondents living nearest to Musgrove Park Hospital in Taunton were much more likely to agree with the proposal than those living nearest to Yeovil District Hospital.
- When asked if hyper acute stroke services were to be delivered from one hospital in future, whether this should be from Musgrove Park hospital, agreement was stronger among residents (via the representative telephone survey) than it was among respondents to the consultation questionnaire. Similar geographical variations to those outlined above were observed via both methodologies.
- Overall, focus group participants, interview participants, some written submissions and many attendees at the NHS Somerset-run events were more positive about the proposed model for hyper acute stroke services, seeing it as having potential to improve efficiency and quality of care, and make the service more attractive to new recruits. There were, though, concerns about ambulance waiting times, the impact of having to travel further to hospital on patient journey times and outcomes, and the possibility that consolidating hyper acute services would impact visiting.
- Most questionnaire respondents and residents thought acute stroke care should be provided at both Musgrove Park Hospital and Yeovil District Hospital if hyper acute stroke services were to be delivered from only one hospital. This was also echoed across the other

consultation strands. The reasoning for most people was wanting to keep services local and the potential impacts of increased journey times to reach an acute stroke unit on patients, visitors and staff members.

Key themes	Key areas and concerns raised	Further actions we're taking
Transport and travel times	<ul style="list-style-type: none"> • Concerns around increased travel times to other hospitals for emergency stroke care, especially in the context of the time critical nature of stroke. • Suggestions were made around making travel easier for visiting family, helping with car parking costs and having available accommodation nearby. • The importance of easy access for visitors was stressed, as visits from loved ones was seen as being crucial to stroke patients' recovery. • Concerns raised around the current ambulance waiting times adding to the delay in getting treatment. 	<ul style="list-style-type: none"> • The programme team are undertaking significant work to further assess travel times with a deeper dive into travel time modelling. • We took the question of 'how long is acceptable to travel to visit a loved one by car or public transport' to our stakeholder reference group to hear in more detail what matters for those with lived experience. • We are sharing concerns with the Sustainability Steering Group. We are also working with the council to inform their travel plan. • We are looking in more detail on the ambulance handover times and actions in place to improve. • This further analysis will inform the recommendations in the decision-making business case.
Clinical risk / quality of care	<ul style="list-style-type: none"> • Concerns raised around the risk of worse patient outcomes and recovery due to delayed treatment for patients who would have to travel further to access emergency (hyper acute) stroke care. • An under resourced workforce could impact the quality of care received. • An increase in the number of patients at one hospital could impact the quality of care received. • Concerns around the impact on other hospitals if Yeovil District Hospital did not have a hyper acute or acute stroke unit. 	<ul style="list-style-type: none"> • In discussion with our clinical advisors, the programme team reviewed the travel time concerns and suggested mitigations. The steering group reviewed the national recommendations for best practices. • Bed numbers/capacity at each site are being reviewed as part of the development of the decision-making business case, this builds on the beds modelling in the pre-consultation business case and includes work with NHS Dorset to develop their own plans. • Further detailed financial analysis of the two proposed options is being undertaken as part of the decision-making business case development.

		<ul style="list-style-type: none"> We are developing and will recommend some key outcome measures to monitor improvements in the delivery of specialist stroke care once the outcome of the decision-making business case is known.
Equality of access	<ul style="list-style-type: none"> The need for loved ones to travel via public transport was a concern particularly for older people, people living in rural areas, and people who rely on public transport. Concerns were raised about potential difficulties faced by people on low incomes who need to visit loved ones in hospital, particularly those with young children and without access to private transport. People with learning disabilities and other special needs were identified as potentially being put further at risk if their carers are unable to visit or be with them due to distance, traffic or access issues. The potential impact on people on probation who are not able to travel out of county was highlighted. Potential impact on people who experience domestic violence. 	<ul style="list-style-type: none"> Our Equality Lead has met with probation services to explore further any impact and any mitigation required that the changes may have on people on probation restrictions. Our Equality Lead has met with domestic violence specialists to explore further any impact and any mitigation required that the changes may have on people experiencing domestic violence. The Equality Impact Assessment is being reviewed and updated. We are also working with the council to inform their travel plan.
Inpatient environment	<ul style="list-style-type: none"> Visits from family and friends were consistently noted as a key aspect of stroke recovery, the hospital environment needs to support and enable this. Suggestions were made to make it easier for patients to stay in touch with family and loved ones, including better use of technology. 	<ul style="list-style-type: none"> The steering group have reviewed the suggestions made. We are undertaking a review of the options available to enable family and friends to visit and stay in touch including the use of technology and visiting hours.
Workforce	<ul style="list-style-type: none"> Concerns were raised about the impact on staff in rural areas and on low incomes who may need to travel further to work. 	<ul style="list-style-type: none"> A further detailed workforce analysis is being undertaken as part of the production of the decision-making business case.

	<ul style="list-style-type: none"> • Concerns stroke staff at Yeovil District Hospital could become deskilled if they are not seeing hyper acute stroke patients. • Risk losing skilled staff thereby creating more of a recruitment problem. • The impact on the work life balance of staff if they have to travel further to work. • Concerns around the recruitment of the specialist workforce needed at Musgrove Park Hospital and at Dorset County Hospital. 	<ul style="list-style-type: none"> • Further analysis of staff travel is being undertaken. • We are developing a workforce plan which will include training and development of the workforce, recruitment strategies, and new roles that can support health care professionals to deliver care. • We will continue to visit both stroke units in Yeovil and Taunton to keep staff up to date and continue to involve them in discussions around the workforce plan and the environment.
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The public consultation is one part of a bigger piece of ongoing work, that continues to consider all aspects of the proposed changes to stroke services, including financial, geographical, logistic and operational considerations. Part of the process includes a further options appraisal where a range of information will be reviewed to get to a preferred option for the future. Following further modelling, this preferred option will then go to the NHS Somerset for a final decision.

We expect to have this work completed early next year, so we will be able to put forward a final decision-making business case to the NHS Somerset Board.

The final decision-making business case will take into account all of the aspects considered, including the public consultation feedback. This review is not about saving money, but focuses on creating safe and sustainable stroke services in Somerset. All of the evidence gathered will enable the Board to make an informed decision on the best way forward.

