

Minutes of a Meeting of the Scrutiny Committee - Adults and Health held in the Luttrell Room - County Hall, Taunton TA1 4DY, on Wednesday, 31 May 2023 at 10.00 am

Present:

Cllr Gill Slocombe (Chair)

Cllr John Bailey

Cllr Andrew Govier

Cllr Tony Robbins

Cllr Mike Stanton

Cllr Henry Hobhouse

Cllr Hilary Bruce

Cllr Sue Osborne

Cllr Claire Sully

Cllr Rosemary Woods

In attendance:

Cllr Steve Ashton

Cllr Adam Dance

Cllr Val Keitch

Cllr Martin Lovell

Cllr Jo Roundell Greene

Cllr Heather Shearer

Cllr Sarah Wakefield

Cllr Norman Cavill

Cllr Dixie Darch

Cllr Liz Leyshon

Cllr Leigh Redman

Cllr Dean Ruddie

Cllr Fran Smith

Other Members present remotely:

1 Apologies for Absence - Agenda Item 1

Apologies were received from Councillor Emily Pearlstone who asked Councillor Henry Hobhouse to be a substitute. Apologies were also sent by Councillor Graham Oakes and Councillor Ben Ferguson.

2 Declarations of Interest - Agenda Item 2

There were no new declarations of interest.

3 Public Question Time - Agenda Item 3

There were two public questions:

Eva Bryczkoski:

Question 1.

Regarding the proposed closure of Yeovil hospital acute stroke ward, it has been suggested by portfolio holder Heather Shearer, if I am correct, that as long as a patient reaches hospital within four hours, they will receive the necessary care and requisite treatment.

However, according to the Trust's Doctor Whiting,

"With a stroke, what matters is the total time taken from calling 999 to having a scan and starting the right treatment."

Given that the NHS is on its knees and unravelling due to the privatisation voted on by the coalition government, and indeed prior to 2010, patients who live in Yeovil, the whole of Somerset, parts of Wiltshire and Dorset will most probably have a much larger increase in drivetime than four hours.

Ambulances will be waiting in long queues outside hospitals such as Musgrove Park hospital, referred to as 'Tarmac Ward' by paramedics in Unison, can the Health and Wellbeing committee guarantee that stroke patients from the above areas will not be adversely affected regarding how a patient will recover?

Response from Maria Heard Somerset Foundation Trust:

Thank you for your question.

We all want every stroke patient in Somerset to have the best and most appropriate care possible. After a stroke, if the right specialist treatment, care, and support is received people can go on to live full and independent lives. We know that our acute hospital-based stroke services are not currently set up in the best way and that there are differences in the way these services are delivered, due to staffing pressures. It is important that Somerset NHS commission high-quality stroke services, which are sustainable and fit for the future, which is why they are proposing to change the way acute hospital stroke services are organised in our area, so that everyone in the county will have the best opportunity to survive and thrive after a stroke.

The public consultation sought to understand views on whether hyper acute and

acute stroke services should be provided at:

- one hyper acute stroke unit in Somerset and, if that is the right way forward, whether the unit be located at Musgrove Park Hospital in Taunton, and;
- acute stroke services at either:
- Two acute stroke units, one at Musgrove Park Hospital and one at Yeovil District Hospital; or
- One acute stroke unit, which would need to be located at the same hospital as the hyper acute stroke unit proposed to be Musgrove Park Hospital.

The Stoke Consultation came to the Scrutiny Committee on 12 October 2022.

Following a presentation on the options the Committee made the following comments:

- Looking at the options the Committee wanted to know why there was not an option to have all the services in Yeovil. This was part of the longer list of options but was dismissed as it has proven historically very challenging to recruit Consultants to Yeovil Hospital.
- The Committee wanted to know the timescale for the consultation, and to continue to influence and debate the findings.
- There is a further update planned for the Scrutiny Committee on the 31st of May and the 3rd of August.

This is a decision for NHS Somerset to make after listening closely to the consultation feedback and based on the staffing and funding pressures the system is under. NHS Somerset have not made any final decisions yet and they remain open-minded about the solution until after all the feedback, evidence and information has been analysed and considered.

Hearing the views of people throughout the consultation process was and is an important part of the decision making and will be fully 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.

All the feedback gathered during the 12-week consultation is now being analysed by an external research organisation. They will prepare a report setting out what people have said about the proposals for the NHS Somerset Board in due course.

I have been made aware by Dr Bernie Marden that NHS Somerset has reached out to the Quicksilver Community Group, who have raised the petition and invited them to meet with him and members of his team. Although the 12-week public consultation closes today they still welcome engagement with the community group.

Rick Beaver:

Question 1.

Thank you for the opportunity to speak on behalf of the Quicksilver Community Group to support the online petition we have already submitted to the council.

I refer to your "Public Agenda Pack" Pages 15, 16, 17 - Number 16 Somerset Hyperacute Stroke Services - Consultation - Agenda Item 7

This reflects your previous discussion of the report about the public consultation on Stroke Services in Somerset. In the report reference is made to the vision behind the consultation is to ensure : **"Stroke patients in Somerset will receive timely acute interventions and receive access to world-class services, regardless of where they live."**

It is also noted that most people with a suspected stroke are admitted via a 999 call to either Musgrove Park Hospital in Taunton or Yeovil District Hospital, in Yeovil. It acknowledges that **journey times are a challenge due to the rurality of the county.**

Only two options are proposed in the consultation both involve the closure of the Hyper Acute Stroke Care service in YDH.

It is frankly incomprehensible to have a vision of stroke patients receiving timely acute interventions ... regardless of where they live, while acknowledging that with a Hyper Acute Stroke Care service in both Yeovil and Taunton that journey times are a challenge, **and then propose to remove the facility in Yeovil.**

The Quicksilver Community Group picked up on this late (I think because the consultation had been about the future of the Acute Stroke Care facility (not the more critical Hyper Acute Stroke Care facility). An online petition has been arranged and within 2 weeks had 2000 signatures and is currently well above 5000. We presented this to the full council meeting last week and were advised that the matter would be discussed further at this meeting today.

At the full council meeting I was grateful for the opportunity to outline the impossibility of meeting recommended onset to treatment time of 45 minutes for stroke victims for a large area currently supported by YDH if the Hyper Acute Stroke Care facility is located just in Musgrove hospital. Delays in treatment result in less successful recovery for the patient, with life changing consequences for them and their families, and additional care requirement which will impact on the council.

We believe the public consultation arranged by NHS is effectively meaningless as the most critical aspect of the change is the removal of the Hyper Acute Care Service at Yeovil.

Our approach to you is to ask you to recognise the strength of feeling, the fear of the

risks inherent to the proposal, and ask what you are currently doing, and what further actions and influences you have to get these proposals reviewed and rejected?

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Response: Cllr Dean Ruddle Executive Member for Adult Services

Thank you very much for your question. We, of course, are very concerned with the potential closure of this facility in Yeovil. I am aware Councillors have already responded to consultation and we are continuing to listen. However, the decision is with the ICB and the NHS.

That decision lies ultimately with the NHS, not Somerset council, they will make that decision. This is going to be discussed in a later agenda item today.

4 Work Programme - Forward Plan - Agenda Item 4

The Committee discussed the forward plan and asked for the following items to be added:

- Workshop meeting dates,
- NHS Dental Services
- South West Ambulance Service -Update report
- Dementia strategy
- Armed Forces Covenant
- Suicide Prevention Strategy -update

The Committee agreed to move the Winter Planning item moved from December to an earlier meeting.

5 Minutes of Previous Meeting - Agenda Item 5

Resolved that the minutes of the Scrutiny Committee - Adults and Health held on 08 March be confirmed as a correct record.

6 Workforce Planning - Agenda Item 6

The Committee had a report and presentation covering Workforce Planning. With over 1.65m jobs, the adult social care workforce is larger than the NHS, construction, transport, or food and drink service industries, with the number of jobs forecast to grow by almost one-third by 2035. The sector contributed £51.5 billion to the economy in 2020/21. However, there are recognised workforce pressures and challenges across the country within social care, with the CQC's Annual

Report highlighting ongoing struggles to recruit and retain staff with the right skills and in the right numbers to meet the increasing needs of people within their care and respond to demographic changes.

Latest available Skills for Care data (2021/22) relating to Somerset evidences some of the scale of the challenge facing the wider social care sector locally. The vacancy trend for nursing and residential homes as well as home care are all rising. The local response to this was:-

- Workforce Strategy (2022-24) in place setting out commitments and activity to support internal workforce and address specific challenges relating to recruitment and retention. Will undergo planned annual review in June 2023.
- Workforce Board meets monthly attended by Service Directors, Strategic Managers and HR Engagement Partners. Responsible for reviewing progress against strategy action plan, monitoring workforce data, equalities/diversity impacts, staff feedback and survey, and practice quality.

There is a considerable amount of ongoing work to try to retain valued staff and encourage those with the relevant skills to return to the workplace. The 'Proud to Care' initiative is designed to raise the profile, values and opportunities that exist within the care sector. There have been some very successful events recently including one at the Somerset County Cricket ground and more are planned.

The committee welcomed the report and presentation and asked a range of questions:

- The Gender Pay Gap – not equal pay but the opportunities for career development for all and the proportion of women in the lower paid jobs compared to the higher paid one.
- The Committee were interested in what measures were in place to demonstrate the success of the plan. It was confirmed that there were targets and performance measures within the plan.
- The Committee wanted to be assured that action was taken on exit questionnaires and that the pay differential between local area did not mean Somerset was losing staff for a small hourly difference. Travel time is paid and slots are not booked for less than 30 minutes. This applied to all sectors including micro providers.
- The Committee suggested that more work was undertaken with school to encourage young people to consider a career in care as a positive choice.

The Somerset Scrutiny for Policies , Adults and Heath Committee:

- **Noted the key updates provided in relation to the Adult Social Care (ASC) workforce and the activity to support it.**

7 Adults and Health Services Transformation - Agenda Item 7

The Committee considered a report on the Adults Social (ASC) proposal: Options for Implementing Opportunities Identified in the Diagnostic of Adult Services. Adult Social Care is a key statutory duty for Somerset Council and approximately 38% of Councils net revenue budget for 2023/24. The vast majority of the budget is spent on supporting people in receipt of statutory services, including investment in prevention and short-term support. Somerset's spend per adult is in line with the average for England and lower than the average for the Southwest. Somerset benchmarks particularly low when it comes to spend on older people.

The Adults budget is growing, and this growth is driven by demographics, increasing complexity of need, and the rising costs of care. The Council has some ability to control this growth by working to improve people's independence and delay or prevent the need for long term services. This is not only better for the budget, but it also improves the lives of the people we work with, delivering better outcomes and increasing wellbeing.

The Adult Services net revenue budget set in February 2023 increased by £26m from £160m in 2022/23 to £186m in 2023/24. This increase was reflective of the £11.9m overspend in 2022/23 and significant pressure with higher demand driven by the long tail of the pandemic and higher costs due to inflation rates. It included £5m of savings from changing how the service was delivered.

An external partner, Newton Europe, was procured in November 2022 to carry out a diagnostic review across all provision to identify the best opportunities for controlling future spend through optimising productivity, managing demand into the service and ensuring that people who draw on services and their carers are at the heart of designing their own support, and future service models.

The report set out the major opportunities under the following headings: -

- Improving the environment within which our practitioners operate,
- Ensuring the right care is available in the right place, at the right time,
- Optimising intermediate care, in particular discharge to assess and reablement service

The Committee were asked to consider the recommendations that we going to be put to the Executive next week: The Executive are being asked to agree:-

- The aims and objectives of the next phase of the Transformation Programme for Adults Services
- To engage Newton Europe as strategic change partner to work alongside the service to deliver these transformational objectives by implementing the

opportunities identified in the diagnostic and support the delivery of identified reductions.

- To fund the costs of the transformation programme of £3.5m each year for the next two years initially from Earmarked Reserves and review the position later in the financial year once the 2022/23 statement of accounts from the predecessor councils has been complete.

The Committee discussed the report and asked: -

The cost of the diagnostic exercise. It costs £500k if they are not engaged to deliver the opportunities identified but if they were engaged then these costs would be included in the overall fee for the two years.

The savings were explained and they could be as low as £14million but if the maximum was to be achieved this could be closer to £17million a year.

There was some discussion about achieving the savings and the risks to the workforce. Some were concerned that it sounded too good to be true and wanted reassurance that the consultants would be able to deliver such enormous savings. Examples of other Local Authorities who had worked with Newton Europe were cited and they will not get paid if they do not deliver.

The Somerset Scrutiny for Policies, Adults and Health Committee agreed to support the recommendations going before the Executive next week, namely:
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- 1. The aims and objectives of the next phase of the Transformation Programme for Adults Services.**
- 2. To engage Newton Europe as strategic change partner to work alongside the service to deliver these transformational objectives by implementing the opportunities identified in the diagnostic and support the delivery of identified reductions and**
- 3. To fund the costs of the transformation programme of £3.5m each year for the next two years initially from Earmarked Reserves and review the position later in the financial year once the 2022/23 statement of accounts from the predecessor councils has been complete.**

8 Stoke Services - Agenda Item 8

The Committee discussed a report that outlined the latest position of the Hyperacute Stroke consultation that concluded its public engagement on 24 April

2023. The consultation invited views on two options that had been narrowed down for a longer list of nine options. Seven of the options suggested at the start either failed a particular set of criteria or were rejected once the expert view of clinicians was sought. The remaining two proposals were: -

- 1) To provide hyper acute stroke services at one hyper acute stroke unit in Somerset and, if that is the right way forward, whether the unit be located at Musgrove Park Hospital in Taunton or
- 2) To provide acute stroke services at either .
 - a) Two acute stroke units one at Musgrove Park Hospital, Taunton and one at Yeovil District Hospital or.
 - b) One acute stroke unit, which would be located at the same hospital as the hyperacute stroke unit proposed to be Musgrove Park Hospital, Taunton.

Option A would mean two stroke units and :

- Acute stroke care would be provided by dedicated stroke teams at both Musgrove Park Hospital and Yeovil District Hospital.
- Patients could be transferred to Yeovil District Hospital for their acute stroke care - if this was closer to their home - following their hyper acute stroke treatment.
- Staff expertise in acute stroke care would be retained across both hospitals.
- There would be less impact on hospitals in neighbouring counties as Somerset residents could transfer to their closest acute stroke unit.

Option B would be one unit at Musgrove park Hospital providing all stroke care for Somerset residents and:

- Acute stroke care would be provided by the dedicated stroke teams at Musgrove Park Hospital.
- Patients would receive their acute stroke care at the same hospital they received their hyper acute stroke care, resulting in better continuity of care.
- There would be a reduced number of handovers of care for patients.
- The specialist stroke staff would all be on one site, make the best use of a highly trained workforce.

The Committee recognised that this consultation had raised a lot of concern in the community and there had been considerable objection to the limited proposals as both options had a negative impact on the viability of Stroke services at Yeovil District Hospital and would potentially increase journey times to receive urgent care. Treatment for a stroke is time critical and outcomes are better if appropriate

treatment is delivered within the first few hours from the onset of a stroke.

The Committee were assured that all ambulance crews had relevant training to detect a likely stroke and they would contact the relevant stroke team to have tests and scans pre-booked during the journey to the nearest Hyperacute unit. These cases did not have to be triaged alongside other urgent cases.

Hospital Trusts in counties neighbouring Somerset have been included as they may sometime be the nearest Hyperacute Unit. They are supportive of the proposals and believe they have the necessary capacity to support either option.

The pressure to look at these changes partly arises because of new treatments and to meet national standards on stroke support and in part because it have proven very difficult over the last seven years to recruit a consultant to join Yeovil District Hospital.

There was a clear understanding that there is currently an issue with Ambulance response times but the specialist noted that it would be wrong to design a service for the future based on current unacceptable response times that the Ambulance Service are planning to improve up to national standards.

The consultation has closed all the feedback gathered will be analysed by an independent research organisation. They will prepare a report for the NHS Somerset Board setting out what people have said about the proposals.

The Board will consider the feedback, along with a wide range of other information and evidence to inform their decision. Information will continue to be shared and the consultation findings report will be published. The final decision-making meeting will be held in public to allow those interested to hear the discussion and how the decision is made. The decision will not be made until December 2023.

The Somerset Scrutiny for Policies Adults and Health Committee:

- **Asked for a further update on the consultation and findings.**
- **That this be put on the agenda for the next meeting and**
- **That consideration given and further research is undertaken to the merits of securing a specialist stroke ambulance which has been trialled in some areas.**

9 Annual Report from the Director of Public Health - Agenda Item 9

The production of an annual report is a statutory obligation for Directors of Public Health (DPH). It is an opportunity for the DPH to give an independent view of health and wellbeing priorities in the county. The 2022/3 report covers the impact of cardiovascular disease in Somerset taking a cricket theme to the public health issues. Cardiovascular diseases (CVD) are a broad range of conditions that affect the

heart and blood vessels. Each day in Somerset, approximately five people die from cardiovascular disease and one of them will be under 75, so it takes a long and health retirement away from many people. For this reason, this group of diseases present a significant public health concern in Somerset.

Although cardiovascular disease does become more common with age, it should not be seen as inevitable. It is estimated that about 90% of cardiovascular disease and 80% of premature deaths are attributed to modifiable risk factors. Within the challenge of preventing cardiovascular disease and addressing the risk factors, it is useful to think about them at different phases of the disease progression, ideally beginning before disease has even started.

The report makes the following recommendations for 'a six' for Somerset:

- 1) **Good pitch preparation:** We need to develop our environment with the purpose of improving health and environmental sustainability.
- 2) **Doing it off your own bat:** Together with communities we need to re-invigorate efforts to promote, encourage and support people in Somerset to enjoy a healthy lifestyle and all the benefits that it brings.
- 3) **Working on the Ashes:** Call for renewed action to meet the national challenge to reduce smoking rates to 5% or less by 2030.
- 4) **A good fielding system:** A system-wide focus on finding and supporting those with high blood pressure
- 5) **Taking the right treatment:** Finding and sticking to the right treatments
- 6) **Keep an eye on the scoreboard:** Improve data collection and use it to help predict risk of disease and diagnose and intervene early.

The Committee commended the creative use of a cricketing theme to get the message across. They were interested to know if this was being shared with young people as well as adults and there was concern that some of the factors such as smoking, poor nutrition and lack of exercise was stated at a young age. Somerset Cricket foundation had been a target as well as employers in the more deprived areas. Those aged 40 -75 are entitled to a 'NHS Health check' and take up needed to be encouraged. Vaping was of concern if it was seen as a destination rather than part of the journey to stopping smoking.

The Somerset Policies for Adults and Health Committee:-

- **Endorsed and supported the 'six for somerset' as a starting point to drive down the rate of cardio vascular disease in Somerset.**

(The meeting ended at 1.57 pm)

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CHAIR