County Councillors Letter for November 2016

Given the shock result of the American Presidential election, I think the only certainty is total uncertainty. The changes and outcomes promised in the first year of the Trump administration in this crucial and extremely dangerous new era of world history could have huge short and long term unpredictable ramifications. This is compounded by the very worrying news that GKN (Guest Keen and Nettlefold),

one of the original owners of Westland Helicopters, is closing down next year, once the current contract for the building of the airframes of the Lynx Wildcat helicopter for the Royal Navy and Army is completed, because there are no more Ministry of Defence or commercial orders to keep them in business. It appears future work is going to be done in Poland by the renamed Leonardo Marconi Westland group. This may be an artefact of the coming Brexit negotiations, but I believe the decision predates that vote on the 23rd of June when the name of the factory was changed at very short notice to Leonardo Helicopters from Augusta Westland by the parent Italian company Finmeccanica. Whatever the reason it effectively leaves this country without the facilities for any independent aircraft production in a very uncertain world peace climate.

For many years the National Health Service (NHS) has been the all-enveloping cloak for all in the matters of health and emergency treatments. Whatever the health problem and in many cases wherever in the world you came from, the service was free at the point of delivery. In the past the constantly rising costs of treatment, hospitalisation, consultations, medicines, equipment etc. were covered by annual major Governmental grant increases. However, the exponentially rising costs of all the above over the past decade have become unsustainable by a service that has been subject to constant reorganisation, restructuring and struggling to cope with an increasing work load caused by the increasingly ageing population, expanding numbers of inherently self-induced unhealthy patients who have problems with diabetes 1 or 2, serious overweight or obesity, drug misuse or alcohol consumption. These factors are universal throughout the Country but especially severe in Somerset.

Recent changes under the Care Act required that the NHS, and the Clinical Commissioning Group (CCG), the two main arbiters of the commissioning of all NHS Trusts that run and finance all the medical services, are now embodied as part of the overall remit of the Somerset County Council. The increasingly glaring shortfalls in funding and capacity are now unsustainable and obvious to all, Therefore major operational changes have to be put in place now if the service is not to collapse. To illustrate the existing problems, the NHS in England is £648 million in deficit in quarter two of this year, and though 142 trusts have reduced their total expenditure by 2,9%, making £1.2 billion of savings through cost improvement programmes, yet in this year to date, the deficit was still £22 million worse than had been predicted. NHS services are facing an unprecedented growth of a 4.1% rise in year on year admissions to Accident and Emergency (A and E) and a 34.8 % increase in bed days lost due to bed blocking for waits for transfers to care facilities following hospital treatment.. Ambulance services have had a 9.9% increase in calls with a 14% rise in life threatening calls causing serious degradation of the target performance. The waiting list for emergency inpatient care has now reached a record of 3.51 million. It is hoped to reduce the bill for agency staffing bill of all grades of staff by £900m this year, but the above statistics are almost certain to impact heavily on this target.

So it can be appreciated that there is a fundamental need for deep changes in the way the services are managed and conducted and a new principle is being established by NHS England and Somerset has been designated as the local footprint for the administration and implementation of the new initiative called the (Somerset) Sustainability Transformation Plan (STP). Incorporated within this plan will be the leading health agencies; the CCG, the Taunton and Somerset NHS Trust and the Yeovil District Hospital Trust. The STP has to have both a health and social care focus and Somerset County Council (SCC) has been fully engaged as a full and leading partner in the STP development process. The plan is supposed to take a five year forward view, describe the key priorities for the area, the

challenges that fit within the system, define the priorities for transformation going forward, and address any financial gap within the local NHS system within that time period.

At the moment the plan as presented contains many pages of highly detailed programs for the modification of the existing systems and notional financial studies over the 5 years of the STP to create the necessary fundamental changes in NHS performance and public attitudes to eliminate the anticipated local NHS £175m deficit that will exist in 2020/21 if nothing is done. The Chief Executive Officer (CEO) of the SCC is leading the multi- discipline team charged with the task of the entire restructuring of the current diverse, uncoordinated and wasteful organisation and supplanting it with a fully functional fully targeted STP. In order to illustrate the potential difficulties it will be possible to give only merest outline of the multitude of highly detailed background problems, studies and the proposed necessary tasks and changes that have been or are still to be completed to mitigate them. The language and the overlying focus is very technical, full of numerical data and tables, and indicates the necessary inter medical connections that have yet to be fully entrained, connected and meshed so that the overall performance and aims of the program will operate smoothly to achieve the desired outcomes. In general, the overall aims of the local STP are to ensure that the community and general hospital beds are used for only necessary cases, that they are occupied for only the necessary minimum periods and that a revamped and refocussed care system can be created that will enable the vast majority of the ageing population to live out their final days supported with care services in their own homes. The population increase in obesity, substance misuse be it alcohol, drugs and smoking will have to be targeted for reduction, as all these with their attendant diseases of cancer, diabetes and liver failure along with their embedded medical complications deliver unnecessary additional pressures on the services.. There is a desperate need to increase the number, recruitment and retention and at the same time decrease the age of the current cohort of doctors, pharmacists, district nurses, midwives, nurses and care workers to cover the future requirement for these vital personnel. They will all be integral in the achievement of the greater emphasis that is going to be put on the use of local GPs, practice nurses and Pharmacies to deal with minor injuries and ailments to avoid the use of hospitals and A and E departments which must be kept clear for only the real need cases. For example there are over 2000 acute bed days lost each month in Hospitals by delayed transfers of care (DToC) costing over £300k at £150 per bed along with a further 700 bed days per month in Community Hospitals. The main reasons for this are waiting for a residential home or adequate care packages and NHS non acute care or completion of assessment. The looming dangers of the increasing costs of care in this context due to the increase in the living wage, the reduced purchasing value in care package funding made by the SCC, the concomitant diminishing market of Care and Residential homes/beds and trained and competent care workers are also clearly recognised.

380 care home businesses have been declared insolvent since 2010. The Child and Adult Mental Health Service (CAMHS) will need much more input as demand hugely outstrips supply, and there are shortfalls in the level of support at tiers 1 and 2, including early intervention and prevention. Designated named officers are currently designing and agreeing each month the necessary steps leading to the full comprehensive design of the 10 various sections of the LTP commitments which will within 3 years will have to implant all the necessary changes into the existing local NHS system. They are fully aware of the need for thorough but speedy decisions and implementation as the age demographics, the 3000 year on year new residents arriving in the County and all other medical, and care ancillary costs which are currently creating completely unsustainable financial, personnel, and

above all, medical and mental treatment outcomes. If the unaltered local NHS services continue to run as they are this year, there will be an estimated overspend of £33m, which will accumulate to £174m in 2020/21.

Recognising all the above difficulties and huge constraints, the new concepts and structures that will be employed have to completely change the entire current public understanding of the NHS. The primary aim is that hospitals will only be used for the seriously ill and life threatening injuries. A an E departments will not admit those with non-urgent injuries or conditions, referring them instead to alternative medical sources such as GP practices, pharmacies etc. Stays in hospital requiring bed occupation will be for only the actual period required for treatment. To enable this, great emphasis will be put on coordinated support from community and primary care services and support for carers to enable prompt discharges to home or care facilities. GP practices will probably not in future prescribe standard over the counter medicines such as aspirin, paracetamol, standard laxatives etc. and be more circumspect in recommendations for hospital admissions. There will be determined efforts to change the current ethos of health remediation demand to one of prevention of ill health and to encourage more healthy lifestyles and eating, with a greater emphasis on exercise and moderation in the consumption of alcohol both for health, and to reduce accidents of all kinds and injury prevention. The latter has a major impact on the pressure on A and E departments at weekends. None of this will be easy, popular or speedily achieved. The amount of work and determination to see the programme through will be huge. It will demand much reconstruction of service, recruitment of personnel in conjunction with consultation and information flow through all the current major information networks and the creation of Applications (Apps) that can be easily accessed for full details of methods of contacts and criteria for various health and injury problems. As reported in a previous letter, a major start has been made by the contract award to the highly regarded charity company Dimensions UK to undertake the management and services of the previously in-house operation of the Learning Difficulties Provider Service (LDPS). It will operate as a Somerset based company with its own board of trustees and management, with effective monitoring arrangements in place by the CCG, though it will still be part of the main group. In October this year the SCC reassumed responsibility for the management of mental health social care using the expertise of the Somerset CCG, to improve access to social care for those with mental health needs. So it is clear that the structural changes are in hand and a coordinated plan is being followed. The alternative is a truncated and inadequate, financially crumbling health service with an increasingly failing quality of service and capacity. This would be an outcome which even the most hardened traditionalist could not and would not accept. However the challenges are quite frankly huge and in keeping with my initial remarks ,the surmounting of them is far from certain.

Yours

Derek Yeomans

County Councillor for Curry Rivel and Langport

District Councillor for Burrow Hill