

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, 10 October 2024 at 10.00 am

**Present:**

Cllr Gill Slocombe (Chair)  
Cllr Claire Sully (Vice-Chair)

Cllr John Bailey  
Cllr Edric Hobbs  
Cllr Emily Pearlstone  
Cllr Rosemary Woods

Cllr Hilary Bruce  
Cllr Sue Osborne  
Cllr Mike Stanton

**In attendance:**

Cllr Sarah Wakefield

**Other Members present remotely:**

Cllr Christine Lawrence  
Cllr Theo Butt Philip  
Cllr Liz Leyshon

Cllr Tony Robbins  
Cllr Mandy Chilcott  
Cllr Lucy Trimmell

**81 Apologies for Absence - Agenda Item 1**

Apologies were received from Cllr Ben Ferguson and Cllr Andrew Govier.  
Cllr Christine Lawrence was in attendance online.

**82 Minutes of Previous Meeting 15 August 2024 - Agenda Item 2**

Subject to an amendment regarding Cllr Claire Sully's apologies, not included in the minutes, the committee resolved that the minutes of the Scrutiny Committee - Adults and Health held on 15<sup>th</sup> August 2024 be confirmed as a correct record.

**83 Declarations of Interest - Agenda Item 3**

There were no new declarations of interest received.

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

No public questions were received.

## 85 Work Programme - Agenda Item 5

There was a request for an update on the Dentistry item heard at last year's Joint Scrutiny Committee with Children and Families, as well as a briefing on pathways into accessing adult social care. There was also a request for an item on CQC inspections and how that impacts our Adults Services.

## 86 Budget Monitoring Report - Agenda Item 6

Mel Lock, Executive Director of Adult Social Care, presented this report. She highlighted the current underspend of £2.1m, with particular underspends in residential and nursing beds for over 65s and learning disabilities, and the savings accounted for in the Medium Term Financial Plan have been achieved or are currently on track.

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

- What does the underspend mean for the budget?
  - At this time of year it is very good to have an underspend when we don't know what the winter holds.
- If we finish the year with an underspend, will that be carried forward into the next financial year?
  - The budget is reset every year. We are predicting a £34m in ASC need next year. The budget is also dependent on living wage, which we won't know until 30<sup>th</sup> October.
- Great to see the progress on budgets and finance
- Some savings seem to clash with the My Life, My Future programme, e.g. Learning Disability Supporting Employment Service is getting less money but doing more. Can you talk through that?
  - We are continuing to deliver the service but looking at alternative funding, government funding coming in via other areas for employment. Outcomes achieved are as good if not slightly better.
- What about the floating dementia support? Has that had a negative impact?
  - The organisation that was delivering felt that wasn't the right service. We are looking at Alzheimer's Society and what they can do, how we can commission and work with partners to support us. Every cut has an impact, it is about cutting the right things. Health colleagues have enhanced their Intensive Dementia Support (IDS) service.
- The focus should be on prevention
  - We are still working on the prevention agenda, with NHS Colleagues at the health and wellbeing conference. We are talking about housing, houses that keep people healthy for longer and they can stay for longer. We are working more in partnership and making sure we get the best use of the NHS money available.
- Do we have a plan for need increasing, what the next five years look like?
  - We do have projections, they are that life expectancies will decrease rather than increase, and we are keeping people fitter and at home for longer in their 60s and 70s.
- Can you clarify the figures on the bottom line of the savings spreadsheet?

They don't add up.

- We are overachieving on the savings. There other aspect is fees and charging. The money has been profiled from the Newton programme.

The Chair thanked officers for the presentation and the Committee noted the report.

## **87 My Life My Future - Agenda Item 7**

Mel Lock, Executive Director of Adult Social Care, presented on this topic. She highlighted the work Newton have done and that they are slowly decreasing the support they are providing, that the transformation is on track to deliver £10m savings and a minimum of £10m year on year savings with additional expected, that they have improved reablement services and supported people to become more independent and stay in their home longer, as well as support for young people in transition and the progression model. The results of the work were shown in the staff survey where staff now agree their work makes a difference to the life of people in Somerset.

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

- If Newton have been working with our staff, how is it going to be impacted by redundancy programme?
  - We are having to make cuts to our staffing, we are also looking at technology that can aid us. We are looking at all sorts of ways to do this as the council goes through 'rightsizing' to balance our budget. We can't say that there will be no impact, we will have to change.
- What steps are we taking to ensure the necessary corporate support from digital and IT teams are still in place? It's clear this is delivering results.
  - We can't discuss the wider council restructure today. Newton have a good tool around sustainability, they will not leave us until we are all at silver sustainability, some will be at gold. Newton will review every 3 months and if things aren't working they will come back. This sustainability matrix is working well. We have been able to upskill other parts of the services and other parts of the council. Downsizing the organisation will inevitably have an impact.
- Pathway 1 – Discharge from hospitals – aware of issues from other councillors, and want to ensure that our staff is knowledgeable on what is up to patients and that they can go home.
  - This isn't just about us in Adult Social Care – health staff are also involved in this. A multi-agency team prescribes to individuals. There needs to be a cultural shift and the hospitals are aware of this, Peter Lewis (CEO – NHS Somerset Foundation Trust) is working to help cultural change happen ward by ward.
- Is there anything we can do to pressure the Integrated Care Board (ICB) to do this properly?
  - We can do our best to influence but we can't change behaviour. We have a joint post starting with us that will be linked with the hospital to look at this. Nowhere has cracked it totally, the whole system has recognised the need for behavioural change.
- Should we as a committee be writing to the ICB and central government to

- stress this point?
  - Yes, we will take that away.
- I would like to see examples of how this transformation is improving the lives of people in Somerset?
  - We do have many stories – once a month ASC puts out a newsletter with lots of positive stories about people and how people work.
- Do we have feedback on the reablement service from service users?
  - Yes, we do. We also have a case record audit system, which can provide feedback immediately and after 6 months has passed.
- Could we have a briefing paper on hospital discharge?
  - Not everybody can stay at home – everybody is an individual, and for some people home isn't the right place or it is much more expensive. We offer families options.
  - Rather than an additional report, we would bring people from the team that works on hospital discharge to the committee.
- Some of these are rural issues, where what you can do in a town easily is more difficult and expensive in rural areas. Would welcome some thought on how this can be improved in rural areas.
- We have been having conversations about this for 3-5 years. How have Newton helped us with that?
  - Newton have allowed us the capacity and the skills. They brought new techniques and analysts to get a better understanding of us and helped us to look nationally. They have provided skill transfer and a different way of looking at things.
- Will there be a tipping point after people have stayed at home for a while? As their health needs become more complex, may need residential or nursing care.
  - What we know is about flow, flow in and flow out. We will always need nursing homes, but there are other models, like extra care housing. In five years' time we will have different models of care. Demographic growth will be in the budget. The rates of people going into nursing care are static and the rate of people who die in our services and new people who need our services are roughly balanced.
- How will you keep the new way of working sustainable as new staff come in?
  - We are using a bottom up rather than a top down approach – it has become part of culture.

The Chair thanked officers for the presentation, summarised the actions, and the Committee noted the report.

## **88 ASC (Adult Social Care) Performance and Assurance Report - Agenda Item 8**

Jon Padfield, Service Manager – Policy, Performance and Assurance – Adult Social Care, presented the report. He highlighted the data around front door demand for ASC, overdue care act assessments and reviews, unmet care home needs, CQC inspection outcomes, care provider contract 'handbacks', intermediate care flow, and stakeholder feedback.

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

- We are currently awaiting a CQC assessment as a local authority, is that

likely to be long?

- We don't know when exactly – but they have already done several in the South West and North Somerset is going to be done at Christmas. We are hoping we will get notification soon. We are ready for it.
- Would be very interested to hear more about the staff survey?
  - This was a council wide staff survey – a temperature check of staff morale. There was some analysis in the report about how ASC compares to the wider council. There were real positives in terms of staff being proud to work for ASC. Plan is that corporately there will be a follow-up staff survey in the spring.
- Really good to see improvements in unmet need and care provider contract 'handbacks'. Was there a post-covid effect in that?
  - There are several factors – we have supported international recruitment for homecare. If we can get the career pathway right we will see more coming in.
- CQC inspection outcomes – how recent are those inspections? Failings have been pointed out at CQC, how much does that apply to us and our providers? Can we include information on how valid/recent inspections are?
  - We know that CQC hasn't necessarily gone back to those that required improvement, so they asked us for a list of those to come back to. Because we do quality audits we have sent a list of those we think have improved – because it is impacting their business.
- For international recruitment, are we making best use of the people brought in? Are many overqualified and do we monitor that?
  - No – people come because they want to do the role and are managed by the organisation that sponsors them. We do have international recruits in social workers, we help them continue to grow their careers in Somerset.
  - The higher risk for us is that they go to the NHS who can pay them more.
- For practice quality audits (page 45) – we are amber on three of those. Concerned about communication between parties regarding personal budgets and mental capacity act assessments. What steps are we taking?
  - These findings are reported to our practice quality board. In the three that are amber, the predominant factor was that there wasn't clear evidence – so the theme is around case recording. This week is our 'Carnival of Practice', a learning and development week. One of those elements is case recordings.
  - MCA is addressed in the safeguarding report, 85% is very good and we are doing work around communication. Anything that is amber we have a plan for how we do that and how do we support our staff.
- So next time these will all be green?
  - It is never going to be all green. If it is all green we are not assessing in an appropriate way.
- Relating to handbacks: my understanding is that those were distorted due to one provider. What can we do to prevent those handbacks and the cost in the market?
  - The main reason for handbacks – 50% – is staffing or provider capacity. This includes if a provider ceases to trade. 2<sup>nd</sup> reason is client/service-user behaviour, 17% of handbacks, where the provider feels they are no longer able to work with that person.

- There is a slight increase in telephone calls. Full council heard that complaints across the council have trebled. Has ASC seen a big increase?
  - No, we haven't seen an increase. We do what we can to resolve when people get in contact.

The Chair thanked officers for the presentation and the Committee noted the report.

## **89 Safeguarding Adults Annual Report - Agenda Item 9**

During this item Cllr Gill Slocombe had to leave so Cllr Claire Sully acted as Chair of the committee.

Professor Michael Preston-Shoot, Independent Chair of Somerset Safeguarding Adults Board, presented this report. He explained: the statutory duties the board holds; the multi-agency work with statutory partners; the work relating to preparing for CQC assurance and undertaking mental capacity audits; the concerns around self-neglect, homelessness and placement reviews.

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

- Can the committee have a closer look at homelessness?
  - There is ongoing outreach to rough sleepers that is successful. The Lead Member for Adults Services is now also portfolio holder for housing and homelessness so can work on this.
- Shared data is very important.
- Concerned about board attendance – no attendance from the voluntary sector or SWAST. What is the reason?
  - For SWAST there have been issues with other Boards in the South West, they have undertaken a management review and additional resources have been injected so there is now a named representative. We hope that this will improve SWAST representation.
  - We are aware there is more to do with third sector and faith communities. It is on the agenda to reach out to community organisations including faith organisations.
- Would also like to see representation of someone who used the service.
  - This is a priority – we have had case presentations delivered by practitioners about what people with lived experience have told services, but it is not the same. There is more to do.
- For location of abuse, surprised by the percentage taking place in service providers. More information would be helpful
  - There are examples of this in Somerset, e.g. the Mendip House Safeguarding Adults Review (SAR) and an ongoing SAR where we are concerned about neglect and acts of omission.
  - Some of the abuse is systemic and organisational rather than due to individual practitioners.
  - There is also a need to be aware of abuse in own homes by care providers.
- For the ethnicity data, is this in line with our population or are there communities that we do not hear about?
  - Yes, this is a national issue. The vast majority of safeguarding is a

response to White British and White Irish individuals. There is an underrepresentation of safeguarding in relation to Black British, Black African, and Black Caribbean communities. We need to look at how our services are perceived by people of different cultures and whether we are culturally aware and culturally informed and our offer is culturally appropriate.

- It's important to prioritise community engagement and listening to those with lived experience. Some of the finds in the report are shocking – safeguarding is everyone's business.
- Service providers covers a wide range, it would be useful to know what kind of service provider.
  - Abuse and neglect within residential nursing is something SARs have recognised nationally. There is a national review for this on the LGA website. The percentage of abuse or neglect in Somerset is very similar to what we know nationally.
- What is organisational abuse?
  - Where the culture within a service is closed and not conducive to excellent person-centred care and where staff are working in a climate that is not conducive to best practice but to abusive or neglectful practice. It distinguishes from neglect as a result of poor care from an individual member of staff.
  - A further definition can be found in the Care and Support Statutory Guidance: [Care and support statutory guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/441422/care-and-support-statutory-guidance.pdf)
- How do we communicate back to CQC? How often are homes being assessed? How are we sure that prompt action is taken where this is found?
  - Vigilance needs to be 24/7, not just periodically. CQC are an important component, so are contract managers, external commissioners, and Healthwatch. CQC recently became much more transparent and open to concerns and now has a specialist unit for organisational abuse.
- Thank you for all the hard work.
- Concerned about complexity around people and falling between agencies.
  - Housing coming under Adults Services is a positive development. There is still a fracture where we need a whole system/service response.
  - We know colocation works, e.g. putting social workers alongside GPs, mental health professionals alongside police, and housing in hospitals. This is more effective than working in silos.
- There are a lack of GP services and a need for funding for new GPs.
  - There has been a briefing paper sent to central government, awaiting a detailed response from the new government about what we have identified as service improvement priorities. .

The Chair concluded by highlighting the need for lived experience and community engagement and working collaboratively, and thanked the presenter. The committee noted the report.

## **90 Item for Information: Forthcoming Key Decisions - Agenda Item 10**

The committee noted the upcoming key decisions.

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

- Specialist Dementia Block Beds – will these be coming to the committee?
  - No, but it will be circulated.
- What is the Advocacy Service?
  - Previously this was SWAN advocacy.
- Why do some key decisions come to scrutiny and not others?
  - A written answer will be provided.
- Would request more information regarding the CQC.
  - A response will be provided outside of the meeting.

**(The meeting ended at 12.30 pm)**

.....  
**CHAIR**