

SCRUTINY FOR POLICIES, ADULTS AND HEALTH COMMITTEE

Minutes of a Meeting of the Scrutiny for Policies, Adults and Health Committee held in the Taunton Library Meeting Room, Paul Street, Taunton, TA1 3XZ, on Wednesday 3 April 2019 at 10.00 am

Present: Cllr H Prior-Sankey (Chair), Cllr M Healey (Vice-Chair), Cllr P Clayton, Cllr A Govier, Cllr M Keating(sub) and Cllr J Lock (sub)

Other Members present: Cllr M Chilcott, Cllr Leyshon, Cllr Fraschini, Cllr Redman

Apologies for absence: Cllr M Caswell, Cllr B Revans, Cllr A Bown and Cllr G Verdon

168 **Declarations of Interest** - Agenda Item 2

Cllr Healy declared that his wife works as a Mental Health Officer in Dorset.

169 **Minutes from the previous meeting held on 13 March 2019** - Agenda Item 3

These were agreed subject to the following changes:-

- add Cllrs Fraschini, and Redman to the Other Members present list.
- Change the proposer for the recommendation to Cllr Revans and the seconder to Cllr Keating.

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

There were no public questions.

171 **Somerset Safeguarding Adults Board (SSAB)** - Agenda Item 5

The Committee considered a report from the Somerset Safeguarding Adults Board (SSAB). The report outlined the strong synergies exist between the work of the Somerset Safeguarding Adults Board (SSAB) and the Scrutiny for Policies, Adults and Health Committee, which has a valuable role in the assurance and accountability of the SSAB. The purpose of the report is to consult with Scrutiny for Policies, Adults and Health Committee in relation to the Strategic Plan for 2019/2022.

The Somerset Safeguarding Adults Board (SSAB or “the Board”) operates as an independently-chaired, multi-agency body under The Care Act 2014. It became statutory from April 2015. The main objective of the SSAB is to seek assurance that local safeguarding arrangements and partner organisations act to help and protect people aged 18 and over who:

- have needs for care and support; *and*
- are experiencing, or at risk of, abuse, neglect or exploitation; *and*
- are unable to protect themselves from the risk of, or experience of, abuse or neglect as a result of their care and support needs.

The SSAB is required by The Care Act 2014 to produce and publish a strategic plan for each financial year. The plan must set out what the Board intends to do

over the next year to help and protect adults at risk of abuse and neglect in Somerset during that timeframe. In common with many other Safeguarding Adults Boards, the Board chose to develop a three-year plan in 2016 that was refreshed annually. The Board propose to take a similar approach for the next strategic plan that will cover the period from April 2019 to March 2022.

The process of consultation forms the final element of the Strategic Plan. This has included using social media, listening to service users, listening to peer challenges and a well circulated newsletter. Directly consulting Scrutiny forms part of this exercise.

The Committee welcomed the comprehensive report and during discussion the following areas were discussed: -

- The Committee were interested to hear how dynamic the pan was and how quickly it could respond to changes and new challenges. The events at Mendip House was an example of how events can arise unexpectedly. The Committee were assured that the Safeguarding Board were quick to learn from this and it resulted in more robust understanding of the risks. Another challenge has been the County Lines activities. This has in the main involved young people in the movement of illegal drugs, but vulnerable young adults have been targeted. By raising this there has been a concerted multi-agency response which has heightened awareness of the risk.
- The Committee sought reassurance that Somerset was striving to be a difficult area for County Lines to operate and not a soft target. To this end the Committee were keen to make sure the transition from Child Services to Adult Services was a smooth one and that the was a focus on making sure this transition was fully supported.
- The Committee wanted to make sure that the wider aspects of exploitation were covered. These included community based, social media and coercive control were all considered and included in the safeguarding plans. They were informed that this was all covered and the partnerships that the Safeguarding Board had ensured that all were aware of the risks. Telephone and internet-based scams were also discussed. The emphasis here was to make sure people are able to look after themselves by being aware of this type of scam.
- The Committee were pleased to hear that there was a proactive approach to safeguarding but wanted to know which other agencies were included. The Committee were informed that all agencies with a statutory responsibility were involved and many had Board members in common; including the Fire Service.
- The Committee sought reassurance that vulnerable people would not 'fall through the safeguarding net'. They were told that communication between all the agencies with a statutory responsibility has improved communication, shared lessons learnt, undertook joint planning and had 'spot test' audits to support the peer challenge approach.
- The Committee asked if it was clear to Somerset residents where they should go if there were concerns about safeguarding. They were informed that Somerset is a ground-breaking council in the area and the model used here has been shared at a national level. Somerset Direct is the single point of contact and access to the services and through a

system of case file audits and routine assessments the service can be confident that no-one should be missed.

The Scrutiny for Policies, Adults and Health Committee:

Noted the contents of the report alongside the draft 2019-22 Strategic Plan.

Agreed to continue to promote adult safeguarding across the County Council and in commissioned services.

172 Mental Health Services including Deprivation of Liberty update - Agenda Item 6

The Committee considered the report into Adult Social Care (ASC) – Mental Health. The report set out the current position following the transition of services back to the local authority from Somerset Partnership Trust. The ASC services that supports people with Mental Health is continuing to develop in line with promoting independence strategy. The second phase of the transformation of these services has recently begun. As in all ASC services the vision is to 'Promote Independence in Mental Health this is often translated into the Recovery Model. A strengths-based approach that focuses on the strengths of individuals, families, social networks and communities. Also, central to the approach, is what matters to individuals and their families. Somerset ASC continues to empower people to take control of their lives and their care and support, work with people and their communities to identify and provide sustainable local solutions to help them stay as well as possible and as independent as possible, for as long as possible.

The new in-house service is led by the Strategic Manager Mental Health and Safeguarding who reports to the Assistant Director for Adults. There are two locality service managers covering the East and West of the county, a service manager for the Approved Mental; Health Professionals (AMHP) service and out of hours service, and an AMHP professional lead.

The AMHP is authorised by the local authority and practice for them, although they are fundamentally an autonomous practitioner. They provide a broad range of tasks under the Mental Health Act. Their work involves nearest relatives and carers, making sure service users are properly interviewed in an appropriate manner and ensuring they know what their rights are if they are detained under the Mental Health Act 1983. The Approved Mental Health Professional has the responsibility to co-ordinate an assessment under the Mental Health Act ensuring the least restrictive principle is applied. They need to ensure the person is appropriately interviewed and if admitted to hospital that they are conveyed there in the most humane and dignified manner.

The transition of services back to the Local Authority has enabled the ASC Mental Health teams to focus on its vision of Promoting Independence and Recovery, the significant change management processes required have been complex and multi-faceted. Since that return to SCC Mental Health Social Care service has been able to work earlier and more holistically with people, with more flexible and varied support. The service is now in a position where this change process can be escalated to develop the provision of Mental

Health Social Care to further meet the needs of the people of Somerset and focus on prevention as well as direct care.

The Key tasks being undertaken include:

- Review the provision of Data
- Analyse the demand profile
- Scope any workforce implications
- Review structure options
- Develop AMHP workforce sustainability
- Consider the Digital strategy
- Increase opportunities to consider alternatives to maintain independence

The Committee were informed that there has been an issue at a national level since the legislation on Deprivation of Liberty as the legislation as first written led to more deprivations of liberty being recorded. The prioritising matrix led to the mechanically recording of some cases that was not appropriate; for example someone unconscious in hospital or someone in a safe place who has an expected gradual decline in their health. This will be replaced by the Liberty Protection Safeguards which should give a more accurate mechanism and better more appropriate recording.

The Committee discussed the report and welcomed the detailed presentation which conveyed a passionate commitment to delivering the best mental health support for Somerset residents. The Committee were keen to recognise the pressures on those working in the mental health field and the training demands on these professional to keep their skills up to date. It was recognised the training need to become an AMHP and the shortage of qualified people in this area. Recruitment and retention remains a challenge across many services in Somerset and mental health is no exception. To address this recruitment methods have been broadened to include social media and looking to get Department of Health approval to widen the range of people who can qualify as an AMHP (for example look to retrain paramedics).

By bringing the service in house it has been possible to make the Social Workers feel more valued and give them greater autonomy over their work. There has been some work with schools to capitalise on the emerging interest in psychology at A 'Level and to translate that into an interest in working in the mental health field.

The Committee asked about the upward trend in residential and nursing placements. The Committee were informed that there was some work in hand to understand this. Early indications were that it reflected an increase in the number of elderly people with dementia being placed into this care. The policy of the mental health service was to put alternative support in place at the earliest opportunity to help people stay away from restrictive care and move towards greater independence for longer.

The Scrutiny for Policies, Adults and Health: -

Welcomed the report and asked for a further update in six months' time.

The committee received a report on Adult Social Care's continuing development of the Promoting Independence model of delivery for people with a Learning Disability. The Committee heard that the strategy was being realigned to support its continued development. As in all Adult Social Care services the vision is to 'Promote Independence in Learning Disability services this is often translated into the Progression Model. A strengths-based approach that focuses on the strengths of individuals, families, social networks and communities. Also, central to the approach, is what matters to individuals and their families. Adult Social Care continues to empower people to take control of their lives and their care and support, work with people and their communities to identify and provide sustainable local solutions to help them stay as well as possible and as independent as possible, for as long as possible. The Learning Disability Plan aims to maximise independence and raises ambition to ensure people are supported in the most effective and appropriate way.

Examples of some of the innovative ways that Somerset Adult Social Care were shared with the Committee. The use of an Oysta watch to keep track of an individual who wanted to be able to wander freely but who needed to keep in touch. Using this watch he knew he was safe and that he could be found if necessary, but it gave him the freedom he desired. This innovation had received national recognition. The Committee were shown two videos that showed how, with a little imagination and support, people with learning difficulties can work and live independent lives. These videos offered a vision of what opportunities Somerset would like to be able to offer. Making the most of assisted technology, boutique suppliers and having an open mind about possibilities will deliver this vision.

The Committee welcomed this approach but were interested to note that Somerset has the highest number of people learning difficulties recorded compared to national figures and appears to spend 2% more than other similar local authorities. It was explained that the figures did not compare like with like as Kent for example have very good community-based support and this cost is spread out across many individuals – hence lower per head. Somerset needs to get smarter in the way it spends. A different way of supporting people will enable the County to support more people with the same money. It is not always best to spend on individual support when more is offered by a community-based project. A good example of this is the Minehead Café. Here people can get individual support to pay a bill at the same time as interacting with others; such a provision can help many more and cost less.

The Committee were interested to know if the increase in individual cost could be attributed to the awarding of the contract to Discovery. It was confirmed that this was not the case. The cost of individual budgets had been on the increase for the last five years and could not be attributed to the Discovery contract.

The Committee were interested in the number of people being supported by a personal budget and the ASCOF measures (Adult Social Care Outcome Framework). It was confirmed that these were contained in the performance report and would be shared in a briefing note with members. The Discovery outcomes will be included in an update for Scrutiny in October.

The Committee were informed that the current Somerset Dementia Strategy is under review as the previous strategy expired. A rewrite of the current strategy is planned which will be presented to the September Older People's Mental Health and Dementia Collaborative Service Development Group. A small working group is currently being set up to identify the immediate priorities to improve the support and diagnosis of patients in Somerset suffering from Dementia.

Issues have been identified with the current viability of the Somerset Memory Assessment Service due to a lack of Consultant Geriatricians; currently the service is at 34% vacancy rate. A meeting is set to take place in April 2018 to look at remodelling of the service to ensure that capacity is maintained across the Healthcare economy in Somerset.

Diagnosis rates of dementia in the population of Somerset are below national required rate. A paper was presented to the Clinical Executive Committee at Somerset Clinical Commissioning Group on 8 March and it was agreed that an action plan will be devised to outline the resources and actions needed to ensure that Somerset reaches the national diagnosis rate. Somerset has older than average population and so the incidence of dementia is likely to be higher. In the county there appears to be increasing demand on many services in relation to dementia, including primary care, A&E, acute wards and nursing and residential care homes admissions. Earlier intervention with higher quality community-based support will help reduce some of these pressures on services – and improve the quality of life for those who have dementia and their carers.

There has been some progress made since the paper was submitted to the Committee. The service in Somerset has been remodelled to have specialist nurses working in Primary Care to focus the specialist clinicians on the most complex cases.

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

- The Committee were interested in the measures being implemented to help family care for their relatives at home. There was a question about VAT on additions to property to house elderly relatives. It was agreed that would be brought to the attention of the Somerset Housing Strategy.
- The importance of early diagnosis as this can assist in putting support in place. The fear that encouraging early diagnosis might lead to early loss of driving licence is an important factor in rural communities where the car can often be the only lifeline to independence.

The Committee welcomed the report but were concerned that it was being presented as a strategy yet there was not a strategy attached. It was agreed that the Committee would be presented with a strategic document once the alternative model was fully worked through. This would be presented to the Committee in six months and it would be added to the work programme.

175 **Scrutiny for Policies, Adults and Health Committee Work Programme - Agenda Item 9**

The Committee agreed to the following changes to the Work Programme: -

- Add Dementia Strategy to the October meeting,

- Ensure the report from South West Ambulance Service report does not slip from the May agenda,
- Add a report on support for people with Physical Difficulties to an autumn agenda.

The Committee considered and noted the Council's Forward Plan of proposed key decisions in forthcoming months including Cabinet meetings up to date.

176 **Any other urgent items of business** - Agenda Item 10

There were no other items of business.

(The meeting ended at 12.49 pm)

CHAIR