

SCRUTINY FOR POLICIES, ADULTS AND HEALTH COMMITTEE

Minutes of a Meeting of the Scrutiny for Policies, Adults and Health Committee held virtually via Microsoft Teams, on Wednesday, 9th September 2020 at 9.30 am

Present:

Cllr H Prior-Sankey (Chair), Cllr P Clayton, Cllr A Govier, Cllr B Revans, Cllr A Bown, Cllr G Verdon

Other Members present:

Cllr D Huxtable, Cllr C Lawrence, Cllr J Lock, Cllr M Chilcott, Cllr L Redman, Cllr C Paul, Cllr T Munt, Cllr M Pullin

1 Apologies for Absence - Agenda Item 1

Cllr M Healey, Cllr M Caswell, Cllr G Fraschini

2 Declarations of Interest- Agenda Item 2

There were no new Declarations of Interest.

3 Minutes from the Previous Meeting held on 9 July 2020 - Agenda Item 3

The minutes were approved as correct and signed by the Chair.

4 Public Questions - Agenda Item 4

There were no questions submitted from the public.

5 Update on the Fit for My Future Review of Acute Mental Health Inpatient Beds for People of Working Age - Agenda Item 5

Maria Heard of the Somerset Clinical Commissioning Group presented the report and explained that it covered, firstly, the impact of Covid, and secondly, the feedback on the mental health consultation.

As far as the impact of Covid, Fit for My Future (FFMF) was paused on 27 March but resumed in an online form in early April. It was necessary to stand down face-to-face events and switch these to online, while printed materials were also sent out.

With respect to Covid's effect on mental health services, none were stood down, but their delivery was modified. Services were focused on supporting people in the communities; there were two step-down facilities set up in Yeovil and Wells, which are funded until next March. The 24/7 mental health helpline,

called Mindline, was set up within a week, with its initiation accelerated due to Covid. There will be an update on the next steps for FFMF at future meetings.

Andrew Keefe then discussed the Mental Health Consultation and the feedback on this; 538 surveys had been returned, 732 people attended the 63 events organised to promote and discuss the consultation, and 3,538 people were reached through a Facebook Live event.

Views regarding the consultation were very divided and polarised; 52% were opposed to consolidating services in Yeovil, principally due to travel distances, time, and costs and problems with public transport. Those in favour, 37%, felt this way based on safety and the quality of facilities. The highest number of returned surveys were in the Wells area, where the proposals were strongly opposed; excluding those areas, the majority of survey response—54%--were in favour with 33% against. The range of views were proportionately the same whether garnered from surveys, face-to-face meetings, or Facebook live events.

Following up the consultation feedback, the next steps will be:

- Consideration given to the feedback from the consultation and the impact this has on the proposal taken to the public during the consultation
- Considering the findings of a travel sub-group to explore and identifying option to mitigate the travel issues raised through the consultation
- Collecting feedback from scrutiny committees and the Health and Wellbeing Board
- Bringing a Decision-Making Business Case (DMBC) to the CCG Governing Body on 24th September

Questions were then raised by the Committee; in response to a question about the travel subgroup, it was responded that this was only one of several subgroups set up, and it was pointed out that not all travel problems can be eliminated as service users come from many areas, and those from areas aside from Wells are also disadvantaged by distances. The main challenge will be with regard to what precedent is set by the final decision, and proposals to mitigate problems in the best way possible are still being looked at.

There were further questions about the makeup of the travel subgroup and the results of their meetings; the response was that the members come from the CCG, the local authority, carers, and service users; and the subgroup continuing to work.

With respect to the feedback event on 2nd September, Andrew Keefe stated that he, Peter Bagshaw and David Heath conducted this, which was a Microsoft Teams live event with public questions; 21-29 people dialled in, and these were

people who knew and cared about the issue. The slides from the event are available and they still welcome views regarding the report. As this report was already in the public domain, the main purpose of the event was to validate and confirm the views already received; no one at the event disputed the feedback that was presented.

An issue with the alleged discharge of patients from facilities in the middle of the night was raised, as some constituents have complained; it was requested that some measure be introduced to ensure that all patients who are discharged have a reasonable journey plan and cost. The response was that this will be passed to the transport subgroup, but that in the past few years there is no knowledge of any mental health inpatient being discharged from the ward without prior planning. Taxis are provided when required and the patient's safety was ensured; there are also step-down facilities if there is a problem with returning home. In after-hour periods, there is follow-up by the home team and there are clear plans for the return home. It was agreed there would be further discussion between the council member who raised this and the CCG.

The Chair thanked the CCG for their report, noting that the mental health consultation has been difficult in the midst of Covid but that a decision will be made very soon, and the Committee will hear the outcome.

6 **Integrated Quality, Safety and Performance** - Agenda Item 6

The Chair asked for clarification about acronyms used in the report; it was clarified that WAH was Weston Hospital while UBHW referred to University of Bristol and Weston.

Alison Henly of the CCG presented the report, noting that it was a retrospective report commenting on the May-June period, which was the most up-to-date information available; the report compared the situation to pre-Covid and to last year.

The overarching key points were:

- The overall waiting list has been reduced but there are still long waits
- The Phase 3 recovery plan is still in development
- There has been much success with independent providers, especially Nuffield as regards cancer survivors
- Digital solutions were moved to quickly to ensure the maximum number of patients were supported, and this was seen positively by service users

The Committee then raised questions; the first regarded referral rates for tumour sites being below expected, enquiring why and at what risk. It was

responded that during lockdown, there was a reduction in people going to primary care, but those numbers were now back up to previous levels. Throughout the emergency, Nuffield kept cancer capacity at the same level, and now they were close to being caught up on the extra demand. As far as the reduction in tumour sites, such as breast, colorectal, lung, and head/neck, the sites and the demand are almost back to pre-Covid levels and are exceeding them in some areas. Only overall routine referrals are lower.

The second question related to Section 3.10, Mental Health-Improving Access to Psychological Therapies (IAPT) and the decline of over half the number of referrals, which was very concerning, especially because more mental health referrals were expected during the Covid crisis. The response was that these figures were relative to the April-May period; they are now seeing extra demand post-lockdown. New digital solutions are maximising coverage, which will be incorporated into the Phase 3 plan, and they are getting the message out to everyone with respect to how to access these new services.

The third question related to Section 3.11, Mental Health-Children and Young People Mental Health (CYPMH), where it was questioned what the exact meaning of the “access rate” is and of the figures accompanying it. It was agreed further explanation and information, would be provided and circulated post-meeting. The Chair requested that this be circulated also to the Scrutiny Children and Families committee.

7 **Adult Social Care Performance Update** - Agenda Item 7

The report was presented by Jon Padfield, who stated that throughout the pandemic the effort was made to continue to collect the usual metrics. A series of charts in the report demonstrated the impact of Covid through the end of July. He highlighted these key achievements:

- Managing Demand – There has been a significant spike in the number of people presenting (50% increase) to Somerset Direct, and the target for resolution of 60% has been met, as well as the target for SD and triage combined of 75% being close to being met.
- Overdue Assessments and Reviews – The number of overdue assessments has been creeping back up due to workforce demands during Covid, but the number of overdue reviews has significantly decreased from last year.
- Permanent Placements in Nursing and Residential Homes – These numbers were very positive, with only three young adults (18-64) permanently placed in four months, while the over-65 placements are being made at a rate of 416 per 100,000 population, compared to 435 per 100,000 last year.

- Complaints – The average was 13 per month during the last year, but since March there has been a significant reduction.
- Practice Quality – Since the launch of the online auditing tool, 593 audits have been completed, with the results being analysed and fed back to teams to help improve performance.

Tim Baverstock, Adult Social Care Deputy Director, then spoke about Pages 40-41 of the report regarding the infection control grant and how it has been used by care homes. He noted that Covid is now affecting more younger people, which includes care home staff, so there has been a significant uptake in grant funding usage, especially since the Council has been working with Unison's "Stop the Spread" campaign which supports care workers during Covid and encourages correct behaviour and working practices. It was emphasised from the start that the majority of grant funding was to pay staff while they were isolating or shielding; there is still work to do with some providers, but there has been a significant uplift in the support provided, and this has now been extended to the wider sector including supported living, home care and day care, as the government has now provided more flexibility as to how providers can spend the funds.

The Chair mentioned that she had received an email claiming that a care worker was not being paid while isolating; she will pass this on to the Deputy Director. He responded that each business makes its own decisions, although it was problematic because the grant has been designated for supporting staff in such circumstances. The Director of Adult Social Care, Mel Lock, stated that Adult Social Care are constantly reiterating to care homes that they must follow the regulations and best practices (PPE, staff support, etc), and there are daily updates allowing them to focus on providers who have a higher number of infections.

The Committee stated that since we are paying for places in homes, we need to ensure that high-quality care and performance is being received. There was an enquiry with respect to capacity referring to the stated 40 homes out of 220 which were unable to isolate and 27 with staff working at more than one provider; it was also asked exactly what was meant in Section 3.6 when it stated that all Somerset settings reported to 'be managing', and whether the restriction or suspension of placements in 7 provider settings was due to Covid or some other reason.

The response with respect to the capacity tracker was that the figures are correct; the capacity tracker enables ASC to target providers who report matters that are concerning, and they sign grant agreements to enable this and other terms). With regard to Somerset Care 'managing', they are the largest provider and were struggling for a few months, although they are in a pretty good position at the moment. Regarding placements at the 7 providers mentioned,

new placements are restricted whenever there are any concerns about the home, and in these specific cases it was not Covid-related.

The Director added that some of their care providers have more than one family member working in the care sector and working at different sites, but staff are tested every week and residents are tested every month. As regards isolation, this is sometimes difficult with dementia patients who 'wander', and they cannot legally be forced to stay in their rooms. The homes do their best to mitigate this situation by using proper PPE, hand washing, etc. The Deputy Director explained that they are reviewing the numbers weekly and attempting to bring them down, and he would be happy to share regional reports demonstrating that Somerset is doing well. The Chair questioned whether there was a compromise between safety and not holding people prisoner in their own rooms for long periods, which could have a detrimental effect on their wellbeing.

The Committee enquired, with respect to Section 3.12, why many care homes had not signed up to the grant conditions for receiving funds and if there was any connection between this and the quality of those homes; it was responded that there was no correlation and that some providers felt that restrictions on how the grant could be spent meant that they could not spend the funds, as they did not need them for those specific purposes—for example, they may have already been engaged in certain actions or they did not need to hire extra staff. The conditions of the grant are now less restrictive, so there has slowly been more take-up; the funds can now be used to build safe areas, etc. With respect to home care, there was a 99% take-up because there were no restrictions on how the funds were spent.

It was pointed out that at a care home in Cheddar, the entire staff moved in, which should be recognised as exemplary service; it was agreed, although it was noted that there have been many examples of selfless acts, such as at Dean Lodge, and that many of these have been highlighted on social media.

It was reiterated that although care homes are independent businesses, public money is being spent on them, so it needs to be ensured that it is spent properly; it was asked if all homes that signed up to the national capacity database are continuing to adhere to the conditions, and whether staff and residents are still being tested. In response, it was agreed that public funds need to be spent correctly, and that although there are some homes that are privately funded, the others are audited. As regards the capacity tracker, those homes that have not sustained their reporting have not received the second tranche of grant funding. The intention is to sustain the tracker permanently, although now it needs to be updated only twice a week instead of daily.

With regard to testing, the Director stated that it has been difficult at times to get it delivered to care homes and then returned, which is a fault of the system, not the providers, and the problem has been raised. However, testing is being done regularly, and any area or home with more cases can be highlighted, monitored closely, and action taken. There is a prevention meeting every Wednesday, and on this day they will be examining the increase in Covid cases in younger people and focusing on two areas: shutting down sites to visitors and more testing.

The Chair thanked the officers for their report and thanked everyone in the care sector. It was noted that Somerset is extremely fortunate to have the number and quality of providers that it has, and there is a difficult balancing act between encouraging them and keeping them in line; it was added that this report looked back, but the pressure on ASC is growing daily.

Anna Littlewood, new Assistant Head of Social Care and Operations, was welcomed to the Council.

8 **Learning Disability Transformation / Discovery** - Agenda Item 8

The Director of Adult Social Care emphasised that this report covered all learning disability activity, not just Discovery. James Cawley then presented the report in sections.

- Day Opportunities – Most of these facilities have been closed but are slowly re-opening; some of the large ones are struggling to re-open, while the smaller ones can have 'bubbles', depending upon the type of building and the type of service users. If they cannot re-open, local teams will review the situation and give support to the person in need.

The Committee asked which term is correct or best: "people supported", "service users", "people with disability" or "customers"; it was responded that all terms are acceptable and different persons have different views as to how they wish to be referred to.

A question was raised about the accuracy of the figures and if in fact 100% was paid to providers, even those not re-opening, while only 18% of hours were provided. It was responded that the bulk of the small providers had re-opened, dependent upon service users with underlying conditions who were reluctant to return. Discovery is very large, so they are not re-opening their buildings but are supporting persons in their homes; thus, the low percentage refers to building, not people supported.

The Chair questioned whether the Council should pay for a service that was not provided. The Director responded with the importance of doing this during

Covid, for two reasons: First, it is necessary to support the care providers financially to keep them afloat; and second, they are still providing a service, albeit now in a different way than before.

James Cawley said he will provide the Committee with figures on the number of people supported in buildings, and the number of people supported through other means (at home, online, etc). The Director added that they will keep a log of the questions/ requests for information and will distribute an update to members.

The Committee asked if all cases in Yeovil had been resolved and noted that it is difficult to understand the 'pain' of these service providers,. The Deputy Director responded that, as local authorities, they had received government guidance to sustain care providers during Covid, whatever their size, all across the country, in order to support them for the future. Therefore, with respect to payments, yes, it would continue to pay the provider and also the customer. An example was given of paying the day care rate (£50-60) to the day care provider, who had a 1-to-6 ratio (one care worker for six service users) while in a building; if that building is now closed and those persons continue to be supported but the ratio is now 1-to-1, the council is still paying for the service but in a different way. It was added that the payment to a service user with a personal budget would have been paid directly to the day care provider before Covid, but during Covid the council has had to make arrangements for additional support to certain persons.

It was stated that every provider is treated the same; some have shut down completely while others have not, but none have been put in danger. The Chair sought reassurance with respect to furloughed staff, where the government pays most of their wages, whether the Council paid them as well; the response was no, this did not happen.

- Assisted Living Programme in Housing Provision – Work has been done to provide more of these facilities and to convert others, but this has been difficult during Covid, so the programme has been put on hold while they look at other options.
- Assisted Technology – There has been a significant increase in this during Covid; it has been helpful for some, not for others. Work will continue with Brain in Hand, and this technology will be used going forward.
- Discovery – There are monthly meetings with Discovery regarding contract management. There is the need to review and refresh Key Performance Indicators, meeting members, and the clear governance of specific care homes;. It has been difficult for all providers to meet KPIs

during the Covid pandemic, and these will be better discussed after the Covid crisis.

The Committee agreed that the KPIs were appropriate for the current situation and said that information on the changes being made to the contract would be welcomed.

A discussion then ensued about the accuracy of figures used in this report. It was established that the figures were incorrect. It was promised that clear figures would be circulated later.

The Committee asked for more clarity about staff leaving Discovery, the quality of the service, and whether this report could be corrected and re-presented later. The Director responded that the figures would be corrected and added that it was expected that people moved around/ left a provider where there was a change, while new customers were gained at the same time. Members highlighted their duty to scrutinise and the importance of having the right information at meetings. The Chair agreed that this situation was not helpful, but the questions raised were useful in order that officers could go away and get information on specific questions regarding the number of service users, why users left, the different types of users, the changes made, where leavers had gone, and where new users had come from.

Reluctance was expressed with respect to waiting for the next scrutiny meeting to receive responses to all of the above questions; the Chair felt it appropriate that new figures should be circulated after this meeting and /or presented at a workshop, but then it may be decided that the issue needs to come back to a formal scrutiny meeting, as the public has a right to hear the outcome. The Director agreed that there was no problem with either, adding that they had other contracts that were just as big as Discovery, such as Somerset Care, and all needed to be treated the same, as people will always move out of services.

It was agreed the Chair will liaise with officers to organise a time and method of re-visiting this report.

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

No changes were made to the work programme.

10 **Any Other Urgent Items of Business -** Agenda Item 10

There were no other items of business.

It was noted that the next meeting will be the joint workshop with Children's and Families Scrutiny regarding transitions to adult services, and this meeting will start at 10:00 a.m. instead of 9:30 a.m.

(The meeting ended at 11:32 am)

Insert Cllr Prior-Sankey's
Signature

CHAIR