

SCRUTINY FOR POLICIES, ADULTS AND HEALTH COMMITTEE (ADVISORY BOARD MEETINGS ONLY FROM 19 JANUARY 2022 ONWARDS)

Minutes of a Meeting of the Scrutiny for Policies, Adults and Health Committee (Advisory Board meetings only from 19 January 2022 onwards) held in the Microsoft Teams virtual meeting, on Wednesday 26 January 2022 at 10.00 am

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

Other Members present: Cllr M Chilcott, Cllr G Frascini, Cllr D Huxtable, Cllr A Kendall, Cllr C Paul and Cllr L Redman

Apologies for absence: Cllr M Caswell

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

There were no new declarations.

32 **Minutes from the previous meeting held on 03 November 2021** - Agenda Item 3

The minutes of the previous minutes were noted and no amendments suggested.

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

There were no Public Questions.

34 **Scrutiny for Policies, Adults and Health Committee Work Programme** - Agenda Item 5

The Committee considered the Work Programme and agreed the proposed agenda items for forthcoming meetings. It was suggested that we add and update on Discovery to a future agenda.

35 **Fit For My Future (FFMF) -Update** - Agenda Item 6

The Board discussed a report on the Fit For my Future strategy. The purpose of the strategy is to set out how to support the health and wellbeing of the people of Somerset by changing the commissioning and delivery of health and care services. It is jointly led by Somerset Clinical Commissioning Group and Somerset County Council and includes the main NHS provider organisations in the county. The Fit for my Future programme has been impacted by the national public health restrictions put in place in response to the Covid-19

pandemic, as well as staff from across the health and care system prioritising the system's response to the pandemic. The programme was paused at the end of March 2020 to support Somerset's Covid-19 response.

The progress of the Fit for my Future programme continues to be impacted by the Covid-19 pandemic as staff across the health and care system continue to prioritise the system response, including the delivery of the vaccine programme. The Fit for my Future programme has therefore prioritised some key areas going forward, in conjunction with colleagues from across the system. This includes:

- Refresh of the Fit for my Future strategy moving into an ICS
- Working to develop the vision for community hospitals and how to utilise community hospitals, including inpatient facilities
- Reviewing MIU services at Minehead Hospital
- Hyper acute Stroke Care
- Services delivered from Victoria Park Medical Centre
- Focus on prevention, specifically healthy weight and hypertension

To support the engagement of stakeholders a workshop for all County Councillors, District Councillors and member of the Health and Wellbeing Board was arranged to follow this board meeting and many members had accepted the invitation to attend and contribute.

The Advisory Board discussed the proposed key areas and welcomed the inclusion of Community Hospitals as having a key role to play. It was recorded that they were a valued part of the service and would continue to be so. The overnight closure of the Minor Injuries Unit (MIU) in Minehead was raised as a concern as West Somerset was quite isolated as a community and there were many elderly residents with limited personal transport and very limited public transport. An innovative solution was needed so this vulnerable community could access services when problems arose overnight and would be made worse by waiting for the MIU to open in the morning. West Somerset is a priority for an innovative solution and the CCG welcomed engagement on this. The centralisation of the Hyper-acute Stroke Care was discussed in relation to the current service offered in Taunton. It was confirmed that Stroke Services had different elements defined by need and there would be some high needs that would be centralised and aftercare and rehabilitation available locally. The decision on how much was centralised was still under discussion and the final decision would take account of travel times and next nearest facility. It was confirmed that no final decisions had yet been made.

The Board noted the report and confirmed that many would be present at the workshop to offer details views to the proposed 'refresh'.

The Advisory Board had received a report from NHS Dental Services that set out the arrangements for dental services in Somerset.

Dental services are provided in Somerset in three settings: -

1. Primary care – incorporating orthodontics
2. Secondary care and
3. Community services – incorporating special care

Primary Care

The dental practices are themselves independent businesses, operating under contracts with NHS England and NHS Improvement. Many also offer private dentistry. All contract holders employ their own staff and provide their own premises; some premises costs are reimbursed as part of their contract. NHS England and NHS Improvement does not employ dentists directly. At the end of March 2020 under direct instruction of the Chief Dental Officer for England, face to face dentistry ceased and dental practices provided remote triage of dental emergencies, advice and guidance, and prescriptions for antibiotics as necessary. Meanwhile, urgent dental care hubs were established at pace to accommodate dental emergencies. These hubs remain focused on providing care for those patients who do not identify with a regular dentist despite the commencement of face to face treatment. Between 8th June and 31st December 2020 practices were expected to achieve 20% of their usual patient volume, based on last year's delivery. This activity was a combination of both face to face care and remote triage as per national guidance. This rose to 45% between 1st January and 31st March 2021; to 60% from 1st April to 30th September 2021; to 65% from 1st October and 31st December 2021; and to 85% from 1st January to 31st March 2022. Activity levels are expected to increase to 100% from 1st April 2022 onwards.

Over recent years there has been a steady fall in the number of patients in Somerset who have been able to access an NHS dentist. The total number of adults seeing an NHS dentist in Somerset has decreased from 214,715 (47.6% of the population) in December 2020 to 196,949 (43.7%) in June 2021. This is a drop of 17,766 patients (8.27%) over the past 6 months. The proportion of children in Somerset accessing a dentist (33.4%) is greater than the access rate for children across the whole of England (32.8%). This is measured by looking at the proportion of people who have seen an NHS dentist in the past 12 months.

As an early milestone, an Oral Health Needs Assessment (OHNA) was commissioned and published earlier in 2021 and the Dental Reform Programme team held a first SPRINT workshop on 10th June. Over 150 delegates attended with representatives from the dental profession; Healthwatch; Health Education England; Overview and Scrutiny and regional and national NHS colleagues. Dental case studies were considered, and discussions held about what works

well, what opportunities could be explored, what barriers there are currently and how we overcome them. The Dental Reform Programme roadmap is due to be published in the Spring 2022.

The recent press coverage of dental services in the South West was timed with the release of an additional £50million nationally of which £5million will be available to the South West. There has already been an advertisement seeking bids for new contracts to fulfil the needs of Somerset residents for NHS dental services and the expressions of interest has already hit 16 after only 48 hours of being live. It has been recognised that one of the challenges is attracting new dentists to the South West as a great place to work and work to address this is ongoing.

The Advisory Board discussed this in some detail giving specific examples of local people who have struggled to get appointments and reports that dentists appear to be offering 6 monthly check-ups for existing patients over taking on new patients. The presenters agreed that individual cases should be reported outside of the meeting and emphasised what should be happening under the existing contracts. People registered with a Dentist should be able to secure appointments with their dental surgery and those with an emergency need should be able to access emergency care. Access to Dental Services is vital for children as good oral care early on ensures their teeth are strong and therefore reduces the need for interventions later in life. Currently only two thirds of children are accessing dental services. Addressing this should be a priority in any future strategy.

During the discussion it was acknowledged that some places like Wellington do not have access to NHS dental services locally at the moment and that during the pandemic dentists were operating well below capacity due to the additional time taken to comply with the Covid safe requirements. All surgeries operate under the NICE Guidance and should not be removing patients from 'lists' if they are told that they do not need a check-up for 18 months. It also emerged during the discussion that the NHS funding in the past has been based on 65% of the population accessing services.

There has been a request for a Dental Reform Bill. During the discussion there was a suggestion of having a Task and Finish Group as Cornwall had done. This proposal was one that could be brought forward for the new Unitary Authority to consider. After further discussion the Board agreed that this would be raised by the Cabinet Member attending the committee to discuss with the Leader of Council on the best way to support calls for such a Bill to be brought before Parliament.

The Advisory Board had a report which was introduced by the Cabinet Member for Adults and Health. The report provided an up-to-date information on key developments in relation to demand and performance activity across adult social care both nationally and locally, as well as associated risks, mitigation activity and reform plans. The last year has proved another demanding one; it has further demonstrated the fragility of the broader care sector and required the Local Authority to flex and respond to wider system pressures in a range of creative and/or resource-intensive ways. Workforce capacity challenges, both within and outside of the service, have hampered the delivery and achievement of some ambitions and performance targets, with the pandemic resulting in additional demand and pressure on an already over-stretched and nationally under-resourced set of services and supports. Workforce challenges across the independent adult social care provider market in particular is an ongoing cause for concern for health and care services given our shared reliance on its sufficiency and capacity.

Demand for care and support has risen sharply since the start of the pandemic. In 2019, Somerset Direct (the Council's 'front door') handled 53,379 adult social care related enquiries; this figure rose to 64,413 in 2020 and has again remained well above pre-pandemic levels this year with a total of 70,139 contacts/calls received between 1 st January and 31st December 2021. Despite this, the proportion of calls resolved by Somerset Direct at 'first point of contact' has consistently been well above target every month of 2021/22 YTD (year to date).

High demand is also evident within the work of our frontline operational Adult Social Care teams (which are also impacted by staffing challenges), impacting on performance within desired targets and timeframes. Whilst 4,937 assessments and 6,560 reviews were completed during the year, at the time of writing, there are 438 overdue Care Act assessments and 2,369 reviews more than a month beyond the year overdue. To address this, the Service has procured the support of Diverse Rec/Imperium Resourcing (as a contracted out managed service) to undertake all non-allocated overdue Reviews (0-180 days) across our four Locality Teams, both in and out of county. The Managed Service had secured 15 Social Workers, 3 Quality Assurance leads and a project lead to comprise the team. Recruitment is continuing in January with the aim of having 25 Social Workers and 5 Occupational Therapists in post for February. The aim is for each worker to complete a minimum of 3 reviews per week. An experienced internal Service Manager has been appointed to oversee the work of the Reviews team, routinely reporting on progress, and ensuring compliance with required quality standards and local process expectations.

The service continues to struggle with recruitment into frontline operational roles and is remains reliant on a large number of locum staff. Recruitment activity continues, supported by the expert assistance of a new HR Business

Partner and HR Engagement Partner; this is an area of continued focus and effort for the service, alongside retention of existing staff at a time of increased demand and pressure, but is contributing to some performance and quality monitoring impacts. Somerset County Council and the NHS announced a significant cash investment to increase pay and recognise the hard work and critical contribution of carers in Somerset. This included a 9% uplift to domiciliary care providers in CQC regulated settings who agree to pay all their staff a minimum of £10.50ph, a retention bonus of £250 for all those working in registered care for the last six months, and a £250 welcome payment for new starters in domiciliary care. This was widely welcomed by the market and its employees, has set Somerset apart from other Local Authorities in taking direct action, and underlines our commitment to those working in social care.

The Board welcomed the report and positive performance achievements. Assurance was sought to confirm that the increase in payments and higher pay was permanent and sustainable, and this was given. A 13 % increase in the budget for next year was welcomed as was the confirmation that these increases were not down to 'one -off' payments but did form part of a sustainable budget allocation. It was confirmed that some of the pandemic Emergency funding had been used to move people from Hospital to residential Care in greater numbers than the Home First strategy would have wanted but this is being worked through and it is still the plan to support as many people as possible in their own homes.

The Advisory Board was interested in forthcoming changes indicated by the Social Care Act. The "Fair Cost" of care and the push for more "levelling up" still needs some further work to fully understand the impact. Work is also ongoing to understand the "Care Cost Calculator" as this is very complex and will be digital by default with an element of Self-Assessment.

The Advisory Board asked if Somerset had a Social Care Hotel like one that had been the subject of a recent news report and it was confirmed that this was not in Somerset but in Bristol and still 90% of people do go home and some do go into appropriate Residential Care setting but none to hotels.

The Advisory Board welcomed the report and positive performance over a very challenging period.

38 **Adult Social Care (ASC) Budget Report** - Agenda Item 9

The Advisory Board had a report which was introduced by the Cabinet Member for Resources. Preparations for the 2022/23 budget were reported to Cabinet in January 2022 and highlighted the difficulties of producing the 2022/23 budget against the backdrop of the Covid-19 pandemic, uncertain funding, and preparations for Local Government Reorganisation.

The Medium-Term Financial Plan (MTFP) will link pressures, growth, and savings to the delivery of the Council's key priorities within the Council's vision to create:

- A thriving and productive County that is ambitious, confident and focussed on improving people's lives,
- A county of resilient, well-connected and compassionate communities working to reduce inequalities,
- A county where all partners actively work together for the benefit of residents, communities and businesses and the environment, and
- A county that provides the right information, advice and guidance to enable residents to help themselves and targets support to those who need it most.

The draft proposals recognise the importance of Adult Services and the budget adds further investment of £18.1m, which is an increase of 12.8% to this key frontline service. This recognises additional pressures as a result of demand for services, which continue to be at an unprecedented level. Predicting future years demand is made more difficult by Covid-19 and one of the key challenges around this is identifying whether the current demand is on-going as peoples social care needs have increased, or whether there is a degree of temporary demand. These budget proposals have tried to strike a balance between the two and to ensure the budget proposals are robust.

Inflationary increases recognise the increased statutory pressures on providers such as increased national living wage, as well as general price inflation which is currently running at 5.1%. This figure also includes contractual inflation for the Discovery in line with the contract. The anticipated demographic growth in demand across the service has been calculated using Office for National Statistics population data and trends from previous years.

The Advisory Board welcome the proposed increase in spending and the robust planning that had resulted in the proposed budget.

39 Any other urgent items of business - Agenda Item 10

There were no other items of business.

(The meeting ended at 12.25 pm)

CHAIR