

SCRUTINY FOR POLICIES, ADULTS AND HEALTH COMMITTEE

Minutes of a Meeting of the Scrutiny for Policies, Adults and Health Committee held in the Luttrell and Wyndham Rooms, County Hall, Taunton, TA1 4DY, on Wednesday 27 July 2022 at 10.00 am

Present: Cllr Cllr H Bruce, Cllr Cllr D Denton, Cllr Cllr A Hendry, Cllr C Lawrence, Cllr F Smith and Cllr R Woods (Chair)

Other Members present: Cllr Cllr N Cottle, Cllr Cllr B Ferguson, Cllr Cllr A Govier, Cllr G Oakes, Cllr E Pearlstone, Cllr T Robbins, Cllr C Sully, Cllr Cllr N Cavill, Cllr Cllr H Davies, Cllr Cllr A Dingwall, Cllr L Leyshon, Cllr L Redman, Cllr H Shearer, Cllr G Slocombe, Cllr S Osborne, Cllr M Stanton and Cllr Cllr R Henley

Apologies for absence:

49 Declarations of Interest - Agenda Item 2

Councillor Rosemary Woods declared a temporary non-pecuniary interest in the South West Ambulance Service should this matter arise during the presentations today.

Public Question Time - Agenda Item 3

There were no Public Questions.

51 Scrutiny for Policies, Adults and Health Committee Work Programme - Agenda Item 4

The Committee considered and noted the Work Programme and the following items were suggested as future items for the Committee to have the opportunity to scrutinise:

- NHS Dental Services – Follow-up report,
- Suicide Prevention within Mental Health Services,
- Ambulance Service Performance,
- Workforce Planning.

52 Integrated Care Board and Integrated Care Service - Agenda Item 5

The Committee had a report and presentation on the recent developments of the Integrated Care System (ICS) and the establishment of the Integrated Care Board for Somerset (NHS Somerset). The took over the statutory accountabilities from the NHS Somerset Clinical Commissioning Group from 1st July 2022.

Integrated care systems (ICSs) are partnerships that bring together providers, commissioners and the voluntary, community and social enterprise sector across a geographical area ('system') to collectively plan health and care services to meet the needs of their local population, in line with four key aims to:

- improve outcomes in population health and healthcare,
- tackle inequalities in outcomes, experience and access,
- enhance productivity and value for money and
- help the NHS support broader social and economic development.

The presentation set out the vision for the County with short term and long term aims. The population of Somerset is relatively older than the national average, and over the next 25 years while the overall population will rise by 15% those over the age of 75 to double, resulting in a significant rise in demand for health and care services. As the population changes, the support they need from services is also changing. People are living longer and more people are living with long-term conditions. As a result, the NHS and its partners need to work differently by providing more care in people's homes and the community and breaking down barriers between services.

The vision for Somerset is to have a partnership that will create: -

- A thriving and productive partnership that is ambitious, confident and focussed on improving people's lives,
- A County of resilient, well-connected and safe and strong communities working to reduce inequalities,
- A County infrastructure that supported affordable housing, economic prosperity and sustainable public services and
- A County and environment where all partners, private and voluntary sector focus on improving the health and wellbeing of all communities.

The Committee welcomed the report and ambitious aims. The Committee asked how this worked with the already active Health and Wellbeing Board and were assured that the need to collaborate in delivering this was already an integral part of the delivery of this strategy. The tight deadlines of delivering the necessary Care Strategy by the existing deadline of December 2022. They were assured that the Strategy would be in place by the deadline but it was important to note that this would be an evolving document with opportunities to refine it over time.

The Somerset Scrutiny for Policies, Adults and Health Committee: - Welcomed the overview of the Somerset Integrated Care System, including the roles and responsibilities of NHS Somerset, the governance arrangements for the Somerset ICS and the establishment of the Integrated Care Partnership (ICP).

53 **Primary Care Update to include Victoria Park Medical Centre** - Agenda Item 6

The Committee considered a report on Primary Care Services in Somerset with an individual update on the Victoria Park Medical Centre in Bridgwater. There are 64 practices in Somerset. No practices are currently rated 'inadequate' by the Care Quality Commission. One is rated 'outstanding' and one 'requires improvement'. The other 62 are rated 'good'.

The Committee had detailed information on appointment waiting times from booking to attendance and this did show that 43% of patient appointments took place on the same day as booking. Feedback from patients and practices both highlight the challenges to access, with patients experiencing difficulty contacting practices and practices reporting extremely high levels of demand, much higher than pre-Covid. Currently at least 50% of consultations are face to face, with most others being telephone, with video and online forming smaller proportions.

Many areas of the Country have seen practices close, merge or move into new premises. In Somerset one practice has closed; Victoria Park Medical Centre in Bridgwater. despite efforts by all stakeholders to find a way to keep it open. The contract was held by a single GP contractor, which is an arrangement the NHS is increasingly moving away from. Sickness of staff and a number of key staff leaving led to a situation in which the practice was no longer able to provide a safe service on a day to day basis. The practice closed in August 2021 and patients were allocated to neighbouring practices. The building, which is part of Victoria Park Community Centre, will reopen later this year as a health hub, with a range of services for local people. This will be operated by Bridgwater Primary Care Network and Somerset NHS Foundation Trust working in partnership.

The Committee discussed negative impact this was having on a very deprived Ward and were made aware of the feelings of the local community in having to seek services in other GP surgeries. This led on to a discussion about the challenge of attracting GP's to work in Somerset while acknowledging that Somerset had a more stable workforce compared to some parts of the Country. There was also some discussion about making sure Community Pharmacies are used to the best effect. It was agreed that there was no simple solution and creative solutions were required to address the challenges of an ageing population, the rural nature of Somerset and workforce challenges.

The Somerset Scrutiny for Policies, Adults and Health Committee: -

Welcomed the update and report and supported the developments in Primary care in addressing the challenges of continuing to improve the health outcomes of the local population. The Committee asked to be kept informed of progress of the proposed new way of delivering services.

54 **Performance Report** - Agenda Item 7

The Committee considered a report that provided an update on key developments in relation to demand and performance activity across adult social care both nationally and locally. It was supported by an accompanying presentation, prepared by the Adult Social Care Performance Lead, detailing key performance indicators for the service to help inform the Committee's understanding of current activity and performance locally.

Somerset's Adult Social Care strategic approach remains focused on promoting independence and supporting person-centred practice and approaches. The rising cost of social care driven by increasing demand for services, and the recognised workforce challenges (both within social care services delivered by local authorities and across the wider independent care provider market and health sector) has impacted on the ability to consistently deliver within desired targets and timeframes in some areas of activity.

The Strategic focus is Promoting Independence and adopting a person-centred approach to achieve this Somerset Adult Social Care aims to support people in Somerset to: -

- Be able to remain in their own homes for as long as possible,
- Enable people to recover and return home from hospital quickly,
- Reduce our use of out of county placements by ensuring we have a sufficient range of mixed economy provision,
- By enabling people and their carers to tell us what 'good' looks like for them and help design their support,
- Be able to have equal access to mainstream support within their local community,
- Have tailored assistance to support where they need it and finally
- Have enabling conversations focused on their strengths and to offer informed choice.

The first point of contact is Somerset direct and in 2021/22 the average call volume was 5893 calls a month. 60% of which were resolved during that initial call. It was recognised that there is a backlog in overdue Care Act Assessments and Overdue Reviews and the Committee were informed of the plans in place to address this. Somerset is still one of the best performing Local Authorities when compared Nationally but that does not reduce the emphasis on getting these under control.

The Committee asked why there was such a high number of 'Provider Handbacks' – when a provider indicates that they can no longer provide a service. Although occasional care package 'handbacks' are not uncommon, and can and will occur for a variety of reasons, during 2021/22 there were a total of 269 package 'handbacks' (an average of approx. 22 per month) placing additional pressure on Local Authority staff to find replacement care within an already over stretched care market. The monthly average so far in 2022/23 is 27. This is an indication of having hit the limit of people wanting to work in

Care and a reduction in available workforce following the departure from the European Union. There is now a drive to look for workers from overseas as there is a need for about 300 -400 workers to cover the shortfall.

The Committee asked if the handing back of contracts led to re-admittance to Hospital or residential settings. They heard that this may happen but it was a very complex area as people needing the support do often have other medical conditions that may need hospital treatment anyway.

The Somerset Scrutiny for Policies, Adults and Health Committee: -

- **Considered the report and made recommendations.**

55 **Quality Report** - Agenda Item 8

The Committee had a report on Care Provider Quality. The report outlined the overarching duties and arrangements the Local Authority has to ensure the care provision offered to residents is of the highest quality, to support oversight and scrutiny.

The Care Act 2014 requires local authorities to help develop a market that delivers a wide range of sustainable high-quality care and support services, that will be available to their communities. When buying and arranging services, local authorities must also consider how they might affect an individual's wellbeing. This makes it clear that local authorities should think about whether their approaches to buying and arranging services support and promote the wellbeing of people receiving those services.

The Care Act also gives local authorities clear legal responsibilities where a care provider fails. It makes it clear that local authorities have a temporary duty to ensure that the needs of people continue to be met should their care provider become unable to continue to provide care because of business failure, no matter what type of care they are receiving. Local authorities have responsibilities to all people receiving care, regardless of whether they or the local authority pay for that care, or whether it is funded in any other way. Should a care provider fail financially and services cease, the local authority must take steps to ensure that all people receiving care do not experience a gap in the services they need.

The Local Authority and NHS Somerset have a number of forums, functions and teams where concerns relating to care provider quality, risk and performance are overseen by the following : -

- **Somerset System Quality Group:** A strategic forum at which partners from across health, social care, public health and wider within Somerset Integrated Care System can join up around common priorities.

- **Multi-agency Care Provider Commissioning & Quality Board:** Supporting evidence-based commissioning and de-commissioning decision making relative to quality and safeguarding concerns in our care market.
- **The Quality Assurance and Contracts Team:** The Local Authority has a dedicated team in place offering advice and support to externally commissioned care providers to meet the quality standards and requirements of regulators and the Council.
- **Provider engagement and forums:** The service is currently reviewing the provider engagement and communication functions and forums in place locally.
- **Micro-providers :** Somerset has a growing micro-provider market – services that are not commissioned directly by the LA but help give local people more choice and control over the support they require and offer an alternative to more traditional provider services - Somerset is looking to partner with The Independent Living Group and the National Association of Care and Support Workers to purchase a nationally recognised accreditation and learning and development pathway as part of its commitment to deliver quality provision across Somerset.

The report contained a case study the typified the range of responses used to address a quality issue. The report contained some comparator information in relation to the rest of England and similar large rural Local Authorities.

The Somerset Scrutiny Policies, Adults and Health Committee-

- **Considered the report and detailed analysis of the arrangements to ensure Care Provision in Somerset is of the highest quality.**

56 **Any other urgent items of business** - Agenda Item 9

There were no other items of business.

(The meeting ended at 12.25 pm)

CHAIR