

## **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 12 October 2022 at 10.00 am

**Present:** Cllr R Woods (Chair), Cllr G Oakes (Vice-Chair), Cllr H Bruce, Cllr B Ferguson, Cllr A Govier, Cllr C Lawrence, Cllr E Pearlstone, Cllr T Robbins, Cllr S Coles (substitute) and Cllr L Trimnell (substitute)

**Other Members present:** Cllr A Hendry, Cllr F Smith, Cllr A Dingwall, Cllr A Kendall, Cllr M Lovell, Cllr L Redman, Cllr H Shearer and Cllr M Stanton

**Apologies for absence:** Cllr N Cottle, Cllr D Denton and Cllr C Sully

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

There were no new declarations of interest.

**2 Minutes from the previous meeting held on 27 July 2022** - Agenda Item 3

The minutes from the meeting held on 27 July 2022 were approved subject to the following addition:-

Add to the recommendation in Agenda item 6 that the Committee asked for the decision to close Victoria Park Medical centre be reviewed in the future and that ensure the Committee is given an update on the proposed Health Hub.

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

There were no questions asked, statements made or petitions presented.

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

The Committee considered and noted the Committee's current work programme and outcome tracker and the Executive's Forward Plan of planned key decisions in coming months.

The following items were suggested as additions to the Work Programme: -

- Adult Social Care Workforce
- Dental Services in Somerset needs to be revisited after assurance of new services being commissioned.

## 5 **Adult Social Care - Budget Report** - Agenda Item 6

The Director of Adult Social Care gave a high level presentation demonstrating the make up of the Adult Social Care (ASC) budget and how it was allocated between statutory and non-statutory spends, income sources and how the overspend is going to be managed. The Adult Social Care Budget is over half the Council's budget.

The money that is spent in Somerset on Adult Social Care is £262m per year. There is a large contribution from the NHS towards these costs of care and also many individuals receiving care and support pay something towards their costs. This means the budget the Council needs for ASC is actually £160m per year. The council also receives one-off funding from the government during the year to cover additional costs i.e. winter surges in demand.

The Council is legally obliged to meet the assessed needs of its population, the services that meet these needs are called statutory services and they make up the vast majority of the council's budget. There are 7500 people within Somerset who are in receipt of some kind of statutory service and a further 500 Somerset residents who are supported out of county.

This report covers the month 5 budget and this is showing a £13m overspend. In most years, demand and inflation growth factors, plus one-off funding, can cover any pressures. However, this year these pressures have been too unpredictable to forecast, and too large to absorb.

To address this there is a 'cost of care' exercise being undertaken with a submission to the Treasury this week. There may be some further support to cover the inflation costs but there is no guarantee of this. There is an exercise currently underway to reduce the cost of some 'double handler' costs by greater use of technology without reducing the quality and safety of support.

The Committee challenged the 'rounding' of figures for this presentation. This was done to make the presentation clear about the high level numbers and was intended to be illustrative.

The Committee discussed the presentation and asked some specific questions: - They wanted to know why there were 500 'Out of County' placements and what this covered. They were assured that this was usually at the request of the individuals; some wanted to be nearer family in a different County and many were just over the border in neighbouring counties and again that was the closest to where the individual had support or family. Only a very few were far from home and this was usually in response to a specific need. All however are visited face to face to make sure they are getting the support they want and need.

There was some concern around the possible costs should inflation reach 12% as some predict, it was acknowledged this will be a challenge and could make the provider market fragile.

The presentation demonstrated that the average spend in Somerset was low and the Committee wanted to know if that was a good thing. They were advised that when compared to the National Average it was better to be in the middle but being lower than the national level was not in itself a bad thing as each area has a different provision and Somerset's use of micro providers does keep the costs down. There is an exercise now to make sure the cost of care is right for Somerset providers as it is possibly too low at the moment.

The cost of Hospital to Home care was recorded as £40m which seemed high. It was confirmed that this covered Community Hospitals but the focus in Somerset is 'Home First' as this is where the best outcomes are achieved and sustained. There was a £1.2m shown as the cost of closing two Care Homes which seemed high. This covered the fee to move to another home, ongoing staff costs and some will be repaid.

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

- **Has an improved understanding of the make-up of the ASC budget, and are better equipped to scrutinise the budget and hold the Executive to account concerning the ASC financial position.**
- **The Committee can now ask informed questions concerning the areas of overspend and the plans in place to improve this position.**

#### **6 Stroke Care in Somerset - Agenda Item 7**

The Committee had a report from the Programme Director of Fit for My Future and the Programme Manager for Stroke, Neurorehab and Community Hospitals. The Clinical Services Director for Neurological Services and Consultant Stoke Physician also attended the Committee. Fit for my Future is a strategy for how we will support the health and wellbeing of the people of Somerset by changing the way we commission and deliver health and care services. It is jointly led by NHS Somerset Integrated Care Board and Somerset County Council and includes the main NHS provider organisations in the county. The stroke strategy for Somerset was drafted in 2019 and provides a direction of travel for the next five years, setting out how stroke services should operate across the pathway from prevention to living with the impacts of stroke. Many of the recommendations within this strategy have been implemented.

This report provided an update on the development of hospital based hyper acute stroke services and Transient Ischaemic Attack (TIA) services in Somerset. Rates of death following stroke have reduced by half over the past 20 years ,

but the number of people having a stroke continues to rise . The National Stroke Programme aims to deliver better prevention, treatment, and care for people in England who have a stroke each year.

The lack of stroke specialist staff nationally is impacting care for many people who have had a stroke. In the 2021 SSNAP audit of the stroke workforce in England, a number of areas of concern were identified:

- Over half the stroke units have a consultant vacancy
- Less than half of stroke units meet the minimum recommended staffing levels for senior nurses
- There are not enough people trained to undertake thrombectomy procedures
- Only 6% of hospitals have access to the right number of clinical psychologists

Addressing the workforce challenges is essential if improvements in stroke care and outcomes are to be achieved. Provision of acute stroke care is not considered optimal in Somerset.

- Demand for stroke care will increase and the specialist stroke workforce available to provide care is limited,
- The provision of acute stroke services currently does not meet National Guidance resulting in variable outcomes for patients,
- There are variations in provision of care and access to specialist services in Somerset and
- Poorer outcomes from stroke result in higher financial costs for health and care.

A significant amount of work has been undertaken by the Somerset stroke steering group (a partnership of clinicians, people with lived experience of stroke and other health and social care staff, as well as colleagues from Dorset) to design a new model for acute stroke services that meets both clinical best practice and one that is grounded in what matters most to people and delivers the best outcomes for patients. This work has been led by Dr Rob Whiting, Clinical Services Director for Neurological Services and Consultant Stroke Physician at Somerset NHS Foundation Trust.

After reviewing all options it was agreed to go to consultation on only four that met the agreed criteria. The Committee were taken through the four options set out in the report.: -

- A. Do nothing, keep a Hyper Acute Stroke Unit (HASU) and Acute Stroke Unit (ASU) in both Taunton and Yeovil
- B. Minimal change (single workforce between two main sites (Taunton and Yeovil) each having an HASU and an ASU,
- C. Single site for HASU patients and ASU in both Taunton and Yeovil,
- D. Single HASU and ASU in Taunton and nothing in Yeovil

The Committee discussed the options and asked about the impact this would have on neighbouring HASU and ASU in North Somerset, Dorset and Devon. It was confirmed that patients would always be taken to the nearest HASU and many Somerset residents are taken to Weston General, the RUH in Bath and some to Dorset. The Committee wanted to know the risks should neighbouring hospitals undertake similar reforms and close HASU's? . They were assure this was factored into the planning and most of the neighbouring areas had already undertaken this review.

The Committee wanted to know why Somerset appeared to have a higher rate of strokes (2.38) compared to national figures (1.8). this reflects the fact that Somerset has a higher than average aged population and it is more likely for older people to have a stroke.

Looking at the options the Committee wanted to know why there was not an option to have all the services in Yeovil. This was part of the longer list of options but was dismissed as it have proven historically very challenging to recruit Consultants to Yeovil Hospital.

The committed wanted to know the timescale for the consultation and were informed that it will be open to the public from thee end of November and will in in February/March 2023. The outcome will be shared with the Committee and all County Councillors are encouraged to get involved.

**The Somerset Scrutiny for Policies, Adults and Health Committee made comments and observations on the proposed consultation.**

7 **Treatment and Recovery Grant Substance Misuse Strategy** - Agenda Item 8

The Committee had a report from one the Public Health Consultants. The report aimed to introduce scrutiny members how the relaunched Somerset Drug And Alcohol Partnership is tackling this issue, utilising additional funding awarded to Somerset under the Supplementary Substance Misuse Treatment & Recovery Grant (SSTRG). A requirement of this grant is to develop a Somerset Substance Misuse Strategy and this paper begins to articulate the approach to be taken locally, in accordance with the national 10 year plan called 'Harm To Hope.'

Somerset County Council Public Health currently commissions an all-age drug and alcohol treatment service in Somerset, called Somerset Drug and Alcohol Service (SDAS) provided by Turning Point a national voluntary sector provider of specialist drug and alcohol services. In December 2021, Government published From harm to Hope: a 10 year drugs plan to cut crime and save lives and to support its implementation the government has allocated additional funding over a 3 year period 2022/23 to 2024/25. This supplemental funding is to support improvements in the quality and capacity of drug and alcohol

treatment and is subject to plans being submitted annually and approved nationally.

The additional funding asks local areas to deliver the following outcomes over the three years:

- To have stretch targets to increase the numbers of adults in structured treatment by 20% and young people by 50%,
- To reduce drug and alcohol related deaths and
- To improve access to treatment for individuals referred from the criminal justice system.

The Committee considered the report and discussed the possibility of having a workshop to address the challenge. Whilst that was welcomed as an option due to the tight timescales for submitting the Strategy to secure the funding it would not be possible for the first iteration. As this was an evolving strategy it was agreed that here could be one in the future. The Committee were keen to discuss this in a greater depth at it was an area where there was an underlying dependency that was not always visible as people continued to function in society.

**The Somerset Scrutiny for policies Adults and health Committee: -**

- **Scrutinised progress on achieving the pre-requisites against national deadlines of the national grant award,-**
- **Provided input into the draft Somerset Substance Misuse Strategy Priorities and**
- **Informed officers how the committee, would like to remain engaged with this work.**

**8 Somerset Safeguarding Adults Board (SSAB) Annual Report - Agenda Item 9**

The Independent Chairs of Somerset Safeguarding Adults Board introduced his Annual report. The Annual Report is presented each year to the Scrutiny Committee in the interests of promotion, transparency and accountability, as well as being shared with the Chief Executive and Lead Member of the Local Authority, the Police and Crime Commissioner and Chief Constable, Healthwatch Somerset, and the Chair of the Health and Wellbeing Board (as is legislatively required). It is also shared with NHS Somerset leads.

The Somerset Safeguarding Adults Board (SSAB) is a statutory body established by the Care Act 2014. It is made up of senior people from organisations who have a role in preventing the neglect and abuse of adults. The main objective of the Board 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;
- Are experiencing, or at risk of, abuse, neglect or exploitation;

- Are unable to protect themselves from the risk of, or experience of, abuse or neglect as a result of their care and support needs.

SABs have 3 statutory functions: -

- To develop and publish a strategic plan setting out how it will meet its objectives and how members will contribute to these;
- To publish an annual report detailing how effective its work has been;
- To commission Safeguarding Adults Reviews (SARs) for any cases meeting the criteria for these.

The work of the Board during 2021/22 continued to be impacted by the need for member organisations to prioritise their capacity and response to the pandemic and the associated health and care system pressures arising from it. Despite the demands and capacity challenges faced by the sector, the partner organisations have shown enormous commitment to continuing to help adults in need of safeguarding support and have supported progress activity across a range of priority areas. The Board is keen to highlight the following information for Scrutiny awareness:

- Somerset has seen a declining rate of safeguarding concerns contrary to national trends, and fewer Safeguarding enquiries being undertaken as a result.
- In common with national trends, the majority of individuals involved in a safeguarding enquiry are over 65 and female.
- Somerset is proud of its commitment to 'Making Safeguarding Personal' and continues to secure valuable feedback direct from service users, carers and advocates via its safeguarding questionnaires developed in partnership with Healthwatch Somerset.

The Committee agreed that the partnership working was very good and were pleased to see number of referrals were going down but were keen to make sure that this was not due to under reporting but because of the work done over the years to address concerns early on to prevent cases needing to be reviewed. It was confirmed this was the case.

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

- **Continue to encourage all elected Councillors to actively support adult safeguarding across the Local Authority and Somerset's local communities and**
- **Promote awareness of the resources and support available via the SSAB website.**

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

There were no other items of business.

**(The meeting ended at 1.13 pm)**

**CHAIR**