Minutes of a Meeting of the Scrutiny Committee - Adults and Health held in the Sedgemoor Room, Bridgwater House, King Square, Bridgwater, TA6 3AR, on Thursday, 11 July 2024 at 10.00 am

Present:

Cllr Gill Slocombe (Chair)
Cllr Graham Oakes (Vice-Chair)

Cllr Hilary Bruce
Cllr Christine Lawrence
Cllr Rosemary Woods

In attendance:

Cllr Sarah Wakefield

Other Members present remotely:

Cllr John Bailey
Cllr Ben Ferguson
Cllr Emily Pearlstone
Cllr Claire Sully
Cllr Andy Dingwall
Cllr Liz Leyshon
Cllr Leigh Redman
Cllr Lucy Trimnell
Cllr Martin Wale

61 Apologies for Absence - Agenda Item 1

Apologies were received from Councillors Andrew Govier, Sue Osborne, and Tony Robbins.

62 Minutes of Previous Meeting - Agenda Item 2

Resolved that the minutes of the Scrutiny Committee - Adults and Health held on 4th April 2024 be confirmed as a correct record.

63 Declarations of Interest - Agenda Item 3

There were no new declarations of interest.

64 Public Question Time - Agenda Item 4

No public questions were submitted.

65 Work Programme - Agenda Item 5

The committee requested that Homelessness and Rough Sleeping for Over 70s to be added to the work programme or a briefing arranged.

66 23/24 Budget Outturn - Agenda Item 6

Christian Evans, Head of Finance Business Partnering, introduced the report on the 2023/24 Outturn Position and 2024/25 Month 2 Budget Monitoring. He highlighted the factors that impacted the overspend in 2023/24 and the £1.6m underspend projected for the year as a result of the investment into Adult Social Care.

During the discussion, the following points were raised:

- What are the preparations taking place for the long term projections, as we have an aging population and people are living longer? *Work within the team to keep people at home for longer and work such as SILC to support people at home. We are waiting to see what a new government brings to funding of health and care. Very positive to start the year off well.*
- Keeping people in their homes for longer will have a rolling effect later on as costs of residential care will increase.
- In the current year there has been some funding from the NHS for hospital discharge, is that continuing? *The one-off funding is not going to continue, but we are working as a system to ensure needs are met.*
- Are there any areas that have come up as risks from the savings that weren't previously identified? *Three risk areas: capital drops, international recruitment, and the government changes. As a demand-led budget there are always risks.*

67 CQC Reports on Maternity Services in Somerset - Agenda Item 7

Andy Heron, Chief Operating Officer of Somerset NHS Foundation Trust, introduced the report, joined by Sally Bryant, Directory of Midwifery and Deputy Chief Nurse, and Dr Claire Lovelock, Consultant of Obstetrics and Gynaecology, online. They outlined the areas they had fallen short in the CQC inspection of November 2023 and the changes they were making in response, including developing a fortnightly maternity and neonatal action group, strengthening the governance process, particularly around training, and purchasing more equipment.

During the discussion, the following points were raised:

- Were you surprised by the report? *We were not entirely surprised – expecting requires improvement, but felt that there was positive feedback and good clinical outcomes. We are aware that the buildings work against the team providing the best possible care.*
- There is a need to give staff the confidence that they are doing a good job.
- The report shows leadership failures.
- The inspection was given two days notice – can you explain how those were used? *Gathering information together and performing last minute checks. The shortfalls were found in systemic issues and leadership failures, not something that is fixable in two days and are taking some time to fix.*

- Concerned about the impact on staff. *We are working in partnership with a service user group to co-produce the service. This is important to manage support for staff. Since publication of the report, only 4 families have come with PALS and asked for reassurance. We have increased communication with service users and staff and are guided them in the language we are using.*
- There are nationwide difficulties in recruiting midwives with many retiring, has that had an impact? *Not yet in Somerset, but the national picture it is likely to impact us. Want to improve before it does. One of our main challenges is recruiting obstetricians. There is a new multidisciplinary leadership team coming together to solve the problem.*
- We would like to understand where the resources are focused on the areas in the report and the timescales for things to improve. *We have a really robust and detailed action plan we are more than happy to share. We have had a formal review of it and have a follow up meeting with CQC to give them updates on the actions and prioritisation.*
- Are you short staffed or fully staffed? *Currently no midwifery vacancies. We have a birthrate flux model that we are predicting will recommend an increase in staffing, so will likely have vacancies in future. People regularly make contact to ask if we have midwife vacancies so in spite of the rating we still have a good reputation. We have 3 consultant level obstetric vacancies, one covered by long term locum and another by short term. Some gaps at registrar level for which we are recruiting. This will hopefully improve in August, but it is a national problem.*
- What are the systemic issues that affect the staff to deliver adequate service? *Governance – we had a significant lack of oversight over appraisals, training, and whether guidelines are up to date. We have focused a lot of effort on reviewing our governance and developing a process. We now have clear oversight on where we are with training, guidelines, and clinical outcomes.*
- In Chard Community Hospital a ward has been converted to maternity outpatients, is this being pushed out to other community hospitals? *We took advantage of space that wasn't being used, and has grown into a hub that has supported integration. We do have community midwives in other hospitals, e.g. Minehead hospitals. Longer term plan is to develop hubs so that we can work closely with colleagues such as health visitors and GPs.*
- What about the Mary Stanley unit? *It is a birthing centre that has seen declining numbers of women choosing it. Since births there were suspended only one family has come forward to inquire and they were happy to use the alternative at Musgrove Park Hospital. We are doing work to understand the ask of the community and how to develop the services to deliver in the safest possible way.*
- Would like the team to come back to see progress from the action plan. *Yes, we can come back in three months time.*
- Would it be possible to do a mock inspection to improve things and deal with issues? *We have a good working relationship with colleagues in Bath who recently received an outstanding rating – the director of midwifery has offered to come and visit and help scrutinise the work we are doing in response.*

The Lead Member for Adult Services, Cllr Sarah Wakefield, introduced the report on the Social Care Workforce. She then handed over to Emily Fulbrook, Deputy Director – Operations, to talk about the internal workforce, and Paul Coles, Service Director - Commissioning, to talk about the external workforce. They covered the Workforce Strategy for 2024-26, and compared the local situation to the national context.

During the discussion, the following points were raised:

- Why do people leave the care sector? *Retirement, moving away. We always do an exit interview to learn, this links with our retention work.*
- Do carers in the private sector get scrutinised as well? *All providers we work with must be regulated by the CQC, there is also the PAMMS platform which does monitoring, and contractual arrangements with the provider market include supervision and monitoring.*
- What about home carers that provide 24/7 care? People often have to go to the private sector for that. *There is capacity in the market for that – last week this was sourced within 2 days. Some people may think they need 24 hour care and following assessment will not. People needing it will probably be better off in residential and nursing care, it's cheaper and may be better for quality of life with less isolation. It is based on assessed need, and only rarely will we provide live-in care. There are lots of factors to consider.*
- I would like to see people offered homecare first – can you go home with care or can you not, then considering residential care. I have found cases of that not happening. *We would welcome that information. The only time that should happen is through the hospital discharge, intermediate care process. If the individual wants to go home we should encourage that. We do that in enhanced peer forums. Would welcome committee members to come and sit on peer forums and listen to conversations.*
- Looking at working days lost? *We have made significant strides in terms of working days lost and sickness levels. We are learning from that so we can continue to improve, and learning internally from other directorates.*
- If international staff don't have good language skills, this will impact service users, staff fitting in and retention. How are we addressing this? *With the recruitment process and working with providers to ensure the people recruiting have a level of English and are able to communicate effectively with people from dementia. During the LGA peer review, we put forward our internationally recruited social workers and they had 5 star ratings on person-centred, strength-based approach, quality of assessments. Very positive feedback.*
- The positives are the good peer to peer working. The negatives – need more frontline up change, worried about comments about poor visibility of managers, inconsistent supervision, and that strong leaders are needed and that leaders are not listening enough to their teams. *We have taken action on this feedback – there is a staff engagement focus group, dedicated response times. We are developing our team charters. At the time of feedback we had vacancies, we still do, with some team areas not fully recruited to in terms of service managers, which caused staff to feel isolated. There has also been some sickness. We are monitoring that, commitment from the operational senior leadership team to be more visible.*
- What is the Post-Qualifying Standards Practice Supervisors Programme?

Once you have qualified there is a national direction – lead and monitored by principal social worker. We are doing in person/local drop ins.

- May be a need for leadership training for frontline team leaders.
- Good to see a reduction in turnover for social workers – 41 leavers, main reason stated is resigned or retired. Would like the data from exit interviews to be included.
- Of the 70 starters – what is the split from the strategy? Only one new apprentice, and we need to focus on apprenticeships. *We will take that away – there are more apprenticeships than that, going into Adult Social Care Practitioner (ASCP) and Occupational Therapy Assistant (OTA) roles. Grow your own is important to us, we need to have the skillset and support for that. Can't have a team full of Newly Qualified Social Workers (NQSW). We do have a lot of locums, which does impact supervision. International recruitment is important for sustainability.*
- Is there a target of where the future workforce will come from? Is that part of the strategy? *Not a target, but we plan carefully which team they will go. NQSWs have a year in practice where they are supported. For Adult Mental Health Practitioners (AMHPs) there is a trainee AHMP process with the university that we are closely monitoring. All three due to qualify in next four weeks.*
- Who are the members of the workforce board?
- Do you go and talk to people in sixth form? *Yes, we do, from Social Work, Occupational Therapy, and Care Providers, encouraging people to talk about care. It's a large industry but not the most valued.*

69 Overdue Assessments/Reviews - Agenda Item 9

Emily Fulbrook, Deputy Director – Operations, gave a presentation on this topic, highlighting that high demand and workforce challenges that have created a large backlog, and the ongoing work done to address the waiting times and risk assessments for those on the waiting list.

During the discussion, the following points were raised:

- Could efficiency savings be made through discharge planning, as people waiting to be assessed are sent to care homes? *We are taking measures to address this, there will be some charges involved. We hope people will move quicker through the system.*

70 Extra Care Housing Model - Agenda Item 10

Stephen Miles, Acting Strategic Manager - Adult Services, gave a presentation on the Extra Care Housing Recommissioning Progress Update, which sits between home care and residential care as a partnership between the local authority, care providers, and landlords. He outlined the key proposals of the recommissioning process and the implementation period.

During the discussion, the following points were raised:

- How do we recognise extra care housing? *There are 14 schemes in the*

housing, we can share this list with members.

- Really appreciate extra care housing – want to keep them as long as possible. They do a fantastic job of giving people freedom and preventing isolation.
- What is the cost? *There is tenancy in line with local rates, there are also service charges on top – some of these include meals. It varies by scheme. Housing strategy for the future is important – extra care will be part of that. Need to think about the mixed economy, buying and renting.*
- Is this going to Executive Committee? *Decision paper will. We will bring this back to the committee beforehand.*
- Would like more information about being able to step up and step down delivery of care overnight. *Every scheme is staffed 24/7 but only a few have a waking night in place. For someone to receive regular care overnight we need a waking night. Have the ability to step up if need required.*

The chair thanked the presenter for the presentation and requested that they return.

71 Consultation on Draft Somerset Suicide Prevention Strategy - Agenda Item 11

Matthew Hibbert, Strategic Manager – Public Health, introduced the report, explaining how it had been co-produced and the structure of the strategy and consultation process. Amy Hardwick, Health Improvement Manager - Mental Health and Wellbeing, Andrew Keefe, Deputy Director Commissioning, Mental Health and Learning Disabilities – NHS Somerset, and Andy Pritchard, Chief Operating Officer – Mind in Somerset, also presented. They shared a resource with members from https://openmentalhealth.org.uk/.

During the discussion, the following points were raised:

- Statistically the rate is higher than the rest of England, an average of one a week, and there were recent events with the M5. Why do you think that is? *We don't have data that shows a reason. We have now seen a reduction in the rate for the first time since 2014.*
- Sometimes as councillors you meet people who you don't think are doing well. It would be great to have support with that. *The Orange Button scheme trains people to have the confidence to have those conversations. Currently developing conversation cards which will help and list local support.*
- It's important to have physical materials. *We have passed around some cards with information locally.*
- There needs to be a range of ways to access support, for men especially, support for them to safely express how they feel. There is a need for 30 different doors. *Public health do commission stepladder, which supports lots of different initiatives and solutions, working with a range of stakeholders. Part of it is trying to change the culture which is a challenge.*
- Suicide is on everyone's mind after M5 incidents. How big is the team and what's the capacity? *Two from public health, one on data and evidence, and two others. It's a small group of people who are passionate and have a big impact, engage widely with public health, ICB, the NHS Trust, and VCFSE partners. While suicide rates are decreasing the number calling Mindline are significantly increasing, and our data is based on people who have died by*

suicide. We can't measure the impact of the work, successful interventions or lives saved.

- It's important to have services as well as get people talking. Pleased to see the focus on prevention. CAMHS has a high threshold for providing support. *Historically that was the case with CAMHS but it is now rated outstanding. One single point of access for all mental health provision. There is a pilot at the moment for a youth crisis safe space, but it is unfunded. Can provide more detail on the work at Mind Hubs in Taunton and Yeovil. There are also teams in schools.*
- Town councils may be able to support this work.

The chair thanked the presenters and invited them to return in six months with a briefing on the progress made.

(The meeting ended at 13:40)

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CHAIR