

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, 15 August 2024 at 2.00 pm

**Present:**

Cllr Graham Oakes (Vice-Chair)

Cllr Hilary Bruce

Cllr Tony Robbins

Cllr Rosemary Woods

Cllr Henry Hobhouse

Cllr Sue Osborne

Cllr Mike Stanton

Cllr Edric Hobbs

Cllr Martin Wale

**In attendance:**

Cllr Simon Coles

Cllr Sarah Wakefield

**Other Members present remotely:**

Cllr John Bailey

Cllr Leigh Redman

Cllr Christine Lawrence

Cllr Fran Smith

**72 Apologies for Absence - Agenda Item 1**

Apologies were received from Councillors Gill Slocombe, Christine Lawrence (Cllr Martin Wale as substitute), Ben Ferguson (Cllr Edric Hobbs as substitute), Emily Pearlstone (Cllr Henry Hobhouse as substitute), Claire Sully, and Andrew Govier.

**73 Minutes of Previous Meeting - Agenda Item 2**

Resolved that the minutes of the Scrutiny Committee - Adults and Health held on 11<sup>th</sup> July 2024 be confirmed as a correct record.

**74 Declarations of Interest - Agenda Item 3**

There were no new declarations of interest.

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

No public questions were received.

## 76 Work Programme - Agenda Item 5

It was clarified that since publication, the Somerset Safeguarding Adults Board Annual Report 23/24 and an update on the My Life, My Future programme had been added to the agenda of the meeting on the 10<sup>th</sup> October, 2024.

## 77 Somerset Strategic Drug and Alcohol Partnership (SSDAP) Annual Report - Agenda Item 6

Alison Bell, Consultant in Public Health, introduced the report. She was supported in her presentation by Jodie Reading, Manager for Somerset Drug and Alcohol Partnership, Justin Hoggans, Senior Operations Manager for Turning Point - Somerset, Joy Gamlin, Operations Manager for Turning Point - Somerset, and Superintendent Lisa Simpson, Area Commander for Somerset and North Somerset. They explained the work taking place within the partnership, including Turning Point and Naloxone provision, and provided information on the national context, the goals of the partnership, and the different workstreams and priorities.

During the discussion, the following points were raised and responded to:-

- Are there concerns about the limited funding and demand increasing?
  - *The future of funding after March 2025 is unclear. Planning for a range of scenarios on funding and hoping that the new government will support more funding.*
- What data is gathered and what follow up is provided regarding Naloxone use?
  - *Naloxone is emergency rescue treatment, further medical treatment is needed. Hoping to get data from South West Ambulance Service Trust (SWAST) on overdoses. The amount of doses of Naloxone needed varies by case, and when kits are replenished we ask if they have used it and debrief, but don't have data on how many are used as they may be replenished for different reasons. Of those in treatment, 90% have accepted a kit.*
- More data would be useful in the report next year.
- How does the service for homeless people work, how is it funded?
  - *There is specific funding for drug and alcohol treatment for homeless people – not used to provide housing.*
- In Wincanton/Castle Cary area there appears to be a lack of policing and treatment. Where there are known drug dealers, how do we report that?
  - *There is treatment available and there are police. There are competing priorities and low visibility in the area. Need to ensure there is the right information and targeting the right areas, not just users but those being exploited, antisocial behaviour. Would be happy to pick up issues in that area offline.*
- There is little reference to challenges for school-age children. We are all aware of County Lines. What work is there for that?
  - *Once a child is in treatment we have already failed. Need to inform them of the risks they are taking. The first two years of grant funding we focused on increasing numbers in treatment, but are now broadening that work to include PSHE, RSHE, Pastoral lessons to*

*deliver accurate information about drugs. MDMA is cheaper than water. PSHE lessons are currently focused on vaping. Information is provided to parents before summer holidays educating them on what to look out for. Children Services are also involved in work. Working with people at risk of being excluded from schools where there is evidence of county lines. There are opportunities as we develop work on serious violence/serious youth violence.*

- County Lines – there are big operations but these always seem to be backfilled fairly quickly with another county line. Do you have information on getting to the sources of the county lines?
  - *It is not an easy answer. We often take the head of the snake off, but there is another snake. Where there is money to be made, exploitation will happen. We have the technology, but so do the offenders, and it is a multi-million pound business for them. We are locally a lead force for our drug work. We do our best but there will always be someone else.*
- It would be helpful to have numbers with context as proportion of people in Somerset.
  - *Numbers are currently based on modelled national data. We estimate 5000 dependent drinkers in Somerset, 20% receiving specialist treatment. We are much worse at hospital admissions as a result of alcohol, road accidents as a result of drugs and alcohol. Data for opiates is based on prison population, death data, treatment monitoring. We don't think that's accurate. We are going to get data from A&E.*
- Are children of drug and alcohol abusers more likely to abuse themselves?
- For drug or alcohol abuse, you need to get to the point to make the decision to say no/to stop. Do the services help people toward that decision?
  - *Yes, we support people to make a firm decision towards change. Most people are unhappy but their addiction is also providing some function. The job is to support people to find other ways to cope. We would welcome referrals from people who haven't made a firm decision.*
- We need to look at preschools and parental drug use.
- For the higher rate of road deaths – does that include traffic coming through Somerset?
  - *A large proportion are residents in the area, it largely impacts the Somerset community. We probably do have statistics on where they come from.*

The committee thanked the team and the chair summed up the presentation and debate and thanked the presenter.

## **78 Due Regard to Equalities - Agenda Item 8**

Tom Rutland, Public Health Promotion Manager - Equalities, presented a report explaining the public sector equality duty and Scrutiny's role in that. He encouraged members to include equalities in conversations at Scrutiny and challenge items brought to Scrutiny in relation to protected characteristics.

During the discussion, the following points were raised:-

- This is a very useful reminder.
- For the previous item, didn't consider equalities as the priority is keeping people alive.
  - *It's about if there are differences in accessing the service, is it proportional to the Somerset population? Are there certain groups they are not seeing and asking why? For example, some ethnic minority groups think they have to pay for drug and alcohol treatment.*
  - *Equality is about always asking the question. Could there be a difference, if there is, what is it, what do we understand, what does it tell us?*

The chair summed up the presentation and thanked the presenter. He proceeded to read out the recommendations, which were agreed.

The committee agreed to:

- Reconfirm their commitment to equality Due Regard being part of their Scrutiny function.
- Support further training opportunities that are provided for the delivery of this commitment.

## **79 24/25 Budget Monitoring Report – Month 3 – End of June 2024 - Agenda Item 9**

Lead Member for Adult Services, Cllr Sarah Wakefield, introduced the report. Penny Gower, Service Manager – Adults and Public Health Finance, presented the report, detailing the underspend in Adults, that all savings in the MTFP were either achieved or on track, and the ongoing work planning for future demand on the service.

During the discussion, the following points were raised:-

- With the move towards supporting people at home, is that funding moving from one budget to another? Will it have extra costs?
  - *Homecare is part of the My Life, My Future programme. A different solution, resulting in less people going to residential care. We will move the budget around during the year.*
  - *For Residential/Nursing Care - We have done a lot of work in the market around price and affordability. International recruitment means lower agency staff, saving money for care providers which has supply and demand impacts.*
- Is the equipment overspend due to people staying at home and reablement?
  - *It is a shared budget with health and social care, so some of the cost is 'hospital at home'. At the moment it is a 50/50 split, we are doing work on managing that in future.*
  - *Equipment provided for reablement is cheaper than putting them in a setting.*
  - *We need to look at what type of equipment we are providing and are we recycling equipment as well as we can. We are expecting to see that overspend reduce over the year.*
- What forecasting is there?
  - *This year we have seen a dramatic increase in capital drops since January, 100 between January and March. Some homes have had to*

*cross-subsidise with private clients. People are dropping capital quicker than expected. We will be redoing the model for capital drops for the next financial year.*

- What are the changes to the international recruitment landscape listed as a risk?
  - *The immigration law change to prevent people from bringing spouses and relatives. We don't know the impact at this point, we will have to wait and see. It is an international market alongside domestic labour market. The market is stable but we are keeping an eye on it.*
- The budget is going very well in the first three months. Thanks for all the hard work.
- After the scrapped ceiling for costs of care, it is difficult to assess the consequences.
  - *We are working closely with the new Minister of State for Care, Stephen Kinnock. We are not expecting any changes they make to be quick, we are working with them for what they do short term.*
  - *It is too expensive for the government to pay for in the way it is taxed at the moment.*
- Self-funders subsidise, the council needs them in order to function. Staff work very hard.
- We may see costs increase next year as a result of savings made this year.
- We would like to see numbers such as how much does an average person cost the authority?
  - *This fluctuates. For some areas, like older people's services, it is easier to do an average than Learning Disabilities.*

The chair thanked the officers for the report.

## **80 Crime and Disorder Overview Report - Agenda Item 7**

Cllr Heather Shearer, Lead Member for Children and Families and Chair of the Safer Somerset Partnership, introduced the report. Lucy Macready, Strategic Manager Community Safety, and Clare Stuart, Health Promotion Manager Violence Reduction Partnership, then presented on the statutory responsibilities, the partnership arrangements, the work around preventing crime and supporting victims of crime, and the challenges and risks. It was highlighted that Domestic Abuse is the predominant crime reported, both in Somerset and nationally.

During the discussion, the following points were raised:-

- This is a very complex piece – does extra funding come with extra responsibilities?
  - *Officers are good at evaluating projects, risk analysis, and tracking progress. We could bring that in more detail.*
  - *One area is Learning from Domestic Homicide Reviews – these create a large amount of work, and we do the learning but how do we know we have implemented it?*
  - *There needs to be an understanding of what antisocial behaviour is, what it isn't, what the council's responsibilities are, and prevention.*
- Is one session on an annual basis sufficient for this topic?

- Would it be possible to have a dedicated Joint Scrutiny Committee for a better understanding of crime?
  - *It comes to Adults and Health as the committee is concerned with integrated care, partnerships, and prevention. Crime and Disorder needs all those same partnerships to work.*
- Protests and disruption are planned in Taunton this weekend (17<sup>th</sup> August 2024)
- There are many different boards, panels, and partnerships, which appear on the Police and Crime Panel. It's difficult to ensure all of them are linked, not working in silos. Understand this report comes as a statutory item, but unsure the committee can do justice to it.
- Is there data on a parish level for antisocial behaviour?
  - *Local authority does record and share information, but as a council we deal with antisocial behaviour like noise abatement, flytipping, and graffiti. Everything else is deal with by the police. There is an antisocial behaviour manager who has data and can be linked with after the meeting.*
- One Teams and their presence in communities – concerns have been raised about the feeling that they are withdrawing community support. Stronger engagement with councillors are needed, community safety information for each councillor's decision.
  - *The review will take place over the next few months, in line with the redesign of the council. Currently in talks with One Team staff.*
  - *One Team varies depending on area, filling gaps for community safety and looking at what communities need.*
- It's important to reassure community members of safety. People have shared that they are scared to go out due to the recent riots. Who would be best placed to support?
  - *We are aware of that. Community leaders are working and supporting people, there is positive community engagement, and One Team coordinators know people and can get out there.*
- It's important to address people's worries.
- It is difficult to go into depth on Scrutiny as certain functions are confidential and tied into safeguarding children.
- It would be great if this topic could come to Local Community Networks.

The chair thanked the presenters and recommended a meeting on this topic with the chairs, vice-chairs, and one other member of the three relevant Scrutiny Committees (Adults and Health, Children and Families, and Communities.)

**(The meeting ended at 4.47 pm)**

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**CHAIR**