Somerset Council

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, 8 February 2024 at 10.00 am

Present:

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

Cllr John Bailey
Cllr Rosemary Woods
Cllr Claire Sully
Cllr Steve Ashton

Other Members present remotely:

Cllr Christine Lawrence
Cllr Norman Cavill
Cllr Andy Kendall
Cllr Fran Smith
Cllr Martin Wale
Cllr Sue Osborne
Cllr Val Keitch
Cllr Marcus Kravis
Cllr Sarah Wakefield

44 Apologies for Absence - Agenda Item 1

Apologies were received from Councillor Sue Osborne – Councillor Steve Ashton as substitute, and Councillors Andrew Govier, Tony Robbins, and Emily Pearlstone.

45 Minutes of Previous Meeting - Agenda Item 2

Resolved that the minutes of the Scrutiny Committee - Adults and Health held on 7th December 2023 be confirmed as a correct record.

46 Declarations of Interest - Agenda Item 3

There were no new Declarations of Interest.

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

Ray Tostevin, chair of Quicksilver Community Group, sent in a late question that was approved by the chair.

Ray Tostevin:

NHS Somerset ICB have voted unanimously to CLOSE the Yeovil HASU, despite widespread and continuing opposition from the public, patient groups, and NHS staff. At their decision making meeting on 25 January, ICB members also agreed for £1.8million of capital funding from Somerset, to be spent creating a new HASU at Dorset County Hospital in Dorchester. Surely the ICB should be investing to KEEP the Yeovil HASU, NOT close it? This committee expressed serious concerns at the ICB proposals when you met in December. The ICB appear to have ignored those concerns. Will this committee now approach the Secretary of State, using new powers that took effect last week, to officially call in the NHS Somerset stroke reconfiguration plans?

The committee resolved to write to the Secretary of State to ask them to use their powers under the Health And Care Act 2022 to intervene in the NHS Somerset stroke reconfiguration plan.

In the discussion, the following points were raised:

- A request for clarity on the position of Somerset Council, as Duncan Sharkey, Chief Executive Officer, was a voting member at the ICB committee that took the decision
- A request for a piece of communications work around this and a statement to the public with the ongoing work on this decision

48 **Work Programme** - Agenda Item 5

The committee discussed the Work Programme and made the following additions:

- Workforce
- Public Health Covid Update
- Ambulance Service Update
- Dentistry, following indication that model will change
- Mental Health
- Focus area on cancer community support
- Social Care Training (Bridgwater Academy)

The committee also requested a list of the annual reports that they would receive so that they could identify gaps.

During the discussion, it was raised that there could be more frequent meetings of Scrutiny Committee – Adults and Health, but concerns were raised about the demand on Officer resources. It was also requested that there be more engagement with grassroots and work in communities, but as this is so local it would be difficult to scrutinise.

49 Healthy Weston - Agenda Item 6

Helen Edelstyn, Head of Project Development at the Bristol, North Somerset and South Gloucestershire ICB, and Judith Hernandez del Pino, Hospital Director at Western General Hospital, gave a presentation detailing the overall vision for Weston, the successes they had already had, and the next phase of Healthy Weston.

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

- Staff vacancy improvement figures are very encouraging, what is that attributed to, and how does it compare to numbers across Somerset and nationally? *We are in line with the national average in terms of recruitment targets. Retention is also critical. Medical recruitment has historically been a big challenge in Weston, so it has been a very positive change. Some recruitment challenges are national problems, and we now fall in line with those, rather than having both national recruitment challenges and Weston-specific challenges.*
- How many patients return to Weston after receiving specialist care elsewhere? What is the impact of that? *Patients are repatriated where they need to be. If they can go home after specialist care, they do, whereas if they need ongoing care they return to WGH. The hospital has the capacity to support these patients.*
- On Phase 3 of Healthy Weston – what is the work on the way for the Surgical Hub? *This is a plan for a system hub for high volume, low complexity surgery. Currently doing mapping with system partners including Musgrove, Bristol, in order to look at how to develop that approach to manage care needs.*
- An update was requested on the Surgical Centre of Excellence work
- What is the current public engagement to highlight Healthy Weston and the changes in the hospital? *We deliver a series of stakeholder updates and work closely with colleagues in primary care, demonstrating the changes and new pathways through primary care networks. More work is needed around this – we are not always very good at success stories.*

- Who does acute stroke get referred to? *Predominantly to North Bristol Trust, as part of the BNSSG transformation. A very small amount goes to Musgrove. Weston has stroke rehabilitation, so patients come back once they are out of the acute phase.*
- With recruitment improvements, there must be reduced vacancy costs. What are the figures for that? *There are improvements, but we do not have numbers available.*

Cllr Slocombe (Chair) thanked the officers for the presentation, and requested that they return once they have done more work on the surgical hub and public engagement.

50 **Annual Report of the Director of Public Health** - Agenda Item 7

Alice Munro, Consultant in Public Health, gave a presentation on the upcoming Annual Report of the Director of Public Health, due to come to Executive Committee in March. The report is an independent and personal view from the Director of Public Health, covering matters outside 'business as usual', often about issues whose profile should be raised and where the whole system needs to respond.

The themes for this report are 'Homes and Health', highlighting that homes provide a strong essential foundation for good health, and 'Neighbourhood', highlighting how resilient communities can support people to live healthy independent lives.

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

- The report findings have a lot of interconnected thinking in terms of housing and type of housing. What can councillors do to address it? *There are recommendations in the report for different audiences, to look at the powers regarding the local plan and the transport plan. The final report will have more detail.*
- There are different levels of care in care homes on hospital discharge than there used to be, possibly lower levels. Is that something commonly found with hospital discharge? *There is variety in the supported housing model, when someone leaves hospital they have an assessment to see what their needs are and what is available. Work with the individual and looking at what they need, including from the private sector.*
- Example of a case where someone was discharged to an unpaid carer, but carer had to work and so they were left without care. What efforts are being made on hospital discharge to support that? *There are several different pathways, which can be augmented with Village Agents, Red Cross, and other VCSEs. Pathway 0 has the ward look at whether they are able to go home,*

Discharge to Assess involves a hub and a multi-agency decision.

- It's about neighbourhoods and making sure they care for each other.
- Complex Care Team is a great example of the NHS working for older people with a holistic approach, difficult referrals and needs being met in a short amount of time
- How can we get the message out about homes being adapted for older people? Do we as adults need to take more responsibility for preparing for getting older? *That would be a question for colleagues in Communications – many people don't perceive themselves to be vulnerable or anticipate that they might need support in their home or housing adaptations. Need to raise awareness and be pro-active instead of responding to a need.*
- How can Adults and Health Scrutiny contribute to this and connect to the broad developments like housing and the local plan? *Earlier this week there was a meeting with Housing, Social Care, and Public Health to look at the housing plan in Somerset. May be possible to do this item as a workshop for the scrutiny committee.*
- This could be an area that chairs of Scrutiny such as Adults and Health, Communities, and Childrens etc. come together on.
- There is a need to work collaboratively with planning on this.
- There is a need to integrate the processes, looking at transport, housing, and service provision holistically, for example a bus that is under threat that takes people to their nearest surgery.
- The timing involved in updating the local plan is complicated – the Somerset local plan is going to take years to be formed and look at how it is implemented. There is a need to look at the way of influencing current building and planning, and as phosphate mitigations mean more building can take place, need to look at how we influence things now.
- With housing being developed as buses are withdrawn, there is a particular challenge, even in areas with previous local plans. The hope was with unitary that highways and planning would work together.
- Where there isn't a local plan for areas such as Somerset or South Somerset, there can be neighbourhood plans which take control of the issue at a local level. We should encourage local areas to have their own neighbourhood plan with support from Somerset Council.
- Where there have been issues with transport to healthcare in the past, surgeries, NHS, and local councils have worked together to provide transport like a minibus. That could be an area we look at for rural communities.

Cllr Slocombe (chair) thanked Alice Munro for her presentation and summarised the discussion around intervention and an integrated approach.

51 23/24 Budget Monitoring Report Month 9 - Agenda Item 8

Penny Gower, Service Manager, Adults & Public Health Finance, gave a presentation and a report that provided the overview on the current position in the whole council and Adult Services specifically, highlighting the pressures and mitigations in the service.

Mel Lock, Executive Director Adult Services and Lead Commissioner Adults & Health, detailed the challenges in the market of care providers and the work that had been ongoing to stabilise that, including international recruitment.

During the discussion, the following points were raised:

- There has been so much pressure on the team, with ten years of accounts done in one year, and we want to acknowledge how hard they've all been working.
- Concerns about innovation getting lost and working creatively with VCSEs. Would be great to hear more good news. *Keeping people in their own homes gets communities and VCSEs working really well together, and we want to continue to drive that. We are also looking at how we can use AI to help us going forward. Budget constraints mean we have to innovate.*
- How does the underachievement in commissioning relate to an overspend? *This is linked to the My Life My Future saving – there is an expected lag in this. Will end up with £10m as two year savings.*
- The reference to international recruitment highlights the importance of looking at workforce. *There is a workforce board. There are risks to international recruitment, as the Home Office has offered licenses to many people and haven't always checked if those are appropriate. This leads to risks around modern slavery and corruption. The government has also changed rules, such as not being able to bring a spouse. We are keeping an eye on this. As we are due an election, there may be further changes in the ways of working around this. There is a workforce plan for health but not for social care, but we are pushing with ADASS and Skills for Care to ask political parties to have a workforce plan for social care. Within Somerset Council, we have used a recruitment agency to recruit social workers from southern Africa – currently 15, and seeking another 10. Still working with local universities, but there is very low uptake for social work courses in Somerset. There is potential for a workshop on the workforce plan going forward.*
- Cheaper beds are leaving the system and more expensive are coming in. Are we looking ahead and will bed prices come down? *70% of workforce within care is on national minimum wage. It is right that minimum wage increase, but there was no additional funding, and it adds to costs of care homes. Inflation, mortgages, etc. have all gone up and can't see them reducing. We*

work closely with providers and provide a lot of support. We don't have a lot of the big national providers so there are less overheads. We are expecting a levelling off.

- What mitigations are in place for placing people in care within a 30 mile radius of their home? *These are looked at on an individual basis, working with care providers and VCSEs on the options and making those options realistic.*
- Social care and residential/nursing care has changed a lot in the last few decades. In most cases, people placed in homes now have much higher needs, and there is an increased cost to supporting people in the community. Self-funders pay to subsidise the council. We should expect the cost of care to steadily rise, as people need to be employed to do that care. Committee should visit a care home to see how they are looked after.
- How does payment for care on hospital discharge work? How long does the NHS provide care for hospital discharges, and when are people expected to pay? *Funding for hospital discharge is for things like reablement, joint funding comes out of the Better Care Fund. You are entitled to support when you need it, and if they can afford their care, they should pay for it.*
- The direction of travel is getting people care in their own homes – will there be a capital receipt of nursing/residential homes, if it's a building that won't be needed once care is provided at home? *Not if the home is owned by a private company. We do own some homes and lease them to Somerset Care, and we will have to look at what we will do with those. If you get housing solutions right with the right models, residential care will be different or eventually may not exist. Some care homes will reach the end of their lifespan and can't be adapted anymore.*
- People can have care in their homes at the same cost as nursing homes. How can we get that message out to people? *The message is starting to get out there – it's out there for people who can afford it. There are challenges around how we spend public money and how it is used for everyone, it depends what care is available to meet their need.*
- Concerns about the cuts to mental health services– feels like the wrong time to cut that. *No savings are savings we would want to put forward in an ideal world. There would be worse cuts if a Section 114 was issued and commissioners came in. We put forward the things that are the least worst.*
- There was a government grant to help us educate our own carers - £19m between Bridgwater and Minehead. What is the progress on that? *This is Bridgwater Academy, there is capital money coming in for the building, the work is still ongoing.*
- Concerns about the impact of loneliness on people receiving care in their own homes. *We are looking at how do we talk to families, do wrap around care, and support them to live the lives they want. If carers are the only people visiting that person, how do we support them? We need to find the*

right solution.

Cllr Slocombe (chair) thanked Mel Lock, Emily Fulbrook, and Penny Gower for their report and their hard work.

(The meeting ended at 12.25 pm)

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CHAIR