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, 4 April 2024 at 10.00 am

Present:

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

Cllr Hilary Bruce
Cllr Ben Ferguson
Cllr Andrew Govier
Cllr Sue Osborne
Cllr Emily Pearlstone
Cllr Claire Sully
Cllr Rosemary Woods

In attendance:

Cllr Sarah Wakefield

Other Members present remotely:

Cllr Christine Lawrence
Cllr Andy Kendall
Cllr Leigh Redman
Cllr Fran Smith
Cllr Mike Stanton
Cllr Liz Leyshon
Cllr Bill Revans
Cllr Martin Wale

52 Apologies for Absence - Agenda Item 1

Apologies were received from Councillors Tony Robbins and John Bailey.

53 Minutes of Previous Meeting - Agenda Item 2

The minutes of the Scrutiny Committee – Adults and Health held on 8 February 2024 were amended to include Cllr Hilary Bruce in attendance and then resolved

that they be confirmed as a correct record.

54 Declarations of Interest - Agenda Item 3

There were no new declarations of interest.

55 Public Question Time - Agenda Item 4

There were public questions submitted on the Stroke Services Reconfiguration. As it is a topic that has already been covered in depth by the committee, the Chair chose not to allow these questions and instead read a statement of the latest update on this.

The statement read as follows: At the meeting on 8th February the Committee resolved to write to the Secretary of State for Health and Social care. That letter was sent on 15th February and to date there has been no reply.

On 20th March Committee Members were invited to a briefing with the Chief Executive – Duncan Sharkey to clarify his role on the ICB. Mr Sharkey explained that he did not represent Somerset Council on the ICB. He was there as a Partner Organisation and in this role, he was expected to look at all the evidence presented and make an informed decision on the recommendation. He did ensure that those concerns raised by Councillors and other interested parties were included in the debate and then cast his vote freely in the best interests of all Somerset residents.

56 Work Programme - Agenda Item 5

Councillors raised concerns about the variation in dates from the work programme and invitations sent out, and it was confirmed that the dates had now been finalised and the correct dates were available online and invitations had been sent out.

It was proposed that there be an informal focus group in May to discuss elements of the committee and where they would like to be going forward. This was delegated to Democratic Services to organise.

There was also a request that the Social Care Workforce item be brought to the next meeting, and it was added to the agenda of the July 11th meeting.

57 23/24 Budget Monitoring Report – Month 10 – End of January 2024 - Agenda Item 6

Cllr Sarah Wakefield, Lead Member for Adult Services, introduced the report, and Christian Evans, Head of Finance Business Partnering, and Penny Gower, Service Manager – Adults and Public Health Finance, gave a presentation on the financial position of the whole council in Month 10 and Adult Social Care specifically, identifying the key drivers of the overspend and the in-year mitigations taken.

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

- Very concerned about the number of overdue reviews. Would it be possible for a full report on overdue reviews? *Yes, that can be added to a future agenda.*
- Can you expand on care home blocks? *We have block contracts so that certain beds are available at a price we can afford. We are looking at what do we need and where, what is the utilisation of those, and we want utilisation to be 90-95%.*
- As we are demand-led, could we have a forward look at what the next year looks like, now that the budget for 24/25 has been set? *We have had an increase in the 24/25 budget, and we have set the budget to people – basing it on people in and out. We have a very solid domiciliary care market based on international recruitment. However the coming change in law regarding visas for spouses means that may change. As we are now paying better, we have had care providers such as Brunel Care Home give feedback that the market is better. The other risk in terms of expenditure is care home failure – we have all heard of care home closures. If a large care home closes that would have a big impact. We have used data based on how many people die, how many people leave our service, how many people come to Somerset. We can't budget for everything, and there is no wriggle room in the budget. If there is a change in legislation or other things that may happen, we will be able to bring that to you. We are monitoring and measuring these budgets like never before. We can now track budgets by individuals and this model has been looked at by 4 external partners. There is a trend increase of people who are self-funding whose capital has dropped below the £23250 maximum. We don't have complete data on those who are self-funding. This year we have given a 3.2% rise to our providers. The cost of care has gone up 8-9%. Private customer increase is therefore between 8-15% - this has an impact on capital and it reduces below the £23250 maximum. Sometimes we have to move people because we cannot continue to pay the fee price for the care provision they are currently receiving.*
- Where do those people go? *They will go to another care home that meets our fee rate. We try to get people as close as we can at a price we can afford that*

meets their needs. In future we need homes in the right place – a care home owner will just build on Wellington Road. We need care homes in the right place as part of the local plan across the county. Care homes are changing – not just places to live, places if you really need care. We are keeping more people at home and we need to build that in. It's a good trend but it's expensive all the way around. People in a care home generally cost more than people at home. Capital drop – people arrange their affairs so they don't have to pay, this possibly needs legislation.

- Are you aware of the impact of international recruitment on care homes? *We work in partnership with our providers across the sector, everyone has done a lot of international recruitment. It is fantastic that people want to come to this country to do that job. We have done a survey with our providers on it, and there is a site that has everything in one place just to help them and make sure they are doing everything legally. It is effective supply in the market.*
- Carers are paid very little, are international recruits aware of how little that is? *Yes, and we talk to them and they are aware and able to send money home.*
- With the change in law regarding partners of international recruits, do we know how many people are working under those visas in our care homes, people who are not sponsored by their employer? How do we get that information. *We are working hard with the Home Office – we don't know from the data we give how many people are sponsored in Somerset, that is why we have put that survey out. For those that we commission we have that data. For those we don't commission, we don't. ADASS and LGA are working with the Home Office to get this data.*
- There is a risk to moving residents – a judicial review decided that moving them purely on financial grounds was judged to be unlawful. I would expect to be challenged if we do that. After two years, under the Human Rights Act it is considered to be their home. *We are aware of the legal case, we work with the family and the service user if they have capacity to see if we can top up. The case has given us some key points to look at in terms of what we need to do to be legal.*
- While we want to drive down costs, can we overspend on respite? The savings long-term are worthwhile, keeps people in their homes a lot longer. It's a useful tool. *While we see lines in our budget, what we also see is trend changes. As long as we are balanced at the bottom we are okay.*
- The 1947 baby boom population are now 77. There are a lot of people, putting pressure on just about everything. Where a home isn't suitable, where is the planning for suitable small comfortable homes? Missing the importance of planning for future generations. We all get treated well and repaired well by the NHS and then we can't live where we always live. We need to make changes in our planning system to plan for this. *Now that we are a unitary*

authority there are more possibilities with this, to look at how housing and care are linked together and what are we planning for the future. Over the next six months there will be a housing and care linked strategy that will link in to the local plan. We are having conversations of providers of extra-care housing. There are some good new models of intergenerational housing that don't necessarily need funding but we will be working through to build those.

- Sedgemoor District Council were doing Homes for Life.
- There have been issues with planned nursing homes not being built as developers weren't interested. It is not just the local plan as developers have a say in this too. In South Somerset – the 5 year land supply is down to less than 3 years, giving developers carte blanche to do what they want. Some developers are not designing homes for local people, but for people from the South East who think Somerset is a nice place to retire to. *Phosphates are the issue holding up housing, something needs to be down about the 5 year housing supply.*
- There is a need for more houses to downsize into, and what happens when people need facilities that they don't have extra money to convert to, e.g. a wet room. *We have a commissioned provider who does do alterations on homes – if the resident has money they will pay for it, otherwise the cost will be recouped when the home is sold.*
- How can we fit this into our workplan, how can we contribute to the local plan?
- The bank beds that are paid to keep empty, how can they be utilised for respite care? *Some block beds may be used for respite but not generally. Not everyone wants to go to a care home for respite, especially younger people with learning disabilities. There are a range of options in delivering respite for individuals.*
- In paragraph 5.4, additional costs within intermediate care have been identified. Where are those budgets, what are the costs? *We have a budget, some paid for by the Better Care Fund, where we have more beds than we need and we have reduced those beds over the year. There is a £5m additional cost in this and we are working with ICB around funding. Sometimes when people leave hospital they need a bed and they are expected to die in that bed soon. In future we want Intermediate Care agreements (section 75 agreements) between Social Care and NHS to be really clear about who puts in what, how we split it, and when it goes overbudget what are we delivering. We can come back and show a better budget for this – for next financial year we are changing the budget report to allow us to highlight Intermediate Care.*
- It would be useful to have a separate item on Intermediate Care on the next agenda.
- Is there any way we can cap care home fees? Is there any possibility of

legislation? *No. That was the goal of the fair cost of care exercise. There are real costs, they proved the new cost, trialled it in five authorities and then stopped it. Changing how social care is funded isn't going to be done in the next five years if you look at the manifestos.*

- We should be wary of bungalows as suitable accessible housing as going up and down the stairs keeps people fit.

58 'My Life, My Future': Adult Social Care Transformation Programme Update - Agenda Item 7

Cllr Sarah Wakefield, Lead Member for Adult Services introduced the report, and Emily Fulbrook, Service Director – Adult Social Care Operations, and Emily Faldon, Newton Europe, gave a presentation which provided a refresh on the programme, progress so far over the first seven months, and looked at areas like Learning Disabilities and Preparing for Adulthood in focus.

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

- Key to understand the program's financial benefits – how do they value accrued benefit over time?
- What about the challenges of the Voluntary Redundancy (VR) process? Need to ensure that we retain valuable staff that will be needed to make sure this process goes through seamlessly. *Whenever there is VR and we lose staff there is fragility, there is a corporate risk.*
- On the programme plan, what does the grey mean? *The grey is for things we have not yet started.*
- Data workstream - could the wider transformation in the council undermine this piece of work, and without this piece of work how will you be able to assess the other workstreams? *The data visibility workstream is key, and we have taken that to the corporate transformation board to look at how we manage that. Microsoft our working with us and our IT systems to look at how we pull this together in future. We need a proper system but it will not happen overnight.*
- On page 56 – table of financial benefit summary. What is the reduced starts in residential care item? *We are predominantly focused on residential starts coming through community teams – how many of them come from acute settings or care settings, looking at the different roots of getting into residential care. At the national context, people aren't going in to residential care until they're approximately 85. We need to monitor and manage it, and look at having the right processes in our hospital settings, if you come in*

from home you should be able to go back home.

- Preparing for adulthood item – what about those who are placed in Somerset by other authorities? We have data on those who are in our system but not those from outside. *We are working on recognising and understanding those in Somerset – we have data on every 14 year old. Not all of those individuals will come through to Adult Social Care when they turn 18. We are working with providers to identify those who are placed here from outside Somerset and the impact they may have. We are also linking with the ICB and looking at data from continuing healthcare, health funding for children. At any one time there are 700-800 people placed in Somerset by other authorities, these are supported by our health services but not our Adult Social Care services. We know a proportion of them, and many of them go back home. What should happen is we should be notified, there is a process that should be followed but this doesn't always happen. If another local authority brings them here they should be supporting them here.*
- What is presented today is data driven, cost driven, very corporate. It would be great if the language would be less corporate and we could communicate better. *Take on that point. We are getting a lot of meaningful feedback from individuals.*
- The support is person-centred but success is in the budget. Are we putting caregivers under pressure, and how does it feel to receive that care when time is squeezed for people in their homes? *The short answer is no – we want to get the right care. It's very dependent on a person and their needs. Right support, right time, right place. Support needs to meet person-centred outcome, and be sustainable and holistic. We always want to make sure that we're providing the least restrictive care and that it's not always about paid services.*
- Have also heard about time being squeezed. Who scrutinises the time to make sure it is correct? *There is a Care Act Assessment and a support plan. Nothing is agreed until it's been to a peer forum. When someone is receiving care and support, there is a 28 day review – either in person, by phone, or with a trusted provider. The CQC will also do a review and we have our own QA team that links in with providers.*
- Concerned about people without anyone to speak up for them, and if anyone scrutinises the CQC.
- The main risk is regarding data and the lack of capacity. Can we highlight this to the Executive Committee if it is an issue? *Yes, it's very fragile as there are only two people who can do this. We are trying to get more people trained up, it also takes time to build the software. There is a risk around getting this right – do we have the skills and expertise to do this currently and if we don't how can we build that?*
- We would like to recommend to the Executive that this be looked at in detail.

- For the VR process, do you have sight of those who have applied? Is there a danger that someone leaves who is vital? *Everyone is aware of what our needs are. We have to reduce staff, and there is a risk to doing that. We are flagging the risk now to make sure we have corporate support in.*
- As Adult Social Care is the lion's share of the budget, needs the lion's share of the savings. This is part of the transformation programme. Really important that ASC is given the resources. *90% of the budget is on the care, not on the staff. So not going to save a huge amount of money from cutting staff. That is the goal of the My Life, My Future savings.*
- Preparing for Adulthood – believed we were starting at 18 for this, now learning otherwise. *From an Adult Social Care perspective we are interested in people from age 14. Last year we weren't getting to those assessments until people were nearly 24, which is not where we want to be. We are now assessing at 18, which is better but still not where we want to be. We are linking with Children's Social Care and improving our processes, continuing to see a downward trend. We know about people now from the age of 14 and are actively working with people post-16 and linking in with commissioners as well, there is a continued downward trend. The goal is assessments completed by the time someone is 17-17.5.*
- After the risk discussion, it would be great to have a report from the digital team on the progress of this. *Added to the work programme.*

The Committee resolved to write to the Executive Committee to request assurance that the digital platform that ASC require to deliver this function of our data that Microsoft are working on with us is resourced and ready at an appropriate timescale, and that we have the capability to address this.

59 Adult Social Care: Performance Report - Agenda Item 8

Cllr Sarah Wakefield, Lead Member for Adult Services, introduced the report, and Jon Padfield gave a presentation on key performance measures within Adult Social Care.

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

- 82.7% care providers have a CQC rating of Good or Outstanding. What about the 18%? *There are a number that our QA team are actively working with to support them. When they become inadequate or requires improvement we stop placing people in those homes until they improve. We put an improvement plan in with them and have regular reviews. Where there are small areas we are unsure about we place with caution*

and are clear about who we place and why.

- None of the providers were closed? *The stats only refer to active CQC registration.*
- Calls that are being diverted – is there a follow up on what happens to those people if they are referred to voluntary or non-statutory service, how do we find out if those are resolved? *The contact centre doesn't follow up with everyone but does a dip sample to see if it was resolved. We also look at repeat callers where things were marked as resolved at the first call – it's clearly not resolved.*
- Could we have feedback on this in the next performance report? *Yes.*
- Is there a correlation between overdue assessments and reviews and the low level of unmet need – if we catch up is that going to make that worse? *Yes, there probably is a correlation between the two. Care Act Assessments when completed will result in a paid service so will increase demand on our sourcing care team. We are working to understand that and monitor the two together, but we do have a good supply in the homecare market at the moment.*
- Quality audits – what actions are put in place to tackle those areas that are marked below? *We now have a practice quality board in place, chaired by Principal Social Worker and Principal Occupational Therapist. We have some specialist OTs and Learning and Development Advanced Practitioners. The Board's role is to bring things out from the audits, the learning from audits, Safeguarding Adults Reviews (SARs), and Learning from Lives and Deaths of People with Learning Disabilities and Autistic People (LeDeR).*
- Overdue assessments – assuming they are done on risk assessment basis, e.g. low risk ones waiting more than a year, is that correct? *Yes – we do risk assess every single individual waiting for assessment. There is a priority matrix which is reviewed.*
- 5% of people came out of hospital and into a bedded pathway. How many of those are appropriate because the right care wasn't provided? *There are some individuals that probably could have gone through to reablement. We scrutinise the decision in multidisciplinary transfer hubs to make sure the right decisions are made. Of those who go into intermediate care, around 40% of those individuals go on to home, not a long-term placement. Constantly reviewing that and there is a program in place with Somerset Foundation Trust as it is joint work. Not everyone goes into funded by ASC, some self-fund or may choose to go to family members outside of Somerset.*
- Is there a difference in inspection outcomes now that CQC have changed their inspection process? *Yes, we have attributed those. The change in framework in how these choose to assess, inspecting those more likely to*

cause concern, saw a significant drop of 8%. They have now returned to Business As Usual.

- Of the feedback forms, how many do you send out, and what is the proportion of those sent out that you get back? *The link is included in every document and interaction, so it is not as simple as seeing a percentage sent out and coming back.*
- For the audit table, it would be useful to see trends, whether they have increased or decreased, and it would be useful to know what the targets are.
- It would be helpful to know what percentage of care packages change after reviews, particularly when they're overdue.
- What percentage of those in hospital discharged home are readmitted within 28 days, and is that because we haven't provided the right care? Who holds that data? *Where people are discharged from acute into a pathway, we look at outcomes at the end of the pathway. A minimal percentage become unwell and are readmitted. There is a statutory measure of those who are discharged to reablement and whether they were home 91 days after discharge. This is considered successful reablement. The way we measure this is changing.*
- Will the new measure be brought here? *Yes, previously only brought yearly but now will be brought quarterly.*
- Of the front door who are signposted away – do we have data on how many of them come back? *It is not something we currently have but it is an area we are working on.*
- Overdue assessments have increased 100% on this time last year – why is it so much higher? What is the plan? *Across the board there are various different challenges, particularly workforce challenges. Some teams only have 50% staffing. We are prioritising based on risk. We are also looking at demand management, working closely with Somerset Direct and linking with Village and Community Agents, so nobody is left without any support. It wouldn't be appropriate to have a blanket target across teams as there are staffing challenges and different demand. There is a lot of work going on. There is also a national piece of work around waiting lists, as we are not the only ones struggling, and we are working nationally and regionally and looking at what we can learn from other people.*
- Social workers deserve a huge amount of thanks for the work they do.
- Want to congratulate you for the good interaction between the NHS and the Council, seen from the perspective of the voluntary sector. Readmissions are concerning, but only see a small proportion. *We need to think about the age of the population – we tend to work with 85 and above. If they're 100 years old and they're going home that's fantastic. At 85 and above, they may well fall or have another health problem.*

Readmission isn't always bad, it's about how we can support people. Often people are readmitted with something different because they are older and that's what happens.

The chair thanked the officers for their presentation.

60 Adult Social Care Assurance Update - Agenda Item 9

Jon Padfield, Service Manager – Policy, Performance, and Assurance – Adult Social Care, and Emily Fulbrook, Service Director – Adult Social Care Operations, gave a presentation based on the initial feedback from the LGA Peer Review recently undertaken.

During the discussion, the following points were raised:

- Rather than improving the website, it is more important to focus on having someone at the end of a phone. Many elderly people don't have access to support online.
- There are too many acronyms, we should abolish them as there is too much time spent trying to understand.
- Sometimes we are accused of being slow moving. As a committee, would be happy to say if things that need to go forward to make improvements, just take it to Executive Committee straight away.
- Would like a full member briefing on this once we get the report. Important for all councillors to be aware of pressures and drivers.
- Look forward to seeing the full report – plenty of food for thought and positives.
- It would be useful to have a workshop on this report before it goes to a full member briefing, so Scrutiny can decide what is important.
- Important to highlight that during the peer review, they were noting down things they were learning from us, had seen new ways of doing things and innovation.

It was agreed that the full report would be brought to the focus group to be held in May.

(The meeting ended at 1.17 pm)

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CHAIR