Somerset Council

Notice of Meeting of

SCRUTINY COMMITTEE - ADULTS AND HEALTH

Thursday, 4 April 2024 at 10.00 am

Sedgemoor Room, Bridgwater House, King Square, Bridgwater, TA6 3AR

All Somerset Council Members are requested to attend.

For further information about the meeting, including how to join the meeting virtually, please contact Max Perry democraticservicesteam@somerset.gov.uk

All members of the public are welcome to attend our meetings and ask questions or make a statement **by giving advance notice** in writing or by e-mail to the Monitoring Officer at email: democraticservicesteam@somerset.gov.uk by **5pm on Wednesday, 27 March 2024**.

This meeting will be open to the public and press, subject to the passing of any resolution under the Local Government Act 1972, Schedule 12A: Access to Information.

The meeting will be webcast and an audio recording made.

Issued by (the Proper Officer) on Monday, 25 March 2024

AGENDA

Scrutiny Committee - Adults and Health - 10.00 am Thursday, 4 April 2024

Public Guidance Notes contained in Agenda Annexe (Pages 5 - 6)

Click here to join the online meeting (Pages 7 - 8)

1   **Apologies for Absence**

To receive any apologies for absence.

2   **Minutes of Previous Meeting** (Pages 9 - 16)

To approve the minutes from the previous meeting.

3   **Declarations of Interest**

To receive and note any declarations of interests in respect of any matters included on the agenda for consideration at this meeting.

(The other registrable interests of Councillors of Somerset Council, arising from membership of City, Town or Parish Councils and other Local Authorities will automatically be recorded in the minutes: [City, Town & Parish Twin Hatters - Somerset Councillors 2023](#))

4   **Public Question Time**

The Chair to advise the Committee of any items on which members of the public have requested to speak and advise those members of the public present of the details of the Council's public participation scheme.

For those members of the public who have submitted any questions or statements, please note, a three minute time limit applies to each speaker and you will be asked to speak before Councillors debate the issue.

We are now live webcasting most of our committee meetings and you are welcome to view and listen to the discussion. The link to each webcast will be available on the meeting webpage, please see details under 'click here to join online meeting'.

5   **Work Programme** (Pages 17 - 20)

To discuss the work programme.

To assist the discussion, the following documents are attached:-

⟩ The Committee's work programme
⟩ The Committee's outcome tracker

Please use the following links to view the latest Somerset Council Forward Plans and Executive Forward Plan of planned key decisions that have been published on the Council's website:

[Somerset Council Forward Plans](#)
[Somerset Council Executive Forward Plan](#)

6   **23/24 Budget Monitoring Report – Month 10 – End of January 2024** (Pages 21 - 32)

To consider the report.

7   **'My Life, My Future': Adult Social Care Transformation Programme Update** (Pages 33 - 64)

To consider the report.

8   **Adult Social Care: Performance Report** (Pages 65 - 80)

To consider the report.

9   **Adult Social Care Assurance Update** (Pages 81 - 98)

To consider the report.

Guidance notes for the meeting

Council Public Meetings

The legislation that governs Council meetings requires that committee meetings are held face-to-face. The requirement is for members of the committee and key supporting officers (report authors and statutory officers) to attend in person, along with some provision for any public speakers. Provision will be made wherever possible for those who do not need to attend in person including the public and press who wish to view the meeting to be able to do so virtually.

Inspection of Papers

Any person wishing to inspect minutes, reports, or the background papers for any item on the agenda should contact Democratic Services at democraticservicesteam@somerset.gov.uk or telephone 01823 357628.

They can also be accessed via the council's website on Committee structure - Modern Council (somerset.gov.uk)

Members' Code of Conduct requirements

When considering the declaration of interests and their actions as a councillor, Members are reminded of the requirements of the Members' Code of Conduct and the underpinning Principles of Public Life: Honesty; Integrity; Selflessness; Objectivity; Accountability; Openness; Leadership. The Code of Conduct can be viewed at: Code of Conduct

Minutes of the Meeting

Details of the issues discussed, and recommendations made at the meeting will be set out in the minutes, which the Committee will be asked to approve as a correct record at its next meeting.

Public Question Time

If you wish to speak or ask a question about any matter on the Committee's agenda please contact Democratic Services by 5pm providing 3 clear working days before the meeting. (for example, for a meeting being held on a Wednesday, the deadline will be 5pm on the Thursday prior to the meeting) Email democraticservicesteam@somerset.gov.uk or telephone 01823 357628.

Members of public wishing to speak or ask a question will need to attend in person or if unable can submit their question or statement in writing for an officer to read out, or alternatively can attend the meeting online.

A 20-minute time slot for Public Question Time is set aside near the beginning of the meeting, after the minutes of the previous meeting have been agreed. Each speaker will have 3 minutes to address the committee.

You must direct your questions and comments through the Chair. You may not take a direct part in the debate. The Chair will decide when public participation is to finish. If an item on the agenda is contentious, with many people wishing to attend the meeting, a representative should be nominated to present the views of a group.

Meeting Etiquette for participants
Only speak when invited to do so by the Chair.
Mute your microphone when you are not talking.
Switch off video if you are not speaking.
Speak clearly (if you are not using video then please state your name)
If you're referring to a specific page, mention the page number.
There is a facility in Microsoft Teams under the ellipsis button called turn on live captions which provides subtitles on the screen.

Exclusion of Press & Public
If when considering an item on the agenda, the Committee may consider it appropriate to pass a resolution under Section 100A (4) Schedule 12A of the Local Government Act 1972 that the press and public be excluded from the meeting on the basis that if they were present during the business to be transacted there would be a likelihood of disclosure of exempt information, as defined under the terms of the Act.
If there are members of the public and press listening to the open part of the meeting, then the Democratic Services Officer will, at the appropriate time, ask participants to leave the meeting when any exempt or confidential information is about to be discussed.

Recording of meetings
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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 Claire Sully
Cllr Rosemary Woods   Cllr Steve Ashton

Other Members present remotely:

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

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.*

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- 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

Scrutiny for Adults and Health Work Programme – 2023/24

	04 April 2024 10am	
Adult Social Care Performance Report		Jon Padfield
Assurance Report		Emily Fulbrook
Adult Social Care Budget Monitoring		Mel Lock/Penny Gower/Christian Evans
Adult Social Care Transformation Update – My Life, My Future		Mel Lock/Emily Fulbrook
	Provisional Date 18 June 2024 10am	
Somerset Strategic Alcohol and Drug Partnership (SSAND) Annual Report		Jodie Reading
Shared Lives Re-procurement		Stephen Miles
	TBC	
Workshop on Drug and Alcohol		Alison Bell/Jodie Reading
	Provisional Date 30 July 2024	
Extra Care Housing Model		Stephen Miles
	Provisional Date 17 September 2024	
	Provisional Date 29 October 2024	
Extra Care Housing Procurement Process Outcome		Stephen Miles

October: Extra Care Housing Procurement Process Outcome

Scrutiny for Adults and Health Work Programme – 2023/24

ITEMS TO BE ADDED TO AGENDA:

- CQC - Presentation on what they do
- Annual Report of Drug and Alcohol Partnership
- Suicide Prevention Strategy –Update requested - Awaiting National Strategy Publication – Amy Hardwick/Brittney Strange
- Armed Forces Covenant
- Quality Performance reports Alison Henly /Alison Rowswell
- Ambulance Service Performance - Steve Boucher
- Haematology Services -Yeovil/ Phil Brice
- Suicide Prevention Strategy -Update
- Musgrove Park Hospital – Development (Possible Update) - Phil Brice/Ian Boswall

New items as of 08/02/24:
- Workforce – potential workshop on Workforce Plan
- Public Health Covid Update
- Dentistry, following indication model may change
- Mental health
- Cancer community support?
- Social Care Training (Bridgwater Academy)
- Housing plan workshop (possibly joint)

Items from Budget Scrutiny

Quarterly updates on the following savings and scrutinise any adverse impacts on service users, partners, and providers:
- ADS001 - Maximising fees and charges across Adult Social Care
- ADS004 - Reduction in contract spend and remodelling the service that supports people with a combination of mental health need and substance misuse.
- ADS005 – Funding reduction for Learning Disability Supporting Employment Service

Scrutiny for Adults and Health Work Programme – 2023/24

- ADS006 – Funded contract for Floating Dementia Support Services to be stopped
- ADS007 – Ending grant funding for Citizens advice - local assistance scheme
- ADS011 – My Life, My Future Programme

Note: Members of the Scrutiny Committee and all other Members of Somerset Council are invited to contribute items for inclusion in the work programme. Please contact Democratic Services Team, who will assist you in submitting your item. Jennie Murphy on jennie.murphy@somerset.gov.uk

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Somerset Council
Scrutiny Committee
 – Adults & Health

23/24 Budget Monitoring Report – Month 10 – End of January 2024
Lead Officer: Jason Vaughan, Executive Director for Resources & Corporate (S151)
Author: Penny Gower, Service Manager Adults & Health
Contact Details: Penny.Gower@somerset.gov.uk
Executive Lead Member: Cllr Sarah Wakefield
Division / Local Member: All

Summary

1. The Executive considered the Month 10 Budget Monitoring reports at its meeting on 6th March 2024 and the reports will be presented to the scrutiny committee to allow for scrutiny of them.

Issues for consideration / Recommendations

2. Scrutiny is asked to consider: -

a) If there are any general comments or observations that they would wish to consider making to the Executive on the report.

b) If the actions set out in the report are appropriate and if there were any further actions, they would wish to see included.

Background

3. The 2023/24 Budget is the first for the new Somerset Council and it brought together the budgets of the five predecessor councils adjusted for new assumptions and identified savings. It is well documented that there are significant delays in the auditing of local authority accounts and this national issue means that there are a number of statement of accounts from the predecessor councils for prior years that are still outstanding. This brings an amount of uncertainty, as well resourcing implications, and in practical terms means that some of the information for Somerset Council such as the 2022/23 outturn, reserves position, and capital position are still being finalised.

4. The Full Council approved the 2023/24 Budget in February 2023. Budget monitoring is delegated to Executive and Scrutiny and revenue service reports will be presented monthly with a full overview of revenue, capital, and reserves quarterly. This report outlines the forecast year-end position of services against the 2023/24 budget of £492.2m as at the end of January 2024.

Report

5. The Council is now projecting an overspend of £16.3m for 2023/24, which equates to 3.0% of the net budget for the year. This is a small improvement of £1.2m from the previous forecast overspend.

5.1 The forecast overspend for the year remains driven by Adults Services and Childrens Services which are both forecasting overspends of £14.9m. Together these total £29.8m and mask that the rest of the council is forecast to be £13.5m underspent.

Table 1: 2023/24 Budget Monitoring Report Overview of Movement in Forecast Outturn Position

Service Area	Month 3 Variance £m	Month 4 Variance £m	Month 5 Variance £m	Month 6 Variance £m	Month 7 Variance £m	Month 9 Variance £m	Month 10 Variance £m	Movement £m
Adult Services	12.1	12.1	14.9	14.9	14.9	14.9	14.9	0.0
Children, Families & Education Services	8.8	8.8	11.8	12.4	13.9	15.3	14.9	(0.4)
Remaining Services	7.7	5.2	0.6	(8.6)	(10.5)	(12.7)	(13.5)	(0.8)
Total Position	**28.6**	**26.1**	**27.3**	**18.7**	**18.3**	**17.5**	**16.3**	**(1.2)**

5.2 **Adult Services Director Mel Lock, Lead Member Cllr Bill Revan**

Table 2 below is breakdown of the Adult Services budget as at the end of January 2024, which shows a forecast outturn for 2023/24 as £196.2m against a net budget of £181.3m, resulting in a projected adverse variance of £14.9m.

5.3 In 2022/23, the actual outturn was £176.1m, against a net budget £160.7m, resulting in an outturn adverse variance of £15.4m. Key explanations of why increasing the budget for 2023/24 has not resulted in the forecast outturn for the current year being no variance are explained below.

Table 2: Adult Services as at the end of January 2024 (Month 10)

Service Area	Current Expenditure Budget £m	Current Income Budget £m	Current Net Budget £m	Full Year Projection £m	Month 10 Variance £m	A/(F)	RAG Status	Movement From Month 9 £m
Adult Social Care Operations								
Physical Disability/Sensory Loss/65 Plus								
PD/SL/65P Residential & Nursing	76.5	(18.5)	58.0	58.9	0.9	A	Red	0.0
Home Care	30.5	(2.3)	28.2	31.0	2.8	A	Red	0.0
Direct Payments	14.8	(2.3)	12.5	14.2	1.7	A	Red	0.0
Staffing Costs	14.3	(1.9)	12.4	11.4	(1.0)	(F)	Green	0.0
Transport, Daycare & Other	4.7	(1.6)	3.1	4.0	0.9	A	Red	0.0
sub total	140.8	(26.6)	114.2	119.5	5.3	A	Red	0.0
Mental Health								
MH Residential & Nursing	17.2	(2.5)	14.7	14.6	(0.1)	(F)	Green	0.0
Home Care/Supported Living	7.7	(2.0)	5.7	6.9	1.2	A	Red	0.0
Staffing/Deprivation of Liberty, Safeguards	1.5	0.0	1.5	1.5	0.0	-	Green	0.0
Direct Payments, Day Care & Transport	1.9	(0.1)	1.8	1.7	(0.1)	(F)	Green	0.0
sub total	28.3	(4.6)	23.7	24.7	1.0	A	Red	0.0
Learning Disabilities								
LD Residential & Nursing	25.4	(1.6)	23.8	25.3	1.5	A	Red	0.0
Supported Living/Home Care	34.9	(1.3)	33.6	38.4	4.8	A	Red	0.0
Direct Payments/In Control	12.7	(2.0)	10.7	9.7	(1.0)	(F)	Green	0.0
Day Care	6.4	0.0	6.4	6.9	0.5	A	Red	0.0
Discovery	31.6	(1.1)	30.5	30.9	0.4	A	Red	0.0
Transport, Shared Lives & Other	3.3	(0.9)	2.4	2.6	0.2	A	Red	0.0
Central & Salaries	2.4	0.0	2.4	3.5	1.1	A	Red	0.0
sub total	116.7	(6.9)	109.8	117.3	7.5	A	Red	0.0
Adult Social Care Commissioning								
Commissioning	8.7	(75.1)	(66.4)	(65.3)	1.1	A	Red	0.0
sub total	8.7	(75.1)	(66.4)	(65.3)	1.1	A	Red	0.0
Total	294.5	(113.2)	181.3	196.2	14.9	A	Red	0.0

5.4 Adult Services - key explanations, actions & mitigating controls

Adult Services overspend is £24.2m due to an increase in both fee levels for care home placements and delivery of home care, offset by a number of in-year mitigations to reduce it to £14.9m. Additional costs within the intermediate care model have been identified and discussions are being held with Integrated Care Board. These costs mainly relate to pathway beds which are used to support discharges from acute hospitals.

5.5 Since 2020/21 we have seen an increase of 41% in residential placements and this significant increase can be seen across all care home placement types. In October 2022, the unmet needs list was around 150 people waiting for homecare, the number current waiting is two people. This increase in delivery is now showing as a full year effect in the table above.

5.6 To offset this, overspend, a number of in year mitigations and funding have been identified including the market sustainability funding - workforce grant of £3.8m, in year mitigations of £3m including reviewing all 1:1 with a view to reducing hours required and £2.5m NHS monies.

5.7 Adult Social Care - Physical Disability/Sensory Loss/65 Plus

This area of adults is currently projecting to be £5.3m overspent. As in previous years,

we continue to see pressure within residential and nursing placements, with pressure on the weekly costs, as well as the number of people receiving support.

5.8 Historically the authority has paid low fee rates within this sector. The increase in fee levels for 23/24 are still not stabilising the market, due to the increase in inflation and cost of living.

5.9 There continue to be a number of interim placements as the service works with the NHS trusts to ensure a timely discharge for people from hospital. These placements are currently projected to cost £1.8m.

5.10 We continue to deliver more homecare, to allow people to remain in their own homes for as long as possible to help reduce the overreliance on beds, as well as it being the best place for them. This has led to reported overspends of £2.8m for home care.

5.11 As we continue to offer choice and have a varied market that includes micro-providers, we have seen an increase in the use of direct payments, resulting in a projected overspend of £1.7m.

5.12 Mental Health
This budget includes individuals who have a diagnosis of dementia. The budget continues to be an area of growth for the past few years, and this has continued in 2023/24. We are currently projecting an overspend of £1m mainly within home care and supported living. Residential and nursing continues to be a pressure for the service due to a combination of increasing numbers and high unit costs.

5.13 Learning Disabilities
Overall, the cost of Learning Disabilities is projected to overspend by £7.5m. Since outturn we have seen a number of high costs placements come through, either via transitions or due to other forms of funding ending. The main pressure areas continue to be residential & nursing £1.5m, supported living and homecare £4.8m and day care £0.5m due to market sustainability. Supported Living is in the best interest of people but is an area where unit costs can be high.

5.14 Commissioning
Commissioning is currently projecting to overspend by £1.1m, as the Adults transformation 'my life, my future' will not achieve the full £5m saving.

5.15 Adult Services - key performance cost drivers
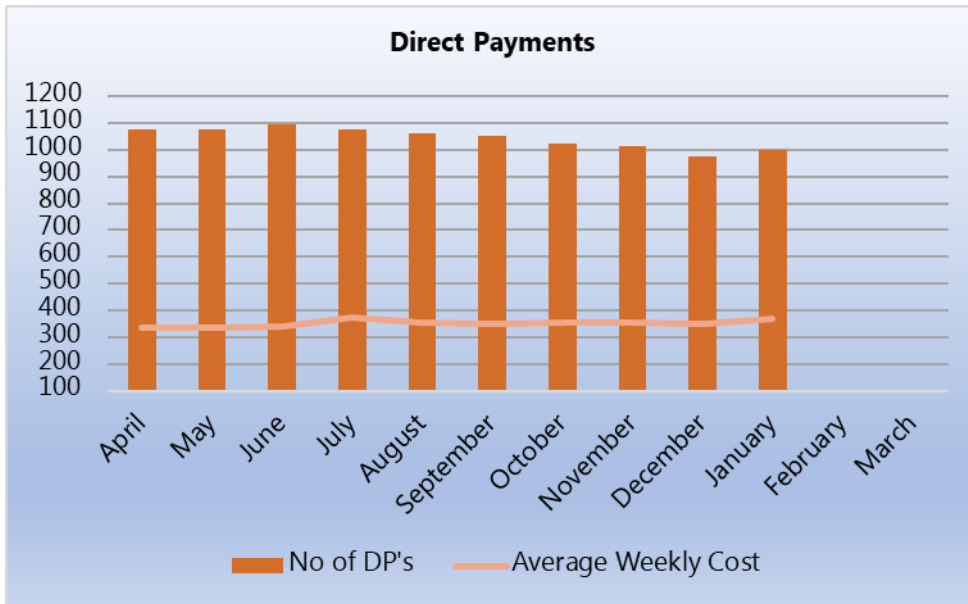
Direct Payments

Since the beginning of the financial year, we have seen the number of people receiving a Direct Payment within ASC decrease from 1,077 to 1011 packages. The current weekly average cost of an ASC Direct Payment is £370 per package.

5.16

OPMH Nursing Placements
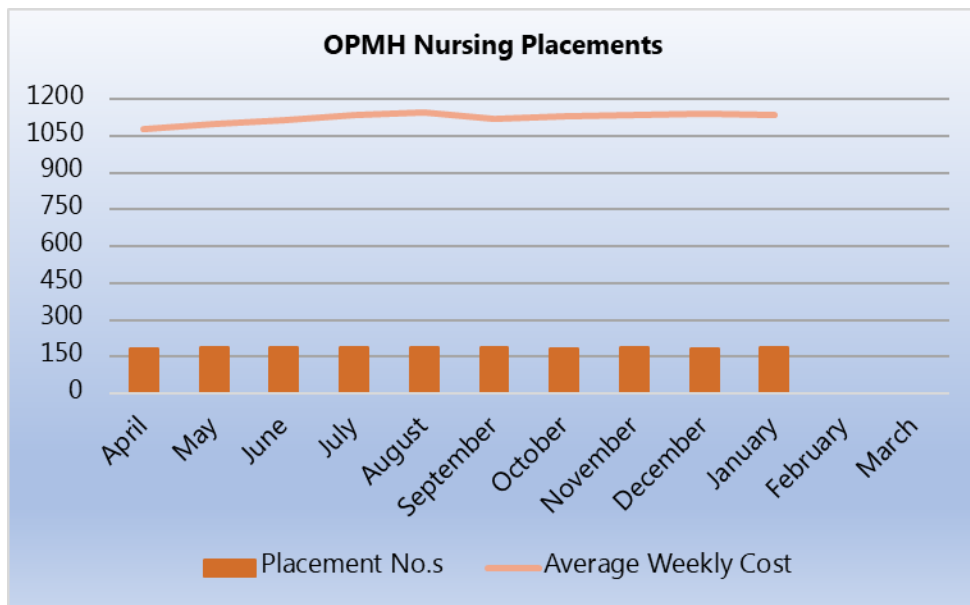
The number of Older People Mental Health (OPMH) Nursing placements has slightly increased from 185 to 190 placements since April. The current weekly average cost for OPMH Nursing is £1,135 per placement.

5.17
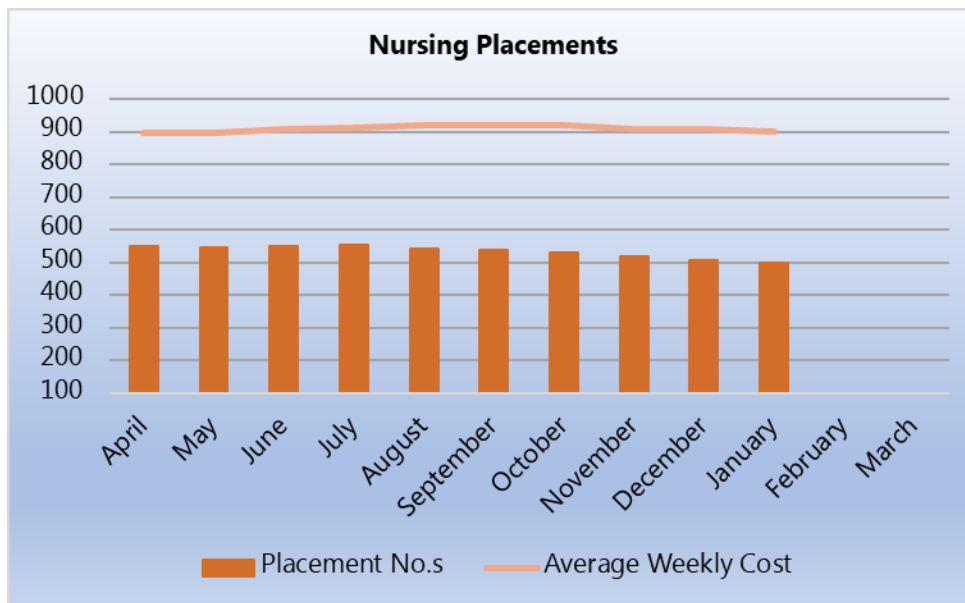
Nursing placements decreased by fifty-two since April from 551 to 499. The current weekly average cost for Nursing is £901 per placement.

5.18   Adult Services - key risks, future issues & opportunities

90% of the ASC budget is spent on individual placements purchased through the market via block and spot placements. Therefore, there is a significant risk that this budget will continue to overspend. This is due to increased demand, the cost-of-living rise, particularly the increases in petrol, gas, electric, and food.

5.19   We have a number of mitigations that are currently reflected in the financial position above but across the financial year we will start to see the impact:
- Enhanced Peer Forum – Robust financial and operating challenge sessions taking place weekly
- Reviewing Interim Placements – This review will identify those who should be self-funding/contributing towards their long-term care.
- My life, my future – reduce the overreliance on bed placements and redesign the reablement service.
- Review all high cost/complex placements.
- Review void costs.

6.   Implications

6.1   There are no implications from this report. Scrutiny Members are asked to note the information and recommend any actions to Executive Committee

7.   Background papers

7.1   The information within this paper has been taken from the Executive Committee

6 March, budget monitoring report for Month 10.

Note For sight of individual background papers please contact the report author

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Adult Services Scrutiny Committee - 4th April 2024

Budget Monitoring - Month 10

Somerset Council

Overall Position Month 10 2023/24

Service Area	Original Budget £m	Current Net Budget £m	Actuals to M10 £m	Further Forecasts £m	Full Year Projection £m	Month 10 Variance £m	A/(F)	RAG Status	Movement From Month 9 £m
Adult Services	186.6	181.3	339.2	(143.0)	196.2	14.9	A	Red	0.0
Children, Families & Education Services	123.0	121.6	(15.9)	152.4	136.5	14.9	A	Red	(0.4)
Community Services	34.6	36.3	21.8	13.8	35.6	(0.7)	(F)	Green	(0.4)
Climate & Place	91.4	90.9	76.5	7.1	83.6	(7.3)	(F)	Green	(0.3)
Strategy, Workforce & Localities	20.2	25.8	23.8	1.9	25.7	(0.1)	(F)	Green	(0.2)
Resources & Corporate Services	20.5	23.6	32.9	(11.7)	21.2	(2.4)	(F)	Green	0.0
Public Health	1.2	1.0	15.8	7.8	1.0	0.0	–	Green	0.0
Corporate Management	0.5	1.3	0.1	1.2	1.3	0.0	–	Green	0.0
Non-Service	58.7	54.1	(3.6)	54.7	51.1	(3.0)	(F)	Green	0.0
Traded Services	0.0	0.0	0.9	(0.4)	0.5	0.5	A	Red	0.1
Total Service Position	**536.7**	**535.9**	**491.5**	**83.8**	**552.7**	**16.8**	**A**	**Red**	**(1.2)**
Corporate Contingency	6.0	5.7	0.0	5.7	5.7	0.0	–	Green	0.0
Total after Contingencies	**542.7**	**541.6**	**491.5**	**89.5**	**558.4**	**16.8**	**A**	**Red**	**(1.2)**
Reserves	(19.9)	(19.6)	0.0	(19.6)	(19.6)	0.0	–	Green	0.0
Transfers to Schools	0.0	0.8	0.0	0.8	0.8	0.0	–	Green	0.0
Council Tax	(338.7)	(338.7)	0.0	(338.7)	(338.7)	0.0	–	Green	0.0
Business Rates	(122.2)	(122.2)	(31.8)	(90.4)	(122.2)	0.0	–	Green	0.0
Grants	(57.3)	(57.3)	(62.3)	4.5	(57.8)	(0.5)	(F)	Green	0.0
Flexible Use of Capital Receipts	(4.0)	(4.0)	0.0	(4.0)	(4.0)	0.0	–	Green	0.0
Collection Fund Surplus/Deficit	(0.6)	(0.6)	0.0	(0.6)	(0.6)	0.0	–	Green	0.0
Total Position	**0.0**	**0.0**	**397.4**	**(358.5)**	**16.3**	**16.3**	**A**	**Red**	**(1.2)**

Adult Services Month 10 2023/24

Net budget of £181.3m
Overspend of £24.2m reduced to £14.9m (8%)

- Overspend is £24.2m offset by in-year mitigations and one-off funding.

- ASC:
  - Residential/Nursing – Cost of beds higher than budgeted.
  - Increased delivery in home care

- Mental Health:
  - High-cost placements

- Learning Disabilities:
  - Supported Living – market sustainability
  - Day Care – increased need to allow carer's break/respite

- Commissioning:
  - My Life, My Future

Service Area	Current Expenditure Budget £m	Current Income Budget £m	Current Net Budget £m	Full Year Projection £m	Month 10 Variance £m	A/(F)	RAG Status	Movement From Month 9 £m
Adult Social Care Operations								
Physical Disability/Sensory Loss/65 Plus								
PD/SL/65P Residential & Nursing	76.5	(18.5)	58.0	58.9	0.9	A	Red	0.0
Home Care	30.5	(2.3)	28.2	31.0	2.8	A	Red	0.0
Direct Payments	14.8	(2.3)	12.5	14.2	1.7	A	Red	0.0
Staffing Costs	14.3	(1.9)	12.4	11.4	(1.0)	(F)	Green	0.0
Transport, Daycare & Other	4.7	(1.6)	3.1	4.0	0.9	A	Red	0.0
sub total	140.8	(26.6)	114.2	119.5	5.3	A	**Red**	0.0
Mental Health								
MH Residential & Nursing	17.2	(2.5)	14.7	14.6	(0.1)	(F)	Green	0.0
Home Care/Supported Living	7.7	(2.0)	5.7	6.9	1.2	A	Red	0.0
Staffing/Deprivation of Liberty, Safeguards	1.5	0.0	1.5	1.5	0.0	-	Green	0.0
Direct Payments, Day Care & Transport	1.9	(0.1)	1.8	1.7	(0.1)	(F)	Green	0.0
sub total	28.3	(4.6)	23.7	24.7	1.0	A	**Red**	0.0
Learning Disabilities								
LD Residential & Nursing	25.4	(1.6)	23.8	25.3	1.5	A	Red	0.0
Supported Living/Home Care	34.9	(1.3)	33.6	38.4	4.8	A	Red	0.0
Direct Payments/In Control	12.7	(2.0)	10.7	9.7	(1.0)	(F)	Green	0.0
Day Care	6.4	0.0	6.4	6.9	0.5	A	Red	0.0
Discovery	31.6	(1.1)	30.5	30.9	0.4	A	Red	0.0
Transport, Shared Lives & Other	3.3	(0.9)	2.4	2.6	0.2	A	Red	0.0
Central & Salaries	2.4	0.0	2.4	3.5	1.1	A	Red	0.0
sub total	116.7	(6.9)	109.8	117.3	7.5	A	**Red**	0.0
Adult Social Care Commissioning								
Commissioning	8.7	(75.1)	(66.4)	(65.3)	1.1	A	Red	0.0
sub total	8.7	(75.1)	(66.4)	(65.3)	1.1	A	**Red**	0.0
Total	294.5	(113.2)	181.3	196.2	14.9	A	**Red**	0.0

23/24 In Year Mitigations - £9.3m

One Off NHS Monies £1m	One Off ICB Funding Home Care Blocks £1.5m	Market Sustainability £3.7m	Voids £0.3m	Review MH High Costs £0.4m
Continuing Health Care £0.5m	Review High Costs Placements £1m	Review Interim Placements £0.2m	121 Reviews £0.2m	Overdue Reviews £0.5m

Somerset Council
Scrutiny Committee
– 4th April 2024

My Life, My Future: Adult Social Care Transformation Programme Update Report
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Author: Emily Faldon, 'My Life, My Future' Programme Lead – Newton Europe
Contact Details: mel.lock@somerset.gov.uk / mylifemyfuture@somerset.gov.uk
Executive Lead Member: Cllr Sarah Wakefield, Lead Member for Adult Services
Division / Local Member: All

1.   Summary

1.1.   This report provides an update on the transformation work underway across the Adult Social Care service in Somerset, called the 'My Life, My Future' Programme. We are now seven months into the Programme and are continuing to progress across all five workstreams. Some workstreams are now moving towards the 'implementation' phase, where the new ways of working trialled in certain teams or areas will be rolled out across the county.

1.2.   We continue to see positive results across all areas of the work. We have seen a 30% increase in the number of individuals accessing reablement (6-week moving average figure as at early March), meaning 15 more individuals every week can now benefit from a chance to improve their level of independence in their own home. Exploring more creative ways to meet people's care and support needs via our peer forums and enhanced peer forums is resulting in a reduction in the volume of new homecare and direct payment packages started across the county.

1.3.   Overall, the programme is on track to deliver financial benefits between the low and the high scenarios set out at the start of the programme. We are working within our Finance and Performance Monitoring group to secure more timely operational data sources to inform spend analysis, and continue to track and mitigate programme risks to ensure the sustainability of our transformation ambitions.

1.4.   Adult Social Care's transformation activity, including the 'My Life, My Future' Programme directly supports the vision and priorities of Somerset Council, as outlined in the 2023-2027 Council Plan, especially those aligned to ensuring we are a 'healthy and caring Somerset'.

2.   Issues for consideration / Recommendations

2.1.   Scrutiny Committee members to consider if there are any general comments or observations that they would wish to make in relation to this programme of work.

3.   Progress to date:

3.1.   Reablement: In this workstream, we want to ensure that more people have access to reablement support, both when they are discharged from an acute hospital stay, and when they enter our services via the community, and that this support is as impactful as possible. The workstream is aiming to drive two key KPIs (Key Performance Indicators):

- The number of people who finish a period of reablement per week.
- The effectiveness of their reablement period (i.e., how much impact the reablement support had on their level of independence).

We have rolled out a new 'Cluster Call' structure and accompanying tool across all geographies, giving staff from the Council, SFT and our providers and shared visibility of individuals on the caseload, to support more timely progression of cases and reduce delays. This has worked alongside a change in team roles and responsibilities to ensure focus on social care assessments at the end of the reablement journey. The **percentage of individuals delayed at the end of their reablement journey in early March 2024 is now 14%, down from 46%** at the end of the previous 6-week period. This reduction in delays, has reduced the overall length of stay in the service, and freed up capacity to allow for **15 additional starts into the service each week** (as of early March). These individuals are now able to benefit from a chance to improve their independence at home on discharge from hospital.

We are continuing to develop a digital tool, which will support a new method for setting and tracking reablement goals for clients. This aims to increase the effectiveness of the support we offer and ensure people can leave the service closer to independence, as well as ensuring that we step people down from the service in a timely way as they achieve their goals.

Work is also ongoing to ensure an accurate demand and capacity model for each area of the county. This will support ongoing sustainability plans, and any future required recommissioning activity to ensure we have sufficient capacity to meet demand across those individuals returning home from acute hospital, as well as those who could step down from a short-term bed, and those who have potential for greater independence in the community.

3.2.   Outcomes from Decision Making: In this workstream, we want to support more

ideal outcomes for adults receiving long-term care and support from our services. The workstream is aiming to drive two key KPIs:

- o The number of people starting a long-term residential placement
- o The number of new hours of support commissioned for people at home (in homecare packages or in direct payments).

New Peer Forum practices have been established across the county, in alignment with work on Enhanced Peer Forum as part of the financial emergency. We have also developed a Neighbourhood Teams Dashboard, to give managers better visibility of their teams' activity, and the outcomes generated for individuals from this work. This is supporting a renewed focus on productivity, aiming to reduce the delays in assessments and reviews.

The 'run rate' is tracked across both the Reablement and Outcomes from Decision Making workstreams to understand the combined impact on the number of new hours of support commissioned for people at home (in homecare packages or in direct payments) – as both areas of work aim to support people to greater independence in this area. The current 'run rate' for this workstream (i.e., the financial value realised if this operational performance were to sustain indefinitely) is **over £6m p.a.** (from Finance & Performing Monitoring Group meeting on 15th March 2024). Further work is required to ensure we have an accurate & timely tracking method for the residential starts element of the workstream.

3.3. **Data, Visibility & Control:** In this workstream, we want to establish a data-driven decision-making culture through use of clear, accurate and accessible management information at each level of the service. This workstream has also established operational tracking against each of the workstreams, and full financial tracking across the Older Adults workstreams.

3.4. **Progression & Enablement:** In this workstream, we want to enable individuals living with learning disabilities (LD) to live more independently.

Aligning with the Outcomes from Decision Making work, Peer Forums have been established in the new Learning Disability teams, and initial tracking suggests that these are resulting in an increased level of independence for people compared to a pre-November 2023 baseline.

Since the start of any additional design in this workstream was delayed to support ongoing financial emergency work, we have completed further deep dives to understand the key areas driving spend growth in this area. These are now forming the trials of new ways of working to be undertaken in the LD teams.

3.5. **Preparing for Adulthood:** In this workstream, we want to achieve more ideal

outcomes for our young people transitioning to adulthood.

In this area, we have undertaken two design workshops with colleagues from across the Adults and Childrens' Service to align on the key principles and areas of focus for improving the journey into adulthood. We have also designed and launched a new 'Transition Form' on Eclipse, which will improve visibility, early planning and support for young people and additionally improve incoming demand insight for commissioning teams.

We have also focused on giving senior team members and managers greater visibility of the cohort of young people, and team activity through an ongoing improvement cycle. We have seen an over **100% improvement in team productivity**, and hence the average age at which we complete a Care Act Assessment for our young people fall from over 20 years old, to reach 18.2 years (in early March). We are on a trajectory for this to fall below 18 years imminently, against a target of 17.5 years.

3.6. **Key risks & issues impacting Programme delivery:** Risks and issues are managed via the monthly Contract Monitoring forum, with mitigating actions agreed and monitored. The Programme also reports progress to the Executive Transformation Board. Current key issues impacting current programme delivery are focused on resourcing and staff capacity, with a further risk around system working.

3.7. **Operational and Financial Tracking:** The four core workstreams (excluding Data Visibility & Control) have an operational and financial value attached to them. For each associated area of opportunity, we have a financial equation, consisting of fixed variables (e.g., the duration of a long-term care package) and tracked variables, that we are trying to impact through the operational changes in place (e.g., the number of adults starting a long-term residential placement per month). For each of the tracked variables, we have taken a baseline to use as representative of historical performance, against which are measuring changes.

As many of the targeted changes focus on demand management (i.e., reducing the number or scale of long-term package starts), cash benefits associated with these accrue over time and it typically takes longer than one financial year to see the full benefit realised. We have generated a projected cash profile, with a low and high scenario, to set out the period over which we can expect to see the Programme savings, if the operational activity progresses against plan.

In Year Value Version	FY23/24	FY24/25	FY25/26	FY26/27	FY27/28	FY28/29
Updated Low Scenario	£0.5M	£7.3M	£13.3M	£13.9M	£14.1M	£14.2M
Updated High Scenario	£0.8M	£9.5M	£16.0M	£16.3M	£16.5M	£16.5M

Table 1 - My Life My Future Target Cash Profile

A fortnightly 'Finance & Performance Monitoring Group' meets to review current operational and financial performance. This group is attended by key operational, finance and performance & Business Intelligence (BI) representatives within the service and is responsible for developing a rigorous approach to our operational and financial tracking and understanding performance against the projected cash profile. All workstreams now have agreed financial equations, and we are able to clearly monitor progress against the opportunities associated with the Older Adults cohort. There is further work remaining to ensure we can sustainably track the impact of new ways of working in our Learning Disability teams.

A monthly Contract Monitoring forum is in place, for formal reporting of progress against the operational and financial targets and will sign off the benefits associated with the Programme.

The support from Newton Europe is also provided on a contingent fee basis. The fees for both the My Life, My Future Programme and the preceding diagnostic are fixed and fully contingent on financial benefits being delivered and signed off by Somerset Council. As such, Newton guarantee that the recurrent, annualised benefits delivered in the Programme will at least exceed 1.3 times the combined fee from the diagnostic and Programme. As such the guaranteed benefit is £10.0m. These benefits will be measured by comparing historic baselines to the end of programme operational performance in each of the relevant areas, then using the agreed set of equations to translate this to an annualised "run rate" for the programme. This "run rate" is therefore agreed to be the value delivered to Somerset Council if the operational performance sustains at this level. If at the end of the programme, the benefits have not achieved the required scale, either Newton will continue to work at no extra charge until this is the case, or the fee will be reduced, pro rata until this is the case.

3.8. **Programme Background – as per December 2023 Scrutiny Paper:** An evidence-based review of Adult Social Care was undertaken across the Winter of 2022/23, which identified priority areas for change and a proposed plan for an

Adults Transformation Programme. In the Summer of 2023, Somerset Council engaged Newton Europe as a delivery partner to deliver this Adults Transformation Programme, now titled the 'My Life, My Future' programme. As well as collectively improving the lives of 1,000+ Somerset residents, the programme is targeting making sustainable operational changes, valued in the range of £14.2m - £17.2m p.a.

Given the nature of opportunities is based on improving outcomes and sustainably reducing demand for services, there is a multi-year ramp up towards these values. The Programme is intended to design and implement most operational changes within 15 months, which will lead to significant benefits being realised from Year 2 onwards.

Area	Summary	Target	Stretch
Decision Making	Supporting more independent outcomes through strengths-based practice, improved care capacity and more creative alternatives to formal support where appropriate.	£2.3m	£2.7m
Reablement	More people accessing short-term services that support them to improve their independence – when being discharged from an acute hospital stay, and from the community.	£9.5m	£11.4m
Preparing for Adulthood	Increased independence for young people as they transition to adulthood by earlier intervention & support from the Adults team and taking a strengths-based approach.	£0.4m	£0.6m
Progression and Enablement	Supporting more adults with learning disabilities to lead a more independent life in their community.	£2.0m	£2.4m
TOTAL		£14.2m	£17.2m

Table 2 - My Life My Future Opportunity Matrix

3.9.	**My Life, My Future workstreams - as per December 2023 Scrutiny Paper:** The Programme is aligned to the 2023-26 Somerset Adult Social Care Strategy, which aims to support Somerset people to live in the place they call home, with the people and things that they love, in communities where they look out for one another, doing what matters to them. Across all cohorts of service users, the Programme aims to support more Somerset residents to live independent lives.

Figure 1 My Life My Future Programme Summary

There are five workstreams within the My Life, My Future programme, impacting different teams and with different operational and financial targets associated:

1. **Reablement**, which aims to design & implement an improved reablement model for Somerset. Reablement is a short-term service that aims to support people to recover skills and confidence and live more independently in the long term. The work here aims to:
    *   Establish more efficient processes and improved service capacity to support more people with reablement potential through the service, whilst opening access to the service for people in the community.
    *   Support individuals with more complex needs to become more independent through enhanced therapy oversight, improved goal setting and tracking and multidisciplinary input.

2. **Outcomes from Decision Making**, which aims to achieve more ideal outcomes for adults receiving long-term care and support from Adult Social Care. The work here aims to:
    *   Build on the Adult Social Care operations restructure to establish new processes and create an environment which supports and enables practitioners with strengths-based decisions.
    *   Shape the direction of what services are required now and, in the future, to keep our population as independent as possible.

3. **Progression & Enablement**, which aims to enable individuals living with learning disabilities (LD) to live more independently. The work here aims to:
    *   Establish the right progression planning process and support for this cohort, both for those who could be supported to progress within their current accommodation setting and for those who could

progress to a more independent setting.
- Ensure sustainable, sufficient capacity in appropriate settings for promoting independence.

4. **Preparing for Adulthood**, which aims to achieve more ideal outcomes for young people transitioning to adulthood. The work here aims to:
   - Establish efficient processes and information sharing between Children's & Adults Services to enable early identification and planning of support.
   - Shape the availability of suitable and cost-effective services to promote independence.

5. **Data Visibility & Control**, which, in collaboration with the Adults Business Intelligence team, will establish ongoing visibility of the Adults service. The work here aims to:
   - Enable proactive performance management and establish clear links between operations teams, their decisions and finance data.
   - Foster a culture of performance and improvement through data-driven behaviours and evidence-based decision-making.

3.10. **Approach to change - as per December 2023 Scrutiny Paper:** A joint team has been established between Newton Europe, Somerset Council & NHS Somerset ICB to deliver the Programme. Each workstream has two sponsors from the Adult Social Care team – one from the Operations team and one from the Commissioning team – as well as delivery support from Somerset Council's Project & Change team. This joint approach allows a blend of Newton's experience and understanding of best practice delivery models, with the understanding of the specific Somerset team context and existing strengths. This approach also aims to embed Newton's change methodology and approach, to equip the Somerset team to continue to improve performance beyond the core programme timescales, and to lead future identification and delivery of change. As we look towards the 'sustainability' phase of the programme, we have developed a training plan that will engage individuals across the Adults service, the Somerset Project & Change team and colleagues across the health and care system.

Each workstream is moving through a broadly similar approach to change, which will have a design and an adoption phase to create well-evidenced solutions and ensure sustainable change across the county. The design phase involves a short period of 'desktop design' with support from subject-matter experts within the service, before establishing 'trials' where, within a defined subset of a team/locality, we can put the designed solution into practice. These trials ensure that any changes have evidence of success behind them, before in the adoption phase, rolling out changes across remaining teams or localities.

The five programme workstreams are at different points in this journey currently. Those predominantly focused on Older Adults had started earliest, and the work in Reablement & Outcomes from Decision Making is now beginning to focus on ensuring changes can be adopted across all teams and building sustainable digital tools to support roll out. The workstreams focused on our cohort of Adults with Learning Disabilities had started later, to align activity with the establishment of the new operational team structures. In these workstreams, trials are now underway in both the Preparing for Adulthood team, and the Learning Disability teams.

4.   Implications

4.1.   Several changes to the Programme Plan were set out in the Scrutiny report in December 2023, in recognition of and response to the financial emergency Somerset Council and its Adult Social Care service face. No further changes to the Programme Plan have been made in the intervening period.

4.2.   In March 2024, Somerset Council hosted a Local Government Association Assurance Peer Challenge of its Adult Social Care service to support ongoing improvement activity and readiness for future Care Quality Commission assessment. The external peer challenge team were able to meet with key 'My Life, My Future, representatives and review latest progress evidence. Whilst we await the official report from the review, expected in mid-April 2024, initial feedback was positive. One strength noted was as follows: '*The transformation programme is currently on track to deliver, and there will be learnings that can be applied to other parts of adult social care*'. The initial feedback also warned that '*progress on Adult Social Care change activities also depends on access to corporate support services and capability, which could be destabilised by the current Voluntary Redundancy process*'. Ensuring the sustainability of this programme and its progress remains of key importance over the coming months.

5.   Background papers

5.1.   Appendix A - My Life, My Future Programme – Scrutiny April 2024 update

Note For sight of individual background papers please contact the report author.

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Adults & Health Scrutiny

'My Life, My Future' Adult Social Care Programme Update
April 2024

Somerset Council

My Life, My Future

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- Exec Summary: March 2024 Period

- Programme Recap

- In Focus: Learning Disabilities & Preparing for Adulthood

- Financial Benefits & Tracking

- Programme Plan, Risks & Trials update

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Executive Summary
March 2024 Period

- We are now seven months into the Programme and are continuing to progress across all five workstreams. Some workstreams are now moving towards the 'implementation' phase, where the **new ways of working trialled in certain teams or areas will be rolled out across the county**.

We are continuing to see positive results across the service:

- We have seen a **30% increase in the number of individuals accessing reablement** (6-week moving average figure as at early March), meaning 15 more individuals every week can now benefit from a chance to improve their level of independence in their own home, through reducing delays and therefore the overall length of time spent in service to free up capacity.

- We have seen a reduction in the volume of new homecare and direct payment packages started across the county, driven by both number and average size of package reducing and supported by the work of our Peer Forums and Enhanced Peer Forums exploring most effective ways to meet people's needs.

- Our current performance run-rate in community-based support (i.e. Reablement and the community element of Outcomes from Decision Making) is over £6m p.a. benefit.

- Overall, the programme is on track and projected to achieve savings between the low and high financial benefit scenarios. Further work is progressing via our Finance & Performance Monitoring Group to continue to improve the rigour of our tracking (through moving towards more live, operational spend reporting).

- There are some risks to maximising progress and ensuring sustainability of solutions developed, which are being monitored and mitigated.

Why are we doing this now?

My Life, My Future

We are seeking to build on the strengths we have in Somerset to design and deliver high quality, person-centred Adult Social Care services that promote independence and wellbeing.

This means providing the right support, in the right place at the right time.

Throughout the **My Life, My Future** programme, we will be…

Person-centred

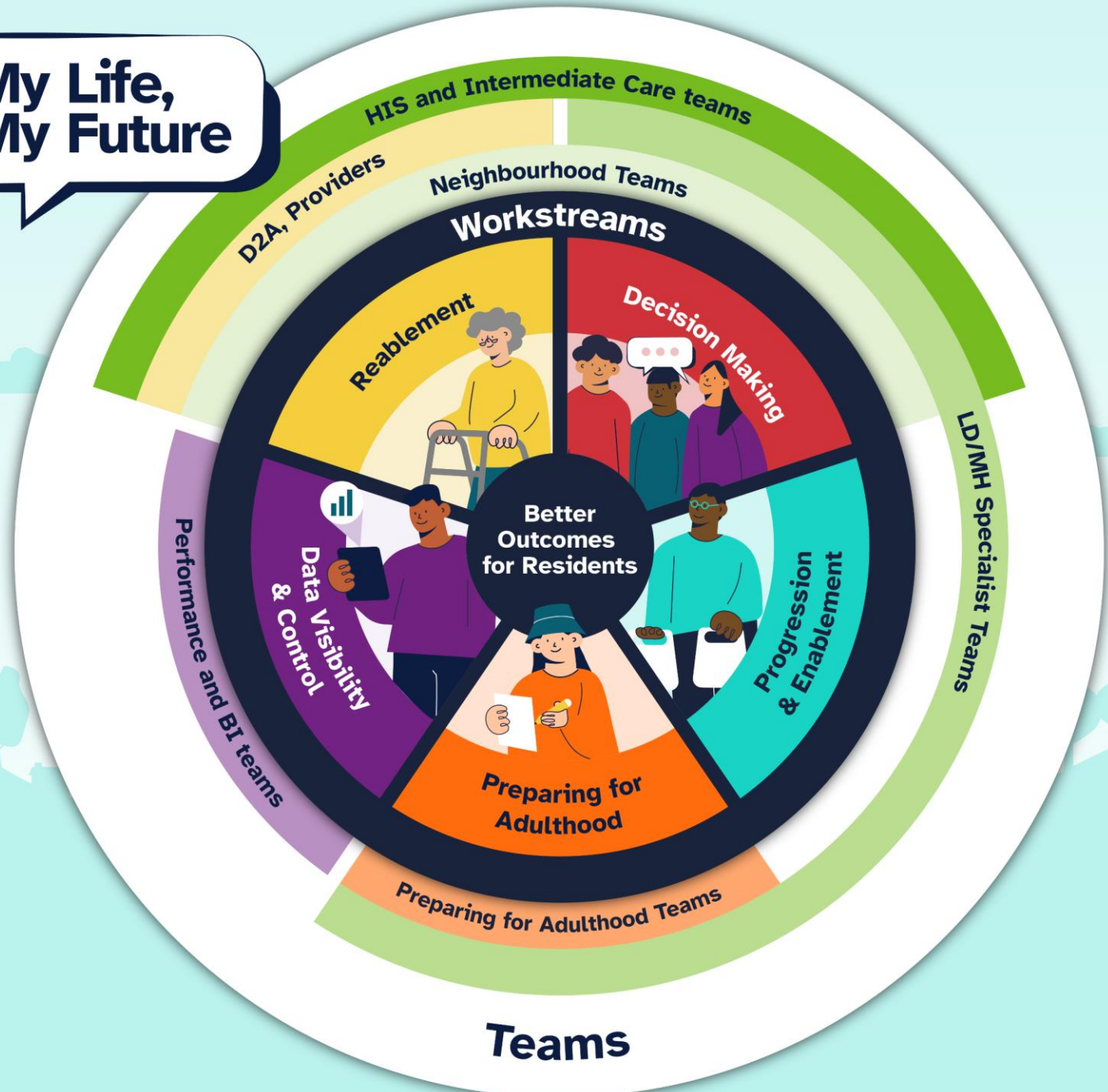**Data and evidence driven**

Supportive for staff

Future focussed

Taking an iterative approach

My Life, My Future

Workstreams
- Reablement
- Decision Making
- Progression & Enablement
- Preparing for Adulthood
- Data Visibility & Control

Better Outcomes for Residents

Teams
- HIS and Intermediate Care teams
- Neighbourhood Teams
- D2A, Providers
- LD/MH Specialist Teams
- Preparing for Adulthood Teams
- Performance and BI teams

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Stacey's* journey through an LD Peer Forum

Stacey* is a woman in her 30s living with Autism and generalised anxiety disorder. She currently lives with her mum and step-dad at their home in Yeovil.

Stacey has recently become quite **isolated** in her home environment, rarely engaging in activities or venturing outside. Her mum expressed that she's very interested in how the outside world works however – spending much of her time online researching Politics, Philosophy and Religion.

The social worker assigned to Stacey's case felt that she could benefit from someone visiting her for **10 hours a week** to build her confidence. He wasn't sure exactly how these hours could be best used so before putting this care in place, the social worker took Stacey's case to an **LD Peer Forum**.

In this session, the social worker was able to draw on the experience of other practitioners and MDT peers, one of whom recommended bringing in a **community agent** to discuss what activities Stacey might be interested in within her local community. Once these activities were identified, around **5 care hours a week** could then be built up around them to ensure the hours are targeted towards Stacey's specific goals.

The social worker left with a clear plan on how to help Stacey achieve **greater independence** within her daily life, in a way that considers her individual needs and outcomes.

*anonymised

Preparing for Adulthood – In Focus

- For our young people who transition at aged 18 from Childrens' Services to Adults Service, we want to ensure that we are supporting them to the most independent outcome possible. This requires:

  o clear processes, and strong **joint working** between Adults & Childrens teams

  o making sure we have **early and complete visibility** of our cohort young people in the Preparing for Adulthood team, well before they approach their 18th birthday

  o **early planning**, so that we understand the young person's aspirations and needs well in advance of them turning 18, completing any assessments required in a timely way

  o having **enough capacity in the right services** or accommodation for those young people when they turn 18, which requires our Adults commissioning team to have enough time to find appropriate placements

Preparing for Adulthood – In Focus

What have we done so far?

- Area meetings & escalation meetings

- Data visibility & validation of our full cohort of young people who will need support in Adults

- Everyone aged 17+ are now allocated to a PFA team member

- Improving team productivity and visibility of performance

- Clear process & closer working between Childrens Social Care and PFA teams.

The average Care Act assessment age has been decreased from over 20 years old to 18.2

Average Age at CAA Date

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Preparing for Adulthood – In Focus

What have we done so far?

- Area meetings & escalation meetings

- Data visibility & validation of our full cohort of young people who will need support in Adults

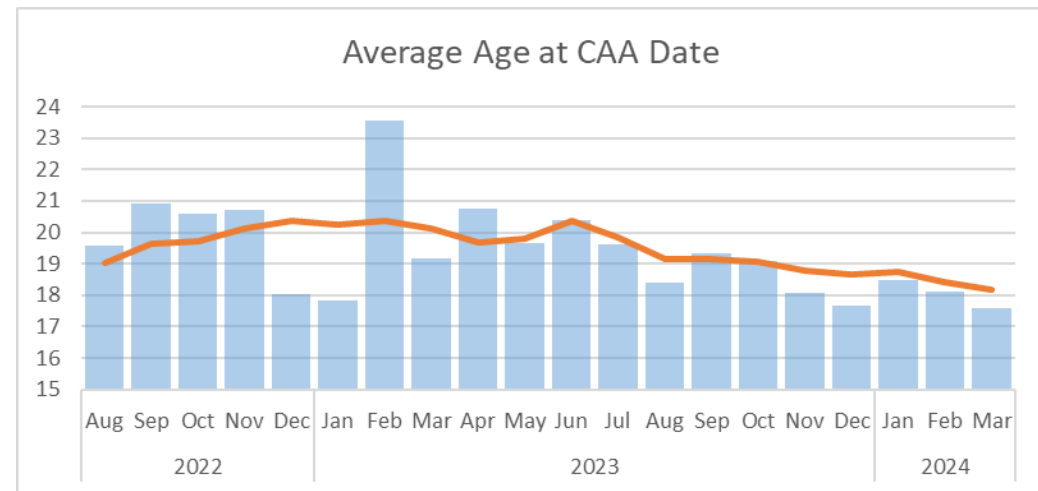- Everyone aged 17+ are now allocated to a PFA team member

- Improving team productivity and visibility of performance

- Clear process & closer working between CSC and PFA teams.

An example of what's next

A new form has been created to be used by the Preparing for Adulthood team to **enable early planning of support for young people.** The form can be continually updated throughout the young person's journey to enable progress, support requirements and other key information to be **updated regularly** ahead of their formal Care Act Assessment at 17.5 years old.

What are the benefits?

- Increase provision and support requirement visibility for Adults commissioning teams.

- Increased visibility and improved recording of information prior to the Care Act Assessment completion at 17.5 years old.

- Provides an 'aim' point & prompt conversations around goals and aspirations for a young person.

- Minimal extra work for PFA team (will pull information across in to Care Act Assessment documentation), whilst enabling better insight to our current transition cohort so we can plan accordingly.

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Summary of Financial Opportunities

Area	Summary	Target	Stretch
Decision Making	Supporting more independent outcomes through strengths-based practice, improved care capacity and more creative alternatives to formal support where appropriate.	£2.3m	£2.7m
Reablement	More people accessing short-term services that support them to improve their independence – when being discharged from an acute hospital stay, and from the community.	£9.5m	£11.4m
Preparing for Adulthood	Increased independence for young people as they transition to adulthood by earlier intervention & support from the Adults team and taking a strengths-based approach.	£0.4m	£0.6m
Progression and Enablement	Supporting more adults with learning disabilities to lead a more independent life in their community.	£2.0m	£2.4m
TOTAL		**£14.2m**	**£17.2m**

Projected cash profile:

In Year Value Version	FY23/24	FY24/25	FY25/26	FY26/27	FY27/28	FY28/29
Updated Low Scenario	£0.5M	£7.3M	£13.3M	£13.9M	£14.1M	£14.2M
Updated High Scenario	£0.8M	£9.5M	£16.0M	£16.3M	£16.5M	£16.5M

Programme Financial Benefit Summary

N.B.: The Projected Benefits columns assume no further improvement in any operational performance, only sustaining current performance as it is now.

Workstream	Original Overall Target (Annualised recurrent benefit once run-rate is sustained)	Original Target FY23/24 (Realised Cash by end of Mar 24, Low Scenario)	Projected Benefits to End FY23/24 (Realised Cash)	Original Target FY24/25 (Realised Cash, Low Scenario)	Projected Benefits to End FY24/25 (Realised Cash)
Decision Making – Reduced Starts in Residential Care	£2.3m	£81k	£25k	£1.3m	-£500k
Decision Making – Optimisation of Community-Based Services			£808k		£10.7m
Reablement – Increasing Throughput & Effectiveness	£9.5m	£395k		£5.5m	
LD – Progression	£2.0m	£8k	£0	£460k	TBC
Preparing for Adulthood	£0.4m	£0	£0	£50k	TBC
TOTAL	£14.2m	£0.5m	£0.83m	£7.3m	£10.2m

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Values based on data from **last fully validated month of December 2023**, *and assumes operational performance stays consistent at that level across the period.*
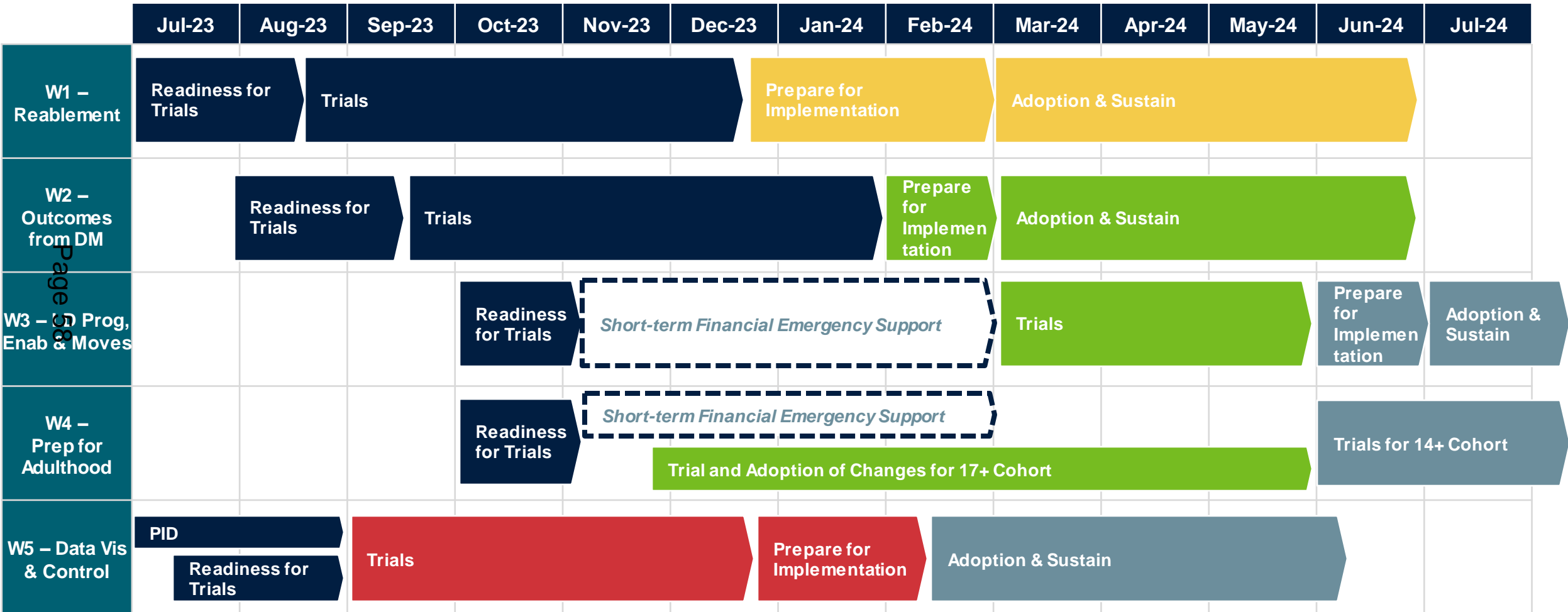
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Programme Plan, Risks & Trials update

Programme Plan

Legend: ● Complete ● In progress, on track ● At risk, mitigations in place ● Delayed or support required

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
W1 – Reablement	Readiness for Trials		Trials				Prepare for Implementation		Adoption & Sustain				
W2 – Outcomes from DM		Readiness for Trials		Trials				Prepare for Implementation	Adoption & Sustain				
W3 – D Prog, Enab & Moves				Readiness for Trials	Short-term Financial Emergency Support				Trials			Prepare for Implementation	Adoption & Sustain
W4 – Prep for Adulthood				Readiness for Trials	Short-term Financial Emergency Support				Trial and Adoption of Changes for 17+ Cohort			Trials for 14+ Cohort	
W5 – Data Vis & Control	PID / Readiness for Trials		Trials				Prepare for Implementation		Adoption & Sustain				

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Key Risks and Issues

Risk / Issue	Description	Severity	Likelihood	Mitigation Detail
Lack of Data Engineering resource (Issue)	A lack of resource within the Data Engineering function has delayed plans across most workstreams (any areas which require changes to our core data model, e.g., establishing some areas of financial tracking, or building new sustainable service dashboards). A lack of longer-term plan around the core model and team resource risk long-term sustainability of products created.		**ISSUE**	• Data engineering team currently at usual establishment • Long-term resilience plans to be agreed
Lack of capacity of key individuals within Adults service alongside financial emergency (Issue):	Increased demands on staff and areas of high vacancy rate across the Adults service across Operations, Commissioning and more widely (e.g. finance team) creating a risk to efficient programme delivery/sustainability of the changes implemented as part of the programme.		**ISSUE**	• Adapting and aligning programme activity to ease constraints on key individuals • Widening training plans to ease pressure at service grades with high vacancy rates
System working challenges across financial emergency and wider system improvement plans (Risk)	Several workstreams have interdependencies with NHS teams and services, particularly those focused on Older Adults and Intermediate Care. Conflicting demands and capacity pressures on key individuals and teams within the system creates a risk to efficient programme delivery.			• Ensuring workstream governance involves the right individuals from across the system, with clear escalation routes • A joint oversight group with health colleagues, and regular workshop sessions with a senior group from across the Council, SFT & the ICB to design the Reablement Operating Model • Increasing engagement with system colleagues

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Trials Update

Reablement

Trial/Product	Description	Roll-out
MDT Cluster Calls	Ensuring the right structure and information visibility for daily MDT calls	**Feb 2024**
Goal Setting and Tracking	The right visibility of goals for enablers, and a tool to objectively track people's progress against their goals	Apr 2024
Provider Capacity Utilisation	Tailored support for providers on rostering and scheduling	Apr 2024

Outcomes from Decision Making

Trial/Product	Description	Roll-out
Peer Forum support	Support to maximise peer forums by ensuring they are early and outcome-led	**Dec 2023**
Caseload visibility	Dashboard across teams to monitor flow through teams	Feb 2024
Community assets	Increasing local awareness of community offer	Mar 2024

Progression & Enablement

Trial/Product	Description	Roll-out
Redesigned standard processes	Increased MDT oversight for 'no change reviews' and specific focus on resi & sup. living step downs	May 2024
Empowering our teams	Involving community services in peer forums more and specific training with peer forum chairs/attendees	Apr 2024

Preparing for Adulthood

Trial/Product	Description	Roll-out
New referral process	Joined up working with children's to ensure earlier referrals, and capturing these on new Eclipse form	Apr 2024
Improvement cycles	Using data and ICs to drive more and higher quality transition plans	Mar 2024

Data Visibility & Control

Trial/Product	Description	Roll-out
Neighbourhood team dashboards	Suite of tools to support n'hood team performance	Mar 2024
LD/MH team dashboards	Suite of tools to support LD/MH team performance	Apr 2024
Commissioning dashboard	Dashboard to support commissioning activities	May 2024

Appendix: Programme Approach

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We are working through a structured change programme which will have a design and an adoption phase to create well-evidenced solutions and ensure sustainable change across the county

DESIGN			ADOPTION & SUSTAIN	
DESIGN & READINESS FOR TRIALS	TRIAL	PREPARE FOR IMPLEMENTATION	ITERATE & EMBED	SUSTAIN

Design & Readiness for Trials
- Assemble a 'design team' – bringing together a diverse range of input from across the service (and beyond) to tackle the opportunity identified in the diagnostic
- Conduct a series of workshops and desktop design sessions to get to an initial design which can be tested, utilising the expertise within the design group
- Design a trial or pilot, including who will be involved and how progress will be measured and reviewed

Trial
- Within one team / locality / subset of the total operation, put the designed solution into practice – this will involve new processes, ways of working, structures etc..
- Set up a continuous improvement cycle, where KPI's linked to the operational and financial benefit of the work are reviewed on a daily and weekly basis
- Iterate the solution throughout (not waiting for a formal evaluation) – the design team remains active to propose changes to the approach, according to the evidence

Prepare for Implementation
- With the trial complete, document the trialled solution or 'product'
- Prepare the material required to support implementation–including training guides, new standard operating procedures / processes, meeting structures, agendas, day/week in the life, visual guides etc..
- Develop sustainable versions of any tools – including digital tools and systems changes
- Assess the readiness of wider teams to adopt the new solutions and prepare an implementation plan accordingly

Approximately 4-8 weeks	Approximately 6-16 weeks, depending on the nature of the solution and teams involved	Approximately 4-8 weeks, depending on the development time for any tools or systems changes

Not every workstream will need every stage, it will be proportionate according to complexity, value and number of people impacted.

Supported by Newton's Contingency Fee

- The support from Newton is provided on a contingent fee basis.

- Newton guarantee that the **recurrent, annualised benefits** delivered in the Programme will at least exceed **1.3 times** the combined one-off fee from the diagnostic and Programme. As such the guaranteed benefit is **£10.0m**

- These benefits will be measured by comparing historic baselines to the end of programme operational performance in each of the relevant areas, then using the agreed set of equations to translate this to an annualised "run rate" for the programme. This "run rate" is therefore agreed to be the value delivered to Somerset Council if the operational performance sustains at this level.

- If at the end of the programme, the benefits have not achieved the required scale, either Newton will continue to work at no extra charge until this is the case, or the fee will be reduced, pro rata until this is the case.

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Somerset County Council

Scrutiny Committee for Adults and Health
– 4 April 2024

Paper [Letter]

Item No. [Item No.]

Adult Social Care: Performance Report

Lead Officer: Mel Lock, Director of Adult Social Care
Author: Jon Padfield, Service Manager - Quality & Performance, Adult Social Care
Contact Details: jon.padfield@somerset.gov.uk
Cabinet Member: Cllr Sarah Wakefield, Cabinet Member for Adults
Division and Local Member: All

1. Summary

1.1 This report provides an update to Scrutiny Committee members on key performance across adult social care in Somerset. It is supported by an accompanying presentation (Appendix A) which includes some visuals and narrative to support Committee members to assess and scrutinise local performance in the context of the ongoing pressures facing the national health and care system, and the upcoming new Care Quality Commission assessment regime.

2. Issues for consideration / Recommendations

2.1 For Scrutiny Committee to note the key updates provided in relation to Adult Social Care (ASC) demand and performance, and to consider whether it wishes to make any recommendations arising from the report and any wider discussion.

3. Background

3.1 The service most recently provided a detailed update on Adult Social Care performance to Scrutiny Committee in October 2023.

3.2 This report's supporting performance presentation (Appendix A) includes the following performance highlights:

- **Calls resolved at first point of contact:** Through our ongoing commitment to early help and prevention, and the development of a robust community offer for Somerset residents, we would expect to see demand for statutory care reduce, and see more contacts resolved at the front door through signposting to community solutions. Our award-winning Customer Contact Centre continues to help people find solutions to their problems and is demonstrating its impact in terms of diversions from formal care and statutory services. The proportion of calls resolved by Somerset Council's Customer Contact Centre (the Council's front door) at 'first point of contact' has remained in line with our target. The cumulative resolution rate for 2023/24 (to end of February 2024) is 61%.

- **Continued high levels of overdue assessments and reviews**: In common with many Local Authorities across the country, the number of overdue assessments and reviews continue to remain high and above our desired

target. Performance has been impacted by rising demand, complexity of need, and ongoing internal workforce capacity pressures.

A weekly Operational Assurance Group is providing strategic oversight of the completion of assessments and reviews in our operational adult social care teams and is supporting the reduction of backlogs through close monitoring of trajectories and regular reporting to governance and assurance boards, including the multi-agency Safeguarding Adults Board which receives quarterly updates. Our approach to assessing needs and reducing risk will be a key focus of any future Care Quality Commission assessment and also informed the Local Government Association Assurance Peer Challenge in early March 2024.

- **Care market capacity, stability and quality:** Somerset has continued to see the impact of additional investment and focused commissioning activity, as well as some pick up in care provider recruitment, with levels of 'unmet' homecare need falling to their lowest ever levels since March 2021. We are in a position where provision of domiciliary care outstrips demand, meaning we are not currently accepting any new home care providers onto our procurement framework. This is a significantly improved position to where we were a year ago. Since April 2023 the highest month end position in terms of the number of unsourced packages of homecare has been 4. In contrast between April and September 2022 'Unmet Needs' ranged from 85 to 111 care packages waiting to be sourced.

The Care Quality Commission (CQC) has the overarching role to monitor, inspect and regulate health and social care services to make sure those who use these services receive high-quality, safe, effective, and compassionate care. We work closely with the CQC as part of our routine system surveillance activity. Through our monitoring and assurance function, we support and work alongside our local care providers in obtaining the best possible standards of care, as well as holding them accountable for doing so, working closely with any provider that falls below a 'Good' overall rating as part of a quality improvement process. 82.7% of Somerset's active social care settings (*residential and community provision combined*) inspected by the CQC were rated as 'Good' or 'Outstanding' as of February 2024, down from 84.7% in March 2023 but making a steady improvement in recent months and remaining above national and regional averages. Our multi-agency Commissioning and Quality Board met most recently in February 2024 and continues to support close monitoring of Somerset's care market.

Homecare package contract 'handbacks' have steadily reduced since hitting a peak (38) in May 2022. Although occasional care package handbacks are not uncommon and can occur for a variety of reasons, most commonly staffing capacity issues within the provider, these rose sharply during the pandemic The average number of handbacks per month during 2023 was 13. This compares to 19.8 in 2022, and 19.4 in 2021.

- **ASC Hospital Discharge Pathways:** In February 2024 94.6% of people aged 65 and over that were discharged from a Somerset Hospital were able to return home. This compares positively with February 2023 when the figure was 91.7%.

- **Learning from ASC Stakeholder Feedback:** Since launch in January 2022, our ASC Feedback form responses have offered valuable insights on the experience of service users and carers, partner colleagues and other key stakeholders, and opportunities for learning and improvement.

  The single biggest element and influencer of both positive and negative feedback is communication – how clear, responsive, professional and compassionate we are in our respective job roles makes a fundamental difference to the experience of those we engage with and support.

  Over the last 12 months, 78.5% of the 288 responses received via the ASC Stakeholder Feedback route rate the overall service received from our adult social care teams as either good or excellent.

- **Practice Quality:** September 2023 saw the formal launch of the refreshed Somerset Adult Social Care Practice Quality Framework (PQF) and the aligned monthly auditing schedule. The PQF sets out clear practice standards and expectations for our workforce and forms an important part of our governance and assurance approach. It clarifies what good looks like and has been informed by people who draw on services. Between September 2023 and February 2024, a total of 786 Practice Quality audits have been undertaken by staff at various levels across our service (including self audits and peer audits). Themes and feedback emerging from the audits are shared and explored at the subsequent monthly Practice Quality Board meetings and have also been promoted in our monthly Staff Highlight Reports. Identified actions are logged and monitored for progress by the Practice Quality Board. Our Practice Development Advanced Practitioners are also taking a key role in monitoring and disseminating information including via team meetings and CPD sessions, and progressing any recommendations, actions or learning arising from the audits.

4.   Client Level Data insights

4.1   The Department of Health and Social Care set out its approach to using client level data in 'Care data matters: a roadmap for better adult social care data' as part of its commitment to transparently sharing new information with the public and with national and local government. Somerset Council is now providing quarterly data returns to support this activity; we will be building insights from published information in our future reports to Scrutiny Committee.

5.   Supporting Appendices

5.1   Appendix A - ASC Scrutiny Performance Slides (Apr 2024)

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Somerset Council

A Healthy and Caring Somerset

Adult Social Care: Key Performance Summary

Scrutiny Committee, 4 April 2024

Prevention and early help

Right support, right place, right time

A supported, skilled and flexible workforce

Future focused

'Front Door' demand for adult social care

The monthly average volume of calls handled by Somerset Direct was 5,893 in **2021/22** and 5,830 in **2022/23**. So far in **2023/24** the average is 5,272.

Whilst there remains high demand for social care support and advice, performance remains above target for the proportion of contacts able to be resolved at first point of contact without requiring a costed or statutory service from the Council so far this financial year. The cumulative resolution rate for the period April '23 to February '24 is 61%.
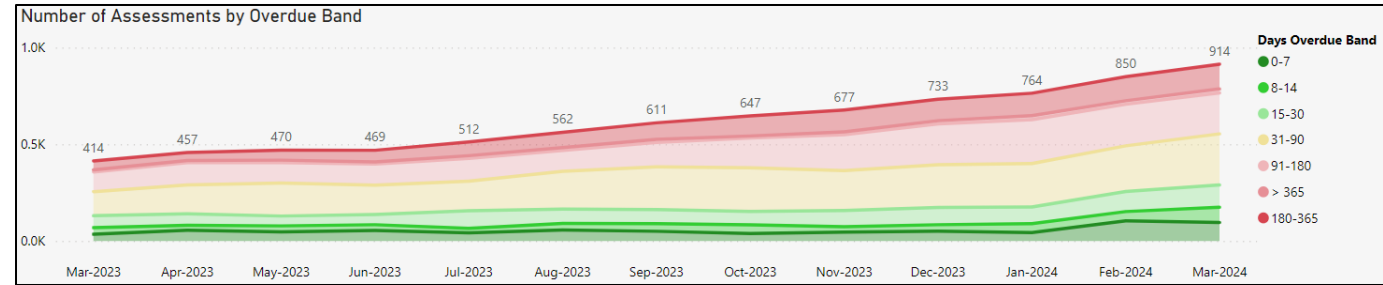
This supports our ongoing objective for an effective front door that helps people find solutions to their problems and demonstrates its impact in terms of the delivery of good outcomes and diversions from formal/statutory care services.

Somerset Direct – Contact Volumes

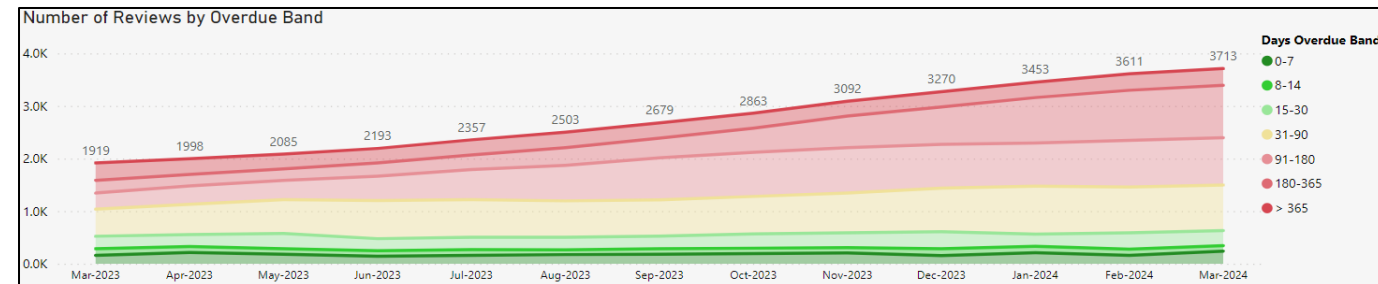Resolution Rate - Somerset Direct
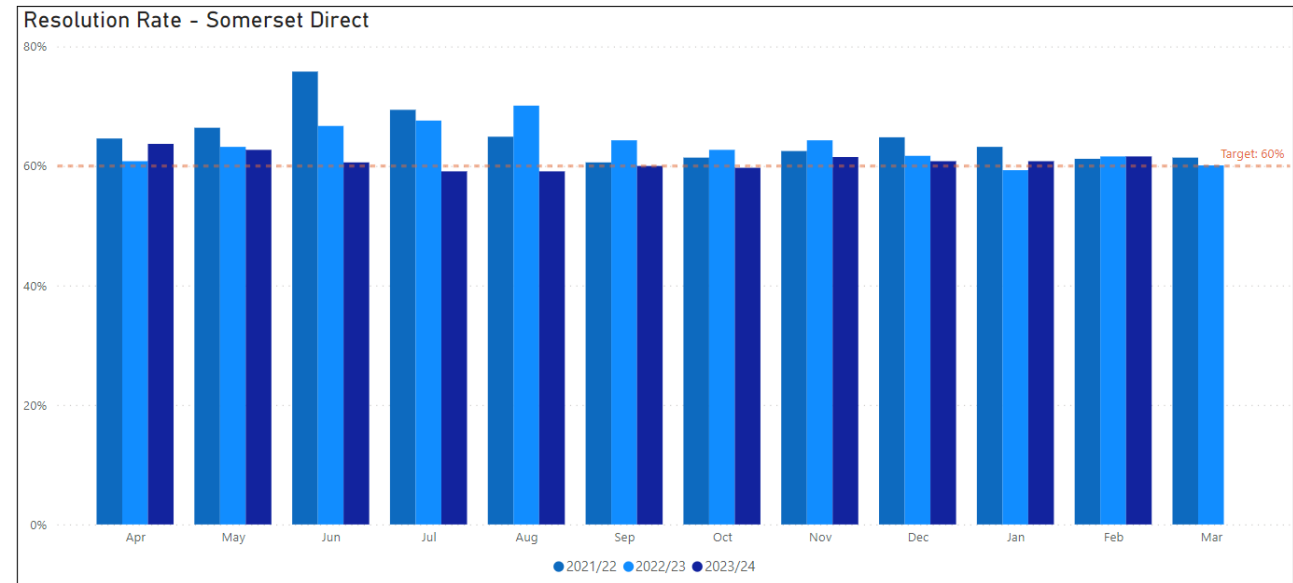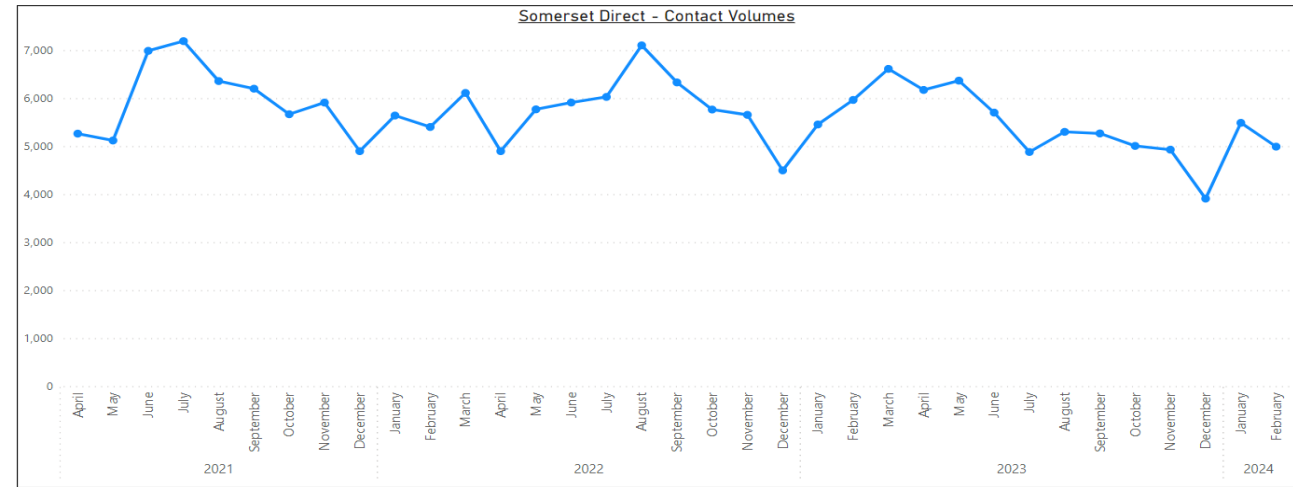
Overdue Care Act assessments & reviews

The number of overdue assessments and reviews continue to remain high, impacted by rising demand, complexity of need and ongoing internal workforce pressures.

A weekly Operational Assurance Group has been established to provide a strategic overview on the completion of assessments and reviews in operational teams, and to support reduction of backlogs through the close monitoring of trajectories and regular reporting to governance/assurance boards, including the Safeguarding Adults Board.

Number of Assessments by Overdue Band

Days Overdue Band
- 0-7
- 8-14
- 15-30
- 31-90
- 91-180
- > 365
- 180-365

414 457 470 469 512 562 611 647 677 733 764 850 914

Mar-2023 Apr-2023 May-2023 Jun-2023 Jul-2023 Aug-2023 Sep-2023 Oct-2023 Nov-2023 Dec-2023 Jan-2024 Feb-2024 Mar-2024

For context, between April 2023 and February 2024, a total of **3,610** Care Act Assessments were completed - an average of **328** per month.

Number of Reviews by Overdue Band

Days Overdue Band
- 0-7
- 8-14
- 15-30
- 31-90
- 91-180
- 180-365
- > 365

1919 1998 2085 2193 2357 2503 2679 2863 3092 3270 3453 3611 3713

Mar-2023 Apr-2023 May-2023 Jun-2023 Jul-2023 Aug-2023 Sep-2023 Oct-2023 Nov-2023 Dec-2023 Jan-2024 Feb-2024 Mar-2024
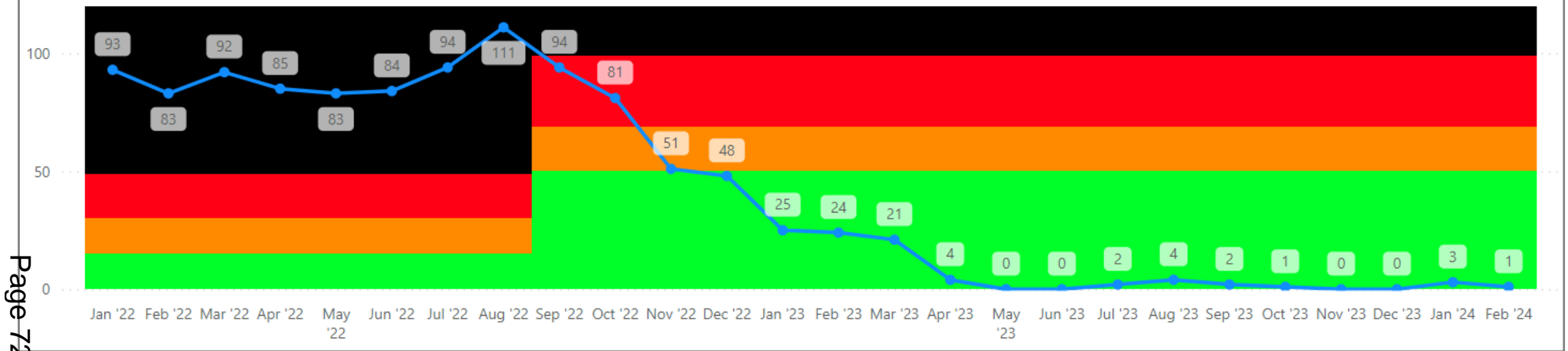
Between April 2023 and February 2024, a total of **4,223** Reviews were completed - an average of approx. **384** per month.

Unmet need (homecare provision)

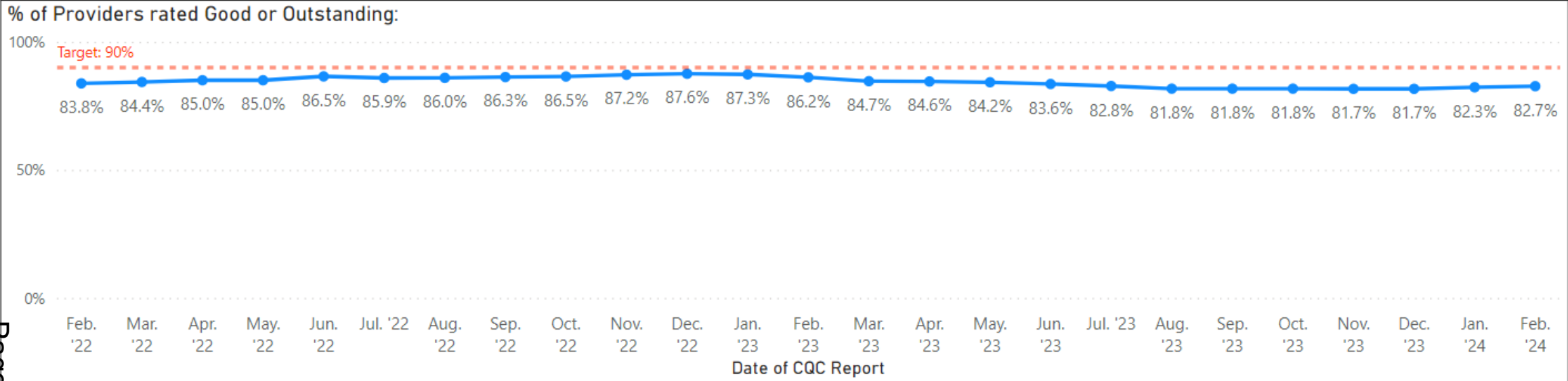Unmet Needs - OPEL Levels - Monthly Report (last 2 years):

Somerset has continued to see the impact of additional investment and focused commissioning activity, as well as some pick up in care provider recruitment of new starters over recent months. Levels of unmet needs have remained at very low levels since April '23. This significantly improved picture is partly consequent to:

- Homecare pods funded by system – supported stimulation of the market (5 pods of 200hrs)
- Fee increase 2023/24 to £25 per hour – has enabled providers to pay above national minimum wage, offer contracted hours and improved term and conditions.
- Oversea recruitment and focussed Proud to Care marketing has stimulated recruits coming into homecare market.

OPEL thresholds were revised in September 2022 to reflect the national care supply challenges / market position.

Care Provider Quality – inspection outcomes

% of Providers rated Good or Outstanding:

Date of CQC Report	Value
Feb. '22	83.8%
Mar. '22	84.4%
Apr. '22	85.0%
May. '22	85.0%
Jun. '22	86.5%
Jul. '22	85.9%
Aug. '22	86.0%
Sep. '22	86.3%
Oct. '22	86.5%
Nov. '22	87.2%
Dec. '22	87.6%
Jan. '23	87.3%
Feb. '23	86.2%
Mar. '23	84.7%
Apr. '23	84.6%
May. '23	84.2%
Jun. '23	83.6%
Jul. '23	82.8%
Aug. '23	81.8%
Sep. '23	81.8%
Oct. '23	81.8%
Nov. '23	81.7%
Dec. '23	81.7%
Jan. '24	82.3%
Feb. '24	82.7%

Target: 90%

82.7% of Somerset's active social care settings (*residential and community provision combined*) inspected by the CQC were rated as 'Good' or 'Outstanding' as of February 2024, down from 84.7% in March 2023 but making a steady improvement in recent months and remaining above national and regional averages.

Our multi-agency Commissioning and Quality Board met most recently in February 2024 and continues to support close monitoring of Somerset's care market.
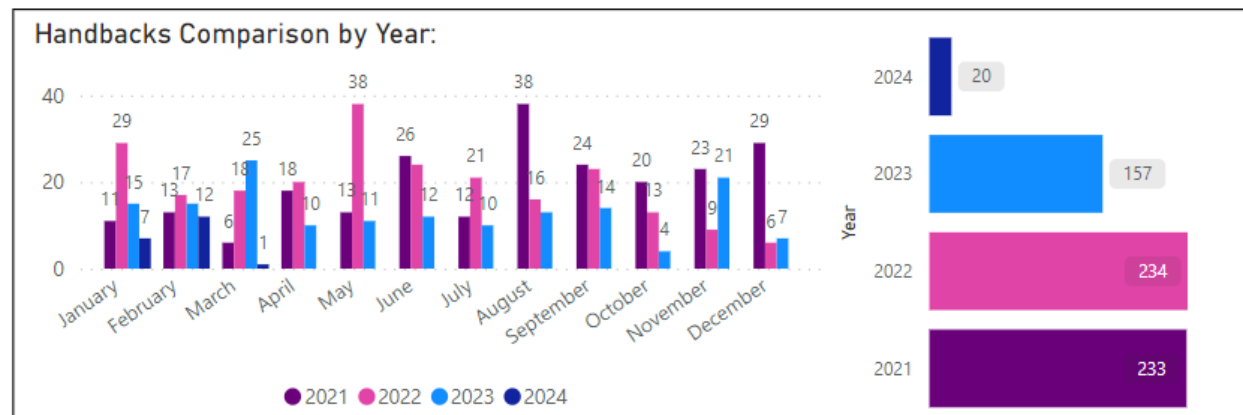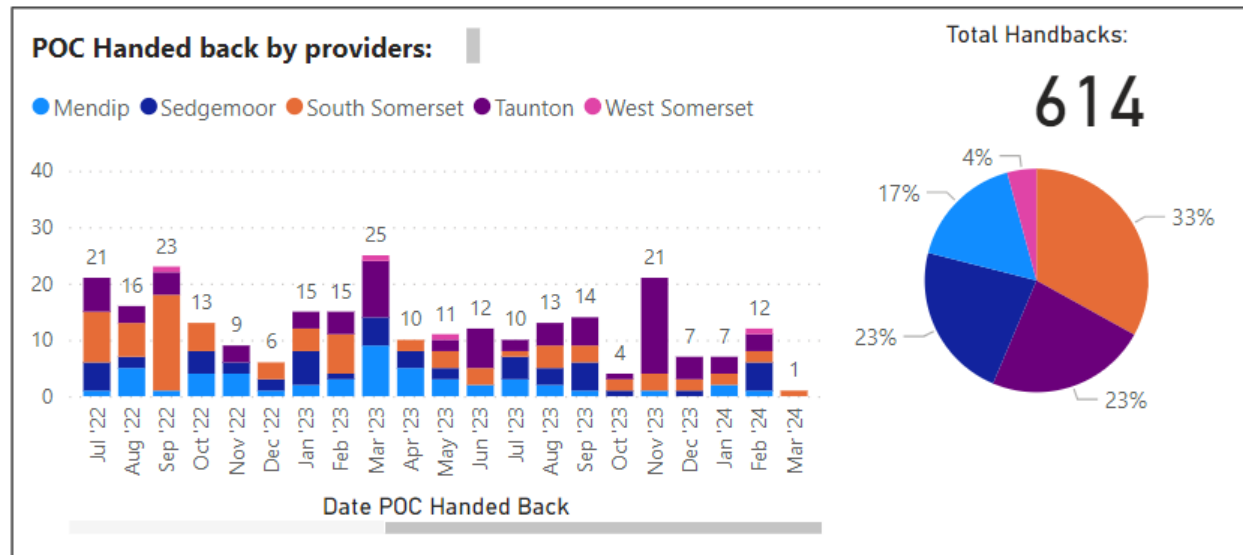
Care provider contract 'handbacks'

Homecare package contract 'handbacks' have steadily reduced since hitting 38 in May 2022. The average per month so far this year (to end of February 2024) is 11. This compares to 19.5 in 2022, and 16.9 in 2021.
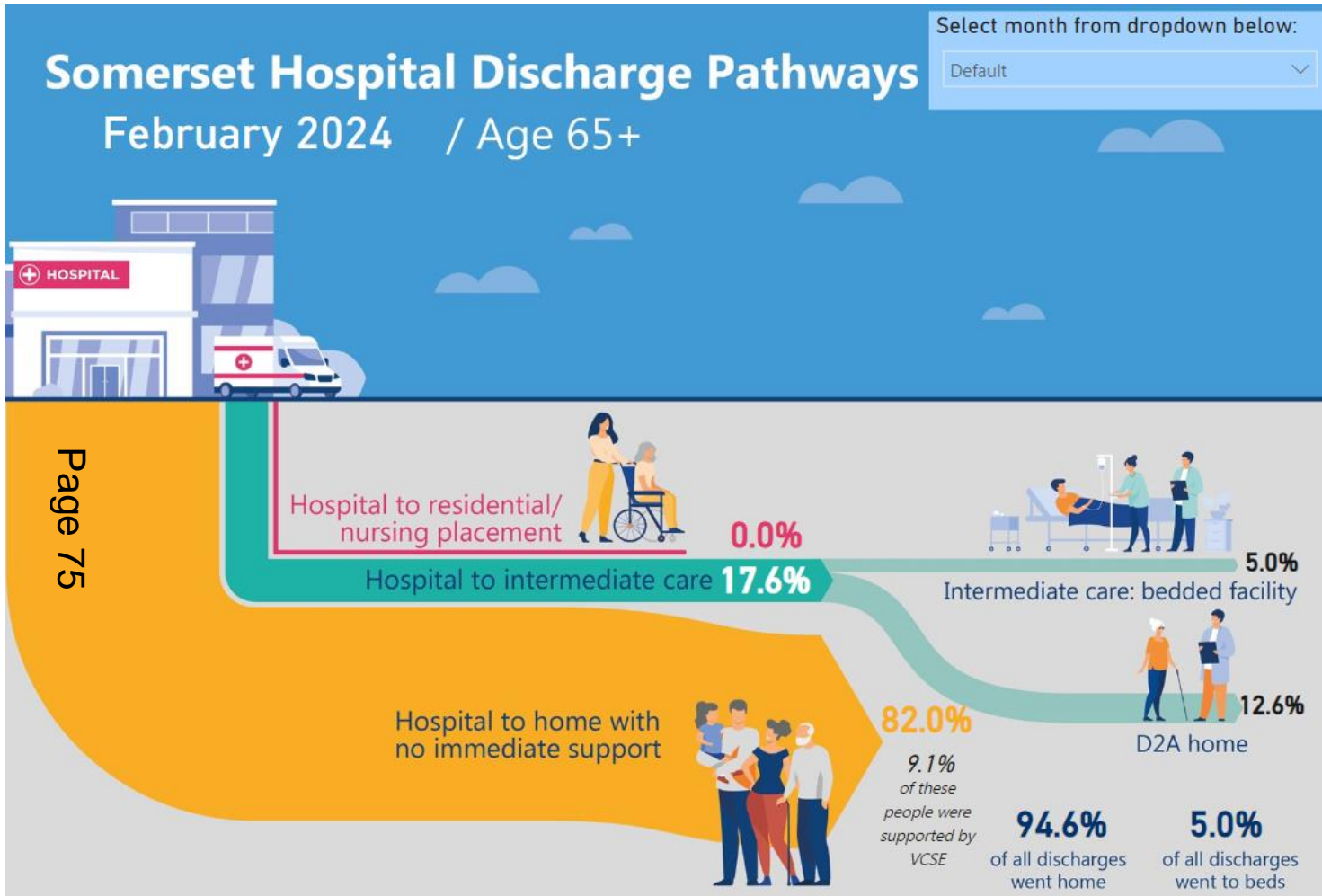
Although occasional care package contract handbacks are not uncommon and can occur for a variety of reasons (most commonly staffing capacity issues within the provider to safely deliver care required), we saw figures rise sharply during the pandemic as evidenced by annual stats below:

2020 – 54 package handbacks;
2021 – 233 package handbacks;
2022 – 238 package handbacks;
2023 – 157 package handbacks;
2024 to date – 20 handbacks.

Care package contract handbacks place additional pressure on Local Authority staff to find replacement care within a stretched care market and is an indicator we monitor closely as part of commissioning and quality activity. This will also be monitored as part of new CQC assurance of LA Adult Social Care.
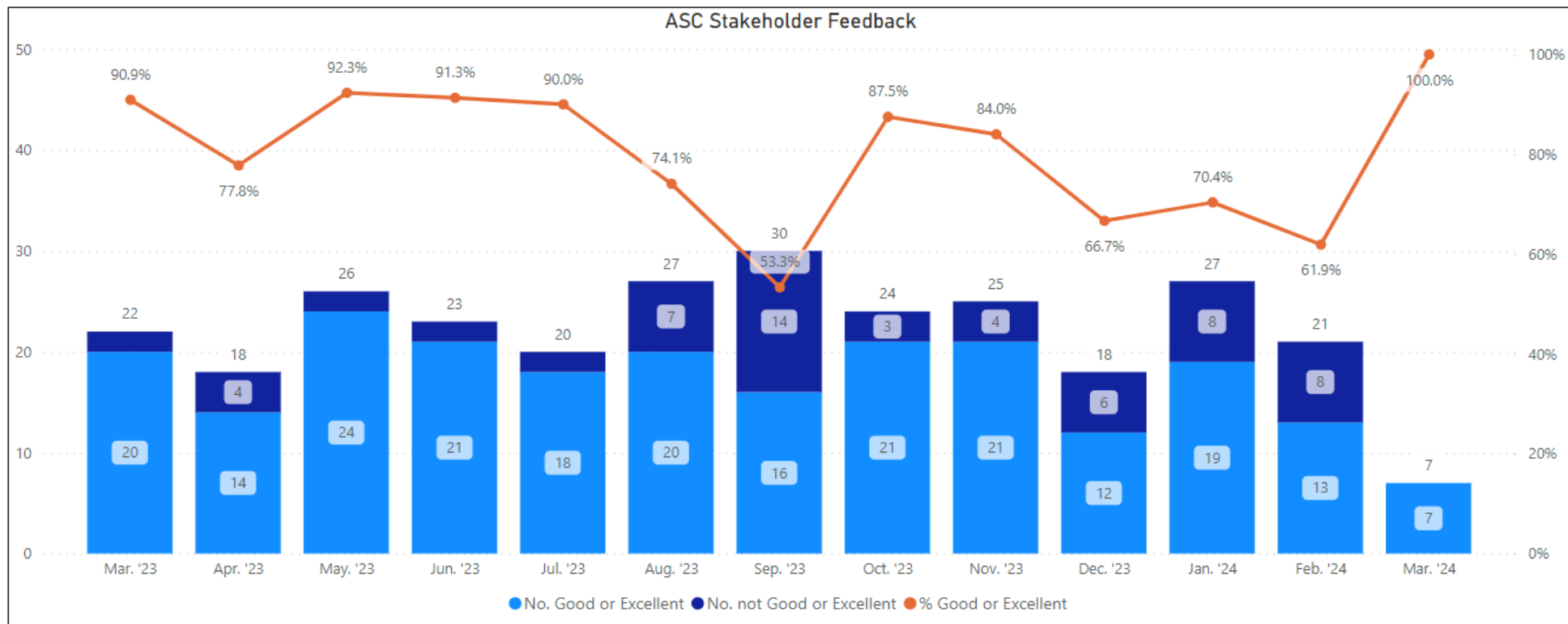
POC Handed back by providers:

Mendip ● Sedgemoor ● South Somerset ● Taunton ● West Somerset

Total Handbacks: 614

Handbacks Comparison by Year:

● 2021 ● 2022 ● 2023 ● 2024

Intermediate Care - Flow

Somerset Hospital Discharge Pathways
February 2024 / Age 65+

Select month from dropdown below:
Default

- Hospital to residential/nursing placement 0.0%
- Hospital to intermediate care 17.6%
- Intermediate care: bedded facility 5.0%
- D2A home 12.6%
- Hospital to home with no immediate support 82.0%
- 9.1% of these people were supported by VCSE
- 94.6% of all discharges went home
- 5.0% of all discharges went to beds

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- 94.6% of people aged 65+ discharged from Somerset hospitals were able to return home (February 2024)

- 82% of people discharged were able to return home with no formal support.

ASC Stakeholder Feedback

ASC Stakeholder Feedback

Since launch in January 2022, our ASC Feedback form responses have offered valuable insights on the experience of service users and carers, partner colleagues and other key stakeholders, and opportunities for learning and improvement.

The single biggest element and influencer of both positive and negative feedback is communication – how clear, responsive, professional and compassionate we are in our respective job roles makes a fundamental difference to the experience of those we engage with and support.

Over the last 12 months, 78.5% of the 288 responses received via the ASC Stakeholder Feedback route rate the overall service received from our adult social care teams as either good or excellent.

ASC Practice Quality Audits

September 2023 saw the formal launch of the refreshed Somerset Adult Social Care Practice Quality Framework (PQF) and the aligned monthly auditing schedule. The PQF sets out clear practice standards and expectations for our workforce and forms an important part of our governance and assurance approach. It clarifies what good looks like and has been informed by people who draw on services.

Between September 2023 and February 2024, a total of 786 Practice Quality audits have been undertaken by staff at various levels across our service (including self audits and peer audits). The audits have focused on the following practice standards:

Month	Audit focus	Total audits completed
September 2023	Working with people	180
October 2023	Case recording	172
November 2023	Strengths-based assessments	142
January 2024	Working with risk	146
	Safeguarding people (addition)	*28*
February 2024	Personalised care and support planning	118
Total:		**786**

Themes and feedback emerging from the audits are shared and explored at the subsequent monthly Practice Quality Board meetings and have also been promoted in our monthly Staff Highlight Reports. Identified actions are logged and monitored for progress by the Practice Quality Board. Our Practice Development Advanced Practitioners are also taking a key role in monitoring and disseminating information including via team meetings and CPD sessions, and progressing any recommendations, actions or learning arising from the audits.

ASC Practice Quality Audits: Results to date

Theme and practice standards	Below	Meets	Exceeds	N/A
PQF Standard 1 - Working with people (Sept 2023)				
There is evidence from the records that the worker has built a positive relationship based on trust, kindness and respect	4.5%	67.6%	25.1%	2.8%
People are fully involved and their voice, wishes and feelings are evidenced in our records	5.6%	67.2%	26.1%	1.1%
Written documents are clear and precise, jargon free, and offers people information to make informed decisions	4.4%	79.4%	14.4%	1.7%
We celebrate the individual strengths of the person and their networks	8.9%	67.8%	18.3%	5%
We ensure people know who to contact and how to contact them, and we respond promptly keeping people informed or updated on progress or change	7.2%	67.2%	22.2%	3.3%
PQF Standard 2 – Case recording (Oct 2023)				
Recording is of a good standard including grammar and spelling. Records are written in plain language with no abbreviations or acronyms	6.4%	75%	18.6%	-
Records are person-centred and capture the views, wishes and feelings of the person and/or relevant others throughout	11.6%	65.1%	20.3%	2.9%
Decision making is defensible and clearly recorded. Records are accurate, objective and clearly define between fact and professional opinion with valid supporting evidence	9.3%	72.7%	16.9%	1.2%
Case notes are written within 48 hours of contact	7%	77.9%	14.5%	0.6%
Case/transfer/closure summaries are used at relevant intervals	16.3%	56.4%	8.1%	19.2%
Records are maintained in line with GDPR/data protection	4.1%	85.5%	9.9%	0.6%
Records evidence a clear rationale for key decisions made	9.3%	72.7%	16.9%	1.2%
PQF Standard 3 – Strengths-based assessments (Nov 2023)				
The assessment seeks to understand the person's needs, wishes, preferences and outcomes, and is proportionate to the presenting circumstances	3.6%	67.6%	26.6%	2.2%
People and families are recognised as experts in their own lives	4.2%	73.9%	19.7%	2.1%
The focus is on what is strong in the person's life and the impact their care or support needs have on their wellbeing	6.3%	74.6%	16.2%	2.8%
Time is taken to understand the person's aspirations, relationships, and explore opportunities to sustain or develop further networks of support	4.9%	73.9%	17.6%	3.5%
The aim has been to prevent, reduce and delay needs wherever possible seeking local and community options as well as formal provision	4.9%	71.1%	12%	12%
Specially trained staff have been involved as needed for specialist assessments (eg deafblind assessments)	5.6%	46.5%	11.3%	36.6%
A whole family approach has been adopted by exploring the impact of the person's neds on those around them, including children and carers. The worker has been alert to potential safeguarding concerns	2.1%	58.5%	17.6%	21.8%
The person's care and support needs are clearly identified in the assessment and care plan documents, and we have provided them with a copy. We have been clear which are eligible for funded support and those which are not, and why this is so	9.9%	69%	11.3%	9.9%

Theme and practice standards	Below	Meets	Exceeds	N/A
PQF Standard 4 – Working with risk (Jan 2024)				
We recognise that taking risks is part of life and approach risk in a strengths-based way by helping people to understand both positive and negative consequences so they can make informed choices	8.3%	67.6%	21.4%	2.8%
We discuss and consider risk throughout our assessment conversations, supporting and planning and reviews, using risk assessment tools where needed and useful	10.3%	69.7%	19.3%	0.7%
We ensure that we review relevant history to identify incidents, patterns or concerns where the nature of risks relate to the person or others	9%	63.4%	26.9%	0.7%
We ensure, where risks are identified, that the person's mental capacity to make decisions in relation to risks is evidenced in their records	14.5%	64.1%	16.6%	4.8%
We work together with the person and their circle of support as appropriate to minimise, share and manage risks	9%	64.1%	25.5%	1.4%
Safeguarding people – _additional audits_ (Jan 2024)				
There is recognition of our responsibility to recognise, respond and report any safeguarding concerns and adopt a whole family approach where others are at risk (where appropriate)	10.7%	78.6%	10.7%	-
We have sought to understand what will make the person feel safe by using a strengths-based, person-centred approach ensuring the person's wishes and outcomes are heard and captured throughout	-	71.4%	17.9%	10.7%
We have supported the person's involvement by facilitating advocacy where and when required	7.1%	71.4%	3.6%	17.9%
We have ensured professional involvement in a person's life is proportionate and ensures the least intrusive response to the risk presented whilst maintaining professional curiosity throughout	-	82.1%	14.3%	3.6%
We have ensured the person's desired outcomes are identified early and have encouraged people to make their own decisions	-	64.3%	14.3%	21.4%
We have taken a shared responsibility for exploring and managing risk, developing 'keeping safe' strategies and co-producing person-centred risk assessments and plans	-	85.7%	7.1%	7.1%
Where any protective actions are declined, we have ensured these are recorded with clear reasons and shared with the person and relevant others	3.6%	46.4%	3.6%	46.4%
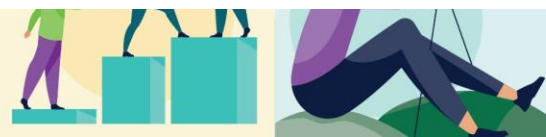
Any questions?

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Somerset Council
Scrutiny Committee
– 4 April 2024

Adult Social Care Assurance Update

Lead Officer: Mel Lock, Director of Adult Social Services, Somerset Council
Author: Niki Shaw, Strategic Manager – Quality & Performance (Adult Social Care)
Contact Details: niki.shaw@somerset.gov.uk
Executive Lead Member: Cllr Sarah Wakefield, Lead Member for Adult Social Care
Division / Local Member: All

1. Summary

1.1. This report provides an update to Scrutiny Committee members following the Local Government Association (LGA) Peer Challenge that took place between 5th and 7th March 2024. The Peer Challenge process has been an important part of our wider assurance activity and directly supports the Local Authority's preparedness for future assessment of Adult Social Care in Somerset by the Care Quality Commission (CQC).

1.2. Adult Social Care's assurance activity directly supports the vision and priorities of Somerset Council, as outlined in the 2023-2027 Council Plan[1], especially those aligned to ensuring we are a 'Healthy and Caring Somerset'.

2. Issues for consideration / Recommendations

2.1. For Scrutiny Committee members to note the key initial findings emerging from the LGA Peer Challenge team at the conclusion of their visit on 7th March 2024. A detailed report is expected to follow in mid-April 2024.

2.2. For Scrutiny Committee members to consider whether they wish to make any recommendations arising from the report, its appendices, and any wider discussion.

3. Background

3.1. A previous report presented to the Scrutiny Committee in August 2023 outlined some of the key changes to Adult Social Care assurance following the introduction of CQC independent assessments of Local Authorities that commenced in April 2023. The report also described the external Peer

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[1] SCC - Public - Somerset Council - Council Plan.pdf - All Documents (sharepoint.com)

Challenge assurance process that Somerset was planning to undertake with support from the LGA.

3.2. As a reminder, the CQC assessments will explore how Local Authorities discharge their duties under Part 1 of the Care Act 2014[2] with a focus on 4 overarching themes:

1. How local authorities work with people;
2. How local authorities provide support;
3. How local authorities ensure safety within the system; *and*
4. Leadership.

The LGA were asked to conduct the Assurance Peer Challenge review process in line with the CQC focus to offer us some assurance in terms of our preparation for CQC inspection, give us an opportunity to 'test' our logistical arrangements, and also offer staff further experience of external scrutiny and challenge.

3.3. The LGA Peer Challenge was undertaken by a team of 8 experts drawn from different Councils across England and co-ordinated by the Local Government Association. The team included a Director of Adult Social Care, an Elected Member, and senior operational and commissioning leads from adult social care services. A range of detailed documentary evidence was provided in advance of the Assurance Peer Challenge to support the external team, including the latest Adult Social Care self-assessment of January 2024, which will be maintained and updated on a regular basis.

3.4. During the 3 days that the Peer Challenge team were on-site in Somerset, over 30 meetings were held with Council staff, as well as our partners and people with lived experience. In total more than 220 people were invited to contribute to the process covering a wide range of aspects of work we deliver and support. Two members of the peer team also supported a case file audit in advance, considering social work practice across 22 case files with the support of our own Principal Social Worker and Principal Occupational Therapist. In total, the team spent over 25 hours with the Council and more with its pre-submitted documentary evidence – the equivalent of 40+ working days.

3.5. On the third and final day that the team were on-site they provided some initial, high-level feedback to stakeholders including Somerset Council's Chief Executive, the Leader of the Council and Lead Member for the service, as well as Adult Social Care staff and strategic partners. The slides (included within Appendix A) outline the key messages fed back to us by the Peer Challenge Team, and have been summarised below:

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[2] Care Act 2014 (legislation.gov.uk)

- The peer challenge **did not find any areas of immediate concern**, but this is always a limited process, and you will continue to benefit from ongoing quality and practice assurance work to further assure and mitigate risks associated with waiting lists, and consistency in practice.

- There is **considerable ambition** in the service; this would benefit from further clarification in terms of performance, outcomes, and the impact of any developments. **Can everyone in the Council answer the "so what?" question and describe what good looks like and their part in this journey?**

- The ambition and **vision of the new unitary council needs time to be fully realised** (for instance around community engagement and capacity, or integration of wider service offers). Maintaining momentum and energy for this will be a challenge given the present financial situation, and consideration should be given to this impact.

- You have **passionate, experienced, and committed staff and senior leadership**. This represents a huge asset, but also a potential risk. You would benefit from finding ways to systematise key knowledge, experience, or expertise, across a wider pool of staff, or in more formal processes.

- There are **strong partnerships with your provider market, VCS, and with the NHS, which you can build on** to support the above. In particular market shaping development and links with the transformation plan will be important in light of financial pressures.

- Similarly, **further work in the new unitary to develop corporate partnerships will support ASC and the wider work of the Council** (e.g. the development of a shared housing strategy).

- You have **strong performance in key areas of ASC and commitment culture and values to support your work in these** (for instance in take up and approach to Direct Payments). Finding ways to develop greater consistency across these areas of delivery can support improvement in those areas of performance that may be less strong.

- The peer team found **examples of considerable strengths in your service and strong and innovative practice**. All the people with whom we met were enthusiastic to talk about their work, and open honest and frank about areas that are challenging or where they would like to see improvement or change. This is a strong foundation for your ongoing improvement journey.

- You have a **good foundation for co-production**, and whilst there is work to do in this area, there is commitment and energy to push forwards on this journey.

4. Implications and next steps

4.1. We await the final LGA Assurance Peer Challenge feedback report, which we expect to receive after Easter in mid-April 2024. In the meantime, initial feedback and reflections have informed our Adult Social Care Assurance Board activity, which met on 22 March, and are supporting the ongoing development of our self-assessment and improvement plans. Our Practice Quality Board continues to meet on a monthly basis and has benefitted from the LGA case file audit feedback.

We are yet to be notified by the Care Quality Commission of an imminent assessment but continue to maintain readiness for this event.

5. Background papers

5.1. Appendix A – LGA Peer Challenge initial feedback slides, 7 March 2024

Note *For sight of individual background papers please contact the report author*

Somerset Adult Social Care Preparation for Assurance Peer Challenge

Peer Challenge Team Feedback

7th March 2024

Peer Challenge explanation

- Sector Led Improvement Peer Challenge process

- Invited in as 'critical friends' with 'no surprises'

- Non-attributable information collection

- People have been open and honest

- Recommendations based on the triangulation of what we've read, heard, and seen

- Intensive but not comprehensive process.

- Feedback offered in good faith and designed to help you drive your own improvement and further assurance.

The Four CQC Themes

Care Quality Commission Adult Social Care Assessment	
Working with People • Assessing needs • Supporting people to live healthier lives • Equity in experience and outcomes	**Providing Support** • Care provision, integration and continuity • Partnerships and communities
Ensuring Safety • Safe systems, pathways and transitions • Safeguarding	**Leadership** • Governance, management and sustainability • Learning, improvement and innovation

Key Messages

- There is **considerable ambition** in the service; this would benefit from further clarification in terms of performance, outcomes, and the impact of any developments. **Can everyone in the Council answer the "so what?" question and describe what good looks like and their part in this journey?**

- The ambition and **vision of the new unitary council needs time to be fully realised** (for instance around community engagement and capacity, or integration of wider service offers). Maintaining momentum and energy for this will be a challenge given the present financial situation, and consideration should be given to this impact.

- You have **passionate, experienced, and committed staff and senior leadership**. This represents a huge asset, but also a potential risk. You would benefit from finding ways to systematise key knowledge, experience, or expertise, across a wider pool of staff, or in more formal processes.

- There are **strong partnerships with your provider market, VCS, and with the NHS, which you can build on** to support the above. In particular market shaping development and links with the transformation plan will be important in light of financial pressures.

- Similarly, **further work in the new unitary to develop corporate partnerships will support ASC and the wider work of the Council** (e.g. the development of a shared housing strategy).

Key Messages

- You have **strong performance in key areas of ASC and commitment culture and values to support your work in these** (for instance in take up and approach to Direct Payments). Finding ways to develop greater consistency across these areas of delivery can support improvement in those areas of performance that may be less strong.

- The peer challenge **did not find any areas of immediate concern**, but this is always a limited process, and you will continue to benefit from ongoing quality and practice assurance work to further assure and mitigate risks associated with waiting lists, and consistency in practice.

- The peer team found **examples of considerable strengths in your service and strong and innovative practice**. All the people with whom we met were enthusiastic to talk about their work, and open honest and frank about areas that are challenging or where they would like to see improvement or change. This is a strong foundation for your ongoing improvement journey.

- You have a **good foundation for coproduction**, and whilst there is work to do in this area, there is commitment and energy to push forwards on this journey.

CQC Theme 1: How local authorities work with people.

Strengths

- There is strong evidence that you are supporting people to live independent lives.

- There is well-established use of direct payments.

- The OT strategy is reducing waiting lists and supporting choice.

- MCAs are strong with a good assumption of capacity.

- The development of specialist teams is supporting a personalised approach for people with complex needs and developing expertise within your staff teams.

CQC Theme 1: How local authorities work with people.

Areas for consideration

- There are different and multiple approaches to triage which could be standardised across the service.

- There are reduced levels of people waiting for care but assessment and review delays which need to be further investigated and managed.

- There is a need to review support to carers in an emergency, particularly your respite offer.

- Your prevention offer is strong but is fragmented and communication with the public could be clearer.

- The Council website is described as being difficult to navigate and self-serve.

- Further work on the Eclipse system will support practice, e.g. links with the finance system.

Theme 2: How local authorities provide support

Strengths

- Key focus on prevention, early help, neighbourhoods and communities aligns with strategy and supports demand management and enables choice. E.g. the micro-provider market is thriving.

- There is evidence of partnerships and collaboration, for example improvements in working across operations and commissioning, and collaboration with partners including the ICB and VCS.

- There are opportunities for people to feedback and a sense of taking account of what was said, and some areas of coproduction.

- Teams are passionate about, and focussed on, providing good outcomes for individuals.

- There is a strong approach to provider quality, including use of PAMMS and a quality assurance framework to triangulate sources of intelligence.

Theme 2: How local authorities provide support

Areas for consideration

- The prevention agenda is well developed, but the financial context puts this at risk. Evidencing the impact and outcomes is key, and there could be opportunities to look at ROI or cost benefit analysis to support this.

- There are some risks in the market around reliance on micro-providers, the sustainability of more formal care provision and dynamics between markets (for instance homecare and micro-providers).

- Ambitions are high, but there is a need for a clear market shaping approach and focused priorities that are achievable and realistic and can be clearly communicated to partners and the market.

- There is a lot of data, but this might be better used. For instance there are plans to publish your refreshed Market Position Statement which should support an understanding of priorities.

- A clear approach to accommodation with support as part of a wider housing strategy will support your ambition and opportunities in this area.

Theme 3: How local authorities ensure safety within the system

Strengths

- There are established and supportive relationships with key partners to review concerns and manage coordinated plans to address risks with individuals and services.

- Centrally coordinated safeguarding processes maintain a focus on Making Safeguarding Personal, has oversight of timescales, and reviews quality in caused out enquiries.

- There are established training programmes and offers which support a flexible approach to both delivery of training and regular sessions with professional practice leads.

- You review risks and share learning from review processes to inform and agree actions to address areas of concern (for example informing your learning and development offer).

- Specialist teams have been developed within the council and this has improved practice and the ability to work together to provide continuity in supporting people with complex needs, especially where there is dual diagnosis.

Theme 3: How local authorities ensure safety within the system

Areas for consideration

- You would benefit from reviewing risk from first contact through to allocation, and how processes are effectively undertaken to manage this, especially in light of capacity and demand challenges.

- You should consider how practice risk is consistently assessed managed and recorded throughout ASC.

- Consider how workforce pressures may be affecting staff supervision, and training attendance, which may have a negative impact on their ability to engage in critically reflective practice and consolidation of learning.

- It was not clear during the Peer Challenge that the electronic system (Eclipse) fully covers needs within the service.

- There is a lack of lived experience feedback gathered to inform safeguarding and risk management processes.

Theme 4: Leadership

Strengths

- There is a positive culture of challenge and support between executive Councillors and senior officers.

- There is political and officer leadership support for equality diversity and inclusion – "like we've never had before".

- There are positive relationships with partners, including the ICB and VCS, which should be built upon.

- There is an engaged workforce, and there is a positive focus on outcomes and practice quality improvements.

- The transformation programme is currently on track to deliver, and there will be learnings that can be applied to other parts of adult social care.

Theme 4: Leadership

Areas for consideration

- There are opportunities around housing and it would be helpful for the Council to clarify the ambitions, timescale, ownership and roadmap in a Housing Strategy.

- It would be beneficial for ASC to set out the next phase of transformation and improvement, focusing on a small number of priority big ticket items, as part of an overall plan.

- There is opportunity to deepen the work on EDI, using the voice of lived experience, and to make it more visible and embedded as business as usual.

- Progress on ASC change activities also depends on access to corporate support services and capability, which could be destabilised by the current VR process.

- All Councillors need to understand the pressures, drivers, and change priorities for ASC, using a range of formal and informal engagement mechanisms.

Your reflections and questions