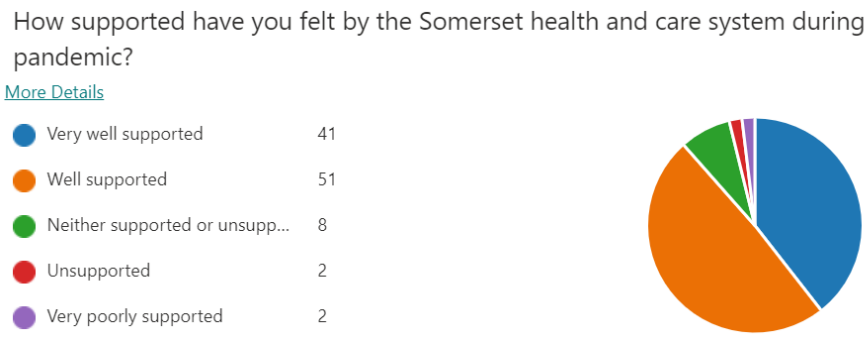
Somerset County Council
County Council
21 July 2021

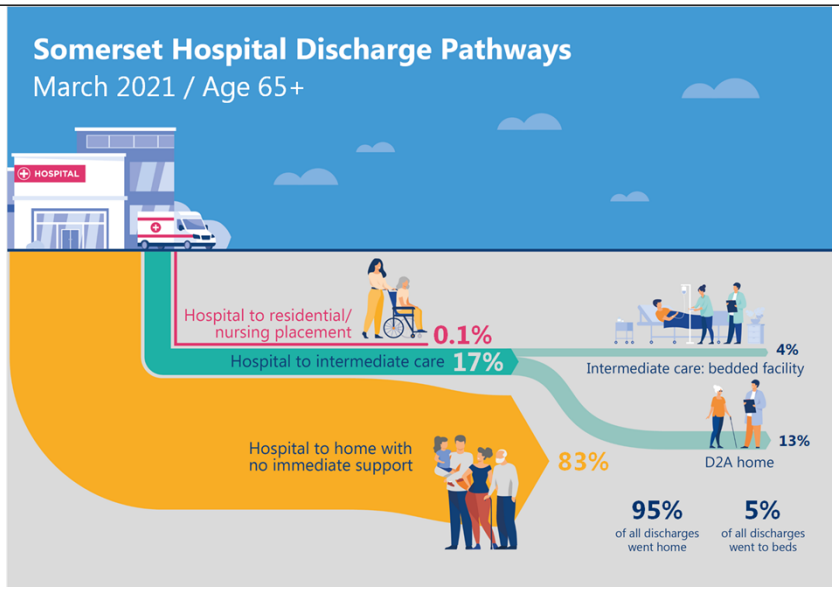
Annual Report from the Cabinet Member for Adult Social Care

Cabinet Member: Cllr David Huxtable - Cabinet Member for Adult Social Care
Division and Local Members: All
Lead Officer: Mel Lock, Lead Commissioner for Adults & Health & DASS
Author: Niki Shaw, Strategic Manager, Quality & Performance
Contact Details: NXShaw@somerset.gov.uk

1.0	**Summary**
1.1	The Adult Social Care Annual Report presents us with an opportunity to look back over the past year, reflect on our achievements and the progress made, and highlight our ongoing ambitions for the months and years ahead. 2020/21 proved to be unprecedented and challenging for all individuals, services and organisations in many ways, but has also served to demonstrate why adult social care work is so vital and valuable. It has reminded us all of the importance of collaboration, communities, and of the care, support and protection of those who need some help the most. For all the difficulties the pandemic has presented, there has also been significant learning and innovation emerging from it, and there is much we can be proud of as a workforce, and as a service that has continued to improve lives and promote person-centred working throughout.
1.2	Our Adult Social Care Service has formed increasingly close links with partners across health and the wider community and voluntary sector, to deliver the kind of care and support services that people both want and need. It has also continued to invest in strong engagement with the independent care provider market, with the quality and extent of Somerset's Adult Social Care Covid-19 support and response activity being recognised nationally. Our June 2021 survey of local adult social care providers, across a broad range of settings, revealed that 88% felt 'well' (49%) or 'very well' (39%) supported by the health and care system during the pandemic:  Repeated references were made within the survey to the responsiveness and

	communication from Adult Social Care being a major strength alongside assistance with PPE in the early phases of the pandemic: • *"Somerset CC has provided superb support from day 1 of the pandemic in every respect from PPE, to information via the SSAB website and weekly briefings, to financial and moral support"* • *"The supply of PPE was excellent, and the weekly emails and specialist zoom meetings were invaluable as I work mainly on my own"* • *"I feel that SCC has excelled themselves in almost every way possible"* • *"I would like to thank SCC for all the support they provided thus far in this pandemic. However, what the pandemic has done has exposed the fragility of the social care system. Although this is nothing new to those that work within it, I hope at the very least there is now some meaningful understanding of the systemic problems social care providers are facing".* The service is currently analysing all survey responses and will use the feedback and insights to shape future ways of working with the sector and response requirements.
1.3	Somerset's discharge to assess (D2A) home pathway and Rapid Response team (which provides support to avoid unnecessary hospital admissions) also rose to the challenge of huge rises in demand for intermediate care whilst ensuring fewer people required long-term care. The system anticipated this increased demand and proactively doubled the capacity of both services to avoid excessive use of intermediate beds over the Covid winter. As a result, D2A supported over 40% more people in 2020 than in 2019, with more complex needs being supported at home rather than in rehab bed, and, by embedding a 'home first' ethos the county saw an incredible 86% reduction in care placements from hospital during 2020.
1.4	As we look to the year ahead and shift our focus to recovery, restoration and transformation, we recognise there is much we wish to continue to develop and progress.
1.5	Our sector faces real challenges. Covid has added significant additional need, activity and challenges to an already over-stretched, under-resourced set of services. As outlined in the ADASS Activity Survey 2021 (published June 2021), Councils up and down the country are now facing significant pressures as rising numbers of people are seeking help, care and support (from both older adults and disabled people of working age) as society starts to open up again. Nationally and local there is growing evidence of 'carer breakdown' where families have coped for over a year without respite but are no longer able to carry on without assistance. The inter-dependence of social care and the NHS has never been starker, with Local Authorities supporting growing numbers of individuals awaiting hospital admission or being discharged from hospitals, with increasing numbers going on to have a social care package of support. There are also well-known challenges across the sector relation to pay,

	recruitment, retention and turnover, highlighting the importance of a long-term national workforce plan. Care market sustainability is a continued concern and vital in mitigating risks of unmet care need. Such trends are unsustainable and together with counterparts across the country, we are calling on Government to outline its plans for social care reform and funding.
2.0	**Recommendations**
2.1	That the Council receives and notes the annual report detailing Adult Social Care's achievements over the past year, and its ambitions and concerns for the year ahead.
3.0	**Adult Social Care Covid-19 Response**
3.1	Supporting local social care providers has been a key priority for Somerset County Council and its stakeholders throughout the COVID-19 pandemic. In recognition early on of the role our care sector plays in our collective system resilience, Adult Social Care has sought to offer whatever support it could to minimise the risk of provider failure during the crisis and, crucially, offer additional protection to those individuals reliant on local provision.
3.2	Together with Public Health and Clinical Commissioning Group colleagues, Adult Social Care has worked hard with local care settings to support them in managing and responding to the unique pressures presented by the pandemic, and to take all possible steps to mitigate and prevent the spread of the coronavirus.
3.3	Adult Social Care quickly established a COVID-19 Incident 'Room' staffed to serve as a central advice point and information repository, with a dedicated phoneline and email address. Out of hours capacity was provided at peak periods and when required. The service also continues to produce and distribute regular 'provider briefing' communications, sharing latest national and local guidance, advising of key developments, and providing responses to frequently asked questions. In addition, a dedicated provider webpage was established to host and manage information flow and promote the range of support available to the care sector; the service is currently in the process of creating a more permanent and user-friendly website for care provider engagement now and beyond the pandemic in recognition of its value.
3.4	The service has also supported care provider colleagues with increased funding from the outset, coordinated and delivered PPE during national shortages, and with Acute Hospital colleagues, established a 'bank' of staff available to support the sector at points of crisis. It has coordinated and overseen significant work in monitoring the Capacity Tracker and the distribution of the ASC Infection Control fund ring-fenced grant and the Workforce Capacity Fund, supporting adult social care providers to reduce the rate of COVID-19 transmission and support wider workforce resilience.
3.5	The range of measures that were introduced in response to the Covid-19

	pandemic had a considerable influence upon the work of Local Authorities and NHS Trusts. The implementation of The Coronavirus Act enabled Local Authorities to apply and make decisions at person centred level about who is most in need of care and who might need to have care and support withdrawn in order to make sure those with highest need are served. Adult Social Care in Somerset implemented a Covid-19 Professional Decision Making Framework, reviewed on a routine basis alongside our Contingency Plan. We ensured our workforce was fully updated with the legal changes and their implications on practice. Training was given surrounding the Ethical Framework and the European Convention on Human Rights to ensure our staff were clear and confident in their practice, professional decision making and accountability throughout the pandemic.
4.0	**Integrated Health and Care System**
4.1	Partners across Somerset's health and care system have also continued to demonstrate what is possible when traditional boundaries and ways of working are cast aside in favour of collaboration and shared goals combined with a commitment to pioneer new thinking. Somerset's Home First service was already successful but has now been refined it into a fully-fledged integrated intermediate care model that is preventing unnecessary admissions and supporting more people back to independence at home when discharged.
4.2	Partners have rolled out changes and invested in the model, in spite of the many challenges caused by the pandemic. The results have been that fewer people have needed care beds; there has been a significant reduction in long-term placements direct from hospital, and, most importantly, there are better outcomes for Somerset residents.
4.3	
4.4	Professor John Bolton, Government Advisor, leading expert, and 'critical

	friend' to Adult Social Care in Somerset recently described what has happened in Somerset is a '*blueprint for how out of hospital care should be organised across the United Kingdom'*.
4.5	Joint working and shared practice focused on common goals is increasingly the norm as collaboration deepens at neighbourhood level across district nursing, adult social care locality teams, mental health social workers and health professionals, occupational therapists, primary care networks, community pharmacies and the VCS. This is key to ensuring continued good outcomes for people following an episode of intermediate care support.
4.6	The impact of the Discharge to Assess activity is often life-changing and very rewarding. One recent example is the chronology below of an individual who was heading for a long-term Nursing Home placement via Pathway 3 but was re-abled to the extent that they were able to return to their own home with a package of care: *25 March 2021: Individual discharged from Musgrove Park Hospital into a Pathway 3 care home bed needing full care and showing confusion; nursing placement indicated.* *1 April 2021: Slowly progressing; individual starting to sit out during the day but continuing to require full nursing care. Ongoing therapy.* *15 April 2021: Continued progress. Individual at high risk of falls. Discussions now suggestion a residential placement would be suitable to meet needs. High/low bed with crash mat and falls mat.* *22 April 2021: Continued progress with therapy.* *6 May 2021: With COVID restrictions in place at care home, therapy staff have more time to continue their work. Individual showing some further improvement; not yet ready to make final long-term decision re accommodation.* *13 May 2021: Considerable improvement evident. Now aiming for a return home. Package of care to be replication in therapy setting to assess how individual managers between visits and overnight. A further 3-4 weeks of rehabilitation recommended as individual is progressing well and meeting their goals.* *20 May 2021: Continuing to flourish. Now able to complete sit to stand; still wants to walk. Suggestion is individual will require a hoist. Team have replicated the care package at home but individual still calling out at night. Daughter visiting today and discussion around long-term plan. Adult Social*

	Care assessments needed – Mental Capacity Assessment and Best Interests. *<u>8 June 2021:</u> Individual continuing to improve; further 2 weeks of rehabilitation then commence discharge home planning.* *<u>10 June 2021:</u> Reached potential. Expected discharge date 24/06/21.* *<u>17 June 2021:</u> Access visit completed yesterday. Family clearing bedroom for equipment. Discharge to Assess paperwork completed.*
5.0	**Somerset Community Connect**
5.1	In recognition that most people wish to remain as independent for as long as possible, Somerset Community Connect was established and this year has had its website and resources updated. Somerset Community Connect is about individuals, groups and organisations all working together to create a safe, healthy, supportive, kind compassionate and vibrant Somerset.
5.2	Social care, health and voluntary organisations have continued to work together to address social care needs at the very earliest stage. Community and Village Agents, part-funded by the Council, work closely with our social work teams to help people find solutions that allow people to live as independently as possible in their own homes and communities. This service has been praised for its 'innovative approach to care' by the Social Care Institute of Excellence, with the infographic below highlighting recent activity: 
6.0	**Safeguarding Adults**

6.1	Safeguarding adults at risk has remained a key priority for Adult Social Care throughout the pandemic, with the service continuing to operate as 'business as usual' throughout. In line with national trends emerging, our data suggests that there was an overall reduction in the number of safeguarding concerns raised with the County Council during 2020/21 when compared with 2019/20.
6.2	We know in Somerset that the pandemic has influenced how registered care providers have reported safeguarding concerns to the local authority. In April 2020 the referral rate from provider settings reduced at a time when provisions were focusing on meeting the changing demands of their client group.
6.3	Somerset has seen a rise in the proportion of safeguarding enquiries relating to self-neglect (in 2019/20 3.75% of enquiries related to this risk type, but in 2020/21 this figure had increased to 7%). We believe this to be partly a direct influence of the increase in community responses – neighbours and relatives looking out for each other, volunteers providing support etc – during the peak of the pandemic response and will continue to closely monitor.
6.4	Within the county there has been a robust multiple agency response to meet the demand of domestic abuse during the lockdowns and as easing of lockdown has occurred. Whilst the Somerset Domestic Abuse system has experienced a slight increase in reported incidents of Domestic Abuse it is not on a par with the national reporting picture.
6.5	In 97% of safeguarding enquiries undertaken in Somerset during 2020/21, the identified risk was reduced (57%) or removed (40%). When an individual was asked and expressed a desired outcome from the safeguarding intervention, 99.6% of outcomes were either fully or partially achieved
7.0	**Mental Health**
7.1	Open Mental Health - Adult Social Care has supported our NHS and VCSE partners in building an alliance of organisations working together to help people live a full life by enabling access to specialist mental health services, housing support, debt and employment advice, volunteering opportunities, community activities and exercise. This alliance has been shortlisted for a prestigious national award and is a national exemplar for Mental Health transformation. The partnership helped stand up Mindline, a 24/7 support line which has been taking 3000 calls per month.
7.2	Together with Somerset Foundation Trust (SFT) and CCG colleagues we have launched a highly successful and innovative model of step up and step down support for people either to avoid an MH crisis or to enable a focussed recovery following a MH admission. There are two properties, in Wells and Yeovil, supporting this model and SFT and SCC have partnered with Enable Support services to deliver the recovery and reablement model. This new way of working has shown early success in keeping people out of Mental Health

	acute wards and enabling people to step down quickly after admission. The step up house has supported 85 people in its first year and only 3 have gone on to an admission to a ward. All others have returned to their own home or been found alternative accommodation to help support them further. This is a brilliant result and has meant that Somerset has been able to support people who do need acute MH care within Somerset and the wards themselves have been available and accessible when required. Feedback from individuals includes: *"One of the really important benefits of Step-Down for me has been how it has changed my view of mental health services. Unfortunately, I have had some negative experiences of mental health services in the past and this has meant that I generally find it hard to trust and feel cared for by staff working in mental health. The positive support I had from Enable has helped me see that mental health staff can work respectfully and collaboratively with me – around my needs and perspectives. The Enable staff have never taken a superior attitude with me – something I have experienced in the past. Personally, I found it innovative and refreshing and a much-needed change within the industry. When I reflect back on my time there, I can see that the Enable team had a very inclusive mindset and not a 'them' and 'us' attitude - this really swayed my view on 'regular' people - especially 'mental health staff', to such an extent, I felt a lot more open to working collaboratively and wholeheartedly with psychology staff further down the line, and am also now in line to start Heads Up which I am also open to receiving support from. Indeed, I am now considering a future helping people in some way to do with art and mental health and possibly homelessness or drug addiction issues and I was delighted when I spoke to Debbie at Enable who said there may be a possibility to get involved doing some work as a Recovery Partner with the service. I have always felt drawn to supporting others but for me to even consider working in the field of mental health as 'one of them' - is something that has come about gradually through my new insight into mental health. It's a big step forward for me and I feel that it's a reflection of how wide ranging the benefits of Step-Down have been for me, in terms of me finding a clearer direction in my life. Here I am, a year on, I am well, I am working, I have a lovely home and I am ready to be part of what I now consider to be inclusive, client centred mental health services"* *"My mental health has deprived me of my own home approximately five times in the last six years. When my mental health began to spiral, it was often a result of not having secure housing. I didn't feel I deserved it, (to be given my own home) because I had not worked for it in a conventional way. Then it dawned on me, why the Step-Down House at The Spring Project is so special. It gave me a chance to have some stability in my life at a time when I could work on recovery. It gives vulnerable people a new start, people who have genuinely struggled with their mental health on a recurring basis".*
8.0	**Support and Advice for Unpaid Carers**

8.1	The pandemic has highlighted more than ever the vital role that carers play in our communities. Somerset Carers (Carers Support Service) has extended the role of all Village Agents to ensure carers are supported by all (+63 agents as opposed to the 5 assigned carers agents). Over the last 12 months, 796 carers have been supported. Carers have also benefitted from a dedicated helpline and information website www.somersetcarers.org
8.2	Supporting carers continue to be a high priority for Adult Social Care in Somerset, and for that reason we continue to push forward the Carer Continuous Improvement Programme in partnership with Somerset Clinical Commissioning Group, contracted service providers and carers themselves.
9.0	**Learning Disabilities**
9.1	From the start of the pandemic, Adult Social Care has worked closely with Learning Disability providers to ensure they had the right support in place to meet the needs of individuals they were supporting. At times this meant an increase in support due to the impact the restrictions had on individuals' daily life and routine.
9.2	Many of the day provisions closed due to Government guidelines and restrictions; we worked with families and carers to ensure they had the support they needed and, where required, put alternative solutions in place. We supported in making reasonable adjustments for individuals and were able to utilise open spaces, such as Kilve Court, to enable individuals to access throughout the lockdown period. Easy read guidance surrounding the pandemic and restrictions were also shared across local health and care services, as well as with service users, families and carers.
10	**Life-changing Bespoke Homes**
10.1	The role of our Housing Occupational Therapists (OT) is varied and dynamic. A good example of one of the life-changing projects they support is the Bespoke Homes Project funded by Sedgemoor District Council, which aims to identify and source existing pieces of land / homes which have the potential to be adapted to meet larger family and disability needs. Detailed below is a case study from Susie Abraham, a Housing OT in Bridgwater:
10.1	*"A large family with complex physical and mental health care needs were identified via Homes In Sedgemoor, the Housing Advice team and supported by reports provided by myself as a Housing OT. Working closely with Homes in Sedgemoor, their lettings manager and the housing officers we agreed a direct match.* *Plans were drawn up by the Senior Technical officer for Somerset Independence Plus (SIP). Funds were provided via the Disabled Facilities Grant through the SIP Grant team to support their disability needs. Fruitful discussions occurred throughout the length of the project to ensure that the*

	family and their individual needs were listened too, heard and considered. It was a sight to behold to see a swing away sink by KingKraft be wheeled down the street to be demonstrated to our client. Even more joyous was to see her face light up when she realised she was able to wash her own hands independently for the first time! *Close collaboration continued with multiple teams and people ensuring the best outcomes for our family. Onsite meetings occurred with the family, the builder, myself and other involved professionals.* *Ceiling track hoisting and equipment needs were installed by Millbrook equipment services as prescribed by the Adult Social Care Occupational Therapists.* *Our family have finally moved in and the result was described by Dad as "Life changing".*
11	**Priorities over the coming year**
11.1	Looking to the future, it is clear that our focus must centre on recovery, restoration and continued transformation. We will prioritise the further development of our 'Neighbourhood' approach, and enhancing our work, offer and practice in relation to supporting individuals with learning disabilities or mental health challenges. The service will also continue to progress our intermediate care approach, alongside support to those with dementia, and to carers. Underpinning all activity must be work to address the recognised challenges affecting the internal and external workforce.