

# SCRUTINY FOR POLICIES, ADULTS AND HEALTH COMMITTEE (VIRTUAL MEETINGS FROM MAY 2020 DUE TO CORONAVIRUS)



Thursday 9 July 2020

9.30 am Microsoft Teams Meeting

To: The members of the Scrutiny for Policies, Adults and Health Committee  
(virtual meetings from May 2020 due to Coronavirus)

Cllr H Prior-Sankey (Chair), Cllr M Healey (Vice-Chair), Cllr P Clayton, Cllr M Caswell, Cllr A Govier, Cllr B Revans, Cllr A Bown and Cllr G Verdon

All Somerset County Council Members are invited to attend.

Issued By Scott Wooldridge, Strategic Manager - Governance and Democratic Services - 1 July 2020

For further information about the meeting, please contact Jennie Murphy -  
JZMurphy@somerset.gov.uk or Julia Jones - jjones@somerset.gov.uk or 07790577232

Guidance about procedures at the meeting follows the printed agenda and is available at  
(LINK)

This meeting will be open to the public and press, subject to the passing of any resolution under Regulation 4 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

This agenda and the attached reports and background papers are available on request prior to the meeting in large print, Braille, audio tape & disc and can be translated into different languages. They can also be accessed via the council's website on

[www.somerset.gov.uk/agendasandpapers](http://www.somerset.gov.uk/agendasandpapers)

**Are you considering how your conversation today and the actions you propose to take contribute towards making Somerset Carbon Neutral by 2030?**



**RNID typetalk**

# AGENDA

Item Scrutiny for Policies, Adults and Health Committee (virtual meetings from May 2020 due to Coronavirus) - 9.30 am Thursday 9 July 2020

## Committee Guidance notes

### 1 Apologies for Absence

- to receive Member's apologies.

### 2 Declarations of Interest

Details of all Members' interests in District, Town and Parish Councils can be viewed on the Council Website at [County Councillors membership of Town, City, Parish or District Councils](#) and this will be displayed in the meeting room (Where relevant).

The Statutory Register of Member's Interests can be inspected via request to the Democratic Service Team.

### 3 Minutes from the previous meeting held on 6 May 2020 (Pages 9 - 16)

The Committee is asked to confirm the minutes are accurate.

### 4 Public Question Time

The Chair will allow members of the public to ask a question or make a statement about any matter on the agenda for this meeting. **These questions may be taken during the meeting, when the relevant agenda item is considered, at the Chair's discretion.**

### 5 CCG response to Covid 19 (Pages 17 - 22)

To receive the presentation.

### 6 Covid 19 and People with Learning Disabilities (Pages 23 - 48)

To discuss the report

### 7 Scrutiny for Policies, Adults and Health Committee Work Programme (Pages 49 - 50)

To receive an update from the Governance Manager, Scrutiny and discuss any items for the work programme. To assist the discussion, attached are:

- The Committee's work programme
- The Cabinet's forward plan ([Link Here](#))

Item Scrutiny for Policies, Adults and Health Committee (virtual meetings from May 2020 due to Coronavirus) - 9.30 am Thursday 9 July 2020

8 **Any other urgent items of business**

The Chair may raise any items of urgent business.

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## Guidance notes for the meeting

### 1. **Council Public Meetings**

The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020 have given local authorities new powers to hold public meetings virtually by using video or telephone conferencing technology.

### 2. **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 [democraticservices@somerset.gov.uk](mailto:democraticservices@somerset.gov.uk) or telephone 07790577336/ 07811 313837/ 07790577232

They can also be accessed via the council's website on [www.somerset.gov.uk/agendasandpapers](http://www.somerset.gov.uk/agendasandpapers).

Printed copies will not be available for inspection at the Council's offices and this requirement was removed by the Regulations.

### 3. **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](#)

### 4. **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.

### 5. **Public Question Time**

If you wish to speak, please contact Democratic Services by 5pm 3 clear working days before the meeting. Email [democraticservices@somerset.gov.uk](mailto:democraticservices@somerset.gov.uk) or telephone 07790577336/ 07811 313837/ 07790577232.

At the Chair's invitation you may ask questions and/or make statements or comments about any matter on the Committee's agenda – providing you have given the required notice. You may also present a petition on any matter within the Committee's remit. The length of public question time will be no more than 30 minutes in total.

A slot for Public Question Time is set aside near the beginning of the meeting,

after the minutes of the previous meeting have been agreed. However, questions or statements about any matter on the agenda for this meeting may be taken at the time when each matter is considered.

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 there are many people present at the meeting for one particular item, the Chair may adjourn the meeting to allow views to be expressed more freely. If an item on the agenda is contentious, with a large number of people attending the meeting, a representative should be nominated to present the views of a group.

An issue will not be deferred just because you cannot be present for the meeting. Remember that the amount of time you speak will be restricted, to three minutes only.

In line with the council's procedural rules, if any member of the public interrupts a meeting the Chair will warn them accordingly.

If that person continues to interrupt or disrupt proceedings the Chair can ask the Democratic Services Officer to remove them as a participant from the meeting.

## 6. **Meeting Etiquette**

- Mute your microphone when you are not talking.
- Switch off video if you are not speaking.
- Only speak when invited to do so by the Chair.
- 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.
- Switch off your video and microphone after you have spoken.

## 7. **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,

remove the participant from the meeting.

8. **Recording of meetings**

The Council supports the principles of openness and transparency. It allows filming, recording and taking photographs at its meetings that are open to the public - providing this is done in a non-disruptive manner. Members of the public may use Facebook and Twitter or other forms of social media to report on proceedings. No filming or recording may take place when the press and public are excluded for that part of the meeting. As a matter of courtesy to the public, anyone wishing to film or record proceedings is asked to provide reasonable notice to the Committee Administrator so that the relevant Chair can inform those present at the start of the meeting.

We would ask that, as far as possible, members of the public aren't filmed unless they are playing an active role such as speaking within a meeting and there may be occasions when speaking members of the public request not to be filmed.

A copy of the Council's Recording of Meetings Protocol is available from the Committee Administrator for the meeting.

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**SCRUTINY FOR POLICIES, ADULTS AND HEALTH COMMITTEE**

Minutes of a Meeting of the Scrutiny for Policies, Adults and Health Committee held in the Virtual Meeting, on Wednesday 6 May 2020 at 9.30 am

**Present:** Cllr H Prior-Sankey (Chair), Cllr M Healey (Vice-Chair), Cllr P Clayton, Cllr M Caswell, Cllr A Govier, Cllr B Revans, Cllr A Bown and Cllr G Verdon

**Other Members present:**

Cllr D Huxtable, Cllr G Fraschini, Cllr J Lock, Cllr M Chilcott, Cllr C Lawrence, Cllr C Paul, Cllr M Rigby, Cllr T Munt, Cllr D Ruddle and Cllr L Redman

**Apologies for absence:**

1 **Declarations of Interest** - Agenda Item 2

There were no new Declarations of Interest.

2 **Minutes from the previous meeting held on 04 March 2020** - Agenda Item 3

The Minutes were agreed subject to the correction of a typing error on page 1 first paragraph. 580,00 should read 580,000. This correction was made, and the minutes signed.

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

There were three public questions: -

**Public Questions from David Orr**

Q1. Will the County Council publish Somerset-wide KPIs (at least weekly) so that the local media and local people can see openly and transparently the pandemic outbreak situation in our Somerset Care Homes and communities: number of care homes with suspected Covid-19; the number of deaths in care homes (where COVID-19 is mentioned on the death certificate whether the main cause of death or not); the number of deaths in the community (where COVID-19 is mentioned on the death certificate whether the main cause of death or not); the number of care staff who have had Covid-19 tests and the infected numbers; number of reports of PPE shortages (or inadequate PPE) across Somerset?

**Response: -**

We have a dashboard that we have been developing which we will be publishing each week on Wednesdays. This contains much of the information

you are asking for. It provides an overview of the epidemiology of epidemic in Somerset. The data is released nationally once a week. As you can imagine there is a slight time delay on the data as death registration needs to take place, but the important part is tracking the trend of the epidemic and understanding whether we are controlling the spread or not.

Q2. What plans are being made for contact tracing in Somerset as a key component of safely coming out of the current lockdown in phases and will the contact tracing and associated funding be devolved to Somerset District Councils with Environmental Health Officers as a key skills base (supplemented by volunteers)?

**Response: -**

As announced by Government, contact tracing will be a key measure to help control the spread of infection as we go forward. It is a tool that is widely used in Public Health already for all kinds of infectious disease and it was used at the start of the UK epidemic before the lockdown. The Government are currently developing their strategy for contact tracing and it is likely to be driven at a national level. My understanding to date is that there will be a number of levels of contact tracing, including an App which was launched in the Isle of Wight on Monday to testing. There will be a team of health professionals...we think about 3000 nationally (some of these may be EHOs) that will be used to oversee the contact tracing, supported by a large team of call handlers. It is thought that this team will undertake the more straightforward contact tracing. The more complex contact tracing is likely to be done jointly at a more regional/local level between the regional PHE and LA Public Health. We have a good relationship with our local EHOs who are keen to collaborate with us. EHOs are a valuable resource and play an important role in the response and local health protection already, we need to be careful that we do not overstretch their capacity. I am keen that we get cracking with contact tracing, so I have volunteered to be part of the regional team to help develop the service.

Q3. Could a chart/table be drawn up showing how roles and responsibilities are apportioned (or shared) during the Covid-19 outbreak with regard to: PPE provision, safe working practices, infection control, reporting, testing, tracing etc between the CQC, NHS, Private Care companies, Avon & Somerset Resilience Forum, SCC Director of Adult Social Care, SCC Director of Public Health?

**Response: -**

There is a robust process in place to provide information to relevant providers across the Somerset system on how PPE should be obtained, assist with modelling potential PPE requirements and act as a point of escalation to meet any shortfalls in supplies, where required, through access to a Mutual Aid PPE Supply.

To ensure there is sufficient supply there is Communication and signposting to provide information to relevant providers on PPE Guidance, the process for ordering PPE supplies and how to escalate issues via the National Supply Disruption Response (NSDR) system.

In addition, the following has been established: -

- **Business Intelligence** – Work with providers to model PPE requirements (using new guidance), to assist with identifying their estimated needs when ordering on the new supply chain platform.
- **Specialist advice & Risk Assessment** – Utilise our Infection & Prevention Control (IPC) experts to support providers with advice on PPE, and risk assess any offers of PPE donations for use within the Mutual Aid PPE Stock.
- **Escalation** - Ask providers to escalate where PPE supplies are below 48hrs worth of supplies, and they are experiencing any issues with the supply chain.
- **Mutual Aid** – Co-ordinate the provision of short-term Mutual Aid PPE to providers that have escalated if they have less than 48hrs supply. This will be distributed via the Somerset County Council depot.
- **Provider PPE Stock Levels** – We have an overview of the PPE stock levels that Providers are holding within the Somerset system so that discussions can be held to reallocate stock (should stock levels not be available within the Mutual Aid PPE Supply) to meet the needs of other providers in urgent need of PPE supplies.

#### 4 **Virtual Meeting - Guidance** - Agenda Item 5

The Committee discussed a report that set out the procedure and guidance for new virtual committee meetings starting in May and for the foreseeable future. It outlined the new regulations that came into force on 4 April 2020 and the various considerations emerging from these and notes there are likely to be further updates and issues during this transition period. In brief the guidance covers the following areas relevant to public Committee hearings: -

##### **Accessing meetings**

- Microsoft Teams is the virtual meetings solution recommended for hosting remote / virtual meetings by Somerset County Council. It has functionality for audio, video, and screen sharing. For external users, they can also use the Teams app, by downloading it to their laptop, smartphone or tablet. External

participants can be sent the meeting request via email. Alternatively, someone can be added to a meeting as a voice call.

### **Accessing agendas and reports**

- Democratic Services will continue to publish the agenda and reports for committee meetings ahead of these taking place on the Council's website and will notify councillors by email in line with usual practice. Because of the Covid19 social distancing requirements, printed copies will no longer be available for inspection at the Council's offices and this requirement was removed by the Regulations.

### **Meeting procedures**

- At the start of the virtual meeting, the Democratic Services Officer will check all required attendees are present. The Democratic Services Officer will also have details of any Members of the public attending and / or press. The public and press will be notified via the meeting information on the website that they will need to contact the Democratic Services Officer to obtain the link or code for the meeting. The Chair will ask all Members and Officers to turn off all unnecessary microphones, unless they are speaking. This prevents background noise, coughing etc which is intrusive and disruptive during the meeting. Members would then need to turn their microphones back on when they wish to speak. The Chair, who will use video when speaking will ask all participants to turn off their video cameras. Participants will be asked to only turn on their microphones when they are invited to speak and keep their video functions turned off. For members of the Committee who wish to speak in the debate, they should click on the meeting chat facility and simply write their question or state they wish to ask a question so that the Chair and meeting administrator are aware. When the Chair invites someone to speak at the meeting, the speaker should say whom they are for the benefit of everyone listening to the meeting, so it is clear who is speaking at any point.

### **Minutes of the meeting**

- Following consent from the committee, the Chair will sign the minutes of the meeting as a correct record at the next scheduled virtual meeting of the committee remotely using an electronic signature.

### **Public Participation**

- Participation by members of the public will continue in line with the current public participation scheme. This can include speaking and / or asking formal questions. Members of the public can listen to or observe the proceedings of a committee.

## **Voting**

- Within the Team facility, there is a straight-forward mechanism to deal with voting. The chat function should be used to ask the Committee to take a vote.

### **Confidential or exempt issues**

- There are times when part of a council meeting is not open to the public, when confidential, or “exempt” issues – as defined in Schedule 12A of the Local Government Act 1972 – are under consideration. It is important to ensure that there are no members of the public at remote locations able to hear or see the proceedings during such periods of a meeting. Any Councillor in remote attendance needs to ensure that only they are able to hear the debate or consider any exempt information else they could be in breach of the Council’s Code of Conduct.

## **Disturbance from Members of the Public**

- In line with the council’s procedural rules, if any member of the public disrupts a meeting the Chair will ask them to stop and advise them that they may be asked to leave the virtual meeting. If that person continues to interrupt or disrupt proceedings the Chair can ask the Democratic Services Officer to remove them as a participant from the meeting.

## **Technical issues**

- In the event that the Chair or Democratic Services Officer identifies a failure of the remote participation facility, the Chair should declare an adjournment while the fault is addressed. If it is not possible to address the fault or if the meeting becomes inquorate at any point, the meeting can only continue with information items only and decision items will have to be postponed to the next virtual meeting.

The Committee discussed the paper and the proposed guidance for conducting Committee meetings using the remote facility. The Committee agreed that these procedures needed to be kept under review in the light of experience. The Committee recognised that the Local Government Regulations were still operating behind these proposals and that further changes could be included once this guidance and procedure had been used for Scrutiny Committee Meetings.

## **The Somerset Scrutiny for Policies for Adults and Health**

**Committee** considered the procedure and guidance on Virtual Committee Meetings and agreed to adopt them and update in the light of experience.

## 5 **Covid 19 - Assurance** - Agenda Item 6

The Committee considered a detailed report on the key areas of activity that have been undertaken by Somerset County Council Adult Social Care (ASC), with its partners across health, care providers and the voluntary sector; relating to the care of vulnerable adults and their carers during the pandemic. The Committee heard that there have been a number of changed requirements and "easements" proposed to the way ASC is delivered by Councils across England. These are contained in the main in the 19th March 2020 Hospital Discharge service requirements documents, and the Coronavirus Act 2020. . The key areas covered in the presentation included: -

- The new operational model for ASC Discharge from hospital – changes to the joint Hospital Interface Service,
- Integration and locality working and
- Support for commissioned services and providers.

The planning for worst case numbers affected by the pandemic resulted in a need to move quickly and with real purpose to work better with health care colleagues. It was clear that the care sector and care homes would need considerable support to cope with the demands of a pandemic. Somerset has been noted at a national level for the support put in place. This has included a dedicated webpage, guidance, news and information as well as a dedicated email address so response to any emergency can be quick and effective. Somerset has given a 10% uplift in fees for three months in recognition of the anticipated additional cost of PPE and Agency Staff. Two new interim care homes were identified in Henford Court in Yeovil and Popham House in Wellington. These offered transitional support and care for people leaving Hospital following treatment for a Covid 19 infection. The care home in Yeovil is operational, and Wellington remains an option should there be a demand. Community Connect has identified all clients who need shielding. Village Agents and Community Support Workers have made contact with most and offered a range of support.

The interface with hospitals in Somerset is still the Home First service and this has ensured a 50% of bed capacity in them.

£1million a month has been used to support providers of care across Somerset, SCC is offering a 7 day a week service, linked to GP surgeries, to support pathways out of hospital care. There is now a better hospital avoidance and discharge service which will prevent admission in the first place and speed up patients return to home. The is being run from a 'Discharge Lounge' to make sure the right support is in place at the right time.

The Committee discussed the current position on reviews of Ccre. The number of overdue reviews has dropped and is on track to be down to about 40. The

Committee noted that there will always be some that are recorded as 'overdue' but in fact this is because they take longer than the 28 days to complete. The Committee observed that there has been a reduction in the number of people placed in care homes on a permanent basis but an increase in temporary placements. This was because it took longer for people to recover from Covid 19 infections.

Testing in care homes for the Covid 19 infections has increased. The Committee were interested to have some local information on deaths in care homes as this had become the focus of national interest. The Committee heard that in an average April (based on the last three years data) there would be about 66 deaths in Care Homes across Somerset. This April there have been 98. The Committee understood that not all were Covid 19 related and it was too early to make simple mathematical deductions from this raw data.

The Committee discussed the report and paid tribute to the staff working so hard across the county to support the care sector during this current pandemic. Feedback to committee members has been that many care homes feel very supported by SCC. There have been some occasions that care homes not operated by SCC have felt support was lacking. The Committee was invited to let officers know of specific case where the support could be better.

There was some discussion around the supply of PPE (Personal Protection Equipment). The Committee welcomed the quantity of equipment being supplied to care homes but there had been some anecdotal evidence that the quality was not always the best. The Committee was again invited to encourage feedback but were assured that the equipment being distributed was appropriate to the needs of each location and setting and was quality controlled.

There was a discussion about going beyond the expectations of national Government and then not being able to recover or justify the spend. The Committee agreed that it was essential to provide PPE in advance of the supplies being sourced by the Government. The funding for the two additional nursing homes and some of the PPE costs would come from the CCG. The response was proportional to the need at the time and was reasonable given the request to prepare for 'worst case scenario'. The Committee agreed that although the first peak may be in the past it was not clear what will happen once the lockdown measures are lifted.

The Committee asked about disability and carers services in lockdown. It was confirmed that some of the support is still being offered in a different way and that carers who had refused support in the early days of lockdown were now beginning to emerge and seek support. Community Connect and Village Agents have changed the way they work but continue to offer support in other ways. The Committee asked about micro-providers and access to PPE. They were assured that they were all included in distribution of supplies and the pandemic has increased the number of such providers.

The Committee asked about the number of vacancies being advertised by SCC and its contractors; concerned this might be an issue. The vacancies are part of

natural churn and SCC is always advertising in this area as recruitment is an ongoing activity. The Committee heard that the pandemic has encouraged more people to consider care as a career option.

**The Somerset Scrutiny for Policies, Adults and Health Committee:**

- **Thanked all the officers and staff who had responded so well to the challenge of the current pandemic.**

**Agreed to encourage those with concerns about supply of PPE or needing support to get in touch with the dedicated e-mail.**

6 **Scrutiny for Policies, Adults and Health Committee Work Programme -**  
Agenda Item 7

The Committee discussed the agenda for the next meeting and agreed to wait for the update from officers on the items that were to have been on the Work Programme. They agreed that the current pandemic should be a standing item and agree to the temporary suspension of Fit for My Future activities while the Covid 19 pandemic was a priority. The Committee agreed that it was important not to lose sight of future plans as well as supporting the operational necessity of the current pandemic.

7 **Any other urgent items of business -** Agenda Item 8

There were no other items of business.

**(The meeting ended at 10.52 am)**

**CHAIR**



**Somerset health and care system key aims:**

1. To keep the people of Somerset safe and our workforce safe during the covid-19 response
2. To support implementation of the national guidance recommendations to support preparedness and maintenance of ongoing provisions of essential services in Somerset and the wider South West regional response
3. Provide information and reassurance to the people of Somerset, working with system partners to provide clear, consistent communications

**Phase 1 – Level 4 major incident (30 January)**

The Somerset health and care system rapidly deployed capacity to respond to the covid-19 incident. This included:

- Immediate release of capacity for the system through redeployment of staff by pausing non essential non-covid 19 related programmes, whilst maintaining statutory requirements (e.g. Safeguarding)
- Stepping up a system Incident Coordination Centre (ICC) providing 7/7 response, alongside individual organisation ICC
  - Enacting the established pandemic flu plan
  - Somerset Health and Care Tactical Co-ordination calls attended by statutory and non-statutory partners
  - Establish task and finish cells which were cross system where required (e.g. care home support, PPE, IPC, staff testing, pastoral support for staff, vulnerable patients)
  - Participation in Avon & Somerset Local Resilience Forum Strategic and Tactical calls, Somerset Multi-agency Tactical calls, NHSE/I regional calls
  - Review, disseminate and ensure compliance with national guidance
- Focus on preparation for expected increase of covid-19 patients in line with Simon Stevens letter (17 March) which included:
  - Redesign of hospital flow to accommodate covid and non covid patients
  - Establishment of primary care services for managing covid-19 patients
  - Creating capacity in hospitals and mental health hospitals by reducing elective services and provision of alternative support
  - Creating additional capacity in ITU and training additional staff to care for patients in ITU
  - Implementing pathways developed as part of Fit for my Future to support admission prevention and supported discharge
  - Scaling up of technology enabled care

Page 17

**Somerset top 3 risks and issues**

Cross system task and finish cells established to support our key risks and issues.

- PPE availability across health and care settings
- Covid-19 outbreaks in care homes
- Covid-19 testing for patients and staff

**Phase 2 – Major Incident & Recover, Restore, Transform**

Expectation that Somerset will need to respond to COVID-19 infections for at least the next 12-18 months

- Simon Stevens and Amanda Pritchard letter of 29 April outlined the actions recommended for urgent and clinical services over the proceeding 6 weeks
- Continue response to the ongoing Level 4 major incident including PPE/IPC
- Focus on transformation to support system recovery
  - Learning from fast paced transformation (looking forwards not backwards)
- Build on strong working arrangements developed through FFMF
  - Care closer to home
  - Cross-practice, PCN and neighbourhood working developed at pace
  - Return to 70-80% secondary care capacity (rather than 100%)
  - Build on plans for mental health, community and acute
- Moving to virtual by default approach:
  - Outpatients, primary care and diagnostics
  - Shared records – SiDER, EMIS viewer
- Working as a shadow ICS
- Increased demand for covid-19 aftercare
- Establishment of system work streams, linked into existing task and finish cells
  - Social Care embedded in system
  - Somerset-wide pathways and cross-site working
  - Single system performance and waiting list
  - Single Somerset plan

Agenda item 5

# Temporary service changes to respond to covid-19



Somerset  
Clinical Commissioning Group

## Integrated health and care services (1)

Description of temporary change	Rationale for temporary change
<b>Primary Care Service – Telephone and video consultations</b> GPs providing telephone and video triage and assessment to patients	Enable support to be provided in the patient’s home to prevent unnecessary travel or contact with other individuals
<b>Clinical Assessment Service (CAS) within 111</b> New model of virtual CAS which supports Primary Care in-hours triaging	Virtual CAS triages patients and consults and completes as many cases as possible for in-hours GPs and during the OOH period so operates 24/7
<b>Primary Assessment Centres: (PAC)</b> Patients with suspected Covid 19 can be seen safely after assessment by NHS 111 or their local GP practice. The first PAC site at Burnham on Sea Community Hospital MIU opened on 8 April.	Every Primary Care Network across the county has a plan in place to see patients with covid suspected patients safely in a separate environment from patients without covid. This PAC sites may be within their own GP practices, working with other GP practices utilising a specific practice location nearby; or using a local Community Hospital.
<b>Access to specialist support in Primary Care</b> Extending Consultant Connect access to health care professionals and care homes so that they can discuss complex patients and gain advice	Extended to provide direct link to Consultant Geriatricians at both acute sites to enable a direct telephone conversation to take place between health care professionals such as primary care clinicians, SWASFT, community staff etc. Consultant Connect also extended to all Somerset care homes
<b>Temporary closure of Burnham Minor Injuries Unit:</b> MIU temporarily closed to become the Primary Care Assessment Centre for the North Sedgemoor area of Somerset.	Provision of location to see covid suspected patients safely in a separate environment from patients without covid (Burnham MIU reopened on 24 June 2020)
<b>Somerset Hub for Coordinating Care (SHCC)</b> Coordination of all admission avoidance and discharge arrangements, through one central point, in response to Covid-19 where otherwise someone would need to attend or be admitted into an acute hospital	Single coordination point and expanded capacity to provide more rapid response, home support and additional intermediate bed capacity. Service covers Rapid Response, Urgent District Nurses, Falls referrals for therapy, discharge to assess services, bed co-ordination and end of life care
<b>2 hour Rapid Response Service</b> Temporarily trebled in size and made available to support discharges as well as admission prevention	Provide additional capacity to support patients return to home and prevent admission to hospital
<b>Home First Discharge Service</b> Capacity significantly expanded with community rehab and MSK staff reassigned to this service	Provide additional capacity to support patients return home after admission to hospital

Page 8

# Temporary service changes to respond to covid-19



Somerset  
Clinical Commissioning Group

## Integrated health and care services (2)

Description of temporary change	Rationale
<p><b>Temporary closure of inpatient beds at Shepton Mallet and Wellington Community Hospitals</b>                      Inpatient beds temporarily closed and staff reassigned to consolidate on fewer sites resulting in net increase of community hospital beds of 12 overall. All other services at these sites remain open, including MIU at Shepton Mallet</p>	<p>Proactive measure to ensure safe staffing levels are maintained across all community hospital sites as there was reduced staff due to increased sickness and self-isolation of some staff                      Revised configuration enables more beds to be opened in community hospitals on fewer sites if we require these additional beds</p>
<p><b>Hendford Court Nursing Home</b>                      Reopening of closed nursing home</p>	<p>To support flow within our acute hospitals through provision of bedded care to enable covid positive patients to be discharged from hospital</p>
<p><b>Support to nursing and residential care homes</b>                      Provision of Infection Prevention Control (IPC) and training on PPE use</p>	<p>Extension of BAU activity, stepped up with regular contact from the IPC team to ensure care homes have the support needed during the pandemic</p>
<p><b>24 hour mental health support line</b>                      Provision of all age mental health support line established in partnership with the voluntary sector and local authority. Service is provided by Mindline</p>	<p>Support to adults, children and young people with mental health concerns in Somerset</p>
<p><b>Virtual provision of mental health services</b>                      Mental health support, including talking therapies continue to be provided through the Attend Anywhere software.</p>	<p>Continue provision of mental health support throughout the covid pandemic. Ability retained to see patients where required</p>
<p><b>Mental health step up step down/crisis beds</b></p>	<p>Provision of additional support to individuals not requiring admission, but require more support than community services can provide</p>
<p><b>Pause of routine surgery and diagnostics</b>                      Temporary pause of routine services given Covid-19 concerns from 1 April 2020 to June 20</p>	<p>Reducing risk to patients and staff given COVID pandemic. Compliance with national direction. Patients risk assessed to identify urgency as per the RCS guidelines with prioritisation of urgent cases</p>

# Temporary service changes to respond to covid-19



**Somerset**  
Clinical Commissioning Group

## Specialist services (1)

Description of temporary change	Rationale
<p><b>Lab services to process patient and staff testing</b> SPS – collaborative countywide service providing Pillar 1 testing in county</p>	<p>The pathology lab has created testing capacity of in excess of 300 per day from a standing start and will increase to c.1,500 per day in early June. SFT has established and managed a staff testing service to cover the county, including supporting primary and social care.</p>
<p><b>Digital technology supporting outpatient appointments</b> Move to digital appointments across all specialties</p>	<p>Reducing risk to patients and staff given COVID pandemic. Compliance with national direction. Patients risk assessed to identify urgency as per the RCS guidelines with prioritisation of urgent cases</p>
<p><b>Digital technology to support management of long term conditions</b> Remote support for patients with long term conditions to prevent the need to visit a hospital</p>	<p>Reducing requirement to travel to hospital for a follow up by using digital technology for example, Heart failure teams linking with patients with ICDs, reading data and suggesting to review annually where no problems exist.</p>
<p><b>See and Treat Clinics for Trauma</b> Optimising F2F appointments for Trauma - See and treat clinics during Covid 19 - treating fracture clinics, soft tissue clinics in one stop shop</p>	<p>Patients receive a more streamlined appointment service and have fewer visits to hospital for their treatment</p>
<p><b>Patient messaging service</b> Provides ability to get messages to all patients during restricted visiting period</p>	<p>Provide ability for patients to remain in contact with family and friends whilst restricted visiting is in place</p>
<p><b>Surgical and Critical Care hub</b></p>	<p>Maximising workforce capacity</p>
<p><b>Relocation of Chemotherapy Services</b> Chemotherapy services relocated from Yeovil District Hospital to St Margaret's Hospice site in Yeovil</p>	<p>To create an environment which is lower risk for transmission of covid</p>
<p><b>Discharge lounges at MPH and YDH</b> Multiagency facilitation to support discharge process put in place</p>	<p>Ensuring all patients are assessed appropriately and to support efficiency of discharge once decision to discharge is made</p>

## Specialist services (2)

Description of temporary change	Rationale
<b>Standing down of dental services *</b> SFT continued to provide urgent dental access in Somerset through a number of urgent dental hubs	Standing down of non-urgent services in response to the covid-19 pandemic
<b>Standing down of ophthalmology services *</b>	Standing down of non-urgent services in response to the covid-19 pandemic
<b>Increase critical care capacity</b> Number of critical care beds increased through redeployment of staff and reallocation of areas to provide care in	Creating additional capacity to treat patients with covid during a peak in hospital admissions
<b>Supporting NHS Nightingale Bristol</b> Critical care facility for surge capacity	Supporting the development of the Bristol Nightingale Hospital as part of the Severn Critical Care Network, including providing leadership and identifying staff who would go and work there.

\* Services commissioned by NHSE/I

# April - May 2020 Performance

## COVID Update

### RTT

- Referrals to Secondary Care Services during the COVID pandemic have reduced by 65%
  - GPs are providing telephone and video triage and assessment to patients to prevent unnecessary travel or contact with other individuals and are continuing to refer onto Secondary Care where clinically appropriate
- A temporary pause of routine elective surgery has occurred during the period April to June
  - All patients on the elective waiting list have been risk assessed to identify their urgency as per the Royal College of Surgeons clinical guide to surgical prioritisation
  - 30% of Out Patient appointments in April were delivered virtually
  - Digital technology is supporting outpatient appointments, reducing the risk to both patients and staff during the COVID pandemic.
- The Independent Sector is providing additional elective capacity to Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust
- A Somerset wide Restoration Plan is under development

Page 22

### Diagnostics

- A temporary pause of routine diagnostics has occurred during the period April to June
- Patients with a suspected cancer and urgent diagnostic tests have continued to be delivered
- National and Regional Plans continue to be developed to recover diagnostic services
- A Somerset wide Restoration Plan is under development

### Cancer

- Somerset, Wiltshire, Avon and Gloucestershire Cancer Alliance (SWAG) reports that cancer referrals 70% lower than pre-COVID levels against an England average of 62%
- All patients on the waiting list have been risk assessed to identify their urgency as per the Royal College of Surgeons clinical guide to surgical prioritisation during the COVID pandemic
- Somerset Foundation Trust is utilising all Independent Sector capacity at Nuffield Taunton to treat cancer patients
- Yeovil District Hospital NHS Foundation Trusts Chemotherapy Service has temporarily relocated to Margaret's Hospice site in Yeovil to create an environment which is lower risk for transmission of COVID
- The 2 key national cancer priorities are to increase suspected cancer referrals to minimise potential harm and to focus on 62 day first definitive treatments

### Urgent Care

- A virtual 24/7 Clinical Assessment Service hosted by NHS 111 has been stood up and supports Primary Care in-hours patient triage
- From 8<sup>th</sup> April COVID symptomatic patients could be seen safely after assessment by NHS 111 or their local GP practice at a Primary Assessment Centre
- Access to Consultant Connect has been expanded; the enhanced geriatrician service provides specialist advice and support to Primary Care clinicians and care home staff in order to avoid an unnecessary hospital admission
- The Somerset Hub for Co-ordinating Care has been established; the hub co-ordinates all admission avoidance and discharge arrangements through a single point and avoids unnecessary hospital attendances by offering rapid response, home support and additional intermediate bed capacity. The service covers Rapid Response, Urgent District Nurses, Falls referrals for therapy, discharge to assess services, bed co-ordination and end of life care

Somerset County Council  
Scrutiny for Policies, Adults and Health  
Committee  
– 9 July 2020

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## **Adult Social Care Delivery, Activity & Support: COVID-19**

Lead Officer: Mel Lock, Director of Adult Social Services

Author: Nicola Shaw, Strategic Manager – Quality & Performance

Contact Details: [NXShaw@somerset.gov.uk](mailto:NXShaw@somerset.gov.uk)

Cabinet Member: Cllr David Huxtable, Adult Social Care

Division and Local Member: All

### **1. Summary**

**1.1** This cover report and its supporting appendices summarises for the benefit of the Scrutiny Committee the range of work undertaken by the Adult Social Care service to support our local community, the NHS, and care providers during the COVID-19 pandemic.

**1.2** The paper outlines activity progressed and outcomes achieved in the following areas:

- Support to the local care provider market, including Learning Disability provision;
- Health partnerships and infrastructure;
- Community partnerships and infrastructure;
- Our internal activity and performance.

### **2. Recommendations**

**2.1** That the Scrutiny Committee notes the breadth of activity undertaken by the Adult Social Care service and its key stakeholders during the pandemic to date, including that captured within the supporting appendices, and considers any recommendations arising from the information provided.

### **3. Adult Social Care activity during COVID-19**

**3.1** In recent months the work of all health and care partners in the county has been dominated by, and focused on, responding to the COVID-19 pandemic. Working within this rapidly changing, dynamic situation has meant our activity and delivery has been continuously reviewed and updated in light of Government guidance, advice and the ongoing work of system partners. Our response to the pandemic in Somerset is set within the context of strong partnership working and has further been strengthened by our well-established community links and infrastructure.

**3.2** In spite of the many challenges and considerable concerns the pandemic has brought, our response activity has drawn national recognition and praise, and has served as a catalyst in driving forward many ambitions

and seizing the many innovative opportunities presented across the health and care system.

#### **4. Support to our Care Provider market**

**4.1** Supporting 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 vital role our formal and informal care sector plays in our collective system resilience and response, we have sought to offer whatever support we can to minimize the risk of provider failure and offer additional protection to those members of our community reliant on our local provision.

**4.2** Somerset County Council prides itself on having long had robust and supportive oversight arrangements in place with our care provider market. The proportion of Good and Outstanding Care Quality Commission-rated care provision in the county exceeds national and regional averages, and we work closely in partnership with the Registered Care Providers Association (RCPA), regulator and the Clinical Commissioning Group as part of our routine commissioning and monitoring activity. Together with our Public Health and CCG colleagues, Adult Social Care has been working hard with care providers to support them to manage and respond to the unique pressures that COVID-19 has placed upon them and take all possible steps to mitigate and prevent the spread of coronavirus. Our work has included the following:

#### **4.3**

- The establishment of a COVID-19 incident 'room' led by strategic managers to serve as a central advice point and information repository, with a dedicated phone line and email address. This has included the provision of out-of-hours cover, including over weekends, to ensure 7-day support is available as and where required.
- The email distribution of update briefing notes to local care providers since the start of the outbreak, sharing latest guidance, advising of developments and providing responses to FAQs. Additionally, a dedicated provider webpage was set up to host and manage information flow and promote the range of support available, and webinars have been hosted;
- The development of structured follow-up arrangements for care homes that have notified outbreaks to Public Health England with our own local Public Health team, ensuring the effective coordination of resources;
- Undertaking welfare calls and contacts to routinely 'check in' with local care settings and offer infection prevention and control advice and guidance;
- Ensuring a commissioning presence at virtual meetings hosted by the RCPA;
- Establishing multi-agency operational and strategic care sector cells, and supporting Public Health's Local Outbreak Management Plan



(LOMP);

- Developing enhanced multi-agency data dashboards and mapping tools to support the monitoring of local care market data and intelligence, to enable more tailored and targeted responses;
- Securing access to testing for care staff via the local NHS staff testing route from early April 2020, removing the need for care staff to travel extended distances for regional testing centres. Additionally, the Council has made weekly nominations for whole-home testing to inform the management of more vulnerable individuals;
- Procuring and distributing, free of charge, as much Personal Protective Equipment (PPE) as needed to supplement national supplies from March 2020. This has been comprised of frequent deliveries to care homes and other regulated provision, including domiciliary care providers and affiliated micro-providers. In June, to ensure supplies were being targeted at those in most need, an online order form process was established, and, from July, the Local Authority will be invoicing care providers where PPE supplies cannot be sourced elsewhere but are needed to ensure the delivery of care and support;
- Establishing a new temporary staffing solution for our care market in collaboration with Acute Hospital Trust colleagues, providing access to a joined-up collaborative bank between health and social care providers which will further develop our partnership working and support efficiencies across the Somerset system longer-term;
- Implementing a 10% fee uplift on fee levels paid as a lump sum three months in advance (April, May, June 2020); this premium was paid on all our contracted rates across homecare and residential/nursing care (including all Learning Disability and Mental Health Services in these categories) to support business sustainability;
- Distributed Infection Control Grant monies received from the Government to those residential and nursing homes who have signed up to the grant conditions (76% of the totals) and committed to using the remaining 25% for our supported living and homecare providers. A small portion of the fund will be retained for Personal Assistants, Micro-Providers and Day Services to apply for where appropriate. The funds are intended to be used to reduce the rate of COVID-19 transmission in and between care homes and support wider workforce resilience. *For Somerset County Council, total funding received equated to £8.3m.*
- The Care Quality Commission continues to work closely with a range of stakeholders including Somerset County Council and the CCG. From the start of this pandemic, the CQC recognised that safety across the health and social care system was a priority. One of the mechanisms the regulator has used is the Emergency Support
- Framework (ESF). To date, 100% of the ESFs completed in Somerset have shown providers are managing. The ESF has helped the CQC offer targeted local advice, guidance and support to providers and

5.

- 5.1 care staff to deliver safe care that protects people’s human rights. A programme of inspections has started across England, and we will report on our findings by publishing reports on our website.

*Please refer to Appendices A & B for Care Home dashboard data and information regarding support for Learning Disability provision in Somerset*

### **Health Partnerships and infrastructure**

- Health and social care have enhanced the successful Home First services during the pandemic to reflect the changes to government guidance on pathways that were published in March 2020. In amending this response, we have been able to jointly increase service capacity, introduce keyworkers for people who go straight home, embed previously separate end-of-life services and provide more therapy resources outside of our hospitals. The success of this model has led to the aspiration for the continuation of the new intermediate care services, providing more support to prevent admission and increased opportunity to be discharged to home or closer to home. Our efforts are now concentrated on modelling demand, capacity and cost for Somerset’s Intermediate Care Services to shape and develop our hospital discharge and diversion approach into the future.
- 5.2
- 5.3

- Other areas where the local health and care system have worked in partnership include: the establishment of joint community teams with Somerset Foundation Trust, the delivery and distribution of PPE and testing, and supporting the staffing and set-up of a ‘pop-up’ Care Home in Yeovil at the height of the local pandemic.
- 6.
- 6.1

- We have also implemented additional mental health support with ‘step down’ accommodation established to free up acute mental health ward space and reduce the risk of infection in these settings.
- 6.2

*Please refer to Appendix C for more information on the Somerset Model for Intermediate Care*

### **Community partnerships and infrastructure:**

The Adult Social Care Community Commissioning team worked to implement some fantastic developments and innovative solutions in the community:

- **We have worked in partnership with community providers to ensure they were supported to adapt their ways of working to adjust to social distancing guidelines and meet rising demand.** These close working relationships have enabled more people to access support – for example, village agents supported over 40k clients in the first 10 weeks of lockdown, 78% of which were not previously known.
- We have **worked with the CCS (Community Council for Somerset) to develop a Community Food Resilience Group** that has acted on food donations from local suppliers and established the logistics to

get the food into communities quickly. This pop-up solution has been so successful that we are working with CCS and Children's commissioners to establish core elements of this network as a basis for sustainable and ongoing food supplies into communities. We have also used this supply chain to source and distribute donations of clothing, toiletries, nappies, sanitary products and books.

- **As part of our community offer, we have developed Virtual Talking Cafes** offering the public another means of keeping connected to their community and obtaining information and advice. These run every weekday at 11am and reach hundreds of people daily.
- We have **developed the Community Connect website** and enhanced the content to make it easier for the public to access information and advice prompting over 2,700 new users to access the site
- We have created **online carers support groups** to enable carers to come together around shared interests (music and art) and shared experiences.
- We have set up a **Community Connect Facebook Group** to share information and established an aligned Twitter account.
- We have worked with our **micro-providers to set up a Facebook page** so we can attract new individuals to this sector and provide the public with information and a way to get in touch with micros online. We have also established **Facebook groups** to enable the networks are able to share information and communicate online.
- We have provided **micro-providers with access to PPE**, as part of our wider PPE distribution support, and developed a **dataset to enable us to better understand micro-provider capacity and impact**.
- We have developed a **dashboard for all community activity** to enable us to assess impact across all community providers and ensure value for money.

*Please refer to Appendix D for further information on the Community Connect response*

## **7. Internal activity and performance:**

**7.1.** Our service is increasingly focused on seizing the opportunity to learn from, reflect and refine our activity on the back of the impacts and effects of the pandemic. Recent work has included:

- Stepping up our routine **Practice Quality audits**. Between March and mid-June 2020, a total of 72 audits were submitted by operational staff across the service, bringing the total audits completed since September 2019 to 593. The service is working hard to review and understand the quality of social care practice during lockdown, particularly in relation to assessment and review, recording practice, defensible decision-making activity, and the impact of COVID on individuals and their families/support networks.
- The collation of **ASC Staff Survey** reflections, which garnered 178 responses in relation to the following '4R' considerations:

- Return - what do we need to go back to?
- Retain - what new practices should we keep?
- Resist - what should we avoid returning to?
- Radical - what new things would we like to see in the future?

Staff reflections have been shared corporately and are being used to inform the way we work in the future – both in terms of practical and logistical working arrangements, and in relation to our practice, focus and structures.

**7.2.** Additionally, in relation to adult social care performance in recent months:

- The **number of overdue assessments for Locality Teams has reduced** to 46. To provide some context, the equivalent at April 2018 figure was 942. This represents a reduction of approximately 95%.
- Significant progress has also been made in **reducing the number of overdue reviews**. The number outstanding is now in line with the planned trajectory that will see all overdue reviews cleared by the end of August.
- **Levels of unmet homecare need during the pandemic have significantly improved** and reached their lowest ever levels, despite the fact that demand for homecare has increased substantially this year compared with the same period last year. This is the result of improved conversations, daily team calls and priority setting, advertising available packages of care in a different way, and the commitment and support of both our Sourcing Care service and domiciliary care providers.

## **8. Background papers**

- 8.1.** Appendix A: Somerset Public Health Covid-19 Dashboard  
 Appendix B: The Impact of Covid-19 on Learning Disability Services in Somerset  
 Appendix C: Somerset Model for Intermediate Care  
 Appendix D: Somerset Community Connect Coronavirus Response Update

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

# Somerset Public Health COVID-19 Dashboard

The higher case numbers seen in early June include a number of cases that have been falsely identified as positive following an issue at the laboratory.

For further information please see the following statement from Somerset NHS Foundation Trust

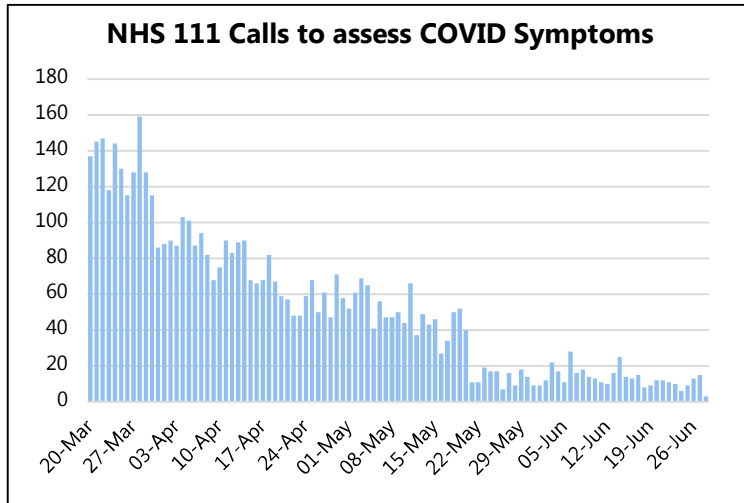
<https://somerseft.nhs.uk/?news=issue-affecting-some-covid-19-test-results-for-some-inpatients-at-musgrove-park-hospital>

## NHS 111 COVID Demand



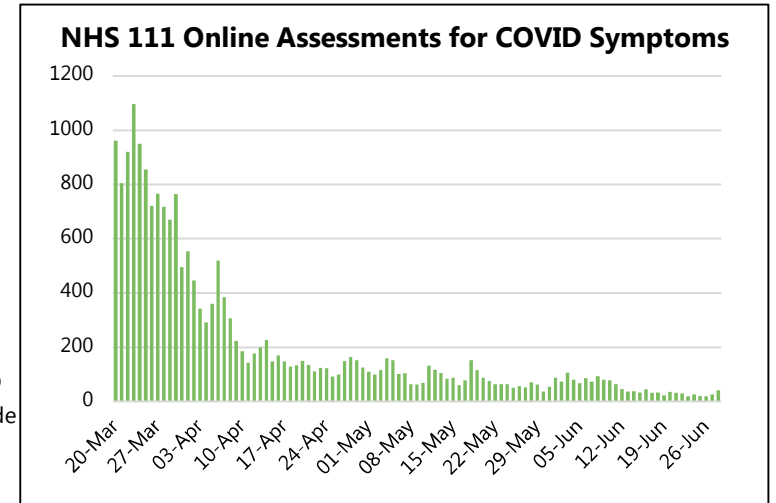
Latest daily Somerset based calls to NHS 111 to assess COVID symptoms

28/06/2020



Latest daily NHS 111 Online symptom assessments for COVID giving Somerset postcode

28/06/2020



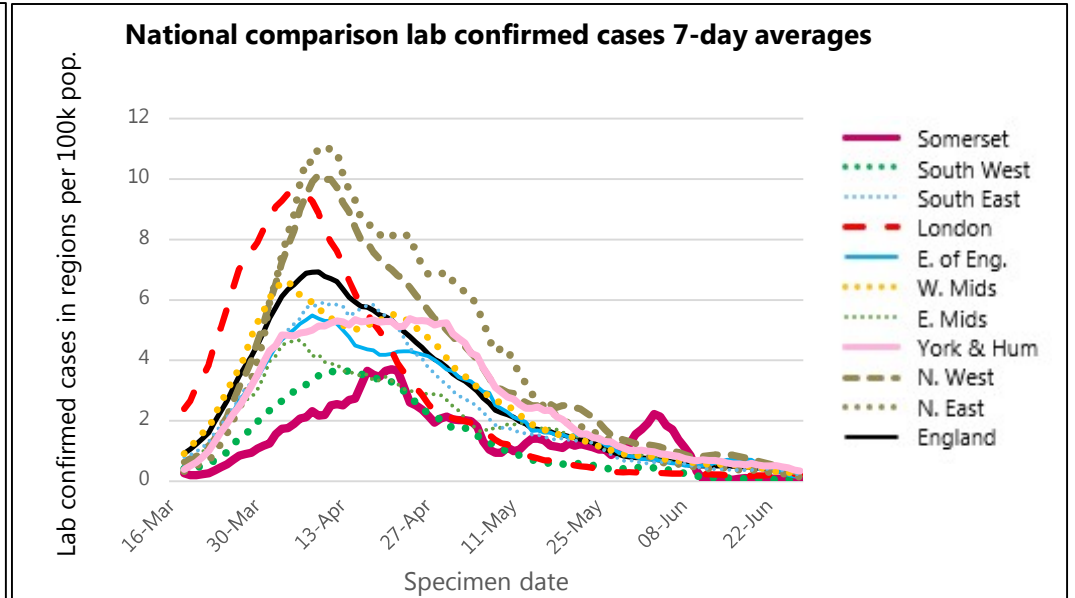
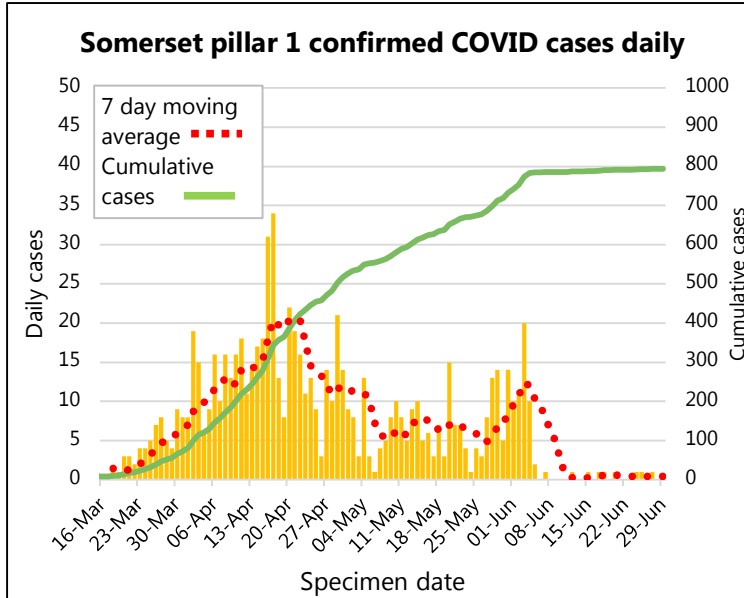
Page 29

## Detected cases



Total pillar 1 lab-confirmed COVID cases in Somerset

29/06/2020



# Somerset Public Health COVID-19 Dashboard

## Latest R number range for the South West

# 0.6-0.9

Last updated on Thursday 25 Jun 2020

Produced by:

UK Government Scientific Advisory Group for Emergencies (SAGE)

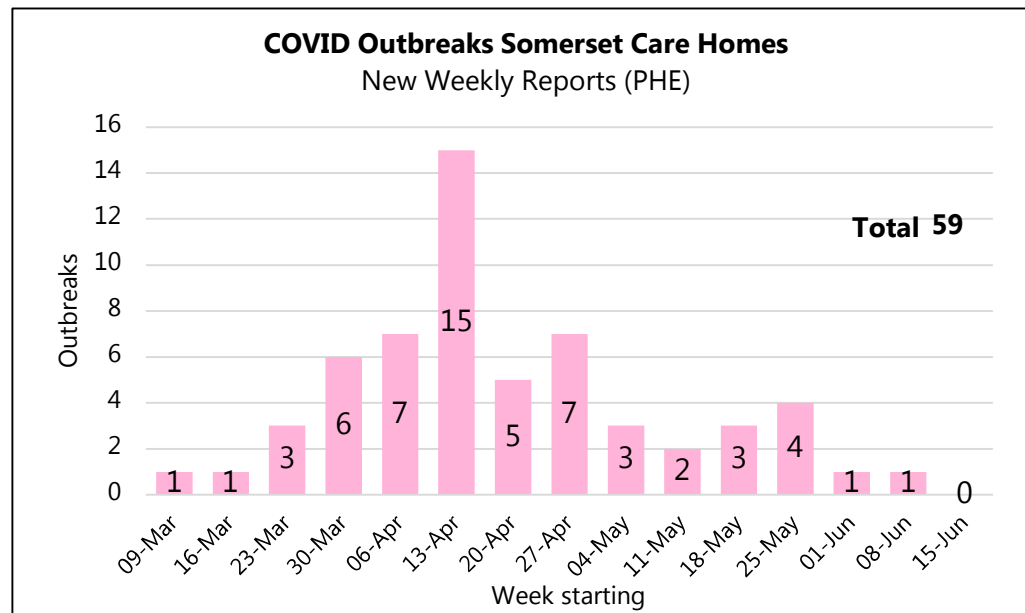
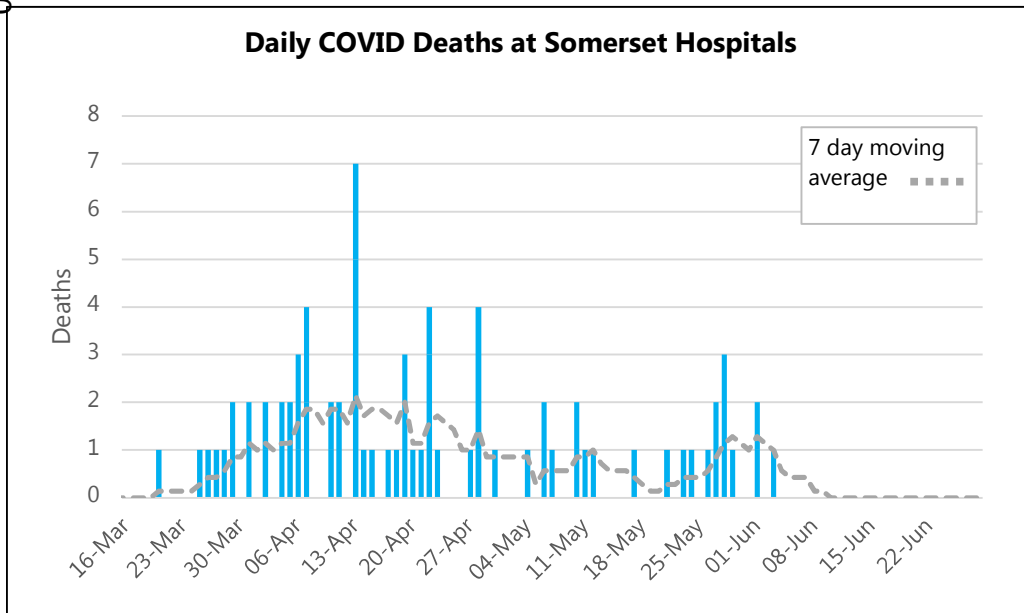
## What is R?

The reproduction number (R) is the average number of secondary infections produced by 1 infected person.

An R number of 1 means that on average every person who is infected will infect 1 other person, meaning the total number of new infections is stable.

Region	R
UK	0.7-0.9
England	0.7-0.9
East of England	0.7-0.9
London	0.7-0.9
Midlands	0.7-0.9
NE and Yorks	0.7-0.9
North West	0.7-1.0
South East	0.7-0.9
South West	0.6-0.9

Page 30



# Somerset Public Health COVID-19 Dashboard

COVID deaths week ending

🕒 12/06/2020

All COVID

2

Hospital

0

Care Home

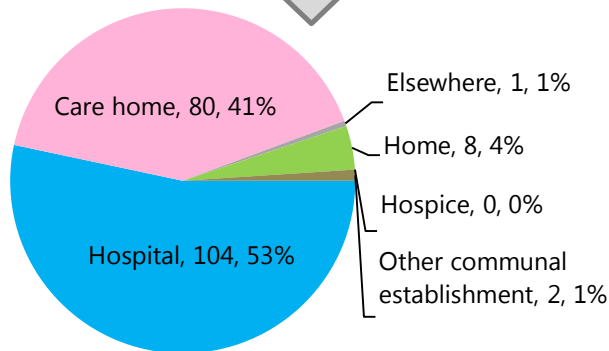
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Other

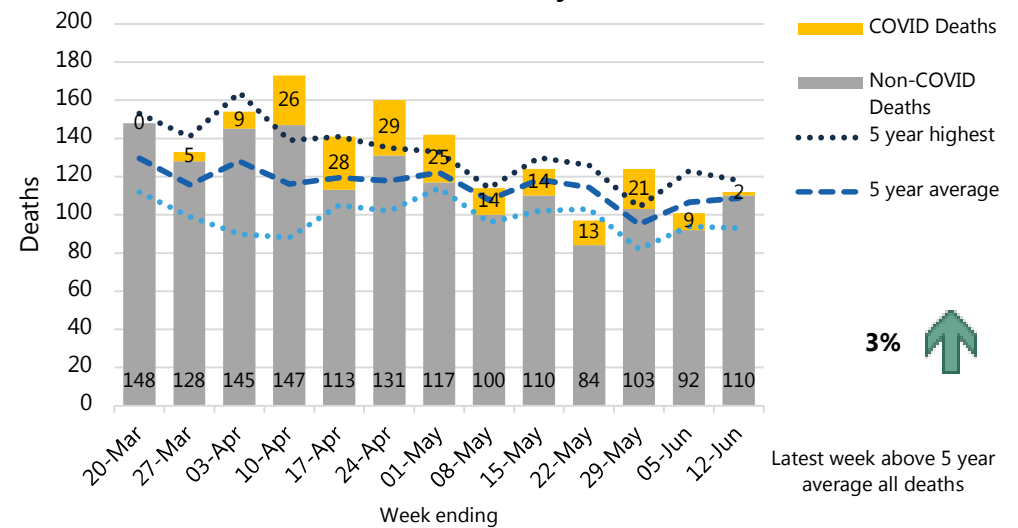
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## All COVID Deaths in Somerset by Place of Death (ONS)

Total 195 12/06/2020

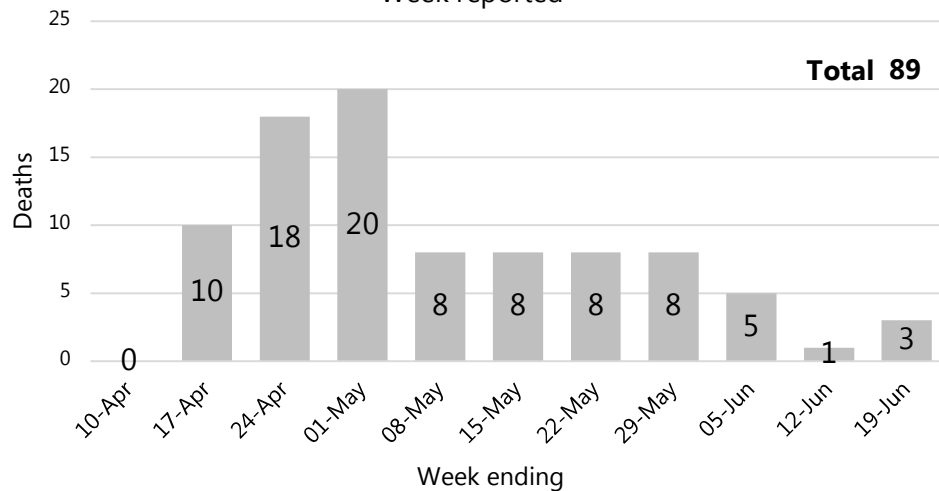


## Somerset All Deaths (weekly) (ONS)

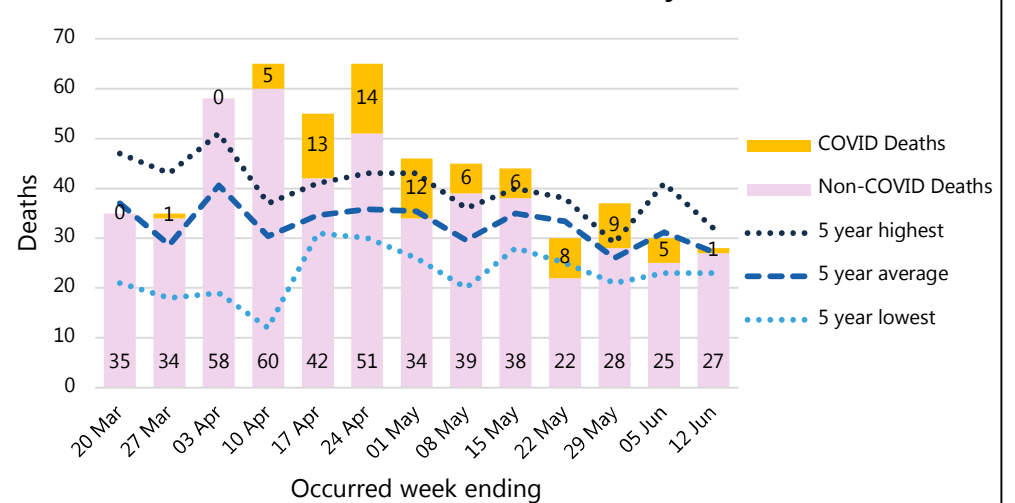


## Somerset COVID Care Home Deaths (weekly) (CQC)

Week reported



## Somerset Care Home Deaths (weekly) (ONS)

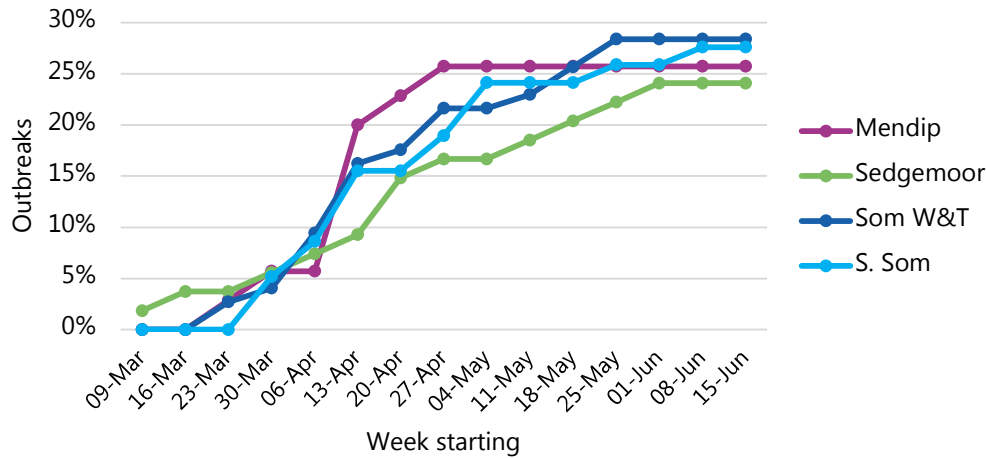


# Somerset Public Health COVID-19 Dashboard

Page 32

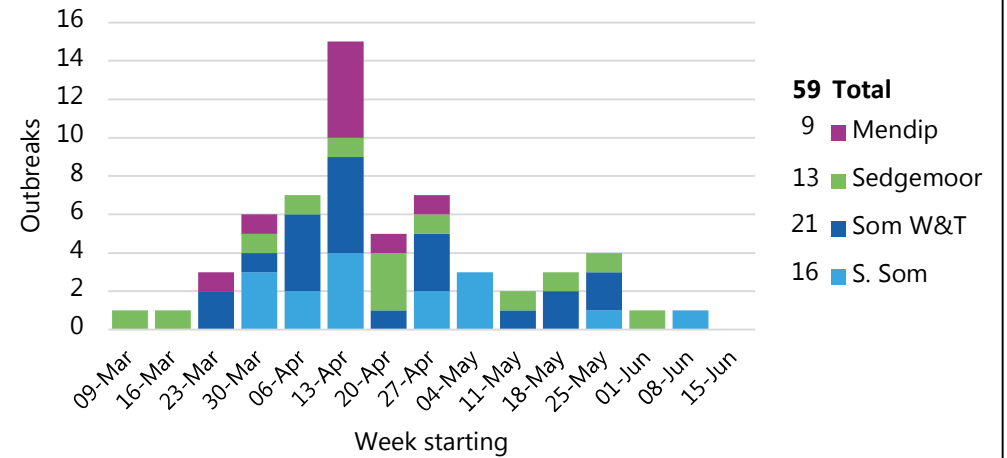
### Percentage of care homes reporting COVID outbreaks

New Weekly Reports (PHE)

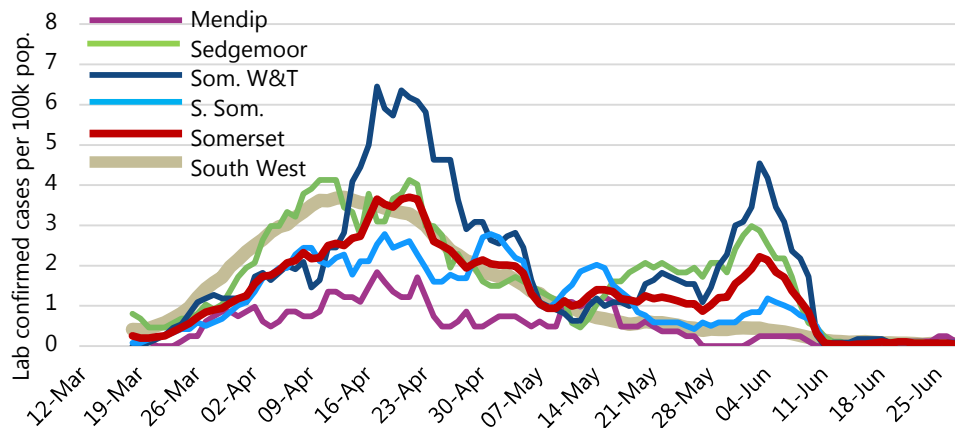


### Number of care homes reporting COVID outbreaks

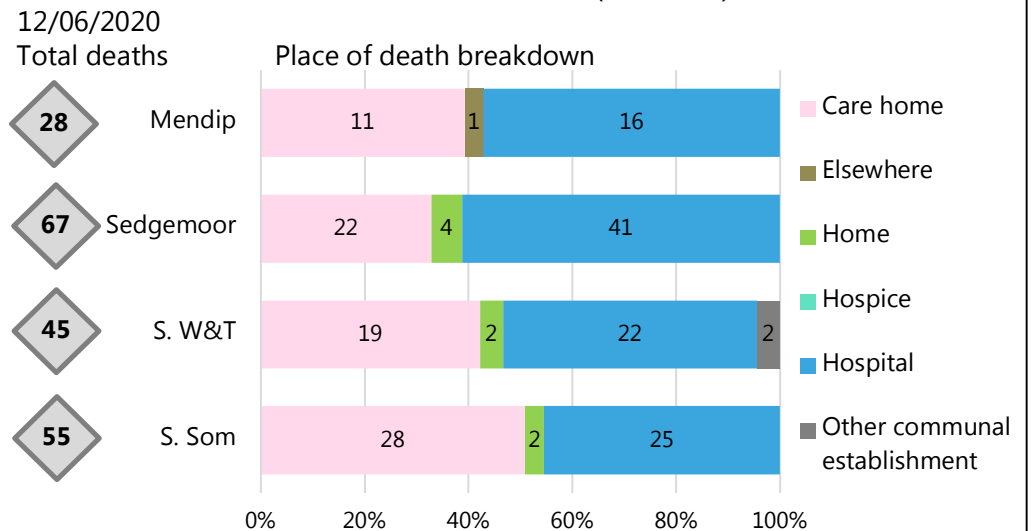
New Weekly Reports (PHE)



### Daily detected cases (Lab confirmed) per 100k pop. 7 day rolling averages



### District COVID deaths (ONS data)



Note: Most recent case counts for early June in Somerset districts include some data from incorrect lab results. See page 1 for more details.

Produced 29/06/2020 For data sources see final page. For more information contact [publichealth@somerset.gov.uk](mailto:publichealth@somerset.gov.uk)



# Somerset Public Health COVID-19 Dashboard

Data type	Next updated	How published	Link for more information
NHS 111 Triage	30/06/2020	Published weekdays only, with data to day before.	<a href="https://digital.nhs.uk/dashboards/nhs-pathways#dashboard">https://digital.nhs.uk/dashboards/nhs-pathways#dashboard</a>
Lab confirmed cases: Pillar 1	30/06/2020	Published daily ~5pm with data to day before. By specimen date.	<a href="https://coronavirus.data.gov.uk/">https://coronavirus.data.gov.uk/</a>
R value from SAGE group	02/07/2020	Published approximately weekly.	<a href="https://www.gov.uk/guidance/the-r-number-in-the-uk">https://www.gov.uk/guidance/the-r-number-in-the-uk</a>
Care home outbreaks (PHE)	02/07/2020	Published weekly on Thursdays with data to Sunday before.	<a href="https://www.gov.uk/government/statistical-data-sets/covid-19-number-of-outbreaks-in-care-homes-management-information">https://www.gov.uk/government/statistical-data-sets/covid-19-number-of-outbreaks-in-care-homes-management-information</a>
Hospital deaths (NHSE)	30/06/2020	Published daily ~2pm with data to day before. Most recent 5 days subject to data updates.	<a href="https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/">https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/</a>
Care home deaths (CQC)	30/06/2020	Published weekly on Tuesdays with data to Friday before.	<a href="https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/numberofdeathsincarehomesnotifiedtothecarequalitycommissionengland">https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/numberofdeathsincarehomesnotifiedtothecarequalitycommissionengland</a>
Death counts (ONS) County and district level	30/06/2020	Published weekly on Tuesday with data to the Friday 11 days before.	<a href="https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard">https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard</a>

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# **The impact of COVID-19 on Learning Disability Services in Somerset**

Authors: James Cawley & Ami Bestall  
ASC Commissioning, July 2020

# Working with people and providers

- Welfare calls with providers: checking how are they, saying thanks, picking up and addressing concerns and capturing good news stories.
- Weekly multi-agency discussions across health and social care around calls to providers, sharing information and intelligence to ensure a collaborative approach and coordinated response.
- Weekly commissioning attendance at virtual RCPA meetings: ensuring care providers have a forum through which to raise key issues, concerns or plans for the future.



## Working with people and providers:

- Supporting providers to work on an outreach basis for people unable to attend day service provision.

Understanding the need and opportunity for future change: Recognising from people supported that they want to do things differently once COVID restrictions are eased and working with providers around how to achieve this and transform the market.



## Coming out of COVID 19:

- Day Opportunities: How do these look different? Current review looking at how people can return safely, how will it look different, what do people supported want?
- Housing pathways: Working on a housing pathway that supports people having fair equitable housing options. Supporting professionals to be involved at the right time to ensure a more seamless pathway transition for people.



## Coming out of COVID 19:

- Respite and Emergency accommodation: A review that recognises the need for a 'menu' of options. Highlighted through how respite has been delivered differently during COVID and through emergency accommodation that has been needed.
- Continuing open discussion with providers: Different conversations about the future of support for adults with a learning disability to continue and involve all stakeholders.



# Transformation:

## Steps 2 Independence (S2I):

Time-focussed, outcome-targeted work with individuals, with activity tailored to the goals that people want to achieve.

The focus for S2I is to shift from an hourly rate commissioning model to a more flexible and person-centred approach.





# Transformation:

## Brain In Hand:

Brain in Hand is a personalised app that links the user with their carers and support teams. It provides people with their own specific ways to cope, and is tailored to the individual's needs giving them the confidence to do what is important to them.

It can give prompts, reminders and links to verbal responders or people's own circle of support, who can intervene when asked, offering reassurance and the help needed to get back on track.



## Case Studies:

S2I: E was receiving support at home with her daughter and partner. The family had become dependant on the support although the annual review showed that the support was restrictive to the family, especially the daughter.

Page 42  
S2I went in to support E and her partner in growing their natural support network, build relationships with the school and learn how to use each others skills to manage their home.

Since S2I E is receiving no formal support. E has reported that she is happy and being supported around how to access employment.



# Impact S2I & Brain in Hand (BIH) from COVID

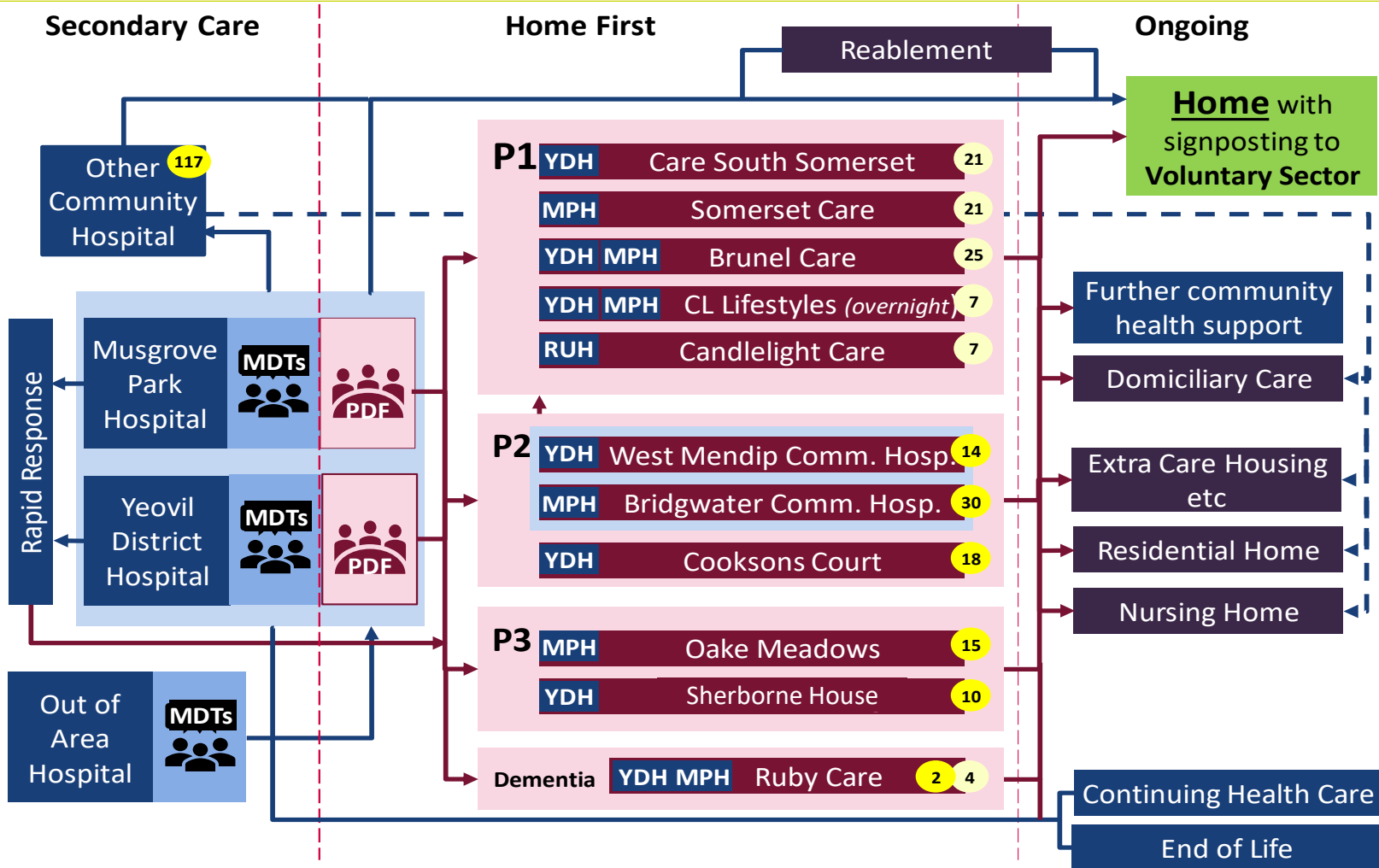
- Both projects will have been paused to some degree due to COVID demands.
- S2I has been paused most significantly as staff have had to be redeployed into supported living and residential services. COVID restrictions have also significantly impacted as staff have not been able to work in people's homes to achieve goals.
- BIH has been paused in relation to set ups, but is now being looked at virtually. In addition, the collation of case studies is having to be done in a different way so this work has also been slowed.



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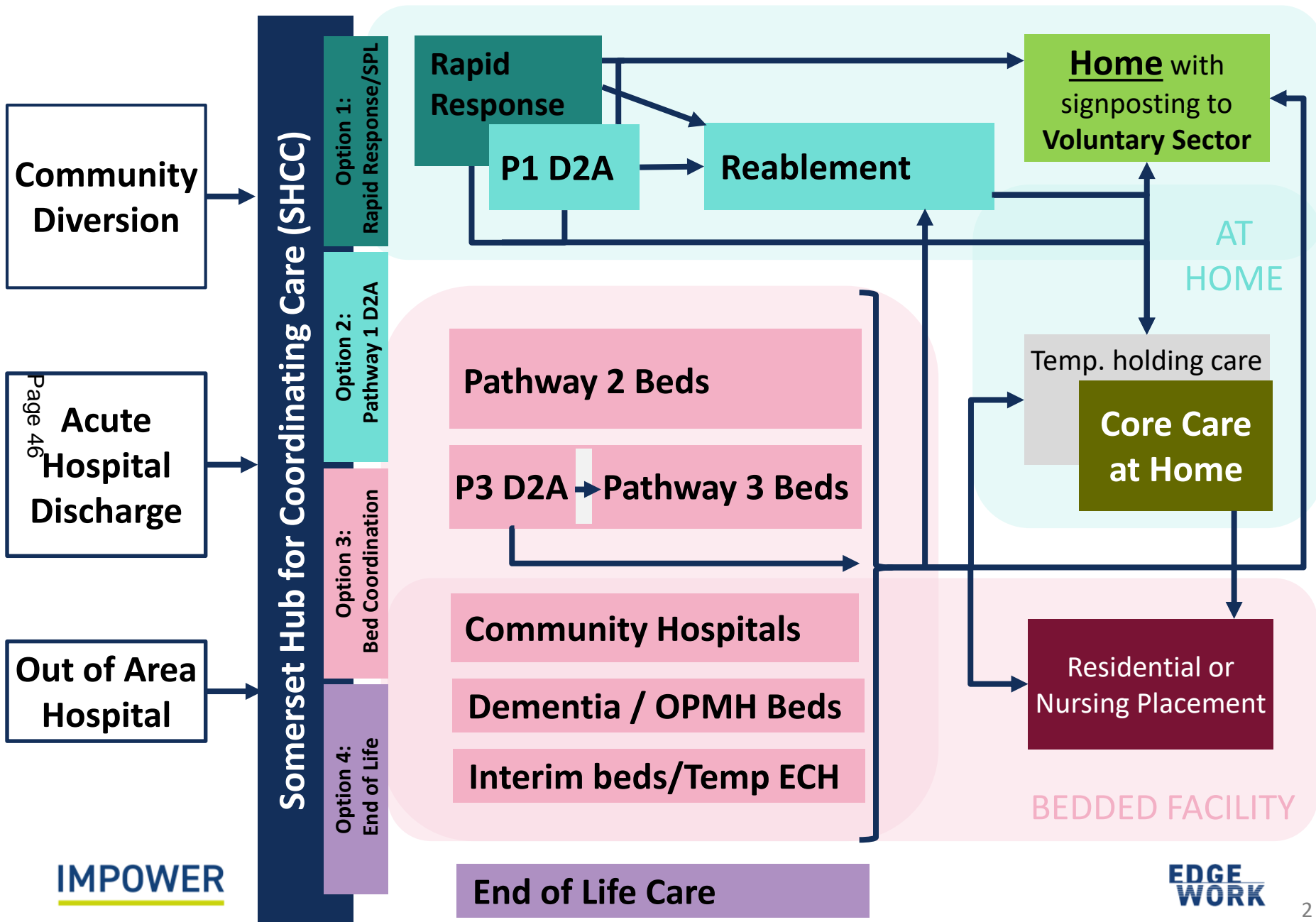
# Somerset Model for Intermediate Care – pre Covid-19

Page 45



MDTs = Multi Disciplinary Teams PDF = Practice Development Forum ● = Commissioned discharges per week ● = Commissioned beds

# Somerset Model for Intermediate Care – post Covid-19



Adopted a strength based and community led approach to managing those at risk during the pandemic

**6,350** people shielding or at risk proactively contacted by village agents, district officers and social prescribing groups

Our **Coronavirus helpline** has received **5,922** calls since going live



Over **1,000** **Emergency Food parcels** have been distributed across Somerset from District hubs in addition to **3,074 weekly Shield parcels** from central government



**130** rough sleepers have successfully moved to permanent accommodation **38** have successfully moved into permanent accommodation



## Somerset Community Connect Coronavirus Response Update

23<sup>rd</sup> March – May 31<sup>st</sup>

**2,797** new

users accessing **Community Connect website** for information and advice



**Community and Village Agents** have completed



**53,449**

**community activities** since the start of lockdown

**575**



**Microproviders** providing support to

**2,300** people with **12,075**

hours of care and support each week

Supporting **6,132**

people in the community with **sensory loss**



**58,558** items of

food delivered to people across Somerset by the

**Somerset Food Resilience Group, Community and Village Agents**



**Talking Cafes** are back online every week day, reaching an average of

**14,376**

people per week so far



Somerset Community Connect. Think Community



[@SomersetCommun1](#)

[www.somersetcommunityconnect.co.uk](http://www.somersetcommunityconnect.co.uk)



**1,300**

**volunteers**

have signed up with

**Corona Helpers**

[www.corona-helpers.co.uk](http://www.corona-helpers.co.uk)



Somerset Community Foundation's **Coronavirus Appeal** has raised **£809,000**



and so far **awarded 162 grants** worth **£445,000**



over **70** **Corona**

**Community Groups** have "popped up" across Somerset neighbours helping neighbours

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## Scrutiny for Adults and Health Work Programme – July 2020

Agenda item	Meeting Date	Details and Lead Officer
	<b>09 July 2020</b>	
Covid 19 Update (to include LD and Transformation update) CCG Covid 19 Phase 3 returning to 'normal'		Mel Lock Tim Baverstock CCG
	<b>04 or 05 August Workshop</b>	
Transitions Childrens to Adults Services		Mel Lock Julian Wooster
	<b>09 September</b>	
Fit For My Future – Integrated Care System Performance update to include Care Homes Performance Update CCG Covid 19 Update LD Transformation - Update		CCG Mel Lock Mel Lock CCG CCG Mel Lock
	<b>07 October (workshop)</b>	
Fit For My Future – subject tbc Covid 19 Update		CCG
	<b>12 November</b>	
Fit For My Future – subject tbc Somerset Safeguarding Adults Board Plan		CCG
	<b>02 December (workshop)</b>	

Items to be added to agenda : -

Liberty Protection and Best Interest (New Guidance due soon)

Housing Strategy

Dementia Report

Mental Health Transformation - Update

Strategy for people with physical disabilities

## Scrutiny for Adults and Health Work Programme – July 2020

Nursing Home Support Service – Nikki Shaw

**Note:** Members of the Scrutiny Committee and all other Members of Somerset County Council are invited to contribute items for inclusion in the work programme. Please contact Julia Jones, Democratic Services Team Leader, who will assist you in submitting your item.

[jjones@somerset.gov.uk](mailto:jjones@somerset.gov.uk) 01823 355059 or the Clerk Jennie Murphy on [jzmurphy@somerset.gov.uk](mailto:jzmurphy@somerset.gov.uk)