SERVICE CONTINUITY AND CARE MARKET REVIEW:

Please give an overview of the current contingency planning work you are doing to maintain service continuity.
This response had a 2,000 character limit so we were only able to submit a very brief summary (in blue below). However, the full narrative is also included for info. (in green below):
Somerset's contingency planning work expands on the work that we have done as a health and social care system and wherever possible looks to mitigate the potential challenges ahead. We would consider our level of risk in the market & stability of care services to be relatively low for a number of reasons: - A significant oversupply of care home beds meaning that at any given time we have in excess of 400 vacancies in our system. This means that any closures or potential closures can be dealt with quickly and our closure policy and process has been shared and copied by other regional authorities due to its robustness - Expanded our reablement and domiciliary care provision, bringing in new providers and supporting local markets and delivery. This includes our hyper local approach of having micro providers on the ground - Built on our successful Home First model to produce a larger model of intermediate care. This includes a doubling of home-based capacity - With health partners we have developed joint solutions for care provider staffing shortages - Robust and supportive oversight arrangements in place with our care provider market. We work closely in partnership with the Registered Care Providers Association (RCPA), Care Quality Commission and Clinical Commissioning Group - We have prioritised the wellbeing of our own social care workforce as well as that of providers There is no complacency though. This review document highlights areas of risk and of course the unknowns. It highlights the intended mitigation and any potential gaps or areas where the solutions are much more difficult for a Local Authority to manage on its own. Key areas of concern are: care provider workforce and Covid rates/isolation restrictions; increasing complexity in those that we support putting a strain on skills and resources and the growing demand in Mental Health services.

FULL UNABRIDGED NARRATIVE Somerset has responded well to the challenges of the current situation across both health and social care. Our contingency planning work expands on the work that we have done as a health and social care system and wherever possible looks to mitigate the potential challenges ahead. We would consider our level of risk in the market & stability of care services to be relatively low for a number of reasons: - Somerset have (and have had for a while) a significant oversupply of care home beds and this means that at any given time we have in excess of 400 vacancies in our system. This has meant that any closures or potential closures can be dealt with quickly and without fears about capacity in the market. Our closure policy and process has been shared and copied by other regional authorities due to its robustness. We do know though that occupancy and funding levels continue to reduce and this will mean that more homes will close – this impacts on existing residents and on social care resources to work closely with people and their families. The Care Home market needs a reset but some of the implications of that are complex and costly to work through even when there is more than enough capacity across the Local Authority area. - Somerset has expanded our reablement and domiciliary care provision, bringing in new providers and supporting local markets and delivery. This includes our hyper local approach of having micro providers on the ground, particularly in rural areas and a robust community support network, "Community Connect".

- Somerset has built on its successful Home First model to produce a larger model of intermediate care. For the upcoming winter, this includes a doubling of home-based capacity and support and an integrated care hub which allocates resource across social care, end of life and primary care.

- Together with health partners Somerset has developed mechanisms of support for care provider staffing wherever possible. These measures include joint community teams with NHS Community Health trusts and a temporary staffing solution, with Acute and Community Trusts, for our care provider market, enabling providers to access bank/agency staff at reduced rates, with the understanding that staff being deployed have had sufficient levels of training in-relation to infection control measures.

- 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-rated care provision in the county exceeds national and regional averages, and we work closely in partnership with the Registered Care Providers Association (RCPA), Care Quality Commission and Clinical Commissioning Group as part of our routine commissioning activity.

- We have prioritised the wellbeing of our own social care workforce as well as that of providers. In order to support the wellbeing of the workforce we have support available through Mindline in Somerset, including as a system supporting Mind in Somerset to extend its hours of operation, worked with public health to ensure that managers of care homes in particular had support, and also provided information about specific resources through our provider information webpage. Our operational care provider group has also emphasised the need to consider staff wellbeing and to highlight the options available

Despite all of the above, we are acutely aware that Covid-19 has not yet affected our area on as large a scale as elsewhere. There is no complacency. This review document highlights areas of risk and of course the unknowns. It also highlights the intended mitigation and any potential gaps or areas where the solutions would be much more difficult for a Local Authority on its own to manage. Our key areas of concern are the care provider workforce and Covid rates/isolation restrictions; increasing complexity in those that we need to support putting a strain on skills and resources and the growing demand in Mental Health services.

Our care provider workforce, as with many other Local Authorities, is fragile – it can be affected by things such as school holidays, caring responsibilities and poor wages. On the whole we have managed these generic issues well this year but clearly a widescale spread of infections or the need to isolate within this workforce could lead to reduced services or a sector that cannot meet demand. We are aiming to mitigate this through some of the successful initiatives mentioned earlier as well as a robust and supportive roll out of the infection control grant funding, with tracking and reporting mechanisms and webinars for advice and guidance. Somerset has also relaunched its Proud to Care Initiative, this has included an updated website, where providers can upload job vacancies, a social media campaign focussing on encouraging people into the care sector and the need for additional carer capacity to support with winter pressures.

Somerset is seeing an increase in contacts to social care but also a change in presentation and an increase in complexity (and therefore cost). We can see that this is partly due to restrictions on movement and some support mechanisms being unable to open such as day respite and other solutions but we can also see that increasing numbers of people are seeing their conditions worsen due to restricted access to health services and the self-imposed isolation of the last 6 months. We have focussed our solutions in line with our strategy of preventative support with plans in place to ensure we are able to step up local support if a local lockdown / shielding is introduced. This includes making welfare checks to those on the CEV (shielding) list who self-register as needing support on the government website. We will continue to utilise our established village agent and social prescribing organisations to support this. In line with this we have also made provision to ensure that we can support people who are shielding to access essential supplies. We have an active Corona Helpline operating 7 days a week that will in the first instance encourage people to find support within their personal network of family and friends, they also have access to supermarket priority shopping deliveries and can support people to sign up. For people who need emergency food support we are working with school caterers, foodbanks, village agents and Citizens Advice to ensure that we have access to food and provide wrap around support to enable people to become self-sufficient.
We also recognise the fragility of people's mental health and are seeing evidence start to come through of the impacts on this. A further uptick in working age mental health crisis or complex cases would push the whole health and care system to its limit in this area and could lead to harm or longer-term dependency. We have a raft of early support options, supporting an open mental health support approach and need to maximise their reach but we also need to be prepared for serious care breakdown. We

health support approach and need to maximise their reach but we also need to be prepared for serious care breakdown. We pledge to continue our support to acute Mental Health ward capacity with joint health and care step up and step-down Mental Health facilities. We are though worried about the longer-term impact on services, complexity, suicide risks and dementia.

Our Adult Social Care Winter plan will describe all of our actions and contingencies in more detail. It will include many other plans around how to mitigate potential risks and contingencies available should we be unable to do so. This includes joint working with health, public health and voluntary sector colleagues in our county covering areas such as testing; unpaid carer support; direct payment support; care act requirements (and easements) regular reviews; continuity of safeguarding and quality and local/regional/national support. This assurance document highlights our confidence in our planning but also some of the issues which, if circumstances change significantly, could impact on our ability to deliver all of our services.

SECTION 1 - UNDERSTANDING RISK

The purpose of this question is to understand the council's assessment of risk across different service types for both council funded and self-funded people. You will be asked to assess risks to capacity and sustainability in all types of service provision.

1. Using local intelligence and your knowledge of the market and current challenges, what is your level of concern about the ability of the local care market to provide the capacity needed between now and the end of March 2021? Each level of concern relates to the council's ability to ensure service continuity and / or secure appropriate alternative provision where needed.

Please use the following guidelines to indicate your level of concern:
Extremely concerned - A point of crisis that compromises our ability to ensure continuity of care has already been reached, or is expected to be reached before Christmas (between now and 15/12/2020),
Moderately concerned - Expect to reach a point of crisis that compromises our ability to ensure continuity of care between Christmas and the end of March 2021 (between 15/12/2020 and 31/03/2021),
Somewhat concerned – Expect serious challenges which may compromise our ability to ensure continuity of care between now and the end of March 2021,
Slightly concerned – Expect serious challenges between now and the end of March 2021, but are confident that these will be addressed through our plans to ensure continuity of care is not compromised,
Not at all concerned - Given current knowledge, intelligence and plans we don't expect to face a crisis or serious challenges in relation to continuity of care before the end of March 2021.

Level of concern					Further comments - please add further comments as necessary (1)
Extremely concerned (1)	Moderately concerned (2)	Somewhat concerned (3)	Slightly concerned (4)	Not at all concerned (5)	

Nursing Care (1)				x		No issues with supply of beds. Only concern would come from a large workforce exposure to covid or isolation. We are mitigating this by having a joint health and care bank resource on stand by
Residential care - older people (2)				x		No issues with supply of beds. Only concern would come from a large workforce exposure to covid or isolation. We are mitigating this by having a joint health and care bank resource on stand by
Residential care - working age adults (3)				x		No issues with supply of beds. Only concern would come from a large workforce exposure to covid or isolation. We are mitigating this by having a joint health and care bank resource on stand by
Home care (4)			x			Domiciliary care struggles to recruit enough carers even without covid. Any impact on workforce having to isolate therefore compounds this problem. We have stepped up recruitment and retention work with our provider market

Home based reablement (5)			x			Domiciliary care struggles to recruit enough carers even without covid. Any impact on workforce having to isolate therefore compounds this problem. We have stepped up recruitment and retention work with our provider market
Supported living or extra care housing (6)				x		Again - this would only be an issue with significant workforce infection/isolation rates
Support provided through direct payments (7)					x	communication with the micro provider network has increased allowing us to support individuals with finding alternative support
Other (please specify) 1 (8)						
Other (please specify) 2 (9)						
Other (please specify) 3 (10)						

The purpose of this question is to understand the council's view on the underlying causes of the risks highlighted in Q1. The key measurement relates to the requirements of the Care Act as it applies to continuity of care for the provision for both council commissioned services and self-funded care.

2. (a) Using the prompt list of challenges, please assess the extent to which you feel they will present a risk to your council meeting its duties and responsibilities under the Care Act, between now and end of March 2021.

Please provide a number between 1 and 3 for each challenge and for each type of care, where the numbers signify the following:
1- It will present a risk to the service area in question to a great extent,
2- It will present a risk to the service area in question to a moderate extent,
3- It will present a risk to the service area in question to a small extent.

Please leave any of the boxes blank where you feel there is no notable risk to the service area.

	Nursing Care (1)	Residential care - older people (2)	Residential care - working age adults (3)	Home care (4)	Home based reablement (5)	Supported living or extra care housing (6)	Support provided through direct payments (7)
Recruitment of care staff (1)	3	3		2	2		
Retention of care staff (2)	3	3		2	2		
COVID-19 - Staffing (3)	2	2	2	2	2	2	2
COVID-19 - Infection control (4)							
COVID-19 - Access to testing (5)	2	2	2	2	2	2	2
COVID-19 - Zoning and cohorting (6)							
Fee rates (7)	3	3		3	3		3

Provider costs (8)	3	3	3	3	3	3	3
Safeguarding issues (9)							
Quality issues (10)	3	3	3	3	3	3	
Insufficient local provision (13)				2	2		
Insurance issues (14)	3	3	3				
Voids (15)							
Other (please specify) 1 (11)							
Other (please specify) 2 (12)							
Other (please specify) 3 (16)							

2. (b) Please add any further general comments as necessary to expand on your responses above.
Capacity in the overall care market has been solid in Somerset. There is evidence of increased financial pressure on care home providers with inflated insurance premiums and less occupancy being cited as two of the main issues. Domiciliary care is always tight due to recruitment in the sector and therefore any Covid impact on that staffing group would impact hugely on care provision for people in their own homes. Direct payments are still needing double funding in some cases to keep closed providers solvent and provide alternative care and support to the service user.

This question is about your view of if the council will reach a tipping point, when and what will be the cause of this. You should use your own interpretation of what a tipping point looks like locally, but the tipping point is likely to be signified by, for example a crisis in the local social care market and/or the council taking the view that they can no longer reasonably expect to be able to access the type and level of provision needed to meet the social care needs of local people. The question asks you to provide a judgement on if you feel a tipping point will be reached locally, the scale of change that would lead to this tipping point and the main cause of this change.

3. In thinking about your response to Question 1, please could you indicate below what scale of change you feel would precipitate a tipping point, beyond which the council's ability to ensure service continuity and/or secure alternative provision where needed for that service area would be critically compromised. The type of change could be due to increased demand, reduced access to provision or a combination of both. This includes the provision for both council commissioned services and self-funded care.

		Nursing Care (1)	Residential care - older people (2)	Residential care - working age adults (3)	Home care (4)	Home based reablement (5)	Supported living or extra care housing (6)	Support provided through direct payments (7)
In your opinion what is the scale of change that would lead to a tipping point between now and the end of March 2021?	Net reduction in availability of suitable provision of less than 10% (1)							
	Net reduction in availability of suitable provision of between 10 - 20% (2)				X	X		
	Net reduction in availability of suitable provision of over 20% (3)	X						

	Other trigger point (please specify) (4)							
What do you anticipate would be the most likely cause of the net reduction that would lead to a tipping point between now and the end of March 2021?	Predominantly due to increased demand for support (1)							
	Predominantly due to a decrease in access to suitable provision (2)							
	A combination of increased demand and a decrease in access to suitable provision (3)				X	X		
	Other trigger point (please specify) (4)							

What support or actions do you feel are necessary? Please include any actions needed now and/or at the tipping point				A focus on recruitment and retention in the sector. Paying providers differently to gurantee income and therefore employ staff on regular wage and hours. We have joined up with the sector around our proud to care recruitment initiative and in current job climate it would be useful for care to be promoted as a key career (as important as NHS)	As homecare but additionally require flexibility of community health support as happened in Covid and rapid suspension of normal non essential health pathways/support if required to support people in their own home		
Any further comments							

SECTION 2 - CONTINGENCY PLANNING:

The purpose of this question is to understand the specific steps councils have taken in relation to policy and practice, to prepare for provider service change or closure.

4. To what extent do you have in place or use the following measures, plans and contingency approaches to reduce the risks to continuity of care from provider failure?

Please provide a number between 1 and 3 for each measure and for each type of care, where the numbers signify the following:

1 - The measure is in place within the service area **to a great extent.**
2 - The measure is in place within the service area **to a moderate extent.**
3 - The measure is in place within the service area **to a small extent.**

Please leave any of the boxes blank where the measure is not in place at all within the service area. Where a measure has been used in different service areas, please use the numbers to help differentiate the scale of support provided.

a. Local authority funded care and support

	Nursing care (1)	Residential care - older people (2)	Residential care - working age adults (3)	Home care (4)	Home based reablement (5)	Supported living or extra care housing (6)	Support provided through direct payments (7)
Use of IPC funding (1)	1	1	1	1	1	1	1
Other financial support (2)	3	3	3	3	3	3	3
Contractual support (3)	3	3	3	3	3	3	
Other support (4)	1	1	1	1	1	1	2
Access to additional provision (5)	2	2					

Changes to how people are supported (6)					1		2
Other (please specify) (7)							

b. Self-funded care

	Nursing care (1)	Residential care - older people (2)	Residential care - working age adults (3)	Home care (4)	Home based reablement (5)	Supported living or extra care housing (6)	Support provided through direct payments (7)
Use of IPC funding (1)	1	1	1	1	1	1	1
Other financial support (2)	3	3	3	3	3	3	3
Contractual support (3)							
Other support (4)	1	1	1	1	1	1	2
Access to additional provision (5)							
Changes to how people are supported (6)							2
Other (please specify) (7)							

The purpose of this question is to understand the steps the council has taken in developing their contingency plans and, crucially, partners' involvement.

5. (a) What policy and practice arrangements do you have in place in the event where a provider closes, or alternative provision needs to be made for other reasons?
This includes the provision for both council commissioned services and self-funded care

	People supported through council commissioned care			People supported through self-funded care		
	Yes, already in place (1)	Arrangements in progress (2)	No, not in place (3)	Yes, already in place (1)	Arrangements in progress (2)	No, not in place (3)
Policy (e.g. transfer arrangements) (1)	X			X		
Partnership (e.g. data sharing agreement with providers) (2)	X			X		
Other (please specify) (3)						

5. (b) Please add any further general comments as necessary to expand on your responses to 5. (a) above.
A fully tried and tested closure policy - as well as contingency plans including a "provider of last resort" arrangement

The purpose of this question is to understand the steps the council's view of risk to service continuity, in light of the actions they are taking.

6. To what extent have the following local or partnership arrangements for managing and responding to risks been part of your contingency planning approach?

	To a great extent (1)	To a moderate extent (2)	To a small extent (3)	Not at all (4)
Working with partners (e.g. other councils, the region, service users, providers, Healthwatch, HWB, LRF) (1)		X		

Information and intelligence (e.g. regional market intelligence, CQC, safeguarding, QA, etc.) (2)	X			
Other (please specify) (3)	X			

6. (b) Please add any further general comments as necessary to expand on your responses above.
Other = A joint Care Sector cell approach - monitoring risk and activity - including providers, CQC, CCG, ASC and PH Somerset listening and responding to care homes (LARCH) Team supporting care homes and escalating issues such as testing /staffing/ PPE. Quality assurance and safeguarding teams adapted to using technology and operating as close to BAU. Regular provder briefings sent by email and avalible on SSAB website. Care provider cell meetings to share good practice and escalate risks. Improved information sharing across organisations to support better risk management, enabling a more joined up response. Regular meetings and feedback with CQC to inform provider risks.

SECTION 3 - SUPPORT

The Purpose of this question is to give councils an opportunity to highlight the three issues of greatest concern and explain likelihood, timing and support plans.

7. (a) What are the three most significant issues that cause you concern as a risk to your ability to deliver on Care Act responsibilities / continuity of care between now and the end of March 2021?

Please describe below the issues that cause you most concern:

	How confident are you that your mitigation and contingency plans will minimise/address this risk?				Please describe the point at which you would consider this issue to be a critical point (i.e. beyond which there is a significant risk to continuity of care)	What support or actions do you feel are necessary? (please include details of actions needed now, and/or at the critical point)
	Very confident (1)	Fairly confident (2)	Not very confident (3)	Not at all confident (4)		
Care provider workforce (Covid & Isolation volume)		X			A loss of over 10% of the care provider workforce would put out support at home and home first discharge models at risk	Infection Control funding to be held by providers for staffing issues only (may not all be spent immediately). Continue joint staff replacement "bank" options and consider any health tasks that can be stood down again to support if needed
Increase in volume and dependancy of those requiring support		X			The risk of an increase in vulnerable shielders and those who have carers becoming elegible for social care is increasing with lockdown and limited community services. In addition those who we are supporting are showing increased complexity and therefore increased need and fees	County wide vunrable cell stood up. Front door support and commuity connect model has been ongoing for four years so a resilent model of delivery. Joint health and social care Carers support service working closley with voluntree sector.
Mental Health demand		X			A further uptick in working age mental health crisis or complex cases would push the whole health and care system and could lead to harm or longer term dependency. We have a raft of early support options and need to maximise their reach but also need to be prepared for serious care breakdown	There have been significant positive changes in the delivery of NHS and Social Care Mental Health services, widening access and prevention services. However if formal clinical support is required there are still resource issues and responsiveness without delays needs to be supported

7. (b) Council narrative - Please provide a narrative that reflects the situation in your local area, particularly highlighting any points you feel have not already been covered in previous responses.

Somerset does not require additional capacity in care home beds or locations. Indeed we would like the current capacity to reduce further. We are investing in support at home, including unregulated community support services and need messaging and health options to reflect this. Support at home and community support has been neglected by much of the guidance and support during the pandemic but we need to encorage growth in this workforce, supoort career pathways, link to NHS and PCN's. More individual options and personal budgets rely on funding being available (individual day support is more expensive than group ones for example but can be much more personal and promote better outcomes and choice) or a robust community sector (which has been decimated by Covid with lack of volunteers and income).

The purpose of this question is to understand what type of support a council would most want and when this may be required.

8. (a) What further support would you want to see in place to help you deal with the expected service continuity challenges between now and the end March 2021? Please include support from, for example the Care and Health Improvement Programme (CHIP), including the LGA and ADASS, neighbouring councils and others within your region, the Department for Health and Social Care. If there is a specific delivery channel that is not clear in the type of support detailed, please expand in the comments alongside.

	When will this support be needed?				**Additional comments (please provide any comments to expand on this if needed)**
	Needed urgently (1)	**Needed within the next three months (2)**	**Needed in response to a specific event (e.g. a tipping point) (3)**	**Not needed (4)**	
Legislative (e.g. Market oversight) (1)					
Flexible funding (2)		X			
Peer support (3)			X		
Market intelligence (4)		X			
Other (please specify) (5)					

8. (b) Please add any further general comments as necessary to expand on your responses above.