

Scrutiny for Policies, Adults and Health Committee (virtual meetings from May 2020 due to Coronavirus)

Thursday 12 November 2020

10.00 am Microsoft Teams Meeting



SUPPLEMENT TO THE AGENDA

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

We are now able to enclose the following information which was unavailable when the agenda was published:

Item 6	Winter Planning – Report and appendices (Pages 3 - 62) To consider the report and appendices.
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Democratic Services, County Hall, Taunton

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Adult Social Care Winter Plan

Lead Officer: Mel Lock, Director of Adult Social Services and

Author: Tim Baverstock, Deputy Director & Stephen Miles, Service Manager

Cabinet Member: Cllr David Huxtable, Cabinet Member for Adult Social Care

Division and Local Member: All

1. Summary

- 1.1. The Department of Health and Social Care (DHSC) published its Winter Plan on 18/09/2020. It is divided across four themes and sets out actions for Local Authorities (LAs), Clinical Commissioning Groups (CCGs) and health and social care providers.
- 1.2. All LA's are required to confirm to the DHSC that they have produced their own Winter Plan by 31/10/2020. This is a new requirement and is in addition to the usual health and care joint winter planning process.
- 1.3. The attached Adult Social Care Winter Plan for Somerset has been aligned with the actions required by LA's detailed in the DHSC plan. It also takes the opportunity to highlight additional work that has been undertaken by both the LA and wider system to date, that will continue during the winter period or which it is planned to undertake
- 1.4. Links to County Plan: "*Protect vulnerable children and adults and support them to reach their potential*"
- 1.5. The Winter Plan references current and previous work on two related returns, namely the Service Continuity and Care Market Review and the Infection Control Grant. Both are included in this presentation for completeness.

2. Issues for consideration / Recommendations		
2.1.	1	That the Scrutiny for Scrutiny for Policies, Adults and Health Committee receives and considers the Adult Social Care Winter Plan for Somerset
	2	That the Scrutiny for Scrutiny for Policies, Adults and Health Committee supports the actions contained in the Adult Social Care Winter Plan for Somerset
	3	That the Scrutiny for Scrutiny for Policies, Adults and Health Committee notes the risks to the system during the coming winter period
2.1.	Reason for recommendations: The purpose of this report is to present the Adult	

3. Background

- 3.1.** The Department of Health and Social Care (DHSC) published its Winter Plan on 18/09/2020. It is divided across four themes and sets out actions for Local Authorities (LAs), Clinical Commissioning Groups (CCGs) and health and social care providers.
- 3.2.** All LA's are required to confirm to the DHSC that they have produced their own Winter Plan by 31/10/2020. They do not have to submit it. This is a condition of the Infection Control Fund extension, which has allocated £ 7,123,388 to Somerset. In addition to this LA's have also been asked to complete a Service Continuity and Care Market Review (SCCMR) and have strict new reporting requirements for the Infection Control Fund.
- 3.3.** The DHSC plan contains 77 actions for LAs. While many of these cover existing initiatives, and therefore do not represent uncharted work for the LA, there are some additional requirements that specifically relate to the DHSC actions.
- 3.4.** Overall, there is a focus on collaborative, partnership working across the system and sharing information with providers, as has been happening in Somerset for many months through a combination of webinars, weekly briefings and a provider information webpage.
- 3.5.** The Somerset Adult Social Care Winter Plan has been structured around the same themes as the DHSC plan. These are:
 - Preventing and controlling the spread of infection in care settings
 - Collaboration across health and care services
 - Supporting people who receive social care, the workforce, and carers
 - Supporting the system

It covers all actions for LAs contained in the DHSC Winter Plan:

- Some are a simple confirmation, for example that the Infection Control Fund allocation has been distributed
- Others contain more detailed information on the actions we have taken, will continue or plan to take

In addition, it also takes the opportunity to highlight the work that has been undertaken by both the LA and wider system

4. Consultations undertaken

- 4.1.** The plans have been finalised with colleagues from the local NHS; regional LA colleagues; SLT and through our weekly feedback from providers of social care.

5. Implications

5.1. Financial implications: Failure to confirm to the DHSC that Winter Plan is in place would place SCC in breach of the conditions of the Infection Control funds which, in line with government requirements, it has already begun distributing to eligible providers.

Any other financial implications either relate to the resources required to specific actions, for example in relation to the administration of the Infection Control Fund in order to demonstrate compliance with its conditions or relate to work that was already in place or underway that has been included within the plan.

5.2. Legal implications: None

5.3. Partner organisations: The Somerset Plan includes contributions from partner organisations, and recognises that a system wide response will be required during the coming winter period.

5.4. Equalities Implications: This Adult Social Care winter plan has not been impact assessed. This is because it draws together initiatives that were already underway and, where required, impact assessed in their own right into a single document to cover the winter period. Where it includes new actions they are, for example, in relation to the provision of information to providers, which do not have equalities implications.

5.5. Risk Assessment: This coming winter period is likely to be extremely challenging for the entire system. While Somerset has, to date, seen relatively low number of Coronavirus cases the numbers are rising. Coupled with normal winter pressures we expect the system to experience unprecedented levels of stress if current trends continue. Specific risks are laid out in section 6 of Appendix A and, in summary, include:

- Our care provider workforce, as with many other Local Authorities, is fragile – it can be normally be affected by things such as school holidays, caring responsibilities and poor wages. This is heightened by isolating, shielding and Covid related sickness during the pandemic.
- Somerset is seeing an increase in contacts to social care but also a change in presentation and an increase in complexity (and therefore cost), particularly in relation to the care of people with dementia.
- We also recognise the fragility of people's mental health and are seeing evidence start to come through of the impacts on this on those of all ages.

6. Background papers

6.1. Appendix A, Service Continuity and Care Market Review
Appendix B, Infection Control Grant (Round 1) DCLG return

Appendix C, Adult Social Care Winter Plan 2020/21

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

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 case breakdowns. We

nearby 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	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				
Verdicts (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)							
<p>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?</p>	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)							

<p>What support or actions do you feel are necessary? Please include any actions needed now and/or at the tipping point</p>				<p>A focus on recruitment and retention in the sector. Paying providers differently to guarantee 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)</p>	<p>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</p>		
<p>Any further comments</p>							

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		
	Yes, already in place (1)	Arrangements in progress (2)	No, not in place (3)
Policy (e.g. transfer arrangements) (1)	X		
Partnership (e.g. data sharing agreement with providers) (2)	X		
Other (please specify) (3)			

	People supported through self-funded care		
	Yes, already in place (1)	Arrangements in progress (2)	No, not in place (3)
	X		
	X		

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 available 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 dependency of those requiring support		X			The risk of an increase in vulnerable shielders and those who have carers becoming eligible 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 resilient 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 encourage growth in this workforce, support 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.

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Local Authority (please select)	Allocation of Infection Control Fund received in £ as of 23rd Sept 2020	Allocation of Infection Control Fund dispensed in £ as of 23rd Sept 2020	How much of your allocation of the Infection Control Fund in £ will be unspent at 30th Sept 2020	Please confirm whether your LA allocated 75% funding straight to Care Homes within the Local Authority's geographical area	Please indicate the number of providers who have received funding			How many Care Homes or other providers have used funding for this purpose so far?					What proportion (%) of the LA's allocation has been spent on this measure? Total must equal 100%					Reporting Officer			
					Care Homes	Domiciliary Care	Others	Measures to isolate residents within their own Care homes	Actions to restrict staff movement within Care Homes	Paying staff full wages while isolating following a positive test	Other (Methods of infection control)	Measures to isolate residents within their own Care homes	Actions to restrict staff movement within Care Homes	Paying staff full wages while isolating following a positive test	Other (Methods of infection control)	Data Validation	Name	Contact No	Email Address		
Somerset	£8,323,000.00	£8,323,000.00	£0.00	Yes	195	72	21	144	135	135	201	We have only been approving staff related infection control measures as per the guidance on 75% of the funding. Examples other than paying for isolating have included changing facilities; transport support and home reconfigurations for the isolation of residents, visiting and a dedicated staff team. Providers in receipt of the 25% have used their funding more flexibly on cohorting staff; PPE change time; separate travel and area restrictions. We have also supported our flu immunisation engagement and programme; intermediate care, day services, respite services, micros providers and community/VCSE work with this funding.	19%	23%	15%	42%	We have only been approving staff related infection control measures as per the guidance on 75% of the funding. Examples other than paying for isolating have included changing facilities; transport support and home reconfigurations for the isolation of residents, visiting and a dedicated staff team. Providers in receipt of the 25% have used their funding more flexibly on cohorting staff; PPE change time; separate travel and area restrictions. It is encouraging to see well over 50% being spent on staff and this has served us well with individual positive staff cases being quickly isolated and paid to remain off work	100%	Tim Baverstock	07977 401916	TDBaverstock@somerset.gov.uk
1. Please complete the Infection Control fund returns form																					
2. Select your Local Authority and response from the Drop Down List (boxes A3 and E3)																					
3. Please enter your data in the relevant boxes (NO blanks, enter "0")																					
4. Select "Email Return" button and send to DHSC (Outlook users - Outlook will generate the email, just press send in Outlook as the email address is automatically generated)																					
4a. For those that do not have Outlook as your default email client please save the file as: ASC Infection Control Fund-Somerset Then email to mailto:sfinance-enquiries@dhsc.gov.uk																					
5. Thank you for your assistance and response																					

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ASC Winter Plan

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1 Executive Summary

The aim of the winter plan is to ensure that the Somerset system is aligned and ready to manage the pressure this winter will bring. As new guidance is produced the plan and actions associated with this will continue to be developed, but the basic principles of supporting individuals at home and maintaining people's independence is at the heart of everything we do. In Somerset we have developed great working relationships and collaboration across the health and social care system, this includes our micro providers and our voluntary sector. Over the past few years Somerset has developed new models of care, new ways of working and the pooling of resources which has and enabled us to deliver a robust winter plan.

As you will see the plan covers four areas:

- Prevention and controlling the spread of infection in care settings
- Collaboration across health and care services
- Supporting people who receive social care. the workforce and carers
- Supporting the system

This winter plan has been coproduced with the Somerset system and together we are confident that we can deliver this plan.

2 Introduction

Supporting social care providers has been a key priority for Somerset County Council and its stakeholders throughout the Covid-19 pandemic. In recognition of the vital role our care sector plays in our collective system resilience, we will seek to offer whatever support we can to minimize the risk of provider failure during the Covid-19 crisis and, crucially, offer additional protection to those individuals reliant on our local provision.

Somerset County Council prides itself on having 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 (CQC) and NHS Somerset Clinical Commissioning Group (Somerset CCG) as part of our routine commissioning activity.

Building on pre-existing work supporting neighbourhoods and localities, the Somerset health and care community, together with key voluntary sector partners, established stronger, collaborative, arrangements to respond to Covid-19. This included the introduction of new ways of working across organisational boundaries to support the most vulnerable people in our community and reduce inequalities. It also enhanced already close and flexible working arrangements across our system.

The health and care system has also learnt how resilient and resourceful people and communities can be when provided with the right conditions, tools or support. Direct payments and personal budgets have been able to be used flexibly by people to continue to meet their needs when traditional services were unable to. People and families found their own solutions that best suited their needs and didn't require intervention or over-prescriptive monitoring.

Together with our Public Health and Somerset CCG colleagues, Adult Social Care has been working hard with care homes and community 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 Covid-19 during the summer months. Now, as we enter the winter, this Adult Social Care Winter Plan sets out our forward plans in recognition that this will be a challenging period, and that we will need to do everything we can to support care providers and the most vulnerable people in our community.

3 Preventing and controlling the spread of infection in care settings

3.1 System-wide actions

We recognise that controlling the spread of infection in care settings, and responding to any outbreaks as they occur, has to be considered across the system. In addition to the specific areas of action outlined in the sections below we will:

- Continue to maintain a provider information [webpage](#) which gives care providers a single site through which they can access any information relating to Covid-19. This includes up-to-date national and local guidance, best practice and resources for care providers to use, as well as recordings of webinars for those who were unable to attend them live. This will be updated regularly and accessible to all care providers.
- Provide a single point of contact for all Covid-19 related matters: ASCCOVID19@somerset.gov.uk.
- Work with partners, including Public Health England and the local health protection board, to control local outbreaks as laid out in the [Local Outbreak Management Plan for Somerset](#).
- Continue to work with local partners to support care homes. This will include, where appropriate, supporting them to carry out proportionate learning reviews after an outbreak to identify and to share any lessons learnt at local, regional and national levels.

3.2 **Managing staff movement**

3.2.1 **The Infection Control Fund**

The extended Infection Control Fund has been distributed, with 80% of the fund allocated to care homes and CQC registered community care providers in line with guidance provided by the Department of Health and Social Care (DHSC). The remaining 20% of the fund will be used to provide additional financial support where a specific need is identified that meets the conditions of the fund by the Local Authority, for example:

- To support non-CQC registered providers
- Provide support to respite and day services to put arrangements in place to reopen
- To respond to any other immediate or identified Infection Control issues.

The following arrangements have been put in place to ensure that the funding has been used in line with grant conditions:

- Care providers have been provided with written information from the DHSC detailing what the grant can and cannot be used for.
- Care Providers have been asked to confirm their agreement to the terms laid out by the DHSC, including the reporting timescales.
- Arrangements have been put in place to collect and collate the information returned from care providers for submission to the DHSC by the required deadlines.

3.2.2 **Redeploying staff and managing their movement**

Somerset County Council recognises the importance of implementing workforce measures to limit Covid-19 infection, and from the beginning of the pandemic has supported care providers to access the relevant guidance, and encouraged them to make appropriate use of additional funding to support initiatives that focus on this. In addition to the support already provided, we will:

- Continue to work with providers to emphasise the importance of infection prevention and control (IPC) in weekly provider briefings, through our dedicated provider information [webpage](#), webinars and on-line training opportunities that are made available to the system. Where we have concerns about an individual provider approach we will, as a system, work directly with the provider using quality assurance processes. This includes support from Somerset CCG's IPC Team if required.
- Encourage providers to take up the additional funding that is available, and continue to provide them with guidance on how it can be best used to support their individual circumstances.

- Continue to actively monitor Capacity Tracker data to identify and act on emerging concerns regarding staff movement between care settings, including following up with care providers who are not limiting staff movement.
- Provide all providers with access to up to date, national guidance, local processes and resources through our dedicated provider information [webpage](#).

Additionally, Somerset County Council will continue to review contingency arrangements to help manage staffing shortages within social care provision through the winter, with the aim of reducing the need for staff movement, including:

- Providing care providers with guidance on redeploying staff, and managing their movements, in order to reduce these movements and the associated risks of infection.
- Supporting providers to access other initiatives – for example the local arrangements for emergency and temporary staffing (detailed in 3.2.3) and the Proud to Care initiative (detailed in 5.6.3), which we have highlighted to providers through our weekly briefing.
- Ensuring that the information held of individuals in receipt of Local Authority-commissioned care is up-to-date, and includes levels of informal support available to individuals, to inform planning during an outbreak.
- Working with care providers to identify people who fund their own care, and help providers to establish the level of informal support that is available to each individual, to inform planning during an outbreak.
- Keeping in regular contact with care providers operating in Somerset to facilitate plans for mutual aid across the area, where this is necessary.
- Working with local community services, primary care providers and the voluntary sector to support care provision.
- Continue to regularly monitor the situation through our operational and strategic Care Sector Cells that include representation from across the system including Somerset CCG, care providers and General Practitioners (GPs) and well as senior managers for the Local Authority.

3.2.3 **Temporary staffing**

In collaboration with our acute hospital trust colleagues, Somerset County Council has established a temporary staffing solution that is available to 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. In addition to being promoted through our [webpage](#) and weekly provider briefings, a poster and postcard has been developed to promote the service and distributed to care providers.

The Temporary Staffing Team at Somerset NHS Foundation Trust is taking the lead role in the coordination of this service, which includes bringing back staff where

appropriate. With a skilled team that have access to a wide range of bank and substantive colleagues, as well as bank reward schemes that can be used to promote specific vacancies and an in-house Lead Nurse service that can provide clinical advice and guidance, the service is well-equipped to support provider staffing needs when internal solutions have been exhausted. These arrangements, which provide access to a joined-up collaborative bank between health and social care providers, will remain in place throughout the winter.

The current process for accessing the collaborative staffing solution has been published on our provider information [webpage](#).

3.3 **Personal protective equipment**

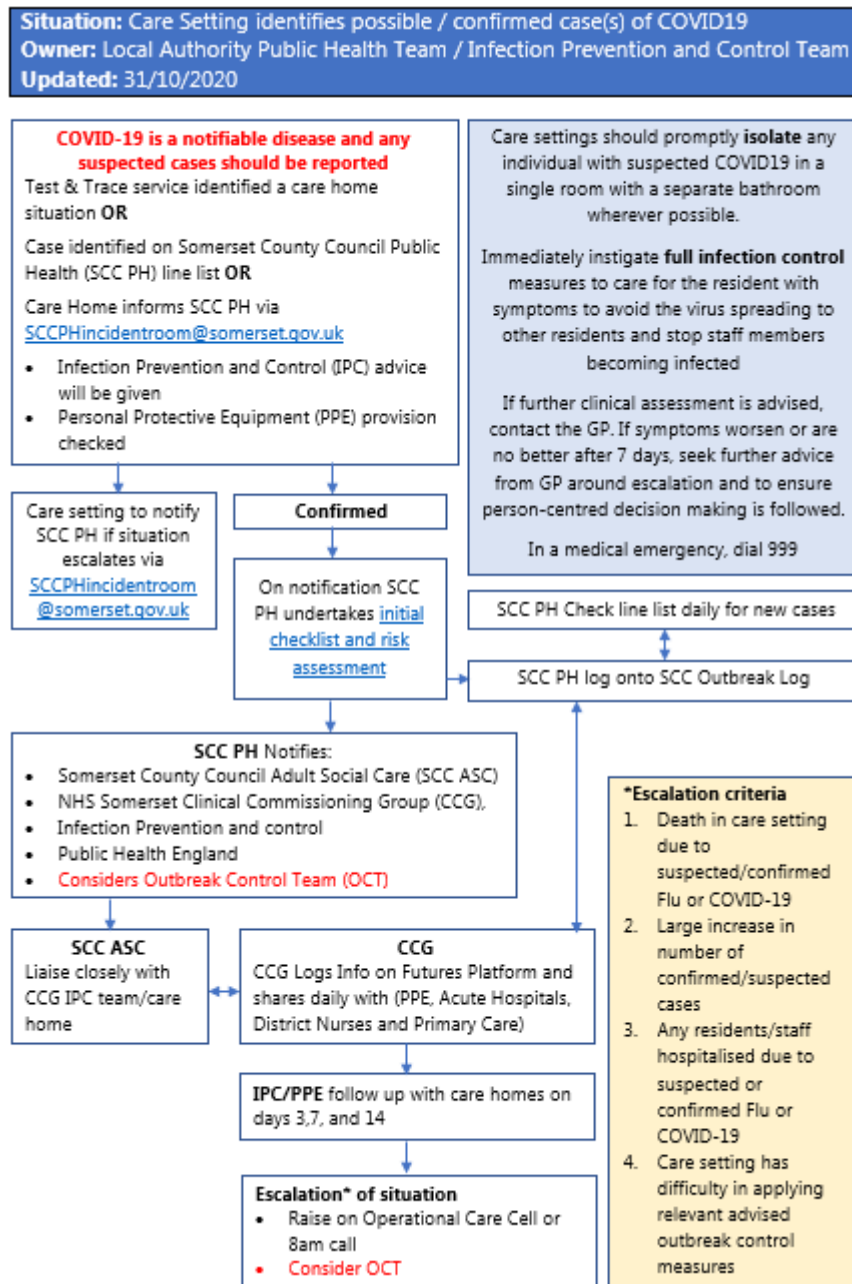
Reliable access to personal protective equipment (PPE) is key for all providers and staff in the local system, and from early on in the pandemic the Local Authority coordinated work within the County to both identify demand for, and supply, PPE at no charge where providers were experiencing difficulties in securing it themselves. We have promoted the [PPE portal](#) and provided providers with guidance on the use of PPE through our [webpage](#), regular briefings and webinars. During the winter period we will:

- Continue to promote local and national guidance on PPE and IPC through our [webpage](#), provider briefings and webinars, including recommendations for those providing support to people with learning disabilities or autism.
- Continue to share the council's guidance for its own staff with providers to use, should they wish to.
- Promote training opportunities for providers in the use of PPE
- Continue to encourage providers to access the national PPE Portal
- Continue to offer a local supply option to those providers who have not been able to secure PPE themselves or from the national PPE Portal
- In the event of an urgent need for PPE stocks being identified that cannot be resolved locally, access the National Supply Disruption Response (NSDR).
- Actively encourage providers to report shortages via Capacity Tracker and/or the CQC Community Care Survey.

3.4 **Covid-19 testing**

We recognise the importance of access to testing for all providers in the local system is key to both provider confidence, and our ability to understand the spread of the virus and take local action to suppress transmission. From early on in the pandemic we have sought to keep providers informed of local and national processes, and the importance of engaging with testing, through information on our provider information [webpage](#), in our briefings and through webinars that have included briefings from Public Health staff, which will continue during the winter period.

Our current outbreak notification process, which has been published on our provider information [webpage](#) and regularly updated to reflect changes to guidance, and promoted across the system is shown below:



Throughout the winter Public Health Somerset will continue to monitor all outbreaks and trends, and act on emerging concerns, including following up with care homes that are not undertaking regular testing or whose responses to the Care Home Tracker give cause for concern. Any outbreaks that emerge will continue to be responded to rapidly in line with our [Somerset Local Outbreak Management Plan](#) and a daily dashboard will continue to be published highlighting the prevalence of the virus within the County in order to inform specific responses in local areas.

3.5 **Seasonal flu vaccines**

As a system, we have emphasised to providers that it is vital that as many staff as possible within the health and social care sector access this year's flu vaccine programme. This enables us to protect the social care workforce, reduce the possibility of transmission to high risk groups, and supports the wider efforts to protect NHS resources ahead of the winter period. We have actively promoted Public Health England's [Flu Campaign](#) and the various options through which vaccinations can be accessed, to both the Council's own staff and externally to providers.

We have provided information on our provider information [webpage](#) that included a training opportunity for care home staff on vaccinations, hosted a number of webinars, circulated weekly Provider Briefings and have asked all providers to encourage their staff to take up the offer of a vaccination. In addition, we have worked with the RCPA to engage and inform providers of the crucial nature of the 2020/21 flu immunisation programme.

Where we have become aware of specific providers and their staff experiencing difficulty in accessing vaccinations due to localised supply difficulties, we have followed this up with Public Health and NHS England, and will continue to do so should any further difficulties emerge. Any provider experiencing specific difficulties in accessing the vaccine is asked to contact our single point of contact for all Covid-19 related matters: ASCCovid19@somerset.gov.uk.

4 Collaboration across health and care services

4.1 **Safe discharge from NHS settings and preventing avoidable admissions**

4.1.1.1 **Integrated model for Intermediate Care**

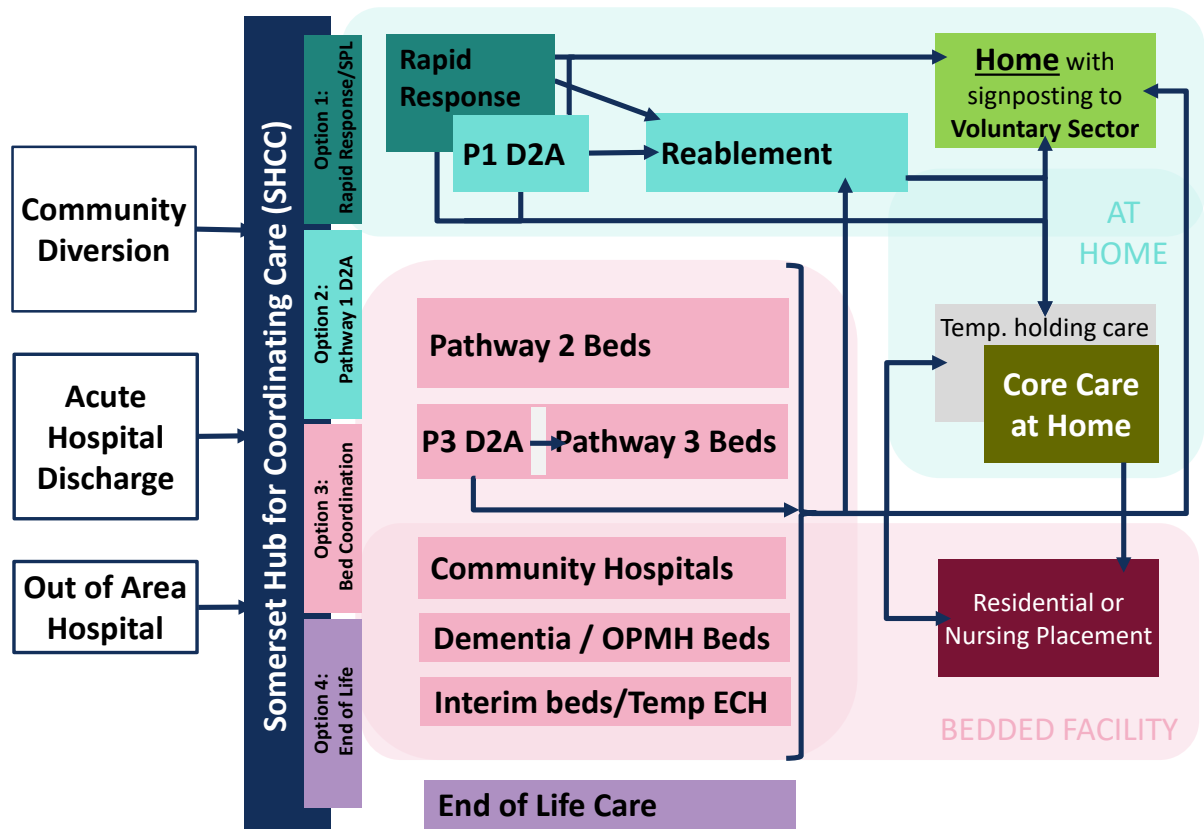
Somerset Adult Social Care, in partnership with local health providers and Somerset CCG has established an integrated model for Intermediate Care across the Somerset system. The Intermediate Care model incorporates services that provide a short-term period of stabilisation, assessment, and reablement with the view to maximising a person's independence and, where possible, keep them at home. The services not only provide support to people who are medically optimised following an acute episode of care, but also provide support to people in the community to avoid admission to hospital. The Intermediate Care model also includes End of Life provision for those people whose primary need is the short-term provision of care and comfort at the end of their lives (section 5.4 contains more detailed information on end of life care).

Services included in the Intermediate Care Model are:

- Rapid Response

- Discharge to Assess (D2A): Reablement at home
- Rehab bed pathways
- Community Hospitals
- Older People's Mental Health Provision
- Extra Care Housing
- End of Life

Somerset Model for Intermediate Care



Whilst many of the services were in place prior to Covid-19, the County's response to the pandemic accelerated a collective ambition to establish one integrated model of services, in line with NHS England and NHS Improvement (NHSE/I) guidelines on hospital discharge.

The establishment of the model ensured that;

- All supported discharge decision making is removed from the hospital wards, and instead made by a multidisciplinary team within a discharge lounge.
- Responsibility for managing the supported discharge pathways is separated from the acute discharge function and instead managed out in the community.
- A central Somerset Hub for Coordinating Care is set up to provide a single point for coordinating and managing capacity across all the Intermediate Care options.

- d) All community beds, including Home First Pathway beds, community hospital beds and interim beds, act as one bed base with a defined hierarchy of use and are coordinated and monitored from one place.
- e) The previous Home First reablement pathway (Pathway 1) is converted to a discharge to assess model, introducing a period of assessment to determine ongoing reablement or support needs.
- f) A single performance dashboard, capturing key performance indicators (KPIs) and flow indicators, is in use across the model.

A Head of Intermediate Care has been appointed and is jointly managed by the Deputy Director of Adults and Health Operations in the Council and the Assistant Director of Communities and Neighbourhoods in Somerset NHS Foundation Trust. The post is responsible for the delivery of the Intermediate Care Services, coordinating flow and escalation, and driving improvement across the pathways.

To support the system wide Intermediate Care model in Somerset, the local Voluntary, Community and Social Enterprise (VCSE) sector will provide a single point of reference for all referrals to support all discharge and divergence. This will utilise community capacity and resilience to enable people to live well and stay as independent as possible in their own homes and communities. It will also include a central point to receive, allocate and track all referrals where services will collaborate and provide a joined-up triage, and respond by providing the best solution for people needing support across the VCSE.

The Local Authority is the lead commissioner for the Intermediate Care pathways, including D2A and bedded provisions across Somerset. The system commissions seven domiciliary care providers supporting the D2A pathway. The services are currently expanding to increase capacity to support winter pressures and critical system flow. As part of pathway 2 and 3 bedded models, separate rehabilitation units have been developed in conjunction with Somerset's independent provider market.

4.1.1.2 **Support to the third phase of the NHS response to Covid-19**

Across the Somerset system we have worked in collaboration to respond and support the third phase of the NHS response to Covid-19. We have collectively reviewed our joint Standard Operational Procedure that outlines the approach for remote assessments and partnership arrangements during the pandemic, developed a clear phase 3 trusted assessor process map, and put in place clear operational interfaces to ensure ongoing funding streams are determined for those individuals going through our Intermediate Care pathways.

The Local Authority has worked in collaboration with Somerset CCG to ensure sufficient workforce is secured to undertake deferred assessments, embracing both digital and trusted assessor approaches. This also includes developing a clear

governance and structure to this work, and ensuring that individuals and the care market are supported.

Further joint working across the system includes undertaking joint reviews for those individuals who have Funded Nursing Care (FNC), and where an annual review is required by both Somerset CCG and the Local Authority. Developing this approach stimulates joint working and lessens the burdens on the provider market. It also includes the 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.

4.1.1.3 **Alternative accommodation approach**

During the first wave of the pandemic, in partnership with Somerset Care Limited, the Local Authority opened up a new 37-bedded 'pop-up' care home in Yeovil as an alternative accommodation source for people who had tested positive for Covid-19, or were displaying symptoms, and could not safely return to their care home or own home. Arrangements were also put in place to open a second home in Wellington should the capacity be needed.

The scale and speed of the project was considerable, including a fit-out that would usually take some 4-6 weeks being achieved in just 2 days. At the start of the pandemic, the Council issued an appeal for carers and received 184 external applications. Sixty-five staff members were recruited, including a County Councillor who retrained for the role. A Registered Manager for the home was redeployed via Somerset CCG. The Local Authority has also commissioned 90 beds from Somerset Care Limited, as well as additional block beds for hospital discharge, complex Older Persons Mental Health (OPMH) and made 60 spot placements. We also implemented additional Mental Health support, with "step down" accommodation established to free up acute Mental Health ward space and reduce the risks of infection in those settings.

While the current position locally means that these arrangements have been stepped down, the system has plans in place to rapidly reinstate them, with the benefit of learning from the initial implementation, during the winter should the need arise.

4.2 **Enhanced health in care homes**

We have provided details of clinical leads for all 13 Primary Care Networks (PCNs) in Somerset to care providers, and will provide them with updates throughout the winter as a result of any changes. We have emphasised to care homes the role of clinical leads including:

- The importance of understanding that the clinical lead will support the establishment of multidisciplinary teams and care home rounds, and help to strengthen links between care homes and PCNs.

- That the clinical lead has responsibility for oversight of the service provided to care home residents.
- That the clinical lead is not medically responsible and accountable for the day-to-day care of individual care home residents. This is because medical responsibility and accountability for the care of individual care home residents remains with their registered GP – and there may be residents with different registered GPs within a care home.
- That if there are individual concerns around patient care they should contact the patient’s practice in the usual way, and not contact the clinical lead directly.

GPs are also key members of our governance arrangements for our local response to the pandemic, including representation in our Care Sector Cell alongside care providers, that have responsibility for local operational and strategic decision making. The Local Authority’s Quality Assurance Team has also maintained its long established, robust and supportive oversight arrangements with the care provider market, and this will continue during the winter period.

4.3 **Technology and digital support**

Somerset County Council has recently established a joint working group with colleagues across the health and care system to develop a shared agenda for technology enabled care across Somerset. This group will look at the opportunities and challenges around technology enabled care and identify joint projects for technology innovation across the system. This includes:

- Work currently underway to develop a digital Financial Eligibility Calculator for citizens to access 24/7 from home. The calculator will support the assessment of eligibility for financial support without the need for a home visit or telephone meeting with a Financial Assessment and Benefits (FAB) Officer, thus reducing time to receive the outcome and create capacity within the service.
- SIDeR: This programme is about sharing information for Direct Care. The goal is to provide Health and Care professionals in Somerset with a single view of the information held about an individual by all health and care providers. Bringing information together from GPs, Acute and Community Hospitals, Mental Health, St Margaret’s Hospice and SCC’s Public Health and Social Care services, in real time and presenting it in a clear manner to professionals. As part of the programme we have been providing Adult Social Care (ASC) information to some GP Surgeries and Yeovil District Hospital for a while but over the coming months, and into next year, this will be widened to provide information to and from ASC, initially, and then Children’s Social Care and Public Health.
- We created a simple web app for care providers to record their daily capacity with a data visualisation tool that the D2A staff view to show what capacity is available by care provider and/or area. A revised version of this app is being developed. In

addition, we have created a D2A management report to track referrals and progress through D2A. Work is ongoing to add metrics on patient outcomes to this report.

- VCSE Intermediate Care: Working on a simplified process for referrals into voluntary care services.
- PDF mailer: This is a simple web-based application to mail merge a word document, save in the Portable Document Format (.pdf) and then send out emails with the personalised pdf attached. This was developed to send out key worker letters.

In addition, our local Independence and Advice Centres have reopened and are Covid-19 Secure, which will assist staff in demonstrating technology and equipment to keep people safe and independent. Our [Equipment to Help You](#) webpage has also been updated to include more information about technology and links to a YouTube channel of self-help videos.

The Council is also working closely with NHS colleagues to ensure that care providers are able to make effective use of technology to support people with care and support needs, including:

- GPs providing telephone and video triage and assessment to patients, including care home residents, as well as virtual consultations via text and email.
- Extending Consultant Connect access to health care professionals and care homes so that they can discuss complex patients and gain advice
- Digital technology supporting outpatient appointments. This includes a move to digital appointments across all specialties, reducing risk to patients and staff given the Covid-19 pandemic, in line with the national direction of travel. Patients are risk assessed to identify urgency as per the Royal College of Surgeons guidelines with prioritisation of urgent cases.
- Digital technology to support management of long-term conditions.
- Remote support for patients with long term conditions to prevent the need to visit a hospital and general practice Digital platforms: Linking information to care for the sickest patients, ensuring good communication between patients, carers, families and clinical teams, and ensuring key observations and medications are prescribed digitally. Reducing the requirement to travel to hospital for a follow up by using digital technology for example, heart failure teams linking with patients with Implantable Cardioverter-Defibrillators, reading data and suggesting reviewing annually where no problems exist.
- Webinars and apps: Further use of technology to support communication
- Encouraging providers to make use of NHSmail and Consultant Connect
- Working with the VCSE sector on supporting a help desk facility
- Actively promoting the [NHSX iPad offer to care homes](#)

4.4 **Social prescribing**

Somerset County Council and NHS Somerset CCG have co-designed an agreed model of Social Prescribing for the County in collaboration with local partner organisations and people who use services. The model takes a strength-based approach and is borne out of a recognition that poorer outcomes for local citizens, and unnecessary demand on local services, is driven by non-medical issues, or issues not related to our core statutory duties. These include:

- Loneliness and isolation
- Being connected to other people and the local community
- Diet and exercise
- Lifestyle factors like smoking and alcohol use
- A lack of ownership for one's health, wellbeing or situation
- Knowledge, confidence and skills
- Personal relationships and networks
- Debt and financial problems
- Work, housing and education
- Attitudinal and cultural norms which include a tendency towards deficit-based, instead of solution-orientated, approaches.

We recognise that, in order to help people resolve or improve these drivers of poorer health and wellbeing outcomes, that local models need to a) empower people to capitalise on their own strengths, b) reach into, and connect people into, resources in their community and c) help strengthen the resources in the community. For these reasons our model of Social Prescribing incorporates three main elements:

1. Health and Wellbeing Coaches
2. Social Prescribing Link Workers and similar roles
3. Stronger relationships between the NHS, Local Authority and key community-led organisations which are associated with social prescribing

These elements of our model will be developed around each of the 13 PCNs and their wider Neighbourhood Teams. They will provide crucial opportunities for the Coaches, Link Workers, Social Care and Medical Teams and local VCSE organisations to work more closely together, to share relevant information and in doing so support local people to maximise their choices and independence, and remain healthy and happy in their own home in their community. This neighbourhood structure will also allow for teams to better coordinate their resources towards people who need support most, and tailor the package of support to help reduce health inequalities. The Somerset model is available to all adults.

The commissioning of Social Prescribing Link Workers is being achieved through collaborative commissioning by both Somerset County Council and Somerset CCG,

and ensuring staff and teams have access to relevant equipment and information sharing will form a crucial part of our local plans.

5 Supporting people who receive social care, the workforce, and carers

5.1 Supporting independence and quality of life

5.1.1 Care Home visiting

The Director of Public Health has, in consultation with care provider representatives, developed a framework for care home visiting that is aligned with the Local Alert Levels (Tiers) for England when they are not superseded by national measures, for example as they will be from 05/11/2020 to 02/12/2020.

Links to national guidance are published alongside local guidance on our provider information [webpage](#). This clearly states the arrangements that should be put in place to minimise the risks related to visits, while acknowledging that care home visits are vital in keeping families informed, and in maintaining the wellbeing of both the resident and the wider family unit.

When not superseded by national measures each alert level has the specific measures that care homes should take linked to it:

All Local Alert Levels	<ul style="list-style-type: none"> • If a home has an open outbreak, there should be no visiting • If a home is in a geography that has become subject to a local 'lockdown' there should be no visiting
Medium	Very restricted visiting, ideally one consistent visitor for each care home resident. All physical distancing measures and IPC in place. All visitors need to be recorded for NHS Test and Trace. There needs to be a risk assessment at individual resident level for those who are vulnerable, for example (but not limited to) those at end of life or with specific clinical vulnerabilities.
High and Very High	No visiting and consider housing staff within the home

As part of our Winter Plan we will:

- When not superseded by national measures, continue to show the current Local Alert Level and the measures that care homes should take at the top of our provider information webpage, with more detailed information on the page.
- Promote information about the national measures or local alert level, and the measures that care providers need to take, across the system whenever there is a change through our regular briefings and webinars.

- Work with the Director of Public Health to regularly review both the alert level and guidance as national guidance evolves, and provide updated information to providers through our provider information [webpage](#), briefings and webinars.
- Work with care providers to implement any changes to national guidance and/or the alert level.

5.1.2 **Work by our Locality Teams in the community**

More broadly than the arrangements for care home visiting, where required, and following a risk assessment, we have increased our face to face visits identifying an individual's strengths, community and social networks to maximise an individual's independence and improve or maintain their wellbeing. Our Neighbourhood approach continues to develop with our Community Health colleagues, we continue to explore opportunities to ensure right conversations at the right time with the right solutions to support individuals within Somerset. Working in collaboration, we have been able to support individuals to remain living within the community and provide a co-ordinated approach through both health and social care.

Locality teams across Somerset continue to embrace digital solutions to meet individual need. This approach has been embraced across all professions within ASC, and the right intervention with individuals has achieved positive outcomes and reduced the need for face to face visits. We are continually reviewing our visiting guidelines and where required, following a risk assessment, we have increased our face to face visits identifying an individual's strengths, community and social networks to maximise an individual's independence and improve or maintain their wellbeing.

Our Neighbourhood approach continues to develop with our Community Health colleagues, we continue to explore opportunities to ensure right conversations take place at the right time with the right solutions to support individuals within Somerset. Working in collaboration, we have been able to support individuals to remain living within the community, and provide a co-ordinated approach through both health and social care.

Our Neighbourhood approach has accelerated across the Somerset system during the pandemic, and our collective professional workforce has developed key principles surrounding Neighbourhood working that ensures early health and social care interventions that promote independence in order to enable individuals to remain living well within their community. Developing an understanding of community assets within our Neighbourhoods ensures system resources are used effectively, promotes resilience within the health and social care system, and ensures individuals have a coordinated and seamless approach in managing their own health and care needs.

We have ensured appropriate use of our workforce, developing a more flexible and agile approach to achieve the best outcome for individuals. This includes utilising our workforce within community social care teams to ensure a more joined up robust approach within our Intermediate Care model, and our Neighbourhood approach. Within our acute hospital settings, we are operating a 7-day working model to ensure the best discharge outcome, utilising the most appropriate pathway, is achieved for individuals. System leaders across our community system continue to monitor impact and flow for individuals, ensuring we are achieving the best possible outcome for them. This includes reviewing 7 day working, and systems and processes are in place to step this up at pace.

5.1.3 **Safeguarding and Covid-19**

We continue to emphasise to all providers of care and support that, while the ongoing response to Covid-19 has changed the way in which the system is operating, it is important to remember that The Coronavirus Act (2020) does not affect the safeguarding protections in the Care Act (2014), particularly at Section 42 of the Care Act.

Safeguarding is everyone's business, so it is important that, as a system, we remain alert to possible abuse or neglect concerns, and work together to prevent and reduce the risk of harm to people with care and support needs. This includes those directly affected by Covid-19, and those whose vulnerability to abuse and neglect may have been increased by public health measures taken to control it.

5.2 **Direct payments**

The Council has considered the "Guidance for local authorities and clinical commissioning groups in the delivery of direct payments and personal health budgets" and has:

- Reviewed our records of individuals in receipt of direct payments
- Established contingency arrangements to mitigate any impact of a Covid-19 outbreak, including offering a commissioned service if a direct payment service is not available, allowing family members to act as a personal assistant during the winter, and flexibility to our requirements on direct payment holders.

5.3 **Support for unpaid carers**

Somerset County Council recognises the important role provided by unpaid carers in supporting some of the most vulnerable people in our community. The pandemic has affected carers in many ways, and we have had to adapt the way in which we provide support. Examples of our response to date include:

- Corona helpline – this brought together access to information, advice and services from all 5 councils in Somerset, making it easier for people (including

carers) to get timely support. So far 8,546 people, including carers, have used this service from 23rd March 2020.

- Extending the role of all Community Council for Somerset Village Agents to ensure all 63 agents consider carers needs alongside the cared for needs, so that we are able to reach more carers.
- A Corona Helpers Volunteer platform and webinars run by Spark Somerset, reaching out to support the more than 70 Corona Groups who are supporting neighbours during the pandemic. Many of these provided vital support to carers.
- Provision of PPE
- Virtual Carers Groups – over 120 people have signed up to our new online carers groups since we set them up in April 2020, to provide carers with shared interests (in art, music, creative arts) to chat and share their work as well as discuss their shared experience as carers.
- Dedicated Carers helpline and website with links to health and wellbeing support.
- Mental Health Carers services
 - Telephone assessments and enhanced telephone support
 - “Attend Anywhere” video calling
 - “Cuppa and a chat” group telephone pilot project
 - Anxiety Management training with MIND in Somerset
 - Virtual Carers Quiz on Zoom
 - Carers Groups meeting virtually
 - Face to face assessments available from July
- Young Carers Service
 - 90+ young carers attending group provision
 - Weekly young carer Zoom meetings
 - Weekly telephone support
 - Sharing of “happy jars” and self-care tips
 - Themed Zoom quizzes
 - Facilitated socially distanced activities, for example paddle boarding

As part of our winter plan we will continue to support carers through the approaches described above and:

- Continue to provide information to carers, and those who organise their own care, to make sure they know what support is available to them and who to contact if they need help.
- Ensure that assessments are updated to reflect any additional needs as a result of Covid-19 for both carers and those with care and support needs
- Provide guidance through our provider information [webpage](#) to services that closed during the pandemic, for example day services, to consider how they can reopen safely or be reconfigured to work in a Covid-19 secure way.

- Support people with care and support needs, their carers, families or those who are important to them to identify alternative arrangements that meet their identified needs where they can no longer access the day or respite services that they used before the pandemic.
- Ensure there are arrangements to mitigate any impact of a Covid-19 outbreak, including offering a commissioned service if a direct payment service is not available, allowing family members to act as a personal assistant during the winter, and flexibility to our requirements on direct payment holders.
- Consider how the element of the Infection Control Fund not allocated to CQC registered providers can be used to put in place IPC measures to support the resumption of services that have closed.

In addition, we have initiated the Somerset Carers Continuous Programme. This will be an ongoing plan of activities that will be designed and delivered in partnership with Somerset CCG, our contracted service providers and carers. The aim of the Programme is to:

- Continue to improve internal practice and processes, and consistently provide good outcomes for carers as well as the cared for
- Review Carers Voice Somerset to ensure that it is effective in carer engagement
- Seek continuous improvement through the contract with the Community Council for Somerset who deliver the adult carers service
- Develop working agreements between adults and young carers services to ensure that young adult carers get the support that they need through transition
- Develop new ways to support carers to ensure that services are flexible, and give the carer choice and control.
- Deliver wide promotion of carers support services so that carers know where to go for support when they need it

5.4 **End-of-life care**

All requests for end of life support in Somerset are coordinated through the Somerset Hub for Coordinating Care, which is the single access point for all Intermediate Care services in the County. The Hub will work with the referrer to understand if support at home or an end of life bed is required, and also direct the caller to specialist advice for managing end of life cases if this is required, working with a local hospice to provide this service. If an end of life bed is required, the team will work with the bed coordination part of the Hub to identify an appropriate setting for the individual.

We have provided specific guidance to providers on end of life care through our briefings and via our provider information [webpage](#). This includes key national and local resources developed by health and care system partners and organisations, and information published by the Royal College of GPs.

Any advance care decision, including do not attempt cardio-pulmonary resuscitation (DNACPR) decisions, should be fully discussed with the individual and their family, where possible and appropriate, and should be signed by the clinician responsible for their care. Where a person lacks the capacity to make treatment decisions, a care plan should be developed following, where applicable, the best interest checklist under the Mental Capacity Act (2005). It is unacceptable for advance care plans, including DNACPR decisions, to be applied in a blanket fashion to any group of people, and any instructions to do so must trigger a safeguarding referral to Somerset County Council.

5.5 **Care Act easements**

There is robust governance in place to support the potential use of [Care Act easements](#):

- There is an escalation policy in place which is initiated at the weekly Adult Social Care Call, where risks indicating that the system is under pressure (e.g. the nature of current cases and availability of resource in the provider market) will be flagged.
- If there is a risk, the Assistant Director of Operations and Principal Social Worker will convene an emergency Senior Management Meeting with the Operational Strategic Managers, the Principal Occupational Therapist, the Safeguarding Adults Service Manager, the Mental Capacity Lead and a Strategic Commissioning Manager. A decision as to whether to recommend operating under Care Act easements will be made in this meeting.
- The Principal Social Worker will be responsible for preparing a paper for consideration by the Council's Easement Governance Board providing a clear rationale for any recommendation to operate under the easements
- A recommendation regarding the easements will be agreed in the Senior Management Meeting and presented to the board by the Principal Social Worker or a service leader. The Easement Governance Board will comprise of the following key members:
 - Cllr David Huxtable (Lead Member & Portfolio Holder for Adult Social Services, Somerset County Council)
 - Mel Lock (Director of Adult Social Services and Lead Commissioner, Somerset County Council)
 - Anna Littlewood (Assistant Director for Operations, Somerset County Council)
 - Tim Baverstock (Assistant Director for Commissioning, Somerset County Council)
 - Val Jansen (Deputy Director of Quality & Nursing, NHS Somerset CCG)
- Once a decision has been agreed, the DHSC will be notified via e-mail.

- In preparation for the possibility of the potential to need to use the Care Act easements during the winter period a communication plan will be developed by mid November 2020. Priority communications includes text for the Council's website, a press release and social media. A stakeholder list is also being collated, so that we can ensure information is tailored appropriately e.g. letters to people who have care and support needs and carers, provider briefings, webinars and question and answer sessions with micro providers and the Community Council for Somerset.
- All frontline ASC staff received Human Rights training from the British Institute of Human Rights in March and April 2020.
- An all staff briefing and guidance note was produced in April 2020. The [Ethical Framework](#) has been incorporated into SCC decision making forums and Practice Quality Audit Tools.

5.6 **Supporting the workforce**

5.6.1 **Staff training**

5.6.1.1 **The Local Authority's Offer to its Internal Workforce:**

The Local Authority provides induction training for its workforce through internally facilitated face-to-face workshops, team inductions and also modules via its e-Learning platform (The Learning Centre). As part of the e-Learning platform, staff are provided with a tiered induction framework that looks at their first few days, first weeks and first month. Together with e-Learning modules across a range of subject matters to develop their knowledge and skills during and beyond their induction period.

5.6.1.2 **The Local Authority's Offer to care providers**

While the Local Authority does not provide an induction offer to providers it has, and will continue to:

- Work with Somerset CCG to provide IPC, training on PPE use and proactive support from Primary Care and multidisciplinary teams.
- Promote the [CARE App](#)
- Direct providers to free training opportunities, including those provided by the [Social Care Institute for Excellence \(SCIE\)](#) and [Health Education England](#) through our regular provider briefings and via our provider information [webpage](#).
- Promote specialist training, for example provided by the Somerset GP Education Trust, including:
 - Immunisation Training for Registered Nurses who are working in Care Homes and are new to immunisations
 - Diabetes Update for Somerset Care Homes
 - Asthma exacerbations

- COPD exacerbations
- Breathlessness
- Influenza / COVID19 / Pneumonia
- The LARCH Team¹ provides countywide welfare checks to Care Homes as part of the Covid-19 response.
- Promote Nursing Homes access to the training on the following areas through Somerset CCG: Tissue Viability training, learning engagement events, Safeguarding, Mental Capacity Act (2005) and Deprivation of Liberty Safeguards refresher training (not a replacement for internal training) and currently free training provided by Health Education England around mouth care.
- Promote the local Registered Manager Network, which is organised by the RCPA.

5.6.1.3 **Social Work Apprentices**

Our first cohort of Social Work apprentices are in their second year and started their inhouse placements on 19th October. We are currently in the process of recruiting for this year's cohort. The start date for the second cohort was pushed back in agreement with the Open University, as a result of the pandemic. The new cohort will start in January 2021.

5.6.1.4 **Social Work Degrees**

We continue to work with Think Ahead to support succession planning for Mental Health Social Workers and Approved Mental Health Professionals (AMHPs). Our second cohort started this year, and are on placement in the west of the County. We are in the process of putting a bid together for a third cohort to start in September 2021.

The first cohort of students from Yeovil College have now moved into their second year and are being supported in placements across our locality and Health Interface Teams.

We are committed to supporting learners throughout the pandemic and have provided additional online training via the Council's Learning and Development function to support Practice Educators.

5.6.1.5 **Occupational Therapy**

As part of the Somerset Occupational Therapy (OT) strategy we have committed to provide placements for all OT apprenticeships from Somerset County Council, Yeovil

¹ The LARCH team (Listening and Responding to Care Homes) are a team of Nurses and Occupational Therapists that provide clinical and practical support and advice to care homes around a variety of needs, such as STEPs (Somerset Treatment Escalation Plans), moving and handling advice, support with referrals and implementation of and training on the RESTORE2 document and recognising deteriorating patients. The LARCH Team was established collaboration with the Local Authority, Somerset CCG and the PCNs.

Hospital NHS Foundation Trust, Somerset NHS Foundation Trust and local hospice services, and anticipate this will be 6 per year. In addition to this:

- We are supporting one Adult Social Care Practitioner (ASCP) to complete their internal Grow Your Own Occupational Therapist (GYO OT) Portfolio 2019/20 which was delayed by Covid-19 and is now due to finish in December 2020.
- We have 2 ASCP's on the GYO OT Portfolio 2020/21 which started in August and who we currently expect to complete this in March 2021
- We are anticipating putting forward 2 ASCP's to start in 2021 from our successful GYO candidates to the South West England OT apprenticeship commissioned by Health Education England, once the contract has been awarded in November 2020.
- We currently have a joint bid with Devon for funding from Health Education England to research and develop ways to deliver student learning and support using digital platforms and media, which will shape the way we provide placement experiences.

5.6.2 **Supporting the wellbeing of the workforce**

5.6.2.1 **System-wide health and wellbeing**

Through a Human Resources (HR) working group carried out in August between Somerset County Council, Somerset CCG, Yeovil Hospital NHS Foundation Trust and Somerset NHS Foundation Trust the work being undertaken as a system around health and wellbeing for staff was collated. This identified examples of best practice and demonstrated the strength in the range of offers and interventions made across Somerset. This included rapid access to physiotherapy services, support provided by Mental Wellbeing Ambassadors, Employee Assistant Schemes and supporting those colleagues returning from shielding. There was an acknowledgement around the impact on staff, with the combination of the stress that would be present for colleagues as a result of winter pressures and Covid-19. As a result, there is a system wide commitment to develop a collaborative staff engagement/survey to understand colleague's health and wellbeing and feelings around returning to office working (post Covid-19/'new normal') and the joining up of health and wellbeing events.

Furthermore, Somerset's Integrated Care System (ICS) has just been successful in a national bid to NHSE/I to develop a whole system health and wellbeing offer, providing a universal minimum level of service for psychological, emotional and physical wellbeing for all staff. This offer will be proactive and preventative in nature and support all 25,000 people in Somerset's Health and Social Care workforce (including those within the VCSE sector who support the delivery of health and social care services). The service will be inclusive and will work with underrepresented groups who may be more at risk in terms of their emotional and physical wellbeing (e.g. Black, Asian and Minority Ethnic (BAME) groups, young people, relocators to

Somerset), strengthening psychological PPE and upskilling line managers using REACT Mental Health conversation training.

Alongside this, to support the wellbeing of the workforce, we have also actively promoted support that is available through [Mindline in Somerset](#) to providers and their staff. This is a mental health helpline that the system supported Mind in Somerset to extend the hours of operation of during the first wave of the pandemic so that it was available 24/7. In addition, support that was put in place during the first wave, that will continue during the winter, has included working with public health colleagues to ensure that managers of care homes in particular had support, and also provided information about specific resources through our provider information [webpage](#); for example a local WhatsApp group for registered managers facilitated by Skills for Care. Our operational care provider cell has also emphasised the need to consider staff wellbeing and to highlight the options available.

Where care homes had experienced significant levels of resident bereavement during the first wave we put in specific support for their staff. While we hope that the national and local response during the winter months will limit the numbers of Covid-19 related deaths locally, we will continue to support individual care homes where deaths occur.

5.6.2.2 **Pastoral support**

The system has put in place a Pastoral Care Cell. This is comprised of representatives of NHS Senior Clinical Staff and Management, Somerset CCG, Local Authority, VCSE sector and care providers. It is a group of like-minded individuals focused on the wellbeing of staff across the system. As a group it has developed a database of wellbeing services and tools, shared regular wellbeing podcasts on a range of topics, surveyed staff to identify aspects that require consideration and provided system-wide support. The cell enables members to bring forward issues for discussion and shared solution finding.

5.6.2.3 **Occupational Health**

Somerset County Council let a new Occupational Health contract in 2019. As part of that procurement process a review took place of the future service provision options that would best suit the County Council's needs. Following the review (which included research into the market and feedback sessions with internal and external stakeholders) a standard procurement exercise to find one provider for the County Council was selected, having considered a range of options.

A new contract was awarded and began in November 2019 with a new provider for this service. This contract has been closely monitored (in line with normal processes for a newly let contract) during its first 11 months, which included the first wave of the pandemic, and the Council has identified performance improvements in terms of

timeliness of appointments, accuracy of reports and complaint numbers, despite the additional complexities created by the ongoing Public Health crisis.

In addition, we will put arrangements in place to review current occupational health provision with providers and highlight learning, including good practice.

5.6.2.4 **Support to Local Authority Staff**

The Council has strengthened its 'Working Well' hub and support arrangements that were already in place for staff. Areas covered include:

- Healthy lifestyles
- Back, muscle and joint problems
- Managing stress and mental health (including Mental Health Ambassadors)
- Working well at home

There have also been specific initiatives to inform and support staff. These include:

- Regular webinars for all staff with the Chief Executive, and for Adult Social Care Staff the Director of Adult Social Services, and their senior leadership teams which include a question and answer element.
- Display screen equipment webinars
- Activity challenges for staff to encourage them to remain physically active
- Virtual social activities, for example a regular organisation-wide quiz on a Thursday evening.

5.6.3 **Workforce capacity**

As part of Somerset County Council's winter resilience planning, a number of key actions have been put in place with Somerset's providers, to ensure sufficient capacity across the market during the winter period. As part of the Infection Control Fund, providers have been working to ensure that they have sufficient staffing numbers in place to prevent the usage of agency and short-term working. This includes the deployment of staff into bubbles, to aid the prevention of cross infection.

Providers have been working to secure agency staffing provision, ensuring that agency staffing is deployed to their establishment and therefore preventing agency staff from working across a number of provider settings. Somerset has worked with key partners across the system, allowing access to Somerset Foundation Trust's and Yeovil Hospital Foundation Trust's bank staff (detailed in 3.2.3). This enables providers to access a staffing bank, at reduced rates, with the understanding that staff being deployed have had sufficient levels of training in relation to IPC.

Somerset has undertaken a focussed piece of work, to increase capacity within the homecare market, which has included the expansion/doubling of our existing discharge to assess capacity. To create additional capacity, Somerset County Council

has increased the number of homecare providers across our community-based resource. Over the last three months, Somerset has inducted 8 new care providers onto the Home Care Open Framework, to ensure homecare capacity across the county is optimised, aiding system flow and providing resilience across the sector.

As part of the Covid-19 response, Somerset has developed communication platforms to enhance provider knowledge and share intelligence across the sector, this includes weekly provider briefings, webinars with the Director of Adult Social Services, Public Health and other key partners. The Capacity Tracker is monitored daily, by Quality Assurance, who work with provider settings to ensure that they regularly update the tracker providing Somerset with updated intelligence to aid system flow.

Somerset has 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 has recruited full time staff to support this initiative.

We have also established working partnerships with key VCSE organisations. In recent months we have worked with Spark Somerset, in partnership with Public Health colleagues, to establish a volunteer platform to make it easier for volunteers to sign up and offer support, and to match volunteers to organisations and individuals in need. In addition:

- In partnership with Public Health and the Community Foundation we have also established a Somerset Fund and Community Food fund to provide support to grass roots VCSE organisations to grow community-based assets and resources that support people and families in Somerset.
- We are, through the partnership with Spark and Public Health, providing support to community corona groups (neighbours helping neighbours schemes) to enable this essential resource of unofficial volunteers to flourish.
- We are encouraging the growth of Micro providers across the County through increased investment in resources to help new entrants set up their businesses, and supporting existing enterprises by providing regular webinars and support to the informal networks we have helped establish.

5.6.4 **Breaking Barriers Innovations and Somerset's work programme**

Breaking Barriers Innovations (BBI) are an independent research company with the principal aim of supporting place-based transformation within public services across the UK. The Local Workforce Action Board (LWAB) commissioned BBI in 2019 to look at a core set of challenges in Somerset, which when combined have a direct impact on the long term sustainability of our health and social care workforce and thus an impact on the ability to deliver services: an aging workforce, an aging population and a net outflow of younger people from the county. BBI are supporting the ICS

workforce programme through engagement with young people, frontline staff and education providers to identify improvements needed in our system - developing a range of career pathways mapped to competencies and learning provision for young people to access health and social care careers. The BBI programme is complementary and interconnected to our system work with our ambitions for apprenticeship growth, our response to national government incentives (e.g. Kickstart, Job Entry Target Scheme etc.) and the revival of [Proud to Care](#) as a system unified brand for health and social care careers. The economic downturn as a result of Covid-19 is evidenced as having a detrimental impact on younger people in our County, and the next phase of our [Proud to Care](#) digital media campaign will be targeting 18 – 24 year olds who are at risk of unemployment or without work to consider jobs within health and social care. This is particularly critical for the independent care sector in Somerset where 21% of all vacancies remained unfilled and will become even more acute with winter pressures on the health and care system. It is hoped that through creative filming carried out with health and care staff, [Proud to Care](#) will promote this sector and the opportunities available as attractive and rewarding work for young people switching or starting out in their careers.

5.7 **Shielding and people who are clinically extremely vulnerable**

Since 23rd March we have worked in partnership across the health, care and VCSE sector to provide support to the clinically extremely vulnerable people who were required to shield. This resulted in:

- Making welfare calls to approximately 3,000 people who were shielding and who flagged that they needed support with essential supplies
- Making an additional 3,000 welfare calls to other people who we identified as vulnerable during lockdown due to key risk factors
- Distributing 1,163 emergency food parcels and supplementing 'Boris food boxes' to meet specific dietary needs
- Distributing an additional 72,000 items of food and other supplies donated to communities, care homes and families across Somerset.

Our winter plan will build on the community infrastructures and established community partnerships that have proven to be so successful in getting support into the heart of our communities where it is needed most. It will also take learning from the emergency response to ensure all elements of the system take a strength based and person-centred approach to address underlying causes / issues, and find appropriate solutions in order to reduce the risk of dependency on emergency food boxes and foodbanks, and of other issues e.g. homelessness, health and care related. We have robust plans in place to stand up welfare calls to those most at risk, and our helpline is still operating and providing advice and support. In line with government guidelines, we have established processes for ensuring we are supporting people in a

strength-based way to meet their needs. For example, we have a process for helping people set up online supermarket delivery slots, where people are experiencing financial hardship we have established processes in place with the village agents to provide emergency food and wrap around support to address underlying issues if needed, and we are working with District Councils to process requests for the test and trace financial assistance scheme. All activity is being monitored via our shared business intelligence hub with District Councils, so we can provide outcome and impact data to the Ministry of Housing, Communities and Local Government; and, internally, have confidence that we are meeting demand and are able to stand up additional capacity as required to meet increases in demand e.g. due to a local outbreak

Our plans to step up local support if a local lockdown / shielding is introduced include 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.

5.8 **Social work and other professional leadership**

We have robust arrangements in place to support our social work and other professional leadership, and plans underway to address those areas where we have identified that further development is required. This includes:

- As part of our business as usual, our Mental Capacity Lead has recently completed mandatory refresher training for all frontline staff.
- Practice Quality Audits are strengths based, and joint working is also taking place with health partners as part of PCNs to embed a strengths based approach as part of a robust community offer.
- As part of our business as usual, a focus on inequalities forms part of our Learning and Development Offer. Anti-racist practice has been a focus of Assessed and Supported Year in Employment workshops, a virtual festival of practice will include an anti-racist practice seminar, and Newly Qualified Social Workers (NQSWs) delivering a workshop on LGBTQ needs within Somerset. A number of Social Workers, and commissioning staff, are in the process of becoming [Learning Disability Mortality Review \(LeDeR\) Programme](#) reviewers and

the Local Authority and Safeguarding Adults Board are represented on the local LeDeR steering group. In addition, our Principal Social Worker and Social Work Learning and Development lead are looking at ways of embedding the British Association of Social Work Anti-Poverty Practice Guide for Social Work as part of Social Work week 2021.

- We have plans in place at a Senior Leadership Level to ensure that understanding and addressing health inequalities sits at the centre of Adult Social Care Strategy, incorporating work completed by Public Health.
- We have identified that our Quality Assurance Frameworks need to be developed across the service. As part of our approach to strengthen this area we are building on our suite of Practice Quality Audits using Microsoft Forms. Further work is being undertaken to develop a visual dashboard that pulls data from Microsoft Forms and is likely to be active by the beginning of November 2020, followed by further work to embed audits at team level. Post Qualifying Standards are in the process of being put in to place for Practice Supervisors to ensure that they have the skills needed to support and develop good practice.
- Approaches are currently being trialled to explore how we take a proactive approach to incorporate feedback from people with lived experience. Our adult Safeguarding Team is currently trialling a feedback tool that was developed with support from Healthwatch Somerset, and the progress on this is being monitored by the Somerset Safeguarding Adults Board. We also continue to make use of existing quality assurance feedback mechanisms that already exist, such as learning from compliments and complaints, and investigations of serious incidents.
- As part of our business as usual, our Principal Social Worker and Principal Occupational Therapist and Strategic Manager work collaboratively with health colleagues to ensure joined-up services.
- Our Principal Social Worker is leading on ensuring that health colleagues across the system understand how to apply the [Ethical Framework](#), and that it is incorporated into any shared governance. The Ethical Framework will be incorporated into the Standard Operating Procedure (SOP). Planning is in progress to establish the best way to support this learning at ward level and with our Intermediate Care model.
- We will also undertake work to establish how we gain meaningful feedback from people about their experience of pathways, rather than focussing on the experience of the system and the impact it has had in terms of flow.
- A thematic review of the last six months has identified that incidents of domestic abuse have remained consistent with figures pre the pandemic. These findings have been discussed with representatives from Avon & Somerset Constabulary

and Somerset CCG on the Somerset Safeguarding Adults Board and have been found to be consistent with their experience.

- Improved relationships with care providers during the pandemic mean that Somerset has been able to be much more proactive in addressing concerns. Community Agents have been part of Safeguarding training programmes, meaning that our response is Somerset focussed.
- Our adult Safeguarding Service Manager leads on ensuring that the Safeguarding Service has access to contemporary research and evidence to support decision making. The adult Safeguarding Service also takes responsibility for supporting safeguarding learning across the organisation e.g. delivering mandatory Safeguarding Masterclasses and will be sharing best practice during the forthcoming national Safeguarding Adults week in early November.

6 Supporting the system

6.1 Funding

Somerset County Council gathered information from care homes and community care providers to report to the DHSC on how the first Infection Control Fund monies were spent by 30/09/2020. In addition to these monies, we have directed providers to other sources of support via our provider information [webpage](#) and provided direct financial support to providers for the 2020/21 financial year via a one-off payment totalling the equivalent of a 10% increase in fees for a 3-month period for all personal care provision across homecare and care homes

As part of the arrangements for the extended Infection Control Fund we have put arrangements in place to ensure that providers are fully aware of, and have provided written acceptance of, the new conditions, reporting requirements and the deadlines for reporting. We have also put resources in place to collate the information received from providers and follow-up on any information that is not received by the deadline so that we can meet the DHSC reporting requirements.

6.2 Market and provider sustainability

We have worked with local partners to engage with the Service Continuity and Care Market Review (SCCMR), and completed a self-assessment of the health of local market management and contingency planning leading into winter. This has been included as Appendix A of this plan. Our work on the SCCMR has identified that 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. Market and provider sustainability remains a key issue for the Local Authority as we enter the winter period. Somerset is a large, primarily rural, County where capacity variations are not necessarily easily

redirectable due to practical barriers such as the distances involved, however, we consider our level of risk in the market and the potential for instability of care services to be relatively low for a number of reasons:

- Somerset has (and has 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 built on its successful Home First model to produce a larger model of Intermediate Care (described in detail in section 4). 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 (described in detail in section 3.2.3), 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 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 RCPA, CQC and Somerset CCG 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. In order to secure

continuity of care, both our commissioning and operational staff have worked closely with all providers to understand the issues they are facing both on an individual level, and as a sector or market as a whole, on an ongoing basis throughout the pandemic and to support them to address them. Our key areas of concern are:

- 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, the need to isolate within this workforce and the impact of 'Long Covid' could lead to reduced services or a sector that cannot meet demand over a period that extends beyond a peak in infection. 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 Fund, 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), in particular in relation to the care of people with dementia and mental ill-health. 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 also that an increasing numbers of people's conditions have worsened due to restricted access to health services and the self-imposed isolation of the last 6 months. We are also seeing changes in the services people are prepared to accept – with growing numbers not wishing to move to a care home or allow care staff to enter their own home. 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. The helpline also has 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 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.

6.3 **CQC support: Emergency Support Framework and sharing best practice**

Somerset County Council’s Quality Assurance team regularly communicates, and meets on a monthly basis, with CQC to share provider intelligence. Feedback from recent quality assurance monitoring and Emergency Support Framework calls is shared to enable both CQC and the Council to manage provider risk. Where risks are identified a wider information sharing forum is set up with other stakeholders such as commissioning, the Council’s adult Safeguarding Service or Somerset CCG to support mitigation of risks and sharing of best practice.

In addition, we continue to promote information from CQC on our provider information [webpage](#). This includes any updates to guidance and reports from CQC that contain learning for the system.

6.4 **Local, regional and national oversight and support**

This plan has been produced with full collaboration from system colleagues in Somerset including NHS trusts, the Somerset CCG and social care providers. We also continue to work with our Association of Directors of Adult Social Services (ADASS) peers in the South West to align approaches on winter planning and other national requirements.

The Care Home Support Plan and subsequent oversight and actions has continued to be taken forward in a multi-disciplinary/organisational way. A Care Sector cell with providers, primary care, NHS trusts and Somerset CCG meets fortnightly (or weekly if required) with a dashboard and escalation route. It is fed from a provider focus group and a range of data sources, and also subsequently records any escalations for Health and Care gold cell as well as for regional Local Government Association (LGA) and NHS feedback.

We have, including using the requirements of the Infection Control Fund, given multiple advice and reminders on utilising the Capacity Tracker and the importance of doing so. We have also had to be clear around the meaning or nuance of the questions, and are confident that that data will begin to improve and reflect the here and now rather than past events or circumstances. We will be following tracker completion as part of our Infection Control Fund monitoring and through the dashboard.

We already have a live dedicated provider information [webpage](#) which holds all guidance and communication. On top of this, we will continue to send out a twice weekly provider update from our main Quality and Contracts team which reflects key messages.

In addition, we put in place a briefing that is issued by our incident room, that any provider or professional working across the system can subscribe to, which has been issued at least weekly since April 2020. Each briefing includes information from Public Health Somerset, as well as, where applicable, information about training opportunities, national and local initiatives, and changes to guidance. This briefing will continue to be issued and any provider or professional that does not already receive it should contact ASCCOVID19@somerset.gov.uk.

6.5 **Care home support plans**

From the beginning of the pandemic we have responded as a system to support care homes in Somerset. This includes:

- Providing care homes with free PPE following the initial outbreak, until such time as the [National PPE Portal](#) went live and the supply chain was sufficiently robust.
- Our provider information [webpage](#) and provider briefing have enabled us to update providers on a regular basis with changes to guidance and resources, we also have the one point of contact for providers to seek support (ASCCOVID19@somerset.gov.uk). The LARCH and IPC teams have been working to communicate with providers on a weekly basis. We also have the operational care provider group with representative providers to discuss operational difficulties and regular meetings with the [RCPA](#).
- Somerset CCG has provided each home with an identified clinical lead, and they have access to our single point of contact and communication from LARCH and IPC teams.
- Local outbreak management funding has been used to strengthen the IPC Team, which now provides inputs across health, adult and children's care services and homeless hostels. Additionally, this funding has boosted District Council Environmental Health Team capacity to work as part of the system to enable prevention of outbreaks in high risk places such as abattoirs and food production

factories, as well as our tourist locations. Support has also been channelled to more vulnerable communities such as the homeless.

- CQC registered providers have registered for whole home testing and, in addition, we have engaged with health colleagues to further nominate homes where weekly home testing was seen as being a priority need.
- Somerset CCG has supported homes with training and we have medicines and clinical tasks guidance for Somerset.