

SCRUTINY FOR POLICIES, ADULTS AND HEALTH COMMITTEE

Wednesday 8 September 2021

10.00 am Luttrell Room, County Hall,
Taunton, TA1 4DY



To: The members of the Scrutiny for Policies, Adults and Health Committee

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

All Somerset County Council Members are invited to attend.

Issued By Scott Wooldridge, Strategic Manager - Governance and Democratic Services - 31 August 2021

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

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

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

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

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AGENDA

Item Scrutiny for Policies, Adults and Health Committee - 10.00 am Wednesday 8 September 2021

**** Public Guidance notes contained in agenda annexe ****

1 **Apologies for Absence**

- to receive Member's apologies.

2 **Declarations of Interest**

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

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

3 **Minutes from the previous meeting held on 07 July 2021** (Pages 9 - 16)

The Committee is asked to confirm the minutes are accurate.

4 **Public Question Time**

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

5 **Scrutiny for Policies, Adults and Health Committee Work Programme** (Pages 17 - 18)

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

- The Committee's work programme
- The Cabinet's forward plan

6 **Stroke Services - Consultation** (Pages 19 - 24)

To receive and discuss the report.

7 **Adult Social Care - Performance Report** (Pages 25 - 30)

To receive and discuss the report.

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8 **Supporting Unpaid Carers in Somerset** (Pages 31 - 60)

To receive a presentation and discuss.

9 **Any other urgent items of business**

The Chairman may raise any items of urgent business.

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Guidance notes for the meeting

1. **Council Public Meetings**

The former regulations that enabled virtual committee meetings ended on 7 May 2021. Since then, all committee meetings need to return to face-to-face meetings. The requirement is for members of the committee and key supporting officers to attend in person, along with some provision for any public speakers. However due to the current COVID restrictions and social distancing measures only a small number of people can attend as meeting room capacities are limited.

Provision will be made wherever possible for those who do not need to attend in person including the public and press who wish to view the meeting to be able to do so virtually. Anybody attending the meeting in person will be asked to adhere to the current Government guidance and Council procedures in place to safely work during COVID 19. These include limiting numbers in a venue, maintaining social distancing, using hand sanitisers, wiping down areas that you have used, wearing face coverings when not sitting at a table (unless exempt from doing so) and following one-way signs in the venue/building. You will also be asked to sign in via the NHS Test and Trace app or to sign an attendance record and will be asked relevant questions before admittance to the meeting. Everyone attending the meeting will be asked to undertake a lateral flow test up to 72 hours prior to the meeting.

Please contact the Committee Administrator or Democratic Services on 01823 357628 or email democraticservices@somerset.gov.uk if you have any questions or concerns.

2. **Inspection of Papers**

Any person wishing to inspect minutes, reports, or the background papers for any item on the agenda should contact Democratic Services at democraticservices@somerset.gov.uk or telephone 07790577336/ 07811 313837/ 07790577232

They can also be accessed via the council's website on www.somerset.gov.uk/agendasandpapers.

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

3. **Members' Code of Conduct requirements**

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

4. **Minutes of the Meeting**

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

5. **Public Question Time**

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

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

A slot for Public Question Time is set aside near the beginning of the meeting, after the minutes of the previous meeting have been agreed. However, questions or statements about any matter on the agenda for this meeting may be taken at the time when each matter is considered.

You must direct your questions and comments through the Chair. You may not take a direct part in the debate. The Chair will decide when public participation is to finish.

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

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

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

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

6. **Meeting Etiquette**

- Mute your microphone when you are not talking.

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

7. **Exclusion of Press & Public**

If when considering an item on the agenda, the Committee may consider it appropriate to pass a resolution under Section 100A (4) Schedule 12A of the Local Government Act 1972 that the press and public be excluded from the meeting on the basis that if they were present during the business to be transacted there would be a likelihood of disclosure of exempt information, as defined under the terms of the Act.

If there are members of the public and press listening to the open part of the meeting, then the Democratic Services Officer will, at the appropriate time, remove the participant from the meeting.

8. **Recording of meetings**

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

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

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

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SCRUTINY FOR POLICIES, ADULTS AND HEALTH COMMITTEE

Minutes of a Meeting of the Scrutiny for Policies, Adults and Health Committee held in the Luttrell and Wyndham Rooms, County Hall, Taunton, TA1 4DY, on Wednesday 7 July 2021 at 10.00 am

Present: Cllr H Prior-Sankey (Chair), Cllr M Healey (Vice-Chair), Cllr A Bown, Cllr M Caswell, Cllr P Clayton, Cllr A Govier and Cllr T Munt (Sub for Jane Lock)

Other Members present:

Cllr L Redman, Cllr D Huxtable, Cllr M Chilcott, Cllr B Revans, Cllr C Paul, Cllr F Nicholson, Cllr C Lawrence, Cllr J Lock, Cllr G Frascini, Cllr A Kendall and Cllr W Wallace

Apologies for absence:

Cllr G Verdon

4 Declarations of Interest - Agenda Item 2

There were no new declarations.

5 Minutes from the meeting held on 3 March 2021 - Agenda Item 3

The Minutes were agreed and signed.

6 Minutes from the special meeting held on Tuesday 16 March 2021 - Agenda Item 4

As this was a joint meeting; the portion relating to Adults and Health only was agreed.

7 Public Question Time - Agenda Item 5

There were no public questions.

8 Out of Hours Report - Agenda Item 6

The Committee had a report and presentation from Devon Doctors on the current Out of Hours service following a Quality Care Commission inspection which resulted in the service being graded as Requires Improvement. The Care Quality Commission undertook a further inspection of Devon Doctors Limited, on 7, 8 and 9 December 2020: this was a short notice announced focused inspection to follow up on the urgent conditions imposed on the provider and requirements made in July 2020. Due to other areas of concern highlighted during the three-day inspection the inspection changed from a focussed inspection to a full comprehensive inspection. Devon Doctors provided

responses to the concerns identified by Healthwatch and have included the mitigating actions within the wider improvement plan. Many of the concerns raised linked to the way in which the service has been designed to operate nationally and are outside of the control of Devon Doctors. In this instance, the provider is working with Healthwatch to provide feedback to the national teams. Devon Doctors is also working with Healthwatch to undertake focussed pieces of work across Devon and Somerset, although there is no current timeline with Devon Doctors Limited currently waiting for Healthwatch to reschedule a meeting postponed from earlier in the year.

During the period between the two inspections, Devon Doctors Limited undertook an Organisation-wide staff survey. This identified a number of areas where it was necessary to undertake Organisational Development. As part of the Turnaround support provided by the Devon and Somerset Clinical Commissioning Groups, Devon Doctors Limited has invested in a cultural review of the Organisation. The results of this review have been incorporated into an Organisational Development Plan. This work is ongoing, and the impact has been noted by the Care Quality Commission during their latest visit.

The challenges faced by Devon Doctors needs to be viewed against a background of a national and South West shortage of GP's. The service was heavily reliant on GP's when in fact the imperative should be the 'right clinician for the need of the patient'. The service has been redesigned to make use of a wider range of clinicians. There remains a performance challenge due to the continuing rise of demand across the service due to tourism and more people taking holidays in the UK and in particular the South West. There has been a 7% increase in the demand for the Our of Hours service and a reduction in the number of locum and agency staff due to the unprecedented demand of the Pandemic and staff needing a break for work after the demand f the past 18 months.

The Care Quality Commission continues to work closely with Devon Doctors to ensure the positive changes are maintained.

The Committee discussed the report and presentations, and the following points were raised: -

- There was a question about GP services resuming all appointments face to face and it was confirmed that throughout the pandemic all those who needed to be seen face to face were given such appointments but that for many patients it was not clinically necessary to be seen face to face and that for many appointments this would continue as it was more efficient and safe.
- There was some discussion about recruitment and in particular whether the level of pay for some was an issue.
- The peaks in demand in October and whether this was linked to a local spike in Covid cases. It was confirmed that the service did have an

obligation to assist the national demand and the peak coincided with a rise in cases in northern England rather than locally.

- There was a question about a very high spike in calls in June and the Committee were informed that this was due to one individual who was calling up to 30 times an hour. The individual has now been supported by a whole system response and is getting the support and care they need.
- The high turnover in support staff is due in part to the high-pressured nature of the role and the challenge of training remotely which has led to a slightly higher than usual turnover. Turnover is 10 -12% under normal circumstances but this is planned for in the staff panning.
- There is a much wider piece of work being carried out to address the workforce challenges across the whole system with the aim of making sure patients see the right person at the right time.

The Somerset Scrutiny for Policies, Adults and Health Committee:

- **Discussed the current position and service improvement work that has been carried out by Devon Doctors Limited, with Somerset Clinical Commissioning Group working alongside Devon Clinical Commissioning Group and the Care Quality Commission.**

CCG Performance and Quality report - Agenda Item 7

The Committee had a comprehensive report covering a wide range of services showing how each service had seen an increase in demand over the year. In summary the key areas covered were: -

- Primary Care -Continued high demand -49% of consultations were delivered face to face.
- NHS 111 -performance overall is good despite increased demand
- Ambulance Performance – Performance met standards for Category 1 patents but due to high volume of calls the waiting time for other categories has increased.
- A&E Performance – all Emergency Departments have seen an increase in demand
- Emergency Admissions -This has seen an increase in all hospitals covering Somerset.
- Elective Care -Referral to Treatment -Covid 19 has had a significant impact on elective waiting times due to the need to stand down activity to allow for Infection Control regulations.
- Elective Care -Diagnostic Waiting Times - adverse impact due to Covid 19 and all services have recorded increase in waiting times.
- Elective Care – Cancer - Significant reduction in the number of referrals.

- Mental Health -Improving Access to Psychological Therapies (IAPT) – Recovery rate is above the national ambition.
- Mental Health Children and Young People –
- Quality – Safeguarding initial health assessments are taking place within timescales but there is a concern around access to dental services.
- Quality Continuing Healthcare – The Continuing Health Care Team (CHT) was redeployed to support the initial Covid 19 response and assessments were deferred. All deferred assessments have now been completed.
- Quality -LeDeR – This is a record of notification received of deaths in relation to people with Learning Disabilities.
- Quality - Pressure Ulcers – numbers have been low in hospital settings but higher in community settings. The focus on these will restart in July 2021.
- Quality – Infection Control - All areas are monitored and addressed.
- Quality Maternity – KPI's for this are under review and more information will be provided in the next report.

The Committee were informed that the Minor Injuries Unit (MIU) based in Minehead had been forced to close overnight following a Somerset NHS Foundation Trust review. This came into effect on 1 July 2021. This follows an extended period of unscheduled overnight closures and recent concerns around the safety of the model of care available overnight. Over the next four months the Trust will undertake a full review of the safety concerns with the existing overnight service and the staffing model. The Trust will engage with partners, and patient and public representatives, to draw together proposals for how to address the issues with the overnight service within the resources available. The NHS111 represents a reliable and effective service which is readily accessible to all. The '999' service provides a 24/7 effective response to all medical emergencies which includes direct access to specialist definitive care.

The Committee discussed the detailed report, and the following is a summary of the discussion: -

- The Committee asked for clarification of one of the figures as the report recorded that there had been 296,668 Primary Care consultations during March and this figure seemed very high.
- The temporary closure of an operating theatre at Musgrove Park Hospital as part of the 'surge obligation'. The Committee was assured that this was part of the national response and was kept under review.
- The Committee raised a question in relation to the number of full-time equivalent staff deployed in Mental Health Services for young people and were offered some clarification in a separate briefing note. This note would also contain clarification on the number of adults users of mental health services who were signed off only to return at a later date.

- The Committee asked for further information on the number of deaths in the LD community where the cause of death was recorded as 'unknown' and this too was promised.
- The Committee expressed concern about the lack of prior consultation of the decision to suspend the overnight service at the Minehead MIU as this would have been helpful in ensuring local people knew about the decision and the rationale behind it.
- The Committee was concerned about the lack of availability of dental services for children in general as well as for those in care and asked for this to be included in a future meeting.

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

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- **Discussed the report and the noted the Quality, Safety and Performance as detailed in the report.**

10 SCC Business Plan Report - Agenda Item 8

The Committee considered a report setting out the Somerset County Council's Business Plan. The Business Plan stated what the County Council aims to achieve with partners and communities to deliver the County Vision. It performs the function of strategic direction for the authority at a step below, and in more detail than the County Council Vision, and above the individual service plans for each service within the organisation. This provides a 'golden thread' for each service to the County Vision and demonstrates the cross-cutting work and focus of the authority. This Business Plan builds on the work of the previous plan approved in 2018 but with a refreshed look at the key priorities for the County Council and reflects changes that have occurred over that time. There has been extensive consultation over recent months; including Scrutiny Committees, Directors and Senior Managers. All Members including Scrutiny attendees were invited to an informal briefing on the 17th of June to consider and provide feedback on the draft copy of the report.

The Business Plan is a forward-looking document. By its nature therefore, some activities required further work to define scope, funding and resource requirements. Where this is the case delivery will be subject to the Council's decision-making processes and MTFP requirements. Successful delivery of the Business Plan requires the County Council to work in partnership and collaborate with others. In the case of forward-looking activities delivery will be subject to the policy, financial and decision-making frameworks in which partners operate. The projects, programmes and activities referred to in the Business Plan will be subject to appropriate impact assessments on an individual basis.

The Somerset Scrutiny for Policies, Adults and Children Committee discussed and commented on the Somerset County Council Business Plan. They did not request any changes but did ask for a Glossary to be added.

11 Adult Social Care Performance Report - Agenda Item 9

It was agreed that this item would be moved to the September meeting.

12 Learning Disabilities Report - Agenda Item 10

The Committee was given a verbal update on Learning Disability support in Somerset. The Director for Adult Social Care began by paying tribute to all the Learning Disability staff who have worked so hard over the past year supporting the Learning Disability community over the last, very challenging year.

Throughout the pandemic the Council and providers have been supporting people. Providers have been very responsive to ensure people had appropriate support if their usual service offer could not be provided due to the pandemic. Providers have offered:

- Bespoke care and support packages
- Day care for limited people
- Technology support, including team / zoom calls and interactive social meetings

Supporting social care providers has been a key priority for Somerset County Council and its stakeholders throughout the COVID-19 pandemic. In recognition early on of the vital role our formal and informal care sector plays in our collective system resilience and response, we have sought to offer whatever support we can to minimize the risk of provider failure and offer additional protection to those members of the community reliant on local provision. This support will continue as our communities and the people we support adapt to a new way of working. The Council will continue to meet on a regular basis with Learning Disabilities and Autism providers.

Somerset County Council and the CCG have established a Learning Disabilities and Autism Strategic Partnership Board. The Board will be meeting on a bi-monthly basis and its membership includes representatives from the Council, CCG, SFT and providers. The Board will include representation from people who are supported by health and the council. The proposed co production work will identify how people supported by the Council want to be involved in the Partnership Board.

It has been agreed that the Council and CCG will develop separate strategies covering learning Disabilities and Autism.

During July to September the CCG and Council will work with people supported by health and the council to discuss and agree:

- A vision and key principles for Learning Disabilities and Autism,
- How people supported by the CCG and Council should be involved in the Partnership Board and
- What is important and to people supported by the CCG and council and agree some key priorities to be undertaken during the next 3 years.

The Adult Social Care Commissioning key themes have been developed into a service plan and for the next year they will be: -

- Choice and Control
- Market Management
- Discovery
- Strategic Commissioning

There was a brief update on the Discovery contract.

The ASC Commissioning Service plan also refers to the Council working with Discovery. Discovery Board have recently approved a two-year business plan. During the next 12 months the Council will be working with Discovery on the following key issues:

- **Day opportunities** – Discovery have developed a fresh approach to support people to have a community-based approach to support people during the day rather than attending a traditional day care setting.
- **Financial Model** – The Council and Discovery have completed a financial model that separates the cost of care from the cost of TUPE. This model will enable everyone supported by Discovery to be offered a Direct Payment/ ISF. It is anticipated that during the autumn work will commence to explain to people supported by Discovery the opportunity offered by a Direct Payment / ISF.
- **Property** – The Council are working with Discovery to review all of the property occupied by Discovery to understand the short, medium and long longevity of each dwelling. This review will be completed by end of October 2021 and will form a wider strategic review and engagement with the care market and Homes for England about the future demand for Supported housing and residential care.
- **Contract review** – The contract with Discovery is initially for 4 years, with an option for a 2-year extension. The initial contract ends April 2023. Discussions are ongoing with Discovery about whether the Council consider extending the contract.
- **Quality** – The Care Quality Commission regulates all care providers in Somerset.

- **People Supported** – The contract with Discovery allows for people to choose to a different provider as services operated by Discovery change.

The Committee discussed the report and raised some questions in relation to the first actions taken in relation to diagnosing autism and it was confirmed that this was often picked up in a school setting. There were some challenges around the CQC rating of some of the Discovery Care stings as there were four that were rated as Requires Improvement and this represented 25% of the service. It was acknowledged that there was a need for improvement and the CQC s working with Discovery to ensure sustainable improvements were introduced. There have been some changes at managerial level, and this should bring about long-term sustainable change.

The Somerset Committee for Policies Adults and Health

- **Agreed the proposed work priorities to be undertaken by the Adult Social Care service and its key stakeholders during the next 12 months.**

13 **Scrutiny for Policies, Adults and Health Committee Work Programme -** Agenda Item 11

The Committee considered and noted the Council's Forward Plan of proposed key decisions in forthcoming months including Cabinet meetings. The Committee agreed to move the ASC performance paper to September 2021, to have a workshop on Neighbourhoods and Communities in October and look to add access to NHS dentistry to a future meeting.

14 **Any other urgent items of business -** Agenda Item 12

There were no other items of business.

(The meeting ended at 12.50 pm)

CHAIR

Scrutiny for Adults and Health Work Programme – 2021

Agenda item	Meeting Date	Details and Lead Officer
	08 September 2021	
Carers Update (following previous workshop) NHS Consultation - Stroke Services in (BNSSG) ASC Performance		Vicky Chipchase/Emily Fulbrook Rebecca Dunn/ Maria Heard Nikki Shaw
	06 October 2021	
Neighbourhoods and Communities -Workshop		Mel Lock/Jane Yeandle
	03 November 2021	
(Feedback from Transitions Workshop in October Performance and quality report CCG to include Primary Care Safeguarding		Tim/Emily Fulbrook/Claire Merchant Jones) Maria Heard Mel Lock
	08 December	

ITEMS TO BE ADDED TO AGENDA:

Impact of Covid on health and care staff, oral health, Deprivation of Liberty Safeguarding (awaiting legislation)

NHS Consultation (MPH redevelopment) -Phil Brice/Ian Boswell to be added to Jan or Feb 2022

Note: Members of the Scrutiny Committee and all other Members of Somerset County Council are invited to contribute items for inclusion in the work programme. Please contact Julia Jones, Democratic Services Team Leader, who will assist you in submitting your item. jjones@somerset.gov.uk 01823 355059 or the Clerk Jennie Murphy on jzmurphy@somerset.gov.uk

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Somerset County Council

Scrutiny for Policies, Adults & Health Committee

– 8 September 2021

Improving Stroke Care in Bristol, North Somerset and South Gloucestershire

Lead Officer: Sian Barry BNSSG CCG/Maria Heard Somerset CCG

Author: Sian Barry

Contact Details: sian.barry5@nhs.net

Cabinet Member:

Division and Local Member:

1. Summary

- 1.1.** This report sets out the proposals to improve Stroke care in Bristol, North Somerset and South Gloucestershire; to inform the Somerset Health Overview Scrutiny Panel (HOSP) of the proposals to support the HOSP to consider the impact on Somerset residents.
- 1.2.** The proposals for improving Stroke care are centred on the Bristol, North Somerset and South Gloucestershire population. The impact of the proposals on Somerset providers has been assessed as part of extensive capacity and demand modelling and has been assessed as less than 1 additional patient per week being treated at Musgrove park Hospital.

2. Issues for consideration / Recommendations

- 2.1.** Scrutiny Committee is asked to consider and comment on the proposals for improving Stroke care in Bristol North Somerset and South Gloucestershire.

3. Background

- 3.1.** Stroke is the fourth biggest killer in the UK and a leading cause of disability.

Stroke is firmly on the National health agenda and NHSEI have recognised the opportunity to improve the mortality and quality of life of people who have had a stroke. The National Stroke Programme, which is a collaboration between NHSEI and the Stroke Association, supports local organisations to meet the ambitions for stroke set out in the NHS Long Term Plan and deliver better prevention, treatment and care for the 85,000 people who have a stroke in England each year.

- 3.2.** It has been a longstanding ambition of the Bristol, North Somerset and South Gloucestershire Healthier Together Partnership to improve stroke services and outcomes for everyone in its area. The Bristol, North Somerset and South Gloucestershire Stroke Programme Board – made up of people with lived experience of stroke, senior clinicians and staff – has worked together over a number of months

to redesign stroke services in line with national standards and ensure that more lives are saved each year.

A pre-consultation business case detailing proposals for a future model of Stroke care was approved by BNSSG CCG Governing Body on 1 June 2021; approval of the business case supported commencement of a formal public consultation on 7 June 2021.

- 3.3.** The current model of Stroke care in BNSSG does not have a designated Hyper Acute Stroke Unit (HASU) despite BNSSG having a supra-regional thrombectomy centre at Southmead Hospital. Suspected strokes are taken to the closest one of three acute hospitals: Southmead Hospital, Bristol Royal Infirmary (BRI) and Weston Hospital. Each of these hospitals provides consultant-led acute care, including thrombolysis. However, Weston Hospital does not accept suspected stroke patients conveyed by ambulance after 5pm (or at weekends) and the BRI does not accept patients after 11pm.
- 3.4.** A clear case to change the provision of stroke care in BNSSG has been put forward by the BNSSG Stroke Programme. This case has been reviewed and tested with clinicians and patients with lived experience through extensive engagement. The case for change demonstrates that:
- Demand for stroke care will increase and the specialist stroke workforce available to provide care is limited.
 - The provision of stroke services varies depending on where people live in BNSSG.
 - Outcomes for people that have a stroke in BNSSG vary depending on where they receive treatment.
 - NHS commissioners have a responsibility to ensure that every pound
 - spent on behalf of tax payers offers as much health benefit to the population as possible.

When fully implemented, the BNSSG Stroke Service will result in demonstrable improvements in clinical outcomes for people that have experienced a stroke and ensure that everyone that lives in BNSSG, has the same access to highly specialised life-saving interventions through a single specialist centre.

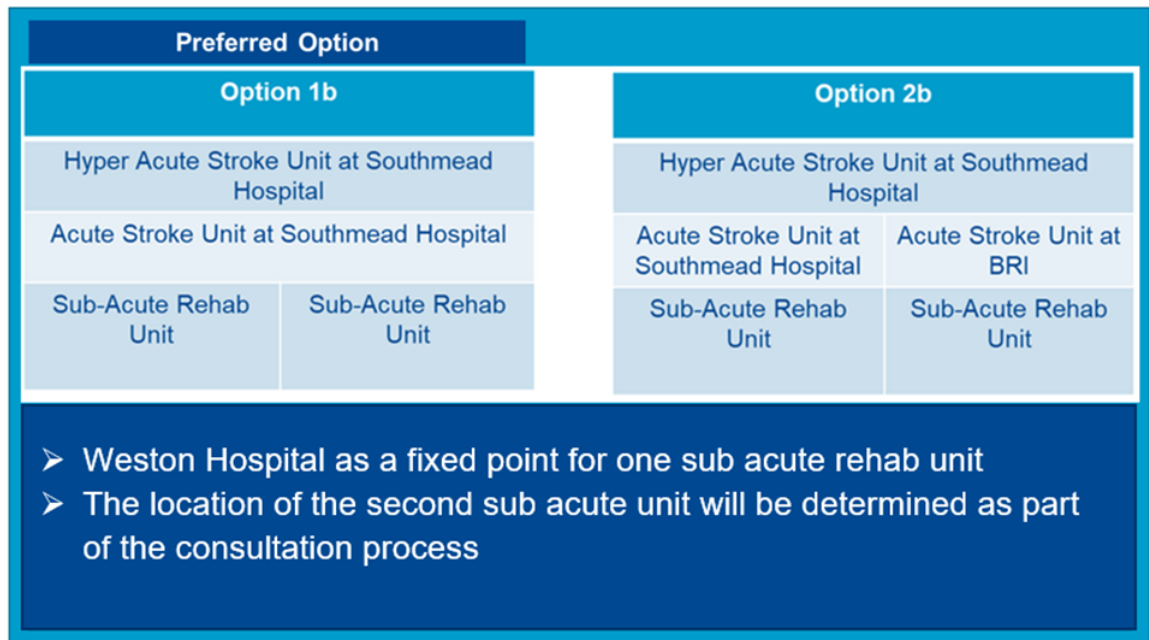
- 3.5.** The pre-consultation business case outlined proposals for the future model of Stroke services in BNSSG. These proposals are centred on the population of Bristol, North Somerset and South Gloucestershire.

The proposals for change are the result of in-depth review of current service provision, best practice guidance from the National Stroke Programme and NICE and detailed clinical evaluation to determine a preferred configuration of stroke care across BNSSG.

The proposals for change were considered in March 2021 by the South West Clinical

Senate as part of the NHS E/I Stage Two Assurance (Clinical Review); this review concluded that a “Robust case for change and model supported by evidence and best practice” was demonstrated by the PCBC.

The below diagram summarises the proposals put forward for improving Stroke care in BNSSG.



3.6. Improving Emergency Care

The proposed model for BNSSG centralises hyper acute care for stroke patients at a single site in Southmead Hospital, which will have a “hyper acute stroke unit” (HASU) and become a “Comprehensive Stroke Centre” under the new National Stroke Service Specification.

Evidence shows that reorganising stroke services and creating large Hyper Acute Stroke Units (HASUs) with the equipment and expertise to treat patients all day, every day, can save lives and improve outcomes.

This means that ambulances would no longer convey people with suspected strokes to Weston Hospital’s A&E or the Bristol Royal Infirmary’s (BRI’s) A&E. South West Ambulance paramedic crews that attend a patient with a possible stroke diagnosis within the past 24 hours convey them to the HASU at Southmead Hospital for immediate care and treatment, regardless of where they live in the BNSSG area (the only exception to this are patients in the Sedgemoor area, whose closest hospital in place of Weston Hospital is Musgrove Park Hospital in Taunton); this has been modelled and will affect less than one patient per week.

3.7. Improving Ongoing Hospital Care

There are two clinically viable options to consider for acute care following on from the hyper-acute episode:

Option 1 proposes that a single acute stroke unit (ASU) is established, co-adjacent to the HASU, based at Southmead Hospital. In this Option, a specialist stroke workforce would be provided onsite at the BRI to support patients whose specialist needs mean that they cannot be transferred to the Southmead Hospital HASU/ASU (e.g. patients needing cardiac specialist support). The service model at Weston Hospital means that there are unlikely to be patients in that hospital who could not be transferred, therefore stroke patients in Weston Hospital would all transfer to Southmead Hospital.

Option 2 proposes that two ASUs are established, one would be co-adjacent to the HASU based at Southmead Hospital and one would be based within the BRI. The ASU based at the BRI would support patients who have other specialist needs that can only be provided on the BRI site. As above, stroke patients in Weston Hospital would all be transferred to Southmead Hospital for HASU care, but they would “step down” to the ASU at the BRI, as patients currently in the BRI catchment area would, once the HASU episode was complete.

Both options for the future configuration of Stroke care have been included within the public consultation. However based on advice from the Clinical Senate, a preferred option that reduces handovers in care for patients, most consolidates the workforce and improves the affordability has been identified by health system partners. This is: a single HASU (Hyper-Acute Stroke Unit) and ASU (Acute Stroke Unit) located at Southmead Hospital with two SSARUs (Stroke Sub-Acute Units).

3.8. Improving Rehabilitation

Rehabilitation is a key Under the proposed changes many people will be supported directly home from hospital supported by a new integrated community stroke service (ICSS).

For those that need continued inpatient care in a stroke sub-acute rehabilitation unit (SSARU), care is desirable as close to home as possible. This has to be balanced against the available workforce. Smaller units also require more flexibility in their inpatient capacity and this could lead to more stroke patients not being treated in a designated community stroke bed. To balance the provision of local care, meet population health needs and ensure equity of access, with a model that consolidates the clinical workforce and is more affordable, a proposal to have two Stroke Sub-Acute Rehabilitation Units has been put forward.

For a small number of patients from North Somerset whose acute care is transferred by these proposals to Musgrove park Hospital capacity has been modelled and planned for continuation of care within the BNSSG Sub-Acute Rehabilitation Units and further rehabilitation at home.

3.9. Population health information demonstrates that the population of Weston are at high risk of stroke and Healthier Together partners have therefore confirmed that one of the SSARUs should be located in the Weston area; Weston Hospital site is therefore proposed as a fixed location for a SSARU in the South of the BNSSG area. A second

site for a SARU is subject to consultation and further refinement of potential estate options. However this will be based in the Bristol/South Gloucestershire area and a commitment to use existing or planned NHS estate has been made.

4. Consultations undertaken

4.1. Following approval by the Bristol, North Somerset and South Gloucestershire CCG (BNSSG CCG) Governing Body of a pre-consultation business case on 1 June 2021 a public consultation was launched on 7 June 2021 for a period of 12 weeks. At the point of completion of this report a total of 1,550 responses to the consultation had been received. The below bullet points summarise the engagement undertaken to publicise and share the consultation proposals:

- 7 Public events
- 20 outreach meetings/events across BNSSG
- 5 staff events
- 456 attendances across events (includes outreach meetings guided by the EIA, staff and open public events)
- 132k organic social media impressions
- 230k paid social media impressions
- 8,182 website visits

Regular media coverage (including local print and tv media), paid advertising and door-drop partnership with Reach PLC has been undertaken. Information regarding the proposals have been shared with district councils (including Sedgemoor DC) and Somerset CCG to publicise through newsletters, members bulletins and local voluntary and community sector.

4.2. Prior to approval of the pre-consultation business case engagement and support to the proposals as set out in the business case was sought and received from Somerset FT and Somerset CCG.

4.3. On 28th April 2021, a meeting with the Chair of the Somerset Scrutiny Committee confirmed that the BNSSG Stroke Programme would attend a Somerset Scrutiny Panel meeting in public in September 2021 to receive informed feedback from all members.

5. Implications

5.1. The BNSSG Stroke Programme proposals has been underpinned by detailed financial and capacity planning (baseline 2018/19 activity) and detailed modelling of ambulance flows. The planned bed capacity has been tested using a simulation model, which was developed in the local health system and has been published in a peer-reviewed journal, to check and validate the operational assumptions. The modelling has further been tested by the South West Clinical Senate and NHSEI through the Stage 1 & 2 Assurance Process.

- 5.2.** Detailed modelling of the impact on ambulance response times and travel times has been undertaken as part of the BNSSG stroke programme to ensure that patients and their families are not disadvantaged as a result of the proposals for change.
- 5.3.** This modelling has demonstrated that less than one patient per week will be diverted from Weston Hospital (site of current treatment pathway) to the HASU at Musgrove Hospital in Taunton.
- 5.4.** The modelling has also demonstrated that less than one Somerset patient currently treated at Weston General Hospital will be affected by the proposed changes to Stroke care. These patients will benefit from transfer to the centralised specialist emergency care at the proposed HASU at Southmead.
- 5.5.** The Stroke Programme has modelled the benefits and outcomes from the proposals to improve Stroke care in BNSSG and determined that:
- Survival rates could improve by 1% - 15 lives saved
 - 70 more people living independently at home (58 in BNSSG)
 - 68 new people living permanently in care homes would be avoided (57 in BNSSG).

6. Background papers

- 6.1.** Improving Stroke Services in Bristol North Somerset and South Gloucestershire: A public consultation <https://bnssghealthiertogether.org.uk/stroke-services/>
BNSSG Stroke Programme Pre-Consultation Business Case
<https://bnssgccg.nhs.uk/library/governing-body-paper-1-june-2021-item-61/>

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

Adult Social Care Performance Update

Lead Officer: Mel Lock, Director of Adult Social Care

Author: Niki Shaw, Strategic Manager, Quality & Performance, Adult Social Care

Contact Details: NXShaw@somerset.gov.uk

Cabinet Member: Cllr David Huxtable, Cabinet Member for Adults

Division and Local Member: All

1. Summary

- 1.1. The pandemic has reminded all of us of the importance of collaboration, communities, and of the care, support and protection of those who need some help the most. It has served to demonstrate why adult social care work is both vital and valuable. But it has also served to demonstrate the fragility of the sector, with COVID-19 adding significant additional need, activity and challenges to an already over-stretched and under-resourced set of services and supports for old and disabled people over the course of the past year and a half.
- 1.2. This report seeks to update Scrutiny Committee members on key updates in relation to demand and performance activity across adult social care, as well as associated risks and mitigation plans.

2. Issues for consideration / Recommendations

- 2.1. Scrutiny Committee to note the key updates provided in relation to Adult Social Care demand and performance.
- 2.2. Scrutiny Committee to consider whether it wishes to make any recommendations arising from the report and discussion.

3. Background and Adult Social Care Performance Update

- 3.1. In June 2021, the Association of Directors of Adult Social Services (ADASS) published its [Activity Survey](#) which painted a picture of growing levels of need and requests for support across most aspects of adult social care.

Its [Spring Survey report](#), published in July, provided further evidence of unmet and under-met need, with local authorities increasingly having to rely on short-term funding and use of reserves to deliver care and support. The report noted that every Prime Minister since 1997 has promised reform and sustainable funding for adult social care but all have left office without delivering on that ambition to date.

- 3.2. Councils across the country are known to be facing significant pressures as rising numbers of people are seeking help, care and support as society has started to open up again. Both nationally and locally here in Somerset, there is growing evidence of ‘carer breakdown’ where families have coped without respite during the worst of the pandemic but are no longer able to carry on without assistance. Additionally, the inter-dependence of social care and the NHS has never been starker, with Local Authorities supporting growing numbers of individuals either awaiting hospital admission or being discharged from hospitals, with increasing numbers going on to have a social care package of support. ‘System pressures’

right across health and care sector services and organisations, particularly over the summer period, has meant there is a lot of reactive urgency to our work, with little additional time, capacity or resource to proactively plan. There are also well known and long-standing challenges across the sector in relation to pay, recruitment, retention and turnover in care, highlighting the importance of a long-term national workforce plan. Care market sustainability is a continued concern and vital in mitigating risks of unmet care need within local communities and from hospitals.

The following sections outline the primary performance messages for Adult Social Care:

3.3. Demand for care and support

- The volume of contacts/calls handled by Somerset Direct, the Council's 'front door', increased by approximately 33% when comparing April 2020 data with April 2021 figures.
- This same demand is evident within the work of our Adult Social Care operational 'Locality' teams, with rising numbers of contacts received into social care and assessments being completed.
- Inevitably, this rising demand for support is impacting on timeliness of response; it is taking staff longer to allocate work, although the service is still managing to complete high proportions of assessments within 28 days, as evidenced by the table below:

Assessments:

	April	May	June
% allocated within 7 days	85.6%	71.2%	68.3%
% completed within 28 days	73.8%	95.0%	93.3%

However, the impact of this growth means there are growing numbers of overdue assessments and annual reviews. There are currently 387 overdue Care Act Assessments, which are risk assessed on a routine basis for urgency, and 1,894 reviews more than a month beyond the year overdue. These are also being risk assessed so we prioritise any outstanding review over a year for any out of county placements (*of the number above, 44 are placed out of county*) and anyone who lives in their own home first.

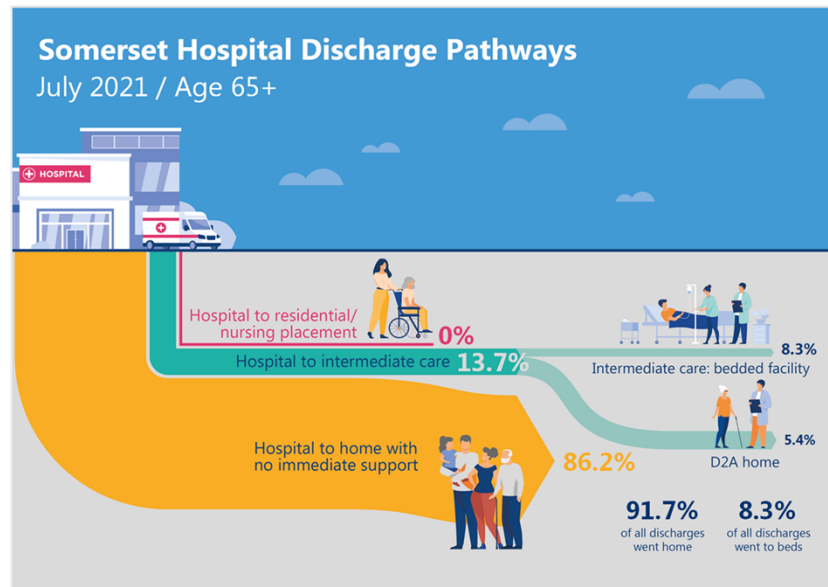
3.4. Adult Safeguarding

- Somerset has seen an overall reduction in the number of adult safeguarding concerns raised with the Local Authority during 2020/21 compared with the previous year, and also the number of concerns that require a Section 42 formal Safeguarding Enquiry process to commence.
- There has been a rise in the number of 'self-neglect' cases (66 in 2020/21 compared with 49 in 2019/20). We understand this rise to be directly influenced by greater community responses during the pandemic, with more neighbours looking out for each other for example, volunteers providing support within communities, and ambulance crews attending people's properties.

3.5. Intermediate Care and Discharge to Assess (D2A)

- During the pandemic, Somerset's D2A home pathway and Rapid Response Team (providing support to avoid unnecessary hospital admissions) rose to the challenge of significant rises in demand for intermediate care whilst ensuring

- fewer people required long-term care.
- D2A supported over 40% more people in 2020 than in 2019, with more complex needs being supported at home than in rehab beds, and, by embedding a 'home first' ethos, the county saw an incredible 86% reduction in care placements from hospital during 2020.
 - Somerset has recently been shortlisted for a Health Service Journal award for our Intermediate Care Model under the Health and Local Government Partnership Award category, as well as being shortlisted for an award in the Local Government Chronicle under health and social care.
 - The latest available Hospital Discharge Pathway outcomes data for July 2021 is captured below, with 91.7% of all hospital discharge patients returning home.



3.6. The independent care provider market & external social care workforce

- Demand for homecare has continued to rise, both locally and nationally. This reflects our 'home first' and D2A focus outlined above, as well as the growing demand for adult social care more generally.

Average hours of care sourced per month¹:

- 2019/20 = 1,076 hours
- 2020/21 = 1,758 hours (an increase of some 63%)
- 2021/22 Q1 = 1,504 hours

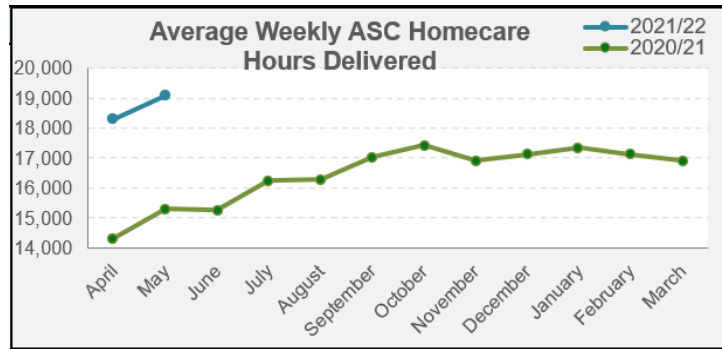
Average care package size per month

- 2019/20 = 9.9 hours
- 2020/21 = 10.6 hours (an increase of some 7%)
- 2021/22 Q1 = 10.26 hours

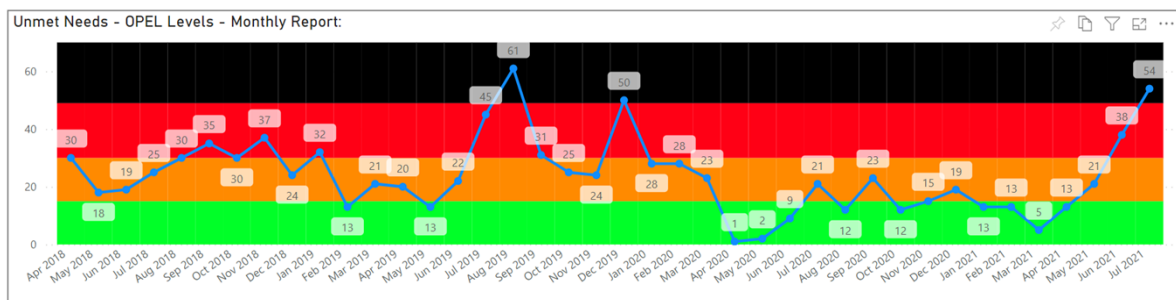
Hours of care delivered per month

- March 2020 = 71,486 hours
- March 2021 = 81,419 hours (an increase of some 13%)
- April 2021 = 90,404 hours
- May 2021 = 93,426 hours
- June 2021 = 82,721 hours

¹ These figures relate to new packages of care requested via our Sourcing Care Service



- The service is experiencing rising levels of unmet care need over a significantly pressured ‘summer holiday’ period, consequent to factors relating primarily to staffing shortages within care provider services which continue to struggle to both recruit *and* retain staff, as well as having to adjust to the impacts of the ‘pingdemic’ and staff absence.



The Local Authority is having to risk assess and manage growing care package ‘handbacks’ (due primarily to a lack of domiciliary care provider staff) alongside the number of people already awaiting a care package to commence. Since June 2021, there have been 56 homecare packages ‘handed back. 31 (55%) have since been sourced, 11 (20%) are currently waiting to be sourced, and the remaining 14 packages (25%) are being reviewed by our operational social care teams.

- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021 (the “Regulations”), make it mandatory for those working in care homes to have the Covid-19 vaccination. This requires all staff to be double vaccinated by 11th November 2021; therefore (given the need to maintain 8 weeks between the two injections), will require staff to be single vaccinated by 16th September 2021.

We currently have 4,848 residents in regulated care settings and 7,897 staff. Of those, the vaccination rates are currently:

4,644	95.79%	Resident first dose
4,562	94.10%	Resident second dose
7,180	90.92%	Staff first dose
6,674	84.51%	Staff second dose

These figures suggest we have 717 staff members in care homes who have yet to be vaccinated with first dose, just under 10% of the care home workforce.

We are hopeful that a number of these will come forward for vaccination, and will repeat the monitoring exercise in September, but have to accept that we will

lose a significant number of staff. There are at least 110,000 care staff vacancies already in the UK and this is significantly impacting on the ability of local authorities and provider organisations to deliver packages of support, as detailed above. This is likely to worsen with mandatory vaccination and that situation places the social care system at greater risk of being unable to source timely and appropriate packages of care.

The Regulations not only require care home staff to be vaccinated but also any visiting professionals who need to enter the home to conduct assessments. This clearly includes ASC staff and the need to conduct assessments inside care homes is a core, fundamental part of the professional role of the vast majority of ASC staff. At this stage there are known to be only a handful of internal staff currently not accepting vaccination who may be required to enter care homes to undertake assessments (17 staff in total).

- Leading Local Government publication, the MJ, has shortlisted Somerset County Council for three separate Achievement Awards this year, which include 'Best Workforce Transformation' for its redeployment work during the pandemic, 'Community Heroes' for the work of Community Council for Somerset's Village and Community Agents, and 'Delivering Better Outcomes' for Somerset's Micro-providers, independent care providers who have proved a lifeline for the county's more isolated and rural populations throughout the pandemic. The live awards take place in London on 17 September 2021.

3.7. Internal Adult Social Care workforce capacity and practice quality

- Workforce continues to create challenges for the service, with turnover of staff a particular issue within Adult Social Care hospital and locality operational teams. The service has also seen some rising sickness absence particularly in relation to headaches/migraines and stress/anxiety-related illness. Of primary concern is the vacancy situation and high locum (agency) usage. There are currently 38 whole time equivalent vacancies across operational teams; these equate to 14% of the workforce in our Localities teams and 35% of those in our Hospital Interface teams. Recruitment activity continues and some staff have been recruited, but this is an area of continued focus and effort for the service, alongside retention of existing staff at a time of increased demand and pressure.
- The new Adult Social Care application case management system, Eclipse, went live in June 2021, with a successful launch across teams. Further modules will be implemented next year where we will then have a fully integrated system with Finance. Eclipse has the ability to adapt and evolve to better support ASC with practice development, quality assurance and robust data management.

4. Consultations undertaken

- 4.1.** Adult Social Care has continued to invest in strong engagement with the independent care provider market during the pandemic, with the quality and extent of our support and response activity receiving national recognition and praise. Our June 2021 survey of local adult social care providers, across a wide range of settings and services, revealed that, overall, 88% had felt 'well (49%) or 'very well' (39%) supported by the health and care system during the pandemic. The results and analysis of the survey have been widely shared across system partners to support recovery and transformation efforts. The service has recruited a Proud to Care Engagement Lead to work alongside care providers in

developing a strategy to help promote care as a valuable and viable career option, and champion the care sector workforce.

5. Implications

- 5.1.** The service maintains an up-to-date risk register on the corporate JCAD system, and has ensured transparency of risks and all possible mitigations at levels throughout the health and care system, and County Council. Financial monitoring also takes place on a routine basis with reporting at all levels.
- 5.2.** There are practice concerns associated with a service under such significant pressure, and the need to continue to develop professional practice in line with our practice quality framework, professional standards and the requirements of forthcoming legislative changes including the Liberty Protection Safeguards (LPS). The service has invited SWAP Internal Audit Services to undertake an objective review of how the service supports practice and performance oversight. This work will include that undertaken by the Principal Social Worker and Principal Occupational Therapist within Adults Social Care, and explore recent auditing activity undertaken within the service, including supervision frequency and quality, and a review of activity being undertaken by Adult Social Care Practitioners.

6. Background papers

- 6.1.** Adult Social Care – Care Provider Survey Results (June 2021)

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

Supporting unpaid carers in Somerset

Lead Officer: Emily Fulbrook (Operations) and Vicky Chipchase (Commissioning)

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Cabinet Member: Cllr David Huxtable

Division and Local Member: All

1. Summary

- 1.1. The 2011 Census shows that there are approximately 6 million unpaid carers nationally. In Somerset, 58,000 have identified themselves as carers and there are many more that we don't know about. We recognise and value the contributions that carers make to our communities and want to make sure we are supporting them to carry out their caring role and to achieve their aims and ambitions.

Somerset County Council commissions a broad range of support services for carers. These services are currently commissioned by Adults & Health and Children and Young People and delivered by several different providers. We would like to make sure that these services continuously improve to ensure that they are meeting carers needs now and into the future. We would like to involve carers and our partners to help us to understand what is working well and where we need to further develop services and practices in order for carers to get the right support they need at the right time.

This report sets out how by working together, we will seek to continually develop our offer for carers, introduce new ways of working to develop more choice and control for Carers to realise their ambitions whilst ensuring equity of service provision and improved outcomes.

- 1.2. This work supports the County's joint Vision of:
- A County of resilient, well-connected and safe and strong communities working to reduce inequalities.
 - A County and environment where all partners, public, private and voluntary sector, focus on improving the health and wellbeing of all our communities

2. Issues for consideration / Recommendations

- 2.1. Members of the Scrutiny Committee are asked to endorse the aims of the Carers Continuous Improvement Plan.

3. Background

- 3.1. In December 2019 we had an opportunity to involve Scrutiny Members to help us co-design a Carers Transformation Programme. This took place as a workshop where members were able to hear about commissioned services for carers and

benefited from hearing about the experiences of a carer (Alison Birkett) who articulated very well the frustrations and concerns that carers can face on a day to day basis. The event led to the launch of the Carers Transformation Programme and a plan of carer engagement was about to get underway, but unfortunately had to be put on hold due to the Pandemic.

- 3.2.** The Pandemic has affected carers in many ways, and we have had to adapt the way in which we provide support and have therefore adjusted our plans. 48% of UK population supported someone during lock down (compared with 11%).

The Somerset Corona helpline 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.

The Somerset Carers Service (provided by the Community Council for Somerset - CCS) provided online carers groups, a dedicated helpline and a website for carers. They also worked closely with colleagues from SPARK Somerset to develop in excess of 70 community support groups across the County, many of which were providing vital support to carers in their neighbourhoods.

During the Pandemic CCS also extended the role of all their Village Agents and Carers Agents to ensure carers are supported by all (i.e. not just the 5 assigned carers agents) which meant there were a total of 63 agents who supported over 8,000 carers during the critical months of the Pandemic.

- 3.3.** There has since been a further re-organisation of the Somerset's Carers Service. In early 2020, following extensive consultation with all Agent teams, external partners and stakeholders and beneficiaries, CCS made the decision to rename all Carers Agents as Village Agents and adopt a "One Family, One Agent" approach. This has streamlined and standardised the service, ensuring that there is no confusion for people about the role of each Agent, but also importantly there are no barriers to accessing Agent support as all Agents now support Carers – thus effectively quadrupling the size of the team.

CCS have also consulted with stakeholders, partners and beneficiaries to establish what other improvements could be made to our offer and this resulted in the development of (initially) a Carers Academy now renamed Carers Hub, which is more accessible. This is a considerable upgrade to the Carers Website, which is due to be launched in September (delayed due to the pandemic), to incorporate a range of additional support, training, advice and information to help carers in their caring role. There will be multiple options for delivery including face to face and online and the Hub will regularly be updated with courses and training also delivered by partners and options for social interaction, physical activity and carers groups.

CCS has recently appointed a new Development Manager (funded from core funds and not specifically the Carers commissioned service) who will be the strategic lead for important services such as Carers and Community Agents and will assist in identifying new areas where CCS can add value to health and social care systems in Somerset. The role will also attend the South West Carers Strategic meetings and liaise at a strategic level to ensure we deliver the best

possible service for carers including to contribute to their voice and influence.

CCS has also recruited a specialist Carers Service Coordinator whose role is to support the Agents and the overall Carers service by providing a single point of contact for health and social care professionals and primary care carers champions. The aim is to ensure that every single GP practice has a champion who has knowledge of the support on offer from the Carers Service and who is armed with the necessary information to make appropriate referrals to Agents and provide information and advice in the practice. This will involve working closely with the partners in the service, Spark Somerset. They have also appointed a dedicated Carers Support Worker to specifically work with the carers groups and online forums to offer support for carers and former carers.

CCS Village and Community Agents with SCC have been nominated and shortlisted in the Municipal Journal Awards for the exceptional Covid response, which included coordinating the Somerset Food Resilience Task Force distributing 678,150 items of food, undertaking 78,035 community support activities and 357,721 people through our Talking Café Lives. A decision is expected in September at the awards ceremony in London.

Over the last 12 months CCS have also made significant improvements to the data capture system and customised it further to ensure they are collecting the most useful data to drive service efficiencies and improvements. See Appendix 1 for current service data since April.

- 3.4.** The Carers Transformation Programme has been reviewed and re-developed into The Somerset Carers Continuous Programme which will be an ongoing plan of activities that will be designed and delivered in partnership with the Clinical Commissioning Group our contracted service providers and carers.

The aims of the Programme are to:

- Continue to improve internal practice and processes 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 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 through transition get the support that they need.
- Develop new ways to support carers to ensure that services are flexible and gives 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.

A working group has been established between commissioning and operations to oversee the design and implementation of a training module for SCC's workforce, including promoting Direct Payments to Carers, and how we can improve

monitoring of carers through Eclipse. The group will also look at how we can use tools like The Loop to promote best practice as well as learning from other Local Authorities through the Association of Directors of Social Services Commissioning Leads Network. This will have a particular focus on innovation for respite options for carers.

3.5. Adult Social Care also undertake formal carers assessments. During 2019/20 a total of 92 assessments were carried out, 55 of which were combined carers assessments. Between 2020/21 a further 72 assessments were completed.

3.6. A new Somerset Carers Strategic Group has been convened to oversee the refresh of Somerset's Commitment to Carers that was developed by Carers Voice Somerset in 2016. The Group consists of health and social care commissioners, commissioned service providers as well as voluntary and community sector organisations that deliver support to carers in Somerset. The group have identified a significant gap in terms of hearing the voice of carers, Carers Voice Somerset became unactive during the Pandemic and a proposal for a new Carers Engagement Service has now been developed by the Group.

The ASC Assistant Director and the Operational Strategic Manager attended the full Board meeting of Somerset NHS Foundation Trust to further illustrate the needs of carers in and out of hospital based care. The Trust also runs Carers services, supporting their own dementia and older mental health clients. The Board heard from carers themselves about the difficulties faced and the Chief Nurse and head of Mental Health are working with us and their teams on improving the awareness and offer. We intend to reintroduce a physical presence of the Carers Service in our hospitals when it is safe to do so.

3.7. The newly designed Carers Engagement Service linking into the Strategic Group is expected to improve the ways that SCC, and system partners, engage with the unpaid caring community in Somerset on an ongoing basis, this includes young carers. We want to hear more voices and widen the reach of carers networks and influence. The aims and objectives of the service will be to:

- empower and supports unpaid carers to make their voice heard in a wide range of situations.
- Ensure more unpaid carers voices are heard especially those from communities likely to suffer health inequalities
- Provide opportunities for Integrated Care System partners to consult and engage with the Unpaid Carers Community.
- Ensure the unpaid carers voice is heard by system partners and works in partnership to improve the lives of unpaid carers.
- Feedback to unpaid carers on the difference that their involvement has made.

- Demonstrate a dedication to continuous improvement.
- Commission, monitor and review services that support the current and future needs of unpaid carers in Somerset

The service will be commissioned through a light touch Expression of Interest process which will be started in September.

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

Appendix 1 – SCC Carers Service demand data collection (New) (April 2021-June 2021)

	Running Total	Apr	May	Jun
Total Number of Carers Supported	592	160	209	223
Age 18-25	6	3	1	2
Age 26-64	119	34	48	37
Age 65 -84	178	46	64	68
Age 85+	52	12	15	25
Pref not to say	35	5	14	16
Not recorded (AA)	202	60	67	75
Total Number of New Carers Supported	406	106	151	149
Age 18-25	5	2	1	2
Age 26-64	94	26	43	25
Age 65 -84	141	31	56	54
Age 85+	39	9	11	19
Pref not to say	25	3	12	10
Not recorded (AA)	102	35	28	39
Total number of Carers resolve first contact (AA)	202	60	67	75

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Supporting unpaid Carers in Somerset

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**Scrutiny Committee
8th September 2021**



— Summary

- 6 million carers provide unpaid care nationally
- In Somerset, 58,000 have identified themselves as unpaid carers (2011 Census)
- 1 in 8 adults are unpaid carers
- 6000 people become unpaid carers everyday
- Many carers do not know how or where to get help
- Caring can be frightening and lonely

We will continuously improve our offer to meet the needs of carers now and into the future.....



Adult Carers Services in Somerset

- Community Council for Somerset's – Somerset Carers Service
- Somerset Foundation Trust – MH Carers
- Various Community & Voluntary Sector organisations supporting carers





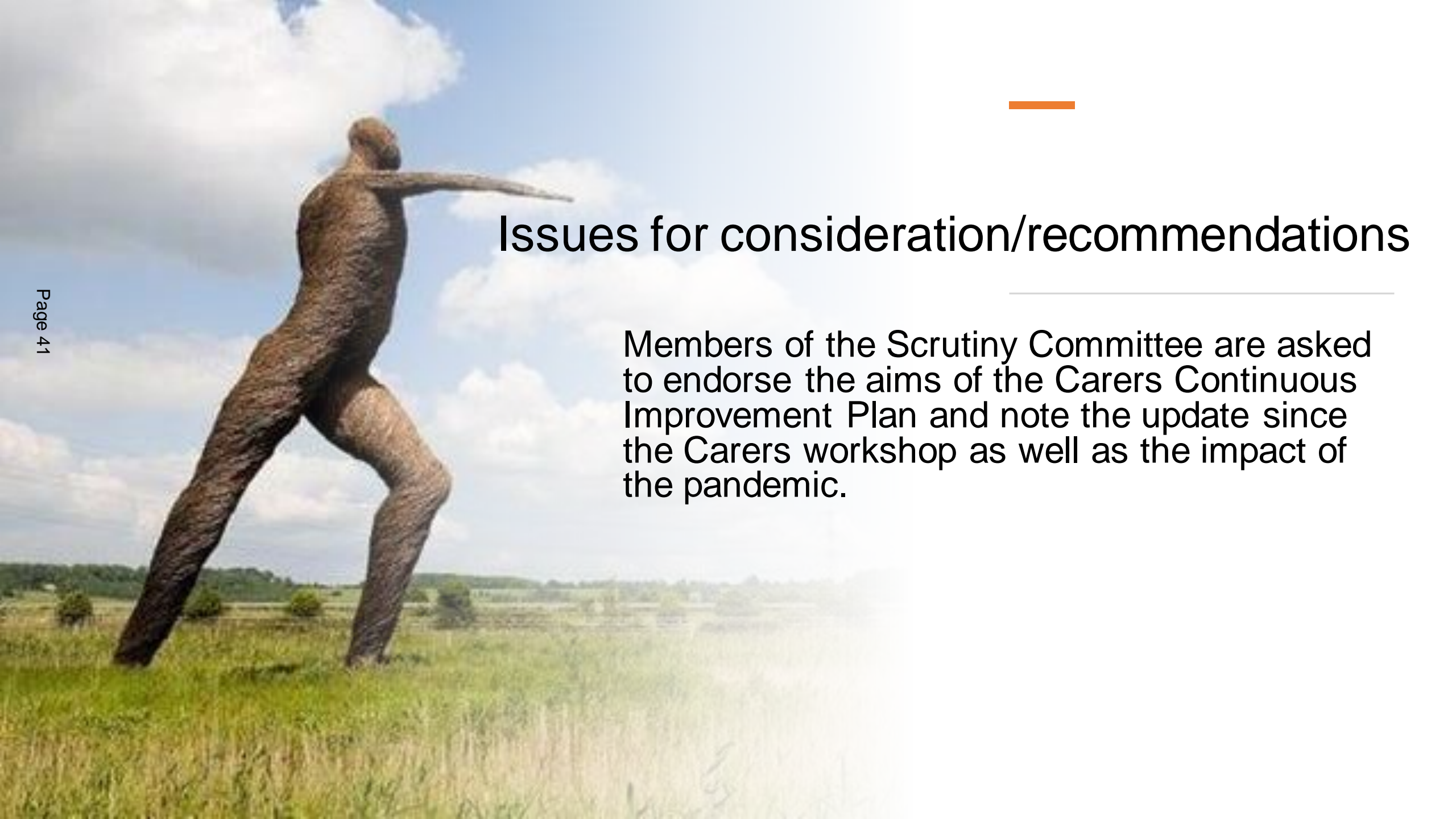
Somerset's Joint County Vision

This work supports the County's joint Vision of:

- A County of resilient, well-connected and safe and strong communities working to reduce inequalities.
- A County and environment where all partners, public, private and voluntary sector, focus on improving the health and wellbeing of all our communities

A photograph of a white sign with a blue border and a crest at the top, reading "Welcome to SOMERSET". The sign is set against a background of green foliage and a blue sky. The sign is mounted on a blue post. The text "Welcome to" is in a smaller font, and "SOMERSET" is in a larger, bold font. The crest at the top of the sign features a bird, possibly a phoenix, rising from a base.

Welcome to
SOMERSET



Issues for consideration/recommendations

Members of the Scrutiny Committee are asked to endorse the aims of the Carers Continuous Improvement Plan and note the update since the Carers workshop as well as the impact of the pandemic.



Background

Page 42

- 2019 Scrutiny Members workshop
- Design of a Carers Transformation Programme
- Plan of wider carer engagement designed across the County
- Some plans on hold following the start of the Pandemic





Somerset's response during Covid

Page 43

-
- Corona Helpline
 - Mindline
 - Virtual mental health services
 - Covid Support Network database
 - Somerset Community Connect website
 - Food resilience
 - PPE provision





SOMERSET
County Council

Adult Social Care

- Contacted known vulnerable people and their carers to identify support needs
- Extended working hours to a 7 day service
- Improved referral routes into support services
- Proactively sharing information through virtual meetings
- Continued reviews and assessments over the telephone
- Increased resources on Triage
- Alternatives to day respite provision were offered where these were available and safe

Somerset Carers Service

- On line carers groups
- Dedicated helpline
- Dedicated website
- Extension of Agents Service 63+
- One family, one Agent



One Family: One Agent

We have **EXPANDED** the Village Agent service to include support for Carers!



- ✓ Freephone number for Carers 0800 31 68 600
- ✓ Dedicated Carers website www.somersetcarers.org
- ✓ Live Chat on website or Text Carer to 78070
- ✓ **MORE** agents so we can support **MORE** Carers!
- ✓ Sign up for our Carers Newsletter!
- ✓ **ANY** adult who cares for a family member, friend or neighbour can request support for **ANY** issue around caring for another.

Somerset Carers Service

- Carers Hub
- New Strategic Lead (Development Manager)
- Carers Service Coordinator
- GP Practice Champions
- Support for Carers Groups

Somerset Carers
626 Tweets

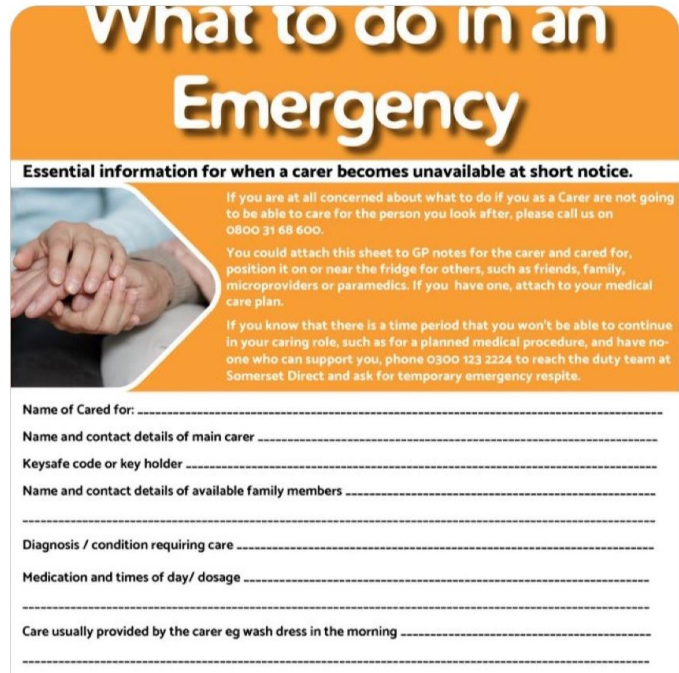
Tweets Tweets & replies Media Likes

Somerset Carers @SomersetC... · 4d ...

What happens if the Carer is taken ill suddenly? How do you pass on vital information about the person you care for quickly?

You can use this handy 'What to do in an emergency' form! Download & print from here:

ow.ly/YOWj50F3cTv



What to do in an Emergency

Essential information for when a carer becomes unavailable at short notice.

If you are at all concerned about what to do if you as a Carer are not going to be able to care for the person you look after, please call us on 0800 31 68 600.

You could attach this sheet to GP notes for the carer and cared for, position it on or near the fridge for others, such as friends, family, microproviders or paramedics. If you have one, attach to your medical care plan.

If you know that there is a time period that you won't be able to continue in your caring role, such as for a planned medical procedure, and have no-one who can support you, phone 0300 123 2224 to reach the duty team at Somerset Direct and ask for temporary emergency respite.

Name of Cared for:

Name and contact details of main carer

Keysafe code or key holder

Name and contact details of available family members

Diagnosis / condition requiring care

Medication and times of day/ dosage

Care usually provided by the carer eg wash dress in the morning

Carers Service data (New)

April 2021-June 2021

	Running Total	Apr	May	Jun
Total Number of Carers Supported	592	160	209	223
Age 18-25	6	3	1	2
Age 26-64	119	34	48	37
Age 65 -84	178	46	64	68
Age 85+	52	12	15	25
Pref not to say	35	5	14	16
Not recorded (AA)	202	60	67	75
Total Number of New Carers Supported	406	106	151	149
Age 18-25	5	2	1	2
Age 26-64	94	26	43	25
Age 65 -84	141	31	56	54
Age 85+	39	9	11	19
Pref not to say	25	3	12	10
Not recorded (AA)	102	35	28	39
Total number of Carers resolve first contact (AA)	202	60	67	75
Total number Carers progressed to further support (QV)	390	100	142	148
Number of safeguarding cases involving Carers	5	2	0	3
Number of issues raised for carers	679	154	184	341



somerset village &
community agents
part of CCS

Talking Cafe

Find the local services, support, advice & activities you need!

Book your appointment now!

We are delighted to be able to reopen Talking Cafes at venues across Somerset!
Please note - Talking Cafes are no longer drop-in's - you **MUST** book an appointment in order to have a COVID-safe environment.

Book an appointment by calling 01823 331 222 or via this online form
www.somersetagents.org/agent-call-back/

NEW! Burnham-on-Sea: Methodist Church, College Street Every Tuesday 10am - 12pm

Bridgewater: The Hub @ Angel Place Every Thursday 11am - 1pm

Chard The Guildhall, 14 Fore Street, TA20 1PH Every Wednesday 10am - 12pm

Langport The Angel, Bow Street, TA10 9PQ Starting 22nd July 10am - 12pm

Minchewell: The Beach Hotel Every Monday* 10am - 12noon

South Petherton South Petherton Library Starting 26th July 10am - 12pm

Taunton: Great Western Hotel, Station Approach Every Monday* 10am - 12 noon

Williton: Williton Pavilion, Killick Way Every Tuesday 1pm - 3pm

Yeovil The Gateway, Addlewell Lane Every Wednesday 10.30am - 12.30pm

Friendly & Informal help

To book: call 01823 331 222

From health to finance - support is here for you

*NOT on Bank Holidays

www.somersetagents.org/talking-cafes/



CCS
people - place - enterprise



COMMUNITY FUND
Somerset West and Taunton
Clinical Commissioning Group



The Community Council for Somerset is a Company limited by Guarantee. Registered in England & Wales No. 354219, and is a Registered Charity No. 106926

Somerset NHS Foundation Trust (SFT) Carers Service



The SFT mental health carers assessment service was established in 2002.

There are currently 17 team members working across the county in CAMHS, adults and older adults mental health services.

We accept referrals from GP's, outside agencies and the CMHS as long as the cared for is registered with SFT mental health service. This can also include self referrals from the carer.



SFT Carers Service – A Year in Summary

- Page 49
- 837 carers assessments were completed in the last 11 months.
 - During the pandemic we have offered an enhanced telephone support service to carers who are isolated and at risk of increased carer strain.
 - Carer contacts have been over the telephone, via Attend Anywhere, email, text and where necessary face to face appointments have been provided.
 - Carers who attend the groups have had regular contact with their Carers Assessment Worker and some groups have continued virtually



Carers Continuous Improvement Plan



- Continue to improve internal practice and processes 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 Community Council for Somerset who deliver the adult carers service

Carers Continuous Improvement Plan

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- Develop working agreements between adults and young carers services to ensure that young adult carers through transition get the support that they need.
- Develop new ways to support carers to ensure that services are flexible and gives 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.



Adult Social Care



Page 52

- Training module for staff
- Promoting Direct Payments
- Improve data through Eclipse
- Promote best practice
- Strength based conversations
- Learning from other Local Authorities
- Innovation for respite options



Somerset Strategic Carers Group

- Re-fresh Somerset's Commitment to Carers
- Designed a Carers Engagement Service
- Link with Integrated Care System (ICS)
- Drive continuous service improvements
- Improved outcomes for carers

Somerset Carers Engagement Service

- Page 54
- Empower and supports unpaid carers to make their voice heard in a wide range of situations.
 - Ensure more unpaid carers voices are heard especially those from communities likely to suffer health inequalities
 - Provide opportunities for ICS system partners to consult and engage with the Unpaid Carers Community.





Somerset Carers Engagement Service

- Ensure the unpaid carers voice is heard by system partners and works in partnership to improve the lives of unpaid carers.
- Feed back to unpaid carers on the difference that their involvement has made.
- Demonstrate a dedication to continuous improvement.
- Commission, monitor and review services that support the current and future needs of unpaid carers in Somerset



**Unpaid carers
We see you**

Case Study – Adult Social Care

Anna aged 55 years suffered from a stroke three months ago leaving her with double sided weakness and unable to weight bear. Anna lives with her husband who works full time.

Anna was discharged with a package of care of 4 x daily double ups with her husband Brian supporting her in between and overnight. The Social Worker undertook a Carer's assessment which identified that Brian would benefit from some regular respite to allow him to have a break from his caring role. It was agreed that Brian could have £90 per week. This would be paid through a Direct Payment so that he could use that flexibly to meet his outcomes.

By giving this support to Brian he is now able to take a break from his caring role which helps him to maintain his wellbeing and can continue to support Anna in the long term and keep her at home where they both want her to be.





Case Study – Agents

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Marie is feeling isolated due to poor mobile phone connection and is anxious. Marie cares for her partner and is on a low income. The television has lost its sound and the heating bill has doubled.

The Agent provided a new phone through Rehome a Phone project with a £10 simcard. Also a second hand TV that was donated by the local community. A surviving winter grant of £200 was provided to cover the additional heating costs.

Outcome: The Carer felt reconnected with the new phone, the TV gives vital respite and the stress and anxiety about the heating bill has now gone away.

Case Study - Agents

John and Mary are an elderly couple struggling to stay on top of things. Mary has difficulty going to the toilet at night and John has fallen in the garden on a couple of occasions. Domestic jobs are difficult to do.

The Agent applied for Attendance Allowance and a Blue Badge. New bedding and pads sourced for Mary. A piper alarm was fitted so the couple could call for help in an emergency. A Micro-provider was employed to help with domestic tasks. A donated zimmer frame and walker was given to help mobility around the house and garden.

Outcome: The couple are able to move independently around the house. Mary feels safer at night. They can shop together and park near facilities and they don't have to worry about cleaning and laundry.



Case Study - Agents

Page 16 of 60
Iona and Dave have both had strokes and care for each other. Their accommodation is not suitable and they needed to move, but they have no one to support them to do this.

The Agent helped them to find a supported living home and worked with ASC to facilitate the move. A Micro-provider also assisted with moving their belongings. A network of support was established as well as delivery of meals.

Outcome: Couple now living in a safer environment and have made new friends where they live. No longer have to worry about making meals. Health and wellbeing greatly improved.

