

# Scrutiny for Policies, Adults and Health Committee

Wednesday 27 July 2022

10.00 am Luttrell and Wyndham Rooms,  
County Hall, Taunton, TA1 4DY



**SOMERSET**  
County Council

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

Cllr Cllr H Bruce, Cllr Cllr N Cottle, Cllr Cllr D Denton, Cllr Cllr B Ferguson, Cllr Cllr A Govier, Cllr Cllr A Hendry, Cllr C Lawrence, Cllr G Oakes (Vice-Chair), Cllr E Pearlstone, Cllr T Robbins, Cllr F Smith, Cllr C Sully and Cllr R Woods (Chair)

All Somerset County Council Members are invited to attend meetings of the Cabinet and Scrutiny Committees.

Issued By Scott Wooldridge, Strategic Manager - Governance and Democratic Services and Monitoring Officer - 19 July 2022

For further information about the meeting, please contact Jennie Murphy - JZMurphy@somerset.gov.uk or 01823 357686 or Jamie Jackson -JAJackson@somerset.gov.uk

Guidance about procedures at the meeting follows the printed agenda.

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

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

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



**RNID typetalk**

# AGENDA

Item Scrutiny for Policies, Adults and Health Committee - 10.00 am Wednesday 27 July 2022

**\*\* 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 **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.**

4 **Scrutiny for Policies, Adults and Health Committee Work Programme** (Pages 9 - 10)

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

5 **Integrated Care Board and Integrated Care Service** (Pages 11 - 28)

To receive the presentation and report.

6 **Primary Care Update to include Victoria Park Medical Centre** (Pages 29 - 32)

To receive the report.

7 **Performance Report** (Pages 33 - 48)

To receive the report

8 **Quality Report** (Pages 49 - 56)

Item Scrutiny for Policies, Adults and Health Committee - 10.00 am Wednesday 27 July 2022

To receive the report.

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. 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.

### 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 [democraticserviceteam@somerset.gov.uk](mailto:democraticserviceteam@somerset.gov.uk) or telephone 01823 357628. They can also be accessed via the council's website on [www.somerset.gov.uk/agendasandpapers](http://www.somerset.gov.uk/agendasandpapers). [Printed agendas can also be viewed in reception at the Council offices at County Hall, Taunton TA1 4DY.](#)

### 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 [democraticserviceteam@somerset.gov.uk](mailto:democraticserviceteam@somerset.gov.uk) or telephone 01823 357628.

Members of public wishing to speak or ask a question will need to attend in person or if unable can submit their question or statement in writing for an officer to read out.

After entering the Council building you may be taken to a waiting room before being taken to the meeting for the relevant agenda item to ask your question. After the agenda item has finished you will be asked to leave the meeting for other members of the public to attend to speak on other items.

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.

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 (20 minutes for meetings other than County Council meetings).

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 an item on the agenda is contentious, with many people wishing to attend 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.

Provision will be made for anybody who wishes to listen in on the meeting only to follow the meeting online.

## 6. **Meeting Etiquette for participants**

- Only speak when invited to do so by the Chair.
- Mute your microphone when you are not talking.
- Switch off video if you are not speaking.
- 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, ask Participants to leave the meeting when any exempt or confidential information is about to be discussed.

## 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.

Please contact the Committee Administrator or Democratic Services on 01823 357628 or email [democraticserviceteam@somerset.gov.uk](mailto:democraticserviceteam@somerset.gov.uk) if you have any questions or concerns.

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## Scrutiny for Adults and Health Work Programme – 2022

Agenda item	Meeting Date	Details and Lead Officer
	10:00 22 June 2022 – Formal (to include training)	
Introduction to Adults and Health Scrutiny training starts at 09:30		Mel Lock Brickchand Ramruttrun Denise Desouza
Agenda setting for the rest of the year		Mel Lock /TBC
ICS Strategy Update		Maria Heard
	27 July 2022 - Formal	
Primary Care to include Victoria Park Medical Centre		Maria Heard
Performance Report and Quality		Mel lock/ Niki Shaw
Integrated Care Boards and Integrated Care Service		Jonathan Higman/ Maria Heard
	07 September 2022 - Informal	
Dementia Strategy Workshop		
	5 October 2022 Formal	
Healthy Weston Update Neighbourhoods Stroke Consultation		

## Scrutiny for Adults and Health Work Programme – 2022

	02 November 2022	
	07 December 2022	

### ITEMS TO BE ADDED TO AGENDA:

Quality Performance reports

Neighbourhoods

Musgrove Park Hospital -redevelopment

update Mental Health Response times

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

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

### Scrutiny for Policies, Adults and Health Committee

Functional areas that are the responsibility of the Committee cover personal services to individuals as follows:

- Health & Wellbeing (including Public Health Services)
- Education, Training & Skills
- Learning and Physical Disabilities
- Adult Care & Support Services
- Community Safety
- Somerset Armed Forces Community Covenant
- In addition the Committee considers any referrals made by Healthwatch.

Somerset County Council  
Scrutiny Committee  
– 27 July 2022

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Update on the development of the Somerset Integrated Care System

Lead Officer: Mel Lock

Author: Jonathan Higman, Chief Executive, NHS Somerset

Contact Details: [jonathan.higman@nhs.net](mailto:jonathan.higman@nhs.net)

Cabinet Member: Cllr Heather Shearer

Division and Local Member: All

## 1. Summary

**1.1.** This paper provides an update on the development of the Somerset Integrated Care System (ICS) and the establishment of the Integrated Care Board for Somerset (NHS Somerset) which took on the statutory accountabilities from the NHS Somerset Clinical Commissioning Group from 1 July 2022. A more detailed overview is provided in the attached presentation which will be used as the basis of discussion on the day of the meeting.

## 2. Issues for consideration / Recommendations

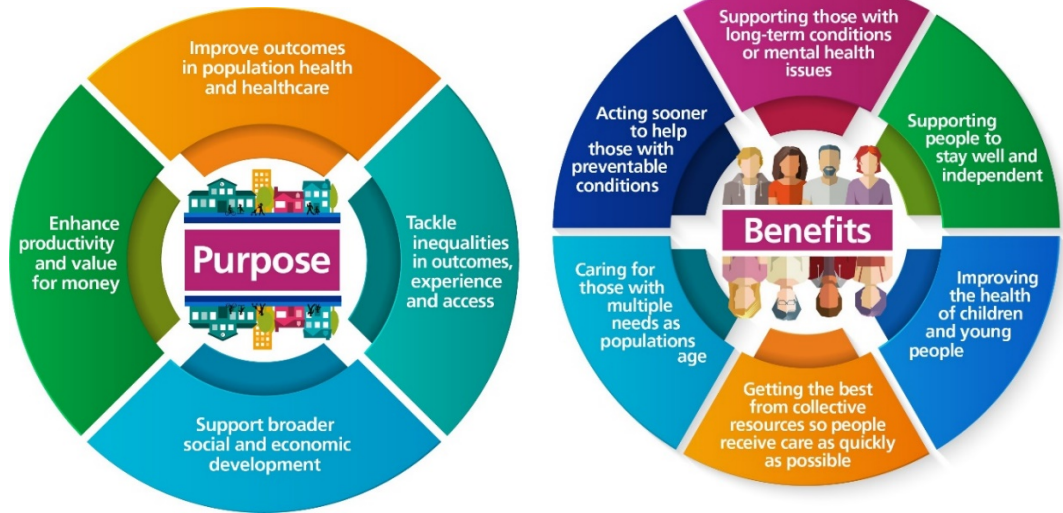
**2.1.** To provide members with an overview of the Somerset Integrated Care System, including the roles and responsibilities of NHS Somerset, the governance arrangements for the Somerset ICS and the establishment of the Integrated Care Partnership (ICP), which is the statutory committee to be established between the Council and the ICB to lead the development of an integrated care strategy for Somerset.

## 3. Background

**3.1.** Integrated care systems (ICSs) are partnerships that bring together providers, commissioners and the voluntary, community and social enterprise sector across a geographical area ('system') to collectively plan health and care services to meet the needs of their local population, in line with four key aims to:

- **improve outcomes** in population health and healthcare
- **tackle inequalities** in outcomes, experience and access
- enhance **productivity and value for money**
- help the NHS support broader **social and economic development**.

The purpose and anticipated benefits of Integrated Care Systems are summarised in the schematics below:



- 3.2. The Health and Care Bill introduced changes that brought Integrated Care Systems into statute from 1 July 2022. It introduced two-part statutory ICSs, comprising of an Integrated Care Board (ICB), responsible for NHS strategic planning and allocation decisions (the public name for which is NHS Somerset), and an Integrated Care Partnership (ICP), jointly established by the local authority and the ICB, responsible for bringing together a wider set of system partners to develop a plan to address the broader health, public health and social care needs of the local population.
- 3.3. Joint working arrangements have been in place at a system level for some time and putting ICSs on a statutory footing is consistent with the journey we had started in Somerset.
- 3.4. Somerset has a relatively low-complexity system configuration, with a smaller number of statutory health and care organisations, when compared to other areas. This will be beneficial as we develop as an ICS. Our plans ensure that we use this to our advantage as we develop the governance arrangements for the Somerset ICS to maximize efficiency and effectiveness while building on the progress we have made in working collaboratively across our system. A more detailed overview will be presented on the day of the meeting.



#### **4. Consultations undertaken**

**4.1.** Not required, but engagement is taking place across the system.

#### **5. Implications**

**5.1.** The Somerset Clinical Commissioning Group closed down on 1 July 2022 and has been superseded by the establishment of the Somerset Integrated Care board (NHS Somerset).

**5.2.** At its meeting on 10 November, the Health and Wellbeing Board (HWBB) supported a recommendation to establish a close working relationship with the ICP. The detailed governance, membership and terms of reference is currently under development with the ambition that the ICP is established from September 2022.

#### **6. Background papers**

**6.1.** Integrating care – next steps to build strong and effective integrated care systems across England.

**6.2.** Health and Care Bill

**6.3.** Integrated Care Partnership I(ICP Engagement Document: Integrated Care System Implementation

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

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# Somerset Integrated Care System Overview and Establishment of the Integrated Care Board



## What are Integrated Care Systems?

The Health and Care Bill puts Integrated Care Systems (ICSs) on a statutory footing, empowering them to:

- **improve outcomes** in population health and healthcare
- **tackle inequalities** in outcomes, experience and access
- enhance **productivity and value for money**
- help the NHS support broader **social and economic development**.

Each ICS is led by an NHS Integrated Care Board (ICB), an organisation with responsibility for NHS functions and budgets, and an Integrated Care Partnership (ICP), a statutory committee jointly established by the ICB and the Local Authority bringing together all system partners to produce a health and care strategy.



# Somerset Integrated Care System (ICS)

## Somerset Integrated Care System (ICS)



580,000 Somerset Population



1 'Place' - Somerset



13 Primary Care Networks



2 Foundation Trusts



1 Integrated Care Board



1 Tier 1 Local Authority



1 Health and Wellbeing Board

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Somerset is a low-complexity system. We have:

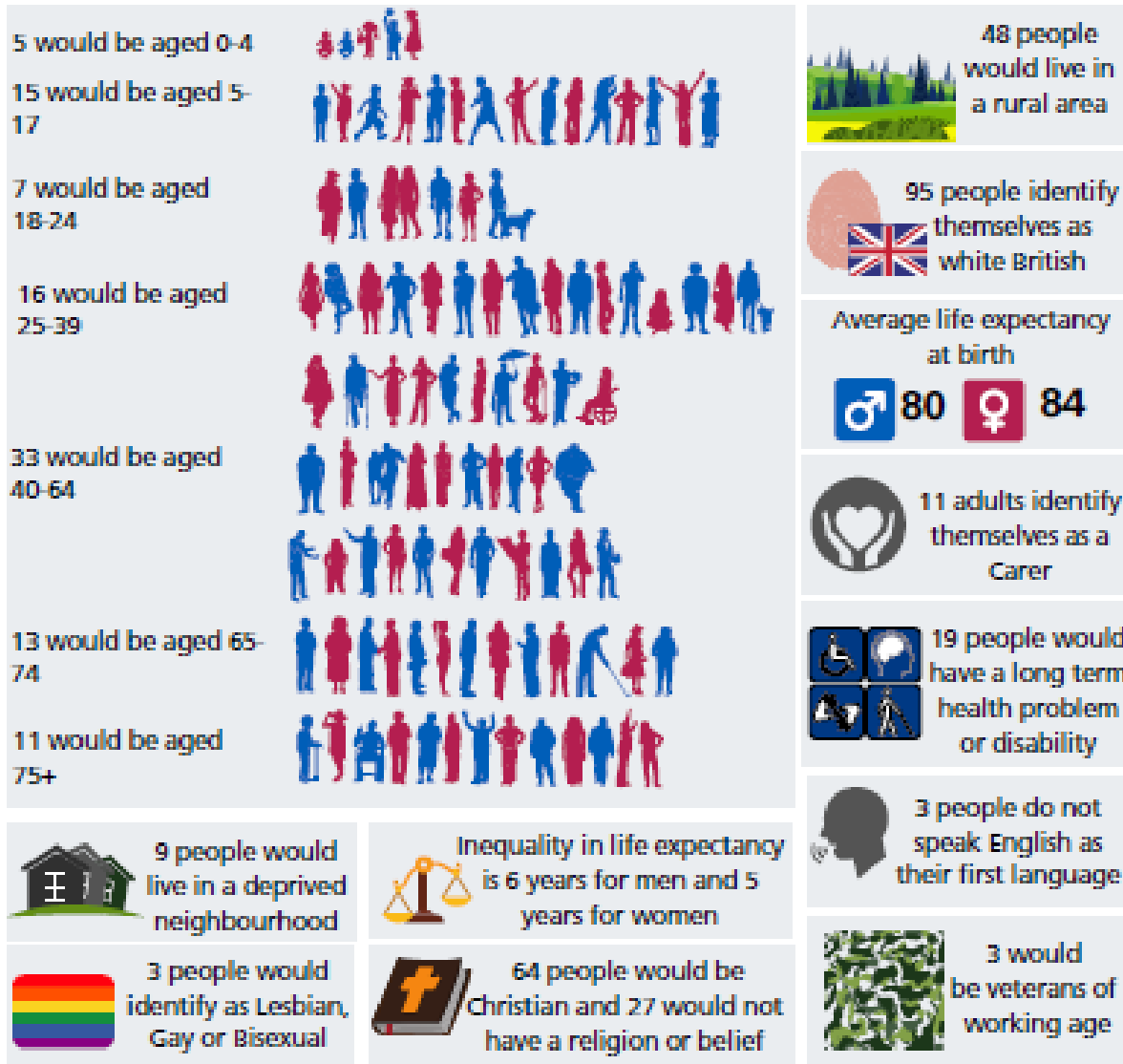
- 1 “place” – Somerset, supported by local involvement and decision making. Alignment of neighbourhoods and local community networks (LCN) will be essential.
- One ICB, into which the functions of the Somerset CCG were transferred (1 July 2022).
- One tier 1 County Council (SCC) and 4 district councils which will be replaced on 1 April 2023, by one Unitary Authority, “Somerset Council”.
- One Health and Wellbeing Board (HWBB) which will closely align with ICP.
- Two statutory NHS foundation trusts, Somerset NHS Foundation Trust (SFT) and Yeovil District Hospital NHS Foundation Trust (YDH), which are working towards a proposed merger.
- 13 primary care networks, working over 12 neighbourhoods
- Strong relationship with VCSE partners.

Together, we can better understand, plan and deliver improved health and wellbeing outcomes for Somerset.

## Our Somerset ICS vision and strategy

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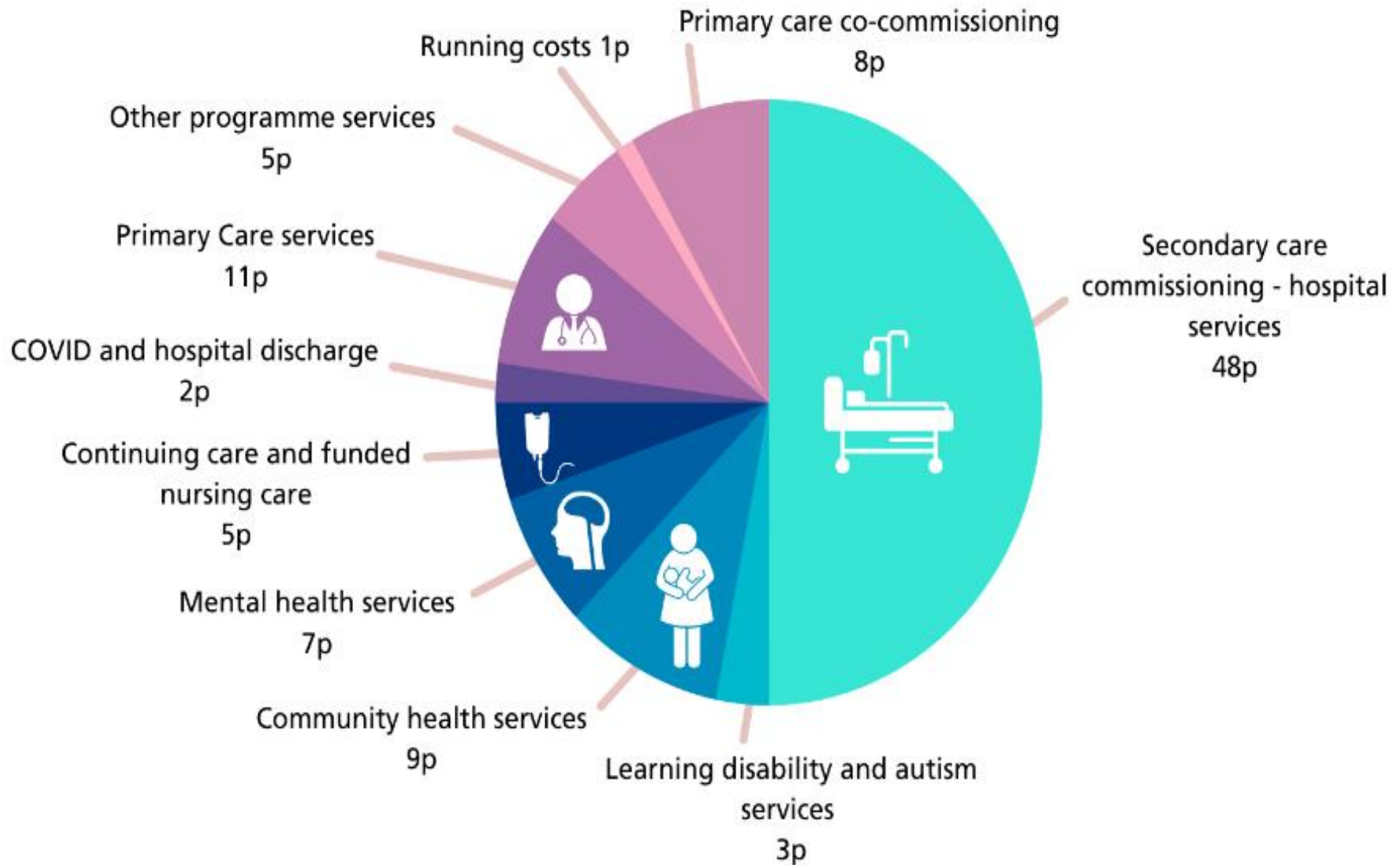
If Somerset was a village of 100 people



Our population is relatively older than the national average, and **over the next 25 years while the overall population will rise by 15% we expect those over the age of 75 to double**, resulting in a significant rise in demand for health and care services.

As our population changes, the support they need from our services is also changing. **People are living longer and more people are living with long-term conditions.** As a result, the NHS and its partners need to work differently by providing more care in people's homes and the community and breaking down barriers between services.

## How do we spend the Somerset NHS pound?



## Our Somerset ICS vision and strategy

### Improving Lives in Somerset

### County Vision

We have a vision for Somerset. Over the next ten years, we want all organisations to work together as a partnership to create:

- A thriving and productive Somerset that is ambitious, confident and focused on improving people's lives
- A county of resilient, well-connected and safe and strong communities working to reduce inequalities
- A county infrastructure that supports affordable housing, economic prosperity and sustainable public services
- A county and environment where all partners, private and voluntary sector, focus on improving the health and wellbeing of all our communities

# Somerset ICS Health and Care Strategy (Fit for my Future)

## 1. IMPROVE THE HEALTH AND WELLBEING OF THE POPULATION

- Enable people to live socially connected, healthy, independent lives, promote early intervention and prevent avoidable illness

## 2. PROVIDE THE BEST CARE AND SUPPORT TO PEOPLE

- Ensure safe, sustainable, effective, high quality, person-centred support in the most appropriate setting

## 3. STRENGTHEN CARE AND SUPPORT IN LOCAL COMMUNITIES

- Develop and enhance support in local neighbourhood areas and bring care and support closer to home

## 4. REDUCE INEQUALITIES

- Value all people alike, target our resources and attention to where it is most needed, giving equal priority to physical and mental health

## 5. RESPOND WELL TO COMPLEX NEEDS

- Improve outcomes for people of all ages with complex needs through personalised, co-ordinated support

## Principles of system working

- Our overriding principle is to work as one system, putting collaboration at the heart of all we do.
- This means we will commit to work as one health and care system, taking a single approach to strategy, planning, workforce and finance.
- We will put a commitment to improving the health and wellbeing of the people of Somerset at the heart of our approach and work together to address inequality by targeting our focus and resources towards prevention and early intervention, while ensuring the sustainability of our statutory services.
- We will underpin this with an ICS wide approach to population health management and improvement.
- We will work as anchor institutions within our local economy and will commit to ‘buy local, employ local and invest local’ wherever possible, playing our part in workforce development and economic regeneration.
- We will ensure that the views of the people of Somerset are central within our decision-making and that the voice of Somerset and the South West is strong nationally.

## Year 1 priorities

**Year 1 priorities will be further developed over the next three months. This will be triangulated with system priorities, 22/23 planning, System Oversight Framework, Fit for my Future strategic priorities, organisational priorities etc**

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To continue to lead the pandemic response and recovery

To create the ICS collaborative working approach  
- Starting with the population health transformation programme

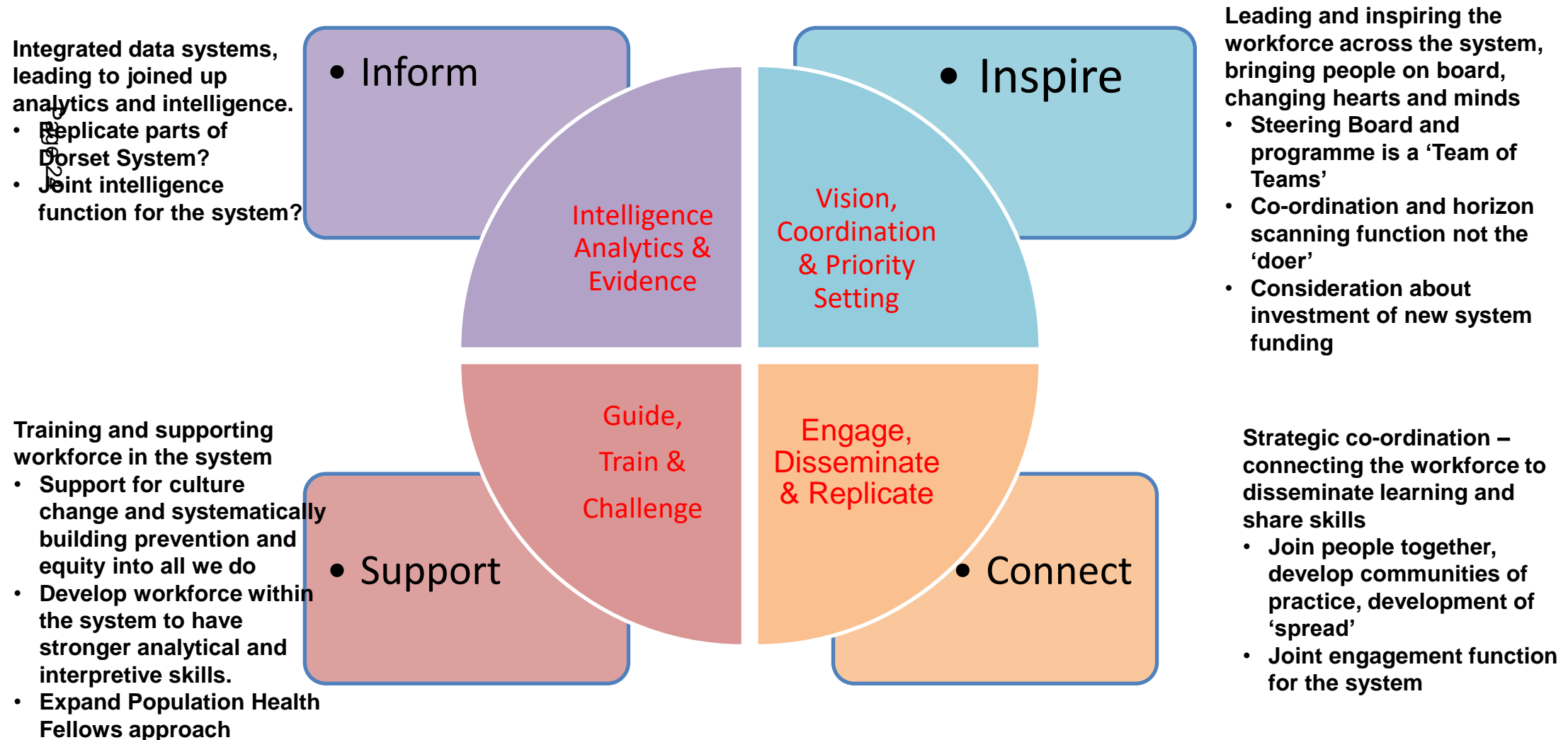
To establish the ICP and confirm our ICP and health and care strategies

To develop and implement a systemwide strategy to sustain and develop primary care

To develop and begin to implement our 5-year system financial and workforce plans

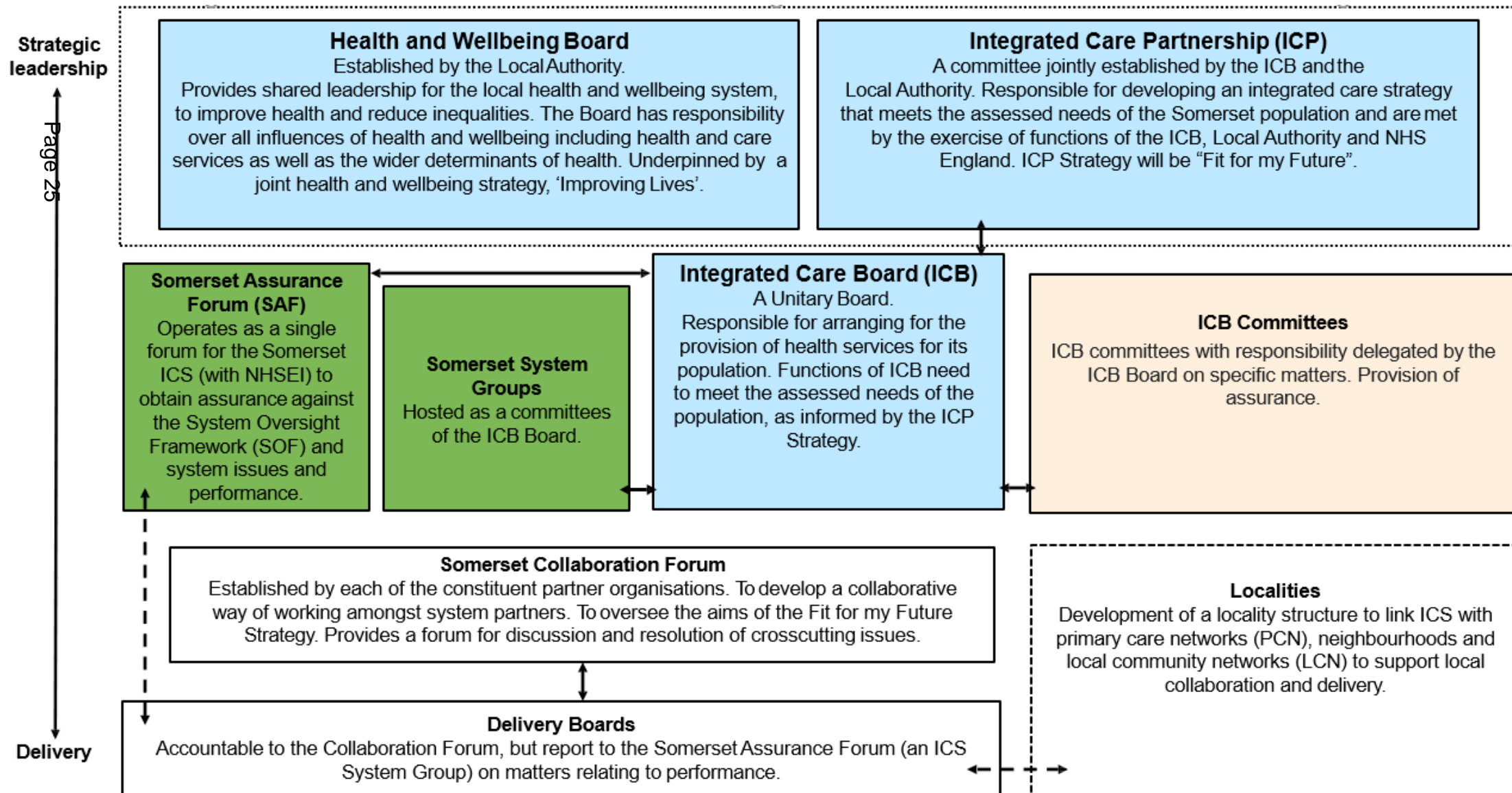
Board, organisation and system development (using outward mindset approach)

# Population Health Transformation Programme





# Somerset ICS Functions and Decisions Map



# ICB Board Committee Structure

## Integrated Care Board (ICB)

### ICB Assurance Committees

Audit Committee

Patient Safety  
Quality  
Assurance  
Committee

Remuneration  
Committee

Finance  
Committee

Primary Care  
Commissioning  
Committee

### ICS System Groups (Hosted by the ICB Board)

People Board\*

Somerset  
Assurance Forum  
(SAF)

Quality  
Committee  
(Formerly QSG)

Population  
Health Steering  
Board

### Delivery

ICB Executive  
Committee

Statutory Entity

Joint committees in common\* OR ICB committees with system partner members

ICB assurance committees (chaired by a Non-executive Director)

ICB delivery committees (chaired by an Executive)

NB: In development in response to ongoing feedback from soft engagement

## Composition of the ICB

Name	Role	Number
Paul von der Heyde	Chair	1
Suresh Ariaratnam Christopher Foster Dr Caroline Gamlin Grahame Paine	Non-Executive Directors	4
Jonathan Higman	Chief Executive (CEO)	1
Alison Henly	Chief Finance Officer and Director of Performance	1
Awaiting national sign-off	Chief Medical Officer	1
Shelagh Meldrum	Chief Nurse	1
TBC To be appointed August To be appointed in August To be appointed August	Additional Executive Directors: -Director of Strategy & Partnerships -Director of Workforce -Director of Communications -Director of Corporate Affairs	4
Peter Lewis, Chief Executive, Somerset Foundation Trust and Yeovil District Hospital NHS Foundation Trust	Foundation Trust Partner Member	1
Berge Balian, Chair of the GP Provider Board	Primary Care Partner Member	1
Chief Executive, Somerset County Council	Local Authority Partner Member	1
Trudi Grant	Director of Public Health	1
Katherine Nolan	VCSE Representative (CEO, Spark Somerset)	1
Judith Goodchild	Chair, Healthwatch Somerset	1

Thank You!  
Any Questions?



Somerset County Council  
Scrutiny Committee  
– 27 July 2022

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Report to the Somerset Scrutiny Adults Health Committee

Primary Care Services in Somerset

Lead Officer: Michael Bainbridge  
Author: Michael Bainbridge  
Contact Details: [Michael.Bainbridge@nhs.net](mailto:Michael.Bainbridge@nhs.net)  
Cabinet Member: No  
Division and Local Member: No

## **1. Summary**

- 1.1.** This paper provides a concise update to the Scrutiny committee on key issues and developments related to NHS primary care services.

## **2. Background**

### **2.1. GP Services**

There are 64 practices in Somerset, offering a wide range of services to their registered patients.

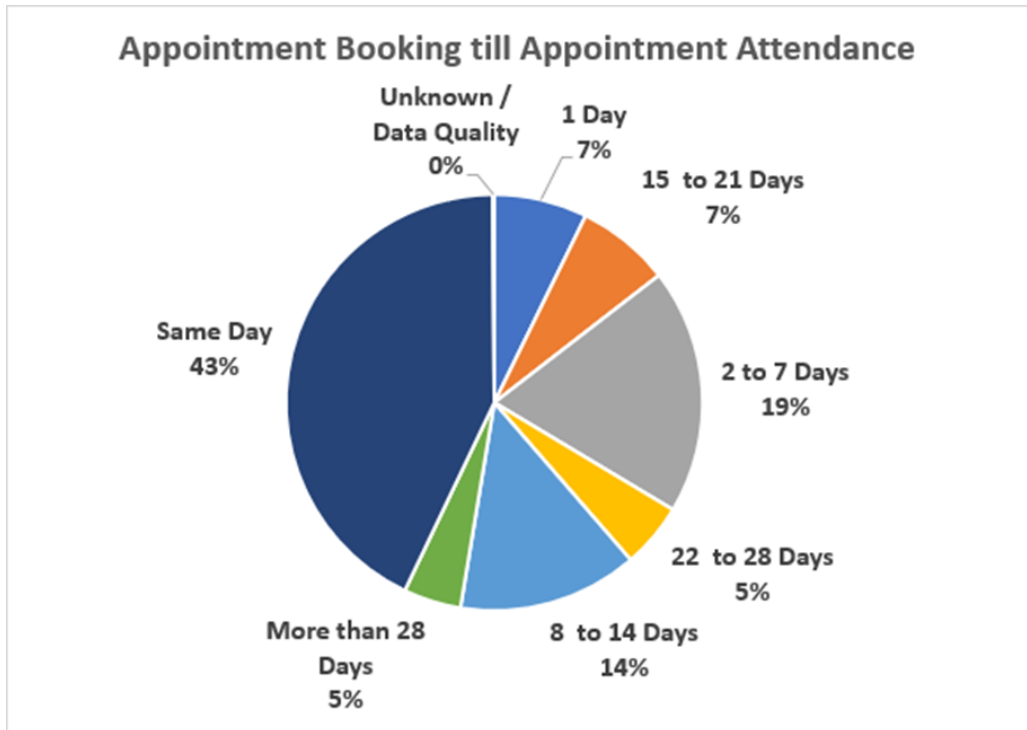
No practices are currently rated 'inadequate' by the Care Quality Commission. One is rated 'outstanding' (Exmoor Medical Practice) and one 'requires improvement' (Burnham and Berrow Medical Centre). The other 62 are rated 'good'.

In the latest national survey of patients, 76% of patients described their overall experience of GP services as good, compared with 72% nationally. However, the level of satisfaction has reduced considerably. In 2021 85% of Somerset patients described their overall experiences of GP services as good, compared with 83% nationally. The voice of patients is very important to us, and both Healthwatch and Practice Patient Participation Groups represented on our Primary Care Commissioning Committee

Waiting times are shown in the chart below. The data is taken from the national GP Appointments Dataset. This is an experimental data set which is not yet fully accurate. More information is available here:

<https://www.england.nhs.uk/gp/gpad/more-accurate-general-practice-appointment-data>.

There is an intensive work programme underway to improve the accuracy of the data, however it gives a picture of current service to patients.



Of particular note is that 43% of patient appointments take place on the same day as booking. 69% of appointments take place within 7 days.

Feedback from patients and practices both highlight the challenges to access, with patients experiencing difficulty contacting practices and practices reporting extremely high levels of demand, much higher than pre-Covid.

Currently at least 50% of consultations are face to face, with most others being telephone, with video and online forming smaller proportions.

Many areas of the country have seen practices closing in recent years. Communities in Somerset have been clear that they value local GP services and wish them to remain open. Although there are certain circumstances in which change can be good for patients, for example where two practices merge and move into a new building, it is important to maintain a local service, particularly in rural areas.

One practice in Somerset has closed, Victoria Park Medical Centre in Bridgwater, despite efforts by all stakeholders to find a way to keep it open. The contract was held by a single GP contractor, which is an arrangement the NHS is increasingly moving away from. Sickness of staff and a number of key staff leaving led to a situation in which the practice was no longer able to provide a safe service on a day to day basis. A plan was developed for the practice to join with another local practice but this proved undeliverable. Because it is so important to keep practices open, the Clinical Commissioning group invested significant resources of both staff and money to secure a viable long term future for Victoria Park Medical Centre.

The practice closed in August 2021 and patients were allocated to neighbouring practices. The building, which is part of Victoria Park Community Centre, will reopen later this year as a health hub, with a range of services for local people. This will be operated by Bridgwater Primary Care Network and Somerset NHS Foundation Trust working in partnership.

NHS Somerset has several mechanisms to identify and intervene in practices where necessary. These include:

- An Assurance Framework which collates various risk factors and provides a monthly ranking. All practices irrespective of risk rating are visited as part of a regular cycle of practice meetings. Practices of concern are visited whenever necessary.
- A weekly ‘operational escalation level’ assessment submitted by all practices, which when collated provides a ‘heatmap’ with all practices shown as one of the following:
  - OPEL 1: “Good access for all patients”*
  - OPEL 2: “Some limitation of access for routine care”*
  - OPEL 3: “Significant limitation of access for routine care, some delays for immediate care”*
  - OPEL 4: “Routine and immediate care very restricted, delays for urgent care likely”*This information is used to determine whether additional support is required for any practice.
- A monthly review of all intelligence relating to practices, with multi-disciplinary discussion to triangulate evidence.

## **2.2. Community Pharmacy**

There are 101 community pharmacies in Somerset, providing a wide range of services to the population. These go well beyond the traditional functions of dispensing and over the counter treatment sales, and include:

- High blood pressure identification and treatment
- Medication reviews
- Specialist medicines including palliative care
- Contraception
- Consultation Service with direct triage from GP surgeries to pharmacies for patients to receive a pharmacist consultation within 4 hours

NHS Somerset is fully committed to developing the role of community pharmacy as part of our ‘neighbourhood care’ model. Further integration of community pharmacy into the wider NHS family will bring significant benefits for the people of Somerset.

## **2.3. Dental Services**

Access to NHS dental services is currently a significant challenge nationally. It is a high priority for NHS Somerset and its collaborative commissioning partner, NHS England, to improve the situation. A regional Dental Reform Programme Board is overseeing a substantial work programme in this area. We would be happy to provide further specific briefing to the Committee on dental services if it would be helpful.

## **2.4. Optometry**

The people of Somerset have access to a wide range of optometric services provided by independent practices and national chains. These provide NHS eye tests and provision of spectacles. An urgent care service is also commissioned from a number of high street optometrists which provides an alternative to

Emergency Department attendance for people with acute eye problems.

### **3. Next steps**

- 3.1.** Our priorities are firstly to ensure that Somerset residents have access to safe and effective primary care services, and that secondly, we further develop these services to improve the health outcomes of our population. We will be developing a primary care strategy as an Integrated Care System, of which Somerset County Council and its successor Council play a full part in.

### **4. Background papers**

- 4.1.** GP Appointments Dataset (<https://www.england.nhs.uk/gp/gpad/more-accurate-general-practice-appointment-data>).

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



Somerset County Council  
Scrutiny for Policies, Adults and Health Committee  
– 27 July 2022

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## **Adult Social Care: Performance and assurance**

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](mailto:NXShaw@somerset.gov.uk)

Cabinet Member: Cllr Heather Shearer, Cabinet Member for Adults

Division and Local Member: All

### **1. Summary**

**1.1** This report provides an update to Scrutiny Committee members on key developments in relation to demand and performance activity across adult social care both nationally and locally. It is supported by an accompanying presentation, prepared by the Adult Social Care Performance Lead, detailing key performance indicators for the service to help inform the Committee's understanding of current activity and performance locally.

### **2. Issues for consideration / Recommendations**

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

### **3. Background**

**3.1** The service last provided an update on Adult Social Care performance to Scrutiny Committee on 26 January 2022<sup>1</sup> prior to the local elections in Somerset of May 2022. The report had highlighted the growing supply and demand pressures being faced by the sector right across the country.

**3.2** On 13 May 2022, ADASS (the Association of Directors of Adult Social Services) published findings from its latest survey<sup>2</sup> that indicated that more than half a million people were waiting for an adult social care assessment, for care or a direct payment to begin, or for a review of their care nationally. It highlighted new evidence that showed that - despite staff working relentlessly over the last two years of the pandemic - 'levels of unmet, under met or wrongly met needs' are increasing and the situation is getting worse, concluding that '*the growing numbers of people needing care and the increasing complexity of their needs are far outstripping the capacity to meet them*'.

**3.3** Somerset's Adult Social Care strategic approach remains focused on promoting independence and supporting person-centred practice and approaches, but the rising cost of social care driven by increasing demand for services, and the recognised workforce challenges (both within social care services delivered by local authorities *and* across the wider independent care provider market and health sector) has impacted on our ability to consistently deliver within our desired targets and timeframes in some areas of our activity.

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<sup>1</sup> [Somerset County Council](#)

<sup>2</sup> [Adass](#)

**3.4** In February 2021 the Government announced the intention to develop a new assurance framework for adult social care; proposals included a new duty for the Care Quality Commission to assess local authorities' delivery of their statutory adult social care duties from April 2023 onwards. The proposal was formalised in the [Health and Care Bill](#), receiving Royal Assent in April 2022. Whilst the inspection framework and methodology has not yet been published and is still subject to co-production and engagement activity, the emerging scope is expected to cover the following key themes:

1. **Working with people:** *assessing needs, supporting people to live healthier lives, prevention, wellbeing, information and advice*
2. **Providing support:** *markets (including commissioning), workforce equality, integration and partnership working*
3. **Ensuring safety:** *safeguarding, safe systems and continuity of care*
4. **Leadership and workforce:** *capable and compassionate leaders, learning, improvement, innovation*

**3.5** Evidence for CQC assessments will emerge from the experience of individuals being supported by our care and support services, as well as feedback from key partners, staff and leaders. Any assurance activity will also include observation of practice, review of processes and documentation, and local performance data, outcomes and impact.

**3.6** Somerset continues to contribute to consultation activity with the Care Quality Commission and via South West ADASS in relation to the developing inspection plans and sector-led improvement activity. Piloting work is underway nationally in relation to self-assessment formats and approaches and supporting datasets. The framework is expected to be published later in the autumn. Assurance features as a key strand of Somerset's adult social care Transformation activity. As a service, our ambition is to ensure that inspection readiness is not simply something we do as an 'event' – rather that it's a state of operation linked to optimal practice, a strong service culture and effective governance. The service has invested additional resource into supporting our policy, performance and assurance requirements, and is learning from others subject to inspection (including our colleagues in children's services) to ensure robust logistical arrangements are in place to support assurance activity from next April.

**3.7** We anticipate future performance and assurance reporting to the Scrutiny Committee to mirror the published assurance framework focus and structure.

#### **4. Supporting Appendices**

4.1 ASC Scrutiny Performance Slides (July 2022)

# Scrutiny Adults & Health Committee

ASC Performance Update  
27 July 2022



# An introduction to Adult Social Care - 1



## What is Adult Social Care?

Page 36

- Adult social care covers a wide range of activities to help people who are older or living with disability or physical or mental illness (aged 18 plus) to live independently and stay well and safe. It can include 'personal care', such as support for washing, dressing and getting out of bed in the morning, as well as wider support to help people stay active and engaged in their communities. Social care includes support in people's own homes (home care or 'domiciliary care'); support in day centres; care provided by care homes and nursing homes ('residential care'); 'reablement' services to help people regain independence; providing aids and adaptations for people's homes; providing information and advice; and providing support for family carers.
- Social care is often broken down into two broad categories of 'short-term care' and 'long-term care'. Short-term care refers to a care package that is time limited with the intention of maximising the independence of the individual using the care service and eliminating their need for ongoing support. Long-term services are provided on an ongoing basis and range from high-intensity services like nursing care to lower-intensity community support. Both long and short-term care would be arranged/sourced by a local authority and could be described as 'formal' care.

# An introduction to Adult Social Care - 2

## Who provides adult social care?

Local authorities are responsible for assessing people's needs and, if individuals are eligible, funding their care. Our service in Somerset is made up of two functions: an operational service (made up of frontline social care teams), and an adult social care commissioning and quality service.

Most social care services are, however, delivered directly by independent care sector providers, which are mainly for-profit companies but also include some voluntary sector organisations. Many people will also have this care organised and purchased by their local authority, though many people with disabilities directly employ individuals ('personal assistants') to provide their care and support.

## Costs and demand:

There is a rising cost of social care which is driven by two main factors: increasing demand for services and rising costs of providing them.

**Somerset's population is growing faster than national averages with almost all of our growth being of elderly persons outside the working age population**

There are also growing workforce challenges, both within Local Authority social care services and across the wider care provider market.



# An introduction to Adult Social Care - 3

## Key Statutory Duties under The Care Act 2014:

- Provision of social care: *assessment of individuals' and carers' needs, provision of detailed care and support plans; duty to meet the needs of someone assessed as eligible for care and support; financial assessments*
- Provision of preventative services and information/advice: *reducing, preventing, delaying the need for care and support*
- Promotion of individual wellbeing
- Promotion of integration between health and social care services including integrated commissioning
- Safeguarding adults at risk and Safeguarding Adults Boards
- Market shaping: quality, choice, sufficiency of provision; provider failure contingencies

Also:

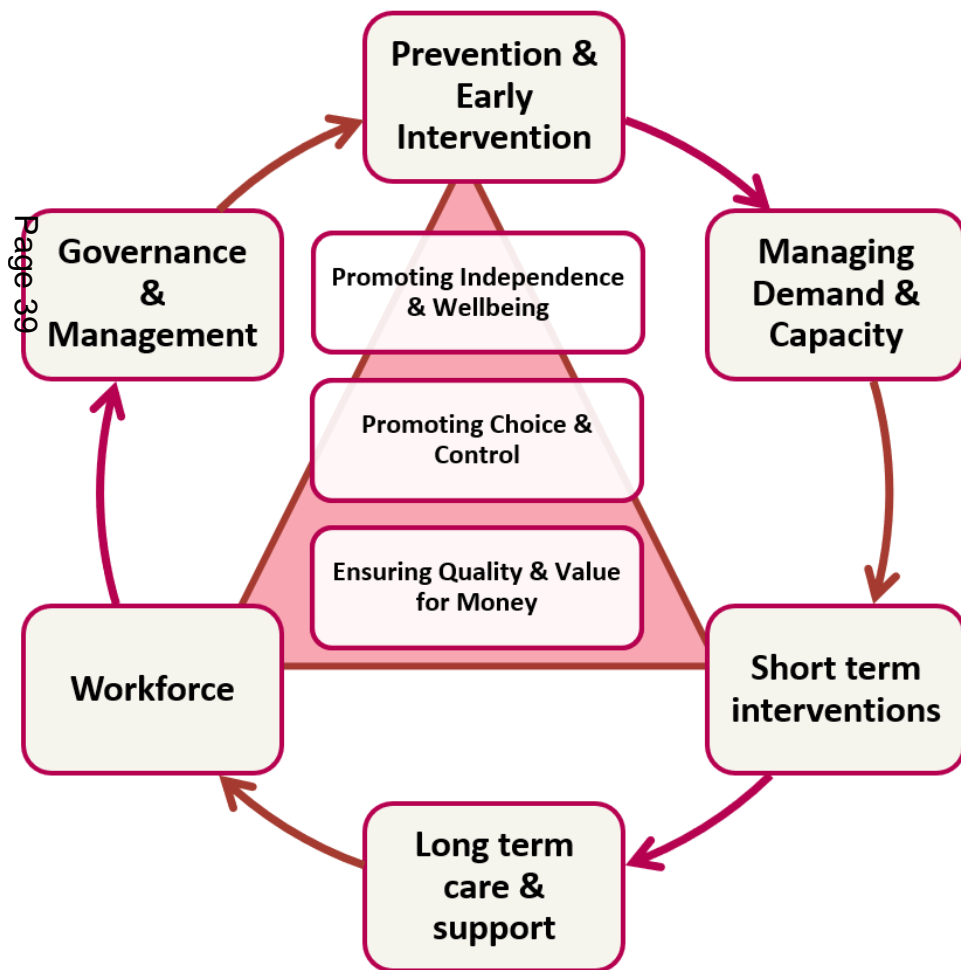
- Duties in the Mental Capacity Act 2005 relating to Deprivation of Liberty Safeguards
- Equality Act 2020
- Employer Standards





# An introduction to Adult Social Care - 4

Our Strategy is focused on **Promoting Independence** & adopting **person-centred approaches**:



We want to support people in Somerset to:

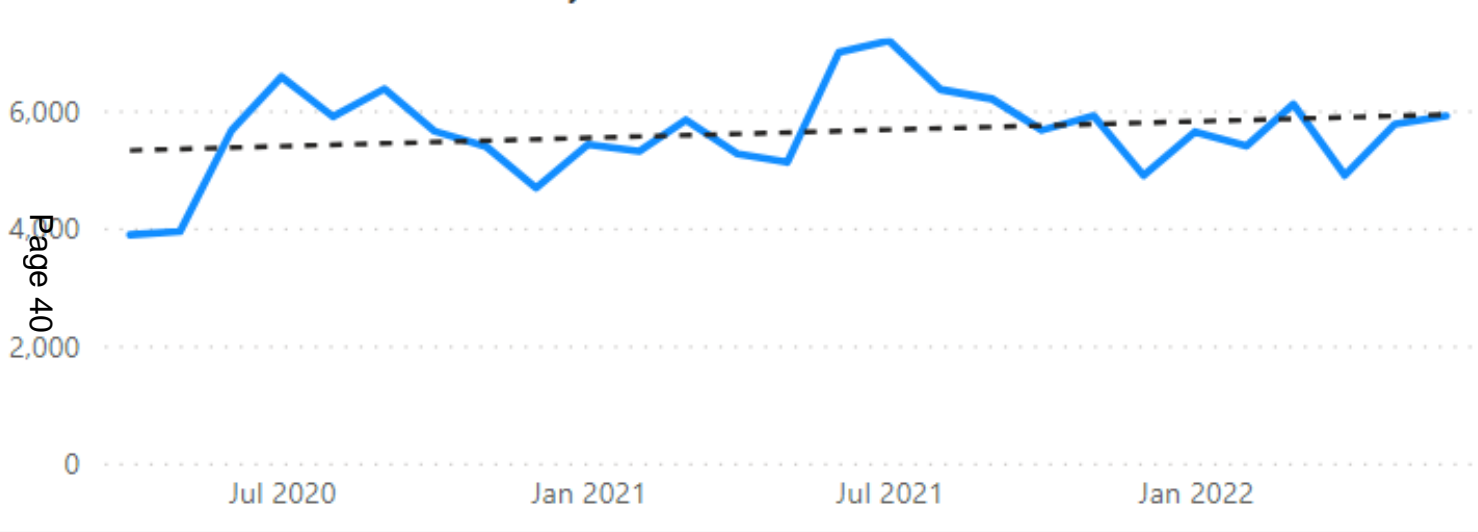
- Be able to remain in their own homes for as long as possible
- Enable people to recover and return home from hospital quickly
- Reduce our use of out of county placements by ensuring we have a sufficient range of mixed economy provision.
- By enabling people and their carers to tell us what 'good' looks like for them and help design their support
- Be able to have equal access to mainstream support within their local community
- Have tailored assistance to support where they need it
- Have enabling conversations focused on their strengths and to offer informed choice.

"at every interaction with a person, a local authority considers whether or how the person's needs could be reduced or other needs could be delayed from arising" **Care and Support Statutory Guidance 1.14c p.3**

# Adult Social Care Performance – Front Door



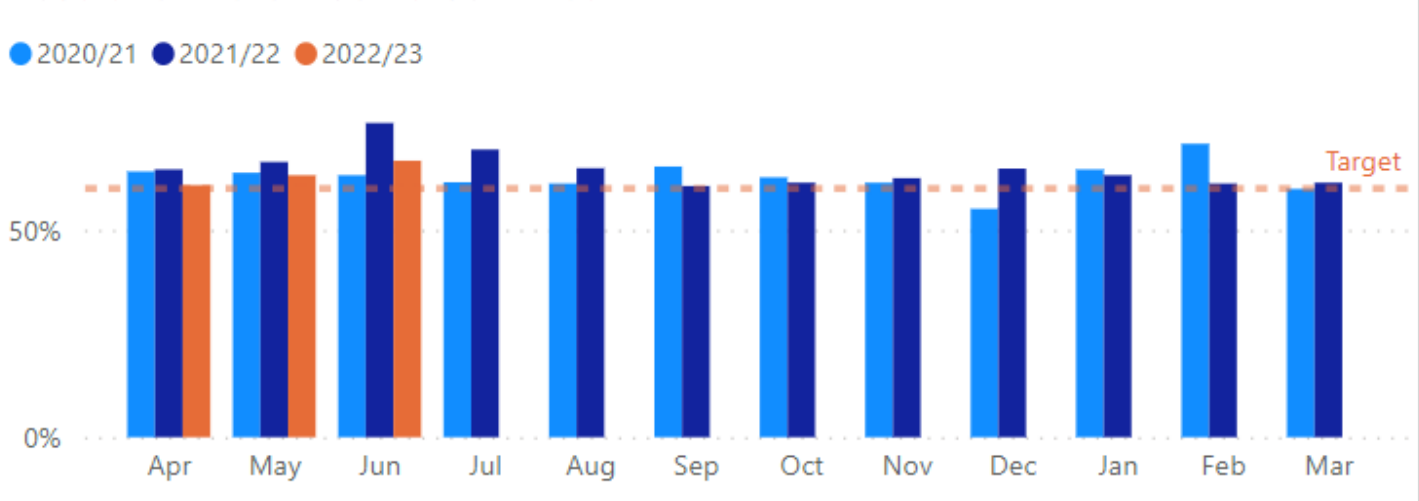
Number of contacts handled by Somerset Direct:



The monthly average volume of calls handled by Somerset Direct in 2021/22 was **5,893**.

Despite demand through the Council’s ‘front door’ remaining high into the new financial year, performance remains above target for the proportion of contacts able to be resolved at first point of contact without requiring a costed or statutory service from the Council.

Resolution Rate - Somerset Direct:

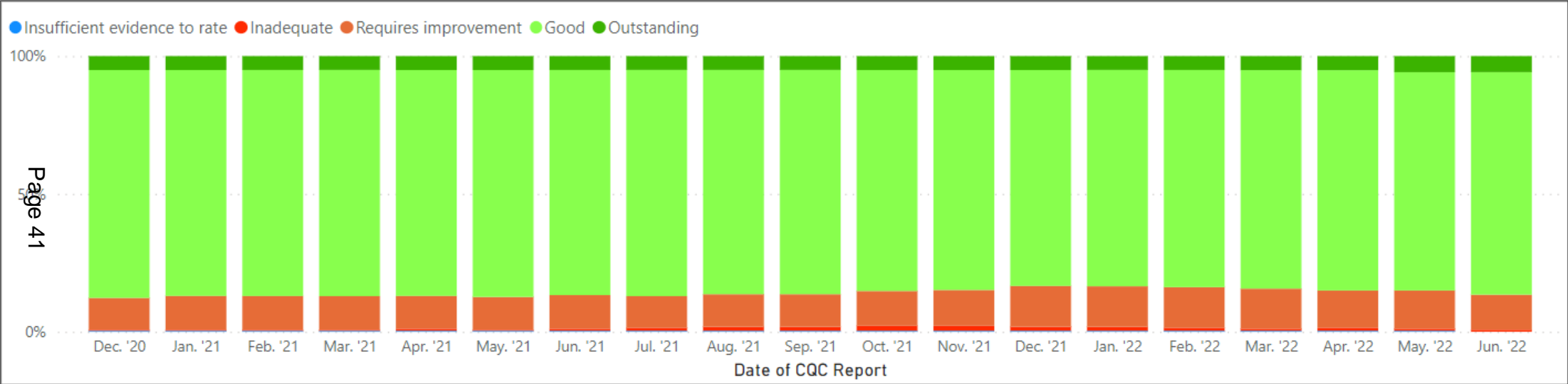


This supports our ongoing objective for an effective front door that helps people find solutions to their problems and demonstrates its impact in terms of the delivery of good outcomes and diversions from formal/statutory care services.



# Adult Social Care Performance Provider Quality

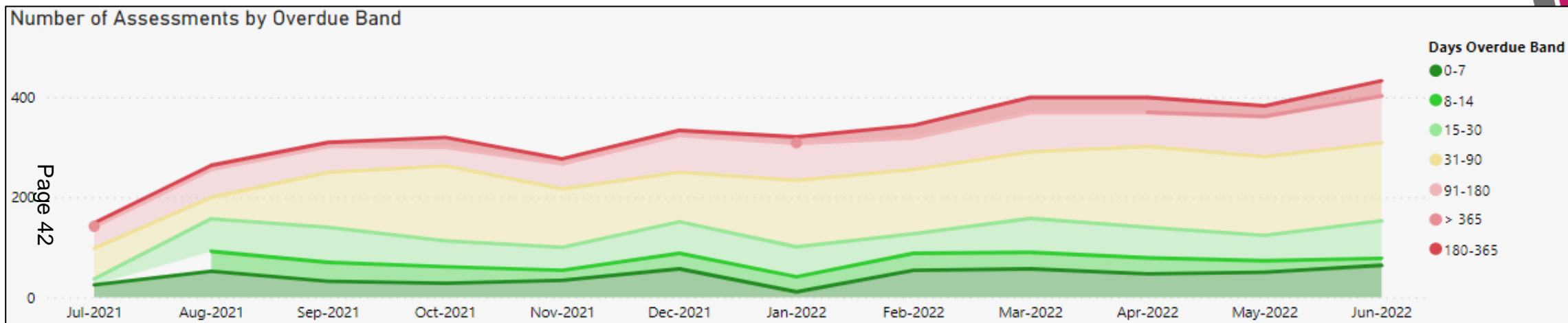
As of the end of June 2022, **86.5%** of regulated adult social care providers in Somerset were CQC rated **Good** or **Outstanding**



- As the independent regulator of health and adult social care, the Care Quality Commission (CQC) has an overarching role to monitor, inspect and regulate health and social care services to make sure those who use these services receive high-quality, safe, effective and compassionate care. In May 2021, the CQC launched a revised Inspection Framework.
- The Local Authority works closely with the CQC as part of our routine system surveillance activity. It is in our collective best interest to have local services that meet the needs of our citizens and that thrive and succeed. Through our monitoring and assurance function, we support and work alongside our local care providers in obtaining the best possible standards of care, as well as holding them accountable for doing so.
- Our Quality Assurance Team continues to work closely with any provider who falls below a 'Good' overall rating as part of a quality improvement policy and process. We saw an increase in these numbers during the pandemic and invested more capacity into our quality and contracts team to support provider improvement, along with regional work to support market shaping and oversight responsibilities via the Provider Assessment and Market Management System (PAMMS) commissioning toolkit from April 2022.



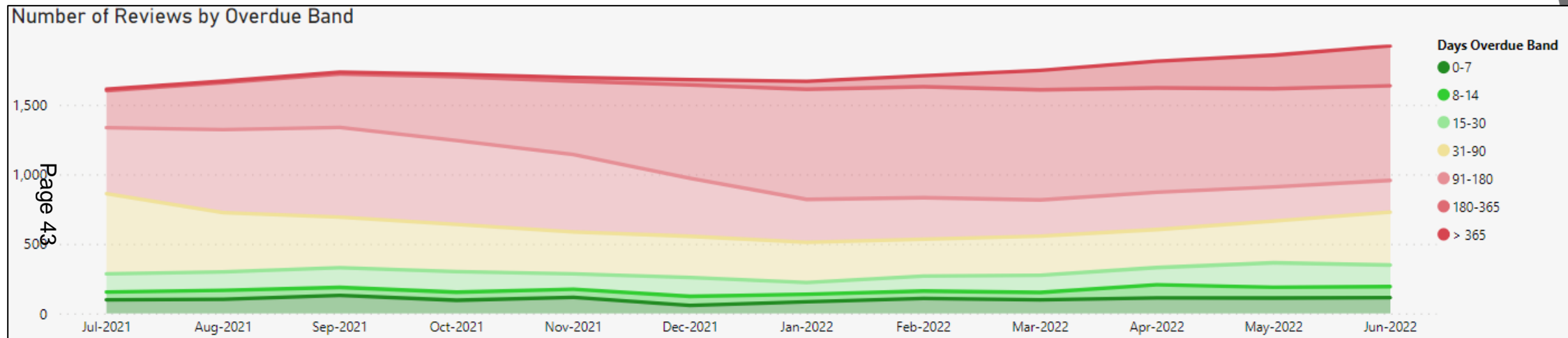
# Adult Social Care Performance – Overdue Care Act Assessments



Operational leaders have clear plans to tackle the backlog in overdue assessments, which has included procuring an external team to deliver the review function so that teams can concentrate on addressing assessments.

For context, between April and June 2022 a total of **1,044** Care Act Assessments were completed - an average of **348** per month.

# Adult Social Care Performance – Overdue Reviews



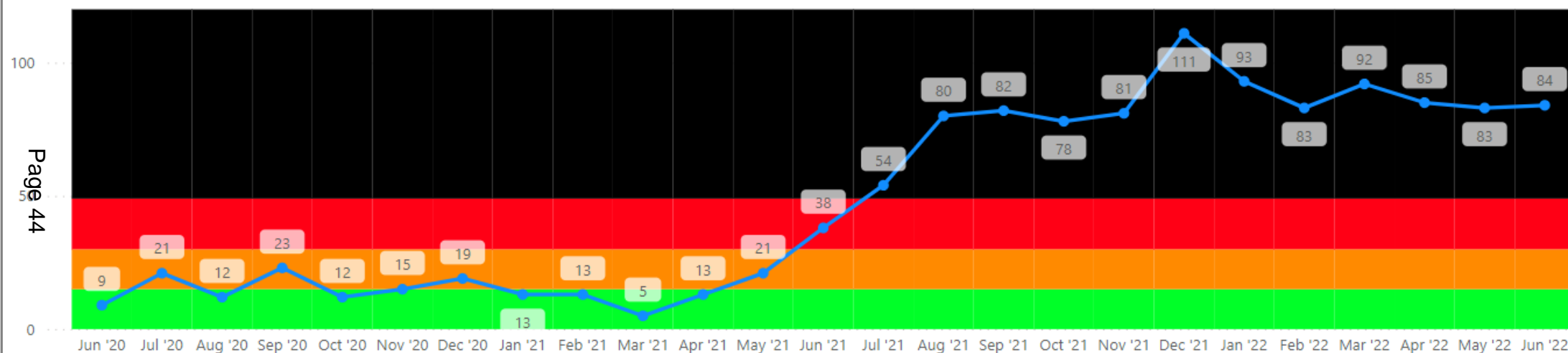
- Analysis shows our service is completing more reviews than we have done in the past; this means individuals are often being reviewed multiple times within a 12-month period.
- The service procured some external social work capacity to help tackle the backlog in overdue reviews
- Regional analysis of the statutory SALT (Short and Long Term) national return for 2020/21 revealed that Somerset has been one of the best performing LAs for a couple of years for clients in receipt of services for over 12 months who have received a review - performing above regional and national averages across a range of related review measures.

Between April and June 2022 a total of **1,735** Reviews were completed - an average of approx. **580** per month.



# Adult Social Care Performance – Unmet Needs\*

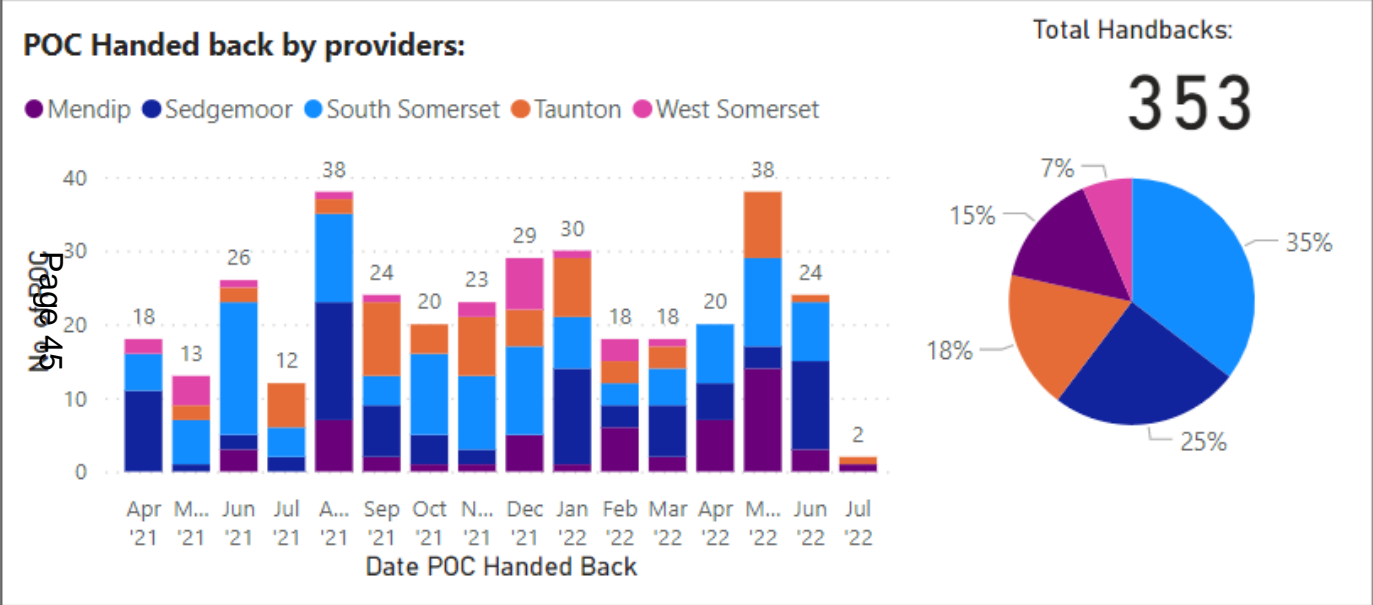
Unmet Needs - OPEL Levels - Monthly Report (last 2 years): Figures are as of last working day of the month



- Demand for homecare has remained very high both locally and nationally, but supply has been severely impacted by provider workforce capacity and availability. The service saw a reduction in the number of average hours of homecare sourced per month during 2021/22 when compared with the previous financial year but an increase in the average care package size suggesting an increasing level or complexity of need.
- Although 16,159 hours of homecare were sourced during 2021/22, levels of unmet care need have remained stubbornly high since “freedom day” (July 2021) consistently reporting at high OPEL 4 escalation level despite investment into sector pay.
- A Fair Cost of Care exercise is currently underway, alongside domiciliary care re-commissioning activity to help address the challenges across the homecare market.

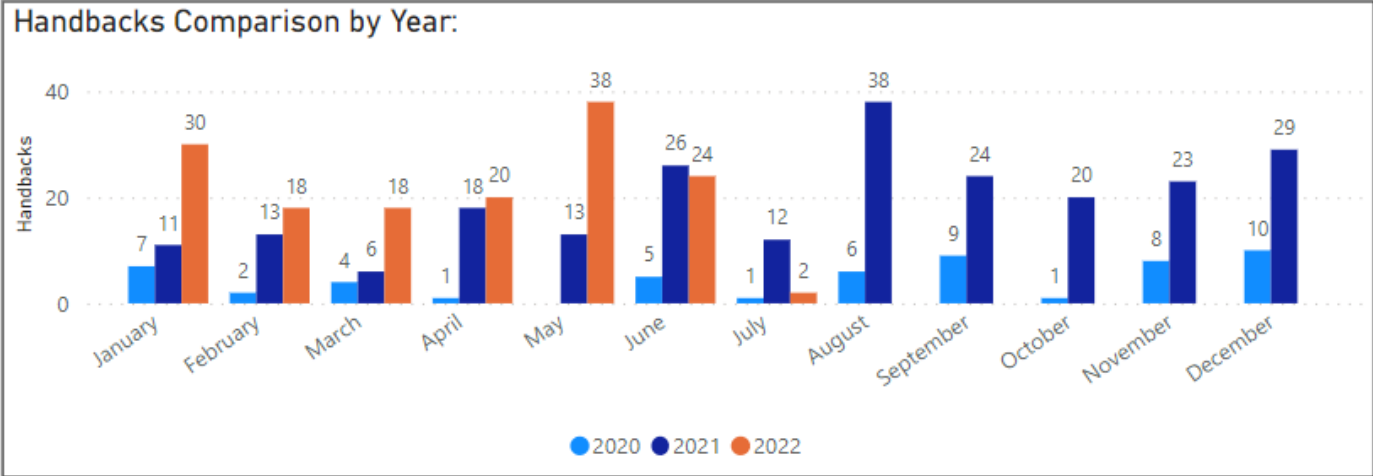
\* unmet need is here defined as homecare packages requested and advertised that have not been sourced within a week

# Adult Social Care Performance – Provider Handbacks



In addition to packages of care proving hard to source, the Local Authority has also had to manage and risk assess unprecedentedly high levels of care package contract 'handbacks' throughout 2020/21 and into the new financial year.

The most common recorded cause for these have been staffing capacity challenges within domiciliary agencies to enable the safe delivery of care.

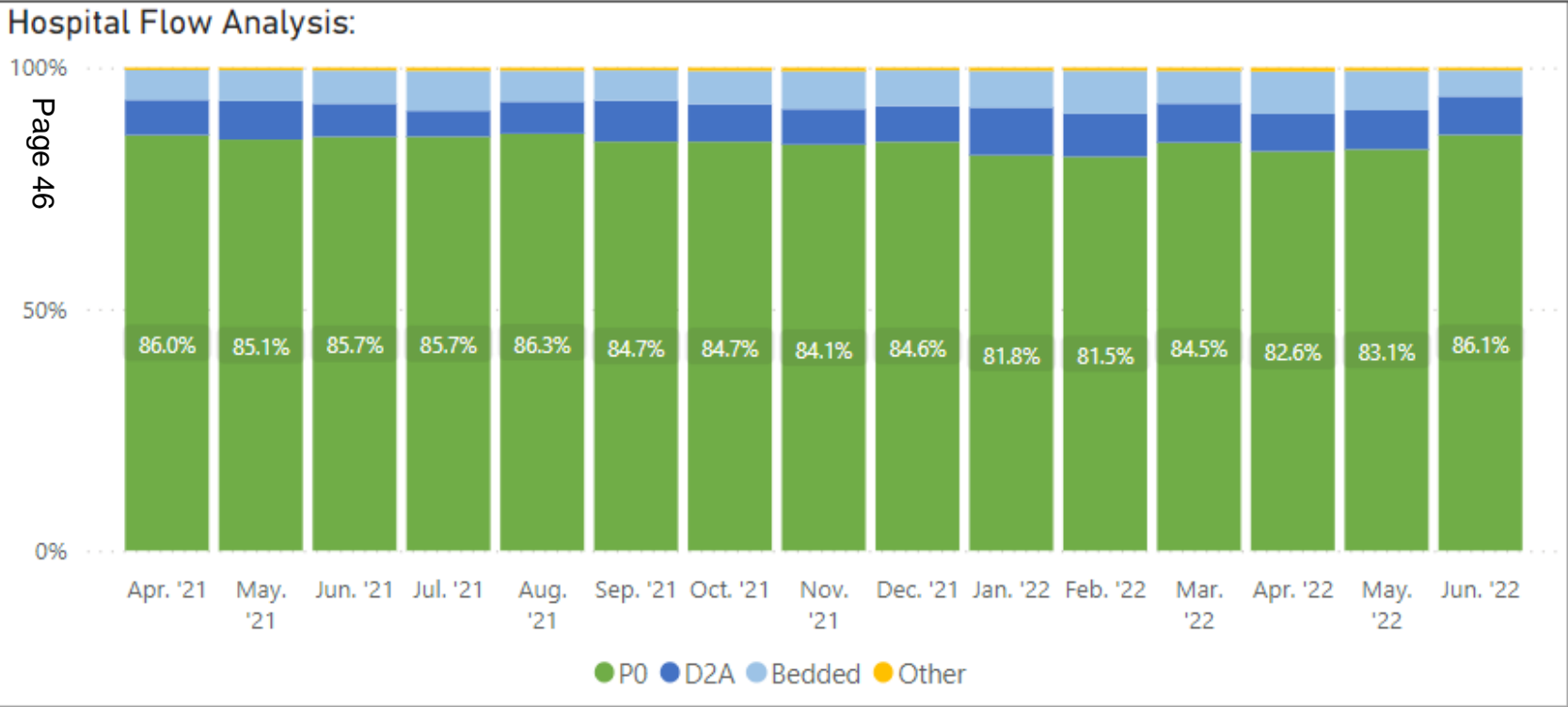


Although occasional care package 'handbacks' are not uncommon, and can and will occur for a variety of reasons, during 2021/22 there were a total of 269 package 'handbacks' (an average of approx. 22 per month) placing additional pressure on Local Authority staff to find replacement care within an already over-stretched care market. The monthly average so far in 2022/23 is 27.

# Adult Social Care Performance – Intermediate Care

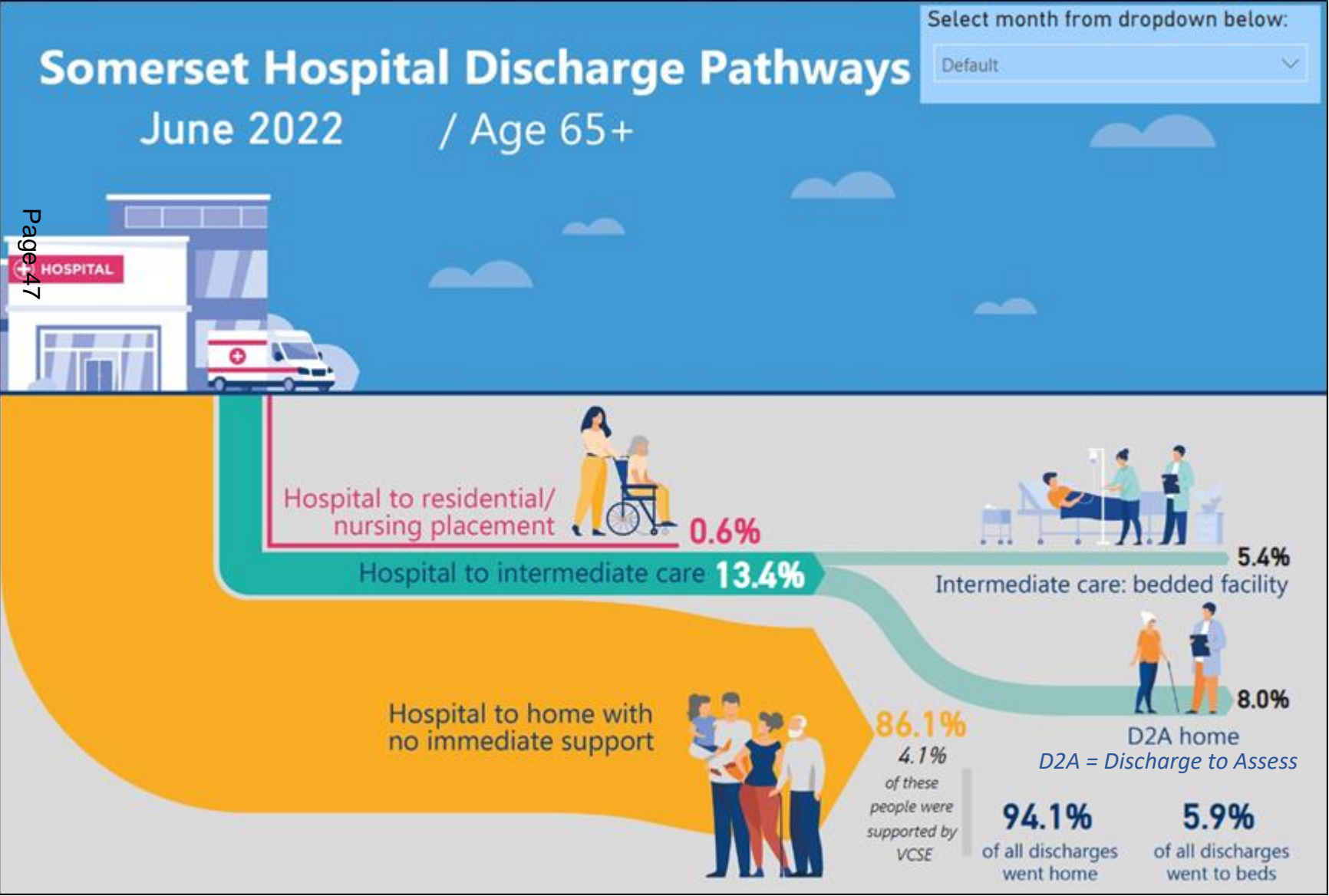


% of people (aged 65+) who went home from hospital with no formal support (target is 85% - higher is better)



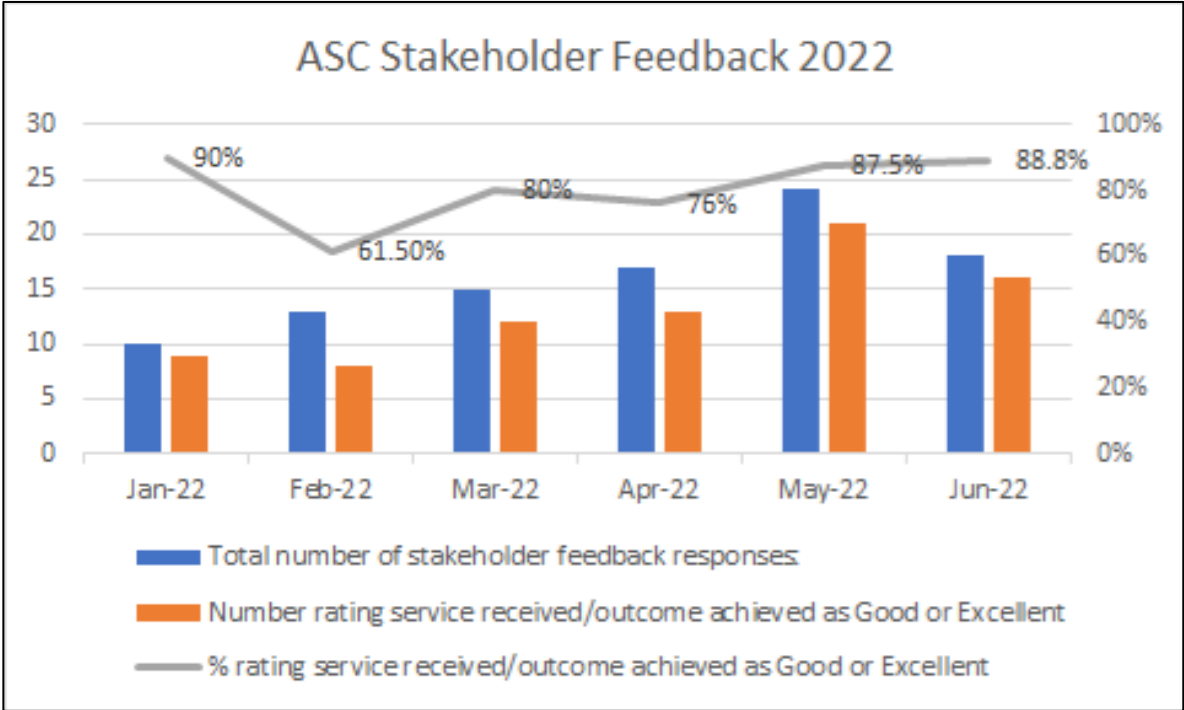
This measure shows the proportion of people (aged 65+) that are able to leave hospital with no formal support (*i.e. a package of home care or a placement in a care home*).

# Adult Social Care Performance – Hospital Discharge Pathways



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# Adult Social Care Performance – Stakeholder Feedback



The Service launched a new ASC Stakeholder feedback approach in January to enhance our ability to collate and learn from the experience of those using our services or their families/carers, and our key partner colleagues. Our data shows a month on month increase in the number of responses being received, about teams and functions across our service and from a wide variety of sources.

**During June 2022, 18 stakeholder feedback responses were submitted, of which 88.8% rated the service that had been received or the outcome achieves as either 'Good' or 'Excellent'.** The top 3 sources of feedback to date are relatives/carers for someone being supported by our service, other LA colleagues, and independent care providers.

Both positive and less positive feedback is helping reinforce areas our understanding of what is working well and where more attention is needed, and has already been used to help inform learning and improvement activity, as well as staff 'shout outs' and recognition.





Somerset County Council  
Scrutiny for Policies, Adults and Health Committee  
– 27 July 2022

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### **Adult Social Care: Care Provider Quality - Duties and Local Arrangements**

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](mailto:NXShaw@somerset.gov.uk)

Cabinet Member: Cllr Heather Shearer, Cabinet Member for Adults

Division and Local Member: All

#### **1. Summary**

**1.1** In Somerset, we want people to live healthy and independent lives, supported by thriving and connected communities, with timely and easy access to high quality and efficient support when they need it. This report outlines the overarching duties and arrangements the Local Authority has to ensure the care provision offered to our residents is of the highest quality, to support oversight and scrutiny.

#### **2. Issues for consideration / Recommendations**

**2.1** Scrutiny Committee to note the information provided and to consider whether it wishes to make any recommendations arising from the report and discussion.

#### **3. Associated Local Authority Statutory Duties, powers and key responsibilities**

**3.1** Market shaping and commissioning of adult care and support services: The Care Act 2014 requires local authorities to help develop a market that delivers a wide range of sustainable high-quality care and support services, that will be available to their communities. When buying and arranging services, local authorities must also consider how they might affect an individual's wellbeing. This makes it clear that local authorities should think about whether their approaches to buying and arranging services support and promote the wellbeing of people receiving those services.

**3.2** Local authorities should engage with local providers to help each other understand what services are likely to be needed in the future, and what new types of support should be developed; this is in part achieved through the publication of a Market Position Statement<sup>1</sup>. A wide range of high-quality services offers people more control and helps them to make more effective and personalised choices over their care.

**3.3** Managing Provider Failure: The Care Act also gives local authorities clear legal responsibilities where a care provider fails. It makes it clear that local authorities have a temporary duty to ensure that the needs of people continue to be met should their care provider become unable to continue to provide care because of business failure, no matter what type of care they are receiving. Local authorities have responsibilities to all people receiving care, regardless of whether they or the local authority pay for that care, or whether it is funded in any other way. Should a care provider fail financially and services cease, the local authority must take steps to ensure that all people receiving care do not experience a gap in the services they need. This duty applies temporarily,

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<sup>1</sup> [ASC Market Position Statement FINAL \(pubhtml5.com\)](#)

until the local authority is satisfied that each person's needs will be met by a new provider or in a different way. Somerset has a well-established and tested approach in place to help manage business failure<sup>2</sup>.

- 3.4** Safeguarding Adults: The Care Act 2014 also set out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect. The Local Authority and system partners follow Somerset's Multi Agency [Safeguarding Adults Policy](#) and it is the expectation that all providers of care within Somerset area do the same. Somerset's Adult Safeguarding Team has close working links with commissioning, quality assurance and contracts team staff in relation to supporting care provider quality oversight and intelligence gathering.
- 3.5** In February 2021 the government announced an intention to develop a new assurance framework for adult social care; proposals included a new duty for the Care Quality Commission to assess local authorities' delivery of their statutory adult social care duties from April 2023 onwards. The proposal was formalised in the [Health and Care Bill](#), receiving Royal Assent in April 2022. Whilst the inspection framework and methodology has not yet been published and is still subject to co-production and engagement activity, the emerging scope will very likely include a focus on: 'Providing support - Markets (including commissioning), integration and partnership working'.

#### **4 The role of the Care Quality Commission (CQC) in care provider quality**

- 4.1** The CQC has the overarching role to monitor, inspect and regulate health and social care services to ensure those who use these services receive high-quality, safe, effective and compassionate care, as the independent regulator of health and adult social care. The CQC is able to take enforcement action against registered persons who breach conditions of registration and/or relevant sections of legislation. They can also take enforcement action against unregistered providers providing regulated activities. The CQC can use different types of civil enforcement action in order to achieve these purposes including imposing, removing or varying conditions of registration; cancelling registration; urgent procedures; and special measures.
- 4.2** The Local Authority works closely with the external regulator as part of routine system surveillance activity, meeting weekly to support soft intelligence sharing. The role and remit of the Local Authority and its Commissioning, Contract and Quality Assurance functions locally is not to replicate that of the CQC. It is in our collective best interest to have local services that meet the needs of our citizens and that thrive and succeed. Through our monitoring and assurance functions, we aim to support and work alongside our local care providers in obtaining the best possible standards of care, as well as holding them accountable for doing so. Together with our colleagues in health, we are well placed to offer and secure good quality advice, guidance and information from partners across our local health and care system in order to achieve this aim.

#### **5 Somerset's Care Provider Governance, Oversight and Quality arrangements**

The Local Authority and NHS Somerset have a number of forums, functions and teams where concerns relating to care provider quality, risk and performance are overseen:

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<sup>2</sup> [Regulated Care Provider: Business Failure Policy \(somersetprovidernetwork.org.uk\)](#)

- a) **Somerset System Quality Group:** A strategic forum at which partners from across health, social care, public health and wider within Somerset Integrated Care System can join up around common priorities, routinely and systematically share insight and intelligence, identify opportunities for improvement and concerns/risk to quality and develop system responses to enable ongoing improvement in the quality of care and services across the ICS.
- b) **Multi-agency Care Provider Commissioning & Quality Board:** Supporting evidence-based commissioning and de-commissioning decision making relative to quality and safeguarding concerns in our care market. Also enables strategic level intelligence sharing in partnership with the regulator and our health colleagues. The Board has the power to issue rectification or final warning notices to care providers who have failed to sustain the level of improvement or quality required, and can initiate a de-commissioning process for failing care providers.
- c) **The routine work of our Quality Assurance and Contracts Team:** The Local Authority has a dedicated team in place offering advice and support to externally commissioned care providers to meet the quality standards and requirements of regulators and the Council. The team gathers intelligence and monitors the quality of these services. Additional investment was made into the team in early 2022 in response to the developments within the care market, the growing workforce and sustainability pressures faced by care providers on the back of the pandemic, and consequent to learning emerging from internal auditing practice; this has enabled the team to better separate out and invest in its Contracts and Quality functions and establish dedicated leads for specific areas of the market, including Learning Disability provision. The team includes a registered Social Worker who is jointly commissioned to support with NHS Somerset's LARCH (Listening and Responding to Care Homes team) as part of our partnership working approach. We also work closely with the Continuing Health Care team in NHS Somerset as part of supporting quality and commissioning activity within local nursing homes.

All care providers in Somerset are expected to meet the CQC's fundamental standards. For regulated services in Somerset, the minimum quality standard is a 'Good' CQC rating both overall and in all five key domains; for unregulated services we expect the same minimum quality standard of Good overseen through the providers' completion of Service Assessment Forms. The team's QA approach and core activity is outlined within our joint Care Provider Quality Assurance policy<sup>3</sup> and includes the use of a Quality Assurance assessment Framework, contract reviews, the routine review of CQC Inspection Reports and Ratings, stakeholder intel submitted via a Service Quality Feedback form, financial risk monitoring, unannounced quality visits, Quality Improvement Meetings and a managed placement approach enabling local commissioning organisations to suspend placements with care providers until such time that minimum standards are met.

The service is currently embedding a new approach to market management locally, following a decision taken by the South West Association of Directors of Adult Social

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<sup>3</sup> [Care Provider Quality Assurance Policy \(somersetprovidernetwork.org.uk\)](https://somersetprovidernetwork.org.uk)

Services to enhance arrangements in place to enable more consistent measurement of quality, spend and activity across commissioned services regionally. The PAMMS (Provider Assessment and Market Management Solution<sup>4</sup>) is a digital tool enabling local authorities and providers to gather core assessment information to meet quality standards consistently. This information would previously been gathered manually by local authority contract monitoring/quality assurance staff, so while PAMMS is a new digital system, it is not new activity. Rather, it supports regional consistency so we can fulfil our duties as an LA for safe and effective commissioning and market assurance in a way that is clear but not arduous for providers and helps achieve better outcomes for residents, providers and Councils alike. Piloting work has recently commenced in Somerset ahead of full system roll out from April 2023, and regional work has progressed in developing core quality assurance question sets and supporting 'what does good look like' practice.

- d) **Provider engagement and forums:** The service is currently reviewing the provider engagement and communication functions and forums in place locally. We know from care provider feedback that the enhanced communication methods and access to Council staff established during the Covid-19 pandemic (including via our regular provider briefings, webinars and new [provider engagement webpage](#)) was valued and something they wished to maintain. Commissioning leads are finalising plans to formalise regular forums for *all* providers as part of ensuring routine dialogue about shared developments of interest, as well as meetings specifically aimed at domiciliary care providers, residential providers and specialist providers (to include those with a Learning Disability and Mental Health focus – the biggest spend area for the service), in partnership with Somerset Registered Care Providers Association (the RCPA<sup>5</sup>).
- e) **Micro-providers<sup>6</sup>:** With regards to Somerset's growing micro-provider market – *services that are not commissioned directly by the LA but help give local people more choice and control over the support they require and offer an alternative to more traditional provider services* - Somerset is looking to partner with The Independent Living Group and the National Association of Care and Support Workers to purchase a nationally recognised accreditation and learning and development pathway as part of its commitment to deliver quality provision across Somerset.

## 6. Stakeholder Feedback and impact

- 6.1 Our Care Provider Quality Assurance and Contracts team actively seeks feedback about the quality of service provided and support given via a Stakeholder Feedback Form launched in January 2022 to support routine learning and improvement activity. At the time of writing, overall satisfaction with the service provided stands at 92.3% based on 'Good' or 'Excellent' rated responses. The majority of feedback has come direct from local Care Providers (61.5%) but also includes feedback from other colleagues in the wider health and care system, and the regulator. Comments from care providers have included:

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<sup>4</sup> [Care Provider Quality Assurance: PAMMS Implementation in the South West \(somersestprovidernetwork.org.uk\)](#)

<sup>5</sup> [Registered Care Providers Association \(rcpa.org.uk\)](#)

<sup>6</sup> [Somerset Micro-enterprise Project](#)

- *"X has been very supportive and informative on all of her visits with us. She has given us excellent advice and suggested improvements that we could make ready for our first CQC inspection. Without the help and advice I am sure we would not have just been awarded a 'Good'. Carry on doing what you are doing, it is helping tremendously. Regular visits have been a great help and have guided us massively."*
- *"Helpful feedback during the process, acknowledgment of progress and where it would be great to consider further development"*.
- *"It was a no blame approach, something very unusual when come to social care environment; I feel the visit was very supportive, and focused on improvement and resolving issues, understanding the reality of the market, and providing some ideas and constructive criticism"*

6.2

**CASE STUDY:**

**Situation:** A Nursing Home in Somerset with two consecutive 'Inadequate' CQC ratings on the radar of the Commissioning & Quality Board. Loss of registered manager and failure to secure an Agency Registered Manager despite multiple attempts. Slow progress being made against a substantial action plan. CQC re-inspection imminent with potential to result in further regulatory action which could result in business failure and the loss of a home of strategic importance to Somerset in delivering Older People's Mental Health nursing bed provision.

**Key action taken:** Six-week enhanced plan of action put into place (early March 2022) to help stabilise the service and mitigate risks to residents and the provision. Commissioning and Quality Board facilitated additional clinical support into the Home whilst the owner worked to secure a permanent Registered Manager as part of a local package of enhanced support and quality assurance activity into the Home. All residents prioritised for urgent Adult Social Care review. Quality Assurance team input and improvement support provided to the service in progressing their action plan. Contingency plans drawn up in the event of failure to improve.

**Outcome:** CQC rates the Home as 'Requirements Improvement' in 4 key lines of enquiry, and 'Good' in Caring (Requires Improvement overall) (May 2022). Although further work to do in partnership with the Home, the provision is in a stronger place. The support of the QA team was recognised by the CQC inspector who fed back:

*"Staff from the team have worked alongside a provider rated inadequate. They have supported and directed the provider in ways to improve. They have assisted the provider in understanding the shortfalls and created a clear action plan which has focused the service in improving. They have stepped in to have difficult conversations about staff at the service when this was having a detrimental impact on the quality of care and support the home provided. Staff have been proactive in liaising with CQC. The work undertaken has enabled improvements in a service which would have been unlikely to achieve this on their own. Whilst there is still a long way to go for this Home, it demonstrates it can have a positive outcome for the provider and people living at the home".*

The owner of the home also contacted health and care partners, writing *" We thank you all for the best support you all have given to (the provision) for the past few months for it to achieve this CQC report"*.

**7 Appendices**

Appendix A – Care Provider Quality in Somerset (July 2022) - *overleaf*

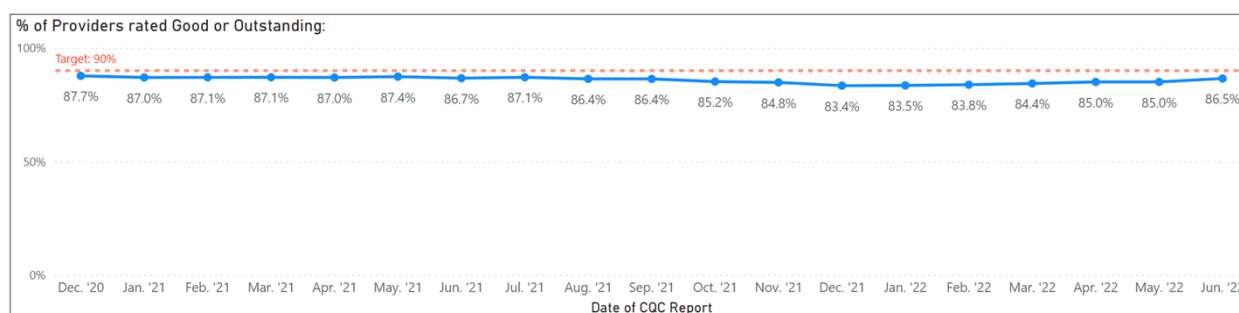
## APPENDIX A - The current context: Care Provider Quality (July 2022)

In May 2022, the Care Quality Commission published its annual assessment of health care and social care in England<sup>7</sup>. The report examines trends, shares examples of good and outstanding care, and highlights where care needs to improve. Key points emerged relating to Adult Social Care fragility nationally, including:

- Adult Social Care is a sector that was under pressure even before the pandemic. Covid-19 has increased this even further, threatening the financial viability of some providers and services.
- Care home providers and their representatives have told us about the operational challenges they continue to face as a result of decreased occupancy, reduced admissions, increased costs and difficulty recruiting and retaining staff.

The report included a focus on inspection ratings, stating that the care that people receive in English is mostly of good quality.

Within Somerset, the proportion of active regulated social care settings rated as 'Good' or 'Outstanding' overall by the independent regulator (the Care Quality Commission) steadily fell during the pandemic, dropping from 87.7% overall in December 2020 to 83.4% in December 2021. Additional investment was put into our internal Care Provider Quality and Contracts Team to support the potential for more proactive improvement activity with providers of concern. Over the last six months, we have started to see some steady improvement in this measure with overall performance currently at 86.5%:



### Residential Social Care provision:

Based on latest available monthly CQC Care Directory publication (with ratings) for 1 July 2022, Somerset compares positively to national averages in relation to the proportion of residential social care settings (incl nursing homes) judged to be 'Good' or 'Outstanding' overall (85.9% in Somerset, compared to 81.4% nationally). The same is evident when looking at the quality of community-based adult social care services (primarily domiciliary care provision). In Somerset 88.6% of these providers are currently judged to be 'Good' or 'Outstanding', compared to 86.7% nationally. Somerset also compares positively to its statistical neighbours<sup>8</sup> (peer group) in relation to overall quality of local provision as determined by CQC regulatory oversight in both categories.

<sup>7</sup> [20211021\\_stateofcare2021\\_print.pdf \(cqc.org.uk\)](https://www.cqc.org.uk/publications/20211021_stateofcare2021_print.pdf)

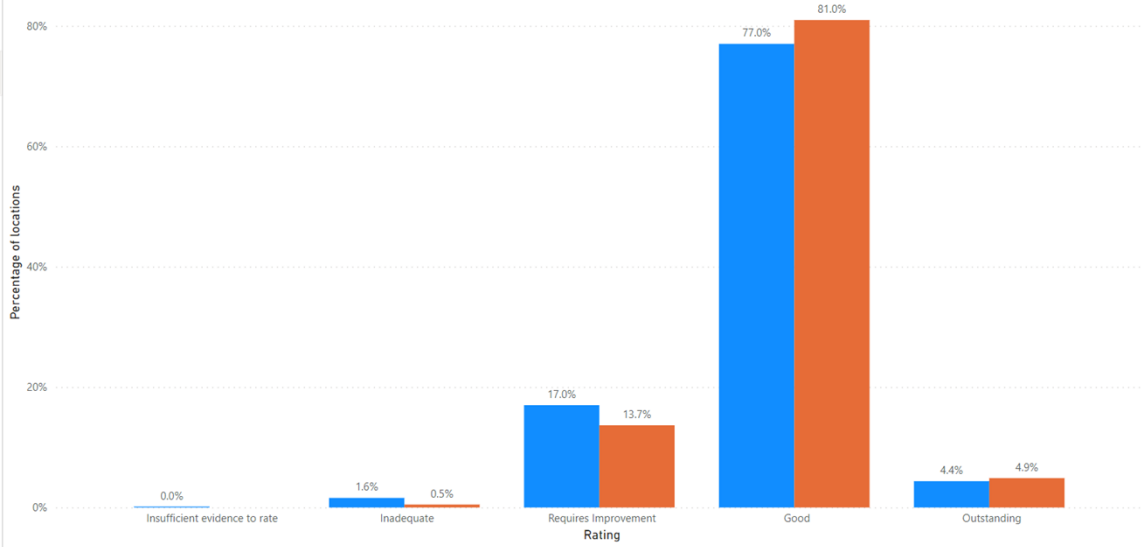
<sup>8</sup> Statistical neighbours provide a method for benchmarking progress. For each local authority (LA), these models designate a number of other LAs deemed to have similar characteristics.

## Somerset compared to the rest of England

Primary Inspection Category

Residential social care

Somerset comparison ● Rest of England ● Somerset

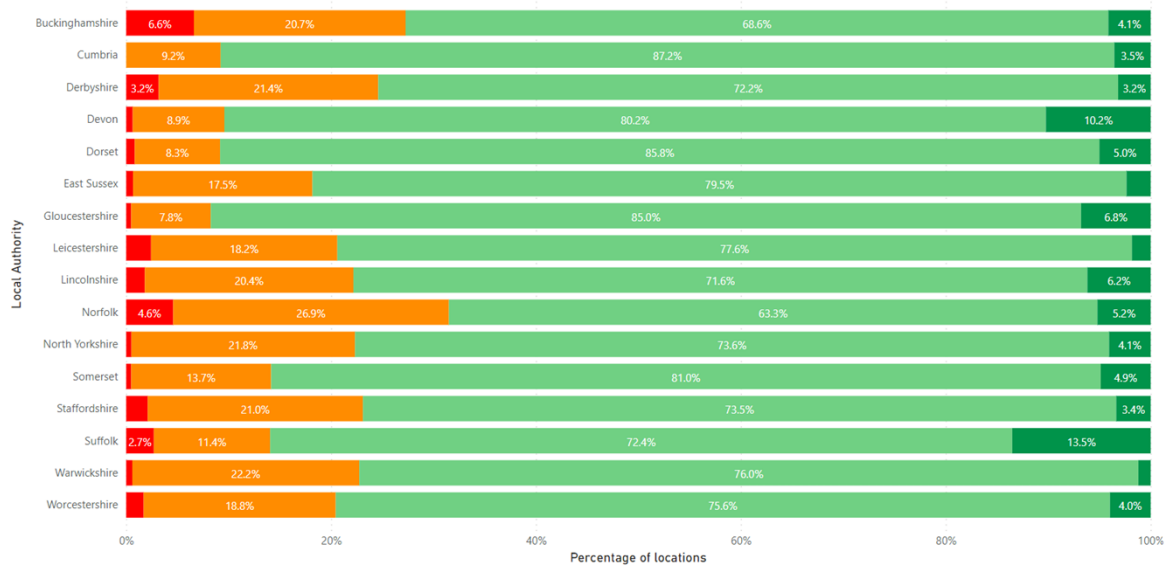


## Somerset compared to peer group

Primary Inspection Category

Residential social care

Rating ● Inadequate ● Requires Improvement ● Good ● Outstanding

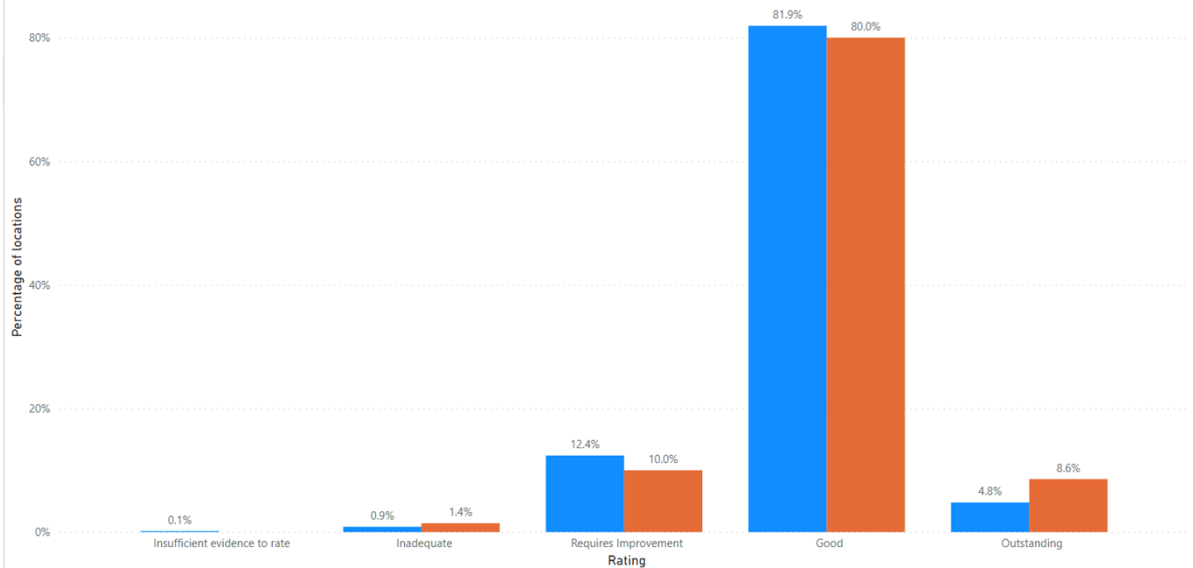


## Somerset compared to the rest of England

Primary Inspection Category

Community based adult social care services

Somerset comparison ● Rest of England ● Somerset



# Somerset compared to peer group

Primary Inspection Category

Community based adult social care services

Rating ● Insufficient evidence to rate ● Inadequate ● Requires Improvement ● Good ● Outstanding

