

Public Agenda Pack



Notice of Meeting of

SCRUTINY COMMITTEE - ADULTS AND HEALTH

Thursday, 3 August 2023 at 10.00 am

Luttrell Room - County Hall, Taunton TA1 4DY

To: The members of the Scrutiny Committee - Adults and Health

Chair: Councillor Gill Slocombe
Vice-chair: Councillor Graham Oakes

Councillor John Bailey	Councillor Hilary Bruce
Councillor Ben Ferguson	Councillor Andrew Govier
Councillor Christine Lawrence	Councillor Sue Osborne
Councillor Emily Pearlstone	Councillor Tony Robbins
Councillor Claire Sully	Councillor Mike Stanton
Councillor Rosemary Woods	

For further information about the meeting, including how to join the meeting virtually, please contact Democratic Services democraticserviceteam@somerset.gov.uk.

All members of the public are welcome to attend our meetings and ask questions or make a statement **by giving advance notice** in writing or by e-mail to the Monitoring Officer at email: democraticserviceteam@somerset.gov.uk by **5pm on Friday, 28 July 2023**.

This meeting will be open to the public and press, subject to the passing of any resolution under the Local Government Act 1972, Schedule 12A: Access to Information.

The meeting will be webcast and an audio recording made.

Issued by (the Proper Officer) on Wednesday, 26 July 2023

AGENDA

Scrutiny Committee - Adults and Health - 10.00 am Thursday, 3 August 2023

Public Guidance Notes contained in Agenda Annexe (Pages 5 - 6)

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1 Apologies for Absence

To receive any apologies for absence.

2 Minutes of Previous Meeting (Pages 7 - 20)

To approve the minutes from the previous meeting.

3 Declarations of Interest

To receive and note any declarations of interests in respect of any matters included on the agenda for consideration at this meeting.

(The other registrable interests of Councillors of Somerset Council, arising from membership of City, Town or Parish Councils and other Local Authorities will automatically be recorded in the minutes: [City, Town & Parish Twin Hatters - Somerset Councillors 2023](#))

4 Public Question Time

The Chair to advise the Committee of any items on which members of the public have requested to speak and advise those members of the public present of the details of the Council's public participation scheme.

For those members of the public who have submitted any questions or statements, please note, a three minute time limit applies to each speaker and you will be asked to speak before Councillors debate the issue.

We are now live webcasting most of our committee meetings and you are welcome to view and listen to the discussion. The link to each webcast will be available on the meeting webpage, please see details under 'click here to join online meeting'.

5 Mental Health Workshop - Update (Pages 21 - 52)

To receive a brief verbal update from the Chair.

6 Committee Work Programme (Pages 53 - 56)

The Committee will discuss the forward Work Programme and make suggestions for additions.

7 Primary Care Strategy (Pages 57 - 76)

To discuss and consider the report.

8 Adult Social Care - Budget Report (Pages 77 - 88)

To discuss and consider the report.

9 Adult Social Care Assurance Report (Pages 89 - 148)

To discuss and consider the report.

10 Healthy Weston

The Chair will update the Committee.

Guidance notes for the meeting

Council Public Meetings

The legislation that governs Council meetings requires that committee meetings are held face-to-face. The requirement is for members of the committee and key supporting officers (report authors and statutory 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.

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 or telephone 01823 357628.

They can also be accessed via the council's website on [Committee structure - Modern Council \(somerset.gov.uk\)](#)

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](#)

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.

Public Question Time

If you wish to speak or ask a question about any matter on the Committee's agenda please contact Democratic Services by 5pm providing 3 clear working days before the meeting. (for example, for a meeting being held on a Wednesday, the deadline will be 5pm on the Thursday prior to the meeting) Email 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, or alternatively can attend the meeting online.

A 20-minute time slot for Public Question Time is set aside near the beginning of the meeting, after the minutes of the previous meeting have been agreed. Each speaker will have 3 minutes to address the committee.

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.

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.

There is a facility in Microsoft Teams under the ellipsis button called turn on live captions which provides subtitles on the screen.

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.

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.



Minutes of a Meeting of the Scrutiny Committee - Adults and Health held in the Luttrell Room - County Hall, Taunton TA1 4DY, on Wednesday, 31 May 2023 at 10.00 am

Present:

Cllr Gill Slocombe (Chair)

Cllr John Bailey

Cllr Andrew Govier

Cllr Tony Robbins

Cllr Mike Stanton

Cllr Henry Hobhouse

Cllr Hilary Bruce

Cllr Sue Osborne

Cllr Claire Sully

Cllr Rosemary Woods

In attendance:

Cllr Steve Ashton

Cllr Adam Dance

Cllr Val Keitch

Cllr Martin Lovell

Cllr Jo Roundell Greene

Cllr Heather Shearer

Cllr Sarah Wakefield

Cllr Norman Cavill

Cllr Dixie Darch

Cllr Liz Leyshon

Cllr Leigh Redman

Cllr Dean Ruddle

Cllr Fran Smith

Other Members present remotely:

1 Apologies for Absence - Agenda Item 1

Apologies were received from Councillor Emily Pearlstone who asked Councillor Henry Hobhouse to be a substitute. Apologies were also sent by Councillor Graham Oakes and Councillor Ben Ferguson.

2 Declarations of Interest - Agenda Item 2

There were no new declarations of interest.

3 Public Question Time - Agenda Item 3

There were two public questions:

Eva Bryczkoski:

Question 1.

Regarding the proposed closure of Yeovil hospital acute stroke ward, it has been suggested by portfolio holder Heather Shearer, if I am correct, that as long as a patient reaches hospital within four hours, they will receive the necessary care and requisite treatment.

However, according to the Trust's Doctor Whiting, "With a stroke, what matters is the total time taken from calling 999 to having a scan and starting the right treatment."

Given that the NHS is on its knees and unravelling due to the privatisation voted on by the coalition government, and indeed prior to 2010, patients who live in Yeovil, the whole of Somerset, parts of Wiltshire and Dorset will most probably have a much larger increase in drivetime than four hours.

Ambulances will be waiting in long queues outside hospitals such as Musgrove Park hospital, referred to as 'Tarmac Ward' by paramedics in Unison, can the Health and Wellbeing committee guarantee that stroke patients from the above areas will not be adversely affected regarding how a patient will recover?

Response from Maria Heard Somerset Foundation Trust:

Thank you for your question.

We all want every stroke patient in Somerset to have the best and most appropriate care possible. After a stroke, if the right specialist treatment, care, and support is received people can go on to live full and independent lives. We know that our acute hospital-based stroke services are not currently set up in the best way and that there are differences in the way these services are delivered, due to staffing pressures. It is important that Somerset NHS commission high-quality stroke services, which are sustainable and fit for the future, which is why they are proposing to change the way acute hospital stroke services are organised in our area, so that everyone in the county will have the best opportunity to survive and thrive after a stroke.

The public consultation sought to understand views on whether hyper acute and

acute stroke services should be provided at:

- one hyper acute stroke unit in Somerset and, if that is the right way forward, whether the unit be located at Musgrove Park Hospital in Taunton, and;
- acute stroke services at either:
- Two acute stroke units, one at Musgrove Park Hospital and one at Yeovil District Hospital; or
- One acute stroke unit, which would need to be located at the same hospital as the hyper acute stroke unit proposed to be Musgrove Park Hospital.

The Stoke Consultation came to the Scrutiny Committee on 12 October 2022.

Following a presentation on the options the Committee made the following comments:

- Looking at the options the Committee wanted to know why there was not an option to have all the services in Yeovil. This was part of the longer list of options but was dismissed as it has proven historically very challenging to recruit Consultants to Yeovil Hospital.
- The Committee wanted to know the timescale for the consultation, and to continue to influence and debate the findings.
- There is a further update planned for the Scrutiny Committee on the 31st of May and the 3rd of August.

This is a decision for NHS Somerset to make after listening closely to the consultation feedback and based on the staffing and funding pressures the system is under. NHS Somerset have not made any final decisions yet and they remain open-minded about the solution until after all the feedback, evidence and information has been analysed and considered.

Hearing the views of people throughout the consultation process was and is an important part of the decision making and will be fully taken into account alongside other essential factors such as clinical, financial and practical considerations. Any decision to proceed with the proposals will be informed by the feedback from the consultation.

All the feedback gathered during the 12-week consultation is now being analysed by an external research organisation. They will prepare a report setting out what people have said about the proposals for the NHS Somerset Board in due course.

I have been made aware by Dr Bernie Marden that NHS Somerset has reached out to the Quicksilver Community Group, who have raised the petition and invited them to meet with him and members of his team. Although the 12-week public consultation closes today they still welcome engagement with the community group.

Rick Beaver:

Question 1.

Thank you for the opportunity to speak on behalf of the Quicksilver Community Group to support the online petition we have already submitted to the council.

I refer to your "Public Agenda Pack" Pages 15, 16, 17 - Number 16 Somerset Hyperacute Stroke Services - Consultation - Agenda Item 7

This reflects your previous discussion of the report about the public consultation on Stroke Services in Somerset. In the report reference is made to the vision behind the consultation is to ensure : **"Stroke patients in Somerset will receive timely acute interventions and receive access to world-class services, regardless of where they live."**

It is also noted that most people with a suspected stroke are admitted via a 999 call to either Musgrove Park Hospital in Taunton or Yeovil District Hospital, in Yeovil. It acknowledges that **journey times are a challenge due to the rurality of the county.**

Only two options are proposed in the consultation both involve the closure of the Hyper Acute Stroke Care service in YDH.

It is frankly incomprehensible to have a vision of stroke patients receiving timely acute interventions ... regardless of where they live, while acknowledging that with a Hyper Acute Stroke Care service in both Yeovil and Taunton that journey times are a challenge, **and then propose to remove the facility in Yeovil.**

The Quicksilver Community Group picked up on this late (I think because the consultation had been about the future of the Acute Stroke Care facility (not the more critical Hyper Acute Stroke Care facility). An online petition has been arranged and within 2 weeks had 2000 signatures and is currently well above 5000. We presented this to the full council meeting last week and were advised that the matter would be discussed further at this meeting today.

At the full council meeting I was grateful for the opportunity to outline the impossibility of meeting recommended onset to treatment time of 45 minutes for stroke victims for a large area currently supported by YDH if the Hyper Acute Stroke Care facility is located just in Musgrove hospital. Delays in treatment result in less successful recovery for the patient, with life changing consequences for them and their families, and additional care requirement which will impact on the council.

We believe the public consultation arranged by NHS is effectively meaningless as the most critical aspect of the change is the removal of the Hyper Acute Care Service at Yeovil.

Our approach to you is to ask you to recognise the strength of feeling, the fear of the

risks inherent to the proposal, and ask what you are currently doing, and what further actions and influences you have to get these proposals reviewed and rejected?

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Response: Cllr Dean Ruddle Executive Member for Adult Services

Thank you very much for your question. We, of course, are very concerned with the potential closure of this facility in Yeovil. I am aware Councillors have already responded to consultation and we are continuing to listen. However, the decision is with the ICB and the NHS.

That decision lies ultimately with the NHS, not Somerset council, they will make that decision. This is going to be discussed in a later agenda item today.

4 Work Programme - Forward Plan - Agenda Item 4

The Committee discussed the forward plan and asked for the following items to be added:

- Workshop meeting dates,
- NHS Dental Services
- South West Ambulance Service -Update report
- Dementia strategy
- Armed Forces Covenant
- Suicide Prevention Strategy -update

The Committee agreed to move the Winter Planning item moved from December to an earlier meeting.

5 Minutes of Previous Meeting - Agenda Item 5

Resolved that the minutes of the Scrutiny Committee - Adults and Health held on 08 March be confirmed as a correct record.

6 Workforce Planning - Agenda Item 6

The Committee had a report and presentation covering Workforce Planning. With over 1.65m jobs, the adult social care workforce is larger than the NHS, construction, transport, or food and drink service industries, with the number of jobs forecast to grow by almost one-third by 2035. The sector contributed £51.5 billion to the economy in 2020/21. However, there are recognised workforce pressures and challenges across the country within social care, with the CQC's Annual

Report highlighting ongoing struggles to recruit and retain staff with the right skills and in the right numbers to meet the increasing needs of people within their care and respond to demographic changes.

Latest available Skills for Care data (2021/22) relating to Somerset evidences some of the scale of the challenge facing the wider social care sector locally. The vacancy trend for nursing and residential homes as well as home care are all rising. The local response to this was:-

- Workforce Strategy (2022-24) in place setting out commitments and activity to support internal workforce and address specific challenges relating to recruitment and retention. Will undergo planned annual review in June 2023.
- Workforce Board meets monthly attended by Service Directors, Strategic Managers and HR Engagement Partners. Responsible for reviewing progress against strategy action plan, monitoring workforce data, equalities/diversity impacts, staff feedback and survey, and practice quality.

There is a considerable amount of ongoing work to try to retain valued staff and encourage those with the relevant skills to return to the workplace. The 'Proud to Care' initiative is designed to raise the profile, values and opportunities that exist within the care sector. There have been some very successful events recently including one at the Somerset County Cricket ground and more are planned.

The committee welcomed the report and presentation and asked a range of questions:

- The Gender Pay Gap – not equal pay but the opportunities for career development for all and the proportion of women in the lower paid jobs compared to the higher paid one.
- The Committee were interested in what measures were in place to demonstrate the success of the plan. It was confirmed that there were targets and performance measures within the plan.
- The Committee wanted to be assured that action was taken on exit questionnaires and that the pay differential between local area did not mean Somerset was losing staff for a small hourly difference. Travel time is paid and slots are not booked for less than 30 minutes. This applied to all sectors including micro providers.
- The Committee suggested that more work was undertaken with school to encourage young people to consider a career in care as a positive choice.

The Somerset Scrutiny for Policies , Adults and Health Committee:

- **Noted the key updates provided in relation to the Adult Social Care (ASC) workforce and the activity to support it.**

7 Adults and Health Services Transformation - Agenda Item 7

The Committee considered a report on the Adults Social (ASC) proposal: Options for Implementing Opportunities Identified in the Diagnostic of Adult Services. Adult Social Care is a key statutory duty for Somerset Council and approximately 38% of Councils net revenue budget for 2023/24. The vast majority of the budget is spent on supporting people in receipt of statutory services, including investment in prevention and short-term support. Somerset's spend per adult is in line with the average for England and lower than the average for the Southwest. Somerset benchmarks particularly low when it comes to spend on older people.

The Adults budget is growing, and this growth is driven by demographics, increasing complexity of need, and the rising costs of care. The Council has some ability to control this growth by working to improve people's independence and delay or prevent the need for long term services. This is not only better for the budget, but it also improves the lives of the people we work with, delivering better outcomes and increasing wellbeing.

The Adult Services net revenue budget set in February 2023 increased by £26m from £160m in 2022/23 to £186m in 2023/24. This increase was reflective of the £11.9m overspend in 2022/23 and significant pressure with higher demand driven by the long tail of the pandemic and higher costs due to inflation rates. It included £5m of savings from changing how the service was delivered.

An external partner, Newton Europe, was procured in November 2022 to carry out a diagnostic review across all provision to identify the best opportunities for controlling future spend through optimising productivity, managing demand into the service and ensuring that people who draw on services and their carers are at the heart of designing their own support, and future service models.

The report set out the major opportunities under the following headings: -

- Improving the environment within which our practitioners operate,
- Ensuring the right care is available in the right place, at the right time,
- Optimising intermediate care, in particular discharge to assess and reablement service

The Committee were asked to consider the recommendations that we going to be put to the Executive next week: The Executive are being asked to agree:-

- The aims and objectives of the next phase of the Transformation Programme for Adults Services
- To engage Newton Europe as strategic change partner to work alongside the service to deliver these transformational objectives by implementing the

opportunities identified in the diagnostic and support the delivery of identified reductions.

- To fund the costs of the transformation programme of £3.5m each year for the next two years initially from Earmarked Reserves and review the position later in the financial year once the 2022/23 statement of accounts from the predecessor councils has been complete.

The Committee discussed the report and asked: -

The cost of the diagnostic exercise. It costs £500k if they are not engaged to deliver the opportunities identified but if they were engaged then these costs would be included in the overall fee for the two years.

The savings were explained and they could be as low as £14million but if the maximum was to be achieved this could be closer to £17million a year.

There was some discussion about achieving the savings and the risks to the workforce. Some were concerned that it sounded too good to be true and wanted reassurance that the consultants would be able to deliver such enormous savings. Examples of other Local Authorities who had worked with Newton Europe were cited and they will not get paid if they do not deliver.

The Somerset Scrutiny for Policies, Adults and Health Committee agreed to support the recommendations going before the Executive next week, namely:

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- 1. The aims and objectives of the next phase of the Transformation Programme for Adults Services.**
- 2. To engage Newton Europe as strategic change partner to work alongside the service to deliver these transformational objectives by implementing the opportunities identified in the diagnostic and support the delivery of identified reductions and**
- 3. To fund the costs of the transformation programme of £3.5m each year for the next two years initially from Earmarked Reserves and review the position later in the financial year once the 2022/23 statement of accounts from the predecessor councils has been complete.**

8 Stoke Services - Agenda Item 8

The Committee discussed a report that outlined the latest position of the Hyperacute Stroke consultation that concluded its public engagement on 24 April

2023. The consultation invited views on two options that had been narrowed down for a longer list of nine options. Seven of the options suggested at the start either failed a particular set of criteria or were rejected once the expert view of clinicians was sought. The remaining two proposals were: -

- 1) To provide hyper acute stroke services at one hyper acute stroke unit in Somerset and, if that is the right way forward, whether the unit be located at Musgrove Park Hospital in Taunton or
- 2) To provide acute stroke services at either .
 - a) Two acute stroke units one at Musgrove Park Hospital, Taunton and one at Yeovil District Hospital or.
 - b) One acute stroke unit, which would be located at the same hospital as the hyperacute stroke unit proposed to be Musgrove Park Hospital, Taunton.

Option A would mean two stroke units and :

- Acute stroke care would be provided by dedicated stroke teams at both Musgrove Park Hospital and Yeovil District Hospital.
- Patients could be transferred to Yeovil District Hospital for their acute stroke care - if this was closer to their home - following their hyper acute stroke treatment.
- Staff expertise in acute stroke care would be retained across both hospitals.
- There would be less impact on hospitals in neighbouring counties as Somerset residents could transfer to their closest acute stroke unit.

Option B would be one unit at Musgrove park Hospital providing all stroke care for Somerset residents and:

- Acute stroke care would be provided by the dedicated stroke teams at Musgrove Park Hospital.
- Patients would receive their acute stroke care at the same hospital they received their hyper acute stroke care, resulting in better continuity of care.
- There would be a reduced number of handovers of care for patients.
- The specialist stroke staff would all be on one site, make the best use of a highly trained workforce.

The Committee recognised that this consultation had raised a lot of concern in the community and there had been considerable objection to the limited proposals as both options had a negative impact on the viability of Stroke services at Yeovil District Hospital and would potentially increase journey times to receive urgent care. Treatment for a stroke is time critical and outcomes are better if appropriate

treatment is delivered within the first few hours from the onset of a stroke. The Committee were assured that all ambulance crews had relevant training to detect a likely stroke and they would contact the relevant stroke team to have tests and scans pre-booked during the journey to the nearest Hyperacute unit. These cases did not have to be triaged alongside other urgent cases. Hospital Trusts in counties neighbouring Somerset have been included as they may sometime be the nearest Hyperacute Unit. They are supportive of the proposals and believe they have the necessary capacity to support either option. The pressure to look at these changes partly arises because of new treatments and to meet national standards on stroke support and in part because it have proven very difficult over the last seven years to recruit a consultant to join Yeovil District Hospital. There was a clear understanding that there is currently an issue with Ambulance response times but the specialist noted that it would be wrong to design a service for the future based on current unacceptable response times that the Ambulance Service are planning to improve up to national standards.

The consultation has closed all the feedback gathered will be analysed by an independent research organisation. They will prepare a report for the NHS Somerset Board setting out what people have said about the proposals. The Board will consider the feedback, along with a wide range of other information and evidence to inform their decision. Information will continue to be shared and the consultation findings report will be published. The final decision-making meeting will be held in public to allow those interested to hear the discussion and how the decision is made. The decision will not be made until December 2023.

The Somerset Scrutiny for Policies Adults and Health Committee:

- **Asked for a further update on the consultation and findings.**
- **That this be put on the agenda for the next meeting and**
- **That consideration given and further research is undertaken to the merits of securing a specialist stroke ambulance which has been trialled in some areas.**

9 Annual Report from the Director of Public Health - Agenda Item 9

The production of an annual report is a statutory obligation for Directors of Public Health (DPH). It is an opportunity for the DPH to give an independent view of health and wellbeing priorities in the county. The 2022/3 report covers the impact of cardiovascular disease in Somerset taking a cricket theme to the public health issues. Cardiovascular diseases (CVD) are a broad range of conditions that affect the

heart and blood vessels. Each day in Somerset, approximately five people die from cardiovascular disease and one of them will be under 75, so it takes a long and health retirement away from many people. For this reason, this group of diseases present a significant public health concern in Somerset.

Although cardiovascular disease does become more common with age, it should not be seen as inevitable. It is estimated that about 90% of cardiovascular disease and 80% of premature deaths are attributed to modifiable risk factors. Within the challenge of preventing cardiovascular disease and addressing the risk factors, it is useful to think about them at different phases of the disease progression, ideally beginning before disease has even started.

The report makes the following recommendations for 'a six' for Somerset:

- 1) **Good pitch preparation:** We need to develop our environment with the purpose of improving health and environmental sustainability.
- 2) **Doing it off your own bat:** Together with communities we need to re-invigorate efforts to promote, encourage and support people in Somerset to enjoy a healthy lifestyle and all the benefits that it brings.
- 3) **Working on the Ashes:** Call for renewed action to meet the national challenge to reduce smoking rates to 5% or less by 2030.
- 4) **A good fielding system:** A system-wide focus on finding and supporting those with high blood pressure
- 5) **Taking the right treatment:** Finding and sticking to the right treatments
- 6) **Keep an eye on the scoreboard:** Improve data collection and use it to help predict risk of disease and diagnose and intervene early.

The Committee commended the creative use of a cricketing theme to get the message across. They were interested to know if this was being shared with young people as well as adults and there was concern that some of the factors such as smoking, poor nutrition and lack of exercise was stated at a young age. Somerset Cricket foundation had been a target as well as employers in the more deprived areas. Those aged 40 -75 are entitled to a 'NHS Health check' and take up needed to be encouraged. Vaping was of concern if it was seen as a destination rather than part of the journey to stopping smoking.

The Somerset Policies for Adults and Health Committee:-

- **Endorsed and supported the 'six for somerset' as a starting point to drive down the rate of cardio vascular disease in Somerset.**

(The meeting ended at 1.57 pm)

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CHAIR

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Somerset Council Scrutiny Committee Mental Health Workshop

Mental Health Workshop



Agenda

- What is mental health from a lived experience perspective, what does it mean to individuals.
- What is mental health.
- What are our responsibilities; mental health services in Somerset.
- Case studies.
- Challenges, complex behaviours, housing, homelessness, Creative Solutions.
- Public health, investment in promotion and prevention.
- Current Commissioning and future intentions.

What is Mental Health



?

Group Activity

What is Mental Health



Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (WHO, 2014)

Mental Health is part of our overall health- the quality of our mental health might be seen by:

- How we feel, think, and behave
- How we cope with the ups and downs of life
- How we feel about ourselves and life
- How we see ourselves and our future
- How we deal with negative things in our life
- Our self-esteem and confidence
- How stress affects us

We all have mental health, and it is part of our health

National Data



- 1 in 4 people will experience a mental health problem in any one year.

This week in the UK...

- **104** people will take their own life
- **250,000** people will visit their doctor about a mental health problem
- **750,000** prescriptions for antidepressants will be issued.

Somerset Picture



- It is estimated that 1 in 10 people at any one time will be experiencing mental distress
- Somerset's population just over 1/2 million
- That means at this moment in time 50,000 people experiencing mental distress in this county alone.

Lived Experience



**A lived experience
perspective.**

Lived Experience

Joined up approach to look at a whole person's situation, particularly for those with severe mental illness. This could include co-occurring needs (such as substance misuse, homelessness, housing, debt), as well as prevention and crisis situations.

Feel informed, valued, supported and held when looking for support as well as when receiving support, particularly for those experiencing highest inequalities.

Joined up approach to medicine management (including side effects, prescribing and de-prescribing)

Person-centred, co-produced individual support planning, which may or may not include diagnosis. This involves safe, secure information sharing.

Safe and supportive spaces with access to a range of joined up options. This includes social and clinical (peer support, co-occurring needs, different stages of life)

Lived Experience Priorities



Continue to develop **positive values and principles around culture**, both within OMH and with wider stakeholders. This includes supportive and supported workforce, language and approaches within the system. This includes training offers for partners on different aspects of OMH.

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Joined up way of **sharing information and support options both within OMH and more widely** (includes primary care, physical health services, crisis options, between localities and in communities).

Continue to develop **supportive, compassionate and informed joined up approaches when moving between services**, both within OMH and with wider stakeholders (including social care, primary care, secondary care and community offers).

Develop ways of **widening awareness of the OMH offers within wider community** (using different communications and engagement methods) and **understanding where different support options might be needed and could be developed** (via data analysis and community listening). This includes prevention/early intervention offers.

Mental Health Workshop MH Services in Somerset



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For 21 / 22

- 10 MH inpatient wards
- 772 MH admissions
- 223,466 MH outpatient / community appointments

Additional services provided to meet highly specialist health and social care needs outside the County boundaries.

Mental Health Workshop MH Services in Somerset



- **Mental Health Inpatient wards: –**
 - Acute**
 - Rehab**
 - CAMHS**
 - Older people**
- **2 Health based places of safety**
- **Step up and Step down**
- **Out of area placements**
- **Home Treatment Team and First Response**
- **Relocation of St Andrews**

Open Mental Health



What is Open Mental Health

- Open Mental Health is a Somerset network of local voluntary, community and charity organisations and the NHS. We are working in partnership to ensure that residents of Somerset get the support they need, when they need it.
- Our shared ambition is to ensure that people living with mental health problems get the right support at the right time. Working together, we support people to live a full life, by enabling access to specialist mental health services, housing support, debt and employment advice, volunteering opportunities, community activities and physical exercise, to help support and improve their wellbeing and quality of life.



Open Mental Health



A multi-agency alliance of partners committed to work together to improve mental health support to the people of Somerset

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Open Mental Health

Key Principles of Open Mental Health

- Preventative engagement
- Open access – (no wrong door – no shut door - no door at all)
- Co-production – different perspectives equally valued (VCSE, statutory colleagues, Experts by Experience)
- All inclusive – no one is left out because of, or in the absence of, a diagnosis, or presenting severity – no-one should hear 'we can't help you because you don't meet the criteria
- Warm introductions in, across and between services
- Adopting a trauma informed approach across all partners
- Flexible and responsive to needs of the individual, outcome focussed, move away from transactional interactions
- Whole system approach – NHS and VCSE elements of the services are combined, not separated – we are all part of one team – equal partners – strong links with social care
- Building on community assets

Open Mental Health

Key Principles of Open Mental Health



- We've removed the barriers to getting mental health treatment and support,
- so anyone can contact the Open Mental Health hub for an assessment of what
- could help and what the person needs. Whether it is for yourself or if you're a GP, pharmacist,
- social worker, police officer or concerned friend, we are Open for Mental Health in Somerset.

Open Mental Health

Experts by Experience

- Embedding co-production and the voice of lived experience through the planning, design, implementation, delivery and evaluation of Open Mental Health is key to our shared values
- Open Mental Health has a group of Expert by Experience Leaders who meet regularly to guide what Open Mental Health is and how it works
- Open Mental Health also has various Expert by Experience Leader roles (eg, locality team member, working group member, Partnership Board member)

Open Mental Health

Experts by Experience

Locality Teams:

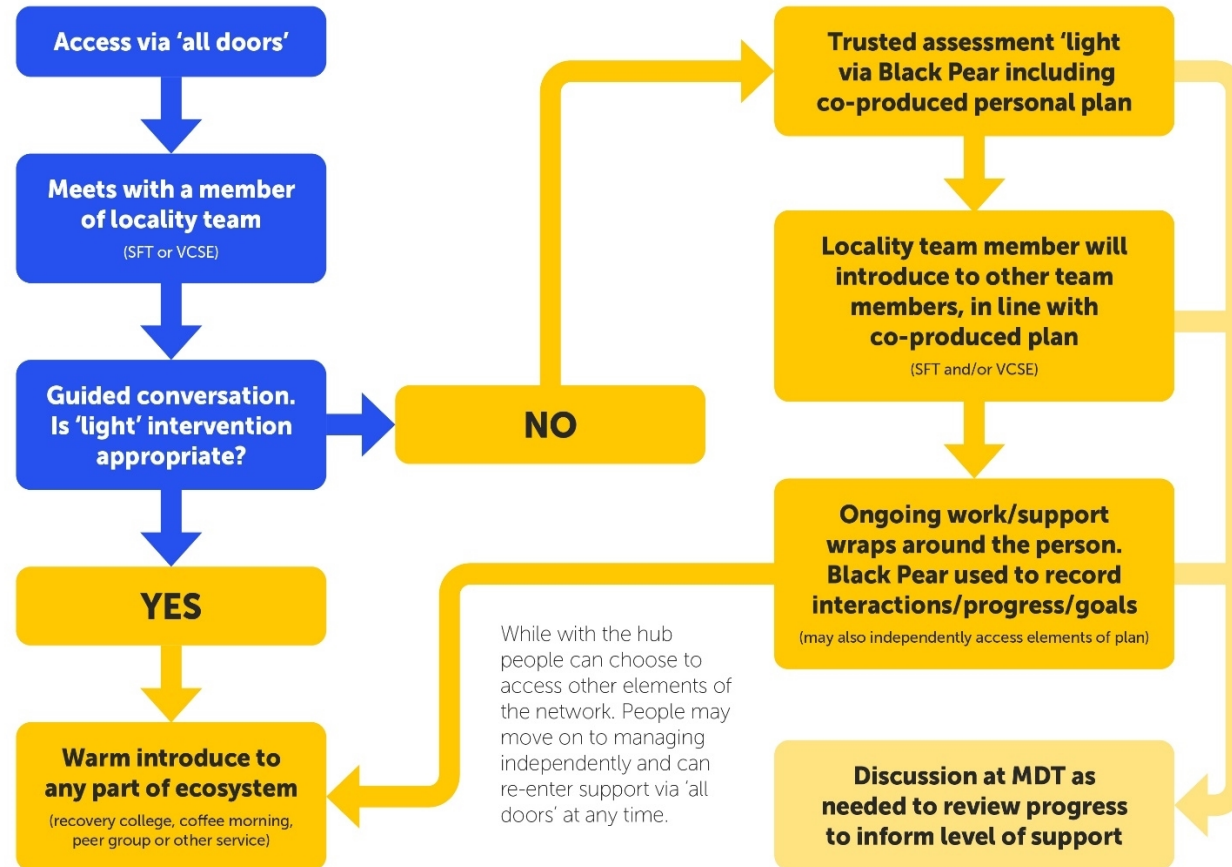
- Locality Co-ordinator
- Peer Volunteers
- Paid Peer Recovery and Wellbeing Workers providing 1:1/group/activity work
- Non Peer Recovery and Wellbeing Workers providing 1:1/group/activity/organisation specialism
- CAB Case Worker
- SWEDA Specialist Worker
- Age UK Volunteers
- NHS SFT Staff (Psychologists, Therapists, Nurses, Operations, Admin)
- Crisis Safe Space Provision
- Peer Support Connections Co-ordinators



Countywide Support:

- Trauma and complex emotional needs training, coaching, supervision (Second Step)
- Eating disorder specialist support (SWEDA)
- Money and housing specialist support (CAB)
- Peer support training & coaching, peer volunteer support, self-management courses & peer group development (Chard Watch)
- Volunteering infrastructure support (Spark)
- Activity and groupwork (Mind in Somerset)
- Recovery college (SFT)
- Peer support and peer mentoring linked to physical health checks

Open Mental Health



Open Mental Health

Supporting Micro Organisations

- A grants fund has been established to support grass roots organisations
- Maximum impact for modest investment
- To date 148 micro providers have received >£900k
- These providers can reach communities mainstream services often do not reach, with positive impacts.

Open Mental Health



Mindline

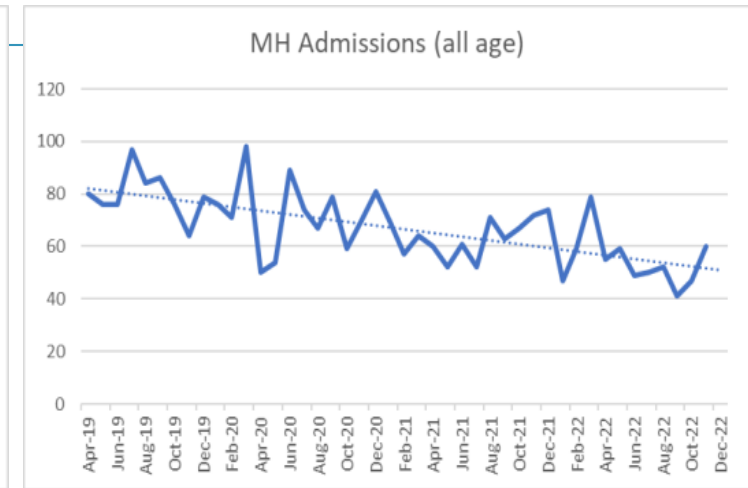
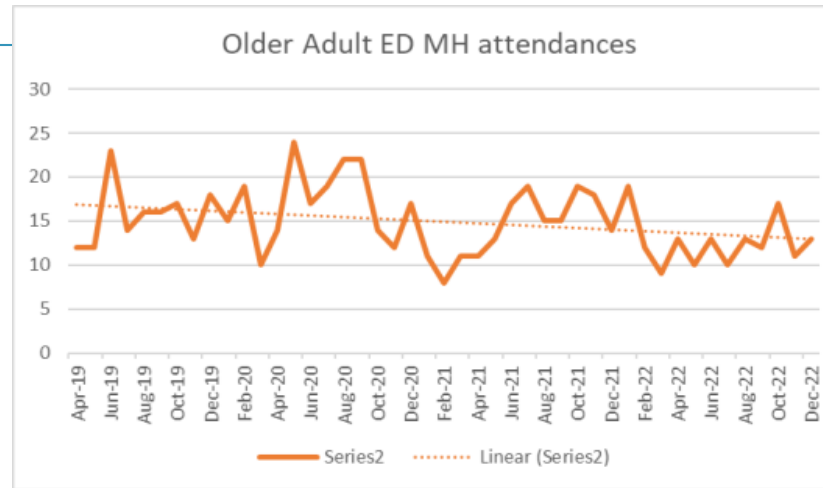
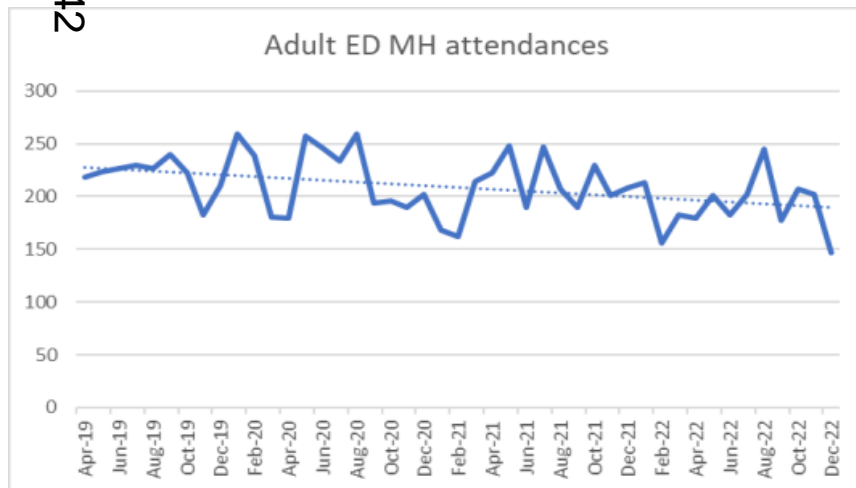
- Launched at the start of the pandemic 24/7 now a mixed staff and volunteer model
- Averages over 700 calls per week
- Open access no criteria offer and key pathway into navigating wider mental health system
- Adding innovation to system with specialisms in Mindline SWEDA, Trans+, Live Chat, and planned outgoing calls via Mindline Plus
- From Autumn 2023 will be part of 111 option 2 pathway for Mental Health, been piloting this in background for last 12 months
- British Sign Language offer now part of wider offer of translation and language support

Open Mental Health

Mindline

- Decrease in attendance (circa 15% adults / 24% older adults)
- Decrease in admissions (circa 30% all ages)

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Open Mental Health



Crisis Safe Space

- Crisis Safe Space is an out-of-hours service provided by our partners Mind in Somerset and Second Step for anyone who feels like they are really struggling with their mental health.
- Instead of going to A&E, making an urgent doctor's appointment, or suffering in silence, individuals can arrange a one-to-one session with a member of the Crisis Safe Space.
- Sessions are held both face to face and virtually depending on the location.
- Information on what sessions are available/when for each locality can be found on the OMH website along with information on making a referral:
<https://openmentalhealth.org.uk/crisis-safe-space/>

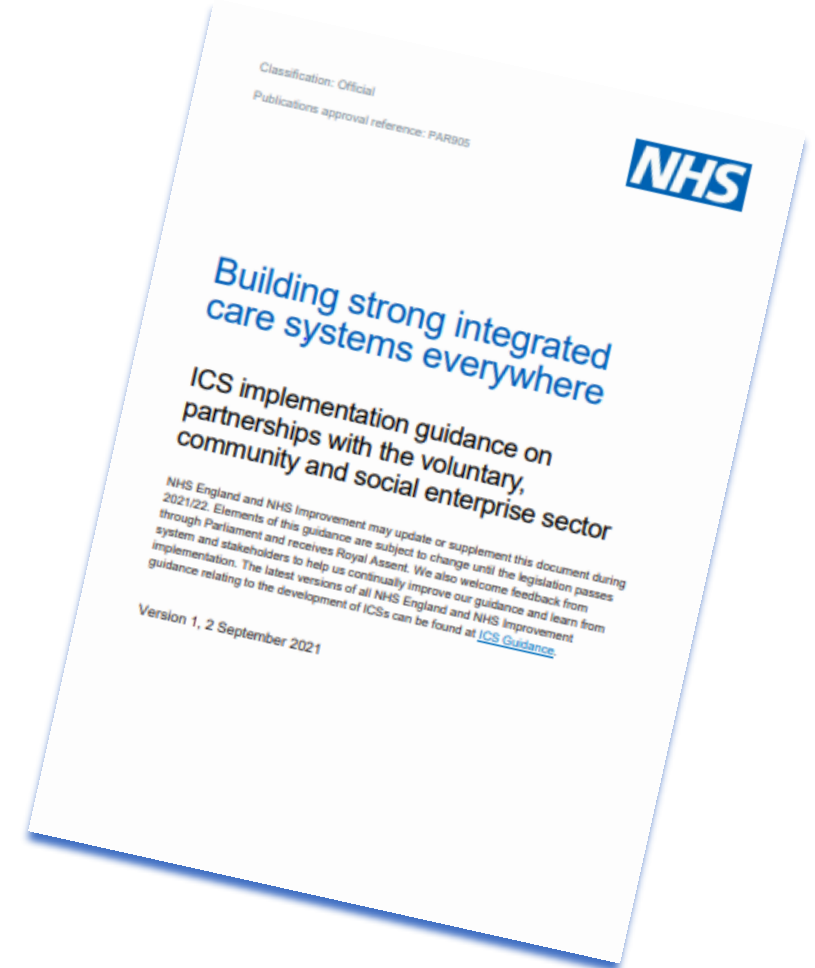
Open Mental Health

Family Safeguarding

- As part of the Open Mental Health model, 8 adult Mental Health Practitioners (Recovery and Wellbeing Workers) are employed by Mind, Second Step and the Balsam Centre and are embedded with the children's social work teams. These practitioners are embedded within the Open Mental Health locality teams and also link in with the wider Open Mental Health model.
- Family Safeguarding teams work using a multi-disciplinary approach, by providing high quality support to families with complex needs, working with adults with mental health issues to achieve their goals and enabling families to remain together improving outcomes.
- There is also a VCSE employed Clinical Psychologist who oversees this work. The Psychologist's role is to oversee the clinical supervision of staff within the Family Safeguarding team, as well as case management and oversight and group supervision.

Open Mental Health Recognition

- Somerset's Open Mental Health model has been cited in the NHS's national guidance in the Building strong Integrated Care Systems everywhere document as an exemplar. See page 8.
- And is featured with its own episode on NHSEI's Integrated Care podcast
- We are also delighted to announce that Somerset Open Mental Health has just won an award for the NHS Big Conversation in Improvement!



Mental Health Workshop

Case Studies



Ms P is a 54-year-old lady diagnosed with mental and behavioural disorders due to use of alcohol, Emotionally unstable personality disorder and Schizoaffective disorder, who is at present placed in a residential service in Devon, jointly funded by SFT and the Local authority through the Complex Care Panel. Ms P has been well known to Mental health services for several years, including a previous admission to a mental health inpatient ward under the Mental Health Act and various referrals to mental health community teams in the early 2000's. Up until 2019 Ms P had been living in a warden-controlled property. Her mental health began to deteriorate, and she became paranoid about her neighbours resulting in several high-risk incidents. She had presented as chaotic, had longstanding alcohol misuse, and was struggling to maintain her tenancy. Subsequently the placement broke down and Ms P was arrested, went to prison, and then in 2020 she was eventually detained on section 37 of the Mental Health Act to a Low Secure Ward.

Whilst admitted to the low secure ward Ms P engaged in psychology including fire setting course (FIPMO). In October 2021 Ms P moved to the step-down rehabilitation ward at the same hospital until a suitable community placement was identified. Following assessment and collaboration between SFT Mental Health Complex Care team, the Forensic Team and the Local Authority, a placement in shared accommodation with a package of support was identified and she moved in March 2022. Ms P continues to be open to Mental health services and requires ongoing support to oversee her placement. Her beliefs that information held by services is inaccurate is a barrier in her accessing mental health services closer to her new home as she has declined for information to be shared.

Work continues to support Ms P in overcoming this challenge as it has been identified that she will require additional psychological interventions to help support the current community placement. Psychological therapy engagement can be challenging and at times destabilising. However, without this intervention, there is a risk that Ms P may inadvertently sabotage her placement and recovery by resorting to previous unhelpful strategies in dealing with her emotional states and previous traumas. This may be strategies such as using alcohol and substances, self-harming, self-neglecting and increase in paranoia, with a risk of increased risk behaviours such as fire setting. A range of services within the Trust are involved to support Ms P including, Complex Care team, SPI, and the Forensic Personality Disorder service.

Mental Health Workshop



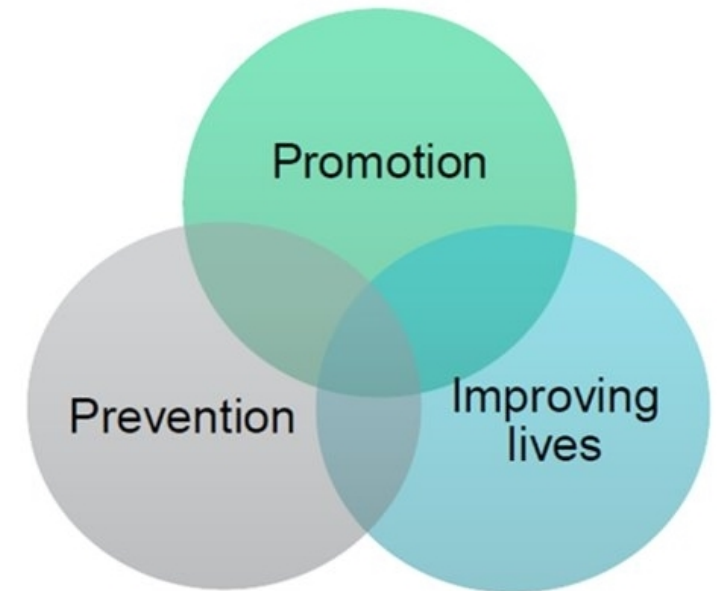
Opportunities for the System

Page 47

- Greater joint working with housing to ensure the availability of appropriate residential options. Traditional residential models are not appropriate for a number of individuals who require more bespoke support and availability of accommodation options in county is extremely limited.
- Specific generalised accommodation for individuals who have previously lost tenancies through destructive or anti-social behaviours.
- Creative Solutions Boards.
- Recruitment and Retention.
- Developing integrated services, statutory and non-statutory.
- Preparing for Adulthood.

Public Health

- Focus on whole population
Improve populations mental health and wellbeing
- Prevent suicide and mental health problems
Improve the lives of people living with mental health problems
- Universal and targeted support, training and communications
- Focus across the whole life course to strengthen protective factors and reduce risk factors



Public Health



Mental Health and Suicide Prevention Training

Funding projects that support populations disproportionately impacted by mental illness

Communications / Campaigns

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MHFA England



15 to 21 May 2023



Mental Health Awareness Week



FREE Half Day Online Training

Suicide Alertness

Life saving skills for frontline workers

- 1 Getting informed
- 2 Being Aware
- 3 Asking Directly
- 4 Listening Carefully
- 5 Building Support
- 6 Checking-in
- 7 Look after Yourself

Funded by SOMERSET County Council

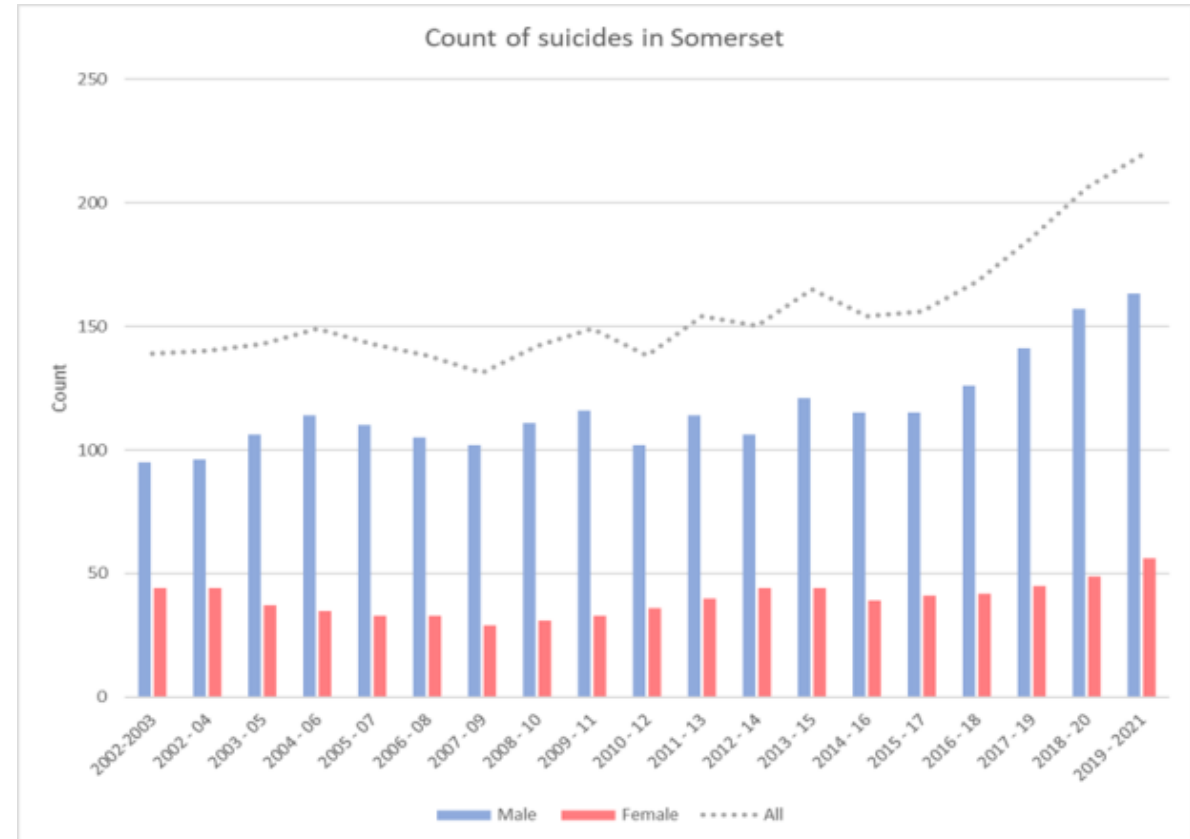
A graphic for the "Suicide Alertness" training, showing a person in a high-visibility vest and a large exclamation mark.

Somerset Suicide Bereavement Support Service

A graphic for the "Somerset Suicide Bereavement Support Service" showing a scenic view of a lake and mountains.

Suicide Prevention

- Suicide is a major issue for society and a leading cause of years of life lost.
- In Somerset, the suicide rate is 15.1 per 100,000, nationally it is 10.4 per 100,000 (2019-2021).
- Suicide is preventable and every life lost is a tragedy.
- Public Health work closely with partners across the system through the Multi-agency Suicide Prevention Partnership to reduce suicide in Somerset.
- A key role of public health is to analyse suicide and suspected suicide data use this data to inform action to reduce suicide in the county through projects such as the Orange Button Scheme.



Mental Health Workshop



Current Commissioning and Future Intentions – Somerset Council

Current commissioning:

- Individual placements in residential care homes, supported living services and domiciliary care where identified. This is where the majority of the Council's spend sits.
- The Mental Health Step Down service - current capacity in Yeovil and Wells.
- Mental Wellbeing Service (part of Open Mental Health via Somerset NHS Foundation Trust).
- The Council also contributes to the Mental Health Employment and Carers services provided by Somerset NHS Foundation Trust and the Family Safeguarding Service provided by Open Mental Health.

Future commissioning intentions:

- Expand the Mental Health Step-Down service to include capacity in Taunton and Bridgwater, if funding can be secured.
- Recommission Open Mental Health in partnership with NHS Somerset Integrated Care Board and Somerset NHS Foundation Trust.
- Recommission the framework that we use to commission individual services, including expanding the availability of supported living services as an alternative to residential care.

Mental Health Workshop



What do we need from you

- Consider Mental Health in everything you do, Parity of Esteem.
- Consider the social determinants of mental health.
- Consider how you can engaged and support those with mental health needs.

Having sat through this workshop what are your thoughts, reflections?

Scrutiny for Adults and Health Work Programme – 2023/24

	21 July 2023 - WORKSHOP	
Mental Health Services		Mel Lock
	03 August 2023 10am	
Adult Social Care Budget Report		Mel Lock
Healthy Weston – Update		Deborah El Syed /Helen Edelstyn
Primary Care Strategy GP Surgeries/ pharmacies/ophthalmology etc		Michael Bainbridge
Adult Social Care Assurance Report		Mel Lock/ Niki Shaw
	12th September – Formal Meeting	
Stroke Services Consultations results		Julie Jones
Primary Care Strategy Part 2		Michael Bainbridge/Dr Bernie Marden
Crime and Disorder Report		Lucy Macready/Joe Shaun
	05 October 2023 10am	
Adult Social Care Performance/ Budget Report/Winter Planning		Mel Lock/Alison Rowswell
Dentistry		Alison Henley

Scrutiny for Adults and Health Work Programme – 2023/24

Autism Strategy – ICB Performance Report		Andrew Keefe/ Emily Fulbrook Alison Henley
	Early November 2023 WORKSHOP	
	05 December 2023 10am	
Adult Social Care Performance/ Budget report SSAB Annual Report? Update Mental Health Response times		Mel Lock Jen Sharp Andrew Keefe/ Paul Coles
	08 February 2024 10am	
Adult Social Care Budget Report Musgrove Park Hospital – Development?		Mel Lock Phil Brice/Ian Boswall
	04 April 2024 10am	
Adult Social Care Performance Report		Mel Lock

Scrutiny for Adults and Health Work Programme – 2023/24

ITEMS TO BE ADDED TO AGENDA:

Ambulance Service Update report due –September/October update from March meeting

Suicide Prevention Strategy –Update requested (interim report will be circulated prior to the August meeting.)

Joint meeting with Childrens and Families – Mental Health –TBA

Armed Forces Covenant

Stroke Consultation August 2023?

~~Primary Care Strategy~~

Quality Performance reports Alison Henly /Alison Rowswell

Ambulance Service Performance - Steve Boucher

Haematology Services -Yeovil/ Phil Brice

~~Workforce Planning~~

~~NHS Dentistry Services~~

~~Healthy Weston -Update~~

Musgrove Park Hospital -redevelopment – Phil Brice **Relevant Update**

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 Democratic Services Team, who will assist you in submitting your item. Jamie.Jackson@somerset.gov.uk

01823 355059 or the Clerk Jennie Murphy on jennie.murphy@somerset.gov.uk

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Somerset Council
Adults and Health Scrutiny Committee
3 August 2023



Somerset Integrated Care System Primary Care Strategy

Lead Officer: Dr Bernie Marden, Chief Medical Officer, NHS Somerset

Author: Michael Bainbridge, Associate Director of Primary Care, NHS Somerset

Contact Details: email: michael.bainbridge@nhs.net phone: 07775 827064

1. Summary

1.1. It has become commonplace to refer to a crisis in primary care services. These include GP services, dental, optometry and community pharmacy. People are experiencing a crisis in different ways:

- Patients are often having difficulty accessing services, increasing stress and anxiety and sometimes leading to avoidable suffering.
- Primary care teams are working harder than ever but cannot keep up with demand, making their working days long and stressful.
- 1. Other parts of the health and care system are finding it difficult to achieve what they need because of challenges related to primary care.

These problems have been developing for a long time and the Covid pandemic has exacerbated and exposed deep-seated problems. Policy experts across Europe, the UK and the US all agree that the fundamental problem is a shortage of clinical workforce relative to demand. The clinical workforce capacity in primary care has remained broadly static while demand has risen sharply over the last 15 years. This mismatch between supply and demand then causes various other problems, some of which become symptoms themselves.

In aggregate, primary care services in Somerset, with the exception of dental care, still generally perform well compared to the national average. Many patients are continuing to receive an exemplary service and are sometimes surprised at how quickly and well they are treated. But the overall trend on all the most important measures- continuity of care, patient experience, access- is downward.

This strategy therefore sets out how we will achieve two things:

Provide access to safe, high quality primary care services for the people of Somerset.

Develop a primary care sector that can deliver our shared ambitions as an ICS.

1.2. The primary care strategy shows how our overall Somerset Health and Care Strategy will be delivered through primary care services.

2. Issues for consideration / Recommendations

- 2.1. There are two separate but inter-related issues for the Committee to consider, as set out above. The first is the need to stabilise primary care services and ensure that patients have access to a safe, high-quality service. This is essentially an issue of resilience and sustainability. The second is the need to develop a set of primary care services that can fully deliver our shared ambitions for improved population health. This is essentially a question of transformation and integration.
- 2.2. The Committee is asked to note the primary care strategy and scrutinise delivery of the strategy to ensure that the changes proposed are delivered in a timely fashion and in a way that maximises the benefit to the people of Somerset.

3. Background

- 3.1. One of the first priorities of the new Integrated Care System was to develop a new primary care strategy. National policies including the NHS Long Term Plan and the Fuller Stocktake on the Future of General Practice are all clear that primary care services form the foundation for modern integrated neighbourhood care.
- 3.2. The new primary care strategy forms an important strand of our overall programme to develop integrated neighbourhood care.

4. Consultations undertaken

- 4.1. A comprehensive process of engagement with stakeholders has taken place over the last nine months.
- 4.2. The strategy is also part of the wider engagement with the people of Somerset on the overall Somerset Health and Care Strategy.

5. Implications

- 5.1. Primary care services continue to face significant challenges in Somerset as across the nation. There is a need to stabilise as well as transform.

6. Background papers

- 6.1.** Somerset Primary Care Strategy: [Enc-E-Somerset-ICS-Primary-Care-Strategy-2023-2027-.pdf \(nhssomerset.nhs.uk\)](https://www.nhssomerset.nhs.uk/~/media/Assets/Files/2023/04/Enc-E-Somerset-ICS-Primary-Care-Strategy-2023-2027-.pdf)

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

ICS Primary Care Strategy

Scrutiny Committee

3 August 2023

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Our strategy summed up

17 problems to address- but one central problem; capacity and demand mismatch

Enable and empower- build trusting relationships for sustainable improvement

So, a broad strategic framework

But with a set of detailed delivery plans

Our shared vision

People using primary care services will experience a warm and caring environment.

Page 63

Primary care teams will have the time and space to do a professional job and serve their patients well, responding to what matters most to them.

Primary care services will be local, well organised and comprehensive.

People will be able to access care when they need it.

GP Services

Priorities

1. Population health management, in particular reaching out into communities to find and treat undiagnosed non-infectious illness and reducing health inequalities
2. Continuity of care, ideally for every patient, but at least for those with complex long-term conditions
3. Timely access

Workforce

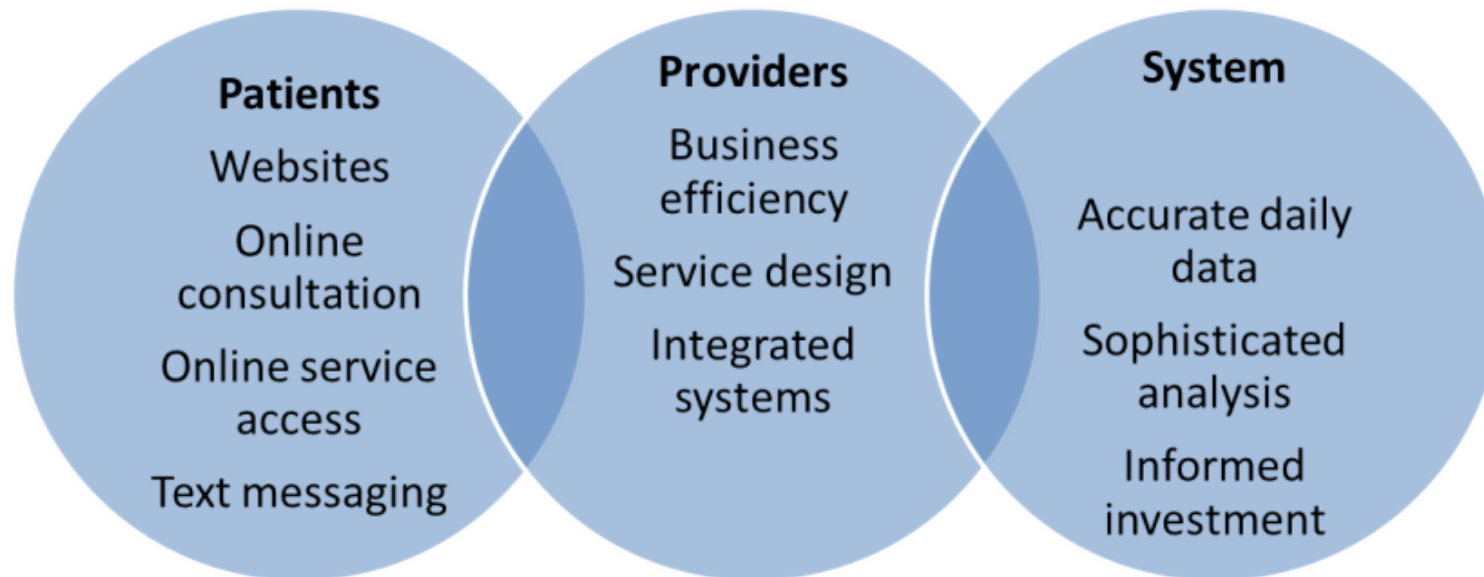
The workforce position is challenging, particularly for medical workforce, however we have had success with Primary Care Network new roles and expect an increase in nurse numbers. A wide programme of actions include:

- Attracting and retaining GPs, including trainees, with a particular focus on international medical graduates
- Increasing nurse numbers substantially, and developing greater leadership opportunities for nurses
- Increase the numbers of wider primary care teams, including a particular focus on moving from reception to care navigation.

Digital innovation

Our primary care and digital strategies fully align on the need to focus on these three priority areas for benefit realisation:

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Investment

Improved primary care services benefit the population and the healthcare system.

Page 68

There are substantial opportunities to increase value through appropriate investment.

Our first action is a new funding framework for practices that explicitly recognises and addresses health inequalities.

Organisation of GP services

Individual practices remain important, but we also need GP services organised at the right scale to meet population needs.

Page 69 Primary Care Networks cover 30,000- 80,000 patient populations and provide a wide range of services. We will further develop PCNs as part of our approach to integrated neighbourhood care.

We also need a level of infrastructure at county-level that can ‘do things once and do them well’ where appropriate, for example supporting practice resilience.

Pharmacy, Optometry and Dental services

We took commissioning responsibility for these services on 1 April 2023

Page 70 We have made productive links with all three representative committees and have determined our strategic intentions, which are summarised in the following slides.

Dental priorities

1. Our ambition is that over the period 2023-2027 we achieve sufficient NHS dental capacity to provide access to all Somerset residents who wish to use NHS dental services.
2. Bring dentists back into the NHS
3. Maintain local services
4. Creative commissioning
5. Increase the workforce

Optometry – priority actions

Priority 1- Urgent Care

We currently commission an urgent care service, ACES, but we will review it with a view to expanding its scope and integration with the wider NHS.

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Priority 2- Long term conditions

We will commission a long-term conditions management service which would reduce secondary care waiting times and improve outcomes.

Priority 3- Making best use of Independent Prescribers

We will develop care pathways that allow Optometrists to work to the 'top of their licence' and reduce inefficiency and duplication.

Pharmacy – summary

Community pharmacy offers significant opportunities and is keen to develop further as part of integrated neighbourhood teams. There are however challenges with workforce, capacity and business viability.

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Our strategy will be to fully maximise the potential of community pharmacy. Making full use of pharmacies will also support business viability. Our goal is to maintain a local delivery network, delivering population health interventions, urgent care and long-term condition management as well as medicines optimisation. The balance will move from dispensing towards clinical services.

Pharmacy priorities

1. Population health – focus on high blood pressure
2. Urgent care – Pharmacy First
3. Long Term Conditions
4. Increase the workforce
5. Data and digital innovation
6. Team-based care
7. Improved estate
8. Public awareness

Next steps

Following approval, the next steps are to agree a set of delivery plans to implement the strategy and establish oversight and monitoring with an annual review of progress.

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We also need to further develop our approach to localities, neighbourhoods and integrated neighbourhood teams, defining what we mean by these terms, agreeing definitions and specifying programme goals then implementing rapidly.

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Somerset Council



Adult and Health Scrutiny Committee

3rd August 2023

Adult Social Care Outturn 2022/23

Executive Member(s): Cllr Dean Ruddle Lead Member for Adult Social Care

Local Member(s) and Division: Cllr Fran Smith Associate Lead Member for Adult Social Care and Housing

Lead Officer: Jason Vaughan, Executive Director Corporate & Resources

Author: Christian Evans – Strategic Manager, Finance

Contact Details: christian.evans@somerset.gov.uk

1. Summary

1.1. This report shows the Adult Services outturn position for 2022/23.

1.2. There continues to be pressures on placement fees, and this is set to continue into the medium longer term. Approximately 90% of the adult social care budget is placement costs.

2. Recommendations

2.1. To note the Adult Services outturn position for 2022/23

3. Outturn 2022/23

3.1 Adult Services

- 2022/23 net budget £160.7m. The outturn showed a net expenditure total of £176.1m. This equates to a £15.4m overspend which is 9.6% above the allocated annual net budget.
- 2021/22 net budget £146.2m, outturn favourable variance £0.2m

Table 1: 2022/23 Adult Services as at the end of March 2023 (Month 12)

Service Area	Current Budget	Full Year Projection	Month 12 Variance	A/(F)	Movement From Month 10	Direction From Month 10
Adult Social Care - Physical Disability/Sensory Loss/65 Plus						
Residential & Nursing	40.2	46.7	6.5	A	(0.2)	↑
Home Care	24.8	24.5	(0.3)	(F)	0.1	↓
Direct Payments	10.7	12.1	1.4	A	0.1	↓
Staffing Costs	10.6	10.8	0.2	A	2.0	↓
Transport, Daycare & Other	3.0	3.6	0.6	A	0.6	↓
sub total	89.3	97.7	8.4	A	2.6	↓
Mental Health						
Residential & Nursing	11.0	13.4	2.4	A	0.4	↓
Home Care/Supported Living	4.5	5.4	0.9	A	0.1	↓
Staffing/Deprivation of Liberty Safeguards	4.6	4.2	(0.4)	(F)	(0.4)	↑
Direct Payments, Day Care & Other	1.0	1.4	0.4	A	0.0	⇒
sub total	21.1	24.4	3.3	A	0.1	↓
Learning Disabilities						
Residential & Nursing	20.6	22.6	2.0	A	0.4	↓
Supported Living/Home Care	25.1	27.3	2.2	A	0.3	↓
Direct Payments/In Control	9.1	9.5	0.4	A	(0.3)	↑
Day Care	3.5	5.1	1.6	A	0.1	↓
Discovery	29.8	27.8	(2.0)	(F)	(0.1)	↑
Transport, Shared Lives & Other	8.2	8.8	0.6	A	0.1	↓
sub total	96.3	101.1	4.8	A	0.5	↓
Commissioning						
Commissioning	13.1	15.8	2.7	A	3.1	↓
Better Care Fund	(34.7)	(37.4)	(2.7)	(F)	(2.7)	↑
LD Pooled Budget Income	(24.4)	(25.5)	(1.1)	(F)	(0.1)	↑
sub total	(46.0)	(47.1)	(1.1)	(F)	0.3	↓
Adult Services Total	160.7	176.1	15.4	A	3.5	↓

3.2 Adult Services - key explanations, actions, and mitigating controls

Adult Social Care - Physical Disability/Sensory Loss/65 Plus

Adult Social Care (ASC) ended with an adverse variance of £8.4m. As has been reported throughout the year; more people have been receiving support through Residential and Nursing placements, as well as an increase in home care delivery compared to previous years. This has led to overspends of £6.5m against placements and £1.4m within direct payments.

Within the cost pressure against Residential and Nursing is £1.2m. Home closures across Somerset due to difficult financial stability within the current market.

There continue to be a number of interim placements as the service works with the NHS trusts to ensure a timely discharge for people from hospital.

Mental Health

The Mental Health budget continues to be an area of growth for the past few years, and this has continued in 2022/23 with an adverse variance of £3.3m. Residential and nursing continues to be a pressure for the service due to a combination of increasing numbers and high unit costs. This budget includes individuals who have a diagnosis of dementia.

Learning Disabilities

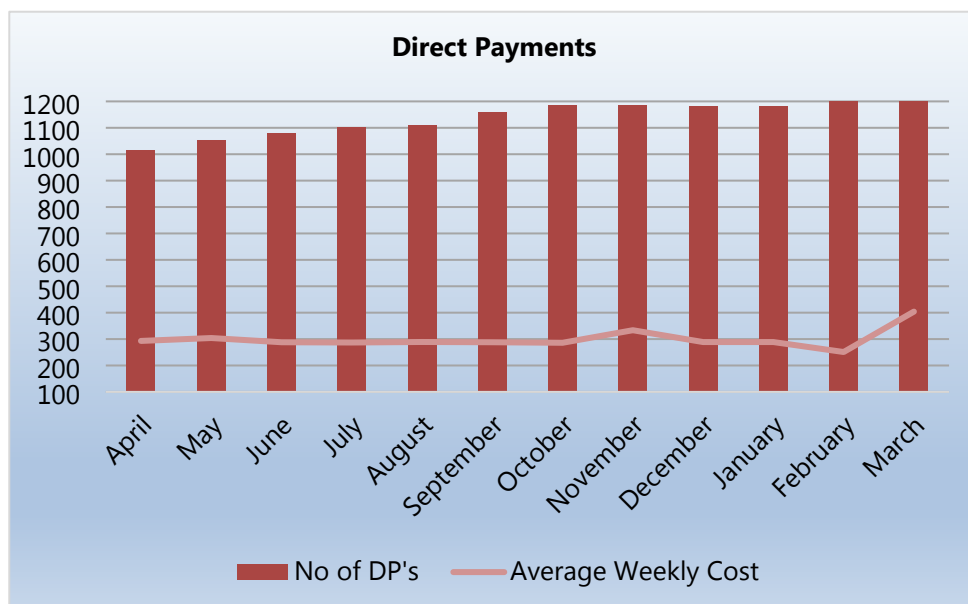
Overall, Learning Disabilities ended the year with an adverse variance of £4.8m. The four main pressure areas continue to be Residential £2m, Supported Living and Homecare £2.2m, and Day Care £1.6m due to market sustainability. Supported Living is in the best interest of people but is an area where unit costs can be high.

As families feel more self-assured of living with Covid they feel more confident of using day services as an option for a carer's break/respice. Consequently, we are seeing increased need and subsequent spend.

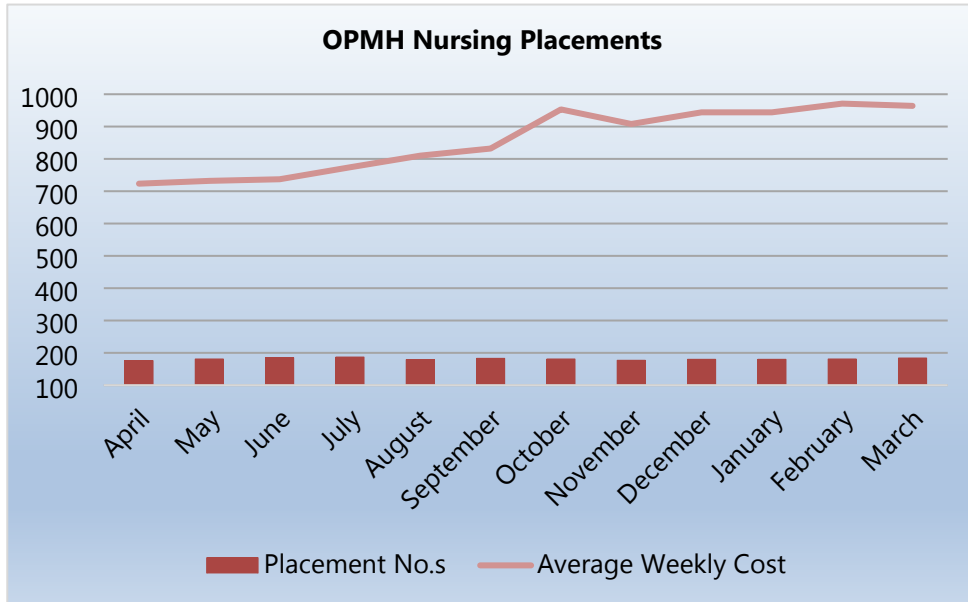
Medium Term Financial Plan (MTFP)

There were £0.6m of MTFP savings to be achieved during 2022/23. An element of these were achieved for this year £0.1m. Due to continued efforts undertaken to deal with current demands it meant savings of £0.5m have not been achieved during this financial year.

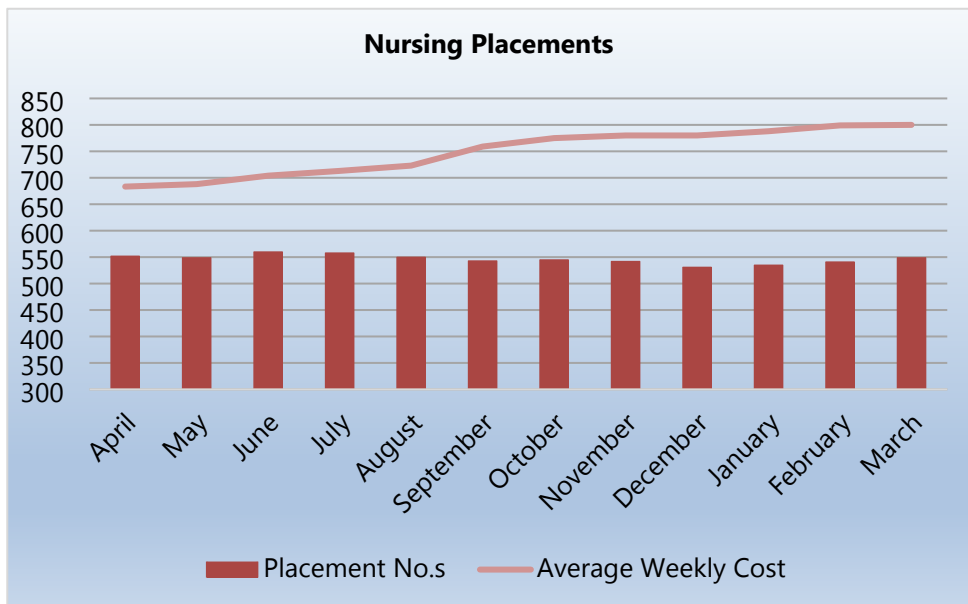
3.3 Adult Services - key performance cost drivers



As indicated in the above Direct Payments table, since the beginning of the financial year, we have seen the number of people receiving a Direct Payment increase from 1,106 to 1,247 packages. The current weekly average cost of a Direct Payment is £404 per package, compared to £293 at the beginning of the financial year.



As indicated in the Older People Mental Health (OPMH) Nursing placements table above, they have increased by eight placements in this financial year, from 176 to 184. The current weekly average cost for OPMH Nursing is £964 per placement, an increase of £116 during the year.



The above table indicates Nursing placements have decreased by three since the beginning of the financial year from 552 to 549. The current weekly average cost for Nursing is £800 per placement, compared to £683 at the beginning of the financial year.

3.4 Adult Services - key risks, future issues, and opportunities

ASC had £7.2m of one-off money in 2021/22. The budget therefore came in underspent. ASC has seen significant additional funding in 2022/23, however the inflation uplift, increase in demand post covid and the increased cost of living has resulted in the outturn position.

90% of the Adult Services budget is spent on individual placements purchased through the market via block and spot placements. Therefore, there is a significant risk that this budget will continue to overspend. This is due to increase demand, the cost-of-living rise, particularly the increase in petrol, gas, electric, and food. Alongside this our neighbouring authorities, due to lack of supply in their areas, are wanting to purchase additional beds in Somerset at significantly higher cost than we currently purchase these beds.

When we consider the market spend on supporting people to remain independent at home, we need to take into consideration the spend on Home Care and Direct Payments, you will see increases in both areas.

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Adults Budget

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Somerset
Council

Outturn 2022/23

2022/23 Adult Services as at the end of March 2023 (Month 12)

Net budget of £160.1m
Overspend of £15.4m (9.6%)

- ASC:
 - Residential/Nursing – Demand for beds higher than budgeted.
 - Staffing Vacancies
 - Care Home Closures
- Mental Health:
 - High-cost placements
- Learning Disabilities:
 - Supported Living – market sustainability
 - Day Care – increased need to allow carer's break/respice

Further ongoing risks:

- Increase in demand
- Market Sustainability

Service Area	Current Budget	Full Year Projection	Month 12 Variance	A/(F)	Movement From Month 10	Direction From Month 10
Adult Social Care - Physical Disability/Sensory Loss/65 Plus						
Residential & Nursing	40.2	46.7	6.5	A	(0.2)	↑
Home Care	24.8	24.5	(0.3)	(F)	0.1	↓
Direct Payments	10.7	12.1	1.4	A	0.1	↓
Staffing Costs	10.2	10.4	0.2	A	2.0	↓
Transport, Daycare & Other	3.0	3.6	0.6	A	0.6	↓
sub total	88.9	97.3	8.4	A	2.6	↓
Mental Health						
Residential & Nursing	11.0	13.4	2.4	A	0.4	↓
Home Care/Supported Living	4.5	5.4	0.9	A	0.1	↓
Staffing/Deprivation of Liberty Safeguards	4.5	4.1	(0.4)	(F)	(0.4)	↑
Direct Payments, Day Care & Other	1.0	1.4	0.4	A	0.0	→
sub total	21.0	24.3	3.3	A	0.1	↓
Learning Disabilities						
Residential & Nursing	20.6	22.6	2.0	A	0.4	↓
Supported Living/Home Care	25.1	27.3	2.2	A	0.3	↓
Direct Payments/In Control	9.1	9.5	0.4	A	(0.3)	↑
Day Care	3.5	5.1	1.6	A	0.1	↓
Discovery	29.8	27.8	(2.0)	(F)	(0.1)	↑
Transport, Shared Lives & Other	8.2	8.8	0.6	A	0.1	↓
sub total	96.3	101.1	4.8	A	0.5	↓
Commissioning						
Commissioning	13.0	15.7	2.7	A	3.1	↓
Better Care Fund	(34.7)	(37.4)	(2.7)	(F)	(2.7)	↑
LD Pooled Budget Income	(24.4)	(25.5)	(1.1)	(F)	(0.1)	↑
sub total	(46.1)	(47.2)	(1.1)	(F)	0.3	↓
Adult Services Total	160.1	175.5	15.4	A	3.5	↓

Pressures/Challenges 23/24

	£m
Newton saving	4.8
Placements pressures	5.0
Learning Disabilities pressures	3.0
Total	12.8

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Newton - Projected to achieve £0.2m during 23/24 instead of the £5m built into the MTFP.

Learning Disabilities – On-going pressures within Supported Living & Day Care

Still awaiting government announcement of contribution from £600m

Placements – Fee Increases / Inflation

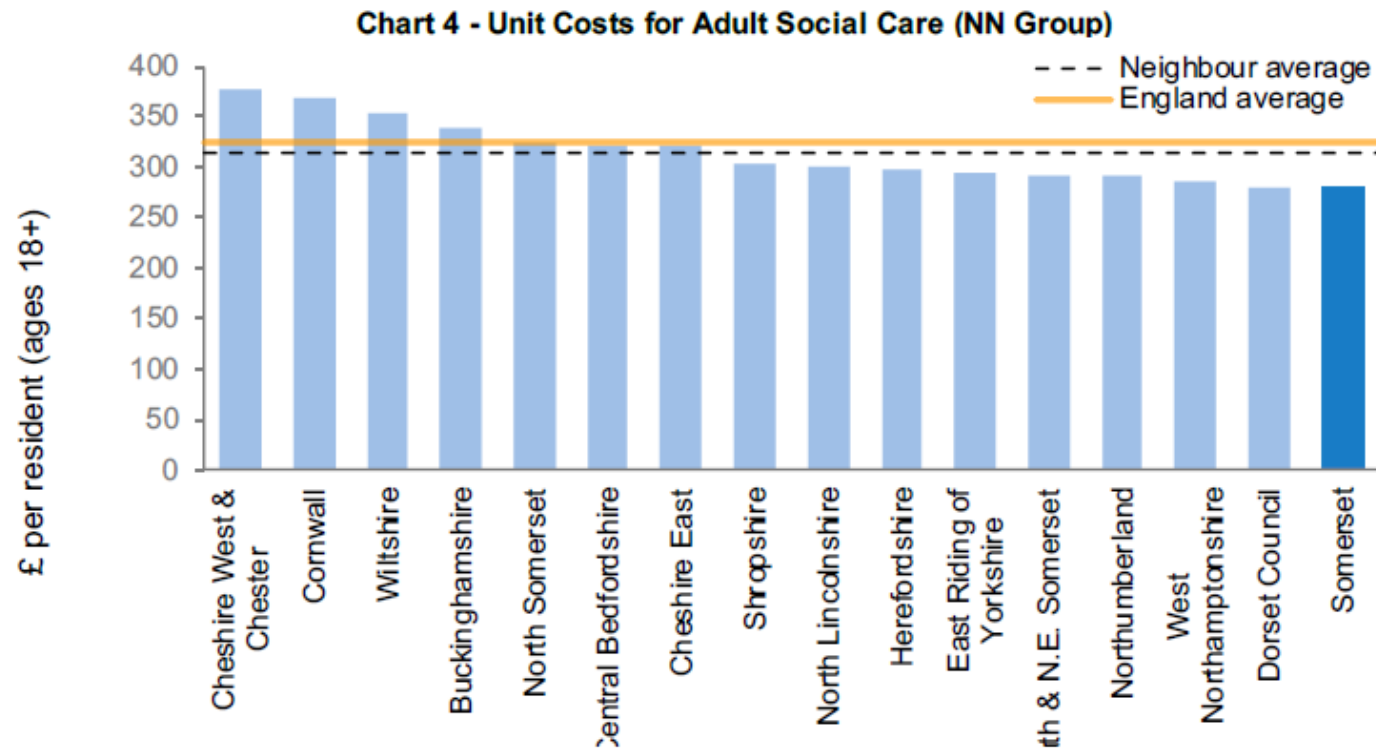
Cost per week	MTFP	Average
Residential	£750	£894
SRC	£800	£887
Nursing	£750	£970
OPMH Nursing	£1,050	£1,265

- 13 Homes accept SC gross fee rate plus Somerset Care out of 150
- 70 New placements requests a month
- 83 Capital drops contacts since April

Mitigations/Actions Taken 23/24

- Providers charging VAT
- MTFP – Review fees for 24/25
- Reduce overreliance of bed placements
- Reablement Service
- Voids
- Review high cost/complex placements – re CHC/JF
- Any additional funding from ICB – System Solution
- Review all interim placements – no longer commission
- Effective use of DFGs

Benchmarking



For Adult Social Care, Somerset's unit costs were 11.2% lower than the nearest neighbour average, and ranked 16th highest in the group.

Compared nationally, its unit costs were 14.1% lower than average (and ranked 104th highest out of 125 authorities).

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Somerset Council
Scrutiny Committee
– 3 August 2023



Adult Social Care Assurance Update

Lead Officer: Mel Lock, Director of Adult Social Services, Somerset Council

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

Contact Details: niki.shaw@somerset.gov.uk

Executive Lead Member: Cllr Dean Ruddle, Lead Member for Adult Social Care

Division / Local Member: All

1. Summary

- 1.1.** This report and its supporting appendices provide an update to Scrutiny Committee members on key developments relating to the assurance of Local Authority adult social care services, both nationally and here in Somerset. We wish to continue to ensure that quality in adult social care isn't an event, but a habit – something routinely monitored in order to help us deliver the best possible service to, and outcomes for, local people.
- 1.2.** Adult Social Care's assurance activity directly supports the vision and priorities of Somerset Council, as outlined in the 2023-2027 Council Plan¹, especially those aligned to ensuring we are a 'healthy and caring Somerset'.

2. Issues for consideration / Recommendations

- 2.1.** For Scrutiny Committee members to note the key updates provided in relation to Adult Social Care (ASC) assurance developments and activities, particularly acknowledging the key role of the Committee in contributing to the new Care Quality Commission (CQC) assessment of adult social care at a Local Authority level.
- 2.2.** For Scrutiny Committee members to consider whether they wish to make any recommendations arising from the report, its appendices, and any wider discussion.

3. Background

- 3.1.** The scale of adult social care and support is vast. People of all ages, and with a diverse range of needs, draw on care and support in different ways and at different stages of their life; some people will require support throughout their

¹ [SCC - Public - Somerset Council - Council Plan.pdf - All Documents \(sharepoint.com\)](#)

life whilst for others care needs will develop suddenly or gradually. At its best, social care enables and transforms lives, supporting people to live the lives they want to lead, where they want to live them. It helps people stay healthy, happy and independent through the scaling up of preventative, person-centred, strengths-based approaches. It is vital that robust mechanisms exist, both internally and externally, to help us monitor our performance and deliver our ambitions and legal duties.

3.2. New independent assessments of care at a Local Authority level

commenced nationally from April 2023 with the Care Quality Commission (CQC) given new powers to support greater understanding of the quality of care in a local area / system in order to provide greater assurance to the public and publishing interim guidance to support roll-out nationally². Work has started on 5 pilots in Councils across England. The assessments will focus on how Local Authorities discharge their duties under Part 1 of the Care Act 2014³ and will focus on 4 overarching themes:

1. How local authorities work with people;
2. How local authorities provide support;
3. How local authorities ensure safety within the system; *and*
4. Leadership.

3.3. The Local Authority's Adult Social Care service in Somerset welcomes this external scrutiny of its activity and has been working to prepare both staff and stakeholders for the additional focus of future inspection. Senior 'theme leads' have been identified for each of the four elements outlined above, and work has progressed in maintaining regular self-assessment against CQC quality statements and evidence gathering. To further support our preparedness, the service has invited independent representatives from the Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS) to observe and contribute to one of our regular internal sessions focused on performance improvement. We are also contributing to **LGA Assurance peer challenge** events in both Devon and Gloucestershire this year as part of regional 'buddy group' arrangements, ahead of commissioning our own LGA challenge event which is expected to take place in February 2024 and help us scrutinise our own performance further.

3.4. The service has recently finalised and published its **Annual Report for 2022/23** (*Appendix 1*) clearly setting out the national and local context for adult social care including demographics, performance and demand pressures, and care workforce planning considerations. The Annual Report for the first time provides a current self-assessment against the new CQC framework, as well as capturing people's experience of care here in Somerset and is intended

² [Assessment framework for local authority assurance - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

³ [Care Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

to provide a helpful overview of our work and performance to a range of interested stakeholders.

- 3.5.** In response to our ongoing self-assessment and continued internal improvement plans and aspirations, the service has also published a **public-facing Strategy for 2023-2026**⁴, (*Appendix 2*) setting out our 4 key priorities and commitments:

Our priorities:



4. Consultations undertaken

- 4.1.** The focus of our revised 2023-2026 Adult Social Care Strategy was informed by public engagement and feedback gathered from October 2022 to early January 2023. Responses were gathered via an online survey form, as well as through in-person contributions at local public events. In total, 438 responses were secured in relation to how adult social care could be better, and what the biggest challenges facing social care were felt to be. Key themes emerging from the public centred on funding, workforce recruitment and retention, communication and information about social care support services, and increasing accessibility to timely care and support.
- 4.2.** Our internal workforce was also engaged in Director-led sessions to inform our strategic focus. Themes from staff feedback included the need to continue to develop our preventative offer and further shape our local care market to meet changing needs; more focus to be placed on staff retention and wellbeing; seeking more opportunities to improve communication both internally and with the public to help raise awareness of adult social care; enhancing support and opportunities for young people and adults with learning disabilities; and further seizing opportunities for collaboration and joined-up working with other local services and departments.

All of the above was used to influence our strategic commitments and can be evidenced within our strategy and delivery plan. We also set out a clear intention within our new Strategy to enhance our co-production and engagement activity with local people, especially those with lived experience of adult social care.

⁴ [Adult Social Care Strategy 2023-26](#)

5. Implications

- 5.1.** The CQC will clarify precisely how they will publicise and rate Local Authorities as part of their ongoing piloting activity of their new assessments, alongside their interim assessments of Integrated Care Systems⁵. The Health and Care Act 2022⁶ not only placed a duty on the Care Quality Commission to assess local authorities' delivery of their adult social care functions; it also provided for the secretary of state to intervene where a local authority is failing. There is the potential for reputational damage and financial pressures associated with the new external assurance regime.
- 5.2.** Additionally, it is important that elected members acknowledge the significant contribution they will play in supporting CQC assessments in future. The regulator will seek feedback from members of the Council, in particular the Leader of the Council, the Executive Lead Member for adult social care, and members of the Scrutiny Committee and Somerset Board that help oversee adult social care locally. Members will be expected to be well briefed on the framework and familiar with the focus, context and performance of the service.

6. Background papers

- 6.1.** Appendix 1 – Somerset Council Adult Social Care Annual Report (2022/23)
Appendix 2 – Somerset Council Adult Social Care Strategy (2023-2026)

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

⁵ [Interim guidance for assessing integrated care systems March 2023 \(cqc.org.uk\)](https://www.cqc.org.uk/resources/guidance/interim_guidance_for_assessing_integrated_care_systems_march_2023)

⁶ [Health and Care Act 2022 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2022/25/contents)



Somerset
Council

Adult Social Care

Annual Report (2022/23)

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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.

Introduction

What is Adult Social Care and who provides it?

The scale of adult social care and support is vast, affecting the lives of over 10 million adults of all ages in England. People of all ages and with a diverse range of needs draw on care and support in different ways and at different stages of their life; some people will require support throughout their life whilst for others care needs will develop suddenly or gradually. Some people may only use social care for a short period (for example after a hospital stay). Care and support can cover a range of activities to promote people's wellbeing and support them to live independently, staying well and safe. It can include 'personal care' as well as wider personalised support to enable people to stay engaged in their communities and live their lives in the way they want.

Local authorities are responsible for assessing people's needs and, if individuals are eligible, funding their care. Our service in Somerset Council 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 working to help shape our care market and provision that meets the needs of our local communities.

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.

Key Adult Social Care Statutory Duties under The Care Act 2014 include:

- Provision of social care: including the assessment of individuals' and carers' needs, the provision of detailed care and support plans; a 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.

The current context

Social care is an essential part of the fabric of our society. At its best, it enables and transforms lives. It supports people to live the lives they want to lead, where they want to live them. There is enormous potential for social care to help people stay healthy, happy and independent through scaling up our preventative, person-centred, strengths-based approaches. This is what we hope to harness and achieve through our Adult Social Care activity and strategy, and the wider support of and contributions from Somerset Council services and our local Integrated Care System.

However, we recognise it remains a challenging time for local government. Years of austerity and growing demand has reduced the spending power and financial flexibility of all councils. The national cost-of-living crisis is hitting the council and partner organisations just as it is our residents. The cost of delivering services has dramatically increased due to rising energy costs, rising interest rates and increasing numbers of people who need our support.

Our council is legally required to balance the budget: there is no overdraft facility that we can use. In recent years Somerset's councils have built up financial reserves but we cannot spend these monies all at once and risk leaving the savings account empty when there will undoubtedly be new challenges ahead. This means that we are going to have to be incredibly careful with taxpayers' money. We will have less to spend as our challenges grow and at the same time the challenges our residents face daily also grow. This will require us to be more creative about the way we support people. We need to work with partners in a wide range of organisations with similar goals to look broadly at the ways we currently use our expertise and money to see if, in collaboration with our communities, we can do something better. We will challenge the ways that we have historically delivered services and listen carefully in order to understand what works for those who use our services and what doesn't.

The state of care nationally

The independent regulator, the Care Quality Commission (CQC), produces an annual assessment of health care and adult social care. The latest national report¹, published in November 2022, highlighted the following trends:

- The health and social care system is gridlocked - this is clearly having a huge negative impact on people's experiences of care.
- People are struggling to access care - many people are still waiting for the health and social care support and treatment they need, and many are waiting too long.
- Inequalities pervade and persist across large parts of health and social care. It is vital that everyone, inclusively, has good quality care, and equal access, experience and outcomes from health and social care services.
- Depleted workforce - across all health and social care services, providers are struggling desperately to recruit and retain staff with the right skills and in the right numbers to meet the increasing needs of people in their care. Despite their efforts, in many cases providers are losing this battle, as staff are drawn to industries with higher pay and less stressful conditions.

¹ [State of Care - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/publications-reports/state-of-care)

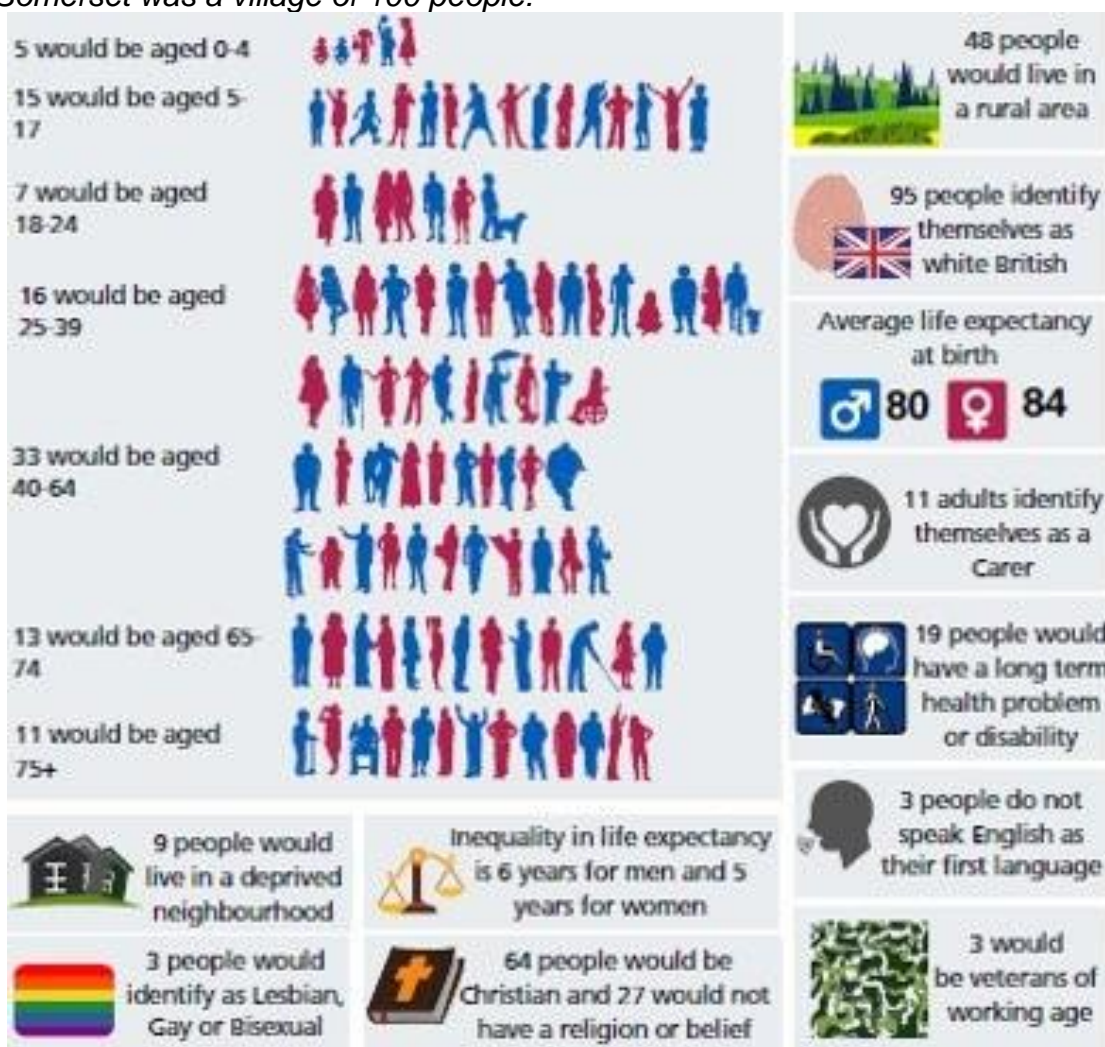
- Challenges and opportunities in local systems - understanding the health and care needs of local people is paramount for integrated care systems, as is the need to maintain and develop the required workforce.

Somerset - our place

Somerset has a resident population of 571,600. Our population is older than the national average. 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 further significant rise in demand for health and care services. As our population changes, the support people need from our local services is also changing.

People are living longer, and more people are living with long-term conditions. As a result, the Local Authority and our partners need to work differently, providing more care in people's homes and local communities, and working more effectively in partnership.

If Somerset was a village of 100 people:



As a county, we benefit from:

- A new unitary authority (Somerset Council) *from April 2023*
- An Integrated Care Board (ICB), into which the functions of the Somerset Clinical Commissioning Group (CCG) were transferred from July 2022
- A Health & Wellbeing Board (Somerset Board) which closely aligns with the Integrated Care Partnership
- A single NHS Foundation Trust providing integrated Community Health, Mental Health and Acute Hospital services at Musgrove Park in Taunton and Yeovil Hospital *from April 2023*
- 13 Primary Care Networks (PCNs) working over 12 neighbourhoods
- Strong relationships with good-quality local independent care providers and voluntary and community sector partners, and a thriving micro-provider market.

Performance and demand: Adult Social Care in numbers during 2022/23

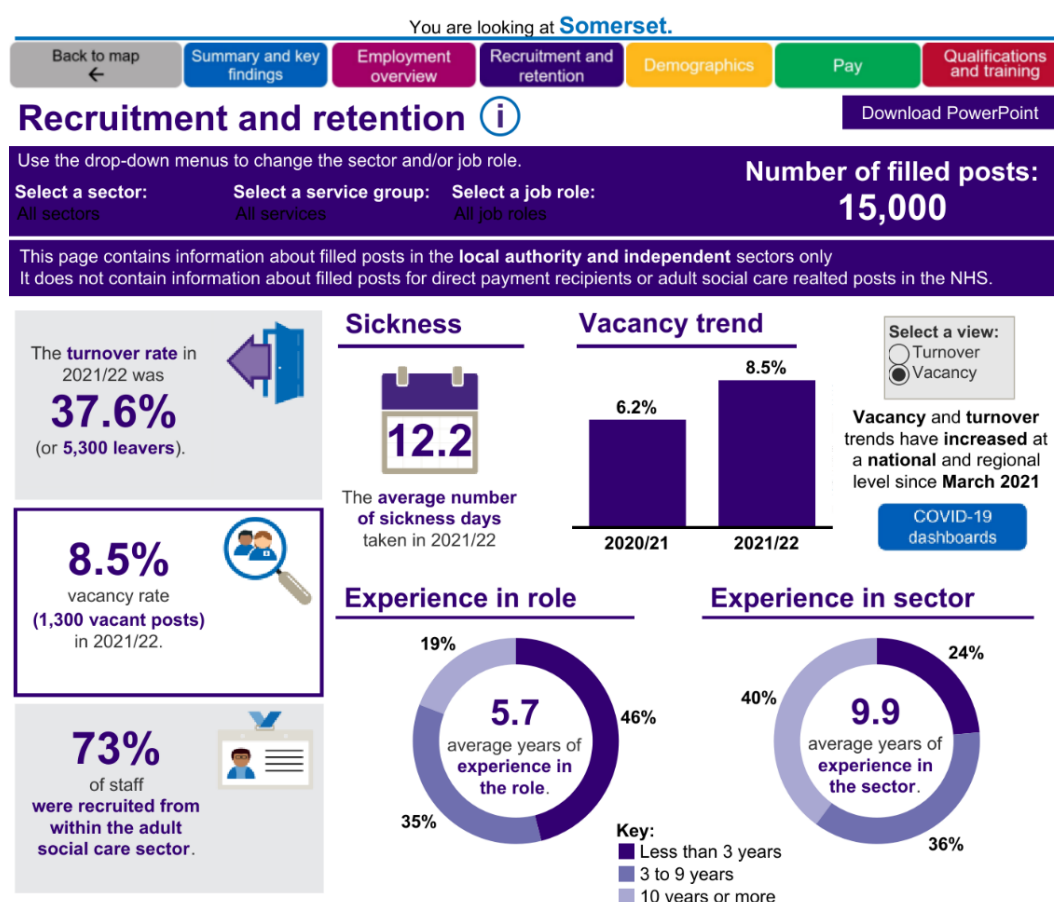
- We received an average 5,830 contacts per month via our call centre (Somerset Direct) for care and support related advice or activity. The overall resolution rate at first point of contact was 63.7%.
- We had over 6,897 open clients in receipt of a Local Authority Adult Social Care service.
- Our social care teams completed over 8,000 assessments and 6,250 reviews of individuals care and support needs.
- We undertook 738 Safeguarding Enquiries, reducing or removing the identified risk in 92% of cases.
- We supported over 92.7% of individuals aged 65 and over to be discharged back home from hospital each month - over 68,000 people.
- We sourced 21,511 hours' worth of home care provision for people assessed as requiring care and support at home.
- We received 216 independent submissions of stakeholder feedback, of which 179 (83%) rated the service received by our staff as 'Good' or 'Excellent'.
- 83.9% of Somerset's active (independent) residential care settings and 86.7% of active community-based adult social care settings were rated 'Good' or 'Outstanding' by the Care Quality Commission as of end of March 2023.

Workforce and workforce planning

Achieving our vision is reliant on us having a supported, skilled, flexible *and* sustainable workforce. Nationally, the state of the adult social care workforce is a recognised challenge. As outlined in the Government's Policy Paper, 'People at the Heart of Care'², with over 1.65m jobs, the adult social care workforce is larger than the NHS, construction, transport, or food and drink service industries, with the number of jobs in the sector forecast to grow by almost one-third by 2035. As the population grows, and the way care is delivered evolves and diversifies, the workforce will need to grow and develop with it.

In October 2022, the independent regulator (the Care Quality Commission (CQC), published its annual assessment of the state of health care and adult social care³, highlighting the depleted workforce as a key concern. Across all health and social care providers, providers were found to be struggling to recruit and retain staff with the right skills and in the right numbers to meet the increasing needs of people within their care and respond to demographic changes and growing demand post-pandemic. Despite best efforts, the CQC found that many providers of adult social care were losing the battle as staff were being drawn to industries with higher pay and less stressful conditions.

Latest available Skills for Care data (2021/22)⁴ relating to Somerset reveals some of the scale of the challenge facing the sector locally:



² [People at the Heart of Care: adult social care reform - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/policy-papers/people-at-the-heart-of-care-adult-social-care-reform)

³ [State of Care 2021/22 - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/publications/state-of-care-2021-22)

⁴ [My local area \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk/my-local-area)

Our own staff are hugely driven to make a difference and have a positive impact on people's lives. We launched our new 2022-24 ASC Workforce Strategy in July 2022 as a means of more formally setting out our ongoing activity commitments to support our internal workforce at a time of heightened demand and specific challenges relating primarily to the recruitment and retention of qualified social workers and occupational therapists. Our Workforce Strategy set out clearly our ambitions for the workforce over that two-year period, acknowledging and seeking to address the identified risks and key pressures facing us as well as identifying how we intend to recruit, retain, support, and develop our staff across both our operational and commissioning team functions.

Our Workforce Board convenes monthly and is attended by Service Directors, Strategic Managers and HR engagement partner colleagues. The Board routinely reviews progress against actions relating to each of the 10 themes/priorities within the Strategy (each one of which is owned by a senior lead); it also monitors workforce data, equality and diversity impacts, staff feedback and surveys, and practice audits. We have made some significant strides over the last 12 months, including progressing our international recruitment of social workers, assessing psychological safety across our functions, improving our supervision and appraisal offer, attracting more young people into our workforce via the Council's graduate scheme, and developing competency frameworks to support continuous professional development.

The Board will be undertaking an annual refresh of its Strategy in June 2023, assessing its achievements to date, and ensuring priorities for the next 12 months remain accurate and impactful based on current context and social care landscape. An Equalities Impact Assessment will be undertaken as part of this annual review. The review work will be informed by recommendations arising from an independent audit of our Workforce Planning activity published in March 2023, which offered a 'reasonable' assurance rating and concluded that *"there is a generally sound system of governance, risk management and control in place"*.

One of the key pieces of work currently being overseen by the Board is a restructuring of our ASC operational teams. The restructure, founded on a detailed business case, is vital in helping us deliver our vision in partnership with local people and system partners, ensuring we deliver the right kind of strengths-based, person-centred care for our local communities, and the best possible outcomes within the resources available to us.

We need to ensure our operational (frontline) workforce is fit for the future to respond to our current and future service demands, enabling us to safely deliver our statutory duties in a timely and effective way. We want our workforce to be able to champion strengths-based practice and the continue benefits of community-led, asset-based

approaches so that people are supported to achieve the outcomes that matter to them. Our focus has been on implementing a structure that builds capacity in the right areas, ensures high standards of practice, and provides our staff with clearer opportunities for career progression and professional development. By doing this, we believe we will make Somerset Council an attractive place to work and develop a career in social care.

Our new Adult Social Care Strategy (2023-26) places a clear emphasis on the need to prioritise and invest our efforts in enabling a supported, skilled and flexible workforce. In addition to delivering our Workforce Strategy and underpinning action plan, we are committed to creating the right environment and conditions for robust and effective practice, supporting effective performance management, and re-structuring our operational teams as part of our ongoing integrated working with health partners at neighbourhood levels.

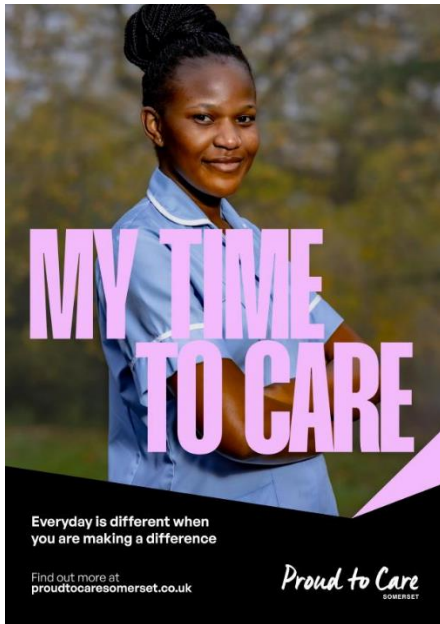
The Local Authority equally recognises the tremendous importance and value of our **independent care workforce**, which the wider health and care sector relies heavily upon. We are proud of our care sector here in Somerset with high levels of good or outstanding CQC-rated provision but recognise the considerable and growing pressures they are facing in recruitment, retention and sustaining their businesses financially. Workforce for the care home sector is a challenge with most struggling with recruitment and in extreme cases this has led to homes having to close whole wings of their property. This reduces the amount of capacity available in Somerset to support hospital discharge flow and people who need to move into a permanent placement. Providers can lose long term employees to acute hospitals due to the NHS ability to give higher salary uplifts, or offer better terms and conditions. The end of freedom of movement within the EU following Brexit has meant providers are now having to recruit internationally via Home Office sponsorships.

Our ICB People Board is committed to supporting the wider health and care workforce and is progressing plans for a Somerset Training Academy for Health and Social Care to help establish occupational parity of esteem. Additionally, our Proud to Care Somerset⁵ team works hard to support the wider workforce by raising the profile of the care sector and address recruitment challenges.

In January 2023, Somerset launched its bold new recruitment campaign, 'My Time to Care', which was shot entirely in the county and starred real local carers in six new, impactful videos⁶. The campaign emphasised how careers in care present an opportunity to 'break free from behind a desk' and embark in roles filled with meaningful human interaction and job satisfaction. Each video was specifically tailored to target different age groups that may be interested in a care career.

⁵ [Home | Proud to Care Somerset](#)

⁶ <https://www.youtube.com/playlist?list=PLbpaA5vdlqbUzDbelwkiNNeTteiqzylYi>



We also report routinely on market sustainability and workforce pressures to the Government as part of wider national monitoring and response activity.

Adult Social Care Fees and Charges for 2023/24 were recently approved and published⁷, adjusted to take account of cost of living, market factors, national guidance and more. The fee settlement for care providers over the coming year represented a further significant investment into the sector by the Council, representing a permanent increase of between 8.8% and 12.8% for the financial year, and representing a total investment of £24.9m into the social care sector.

As our workforce evolves, so too will our collective support for it need to grow and adapt, including ensuring we have sufficient housing provision to meet changing needs and demographics.

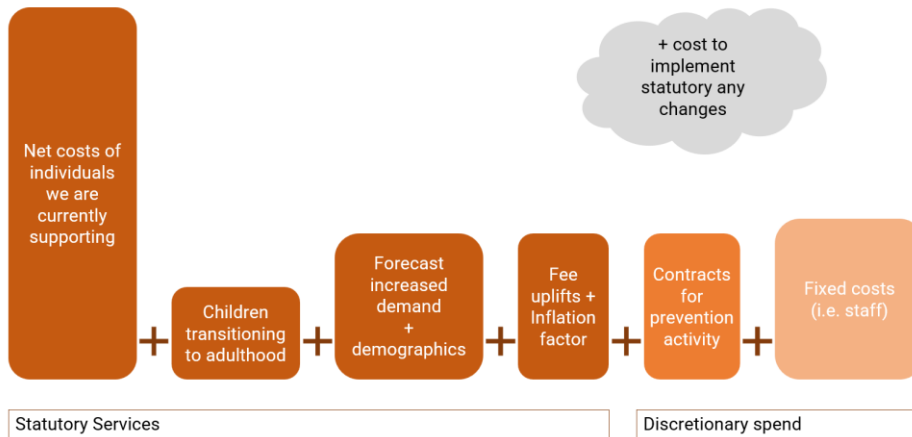
Social care is a keystone of communities, employing over 1.5m people in England and contributing £51.5 billion to the economy in 2020/21⁸. Recognising and investing in our workforce as our most important asset remains vital.

⁷ [Adult Social Care Fees and Charges](#)

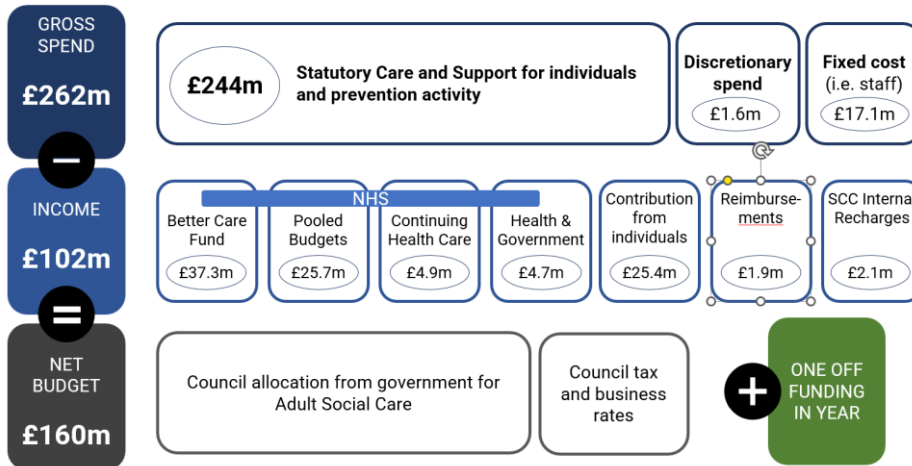
⁸ [The value of adult social care in England \(skillsforcare.org.uk\)](https://skillsforcare.org.uk)

Our budget and financial position

How do we set the budget each year?



The Adults Budget explained

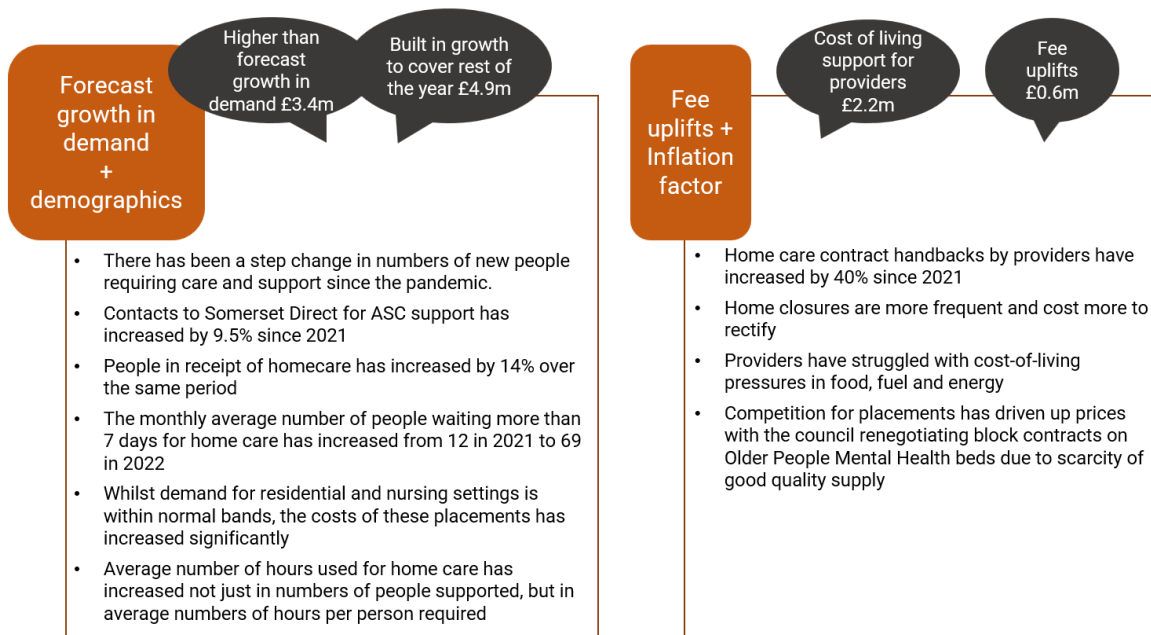


Outturn 2022/23

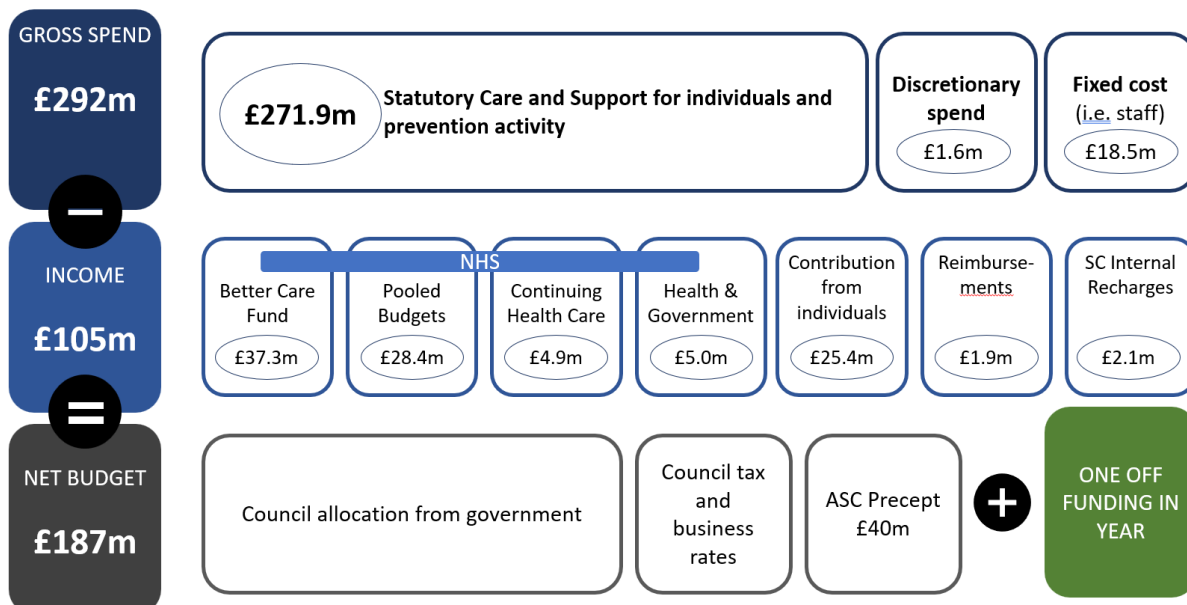
2022/23 Adult Services as at the end of March 2023 (Month 12)

Service Area	Current Budget	Full Year Projection	Month 12 Variance	A/(F)	Movement From Month 10	Direction From Month 10
Net budget of £160.1m						
Overspend of £15.4m (9.6%)						
• ASC:						
• Residential/Nursing – Demand for beds higher than budgeted.						
• Staffing Vacancies						
• Care Home Closures						
• Mental Health:						
• High-cost placements						
• Learning Disabilities:						
• Supported Living – market sustainability						
• Day Care – increased need to allow carer's break/respite						
Further ongoing risks:						
• Increase in demand						
• Market Sustainability						
Adult Social Care - Physical Disability/Sensory Loss/65 Plus						
Residential & Nursing	40.2	46.7	6.5	A	(0.2)	↓
Home Care	24.8	24.5	(0.3)	(F)	0.1	↓
Direct Payments	10.7	12.1	1.4	A	0.1	↓
Staffing Costs	10.2	10.4	0.2	A	2.0	↓
Transport, Daycare & Other	3.0	3.6	0.6	A	0.6	↓
sub total	88.9	97.3	8.4	A	2.6	↓
Mental Health						
Residential & Nursing	11.0	13.4	2.4	A	0.4	↓
Home Care/Supported Living	4.5	5.4	0.9	A	0.1	↓
Staffing/Deprivation of Liberty	4.5	4.1	(0.4)	(F)	(0.4)	↑
Safeguards	1.0	1.4	0.4	A	0.0	↓
Direct Payments, Day Care & Other	1.0	1.4	0.4	A	0.0	↓
sub total	21.0	24.3	3.3	A	0.1	↓
Learning Disabilities						
Residential & Nursing	20.6	22.6	2.0	A	0.4	↓
Supported Living/Home Care	25.1	27.3	2.2	A	0.3	↓
Direct Payments/In Control	9.1	9.5	0.4	A	(0.3)	↑
Day Care	3.5	5.1	1.6	A	0.1	↓
Discovery	29.8	27.8	(2.0)	(F)	(0.1)	↑
Transport, Shared Lives & Other	8.2	8.8	0.6	A	0.1	↓
sub total	96.3	101.1	4.8	A	0.5	↓
Commissioning						
Commissioning	13.0	15.7	2.7	A	3.1	↓
Better Care Fund	(34.7)	(37.4)	(2.7)	(F)	(2.7)	↑
LD Pooled Budget Income	(24.4)	(25.5)	(1.1)	(F)	(0.1)	↑
sub total	(46.1)	(47.2)	(1.1)	(F)	0.3	↓
Adult Services Total	160.1	175.5	15.4	A	3.5	↓

Explanations for the key areas of overspend



Adults Budget 2023/24 Explained



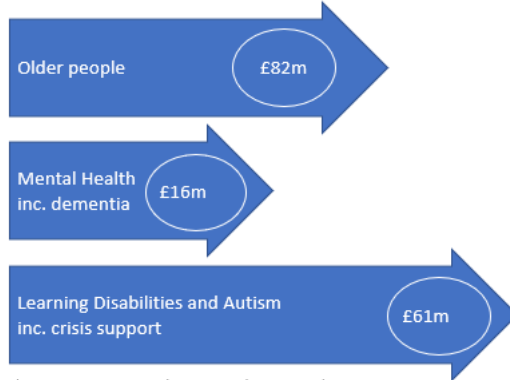
Statutory Services



- ✓ If the individual is assessed as requiring care and support under the **Care Act** or **Mental Health Act**,
- ✓ And, as part of the care act, the individual falls **under the financial threshold** for receiving funded or part-funded support.
- ✓ Then the council is responsible **by law to meet their ongoing care needs** and pay for all or part of this.

c. 8000 people in Somerset

This care or support is provided either...



*amounts are net spend on care and support only

in a residential setting...

in supported housing...

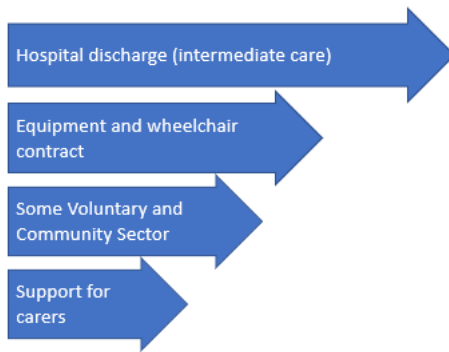
Or at home.

Other Statutory Services



- ✓ We also have a duty to **prevent, reduce or delay the need** for more formal care and support
- ✓ Investing money in this means that we can better manage the demand for our statutory services and **save the council money in the long term**
- ✓ These services are good for individuals as they **help people to live independent lives** for longer

These are contracts awarded to community organisations or providers for services that...



Maintain or improve a persons independence

Reset people back to normal after a crisis

Prevent people getting to crisis point

Discretionary Services



- ✓ We have some small areas of discretionary spend
- ✓ This includes funding community agents to help people connect and navigate local support
- ✓ We also offer support to help people with learning disabilities enter employment

Helping people to lead their best life



Connecting communities

Our Self-assessment (2022/23)

1. How we work with people

What does good look like (Assessing Needs)

People with care and support needs, including unpaid carers, those who fund or arrange their own care and communities have the best possible wellbeing outcomes.

This is because:

- their care and support needs are assessed in a timely and consistent way
- assessments and care and support plans are co-produced, up-to-date and regularly reviewed
- support is co-ordinated across different agencies and services
- decisions and outcomes are transparent.

People's care and support reflects their right to choice, builds on their strengths and assets, and reflects what they want to achieve and how they wish to live their lives.

Our key strengths

- Somerset is very proud of its collaborative prevention-focused work and investment in supporting individuals in accessing care and support services within their local area and via the support of voluntary and community services.
- A range of work has been progressed with carers kept at the heart of the design process to ensure unpaid carers benefit from access to information, training, support and equipment to help them undertake their role. This includes our Somerset Carers Service, Board, and dedicated website, carers champions linked to GP Surgeries, and our work supporting carers in hospitals.

Case Study

Community Connect is about **promoting independence and improving people's lives by working with our communities** - harnessing the skills and expertise of a huge range of organisations and volunteers.

This response is built on a robust infrastructure established and developed in Somerset over many years alongside carers and includes:

- **Strengths-base conversations at Somerset Direct** (our contact centre), providing advice, information and connections to support in local communities;
- Community Connectors (**Community & Village Agents**) commissioned countywide and linked into ASC Peer Forums, Hospital Discharge, Primary Care, and neighbourhood teams;

- **Talking Cafes** serving as important hubs in our communities for people to access information, advice and support;
- **Carers Groups** enabling people to share interests, experiences and provide informal support to each other;

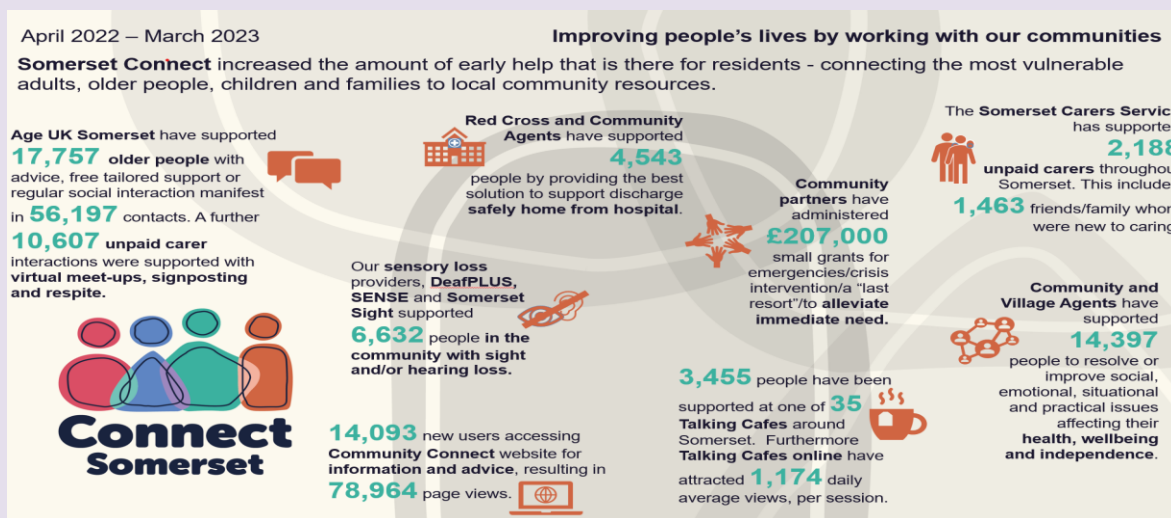


One Family: One Agent
We have **EXPANDED** the Village Agent service to include support for Carers!



- ✓ 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.

- **Micro-provider networks** [Micro-Providers - Somerset Carers](#)



Key areas requiring our continued focus and improvement

- In common with Local Authorities throughout the country, Somerset has seen growing waitlists for care assessments and reviews due to rising demand for care and support, coupled with workforce capacity challenges. We are working hard to address this, ensuring our practice - and the arrangements in place to identify and respond to risk while people are waiting for care - is consistent across our frontline operational teams.

- We are committed to increasing the number of carers assessments undertaken by our operational teams and improve areas of concern emerging from the annual Carers Survey to ensure that unpaid carers have the best possible wellbeing outcomes and support.
- We are progressing our continued focus on workforce and practice development, led through the work of our Principal Practice Leads. In the year ahead, we will be implementing a refreshed Practice Quality Framework outlining practice standards, as well as promoting competency frameworks to support the continued professional development of our staff. Work is also underway to refresh our Supervision and Appraisal approach in response to staff feedback (including the 2022 Health Check) and auditing activity evidencing opportunities for further improvement.

What does good look like (Supporting people to live healthier lives)

The local authority works with people, partners and the local community to promote independence and support people to prevent, delay or reduce their needs for care and support. It does this by providing a range of services and facilities.

People in the area have access to the advocacy, information and advice they need to make informed decisions about how to meet their care and or support needs.

Key strengths

- We are very proud of the way we work to support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and (where possible) reduce future needs for care support.
- Focusing on prevention and early help remains a core priority for our Adult Social Care service and we are committed to building on and enhancing our local investment and offer which includes our independent living centres, our technology enabled care offer, our community equipment services amongst others.

Case Study

Somerset's Independent Living Centres (SILCs)

Somerset Adult Social Care have two Independent Living Centres (SILCs) to help people find equipment and solutions to stay active, independent and to make life easier.

We offer free, impartial information and advice and encourage people in Somerset to attend who may need advice about living independently – this could include

equipment in the bathroom, kitchen or moving around. We are also able to demonstrate technology to help support people with their caring role and to aid daily living.

The centres in Wellington and Shepton Mallet are open for appointment bookings where people can talk to our Social Care Occupational Therapy led team. They are a valuable resource for people who support and care for others, whether that is families and carers, professional care providers, GPs, health workers, or organisations in the voluntary, community and social enterprise sector who support people in their own home.

[Equipment to help you \(somerset.gov.uk\)](https://www.somerset.gov.uk/equipment-to-help-you)

Key areas requiring our continued focus and improvement

- We are keen to enhance our ability to better monitor, evaluate and evidence the impact of our various prevention strategies and will be developing datasets and assurance activity to support this.

What does good look like (Equity in experiences and outcomes)

- Understanding and addressing barriers to care and support
- Understanding and addressing inequalities in experience and outcomes
- Ensuring care and support meets the diverse needs of communities
- Ensuring people are encouraged to give feedback, which is acted on and used to drive improvements

Key strengths

- We undertake a range of activity that seeks to understand and address barriers people may experience; this includes our Covid response activity, our Connect Somerset investment, our work developing our Open Mental Health Alliance and support for individuals with Learning Disabilities, refugee support, and understanding the needs of gypsy and traveller communities.

Key areas requiring our continued focus and improvement

- We are keen to enhance opportunities for meaningful co-production, ensuring we actively seek out, listen and respond to information about people most likely to experience inequality in experience or outcomes, and tailoring our care and support offer in response to this learning.

2. How we provide support

What does good look like (Care provision, integration and continuity)

- The local authority understands the care and support needs of people and communities. There is a good variety of care providers, provision is resilient and there is sufficient capacity to meet demand now and in future.
- Local people have access to a diverse range of safe, effective, high-quality support options to meet their care and support needs. This includes unpaid carers and those who fund or arrange their own care. Services are sustainable, affordable and provide continuity for people.

Key strengths

- Somerset has many examples of how we work collaboratively in partnership to commission effective models of care and support that meets the needs of our population. This includes Connect Somerset, our Intermediate Care offer, our Open Mental Health Alliance, and our community equipment and wheelchair service.
- Robust approaches exist that help us monitor and support the quality and sustainability of local services, or support care continuity, including our investment in PAMMS and our multi-agency Commissioning and Quality Board.
- There is a strong appreciation of, and commitment to, addressing the current and future care workforce needs as a wider health and care system, evidenced by the work of the Somerset People Board, our investment in the care market, and our commitment to Proud to Care Somerset campaigns and activity to support recruitment and retention in care.

Case Study

Somerset's Open Mental Health Alliance

Open Mental Health is an alliance of local voluntary organisations, the NHS and social care, Somerset County Council, and individuals with lived experience of mental health. We are working together to improve the way people in Somerset receive support with their mental health by providing access to a number of specialist services including NHS support, housing advice, debt and employment advice, volunteering opportunities, community activities, peer support and local exercise. In May 2022, the alliance won a major national award from NHS Improvement recognising the collective achievement in developing and delivering new ways to enhance care within Somerset's mental health system: <https://openmentalhealth.org.uk/open-mental-health-awarded-nhs-improvement-award-for-collaboration/>

The collaboration has already helped to remove many of the barriers to support and thresholds for treatment, reducing waiting times and giving early access to primary care assessments and interventions.



- We have significantly improved our performance in relation to the number of people waiting for a homecare package to be sourced. Homecare pods funded by system have supported stimulation of the market, and overseas recruitment and focussed Proud to Care marketing has stimulated recruits coming into homecare market.

Key areas requiring our continued focus and improvement

- Demand challenges and backlogs across the health and care system means we are not always able to ensure everyone can access the care and support they need when they need it. There remain some areas of the county where care remains hard to secure and challenges with care providers being able or willing to accept our fee rates. We will be publishing a refreshed Market Position Statement in 2023/24.
- Ensuring unpaid carers have timely access to high quality replacement care for respite, short breaks, or unplanned situations, and benefit from direct payments.
- Ensuring we are better able to demonstrate and evidence how we are addressing the needs of people in Somerset in ways that support equalities, diversity and inclusion.

What does good look like (Partnerships and communities)

- The local authority works actively towards integrating care and support services with services provided by partner agencies. This achieves better outcomes for people who need care and support and unpaid carers and helps to reduce inequalities.

- Partnership working helps to ensure that care and support meets the diverse needs of individual people and communities. People experience a seamless care and support journey, and their support is co-ordinated across different agencies and services.

Key strengths

- We have clear evidence of how we prioritise, invest and support integration of services such as reablement, intermediate care and end of life services through our discharge to assess work, our dementia service and pathway, and end of life pathway.
- We recognise the unique contribution of our community and voluntary sector in the provision of care and support, and actively promote their involvement as evidenced through our work with the Community Council for Somerset, the engagement of village and community agents in our own peer forums, our commitment to supporting micro-providers as a key component of our care market offer, and the involvement of charities in our intermediate care delivery response.
- We work closely with our system partners, and align our ambitions and priorities across key strategies and aspirational intentions.

Key areas requiring our continued focus and improvement

- We will be progressing work to enhance and re-establish some elements of the Better Care Fund, Continuing Health Care and Transforming Care activity ensuring clear roles, responsibilities and accountabilities exist with partner agencies for delivering our shared priorities.
- We will seize enhanced opportunities that arise from becoming a unitary council, and through the work of the Integrated Care Board, to develop our work to integrate care and support services with those provided by the NHS and other partners, including housing, employment, transport and leisure.
- We are focused on reviewing and enhancing our existing reablement response in order to deliver high quality, responsive intermediate care provision that enables people to return to their optimal independence.

3. How we ensure safety within the system

What does good look like (Safe systems, pathways and transitions)

- Safety is a priority for everyone, and leaders embed a culture of openness and collaboration.
- Care and support is planned and organised with people, partners, and communities in ways that improve their safety across their care journeys and ensures continuity in care, particularly when people move between different services.

Key strengths

- We have strong evidence of our ability to effectively respond to unplanned events or emergencies to minimise potential risks of people's safety or wellbeing. This includes very effective multi-agency working aligned to our robust and well-tested business failure/closure policy led by our Quality Assurance and Contracts team.
- We work hard to ensure funding decisions / disputes do not lead to delays in the provision of care and support through our peer forum arrangements.
- We benefit from an intermediate care model that encompasses all services providing either support on discharge or on preventing admission, based strongly on 'discharge to assess' principles.

Key areas requiring our continued focus and improvement

- Preparing for adulthood: There are opportunities for us to improve transitional periods for people, ensuring robust and efficient processes exist between children's and adult services to allow early intervention and planning for young people requiring support into adulthood, and enabling us to ensure (as commissioners) that the right services are available that are appropriately independence-focused as well as cost-effective.
- Opportunities exist to improve safety and continuity in care when people move between different services or agencies, including within mental health social care and in our links with housing. We look forward to enhancing our links with, and influence on, housing as one of the many benefits of coming together as a new unitary Council from April 2023.

What does good look like (Safeguarding)

- Section 42 safeguarding enquiries are carried out sensitively and without delay, keeping the wishes and best interests of the person concerned at the centre. People can participate in the safeguarding process as much as they want to. People are supported to make choices that balance risks with positive choice and control in their lives.
- There is a clear understanding of the key safeguarding risks and issues in the area and a clear, resourced strategic plan to address them.
- Lessons are learned when people have experienced serious abuse or neglect and action is taken to remove future risks and drive best practice.

Key strengths

- Our multi-agency [Safeguarding Adults Board \(SAB\)](#) has a clear understanding of the key safeguarding risks and issues in the area and is well informed by detailed performance analysis and self-assessment. We have recently appointed a nationally renowned and experienced independent chair who is helping us to 're-set' our ambitions in response to local need and hold all members to account as part of a revised [SAB strategic plan](#).
- Our data on safeguarding outcomes demonstrate a strong commitment to 'making safeguarding personal'. Local services benefit from detailed guidance and risk decision making tools that help professionals differentiate between safeguarding concerns and concerns arising from the quality of services. Our Safeguarding team works collaboratively with colleagues from quality assurance and contracts, as well as with our system partners and the regulator, in sharing intelligence and improving standards across the care system.
- In November 2022, our Safeguarding Adults Service Manager was named the overall winner in the Accountability Champion category of the national Safeguarding Adult Board 'We See You – We Hear You' Excellence Awards. Nominations were invited for professionals and teams who had demonstrated an outstanding commitment to safeguarding adults and their families. Louise's success came on the back of her nomination in the national Social Worker of the Year Awards where she was a finalist in the Team Leader of the Year category.



Key areas requiring our continued focus and improvement

- There have been a growing number of Safeguarding Adults Reviews (SAR) referrals during and since the pandemic in line with national trends. Resourcing and responding to these in a timely way remains a challenge, alongside ensuring impactful responses to recommendations emerging from these across system partners.
- There remains a clear need to enhance the Board's ability to hear from the lived experience of those supported through a Safeguarding Adults process. Although we have existing and well-promoted feedback forms and surveys (co-designed with Somerset Healthwatch), and hear from some individuals via Board meetings, engagement through these routes is limited and insufficient to offer meaningful assurance or information to the Board. The Board is exploring alternative routes and means to meaningfully engage with and hear from those supported through adult safeguarding and is planning to launch a repeat public-facing awareness campaign later in 2023.

4. Leadership

What does good look like (Governance, management, and sustainability)

- There are effective governance and performance management arrangements at all levels. These provide visibility and assurance on:
 - *delivery of Care Act duties and risks to delivery*
 - *quality and sustainability*
 - *people's care and support experiences and outcomes*
- The local authority uses information about risks, performance, inequalities and outcomes to:
 - *inform strategy*
 - *allocate resources*
 - *deliver the actions needed to improve care and support outcomes for people and local communities.*

Key strengths / areas of confidence

- The service has clear governance and performance management arrangements in place, with mechanisms that support the visibility and assurance of performance, risk, finance, quality and sustainability. We have also introduced

monthly Highlight Reports to support communication and transparency with staff and elected members.

- Our understanding of our performance and key risks helps to drive and inform our strategic plans and response activity. This can be evidenced through the operational restructuring activity we are progressing, our transformation programme of work, and our commissioning focus, amongst other examples.
- Our adult social care service has benefitted from strong and well-engaged political leadership, with Councillors well-informed about potential risks facing adult social care and engaged in service improvement activity.
- There is effective budget oversight, accountability and governance, evidenced through regular financial challenge sessions, our work with Newton Europe, monthly monitoring and promotion of our budget, and the focus of our Enhanced Peer Forums.

Key areas requiring our continued attention and improvement

- We recognise there is further work to be done in stabilising our leadership and structure, ensuring clarity of roles and responsibilities both as a Council as we become a new Unitary Authority and within the service itself as we progress with re-structuring in response to local need. We have continued to rely on large numbers of locums or agency staff due to the challenges nationally in recruiting social workers and occupational therapists – something our Workforce Board is working hard to address.
- Whilst a robust service-level risk register is in place and closely monitored, we face broader operating environment risks and impacts associated with establishing a new Unitary Council requiring the re-design of processes and approaches and further change, and must continue to assess and mitigate these wherever possible.
- There are further opportunities for us to ensure that equality and diversity principles are firmly embedded in our values, culture and leadership behaviour as we progress our new unitary council.

What does good look like (Learning, improvement and innovation)

- Learning from people's feedback about their experiences of care and support, and feedback from staff and partners is embedded throughout the local authority's work and it informs strategy, improvement activity and decision making at all levels. Coproduction is embedded throughout the local authority's work.

- There is an inclusive and positive culture of continuous learning and improvement and this is shared by all leaders and staff across the organisation and with their partners

Key strengths / areas of confidence

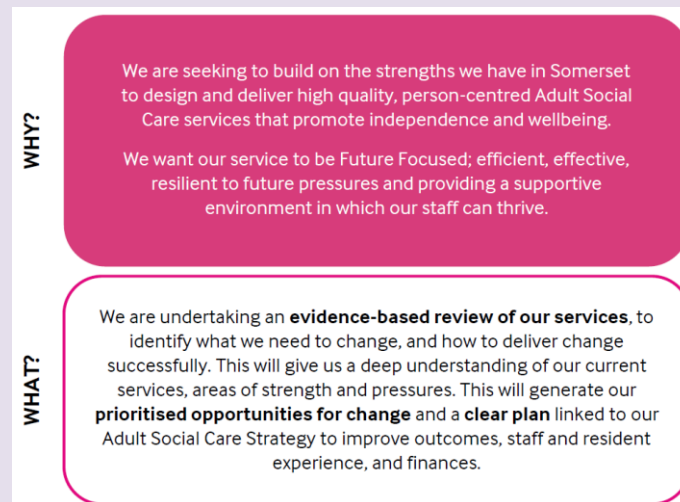
- Somerset has continued to be an active participant in sector-led improvement activity across the region. Our Director chairs the South West Association of Directors of Social Services (SW ADASS), with senior managers chairing or contributing to SW ADASS subgroups (including performance, commissioning, assurance, and workforce). Our Principal Social Worker is also the Co-Chair of the South West Principal Social Worker network.
- We are active in seeking and securing external guidance, expertise or support as part of our efforts to continually drive forward local improvement and challenge our own performance and approaches. This can be evidenced in multiple ways (including external audits, the commissioning of additional resources to address performance, peer reviews, and our extensive work during 2022/23 with an external improvement partner, Newton Europe.
- We can evidence a clear commitment to sharing learning, best practice and innovation with peers and system partners, through conferences, events and regional implementation of initiatives, including a new approach to care provider assessment and market management. Another example includes the 'Community Pull events' in our Acute Hospitals in January 2023, where over 30 senior managers from adult social care, community health, intermediate care and the integrated care board spent 3 days at each site working on wards to support discharges and observe working practices. Key learning from the events included:

	<p>Know your person</p> <p>Ownership by one team member Know the person not just the 'board' Engage with person – hear their voice</p>		<p>Dressed is best</p> <p>Proactiveness Look beyond the bed Get them 'ready to go'</p>
	<p>Challenge or chase your waits</p> <p>Can this be done from community? Tenacity (radiology, bloods, medics) Confidence in your role</p>		<p>Happiness is hope</p> <p>Psychological wellbeing of people Engagement, conversation Help them believe in the plan</p>
	<p>Confidence in the Community</p> <p>Feedback after discharges Trust the community 'net' Take positive risks (support junior staff)</p>		<p>Knowledge is power</p> <p>Clarity of offer from community Ease of access / timely Learning/training/shadowing</p>

Case Study

Newton Europe – Future Focused Diagnostic

Newton was procured in November 2022 to undertake a detailed diagnostic across Adults Services to help us identify the best opportunities for controlling future spend through optimizing productivity, managing demand into the service and ensure that people drawing on services and their carers are at the heart of designing support and future service models.



Over the course of the diagnostic we have..



Their work highlighted a number of improvement opportunities in how we deliver Adult Services, which have informed our ASC Strategy for 2023-26. The Council will take a decision in the summer of 2023 as to how to proceed and deliver these opportunities to realise the projected cost controls.

Key areas requiring our continued focus and improvement

- Adult Social Care, and the Council as a whole, is committed to improving opportunities for effective and meaningful co-production, taking every opportunity to include people with lived experience and community organisations in the development of new and existing services.

- Alongside this, we want to ensure that the feedback and experience of people using services and our key partners informs strategy, improvement activity and decision making at all levels more consistently.
- In the coming year, we will be working hard on enhancing our ability to review, disseminate and implement learning outcomes from all reviews (statutory and non-statutory) and incidents, supported by the establishment of a Practice Quality Board.

Understanding people's experience of social care

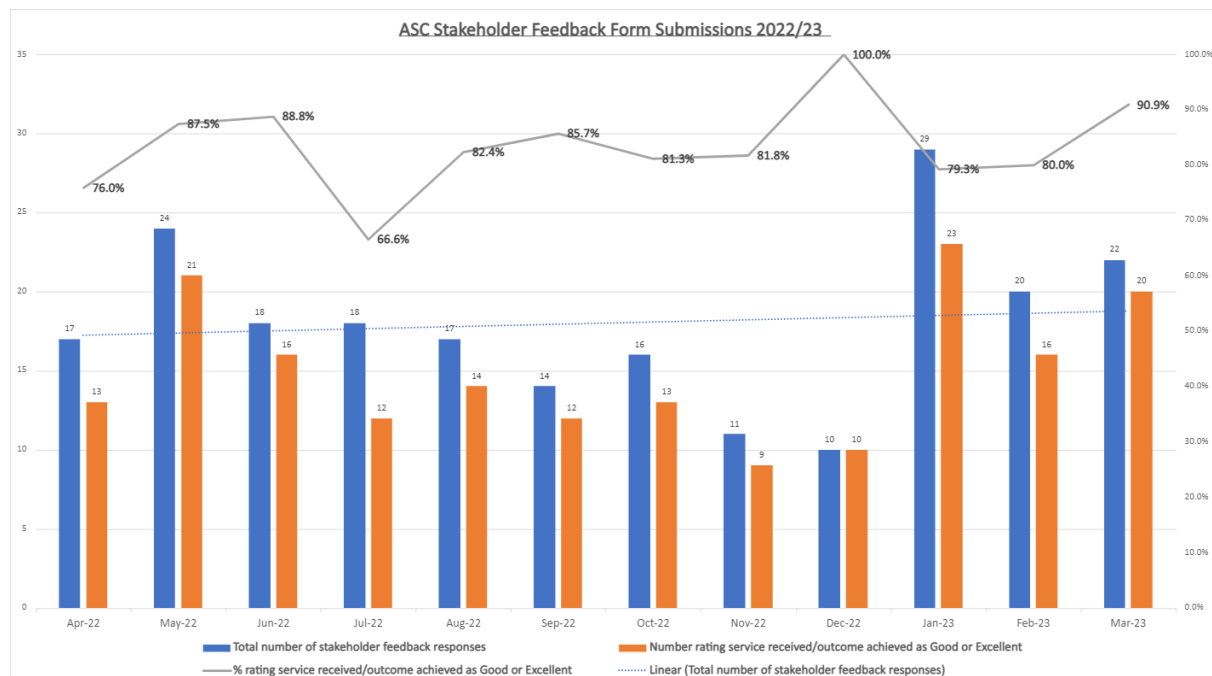
We actively encourage people who use services, and organisations who represent them or act on their behalf, to share their experiences and enable us to learn from and respond to their feedback.

Adult Social Care Stakeholder Feedback Form (2022/23)

In January 2022, the Adult Social Care service launched a new stakeholder feedback form approach to gathering more frequent opportunities to log and learn from feedback for our social care teams, separate to the more formal compliments/complaints approach in place corporately. We have been delighted to see this approach embed and increasingly add value since its implementation, with staff actively promoting the link within email signatures, in documents and through discussion.

During 2022/23, a total of 216 responses were submitted from a wide range of those we support (predominantly individuals in receipt of care/support or their relatives/carers, but also from care provider organisations, NHS or Local Authority colleagues, and more).

Of these 216 responses, 179 (83%) rated the overall service received from our staff as either Good or Excellent during the financial year. This is a pleasing outcome given the challenged period of demand on our service and the wider health and care sector, and is testament to the hard work and commitment of our staff teams.



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Total number of stakeholder feedback responses	17	24	18	18	17	14	16	11	10	29	20	22
Number rating service received/outcome achieved as Good or Excellent	13	21	16	12	14	12	13	9	10	23	16	20
% rating service received/outcome achieved as Good or Excellent	76.0%	87.5%	88.8%	66.6%	82.4%	85.7%	81.3%	81.8%	100.0%	79.3%	80.0%	90.9%

The feedback has offered us valuable insight into the experience of service users and carers, our partner colleagues and other key stakeholders, providing opportunities for learning or improvement, reducing risks of complaints escalating, and enabling monthly ‘staff shout outs’ and greater recognition based on independent feedback.

What the analysis shows is that the single biggest element and influencer of both positive *and* negative feedback is communication – how clear, responsive, professional and compassionate we are in our respective job roles makes a fundamental difference to the experience of those we engage with and support. Keeping in touch with people goes a long way, even if to only explain a situation or delay, and is proving to help prevent more time-intensive activity further down the line. We also found that some of our teams were consistently securing very positive feedback from those they work with and support (sourcing care team, FAB and client finance team, contracts and quality team).

Responsiveness is a key area for the service to continue to monitor and address; this is likely reflective of recognised assessment and review backlogs and workforce capacity challenges faced by LAs across the country.

The following are just a small selection of some comments received from stakeholders during 2022/23:

- “Sian and team have provided an incredible service to all residents at XXX Care Home. We were placed in a difficult position with the care home going into administration. Sian and team faced all residents, family and staff to reassure them that a robust process was in place and that the home would not close until all residents were found a placement. Sian and her team showed empathy and caring and made sure that all questions were answered, her caring also extended to staff. They went out of their way to lessen the shock. Mum and I were very grateful for the support and wish to thank the LA for picking up the running of the home and making sure that it carried on as normal, whilst prioritising placements in local homes. Sian and team have worked long hours to make sure that all residents were assessed and placed in other good/outstanding homes. Thank you for your professionalism, your empathy and your unstinting hard work to make sure that all we’re cared for. We can’t thank you enough”.
(From a relative of a person receiving care and support)
- “Now we are starting to settle down a bit after losing mum, we wanted to write and say a big Thank You for all that you did for her in the last few months of her long life. You were a credit to your profession, advocating for mum and her wish to remain at home for as long as possible. When that was no longer an option

your support to sort out her respite care was much appreciated. We particularly valued your clear communication. When you said you were going to act you always followed through, kept us up to date if there were any delays that were outside your control and let us know the outcome in a timely way...We do appreciate everything that you did for mum and will not forget your professionalism, good humour and kindness". *(From a relative of a person receiving care and support)*

- "Simon completed annual reviews with 5 people I support. All of the people I support were very happy after meeting with Simon. I was very impressed with Simon's person-centred approach during the reviews and I felt he really listened to the needs and wishes of the people I support. One gentleman I support has wanted to move house for many years; this is now becoming a reality for him due to the review Simon completed. Thank you Simon for all your help and support" *(From a care provider)*
- "I was feeling very down before I arrived at the centre as I wasn't sure what to expect and felt awkward and a bit tearful as this is the first time I've had to acknowledge after many months of struggling that I need anything like this. I need not have had any concerns at all. I was met with warmth and kindness and a genuinely caring response to my various difficulties and needs. Sophie showed and suggested things to me, never pushing, just explaining, and allowing me to make my own decisions. As a result I have been supplied with a number of different, very helpful items which have made so much difference to my quality of life at home... Can't thank Sophie enough for making the whole experience so positive in such a friendly and professional manner. It's a big deal when you have to admit to yourself that you aren't coping so well at home anymore and that help is needed. Having someone like Sophie at your first encounter with the Adult Service provision makes all the difference in the world. Thank you" *(From a person in receipt of care and support)*

Customer Experience – Complaints and Compliments

Across the Council as a whole during 2022/23, there were a total of 1,726 pieces of feedback recorded (all types) compared with 1,599 in the previous year (a 7.9% increase).

The number of complaints, compliments and comments received are broadly similar to the previous year and within the council's 'normal range'. However, Elected Member enquiries have increased as the central complaints team now log and support councillors with their casework, whereas previously, the 'member enquiry' system function was largely only used for direct contact from a local MP.

Volumes and comparisons

Total feedback received across all council services for the last 3 years:

Feedback Type	1 April 2020 – 31 March 2021	1 April 2021 – 31 March 2022	1 April 2022 – 31 March 2023
Children's Social Care Complaints	152	218	180
Other Children's Services Complaints	160	198	268
Adult Services Complaints	122	164	193
Public Health Complaints	11	4	7
ECI Complaints	268	378	339
Corporate Complaints	80	113	88
Total Complaints	793	1075	1075
Children's Social Care Compliments	76	32	9
Other Children's Services Compliments	54	174	198
Adult Services Compliments	88	79	88
Public Health Compliments	43	32	30
ECI Compliments	87	59	49
Corporate Compliments	14	17	9
Total Compliments	362	393	383
Children's Social Care Comments	0	2	2
Other Children's Services Comments	2	1	0
Adult Services Comments	4	3	4
Public Health Comments	1	0	0
ECI Comments	29	36	26
Corporate Comments	11	12	12
Total Comments	47	54	44
Children's Social Care Member Enquiries	14	6	9
Other Children's Services Member Enquiries	34	51	87
Adult Services Member Enquiries	11	19	26
Public Health Member Enquiries	0	0	3
ECI Member Enquiries	20	1	79
Corporate Member Enquiries	0	0	20
Total Member Enquiries	79	77	224
Total Feedback	1281	1599	1726

Feedback Type	1 April 2020 – 31 March 2021	1 April 2021 – 31 March 2022	1 April 2022 – 31 March 2023
Adults Complaints	122	164	193
Adults Compliments	88	79	88
Adults Comments	4	3	4
Adults Member Enquiries	11	19	26
Total Adults Feedback	225	265	311

Complaints and Member Enquiries have risen steadily over the last three years across Adult Social Care. The table below shows percentage increase/decrease by service area for all feedback types, and highlights a 17.68% rise in the number complaints received over the last twelve months, and an 11.39% rise in the number of compliments:

Service Area	Feedback Type	↕
Children's Social Care	Complaint	▼17.43%
	Compliment	▼71.87%
Other Children's Services	Complaint	▲35.35%
	Compliment	▲13.79%
Adult's Social Care	Complaint	▲17.68%
	Compliment	▲11.39%
Public Health*	Complaint	▲75.00%
	Compliment	▼6.25%
Economic & Community Infrastructure	Complaint	▼10.32%
	Compliment	▼16.95%
Corporate Feedback*	Complaint	▼22.12%
	Compliment	▼47.05%

*Whilst percentages are high, these are based on small numbers – see detailed table above for context

Resolutions and outcomes

193 Adult Social Care complaints were received during 2022/23. The table below shows the in-year resolution status of these complaints, revealing that the majority of complaints resolved in year continue to be resolved at Stage 1 of the complaints process.

Resolution	Number	%
Stage 1 – resolved in year	149	77%
Stage 1 – Still open at end of year	30	15%
Stage 2 – resolved in year	7	4%
Stage 2 – Still open at end of year	4	2%
LGO – resolved in year	1	1%
LGO – Still open at end of year	2	1%
	193	

We have seen the average resolution time for adult services Stage 1 complaints grow over recent years, currently reported at 37 working days. The Council's complaint procedure for 2022/23 set a Stage 1 target resolution timescale of 20 working days. Adult Social Care is currently taking the longest time to resolve Stage 1 of all Council service areas.

1 st April 2020 – 31 st March 2021	1 st April 2021 – 31 st March 2022	1 st April 2022– 31 st March 2023
25 working days	35 working days	37 working days

Service Area	1 st April 2021 – 31 st March 2022	1 st April 2022 – 31 st March 2023
Children's Social Care	38 working days	35 working days
Other Children's Services	27 working days	30 working days
Adult's Social Care	35 working days	37 working days
Public Health	37 working days	35 working days
Economic & Community Infrastructure	20 working days	22 working days
Corporate Feedback	8 working days	12 working days

For the 30 Stage 1 complaints received by adult social care in 2022/23 but not closed in-year, the average number of working days open (as of 31st March 2023) is 45. This is broken down as follows:

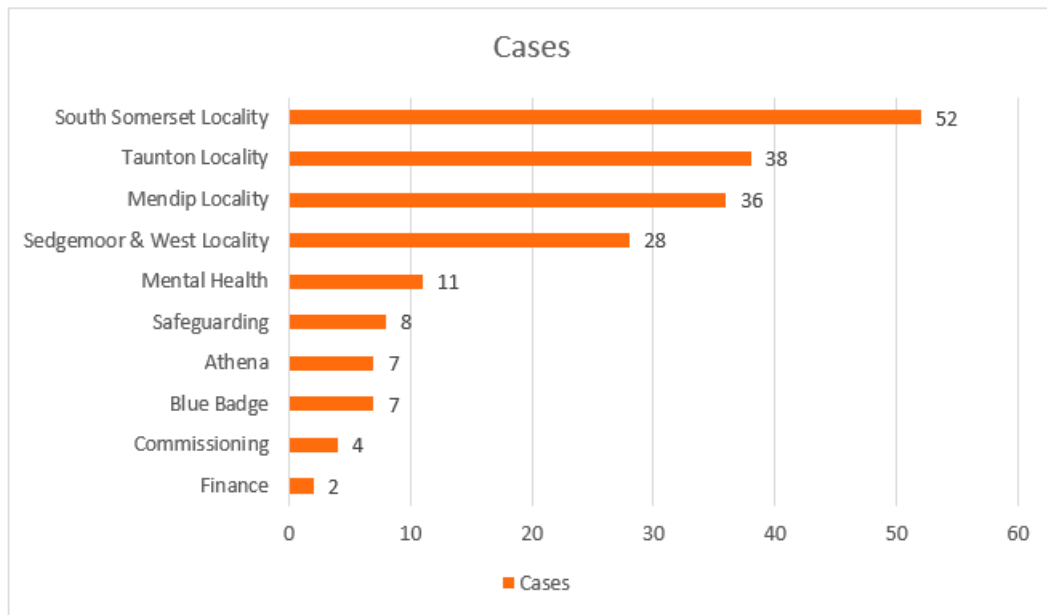
Working days open	Cases
< 10	7
10 – 20	7
21 – 30	2
31 – 40	5
41 – 50	0
51 - 60	3
61 - 70	0
71 - 80	0
81 - 90	0
91 - 100	0
100+	6
	30

The following table shows the outcomes for the 149 Stage 1 adult social care complaints resolved in year alongside previous year comparisons. It evidences increases in the proportion of cases upheld or partly upheld:

Outcomes	1 st April 2020 – 31 st March 2021	1 st April 2021 – 31 st March 2022	1 st April 2020 – 31 st March 2021		
	%	%	Cases	%	+/-
Upheld	11%	16%	32	21%	+5%
Not Upheld	30%	37%	40	27%	-10%
Partly Upheld	35%	22%	38	26%	+4%
Resolved Upon Receipt	5%	13%	16	11%	-2%
Withdrawn/Rejected	19%	12%	23	15%	+3%
	100%	100%	149	100%	

Complaints by service area

The majority of complaints received relate to frontline operational social care activity, with our 4 x Locality Teams receiving 79.79% of all adult service complaints during 2022/23. South Somerset has been especially affected over the last 12 months.



Reasons for complaints

It is helpful to also explore the primary cause for resolved adult social care complaints, where these have been recorded; this shows that a third of all 2022/23 resolved complaints were initially attributed to concerns relating to service provision, with a further 25% relating to service quality.

Primary Cause	%
Service Provision	33%
Service Quality	25%
Communication	19%
Information	10%
Staff Conduct	6%
Finance	4%
Policy & Procedures	3%
	100%

Initial classifications are recorded for 134 of the complaints; these are ranked as follows:

Assessment	61 / 46%
Reviews	22 / 16%
Residential	13 / 10%
Domiciliary Care	9 / 7%
Equipment	8 / 6%
Blue badge	6 / 4%
Information/advice	3 / 2%
Athena	3 / 2%
Safeguarding	2 / 1%

Prevention	2 / 1%
Funding Panel	2 / 1%
Finance	1 / 1%
Direct Payment	1 / 1%
Other	1 / 1%

Escalated complaints

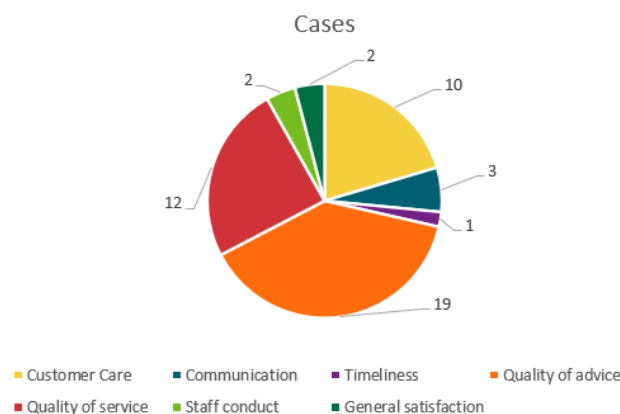
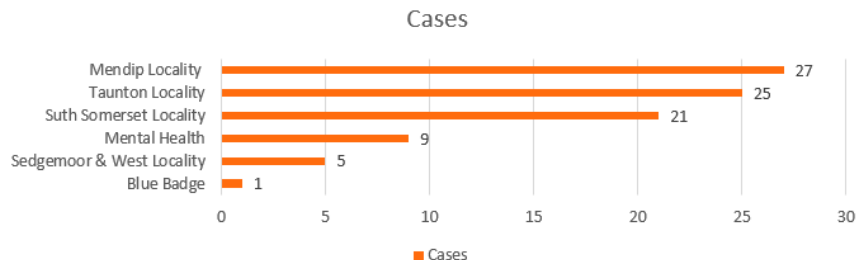
Of the 193 complaints received in 2022/23, 14 (7.25%) have escalated beyond Stage 1 of the complaints process (11 to Stage 2, and 3 to the Local Government and Social Care Ombudsman). Of the 11 escalating to Stage 2:

- 7 were resolved in year (3 upheld; 1 partly upheld; 3 not upheld)
- 4 remain open at 31st March 2023

For cases escalated to the Ombudsman, 1 was resolved in year with the Ombudsman upholding the complaint. The case upheld by the Ombudsman (9607717) related to the standard of care provided by a care home to an elderly man prior to his death. It was found the provider had failed to properly record information relating to medication, nutrition and wound interventions. In response, the Council paid a £500 time and trouble payment to the complainant and agreed to work with the provider to ensure procedural change and delivery of staff training.

Compliments

88 compliments were recorded for adult services in 2022/23 via iCasework:





Adult Social Care Survey (2022/23)

The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people. The ASCOF is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability. Somerset's 2022/23 data indicates reduced levels of satisfaction this year, with two areas of concern standing out:

- **Social Contact:** The proportion of people using services who report having had as much social contact as they would like continues to show a steady decline over recent years (down from 48% in 2018/19 to 41.3% in 2022/23). A similar trend has been seen nationally to date.
- **Information:** The proportion of people using services who find it easy to find information about services has seen a 12.2% decrease since 2018/19 and is a theme we have also seen within the annual Carers Survey.

	Numerator	Denominator	2022/23	Change	2021/22	England 21/22	2019/20	England 19/20	2018/19	England 18/19
(1A) Social care-related quality of life	133685.3	7098.0	18.8	-0.2	19.0	18.9	18.9	19.1	19.3	19.1
(1B) The proportion of people who use services who have control over their daily life	5475.3	7098.0	77.1%	1.1%	76.0%	76.9%	78.4%	77.3%	80.2%	77.6%
(11I) The proportion of people who use services who reported that they had as much social contact as they would like	2929.1	7098.0	41.3%	-0.6%	41.9%	40.6%	44.7%	45.9%	48.0%	45.9%
(1J) Adjusted Social care-related quality of life – impact of Adult Social Care services			0.414	-0.017	0.431		0.405		0.410	
(3A) Overall satisfaction of people who use service with their care and support	4556.5	7098.0	64.2%	-3.2%	67.3%	63.9%	63.9%	64.2%	60.6%	64.3%
(3D1) The proportion of people who use services who find it easy to find information about services	4261.3	7098.0	60.0%	-2.9%	62.9%	64.6%	66.9%	68.4%	72.2%	69.7%
(4A) The proportion of people who use services who feel safe	4655.9	7098.0	65.6%	-2.1%	67.7%	69.2%	65.8%	70.2%	66.5%	70.0%
(4B) The proportion of people who use services who say that those services have made them feel safe and secure	6230.5	7098.0	87.8%	-1.9%	89.7%	85.6%	84.9%	86.8%	90.5%	86.9%

Carers Survey (2021/22)

In 2014/15 and 2016/17 Somerset scored comparatively very well nationally and within the region but performance in survey measures have declined over the last few years. Please note: There wasn't a carer's survey in 2020/21 due to the pandemic. The next carers survey will be conducted in 2023/24.

	Numerator	Denominator	2021/22. (National rank)	Change	2018/19	2016/17	2014/15
1D Carer reported quality of life.	2673	376	7.1 (78 th)	-0.1	7.2	8.2	8.3
1I2 Proportion of carers who reported that they had as much social contact as they would like	115	416	27.6% (66 th)	2.5	25.1%	45.4%	42.9%
3B Overall satisfaction of carers with social services.	89	311	28.6% (136 th)	-2.5	31.1%	40.4%	47.5%
3C The proportion of carers who report that they have been included or consulted in discussions about the person they care for.	161	253	63.6% (79 th)	0.1	63.5%	74.3%	73.1%
3D2 The proportion of carers who find it easy to find information about services.	128	278	46% (135 th)	-7.5%	53.5%	60.2%	59.2%

Local Government Association Employer Standards Health Check, 2022

The Employer Standards Health Check survey is designed to better understand the experience of social care professionals. In 2022, 140 organisations participated, including Somerset County Council. The health check was extended beyond social workers to also include the voices of occupational therapists and non-registered social care professionals. The purpose of the survey is to better understand a number of critical questions about their experiences, including:

- How well do employers deliver the employer standards⁹?
- How do employees perceive their working environment?
- What factors influence them to remain engaged with their work and minded to stay with their organisations?

⁹ <https://www.local.gov.uk/our-support/workforce-and-hr-support/social-workers/standards-employers-social-workers-england-2020>

The employer standards

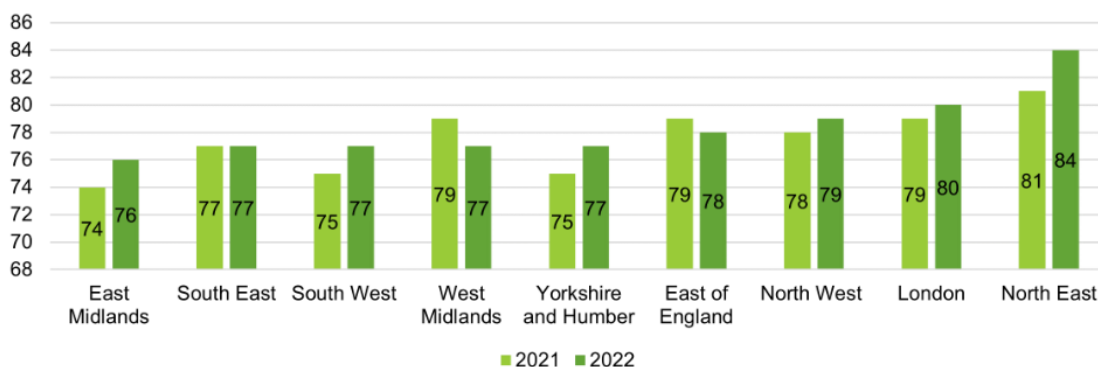
- **Standard 1 – Strong and clear social work framework:** Promoting a clear statement about the principles that constitute good social work practice.
- **Standard 2 – Effective workforce planning systems:** Using effective workforce planning systems to make sure that the right resources are available to meet current and future service demands.
- **Standard 3 – Safe workloads and case allocation:** Ensuring employees do not experience excessive workloads, resulting in unallocated cases and long waiting times for individuals.
- **Standard 4 – Wellbeing:** Promoting a positive culture for employee wellbeing and supporting social workers to practice effectively and safely.
- **Standard 5 – Supervision:** Making sure students and qualified practitioners can reflect critically on their practice through integrated high quality, regular supervision.
- **Standard 6 – Continuing professional development (CPD):** Providing the time and opportunity for social workers to learn, keep up to date and critically reflect on the impact this has on their practice.
- **Standard 7 – Professional registration:** This standard is about supporting social workers to maintain their professional registration with the regulator.
- **Standard 8 – Strategic partnerships:** Creating strong partnerships and good collaboration between employers, higher education institutions and other training providers.

Somerset's Adult Social Care service launched the survey to run during our annual 'Carnival of Practice' in November 2022. A total of 175 staff responded, a significant improvement on previous years' engagement levels.

The data, both nationally¹⁰ and locally, shows that standards relating to supervision and continuing professional development remain important ongoing areas of focus for further improvement and attention if we are to ensure our social care workforce is well-supported and able to work safely and effectively.

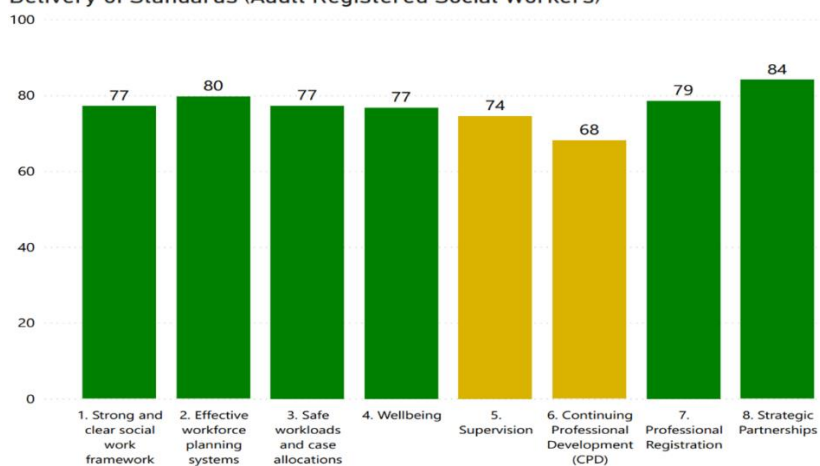
¹⁰ [National summary report of the employer standards survey for registered social workers 2022/23 | Local Government Association](#)

Comparison of average mean scores by region for 2021 and 2022



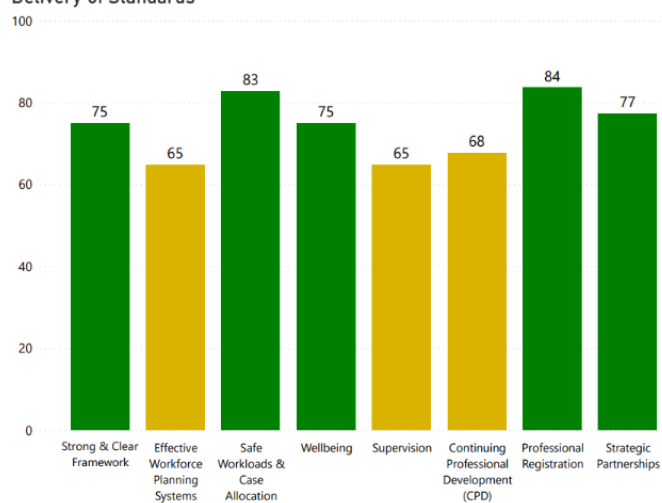
2022 Results (Social Workers)

Delivery of Standards (Adult Registered Social Workers)



2022 Results (Occupational Therapists)

Delivery of Standards



2022 Results (Adult Social Care Practitioners)



Looking ahead to 2023/24

The financial year ahead brings a number of changes and opportunities for Adult Social Care in Somerset:

- Local Government Reorganisation** Somerset Council will replace the four district councils (Mendip, Sedgemoor, Somerset West and Taunton, and South Somerset) and Somerset County Council from April 2023, bringing services, staff and elected members under one umbrella. It will become one of the largest unitary councils in England, will help free up resources, and its scale will enable innovative approaches to tackling the big challenges faced today. We will have greater opportunity to work alongside our colleagues in housing and planning to support the needs of our communities, and contributing collectively to the new County Plan for 2023-27: [Somerset Council Plan 2023 – 2027](#)
- CQC Assessment of Adult Social Care** Independent assessments of care at a Local Authority level commence nationally from April 2023, with the Care Quality Commission given new powers to support greater understanding of the quality of care in a local area/system and provide assurance to the public. Assessments will focus on how Local Authorities discharge their duties under Part 1 of the Care Act (2014)¹¹ and will focus on 4 overarching themes:
 1. How local authorities work with people;
 2. How local authorities provide support;
 3. How local authorities ensure safety within the system; and
 4. Leadership.

Self-assessment activity is underway to prepare for this new layer of scrutiny, supporting the development of associated improvement plans. The Theme 3 ('Ensuring Safety') element aligns closely to the work and effectiveness of our Safeguarding Adults Board; we will ensure the Independent Chair and all Board members are kept well informed of, and engaged with, related progress and activity. We will commission a Local Government Peer Review in 2023/24 to support our assurance preparedness.

- Adult Social Care restructuring** Our operational adult social care service is currently undergoing a restructuring exercise, designed to ensure the service is fit for the future to meet and respond to current and future service demand.
- A refreshed Adult Social Care Strategy (2023-26)** Social care is an essential part of the fabric of our society. At its best, it enables and transforms lives. It supports people to live the lives they want to lead, where they want to live them. There is enormous potential for social care to help people stay healthy, happy and independent through scaling up our preventative, person-centred, strengths-based approaches and working collaboratively to do so. This is what we hope to harness and achieve through our refreshed strategy and underpinning delivery plan, which has been informed by the public/staff feedback and aligned to wider Council and Integrated Health and Care Systems plans and priorities. Our Strategy is publicly available here: [Adult Social Care Strategy 2023-26](#)

¹¹ [Assessment framework for local authority assurance - Care Quality Commission \(cqc.org.uk\)](#)



To live in the place we call home, with the people and things we love, in communities where we look out for one another, doing what matters to us.

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.

Our strategy sets out how we will work to deliver our vision in partnership to ensure we deliver the right kind of care and support for our communities and the best possible outcomes within the resources available to us.

Our priorities:





**Somerset
Council**

Adult Social Care Strategy 2023-26

Foreword

We have many things to be thankful for in Somerset: our skilled and dedicated workforce, excellent partners in NHS, care provider and voluntary organisations, and a strong sense of community in all corners of our county. We are very grateful for this chance to thank them and acknowledge how much we value them.

They also set us up well to meet the challenges we are all facing currently.

Councils in every part of the country are still learning to live with the longer-term effects of the pandemic and also the current financial and cost of living crisis.

Every local authority is facing a tough and competitive recruitment market.

Additionally, here in Somerset we have a thriving but aging population and we need to be creative and exacting to improve our services for those people.

We need now to be delivering our very best service in the most challenging of times.

This strategy sets out our principles and priorities, and most importantly how we will achieve them.

We do have some distinct opportunities at this particular time. With the formation of the new unitary council, for the first time in Somerset we will be working alongside our colleagues in housing and planning. Also we now have the newly formed Integrated Care System, in our case a very singular and simple landscape with one Integrated Care Partnership that aligns well with the one Health and Wellbeing Board, and now just one NHS Trust that incorporates the previous mental health and acute trusts.

We could not do what we do every day without our colleagues in care providers, hospitals and communities.

We could not do it without the people who draw on our services, their families and their carers.

We hope this strategy will help us to enable people to live their best lives and improve their health and wellbeing.

Cllr Heather Shearer
Lead Member for Adult Social Care
Somerset Council

What is Adult Social Care?

The scale of adult social care and support is vast, affecting the lives of over 10 million adults of all ages in England. People draw on care and support in different ways and at different stages of their life; some people will require support throughout their life whilst for others care needs develop suddenly or gradually. Some people may only use social care for a short period (for example after a hospital stay).

Social care affects adults of all ages – including young people moving into adulthood and those of working age – with a diverse range of needs (including autistic people, people with a learning disability or physical disability, people with mental health conditions, people with dementia, and other people with long term conditions).

Care and support covers a wide range of activities to promote people's wellbeing and support them to live independently, staying well and safe. It can include 'personal care' as well as wider personalised support to enable people to stay engaged in their communities and live their lives in the way they want.

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 Council 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.

Our key Adult Social Care 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

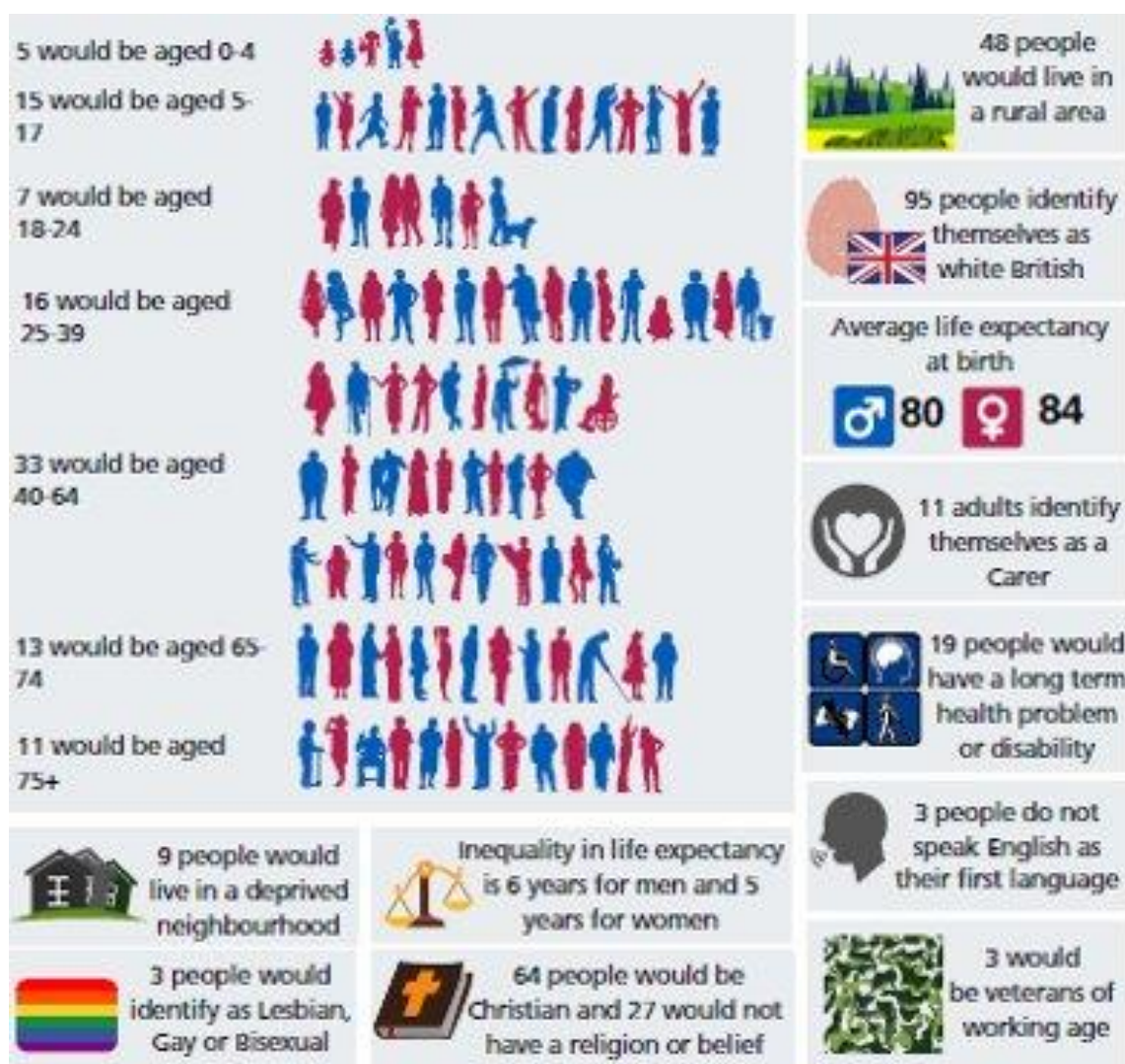
Our Place

Somerset has a resident population of 571,600. Our population is older than the national average. 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 further significant rise in demand for health and care services.

As our population changes, the support people need from our local services is also changing.

People are living longer, and more people are living with long-term conditions. As a result, the Local Authority and our partners need to work differently, providing more care in people's homes and local communities, and working more effectively in partnership.

If Somerset was a village of 100 people:



In Somerset we benefit from:

- A new unitary authority (Somerset Council) as of April 2023
- An Integrated Care Board (ICB), into which the functions of the Somerset CCG were transferred from July 2022
- A Health & Wellbeing Board which closely aligns with the Integrated Care Partnership
- A single NHS Foundation Trust providing integrated Community Health, Mental Health and Acute Hospital services at Musgrove Park in Taunton and Yeovil Hospital as of April 2023
- 13 Primary Care Networks (PCNs) working over 12 neighbourhoods
- Strong relationships with local independent care providers and voluntary and community sector partners, and a thriving micro-provider market.

The current context

Social care is an essential part of the fabric of our society. At its best, it enables and transforms lives. It supports people to live the lives they want to lead, where they want to live them. There is enormous potential for social care to help people stay healthy, happy and independent through scaling up our preventative, person-centred, strengths-based approaches. This is what we hope to harness and achieve through this strategy.

However, it is a challenging time for local government. Years of austerity and growing demand has reduced the spending power and financial flexibility of all councils. The national cost-of-living crisis is hitting the council and partner organisations just as it is our residents. The cost of delivering services has dramatically increased due to rising energy costs, rising interest rates and increasing numbers of people who need our support.

The council is legally required to balance the budget: there is no overdraft facility that we can use. In recent years Somerset's councils have built up financial reserves but we cannot spend these monies all at once and risk leaving the savings account empty when there will undoubtedly be new challenges ahead. This means that we are going to have to be incredibly careful with taxpayers' money. We will have less to spend as our challenges grow and at the same time the challenges our residents face daily also grow. This will require us to be more creative about the way we support people. We need to work with partners in a wide range of organisations with similar goals to look broadly at the ways we currently use our expertise and money to see if, in collaboration with our communities, we can do something better. We will challenge the ways that we have historically delivered services and listen carefully in order to understand what works for those who use our services and what doesn't.

Public engagement and feedback

We asked members of the public what they thought of Adult Social Care in a survey launched in October 2022 and concluding in early January 2023.

Responses were gathered via an online form as well as in person at local public events.

In total **438 responses** were secured in relation to:

- How adult social care could be better, *and*
- What the biggest challenges facing social care were felt to be.

Key themes emerging from this engagement with local citizens included:

- Funding
- Recruitment and retention
- Information and accessibility
- Communication.

Analysis of our engagement with the public indicates:

- **There is recognition across the public of under-funding and challenges with staff recruitment and retention in social care, and a desire to address negative media coverage about social care roles.**
- **There is a sense that the digitisation of services has led to increased accessibility issues in receiving timely care and support.**
- **There is concern about isolation for the elderly, and people having fewer community-based opportunities and activities since the pandemic.**
- **There is an opportunity to improve wider communication and understanding of the social care support services available and how these can be accessed.**

Staff engagement and feedback

We ran a workforce for all staff members with the Director of Adult Social Services and service leads to inform the development of our Strategy in December 2022.

Themes from staff feedback included:

- The need to continue to develop our preventative offer and further shape our local care market
- More focus on staff retention and wellbeing
- Seeking opportunities to improve communication within the council as well as with the public to help raise awareness of adult social care
- Enhancing support and improving opportunities for young people and adults with learning disabilities
- Further improving opportunities for collaboration and joined-up working with other local services and departments

What are the most important areas for ASC to prioritise over the next three years?



What are the main factors that prevent us from delivering the right care in the right place and at the right time?



There is a clear ‘golden thread’ across key strategies in Somerset, demonstrating a shared commitment to:

- Improving people’s health and wellbeing.
- Focusing on prevention and early intervention.
- Investing in our communities and neighbourhoods.
- Promoting people’s independence whilst ensuring easy access to high quality support when required.
- Reducing inequalities and improving outcomes for those with more complex needs.
- Supporting the wider health and care workforce.

We want our residents to be able to say¹:

- “I have care and support that is co-ordinated, and everyone works well together and with me”.
- “I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals”.
- “I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally”.
- “I am supported to plan ahead for important changes in my life that I can anticipate”.
- “When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place”.
- “I feel safe and am supported to understand and manage any risks”.
- “Leaders work proactively to support staff and collaborate with partners to deliver safe, integrated, person-centred and sustainable care and to reduce inequalities”.

¹ [Six themes of Making it Real - About - Making it Real - Think Local Act Personal](#)

Our Vision:

'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'.

Our Strategy sets out how we will work to deliver our vision in partnership to ensure we deliver the right kind of care and support for our communities, and the best possible outcomes within the resources available to us.

Our priorities:



Priority 1 – Prevention & early help

People in Somerset should be assisted to get information and advice about their health, care and support and how they can be as well as possible – physically, mentally and emotionally.

They should be supported to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and, where possible, reduce future needs for care and support.

We will:

- Continue to develop viable care alternatives and accessible housing to reduce and delay the need for long-term care.
- Invest in digital and community equipment to support and reduce demand for care, developing our assistive technology offer to enable people to remain as independent as possible within their own homes.
- Ensure unpaid carers are valued, recognised and supported to provide care in a way that supports their own health and wellbeing.
- Provide engaging, clear and easy to access information and support to people when and how they need it in order to stay healthy and well.
- Maintain an effective 'front door' service that adopts a person-centred, solution-focused approach, and enables earlier intervention and prevention.
- Utilise rich datasets to better inform our understanding of local need and enable more targeted approaches to address the health and wellbeing of our population.
- Work as part of Somerset's Integrated Care System to embrace more personalised approaches to health and care, investing in people's health and wellbeing when they are well and supporting them when they need it.

Priority 2 – Right support, right place, right time

People in Somerset should have care and support that is coordinated and enables them to live as they want to, being seen as a unique person with skills, strengths and goals.

We must work with people and our partners to maintain safe systems of care, ensuring continuity when people move between different services and making safeguarding personal by concentrating on improving people's lives.

In understanding the diverse health and care needs of our local communities, care should be joined-up, flexible and support choice and continuity.

We will:

- Develop and enhance adult social care support in local neighbourhood areas, bringing care and support closer to home.

- Invest in the development of voluntary and community enterprises, and align micro-provision with broader core provision of care at home.
- Promote quality and diversity in the provision of local services, and re-commission models of care to ensure services are localised, integrated, sustainable and best meet the changing needs of our population.
- Work in partnership with our care provider market to ensure there are sufficient nursing places available to meet future demand, particularly for people living with dementia and other cognitive impairments.
- Ensure people with care and support needs are assessed and reviewed in a timely and effective way, with their care and support reflecting their right to choice and control, and building on their strengths and assets.
- Promote direct payment options and improve the processes for doing so, enabling people to maximise their choice and control about how to meet their care and support needs.
- Work in partnership to prevent avoidable admissions to hospital, and support people to return home from hospital as soon as they are ready to do so.
- Develop and deliver high-quality reablement services, available to all, to support people to maximise their potential and return to their optimal independence.
- Continue to focus on ensuring safety, preventing abuse and neglect and identifying risk early through effective local safeguarding arrangements.
- Work with young people, their families and other involved services towards maximising their independence, drawing on young people's own aspirations for inclusion, education, employment and quality of life as part of 'preparing for adulthood' and effective transitional safeguarding.
- Improve the way people in Somerset receive support with their mental health as part of our Open Mental Health alliance.
- Support individuals with Learning Disabilities to live and/or work more independently within their community.
- Enhance our ability to source suitable, timely care and support.

Priority 3 – A supported, skilled & flexible workforce

It is vital that we understand our current and future internal workforce needs, and work in partnership to develop, support and promote a capable and effective workforce.

To support this, our environment and working conditions should assist and enable staff across our service to make the best use of their skills and release Somerset's capacity to care.

Our ambition is to have a vibrant, resilient and agile health and care sector which attracts, develops and retains talent in Somerset.

We will:

- Deliver our Adult Social Care Workforce Strategy and supporting action plan.
- Create the right environment and conditions for robust and effective strengths-based practice, including through our digital infrastructure.
- Re-structure our adult social care operational teams around Primary Care Network boundaries as part of our commitment to integrated working with partners at a neighbourhood level.
- Support effective performance management, ensuring our data and intelligence informs operational and commissioning decision-making.

Priority 4 – Future focused

We must continue to focus on continuous learning, innovation and quality improvement, sharing information with partners and collaborating for improvement.

Understanding and responding to the many changes and opportunities on the horizon for social care will support effective transformation and deliver the best possible sustainable outcomes within the resources available to us.

We must actively seek out and listen to information about local people, including those most likely to experience inequality in experience or outcomes, and tailor care, support and local services in response to this.

We will:

- Ensure that those who draw upon care and support are meaningfully involved in the ongoing design and implementation of our local care and support services.
- Contribute and respond to external assurance, assessment and sector-led improvement activities, nationally, regionally and locally.
- Embrace the opportunities that becoming a Unitary Council will offer adult social care and those we support.
- Increase and improve flexible, responsive housing options for older people and people with more complex needs, enabling people to live fuller, more independent lives for longer.
- Respond to and deliver national social care reform expectations and opportunities.
- Progress and contribute to the work of Somerset's Integrated Care Partnership.
- Maintain a clear focus on our financial position, ensuring we work with finance colleagues to monitor and support the effective delivery of our projects and ambitions.
- Strengthen our capacity and capability for transformation as an enabler for effective business change.



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.

Our strategy sets out how we will work to deliver our vision in partnership to ensure we deliver the right kind of care and support for our communities and the best possible outcomes within the resources available to us.

Our priorities:



Title	Adult Social Care Strategy (2023-26)
Owner	Policy, Performance and Assurance Team (ASC) ASCPolicy@somerset.gov.uk

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