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Adult Social Care

**Market Position Statement**

**2023 - 2026**

**Foreword**

We have many things for be thankful for in Somerset: our skilled and dedicated workforce, excellent partners in the NHS 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.

Our Adult Social Care 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 are 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 our strategy, supported by this Market Position Statement, will help us to enable people to live their best lives and improve their health and wellbeing.

**Lead Member for Adult Social Care**    
**Somerset Council**

**Introduction**

Welcome to Somerset Council’s Market Position Statement (2023-26).

The Statement helps us to meet our legal duty to sustain and shape our local care market.

We want to transform social care and health services to achieve a focus on early intervention and prevention and improved person-centred outcomes.

This new statement focuses on adult care services, during the next 12 months this will be refreshed and updates to focus on a localised approach.

As a health and care sector, we continue to face ongoing challenges presented by the Covid-19 pandemic, the needs of a population living longer with more complex conditions, a slowly shrinking working-age population, and increasing demand for care and support.

Our 2023-26 Adult Social Care Strategy highlights our priorities over the coming three year period and underpins this Market Position Statement.

The integration of Health and Social Care is key to driving transformation. We are working closely with our partners, including the Integrated Care Board and voluntary and community sector to develop a ‘Place Based’ vision and plan for the commissioning and delivery of health and care services.

Our ambition is to improve outcomes and meet the needs of local communities by focusing on prevention and population health to reduce health inequalities. We aim to achieve this ambition through the development of collaborative strategic commissioning for Somerset communities.

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1. **Somerset Councils Financial Position**

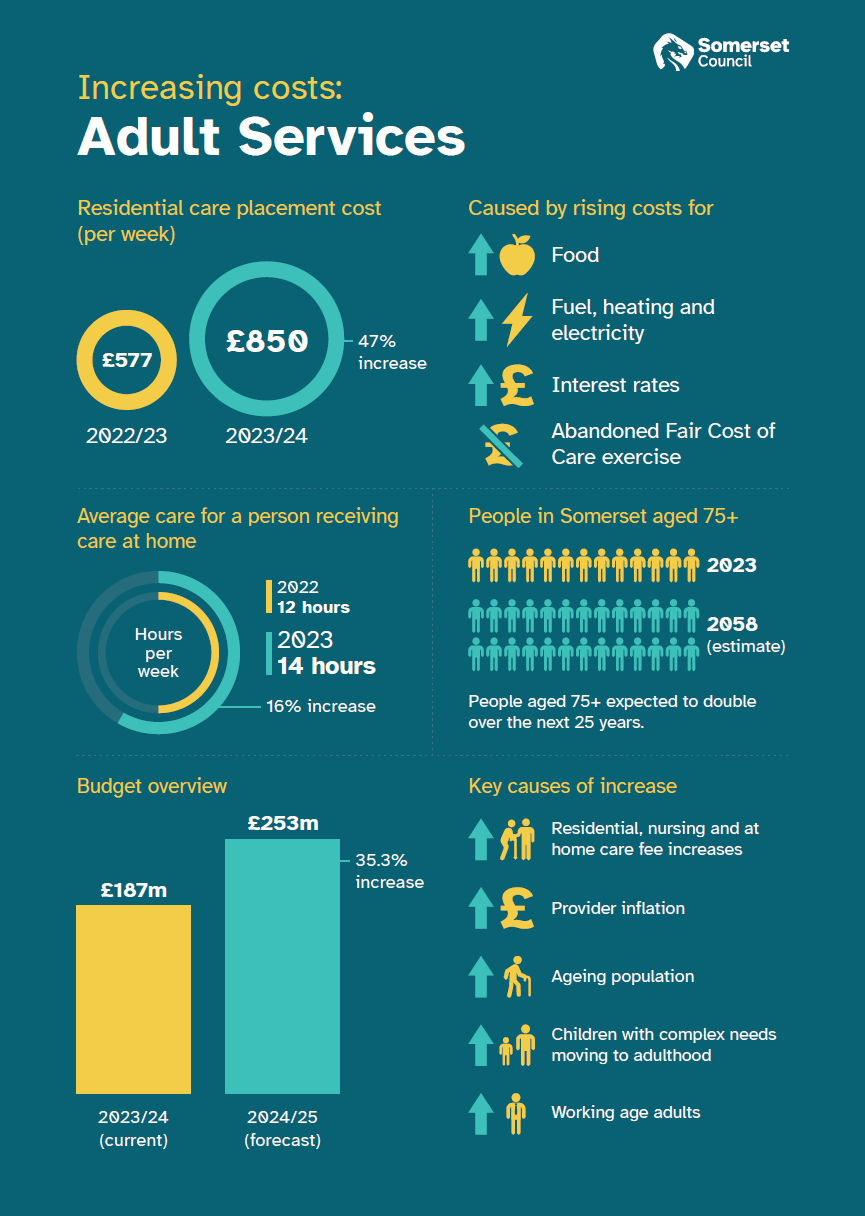
Inflation, rising interest rates and a large increase in adult social care costs are placing Somerset Council under significant financial pressure and we need to deliver significant savings. Out budget gap has increased to £100m for 2024/25 with gaps of £42m for 2025/26 and £41m for 2026/27.

A number of actions are being proposed and any decisions we make will be in the best interests of the people of Somerset and the dedicated officers who serve them.

Actions could include selling assets and buildings, including offices; increasing Council Tax, fees and charges as much as possible; reducing staffing levels; and reducing council services to statutory levels.

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1. **What is a Market Position Statement?**

The purpose of a Market Position Statement (MPS) is to outline what services are currently delivered within a local authority area and to signal to the care market further development opportunities for care and support services.

They were introduced as part of Local Authority market shaping duties under The Care Act 2014 and are a starting point for market engagement and facilitation.

Our MPS sets out:

* How we see Somerset changing, our ambitions in responding to that change, and what changes mean for people relying on local care and support services as well as for our care market;
* What services and support are available, any gaps, and how services should be delivered, to help both current and prospective providers;
* Our commissioning intentions to support and guide local care providers to shape and develop their services to meet local need and demand, setting out future needs and opportunities for providers.

*We welcome views both on this document and also on how we can further develop local services and support. This document will be reviewed and developed annually.*

1. **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.

Local authorities are responsible for assessing people’s needs and, if individuals are eligible, funding their care.  Our Adult Social Care service in Somerset Council is made up of three functions: an operational service (made up of frontline social care teams), and an adult social care commissioning function and policy, transformation quality function..

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.

From April 2023, Local Authorities across the country will be assessed by the Care Quality Commission in relation to how effectively they are discharging their adult social care duties under Part 1 of the Care Act 2014[[1]](#footnote-2). This will include market shaping, commissioning[[2]](#footnote-3), workforce capacity and capability, integration, and partnership working.

**4.Vision and strategic context**

**‘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’.**

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 strategies and activity.

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.

There is a clear ‘golden thread’ across key health and care strategies in Somerset, including the Council Plan, that of the Integrated Care System and our own Adult Social Care strategy, 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; and
* Supporting the wider health and care workforce.

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**5.Our Strategic Commissioning Intentions**

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| **As adult social care commissioners, we are determined to ensure:**   * The care and support needs of people and communities are understood. * There is a varied and resilient provider market with sufficient capacity to meet demand now and into the future. * Local people, including those who fund or arrange their own care, have access to a diverse range of safe, effective, high quality support options to meet their care and support needs. * Services are sustainable, affordable and provide continuity for people. * We actively work towards integrating care and support services with those provided by partner agencies to achieve better outcomes for people who need care and support and unpaid carers and to reduce inequalities. * Partnership working helps ensure that care and support meets the diverse needs of individuals and communities. * People experience seamless care and support journeys, and their support is well coordinated across different agencies and services. |

**Key messages for Somerset providers**

* We want to **help people to live a good life, remaining well and independent for as long as possible.**
* We want to **shape local services to be more outcome-focused, enabling people to have greater choice and control** and supporting them to achieve their goals.
* **Co-production and engagement with service users and communities as commissioners and service providers is critical to service improvement and development, and to ensuring high quality provision**. Somerset Council recognise there needs to be a significant improvement in our approach to working together as equal partners – listening, respecting and valuing all opinions.
* We expect to see demand for social care support to continue to increase against a backdrop of an increasingly aging population,driving **huge additional demand for care at home services.** Despite having a large and diverse market we are still reliant on a small number of providers for half of the support delivered.
* **The evidence is clear that ‘home’ is the most appropriate place for resolving crises and recovery for adults and older people being discharged from hospital**. This care and support must be personalised to enable people to live in dignity and stay in control. Wherever possible, people leaving hospital will be supported to recover at home through the provision of short-term reablement or rehabilitation, be assessed for any ongoing care needs from home, and be supported to avoid a hospital admission from home. We will look to extend best practice and reorientate services and funding to help more people get home when that is the most appropriate place for them – and to stay at home.
* We require providers who are able to **meet the changing needs of our population, supporting more remote areas of our county where care is harder to source, and individuals for whom provision is more difficult to secure or where there are limited alternatives to residential care**.
* A priority for us is to **develop appropriate services in people’s homes and increase the amount of care homes with dementia provision in Somerset** if we are to be able to effectively respond to the demographic changes anticipated. Rates of dementia in Somerset are significantly higher than the national average due to our demographics and there are indications that even this may significantly under-estimate the true picture.
* We wish to **work with innovative developers, housing providers and providers of social care services that have experience and knowledge of the specialised housing sector to develop a range of accommodation and services**.
* We want to see the **development of vibrant, new Extra care schemes that meet the needs of local people and have a community presence**.
* It is important for providers to **identify and incorporate digital solutions** alongside all service areas where possible and appropriate. This includes assistive technology services, but also wider digital innovation within provision.
* Throughout all this, a key priority will be to continue to work across health and social care with provider organisations to **support and develop our workforce** and **drive wider care quality improvement**
* The Council will also continue to **monitor the cost of care and seek to pay a fair price through transparent commissioning and contract arrangements**. Somerset Council’s Medium Term Financial Strategy outlines the key financial issues, the proposed response to these financial challenges, and our plans for spending. As part of the strategy, service commissioners will continue to work with stakeholders to achieve significant savings through service transformation and re-design; contract re-negotiation with existing providers; and decommissioning or reinvestment in more effective and efficient services for improved outcomes for local people.
* **The sustainability of the market will only be achieved if we continue to develop and deliver our joint Health and Social care strategy**. At the heart of this is working in local neighbourhoods, linked to communities and the places people live, enhancing our digital offer, housing and joint commissioning arrangements.
* **Somerset Council is required to consider how the economic, social and environmental well-being of the county may be improved through the procurement of the services or goods** before commencing a procurement process (as part of the Public Services Social Value Act 2012). The aim of the Act is to ensure that as part of the commissioning and procurement processes, consideration is given to the wider impact of the delivery of the services and goods. It allows a council to consider as part of the tender process how suppliers go beyond the basic contract terms and secures wider benefits for the community.

*Our Adult Social Care Strategy (2023-26) further sets out our strategic intentions:*

1. **Prevention and early help**

* 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

1. **Right support, right place, right time**

* 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
* 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

1. **A supported, skilled and flexible workforce**

* 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 PCN boundaries as part of our commitment to integrated working with partners at neighbourhood level
* Support effective performance management, ensuring our data and intelligence informs operational and commissioning decision-making

1. **Future-focused**

* 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/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 ambitions
* Strengthen our capacity and capability for transformation as an enable for effective business change.

**The local and national context**

**Population[[3]](#footnote-4)**

The population of England and Wales in 2021 was 59,597,300, an increase of more than 3.5 million people since 2011. This is a rise of 6.3% since 2011 and a 24.3% rise in 40 years since 1981.

For England and Wales, by 2026 older people will account for almost half (48%) of the number of new households, resulting in 2.4 million more ‘older’ households than there are today. By 2041, the composition of the older age group will have changed dramatically. There will be a higher proportion of the older age groups, including the over 85s; more older people from black and minority ethnic groups, and double the number of older disabled people. One in 5 children born today can expect to live to 100 years old. The rise in the older people population and particularly those in the ‘older old’ age groups presents a challenge for those who provide adult social care services and the wider community.

The population of Somerset was 571,600, an increase of around 41,600 people since 2011.  This is a rise of 7.8% since 2011 and a 36.9% rise in 40 years since 1981.The population of England & Wales was 59,597,300, an increase of more than 3.5million people since 2011.  This is a rise of 6.3% since 2011 and a 24.3% rise in 40 years since 1981.

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**5-year age bands**

The population pyramid below shows that for both male and female sexes the largest age groups are among the older age bands.

The age bands with the highest population are 50-54 and 55-59.  There were 84,700 people in their 50s accounting for nearly 15% of the total population.

We traditionally see a thinning of the ‘pyramid’ in the late teens/early 20s due to people either leaving the county to attend University or to work.

We then tend to see a rise in the population aged 40+ however in this census the rebound appears to be faster with the number of people in the 25-29 and 30-34 age bands rising and more similar to those in the 40s.

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**Population change**

* Most 5-year age bands saw an increase in population between 2011 and 2021.
* The largest increase was in the 70-74 age band with over 13,000 more people than in 2011.
* Only one age band over 50 saw a reduction.
* The largest decreases are in the 40-44 and 45-49 age bands, however there is a similarly sized increase in the 25-29 and 30-34 age bands.
* Just over 30,000 more people aged 65+ than in 2011.
* Three quarters of the population growth between 2011 and 2021 was in the 65+ age range.

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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.

This demonstrates the ageing population for Somerset and the potential increased demand for health and care services with a decreasing working age population.

While an ageing population is presenting challenges globally, there are a number of local factors that are likely to have a disproportional impact in Somerset.

**Local considerations**

The older population is not equally spread across the UK. Higher concentrations of older populations are found in rural and coastal areas than urban areas.

Somerset is one of the most rural counties in England. Its population density of 1.5 people per hectare is well below the England average of 4.1 per hectare. In particular, West Somerset's density of 0.5 per hectare is one of the five lowest of any local authority in England. 48 of Somerset's 138 council wards have a population density of under 1 per hectare, including representatives of all five districts. Rural areas are expected to see larger than average increases in population aged 65 and over with virtually no increase in the younger populations.

**Access to services**

Older people are more likely to live in rural areas than younger people, which means accessing services (such as shops, health visits and socialising) often involves longer journeys. Public and private transport is less available in rural areas, so these people are more reliant on cars. However, driving rates decrease with age. This can leave older people in rural areas isolated and struggling to access services, particularly those who cannot afford to pay for taxis or have no family members close by.

**Health services**

At age 65 years, both men and women can expect to spend around half of their remaining life in good health. However, the likelihood of becoming disabled and/or experiencing multiple chronic and complex health conditions increases with age. As life expectancy increases, so does the amount of time lived in poor health. The Health Survey for England shows that in 2016, 29% of those aged 60 to 64 years had two or more chronic conditions. For those aged 75 years and over this rises to almost half. As the population of Somerset continues to age, there may be a requirement to support more individuals with chronic conditions.

**Social care**

Social care requirements increase with age, with people aged 65 and over on low incomes the most likely to need help with daily activities. Although those on low incomes are more likely to receive help than those on higher incomes, the gap between the need for help and receipt of help is widest for those on low incomes. Somerset has both areas of deprivation and of affluence. Social care offerings may need to be adjusted to ensure that those in low-income areas are getting the support they need.

**Wellbeing**

Personal wellbeing levels vary across different ages. Ratings are lowest around mid-life but then start to rise around ages 60 to 64 years, peaking between the mid-60s and mid-70s before starting to decrease with age. Similarly, anxiety levels are highest in mid-life and start to decline in people’s early- to mid-60s, dropping to their lowest levels in the mid- to late-60s after which they stay relatively stable. The decreasing in wellbeing at the oldest ages reflect declines in health and the increased risk of widowhood. This is an issue likely to require future support.

**Equality and diversity**

Providers have a responsibility to ensure that services are accessible to all and are designed to meet the needs of the local population. Information about equality and diversity is essential in the planning, commissioning, and delivery of local services. Under the Equalities Act, the Council is required to ensure that services do not discriminate against people in any of the 9 protected characteristics groups: Age, Disability, Gender reassignment, Marriage or civil partnership (in employment only), Pregnancy and maternity, Race, Religion or belief, Sex, Sexual orientation.

**Ethnicity**

The Council must consider ethnicity through the protected characteristic of race. Levels of ethnicity are hard to measure. This is for two reasons. First, ethnicity is not a single measure but a composite measure of many different factors that make up an individual or community. Second, the proportions of different ethnic groups in an area can change quickly. The most reliable estimates for ethnicity within Somerset are the 2021 census figures, shown below. The vast majority of the resident Somerset population is white with only 3.6% from all other ethnic groups combined.  8.7% of the Somerset population were from an ethnic group other than White: British.

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**The state of health care and adult social care nationally**

The independent regulator, the Care Quality Commission (CQC), produces an annual assessment of health care and adult social care. The latest national report[[4]](#footnote-5), published in November 2022, highlighted the following trends:

|  |  |
| --- | --- |
| A picture containing text, businesscard  Description automatically generated | * 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. * 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. |

**Care Quality in Somerset**

As outlined within our joint Care Provider Quality Assurance Policy[[5]](#footnote-6), the Local Authority and NHS Somerset are committed to ensuring that the care provision offered to our residents is of the highest quality.  We define this as services that provide excellent care, tailored to the needs of each individual they support.  There is an expectation that all regulated services that operate within Somerset are either outstanding or good rated with the Care Quality Commission.  Any provider that is unable to adhere to a ‘Good’ rating will be supported to improve.

Both organisations are committed to working with all regulated and non-regulated adult social care providers to share best practice, identify potential quality issues at an early stage, and collectively work to improve quality standards, therefore reducing the risk of business failure and ultimately ensuring people in Somerset are receiving good and outstanding care.  This work is also underpinned by our contractual responsibilities in relation to the contract management[[6]](#footnote-7) and oversight of commissioned services and is the statutory duties set out within the Care Act.

We recognise the vital and valuable contribution of our local care market and workforce and seek to support a transparent and productive working relationship between our organisations and all local services supporting people within the local community in our efforts to ensure quality care.

We are proud of the fact that care quality in Somerset compares positively to national averages and monitor performance closely.

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Based on CQC data for end of March 2023[[7]](#footnote-8):

* 84.7% of all active social care settings (residential and community based) were rated ‘Good’ or better by the independent regulator;
* 83.9% of active residential care settings were rated ‘Good’ or better;
* 86.7% of active community-based adult social care settings were rated ‘Good’ or better.

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**Care Provider Survey Feedback - 2023**

In May 2023, we sought feedback from Somerset Care Providers regarding their views and experience of the support provided by the wider health and care sector, and the key elements they feel remain priorities for the system to consider and respond to.  Based on respondent feedback, the survey indicated that overall, 73% of local providers feel 'well' or 'very well' supported by the local health and care system.  *This was especially the case for home care providers who made up 37% of this cohort.*

***"Having worked with other Authorities I can honestly say Somerset are the best for joint working including providers in decision makings, inviting us to participate in new initiatives and actively helping with recruitment."***

The main feedback amongst less satisfied providers indicated frustrations with having available bedded capacity that is not being utilised, unrealistic fee levels, as well as poor response times from some health services (GPs, 111 and 999). *Two thirds of providers reporting feeling 'very poorly supported' were Nursing Homes in Somerset.*

In terms of what is working well in relation to the support provided to care providers locally, most commonly referenced feedback centred on good communication and engagement opportunities including webinars, briefings and co-production opportunities, positive working relationships across system partners, being able to access help and advice when required, and the work of key teams (such as sourcing care, quality assurance, primary care networks and LARCH).

***"The local health and care system shows a fair understanding of the issues, costs and barriers to providing a compliant and regulated service. From talking to other providers in different localities we feel Somerset offers better support than many others"***

***"Establishing a good working relationship is important and to be able to trust the systems in place. Our relationship with Sourcing Care and the Quality Assurance team are excellent"***

Most commonly referenced areas for improvement identified by care providers related to a need to improve the responsiveness and accessibility of Council social workers (timely reviews and re-assessments), communication from hospitals to support effective admission or discharge arrangements, and enhancing information about how to access the breadth of services/support now available locally with key contact details.  Other areas included improving access to GPs, mental health and dentists for their clients/residents.

***"Quicker reassessments of needs as our concerns and needs for enhanced care packages to meet rapidly changing needs are not always approved until reassessment which causes sometimes unwanted hospital admissions"***

***"It would be good to be given a guide as to all the support available and how to access it"***

As businesses, care providers commonly highlighted a need to support recruitment and retention of staff through better rates of pay/a fair cost of care.  They were also keen to benefit from more clinical or specialist training opportunities locally and secure more equity with the NHS.

***"Support with increased funding to enable us to pay a better rate of pay to staff -  to ensure we have enough people looking to join our workforce"***

***"Recognition for staff including staff terms and conditions equal to NHS staff e.g. pensions and sick pay, access to NHS learning and libraries to study. Being treated as a equal"***

The feedback is being used to our wider work to support and respond to the needs of our care market.

1. **Somerset’s Care Provision**

**Older people (65 plus) Care Home market**

* There are 145 homes in Somerset that are CQC registered for 65+ services. Of these, 1 is dormant and another is in the process of closing. This leaves 143 homes with 5,459 beds that are registered for 65+, although not all these beds are currently available and not all homes specialise in 65+.
* 53 homes (3,034 beds) are registered for Nursing and 36 (2,344 beds) of those are registered for dementia.
* There are 90 residential (without nursing) homes (2,425 beds) and 46 (1,711 beds) of these are registered for dementia.

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In 2021/22 Somerset made 446 placements in residential homes and 487 in nursing homes. These figures were similar to 2020/21 however the table below shows an overall decreasing trend in the number of new placements each year since 2017/18.

At the end of the 2021/22 there were 859 people in a residential placement and 823 in a nursing placement.

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The care home market in Somerset is feeling the impact of inflation on gas, electricity and food prices. This has been a particular concern during the winter with higher usage periods. Although the headline inflation rate has started to fall, food inflation remains at record high levels with 16.9% recorded in December 2022. Alongside this we have received reports from providers with expiring fixed term contracts that they are seeing energy price increases of 500%-600%. These increases are now being passed on to the local authority through fee rates and new placements are not able to be made at our published fee rate for 2022/23 and most fee rate requests are at a higher rate than our proposed fee for 2023/24.

Where providers have current placements at our fee rate, the Council are getting regular requests for fee uplifts to enable them to remain in business. The 2023/24, 9.7% increase to National Living Wage have put further pressures on the running costs of care homes and these costs will continue to be passed on to both local authorities and self-funders through increased fee rates. Somerset’s published fee vs actual fees paid by the Council are shown below. This illustrates the difficulty the Council has placing at the published rates.

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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.

Skills for Care data shows that vacancy rates have increased in both Residential and Nursing homes for the period where data is available.

It is estimated that there were 8,400 posts filled in care homes at April 2022, but with vacancy rates over 5% this would equate to roughly 500 vacant posts[[8]](#footnote-9).

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Providers are losing long term employees to acute hospitals due to the NHS ability to give higher salary uplifts and better terms and conditions. This has been a particular issue with nurses since the agenda for change uplifts announced in the summer. This is a good example of where actions taken in the NHS can affect the ability of social care to react to pressures in the hospitals and provides a good argument for more joined up funding for the whole system.

The delays to charging reform will mean providers can continue charging a premium rate to self-funders. This does mean that providers are likely to prioritise self-funders to remain sustainable businesses in the face of huge cost pressures driven by inflation. This will leave less beds available for those who are eligible for council funding and make market management more difficult but is likely to keep care homes in the market that otherwise may have failed.

The number of care homes that are registered for and able to accept people with dementia is a priority area for commissioners to develop over the next few years. In 2017 it was estimated that around 9,300 people in Somerset have dementia and this is projected to almost double to 18,000 by 2035. The number of new dementia cases each year is predicted to rise by 86% to over 4,800 by 2035. Rates of dementia in Somerset are significantly higher than the national average and there are indications that even this may significantly under-estimate the true picture. In 2016/17, 1.0% (5,479 people) of all those on GP practice registers in Somerset were registered with dementia, compared with 0.8% for England.

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We are already starting to see the impact of these increases through more assessments for people with severe dementia, both with nursing needs and without.

Somerset Council purchase approximately 35% of the total beds registered and commissioners have been working with the care home market to gain a better understanding of where vacant beds exists. This has been through a combination of the National Capacity Tracker and local sourcing arrangements. As a result, we have a much better understanding of the care home market than we did when submitting the provisional Market Sustainability Plan in October 2022, which is allowing us to identify placements for people quicker.

***Assessment of the impact of future market changes between now & Oct 2025***

Funding reforms will have a longer-term impact on the care home market so the delay will give us more time to prepare the market for the change in the equity between council funded and self-funders.

The immediate concern is the pressure that providers are facing due to inflation, with energy costs, food and staffing costs increasing at levels not seen in recent history. This is driving up fee levels which are then being passed on to the council and self-funders. Should inflation continue at the current levels for a long period of time it is likely that fees will continue to increase beyond the cost of care and this will put further pressure on council budgets. If we are not able to keep pace with these cost increases, it is a real concern we will see further home closures. This could leave Somerset without enough care home beds to discharge our statutory duties under the care act (2014) or to support hospital discharge.

***Plans to address sustainability issues***

Somerset made a substantial financial investment into the care home market for 2022/23 and increased fees by between 26% and 58% for 2023/24. The Council had planned that fees will continue to increase in 2024/25 and 2025/26, at which point it was anticipated we will be paying the cost of care identified by providers during that exercise.[[9]](#footnote-10)However with the Council’s financial situation fee rates are likely to be at a lower rate.

There are big financial pressures in this sector due to high inflation which has led to a market where care homes are having to charge fees above our published rates leading to increased costs for the council. These are being considered on a case by case basis which can cause delays however the care home market is in a strong negotiating position due to the vast majority of homes now charging above the set fee rates.

There have been 10 home closures since the start of 2022 (for a variety of reasons, including safeguarding/quality concerns) and we are attempting to safeguard against further closures; however costs pressures could see home owners looking to exit the market. Further loss of bed capacity would seriously impact social care’s ability to react to NHS pressures or to find permanent care home beds for those who need them.

We will be working with care homes to ensure that there are sufficient beds available to meet future demand, particularly for people living with dementia. There are almost twice as many homes registered for residential only as there are for nursing and this is something that it is our intention to address over the next 3 years. We also aim to remove the burden of collecting assessed contributions from people in receipt of services, which providers are currently contractually obliged to do.

**18+ Domiciliary Care market**

Demand for domiciliary care for people over 65 has increased significantly over the past 2 years and continues to grow. The graph below illustrates this increase and shows the number of people receiving care in their own home has increased by 27%. During this period there has also been an increase in the average size of a home care package from 11 hours per week to 13 hours per week. The graph also clearly shows the growth in capacity available since November 2022. There has been an increase in the number of younger adults receiving home care, although this is a smaller rise of 8%.

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Like most home care markets in England, Somerset is suffering from a workforce shortage brought on by rising demand and difficulties recruiting and retaining staff. Recruitment of local staff is proving difficult with unemployment in Somerset at a very low level. Skills for Care data shows that vacancy rates have increased for the period where data is available. It is estimated that there were 4,500 posts filled at April 2022, but with a vacancy rate of 13.4%, which would equate to roughly 700 vacant posts.

During 2023/24 the Council has seen an increase in the recruiment of overseas workers. This recruitment drive has significantly help home care providers meet the demand for support.

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The end of freedom of movement within the EU following Brexit has meant that providers are now having to recruit internationally via home office sponsorships. This is an expensive and time-consuming option and one that not all providers are prepared to explore. We are already working with providers to help with the costs of international recruitment and more funding from Government would help Somerset Council support our Providers to further increase their workforce.

There has been a large increase in the amount of capacity available in the home care market since the submission of the provisional MSP. This has mainly been driven by those providers who were early to explore international recruitment and have now welcomed those recruits into Somerset. This has led to a reduction in the daily average number of people waiting for care in their own home from 118 to 46.

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*Based on end of month figures:*

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Hospitals in Somerset remain under immense pressure but without this additional capacity generated in the community the situation would be worse. We are now looking to build on the successes of these companies as we look to encourage others to grow via international recruitment.

The average number of returned packages of care (contract handbacks) per month during **2022/23** was 18.6.  This compares to 22.5 for **2021/22**.

Although occasional care package handbacks are not uncommon and can occur for a variety of reasons, most commonly staffing capacity issues within the provider, these rose sharply in Somerset during the pandemic as evidenced by annual stats below:

* 2020 – 54 package handbacks
* 2021 – 233 package handbacks
* 2022 – 238 package handbacks

Care package contract handbacks place additional pressure on Local Authority staff to find replacement care within a stretched care market and is an indicator we monitor closely as part of commissioning and quality activity

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Somerset is a very rural county and home care capacity is a particularly challenging issue in those areas. Additional travel costs are agreed with providers where appropriate however the biggest issue is having the carers available and willing to travel to remote parts of the county. We are in the process of recommissioning our home care contract and intend to work in much smaller geographical zones in the future. It is hoped that this change of emphasise and the use of some block contract hours can help alleviate some of the issues we have supporting people in more remote areas of Somerset.

We have worked with our home care market to ensure that carers are paid a minimum of £10.50 per hour. This has had a positive impact on retention however with the National Living Wage increasing to £10.42 from April 2023, there will be pressure on providers to increase wages beyond this figure to remain competitive with retail and hospitality in the recruitment market. These additional costs will need to be passed on the local authorities and self-funders through increased fee rates.

Services are currently commissioned through an open framework. This has led to a diverse market in terms of provider size. Across all services there are currently 59 providers delivering support to at least 1 person. However, 50% of the overall delivery is undertaken by just 9 providers, so despite having a large and diverse market we are still reliant on a small number of providers for half of the support delivered.

Delaying the increase to capital thresholds has a big impact on the home care market as it will maintain the self-funder market. It was our assessment at the time of writing the provisional Market Sustainability Plan that this market would all but disappear in Somerset when the thresholds increased. This gives the local authority more time to work towards the cost of care as the funding available does not allow this to be achieved immediately. This should enable the home care market to remain viable now and to grow, allowing us to meet future demands.

***Assessment of the impact of future market changes between now & Oct 2025***

We have surveyed all home care providers to gain information on the self-funder market in Somerset and 35% of active providers responded. These providers do account for 52% of SCC funded home care delivery. This has allowed us to make a reasonable estimate of the split between local authority funded support and self-funders, which came out at 56% LA, 44% self-funders.

Changing the capital threshold limits will have a big impact on the home care market in Somerset due to the likelihood that a large proportion of self-funders would become eligible, meaning there is very little private market remaining. As a result, it is a sensible move to delay reforms to give local authorities more time to work with the market to prepare for the changes and for fee rates to increase to a level that will make the changes easier to implement. Equalisation of the private and local authority fee is the right thing to do, but only if councils are funded properly to do so. Implementation of the changes without sufficient funding will break the social care system.

***Plans to address sustainability issues***

Somerset made a substantial financial investment into the domiciliary care market for 2022/23 and increased fees by 13% for 2023/24[[10]](#footnote-11). It was planned that fees would continue to increase in 2024/25 and 2025/26, at which point it was anticipated we would be paying the cost of care identified by providers during that exercise. The Council’s financial position and a review of the national / regional home care market has meant increases for 2024/25 will be at a lower rate than anticipated.

The home care market in Somerset has reacted positively to the 2023/24 fee rates, with the majority of home care being commissioned at our published rate. We have a large and diverse home care market that has reacted well to the capacity pressures we were seeing in the summer. The sustainability of this market to meet future growth will be impacted by our ability to financially support providers to continue increasing their workforce via international recruitment.

Somerset is finalising the re-commissioning of home care contracts, with new contracts commencing April 2024. The overall aim is to re-design home care in Somerset to a more localised place-based offer which enables carers to work closely within the local community. This would reduce the amount of time and money spent on travelling between care calls and make the job more attractive as a profession. We hope that this will create capacity in the market. We also aim to remove the burden of collecting contributions from people in receipt of services, which providers are currently contractually obliged to do.

**Housing with Care (Extra Care Housing)**

The Council currently has access to 13 Extra Care housing schemes, mainly through nomination agreements.

Extra Care housing supports 465 people. Extra care housing schemes range for the largest scheme of 66 flats to the smallest 24. The largest (and newest) scheme is Tennyson Court.

The average size of an Extra Care scheme is 36 flats. The size of the Extra Care schemes reflects the population for each area and the rurality of Somerset.

There are Extra care housing schemes in the following areas:

* Taunton 2 schemes
* Wellington 1 scheme
* Chard 1 scheme
* Ilminster 1 scheme
* Crewkerne 1 scheme
* Yeovil 2 schemes
* Bridgwater 2 schemes
* Burnham on Sea 1 scheme
* Minehead 1 scheme
* Frome 1 scheme

The Council commissions 24-hour care and support in each of these schemes to enable people to maintain and improve their independence and wellbeing, maintaining their tenancy and preventing admissions into more acute social care and health services.

For 2023/24 the Council increased the guide price for Extra Care housing care and support contracts by £9.04%. As for other services the uplift in 2024/25 for Extra Care housing will be affected by the Council’s financial situation.

Generally, the Council will only work with a commissioned care and support provider at an Extra Care housing scheme.

Somerset Council want to see the development of vibrant and new Extra care schemes that meet the needs of local people. The Council is currently in the process of reviewing its arrangements for Extra Care Housing ahead of a recommissioning process. The review and future Extra Cate housing will be based on:

* vibrant, busy Extra Care schemes that have a community presence, with people from outside coming into the scheme, as well as being a valued member of society.
* commissioned integrated care and support services that are outcome based and assist people to maximise their potential for independence.
* preventing inappropriate hospital admissions.
* responsive to flexible and changing needs.
* helping people with care and support needs to be involved in their local community.
* working in partnership with other providers to reduce duplication and improve opportunities for people living in Extra Care housing.
* We want to work with housing providers to build at least one Extra Care scheme every two years over the next 10 years. The Council would look to commission the care and support in these new Extra care schemes.

**Learning Disabilities and Autism**

We want people with a learning disability, autism, or both, to have the same opportunities as anyone else to live healthy, satisfying, and valued lives. This includes being active members of their communities, and having the opportunity to gain and retain real, paid, employment. Our aspiration is that people will be supported to progress and gain new skills, with a focus on their individual outcomes, avoiding overly paternalistic approaches. Our view is that residential care services are not the best option for young people transitioning to adult services, who have being very clear they want a full active life and to live as independently as possible, and that they should instead be supported to remain as close to their families and communities as possible. Where residential care is considered, this should be within, or as close to, Somerset as possible.

**Care Homes**

Somerset Council wants to have a balance between the commissioning of traditional residential and nursing homes and the use of housing with care, which provides security of tenure with the option of flexible onsite care arranged according to need. Residents of Somerset must be given clear choice around their accommodation / housing options.

Within Somerset there are 79 care homes for mainly people with a learning disability or autistic need registered with CQC as of February 2023. Some of these care homes are dual registered to support people with mental health support needs.

12 care providers manage more than 1 care home, with Voyage being the largest provider operating 15 care homes in Somerset.

The care homes registered with the CQC to provide nursing and/ or residential care for people with a learning disability provide 664 rooms.

The Council currently supports 51 people in a care home outside of Somerset.

The Council uses the national care home capacity tracker. As of 4th April 2023, the national tacker showed:

* Learning disabilities Residential – there were 30 (4.63%) available vacancies.
* Learning disabilities Nursing – there were 0 available vacancies.

At the end of February 2023, the Council supported 237 people in care homes in Somerset at an average cost of £1998 per placement.

The Council, as of end of February 2023, purchased 29.77% of the Learning disability and autism Somerset care home capacity.

The cost of a care home placement for someone with a learning disability and/ or autistic need is based on an individual’s needs. The Council utilises the iSIE Care Cubed benchmarking tool to ensure that a fair price is being charged by providers and paid by the Council. The Council have increased Somerset care home providers fees by 9% for 2023/24[[11]](#footnote-12).

If past trends continue into the future, and we see continued improvements in life expectancy for individuals with a learning disability, we can expect a requirement for additional residential care placements for people who have much more complex conditions. In particular, we see a need for a small number of nursing care placements for adults with learning disabilities and conditions such as advanced dementia, where their predominate need is not their learning disability.

However, the need for residential care for people with less complex conditions may reduce, in line with current national and local strategies, through continued investment in community services, and more local focus on the development of Supported Living and Shared Lives.

There is an oversupply of care home provision in Somerset for people with a learning disability who are supported by Somerset Council. It is estimated that over 60% of care homes registered for people with learning disabilities in Somerset are occupied by people placed by other local Authorities.

We want to discuss and support providers:

* To support people with an outcome focused approach
* To support people in care homes with time limited placements to enable people to move into supported living.
* How the care home market can change, with fewer placements that provide support for lower-level needs, as people choose alternative services, such as Supported Living
* To reduce staffing ratios for individuals where it is appropriate to do so
* More placements that provide specialist and complex support for people with a greater level of need, and people with a forensic history
* How older people residential care homes develop their skills set in order that people with a learning disability can be supported.
* How the care market in Somerset can adapt to support the needs of Somerset instead of the over reliance on Out of County placements.

The Council will continue to review and support people who are placed out of Somerset. When appropriate the Council will support anyone who wishes to move to a Somerset based care setting.

**Home care**

Home care for people with learning disabilities is commissioned using the Learning Disabilities Open Framework. The Framework is in the process of being recommissioned with the new arrangements commencing in April 2024.

It is the Council’s intention that the new framework will be used to commission bespoke support for anyone who needs it and will therefore not be limited only to people with learning disabilities. Where someone does not require this type of support their home care will be commissioned using the home care service described above. It is preferred that providers will operate from a location that allows a physical presence in Somerset.

**Day Opportunities**

Somerset Council support provides day opportunities for adults who have a learning disability and who may have additional physical disabilities too.

Day opportunities provide a safe, informal, friendly place for you to make friends and enjoy both community activities and activities in the centres. They can also give carers or family a break from their caring roles and take some time for their own interests.

Day opportunities are varied and include:

* building community opportunities and support so that people can have ordinary daily lives.
* day service modernisation
* community-based services
* employment, lifelong learning, leisure, relationships.

Many people with a learning disability support their care provision through a Direct Payment. The Council do not have access to how people utilise their Direct Payment and therefore the data on people supported by the Council is for commissioned care only.

Traditionally day opportunities have been based around day centres. Providers are listening to people they support and are transforming their services to expand the offer to people with a learning disability to help them access their local community services.

As part of the Council’s strategy to outsource it’s learning disabilities in-house service in 2017 all the day services operated by the Council at that time were transferred to Discovery in 2017.

For some people traditional day care services is the appropriate opportunity, while for other people building community opportunities is more appropriate.

There are 508 people supported through day opportunities, with an average weekly personal budget of £245 (March 2023), outside the Discovery contract. Within the Discovery contract there are 131 people supported (March 2023).

**Supported Living**

All supported living services should be built around the principle that there should be separation of housing and care, so that people can both have choice as to who provides their care, but change their care in line with their needs as they progress without having to move home.

During the last few years, the Council has worked with several providers to delivery new supported living schemes. This work is ongoing, and with the new unitary council links with housing will be strengthened and a formal housing developer framework for specialist housing for people with complex needs will be developed. These schemes have been a mixture of bungalows for individual people, bungalow and apartment schemes. Some new schemes going forward will need to replace older style shared living schemes.

For 2023/24 the Council increased the hourly rates for supporting living by 10%. As with other services the uplift to be offered will be impacted by the Council’s financial situation. There is a separate contractual uplift for Discovery.

Supported Living care for people with learning disabilities is commissioned either:

**Single Placements** - using the Learning Disabilities Open Framework. The Framework is in the process of being recommissioned with the new arrangements commencing in April 2024. It is the Council’s intention that the new framework will be used to commission bespoke support for anyone who needs it and will therefore not be limited only to people with learning disabilities. Where someone does not require this type of support their home care will be commissioned using the home care service described above. It is preferred that providers will operate from a location that allows a physical presence in Somerset.

**Supported Living Schemes** – the Council will procure a provider to deliver background (sometimes also referred to as "core”) support and night support through formal contracts. A persons individual (1 to 1) support will be commissioned through the new framework.

The Council would like to work with housing and care providers:

* To ensure people with learning disabilities and / or autistic need can use mainstream housing to access appropriate housing options, giving them control over where they live, who they live with and how they are supported.
* To work proactively with providers to ensure we are aware of all new or existing supported living provision across Somerset.
* To work with housing providers who can deliver supported living schemes within Local Authority Housing Allowance rates.
* Ensure that appropriate new developments are utilising exempt housing benefits rules.
* To move away, were appropriate, from shared housing to individual flats / bungalows.
* To meet an estimated need of standalone housing for people with complex needs of between 3 – 5 properties per year.
* To ensure there is a clear split between support provided by the care and housing provider.
* To ensure there is a consistent approach around background, sleep-in and individual care.

**Respite Support**

Traditionally respite support has been offered through specialist respite care homes. People are requesting that any offer of respite should be flexible, and not just focused on a care home. People would like respite in their own home or have an opportunity for utilise a Direct Payment to purchase respite.

The Council will discuss with people and providers how the respite offer needs to be developed to meet the needs of people and how providers can develop their services to meet a new respite offer.

**Shared Lives**

Shared Lives is an alternative to supported living or residential care where someone who needs care is matched with an approved Carer and lives in their home. The Carer shares their family and community life, provides care and support, and helps the person to achieve outcomes in mental and physical health that are proportionally greater than the cost to the local authority.

The Council commission Shared Lives South West. Shared Lives South West have a CQC provider rating of “Outstanding”. Shared Lives South West ( March 2023) support 57 carers who support people in long term and short term placements. There are 16 carers waiting to be matched with someone.

The Council commissions Shared Lives South West to support carers and there is a banding scheme that provides support and funding against for banding levels – Low, Medium, High and Complex.

The fee level for each banding from April 2023 was increased by 8.9%.

The current contract with Shared Lives South West operates through to November 2024. The Council have commenced a commissioning program to appoint a provider for the Shared Lives scheme from November 2024

Shared Lives South West in Somerset has focused on supporting people with a learning disability. The Council would like to work with Shared Lives South West to understand how more people could be supported autism, mental health support needs, dementia and older people.

The Council and Shared Lives South West are looking for the service to grow by increasing the number of carers by 10 in 2024/25 and a similar increase in future years.

**Day Opportunities**

In Somerset we are proud to have supported a vibrant array of innovative and creative providers, who deliver Day Opportunities for people living with a dementia and their caregivers.

Recognising the importance of maintaining connections with our local communities, day opportunities now extend beyond centre-based activities and provide a diverse menu of enriching, community-based activities that allow people to engage with their surroundings, participate in local events, and enjoy recreational fun. This approach promotes social inclusion and helps people with dementia to continue to lead fulfilling lives.

The safe, welcoming, and engaging environment offered by providers including Reminiscence Learning, the Filo Project, and Heads Up, also provides an opportunity for respite for caregivers, allowing them peace of mind and the space to recharge and attend to their own needs.

All our Local Authority Funded Day Opportunities meet the following criteria:

They are: Innovative, community based, needs led and engaged, sustainable day opportunities which are supportive of caregivers and provide respite.

Many people fund their own care or use a Direct Payment to pay for their Day Opportunities and Somerset Council do not have access to any data for self-funders or for the ways in which people choose to use their direct payments. With this said, we anticipate that there are many more people using day opportunities in Somerset as part of their dementia care.

**Dementia Care Homes**

The number of care homes that are registered for and able to accept people with dementia is a priority area for Adult Social Care Commissioners to develop over the next few years. In 2017 it was estimated that around 9,300 people in Somerset have dementia and this is projected to almost double to 18,000 by the year 2035. The number of new dementia cases each year is predicted to rise by 86% to over 4,800 by 2035. Rates of dementia in Somerset are significantly higher than the national average and there are indications that even this may significantly under-estimate the true picture. In 2016/17, 1.0% (5,479 people) of all those on GP practice registers in Somerset were registered with dementia, compared with a 0.8% average for the rest of England.

We made a substantial financial investment into the care home market for 2022/23 and for 2023/24. Any uplift offered in 2024/25 will be dependent upon the Council’s financial position.

**Dementia Specialist Residential Homes**

We have a range of Dementia Specialist Residential Homes in Somerset (previously known as SRC). As of March 2023, we have 46 homes registered with CQC for Residential with Dementia and 1,711 beds.

We are committed to co-producing a redesign of this model as part of an ongoing recommissioning activity to be finalised by August 2024. This recommissioning activity will focus on removing confusing terminology, and incorporating up to date evidence-based methodology including the Newcastle Model into care and support in order to ensure our services are fit for the future.

**Dementia Specialist Nursing Homes**

We have a range of Dementia Specialist Nursing Homes in Somerset and actively commission Local Authority funded care packages with around half of them.

As of March 2023, we have 36 homes registered with CQC for Nursing with Dementia and 2,344 beds.

We have block contract arrangements with eight Dementia Specialist Nursing Home providers in Somerset and will be recommissioning this arrangement in September 2024.

We are committed to co-producing a redesign of this model as part of an ongoing recommissioning activity to be finalised by September 2024. This recommissioning activity will focus on incorporating up to date, best practice and evidence-based methodologies including the Newcastle Model into care and support in order to ensure our services are fit for the future.

**Somerset Council Aims to improve accommodation for people living with a dementia in the following ways:**

* Continue to develop specialism within our market, linking providers with training surrounding The Newcastle Model and Life Story work to help them to support people living with a broad range of dementia presentations including more complex behavioural challenges.
* Support to align our market with key principles from the People at the Heart of Care White Paper, incorporating new and innovative technologies into care packages including the OMI, RITA and other assistive technology from our SILC Centers such as Smart Socks.
* Focus our market on design for dementia in our residential and nursing settings, aligning our specifications with best practice guidance from experts on inclusive housing such as the Housing LIN.
* Support with a reduction of 1-1 care packages through initiatives including our Older People Mental Health + Model with higher levels of staff and smaller bespoke care units.
* Encourage innovation and research and pilot new models of care delivery to improve outcomes and deliver savings where possible.

**Mental Health**

**Care Homes**

Care providers tend to develop care homes that can meet the needs of older people, including any mental health support needs. Consequently, it can be difficult to analyse the specific care home placements available for people with mental health support needs.

The data we have produced within our Market Sustainability plan includes information on care homes that support people with mental health support needs. There are 3 care homes, providing 162 rooms specifically registered with CQC to support people with mental health support needs.

During 2022/23 there has been an increase on the number of mental residential and nursing care home placements.

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The budget for mental health residential / nursing care for 2022/23 is £10.995m, with the forecast out turn for the year being £13,047m (January 2023).

The cost of new placements for residential care has increased from £635 in April 2022 to £800 in January 2023, with the highest monthly cost for new placements being September 2022 of £2117.

The cost of new placements for nursing care has increased from £650 in April 2022 to £2157 in January 2023. The average cost for new placements in 2022/23 was £1,169. The average weekly cost for nursing care home placements in 2021 was £999 in April 2021 rising to £1,274 March 2022.

The Council uses the national care home capacity tracker. As of 4th April 2023, the national tracker showed:

* Mental Health Residential – there were 6 (13%) vacancies.
* Mental Health Nursing – there were 0 vacancies.

Somerset Council require a diverse mix of services that can offer high quality residential and nursing care, and in the future, we need:

* To work with providers to ensure people are supported to be as independent as possible.
* To ensure residential and nursing homes can meet the needs of residents with complex and challenging support needs.
* More placements for people with a forensic history who require a care home placement.

**Mental Health support**

There is limited supported housing for people of working age with a mental health need commissioned through Adult Social Care. As a result, people are either supported in learning disability/ mental health schemes or are waiting long periods for appropriate placements. Recently opened is Thorne House, Yeovil, that supports up to 16 people with complex mental health support needs. Six other supported housing schemes are provided by one organisation delivering safe accommodation and mental health support to 49 people.

For 2022/23 the Council spent just over £5m supporting people in the community with mental health support needs. This support was across:

* Home care
* Supporting Living
* Day care
* Direct Payments

The average total Home Care Hours commissioned was 4,715 (November 2022) compared to 3,769 (December 2022).

The average number of Home Care hours per person was 17 (November 2022) compared to 15 (December 2022).

During the next few years, the Somerset Council will prioritise working with care and housing providers who can demonstrate they can deliver opportunities for supported living for people with mental health support needs.

**Support for People Facing Multiple Disadvantage**

Since 2020 the former District Councils, Somerset County Council, other statutory agencies and housing and support providers have been developing and delivering the “Better Futures Program’. The program is designed to take a whole system approach to working with people who are rough sleeping or have a repeated history of homelessness and who have experienced multiple disadvantage[[12]](#footnote-13). Some people within the Better Futures cohort have adult care assessed needs; the majority have support and accommodation needs which assessed separately may fall below Care Act eligibility criteria. However, the combination of co-existing needs can result in people being very vulnerable to further trauma and difficult for agencies to help them alone. The Better Futures Programme is about taking a coordinated, preventative approach to support people towards better health, wellbeing and independent living where possible.

Analysis of the needs of people occupying supported accommodation or in contact with rough sleeping outreach teams or other support provision during December 2022. This identified that there were 513 people living in supported accommodation and a further 90 who were rough sleeping or otherwise vulnerably housed (sofa surfing, B&B etc). Additionally floating support was provided to 111 people, 44 of whom were living in general needs housing. However, due the potential overlap between this data and that provided by supported accommodation providers and rough sleeping outreach services it has not been included in the analysis.

Over 90% of supported accommodation residents had a need for support with their mental health; 58% with managing drug use and 53% with managing alcohol use.

Providers were also asked to assess individuals need for statutory care and support. The most common need identified was for mental health support with nearly half of residents assessed as requiring this. 33% were assessed as needing support with drug use and 22% with alcohol use. Significant to the planning of future accommodation for this cohort, 17% required support with managing a physical disability and 6% required help with their personal care.

Somerset Council will develop a Better Futures Commissioning Plan during 2023 outlining how it will ensure that people within the cohort can access appropriate accommodation and support services to enable them to live their own ‘better future’.

Considering the move-on solutions that the cohort are anticipated to work towards, most are expected to move into mainstream accommodation with either initial or ongoing support. However, 44 are expected to require Supported Living for the remainder of their lives. There is a very limited supply within Somerset of supported living schemes that meet the needs of people with mental health and / or complex care and support needs. During the next few years, the Somerset Council will prioritise working with care and housing providers who can:

* Demonstrate they can deliver opportunities for supported living for people with mental health support needs.
* Demonstrate they can deliver opportunities for supported living for people with complex care needs, including managing drug and alcohol use.
* Demonstrate they can deliver opportunities for supported living for people with offending history.

**Intermediate Care / Community Reablement**

Intermediate care is an NHS and Social Care programme of active rehabilitation.

In March 2020, at the onset of the Covid pandemic, the Somerset System agreed to implement a new model for Intermediate Care. This built on the Home First Model that had been operating in Somerset since 2016 and brought under one umbrella all intermediate care discharge support from hospital, as well as services to prevent admissions.

At its foundation is a strong collective ambition across health and care organisations in Somerset; to maximise people’s independence and support people to remain at home as far is possible. Intermediate Care supports people to remain at home in crisis, or return home after hospital stay. Where possible, the service will provide this support in the person’s own home. If the person can’t be supported at home, then their recovery will be supported in an intermediate care bedded, reablement facility. Decisions about a person’s long term care needs are made outside of an acute hospital setting. The maximum length of stay in intermediate care settings is expected to be up to 6 weeks but may be shorter depending upon how people recover. This period of up to 6 weeks is referred to as the ‘reablement period’.

People should be supported to be discharged to the right place, at the right time and with the right support that maximises their independence and leads to the best possible sustainable solutions.

Planning for discharge from hospital should begin on admission.  Where people are undergoing elective procedures, this planning should start pre-admissions with plans reviewed before discharge.  This will enable the person and their family or carers to ask questions, explore choices and receive timely information to make informed choices about the discharge pathway that best meets the person’s needs.

Under the 'discharge to assess', 'home first' approach to hospital discharge, the majority of people are expected to go home [to their usual place of residence] following discharge. This model is built on evidence that the most effective way to support people is to ensure they are discharged safely when they are clinically ready, with timely and appropriate recovery support if needed.  An assessment of longer-term or end of life care needs should take place once they have reached a point of recovery, where it is possible to make an accurate assessment of their longer-term needs.

In March 2023, 86% of people (aged 65 plus) were able to return home from hospital with no formal support required (i.e., a package of homecare or a placement in a Care Home).  40.1% of people were able to return home following a period of time on a bedded pathway. Our ambition is for the proportion of people able to return home following a period of time on a bedded pathway to be as high as possible, evidencing the effectiveness of the reablement services provided by our intermediate care services.

The plates below show the transfers from our main acute hospitals Musgrove Park in Taunton and Yeovil District Hospital. During the Winter of 2022 and 2023 we supported flow by opening just over 100 additional beds due to increased hospital escalation, greater levels of Infection Prevention and Control and a weakened Home Care and Reablement workforce. This programme now needs to focus on new models and approaches to support our strategic priorities to support more people to return home.

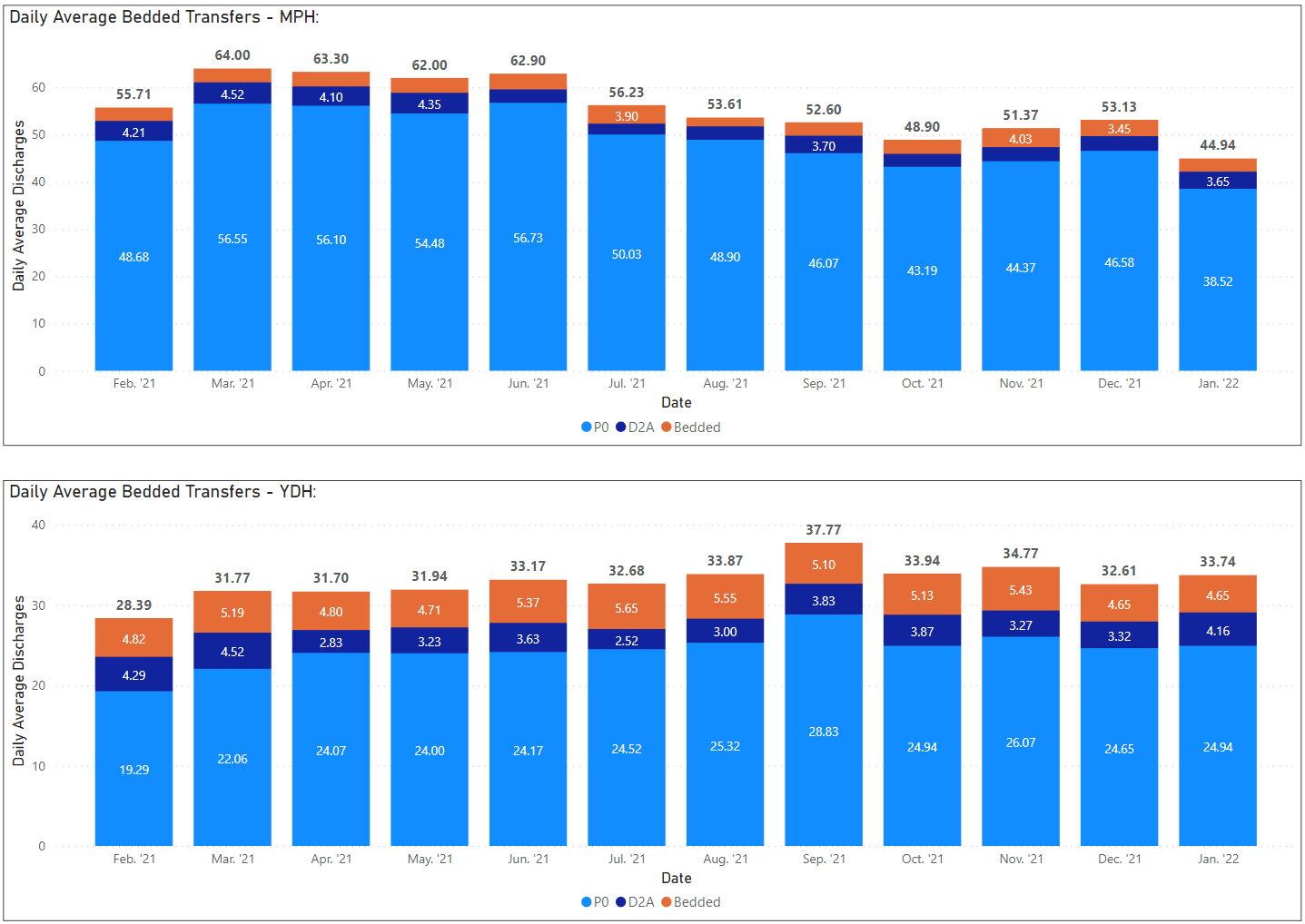
On average our two largest acute Hospitals in Somerset discharge 2,900 people each month. Just over 13% of these people need additional support to reach their maximum potential and come to Intermediate Care for Reablement and assessment of their longer term care needs.

**A picture containing text, screenshot, plot, line

Description automatically generated**

Our Intermediate Care Services are made up of short term home based and bed based. Our Home support service is made up of a collaboration of up to 30 Health and Social Care specialists with 7 reablement home care providers who deliver up to 2,500 hours of support each week, along with 70 nights per week to help settle some of our more complex people to settle back home. Over 75% or people supported to go home with this short term help do not need longer term care.

The Community and Voluntary Sector are also a key partner in this provision and receive up to 360 referrals each month to help people with the information and support they need to stay connected and safe in their local communities.



A key component of the Adult Social Care Strategy (2023-26) is to develop and deliver high-quality reablement services, available to all, to support people to maximise their potential and return to their optimal independence. This will require reablement capacity to be utilised efficiently and effectively and will support us to reduce overall system pressures providing more services within communities as opposed to within hospitals.

**Micro Provision**

The Somerset Micro-enterprise programme is a partnership between Somerset Council, Community Catalysts CIC and The Community Council for Somerset, which aims to support the development of very small, community-based care and support services that:

* provide personal, flexible and responsive support and care.
* give local people more choice and control over the support they get.
* offer an alternative to more traditional services.

To be a micro-enterprise they must have eight or fewer paid or unpaid workers and be totally independent of any larger organisation. Examples of micro-services could include:

* Support to keep well, socialise and remain independent.
* Support to people living in their own homes.
* Short breaks and holidays
* Support to access employment, education and leisure
* Day support and help around the home.

The Council operates an accredited micro provider scheme; we offer advice and support, and we request providers sign up to our “Doing It Right Quality Standards”.

As of March 2023, there were 1128 providers, with 788 accredited providers. Micro providers are a key element in how the Council supports people. There is a perception from home care providers that the development of the micro provider service has had a detrimental impact on the workforce capacity in home care. Micro providers tend to be self-employed and can choose to work hours that suit themselves and not constrained by a formal employment contract.

The Council recognise the different roles of micro providers and the care home regulated sector and need to support both sectors to work collaboratively to deliver the support people require. The Council want to work with micro providers to ensure they are supporting people appropriately.

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| **Title** | Adult Social Care Market Position Statement (2023-26) |
| **Owner** | Deputy Director (Commissioning), Adult Social Care |

1. [Assessment framework for local authority assurance - Care Quality Commission (cqc.org.uk)](https://www.cqc.org.uk/guidance-providers/local-authorities/assessment-framework-local-authority-assurance) [↑](#footnote-ref-2)
2. [Care and support statutory guidance - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#chapter-4) [↑](#footnote-ref-3)
3. For more info, visit: [Census 2021 - Somerset Intelligence - The home of information and insight on and for Somerset - Run by a partnership of public sector organisations](http://www.somersetintelligence.org.uk/census2021/) [↑](#footnote-ref-4)
4. [State of Care - Care Quality Commission (cqc.org.uk)](https://www.cqc.org.uk/publications/major-report/state-care) [↑](#footnote-ref-5)
5. [Care Provider Quality Assurance Policy (somersetprovidernetwork.org.uk)](https://somersetprovidernetwork.org.uk/support-for-providers/quality-assurance-contracts/care-provider-quality-assurance-policy/) [↑](#footnote-ref-6)
6. [ASC Contract Management Policy (somersetprovidernetwork.org.uk)](https://somersetprovidernetwork.org.uk/support-for-providers/quality-assurance-contracts/contract-management-policy/) [↑](#footnote-ref-7)
7. [Using CQC data - Care Quality Commission](https://www.cqc.org.uk/about-us/transparency/using-cqc-data) [↑](#footnote-ref-8)
8. [Local area information (skillsforcare.org.uk)](https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/publications/local-information/Local-area-information.aspx) [↑](#footnote-ref-9)
9. [Decision - Adult Social Care Fees and Charges 2023-24 - Modern Council (somerset.gov.uk)](https://democracy.somerset.gov.uk/ieDecisionDetails.aspx?Id=120) [↑](#footnote-ref-10)
10. [Decision - Adult Social Care Fees and Charges 2023-24 - Modern Council (somerset.gov.uk)](https://democracy.somerset.gov.uk/ieDecisionDetails.aspx?Id=120) [↑](#footnote-ref-11)
11. [Adult Social Care Fees and Charges](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnewsletters.onyx-sites.io%2F%3Fmailpoet_router%26endpoint%3Dtrack%26action%3Dclick%26data%3DWyIxNDM0IiwiY2dnMTN2M3c3Mjgwb2NzOGdrOHdvb2M0bzRnOGswc28iLCIxODIxIiwiZGQ0OWE1NTI4ODY0IixmYWxzZV0&data=05%7C01%7Cnxshaw%40somerset.gov.uk%7C967b25f0949c4ad74db208db36af1008%7Cb524f606f77a4aa28da2fe70343b0cce%7C0%7C0%7C638163897758413691%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=r1iSWLq%2B%2F2DMz6u3B4TPIey9uRxkIy1YY6Wq8k4zw%2B4%3D&reserved=0) [↑](#footnote-ref-12)
12. People facing multiple disadvantage, as defined by the MEAM (Making Every Adult Matter) Network of which Somerset is a member, experience a combination of problems. For many, their current circumstances are shaped by long-term experiences of poverty, deprivation, trauma, abuse and neglect. Many also face racism, sexism and homophobia. These structural inequalities intersect in different ways, manifesting in a combination of experiences including homelessness, substance misuse, domestic violence, contact with the criminal justice system and mental ill health. Multiple disadvantage is a systemic, not an individual issue. People facing multiple disadvantage live in every area of the country. They are often failed by services and systems that focus on singular issues. This makes it harder for individuals to address their problems, lead fulfilling lives and contribute fully to their communities. [↑](#footnote-ref-13)