



Somerset
Council

Commissioning Strategy 2024-2029



Introduction

Somerset Council's vision and priorities are set out in the Council Plan 2023-27. The vision is that 'Somerset Council will build a fairer, greener, resilient, more flourishing Somerset that cares for the most vulnerable and listens to you'. The Council agreed four overarching priorities:

- **A greener, more sustainable Somerset**
- **A healthy and caring Somerset**
- **A fairer, ambitious Somerset**
- **A flourishing and resilient Somerset.**

As a County we benefit from:

- A new unitary authority (Somerset Council) established 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 and Integrated Care Partnership (Committee in common) – acting as a key driver for multi-agency change.
- A single NHS Foundation Trust providing integrated Community Health, Mental Health and Acute Hospital services at Musgrove Park in Taunton and Yeovil Hospital.
- 13 Primary Care Networks (PCNs) working over 12 neighbourhood areas.
- Strong, collaborative relationships with good-quality independent care providers and voluntary and community sector partners, and a thriving micro-provider market.

The Council has set out a challenging agenda to support citizens to live more active, longer, healthier, and independent lives and to reduce social isolation so that people can make positive choices and take control of their wellbeing. The aim of adult social care in delivering the Council's vision and the wider context is to protect and empower the most vulnerable citizens. This means supporting vulnerable people to maximise their independence, health, and wellbeing, whilst ensuring that publicly funded care and support provides value for money for Somerset citizens and is provided only when it is really needed. The Council's vision has been translated into the Vision and Strategy for Adult Social Care which addresses potential barriers and obstacles to delivering the above outcomes. It also provides a framework for the actions required to modernise adult social care services in Somerset and to guide decisions regarding how resources are used.

This commissioning strategy recognises that relationships between health, social care and wider community services are integral to the health and well-being of local communities and builds upon the previous commissioning strategy. Somerset Council is mindful of its role as a significant commissioner of these services and the underlying price pressures in the social care sector - along with rising demand for services - which it must provide for through its social care budget. A key requirement in meeting these financial challenges is to work more collaboratively with our partners and increase joint commissioning across health, social care, and housing with support. The commissioning strategy also makes clear the role that adult social care plays in the economy both locally and nationally and the need to reframe the sector as not just a significant cost, but a major economic sector in its own right.

Vision

This strategy outlines our vision and approach to commissioning social care services in Somerset, with the aim of meeting the care needs of our population, co-producing services and ensuring that vulnerable individuals receive the support they need to live fulfilling lives, remain independent, and delay future care needs.

Our strategy is built on the principles of collaboration, partnership, and a shared understanding of population needs. We are committed to working with our system partners, people who draw on services, provider services and the communities to improve services, develop key priorities, and design services that are high quality, cost-effective and support our population to be as independent as possible.

We hope that this strategy will serve as a valuable resource for our partners, stakeholders, and the wider community.

Commissioning in Somerset?

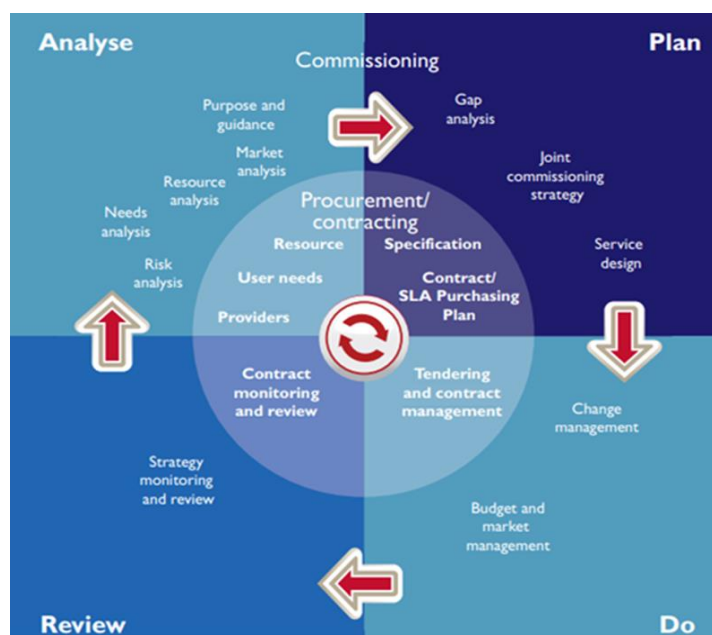
Commissioning in Somerset social care is the process where local authorities identify, purchase, and monitor social care services for people in their area. It is how we work out what is needed, and work with everyone involved to make those things happen in the best and most cost-effective way, as well as to truly understand the needs now and in the future of the population of Somerset.

It aims to meet the care needs of people and plays a significant role in ensuring vulnerable people receive the support they need to fulfil their lives, remain independent, and delay future care needs, this is done by working collaboratively with our wider Voluntary, Community, Faith, Social Enterprise which is at the heart of our vision.

It is the process by which Health and Social Care services are planned, purchased, and monitored, with Local Authorities responsible for commissioning publicly funded social care services provided to people in their own homes, their wider communities, as well as residential care services.

The commissioning cycle in social care?

The social care commissioning process in a local authority will follow a commissioning cycle. The definition of the commissioning cycle in local government is the process of planning, analysing, and monitoring the care being delivered in the local area. There are often four main steps at the core of every local authority's commissioning cycle.



Why is the commissioning cycle in social care important?

There are many reasons why the commissioning cycle in social care is important. Not only does it help individuals receive the care they need, but it also ensures that their care meets the outcomes the individual wants to achieve and is delivered to the quality we expect.

In Somerset we have adopted the following principles, which sit at the heart of what we do:

- Involving people who draw on our services at every stage of the commissioning process, including unpaid carers.
- Use data and intelligence to understand the need of our population and the gaps in provision.
- Developing a clearer understanding of the complex needs of our communities, including considering the whole needs of a person – from practical and medical, to social and emotional.
- Identifying where there are areas of poor performance.
- Improving our residents understanding of the services we already provide.
- Adopting an outcomes-led approach.
- Ensuring that our services are continually assessed.
- Encouraging service providers to base their practice on a progressive model of delivery that encourages individuals to increasing or maintaining their independence.

How are we thinking as a system in our commissioning?

The Council is in its early stages of developing a 'Systems Thinking' approach to our service designs. 'Systems Thinking' is a way of exploring and developing effective action by looking at connected wholes rather than systems and services as separate parts. It is a powerful approach to supporting evidence-based decision making and is essential to understanding and the successful delivery of complex projects where there are many stakeholders and many possible solutions. Applied together they go beyond the traditional focus of an individual customer's interactions and considers the more complex and broader context in which social care operates.

We are currently using System Thinking to support a multi-methodological approach with 67 different organisations and services that make up our dementia collaboration with a view to developing a coherent pathway for people living with dementia.

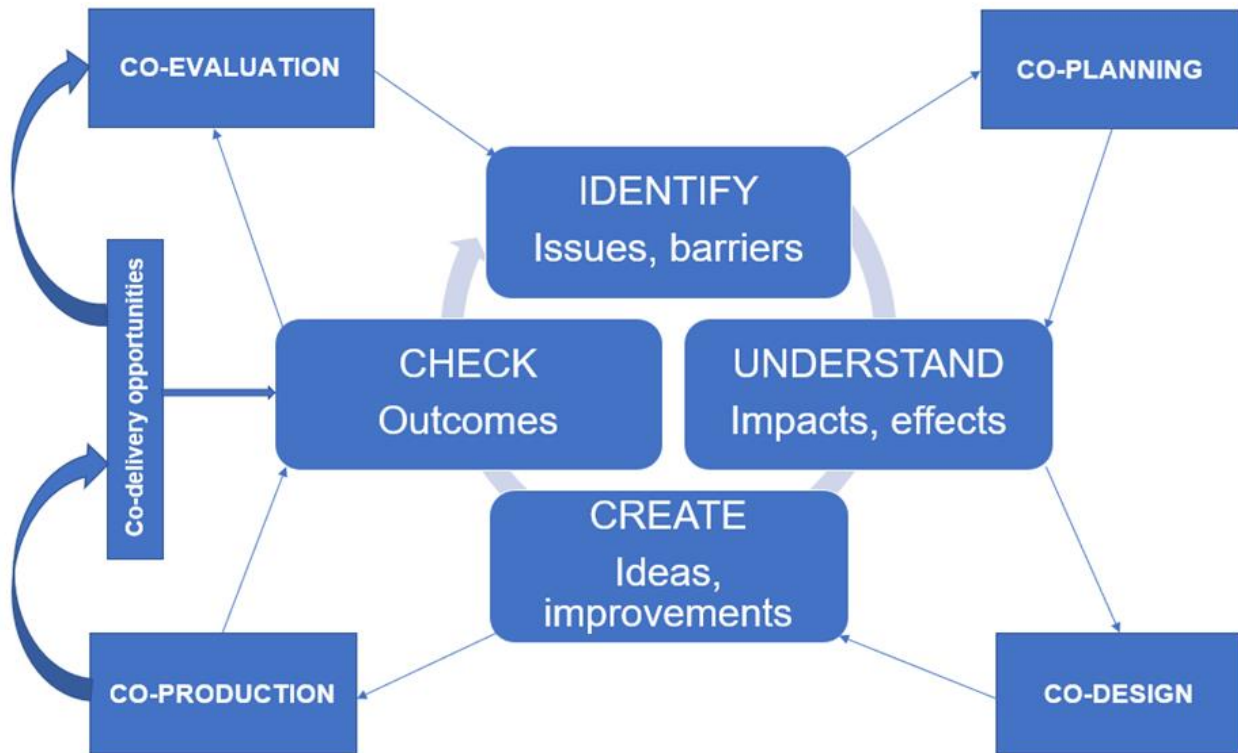
Principles of commissioning in Somerset

1. Co-Production

Somerset Council is committed to developing co-production with people who use services and carers. Co-production means working with people who use services and carers as equal partners in the design, development, commissioning, delivery, and review of the Council's services. It is central to achieving the personalisation of services and increasing choice and control for users and carers. It will help us to ensure that we meet the priorities of people who use services and carers and should also be seen as key to the quality and improvement agenda. Understanding and capturing the expertise of users' and carers' experience and incorporating this in the design and delivery of services is crucial to getting things right.

Co-production and engagement with people using services and communities as commissioners or service providers, is key to service improvement and development and ensuring quality service provision. The Market Position Statement 2023 states that, "Somerset Council recognise that there needs to be a significant improvement in our approach to co-production and engagement. Our future approach will be developed with people who have support, carers, and families."

Co-production cycle in Somerset



Examples of how we are embedding Co-production in Somerset

TEC service co-design

Adult Social Care and Somerset Lifeline services have been working together to develop a Technology Enabled Cared (TEC) service. This aims to offer choices, maximise independence and help people to stay safe and live in their own homes, as well as remaining connected within their communities. The service has been co-designed to meet the needs of likely customers by giving those people a voice during the design and development of the service. This took place through several co-design sessions at the Independent Living Centres where participants were shown and could try examples of TEC. 25 people joined the sessions and others joined online. 94% of participants thought that their views and ideas would help the development of the service. <https://www.youtube.com/watch?v=bry7afRYW3c>

Working together board

People with experience of accessing Adult Social Care services in Somerset and carers have been invited to workshops to help co-design a 'Working Together Board'. This board will offer the opportunity to be involved in shaping services in Somerset.

- **To achieve its ambitions, the board needs to ensure that people at the heart of everything:**
- **People are involved as equal partners in designing their care and support.**
- **Support is built around people's strengths, networks of support and communities.**
- **There is proactive feedback on people's experiences.**
- **The value of unpaid carers is recognised, as are their own support needs.**
- **Experts by experience are involved from the beginning in designing policies and strategies that will affect not just them, not just now, but also social care in the future.**

2. Embedding equalities within commissioning in Somerset

As well as our general equality duty as a public body under the Equality Act 2010, equality considerations are also fundamental for robust and effective commissioning. In order to thoroughly understand the needs of the Somerset population, plan services and shape the market, there must be an insight into the various experiences and requirements of the groups with protected characteristics according to the legislation.

Equality Impact Assessments are the primary tool to give equality considerations due regard, as required by law. It is a mechanism for informing decision makers of potential impacts (both positive and negative) when considering a policy or decision. This must not be a 'box-ticking' exercise but requires rigorous consideration with an open mind. Following this a basic guide has been developed alongside a process map.

Key elements within this include:

- **Considering the approach to the assessment based on complexity and impact.**
- **Data must be used to inform the assessment (this must comprise assessing the sufficiency of available data and evidence)**
- **Deciding the consultation approach (what do we know already? what relationships/engagement mechanisms can be used; what activity is required to ensure meaningful and effective consultation?)**
- **Ensuring assessments are conducted in good time and not in isolation, including the need for review corporately and at senior management level.**
- **Monitoring the actions stated to mitigate any negative impacts identified and sharing any learning.**

3. Quality Assurance and Contract Management

In Somerset through our commissioning, we set quality standards. These standards are monitored throughout the commissioning cycle to ensure that they are met safely and effectively by the care receiver.

This reduces pressure on the NHS through delaying future care needs and potential hospital admissions by delivering a high-quality continuity of care that is person-centred¹ and mitigates risks.

We recognise the vital and valuable contributions of our local care market, VCFSE, community and workforce play 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.

Contract management in Somerset is primarily undertaken by a team of dedicated contract managers who work closely with colleagues within NHS Somerset ICB to avoid overlap and duplication where a provider (for example a care home with nursing) is commissioned by both organisations.

4. Value for money

Commissioning and the application of a systemic approach in social care is important as it helps local authorities get a well-rounded view of the social care market. Through commissioning social care and the integration with health partners, local authorities can more effectively identify and procure services that will use their resources efficiently to deliver services at the best possible price.

Our budget and financial position

The new Unitary Somerset Council gives us an opportunity to utilise the skills of the workforce differently we have set out that our vision for the future is a smaller, leaner Council that is financially viable. Inflation, rising interest rates and an increase in adult social care costs are placing Somerset Council under significant financial pressure and we need to utilise our finances better delivering significant savings.

This means Somerset Council will employ fewer people, require fewer offices, and focus on the unique value that we can provide for our residents.

We will also need to bring people together and build strategic relationships with our partners and communities to work as a team to deliver outcomes for the people of Somerset.

5. Partnerships and encouraging integrated commissioning

System working encourages collaborative and integrated commissioning with local authorities, providers, VCFSE, carers and those that draw on our services to efficiently tailor services to meet the needs of their community.

Commissioning in social care is important as it keeps the individual and the impact a service will have on them at the heart of every decision made. It is vital therefore to keep in mind what good commissioning looks like.

What we are doing now.

In Somerset we are working within the backdrop of significant system change; how we work with our key strategic partners. Below are some of the developments that are having a direct impact on how we are working closer together and aligning services and commissioning opportunities:

- **A new unitary authority (Somerset Council) as of April 2023.**
- **An Integrated Care Board (ICB), into which the functions of the Somerset Clinical Commissioning Group (CCG) were transferred from July 2022.**
- **A Somerset Board incorporating the responsibilities of the previous Health & Wellbeing Board.**
- **A single NHS Foundation Trust providing integrated Community Health, Mental Health and Acute Hospital services at Musgrove Park Hospital in Taunton and Yeovil District Hospital (April 2023)**
- **Thirteen Primary Care Networks (PCNs) working across twelve neighbourhoods in Somerset.**
- **Strong relationships with local independent care providers and voluntary and community sector partners, and a thriving Micro-Provider market. The Better Care Fund (BCF) is a programme that support local systems to successfully deliver the integration**

In Somerset, we have already achieved a lot by working in partnership; this has been strengthened through our response to the COVID-19 pandemic. These changes have been made possible by different organisations, joining forces to agree and plan for local people's needs including:

- **NHS hospitals**
- **GPs**
- **Local councils**
- **Care homes**
- **Commissioners,**
- **Voluntary and community sector organisations**

Significant progress has already been made to improve care and provide more joined up services, this means that some of the work we need to do to develop as an ICS is already in place. There are many examples of this integrated working well across the County already.

Our vision for Somerset

Our vision is to become a commissioning driven authority. This is because this is the best way we can:

- **Deliver the Council's priorities as set out in Our Somerset Council Plan.**
- **Live within our means in the face of sustained public spending cuts.**
- **Take an informed approach to allocating and prioritising scarce resources.**
- **Undertake the unprecedented rethinking of public services (and our relationship with the public) that is necessary at scale and at pace.**
- **Truly understand the needs of our population and different places.**
- **Make best use of all available resources (not just those we directly control).**
- **Continually challenge us on the impact we are having and how well we are achieving the outcomes that matter the most.**

We are partnered in a programme of focused work called My Life My Future, to support us to build on the strengths we have in Somerset to design and deliver high quality, person-centred Adult Social Care services that promote independence and wellbeing.

This means providing the right support, in the right place at the right time.

The My Life, My Future programme, will be...



Person-centred



Data and evidence driven



Supportive for staff

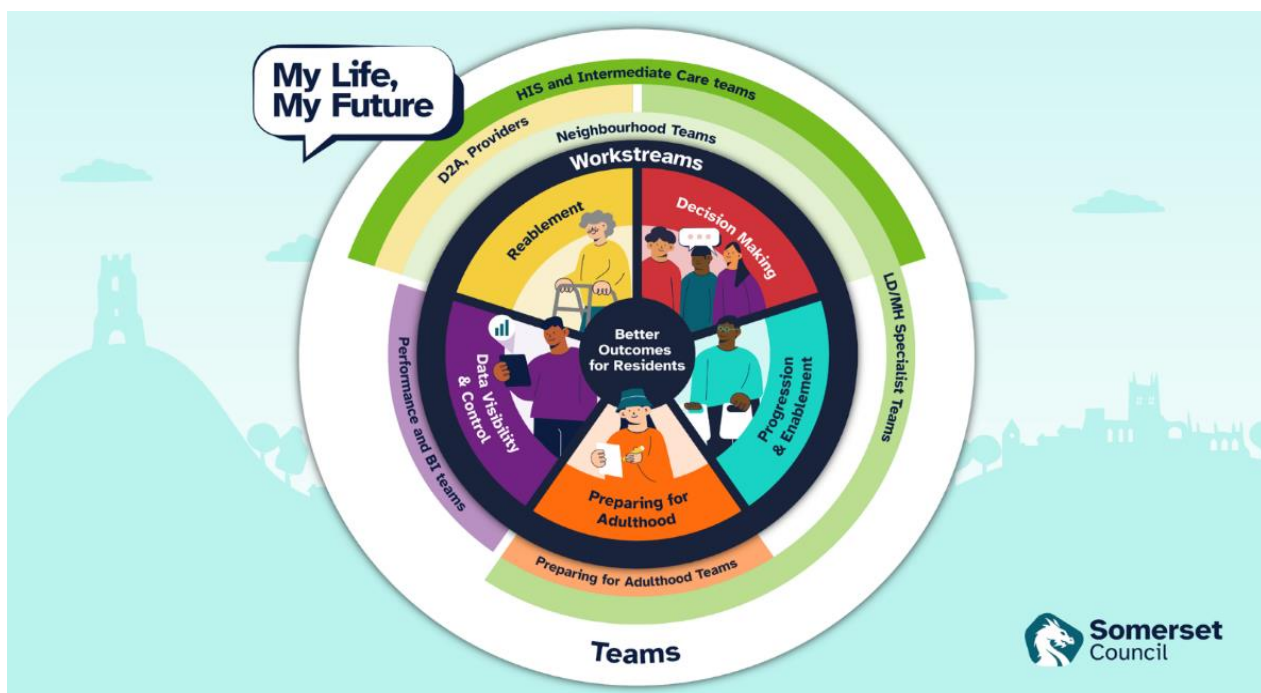


Future focussed



Taking an iterative approach

This programme will ensure our commissioning intentions and service design equips us for a future focused Somerset.



Our Commissioning Approach

We have developed our strategy for commissioning in line with Somerset Council's strategic priorities and the Adult Social Care Strategy 2023-26.

Our strategy is based around the following themes:

- **Prevention and early help**
- **Care and support**
- **Specialist care and support**

Theme 1: Prevention and early help

People in Somerset should be able to access a range of 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.

The services and support for this priority area are designed and delivered for the wider Somerset Community with the majority available to open access under wide self-select options.

Our key priorities for prevention and early help:

- Work in partnership with housing 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, and enables them to have fulfilling lives.
- Provide engaging, clear, and easy to access information and support to people when and how they need it 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.
- People 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.



What are we doing in Somerset?

Promoting Independence

Somerset Independent Living Centres (SILCs)

Somerset Independent living centres (SILC's) help people in Somerset find equipment and solutions to stay active, independent and make life easier. SILCs are a key part of our Adult Social Care Strategy prevention and early help approach, supporting people to live independently, staying well and safe. Our centres offer free impartial information and advice, and we encourage Somerset residents 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. You can find out more information here: www.somerset.gov.uk/equipment.

The SILCs service has four distinct service offers: occupational therapy, housing and adaptations, Technology Enabled Care (TEC) and sensory Loss. Initially the facilities will remain predominantly staffed by Local Authority staff for the next 12 months 2023/24, but there after to expand and include NHS Staff in partnership. We will also work closely with the Community Equipment and Wheelchair Services (CEWS) provider to support future equipment training by 2024.

Technology Enabled Care (TEC)

TEC can support individuals to meet a range of health and social care outcomes and will be a core priority of our Adult Social Care Strategy prevention and early help approach, supporting people to live independently, staying safe and well.

Technology has become a part of our daily living and in the coming decades, as the population ages we can expect to see an even greater demand from our population for technology to help them maintain their health and independence.

Somerset will take a whole life approach to how people can use technology to support all aspects of their lives – managing health conditions, supporting daily tasks such as preparing a meal or reducing social isolation by video calls to friends / relatives or participating in their local social group. TEC gives people increased choice and control over their support, whilst also enabling them to live independently. There are also benefits for carers in terms of reassurance and reduced risk of carer breakdown. At this stage we are not considering commissioning a countywide TEC service but focussing on developing our in-house provision along with working with external TEC providers on innovative solutions to meet specific identified outcomes such as managing anxiety through using app-based technology

Community Equipment and Wheelchair Service

In 2022, in response to the stakeholder feedback Commissioners and in partnership with Somerset ICB, Somerset Council awarded a contract to a provider to deliver the Community Equipment and Wheelchair Service (CEWS).

The integration of the Community Equipment and Wheelchair Services has been developed to support Somerset's Adult Social Care Strategy for 2023-26.

The Community Equipment and Wheelchair Service have proven to be a critical asset to the health and social care system in Somerset. As services strive to improve efficiency, and effectiveness whilst reducing spend, CEWS will be able to support those changes. The following objectives of the service are:

- **For Service Users to receive the right equipment and to ensure that they can be safe and independent at home or out in the community, reducing their need for other health and social care services.**
- **To have met the needs of deteriorating patients, minimising risk, and preventing crisis**

Commissioners for CEWS and operational staff also work in partnership with Somerset Independence Plus (SIP), the Council's internal Home Improvement Agency (HIA) to support people to stay independent and safe in their own homes.

A person-centred programme of Optimal Handed Care

The Optimal Handed Care approach (previously referred to as Single-Handed Care) is being implemented across the Somerset Health and Social Care system. It promotes an individual's physical and mental health and wellbeing by way of their active participation in their care routine. It uses equipment and safe techniques to enable proportionate Moving and Handling assistance to be provided in a dignified and respectful way. It is founded in the person-centred approach and enables individuals to retain choice and control by involving them in individualised risk assessment and decision making.

Supporting our communities

The VCFSE sector is critical to the delivery of our Council Plan ambitions and more specifically our Adult Social Care Strategy priorities, Somerset Adult Social Care has a particularly strong, and well-established relationship with the VCFSE sector, especially through the partnership transformation programme, Connect Somerset.

Connect Somerset is about everyone working together to increase early help in the community. Across state funded and community sectors, Somerset services are finding it difficult to meet demand and help those who need support, Connect Somerset is a big partnership that includes Somerset Council, Somerset NHS, VCFSE, and education settings, we can together develop an early help system that works well across all communities that need it.

Our strong partnership with the VCFSE enables Somerset to collectively increase the help available and how quickly people can access that help, including changing lots of small things that will add up to a new way of working across all Somerset public services.

Supporting Carers

Somerset Council jointly commissions a Somerset Carers' Support Service with NHS Somerset. This nationally recognised 'good practise' approach is a universal service for unpaid Carers and former Carers in Somerset. The service delivers a 'one stop shop' approach to ensure that all carers in Somerset can receive the support they require, when they need it, via a single point of contact. There is a focus on early intervention and prevention and the service helps Carers to find support within their local communities.

Carers Groups are supported through the contract with the Community Council and provided by SPARK Somerset. There are currently twenty-one groups, but these are growing. There are on-line groups as well as face to face, these provide a chance for Carers to have some respite and socialise, some groups run with the Carer and the cared for. There are regular group activities, organised day trips, informative speakers and more. This will:

- **Enable people to fulfil their potential by enabling the resolution of underlying issues and causes.**
- **Support people to become independent and step down from services.**
- **Providing access to the right support at the right time, reducing reliance on crisis and emergency services and enabling people to move towards independence and wellbeing.**
- **Support people to achieve their goals (the things that matter most to the individuals) through an honest relationship that changes over time as aspirations grow, develop, and are achieved.**

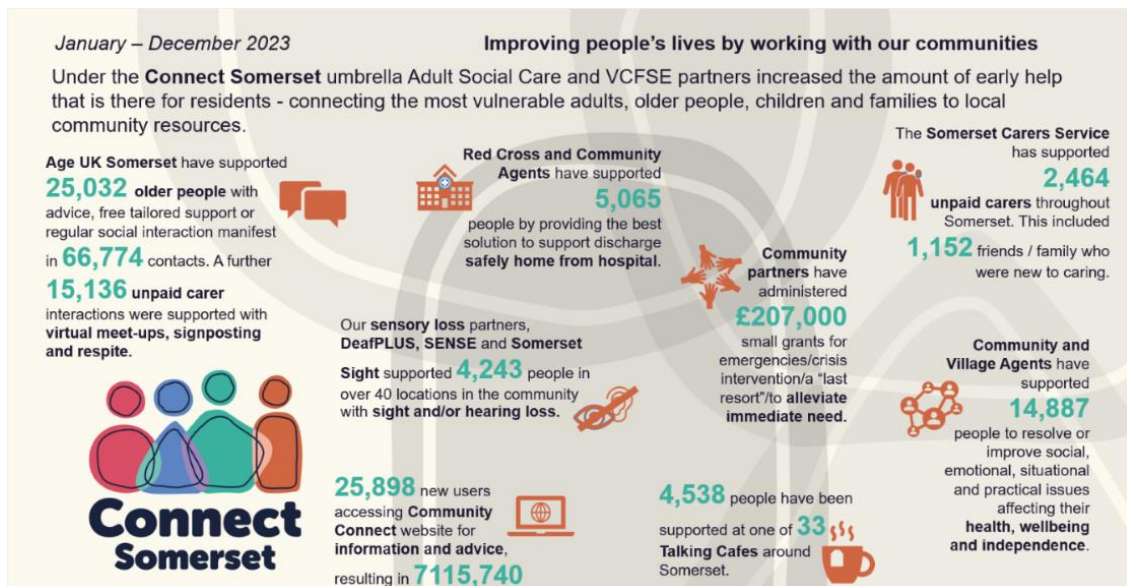
Community Agents

The service works directly with Adult Social Care in terms of identifying community solutions for those with assessed needs, reducing the need for paid for commissioned care. The service plays a fundamental role in Somerset Council's financial decision-making process through active and equal engagement at Enhanced Peer Forums and Peer Forums, preventing the need for paid for commissioned care.

The Agent Service is one part of a wider integrated service of social prescribing, delivered by one community organisation. This links into a network of social prescribing roles that includes Intermediate Care Community SPOC Service (with the Red Cross), Agents within Public Health, Social Prescribing Link Workers and Health Coaches in primary care.

The framework is intended to be outcome focused and will cover the following areas:

- **The context, rationale, and importance of social prescribing.**
- **Learning from local schemes.**
- **The Somerset model, key outcomes, key principles, resources to move towards over time.**
- **The Commissioning Approach.**
- **Fostering the right relationships using partnership agreements.**



Community Capacity Building and Micro-enterprise Programme

Alongside Commissioning, Somerset Council has dedicated support to develop workforce and support Community Capacity Building. The programme has three strands.

People and communities who have enterprising ideas to help or care for other people get targeted support to develop and thrive – giving a better choice of local high quality, highly personalised supports, or services for people to choose from

This dedicated support offer works towards building:

- Care Capacity: Micro-providers & Proud to Care bring additional caring capacity to communities Proud to Care received 583 enquiries through dedicated campaign. There are 1,170 new Micro-providers in Somerset delivering 31,122 hours support to 5,903 people in Somerset. 2,141 enquiries to become a micro-provider (Jan 2020- March 2023) 82% of enquiries are additional capacity driven by people joining / returning to social care.
- Personalisation Choice and Control: Greater variety of local supports means more people are choosing to self-direct their care.

119% increase in Direct Payment uptake (2018-2022) 70.3% of Direct Payment recipients surveyed used a Micro-provider with their personal budget

- Targeted Prevention. People are getting help earlier from Micro-providers, delaying or avoiding the need for formal or statutory health or care services. 73.3% of the support Micro-providers deliver is to people who self-fund their care. 59.3% % of the support provided by Micro-provides is lower level domestic, welfare, social and community support.

Micro-providers have precipitated the formation of neighbourhood care collectives inc. volunteering and good neighbour groups e.g., Wivey Cares, Wincanton Cares.

- Workforce: Attractive offer to people joining or returning to social care.
- Hospital Discharge: Micro-providers core to VCFSE response directly supporting over 1000 people out of Somerset's acute hospitals in 2022.

The Community Capacity team is focused on building technical solutions, such as:

- [Support Finder Tool](#)
- [Proud to Care Candidate Automation](#)

And building community partnerships to increase the number, type of community rooted hyperlocal capacity building options. The governments accelerating reform fund is They are characterised by offering some or all the following:

- **Local information, signposting advice, and co-ordination of local supports/ services.**
- **Support for carers (paid and unpaid).**
- **Support for people who want to set up local groups, clubs, or enterprises.**
- **Good neighbour or volunteer support.**

Our Commissioning intentions for Prevention and early help.

We will:

- Continue to optimise our SILCs Somerset Independent Living Centres, with the aim of developing a fourth provision by 2025.
- Embed Technology Enabled Care to be a part of our mainstream delivery and using a specialised training platform accessible to both our workforce, providers and our customers.
- Continue to drive effectiveness with the newly joint health and social commissioned Community Equipment Wheelchair service.
- In partnership with health and VCFSE, implement a newly commissioned Carers Service, adopting an integrated approach across community agents and carers services aligned to our neighbourhood areas in Somerset, enabling services to be closer to communities.
- In 2024 co-develop with ICS colleagues a number of fundamental aspects of Social Prescribing, irrespective of the agency involved. This will support the process of creating efficiencies and making best use of the collective resource. From April 2028 Somerset Council and the Integrated Care Board will create further efficiencies by consolidating and developing Social Prescribing, through joint commissioning, as part of a core offer to Somerset people.
- To work with our Micro Provider enterprise to build on existing effectiveness of governance and quality improvement, focusing on aligning our support approaches across Somerset.

Theme 2: Care and Support

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.**
- **Promote quality and diversity in the provision of local services and recommission 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.**
- **Enhance our ability to source suitable, timely care and support.**

We have a close partnership with the Somerset Registered Care Providers Association (RCPA) who work with our Somerset providers and offer signposting and resources in relation to a wide range of areas. The RCPA facilitate engagement across the integrated care system. Members include profit and not for profit organisations providing home care, care homes, supported living and community support.

What we are doing in Somerset.

Intermediate Care/Community Reablement

Intermediate care is an integrated NHS, Social Care and Community programme of active rehabilitation. These services are commissioned through a mixed model across a programme of workforce and services.

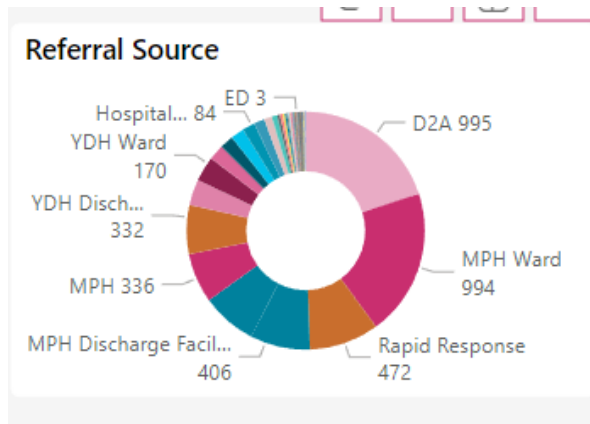
Adult Social Care hold lead responsibility for commissioning provider services for:

- **Home First Pathway 1**
- **Short term community beds – Pathway 2 and 3**
- **Single point of access to our community connections**

Our commitment 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 requires 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.

The My Life My Future Programme is supporting our Pathway 1 services with a range of efficiency programmes across the integrated model. This programme will help us develop the future commissioning intentions for 2024 and beyond.

The Community and Voluntary Sector are also a key partner in this provision and receive over 450 referrals each month to help people with the information and support they need to stay connected and safe in their local communities. This service supports people leaving hospital as well as people leaving Intermediate Care and supports a strong collaboration between the Somerset Red Cross and the Community Agent Service. All services are accessed via a Single Point for all referrals. The plate below shows the diversity of referrals across our acute and community services. Carers are also supported through the Single Point of Contact Team that includes the Agents Service, Red Cross and Acute staff. This offers a much more joined up approach to supporting effective discharge of patients and their Carers back home, fully utilising community support services.



Range of referral source to our VCSFE partners supporting acute and intermediate care services

Our pathway 2 and 3 services offer short term bed-based care and are a mix of Community Hospitals and community providers. In 2024 we have just over 300 beds open to support hospital discharge. There are 204 Community hospital beds and 98 community beds that make up the total offer for acute and community support within Intermediate Care.

These beds give a person the best chance of optimising their independence and are specifically set up to rehabilitation and re-able people to the point where they are safe to return home. On the occasions where this is not possible, assessments are completed for residential or nursing placements.

Older Person's Mental Health (OPMH) Beds are available to support people with significant cognitive impairment or who have specific behavioural needs to prevent hospital admission or leave hospital sooner. These are bespoke services that are designed to support people with high dependency / complex behaviours and are set within small units of 6 beds with a skilled workforce trained in the Newcastle Model approach. This environment provides people with a non-acute hospital setting in which their longer-term care needs can be evaluated and right sized before making decisions about longer term services.

Personal budgets and direct payments

As of March 2023, the number of people using a Direct Payment in Somerset was 1,643. A further breakdown of number of people, weekly net costs and average weekly cost is set out below:

Personal Budgets allow people to have greater control on how their care and support is delivered. It is important that people can choose to have a Direct Payment or Individual Service Fund (ISF) when appropriate. Somerset Council will:

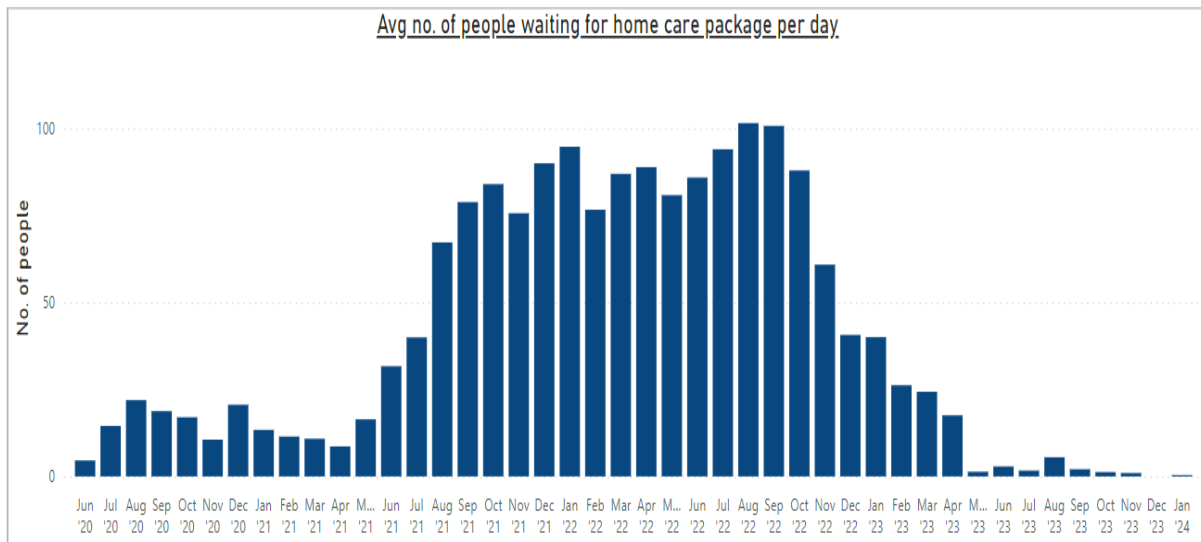
- **Improve access to Direct Payments in a timely way.**
- **Develop our Individual Serviced Fund (ISF) offer.**
- **Start to end review of current DP process.**
- **Continue to review policy and guidance documents.**
- **Ongoing training and information for staff.**
- **Consistent and accessible information for the public.**
- **Exchanging of best practice.**
- **Gathering improved evidence/data through listening to people with lived experience.**
- **Ongoing contract reviews with commissioned provider.**
- **Piloting of a DP+ service offer to inform future commissioning.**

18+ Domiciliary Care market

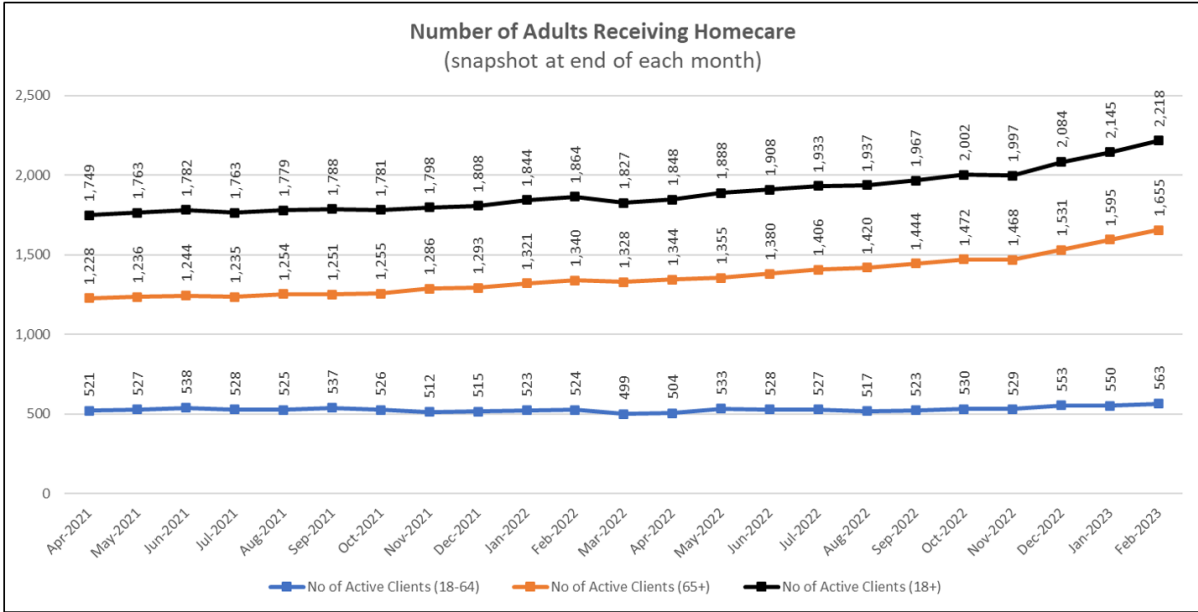
Demand for domiciliary care for people over 65 has increased significantly over the past 2 years and continues to grow. The graph below illustrates this increase and shows the number of people receiving care in their own home has increased by 27%. During this period there has also been an increase in 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%.

To meet the challenges that this increase presents we are commissioning a new model of home care to support the needs of people who need support in their home. This model has been designed to work at a place-based level and will be implemented from April 2024. The new model supports local blocks of commissioned care in areas where capacity has been lower in recent years, alongside a framework of local providers linked to defined areas across Somerset. The intention is to develop and enhance adult social care support in local neighbourhood areas, bringing care and support closer to home.

There has been a large increase in the amount of capacity available in the home care market over the last 12 months. 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 0.



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.

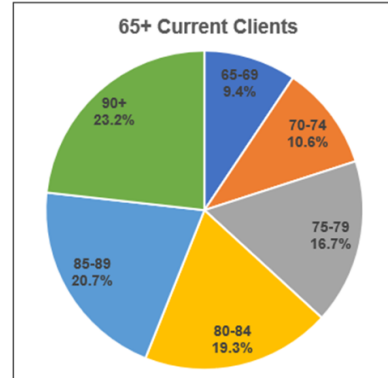
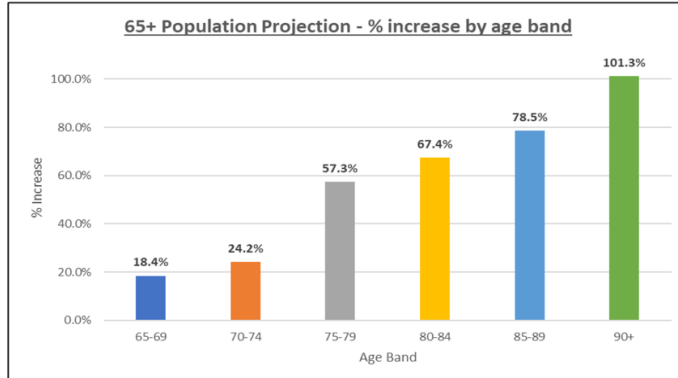


Care Homes

Our commissioning intentions are to ensure that we have sufficient care home capacity across Somerset. Having the right amount of care homes in the right area allows the people of Somerset to reside in the communities they are familiar with as well as maintaining relationships and links with their community. Purpose and community are often lost when someone moves into a care home, and we aim to minimise the impact of this through working in partnership with care home providers. We will also work closely with Somerset Council planning team to ensure that all applications for new care homes are considered alongside our knowledge of the social care landscape in Somerset and fit with our commissioning intentions.

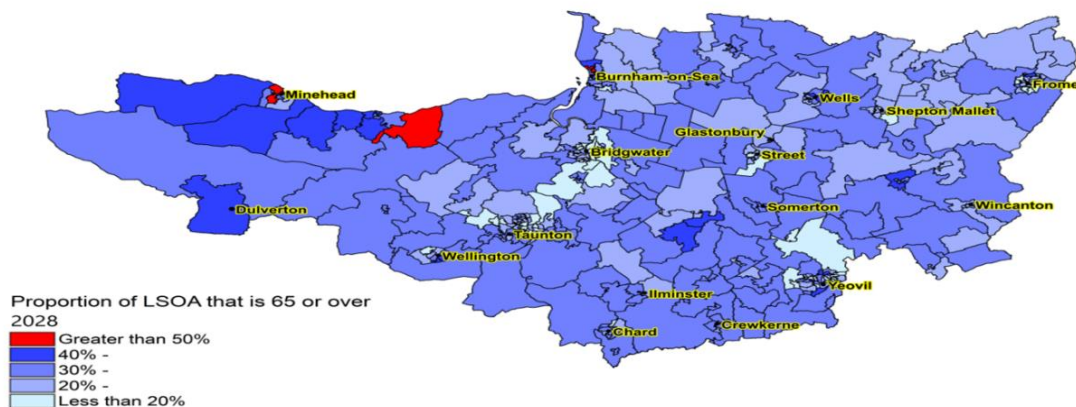
Somerset Service Demand Profile – Over 65

Population Projections – 65+ (using data from POPPI [from NS]):



This chart shows % increase for each age band (between 2020 and 2040). Quite alarming figures for people aged over 75 – who make up a significant number of our current client numbers. The pie chart shows that 80% of the 65+ cohort are in the 75+ age bands.

Somerset Age Profile – Over 65 - 2028



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Care Homes in Somerset		
	No. of Homes	No. of Beds
Nursing only	17	690
Nursing with Dementia	36	2,344
Total Nursing	53	3,034
Residential only	44	714
Residential with Dementia	46	1,711
Total Residential	90	2,425
Overall Total	143	5,459

Today we have 143 Care Homes and 5,459 beds.

Our future forecasting based on our demographic profile show us that by 2040 the Local Authority will need an additional 290 Residential Care beds and 266 Nursing beds.

As well as new Care Home Developments across the Local Authority and Private Market by 2040, Somerset will require an additional 1,100 beds.

Supporting people to live well with dementia:

In Somerset, dementia prevalence is growing faster than the national average (as is the 65+ population). The estimated number of people living with a dementia and aged over 65 was 9,413 in August 2021; this is an increase of 5.9% (525 people) when compared with 8,888 people in April 2019. The number of people with dementia is now likely to double by 2035 to around 18,000.

In a substantive effort to meet the challenges posed by an aging population and with a commitment to foster sustainability in our provider market, we as commissioners at Somerset Council in collaboration with system partners including health and third sector colleagues, have designed, and implemented a range of interventions to meet the needs of our ageing population and specifically those living with a dementia.

As we look ahead, Somerset Adult Social Care Commissioners are committed to addressing the evolving needs of our aging population, particularly focusing on those living with dementia. With projections indicating a significant increase in the number of people requiring care and support, we recognise the imperative to adapt and enhance our commissioning approach to meet these growing demands.

Our Commissioning intentions for Care and support

We are:

- Commissioning a new model of home care to support the needs of people who need long term care at home. This model has been designed to work at a place-based level that aligns to our health and social care neighbourhood teams. Our new care home model will be implemented from April 2024 and supports local blocks of commissioned care alongside a framework of local providers linked to defined areas across Somerset.
- Designing new models of care to support people to live well with dementia. Our work will span across the community and voluntary sector and will align to our population need as well as our commitments emerging from our Dementia Strategy.
- We are extending our contracts with our Intermediate Care services whilst we work as a system to understand the demand and capacity profile from our acute and community services as well as design and commission a new operating model with our strategic partners: Somerset NHS Acute and Community Foundation Trust, Somerset Council and our voluntary and community care and support partners.
- As part of our initiative to ensure equality of access Somerset Council in partnership with Enham are testing an enhanced Direct Payment Plus service that supports a managed approach who may not ordinarily be able to access or manage a conventional Direct Payment.
- We are developing new frameworks for local block contracts to enable us to meet ongoing demand for general and specialised support.
- We will commission new Older Mental Health block beds to provide specialised care for people with complex needs, including those living with dementia requiring intensive support and treatment.
- We will commission a new Dementia Residential Care Model equipped to support people with complex needs, providing tailored care and support services, focusing on promoting independence, dignity, and quality of life for residents.
- To optimise Extra Care Housing to extend the offer for People living with early-stage Dementia.
- To support provider market access to Training focusing on areas such as pharmacological interventions, leadership skills, and end-of-life care, as well as managing behaviours that challenge, ensuring that staff are equipped with the knowledge and skills needed to deliver person-centred care to people with dementia.
- To create a day opportunities framework for dementia, to support the market to deliver commissioned day care as part of more diverse and person-centred care packages.



Theme 3: Specialist Care and Support

Most of the specialist support that we commission, other than Extra Care Housing, relates to two groups: Adults with learning disabilities and/or autism and adults with mental ill health. We do not currently have discrete commissioning arrangements for adults with autism, but not a learning disability, at this time and our approach is to commission on an individual basis where an individual with autism has assessed eligible social care needs.

We will:

- Develop a shared understanding that, in changing the way in which we work, we can improve the outcomes for people who use services, their Carers, and families.
- Ensure families, friends and personal networks are the foundations of a rich and valued life in the community.
- Ensure people who use services, and their families, are in the best position to determine their own needs and goals and to plan for the future.
- Support communities to be enriched by the inclusion and participation of people with mental ill-health, learning disabilities autism and any other need that requires support from a specialist services, and these communities are the most important way of providing friendship, support, and a meaningful life to people, their families and carers.
- Work in a way that recognises that the lives of people who use services are enhanced when they can determine their preferred supports and services, and control the required resources, to the extent that they wish.
- Support people to gain the skills, development, and progression in order to be as independent as possible.
- Promote partnerships between individuals, families and carers, communities, local government, the National Health Service, housing, service providers and the business sector are vital in meeting the needs of people who use services.
- Support a full spectrum of housing options for people, as a historical over reliance on specialist provisions has had a detrimental effect on the access that people have to wider housing options.



What we are doing in Somerset

Specialist Adults Support in Somerset

From April 2024 a new Dynamic Purchasing System (DPS), named “Specialist Adults Support in Somerset”, will be introduced. This builds on a DPS that has been in place since 2015 that was initially focused on adults with learning disabilities, but latterly expanded to include adults with mental ill-health. The new DPS will not be diagnosis specific, so can be used to procure services for any individual who has been assessed as requiring a specialist care and/or support service. It is designed to procure residential care (including respite and short breaks), supported living, specialist domiciliary care, and daytime support. Our target is for a 50% reduction in specialist residential care provision for people with learning disabilities across Somerset through the My Life, My Future Programme, and the intention is that this is primarily achieved by significantly reducing the number of new placements we make.

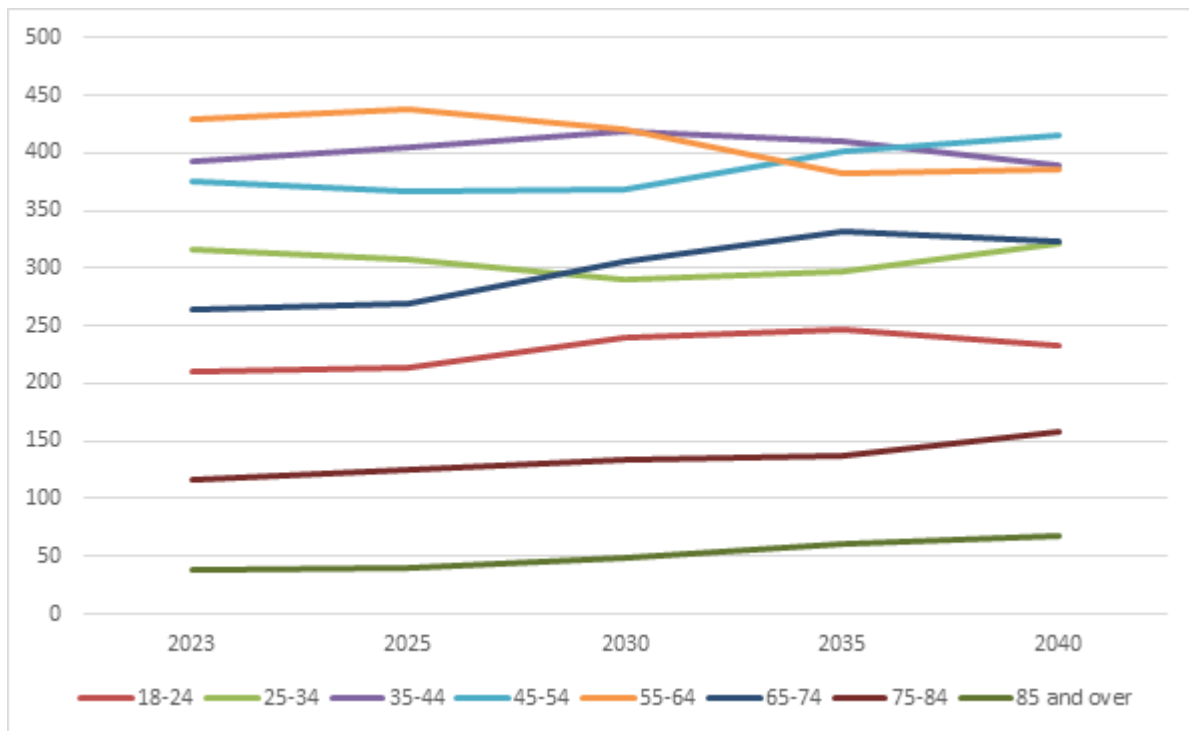
In future we will only consider commissioning a new specialist residential or nursing care placement for people aged 18-65 where:

- **An individual has a level of need that means that this is the only appropriate service. This includes people with complex medical needs.**
- **Where Deprivation of Liberty prevents them living in other types of provision**

Adults with learning disabilities

Population modelling indicates an increase of 7.1% over the next 15 years, with the majority of the growth in people aged 65 and over, and a decrease in those aged 55-64. Overall, we are seeing people with learning disabilities living longer, and with more complex needs, than they would have 15 years ago. This includes both young people reaching adulthood who might not have in the past, and adults with learning disabilities living to a much older age.

Population projections indicate the following growth in the number of adults with learning disabilities resident in Somerset in the period up to 2040:



people aged 18 and over predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services, by age.

The number of individuals in our Transforming Care cohort is small (13 as at February 2024), and there is an effective partnership in place in Somerset to proactively manage it.

Adults with mental ill-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 community¹¹.

The term mental ill-health covers a broad range of conditions. Within working age adults the predominant conditions are functional, including psychosis, bipolar and personality disorders, with organic conditions including dementia predominate in those aged 65 and over.

Population modelling indicates that the number working age adults with mental ill-health within the Somerset population will remain stable over the next 15 years with small decrease of less than 0.5% over the period. However, while further research needs to be undertaken to understand whether it is a short term spike or a longer term trend,. System partners are reporting that Somerset has seen a significant increase in the level of complexity mental illness since the Coronavirus pandemic

and this will need to be taken into consideration as the data used to support strategies is reviewed over the coming years.

Mental Health Step-Down service

Mental Health Step Down (MHSD) services have become an integral part of the mental health pathway in Somerset. The service is running well, working to capacity, and demonstrating the ability to move people on in good time with access to suitable housing options and support.

The Step Up and Step- Down service is a joint Adult Social Care and Somerset Foundation Trust (SFT) led commission.

The current plan is to continue to support the current provider, to extend the contract by 1 year after the initial 2 years of the contract and for a recommissioning process to be undertaken during this extension.

Adults with an acquired brain injury

In Somerset every year around 3,000 people are admitted to hospital following an Acquired Brain Injury (ABI) (Source: Headway & NHS Digital), with traumatic Brain Injury and stroke the highest cause of admission with comparable rates of around 1,500 per year.

There is no currently overarching national strategy for ABI. The Department of Health and Social Care is, however, leading a cross government work to develop an Acquired Brain Injury Strategy. A consultation process ended in June 2022, and updates on the strategy will be published in due course, but what we do know for our experience is that:

- **Early intervention is key: Getting the right advice, treatment and support at the right time can make a real difference to how people living with an ABI are able to self -manage and optimise their function throughout the course of their lives.**
- **The impact that an ABI can have on an individual and their families is profound and can lead to a range of concerns including significant personality changes, homelessness, criminality; mental health, physical health, and isolation.**
- **People with and ABI who presents with complex needs are low in number but have a high impact on both services and costs to the system.**

Crisis Support

The service is focused on prevention and risk management, which is positive for people and prevents reactive and inappropriate responses, and consists of two elements:

Community Crisis Outreach Support Element

The Community Crisis Outreach Support element works in a multi-agency way to support the crisis prevention pathway and prevent hospital admissions. It provides support across the county where required using a priority triage system.

This element is designed to be used as rapid support to prevent crisis, severe placement breakdown and potential hospital admissions. It can also support complex and high-risk care assessments and support planning.

Short-Term Crisis Support Residential Element

The residential element provides short-term, complex / high risk and crisis care, in Taunton, with 24-hour support provided through a combination of 1:1 and 2:1 staffing (where required) and night support. There is provision for higher levels of staffing, should this be required for short periods. However, it should be noted that very high staffing ratios are restrictive in themselves and need careful consideration as part of a de-escalation plan. This element of the service enables people who may be in crisis to live independently in a safe environment and work towards rebuilding stability. The support and accommodation can be used in crisis to prevent hospital admissions and to promote the ability for people to re-integrate into the local community following discharge from an acute mental health hospital. It can also support complex and high-risk care assessments and support planning.

Crisis support for adults with mental ill-health

The majority of crisis support for adults with mental ill health is provided by the NHS in Somerset. However, as part of Open Mental Health (see page 38) a Crisis Safe Space is available as an out-of-hours service for anyone who feels like they are really struggling with their mental health. Instead of going to their local Emergency Department, 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.

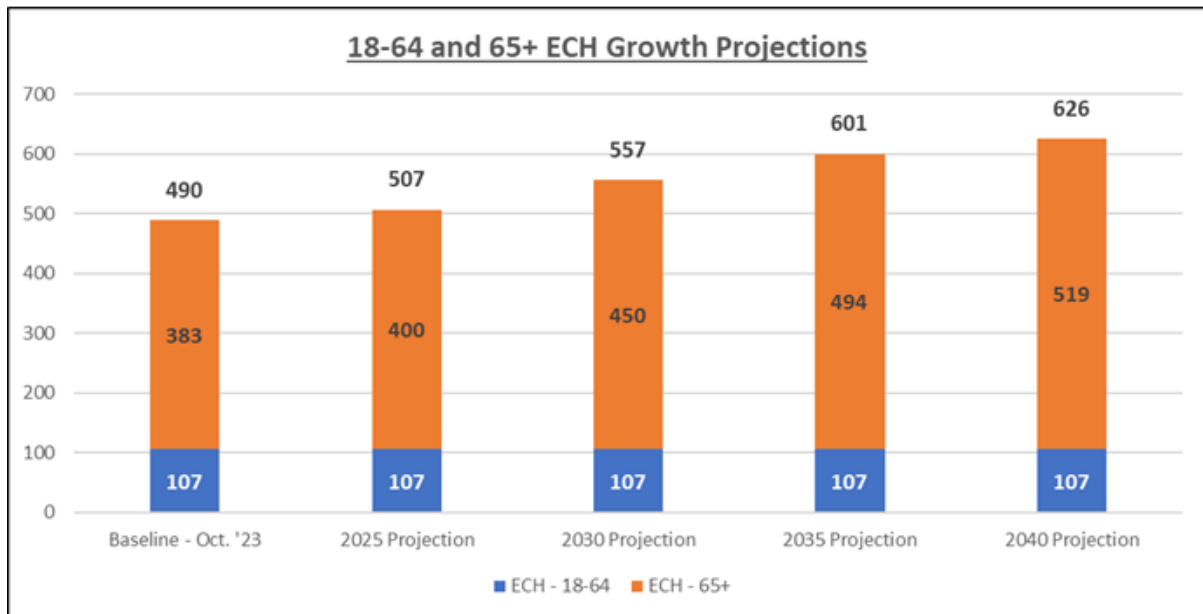
Extra Care Housing

Somerset Council wants Extra Care Housing (ECH) to be a vibrant model that meets the needs of local people, and reduces the number of people requiring residential care over the next 10 years. The Council is currently in the process of reviewing its arrangements for ECH ahead of a recommissioning process for the care and support and housing related support elements during the 2024/25 financial year.

ECH supports 509 tenancies over 14 schemes. Schemes range from the largest scheme of 66 tenancies to the smallest 24. The largest (and newest) scheme is Tennyson Court.

The average size of an ECH scheme is 36 tenancies. The size of the schemes reflects the population for each area and the rurality of Somerset, although there are population centres, for example the Glastonbury/Street and Wincanton areas where there is no current provision.

The predicted demand for Extra Care Housing over the next 15 years is shown below:



The quality of the housing stock that is currently utilised is variable, with some older schemes being less favoured by prospective tenants even though the locations are generally good in terms of accessing local infrastructure (in some cases better than newer developments), and the commissioned care and support being of the same standard.

Shared Lives

Shared Lives is a form of support and accommodation that offers people who require care and support the opportunity to live independently in the community, through matching people who need care and support with an approved carer whose home they live in. The scheme that operates in Somerset primarily supports adults with a learning disability.

During 2024/25 we will be recommissioning our Shared Lives scheme with a new specification and targets to:

- **Increase capacity in Shared Lives services significantly over the next 5 years to reflect both new demand and reductions in residential care capacity.**
- **Expanding the Shared Lives service to include other customer groups.**
- **Provide an alternative to short breaks currently delivered in residential care environments.**
- **Provide short notice capacity where a person is not in crisis, for example in the event of family carer illness.**
- **Transitional support prior to a permanent move to independent living for people currently living with family carers.**
- **Day and evening opportunities, including at weekends.**

Creative solutions for complex adults

Somerset Council commissions The Creative Solutions for Complex Adults service. The service is known in Somerset as the Step-Together service and is provided by the Second Step organisation.

The purpose of the service is to support a core group of adults with complex and multiple needs stemming from a combination of mental health needs, substance misuse and behaviours of distress who are unable to find a sustainable housing solution and find themselves 'stuck in the system'.

Step Together works with a range of support services, landlords and housing providers to remove barriers and increase access to stable accommodation. In doing so, the service:

- **Reduces unnecessary admissions to hospital, need for care and support.**
- **Reduces tenancy breakdown.**
- **Optimises use of all type of housing provisions and tenures**
- **Prevents needs from escalating and supports management of substance misuse and mental needs by linking with other community groups and professionals.**

This service will be recommissioned during 2024/24

Mental Health in the Community

Open Mental Health is an alliance of organisations that are working to improve the way people in Somerset receive support with their mental health, which was recommissioned in 2023.

Open Mental Health exemplifies collaboration, bringing together local voluntary organisations, the NHS, Somerset Council, and people with lived experience of mental health challenges. The collective mission is to revolutionise mental health support in Somerset by offering a comprehensive range of specialist services. These encompass NHS support, housing advice, debt and employment guidance, volunteering opportunities, community activities, peer support, and local exercise groups. The overarching goal is to ensure timely and tailored support for those in need, fostering their holistic wellbeing and enabling them to lead fulfilling and independent lives.

Services offered include:

- **Holistic wellbeing workers offering one-on-one and group support.**
- **Peer supporters providing invaluable peer support.**
- **Multi-disciplinary professionals such as psychologists, mental health nurses, and occupational therapists**
- **Specialists in eldercare and youth mental health**
- **Experts in eating disorders and developmental trauma**
- **Financial and housing advisors**
- **The collaborative approach ensures that every individual seeking assistance finds a welcoming and accessible pathway to support.**

Advocacy

These duties are all provided through the current advocacy through a contract with SWAN Advocacy. The existing contract has been extended until 31st March 2025. The service provides independent advocacy to empower people to express their personal needs and assist them to achieve their rights and entitlements. It will assist people to secure relevant information and knowledge thus enabling them to make informed choices, to be involved in decisions about their care and support needs and promote their health and wellbeing.

Our Commissioning intentions for specialist care and support

- In common with other elements of this strategy, we want people who use services, and those who are important to them to be actively involved in our strategic commissioning processes going forward. As part of this approach, we are working with the Somerset Community Foundation and Discovery Community Fund to re-establish self-advocacy arrangements for adults with learning disabilities in Somerset. We will also be putting in place arrangements for a reconstituted Learning Disabilities Partnership Board during 2024/25.
- As part of our My Life, My Future programme, to reconfigure provision from residential care, towards models that promote progression towards and to independent living, and avoiding new placements outside of Somerset wherever possible. This requires a strengths-based approach in everything we do that concentrates on progression, enablement, opportunity, accessing community supports, and encouraging people to have high expectations of what they can achieve rather than dependency on institutionalised models of long-term care. This will help to control escalating funding pressures due to demographic change, but it will not eliminate them.
- Continue to commission the Community Crisis Outreach Support Element without any changes currently due to its ongoing success.
- We are working with the current ABI Specialist provider and our health partners to support the future design and re-commissioning of this service.
- We have relatively small numbers of people with learning disabilities and mental ill-health placed outside of Somerset, or a short distance from the borders of Somerset (133 as at February 2024, 97 of which were within neighbouring authorities and 103 within the Southwest) and will continue to actively work to avoid placing people long distances away unless this is as a result of personal choice. We will also seek to collaborate with regional colleagues to develop solutions within the region for those individuals who require highly specialist services for which no one system has sufficient demand to strategically commission on its own.



- For young people who are transitioning to adult services, our view is that they should be able to live within, or as close to, their communities and those that are important to them in the same way as anyone else. We will therefore move away from commissioning residential care for young people who transition to adults' service either at the point of transition if they are not staying in education, or on leaving education, unless they have nursing or near nursing needs.
- To work with housing colleagues and key partners to ensure that there is sufficient housing available for those people who, while requiring specialist support because of their mental ill-health or disability, do not require specialist housing beyond standard levels of adaptation. This will include expanding the range of housing options available in Somerset, as well as improving the support and information available to help people access those options, and specifically those people with support needs.
- Develop a new approach to supported housing for those individuals that do not require a 24/7 supported living service but do require a model that enables them to live within an appropriate non-specialist environment in the community, with a relatively small package of domiciliary care and/or housing related support as they transition to independent living. This will be primarily focused on young people transitioning to adult services and those discharged from acute mental health services, but will be designed to be available to all.
- We will continue to utilise existing void and nomination agreements to enable us to have access to specialist housing capacity, but our approach will be for agreements for new or re-provided capacity to be for nomination rights only in the future, unless there is a strategic business case for the Council to secure the capacity with an agreement to pay void charges.
- A full re-commissioning exercise for Advocacy services will be delivered during 2024/25 to ensure that the service is compliant with current legislation, fit for the future and delivers best value.