

Review of “Stronger Somerset”

Professor John Bolton
February 2021

1. Introduction

- 1.1 I have been asked by Somerset Council to review the proposal put forward by “Stronger Somerset” to consider the evidence on the likely impact for Adult Social Care that has been used to argue the case for dividing the current county into two administrative regions. I am a Visiting Professor at the Institute of Public Care (Oxford Brookes University) and a consultant working on cost effective delivery of adult care. I have had an ongoing relationship with Adult Social Care in Somerset County Council for about four years and act as a “critical friend” to their adult care improvement programme. I have over 40 years of experience working in social care. I have been a Director of Social Services as well as Strategic Finance Director at the Department of Health. In the last twenty years of my career, I have focused my work on the development of cost-effective models of social care. My work is published and can be found on the Institute of Public Care web site.

2. Summary of findings

- 2.1 Somerset County Council’s adult social care found themselves in a very difficult financial position over four years ago. The council embarked on a major transformation to tackle this. The aim was not to make cuts in services and reduce their offer to local people (that some councils have had to resort to) but to deliver a range of services that enabled them to be more cost effective and efficient in the way in which social care was delivered. This was achieved through five main change programmes: –

Developing a local contact centre to serve the county and to look to help people through good access either on the phone or via the internet. This service now helps 60% of those who seek help from the Council.

A programme in social care that focused on helping people through improved outcomes particularly **reducing the demands for residential care**. There is less use of residential care by both older people and adults with a learning disability.

A community-based programme that developed both strong links with existing community organisations and the local voluntary sector as well as developing a wide range of community social enterprises to serve the population.

An **improved relationship with those who provided services** in Somerset.

A new approach to discharging patients from hospital that was developed together with the NHS and **established a joint set of Intermediate Care Services for the County**. The approach developed has continued to serve them well during the Covid pandemic.

The result of these programmes is that Somerset Council Adult Social Care has been able to balance its budget whilst improving services and outcomes for local people without making direct cuts to local services. This is an impressive outcome for any council. It is my view that if this structure (and the people who are making it work) is changed there could be significant risks to the gains that have been made. There could be a high cost to public services in Somerset and poorer outcomes for citizens.

3. **Background to Adult Care in Somerset**

- 3.1 It is worth stating at the outset (2016) when I was first invited to assist Somerset's adult care programme, they were in a very challenged position with a volatile care market, large overspends on the budget, a poor performance and very poor relationships with the NHS and other key partners. The Director of Adult Social Care at the time clearly understood the challenges they faced and launched a major improvement programme which has made great strides for the County and has put them in a much stronger position now than they were then. Some of the data used in the case for a Stronger Somerset does reflect the challenges that were faced by the County Council prior to their improvement journey. Over the time I have worked alongside the Senior Managers I have seen a massive transformation which has included a balanced budget (delivering on savings targets), a massively improved delivery of social care and a staff group whose morale has raised from rock bottom to a motivated and committed staff team. The base of the transformation was built on the principle of "promoting the independence of citizens to achieve their maximum potential". The improvement can be seen in: reduced delays in transfers of care from the hospitals; reductions for all types of customer and their use of residential care; a strong commitment to asset based practices starting with an excellent contact-centre; an impressive community enterprise structure (probably the most advanced in the UK) where the council and the community work in partnership to meet people's

needs (including those who would fund their own care); reduced waiting lists for services and an improved relationship with those organisations committed to providing care for the people of Somerset.

4. **Current position of Adult Social Care in Somerset**

4.1 **Spend on Adult Social Care**

The most recent data shows that Somerset has a higher percentage of older people in its population than many parts of England¹. 3.5% of the population is aged over 85 – the English average is 2.5% whilst the South-West on average has 3.1% of its population. When the monies from the NHS is added to the County Council budgets for adult social care the gross expenditure per adult in the county is in line with the English average expenditure per head of population. (£507.57 in Somerset - £521.70 in England and £573.78 in South West). Overall Somerset spends just below the national average per head of the population on adult social care.

Somerset helps 0.86% of its population between the ages of 18-64. This is in line with the English (0.86%) and South-Western (0.9) averages. Somerset however supports fewer older people (3.72%) with formal help than the English (5.3%) or the South Western (4.41) averages. The number of older people being helped has reduced in Somerset over recent years as part of their preventive, asset-based and promoting independence strategies. This has led to fewer people being helped formally by the council (and more in the community) with significant savings made as a result. The biggest reduction has come from the lower numbers of older people being placed in residential or nursing care by the council.

4.2 **The Contact-Centre**

Somerset County Council has one of the most developed contact-centres to help people who are seeking advice, information, and guidance in England. This has been developed over the last three to four years. The contact-centre, which now handles over 5000 request per month (calls from new and existing customers), has increased the numbers of people it helps² whilst being able to offer more people good information on how to resolve their problems than most other places in England. The current rate is that just over 60% of people who use this service have their problems resolved with no additional costs to the County. The satisfaction rate from customers using this service is also very

¹ All the data cited in this report is taken either from the LGA report – Adult Social Care Use of Resources South West Report for Somerset 2019/20 or from Somerset County Councils information base.

² The number of requests to the Call Centre for Help from new clients has gone up since its changed arrangements in 2016 from 9,025 to 11,765 per annum in 2019/20

high at 93.9%³ saying the service was good or outstanding. The contact-centre operates on a principle of helping people to find solutions within their community, their local network, or their family – sometimes called “strengths-based” or “asset-based” practice, in adult care. To achieve this the contact-centre staff are trained and supported to have effective conversations with people making enquiries. They also retain a good knowledge of the organisations and individuals who are available in the community to assist people including the voluntary organisations established in the county.

In essence with such an effective contact-centre they can ensure that only those who have higher levels of care needs (just under 20% of all callers) are passed through to the locality teams (locally based social workers and Occupational Therapists) for an assessment of their needs. Those who are assessed are much more likely to both be eligible and to need a service (currently the rate is that over 80% of assessments result in a new service). This excellent performance demonstrates an effective use of local resources to get the best outcomes for its local population⁴. At one stage there could be a significant wait for a social work assessment in Somerset this has now reduced and earlier in the year it was down to a matter of a day or two though this has increased as Covid 19 and its various impacts has hit the teams. Still over 80% of assessments are started within 2 days.

In addition to this excellent service the County Council has developed its own website – Somerset Community Connect that receives on average just over 5000 unique views per month from people looking at what might be available for their locality. The average duration of a session is 2 minutes.

The contact centre has day to day contact with the adult social care locality-based teams. This is conducted in a highly professional way by both parties. The social care staff respect the contact centre team and can discuss any person with them and together they can share their knowledge on the best possible solutions. These services are managed by different Departments of the council. This does not show in their transactions. There is a strong common purpose in putting the customer first. In some places this can be an area of conflict in the council. This is not the case here and is demonstrated by the extraordinary outcomes that are achieved. In my professional view, this is one of the most impressive sets of arrangements established by any local authority in the United Kingdom.

³ Data from Somerset County Council

⁴ Data from Somerset County Council

4.3 Long-term care and support

Somerset County Council adult social care perform better than the English average and better than the South-West average in all the key measures that drive up the costs of adult social care. They help more people through Direct Payments; have more younger adults with a learning disability living in the community; have fewer admissions to long term care for both older people and for adults with a learning disability. Performing well in all four of these critical areas is a sign of a cost effective well run adult social care system⁵. This indicates that the transformation programme that has been led in Adult Social Care has delivered a sustainable model of social care that will help them in the future.

The table below shows the reductions being made in new placements into residential and nursing care for older people and people recovering from mental ill health over the last three years with the most recent data. The pressures in the system have moved from meeting the needs of older people through residential care to meeting the needs of people recovering from mental ill health. The reduction in this year (2020/21) will have been impacted by the deaths from Covid in some Care Homes.

4.4 Data from Somerset Council

	Outturn 2017/18	Outturn 2018/19	Outturn 2019/20	November 2020
Residential	721	689	697	668
SRC	139	137	126	126
Nursing	646	606	599	559
OPMH Nursing	189	173	178	164
Mental Health Residential -	114	132	142	141
Mental Health Nursing -	102	101	118	116
Total Placements	1,911	1,838	1,860	1,774

4.5 Unit Costs

In the three main areas of spend for adult care Somerset pay higher than the average in the South-West for residential care for younger adults (but with

⁵ From the LGA report – Adult Social Care Use of Resources South West Report for Somerset 2019/20

fewer people) and lower than average for Domiciliary Care; residential care for older people. This again is a strong base for a future adult care system.

4.6 **Strategic Commissioning**

The Stronger Somerset report rightly points out that the future of commissioning of adult social care does in part sit closely with the new Integrated Care System that has already been established in a shadow for Somerset. One of the big advantages for both Somerset Council and the NHS is that for the past decade they have had similar boundaries. The Clinical Commissioning Group and the County have the same geography. It has taken a while for this to build up in a productive way for both parties but recent developments particularly in the joint work on out of hospital care (managing discharges and significantly reducing delays) has shown that the partnership is now well established with key senior managers and political leaders from both organisations working well together. It is interesting to note that at present (2019/20) the NHS contribution to adult social care expenditure is 18% of the total gross spend (this compares with 13% nationally and only 11% in the South Western Region). This is the sign of strong confident partners.

One of the main features of the current joint working between the county council and the NHS is the establishment of a jointly run “Intermediate care service”. This is a credit to several years of hard work through close partnership. It is another one of the impressive features of the local arrangements in Somerset. It would be foolish to dismantle this into two separate services.

4.7 **The Care Market**

One of the most important aspects of adult social care is the assurance that there is a stable supply of care for both councils and for those who are currently required to fund their own care (there is some expectation that this will change in the future). In Somerset, the quality of the care market is demonstrated by the fact that 95% of the providers in the county are rated by the Care Quality Commission as Good or Outstanding. There are not many places in England that can boast such a strong performance.

4.8 **Community Agents**

Somerset has developed a strong model to supplement its local care market through the development of Community Enterprises. These have been built on the willingness and interest of local people from across the county. Over 4,000 people receive their care and support help through these individuals and organisations who work closely with the county council. 60% of those using these services are responsible for paying for their own care. This means the County Council can both support those for whom it has financial responsibility as well as those who rely on the local care market to meet their

needs. This development has made a significant impact on the way in which care can be accessed by all parties in the county. This service has been developed over the last five years and its success has come from the way in which the County Council and their partners in the NHS have worked with people in local communities. There are few places in England that can equal this level of community enterprise. Over 18 months, they have seen a 3.5% reduction in the number of people receiving paid for support, and a reduction in the number of hours of paid support by blending formal support with community solutions.

4.9 **Investment in community**

In addition to the work that Somerset Council has undertaken to develop social enterprises in the community there has been a £1 million investment in services across localities that provide a respite or preventive service for residents. Most notable amongst these investments is the development of several community dementia cafes that provide a local place for people with dementia to visit with their carers to gain advice and support in an informal and supportive setting.

4.10 **Performance Framework**

One of the impressive features of the arrangements within Somerset Adult Social Care is their use of data. They have developed a performance framework which enables them to monitor the progress they are making against their action plans for transformation. They use the data intelligently and it has enabled the council to make better decisions about the direction of adult care. In my experience this is a rare strong feature of a social care department.

5. **Appraisal of the recommendation made for adult care by “Stronger Somerset”.**

5.1 It is my view that Adult Social Care in Somerset (as demonstrated in Section 3 above) is well set up to meet the challenges of the next decade and I am concerned that a reorganisation places significant risks on the progress that have been made in recent years. The reform that is promised by the proposals in the paper “Stronger Somerset” is already being delivered across the county by the current Senior Management Team in Adult Social Care.

5.2 The “Stronger Somerset” report is very misleading about the finances of social care and shows a lack of understanding of the way in which social care has had to operate in recent years. The report claims that …“it was already a service under substantial pressure with cuts agreed in 2018 to help

address the County's financial position, adversely impacting vulnerable people, including £1.75m of cuts in services for disabled people and £2.75m in services for adults in receipt of adult social care". Actually these were delivered through a combination of the factors described above in Section 3 – working to promote the independence of the people of Somerset through new approaches to social care which included: working closely with the NHS and local providers of care to reduce older people's admission to residential care (particularly on discharge from hospital); working closely with the community and developing community enterprises to develop new ways of helping people achieve their desired outcomes in their own homes (increasing the take up of Direct Payments); working closely with the care market to sustain the quality of services whilst improving the access to domiciliary care; and developing the role of the contact service to direct people to appropriate resources. Every council in the UK has had to find savings in adult social care because of the reduction in Government Grants to councils. Somerset would rightly argue they have achieved this in recent years without making large "cuts" in their budget but by delivering a more cost-effective model of service delivery. This will need to be sustained and developed over the future years. It will require leadership who understand how to achieve this.

- 5.3 The report refers to the measures that have been developed to assess social care called "the Adults Social Care Outcomes Framework" (ASCOF). These measures have been widely discredited by many in the sector as not being true measures of the outcomes that adult social care can achieve. In fact, the DHSC is currently in the process of undertaking a major review of these measures. It is important to note that some of the measures in which the report suggests that Somerset's performance is low are those that are most contentious in the survey – partly because of the way in which they are open to interpretation, partly because they result from a survey which has traditionally had a low response and partly because only a very limited number of people are asked for their views (as a percentage of those who approach social care for help). It is interesting that the analysis by those writing the Stronger Somerset bid only selected these measures. If they had considered the "Use of Resources measures" developed by the Local Government Association, they would have found a much more positive picture of Somerset Council's Adult Care (as demonstrated in 3 above). I was involved in the review that the Council undertook in September after the ASCOF measures were published for last year and Somerset Senior Team did accept and acknowledge that they should be doing better with respect

to the evidence on their work with family carers. That is why they have made this one of their major improvement targets during this year. The monthly data returns that are referred to above already tracks this progress. The reported poor performance on hospital discharges has already improved in addition the outcomes for older people being discharged from hospital (an equally important measure) have also significantly improved.

- 5.4 The proposal from Stronger Somerset for Adult Social Care is that it can offer: "Interventions that give people greater control over the care they receive, with more care and support being offered in or close to people's homes, rather than in hospital or care home settings." This is the very programme on which Somerset Council has been embarked in recent years. The data (shown above) clearly demonstrates that Somerset is making good strides into this agenda. It would seem a high- risk strategy to break up the teams that have created this progress and to bring in new managers who may have limited understanding of what and how things have been achieved. Evidence from elsewhere suggests that it will take at least three years for a new team and a new structure to bed in and for any new reforms to start to kick in – in the meantime there is a risk that much that has been gained could be lost and the new counties could find themselves back in the position that Somerset was in in 2015/16.
- 5.5 The proposed move to an Integrated Care System (ICS) that is likely to become statutory for the NHS and Social Care this year has been well considered and planned for by partners in Somerset. The partners welcome the fact that their single boundary continues to give them the best opportunity for collaboration and development of the right services. They both understand the respective roles of the partners and the importance of the joint working to get the best outcomes for the population. It is therefore a big risk if one of the parties breaks these boundaries and creates a new structure to interface with the ICS. I support any proposal that ensures that commissioning of joint services between the NHS and Social Care such as the recent Intermediate Care Service is undertaken through a single joint arrangement.
- 5.6 The proposals for social care suggest that in One Somerset there is "Potential but less incentive to redesign services, including high-cost areas such as social care services, with focus limited to 'back office. Integration savings provide initial financial breathing space, but reinvestment opportunity issued to address existing services not their reform. Invest to save not expected to be undertaken, based on previous track record." These statements bare no relation to the Somerset Adult Social Care known to me.

There has been a full redesign of services over the last few years as highlighted in 3 above. There has been no suggestion that there are savings from integration with anyone else including the NHS – there is no evidence that this does deliver savings and there has been a reinvestment in the way in which adult social care is run even during a time when Government has expected significant savings. Therefore, the critique of Somerset offered by the proposal seems off the mark and shows a distinct lack of understanding of what is happening and what is required. It was these types of statement that worried me more than anything else about the bid.

- 5.7 One of the features of the proposals for adult social care is a view that through digital technology big savings can be made. This is of course correct. However, the evidence suggests that this is only true if the technology is used to support a programme that aims to help people regain power, control, and independence. Savings themselves are relatively small from the use of technology itself they can be much larger if they are delivered in the right context. However, there is no adult social care department in the United Kingdom that has made its savings solely using technology. In the work I undertook for the LGA in how councils had saved money from 2010-2016, I found that there were large savings made by reducing staffing; reducing costs and reducing admissions to residential care with an additional small per centage from those councils who had made good use of assistive technology (e.g., Hampshire) – Local Government Association Efficiency Programme -Report 2015.
- 5.8 Adult Social Care in Somerset will accept that they are still on a journey of transformation and there are aspects of the services that still require significant improvement. However, all my work experience (over 40 years) tells me that this improvement will not come about through a structural solution. It is getting the right people to work together that enables places to improve and grow. It is those teams with longevity that usually produce the best results. The savings suggested in the proposal seem unrealistic in the time scales. I also think that there is an underestimation of the potential costs of the new structure with the locality-based teams which is likely to be offset by any savings made in the early years. Overall, my concern is that a transformation programme that is now being delivered by Somerset Council will get stopped and restarted losing valuable gains and likely to lose the momentum of the reduced costs that have been achieved.

6 **Conclusion**

- 6.1 The fundamental case put forward by those supporting “Stronger Somerset” is that Adult Social Care in the county is a failing service, therefore there is nothing to be lost, and some opportunity to be gained by dissolving the current arrangements and starting anew with a new set of people with refreshed ambitions. In my professional view, this is an inaccurate picture of the current state of Somerset ASC. It may be a recent picture (5 years ago), but much has changed and still is improving over the last four years. The focus on the improvements that have taken place is to create a cost-effective approach to social care that offers improved outcomes for its citizens. Therefore, there are risks to the transformation that has taken place if this service is now at best split in two or at worst dissolved into a new set of services. The ambition for social care is the same for all parties. Somerset Council currently is working hard to deliver this ambition. In my opinion there are high risks to adult social care through a restructuring in the county. Every Council is struggling with the scarce resources allocated for social care in “normal” times and most are struggling more under the pandemic. My view is that there are far more risks associated with the Stronger Somerset approach for adult care and there are likely to be more costs not recognised in the proposal. I would urge people to reconsider the evidence and look to work together to consolidate the current arrangement not least because it is both financially sound and will work best with the NHS.

Author John Bolton

Date February 2021