

Public Document Pack

Contact: Brent Cross
Direct Dial: 01275 888 078
E-mail: Brent.cross@n-somerset.gov.uk
Date: 29 June 2022

Dear Sir or Madam

**The Adult Services and Housing Policy and Scrutiny Panel – Thursday, 7 July 2022,
10.00 am – New Council Chamber - Town Hall**

A meeting of the Adult Services and Housing Policy and Scrutiny Panel will take place as indicated above.

The agenda is set out overleaf.

Yours faithfully

Assistant Director Legal & Governance and Monitoring Officer

To: Members of the Adult Services and Housing Policy and Scrutiny Panel

Councillors:

Timothy Snaden (Chairman), John Cato, Wendy Griggs, Ann Harley, Karin Haverson, Sandra Hearne, Ruth Jacobs, Huw James, Richard Tucker, Richard Westwood, Roz Willis and Georgie Bigg.

This document and associated papers can be made available in a different format on request.

Agenda

1. **Election of the Vice-Chairman for the 2022-23 municipal year**
2. **Apologies for Absence and Notification of Substitutes**
3. **Public Discussion (Standing Order SSO 9)**

To receive and hear any person who wishes to address the Panel on matters which affect the District and fall within the remit of the Panel. The Chairman will select the order of the matters to be heard.

Members of the Panel may ask questions of the member of the public and a dialogue between the parties can be undertaken.

Requests to speak must be submitted in writing to the Head of Legal and Democratic Services, or the officer mentioned at the top of this agenda letter, by noon on the day before the meeting and the request must detail the subject matter of the address.

4. **Declaration of Disclosable Pecuniary Interest (Standing Order 37)**

A Member must declare any disclosable pecuniary interest where it relates to any matter being considered at the meeting. A declaration of a disclosable pecuniary interest should indicate the interest and the agenda item to which it relates. A Member is not permitted to participate in this agenda item by law and should immediately leave the meeting before the start of any debate.

If the Member leaves the Chamber in respect of a declaration, he or she should ensure that the Chairman is aware of this before he or she leaves to enable their exit from the meeting to be recorded in the minutes in accordance with Standing Order 37.

5. **Minutes** (Pages 5 - 8)

Minutes of the ASH Policy and Scrutiny Panel meeting held on 24 February 2022, to approve as a correct record.

6. **Matters referred by Council, the Executive, other Committees and Panels (if any)**

7. **Adults Social Services Annual Directorate Statement (ADS) 2022-2023**
(Pages 9 - 24)

Report of the Director of Adult Social Services.

8. **Adult Social Care Reforms** (Pages 25 - 48)

Report of the Director of Adult Social Services.

9. **Adult Social Care Finance Update** (Pages 49 - 64)

Report of the Principal Accountant (Adults).

10. Older People's Housing Needs Assessment (Pages 65 - 158)

Report of the Principal Head of Commissioning, Partnership & Housing Solutions.

11. North Somerset Annual Complaints Report 2021-22 (Pages 159 - 174)

Report of the Director, Adults Social Services.

12. Draft Carers Inquiry Day Report (Pages 175 - 204)

Report of the Policy and Scrutiny Senior Officer.

13. The Panel's Work Plan (Pages 205 - 210)

Report of the Policy and Scrutiny Senior Officer.

Exempt Items

Should the Adult Services and Housing Policy and Scrutiny Panel wish to consider a matter as an Exempt Item, the following resolution should be passed -

“(1) That the press, public, and officers not required by the Members, the Chief Executive or the Director, to remain during the exempt session, be excluded from the meeting during consideration of the following item of business on the ground that its consideration will involve the disclosure of exempt information as defined in Section 100I of the Local Government Act 1972.”

Also, if appropriate, the following resolution should be passed –

“(2) That members of the Council who are not members of the Adult Services and Housing Policy and Scrutiny Panel be invited to remain.”

Mobile phones and other mobile devices

All persons attending the meeting are requested to ensure that these devices are switched to silent mode. The chairman may approve an exception to this request in special circumstances.

Filming and recording of meetings

The proceedings of this meeting may be recorded for broadcasting purposes.

Anyone wishing to film part or all of the proceedings may do so unless the press and public are excluded for that part of the meeting or there is good reason not to do so, as directed by the Chairman. Any filming must be done as unobtrusively as possible from a single fixed position without the use of any additional lighting, focusing only on those actively participating in the meeting and having regard to

the wishes of any members of the public present who may not wish to be filmed. As a matter of courtesy, anyone wishing to film proceedings is asked to advise the Chairman or the Assistant Director Legal & Governance and Monitoring Officer's representative before the start of the meeting so that all those present may be made aware that it is happening.

Members of the public may also use Facebook and Twitter or other forms of social media to report on proceedings at this meeting.

Emergency Evacuation Procedure

On hearing the alarm – (a continuous two tone siren)

Leave the room by the nearest exit door. Ensure that windows are closed.

Last person out to close the door.

Do not stop to collect personal belongings.

Do not use the lifts.

Follow the green and white exit signs and make your way to the assembly point.

Do not re-enter the building until authorised to do so by the Fire Authority.

Go to Assembly Point C – Outside the offices formerly occupied by Stephen & Co



Draft Minutes

of the Meeting of the

Adult Services and Housing Policy and Scrutiny Panel

Thursday, 24th February 2022

held in the New Council Chamber, Town Hall.

Meeting Commenced: 10:30 Meeting Concluded: 13:00

Councillors:

A Mark Crosby (Chairman)
P Huw James (Vice Chairman)

A Gill Bute
P John Cato
A Wendy Griggs
A Ann Harley
P Karin Haverson
A Sandra Hearne
A Richard Tucker
A Richard Westwood
P Roz Willis

P: Present

A: Apologies for absence submitted

Officers in attendance: Hayley Verrico, Gerald Hunt (Adult Social Services); Howard Evans (Public Health and Regulatory Services); Katherine Sokol, Leo Taylor, Brent Cross (Corporate Services).

ASH Election of the Vice-Chairman

1

Resolved: that Councillor Huw James be elected Vice-Chairman.

ASH Apologies for Absence and Notification of Substitutes

2

Apologies as above; no substitutions.

ASH Public Discussion (Standing Order SSO 9)

3

Alan Rice, of Weston Housing Action, addressed the Panel on the subject of introducing a licensing scheme for Weston-super-Mare Hillside and Central wards. He ended his address by requesting that the Panel form a working

group to take a fresh look at the Private Rented Housing sector, which would include the selective licensing of landlords.

ASH Declaration of Disclosable Pecuniary Interest (Standing Order 37)

4

None.

ASH Minutes

5

5.1 Minutes of the last formal Meeting of the Panel on 25th February 2021 – to approve as a correct record.

5.2 Notes of the informal panel meetings held on 8th July 2021 and 4th November 2021 – for noting.

Resolved:

(1) that the minutes of the meeting of 25th February 2021 be approved as a correct record; and

(2) that the notes of the informal panel meetings held on 8th July 2021 and 4th November 2021 be noted.

ASH Adult Social Care Finance update (Agenda item 6)

6

The Finance Business Partner took Members through the report, which summarised and discussed the current forecast spend against budget for adult services, highlighting key variances, movements, and contextual information; it also highlighted the main areas of interest in relation to the 2022/23 draft budget and the medium-term financial plan (MTFP), the future social care funding reforms and the business case agreed by the Healthier Together partnership to change the way in which patients were discharged from hospital (“Discharge to Assess”).

In discussion, the following points were raised (officer responses in italics):

- With care homes closing to new clients due to Covid outbreaks, were there any plans to mitigate closures by having in-house homes linked with the hospital? *In-house options would destabilise the care home market, and would be costly for the Council to run. The Fair Cost of Care exercise running over the summer would help with this.*
- Had modelling been done for what care would be like in the future, and what actions had come out of it to mitigate demand? *Modelling had been done, and one of the aspects of mitigation was a significant investment in Technology Enabled Care (TEC).*
- What was the current situation regarding underoccupancy in care homes as a result of the pandemic? *The situation was improving, although outbreaks in recent weeks had meant that some homes were closed to new admissions; the occupancy rate in North Somerset had improved at a faster rate than the rest of the BNSSG CCG area.*

Concluded: that the report be received and that Members’ comments be forwarded to officers in the form of minutes.

ASH Winter Pressures Update (Agenda item 7)

7

The Director, Adult Social Services, presented the report updating the Panel on this season's winter pressures affecting the Adult Social Services directorate. These included details of: pressures on hospitals with delays in discharge highlighted, Adult Social Care pressures and activity, pressures on community health, care homes, housing solutions, and pressures on mental health provision. She also indicated that Adult Social Services was participating in a peer review process on 6th and 7th April which would look at supporting discharge procedures, and which would allow the Adult Social Services directorate to showcase their work and explain their journey over the last few years.

Members thanked the Director for her report, and conveyed their thanks to all North Somerset Council staff for their work during the pandemic.

Concluded: that the report be received and that Members' comments be forwarded to officers in the form of minutes.

ASH Technology Enabled Care (TEC) and Reablement (agenda item 8)

8

The Principal Head of Commissioning, Partnership and Housing Solutions presented to the Panel on the latest developments in the use of technology in the care sector. This included details of: how North Somerset was being represented to external agencies involved in the sector and the Digital Population Working Group; collaboration between the BNSSG CCG authorities and Sirona; care home responses to the 2020 NHS Futures survey on care home digital maturity; the importance of digitising social care records; the piloting of the ARMED and WHZAN acoustic monitoring devices in North Somerset; an update on the Innovation and Sustainability Grant; and the revised reablement pathway launched in January. He highlighted that no funds had been spent by North Somerset Council on developing TEC solutions, and that it presented the opportunity to provide significant savings by enabling risk management with a strength-based approach.

In discussion, the following points were raised:

- Would gains or savings made be redirected to care homes and staff? *Money flow into the market would be influenced, and there would be the ability to deliver more from the currently reduced workforce.*
- What would users do in the event of a power outage? *TEC devices would still be usable as there would be power backups.*

The Director of Adult Social Services congratulated the Head of Commissioning on his work on TEC throughout the COVID pandemic, as well as his pioneering work on TEC at the national level.

Concluded: that the report be received, and the Members' comments forwarded to officers in the form of minutes.

ASH The Panel's Work Plan (Agenda Item 9)

9

The Scrutiny Officer discussed the Panel's work plan and invited discussion with Members for additional items to add to it.

He highlighted the draft report of the Carers Enquiry Day, that had been circulated for comment. The Vice Chairman thanked him for his work on setting up the Enquiry Day and his work on the report.

Concluded: that the work plan be noted.

Chairman

North Somerset Council

Report to the Adult Services and Housing Policy & Scrutiny Panel

Date of Meeting: 7th July 2022

Subject of Report: Adult Social Services Annual Directorate Statement (ADS) 2022/2023

Town or Parish: All

Officer/Member Presenting: Hayley Verrico, Director of Adults Services

Key Decision: No

Reason: The Adult Social Services Annual Directorate Statement has been developed by the Director and the Directorate Management Team and consultation has been held with the Portfolio Holder and Corporate Leadership Team. The themes within the ADS link to transformation and to the medium-term financial plan and are aligned to corporate priorities and commitments. Members of ASH need to decide how they wish to be engaged in respect of performance against the ADS throughout 2022/2023.

Recommendations

It is recommended that ASH members note the content of the report and accompanying Annual Directorate Statement and agree how they want to they wish to be engaged in respect of performance against the ADS throughout 2022/2023.

1. Summary of Report

1.1 This report highlights the key aspects of the annual directorate statement and the links to the medium-term financial plan and transformation programme. Key performance targets are being developed which will evidence performance against set targets.

2. Policy

2.1 Each directorate develops it's own annual directorate statement and this year they have been published on the council's website. Performance against the annual directorate statement is overseen by the CEO, leader of the Council and Portfolio Holder for adult social services at quarterly Quality & Performance meetings. Regular reports are also provided the Corporate Leadership Team (CLT)

3. Details

- 3.1 Our business planning process sets out how we are going to achieve the aims and priorities we have identified in the Corporate Plan and ultimately how we will work towards a vision of an open, fairer, greener North Somerset.

Business planning begins with the Corporate Plan. Everything we do as an organisation should link back to this. The plan guides our work and explains why we are focusing on specific areas. From there, Annual Directorate Statements outline the key commitments of each directorate for the year ahead to show how we will contribute to the Corporate Plan. Annual Directorate Statements should then be used to inform Service Strategies, Team Plans and appraisals.

This Annual Directorate Statement gives the commitments that have been made organisational-wide i.e. every directorate will help contribute towards them and those that [Adults Services directorate](#) have made to help achieve the priorities and aims within our Corporate Plan in 2022/23. These commitments are both business as usual/service improvement and transformational to give a 360 directorate view of our activity and progress. Commitments are either directorate wide and so led by the Director Hayley Verrico or aligned to the lead service and led by the Assistant Director or Head of Commissioning, Partnerships and Housing Solutions.

Assistant Director Adult Social Services (Jo Purser)

- Head of Localities
- Head of Early Intervention and Prevention (Sarah Shaw)
- Head of Mental Health, Learning Disability and Transitions (Martin Hawketts)
- Head of Safeguarding and Quality Standards (Jo Baker)
- Principal Social Worker and Principal Occupational Therapist (Ric Orson and Jo Hopkins)

Principal Head of Commissioning, Partnerships and Housing Solutions (Gerald Hunt)

- Head of Housing Solutions (Kay Eccles)
- Head of Commissioning and Strategy (Teresa Stanley)
- Head of Service Development (Fiona Shergold)

Progress against the commitments will be monitored through the 2022/23 Performance Management Framework which includes the directorate's risk register.

4. Consultation

- 4.1 None required but takes account of feedback from residents through compliments and complaints and learning from quality audits of practice.

5. Financial Implications

- 5.1 The annual directorate statement links to the medium-term financial plan and transformation programme and must identify opportunities for efficiencies and savings.

6. Legal Powers and Implications

- 6.1 None though will demonstrate performance in the pending Care Quality Commission inspection programme to begin in April 2023.

7. Climate Change and Environmental Implications

- 7.1 Opportunities to reduce and limit our carbon footprint have been identified within the 2022/2023 innovation grant and link to objectives within commissioning and housing themes.

8. Risk Management

- 8.1 The need for adult social care services continues to increase and could limit the ability to achieve our annual directorate commitments.

9. Equality Implications

- 9.1 The annual directorate statement commits to improving services for all residents especially those lacking mental capacity, limiting disabilities, age and frailty.

10. Corporate Implications

- 10.1 None

11. Options Considered

- 11.1 None, all directorates must complete an annual directorate statement

Author:

Hayley Verrico
Director-Adult Social Services
North Somerset Council

Tel: 07769163936

E-Mail: hayley.verrico@n-somerset.gov.uk

Post: Town Hall, Walliscote Grove Road, Weston-super-Mare, BS23 1UJ

Web: www.n-somerset.gov.uk

Appendices:

Annual Directorate Statement Appendix 1 attached

Background Papers:

None



Item 2-Adults ADS
202223.pptx



Adults Services Directorate Annual Directorate Statement

2022/23

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Background

The services we provide have an impact on every resident and business in the area, not just today but in the future too. We perform best when we are clear about what we are trying to achieve. That's why good business planning is so important.

Our business planning process sets out how we are going to achieve the aims and priorities we have identified in the Corporate Plan and ultimately how we will work towards a vision of an **open, fairer, greener** North Somerset.

Page 14
Business planning begins with the Corporate Plan. Everything we do as an organisation should link back to this. The plan guides our work and explains why we are focusing on specific areas. From there, Annual Directorate Statements outline the key commitments of each directorate for the year ahead to show how we will contribute to the Corporate Plan.

Annual Directorate Statements should then be used to inform Service Strategies, Team Plans and appraisals. More information and templates can be found [here](#).

The Corporate Plan

OUR VISION An open, fairer, greener North Somerset



Our priorities

A thriving and sustainable place

- A great place for people to live, work and visit
- Welcoming, safe and clean neighbourhoods
- To be a carbon neutral council and area by 2030
- A transport network which promotes active, accessible and low carbon travel
- An attractive and vibrant place for business investment and sustainable growth
- A broad range of new homes to meet our growing need, with an emphasis on quality and affordability

A council which empowers and cares about people

- A commitment to protect the most vulnerable people in our communities
- An approach which enables young people and adults to lead independent and fulfilling lives
- A focus on tackling inequalities and improving outcomes
- Partnerships which enhance skills, learning and employment opportunities
- A collaborative way of working with partners and families to support children achieve their full potential

An open and enabling organisation

- Engage with and empower our communities
- Empower our staff and encourage continuous improvement and innovation
- Manage our resources and invest wisely
- Embrace new and emerging technology
- Make the best use of our data and information
- Provide professional, efficient and effective services
- Collaborate with partners to deliver the best outcomes

Our values



[Link to the Corporate Plan](#)

[Link to the Action Plan, Performance Management Framework and Strategic Risk Register](#)

This Annual Directorate Statement

This Annual Directorate Statement gives the commitments that have been made organisational-wide i.e. every directorate will help contribute towards them and those that [Adults Services directorate](#) have made to help achieve the priorities and aims within our Corporate Plan in 2022/23. These commitments are both business as usual/service improvement and transformational to give a 360 directorate view of our activity and progress. Commitments are either directorate wide and so led by the Director Hayley Verrico or aligned to the lead service and led by the Assistant Director or Head of Commissioning, Partnerships and Housing Solutions.

Assistant Director Adult Social Services (Jo Purser)

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- Head of Early Intervention and Prevention (Sarah Shaw)
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- Head of Safeguarding and Quality Standards (Jo Baker)
- Principal Social Worker and Principal Occupational Therapist (Ric Orson and Jo Hopkins)

Principal Head of Commissioning, Partnerships and Housing Solutions (Gerald Hunt)

- Head of Housing Solutions (Kay Eccles)
- Head of Commissioning and Strategy (Teresa Stanley)
- Head of Service Development (Fiona Shergold)

Progress against these commitments will be monitored through the 2022/23 Performance Management Framework which includes the directorate's risk register.

Organisational wide commitments

Progress on these commitments are reported to Directorate Leadership Team, Corporate Leadership Team, Executive members, Scrutiny Panels and to the public.

Organisational wide business as usual and service improvement commitments:

Our commitment	What is the outcome we expect?
Ensure effective financial management across the directorates including a balanced budget at year end and delivery of MTFP savings.	Budgets are balanced at year end and any identified MTFP savings have been delivered.

Organisational wide transformational commitments:

Our commitment	What is the outcome we expect?
Deliver the Climate Emergency Strategy and contribute via directorate action plans.	An in-year reduction in the carbon footprint of our area and our organisation, contributing to the long term Climate Emergency Strategy objectives.
Deliver the Joint Health and Wellbeing Strategy action plan for 2022/23.	We will improve the health and wellbeing of North Somerset residents with a focus on those with the poorest outcomes.
Deliver the Empowering Communities and Reducing Inequalities action plan for 2022/23.	We will work with our communities, empowering them to engage with us and helping to reduce inequalities.
Improve the customer journey across all channels by ensuring we have the right tools in place and that residents are well informed and engaged.	Residents are well informed about the services the council offers, feel they are able to influence their development and delivery, and are satisfied with the job we do.
Respond to national policy opportunities in the coming year to tackle inequalities including the Levelling Up Whitepaper.	Ensure that we are responding to national policy changes, mapping to the business planning framework where possible, and delivering specific projects identified.
Develop the directorate transformation programmes for 2022/23 linked in to MTFP planning.	All directorates have transformation programmes in place for 2022/23 which are aligned to the themes set by CLT and contribute to the 2023/24 budget gap.
Ensure we are an inclusive organisation, meeting our equalities duties, and exemplifying our values to act with integrity, respect each other, innovate, care and collaborate.	We will develop an equalities monitoring framework cross council and deliver any identified actions for improvement.
Deliver the People Strategy action plan for 2022/23.	We will deliver our plan for the current and future workforce, including how we will develop the capacity, capability and wellbeing of our workforce, ensuring the effectiveness and efficiency of our services and creating a high-performance culture.
Deliver the actions in the Accommodation Strategy for 2022/23 and embed new ways of working across the organisation.	New ways of working are embedded that allow staff to work flexibly. This improves the work of the council, staff wellbeing and reduces our carbon footprint.
Deliver the Digital Strategy delivery plan for 2022/23.	North Somerset is a digitally enabled area that makes the best use of technology and opportunities to innovate.

Directorate wide commitments

Progress on the BAU/service improvement commitments are reported to Directorate Leadership Team. Transformation commitments are reported to Corporate Leadership Team, Executive members, Scrutiny Panels and to the public.

Our directorate wide business as usual and service improvement commitments:

Our commitment	What is the outcome we expect?
Ensure safeguarding is seen as everyone's business.	Everyone across the organisation including elected members are aware of their responsibilities around safeguarding.
Enable people to have independence, access to services, and reduce inequalities.	North Somerset residents have good quality of life and good health and wellbeing.
Ensure we deliver and commission high quality services.	Residents have good quality of life and satisfaction with the services they receive.

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Our directorate wide transformational commitments:

Our commitment	What is the outcome we expect?
Deliver the Adults climate emergency action plan and deliver to timescales.	The action plan contributes to the organisational wide Climate Emergency Strategy and reduces our carbon footprint both organisationally and individually.

Reablement and TEC pathway commitments

Progress on the BAU/service improvement commitments are reported to Directorate Leadership Team. Transformation commitments are reported to Corporate Leadership Team, Executive members, Scrutiny Panels and to the public.

Business as usual and service improvement commitments:

Our commitment	What is the outcome we expect?
Provide a TEC service that maximises independence and enables people to remain in their own homes.	There is an increase in TEC usage and more people are at home post-discharge.
Provide a TEC service to residential provider services which promotes health and wellbeing.	Residents have good quality of life and satisfaction with the services they receive.
Provide an effective wellbeing service.	We support people to remain part of their community and reduces overreliance on commissioned domiciliary care services.

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Transformational commitments:

Our commitment	What is the outcome we expect?
Establish a therapy led reablement service, with TEC first approach for the whole community.	Preventing the requirement for statutory services and enabling people to stay in their own homes for longer.

Housing strategy, homelessness and accommodation shift commitments

Progress on the BAU/service improvement commitments are reported to Directorate Leadership Team. Transformation commitments are reported to Corporate Leadership Team, Executive members, Scrutiny Panels and to the public.

Business as usual and service improvement commitments:

Our commitment	What is the outcome we expect?
Support more people into settled accommodation.	There is an increase in people with learning disabilities and those in contact with secondary mental health services who are supported into settled accommodation.
Implement the actions in the Homelessness & Rough Sleeper Strategy and contribute to actions in the Housing Strategy	There is a decrease in the number of people who are street homeless and in temporary accommodation.
Provide occupational therapy support for residents who need major adaptations to their homes to support maintaining independence and wellbeing.	There is an increase in people receiving occupational therapy support that will support their disabled facilities grant application.

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Transformational commitments:

Our commitment	What is the outcome we expect?
Contribute to the development of effective housing with support solutions for all adults with care and support needs.	<p>We have a recommendation for the delivery of future Extra Care and Support Living Schemes on a scale necessary to meet our accommodation shift ambitions.</p> <p>We are expanding Connecting Lives.</p>

Care reform commitments

Progress on the BAU/service improvement commitments are reported to Directorate Leadership Team. Transformation commitments are reported to Corporate Leadership Team, Executive members, Scrutiny Panels and to the public.

Our directorate wide business as usual and service improvement commitments:

Our commitment	What is the outcome we expect?
Prepare for the CQC assurance visits.	That North Somerset is assessed as delivering a good quality of service provision for the residents of North Somerset.

Transformational commitments:

Our commitment	What is the outcome we expect?
Develop a market sustainability plan setting out our local strategy for 2022-2025.	The care market understands and is able to respond to the demographic changes and increased demand for adult social care services in North Somerset.
Undertake a cost of care exercise for Domiciliary Care and Residential Care in line with the Government Policy Paper 'Market Sustainability and fair Cost of Care fund'.	To determine a fair cost of care under the social care reforms.
Undertake a demand modelling exercise.	That we understand the self-funder population and their requirement for services.
Implement systems required to deliver care cap reforms.	Delivery of care act reforms in relation to the cap on care costs

Integrated Commissioning and ICP development commitments

Progress on the BAU/service improvement commitments are reported to Directorate Leadership Team. Transformation commitments are reported to Corporate Leadership Team, Executive members, Scrutiny Panels and to the public.

Our directorate wide business as usual and service improvement commitments:

Our commitment	What is the outcome we expect?
Contribute to the Public Health and Wellbeing Strategy 2022-2027.	To improve the health and wellbeing of residents in North Somerset by contributing to the actions in the action plan.
Review and refresh the Market Position Statement.	We understand the market and support future increases in demand for services.
Contribute to the Joint Strategic Needs Assessment.	To develop commissioning strategies that are data and evidence led.

Transformational commitments:

Our commitment	What is the outcome we expect?
Contribute to the ICP development and ensure North Somerset has a voice.	Housing and social care voice is active in the delivery of ICP Partnership arrangements.
Contribute to the Inequalities and Empowering Communities transformation board and deliver the associated projects.	To understand the capacity of the voluntary and community sector in support of maximising the opportunity for people to remain part of their communities.
Creating opportunities for people to have fulfilling activities during the day that meets their care needs and improves their wellbeing.	Supports quality of life for residents and satisfaction with the services they receive.
Establish PAMMS (Provider Assessment and Market Management Solution).	To ensure Quality Assurance Frameworks and Data sets are in place.

Operational Service Development commitments

Progress on the BAU/service improvement commitments are reported to Directorate Leadership Team. Transformation commitments are reported to Corporate Leadership Team, Executive members, Scrutiny Panels and to the public.

Our directorate wide business as usual and service improvement commitments:

Our commitment	What is the outcome we expect?
Embed Strength Based Assessments.	Strength Based Assessments are part of practice.
Further embed an effective transitions pathway.	There will be a seamless transition and needs led support and services for young people.
Ensure a consistent Quality Assurance Framework.	People receive consistent, quality services.
Ensure people have a variety of options for accessing information and identifying solutions.	People can get the right advice and information more quickly and conveniently.
Ensure people have a variety of options for accessing assessments and support.	People can get support at the right time in the right place with the right person.
Improve the timescales of people that have been waiting for services as a result of Covid-19 and the increase in demand for adults social care assessments.	Improvement to timescales.
Ensure carers are supported.	Carers have access to information and services to support them in their caring role.

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Transformational commitments:

Our commitment	What is the outcome we expect?
Ensure an effective and robust response to adult's safeguarding concerns by establishing a centralised Safeguarding Team.	We are able to safeguard the wellbeing of our residents including young adults coming through the transitional pathway.
Deliver the ConnectED partnership programme, in collaboration with Bristol Council, South Gloucestershire Council and Bristol University (positive behaviour change).	Embedding best practice research for service development and improvement across the directorate.

Queries to business.planning@n-somerset.gov.uk

North Somerset Council

Report to the Adult Services and Housing Policy & Scrutiny Panel

Date of Meeting: 7th July 2022

Subject of Report: Adult Social Care Reforms

Town or Parish: All

Officer/Member Presenting: Hayley Verrico, Director of Adults Services

Key Decision: No

Reason: The reforms are statutory and therefore the council cannot make a decision as to whether they are implemented. Members of ASH need to decide how they wish to be engaged and updated on the implementation of the reforms.

Recommendations

It is recommended that ASH members note the content of the report and accompanying presentation and agree how they want to scrutinise progress in respect of the adult social care reforms and their implementation.

1. Summary of Report

1.1 This report highlights the key aspect of the reforms alongside with timescales for implementation. The accompanying presentation highlights the risks to the council and actions being taken to address the risks and ensure full implementation within the timescales set by the Department for Health and Social Care.

2. Policy

2.1 On 7th September 2021, government set out its new plan for adult social care reform in England. This included a lifetime cap on the amount anyone in England will need to spend on their personal care, alongside a more generous means-test for local authority financial support. At the same time and included in the reforms was the government's intention for adult social care to undergo Care Quality Commission (CQC) assurance, most commonly known as inspection. The cap on care costs is to be introduced in October 2023 and CQC inspection across England begins in April 2023.

3. Details

- 3.1 From October 2023, the government will introduce a new £86,000 cap on the amount anyone in England will need to spend on their personal care over their lifetime.

In addition, the upper capital limit (UCL), the point at which people become eligible to receive some financial support from their local authority, will rise to £100,000 from the current £23,250. As a result, people with less than £100,000 of chargeable assets will never contribute more than 20% of these assets per year. The UCL of £100,000 will apply universally, irrespective of the circumstances or setting in which an individual receives care, making it a much more generous offer than a previous proposal in 2015. The lower capital limit (LCL), the threshold below which people will not have to pay anything for their care from their assets will increase to £20,000 from £14,250.

It is important that the new reforms are clear and reduce complexity. Therefore, government will introduce an amendment to the Care Act 2014 to the way that people within the means test progress towards the cap. This amendment, subject to Parliamentary approval, will ensure that only the amount that the individual contributes towards these costs will count towards the cap on care costs, and people do not reach the cap at an artificially faster rate than what they contribute. The much more generous means test is the main means of helping people with lower levels of assets.

To allow people receiving means-tested support to keep more of their own income, the government will unfreeze the Minimum Income Guarantee (MIG) for those receiving care in their own homes and Personal Expenses Allowance (PEA) for care home residents, so that from April 2022 they will both rise in line with inflation.

The cap will not cover the daily living costs (DLCs) for people in care homes, and people will remain responsible for their daily living costs throughout their care journey, including after they reach the cap. For simplicity, these costs will be set at a national, notional amount, the equivalent of £200 per week in 2021 to 2022 prices. DLCs are a notional amount to reflect that a proportion of residential care fees are not directly linked to personal care, like rent, food and utility bills and would have had to be paid wherever someone lives. This is in line with the Commission on Funding of Care and Support's 2011 recommendation. The £200 level is about £60 less in 2021 to 2022 prices than a proposal set out in 2015, ensuring people get to keep more of their income and assets.

What the cap is

The cap on personal care costs will place a limit on the costs that people will need to spend to meet their eligible care and support needs.

The term 'personal care costs' refers only to the components of any care package considered to be related to personal care, not hotel and accommodation costs (see the 'Daily living costs' section below). This will be based on what the cost of that package is or, in the case of self-funders, would be to the local authority if it were to meet the person's eligible care and support needs (see the 'How people progress towards the cap' section below).

From October 2023 the cap will be set at £86,000. This means the maximum amount anyone will have to pay for personal care to meet their eligible care and support needs from October 2023 onwards will be £86,000. The cap will be implemented for adults of all ages, without exemption.

The extended means test

The means test for financial support will continue to work in the same way as it does currently: it determines what someone can afford to contribute towards the costs of their care based on the amount of assets and income a person has. The table below illustrates how a local authority applies the charging rules to determine a person's contribution.

However, to help more people with the costs of their care and support, alongside the cap the reforms are also increasing the point at which a person is eligible for local authority means-tested support. From October 2023 the UCL will rise to £100,000 from the current £23,250 and the LCL will increase to £20,000 from £14,250. The UCL of £100,000 will apply universally, irrespective of an individual's care setting or circumstances.

Fair Cost of Care

As set out in section 5 of the Care Act 2014, local authorities have a duty to promote the efficient and effective operation of a market in services for meeting care and support needs, with a view to ensuring services are diverse, sustainable and high quality for the local population, including those who pay for their own care. Section 4.31 of the Care and Support Statutory Guidance states the following:

When commissioning services, local authorities should assure themselves and have evidence that contract terms, conditions and fee levels for care and support services are appropriate to provide the delivery of the agreed care packages with agreed quality of care. This should support and promote the wellbeing of people who receive care and support, and allow for the service provider's ability to meet statutory obligations to pay at least the minimum wage and provide effective training and development of staff.

It should also allow retention of staff commensurate with delivering services to the agreed quality and encourage innovation and improvement. Local authorities should

have regard to guidance on minimum fee levels necessary to provide this assurance, taking account of the local economic environment. This assurance should understand that reasonable fee levels allow for a reasonable rate of return by independent providers that is sufficient to allow the overall pool of efficient providers to remain sustainable in the long term.

Many local authorities have cultivated strong relationships with providers, working in partnership to deliver good quality care despite ongoing financial, workforce and broader pressures, in a challenging environment exacerbated by the Covid-19 pandemic. However, a significant number of local authorities are estimated to pay below the cost of providing care. These risks undermining local markets, creating unfairness, affecting sustainability and, at times, leading to poorer quality outcomes for those who draw on care and support services. A fair and sustainable care market is fundamental to the government's wide-ranging and ambitious reforms to adult social care. It is therefore critical that local authorities continue to work closely with providers so that they can prepare their markets for reform and develop a shared understanding of evidence around the local costs of care to better understand where fee rates need to increase.

Market Sustainability and Fair Cost of Care Fund

The government is implementing wide-ranging and ambitious reform of adult social care. In December 2021 we published a white paper, [People at the Heart of Care](#), that outlined a 10-year vision that puts personalised care and support at the heart of adult social care, ensuring that people:

- have the choice, control and support they need to live independent lives
- can access outstanding quality and tailored care and support
- find adult social care fair and accessible

It is vital that we have the right architecture in place to underpin and support the implementation of this 10-year vision. Implementation of the Market Sustainability and Fair Cost of Care Fund is one of the first steps in the journey to achieve this.

The [fund was announced on 16 December 2021](#). The primary purpose of the fund is to support local authorities to prepare their markets for reform, including the further commencement of Section 18(3) of the Care Act 2014 in October 2023, and to support local authorities to move towards paying providers a fair cost of care.

In total the fund amounts to £1.36 billion (of the £3.6 billion to deliver the charging reform programme). In 2022 to 2023, £162 million will be allocated. A further £600 million will be made available in each of 2023 to 2024 and 2024 to 2025. This funding profile allows for staged implementation that is deliverable, while also reflecting the timelines for charging reform.

The government requires local authorities to start building strong foundations and prepare markets for wider charging reform and thereby increase market sustainability.

As a condition of receiving future funding, local authorities will need to evidence the work they are doing to prepare their markets and submit the following to DHSC by 14 October 2022:

- cost of care exercises for 65+ care homes and 18+ domiciliary care
- a provisional market sustainability plan, using the cost of care exercise as a key input to identify risks in the local market, with particular consideration given to the further commencement of Section 18(3) of the Care Act 2014 (which is currently in force only for domiciliary care) – a final plan will be submitted in February 2023
- a spend report detailing how funding allocated for 2022 to 2023 is being spent in line with the fund's purpose

In 2022 to 2023 local authorities are also expected to start making genuine progress towards more sustainable fee rates, where they are not already doing so. This means increasing fee rates paid to providers (in respect of 65+ care homes and 18+ domiciliary care, including those who operate in extra care settings). The Local Government Finance Settlement 2022 to 2023 included additional funding for local authorities to cover the demographic graphic and unit cost pressures facing social care. The fund is additional to those pressures and will help local authorities to increase fees further.

As part of the gradual implementation, the government will review the fund distribution and conditions ahead of allocating money for 2023 to 2024 to ensure they remain appropriate to meet the objective of making local markets more sustainable.

The government will also work closely with local government and care providers to monitor changes in the market as this fund is implemented, providing as much support and oversight to local authorities as is appropriate for central government, while respecting their statutory duty under section 5 of the Care Act 2014 to facilitate the efficient and effective operation of local care markets.

Care Quality Commission Inspection

As part of reforms, the government plans to reintroduce inspections of local authority's adult social care functions by the Care Quality Commission, with councils being potentially subject to government intervention for failings, the government propose to introduce a duty through the planned Health and Care Bill, in which the CQC would be responsible for assessing local authorities' delivery of their adult social care duties.

CQC annual assessments of local authorities were scrapped by the government in 2010, at the same time as the CQC stopped carrying out inspections of local

authorities, which then focused on adult safeguarding. Since then, councils have worked together to support their own performance through “sector-led improvement”, typically on a regional basis and involving sharing information and data, and teams of council practitioners and managers conducting peer reviews of other authorities.

Running alongside the CQC assessment proposal are plans to introduce a new power for the health and social care secretary to intervene where it’s considered that a local authority is failing to meet its duties.

“Any intervention by the Secretary of State would be proportionate to the issues identified and taken as a final step in exceptional circumstances when help and support options have been exhausted,” the White Paper said.

It plans to “secure these provisions in primary legislation at a high-level”, prior to working with government partners and the sector on detailed system design and practice, to provide consistent oversight and reduce the variation in the quality of care.

The system would put adults’ services on a similar basis to children’s services, in which local authorities are subject to regular inspection by Ofsted and government intervention if they are deemed ‘inadequate’.

4. Consultation

- 4.1 Not applicable however the council will need to ensure that the reforms are well communicated to the public including how the cap on care costs will affect them.

5. Financial Implications

- 5.1 The government have suggested that the reforms will be cost neutral however ADASS and the LGA have undertaken their own research as have the County Councils Network (CCN) and Newton which provides the first independent analysis of the reforms, which include a more generous means-test, a cap on care costs of £86,000, a move towards a ‘fair’ cost of care, and the ability for people who arrange and fund their own care to ask their local authority to do it on their behalf. The report estimates that the costs of reforms in the nine years from when they are introduced to 2032 could be a minimum of £10bn higher than currently estimated and could create a further workforce crisis in social care, with over 5,000 extra staff projected to be required to carry out extra care and financial assessments for those seeking to benefit from the reforms.

6. Legal Powers and Implications

- 6.1 National assistance Act 1948
NHS & Community Care Act 1990
Care Act 2014
Care & Support Bill
Local Authority Social Services Act 1970 (section 7A)

7. Climate Change and Environmental Implications

7.1 There are no climate change or environmental implications relevant to this report.

8. Risk Management

8.1 The government reserve the right to withhold reform funding if timescales for reforms are not met. Additional time limited posts have been recruited to, to support the council in meeting the timescale for reform.

Wider financial concerns are highlighted in section 5. of this report.

9. Equality Implications

9.1 The evaluation and analysis of complaints is an important means of monitoring and improving service standards including service access for groups within local communities.

10. Corporate Implications

8.1 Legislation and Department of Health guidance requires the council to meet the timescale for reform and reforms will affect many areas of the council including finance and business intelligence. The reforms also present financial challenges to the council's budget if the funding from central government is insufficient to meet the commitments within the reforms.

11. Options Considered

11.1 None – the reforms are statutory and therefore must be implemented within the timescales dictated by government.

Author:

Hayley Verrico
Director-Adult Social Services
North Somerset Council

Tel: 07769163936

E-Mail: hayley.verrico@n-somerset.gov.uk

Post: Town Hall, Walliscote Grove Road, Weston-super-Mare, BS23 1UJ

Web: www.n-somerset.gov.uk

Appendices:

Care Reform PowerPoint presentation Appendix 1 attached

Background Papers:

None



ASH Care Reform
Implementation.pptx



CARE REFORMS AND IMPLEMENTATION



- ASH July 2022 – Hayley Verrico

Summary of Legislative Drivers

'People at the Heart of Care'

Adult Social Care Reform White Paper

(Dec 21)

Market Shaping

Fair cost for care

Housing

Support for Carers

Social Care Workforce

Digital

Assurance

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'Build Back Better' our plan for health and social care (Sept 21)

Capping ASC costs

Improving Health and Social Care integration

'Health and social care integration: joining up care for people, places and populations' (Feb 22)

Health and Care Bill (July 22)

Establishment of Integrated Care Systems (ICS)

Levelling Up White Paper (Feb 22)

Adult Social Care Assurance (Apr 23)

New inspection regime for Adult Services by the CQC and refreshed expectations of sector-led improvement

Liberty Protection Safeguards

A new Liberty Protection Safeguards (LPS) System replacing the Deprivation of Liberty Safeguards (DoLS)



Key Drivers for Change in Adult Services

Key drivers...

Increasing demand

Higher dependency and needs

Constrained workforce

Limited resources

Variability in quality

Legislative Drivers...

ASC Reform (White Paper)

ASC Assurance

Health and Care Integration
(White Paper)

Liberty Protection Safeguards

Required response...

Reshape the care market
(capacity and demand)

Implement charging reforms

Adapt and improve operational ways of working

Reset the internal workforce
(capacity and capability)

Cap on Care Costs

The introduction of charging reforms will place new requirements on LA's to:

- ❖ Develop individual care accounts (including statements) for everyone, including people funding their own care
- ❖ Maintain a care account to keep track of a person's progress towards the cap and when they are approaching the cap
- ❖ Undertake a form of Care Act assessment to understand an individual's care needs and the cost of their care, this includes all forms of care provision (domiciliary, residential and nursing) CHC funded packages and s117 are excluded
- ❖ ^{Part 36} If requested, arrange care for self-funders at the prevailing LA rates [section 18(3)]
- **Care Cap** set at £86,000 from October 2023, but will rise with inflation, excludes daily living costs thought to be set at £200 per week
- Anyone **assessed by a LA** as having **eligible care and support needs**, can begin progress towards the cap from October 2023
- The **costs accrued** towards the cap will be based on:
 - In the case of a person financially supported by the LA - what the LA charges the person to meet their eligible care and support needs; or
 - In the case of a self-funder who arranges their own care, what the cost would be to the LA of meeting their eligible care needs if they commissioned those services
 - Self-funders will have an automatic right to ask the LA to commission their care on their behalf

Implications and resource requirements - Cap on Care Costs

- Local IT and case management systems need to be adapted for ongoing case management
- Increase in financial assessments being undertaken (currently funded 3,207 pa, estimated increase of 50% 1,603 pa)
- Maintenance of care accounts, care account statements should be digital by default
- Increased contacts to adult social care
- Increased number of Care Act assessments and reviews, to determine eligible needs (at least 50%)
Current assessment figures, 4,000 pa and reviews 2,000 pa
- Increase in complaints
- Increase in brokerage activity, arranging services for self-funders
- Increased number of DoLs and safeguarding concerns for self-funders

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Risks - Cap on Care Costs

- Ability to afford and recruit workforce to complete the assessments is a key risk and we need to think about mitigation
 - Early assessments (to smooth demand) proposed to begin from 1 April 2023 but few LA's are able to do this
 - Duty to arrange care for self-funders had potential to raise LA prices by more than is affordable (link with Fair Cost of Care)
 - More people likely to require Direct Payments – need to review audit / verification process
 - No confirmation yet of any 2022/23 funding (reported to be £34m nationally) and risk that overall funding is insufficient to cover costs and lost income
 - New IT systems to deliver care account and statements = key constraint / opportunity
 - Exposure to debt will be increased
 - Requires a “whole system” and co-ordinated response – operations, brokerage, FAB / finance, Liberata, DP Support, ICT, BIS, Comms, project / change management
-
- ❖ Internal working group established
 - ❖ Recruitment of a Implementation Manager underway to lead this work
 - ❖ ADASS looking to develop self-assessment solutions for self-funders

Fair Cost of Care

- Duty to arrange care for self-funders changes the balance of market and further forces the issue that LAs need to “move towards paying provider the Fair Cost of Care”
- Government now requires LAs to:
 - Conduct a cost of care exercise to determine sustainable rates and identify how close we are to it, to include domiciliary care, residential and nursing
 - Cost of care exercise – produced by surveying local providers for 65+ residential and nursing care and 18+ homecare to determine a sustainable fee rate for different care settings. Exercises will need to accurately reflect local costs such as staff pay and travel time, and provide for an appropriate return on capital or return on operations. Local authorities will be expected to publish the exercises
 - Engage with local providers to improve data on operational costs and number of self-funders to better understand the impact of reform on the local market (particularly the 65+ residential care market, but also additional pressures to domiciliary care)
 - Strengthen capacity to plan for, and execute, greater market oversight (as a result of increased section 18(3) commissioning) and improved market management to ensure markets are well positioned to deliver on the reform ambitions
 - Develop and submit by 14 October 2022, a provisional market sustainability plan setting out local strategy for the next 3 years (2022 to 2025) – using the cost of care exercise as a key input, this provisional plan will demonstrate the pace at which local authorities intend to move towards a sustainable fee rate
 - Develop and submit a Spend Report – this will detail how money (£623k in 2022/23 for NSC) has been allocated in line with Government expectations in order to achieve a more sustainable local market

Implications and resource requirements - Fair Cost of Care

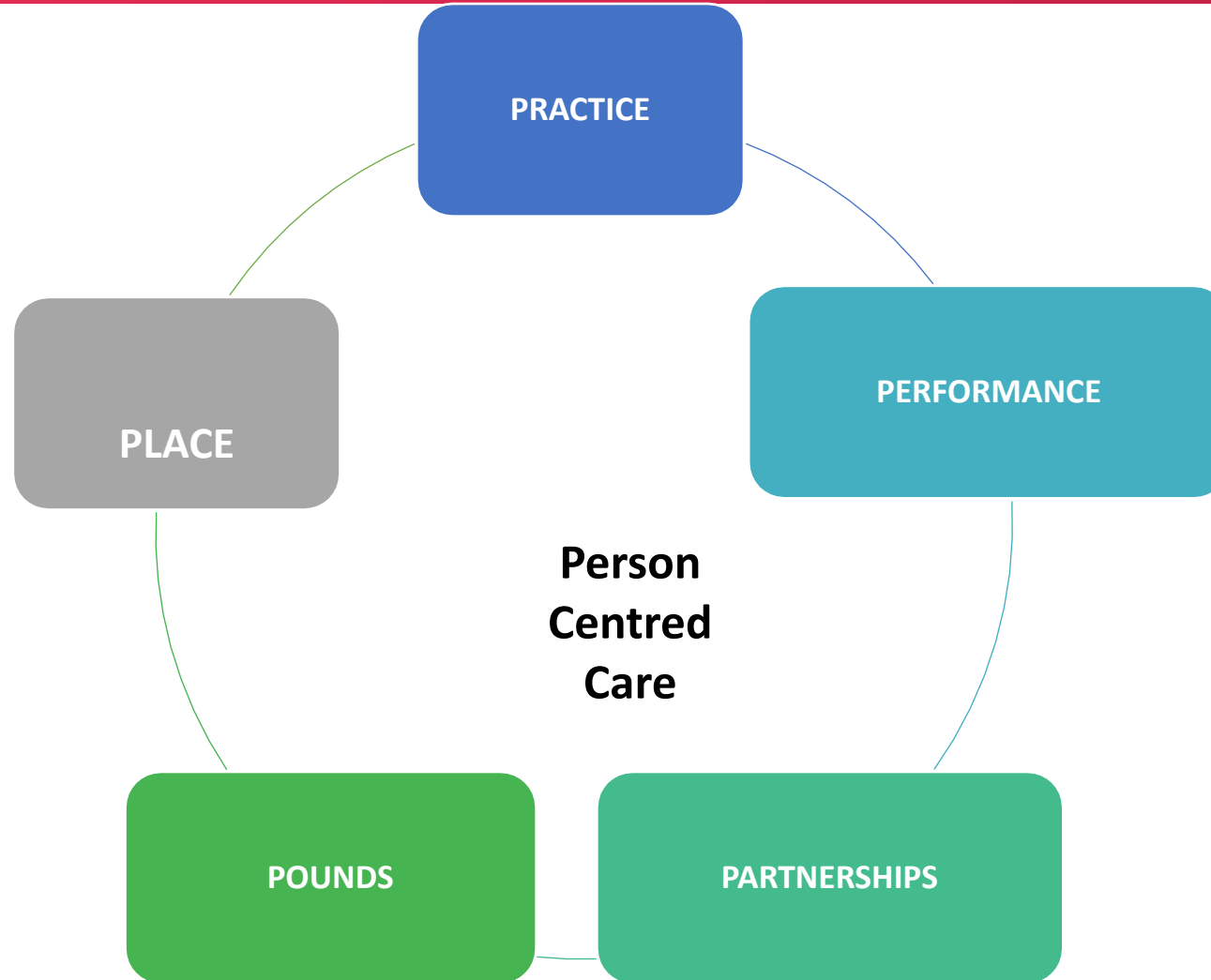
- Head of Service, Contracts and Commissioned recruited to and leading on this work
- Additional capacity being sourced on a 1 year fixed term basis to support.
- PAMMS commissioned- Provider Assessment & Market Management Solutions tool.
- ❖ *Assessment solution, enabling Council/NHS/Provider collaboration for improved care quality.*
- ❖ *A repository for Provider and contract information, improving operational efficiency.*
- ❖ *Digitised Provider self-assessments, and other returns, for improved contract management.*
- ❖ *Commissioning tool to purchase care using market intelligence.*
- ❖ *Analytics to support local, regional and national-level market-shaping and oversight.*
- ❖ *Risk Profiler, which identifies Providers with quality and financial risks.*
- Extensive engagement with the sector and this has begun
- Fair Cost for Care exercise with domiciliary care providers underway, residential and nursing to follow shortly
- Timescales tight but must be delivered as DHSC reserve the right to withhold funding

Risks - Fair Cost of Care

- Providers may inflate their costs
- Many of our rates are lower than many other areas in the SW & the fair cost of care exercise may mean that we need to substantially increase our rates in coming years
- DHSC reserve the right to withhold future fair cost for care funding until satisfied that all fund conditions have been met
- Likely that a new self-funder model will materialise, coupled with increased fees generally could mean people exhaust their funds sooner than they would otherwise
- Affordability, across the country LA's voicing concerns that the fair cost of care reform is unaffordable in a sector that has been underfunded for a number of years.
- Likely that the Government will further amend this aspect on the reform once the exercise is complete but still must be completed but could lead to further work

CQC Assurance

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CQC Assurance

Begins in the Spring of 2023 and CQC collecting data to inform prioritisation of inspections

Local Authority Self-Assessment / Self-Evaluation & Peer Review

Annual conversation meeting with the Care Quality Commission

5 – 10 working days notice; 3 weeks of inspection activity (1 week off-site; 2 weeks fieldwork)?

Information requested from the Local Authority (client level data / datasets, inspection document library)

Scope to focus on the experiences / the journey of adults seeking or receiving care and support from the Local Authority (from first point of contact)

**Ultimately, are our service/s:
SAFE, EFFECTIVE, CARING, RESPONSIVE, WELL-LED?**



CQC Assurance

Council wide:

- What are the needs of your local population – as evidenced by JSNA (demography projections, ethnicity, health inequalities, deprivation etc) and other corp documents?
- How does the strategy/plan/priorities for ASC clearly inform, and be informed by, the council's corporate plan – vision, key priorities and targets?
- Does ASC have its own strategic plan – setting out its vision, priorities and targets – describe how developed and impact to date?
- How does the council facilitate its partnership working – with other councils in its patch (ie districts and town and parish); with the VCS; with people with lived experience; with other public bodies? Describe the partnership fora that exist, their focus and impact – and how they reveal that the council is the key leader of place?
- How does the council deliver its equality, diversity and inclusion responsibilities?
- What does the Council's MTFP say about ASC – including investment, efficiencies and savings?
- Is there robust scrutiny of ASC performance in place – and how is it exercised, giving some examples of where scrutiny has resulted in change?
- Leadership of ASC – stability, capacity and pace of improvement - engagement in sector led improvement work?

Implications and resource requirements - CQC Assurance

- Additional data collection required to be submitted to CQC on an ongoing basis
- Evidence of ongoing self-assessment and peer review
- Engagement with the LGA Sector Led Improvement Programme
- Internal routine audit of practice
- Evidence to support quality of care provision
- Ongoing gathering of evidence, outcomes for people
- Routine engagement and co-production with residents
- Ongoing preparation for inspections

Risks - CQC Assurance

- Resource for new assurance regime
- Co-production
- Engagement
- Web based information and advice
- Increased data requirements, client level, datasets
- Develop and train Peer reviewers

- ❖ Internal working group established
- ❖ Project Manager being recruited to on a 1 year fixed term to undertake preparedness exercise, self-assessment and peer review
- ❖ ADASS developing peer review scheme

Additional Reforms to consider

- Liberty Protection Safeguards, LPS – commencement date to be confirmed, delayed from April 2022
- Mental Health Act Reforms - commencement date to be confirmed
- Autism Strategy - commencement date to be confirmed
- Housing, New Models of Care – tbc
- Carers Reform – tbc Budgets will continue to be squeezed
- Pooled budget national guidance – Spring 2023
- Standards to support health and care data – Autumn 2023
- Shared care records for all citizens – By 2024

Summary

- The most challenging reforms since the implementation of the Care Act 2014
- Effect on a workforce still coping with significant health and social care demands
- Delivery of major transformation in 2022/23 will be challenging
- Aspects of the reform will affect other areas of the council. Care Connect, SPA, Operations, Brokerage, FAB / Finance, Liberata, DP Support, ICT, BIS, Comms, Project / Change Management
- Recruitment of staff in adult social care & finance especially with an understanding of benefits and ASC will be challenging
- Significant financial risks to the council in terms of delivery, additional care costs, staffing
- Additional demands arising from CQC assurance, data requirements, performance management, annual conversations and inspection

North Somerset Council

REPORT TO THE ADULT SERVICES AND HOUSING POLICY AND SCRUTINY PANEL

DATE OF MEETING: 7 JULY 2022

SUBJECT OF REPORT: ADULT SOCIAL CARE FINANCE UPDATE

TOWN OR PARISH: ALL

OFFICER/MEMBER PRESENTING: PRINCIPAL ACCOUNTANT (ADULTS)

KEY DECISION: NO

RECOMMENDATIONS

- i. That the Panel notes the final net outturn for 21-22 spend against budget for adult services, the risks and opportunities associated with the medium-term financial position and the updates in relation to the financial aspects of the planned social care reforms and the planned investment to support the hospital discharge pathway.

1. SUMMARY OF REPORT

- 1.1 This report summarises and discusses the current forecast spend against budget for adult services, highlighting key variances, movements, and contextual information.
- 1.2 The year-end position for Adult Social Services Directorate is a **£0.349m** net adverse variance (0.5% of the net budget).
- 1.3 In summary, the projected adverse variance is mainly associated with individual care and support packages £2.221m. However, there are mitigating underspends in other areas of the Directorate, notably in Commissioning (£1.251m) and Housing (648k), which reduce the overspend to the £0.349m quoted above. For 2022/23, one of the key actions will be to determine the extent to which these mitigating underspends can be sustained.
- 1.4 The 2022/23 budget includes £9.3m of additional spending plans in the adult social care budget, predominantly to provide funding for cost inflation, demographic growth and to close the current shortfall between budget and the demand for services. Much of this is not funded by central government and it is worth noting that the funding announcements in relation to the reform of social care do not address these issues. The draft budget also includes £1.4m of planned savings.

2. POLICY

- 2.1 The Council's budget monitoring is an integral feature of its overall financial processes, ensuring that resources are planned, aligned, and managed effectively to achieve successful delivery of its aims and objectives. The 2021/22 revenue and capital budgets have been set within the context of the council's medium-term financial planning process, which support the adopted Corporate Plan 2020 to 2024.

3. DETAILS

Budget Monitor

- 3.1 The current overall year end position for Adult Social Care and Housing Directorate is **£0.349m** net adverse variance (0.5% of the net budget). In summary, the projected overspend is mainly associated with individual care packages and support and reflects an increase in acuity and complexity, partly associated with the impacts of the pandemic, but also associated with people living longer with more complex needs.

The table below illustrates the forecast spend compared with the budget split by high level service area.

APPENDIX 2					
FINANCIAL OVERVIEW OF THE ADULTS SOCIAL SERVICES DIRECTORATE					
AS AT 31st March 2022 (P12)					
Directorate Summary					
	Original Budget 2021/22 £000	Virements £000	Revised Budget 2021/22 £000	Projected Out-turn 2021/22 £000	Projected Out- turn Variance £000
- Gross Expenditure	105,411	8,080	113,490	112,821	(669)
- Income	(37,544)	(7,742)	(45,287)	(53,135)	(7,848)
- Transfers to / from Reserves	38	(287)	(248)	8,618	8,867
= Directorate Totals	67,905	51	67,955	68,305	349
	Projected Out-turn Variance				0.51%
- Individual Care and Support Packages	63,327	0	63,327	65,547	2,221
- Assistive Equipment & Technology	420	0	420	418	(2)
- Information & Early Intervention	703	0	703	637	(66)
- Social Care Activities	8,122	322	8,444	8,525	81
- Covid Related Support	0	0	0	15	15
- Commissioning & Service Delivery Strategy	(5,670)	(294)	(5,963)	(7,215)	(1,252)
- Housing Services	1,004	22	1,026	378	(648)
= Directorate Totals	67,905	51	67,955	68,305	349
	Projected Out-turn Variance				0.51%

- 3.2 The extended narrative in relation to the key area of variance (Individual Care and Support Packages) is given in Appendix 1 and a summary of the issues is described below

- 3.2.1 The main drivers of the overspend relate to increased complexity and package size, rather than increased numbers of long-term care packages. Indeed, the average number of long-term care packages was 4.2% lower than in 2021/22, with a continuation in the shift from residential care to more care in the community. The one material area where package numbers have increased is in supported living (from an average of 240 in 2019/20 and 263 in 2020/21 to an average of 281 in 2021/22); this

is an expected rise, which is particularly associated with bringing forward new schemes as a more cost-effective alternative to residential placements, predominantly to support the increasing number of younger adults with learning difficulties.

3.2.2 Increases in package size likely reflect deterioration and deconditioning (partly due to delays in elective surgery and other treatments and lock-down or isolation), earlier hospital discharge, increases in mental health support needs and family / carer breakdown. In overall terms, the average weekly unit cost of a long-term care package increased by c. 7% in 2021/22, with only around 2% of that reflecting price inflation as opposed to package size.

3.2.3 In addition, we have seen falls in levels of client income, especially in residential care; this is due to a change in the mix of care (client contributions cannot increase beyond the maximum charge even when the package size increases), a reduction in income from property debt and an increase in debt write off and provision for credit losses.

3.2.4 Finally, there have been increases in the number of short-term residential and nursing placements, which may reflect changes in hospital discharge processes, increased respite or rehabilitation use, a lack of capacity to secure long-term placements, and breakdown in carers' arrangements.

3.3 The final outturn also includes income from our NHS partners in the form of £5.821m s256 agreement for integrated care working tackling wider risks in the wider Health and Care system. Further income of £2.472m was also received for 'Healthier Together Match Funding'.

3.4 As the above funding is towards schemes that will occur in 2022/23 the funding was carried forward into earmarked reserves.

3.5 The table overleaf illustrates the spend compared with the budget with key variances against revised budget shown split by service area.

Extract showing material variances compared to the revised budget			
Service area and projected budget variance	Revised Budget 2021/22 £000	Projected Out-turn 2021/22 £000	Projected Out-turn Variance £000
- Individual Care and Support Packages			
Expenditure - Long Term Care Packages (residential)	48,622	45,277	(3,345)
Client Income - Long Term Care Packages (residential)	(14,492)	(10,352)	4,140
Expenditure - Long Term Care Packages (non-residential)	32,913	34,315	1,402
Client Income - Long Term Care Packages (non-residential)	(4,379)	(4,019)	360
Expenditure - Short Term Care Packages	4,079	5,226	1,147
Client Income - Short Term Care Packages	(295)	(215)	80
Other income (including CCG contributions)	(2,983)	(4,569)	(1,585)
Other	(139)	(117)	22
- Social Care Activities			
DOLS, IMHA & Safeguarding (Including additional staffing resources)	484	516	32
<i>Social Care Locality Teams</i>	3,219	3,168	(51)
LD & MH Teams	2,835	2,943	108
Community Meals	(21)	110	131
Discharge & Reablement Therapy Teams	240	53	(187)
Single Point of Access (including additional staffing resources)	1,080	1,082	2
- Commissioning & Service Delivery Strategy			
<i>Supporting People Commissioning</i>	1,581	1,346	(235)
<i>Court of Protection - additional income</i>	87	39	(48)
<i>Brokerage & Personalisation Team - vacancies</i>	378	293	(85)
Contracts & Commissioning - vacancies	366	248	(118)
Grants and NHS Health Contributions	(9,483)	(10,215)	(732)
Finance Fees & Interest Earned	0	(48)	(48)
Blue Badge Admin Costs & Fees Earned	17	(29)	(46)
Property & Rechargeable Support Costs	216	88	(128)
IT costs	112	171	59
- Covid Related Support			
Infection Control and Testing Grant - Payment to Providers	5,659	5,854	195
Infection Control and Testing Grant - Gvt Grant	(5,659)	(5,839)	(180)
Covid Recovery Fund - Payments to Providers	304	304	0
Covid Recovery Fund - Funding from Reserves	(304)	(304)	0
Workforce Recruitment and Capacity Fund - Payment to Providers	1,781	1,798	17
Workforce Recruitment and Capacity Fund - Government Grant	(1,781)	(1,798)	(17)
- Integrated Care Funding			
s256 Agreement income from NHS	0	(5,821)	(5,821)
s256 Agreement income from NHS - HT Match Funding	0	(2,472)	(2,472)
-Transfer to Earmarked Reserves			
Appropriation to Earmarked Reserves -s256 Agreement	0	5,821	5,821
Appropriation to Earmarked Reserves - HT Match Funding	0	2,472	2,472
- Housing Services			
Housing Solutions - Homeless Prevention Additional Grant Refinancing (Costs offset)	(8)	(291)	(283)
Housing Solutions - Rough Sleepers Additional Grant (Costs offset)	0	(290)	(290)
Housing Solutions - Refinancing of Prevention Costs (Cost offset)	58	(42)	(100)
Housing Solutions - Operation Teams Vacancies	528	476	(52)
- Housing Regulatory Services & Other			
Gypsy & Traveller Site Contract & Pitch Fees Collection	(19)	10	29
Sheltered Leasehold Sales Administration & Income Fees	(83)	(65)	18
Private Rented Housing & HMO Licensing	252	312	60
Housing Renewals & Private Sector Schemes	164	174	10
Sub total - material budget variances			282
Other minor variations to the budget			67
= Directorate Total			349

Risks

- 3.6 In broad terms, the Covid-19 pandemic has served to heighten several risks in the adult social care budget, the key ones being:
- Suppressed demand for and expenditure on, services in 2020/21 and 2021/22 due to CCG funding of hospital discharge cases.
 - Potential increased demand for support, to reflect long wait times for elective surgery, waiting lists for social care and OT assessments, deterioration and deconditioning, and the potential impacts of Long Covid, as well as likely increases in demand for mental health, carers and safeguarding.
 - Increased costs in, and financial stability of, the care market generally.
 - The extent to which the market can respond to significant rise in covid, or new outbreaks of variants.
 - The extent to which funding will be provided for future increases in cost and demand, particularly given the increase in the National Living Wage, the new Health and Social Care Levy and other inflationary pressures on providers.
 - The extent to which the additional costs and lost income in relation to the recently announced Social Care Funding Reforms will be fully funded by Government as promised.
 - Capacity to deliver transformation and MTFP savings.
- 3.7 Inflationary pressures from cost-of-living wage, will impact on demand for services, service provision and internal cost pressures within the council. Higher inflation for fuel, energy, food, employers NI will impact community meals and other service provision such as homecare.
- 3.8 Addressing the changing requirements in relation to hospital discharge will be supported by a new business case for Discharge to Access, which prioritises rehabilitation and reablement in the community. This work is in partnership with Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group will include an annual investment of £1.7m.
- 3.9 Progression on Social Care reforms will start towards a “Fair Price for Care” model and adoption based on the results. This is supported by the £626k Grant allocation for “Market Sustainability and Fair Cost of Care”.
- 3.10 A key element of the funding reforms is to ensure that Self-funders can ask their Local Authority to arrange their care for them so that they can find better value care; and it is accepted that this will have the impact of driving up prices and ensuring that local authorities pay the “fair cost of care”.

4. CONSULTATION

Not applicable

5. FINANCIAL IMPLICATIONS

Financial implications are contained throughout the report.

6. LEGAL POWERS & IMPLICATIONS

- 6.1 The Local Government Act 1972 lays down the fundamental principle by providing that every local authority shall make arrangements for the proper administration of their financial affairs, although further details and requirements are contained within related legislation. The setting of the council's budget for the forthcoming year, and the ongoing arrangements for monitoring all aspects of this, is an integral part of the financial administration process.

7. CLIMATE CHANGE & ENVIRONMENTAL IMPLICATIONS

- 7.1 Adult Social Services is developing a Carbon Literacy and Climate Action Plan of which investment in TEC and other means of prevention and early intervention, will be critical to reducing the size and number of care packages/visits and therefore reducing carbon footprint.

8. RISK MANAGEMENT

- 8.1 See paragraph 3.19

9. EQUALITY IMPLICATIONS

- 9.1 Not applicable to this report directly. The 2021/22 revenue budget incorporates savings approved by Members in February 2021, all of which are supported by an equality impact assessment (EIA). These EIAs have been subject to consultation and discussion with a wide range of stakeholder groups to ensure all risks have been identified and understood; the same is true for 2022/23 savings. In addition, the main growth areas were also discussed with the Equality Stakeholder Group.

10. CORPORATE IMPLICATIONS

- 10.1 There are currently no specific corporate implications within the report.

11. OPTIONS CONSIDERED

11.1 Not applicable

AUTHORS

Katherine Sokol, Finance Business Partner (Adults' and Children's Services)
katherine.sokol@n-somerset.gov.uk

Mark Jarvis, Principal Accountant (Adults' Services)
mark.jarvis@n-somerset.gov.uk

APPENDIX 1 – NARRATIVE IN RELATION TO CARE AND SUPPORT PACKAGES

Key Variances

Individual Care and Support Packages

The predominant area of spend that exceeds budget relates to individual care and support packages, which is £2.221m. Whilst this excess demand is not tagged as directly related to Covid in our corporate monitoring, it is undoubtedly true that the changes in patterns of demand for, and take-up of services as described below, have Covid as their predominant causal factor.

Overall Income and Expenditure Trends

end on care and support packages was c. £1.9m in excess of budget in 2020/21 and this gap was narrowed with £500k of budget growth for 2021/22; as a result, all other things being equal, we essentially began the financial year with an underlying demand gap against the budget of c. £1.4m, although clearly the position is much more complex than that.

Our gross expenditure on care packages for 2021/22 was just 3.9% more than in 2020/21. Given we passed on an average of around 2% in inflation to providers, this represents an increase in costs of less than 2% that materialised through a growth in care package numbers or size (although there is some anecdotal evidence that there are some rate increases outside of the main inflation provision, driven by availability of supply, which would make the demand-led rise even smaller).

2021/22 saw client income levels fall by 4.3%. This was mostly driven by a large fall in income from residential placements (13%) due to a change in the mix of care, a reduction in income from property debt and an increase in debt write off and provision for credit losses. Income from non-residential placements increased by 32%, predominantly driven by the completion a programme of reviews to ensure that financial assessments are using up to date information. In addition, contributions from the NHS and other bodies have increased by 43%.

Details of all these trends are shown in Appendix 2.

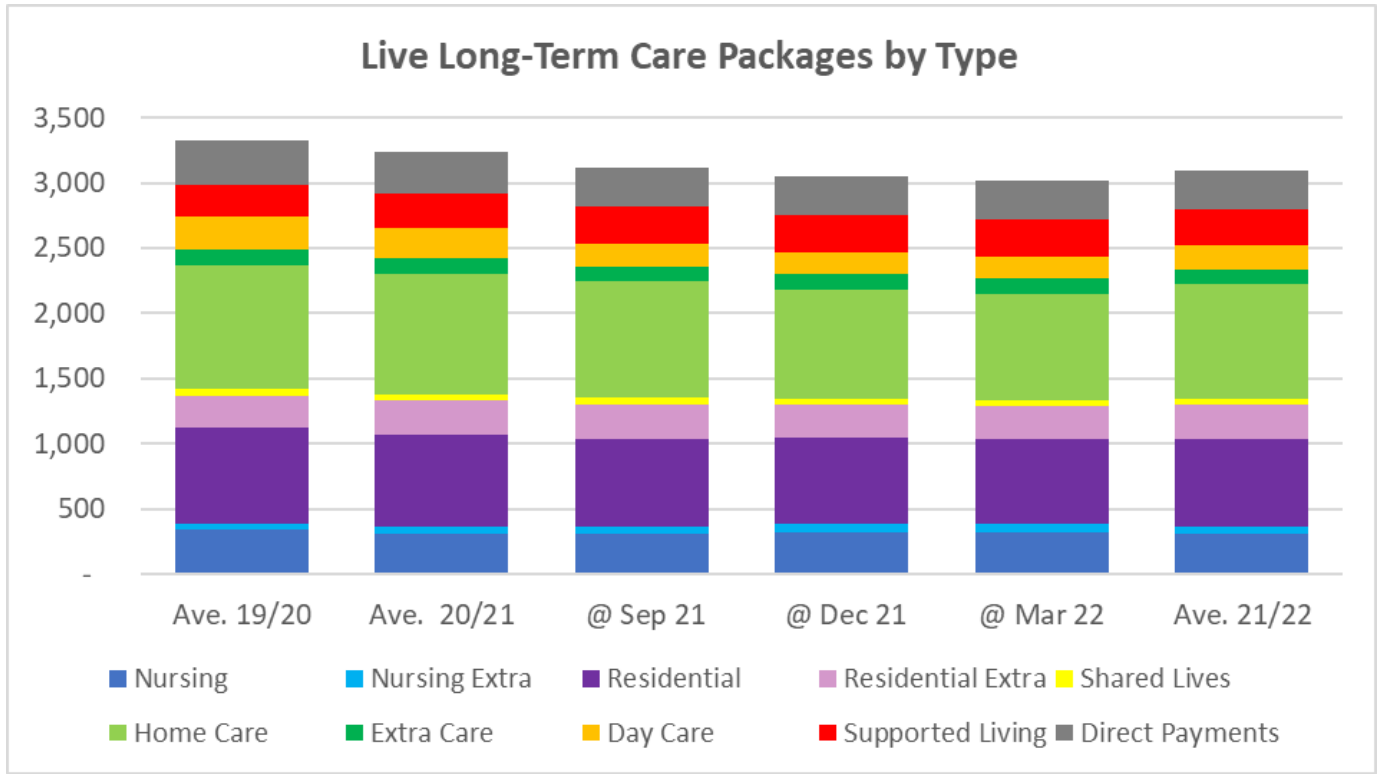
This means that the increase in total net spend from 2020/21 to 2021/22 was 3.6% (or £2.3m), which likely represents around 1.6% after accounting for price inflation.

	2019/20	2020/21	2021/22	2021/22	2021/22	
	Outturn	Outturn	Budget	Outturn	Change from PY	
Gross spend	80,276,370	82,235,155	86,058,509	85,455,607	3,220,452	3.9%
Client income	(16,283,001)	(15,238,747)	(19,167,404)	(14,584,456)	654,291	-4.3%
Other contributions	(3,975,908)	(3,718,816)	(3,564,600)	(5,323,988)	(1,605,172)	43.2%
Net spend	60,017,461	63,277,592	63,326,505	65,547,163	2,269,570	3.6%

In many ways, this is good news and is, in part, being delivered by mitigating demand and preventing escalation through the work of the Single Point of Access, Occupational Therapy clinics, reablement and TEC Services, the Wellness Services and creative solutions being offered by the locality assessment teams. However, some of the suppression of demand is unfortunately and inadvertently achieved through assessment waiting lists and lack of capacity in the care market, and eventually this demand is likely to materialise in the form of care packages (and potentially at higher levels than they would otherwise have been).

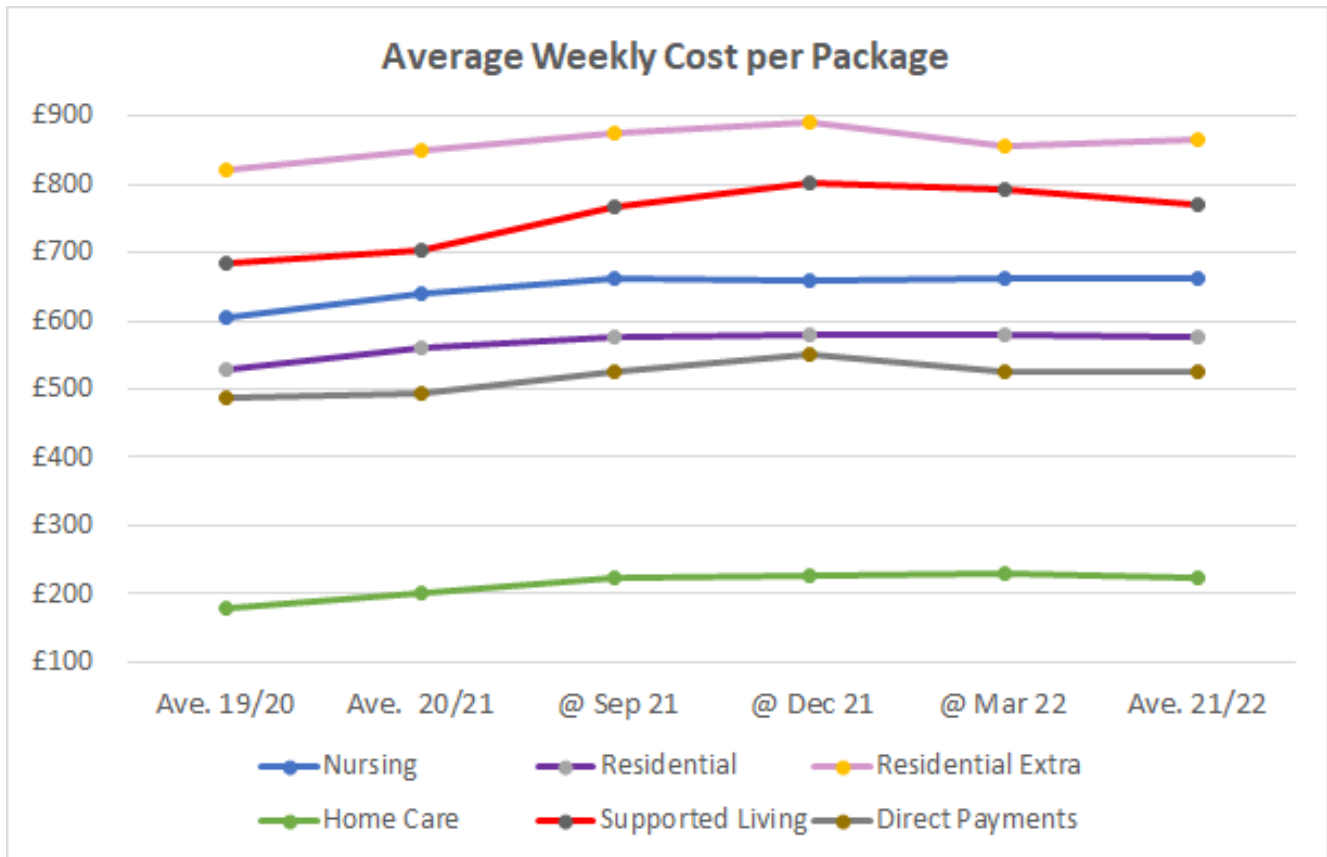
Number of Care Packages

Where we are seeing cost increases beyond just price inflation, this is not generally because the number of packages is increasing; in fact, the average live long-term packages for 2021/22 are 4.2% lower than they were on average last year (3,098 compared with 3,234). Rather, increases relate to increases in package size (see next paragraph).



Average Unit Costs of Packages

As the numbers of packages are falling, any cost increases are largely being driven by an increase in package size, and this is particularly evident in home care, supported living and direct payments, where the average unit costs have increased by 11%, 8% and 7% respectively in the last year. This is likely reflective of increased complexity and need driven by factors such as deterioration and de-conditioning (partly due to delays in elective surgery and other treatment, and lock-down / isolation), earlier hospital discharge, increases in mental health support needs, and family / carer breakdown. In overall terms, the average weekly unit cost of a long-term care package has increased by c. 7% in the last year, with only around 2% of that reflecting price inflation as opposed to package size.



Other Factors

Supported Living

The one material area where package numbers are increasing is in supported living (from an average of 240 in 2019/20 and 263 in 2020/21 to an average of 281 in 2021/22; this is an expected rise, which is particularly associated with bringing forward new schemes as a more cost-effective alternative to residential placements and to support transitions from children's services.

Short-term Care

In addition, there are increases in the number of short-term residential and nursing placements, which may reflect changes in hospital discharge processes, increased respite or rehabilitation use and capacity to secure long-term placements, but more work needs to be done in this area to fully understand the changes. Anecdotally, we are seeing more short-term placements due to pressures facing carers, with more emergency placements due to breakdown in carers care arrangements.

The table below shows that short-term care weeks in 21/22 exceeded 5,500 weeks, while this is still much lower than levels in 2019/20, the unit cost for complexity and emergency arrangements is higher at £573 on average compared to £384 in 2019/20.

When compared to 2020/21 the average unit cost has increased since in 2021/22 to £573 from £538, yet the care weeks is much higher at 5,546 care weeks compared to 4,732 in 2020/21.

In addition to this, the cost of existing and new educational placements is again higher in this year with outturn at £1.43 million compared to £0.94 million in 20/21.

Short Term Spot Purchase Analysis on Controcc

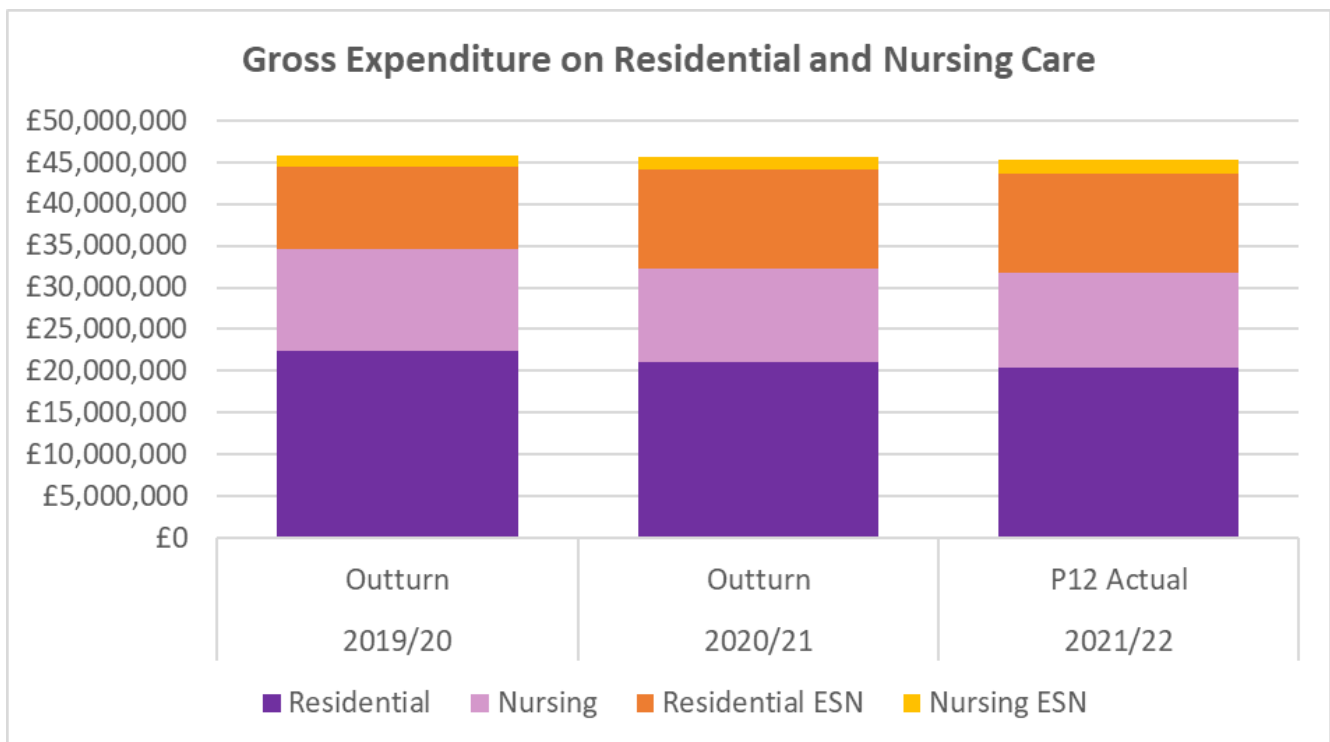
SubDetailCode	SubDetail	2019/20 Care Weeks	2020/21 Care Weeks	2021/22 Care Weeks	4 weekly Average 2019/20	4 weekly Average 2020/21	4 weekly Average 2021/22
CST01	Nursing Enablement	574	116	665	44	9	51
CST05	Residential Enablement	867	155	616	67	12	47
CST11	Nursing Short Term	1,626	1,053	1,422	125	81	109
CST15	Residential Short Term	3,487	2,249	2,338	268	173	180
CST20	Reablement	864	1,159	505	66	89	39
Grand Total		7,418	4,732	5,546	571	364	427

SubDetailCode	SubDetail	2019/20 Unit Cost Per Week	2020/21 Unit Cost Per Week	2020/21 Unit Cost Per Week	2019/20 4 Weekly Ave Cost	2020/21 4 Weekly Ave Cost	2021/22 4 Weekly Ave Cost
CST01	Nursing Enablement	£ 482	£ 638	£ 665	£ 21,291	£ 5,697	£ 33,984
CST05	Residential Enablement	£ 428	£ 535	£ 566	£ 28,560	£ 6,393	£ 26,824
CST11	Nursing Short Term	£ 431	£ 628	£ 687	£ 53,967	£ 50,867	£ 75,167
CST15	Residential Short Term	£ 384	£ 555	£ 550	£102,898	£ 91,652	£ 98,871
CST20	Reablement	£ 185	£ 271	£ 243	£ 12,271	£ 11,151	£ 9,427
Grand Total		£ 384	£ 538	£ 573	£218,986	£ 165,710	£ 244,273

Exceptional Special Needs

Finally, it is worth noting that the increase in demand for residential and nursing placements with Exceptional Special Needs (ESN) which we experienced in 2020/21, has not reduced and, as a result, additional spend in this area continues to offset reductions in basic residential placements. The increased number of ESN packages may suggest higher commissioning costs, a difficulty in moving clients from CCG commissioned hospital discharge beds and / or increasing complexity of people’s care needs as described above. It is now true to say that ESN represents 30% of total spend on residential and nursing care, compared with 24% in 2019/20.

In addition, the proportion of residential and nursing care costs that are recovered through client contributions are much lower for packages with ESN (due to clients reaching their maximum charge). Client income recovery rates have fallen from 28.3% in 2019/20, to 26.0% in 2020/21, and 22.9% in 2021/22, which represents a loss of income of c. £2.4m over 2 years.



Demand at the Single Point of Access

By way of illustration of the demand pressures that are being managed, it is worth noting that contacts to the Council’s Single Point of Access have risen by 24% when compared with the same period in 2019/20 as illustrated below.

Contacts in the Single Point of Access (April to March)			
	2019/20	2020/21	2021/22
SPA Contacts	15,713	16,323	19,554
			24%

Other Budget Variances

The main area of mitigating underspends is in Commissioning and Service Delivery and the main areas that make up the £1.237m positive variance - included supplies cost savings, additional income, and staff vacancy management savings. It is important to note that many of these mitigating underspends are one-off and, as such, may not be available for use in 2022/23 to mitigate the potential overspends in care and support packages. A thorough review will be undertaken during the early months of 2022/23 to establish where budgets may be able to be realigned to bolster those that are needed to support the costs of care packages.

Specific Covid-related budget impacts

The revised budget includes an increase of c. £8m in costs and grant income from the original budget to reflect receipt of further rounds of the Infection Control and Testing Fund Grant, Workforce Recruitment and Retention Fund and Omicron Support Fund from Government, all of which have been distributed to care providers across North Somerset in accordance with the grant conditions. Covid Support also continues as part of the agreed recovery plan for care providers with £1.53m available. To date we have paid £200k for nursing care home premiums, £100k for insurance premiums, with other assistance due in relation to sustainability and innovation bids.

The overall payments made to providers since the start of the pandemic are as follows:

Type of Support	Year	TOTAL
Temporary Fee Uplifts	2020/21	£2,077,720
Infection Control Fund (Jun 20 - Sept 20)	2020/21	£3,860,635
Infection Control Fund (Oct 20 - Mar 21)	2020/21	£3,053,662
Rapid Testing Fund (Jan 21 - Mar 21)	2020/21	£982,246
Workforce Capacity Fund (Jan 21 - Mar 21)	2020/21	£424,939
Infection Control Fund (Apr 21 - Jun 21)	2021/22	£1,181,680
Rapid Testing Fund (Apr 21 - Jun 21)	2021/22	£750,117
Nursing support 2021	2021/22	£200,000
Infection Control Fund (Jul 21 - Sep 21)	2021/22	£836,901
Testing Fund (Jul 21 - Sep 21)	2021/22	£623,018
Insurance support 2021	2021/22	£103,598
Infection Control and Vaccine Fund (Oct 21 - Mar 22)	2021/22	£1,489,219
Testing Fund (Oct 21 - Mar 22)	2021/22	£727,446
Workforce Recruitment & Retention Fund Round 1 (Oct 21 - Mar 22)	2021/22	£512,907
Workforce Recruitment & Retention Fund Round 2 (Dec 21 - Mar 22)	2021/22	£1,154,932
Omicron Support Grant	2021/22	£230,986
TOTAL		£18,210,007

Appendix 2 – Detailed Analysis of Expenditure and Income Forecast for Individual Packages of Care & Support

	2019/20	2020/21	2021/22	2021/22	2021/22	2021/22	2021/22	2021/22
	Outturn	Outturn	Revised Budget	P12 Actual	Change from PY		Variance from budget	
Expenditure								
Nursing	12,312,381	11,297,314	12,568,442	11,241,753	(55,562)	-0.5%	(1,326,690)	(10.6%)
Nursing ESN	1,277,316	1,641,031	1,668,500	1,728,176	87,145	5.3%	59,676	3.6%
Residential	22,315,815	20,979,629	22,814,385	20,459,192	(520,437)	-2.5%	(2,355,193)	(10.3%)
Residential ESN	9,853,644	11,792,743	11,570,859	11,848,126	55,383	0.5%	277,267	2.4%
Shared Lives	1,343,321	1,627,656	1,573,489	1,686,194	58,538	3.6%	112,705	7.2%
Homecare	7,664,954	8,968,914	8,517,666	9,340,179	371,265	4.1%	822,513	9.7%
Extra Care	1,598,083	1,712,432	1,890,083	1,602,612	(109,820)	-6.4%	(287,471)	(15.2%)
Daycare	1,492,815	1,495,512	1,581,801	1,330,715	(164,797)	-11.0%	(251,086)	(15.9%)
Supported Living	10,030,136	11,366,867	11,173,879	12,857,390	1,490,523	13.1%	1,683,511	15.1%
Direct Payments	8,093,138	7,729,415	8,108,039	7,416,395	(313,021)	-4.0%	(691,644)	(8.5%)
DPs Carers	29,427	7,295	70,340	31,636	24,341	333.7%	(38,704)	(55.0%)
Sub-total Long-Term	76,011,030	78,618,809	81,537,483	79,542,366	923,557	1.2%	(1,995,117)	(2.4%)
Enablement Nursing	279,388	57,178	261,445	411,730	354,552	620.1%	150,285	57.5%
Enablement Res	377,362	61,242	379,873	308,108	246,866	403.1%	(71,765)	(18.9%)
ST Nursing	652,723	858,075	834,971	1,522,904	664,829	77.5%	687,933	82.4%
ST Residential	2,093,425	2,009,944	2,410,533	2,716,947	707,003	35.2%	306,414	12.7%
Reablement	112,970	108,767	191,865	265,862	157,095	144.4%	73,997	38.6%
Sub-total Short-Term	3,515,868	3,095,206	4,078,687	5,225,551	2,130,345	68.8%	1,146,864	28.1%
Various Other CIC Expd	749,472	521,141	442,339	687,690	166,549	32.0%	245,351	55.5%
Income								
Daycare	(164,556)	(32,009)	(220,717)	(104,674)	(72,665)	227.0%	116,043	(52.6%)
Direct Payments	(573,810)	(389,961)	(754,688)	(714,951)	(324,990)	83.3%	39,737	(5.3%)
Extra Care	(322,391)	(351,391)	(508,701)	(380,133)	(28,742)	8.2%	128,568	(25.3%)
Homecare	(1,432,620)	(1,549,146)	(2,057,761)	(2,044,276)	(495,130)	32.0%	13,485	(0.7%)
Nursing	(4,663,446)	(4,076,181)	(5,044,898)	(3,084,340)	991,841	-24.3%	1,960,558	(38.9%)
Residential	(8,268,335)	(7,812,866)	(9,449,130)	(7,267,349)	545,517	-7.0%	2,181,781	(23.1%)
Shared Lives	(212,098)	(249,574)	(289,063)	(178,074)	71,500	-28.6%	110,989	(38.4%)
Supported Living	(436,617)	(469,663)	(547,806)	(595,979)	(126,316)	26.9%	(48,173)	8.8%
ST Nursing	(83,926)	(127,089)	(139,960)	(79,513)	47,576	-37.4%	60,447	(43.2%)
ST Residential	(125,202)	(180,867)	(154,680)	(135,168)	45,699	-25.3%	19,512	(12.6%)
Sub-total client income	(16,283,001)	(15,238,747)	(19,167,404)	(14,584,456)	654,291	-4.3%	4,582,948	(23.9%)
Contributions LA	(21,862)	0	0	(1,709)	(1,709)	0.0%	(1,709)	0.0%
NHS Cont Residential	(1,999,705)	(2,019,758)	(1,779,570)	(2,348,176)	(328,418)	16.3%	(568,606)	32.0%
Contributions Nursing	(207,043)	(295,899)	(344,640)	(454,449)	(158,550)	53.6%	(109,809)	31.9%
Contributions DPs	(111,210)	(163,277)	(204,655)	(182,819)	(19,542)	12.0%	21,836	(10.7%)
Contributions General	(809,126)	(718,741)	(654,415)	(955,738)	(236,997)	33.0%	(301,323)	46.0%
Contributions Other	(70,666)	0	0	(181,404)	(181,404)	0.0%	(181,404)	0.0%
Sub-total other income	(3,219,612)	(3,197,675)	(2,983,280)	(4,124,296)	(926,621)	29.0%	(1,141,016)	38.2%
Various Other CIC Inc	(756,296)	(521,141)	(581,320)	(1,199,693)	(678,552)	130.2%	(618,373)	106.4%
Gross spend	80,276,370	82,235,155	86,058,509	85,455,607	3,220,452	3.9%	(602,902)	(0.7%)
Client income	(16,283,001)	(15,238,747)	(19,167,404)	(14,584,456)	654,291	-4.3%	4,582,948	(23.9%)
Other contributions	(3,975,908)	(3,718,816)	(3,564,600)	(5,323,988)	(1,605,172)	43.2%	(1,759,388)	49.4%
Net spend	60,017,461	63,277,592	63,326,505	65,547,163	2,269,570	3.6%	2,220,658	3.5%

Appendix 3 – Quarterly Activity and Unit Cost Data 2019/20 – 2021/22

Activity

Provision Type		2 years ago	1 year ago	6 month	3 month	2month	1 month	current	YTD	Trend Line (1Y)	Current	1Y Change	Change	Change
		Ave. 19/20	Ave. 20/21	@ Sep 21	@ Dec 21	@ Jan 22	@ Feb 22	@ Mar 22	Ave. 21/22					
Long Term Care														
Nursing	CLT01	341	308	304	320	297	300	319	306		319	-	2	↓ -1%
Nursing Extra	CLT02	51	55	62	63	62	65	72	61		72	-	6	↑ 11%
Residential	CLT05	736	705	675	662	648	649	640	669		640	-	36	↓ -5%
Residential Extra	CLT06	243	263	262	254	259	262	259	260		259	-	3	↓ -1%
Shared Lives	CLT10	48	47	47	48	49	50	48	48		48	-	1	↑ 2%
Home Care	CLT20	949	924	891	832	819	803	807	875		807	-	48	↓ -5%
Extra Care	CLT25	123	125	116	118	118	120	119	120		119	-	5	↓ -4%
Day Care	CLT30	256	226	179	171	171	170	169	178		169	-	47	↓ -21%
Supported Living	CLT40	240	263	281	284	284	289	289	281		289	-	18	↑ 7%
Direct Payment	VAA01	333	319	303	301	303	297	296	300		296	-	19	↓ -6%
Total Long Term Care		3,321	3,234	3,120	3,053	3,010	3,005	3,018	3,098					
Short term Care														
Enablement - Nursing	CST01	10	2	11	15	16	16	21	13		21	-	11	↑ 480%
Enablement - Residential	CST05	14	3	11	12	18	20	17	14		17	-	12	↑ 455%
Short term - Nursing	CST11	18	19	21	34	27	25	31	24		31	-	5	↑ 28%
Short term - Residential	CST15	43	35	43	50	53	46	44	40		44	-	5	↑ 15%
Reablement	CST20	15	12	12	10	9	7	7	11		7	-	1	↓ -8%
Total Short Term Care		100	70	98	121	123	114	120	103					
TOTAL		3,421	3,304	3,218	3,174	3,133	3,119	3,138	3,201					

Unit Cost Data

Provision Type		2 years ago	1 year ago	6 month	3 month	2month	1 month	current	YTD				
		Ave. 19/20	Ave. 20/21	@ Sep 21	@ Dec 21	@ Jan 22	@ Feb 22	@ Mar 22	Ave. 21/22	Trend Line (1Y)	Current	1Y Change	Change Change
Long Term Care													
Nursing	CLT01	£ 603.75	£ 640.31	£ 663.16	£ 659.63	£ 664.94	£ 664.82	£ 662.50	£ 663.41		£663	£ 23.10	↑ 4%
Nursing Extra	CLT02	£ 464.92	£ 551.11	£ 491.53	£ 450.70	£ 492.86	£ 521.17	£ 485.49	£ 503.18		£485	-£ 47.93	↓ -9%
Residential	CLT05	£ 528.54	£ 559.33	£ 577.24	£ 578.20	£ 580.23	£ 579.75	£ 580.84	£ 577.53		£581	£ 18.21	↑ 3%
Residential Extra	CLT06	£ 820.73	£ 850.80	£ 876.04	£ 889.49	£ 874.94	£ 853.04	£ 855.88	£ 864.74		£856	£ 13.94	↑ 2%
Shared Lives	CLT10	£ 445.84	£ 503.82	£ 503.11	£ 504.54	£ 509.66	£ 497.87	£ 497.14	£ 503.64		£497	-£ 0.18	↓ 0%
Home Care	CLT20	£ 178.98	£ 200.28	£ 222.53	£ 226.98	£ 228.74	£ 226.32	£ 228.31	£ 224.21		£228	£ 23.93	↑ 12%
Extra Care	CLT25	£ 239.65	£ 242.66	£ 249.35	£ 254.09	£ 247.19	£ 242.50	£ 236.10	£ 245.81		£236	£ 3.15	↑ 1%
Day Care	CLT30	£ 135.21	£ 144.24	£ 150.58	£ 153.13	£ 162.08	£ 157.78	£ 167.76	£ 153.32		£168	£ 9.08	↑ 6%
Supported Living	CLT40	£ 684.26	£ 701.82	£ 768.04	£ 802.41	£ 812.84	£ 811.55	£ 791.70	£ 770.62		£792	£ 68.79	↑ 10%
Direct Payment	VAA01	£ 487.35	£ 495.12	£ 524.29	£ 550.56	£ 520.20	£ 519.91	£ 524.46	£ 525.91		£524	£ 30.78	↑ 6%
Ave. Long Term Care		£ 421.60	£ 451.32	£ 481.96	£ 494.93	£ 494.45	£ 494.03	£ 493.14	£ 483.01				
Short term Care													
Enablement - Nursing	CST01	£ 588.96	£ 588.96	£ 683.70	£ 677.07	£ 680.97	£ 656.53	£ 653.69	£ 666.24		£654	£ 77.28	↑ 13%
Enablement - Residential	CST05	£ 487.63	£ 487.63	£ 573.24	£ 575.04	£ 558.77	£ 549.60	£ 563.18	£ 562.77		£563	£ 75.14	↑ 15%
Short term - Nursing	CST11	£ 595.75	£ 595.75	£ 676.56	£ 673.32	£ 685.89	£ 676.14	£ 689.30	£ 681.90		£689	£ 86.15	↑ 14%
Short term - Residential	CST15	£ 536.07	£ 536.07	£ 560.17	£ 540.28	£ 533.55	£ 529.22	£ 532.53	£ 553.97		£533	£ 17.90	↑ 3%
Reablement	CST20	£ 224.42	£ 224.42	£ 277.53	£ 225.76	£ 207.88	£ 169.47	£ 124.32	£ 242.79		£124	£ 18.37	↑ 8%
Ave. Short Term Care		£ 498.81	£ 498.58	£ 565.83	£ 572.07	£ 566.03	£ 560.79	£ 574.76	£ 566.00				
OVERALL WEIGHTED AVERAGE		£ 423.86	£ 452.33	£ 484.51	£ 497.87	£ 497.26	£ 496.47	£ 496.26	£ 485.67				

North Somerset Council

REPORT TO THE ADULT SERVICES AND HOUSING POLICY AND SCRUTINY PANEL

DATE OF MEETING: 7TH JULY 2022

SUBJECT OF REPORT: OLDER PERSON AND SPECIALIST HOUSING NEEDS ASSESSMENT FOR NORTH SOMERSET

TOWN OR PARISH: ALL

OFFICER/MEMBER PRESENTING: GERALD HUNT PRINCIPAL HEAD OF COMMISSIONING, PARTNERSHIPS & HOUSING SOLUTIONS

KEY DECISION: NO

RECOMMENDATIONS

To note the report commissioned from the Housing Lin to support both the Local Plan engagement and Market Sustainability Plan required for completion by September 2022, as part of the preparation for Care Reforms. The report will be used to evidence market engagement plans and business case for investment in accommodation shift proposals as part of the MTFP process.

Summary of Report

The report outlines predicted demand for specialist older people's Housing requirements for North Somerset over the next thirty years.

1. POLICY

The North Somerset Corporate Plan considers various areas of key focus. The following under Prosperity and Opportunity relate to this recommissioning.

- Ensure all our communities share in prosperity and employment growth.

The following listed under Health and Wellbeing relate to this recommissioning.

- Enable residents to make healthy choices and promote active lifestyles, which reduce ill health and increase independence.
- Commission or provide quality health and care services which deliver, dignity, safety and choice.

The following listed under Quality Places relate to this recommissioning.

- Build and sustain great places to live and visit – vibrant, accessible and safe.
- Empower people to contribute to their community and communities to provide their own solutions.

The Annual Directorate statement includes the following as its aims.

Quality Places

- Implement initiative/projects to prevent and tackle homelessness.
- Commission additional supported housing to meet needs and address financial challenges

Health and Wellbeing

- Support and enable vulnerable adults to live independently.

2. DETAIL

See Attached report in Appendix One and Appendix 2.

2. CONSULTATION

The report outlines a level of engagement undertaken in the report

3. FINANCIAL IMPLICATIONS

None specifically at this stage

4. LEGAL POWERS AND IMPLICATIONS

Not applicable

5. RISK MANAGEMENT

None

6. EQUALITY IMPLICATIONS

Equality implications feature in the report

7. CORPORATE IMPLICATIONS

The report will contribute to planning for Social Care reform and the specialist input to the Local Plan.

8. OPTIONS CONSIDERED

Not applicable

AUTHOR

Gerald Hunt Principal Head of Commissioning, Partnerships and Housing Solutions
01934 634803 - gerald.hunt@n-somerset.gov.uk

BACKGROUND PAPERS

Appendix One – The report for North Somerset

Appendix Two – Appendix to the report

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Annexe 2. Case studies of contemporary housing suited to older people

Changes to existing housing for older people

CASE STUDY

Name: Worsnop House

Location: Colchester

Developer/landlord: Colchester Borough Homes

Scheme overview:

Worsnop house is in Old Heath Road Colchester. There are 28 one-bedroom and 3 two-bedroom self-contained modern apartments located in a two-storey building with two lifts. Set in attractive gardens with a large garden leading from the communal facilities on the ground floor with a conservatory, seating area and water feature. Mobility scooter storage and parking spaces are available on site for residents and visitors. All apartments benefit from a balcony or terrace space and are complemented by a range of communal facilities including guest room facilities for friends or family who may wish to stay nearby when visiting.

In 2015 the scheme saw a refurbishment of the 1978 property that modernised the communal areas. The refit of at Worsnop House, carried out by Colchester Borough Homes and Colchester Council, was the winner of the efficiency and innovation in property prize at the Colchester Business Awards.

Tenure mix/affordability: Social rent

Housing/care provider arrangement: Colchester Borough Homes – no care provider as sheltered housing

Link: <https://cbhomes.org.uk/find-a-home/sheltered-housing-and-extra-care/worsnop-house/>



CASE STUDY

Name: Llys y Mynydd, Rhos and Tir y Capel, Llay

Location: Wrexham, North Wales

Developer/landlord: Wrexham Borough Council

Scheme overview:

Wrexham Borough Council has embarked on an ambitious Sheltered Housing Remodelling and Refurbishment Programme which has involved the remodelling and refurbishment of two sheltered housing schemes at Llys y Mynydd, Rhos and Tir y Capel, Llay and complementary new build apartments to the rear of the existing scheme at Llay.

The new assisted living apartments are designed to be 'care ready' with the latest technology improving health and wellbeing. The council aims to help older people remain independent in their own home for longer by investing in the upgrades. The main works to be carried out include:

- Remodelling the existing layout to increase the sizes of the flats
- Provide good storage facilities within the flats
- Refurbish the communal lounges
- Improve the energy efficiency of the scheme
- Increase the car parking provision around the scheme

Tenure mix/affordability: Social rent

Housing/care provider arrangement: Wrexham Borough Council

Link: <https://www.wrexham.gov.uk/sites/default/files/2021-05/Sheltered%20housing%20newsletter%20-%20Jan%202020%20en.pdf>



CASE STUDY

Name: Castle Court

Location: County Durham

Developer/landlord: Derwentside Housing

Scheme overview:

Derwentside Housing's Castle Court, a remodelled sheltered housing scheme on a site which brought together three separate buildings, including a dated sheltered housing scheme, children services and temporary accommodation units for the NHS in County Durham. The intention has been to:

- Redesign and refashion existing sheltered housing.
- Improve age friendliness.
- Extend the building's useful lifespan.
- Focus on making sheltered housing a more attractive housing choice with a focus on the 'pull' factors (that will attract older people to want to move there).

Tenure mix/affordability: Social rent and rent to buy

Housing/care provider arrangement: Derwentside Housing

https://www.housinglin.org.uk/assets/Resources/Housing/Practice_examples/Housing_LIN_case_studies/HLIN_CaseStudy90_Derwentside.pdf



Care ready housing

CASE STUDY

Name: +Home

Location: Sunderland

Developer/landlord: Igloo Regeneration and Sunderland City Council

Scheme overview:

Igloo's +Home was the joint winner of the UK government's Home of 2030 competition and working with Sunderland City Council they now plan to build the scheme at the month-long Future Living Expo in Sunderland in 2023.

Igloo's +Home helps communities to build green, walkable, vibrant neighbourhoods, bypassing traditional housebuilders. +Home's 'care readiness' is demonstrated by its flexible and customisable build, meaning they can meet every occupier's individual needs during their lifetime. As well as being equipped with the infrastructure to provide smart and connected homes.

Instead of traditional house designs +Home proposes community-led and self-build that people can design themselves. The homes are simple to build with affordable frames and components, are climate friendly and can be recycled at the end of their lives.

At the heart of the model is the +Home connected platform, a collective database that developers, manufacturers, installers, and homeowners can all use in the delivery process.

Link: <http://www.iglooregeneration.co.uk/2020/12/04/igloo-joint-winner-home-of-2030-competition/>



CASE STUDY

Name: Bruyn's Court

Location: South Ockendon, Thurrock, Essex

Developer/landlord: Thurrock Council

Scheme overview:

Bruyn's Court features 25 flats, all of which are flexibly designed to adapt to meet the changing needs of residents as they grow older. The scheme does not provide care and support services, but the aim of the scheme is to radically improve the standard of living for older people in Thurrock, taking account of their social and physical needs, and encouraging social interaction and mutual support. The development has also been designed to help revitalise the town centre, modernising the local built environment while adding further commercial viability to the town centre shops. It has been designed to HAPPI standard, lifetime homes and Sustainable Code Level 4.

Tenure mix/affordability: Social rent

Housing/care provider arrangement: Housing Management provided by Thurrock Borough Council. The scheme does not provide care and support services.

Link:

https://www.housinglin.org.uk/assets/Resources/Housing/Practice_examples/Housing_LIN_case_studies/HLIN_CaseStudy_145_BruynsCourt.pdf



CASE STUDY

Name: Tree Top Village

Location: Newcastle

Developer/landlord: Newcastle City Council & Your Homes Newcastle

Scheme overview:

This is not an extra care scheme, though each apartment can be easily adapted to respond to a range of needs and has a level access shower, a transfer area and access to an on-site scooter store. The scheme offers 75 sheltered housing apartments, bordered by 36 one and two-bedroom homes and 8 bungalows with gardens.

Tenure mix/affordability: Social rent

Housing/care provider arrangement: Non-resident housing management staff (Your Homes Newcastle). No onsite care provider

Link: <https://www.housinglin.org.uk/News/New-Housing-LIN-Case-Study-Tree-Top-Village-in-Walker-Newcastle/>



CASE STUDY

Name: Steepleton Retirement Community

Location: Tetbury

Developer/landlord: PegasusLife

Scheme overview:

PegasusLife's Steepleton's retirement community in Tetbury offers a collection of 68 Later Living apartments for older people. It also features the Barn which acts as a community hub, with the restaurant open to the public and communal lounge area. The development has been designed to address the issues of loneliness and social isolation with grouped seating situated outside entrances and the Barn encourage neighbourly contact. Gardening facilities, a natural swimming pond, hydrotherapy pool, gym and treatment rooms allow for social and physical health benefits.

Designed to HAPPI design principles, and winner of the 2019 National Housing Design Awards Neighbourly attraction was designed as part of the initial design – the cloistered walkways around the courtyards have additional seating for residents to socialise.

Welcoming appeal to development – café on development that faces main road, connects with community with café and restaurant.

Tenure mix/affordability: Sale / Private Rental

Housing/care provider arrangement: Non-resident housing management staff (PegasusLife).
No onsite care provider

Link: <https://lifestory.group/pegasus/our-developments/steepleton-tetbury/>



Older people and specialised housing needs assessment

Housing with care and retirement villages - Extra Care Housing

CASE STUDY

Name: Nightingale Lodge

Location: Romsey, Hampshire

Developer/landlord: Places for People

Scheme overview:

Nightingale Lodge includes 54 one- and two-bedroom apartments for people over the age of 55.

Its facilities include, a 'pay as you dine' restaurant, a wellness suite and on-site salon. Each apartment has its own private balcony or outside terrace.

It is an example of a housing provider seeking to rebrand 'extra care', it has chosen the terminology 'Living Plus'.

Tenure mix/affordability: Affordable Rent and Shared Ownership

Housing/care provider arrangement: Housing Management and care is provided by Places for People's supported living provider, Living Plus

Mix of support/care needs accommodated: Mix of care needs accommodated.

Link: <https://www.livingplus.co.uk/find-a-home/nightingale-lodge/>



CASE STUDY

Name: Tamar Court

Location: Worle, Western-super-mare

Developer/landlord: Alliance Homes

Scheme overview:

Tamar Court is an Extra Care scheme consisting of 65 one- and two-bedroom apartments capable of accommodating residents with early to severe forms of dementia, whilst also incorporating a council run 'daycare' dementia wellbeing centre.

The range of shared facilities include, a restaurant, communal lounge on each floor, pamper room, shared gardens and a guest room.

They have found the tenure mix has led to a younger demographic of resident, requiring a greater ability to manage their own future.

Tenure mix/affordability: 50% Affordable Rent and 50% Shared Ownership

Housing/care provider arrangement: Housing Management is provided by Alliance Homes. The care service is provided by Access your Care

Mix of support/care needs accommodated: Mix of care needs accommodated. Apartments accommodate residents with early to severe forms of dementia.

Link: <https://www.alliancehomes.org.uk/find-a-home/tamar-court/>

Link: https://www.housinglin.org.uk/assets/Events/2017-09/Tansill_120917.pdf



CASE STUDY

Name: Quayside

Location: Totnes, Devon

Developer/landlord: Guinness Partnership

Scheme overview:

Quayside is Guinness's latest extra care housing development, located in Totnes close to the River Dart, for people aged over fifty-five. The development has 30 apartments for shared ownership and 30 for affordable rent. The communal facilities include a café bistro, activity areas, and a 'pamper suite' where residents can arrange haircuts, manicures and beauty treatments. There is no large communal lounge; rather, smaller sitting areas take advantage of the views from the site. The internal decor and layout are designed to be dementia friendly but in a way that is attractive and luxurious.

Tenure mix/affordability: Affordable rent and shared ownership

Housing/care provider arrangement: Housing Management is provided by The Guinness Partnership. There is a 24/7 staff presence including a Registered Manager, Concierge and care staff. The care service is provided by Guinness Care. 24 hours a day, 7 days a week.

Mix of support/care needs accommodated: Mix of care needs accommodated:

- Low being 0 – 5 hours of care per week (20% of the flats are allocated on this basis)
- Moderate being 10 – 5 hours of care per week (30% of the flats are allocated on this basis)
- High being more than 10 hours of care per week (50% of the flats are allocated on this basis)

Link: <https://www.guinnesshomes.co.uk/our-developments/quayside-totnes>



CASE STUDY

Name: The Orangery

Location: Bexhill, East Sussex

Developer/ landlord: AmicusHorizon (now Optivo), in partnership with East Sussex County Council (ESCC) and Rother District Council (RDC)

Scheme overview:

The Orangery, a scheme developed by AmicusHorizon (now Optivo), in partnership with East Sussex County Council and Rother District Council, in Bexhill, East Sussex. It has 58 fully accessible, affordable apartments with six fully wheelchair accessible 'open market' sale houses. The community space is also easily accessed by local people, used for a range of activities. All the rented apartments are let to people with care needs, and the aim is to maintain a mix of people with low, medium and high care needs.

Tenure mix/affordability: Social rent and shared ownership (between 40% and 75%).

Housing/care provider arrangement: Care provider is Mears Care. Housing management is provided by Optivo. A 24/7 care team is based on site.

Mix of support/care needs accommodated: The aim is to maintain a balance of those with low, medium and high needs.

https://www.housinglin.org.uk/assets/Resources/Housing/Practice_examples/Housing_LIN_case_studies/HLIN_CaseStudy_138_The-Orangery.pdf



CASE STUDY

Name: Waterside Court

Location: Loughborough, Leicestershire

Developer/landlord: EMH Homes

Scheme overview:

Waterside Court is located approximately ½ mile from Loughborough town centre and has been designed specifically for people with care and support needs. The three-storey scheme combines 62 one- and two-bedroom self-contained apartments. There is a range of communal spaces; including an arts and crafts room, lounges, restaurant, cinema room, hairdressers, library and guest suite.

Tenure mix/affordability: Social rent

Housing/care provider arrangement: EMH Homes manages housing, property and tenant involvement. Care Provider – Key 2 Care Ltd.

Mix of support/care needs accommodated: Applicants require a minimum of 3.5 hours care per week; eligibility is assessed by Leicestershire County Council. Support is offered for residents with dementia, sensory impairments, learning difficulties and disabilities, autism, medical conditions and health difficulties, physical conditions or difficulties as well and speech language and communications needs. There is a mix of tenants with high / medium / low care needs.

Link: <http://lin.housingcare.org/housing-care/facility-info-162734-waterside-court-loughborough-england.aspx>



CASE STUDY

Name: Limelight

Location: Old Trafford

Developer/landlord: Trafford Housing Trust

Scheme overview:

Located at Old Trafford, the development integrates 81 one and two-bed apartments extra-care apartments with GP surgeries and community facilities, including a café, event space, library and nursery. Offices for council services and social enterprises are also provided, together with sports and recreation facilities and the re-provision of St Brides Church. Limelight is one of the first integrated hubs to be delivered in the UK and is a model for future age friendly developments.

Tenure mix/affordability: 21 two-bed extra care apartments Older People's Shared Ownership (OPSO) and 60 one and two-bed properties available to rent.

Housing/care provider arrangement: Housing provider - Trafford Housing Trust. Onsite care provider - Trafford Housing Trust (Trustcare)

Mix of support/care needs accommodated: The service aims to support people with a range of care needs, from a relatively low level of need to those with a high level of dependency.

Alongside the provision of 24/7 formal care for extra care housing residents, Limelight has been pioneering a signposting approach (sometimes referred to as 'social prescribing'), with qualified health practitioners working alongside other service providers to steer people towards physical, social and mentally stimulating activities. The aim is to help reduce many of the health and care issues faced by older and vulnerable people.

https://www.housinglin.org.uk/assets/Events/2018-02/WhyLimelight_070218-.pdf



Housing with care and retirement villages - Retirement Villages

CASE STUDY

Name: Bishopstoke Park

Location: Eastleigh, near Southampton

Developer/landlord: Anchor

Scheme overview:

Bishopstoke Park is a retirement village that offers a range of one- and two-bedroom independent living apartments which all have access to all of Anchor's Homecare services on a menu basis. At the heart of the village sits Orchard Gardens, a care home with en-suite bedrooms for 48 residents.

It is an example of a housing association providing its equivalent to luxury retirement living. As demonstrated by the quality of the apartments and onsite features which include a state-of-the-art wellness centre and spa offering a luxurious swimming pool, hot tub, steam room, sauna, and fully equipped gymnasium.

Tenure mix/affordability: Ownership and shared ownership

Housing/care provider arrangement: Housing management is provided by Anchor. Care is provided by Anchor's care and support service AnchorHomecare

Mix of support/care needs accommodated: There is a mix of care needs supported, from none, to people with a high level of need for care and support. There is an on-site care staff team (24/7 days) and a care home situated onsite.

Link: <https://www.anchor.org.uk/our-properties/bishopstoke-park-bishopstoke>



CASE STUDY

Name: The Chocolate Quarter

Location: Keynsham, Somerset

Developer/landlord: St Monica Trust (SMT)

Scheme overview:

The village consists of 136 one and two-bed apartments and a 93-bed nursing care home. The care home includes provision for dementia care, general nursing beds, palliative care and intermediate/rehab care. There is also a GP practice on site and co-working opportunities through separate commercial ventures. The development is located on the site of the former Cadbury's chocolate factory within a larger site known as Somerdale.

Offers some 'intergenerational' aspects, due to sharing its site with a number of facilities which are open to the public, including a cinema, restaurants and a health spa.

Tenure mix/affordability: 100% Leasehold. Relevant to owner occupiers and higher income groups.

Housing/care provider arrangement: The care and the housing management is provided by St Monica Trust.

Mix of support/care needs accommodated: There is a mix of care needs, from none to people with a high level of need (especially in the care home). Housing with care scheme with on-site care staff (24/7).

Link: <https://www.stmonicastrust.org.uk/villages/the-chocolate-quarter>



CASE STUDY

Name: Elker Meadows

Location: Billington, Lancashire

Developer/landlord: Mossacre St Vincent's Housing Association

Scheme overview:

Situated on Elker Lane between the villages of Whalley and Langho in the beautiful Ribble Valley District of Lancashire, Elker Meadows is a scheme of 19, two-bedroomed apartments developed by Mossacre St Vincent's Housing Association with Homes England and Department of Health capital funding.

The homes offer a new style of 'HAPPI' living available for both rent and shared ownership sale, designed with character yet all the comforts of modern life. Positioned not far from both Whalley and the thriving market town of Clitheroe, the scheme offers the opportunity for peaceful living whilst being close to nearby local amenities including supermarkets, surgeries, restaurants, bars and leisure activities. Elker Meadows offers excellent transport connections, being just a stone's throw away from the A59 with convenient bus and rail connections.

With specific regard to rural consideration of the HAPPI design principles, the materials used were particularly sensitive to the site's location and the building has enhanced the local environment. 'The materials used on the new development are in-keeping with the local vernacular which includes nearby stone-built farm building.

Tenure mix/affordability: Ownership and Shared Ownership, and Rent (social landlord)

Housing/care provider arrangement: The care and the housing management is provided by Mossacre St Vincent's.

Mix of support/care needs accommodated: A variety of care needs accommodated.

Link:

https://www.housinglin.org.uk/_assets/Resources/Housing/Support_materials/Reports/HAPPI-4-Rural-Housing-for-an-Ageing-Population.pdf



CASE STUDY

Name: Stoke Gifford Retirement Village

Location: Stoke Gifford, Bristol

Developer/landlord: The ExtraCare Charitable Trust

Scheme overview:

Stoke Gifford Retirement Village, features 261 apartments and a large variety of facilities, for example: a village hall, shop, a hair and beauty salon, a public library, an IT centre and a fitness centre.

The buildings have natural ventilation, green roofs and balconies ensure that building maintains a cool temperature during summer – additionally, each building follows point 9 of the HAPPI framework. Bathrooms additionally feature self-draining and slip-resistant floors which provide extra safety for residents. Other service innovation includes the Gold Standards Framework (GSF) accreditation programme which supports residents to remain at home with the right care and support at the end of life too.

Apartments are fitted with a 'tablet' that allows the residents to contact the site staff to say they are ok, or in an emergency. The show case innovation apartment has smart technology devices set up to show residents technology such as voice-controlled lighting, and a robotic vacuum cleaner.

Tenure mix/affordability: 69 Ownership and 111 Shared Ownership, and 81 Rent (social landlord).

Housing/care provider arrangement: The care and the housing management is provided by the ExtraCare Charitable Trust

Mix of support/care needs accommodated: Care can be provided for up to a third of residents living in the community as part of a pre-agreed care package to help them to live independently. Additionally, on-site there is a Wellbeing Advisor who is a Registered Nurse to offer health information, wellbeing assessments, and advice about healthy lifestyles.

Link: <https://www.extracare.org.uk/stoke-gifford-village/about-stoke-gifford-retirement-village/>

Intergenerational Housing

CASE STUDY

Name: Ravensbury regeneration

Location: Merton

Developer/landlord: Clarion Housing

Scheme overview:

Ravensbury is part of a £1bn Merton Regeneration Project creating 2,800 homes: replacing 1,000 existing homes and building 1,800 new homes. The aim is to create a multi-generational community with a variety of housing options designed to age-friendly principles. Flats for older people are discretely situated within the development, designed much the same but elevators and stairwells have slightly more width and space to allow for easier adaptation if needed.

Larger, two-story units can be subdivided into smaller spaces and flex as needs change: stairwells are designed to accommodate stair-lifts and the dining room can become a ground floor bedroom. The homes are orientated to allow and encourage social connectedness; they also sit on short streets with green spaces nearby that provide opportunities for community stewardship.

Tenure mix/affordability: Social rent and ownership

Housing/care provider arrangement: None provided

Mix of support/care needs accommodated: Not known

Link: <https://www.myclarionhousing.com/my-community/regeneration-projects/merton-london/ravensbury>

CASE STUDY

Name: Melfield Gardens

Location: Lewisham

Developer/landlord: Phoenix Community Housing

Scheme overview:

Melfield Gardens is a highly sustainable, affordable housing scheme on a constrained infill site in the London Borough of Lewisham for Phoenix Community Housing, a not-for-profit resident-led housing association. It is designed to a Passivhaus standard as the first step towards zero carbon.

Tenure mix/affordability: Most of the new homes are for people aged over 55 years, with some accommodation allocated for postgraduate students to bring the benefits of intergenerational housing. In return for spending time each week with older residents, the students will be charged a sub-market rent.

Housing/care provider arrangement: Affordable housing

Mix of support/care needs accommodated: The intention that the intergenerational concept will help create a community that cares for one another. The postgraduate students will be encouraged to spend time with older residents, offering company or participating in recreational activities in the communal spaces. There are all sorts of ways in which the students could contribute to the community being created – whether simply chatting or arranging and participating in social activities, students can all help combat loneliness.

Link: <https://www.levittbernstein.co.uk/portfolio/melfield-gardens/>



Cohousing Examples

CASE STUDY

Name: Marmalade Lane

Location: Cambridge

Developer: TOWN in partnership with Trivselhus & Mole Architects

Landlord: Cambridge Cohousing Limited

Scheme overview:

Marmalade Lane is a developer-led cohousing scheme that involved close collaboration with resident group K1 Cohousing and involved two local authorities Cambridge City Council and South Cambridgeshire District Council. Marmalade Lane provides a mix of 2- to 5-bedroom terraced houses and 1- and 2- bedroom apartments.

Marmalade Lane's shared spaces and communal facilities are designed to foster community spirit and sustainable living. These include extensive shared gardens as the focal space of the community, with areas for growing food, play, socialising and quiet contemplation, and a flexible 'common house' with a play room, guest bedrooms, laundry facilities, meeting rooms, and a large hall and kitchen for shared meals and parties.

The scheme is designed to exceptionally high environmental standards, using passive design principles and the houses are built using Trivselhus' Climate Shield prefabricated timber frame panel system, which is manufactured in Sweden. Mechanical ventilation and heat recovery (MVHR) systems in all homes ensure a comfortable internal environment, and air source-heat pumps provide low carbon electricity.

Tenure mix/affordability: Ownership and private rent

Housing/care provider arrangement: None provided. The intention is that as a cohousing community, residents look out for and provide informal support for each other.

Mix of support/care needs accommodated: None accommodated at present.

Link: <https://marmaladelane.co.uk/>



CASE STUDY

Name: New Ground

Location: High Barnet, London

Developer/landlord: Housing for Women and OWCH (Older Womens' Co-Housing)

Scheme overview:

New Ground is a collaboration between the Housing Association, Housing for Women, and OWCH, a group of women over fifty who were seeking to create their own community as an alternative to living alone.

It is a new build development of 25 self-contained flats with shared communal facilities and gardens, managed on cohousing principles. It consists of 11 one-bed, 11 two-bed and 3 three-bed room flats plus a common room, guest room, laundry and attractive gardens.

Buildings are geared toward promoting social connection and to provide mutual support.

OWCH also work with other similar cohousing groups at an early stage, offering advice mentoring and funding. OWCH also works with London councils and housing professionals to help setup similar projects in other areas.

Housing for Women's role was to 'broker' relationships with larger housing associations with development capacity and access to land. This was needed because, from the start, the New Ground women were keen to be socially inclusive and provide for women who lacked equity and needed social rentals.

Tenure mix/affordability: 17 owner occupancy (leasehold 250 year) 8 for social rent (provided by Housing for Women – Housing Provider and Charity)

Housing/care provider arrangement: Care needs of any residents are provided for externally to OWCH. The intention is that as a cohousing community, residents look out for and provide informal support for each other.

Mix of support/care needs accommodated: None accommodated at present.

Link: <https://www.owch.org.uk/structure-of-owch>



CASE STUDY

Name: The Threshold Centre

Location: North Devon

Developer/landlord: Synergy (now part of the Aster Group) and Threshold Community Interest Company

Scheme overview:

The Threshold Centre was the first co-housing scheme in England to involve a partnership between a group of residents and a housing association.

The cohousing group made a direct approach to a local housing association. Synergy (now part of the Aster Group) had prior experience of working with local communities, particularly on supported housing. The umbrella organisation is Threshold Community Interest Company, which owns the freehold of all properties.

Threshold Cohousing is an eco-community that comprises 14 new build self-contained homes that are situated around a communal green. The site also encompasses a 18th Century farmhouse which has spare rooms for guests, has a communal kitchen, sitting room, dining room and meditation room.

North Dorset Council provided £20,000 of capital to help fund the scheme. They also supported EDHA and Threshold by lobbying the Homes and Communities Agency (now Homes England) to provide a higher-than-normal grant rate to cover abnormal scheme costs. Aster Housing Association financed 7 of the leasehold units and the others were funded privately by individuals.

Tenure mix/affordability: 7 Owner occupancy (leasehold from CIC), 7 Owner occupancy (leasehold) or rented from Aster Housing Association, 3 rented rooms in the farmhouse (rented from CIC)

Housing/care provider arrangement: None. As a cohousing scheme the community looks out for one another.

Mix of support/care needs accommodated: Not known

Link: <https://cohousing.org.uk/case-study/partnership-route-cohousing/>



The use of technology

CASE STUDY

Name: Blackwood Housing Group

Location: Scotland

Overview:

Blackwood Housing Group is a Scottish housing association and care provider specialising in homes and care services for people with an independent living need. Codesign and co-creation are embedded into the creation of their products and services, involving customers, their families and staff teams. For example, the Blackwood House and Design Guide sets a new standard for beautiful, affordable, accessible and connected homes, providing homes that will adapt to tenants needs now and into the future.

Blackwood's CleverCogs™ customisable digital system enables residents to access many of Blackwood's services online using a tablet-based app. As part of the wider Blackwood CleverCogs™ offer, all tenants can have WiFi connectivity in their home, are offered a Blackwood tablet device, are provided with free digital skills training for all levels to get online with confidence and ease as well as the CleverCogs™ Digital System. CleverCogs™ enables emergency alarms, care planning, home automation, communication including family and friends video calls, health and wellbeing advice as well as entertainment functions. CleverCogs™ enables tenants to achieve new levels of independence, promotes choice and control and, because the system is based around a series of tiles onscreen, it can be adapted to the individual needs of the user.

One example is their new development in the Helenvale area of Glasgow. Many of their tenants have moved from residential care to independent living. They receive care and support from Blackwood, as well as the peace of mind that a 24/7 responder service is there to assist at the touch of a button. Staff can video call the tenants, triage the situation and respond as required. The homes achieve new levels of home automation and accessibility including rise and fall kitchen units and worktops, a rail system in the bathroom that make the space adaptable to suit individual needs.

Link: <https://www.blackwoodgroup.org.uk>



CASE STUDY

Name: The ExtraCare Charitable Trust

Location: Nationwide

Overview:

The ExtraCare Charitable Trust are an extra care housing provider seeking to embed assistive and smart technology and digitalisation within their corporate plans. Through their Knowledge Transfer partnership with the University of West England (UWE) they learnt that a key to success is making sure that technology isn't just an add on. In practice this meant, introducing two 'innovation apartments' in every new village that showcased smart technology. This gave residents the opportunity to trial technology in real life environments. In turn, this enabled ExtraCare to better understand customer expectations and the impact technology has on residents' lives. As well as enhancing staff technology skills and confidence. To encourage uptake ExtraCare also embarked on a loan scheme in two villages – a 'smart market' – that aimed to give residents the opportunity to trial devices without the pressure to commit to a purchase.

The innovation apartment at Solihull goes one step further, incorporating a new kitchen and bathroom with all features from their accessible design standard, produced in partnership with Motionspot. It showcases features such as drop-down cupboards in the kitchen, a rise and fall hob, grab rails in the bathroom that can easily be retrofitted or, for example, look like a normal shower rail. Better lighting and contrasts, sensors and smart tech devices demonstrate how residents can continue to live independently or just make life easier.

Link: <https://www.extracare.org.uk/newsroom/news/charity-opens-doors-to-innovationapartment-for-stoke-gifford-s-older-people>



CASE STUDY

Name: Spey House - Astraline and Johnnie Johnson Housing (JJH)

Location: North of England

Overview:

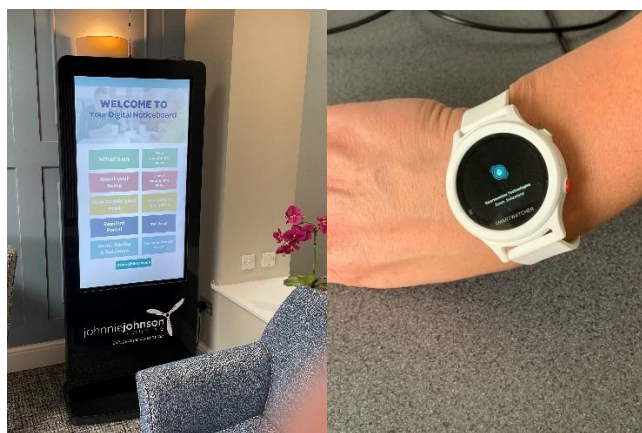
JJH is a not – for – profit housing association with properties across the north of England. Astraline is the in-house telecare, monitoring and response service providing support to over 70,000 customers across the UK.

In November 2020, they embarked on a codesigned research project at one of their WiFi flooded schemes at Spey House, Stockport, Greater Manchester, and the Centre for Housing and Planning Research at the University of Cambridge. Funded by Dunhill Medical Trust, the purpose was to work with a group of residents with varying digital skills to understand how different digital and mobile technologies can enable them to live independently.

With the customer at the centre of all that they do and using a variety of tools including pilot groups and personas, they were able to step into the customer’s shoes and introduce practical solutions to everyday problems. A range of devices were selected, individual needs were assessed, and testing took place over several months.

Researchers captured their views which were then reviewed to assess the outcomes, noting, amongst many benefits, that residents felt more independent and safer, loved ones felt assured that support was only a call away and the burden on emergency services reduced. One resident used a smartwatch for the trial and reported that one of the benefits was that it looked like a normal watch but with added functionality. She felt that the watch gave her added security explaining; “I had a bad fall, and I pressed the button and they got in touch. They checked that I was okay and then called my daughter for me.” The ‘smartwatch has also increased the resident’s confidence as she commented; “It has built my confidence up quite a bit...., I go and visit my friend who lives upstairs, I go in the lift.”

Link: <https://www.astraline.co.uk/>



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Older people and specialised housing needs assessment

Report for North Somerset Council

June 2022

Housing Learning and Improvement Network

Version: Final

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Executive Summary

This older people specialised housing needs assessment is based on analysis of a range of existing data (including demographic trends, the health and care profile of the 55+ population, the tenure make-up of the older population and the current level and type of provision of specialised housing/accommodation for older people) and research with a sample of people aged 55+ from North Somerset about their future housing and accommodation preferences.

The older population in North Somerset is projected to increase significantly; the 65+ household population for North Somerset is expected to grow by 26% by 2038 and the 75+ household population for North Somerset is expected to grow by approximately 35% by 2038.

Estimated housing and accommodation for older people need requirements to 2038

Housing for older people (retirement housing for sale and for social/affordable rent). The estimated net need for housing for older people to 2038 is c.480 units of which c.170 units are for social/affordable rent and c.310 units are for sale. From previous Housing LIN research with older people and the research with older people in North Somerset, there is potential that up to 50% of this estimated need could be met through the provision of mainstream housing. This is housing that is designed for and accessible to older people even if it is not 'designated' for older people, for example housing that is 'care ready' and suited to ageing as distinct from 'retirement housing'. This will include mainstream housing built to accessible and adaptable standards M4(2) and M4(3). This evidence supports the Council's policy DP44.

Housing with care (extra care housing). The estimated housing with care net need to 2038 is c.410 units of which c.205 units are for social/affordable rent and c.205 units are for sale. This will meet the housing and care needs of older people who are self-funders as well as older people who need rented accommodation and may be eligible for care funding from the Council. This need could be met in part through mixed tenure development of extra care housing.

Residential care. The estimated net need for residential care to 2038 is c.-155 bedspaces, i.e. there is estimated to be a significant oversupply of residential care beds.

Nursing care. The estimated net need for nursing care to 2038 is c.290 bedspaces. This reflects the growth in the 75+ household population to 2038 and the projected increase in complex care needs amongst this population, including a projected increase in the number of older people living with dementia related needs.

Key findings

The implications of these estimated changes to the local market for residential care homes and nursing care homes are potentially significant. The Council with its NHS partners has an opportunity to work with providers of care homes to manage changes to this sector that delivers the care home capacity and quality that is required and to create a stable and viable market for care home operators.

The evidence of research with older people locally (which is corroborated by Housing LIN research with older people in other areas) is that a significant minority of older people were considering moving in the future to housing that will better meet their needs in later life.

There is interest amongst some older people in moving to a care village. The level of estimated need would indicate need for up to one such additional (mixed tenure) retirement village, most likely in the northern area of the district.

Research with local older people shows that a minority of home owners are seeking to significantly adapt their existing properties to suit their own needs in later life (i.e. to 'stay put') or to enable an older relative to live with them, i.e. a type of 'granny annexe'. Permitting such development may have the benefit of enabling more older people to live in their home for longer and avoid or delay moves to care homes.

Many older people are living in homes that are not designed to be accessible and therefore won't be suitable for them in later life. This suggests that there is likely to be growing demand for adaptations to people's existing homes, with potentially increasing pressure on the council's budget for Disabled Facilities Grants.

A proportion of existing specialised housing for older people, such as some sheltered housing and residential care homes, may not be suitable in the medium to longer term and may need either refurbishment or decommissioning/repurposing.

This research indicates that it is necessary to formulate policies which require new developments (particularly on strategic sites) to deliver more attractive, energy efficient, 2 bedroom properties (a mix of flats, bungalows, houses) for people to downsize to with excellent wifi/broadband connection to enable use of technology to assist with independence in later life. This would be as part of the wider housing type and mix rather than age specific but would cater to the needs of older people.

When commissioning specialised types of housing, such as extra care housing and/or retirement villages, there is an opportunity to work with NHS partners and housing providers to identify the health benefits from this type of provision, such as evidence that older people who live in these settings make fewer GP visits and fewer unplanned hospital admissions.

There is an opportunity for the Council to work with its NHS partners and housing/support providers to build on existing housing, care and health services such as social prescribing and 'discharge to assess' service models that benefit older people living in all types of housing

Older people and specialised housing needs assessment

Social isolation and loneliness is a growing concern amongst many older people. Whether they 'stay put' or move to meet their housing needs, people are seeking social opportunities, both with other older people and with people from other generations.

Older people are seeking comprehensive and accessible information and advice about their housing options so they can make informed choices. The evidence from the local research is that this could best be provided by the council with a range of partners to maximise the reach of such a service for older people.

1. Introduction

1.01 This is a report of research undertaken by the Housing Learning & Improvement Network (LIN)¹ based on a brief from North Somerset Council to undertake an *Older people and specialised housing needs assessment*.

1.02 It includes:

- A demographic analysis of the 55+ population in North Somerset including trends in this population to 2038.
- Circumstances and factors relevant to the housing and accommodation needs of older people including social care and health factors, the tenure make up of older households and relative deprivation.
- The existing supply of specialised housing and accommodation for older people in North Somerset including comparison with equivalent provision in comparator local authorities.
- The findings from primary research with c.70 older people in North Somerset regarding their housing and accommodation needs and preferences.
- Estimated need for specialised housing and accommodation for older people, taking account of the demographic analysis and trends, relevant local circumstances and local policy, and findings from the research with local older people. Estimated need is provided for both North Somerset as a whole and disaggregated for key localities in North Somerset.
- A review of policy and good practice in relation to housing and accommodation for older people.
- Findings from the research with older people and estimates of need for specialised housing and accommodation suited to older people.

1.03 This report has been produced by Lois Beech, Ian Copeman and Darius Ghadiali from the Housing LIN.

¹ www.housinglin.org.uk

2. Contextual evidence in relation to housing and accommodation for older people in North Somerset

Demographic context

- 2.01 Projections of the older population in North Somerset have been produced for the 55+, 65+ and 75+ household populations to 2038.
- 2.02 The household population projections are disaggregated by a number of localities (referred to in this report as 'catchment' areas), to provide the basis for a more refined understanding of 55+ population trends in North Somerset and subsequent estimates of need for specialist housing.
- 2.03 The localities are based on the proposed distribution of housing in the new Local Plan for North Somerset (shown in annexe 3). The catchment areas have been categorised according to their size into 'major' and 'minor' catchment areas.
- 2.04 The following localities have been categorised as major catchment areas:
- Clevedon
 - Nailsea and Backwell
 - Portishead
 - Weston Super Mare
 - Yanley Lane (on the boundary with Bristol City Council).
 - Yatton
- 2.05 The following localities have been categorised as minor catchment areas:
- Banwell
 - Bleadon
 - Congresbury
 - Churchill/Langford
 - Sandford
 - Winscombe
 - Wrington
- 2.06 In order to produce population projections to 2038 the following datasets and methods have been used:
- *ONS 2018-based Household projections for England: detailed data for modelling and analysis*. This has been used to produce a set of estimates of household populations for North Somerset, projected to 2038.
 - *ONS Mid-2018 Population Estimates for Lower Layer Super Output Areas*. This has been used to generate household population estimates for the catchment areas

in North Somerset, based on the proposed distribution of housing in the new Local Plan for North Somerset.²

- 2.07 Demographic data and specialist housing and accommodation for older people supply data are shown in relation to North Somerset as a whole, alongside the Chartered Institute of Public Finance and Accountancy (CIPFA) Nearest Neighbour comparator authorities.
- 2.08 The CIPFA comparators are 15 local authorities that are similar in demographic and socioeconomic makeup to North Somerset. This is based on the CIPFA Nearest Neighbours model.³
- 2.09 The 55+, 65+ and 75+ household population data for North Somerset are analysed in relation to North Somerset's CIPFA local authority comparators.
- 2.10 This data is used to identify the current age distribution of the older household population in North Somerset and to identify trends in the older household population. It is also used as a basis for the estimation of need for specialist housing and accommodation for older people in North Somerset to 2038.
- 2.11 Using 2018-based ONS household population projections data⁴, the household population for North Somerset and its CIPFA comparators have been projected for the years 2021, 2026, 2032 and 2038.
- 2.12 Tables 1, 3 and 5 show the household population projections for North Somerset and its CIPFA comparators up to 2038 for the 55+, 65+ and 75+ household populations, respectively, and tables 2, 4 and 6 show the projected percentage change for these populations relative to 2021.
- 2.13 In relation to the household population projections, North Somerset's 55+ population is projected to increase from c.79,500 in 2021 to c.92,500 by 2038. North Somerset is projected to have a lower household 55+ population than its comparator average at 2038.
- 2.14 The overall projected percentage growth to 2038 for the household population for North Somerset is highest amongst the 75+ population (35%), followed by the 65+ household population (26%).

² North Somerset Council (2021): Proposed distribution of housing in new Local Plan

³ Chartered Institute of Public Finance and Accounting – Nearest Neighbours model: <https://www.cipfa.org/services/cipfastats/nearest-neighbour-model>

⁴ ONS 2018-based Household Population Projections for England: detailed data for modelling and analysis – principal projections

Table 1. 55+ household population projected to 2038 for North Somerset, and its CIPFA comparator authorities.

Local Authority	2021	2026	2032	2038
North Somerset	79,657	85,306	89,089	92,430
Bath and North East Somerset	59,120	62,735	65,040	66,849
Bedford Borough	52,655	57,685	62,100	66,801
Central Bedfordshire	91,237	99,649	106,537	113,649
Cheshire East	143,707	156,403	164,431	169,766
Cheshire West and Chester	122,980	133,827	140,959	146,279
Cornwall	229,335	252,050	269,306	282,268
East Riding of Yorkshire	141,236	152,306	158,506	161,136
Herefordshire	77,199	84,445	89,288	93,143
Isle of Wight	62,290	68,959	73,738	77,023
Northumberland	130,907	140,693	145,591	148,619
Shropshire	130,029	145,294	156,542	165,262
Solihull	73,445	77,132	78,814	80,811
South Gloucestershire	88,982	95,383	98,714	102,602
Stockport	96,273	100,774	102,846	106,072
Wiltshire	179,401	196,464	208,569	216,689
Comparator average	109,903	119,319	125,629	130,587
England	17,386,787	18,795,744	19,795,533	20,706,811

Source: ONS 2018-based household projections for England: detailed data for analysis

Table 2. Percentage change in projected 55+ household population for North Somerset and its CIPFA comparators. Percentage changes relative to 2021 household populations.

Local authority	2026	2032	2038
North Somerset	7%	12%	16%
Bath and North East Somerset	6%	10%	13%
Bedford Borough	10%	18%	27%
Central Bedfordshire	9%	17%	25%
Cheshire East	9%	14%	18%
Cheshire West and Chester	9%	15%	19%
Cornwall	10%	17%	23%
East Riding of Yorkshire	8%	12%	14%
Herefordshire	9%	16%	21%
Isle of Wight	11%	18%	24%
Northumberland	7%	11%	14%
Shropshire	12%	20%	27%
Solihull	5%	7%	10%
South Gloucestershire	7%	11%	15%
Stockport	5%	7%	10%
Wiltshire	10%	16%	21%
Comparator average	9%	14%	19%
England	8%	14%	19%

2.15 The 55+ household population for North Somerset is expected to grow by approximately 16% by 2038.

Table 3. 65+ household population projected to 2038 for North Somerset, and its CIPFA comparator authorities.

Local Authority	2021	2026	2032	2038
North Somerset	50,220	53,626	59,377	63,263
Bath and North East Somerset	36,225	38,733	42,800	45,547
Bedford Borough	30,761	34,087	39,127	42,999
Central Bedfordshire	52,754	59,149	67,840	73,901
Cheshire East	87,624	96,294	109,084	118,375
Cheshire West and Chester	74,298	82,140	93,459	101,602
Cornwall	142,818	158,250	180,757	197,480
East Riding of Yorkshire	88,288	96,546	107,964	115,482
Herefordshire	47,971	53,193	61,051	66,377
Isle of Wight	39,979	44,692	51,550	56,420
Northumberland	79,492	88,927	99,992	105,788
Shropshire	80,112	90,246	105,402	116,993
Solihull	44,890	47,559	51,760	54,627
South Gloucestershire	53,045	57,194	64,037	68,298
Stockport	57,767	61,251	66,733	70,206
Wiltshire	108,224	120,458	137,996	150,721
Comparator average	67,154	73,897	83,683	90,505
England	10,293,647	11,261,192	12,704,711	13,769,218

Source: ONS 2018-based household projections for England: detailed data for analysis

2.16 North Somerset's 65+ population is projected to increase from c.50,000 in 2021 to c.63,000 by 2038. North Somerset is projected to have a lower household 65+ population than its comparator average at 2038.

Table 4. Percentage change in projected 65+ household population North Somerset and its CIPFA comparators. Percentage changes relative to 2021 household populations.

Local authority	2026	2032	2038
North Somerset	7%	18%	26%
Bath and North East Somerset	7%	18%	26%
Bedford Borough	11%	27%	40%
Central Bedfordshire	12%	29%	40%
Cheshire East	10%	24%	35%
Cheshire West and Chester	11%	26%	37%
Cornwall	11%	27%	38%
East Riding of Yorkshire	9%	22%	31%
Herefordshire	11%	27%	38%
Isle of Wight	12%	29%	41%
Northumberland	12%	26%	33%
Shropshire	13%	32%	46%
Solihull	6%	15%	22%
South Gloucestershire	8%	21%	29%
Stockport	6%	16%	22%
Wiltshire	11%	28%	39%
Comparator average	10%	25%	35%
England	9%	23%	34%

2.17 The 65+ household population for North Somerset is expected to grow by 26% by 2038 compared with a projected growth of 35% in the same population amongst its CIPFA comparators.

Table 5. 75+ household population projected to 2038 for North Somerset, and its CIPFA comparator authorities.

Local Authority	2021	2026	2032	2038
North Somerset	23,825	27,956	29,665	32,230
Bath and North East Somerset	17,473	20,141	21,714	23,663
Bedford Borough	13,961	16,512	18,511	21,273
Central Bedfordshire	23,628	29,004	32,529	37,303
Cheshire East	40,550	48,780	53,065	60,047
Cheshire West and Chester	33,742	40,551	44,778	51,116
Cornwall	63,824	77,610	85,925	97,215
East Riding of Yorkshire	39,226	47,673	52,060	58,184
Herefordshire	21,917	25,938	29,166	33,355
Isle of Wight	18,079	21,984	24,733	28,288
Northumberland	34,138	41,771	47,060	53,794
Shropshire	36,698	44,257	50,025	58,056
Solihull	22,033	24,852	25,923	28,331
South Gloucestershire	25,502	29,235	31,167	34,517
Stockport	26,975	30,536	32,379	35,538
Wiltshire	49,989	60,068	66,895	76,441
Comparator average	30,723	36,679	40,350	45,584
England	4,681,145	5,473,961	6,008,071	6,794,980

Source: ONS 2018-based household projections for England: detailed data for analysis

2.18 North Somerset's 75+ population is projected to increase from c.24,000 in 2021 to c.32,000 by 2038. North Somerset is projected to have a lower household 75+ population than its comparator average at 2038.

Table 6. Percentage change in projected 75+ household population for North Somerset and its CIPFA comparators. Percentage changes relative to 2021 household populations.

Local authority	2026	2032	2038
North Somerset	17%	25%	35%
Bath and North East Somerset	15%	24%	35%
Bedford Borough	18%	33%	52%
Central Bedfordshire	23%	38%	58%
Cheshire East	20%	31%	48%
Cheshire West and Chester	20%	33%	51%
Cornwall	22%	35%	52%
East Riding of Yorkshire	22%	33%	48%
Herefordshire	18%	33%	52%
Isle of Wight	22%	37%	56%
Northumberland	22%	38%	58%
Shropshire	21%	36%	58%
Solihull	13%	18%	29%
South Gloucestershire	15%	22%	35%
Stockport	13%	20%	32%
Wiltshire	20%	34%	53%
Comparator average	19%	31%	48%
England	17%	28%	45%

- 2.19 The 75+ household population for North Somerset is expected to grow by approximately 35% by 2038 compared with a projected growth of 48% in the same population amongst its CIPFA comparators.
- 2.20 The following tables show the projected household populations disaggregated by the major and minor catchment areas in North Somerset. Each table shows the 55+, 65+ and 75+ household population projections to 2038.
- 2.21
- 2.22 Table 7 shows the assumed population growth rates, based on projected growth of North Somerset’s overall older household population, which have been applied to each catchment area’s current older population estimates.

Table 7. Percentage change in the North Somerset household population projections to 2038 by age group, relative to 2021.

Age group	2026	2032	2038
55+	7%	12%	16%
65+	7%	18%	26%
75+	17%	25%	35%

Source: ONS 2018-based household projections for England: detailed data for analysis

Table 8. Household population projections for the major catchment areas in North Somerset, for the 55+, 65+ and 75+ age groups, to 2038.

Catchment area	Age group	2021	2026	2032	2038
Clevedon	55+	5,815	6,227	6,503	6,747
	65+	3,767	4,022	4,454	4,745
	75+	1,897	2,188	2,318	2,443
Nailsea and Backwell	55+	7,437	7,965	8,318	8,630
	65+	4,907	5,240	5,802	6,182
	75+	2,384	2,750	2,913	3,070
Portishead	55+	8,104	8,679	9,064	9,404
	65+	5,410	5,777	6,396	6,815
	75+	2,664	3,072	3,255	3,431
Weston Super Mare	55+	21,221	22,726	23,734	24,624
	65+	13,489	14,404	15,948	16,992
	75+	6,315	7,284	7,717	8,133
Yanley Lane	55+	1,569	1,680	1,755	1,820
	65+	979	1,045	1,158	1,233
	75+	485	559	593	625
Yatton	55+	1,880	2,014	2,103	2,182
	65+	1,221	1,304	1,444	1,539
	75+	582	671	711	749
North Somerset (overall)	55+	79,657	85,306	89,089	92,430
	65+	50,220	53,626	59,377	63,263
	75+	23,825	27,956	29,665	32,230

Source: ONS Mid-2018 Population Estimates for Lower Layer Super Output Areas

2.23 By 2038 it is projected that these localities will have the following percentage share of the overall 55+ population for North Somerset: Clevedon 7%; Nailsea & Backwell 9%; Portishead 10%; Weston super Mare 27%; Yanley Lane 1%; Yatton 2%.

2.24 The following table shows the 55+, 65+ and 75+ household populations projected to 2038 for each minor catchment area in North Somerset. The projection growth rates have been based on the projected older household population growth rates for North Somerset as a whole, as shown in table 9.

Table 9. Household population projections for the minor catchment areas in North Somerset, for the 55+, 65+ and 75+ age groups, to 2038.

Catchment area	Age group	2021	2026	2032	2038
Banwell	55+	1,719	1,843	1,932	2,012
	65+	1,079	1,156	1,390	1,788
	75+	523	610	654	715
Bleadon	55+	348	373	391	407
	65+	219	234	281	362
	75+	106	124	132	145
Congresbury	55+	1,140	1,223	1,282	1,335
	65+	716	767	922	1,186
	75+	347	405	434	474
Churchill/Langford	55+	848	909	953	992
	65+	532	570	685	882
	75+	258	301	322	352
Sandford	55+	687	737	773	805
	65+	432	462	556	715
	75+	209	244	262	286
Winscombe	55+	1,031	1,106	1,159	1,207
	65+	648	693	834	1,073
	75+	314	366	392	429
Wrington	55+	751	805	844	879
	65+	472	505	607	781
	75+	228	267	286	312
North Somerset (overall)	55+	79,657	85,306	89,089	92,430
	65+	50,220	53,626	59,377	63,263
	75+	23,825	27,956	29,665	32,230

Source: ONS Mid-2018 Population Estimates for Lower Layer Super Output Areas

2.25 By 2038 it is projected that these localities will have the following percentage share of the overall 55+ population for North Somerset: Banwell c.2%; Bleadon c.0.5%; Congresbury c.1.5%; Churchill / Langford c.1%; Sandford c.1%; Winscombe c.1%; Wrington c.1%.

Housing, health and social care context

2.26 North Somerset's average life expectancy at birth is 82.5 years⁵, which is slightly higher than the South West's average life expectancy of 82.2 years, and higher than the average life expectancy for England of 81.5 years⁶.

2.27 The demand for extra care housing, residential care and nursing care is partly influenced by the local prevalence of dementia amongst the older population.

2.28 Table 10 shows the prevalence of dementia in North Somerset⁷.

⁵ Public Health England: [Public Health Outcomes Framework -North Somerset](#)

⁶ ONS: 2020 National life tables – England

⁷ NHS Digital, Recorded Dementia Diagnoses publications, December 2020 – accessed via PHE: [Dementia Profile](#)

Table 10. Number of people 65+ with dementia and dementia prevalence as a percentage of the total 65+ population (2020).

Area	Number of people 65+ with dementia in 2020	Percentage of people 65+ with dementia out of total 65+ population	Annual estimated % growth in people 65+ with dementia	Projected number of people 65+ with dementia to 2038
North Somerset	2,251	4.33%	4.14% p.a.	3,928
South West region	49,405	4.04%	3.74% p.a.	82,506
England	422,973	3.97%	6.53% p.a.	917,851

Source: NHS Digital, Recorded Dementia Diagnoses publications

- 2.29 Note that the figures for projected number of people 65+ with dementia in 2038 is based on projected growth rates from Wittenberg et al (2019)⁸.
- 2.30 The prevalence of dementia among the 65+ population in North Somerset in 2020 is slightly higher than the South West average prevalence and the English prevalence.
- 2.31 Table 11 shows the population aged 65+ with a learning disability in North Somerset that have received support in the year 2018-19, from NHS Short- and Long-Term Support (SALT)⁹ data. The table shows how this population is accommodated within residential care homes and nursing care homes

Table 11. Number of people aged 65+ with a learning disability, by accommodation and care setting.

Accommodation setting	Number of people aged 65+ with a learning disability that received support
Residential care home	45
Nursing care home	5
Total	50

Source: NHS SALT 2018/19 – Change in setting to a nursing / residential setting

- 2.32 This may indicate need for housing-based alternatives, such as extra care housing, for some of this cohort, particularly older people with learning disabilities who would otherwise move to residential care settings.
- 2.33 The table below shows the number of older people, aged 65+ and 75+ in North Somerset that have a long-term health problem or disability¹⁰. This indicates that c.10,000 people aged 65+ experience long term health problems that affect their day-to-day activities significantly. This is a factor that is likely to influence the need for specialist housing and accommodation for older people, such as extra care housing, as well as need for residential and nursing care.

⁸ Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019–2040; Care Policy and Evaluation Centre, London School of Economics and Political Science

⁹ [Measures from the Adult Social Care Outcomes Framework, England, 2018-19](#)

¹⁰ ONS / Nomis 2011 UK census: DC3201EW - Long-term health problem or disability by general health by ethnic group by sex by age

Table 12. Long-term health problem or disability by age group and level of limitation. North Somerset.

Long-term health problem or disability	Number of people aged 65+ with health problem or disability	Percentage out of all respondents
Day-to-day activities limited a lot	10,198	24%
Day-to-day activities limited a little	11,299	27%

Source: 2011 census – Long-term health problem or disability: DC3201EW

Existing older people's housing and accommodation

- 2.34 Data from the Elderly Accommodation Counsel's (EAC)¹¹ national database of older people's specialist housing provision was reviewed to confirm the current supply in North Somerset. This includes social and private sector housing for older people.
- 2.35 The following definitions of older people's specialist housing and accommodation are used:
- **Housing for Older People (HfOP)**¹²: social sector sheltered and age-designated housing and private sector retirement housing. The most common types of Housing for Older People are:
 - **Sheltered social housing**: These schemes typically offer self-contained accommodation commonly available for social rent. They are usually supported by a part-time/visiting scheme manager and 24-hour emergency help via an alarm. There are often communal areas and some offer activities. Most accommodation is offered for rent, based on need, by local councils or housing associations.
 - **Private sector retirement housing**: This is typically similar to sheltered social housing, but it is usually built by private developers for market sale. Once all the properties have been sold, the scheme is sometimes run by a separate management company that employ the scheme manager and organise maintenance and other services.
 - **Housing with care (HwC)**¹³: (often referred to as '**extra care housing**' when provided by housing associations and local authorities and '**assisted living**' by private sector providers). Housing with care is designed for older people, some with higher levels of care and support needs. Residents live in self-contained homes. It typically has more communal facilities and offers access to onsite 24/7 care services, which includes assistance with meal preparation, washing and other

¹¹ Elderly Accommodation Counsel housing data (Q4 2019)

¹² EAC - [HousingCare Glossary](#)

¹³ <https://www.housinglin.org.uk/Topics/browse/HousingExtraCare/what-is-extra-care/>

daily duties. Often includes a 24/7 alarm system, presence of a scheme manager and a team of support staff.

- **Residential care home**¹⁴: a residential setting where a number of older people live, usually in single rooms, and have access to on-site social care services. 24/7 onsite personal social care services include help with washing and dressing. Residential care homes do not consist of self-contained units.
- **Nursing care home**¹⁵: similar to a residential care home, but additionally providing care from qualified nurses. There will always be 1 or more qualified nurses on duty to provide nursing care. These are sometimes called 'care homes with nursing'. The Care Quality Commission states that in addition (to a residential care home), "qualified nursing care is provided, to ensure that the full needs of the person using the service are met." Nursing care homes do not consist of self-contained units.

Table 13. Current supply for all types of housing for older people (HfOP) and housing with care (HwC) in North Somerset, by major catchment area.

Catchment area	HfOP (units) Sale / shared ownership	HfOP (units) Rent	HfOP (units) Total	HfOP (units) Prev.	HwC (units) Sale / shared ownership	HwC (units) Rent	HwC (units) Total	HwC (units) Prev.
Clevedon	103	294	397	107	0	0	0	0
Nailsea and Backwell	152	175	327	67	0	0	0	0
Portishead	340	218	558	104	15	60	75	29
Weston Super Mare	462	734	1,196	90	32	119	151	25
Yanley Lane	32	0	32	33	0	0	0	0
Yatton	56	0	56	46	30	30	60	107
North Somerset (overall)	1,200	1,669	2,869	57	153	241	394	17

Source: Elderly Accommodation Counsel (2020).

N.B. Prev. denotes prevalence rate – the number of units per 1,000 population aged 65+ (for HfOP) and 75+ (for HwC)

- 2.36 The table above shows that Clevedon has the highest prevalence followed by Portishead in relation to housing for older people.
- 2.37 In relation to housing with care, there is no provision in the Clevedon, Nailsea & Backwell and Yanley Lane catchments.
- 2.38 The table below shows the equivalent supply of residential and nursing care provision for the major catchment areas in North Somerset.

¹⁴ NHS: Care homes: <https://www.nhs.uk/conditions/social-care-and-support-guide/care-services-equipment-and-care-homes/care-homes/>

¹⁵ NHS: Care homes: <https://www.nhs.uk/conditions/social-care-and-support-guide/care-services-equipment-and-care-homes/care-homes/>

Table 14. Care homes in North Somerset by major catchment area and care home type.
Number of bedspaces.

Catchment Area	Residential care: Total	Residential care: Prev.	Nursing care: Total	Nursing care: Prev.
Clevedon	247	10	103	4
Nailsea and Backwell	15	1	178	10
Portishead	64	5	44	3
Weston Super Mare	902	38	656	28
Yanley Lane	30	1	0	0
Yatton	26	1	0	0
North Somerset (overall)	1,284	54	1,162	49

Source: CQC (2021) and carehome.co.uk

N.B. Prev. denotes prevalence rate – the number of units per 1,000 population aged 75+ (for HwC)

- 2.39 With respect to residential care home bedspace provision, the highest prevalence is in Weston-Super-Mare, followed by Clevedon.
- 2.40 Nursing care prevalence is highest in Weston-Super-Mare, followed by Nailsea and Backwell, with relatively low provision in the other catchments.
- 2.41 The tables below show the current supply for housing for older people, housing with care and care homes within the minor catchment areas in North Somerset.

Table 15. Current supply for housing for older people (HfOP) and housing with care (HwC) in North Somerset, by minor catchment area.

Catchment area	HfOP (units) Sale / shared ownership	HfOP (units) Rent	HfOP (units) Total	HwC (units) Sale / shared ownership	HwC (units) Rent	HwC (units) Total
Banwell	0	17	17	0	0	0
Bleadon	0	0	0	0	0	0
Congresbury	0	32	32	0	0	0
Churchill / Langford	0	6	6	0	0	0
Sandford	27		27	94	15	109
Winscombe	67	30	97	0	0	0
Wrington	37	26	63	0	0	0
North Somerset (overall)	1,200	1,669	2,869	153	241	394

Source: Elderly Accommodation Counsel (2020)

- 2.42 There is low or limited provision of housing for older people in Banwell, Bleadon and Langford and no housing with care within the minor catchment areas apart from Sandford (which is the retirement village operated by St Monica Trust).
- 2.43 The table below shows the number of residential and nursing care bedspaces by minor catchment area in North Somerset. There is no residential care provision within the minor catchment areas and provision of nursing care only within the Sandford, Congresbury and Winscombe localities.

Table 16. Residential and nursing care home supply, by minor catchment areas in North Somerset. Number of bedspaces.

Catchment area	Residential care bedspaces	Nursing care bedspaces
Banwell	0	0
Bleadon	0	0
Congresbury	0	37
Churchill / Langford	0	0
Sandford	0	105
Winscombe	0	39
Wrington	0	0
North Somerset (overall)	1,284	1,162

Source: CQC (2021)

2.44 The following table shows the current provision of housing for older people and housing with care in North Somerset, compared with its CIPFA comparator authorities.

Table 17. Housing for Older People (HfOP) and Housing with Care (HwC) in North Somerset and its CIPFA 'Nearest Neighbour' comparator authorities.

Local Authority	HfOP (units) Sale / shared ownership	HfOP (units) Rent	HfOP (units) Total	HfOP (units) Prev.	HwC (units) Sale / shared ownership	HwC (units) Rent	HwC (units) Total	HwC (units) Prev.
North Somerset	1,200	1,669	2,869	57	153	241	394	17
Bath and North East Somerset	553	1,951	2,504	69	186	422	608	35
Bedford Borough	231	910	1,141	37	166	485	651	47
Central Bedfordshire	261	531	792	15	0	56	56	2
Cheshire East	1,952	3,309	5,261	60	0	430	430	11
Cheshire West and Chester	1,013	2,927	3,940	53	209	730	939	28
Cornwall	1,543	5,227	6,770	47	0	119	119	2
East Riding of Yorkshire	1,534	2,408	3,942	45	0	115	115	3
Herefordshire	519	1,343	1,862	39	53	91	144	7
Isle of Wight	574	870	1,444	36	58	69	127	7
Northumberland	516	3,219	3,735	47	59	135	194	6
Shropshire	1,336	4,315	5,651	71	120	599	719	20
Solihull	1,329	1,757	3,086	69	116	459	575	26
South Gloucestershire	584	1,559	2,143	40	321	258	579	23
Stockport	1,560	1,742	3,302	57	120	204	324	12
Wiltshire	3,285	5,665	8,950	83	444	431	875	18
Comparator Average	1,124	2,463	3,587	53	123	305	428	14
England	151,683	432,391	584,074	57	13,629	46,176	59,805	13

Source: Elderly Accommodation Counsel 2020. N.B. Prev. denotes prevalence rate – the number of units per 1,000 population aged 65+ (for HfOP) and 75+ (for HwC)

2.45 North Somerset's prevalence of housing for older people is slightly higher than the comparator average prevalence and in line with the English prevalence.

2.46 In relation to housing with care, North Somerset’s overall prevalence is slightly above both the comparator average and English prevalence. This reflects previous development of extra care housing and particularly the large retirement village at Sandford.

Table 18. Current supply of residential and nursing care beds in North Somerset, and for its comparators.

Local Authority	Residential care (beds)	Prevalence	Nursing care (beds)	Prevalence
North Somerset	1,284	54	1,162	49
Bath and North East Somerset	470	13	1,104	63
Bedford Borough	914	30	551	39
Central Bedfordshire	600	11	1,041	44
Cheshire East	1,558	18	2,600	64
Cheshire West and Chester	1,137	15	1,953	58
Cornwall	2,570	18	2,021	32
East Riding of Yorkshire	3,182	36	1,162	30
Herefordshire	1,029	21	1,022	47
Isle of Wight	1,265	32	567	31
Northumberland	1,641	21	1,712	50
Shropshire	1,418	18	1,934	53
Solihull	1,055	24	829	38
South Gloucestershire	1,041	20	1,051	41
Stockport	1,209	21	1,172	43
Wiltshire	2,201	20	2,394	48
Comparator average	1,411	46	1,392	45
England total	209,154	45	216,227	46

Source: Care Quality Commission (2021)

2.47 The prevalence of residential care in North Somerset is higher than both the CIPFA comparator average and the England prevalence rate. With respect to nursing care North Somerset’s prevalence rate is higher than the comparator average and English prevalence rate. This reflects historic development of care homes in North Somerset by care operators, particularly in Weston-Super-Mare.

Income and socioeconomic context

2.48 At the most recent census, home ownership among 65+ households in North Somerset was 89%¹⁶, which is higher than the English home ownership rate of 80%.

¹⁶ Office for National Statistics / Nomis (2011 census). Tenure by occupation by age - Household Reference Persons. Nomis Table DC4604EW (released in 2013).

Table 19. Tenure for 65+ households in North Somerset. 2011 census.

Tenure	Number of households with a member aged 65+	Percentage of total households
Owned / Shared Ownership	3,265	89%
Social rented	179	5%
Private Rented	242	7%
All tenures	3,686	100%

Source: ONS / Nomis 2011 census

- 2.49 The Income Deprivation Affecting Older People Index (IDAOPI)¹⁷ score is a measurement of people over the aged 60+ living in relative poverty; a higher score for a local authority implies a higher level of relative poverty.
- 2.50 North Somerset's IDAOPI score is 10.4% and is ranked 6th least deprived out of 16 CIPFA comparator authorities.
- 2.51 In comparison to the English average deprivation (IDAOPI) amongst older people, North Somerset is less relatively deprived, as the English average level of deprivation is 14.2%. The table below shows the Index of Multiple Deprivation (IMD)¹⁸ deprivation for the major catchment areas, as a decile value. With respect to the decile values, 1 indicates a relatively high level of deprivation and 10 a relatively low level of deprivation.

Table 20. IMD (2019) decile values for each major catchment in North Somerset.

Catchment area	Deprivation decile value (1 = most deprived, 10 = least deprived)
Clevedon	8
Nailsea and Backwell	9
Portishead	9
Weston Super Mare	5
Yanley Lane	9
Yatton	8
Average across all catchments	8

Source: IMD 2019 profiles by ward.

- 2.52 There is greater relative deprivation in Weston-Super-Mare (i.e. it is more deprived than the other localities) compared to the other major localities. Yanley Lane, Nailsea and Backwell and Portishead have the lowest levels of relative deprivation (i.e. they are less deprived) compared to the other major localities.
- 2.53 These deprivation indicators are used to inform estimates of the tenure split between rented and sale/shared ownership units in terms of estimated need for different types of specialist housing for older people (see table 27, section 4).

¹⁷ Local Government Association: [IDAOPI score](#) – based on data from MHCLG

¹⁸ <https://www.n-somerset.gov.uk/council-democracy/statistics-data/north-somerset-profiles>

3. Primary research with older people and other stakeholders

Method

- 3.01 The primary research involved undertaking qualitative research to better understand the housing and support needs and preferences of local people in North Somerset over the age of 55.
- 3.02 The primary research was completed between January and February 2022.
- 3.03 The qualitative research involved a blend of virtual and in-person engagement methods with local people and stakeholders in line with COVID-19 restrictions.
- 3.04 In total we spoke with 70 people across 2 virtual focus groups, 3 in-person discussion groups, and 15 telephone interviews and 20 in-person interviews. This met the target for participants in this research.
- 3.05 See Annexe 1 for a detailed methodology and the demographic and other characteristics of participants.

Key Messages from Primary Research

Perspectives about people's existing homes

- 3.06 The qualitative evidence indicated that the majority of participants like aspects of where they live now, beyond the bricks and mortar, which make them want to stay living there. For example, most participants like where their current home is located and want to remain living in their existing communities and/or close to family. Many participants also feel connected to their 'home' and 'place', as they have lived there for many years. For a minority of participants, particularly those living in social housing, the research highlighted experiences of anti-social behaviour that motivated them to want to move.
- 3.07 However, the research also indicated that many participants across all tenures were living in properties that weren't or won't be suitable for them in later life. Features about participants' existing homes that make them unsuitable include, internal and external stairs, no downstairs bathroom, bathroom not accessible, no space for a wheelchair, difficult to maintain.

"I love where I live, I have been here for 25+ years and we have a close community of neighbours from different generations that all look out for each other, but I know the stairs and bathroom will become difficult as I get older."

"Once we are what might be called frail, our house with its two acres would be totally unsuitable so we would have to move. We are leaning towards a flat, with nice views, a lift and near facilities, shops, so we don't have to use a car."

- 3.08 The evidence from the qualitative research also highlighted a growing number of people in later life experiencing loneliness and isolation in their existing homes which has been exacerbated by the COVID-19 pandemic. Participants are seeking access to a wider choice of local community groups; a number of participants would consider moving to older person's accommodation to have a greater sense of community.

Propensity to move home

- 3.09 The research identified a variety of views amongst older people about moving home. For the majority of participants, remaining at home for as long as possible is preferred. However, across all tenures, a significant minority were considering where they might live in the future and were contemplating moving to alternative accommodation or had moved already.

"The only way I will move is when they take me out in a box!"

"I want to move now whilst I can, but I wouldn't know where to go. Many people think they are immune to crisis – crisis will force them to move"

- 3.10 There were a range of factors that influence a move. Many participants are considering a move because they are finding it difficult to maintain their homes, this might be because their property is too large or requires lots of maintenance.
- 3.11 The majority of participants are living in homes that are not designed to accessible standards so for some, a move to a more accessible home is also a motivating factor. A desire to move to reduce the costs of living is particularly relevant for older people living in the private rented sector as well as homeowners with lower incomes. Some participants are influenced by a desire to be closer to family and grandchildren to provide childcare.
- 3.12 Some older people would be influenced to move if an alternative housing offer was affordable, easier to maintain, provided them with a smaller, more accessible property and was located in a safe neighbourhood. However, there was no evidence from the research that older people who have larger current homes (e.g. with 3+ bedrooms) consider themselves to be 'over occupying' a property or that this, per se, is a motivation for seeking a move.
- 3.13 The research showed a difference in the propensity to move amongst people living in urban and rural communities. The majority of older people living in rural settings feel extremely connected to their local community and therefore considering a move away from this community is not appealing. At the same time, there is a lack of accessible housing (in terms of building regulations definition of accessible housing) within rural areas. Some older people in rural communities are seeking more accessible accommodation locally, so they could move to a more suitable property but remain in their community, whilst a minority are considering a move further afield where accessible accommodation may be available.

"I have lived in Blagdon nearly all my life, I have looked at moving to Sandford Station but it is such a big decision, and I don't want to leave my community but I know my property will be unmanageable for me soon"

- 3.14 There were a variety of barriers that influence people's propensity to move. A lack of attractive, alternative housing options, a lack of information about the choices available is a huge barrier to moving home. Additionally, the upheaval of moving and not wanting to think about getting older prevents many from moving home.

"We looked after my mother in her old age which has made me think ahead about where we might live in the future (I don't think most people think about it) but there doesn't seem to be much choice"

- 3.15 The evidence indicates that in order to encourage people in later life to consider where they might live in the future and then to move, people need to feel that they have a choice and have access to information about the choices available. There needs to be a range of housing options available that encourage people to think about moving and to plan ahead.

"I would move if my ideal place came but, I want to move home because I want to, not because I need to"

- 3.16 The evidence also suggests that there are owner occupiers who are considering moving home already; this means that there is an opportunity to provide accommodation that would better suit their requirements and free up family homes. (see section below on 'important characteristics of home')

Staying put and the role of adaptations

- 3.17 The research suggested that the majority of participants would prefer to remain living in their existing homes in later life and bring care/support in if they need it or adapt their properties should they need it. This is consistent with wider Housing LIN research with older people.

"I want to stay where I am living now for as long as possible so this means I will need to adapt my property, but I don't know how to go about this, and it can be expensive."

- 3.18 The research identified that participants were considering adaptations such as grab rails, adaptations to bathrooms/installing downstairs bathroom, and assistive technology that can support people to live independently in their existing homes. A number of homeowners had already started 'future-proofing' their existing properties and felt it would add value to their homes to do so.

"I have already started adapting the home that I own, we have put in a downstairs bathroom"

- 3.19 Some research participants are seeking technology that supports them to live independently and is 'invisible'. Mainstream products such as Alexa and Apple watches are more attractive than 'traditional telecare' pull cord or pendant type devices.
- 3.20 The majority of participants were seeking better access to adaptations advice, including support with funding. 'Traditional' style adaptations make people feel 'old' which can be a barrier. People are seeking aids and adaptations that are attractively designed and that don't look 'institutional'.

"I don't want adaptations or technology that make me feel 'old'. I want them to be beautifully designed"

- 3.21 This indicates that people in later life are seeking more accessible and better information and advice about how to adapt their homes and in some cases financial help to access adaptations. They are also seeking adaptations that are 'designed with dignity' (i.e. that are non-institutional), such as like those provided by [Invisible Creations](#) or [Motionspot](#).

Location preferences

- 3.22 The evidence from the research identified that the majority of participants would prefer to remain living close to where they live now. This is particularly the case for older people living in more rural communities who feel especially connected to their local community.

- 3.23 At the same time, rural locations can be a challenge for older people, particularly when they don't have access to a car to access local amenities.

"We live in a rural area and without access to a car we would be extremely isolated because there is no public transport, we might consider a move then"

- 3.24 Location is a key factor for older people when they are considering a move. As well as remaining close to their existing communities, people want to be located close to public transport, facilities, and health services.

"I love living close to the bus stop as it means I can get out and visit my friends and family and I have easy access to shops; I would be isolated without it"

- 3.25 The qualitative research indicated that some people in later life (generally the 'younger' old e.g. people aged under 75 years) would consider moving to the town centre to have easy access to shops and amenities.

"I would consider moving to a town centre as long as I felt safe and secure"

- 3.26 These locational preferences have similarities with other Housing LIN research with older people which identifies a preference to live in areas with good access to amenities in later life but also a desire to remain relatively close to people's existing networks and communities.

"Location is everything!"

- 3.27 In relation to new developments of housing designated for older people (e.g. extra care housing schemes) this means that the locations that will suit the requirements of people in later life are those that are pleasantly situated, i.e. in a peaceful and relatively quiet area with nice surroundings, but that also provide easy local access to shops and amenities.

Important characteristics of a home

- 3.28 A consistent theme was that, whether moving home or staying put, people are seeking homes that enable them to live independently in later life.

- 3.29 Beyond locational characteristics indicated above, the research identified that enabling people to maintain their independence in their homes means providing good quality, accessible homes that adapt to an individual's needs across their life-course, including homes that are 'dementia-ready'.

"If you design all housing to accessible standards, it won't disadvantage anyone. I want a home that will adapt to my changing needs across my life"

- 3.30 The majority of participants, particularly homeowners, would prefer a two-bedroom property as a minimum. Evidence from the research found that having two-bedrooms to enable friends and family to stay and, for example, to enable couples with health difficulties to sleep separately, is important for people from all tenures. However, a one-bedroom property can be adequate provided living and storage space is sufficient and where appropriate, a guest room is provided (in a scheme). In response to this, future housing provision would need to offer a mix of one- and two-bedroom properties, although to attract homeowners to move developments should prioritise two-bedroom units.

- 3.31 In terms of the type of property participants are seeking, the research indicated an initial preference for bungalows. However, this tends to be linked to a desire to live in accessible accommodation. The research highlighted that more people would consider living in apartments/flats if they were designed to accessible standards, are good quality, soundproofed, and have a lift.

"I love the idea of living in a bungalow, but I don't think this is realistic, I would consider an apartment/flat provided it had a lift and preferably a balcony"

- 3.32 The research indicated that participants are seeking properties with the following features:

- wet rooms,
- adequate storage,
- manageable green space,
- energy efficiency/eco-friendly features.

- 3.33 The qualitative research also indicated that the majority of 'younger' older people (up to 75 years), and some 'older' old participants (over 75 years), said that having good Wi-Fi is an important characteristic of a home. This indicates that there is a clear benefit for housing providers to ensure current and future homes include Wi-Fi as a standard feature, particularly if they want to attract the widest range of ages.

"Access to Wi-Fi is going to be increasingly important, I use the internet for everything. We need to support people to improve their digital skills"

Views about moving to specialist housing (housing for older people)

- 3.34 A move to housing with an age-designation split the opinion of research participants.

"Retirement homes will suit many but not everyone...Personally, I like the idea of living in a community of like-minded people where there is peace and quiet"

"It is vital for society to have generations mixing, generational divide can be toxic. People start making assumptions about different ages based on stereotypes. I dread being with all one age-group"

3.35 If nothing else was available, some participants would consider living in housing with an age-designation if it provided an affordable, accessible, and attractive housing offer, even if their preference was to live in a mixed community.

3.36 In general, a move to 'housing for older people' tends to be associated in the minds of many participants with a move to a care home. The research indicated that when presented with attractive older person's housing options (for example, such as those shown in the annexe 2 more participants would consider moving to housing designated for older people).

"If there was more choice of good quality affordable and modern retirement accommodation we would move there, and it would encourage others to move too."

3.37 In relation to the support services that people are seeking within an older person's housing service, the majority of participants are seeking the provision of technology to support independence as a minimum. Older people are seeking a range of staffing arrangements from a scheme manager who is available full time to more limited staffing, especially the latter if it reduces the service charge costs. This is particularly pertinent for homeowners with limited incomes.

3.38 The research also indicated the need for specialist and mainstream housing options that are 'dementia-ready', i.e. they are designed and have support available for people who may develop dementia.

3.39 Another feature that the research identified as important within an older person's housing service was having well-designed communal space that fosters social interaction and a sense of community. In some cases, there was interest in a 'community hub' model where the housing scheme is co-located with other amenities and attracts people from the wider local community (such as Limelight and the Chocolate Quarter in annexe 1).

3.40 Participants that had moved to extra care housing (Strawberry Gardens) gave the following comments:

Homeowner: "I love living at Strawberry Gardens, it's the best thing we ever did. Our previous home was beginning to get too much for us. We have such a good community; the properties are spacious, and I know a member of staff is there in case something happens"

Social renter: "I have only been living here for 6 months and I have a community already. I had noisy neighbours before, it is now much quieter, but I still have a good social life"

3.41 Several owner occupiers had considered moving to Sandford Station. They considered it to be an attractive, good quality housing choice that was worth the money.

- 3.42 The evidence from the research suggests that there are a number of barriers that can prevent people from considering a move to 'housing for older people'. It revealed people's perception of 'housing for older people' is tied up with not wanting to feel 'old'. Therefore, an older person's housing offer should provide accommodation that looks like any other good quality housing and is marketed as a 'lifestyle choice' rather than a 'care choice'.

"I don't want to move somewhere that looks like it's for 'older people', I want somewhere that makes me feel good about myself. I don't like the term 'sheltered' I prefer independent living"

- 3.43 The research indicated that the COVID-19 pandemic has made a minority of participants wary about moving to 'specialist housing' but this is because some participants equate 'specialist housing' with 'care homes'. Housing LIN research with St Monica Trust found that residents in extra care housing and retirement villages not only had lower death rates when compared to older people in the wider community but also better support with maintaining wellbeing. This indicates that if marketed to be distinct from care homes, specialist housing for older people can be seen as a supportive environment following the pandemic.

- 3.44 The research showed that some participants want to live in a mixed-age community, indicating that housing options suited to older people beyond those with an age-restriction should also be considered - providing a range of mainstream housing are designed to better suit age related needs (such as wetrooms, but are not age designated) and choices that facilitate 'rightsizing' is also important. The research found that some people are seeking older person's housing that maintains intergenerational relationships, this can be achieved via location, activities and relationships with the local community, e.g. partnerships with schools.

Barriers to moving home in later life

- 3.45 The evidence from the research is that there were a range of factors that constrain people from moving to housing that may better suit their needs in later life. The research indicated that a significant minority of people had considered moving but a lack of suitable alternatives had prevented them from doing so. Participants stated that there a lack of good quality, affordable and accessible accommodation had prevented them from moving.

"There is nothing out there that encourages me to move"

- 3.46 An important barrier that should be considered was the upheaval of moving at both an emotional and practical level. This indicates that supporting older people with the moving process, such as with decluttering and the practical support will encourage more people to consider a move. This is particularly prevalent in rural communities where a strong emotional connection is felt.

"It is an exhausting process to move, I don't want to go through it again"

- 3.47 Additionally, cost of moving was a key barrier for participants from all tenures. A number of homeowners were concerned about the cost of moving, particularly where

they might have to pay a service charge in older person's accommodation. Another barrier to moving for some homeowners is that they wanted to retain properties that they consider an inheritance asset.

"The costs associated with a move as well as the cost of an alternative home means that I will more than likely just stay where I am"

"There is a cost to moving... If those barriers were reduced you would get more mobility in the housing market and free up larger properties for families"

- 3.48 The qualitative research indicated that if participants felt they had more housing choices and were better informed about their housing options, they would be more likely to consider a move earlier. The implication of this is a need for an increased range of both mainstream and specialist housing options suited to the needs of older people.

Tenure preferences and affordability

- 3.49 The research indicated that a range of tenure options are needed to reflect a diverse range of affordability considerations.

- 3.50 The evidence from the research identified that most homeowners would want to purchase a property should they move home; homeownership is tied up with inheritance. A few owner occupiers are also concerned about having to sell their properties in order to pay for their care needs.

"I am a homeowner, but I don't have a big pension and I can't afford to move to a different property as prices have gone up, I need a better choice of affordable ownership options and these need to be clearly explained to me"

- 3.51 Amongst owner occupiers, homeownership tends to be preferred but it is not the only tenure option that homeowners would consider. Several would consider renting or shared ownership, as a means of releasing capital or to have a more affordable option, some were also concerned that their current homes may not give them sufficient equity to buy a more suitable home outright.

"Once your children have moved out, releasing capital from your house is important"

"Ownership isn't the only option; it depends on the cost. It is expensive to move house and renting might be better, more affordable option."

- 3.52 Housing providers will need to consider a range of ownership and rental options, including shared ownership for older people, in order for purchasing a more suitable home to be affordable to the greatest number of people who are seeking this option. Rental options will need to demonstrate good value for money.

- 3.53 Some owner occupiers were interested in cohousing with friends or living with children in a 'granny annex' provided this enabled them to maintain their independence.

- 3.54 The research identified that most social renters would continue renting from a local authority or housing association if they were to consider a move. However, the

research identified that there is a lack in good quality social housing for people to move to.

- 3.55 The evidence from the research indicates that older private renters are seeking better quality, more affordable homes and greater security of tenure in the future (from a move to social housing).

"I recently divorced, and it has meant I can't afford to buy a home, I am renting privately because I don't qualify for social housing, the rent is extortionate so I need to find somewhere more affordable but there isn't anywhere that is also good quality"

- 3.56 There was also in interest in community-led housing models, particularly where this could provide an affordable housing offer for the local community, such as through Community Land Trust's.

"Community Land Trust are a good way of providing affordable housing for the local community and could be used to create attractive choices for older people"

- 3.57 In relation to paying for services in 'housing for older people', the evidence from the research identified that a range of options are needed. Several affluent owner occupiers were prepared to pay for services charges, as long as they provide good value for money, however for others, this would be a barrier.

"I don't have a problem paying for the lifestyle found at an attractive retirement village, it is good value for what you get"

- 3.58 These findings emphasise that providers of housing for older people need to provide services that are relevant and attractive to older people and are seen to provide value for money. Knowing what services will be included within service charges is also an important factor for older people in decisions about their future home and what they are prepared to pay for.

"I have heard stories about increasing service charges, housing providers need to be clear about costs at the start and build trust with prospective residents"

- 3.59 This evidence indicates that future housing developments across North Somerset, of both mainstream and specialised housing, should offering a range of tenure options in order to be attractive and relevant to the widest range of older people.

Housing options information and advice

- 3.60 The research identified that there was limited understanding amongst people in later life about their housing options, particularly in relation to specialist housing options (e.g. extra care housing, retirement/sheltered housing). There was also evidence that some participants did not make a distinction between a 'care home' and specialised housing for older people, e.g. sheltered housing was taken to be the same as a care home.

- 3.61 The majority of participants were seeking independent advice about their housing and support options from trusted organisations.

"I don't know where to turn for information and advice about moving or what my housing options are, there need to be more points in the community that provide this support"

- 3.62 There is considerable scope for providing comprehensive and accessible information about housing options for older people so that people can make informed choices about where they live. This could be delivered by a variety of partner organisations (or by the council).

"I would prefer to receive information face-to-face rather than over the phone or online. I want a conversation with someone that understands my needs, this would support me to think about moving"

- 3.63 The evidence from the research is that community and third sector organisations are well placed to deliver this information as they tend to be trusted by the community, however there is a need to strengthen knowledge and provide the 'tools' to enable these organisations to support older people to consider and take decisions about their housing options.

- 3.64 Housing providers should be encouraged to reach out and build relationships with the local community, so people are better informed about their housing offer/s. For example, housing providers could hold community events at existing schemes or offer trial stays.

4. Estimated need for specialised housing and accommodation for older people in North Somerset

Approach: considerations and assumptions

- 4.01 Data about the existing supply of older people's designated housing and accommodation in North Somerset is used as a 'baseline' of current provision. This is data from the Elderly Accommodation Counsel (EAC) and the Care Quality Commission (CQC).
- 4.02 ONS 2018-based household population data is used to identify relevant older populations in North Somerset¹⁹. Based on evidence from the Housing LIN's advisory work with housing providers and local authorities, the following population bases are used for estimating future need for specialist housing and accommodation for older people, reflecting the typical ages of moves to these types of age-designated housing/accommodation:
- The 75+ household population as the average age benchmark in relation to the need for housing with care, residential care and nursing care.
 - The 65+ household population as the average age benchmark in relation to the need for housing for older people (sheltered housing and retirement housing).
- 4.03 The contextual evidence set out in paragraphs 4.04 - 4.11 is used as a basis for reasoned assumptions in relation to estimating need for specialist housing and accommodation for older people in North Somerset to 2038.
- 4.04 Approximately 90% of households headed by a person aged 65+ in North Somerset are homeowners.
- 4.05 In comparison to North Somerset's CIPFA nearest neighbour authorities, it has a below median level of relative deprivation, based on comparison of the IDAOPI score (para 2.50).
- 4.06 We have reviewed relevant Council strategies and documents. The Council's Housing Strategy 2022 – 2027²⁰ states that the Council has the strategic objective to:
- "Ensure that provision of Supported and Extra Care housing is made available as an integral part of thriving neighbourhoods"*
- 4.07 The same strategy also states that an existing challenge that has been identified with respect to housing supply growth and meeting housing need is:
- "[An] Urgent need for one and two bed homes as there are more single occupancy households due to an increase in older residents and young people needing housing"*

¹⁹ ONS 2018-based household projections for England: detailed data for modelling and analysis

²⁰ North Somerset Council: Development of a Housing Strategy for the period 2022 – 2027. Consultation on Challenges & Options

- 4.08 In terms of the health and social care profile of the older population in North Somerset, evidence indicates that average life expectancy is higher than the average for the South West and England. The number of people aged 65+ with dementia is projected to increase in North Somerset by 2038, and the dementia prevalence in this population of 4.33% is above the South West regional average and England prevalence rates. The increasing incidence of dementia is a factor affecting likely need for extra care housing and care home beds.
- 4.09 Based on the Housing LIN's previous experience of local authority commissioning and placement funding practice, and local intelligence from Council Officers, it is assumed that up to 20% of placements into residential care could be substituted with living in housing with care (extra care housing).
- 4.10 Evidence in relation to the preferences of older people to move to types of specialised housing/accommodation for older people is an influencing factor in estimating need for specialised housing; the Housing LIN has drawn on qualitative²¹ and quantitative research it has conducted with people aged over-55 over the last four years²², including research with older people in North Somerset.
- 4.11 In summary this evidence indicates:
- Older people are seeking a wider range of choices of housing and accommodation options that will facilitate independence. In some cases, this will be a move to alternative accommodation, but for others this is about adapting their current home and/or bringing in care/support.
 - Based on the Housing LIN's research, c.30% of older people aged 65+ are typically interested in and willing to 'downsize'/'rightsized' and move to specialist housing and accommodation for older people. The evidence from the Housing LIN's previous research with older people, which has been supported by research with older people locally, suggests that of those older people expressing an interest in moving:
 - c.50% are interested in moving to some form of specialist age-designated housing (HfOP and HwC), primarily retirement housing (for sale) and modern sheltered housing (for social/affordable rent), followed by housing with care (extra care housing).
 - c.50% are interested in moving to 'age friendly' housing that meets their needs but is not age-designated housing.
 - There is almost no interest in a move to residential care or nursing care as a choice of specialist accommodation; most moves to these types of accommodation are 'forced moves' as a result of, for example, an acute health

²¹ Housing LIN qualitative research with over 500 older people: focus groups, 1:1 interviews and residents' forums consulted in order to obtain the views of older people with respect to their preferences and needs related to specialist housing, adaptations and later life.

²² Housing LIN quantitative research: approximately 1,200 survey responses completed by people aged over-60 about their preferences for specialist housing and accommodation for older people.

and/or care episode. This is based on qualitative research carried out by the Housing LIN in North Somerset and other areas, where participants typically only support a move to a care home where this is dictated by health-related needs.

- 4.12 A comparative analysis has been undertaken that compares the current supply or 'prevalence' of different types of specialised housing and accommodation for older people (older people's housing for rent, older people's retirement housing for sale, extra care housing for rent and for sale, residential and nursing care) in North Somerset with the Chartered Institute of Public Finance and Accountancy (CIPFA) 'Nearest Neighbour' comparator authorities²³, along with the all-England averages for supply of specialised older people's housing and accommodation. This identifies how supply in North Somerset compares to comparator authorities and across England generally. This is summarised in the following tables.

Table 21. Prevalence rates (i.e. the number of units per 1,000 population aged 65+) Housing for Older People in North Somerset, alongside its comparator average and all-England prevalence rates.

Area	Prevalence of HfOP
North Somerset	57
CIPFA comparator average	53
England	57

Source: EAC/Housing LIN 2021

Table 22. Prevalence rates (i.e. the number of units per 1,000 people aged 75+) Housing with Care in North Somerset, alongside its comparator average and all-England prevalence rates.

Area	Prevalence of HwC
North Somerset	17
CIPFA comparator average	14
England	13

Source: EAC/Housing LIN 2021

Table 23. Prevalence rates (i.e. the number of bedspaces per 1,000 population aged 75+) of residential and nursing care in North Somerset, alongside the comparator average and all-England prevalence rates.

Area	Prevalence of Residential care	Prevalence of Nursing care
North Somerset	54	49
Comparator average	46	45
England	45	46

Source: Care Quality Commission/Housing LIN 2021

- 4.13 The comparisons show that:

- For Housing for Older People, North Somerset is above its comparators' average prevalence and in line with the English prevalence rate.
- For Housing with Care, North Somerset is above both its comparators' average prevalence rate and the English prevalence rate.

²³ <https://www.cipfastats.net/resources/nearestneighbours/>

- For residential care, North Somerset is higher than its comparators' average prevalence and higher than the English average prevalence rate.
- For nursing care, North Somerset has a prevalence rate above both its comparators' average and the English prevalence rate.

4.14 In relation to the impact of the Covid-19 pandemic, any assumptions based on emerging evidence are tentative given that the impact of the pandemic on the specialist housing and accommodation sector for older people is not yet fully clear. At this stage considerations based on tentative evidence suggest in the medium to longer term:

- There is potential for a likely downward shift in preference for use of residential care and nursing care (although to a lesser extent than for residential care).
- There is potential for a preference amongst older people for remaining in their existing home, with care if required.

Projections: estimates of future need for specialised housing and accommodation for older people

4.15 In relation to each of the types of specialised housing and accommodation for older people (as set out in paragraph 2.35) these assumptions are summarised below:

4.16 Housing for older people:

Need is likely to increase as a consequence of: a 26% increase in the 65+ household population to 2038; research conducted by the Housing LIN over the last four years with older people indicating an interest in moving to housing better suited to older people; evidence from the qualitative research conducted in North Somerset that a significant minority of older people are seeking alternative housing. It is assumed that the prevalence rate will trend towards the CIPFA comparator average prevalence to 2038.

4.17 Housing with care:

Need is likely to increase as a consequence of: a 35% increase in the 75+ household population to 2038; council policy intent to offer extra care housing as an option for older people with care needs; evidence from the qualitative research conducted in North Somerset that a significant minority of older people are seeking alternative housing; increasing prevalence of dementia related needs amongst the 65+ population.

4.18 Residential care:

Need is likely to decrease as a consequence of: the potential for the impact of the Covid-19 pandemic to reduce demand (amongst local authority funded placements and self-funders); relative oversupply of residential care compared with comparator and national average; the unsuitability of many care homes to cater for people living with dementia and other complex care needs; an increase in the demand for housing

with care. Prevalence rate assumed to decrease beyond the comparator and national average.

4.19 **Nursing care:**

Need is likely to increase as a consequence of: an increase in the 75+ household population; increasing prevalence of dementia related needs amongst the 75+ household population. Prevalence rate assumed to trend towards the comparator average.

4.20 Table 24 shows the anticipated likely need (prevalence rate) and the associated estimated need (units/bedspaces) for each type of specialised housing and accommodation for older people:

- 2021 current provision. The number of units for that type of housing/accommodation, using data from the Elderly Accommodation Counsel and the Care Quality Commission about specialised housing and accommodation provision.
- 2021 prevalence rate. The prevalence rate, i.e. the number of housing units/beds per 1,000 older people²⁴, based on population data from the ONS 2018-based household population projections and the Elderly Accommodation Counsel's and Care Quality Commission's specialised housing data (for units/beds).
- 2038 anticipated prevalence rate. An estimate of the likely prevalence rate based on the considerations and assumptions that are set out in paragraphs 4.16 - 4.19.
- 2038 estimated gross need. An estimate of the total number of units/bedspaces of housing and accommodation for older people that will be needed, based on estimated need (prevalence rates) for 2038 and the applicable projected 65+ or 75+ population for 2038.
- 2038 estimated net need. A calculation of the additional number of units/bedspaces that are estimated to be required by 2038, in order to meet the estimated need for that type of housing/accommodation. It is the 2038 estimated need minus the 2021 current provision.

²⁴ Population 65+ for housing for older people; population 75+ for housing with care and residential/nursing care

Table 24. Current provision and estimated need for specialised housing and accommodation for older people to 2038, in North Somerset.

Housing/accommodation type	2021 current provision (units / beds)	2021 prevalence rate	2038 anticipated prevalence rate	2038 estimated gross need	2038 net need (units)
Housing for Older People	2,869	57	53	3,353	484
Housing with Care	394	17	25	806	412
Residential care	1,284	54	35	1,128	-156
Nursing care	1,162	49	45	1,450	288

4.21 The estimated gross need for housing and accommodation for older people is shown for 2026, 2032 and 2038 in table 25. The estimated net need is shown in table 26, which shows the estimated need additional to the current supply. Net need is not cumulative.

Table 25. Estimated gross need for specialised housing and accommodation for older people to 2038, in North Somerset.

Housing / accommodation type	Estimated need by 2026	Estimated need by 2032	Estimated need by 2038
Housing for Older People (units)	2,990	3,229	3,353
Housing with Care (units)	541	658	806
Residential care (bedspaces)	1,331	1,225	1,128
Nursing care (bedspaces)	1,328	1,372	1,450

4.22 The estimated net need for specialised housing and accommodation for older people is shown disaggregated for 2026, 2032 and 2038 in table 26. Net need is not cumulative.

Table 26. Estimated net need (i.e. net of current supply) for housing and accommodation for older people to 2038 in North Somerset.

Housing / accommodation type	Estimated net need by 2026	Estimated net need by 2032	Estimated net need by 2038
Housing for Older People (units)	121	360	484
Housing with Care (units)	147	264	412
Residential care (beds)	47	-59	-156
Nursing care (beds)	166	210	288

4.23 In order to produce the net need estimates for housing for older people and housing with care disaggregated by major localities (catchments), the following method has been applied to the net need estimates for North Somerset as a whole (shown in the above table):

- The overall assessed net need estimates for North Somerset as a whole to 2038 are used as baseline figures.
- The 65+ household population (for HfOP) and 75+ household population (for HwC) are used for each catchment area to identify the percentage of the overall 65+ and 75+ household population of North Somerset each catchment contains.

- The percentage of the 65+ and 75+ population that each catchment has of the overall 65+ and 75+ household population of North Somerset is then applied to the estimated net need for Housing for Older People and Housing with Care for North Somerset to 2038.
- This produces estimates of net need for Housing for Older People and Housing with Care for each catchment for 2026, 2032 and 2038, shown in table 28. The net need estimates for the catchment areas are disaggregated into net need for rent and for sale/shared ownership, according to assumed the tenure split ratios, in table 27.
- This method has also been applied to the minor catchments to produce estimates of net need for Housing for Older People and Housing with Care for these catchments. As these catchments are typically smaller, estimated need is not disaggregated by tenure. This is shown in table 30.

4.24 In relation to disaggregation of the estimated net need for housing and accommodation for older people in North Somerset by catchment area, IMD 2019 data (section 2, table 20) provides an indication of the distribution of relative deprivation across the six major catchment areas. This has been used to inform assumptions in relation to the potential tenure split of estimated net need for Housing for Older People across the six catchment areas; i.e. the greater the relative deprivation of a locality, the lower the level of need for market (sale) tenure is assumed. The tenure split assumptions are shown in table 27. As housing with care accommodates people with housing and care needs, a tenure split of 50% rent and 50% sale has been assumed, to reflect the broad range of need that is accommodated in housing with care schemes.

Table 27. Tenure split assumptions for HfOP for each major catchment area in North Somerset.

Locality	Tenure split assumption
Clevedon	20% rent: 80% sale
Nailsea and Backwell	20% rent: 80% sale
Portishead	20% rent: 80% sale
Weston Super Mare	50% rent: 50% sale
Yanley Lane	20% rent: 80% sale
Yatton	20% rent: 80% sale

Assumptions based on IMD 2019 deprivation data, presented in section 3.

- 4.25 Table 28 shows the estimated net need for Housing for Older People and Housing with Care for each major catchment area, and by tenure.
- 4.26 The tenure split has been applied to the estimated net need for each catchment area, based on the differences in relative deprivation in each locality (based on IMD 2019 relative levels of deprivation: table 20). NB, totals may not sum due to rounding.

Table 28. Estimated net need for specialised housing and accommodation for older people, disaggregated by catchment area and by tenure for each major catchment, to 2038.

Housing / accommodation type	Estimated net need by 2026	Estimated net need by 2032	Estimated net need by 2038
Housing for Older People (units): North Somerset	121	360	484
Clevedon	10	29	39
<i>For rent</i>	2	6	8
<i>For sale / shared ownership</i>	8	23	31
Nailsea & Backwell	12	36	48
<i>For rent</i>	2	7	10
<i>For sale / shared ownership</i>	10	29	39
Portishead	13	40	53
<i>For rent</i>	3	8	11
<i>For sale / shared ownership</i>	11	32	43
Weston Super Mare	33	97	131
<i>For rent</i>	16	49	65
<i>For sale / shared ownership</i>	16	49	65
Yanley Lane	2	7	10
<i>For rent</i>	1	1	2
<i>For sale / shared ownership</i>	2	4	7
Yatton	2	7	10
<i>For rent</i>	0	1	2
<i>For sale / shared ownership</i>	2	6	8
Overall net need among major catchment areas	72	216	290
Housing with Care (units): North Somerset	147	264	412
Clevedon	12	21	33
<i>For rent</i>	6	10	15
<i>For sale / shared ownership</i>	6	11	16
Nailsea and Backwell	15	26	41
<i>For rent</i>	8	13	20
<i>For sale / shared ownership</i>	7	13	21
Portishead	16	29	45
<i>For rent</i>	8	14	22
<i>For sale / shared ownership</i>	8	15	23
Weston Super Mare	40	71	111
<i>For rent</i>	20	37	56
<i>For sale / shared ownership</i>	20	36	55
Yanley Lane	3	5	8
<i>For rent</i>	2	3	4
<i>For sale / shared ownership</i>	1	2	4
Yatton	3	5	8
<i>For rent</i>	2	3	4
<i>For sale / shared ownership</i>	1	2	4
Overall net need among major catchment areas	88	158	247

4.27 Table 29 shows the estimated net need for Housing for Older People and Housing with Care for each minor catchment area.

Table 29. Estimated net need for specialised housing and accommodation for older people, disaggregated by minor catchment areas, to 2038.

Housing / accommodation type	Estimated net need by 2026	Estimated net need by 2032	Estimated net need by 2038
Housing for Older People (units): North Somerset	121	360	484
Banwell	2	7	10
Bleadon	0	0	0
Congresbury	1	4	5
Churchill / Langford	1	4	5
Sandford	1	3	4
Winscombe	1	4	5
Wrington	1	4	5
Overall net need among minor catchment areas	7	21	28
Housing with Care (units): North Somerset	147	264	412
Banwell	3	5	8
Bleadon	0	0	0
Congresbury	1	3	4
Churchill / Langford	1	3	4
Sandford	1	2	3
Winscombe	1	3	4
Wrington	1	3	4
Overall net need among minor catchment areas	10	18	28

4.28 The estimated net need for specialised housing for older people to 2038 is shown in the context of overall housing allocations in the Local Plan at Annex 3.

4.29 In summary, the following table shows the estimated need for housing and accommodation in North Somerset to 2038.

Table 30. Specialised housing and accommodation for older people, net estimated need to 2038, in North Somerset.

Housing type and use class	Number of units/bedspaces: 2038
Housing for older people (retirement and contemporary 'sheltered housing'). Use class C3	c.480 units: <ul style="list-style-type: none"> c.120 for social/affordable rent c.360 for sale
Housing with care (extra care housing). Use class C3/C2	c. 410 units: <ul style="list-style-type: none"> c.205 for social/affordable rent c.205 for sale
Residential care. Use class C2	c.-155 bedspaces
Nursing care. Use class C2	c.290 bedspaces

5. Contemporary good practice: housing and accommodation for older people

5.01 We have set out trends in relation to the commissioning of and provision of housing, accommodation and related services for older people. This is to provide North Somerset Council with an overview of contemporary practice in relation to local authority commissioning of and provision of specialised housing and accommodation for older people (link at Annexe 2), and to inform its future commissioning plans in the light of the evidence of future need.

Local authority policy and practice in relation to older people's housing

5.02 The recent Adult Social Care White Paper²⁵ recognises the need to increase supply and choice of housing options for people with support needs. It pledges at least £300 million to help develop new supported housing options, a new 'handyperson' service and more money for Disabled Facilities Grants.

5.03 An increasing number of local authorities are taking a 'whole population' approach to delivering a wider range of housing offers for older people. This often means using planning policy to support and facilitate housing aimed at older people housing in the social and private market sectors as well as supporting new 'rightsizer/downsizer' housing.

5.04 Traditionally, local authorities have published documents such as housing/accommodation for older people 'market position statements', to help to shape the delivery of a variety of services and support by explaining what care services and support is needed in the area and why.

5.05 However research for the LGA²⁶ shows that there are some councils that are taking a more strategic approach to creating the conditions to plan for, invest in and develop more housing overall for an ageing population, including but not exclusively extra care housing.

5.06 For example, a number of local authorities have published 'investment prospectuses' to attract investment in a range of housing options for older people:

- **Central Bedfordshire Council** has published an 'investment prospectus'²⁷ covering housing and registered care services for older people. This is a plan that is most unlike a 'traditional' local authority strategy. It uses evidence from a detailed quantitative and qualitative assessment of future need to set out in a

²⁵ <https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper>

²⁶ <https://www.housinglin.org.uk/Topics/type/Housing-our-Ageing-Population-Learning-from-councils-meeting-the-housing-needs-of-our-ageing-population/>

²⁷ https://www.centralbedfordshire.gov.uk/migrated_images/manop-prospectus-2016-2020_tcm3-17756.pdf

simple and visually attractive way of what housing and accommodation is required for older people in each of its four localities. It is an 'open for business' type approach designed to attract inward investment. It also identifies where the Council will support and assist supported accommodation development (including direct provision by the Council).

- **Bristol City Council's** "Better Lives at Home"²⁸ programme is a good example of a Council seeking to widen supported housing options before the announcement of the Adult Social Care White Paper. It prioritises developing supported housing options for older and working age adults as an alternative to residential care. An example of this in practice is its recent partnership with the Extra Care Charitable Trust to develop a retirement village in Stoke Gifford for which it has nomination rights on 81 flats (see annexe 2).
- **Leicestershire County Council** issued its 'investment prospectus'²⁹ in 2019, stating its vision to develop different housing options, including housing with care and accommodation with support schemes, including for older people. It uses quantitative evidence to demonstrate the demand for a range of supported housing in particular and calls for partnerships to deliver these.

5.07 Other councils have successfully used their 'housing strategies' to promote and encourage investment in a diverse range of housing options for older people, including extra care housing. For example:

- **Living Longer, Living Better: Housing for an age-friendly Manchester, Strategy Statement 2014–20**³⁰ sets out the local authority's commitment to delivering a diverse mix of good quality housing as a fundamental part of its age-friendly city status as awarded by the World Health Organisation.
- **Telford & Wrekin's Specialist and Supported Accommodation Strategy 2020-2025**³¹ is an attractive looking document that uses quantitative evidence (produced by the Housing LIN) to demonstrate and attract investment in a wider range of specialist and supported housing options for a range of people.

Housing provision for older people

Changes to existing housing for older people

²⁸ <https://www.bristol.gov.uk/documents/20182/2678414/Market+Position+Statement/bdd21e05-0a76-94ae-4094-246ad9eb5739>

²⁹ <https://resources.leicestershire.gov.uk/sites/resource/files/field/pdf/2019/10/25/Building-accommodation-to-meet-the-needs-of-people-in-Leicestershire.pdf>

³⁰ https://www.manchester.gov.uk/downloads/download/6143/housing_for_an_age-friendly_manchester

³¹ <https://democracy.telford.gov.uk/documents/s5486/Specialist%20and%20Supported%20Accommodation%20Strategy.pdf>

- 5.08 Many housing associations and other social landlords have reviewed their existing older person's housing stock and established whether it is fit for purpose and attractive to future generations of older people.
- 5.09 Refurbishing and remodelling existing stock is one way that housing associations and other social landlords have been seeking to diversify their customer offers and service delivery models to attract a wider cohort of older people and ensure their existing older people's designated housing have a longer-term future. Where housing associations have achieved best results, they have sought to improve accessibility, focus on 'care readiness', integrated technology and provide homes that are attractively designed.
- 5.10 Examples of remodelled sheltered housing schemes can be found in the link at Annexe 2.

*Care ready housing*³²

- 5.11 Some social landlords (local authorities and housing associations) and private sector operators are developing housing and associated customer offers that are intended to attract 'downsizing'/'rightsizing', both from general needs social housing and by owner occupiers.
- 5.12 Examples shown at the link at Annexe 2 tend to have the following common features:
- Designed to HAPPI principles³³.
 - Care ready.
 - Extensive use of technology to support lifestyle and support/care needs.
 - Promote health and wellbeing through design and provision of communal space and/or activities.
- 5.13 The examples of 'care ready' housing at the link at Annexe 2 are age-designated, i.e. they are designed to appeal to older people who are seeking a well-designed home that is attractive and suited to age-related needs in later life, where the other residents will be over a specified age, but these schemes don't tend to come with the extensive communal areas and services (and higher service charges) associated with extra care housing.

Housing with care and retirement villages

- 5.14 The diversity and quality of housing with care schemes and retirement villages continues to increase and improve. There are also emerging examples where the

³² Care ready housing typically means that a home is capable of adaptation over time to meet changing needs including space for aids and adaptations. Through good design homes can be built to be better suited to possible future requirements such as the need to have an over-night carer, storage for mobility scooters and space to retain independence.

³³ <https://www.housinglin.org.uk/Topics/browse/Design-building/HAPPI/>

alignment of housing and health infrastructure is the catalyst for wider community provision, whether to meet care transformation planning priorities or placemaking and/or regeneration objectives.

- 5.15 Many housing associations/social landlords either have or are reviewing their entire older people's housing and service offer. Housing associations have been seeking to diversify their customer offers and service delivery models, for example to attract a wider cohort of older people.
- 5.16 Some have continued to develop extra care housing partly in response to local authorities' commissioning strategies but also in response to their own intelligence about what older people are seeking in relation to a housing with care offer.
- 5.17 The scale and nature of extra care housing schemes is changing. 5-10 years ago schemes would typically be 40-60 units in scale and all for social rent. Now it is typical for schemes to be 60-100 units or larger, include a mix of tenures (up to 50% for sale to ensure financial viability where the location can sustain this) and higher standards of design and build quality. Extra care housing typically has a 24/7 on site care staffing service model. Retirement village models are larger in scale, typically 120/150 units upwards; some, of these are 'hybrid' villages that include both housing units and registered care (often nursing care) services.
- 5.18 Where local authorities have made no capital contribution to the development cost of an extra care housing scheme, many housing providers are being more 'assertive' about both the purpose of schemes, i.e. in terms of maintaining a balanced care profile of residents. The Housing LIN is seeing more housing associations expecting to be in control of the entire operation of their extra care scheme/s including the selection and oversight of the organisations delivering care in their buildings, or to at least take these decisions *with* the local authority.
- 5.19 Private sector housing with care, often called 'assistive living', has developed with similar higher design and quality standards to attract purchasers. These schemes tend to be targeted at more affluent owner occupiers.
- 5.20 Examples of contemporary mixed tenure extra care schemes and retirement villages are shown at the link at Annexe 2.

Inter-generational housing

- 5.21 There is increasing interest in care ready housing that is 'inter-generational', i.e. it is housing that may be designed to be attractive to older people but does not have an age designation or is deliberately conceived to bring together different generations. These typically have the same design features as age-designated 'care ready' housing but are designed to appeal to older people who do not wish to live solely amongst other older people.
- 5.22 Inter-generational housing doesn't have a universally consistent definition. It can refer to:

- Housing development that includes provision for all ages.
 - Inter-generational family living units.
 - Approaches to inter-generational living linked to care/support services.
- 5.23 Building on the HAPPI design principles, the University of Sheffield School of Architecture's influential DWELL research³⁴ showed strong demand amongst older people for better quality and more adaptable homes, where people can continue to live and socialise in mixed-age communities.
- 5.24 There are also recent examples of older person's housing schemes incorporating intergenerational activities within their service offer. These activities aim to integrate a scheme into the local community as well as improve wellbeing for residents.
- 5.25 Examples of intergenerational housing and intergenerational activities can be found at the link at Annexe 2.

Cohousing

- 5.26 Although a small part of the older person's housing sector, the 'cohousing community' is a subject of mounting interest. Cohousing is a form of group living which clusters individual homes around a 'common house' - or shared space and amenities. There are small pockets of interest in partnerships between groups of residents and housing associations to develop cohousing schemes of mixed tenure. There is also increasing interest in how cohousing might be used to develop housing options for older people, with several examples in the UK. The benefit to the interested parties in working with a housing association is their access to knowledge, expertise and ultimately funding. The strength of the cohousing model is that it provides vibrant, caring, close knit communities that look out for each other. Communities can relieve pressure on social services by offering some mutual aid.
- 5.27 Examples of Cohousing can be found at the link at Annexe 2.

The use of technology

- 5.28 There has been a trend to transform the role of technology in enabling people to live more independently in their own homes, whether in mainstream or specialist housing, which has been accelerated by the Covid-19 pandemic.
- 5.29 This transformation is being driven by multiple factors, the Analogue to Digital 'switch over' in 2025, the increase in digital uptake following Covid-19, the lack of social care workforce, changing attitudes towards technology driven by the customer as well as a deeper understanding of the benefits of using digital technology to promote independence and wellbeing.

³⁴ <https://www.housinglin.org.uk/assets/Events/2018-05/Older-Peoples-Housing-What-house-designs-and-neighbourhoods-work-experience-from-the-Sheffield-University-Dwell-Project-Malcolm-Tait-Professor-of-Planning-at-Sheffield-University.pdf>

- 5.30 However, many sheltered and other older person's housing schemes still do not have full Wi-Fi available, are still using dated analogue systems and provide reactive rather than proactive technology.
- 5.31 The recent Technology for Our Ageing Population: Panel for Innovation (TAPPI) report³⁵ stressed the important role that technology has and will have in the future in enabling older people to live independently. It focuses on the need to provide technology that is attractive, easy to use and works across different platforms. It also emphasises opportunities to use mainstream technology to support individuals rather than focusing on 'traditional' telecare.
- 5.32 Whilst Covid-19 has further embedded the use of technology into the lives of many, it has also exacerbated the digital divide. Therefore, improving digital skills amongst older people is vital in order to close this gap and ensure everyone can benefit from technology.

Branding of specialist older people's housing and services

- 5.33 There is increasing diversification in the 'branding' that housing providers are using for their specialist older people's housing services. The list below summarises a sample of housing association, charitable and private sector operators in terms of the brands and terms they use.
- 5.34 Anchor
- Retirement properties. For rent and for sale
 - Retirement villages
 - 'Independent Retirement Living'. New for sale retirement living product
- 5.35 Audley
- Retirement Villages
- 5.36 Churchill
- Retirement Living
- 5.37 Citizen Housing
- Retirement Living (covers sheltered housing and extra care housing)
- 5.38 The ExtraCare Charitable Trust
- Retirement Villages
- 5.39 Guinness
- Homes for older people – Retirement Living
 - Extra care homes

³⁵ <https://www.housinglin.org.uk/Topics/type/The-TAPPI-Inquiry-Report-Technology-for-our-Ageing-Population-Panel-for-Innovation-Phase-One/>

Older people and specialised housing needs assessment

- NB new extra care housing schemes refer to scheme names (i.e. not branded as extra care)
- 5.40 Hanover (pre-merger with Anchor)
- Retirement Housing for rent and for sale
 - Extra care
 - Downsizer Homes ('a new generation of over 55s housing')
 - Possible use of extra care lite in future
- 5.41 Housing 21
- Retirement housing for rent and for sale
 - Extra care housing
- 5.42 McCarthy & Stone
- Retirement Living
 - Retirement Living PLUS (on site care)
 - Lifestyle Living. 'aspirational' downsizer housing
- 5.43 Metropolitan
- Sheltered Housing
 - Extra Care
- 5.44 Midland Heart
- Retirement housing
 - Extra care
- 5.45 One Housing
- Senior Living – branded as 'Season' (refers to extra care housing)
- 5.46 Peabody Trust
- Homes for over 50s
- 5.47 Pegasus Life
- Avoids using any terms such as retirement living or retirement housing. Their overall brand is termed 'new generation' and schemes branded with the development's name.
- 5.48 Riverside
- Retirement Living (covers all sheltered and extra care housing)
- 5.49 St Monica Trust
- Retirement villages
- 5.50 Wrekin Housing Trust

- ShireLiving (describes extra care)
- 5.51 Your Housing
- Retirement living – includes more recent developments and extra care
 - Sheltered housing
- 5.52 In the housing association sector, there is a mix of branding for sheltered housing (many now using retirement living) but extra care housing still tends to be used as a 'generic' brand even though it isn't well understood by the public/potential customers. Guinness, although they do use the term 'extra care', for their most recent extra care housing scheme in Devon (mixed tenure, high quality design) they don't use the term 'extra care' and instead brand using the development name, 'Quayside'. Hanover (pre-merger with Anchor) used a 'downsizer' brand for their most recent older people's housing offer, i.e. this brand avoids terms like 'retirement living' or 'retirement housing'.
- 5.53 The private sector is almost universally using 'retirement living' (or retirement villages) for what can be quite different offers. The notable exception is a relatively new provider, Pegasus Life, that avoids using any of the retirement housing/living branding. They are pitching to be the most aspirational operator with high quality design and branding based on the names of individual developments (they are operating at the upper end of the private market).
- 5.54 The Association of Retirement Community Operators (ARCO) have recently called on the housing with care sector and Government to use a single term, 'Integrated Retirement Community', to describe providers service-led operational model. An Integrated Retirement Community describes the emerging 'lifestyle option' for older people, sitting between 'sheltered housing' where minimal support is provided, and 'care' or 'nursing' homes, which are increasingly focussed on supporting people with higher levels of care needs.
- 5.55 Housing LIN research with older people indicates that there is not a strongly preferred 'brand' however both 'sheltered' and 'care' are terms that are off-putting to many older people. In working with its housing partners, North Somerset Council needs to stress the promotion of independent and active living for older people with potentially targeted marketing being scheme specific.

The potential effect/s of Covid-19 on the housing for older person's housing sector

- 5.56 The Covid-19 pandemic has been a challenging time for the specialist housing sector for older people. Many of the major operational pressures and challenges faced related to anxiety, stress, numbers of staff off work self-isolating or shielding, staff burnout, staff shortages, managing expectations, lack of availability of PPE initially, and striving to protect health and well-being. As well as changing government rules and guidance and limited financial support.

- 5.57 However, research completed by the Housing LIN and St Monica Trust exploring Retirement Village and Extra Care operators experience of Covid-19³⁶ demonstrated the strength of their response. It reported overall positive experiences of residents, and the level of protection afforded to them; resident Covid-19 death rates were lower when compared to older people of similar ages residing in the wider community.
- 5.58 As a result of the pandemic, there is evidence that people/families are reluctant for older relatives to move to care homes following the death rates seen at the start of the pandemic. Care home occupancy levels are typically lower, and people are more interested in other housing and care options, including care at home and specialist housing for older people (in self-contained properties).

³⁶ <https://www.housinglin.org.uk/Topics/type/RE-COV-Study/>

6. Research findings

Summary of estimates of need for specialised housing and accommodation for older people

- 6.01 The findings from this assessment of estimated need for specialised housing and accommodation for older people in North Somerset are summarised.
- 6.02 **Housing for older people** (retirement housing for sale and for social/affordable rent³⁷). The estimated net need for housing for older people to 2038 is c.480 units of which c.120 is for social/affordable rent and c.360 is for sale.
- 6.03 **Housing with care** (extra care housing). The estimated housing with care net need to 2038 is c.410 units of which c.205 units are for social/affordable rent and c.205 units are for sale.
- 6.04 **Residential care**. The estimated net need for residential care to 2038 is c.-155 bedspaces.
- 6.05 **Nursing care**. The estimated net need for nursing care to 2038 is c.290 bedspaces.

Types of specialised housing and accommodation for older people to meet estimated need

- 6.06 *Housing for older people:*
- 'Care ready' specialist housing for older people housing referred to in section 5 is an example of the type of housing that would address this identified housing need.
 - From previous Housing LIN research with older people and the research with older people in North Somerset, there is potential that up to 50% of this estimated need could be met through the provision of mainstream housing. This is housing that is designed for and accessible to older people even if it is not 'designated' for older people, for example housing that is 'care ready' and suited to age related needs as distinct from 'retirement housing'. This will include mainstream housing built to accessible and adaptable standards M4(2) and M4(3). This evidence supports the Council's policy DP44, i.e. for market housing within a scheme 50% of homes will be required to meet Building Regulations M4 (2) category 2 standard (to be 'accessible and adaptable dwellings') and a further 10% will be required to meet Building Regulations M4 (3) category 3 ('wheelchair user dwellings') and for affordable housing within a scheme 80% of homes will be required to meet Building Regulations M4 (2) category 2 standard (to be

³⁷ New build and potentially refurbishment of sheltered housing for social/affordable rent.

'accessible and adaptable dwellings') and a further 20% will be required to meet Building Regulations M4 (3) category 3 ('wheelchair user dwellings').

- The evidence from the qualitative research is that a minority of home owners are seeking to significantly adapt their existing properties to suit their own needs in later life (i.e. to 'stay put') or to enable an older relative to live with them, i.e. a type of 'granny annexe'. Permitting such development may have the benefit of enabling more older people to live in their home for longer and avoid or delay moves to care homes. However, such development in rural areas is likely to have challenges in terms of access to domiciliary care where people have or develop care needs.

6.07 *Housing with care*

- The estimated future requirements will meet the housing and care needs of older people who are self-funders as well as older people who need rented accommodation and may be eligible for care funding from the council.
- This need can be met in part through mixed tenure development of extra care housing. The examples of contemporary housing with care referred to in section 5 would seek to address this identified housing need.
- There is interest amongst some older people in moving to a care village; the evidence from the qualitative research is that some older people have considered a move to the existing retirement village at Sandford. The level of estimated need would indicate need for up to one such additional (mixed tenure) retirement village most likely in the northern area of the district. Such a scheme is likely to need to be located close to amenities for it to be sustainable.

6.08 *Residential and nursing care homes*

- There is estimated to be a significant oversupply of residential care beds currently. This is a trend that has been apparent for some time, in part due to historic over development of care homes but also the likely impact of the experience of the Covid-19 pandemic. The evidence from the research with older people locally (and from Housing LIN research with older people in other areas) is that there is virtually no interest in a move to care home setting; it is seen as an undesirable move, typically 'forced' by a change in health circumstances.
- There is estimated to be an undersupply of nursing care beds currently. From the research with older people it is evident that most older people are seeking to be supported in their existing homes or to move to a form of specialised *housing-based* accommodation that is better suited to their needs, however there is growth in the 75+ household population to 2038 (35%) and a projected increase in complex care needs amongst this population, including a projected increase in the number of older people living with dementia related needs.
- The implications of these estimated changes to the local market for residential care homes and nursing care homes are potentially significant. The Council with

its NHS partners has an opportunity to work with providers of care homes to manage changes to this sector that delivers the care home capacity and quality that is required and to create a stable and viable market for care home operators.

Suitability of housing and accommodation for age related needs

- 6.09 People are seeking homes that enable them to live as independently as possible; housing designed for older people should be able to adapt to a person's needs across their life course.
- 6.10 Evidence from the local qualitative research indicates that many older people were living in homes that are not designed to be accessible and therefore won't be suitable for them in later life. This suggests that there is likely to be growing demand for adaptations to people's existing homes, with potentially increasing pressure on the council's budget for Disabled Facilities Grants.
- 6.11 Specialised housing will increasingly need to be suitable to cater to the needs of older people living with dementia.
- 6.12 The evidence from local stakeholders and from council officers is that a proportion of existing specialised housing for older people, such as some sheltered housing and residential care homes, may not be suitable in the medium to longer term and may need either refurbishment or decommissioning/repurposing.
- 6.13 The evidence from the research with local older people suggests that the key 'flows' between different types of housing and accommodation for older people are likely to be:
- From mainstream housing to specialised housing for older people.
 - Diversion away from residential care to extra care housing.
 - From mainstream housing to nursing care where necessitated by a health crisis.

Support and use of technology

- 6.14 Older people who want to 'stay put' are seeking better support to remain living in their existing homes for longer, such as access to aids, adaptations, and technology to support independence.
- 6.15 A majority of older people who have care needs or may develop care needs are seeking to receive care in their home, whether they 'stay put' or move to specialised housing for older people.
- 6.16 Social isolation and loneliness is a growing concern amongst many older people. Whether they 'stay put' or move to meet their housing needs, people are seeking social opportunities, both with other older people and with people from other generations.

- 6.17 Technology is becoming more important in supporting people to live independently at home. Housing schemes and developments for older people need to provide good access to Wi-Fi and offer access to assistive and mainstream technology to support independence. Some older people are seeking support to develop their digital skills.
- 6.18 Older people are seeking comprehensive and accessible information and advice about their housing options so they can make informed choices. The evidence from the local research is that this could best be provided by the council with a range of partners to maximise the reach of such a service for older people.

Propensity to move

- 6.19 Based on the evidence of research with older people locally (which is corroborated by Housing LIN research with older people in other areas) a significant minority of older people were considering moving in the future to housing that will better meet their needs in later life.
- 6.20 People in later life are seeking an increased range of housing options that will enable them to live independently for longer. Housing aimed at older people needs to be attractive and designed to support people to 'age in place', i.e. its needs to be sufficiently appealing for people to want to move to.
- 6.21 Some older people are interested in a move to specialised housing for older people (e.g. to extra care housing, retirement housing or a retirement village) but they are often not willing to give up a property they may be 'over occupying', unless it has benefits that appeal to them. The evidence from the research locally and from Housing LIN research with older people elsewhere is that specialised housing for older people needs to be seen as an 'aspirational' move which is a 'lifestyle choice' rather than a move related solely to future or existing care needs.
- 6.22 To be appealing, future housing provision aimed at older people needs to offer a mix of one- and two-bedroom properties, although to attract homeowners to move developments should prioritise two-bedroom units.
- 6.23 From the local research, older people who are interested in moving to meet their housing needs are seeking a range of housing types, e.g. smaller houses and bungalows as well as flats. Housing development aimed at older people that is solely 'flatted' will limit the potential market.

Locational considerations

- 6.24 The estimates of need for specialised housing have been disaggregated to show estimated need across a range of localities in North Somerset.
- 6.25 Location is an important factor, particularly when older people are seeking to move to specialised housing; they are seeking homes that are close to public transport, facilities, social amenities and shops.

- 6.26 Older people living in rural communities, in particular, are more likely to want to remain living close to where they live now.

Affordability considerations

- 6.27 A range of housing tenures are required for specialised housing to be attractive to a wide mix of older people. Amongst owner occupiers, home ownership tends to be preferred but market renting and shared ownership options will also be considered.
- 6.28 A lack of affordable, attractive housing options was the biggest barrier to moving. The emotional and practical upheaval of moving as well as the cost are also barriers. The affordability of specialised housing for older people, both for sale and for rent, is a key consideration for many people.
- 6.29 Service charges in specialised housing for older people can be a barrier to moving for some people. Providers of specialised housing for older people need to provide services that are relevant and attractive to older people and that are considered to provide value for money.
- 6.30 Specialised housing options aimed at older people will need to be able to provide a more cost-effective offer in relation to energy costs (heating and utility costs) when compared to these costs in people's existing homes.

Housing development and planning considerations

- 6.31 The evidence from this research indicates that it is necessary to formulate policies which require new developments (particularly on strategic sites) to deliver more attractive, energy efficient, 2 bedroom properties (a mix of flats, bungalows, houses) for people to downsize to with excellent wifi/broadband connection to enable use of technology to assist with independence in later life. This would be as part of the wider housing type and mix rather than age specific but would cater to the needs of older people.
- 6.32 There is a need to increase in number of accessible and adaptable homes across the board to allow people to live more independently for longer.
- 6.33 There is a need to identify sites for housing with care schemes (extra care).
- 6.34 New housing developments for older people should be consistent with Council policies in relation to renewable and low carbon energy.

Housing, care and health considerations

- 6.35 The evidence from the research with older people is that, where people have expressed an interest in moving or are actively seeking a move to housing that is better suited to their needs in later life, including moves to specialised housing for older people, it is important that this accommodation promotes people's health and

wellbeing. This may be manifested in housing is better adapted to meeting people's changing needs in later life through to specialised housing promoting activities and socialising opportunities.

- 6.36 When commissioning specialised types of housing, such as extra care housing and/or retirement villages, there is an opportunity to work with NHS partners and housing providers to identify the health benefits from this type of provision, such as evidence that older people who live in these settings make fewer GP visits and fewer unplanned hospital admissions.³⁸
- 6.37 There is an opportunity for the Council to work with its NHS partners and housing/support providers to build on existing housing, care and health services such as social prescribing and 'discharge to assess' service models that benefit older people living in all types of housing.

³⁸ <https://www.housinglin.org.uk/Topics/type/Identifying-the-health-care-system-benefits-of-housing-with-care/>

Annexe 1. Primary Research Methodology

- A1.01 The method used for the primary research study is summarised. A definition of 'older people' applicable to this research was agreed with the Council. It was agreed that 'older people' would include people aged 55 and over so that the views of the 'younger, older generation' were also considered and to allow the Council to better understand future as well as current older persons' housing need.
- A1.02 The purpose of this qualitative research was to gain thorough insights into the views and aspirations of older people across North Somerset in relation to the current range of housing and accommodation and the types of the housing and accommodation required in the future.
- A1.03 The primary research involved using qualitative research methods to better understand these views. Working with the council we identified key stakeholders to help us engage with local older people.
- A1.04 The primary research was completed between January 2022 and March 2022.

Research Method

- A1.05 The qualitative research involved using a blend of face-to-face and remote engagement methods in line with government guidance for COVID-19.
- A1.06 Topic guides designed with the council were used as a guide for conversations.
- A1.07 In total we spoke with 70 people across 2 virtual focus group, 3 in-person focus groups, 15 telephone interviews and 20 in person interviews.
- A1.08 Each participant received a £10 LovetoShop voucher as a 'thank you' for their time
- A1.09 Participants were drawn from the following:
- (1) North Somerset Citizens Panel
 - (2) Blagdon Lunch Club
 - (3) Alliance Homes
 - (a) Sheltered Housing
 - (b) General Needs
 - (4) Housing 21
 - (a) Strawberry Gardens
 - (5) Friends Together, Weston-Super-Mare
 - (6) Big Worle Community Centre
 - (7) ReEngage

Qualitative Research Demographics

- A1.10 Whilst it was not possible to collect everyone's demographic information, we have provided an estimate below.
- A1.11 The qualitative research engaged with a range of ages from 55-90 with the majority of participants age 70+.
- A1.12 The majority of qualitative research participants were female, it was approximately a 70/30 split.
- A1.13 The qualitative research engages with a range of tenures including, homeowners, people renting from a social and private landlord and people living in older persons accommodation.
- A1.14 The primary research revealed a diverse range of experiences about participants' existing homes and living environments. It exposed a stark contrast between the richest and the poorest in society in relation to the condition of homes as well as overall health and wellbeing. This tended to be associated with participants tenure type.
- A1.15 The research also highlighted diversity of experience between urban and rural settings. In general, participants in rural setting were more affluent compared to those living in urban settings.
- A1.16 All qualitative engagement participants were White British.
- A1.17 The qualitative research engaged with people from the following areas in North Somerset:
- (1) Backwell
 - (2) Banwell
 - (3) Blagdon
 - (4) Clevedon
 - (5) Congresbury
 - (6) Churchill / Langford
 - (7) Long Ashton
 - (8) Nailsea
 - (9) Portishead
 - (10) Weston-Super-Mare
 - (11) Worle
 - (12) Wrington
 - (13) Winscombe

Annexe 2. Case studies of contemporary housing suited to older people

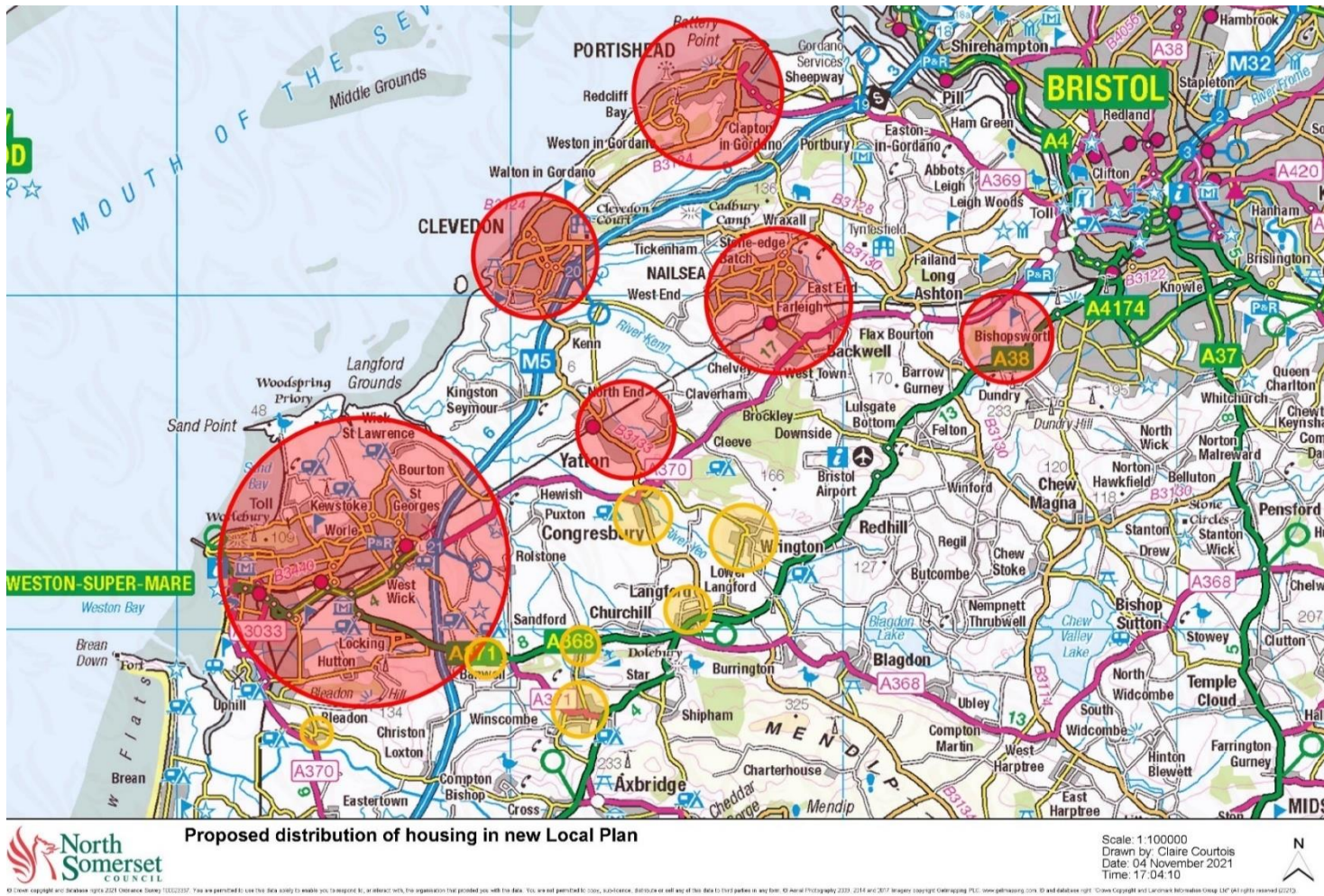
Please note, case studies of contemporary housing suited to older people have been shared with the council as a separate document. To access this document, please contact Kevin Stamper at Kevin.Stamper@n-somerset.gov.uk.

Annexe 3: Map of proposed distribution of housing

The following map shows the proposed distribution of housing within North Somerset, in the new Local Plan. It highlights a number of major catchment areas (shown with red circles) and minor catchment areas (shown with yellow circles). This has been used to identify the local provision of housing and accommodation for older people, and local older household populations, in order to estimate localised net need for housing and accommodation for older people.

The estimated net need for specialised housing for older people to 2038 is shown in the context of overall housing allocations in the Local Plan in the table below.

Figure 1. Map of proposed distribution of housing in new Local Plan. North Somerset Council.



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Source: North Somerset Council

Estimated net need for specialised housing for older people to 2038 is shown in the context of overall housing allocations in the Local Plan

Localities	Overall housing allocations to 2038	Estimated need: Housing for older people to 2038 (from tables 28 and 29)	Estimated need: Housing with care to 2038 (from tables 28 and 29)
Major localities			
Clevedon	226	39	33
Nailsea & Backwell	2,901	48	41
Portishead	572	53	45
Weston Super Mare (including Wolvershill)	9,780	131	111
Yanley Lane	2,500	10	8
Yatton	391	10	8
Minor localities			
Banwell	101	10	8
Bleadon	56	0	0
Congresbury	299	5	4
Churchill / Langford	257	5	4
Sandford	80	4	3
Winscombe	301	5	4

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North Somerset Council

Report to the Adult Services and Housing Policy & Scrutiny Panel

Date of Meeting: TBA

Subject of Report: North Somerset Annual Complaints Report 2020-21

Town or Parish: All

Officer/Member Presenting: Hayley Verrico, Director of Adults Services

Key Decision: No

Reason: It does not result in expenditure or savings of £500, and does not have a significant impact on two or more wards

Recommendations

It is recommended that Members note the content of the annual report on Adult Social Care (attached), referred to Scrutiny for consideration and any further action.

1. Summary of Report

1.1 This Annual Report for 2020/21 covers complaints and compliments about Adult Social Services, a service provided and commissioned by Adult Social Services.

2. Policy

2.1 Department of Health Guidance recommends that an Annual Report on the operation of the Complaints and Compliments Procedure be presented to the Executive Member for Adult Services. This information, as contained in this report, is annually referred to the relevant Scrutiny Panel for comment.

3. Details

3.1 The number of recorded complaints in 2020-21 was 60 compared to 71 in 2019-20.

3.2 There were 47 compliments received. A decrease of 9 from the previous year.

4. Consultation

4.1 Not applicable.

5. Financial Implications

- 5.1 There are no cost implications for administering the complaints procedure other than staffing costs. There may be costs to the Council if complaints are upheld and the Ombudsman allocates costs or financial compensation to the complainant.

6. Legal Powers and Implications

- 6.1 The attached Annual Complaints and Compliments Report ~ Adult Social Care is written in line with and takes guidance from the following statutory context:
- Local Authority Social Services Act 1970
 - Health and Social Care (Community Health and Standards Act) 2003
 - The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
 - Department of Health, Listening, Responding, Improving: A guide to better customer care

7. Climate Change and Environmental Implications

- 7.1 There are no climate change or environmental implications relevant to this report.

8. Risk Management

- 8.1 A failure to present an annual report would be contrary to Department of Health Guidance.

9. Equality Implications

- 9.1 The evaluation and analysis of complaints is an important means of monitoring and improving service standards including service access for groups within local communities.

10. Corporate Implications

- 8.1 Legislation and Department of Health guidance requires that an Annual Complaints Report is produced and reported to the responsible organisation.

11. Options Considered

- 11.1 None – Department of Health Guidance recommends that an Annual Report on the operation of the Complaints Procedure is presented to the Executive Member for Adult Services.

Author:

Steve Devine
Complaints and Customer Services
Children's services ~ Education Partnerships
North Somerset Council

Tel: 01275 882171

E-Mail: complaints.manager@n-somerset.gov.uk

Post: Town Hall, Walliscote Grove Road, Weston-super-Mare, BS23 1UJ

Web: www.n-somerset.gov.uk

Appendices:

See Appendix 1 attached

Background Papers:

None



North Somerset Council People and Communities

Annual Complaints and Compliments Report ~ Adult Social Care

1st April 2020 - 31st March 2021

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1 Introduction

1.1 This report presents information about customer feedback received regarding Adult Social Care Services during 1st April 2020 – 31st March 2021. The report provides an analysis of outcomes and trends from the information received during 2020-2021 as well as the impact on service delivery and learning from complaints.

1.2 The report is written in line with and takes guidance from the following statutory context:

- Local Authority Social Services Act 1970
- Health and Social Care (Community Health and Standards Act) 2003
- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- Department of Health, Listening, Responding, Improving: A guide to better customer care

2. Statistics

Stage 1 Complaints

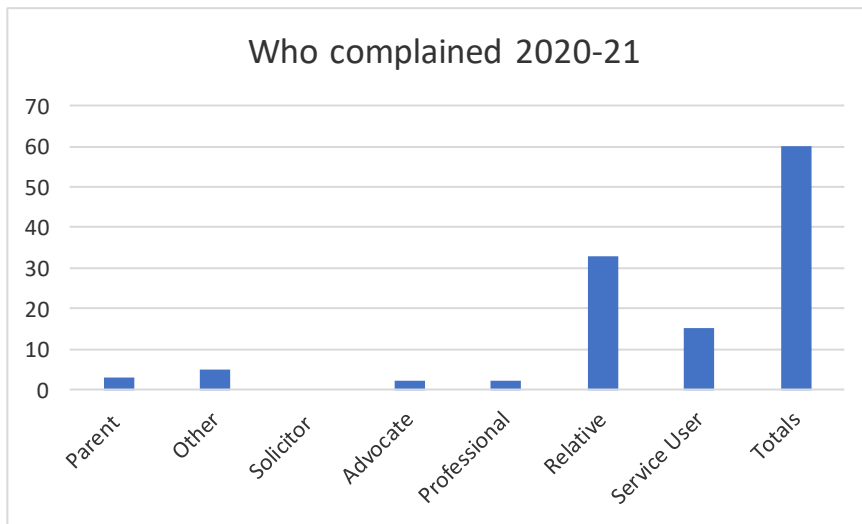
2.1 There was a total number of 60 complaints received and dealt with at stage one of the Complaints Procedure – see figure 1 below.

Complaints by Service

Service	Numbers 2018-19
Adult care	38
Learning disabilities	2
Independent Providers	3
Contracts and Commissioning	6
Finance and benefits	9
Avon Wiltshire Partnership and North Somerset Council	2
Totals	60

Fig 1 – Complaints by Service

Details of those who made a complaint are shown in the following graph – figure 2.



Adults	
Who complained	
Parent	3
Other	5
Solicitor	
Advocate	2
Professional	2
Relative	33
Service User	15
Totals	60

Figure 2 – those who complained

Further Review

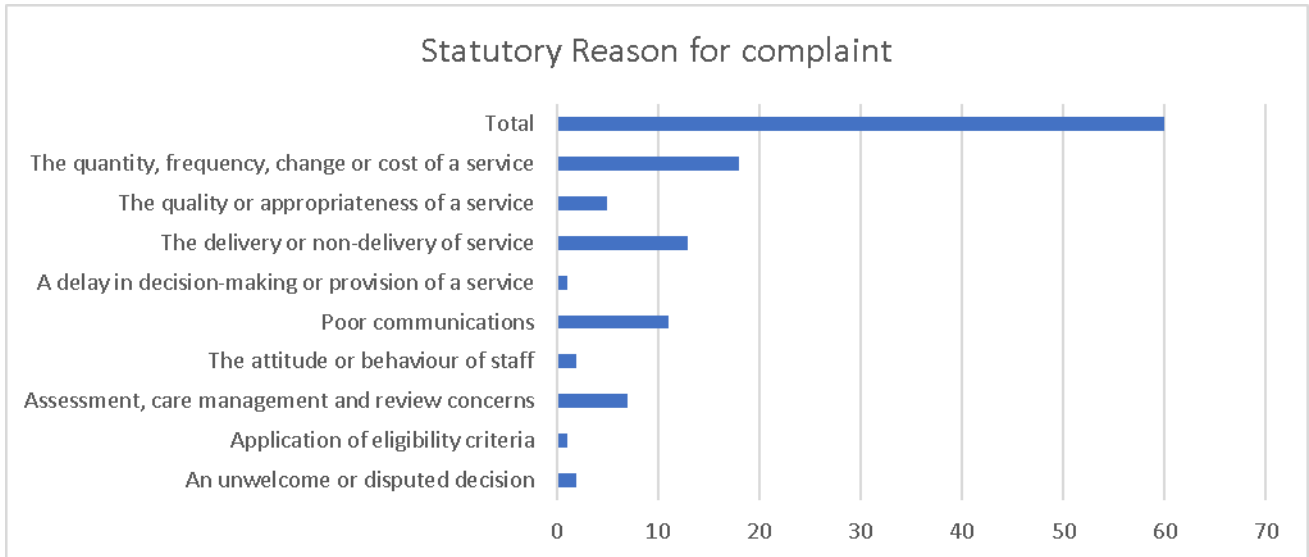
- 2.2 The Adult Care Regulations dictate what sorts of complaints must be considered as part of the legislative Stage 1 process. These are reported within the paper. The Council does however incorporate a further review to ensure all aspects considered within the Stage 1 formal process have been thoroughly considered by the service manager. There have been 5 of these further reviews this year.

Local Government Ombudsman (LGO)

- 2.3 Five complaints went to the Local Government Ombudsman (LGO) the year 2020-21. This is a decrease of 8 from the previous year. The outcomes of these are as follows: Five were considered, two were upheld, two are outstanding and the final one was not upheld. The LGO won't investigate a complaint where there is a likelihood they are unable to find fault. Of the complaints investigated, two separate complaints were regarding the same service user from different family members. The complaints related to quality of care within a care home, care management issues and safeguarding concerns. (The final determination has not yet been issued so cannot be reported in the five cases listed above). One complaint related to blue badges and the application process where the Council was found to be at fault. The final case related to a service user returning home and their equipment needs. Again, the Council was found to be at fault.

Statutory reason for complaint categories	Adults
An unwelcome or disputed decision	2
Application of eligibility criteria	1
Assessment, care management and review concerns	7
The attitude or behaviour of staff	2
Poor communications	11
A delay in decision-making or provision of a service	1
The delivery or non-delivery of service	13
The quality or appropriateness of a service	5
The quantity, frequency, change or cost of a service	18
Total	60

Figure 3 – complaint categories



Some complaints cover more than one subject area
Fig 4 – Complaints by Subject

Joint Complaints

2.4 Joint protocols on dealing with complaints that cross over agencies and services are in place. These have been reviewed this year and found to provide and achieve more robust procedures and joint working outcomes. Joint protocols are made with Avon and Wiltshire Mental Health Partnership NHS Trust (Avon and Wiltshire Partnership), Sirona, Bristol, North Somerset and South Gloucestershire Councils (BNSSG) and the Clinical Commissioning Group and Weston General Hospital.

Two were dealt with jointly with our partner agencies, both with Avon and Wiltshire Partnership.

Timescales

2.5 The average response times for complaints is 10.5 days. This is up marginally from last year's figures of 8.8 days. Local Authority guidelines recommend that all responses are made within 10 working days. The main reason for the delays has been due to requests from the manager responding for additional time to complete the response adequately. Also delays related to COVID and the new complaint systems may have been a factor. Requests such as this are agreed with the complainant. On some occasions there has been a delay when the complainant has not been notified. This is an area we continue to work towards improving.

Complaints during the period 2017-2021

Year	2017/2018		2018/2019		2019/2020		2020/2021	
Stage	Stage 1	Further review	Stage 1	Further review	Stage 1	Further Review	Stage 1	
Number of Complaints	80	5	70	4	71	5	60	5

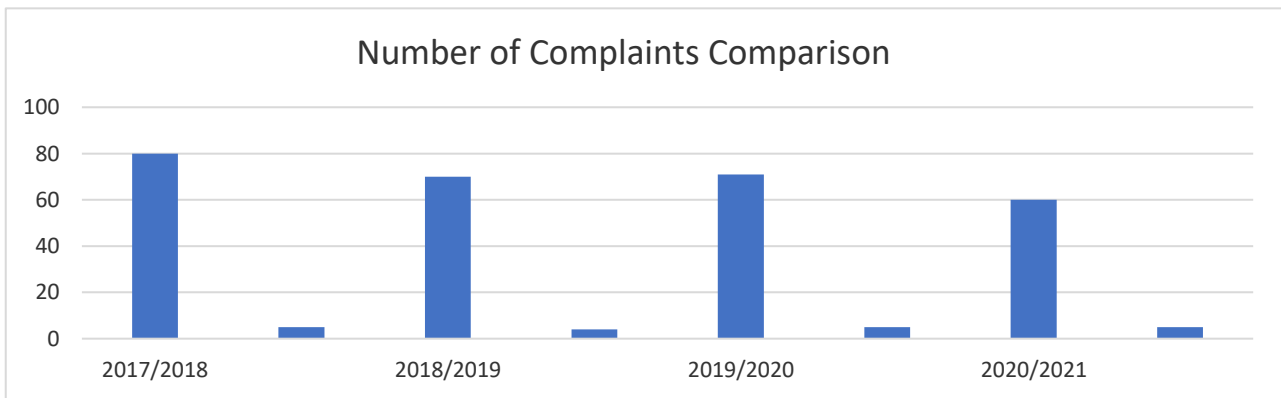


Fig 5 – Complaints 2017 – 2021

Themes of complaints

2.6 The nature of complaints is captured below:

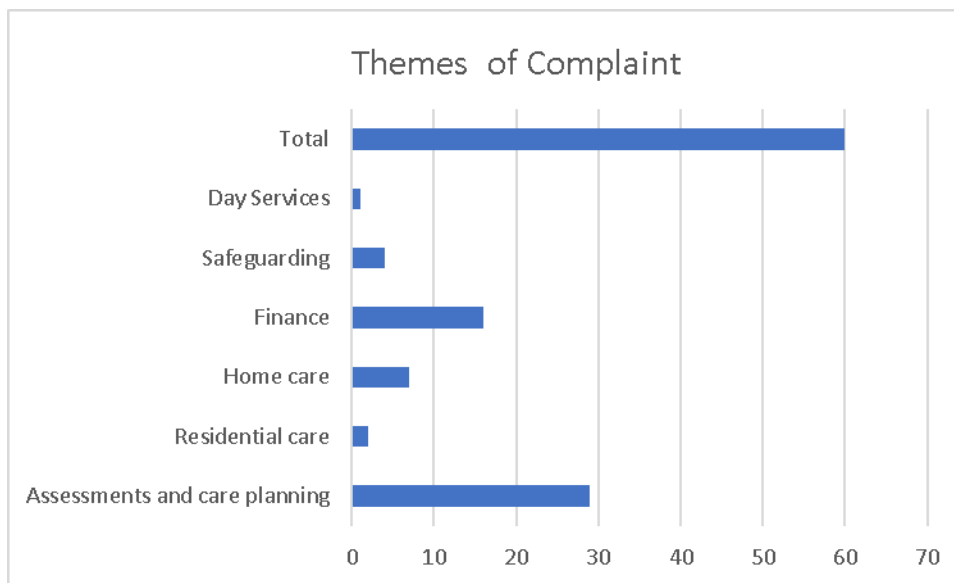


Fig 6 – Themes of complaints

Adults	
Themes	Number
Assessments and care planning	29
Residential care	2
Home care	7
Finance	16
Safeguarding	4
Day Services	1
Total	60

3. Compliments

3.1 There were 47 compliments received. A decrease of 9 from the previous year.

Compliments 2020-21	
Adult Care	27
Carers	1
Occupational Therapy	15
Contracts	4
Total	47

Fig 7 - Compliments by Team

- 3.2 Compliments can reflect just one person, a service or a team of people. All compliments are passed to the relevant Head of Service and Assistant Director. They are also included in staff newsletters. Examples of compliments received this year include:

Newly Qualified Social Worker - From your first communication with me you showed care and compassion and I felt heard by you. You listened and acted immediately giving us the chance to have a voice. You have been so helpful in many ways. This has enabled us to begin to build trust with the care home. When I explained my concerns you treated them seriously and you challenged the care home on our behalf, this showed strength confidence courage. Your communication between me and the care home has always been very prompt and when you said you were going to do something you did it.

Social Worker - We strongly feel that XXXXX went beyond and above her level of duty, showing genuine compassion as well as giving great advice and immediately carrying out her promises upon unlike many others we've experienced in various different care services.

I feel she should be publicly rewarded and acknowledged for always being there, giving her own time to Mums telephone support and reassurance. Thankyou.

Occupational therapy – I would like to express my deepest thanks for the support from XXXXX over the last year or so.

XXXXX has provided exceptional care whilst working with XXXXX

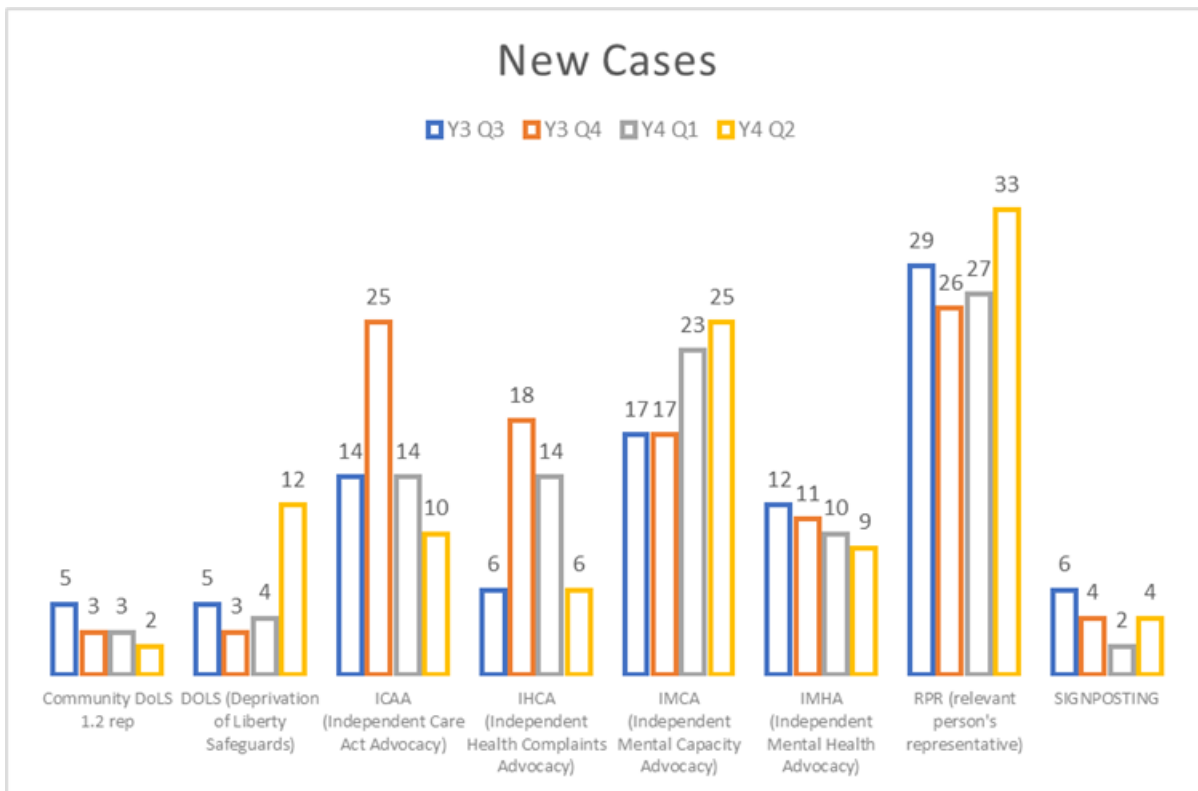
I now have safe ramping and an accessible door to my home. I would like to thank your team and XXXXX for all their efforts on my behalf.

Occupational Therapy - I am sending this email to thank you for the wonderful help my wife and I have received from XXXXX. I am disabled, 90 years old and, my wife has dementia and we have a full time carer looking after us. Through Medequip she has recently supplied us with a Bath Lift, a Shower Seat with arms and a Bed Rail which enables me to turn round and get out safely. These aids have made life very much easier, and I am most grateful for all the help we have received.

4. Advocacy

- 4.1 Advocacy was used to help to resolve three complaints this year. The Advocacy Service is called 1 in 4. It is worth noting that most of complaints come from the service user's family, and in doing so they are advocating on behalf of the service user. Just under 80% of complaints are from family members. There were 294 total cases of advocacy across the authority in 2020/21.
- 4.2 The Council has access to several advocacy services. Each one is commissioned dependant on the complainant and their needs.

The Local authority provides a significant amount of advocacy across its services, this is best captured in the statistics belkow. Overall, the advocacy provision in North Somerset during 202/21 was as follows:



5. Trends, Learning and Service Improvements

- 5.1 Noting the pressures of Covid and staff workloads, overall service users have continued to be well-served with the average response time for complaints being 10.5 days, just above the requirement of the regulations. Going forward this does need to be improved as this is above the previous year's figure of 8.9 days. There has been a marginal decrease in compliments. The Complaints Manager would like to highlight the importance of sending out feedback leaflets when closing cases, so good work can be captured.
- 5.2 Communication is an area needing constant improvement in all teams in adult social care. Service Managers acknowledge this and continue to develop strategies for improvements. 22% of all complaints included communication as part of the complaint. Although a broad theme, this can be broken down into key areas:
- Dissatisfaction may arise from the accuracy of the care plan and the social workers judgement.
 - The need for clearer explanations about the reasons for the involvement of social care, including clear explanations regarding the charging of services, and evidencing this has happened
 - There may be a breakdown in relationships where the service user may request a change of social worker. This is to be considered on a case-by-case basis by the team manager
 - Dissatisfaction when telephone calls are not returned, and the person is unable to speak to the social worker as quickly as they would like
 - Allegations of poor and unprofessional practice. Where complaints related to a worker, the complaints procedure will put on hold whilst investigated under the HR procedures

Tensions inevitably arise when the service user and family have differing views with regards to care needs of a loved one. The work of all those involved in adult social care is complex and difficult decisions are taken daily. There is always a need to communicate decisions made and the reasons for these. The complaints received highlight the need for keeping service users central to this process.

- 5.3 One complaint focused on a service user receiving a reminder invoice for domiciliary care despite a payment plan being set up and the local authority receiving the correct instalments each month. In addition, letters were posted with a date but not received until 9 days later, thereby exceeding the 7-day payment request on the final reminder. The complainant highlighted how people will automatically think and worry that legal action has been taken. The local authority acknowledged the distress caused and subsequently reviewed and altered its processes to prevent this from happening again.

Another complaint involved the blue badge process. It was investigated at both stage one and two of the complaint's procedures. Whilst the decision to refuse the complainant a blue badge was correct, the council acknowledged that the responses and explanations given were not helpful or complete. They did not include the nature of a hidden disability of walking difficulties that caused considerable psychological distress. The council apologised for the failure to communicate effectively, and staff have received further training to address the quality of customer care. The Ombudsman was satisfied that the apology and further staff training remedied the injustice caused by the Council's failure to properly communicate with the complainant about its decision not to award a blue badge.

A further complaint focused on the quality of care within a care home. The evidence available shows the Council completed a thorough safeguarding investigation over several months. When it received the safeguarding alert, it did not limit the safeguarding investigation to concerns relating solely to the complainant. The local authority initiated a separate Whole Home investigation which considered the safety of all residents and the Home's practices and procedures. The Council acted to ensure its safeguarding investigation was detailed and wide ranging. It worked with the Home to ensure it improved over time. The Ombudsman did not find fault in the way the Council followed its safeguarding procedures to establish outcomes and therefore it was not necessary to make a recommendation for improvement.

As part of the learning, however, the Ombudsman advised the Council that it should remind its officers of the importance of recognising the status of those who hold Lasting Power of Attorney when giving advice related to mental capacity. The safeguarding team will take this forward once the findings are finalised.

Other emerging themes include delayed assessments preventing timely discharge from hospital and moves between providers; poor communication between hospitals and care homes both working in crisis conditions; care providers failing to manage risk appropriately, for example around the use of PPE and with symptomatic staff; and prolonged delays in accessing occupational therapy services and assessment and provision of aides and adaptations.

- 5.4 It is recognised that complaints can cross more than one service area. In these circumstances, a joint response is required. The current advice is to send the responses to the Complaints Manager to send out on behalf of the Council.

- 5.5 The greatest number of complaints (38) have been in relation to Adult Care Locality Teams, which incidentally are the largest teams. When one considers the nature of the work of these services, which include Care Assessments and Occupational Therapy assessments, a higher level of criticism is not unexpected. Complaints have been received due to disagreements with the level of need that has been assessed by the social worker or waiting times for assessments. The teams are not complacent and have a process in place where such criticisms are scrutinised by the Team Manager who forms a response to the complainant from all the information gathered. This is a method that has and continues to work well.
- 5.6 The level of complaints cannot always be taken as a measure of poor quality or practice. Some criticisms are fundamentally about resources which include concerns about the levels of funding available and waiting lists for popular services. An apology and explanation can go a long way to address the concerns when services, however stretched, do not meet the expectations of service users. An early apology and dialogue can sometimes prevent the Council's need to make a financial redress or change the provision of a service. Early engagement can provide reassurance that the Council or care provider can offer a satisfactory remedy. Equally as important, staff training, or procedure change can prevent further injustice if processes or procedures are found to no longer be appropriate. The quality assurance framework will include how to learn from complaints.
- 5.7 The availability of care in North Somerset can be a concern for some. The capacity issues in North Somerset are not unique, and most authorities across England are also struggling with the volume of necessary work. These issues are significant across the Southwest. Providers are managing to recruit staff but not at the pace to meet the existing waiting lists and the number of new referrals received each week. This has led to waiting lists for home care. Brokerage are regularly meeting with our providers to discuss the issues with recruitment and retention of staff with an aim to find a resolution. If there are complaints regarding care, North Somerset can offer a direct payment and further care management may be required to reduce risk and carers stress.
- 5.8 The Complaints Manager has developed an agreement with the Contract and Commissioning Team to communicate with them when a complaint is made about Service Providers, such as residential care homes. A decision is made jointly about how the complaint will be dealt with, depending on the complainant's circumstances such as if they self-fund their care. Irrespective of this, the compliance officers are given the information about the complaint which can contribute to future compliance visits or discussions with the provider.
- 5.9 Clear boundaries are in place to distinguish between a complaint and an issue to be managed by the Adults Safeguarding Team. The Safeguarding Team have received complaints from families unhappy with communication channels and decisions made. The Adults Safeguarding Manager responds to complaints swiftly to ensure minimal distress is caused to families. These are dealt with under safeguarding procedures and reported via the reporting mechanisms of the Safeguarding Board.
- 5.10 Joint protocols for complaints have been developed to create robust relationships with Avon and Wiltshire Partnership, Sirona, Clinical Commissioning Group, and Weston General Hospital when managing complaints that cross over agencies. It aims to identify a lead agency to provide one response, which incorporates information from each service area as necessary.

- 5.11 The Complaints Manager has simplified the process of responding to complaints. Whilst the Stage 1 response process will remain the same, if the complainant remains dissatisfied, they can request a further review undertaken by the Service Lead. This replaces the traditional stage 2 which, in terms of the Local Government Ombudsman's requirements, is not necessary.
- 5.12 The Council's CaseTracker system has now been operational for 18 months. It enables easy tracking of compliments and complaints and generates automatic reminders, sending an email to the relevant team manager when a response is required. Whilst it works well as a data recording system, it is not so helpful when reviewing what can be learned from complaints. Going forward better ways to record and act on ways to improve services or to share good practice are needed.

6 Benchmarking with our neighbours and Local Government Ombudsman

- 6.1 There is no straightforward way to compare complaints across councils as there are no nationally agreed performance indicators for social care complaints. It would therefore be difficult to compare 'like with like' complaints. The outcome of complaints is categorised into 3 groups - upheld, partially upheld and not upheld. Interestingly, National Local Government Ombudsman (LGO) statistics show an increase with respect to finding fault in complaint investigations from 69% to 72% of cases. North Somerset Council is currently below National average, showing 40% of LGO investigations demonstrating fault. This figure is below the local authority's own complaints showing some degree of fault with 46% of complaints.

7 Summary

- 7.1 We are reporting a small decrease in complaints this year from 71 in 2019-20 to 60 in 2020-21. The system of capturing and monitoring complaints continues to work well. It is felt these systems have started to present a more accurate picture of complaint activity. The complaints Casetracker system has taken time to imbed and the impact of COVID has impacted upon figures.
- 7.2 The Complaints Manager will continue to maintain links and communication with teams by various methods, for example, by attending team meetings and a visible presence within the Adults Directorate both at the Town Hall and at Castlewood and on-line. In addition, the Complaints Manager will attend Adult Care management meetings, to give a brief review of complaints received and issues raised.
- 7.3 It is envisaged the joint protocols with other agencies will see improvements in the performance relating to complaints. The ongoing integration with health will lead to new pathways in terms of responding to complaints. It is hoped that this joint approach will help to achieve transparency throughout the process, having one key person to coordinate the complaint and provide one response to all the issues raised.
- 7.4 The introduction of the LGSCO findings check list, shown below, should help to improve services and lead to fewer complaints:

Health Check based on LGSCO findings (Local Government and Social Care Ombudsman)

- Do you actively seek feedback about your services? ✓
- Is your complaints procedure visible in care settings? People should be able to request information about complaints in a format that best suits them. ✓
- Do you use the Single Complaints Statement to guide your approach to complaints? ✓
- Does your organisation set out a timetable for responding to complaints and keep people informed if there are delays? Long delays and poor communication during the complaints process can cause additional distress for people making complaints. ✓
- Do contracts between commissioners and providers contain clear processes for handling complaints? ✓
- Does your organisation have clear processes in place with local partners to provide a single investigation and response to people with a complaint about multiple bodies? ✓
- Does your organisation's complaints procedure clearly signpost to the Ombudsman? If people have been through all stages of your complaints procedure and are still unhappy, they can ask us to review their complaint. ✓
- Do you regularly review your organisation's local complaints data and the outcomes of complaints? Do your elected members or board members regularly scrutinise complaints data and outcomes? ✓
- How does your organisation ensure it shares the learning from complaints, across care locations or council functions to prevent the same issues affecting others? ✓

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North Somerset Council

Report to the Adult Services and Housing Policy and Scrutiny Panel

Date of Meeting: 7 July 2022

Subject of Report: Draft Carers Inquiry Day Report

Town or Parish: N/A

Recommendations

- (1) To endorse the findings and recommendations set out in the Inquiry Day report; and
- (2) To consider next steps.

1. Summary of Report

The attached Inquiry Day report pulls together the findings of the ASH Panel Carers Inquiry Day held on 19 October 2021. Members are asked to consider the findings and recommendations set out in the report, taking into account the presentation (attached) at this meeting provided by the Strategy & Policy Development Officer, Adult Care.

2. Policy

Policy and scrutiny contributes towards the council's corporate aims of providing strong community leadership, working transparently with our residents, businesses and partners; reducing inequalities and promoting fairness and opportunity for everyone; contributing towards building safer and stronger communities; and protecting and enhancing our environment.

3. Details

The ASH Carers Inquiry Day was held in autumn 2021, and originated from an idea of Cllr Mark Crosby who was Chair of the ASH Panel at that time. Due to ill health Cllr Crosby is unable to present this report himself, but the Panel would like to acknowledge the work that he put into the Inquiry Day helping it to be such a success.

The day was organised as follows: the morning section of the event comprised: -

3.1 Keynote address by Emily Holzhausen, Director of Policy and Public Affairs, Carers UK.

3.2 Session 2: Carers' Testimony – the Panel heard accounts of their experiences from four carers.

3.3 Session 3: Stakeholder Testimony - Members heard accounts from representatives from Healthwatch; the Alzheimer's Society; Carers Support Alliance; Community Connect (service commissioned from Curo by the Council providing information and advice to older residents); the Single Point of Access (SPA) service (provided by the council to provide a central telephone service for those in need of Adult Social Services and healthcare services in their homes); Avon & Wiltshire Mental Health Partnership and University Hospitals Bristol & Weston.

The afternoon part of the meeting comprised: -

3.4 Session 4: a roundtable discussion with representatives from the following Parish and Town Council representatives: Clevedon, Nailsea, Long Ashton, Winscombe and Sandford, Tickenham and Wraxall and Failand.

3.5 The Inquiry Day Steering Group, comprising four ASH Panel Members and representatives from Healthwatch and Council officers, oversaw the drafting of the Inquiry Day report which sets out the findings and a series of recommendations drawn from the carer and stakeholder testimonies and discussion with Parish and Town Councils.

4. Consultation

N/A

5. Financial Implications

N/A

Costs

N/A

Funding

N/A

6. Legal Powers and Implications

N/A

7. Climate Change and Environmental Implications

N/A

8. Risk Management

N/A

9. Equality Implications

The work of policy and scrutiny is based on the council's commitment to ensure that the consideration of equality and diversity is an integral part of decision-making to bring about positive changes that are felt by service users, Councillors and employees

10. Corporate Implications

Policy and scrutiny reviews and work align to the Corporate Plan and emerging priorities.

11. Options Considered

N/A

Author:

Brent Cross, Policy and Scrutiny Senior Officer

DRAFT

1 Introduction from the Chairman, Cllr Mark Crosby

The Adult Services Housing Policy & Scrutiny Panel's (ASH) decision to hold an Enquiry into the impact that Covid-19 has had on the carer community in North Somerset - particularly amongst the many 'informal' and unpaid providers - was prompted by a number of issues.

Key among them was that the Council was already in the process of refreshing and refining its Carer's Strategy when the pandemic began to take hold. We already knew that the service was facing significant funding and market challenges even before Covid struck.

So when it happened - it applied an almighty stress-test to an already vulnerable structure.

But as time progressed, it also became increasingly apparent that the scale of its impact demanded a level of innovation, adaptability and sheer social-effort that that many of us had never experienced before. There was no book available called '*The Beginners Guide to Managing a Pandemic*' ... though I'm certain that we could write a pretty advanced version now!

Clearly, we all struggled - particularly at the beginning. But what we were also able to recognise was that the Covid -19 spotlight had begun to highlight some significant, emerging positives - often evolving from within our own communities - and that these had a key role to play in planning for the future.

It is fair to say that prior to Covid we could claim to have a pretty fair understanding of what we thought a 'carer' was - as defined by long experience of managing and supporting local needs. But the Pandemic presented us with a huge increase in the number of 'hidden' or unsupported, informal carers.

Many of them wouldn't even begin to describe themselves as carers - and were generally not known to the Council. They could be elderly or vulnerable people who suddenly found themselves tasked with looking after *other* frail family members. Or young people (even children) looking after parents or siblings. A great many residents also took on the role of caring for neighbours, friends and other individuals within the wider community.

What the pandemic showed us was that almost anybody could find themselves in a caring role and their need to know about available resources and advice - *and where to get it is critically important* - especially where situations arise that have the potential to take people beyond their abilities to cope.

On Tuesday 19th of November 2021, the ASH Panel held an Enquiry Day in order to better understand the impact that Covid-19 has had on the delivery of care-support throughout the pandemic.

The Enquiry was a live, face-to-face, day-long event held in the New Council Chamber in the Town Hall, Weston-super-Mare.

DRAFT

The day began with an introductory speech by **Emily Holfhauzen OBE, the Director of Policy and Public Affairs for Carers UK**. The UK's largest charity for unpaid carers

Emily opened her speech by stating that:

“Virtually overnight” Carers UK saw 4.5 million new carers. 2.8m of where ‘working’ carers.

70% took on more care at the beginning of the pandemic. By October it was 81%.

8 out of 10 reported that conditions for cared-for people had got worse.

The Scrutiny Panel then heard four carers describe the extraordinary challenges and issues they faced in seeking information and guidance. It's important to note these were people who did not have long-cultivated experience in navigating the world of care-support services. Even less so during a pandemic.

Following that we heard testimony from a number of key service-providers including: **North Somerset Council’s Single Point of Access Service, the Carers Support Alliance, the Alzheimer’s Society, Curo Group, Healthwatch. Avon & Wiltshire Mental Health Partnership NHS Trust and University Hospitals Bristol and Weston NHS Foundation Trust.**

Each of them had 15 minutes in which to present a summary of their experiences throughout the pandemic - and their conclusions and aspirations for the future.

After a short break, the Panel hosted a round-table discussion with councillors representing a number of local town and parish council’s **including Clevedon, Nailsea, Long Ashton, Winscombe and Sandford, Tickenham and Wraxall and Failand**. We asked them to identify their principal challenges and the steps they took to engage with their community. We also asked: on looking back, what were the actions taken by your council that made the greatest contribution towards delivering and sustaining the local support network.

Finally, we asked, looking forward, if needed - could you do it all again? We heard that the experience had placed a significant toll on individuals, particularly those at the centre, leading and coordinating the response, but reassuringly everyone said communities could and would rise to the challenge - albeit because they had no choice: it is what communities do in a crisis.

We received a huge amount of testimony from the participants as set out in this report and, having carefully considered the evidence, the Panel has set out a number of key conclusions and recommendations.

In concluding my introduction to this report, I would like to express my considerable thanks to the ASH Panel Members who participated in the Enquiry Day - and to the Council Officers whose efforts helped to compose the content of this report and its recommendations.

Councillor Mark Crosby
Chairman, Adult Services and Housing Policy & Scrutiny Panel

DRAFT

2 The case for scrutiny

2.1 Background

In early 2020 North Somerset Council's Adult Services and Housing Policy and Scrutiny Panel (ASH) were starting to consider how Councillors might contribute to the planned review and refresh of the Council's Carers' Strategy. The overwhelming onset of the Covid-19 epidemic in early spring that year initially stalled this work but it was nevertheless immediately clear that challenges already facing carers would intensify and come into much sharper focus as the pandemic gathered pace.

The initial planning for this piece of work commenced pre-lockdown and followed early discussions with senior Adult Social Care officers about where the Panel might focus its work in order to better inform the Council's Carers' Strategy. A key challenge identified at the outset was around the need to identify and support informal (unpaid) carers more effectively.

People can find themselves transitioning into a caring role (looking after family members, friends or neighbours) but may not perceive of themselves as carers or may choose not to be identified as such for a range of reasons. This "informal care" in the community is an important element of the Council's preventative Adult Care Vision (see section below) but for this care to be sustainable, those carers need to be adequately supported. A challenge for the Council is that, for reasons set out above, informal carers tend to be difficult to identify.

As a first step towards developing a scrutiny project that could inform and influence the development of the Carers' strategy, particularly in respect of the above, the Panel reviewed the relevant current contextual health and social care policies.

2.2 Policy context

2.2.1 The Council's Adult Social Care Vision is "to promote wellbeing by helping people in North Somerset be as independent as possible for as long as possible" In moving away from more traditional/institutional approaches to care and towards more flexible models that support people to live independent lives for as long as possible, the Council's vision aims to reduce numbers of people residing permanently in residential and nursing homes; numbers admitted to hospital; and reliance on homecare services. As part of delivering this vision, creative solutions in the community will be needed, building on, for instance, the Council's existing "Community Connect" approach.

2.2.2 The wider health & social care policy context: There are significant changes happening in the delivery of Health and Social Care nationally and locally. The development of new Integrated Care Partnerships are enabling collaboration across the healthcare, public health and social care system alongside the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector and communities to deliver better outcomes for residents at place or locality level.

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The Council's new Health and Wellbeing strategy 2021- 2024 has also taken a strength and place-based place approach to tackling the impact of the wider determinants of health of our population, such as housing, education and employment. This recognises the impact that individuals, settings and places can have on positive health outcomes for residents by building on the strengths within communities.

The Empowering Communities Strategy adopted by the Council in 2021 helps these aspirations to be realised by building upon the skills and capacity within our communities that became much more visible during the pandemic. The strategy serves to support and enable community-led early help and seek to reduce the demand on or improve access to local services. It also provides us with a framework to enable the alignment of North Somerset Council and NHS commissioned services to support local activity.

2.3 Scoping the ASH Panel project

The arrival of the pandemic caused the Panel to re-focus the project, adjusting the scope to concentrate on the challenges facing carers as a result of Covid-19. Large numbers of people were suddenly finding themselves in informal caring roles, whether helping out an elderly relative, friends or neighbours with shopping and prescriptions, or stepping up to care for family members or friends where mainstream support systems weren't functioning as normal. Lockdown stress-tested existing adult care support structures to near breaking point but it also highlighted the positive ways that communities mobilised to support people when existing support systems broke down.

There was also a growing realisation that the pandemic had fundamentally changed the health and adult social care landscape into the foreseeable future and the Panel felt there were critical lessons for future policy development that needed to be learnt from this experience.

It was agreed therefore that the overarching aim of the Panel's project should be to seek to ensure that ***the forthcoming Carers Strategy recognises the impact of the pandemic on carers and considers how to meet their needs in a world where the Covid situation is changing but the virus and some degree of risk remains present in our lives.***

Specifically, the project would focus on:-

- understanding carers' needs as they emerge from lockdown,
- understanding how our public services, voluntary sector services, and communities are adapting to meet these needs as restrictions ease but some risks remain, and
- learning how these can better support carers as we enter a future with Covid still present in our lives.

Although Members recognised the many challenges faced by parents looking after disabled children and by young carers during the pandemic, it was agreed that, as

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the Panel's remit extended only to Adult Social Care Services, these were not within scope for this project.

In considering further scoping parameters, the Panel was mindful of-

- **the need to avoid thinking about carers in isolation** – carers and the cared-for sit within wider complex and multi-faceted systems, some elements of which, (eg most mental and physical health services, employment circumstances, and transport availability) have significant impacts on carers but over which the Council may have at best limited direct influence; and
- **the need for realism about current funding constraints** – having reviewed recent local and national research into the challenges facing carers it was recognised that some structural issues impacting the level of support for carers had emerged as a direct consequence of the decades of underfunding and national policy inertia in the Adult Social Care sector. It was hoped that in the longer-term, recent Government recognition of the need to better fund Adult Social care would lead to opportunities to address these. However, in the meantime, funding constraints remain a harsh reality for Councils, significantly constraining options for direct interventions much beyond the basic statutory service provision.

Although it is important to recognise and document the full range of concerns raised by carers and stakeholders, it was concluded that the recommendations from the report would need to concentrate on where the Council can realistically make a difference together with the recognition that solutions were likely to be found by working creatively in partnership with stakeholders and communities, maximising existing human and financial resource potential.

In considering how best to gather the evidence needed for this project and thereby better understand the core issues, the Panel took the view that the approach should be to arrange a formal hearing, inviting first-hand testimony from carers themselves, the voluntary sector and other key stakeholders in the district, including Parish and Town council representatives. To achieve this, the Panel decided to use the "Inquiry Day" model pioneered by a neighbouring Local Authority scrutiny committee and endorsed by the Centre for Governance and Scrutiny (CfGS).

The CfGS evaluated the Inquiry Day model in its report "Solving the Puzzle: How Scrutiny can add value to complex health and care challenges" (2016), as follows: :

"Bringing together those with strategic oversight of services, frontline practitioners, providers, public voices and councillors helped everyone to understand the varied roles and responsibilities in the system and to identify potential to help address challenges that would not otherwise have been achieved... Involving councillors early in the development of proposals can help build the evidence base for decisions... Demonstrating this can help commissioners and providers avoid escalation of local concerns".

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3 The Inquiry Day on 19th October 2021

Practical preparations for the Inquiry Day began in early summer 2021. The second national (Covid-19) lockdown had ended, and infection levels were at sufficiently low levels for the Panel to seriously consider holding the event as a physical in-person event in the Town Hall. Although meeting virtually was always an option should circumstance change, the Panel felt that the dynamics of a physical meeting lent themselves far more effectively to the Inquiry Day model.

As a first step the Panel identified and wrote to key stakeholders (appendix 1), setting out the aims of the event and inviting initial feedback on the proposed themes and arrangements. However, as the summer progressed, Covid-19 infection levels in the district began to increase alarmingly, causing a pause in preparations. Nevertheless, it was evident that by early September 2021 infection levels were stabilising and, following detailed advice from the Council's Health and Safety and Public Health teams about how to manage the event safely, the decision was taken to proceed with a physical meeting at the Town Hall in which all participants could attend in-person.

Taking into account stakeholder feedback and the welcome offer from some of those stakeholders to identify carers that would be willing to provide testimony on the day, arrangements were finalised and formal invitations issued, together with guidance on discussion themes and the meeting arrangements, in early October 2021 (appendix 2). All participants were fully briefed on the Council's Covid-19 protocols for meetings in Town Hall venues and compliance was monitored by officers on the day.

The Inquiry Day held was organised as follow: the morning section of the event comprised: -

- 3.1 **Keynote address** by Emily Holzhausen, Director of Policy and Public Affairs, Carers UK. She outlined the key impacts and challenges of Covid for carers together with some of the positives that had emerged. She also referred to ongoing Care UK campaigns around raising the profile; funding and investment in carers; and the needs of carers in employment.
- 3.2 **Session 2: Carers' Testimony** – the Panel heard accounts of their experiences from four carers, two of whom were identified by Carers Support Alliance (a service commissioned by the Council to provide a range of community-based support for unpaid carers Carers) and two of whom were identified by the Alzheimer's Society). It was recognised that the Town Hall setting could have been daunting for the participants and care was taken by all present to make the occasion as informal and welcoming as possible.
- 3.3 **Session 3: Stakeholder Testimony** - Members heard accounts from representatives from Healthwatch; the Alzheimer's Society; Carers Support Alliance; Community Connect (service commissioned from Curo by the Council providing information and advice to older residents); the Single Point

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of Access (SPA) service (provided by Sirona Care & Health to provide a central telephone service for those in need of Adult Social Services and healthcare services in their homes); Avon & Wiltshire Mental Health Partnership and University Hospitals Bristol & Weston. All stakeholders were briefed before the event, requesting that their representations focus on the following points: -

- What have been the main needs you've seen carers presenting with during the pandemic?
- What difference do you think your services have made for carers in the pandemic and what evidence do you have for this?
- What do you think are the gaps and challenges going forward and what leads you to think this?
- What are your aspirations/ plans for supporting carers going forward?
- What do you think the council and yourselves as partners should focus on to support carers in the refreshed and enhanced Carers Strategy?

The afternoon part of the meeting comprised: -

3.4 Session 4: a roundtable discussion with representatives from the following Parish and Town Council representatives: Clevedon, Nailsea, Long Ashton, Winscombe and Sandford, Tickenham and Wraxall and Failand.

A summary of the testimony is set out in section 4 below (a more detailed account of the testimony and discussion points together with the programme for the day can be found in the Inquiry Day notes in Appendix 2)

4 Testimony from the Inquiry Day

4.1 EVIDENCE FROM CARERS AND STAKEHOLDERS

- **Huge growth in Carers over Covid-19:** 4.5m new carers nationally (2.8m of whom were working carers. This spotlighted underlying issues with hidden or informal caring arrangements.
- **There needs to be more systematic identification of carers; coordinated across all different systems and services.**
- **Support for Carers in employment:** there were some positive developments mainly around much better awareness but lots of challenges remain: better carer provision in workplaces was needed.
- **Assessment delays:** these were significantly affected, particularly in the early lockdown phase of the pandemic. But more generally, carers felt they often needed to take the initiative in pressing for assessments.
- **Care package delays:** carers spoke about the delays getting cared-for out of hospital/care homes adding to uncertainty and distress due to visitor/access restrictions
- **Digital initiatives but also the digital divide;** Covid generated rapid innovation around the digital provision of services but some carers either had no access to, or struggled with, the technology.

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- **Feelings of Carer Loneliness & Isolation** – feelings of abandonment, particularly at start of Covid. Services and communications with carers were patchy going forward. Carers spoke of the loss of support groups, lack of counselling services or just a person to talk to.
- **Feeling undervalued** – even before covid, informal carers often referred to the need more recognition (they saw themselves as separate from/different to professional carers)
- **Emphasis on supporting Carer general physical and mental wellbeing and safeguarding** – stakeholders spoke of the need for better access to physical and emotional/mental health support. There was reference to concerns about safeguarding with reported increases in domestic violence during Covid-19.
- **Respite and day-care provision– lack of access/availability, and if it was available, there could be financial and transport challenges** – carers reported they had to pay for cover (couldn't leave cared-for unattended) and public transport often not available. References to how in the past the Crossroads service had provided a chargeable sitting service and day care (before Crossroads ceased to trade)
- **Advocacy, advice and Information** – health and social care needs tend to be very complex and multi-faceted. These services need to join up better and be more pro-active: better signposting and easier access to advice was needed. There were references to the Council website needing to be more user-friendly/ informative.
- **The need to avoid thinking about Carers in isolation** – so many external factors impact (eg Employment, Transport, GP/Healthcare access, Housing conditions etc). There was reference to the need to think more “holistically” with huge potential role for communities to support some of the wider needs of carers at grass roots level. Also reference to:
 - **Opportunities at local/community level around social prescribing; and**
 - **The role of the Council in enabling and coordinating local support** there was discussion around the need for a coordinating officer and a Councillor “Carers Champion” in seeking to ensure carer needs are taken into account across all Council and partner services

4.2 EVIDENCE FROM PARISH & TOWN COUNCILS (P&TCS)

- All reported initial widespread disruption to existing frameworks: They spoke of their immediate concerns about the most vulnerable in communities and recognition of the rapid need to support the establishment of a community response - but there was a spectrum of views about the Council's support for this as the situation developed with some feeling that the Council should have provided more logistical support and funding to P&TCs whilst others praised the Council's focus on enabling and supporting the development of community networks (see below).
- Some community groups sprang up independently but mostly were enabled or established by P&TCs. The level of P&TC support and wider

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engagement and understandable varied significantly (due to varying sizes, resources, and demographics).

- At the outset, some P&TCs felt relatively comfortable establishing/supporting these groups though some felt the NSC should have done more both logistically and financially. Others, however, pointedly praised the Council for its early role in encouraging and supporting the establishment of a community response network.
- What some felt the Council needed to focus was on the development on a more effective “infrastructure organisation” to better support community organisations.
- There was considerable evidence of innovative initiatives at local level eg “community buddies”, food bank/club initiatives, funding arrangements etc
- The representative from Nailsea, though emphasising this was not an official Town Council view, was particularly critical of North Somerset Council’s role during lockdown, saying that its planning for, and response to emergency situations needed to evolve urgently “as resident’s lives depend on it”, citing an incident involving a local resident. His conclusion was that *“Covid proved that the most effective crisis support services are those provided at local level due to their ability to grow and evolve quickly in fast changing situations”*

Discussion points: -

- *“at the outset it was clear that the infrastructure to support community groups was struggling... Understanding the significance of those infrastructure organisations – with expertise and support: and networks with other infrastructure organisations - is critical. This is more developed in Bristol”*
- *“The Council should set up working groups with community groups to develop basic systems/infrastructure resources using mind mapping – formulated by Council and distributed locally: at least a basic framework and contacts.”*
- *“One of the things that worked well for us was the community buddy scheme. Aware of the rising cost to the Council of adult social care. The scheme allowed some that were struggling to stay in their own homes longer with potentially significant health and social care savings”*
- *“Moving forward, each P&TC needs to understand local needs in terms of delivery. People reach out through a number of routes (sometimes referred by North Somerset Together or from local sources). There was one common strand – the role of social prescriber. P&TCs need to work with social subscribers to help identify unique local needs.”*
- *It was clear that there was no single one-size-fits-all model: What is it we want from NS Council is more of an enabling role – working on the ground with diverse local groups to help ensure the right infrastructure for the community concerned.”*

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4.3 INITIAL CONCLUSIONS

At the completion of the testimony sessions, the Chairman invited the Director of Adult Social Services, the Weston Placemaking Manager and Parish and Town Council representatives to reflect on the evidence provided throughout the day, drawing any initial conclusions.

4.3.1 The Director of Adult Social Services - emphasised that the priority for Adult Services at the outset of the pandemic had been on supporting care providers, especially residential homes. There were significant shortages of PPE and the priority was sourcing this. She recognised of the ongoing lack of funding for the voluntary and community sector and whilst, whilst there were Covid grants for Adult Social Care, it was required that this funding be focussed on the key priorities at the time: around infection control and supporting a care sector facing significant risks around financial viability and staffing pressures.

On reflection, she said the Council could have done more to identify people not known to adult social care. Work was undertaken using Council tax records to identify older people living by themselves but there probably were gaps. One of the first things the Council was forced to cut during “austerity” was the funding for non-statutory community and voluntary services. When Covid-19 emerged, the Council was therefore starting from a low base, so the work undertaken by the Place Team on the establishment of NS Together and other services (eg wellbeing service), was a significant achievement in what were difficult circumstances for everyone.

She concluded that the purpose of this Inquiry Day was to listen and review. We need to learn lessons now in order to put in place a robust plan for going forward into a future likely to present us with similar challenges – it is not a case of “if” but “when”.

4.3.2 The Weston Placemaking Manager (North Somerset Council) - reflecting on the way that the local response evolved, he said it was quickly evident just how much knowledge and expertise was in the community (and not available in the Council at the time). There was much we can learn from that. The Council continues to work with Voluntary Acton North Somerset – as our infrastructure organisation. It is appropriate that they should lead on these issues. It was a challenge then as it is now and what is needed is to deliver appropriately and in a way that is scalable for different groups.

He also referred also to what was being developed in Summer last year and has become the Council’s “Empowering Communities Programme”. Taking this forward, The Council has now defined a broad strategic framework which begins with recognising that its primary role in this context was and remains an “enabler” – not least of which because of its limited capacity.

This also opens up interesting conversations about role of T&P Councils as enablers and as civic leaders (at next level down) and is a major element of how we are moving forward. What goes with that is a devolution of responsibilities, such that community organisations can respond appropriately.

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He also commented on a number of very specific issues around. For example, social prescribing, a key feature in current developments in the health system, and how we can support those in healthcare to deliver these: eg how buddy systems can be brought into the adult social care space. This is a dynamic programme of work and the testimony today is invaluable in working that programme up and ensuring we are well connected going forward.

4.3.3 P&TC representatives

- They referenced examples where top-down policies had led to failure including the government's food boxes and the GP prescription service – both would have better been managed by local communities.
- They welcomed the Council's recognition of the lack of support to the voluntary/community sector and that changes in approach to delivery and planning were happening.
- Information Technology was a huge challenge, evidenced by the differences in websites, funding, and availability across the P&T councils. Grants were available but only to support parish and town council infrastructure and the community organisations themselves also need to be included.
- Everything boiled down to lack of clarity about what available in the community. A mind map would work for everyone regarding services that were available.
- What needs to be different in future is that, in continuing to work together, the right service can be stepped-up when needed. The bit that is missing is access to an expert advisor – being ready to ensure those with expertise ready to provide support to those with less expertise at times of need.
- What had emerged was the overriding importance of informal networks. North Somerset Together was great but the underlying networks were critical – we need to encourage the building of informal networks.

5 Recommendations

Having considered all the evidence, and with the aim of supporting the development of the Council's Carers strategy and the delivery of the Council's vision for Adult Social Care, the Scrutiny Panel recommends the following: -

5.1 A "think carer" golden thread should be interwoven through all relevant Council and health and community partnership policies and activities.

Towards achieving this aim, the Council will need to dedicate sufficient and sustained officer time/resource in order to ensure that opportunities to enhance carers' support are promoted and realised as the Council and its partners move towards more place-based (community) models of delivering health and social care.

5.2 There needs to be a Councillor "Carers Champion" – whose functions will include promoting, and oversight over, the "think carer" approach, both across all Council activities and with our partner organisations and communities.

5.3 That a review of the Council's website in regards to adult social care and specifically carers support be undertaken - in order to enhance accessibility for carers seeking ongoing information and support. A number of participants during

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the Enquiry saw this as a key issue and concern. In many cases there was a view that the current 'information path' was difficult to navigate. Carer's gave testimony to suggest that in their experience finding the information they needed was "challenging" - and that this easily prompted additional frustration and concern, particularly among 1st-time users resulting in an increase in contacts to the Single Point of Access from carers at 'breaking point'.

5.4 Addressing gaps in carer wellbeing

Carers spoke about the emotional and physical impacts around feeling isolated, unrecognised, and inadequately supported. Other stakeholders spoke about safeguarding challenges around informal carers. Although these issues were exacerbated during the pandemic, national and local research shows that they predate Covid-19.

- **better provision of respite** – one of the consistent carer welfare-related themes raised during the Inquiry Day was around respite and day care facilities: the need for more of it; help with ancillary costs (including care cover and transport); and better signposting of the services where these were available. More thought needs to be given by the Council to addressing these.
- **community models of care** – in seeking to address these broader gaps in the wellbeing and safeguarding provision for informal carers in particular, the Panel recognises the importance of developing and promoting a community-based model of care.

The Council has invested in COMF (Covid-19) funding to support VANs to build VCSE capacity and work is also underway with Town and Parish Councils to develop place-based wellbeing partnerships under the Empowering Communities strategy and there are significant opportunities here to address many of these gaps going forward, particularly around identifying and supporting informal carers and the cared-for in the community. However, in informing that work from an adult social care perspective, focus and attention is needed now in identifying what additional services and means of communication are needed to attract the attention of informal and unpaid carers, particularly amongst more difficult-to-reach groups and individuals.

To that end, the Panel proposes the composition of a community model "blueprint", to inform ongoing and future engagement with community partners and other stakeholders This would explore specific and practical ways in which communities might actively engage with Adult Social Care and other health and social care providers in the provision of support for carers and the cared-for.

Appendices To be added here

Carers Inquiry Day 19.10.21 – summary and actions



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Kathryn Benjamin, Strategy & Policy Development Officer, Adult Care

Carers Inquiry Day, 19 October 2021

Purpose: impact of Covid on adult carers and how to support now

- understanding adult carers' needs as they emerge from lockdown by hearing testimony from carers
- understanding how our public services, voluntary sector services, and communities are adapting to meet these needs as restrictions ease but some risks remain by hearing testimony from providers, and
- learning how these can better support carers as we enter a future with Covid still present in our lives
- Consider how can we use this information to inform development of North Somerset Carers Strategy
- Focus on adult carers due to remit of ASH Panel (suggestion to CYPS Panel they may want to consider similar event re: Young Carers and parent carers)



Mindful of:

- **the need to avoid thinking about carers in isolation** – carers and the cared-for sit within wider complex and multi-faceted systems, some elements of which, (eg most health services, employment circumstances, and transport availability) have significant impacts on carers but over which the Council may have limited direct influence; and
- **the need for realism about current funding constraints** – funding constraints remain a harsh reality for Councils, significantly constraining options for direct interventions much beyond the basic statutory service provision.

Recommendations from report would need to:

- Page 192
- a) concentrate on where the Council can realistically make a difference together with
 - b) the recognition that solutions were likely to be found by working creatively in partnership with stakeholders and communities, maximising existing human and financial resource potential.

Testimony heard from

- Four carers - from North Somerset Carers Support and Alzheimer's Society
- Healthwatch;
- Alzheimer's Society;
- North Somerset Carers Support (formerly Carers Support Alliance);
- Community Connect (commissioned by council from Curo providing information and advice to older residents);
- Single Point of Access (SPA) service (provided by council to provide a central telephone service for those in need of Adult Social Services and healthcare services in their homes);
- Avon & Wiltshire Mental Health Partnership
- University Hospitals Bristol & Weston NHS Foundation Trust

Parish and Town Council session

Afternoon roundtable discussion with representatives from the following Parish and Town Council representatives:

- Clevedon,
- Nailsea,
- Long Ashton,
- Winscombe and Sandford,
- Tickenham
- Wraxall and Failand.

Testimony showed:

- **Huge growth in Carers during Covid-19**
- **Need more systematic identification of carers, coordinated across all different services.**
- **Support for Carers in employment**
- **Assessment delays** - carers felt they often needed to take the initiative in pressing for assessments.
- **Care package delays** - delays getting cared-for out of hospital/care homes adding to uncertainty and distress due to visitor/access restrictions
- **Digital initiatives emerged but also the digital divide**
- **Feelings of Carer Loneliness & Isolation** – feelings of abandonment, particularly at start of Covid. Services and communications with carers were patchy going forward. Carers spoke of the loss of support groups, lack of counselling services or just a person to talk to.

Testimony showed (cont):

- **Feeling undervalued** – carers often referred to the need for more recognition in their community and from health and social care professionals
- **Emphasis on supporting carers' physical and mental wellbeing, and safeguarding** – stakeholders spoke of the need for better access to physical and emotional/mental health support. Concerns about increased safeguarding referrals involving carers during Covid-19
- **Respite and day-care provision– lack of access/availability, and the financial and transport challenges** – carers reported they had to pay for cover to have a break themselves (couldn't leave cared-for unattended) and public transport often not available. References to how in the past the Crossroads carer support service had provided a chargeable sitting service and day care (before Crossroads ceased to trade)

Testimony showed:

- **Advocacy, advice and Information** – health and social care needs can be complex. Services need to be more joined up and pro-active; need better signposting and easier access to advice. Council website needs to be more user-friendly/ informative.
- **Need to avoid thinking about Carers in isolation** – so many external factors impact (eg Employment, Transport, GP/Healthcare access, Housing conditions etc). Need to think more “holistically”, with huge potential role for communities to support some of the wider needs of carers at grass roots level.
- **Opportunities at local/community level around social prescribing** – can help identify local needs
- **The role of the Council in enabling and coordinating local support** - discussion around the need for a coordinating officer and a Councillor “Carers Champion” in seeking to ensure carer needs are taken into account across all Council and partner services

Parish and Town Councils said:

- Some felt the Council should have provided more logistical support and funding to P&TCs - others praised the Council's focus on enabling and supporting the development of community networks
- Some community groups sprang up independently but most were enabled or established by P&TCs. The level of P&TC support and wider engagement and understandable varied significantly (due to varying sizes, resources, and demographics).
- Some felt the Council needed to focus on development of a more effective "infrastructure organisation" to better support community organisations. Considerable evidence of innovative initiatives at local level eg "community buddies".
- One said Council's planning for, and response to, emergency situations needed to evolve urgently. His conclusion was that *"Covid proved that the most effective crisis support services are those provided at local level due to their ability to grow and evolve quickly in fast-changing situations"*

Parish and Town Councils (cont)

Other comments were:

- *“Each P&TC needs to understand local needs in terms of delivery....P&TCs need to work with social prescribers to help identify unique local needs.”*
- *“It was clear that there was no single one-size-fits-all model: What...we want from NS Council is more of an enabling role – working on the ground with diverse local groups to help ensure the right infrastructure for the community concerned.”*

Officer feedback:

Page 2/30

- Decade of austerity impacted Council funding for VCSE sector which meant low base when pandemic hit so establishment of North Somerset Together is significant achievement
- On reflection, Council could have done more to identify those not known to Adult Social Care – used Council Tax records to identify older people living alone
- The Council has invested Covid-19 funding to support VANs, as infrastructure organisation, to build VCSE capacity
- Much knowledge and expertise in our communities
- Work underway with Parish and Town Councils to develop place-based wellbeing partnerships under the Empowering Communities strategy – council's role as 'enabler'
- Discussion around devolving responsibilities to Parish and Town Councils - to enable communities to respond appropriately
- Significant opportunities here around identifying and supporting informal carers and the cared-for in the community

Recommendations

- Page 201
1. **A “think carer” golden thread should run through all Council and health and community partnership strategies, policies, and activities** - the Council will need to dedicate sufficient officer time/resource to ensure that opportunities to enhance carers' support are promoted and realised as the Council and its partners move towards more place-based (community) models of delivering health and social care
 2. **a Councillor ‘Carers Champion’** – functions to include promoting, and oversight over, the “think carer” approach, both across all Council activities and with our partner organisations and communities
 3. **review Council’s website in regards to adult social care and specifically carers support** - to enhance carers' access to ongoing information and support.

Recommendations (cont)

2020
2021
2022

4. **better provision of respite** – need for more access to respite and day care; help with ancillary costs (including replacement care and transport); and better signposting of the services where these were available.

5. **addressing gaps in carer wellbeing** - emotional and physical impacts around feeling isolated, unrecognised, and inadequately supported. Although these issues predate Covid they were exacerbated during the pandemic. Other stakeholders spoke about safeguarding challenges around informal carers.

6. **community models of care** – in seeking to address these broader gaps in the wellbeing and safeguarding, the Panel recognises the importance of developing and promoting a model of care based in and engaging with local communities.

Recommendations (cont)

7. focus needed to identify what additional services and means of communication are needed to attract the attention of carers, particularly amongst more difficult-to-reach groups and individuals.

To that end, the Panel proposes the composition of a community model “blueprint” or strategy to inform engagement with community partners and other stakeholders.

This would explore specific and practical ways in which communities might actively engage with Adult Social Care and health and social care providers to co-produce approaches to support for carers and the cared-for.

Recommendation:

1. Think Carer thread
2. 'Carers Champion'
3. Review website
4. Respite and costs
5. Gaps in wellbeing
6. Community model of care
7. Strategy for community engagement

Action required:

1. Need corporate and executive sign-up to embed carers into all relevant council strategies, policies, partnerships
2. Need to agree to proceed with role and identify member willing to fulfil this
3. Work to begin this summer by Strategy and Policy Officer and SPA Carers Service
4. Adult Care to investigate how to increase capacity.
5. Adult Care to consider within community model of care below
6. Adult Care to investigate with P&TCs, NS Together, and partners how this model can be developed to identify and support carers
7. Corporate and Adult Care to develop blueprint with community partners (P&TCs, NS Together and others)

Policy and Scrutiny Panel Work programme July 2022

(to be updated following each Panel meeting)

The Panel will consider issues of significant public concern, areas of poor performance and areas where Members think the Council could provide better value for money. This is a “live” document and is subject to change as priorities or circumstances change.

SECTION ONE – ACTIVE & SCHEDULED panel Projects as identified in the overarching Strategic Work Plan.

Topic	Reason for scrutiny	Method of scrutiny and reporting process	Timeline	Progress	Contact
Planning Policy Review: Homes for older and vulnerable people	<ul style="list-style-type: none"> Supporting the Council’s Social Care “vision” of promoting wellbeing by better supporting independence for as long as possible. consider opportunities in the development of the local plan to better support the delivery of effective and sustainable social care provision in North Somerset 	Working group established with a view to making recommendations on specific policies to SPEDR - as part of the wider Local Plan development engagement process	TBA	<p>Wkg Grp met on 5th October 2020, 9th December 2020 and 23rd Jan 2021</p> <p>Updated to the 25th Feb ASH under work plan</p> <p>Officers to report to Place Panel during Local Plan consultation (Date TBA)</p>	
Cladding and other fire safety issues in the district (following Grenfell outcomes)	Reference from Council: requesting Place Panel establish policy recommendations on a series of specific points raised	Joint working group led by Place Panel (PP&SP led) reporting back to Council	TBA	WG mtgs: last met 30/11/21 Building Safety Bill still progressing through parliament with some improvements. WG liaising with officers on local Homes England study progress and local funding	
Unpaid/ Carers review	National and local concerns about challenges faced by these carers, particularly during covid	<ul style="list-style-type: none"> To arrange a stakeholder Inquiry day (ED) In order to inform development of Council carers strategy 	Oct	Steering group – last met 14/01/22 to review Inquiry Day outcomes. 1 st Draft of the ID report now complete for Member feedback.	

SECTION TWO – proposed projects (listed in priority order). These must be agreed at Panel and will be referred for discussion at Chairs and Vice Chairs – for inclusion within the Strategic Work Plan:-

Topic	Reason for scrutiny	Proposed method of Scrutiny & reporting process	Timeline	Contact

SECTION THREE – planned briefings, workshops, and informal Panel meetings. Outcomes may, with Chairman’s agreement, generate Panel agenda items (for inclusion in S4 below) or, with Panel agreement, escalation to S2 above:-

Topic	Reason for scrutiny	Date	Outcome	Progress	Contact
Housing issues Standing Group	To periodically engage with and provide Panel feedback to officers on emerging housing policies and/or service developments.	Last met 15/06/21		Next meeting 28/06/22 for Member feedback on changes to the Lettings and Allocation Policy.	Kay Eccles, Howard Evans
Commissioning Standing Group	To engage with and provide feedback to officers on future commissioning decisions as and when required	Last met 22/03/22	Considered recommissioning of the Handyperson Service		Gerald Hunt, Teresa Stanley
Development of Housing Strategy	All Cllr pre-consultation briefing for Member feedback	19/01/22	Member briefing and feedback provided.	Post consultation engagement TBA	Kay Eccles
ASH Service “co-production”	For Member feedback	01/10/21	Members briefed on co-production principles		Mark Bodley
Resilience of self-funded social care sectors	Initial briefing to consider the issue, risks of inaction, opportunities for intervention,	TBA			

	and possible role of the Panel in further work				
Services for disabled people	To be further defined prior to scheduling session	TBA			
Strategic Housing Enforcement Policy Update – briefing note	To engage on Policy development	N/A		Member responses to be fed back by 1 July.	Howard Evans
ASH All-Member briefing: Refugees in North Somerset	To brief all Members on the accommodations for refugees in North Somerset.	04/07/22			Hayley Verrico, Sheila Smith

SECTION FOUR - agenda reports to the Panel meetings as agreed by the Chairman. This section primarily provides for the forward planning of agendas for the coming year and a useful record of panel meeting activity. When considering reports at meetings, outcomes may include proposing a workstream, escalating it to S2 above for potential inclusion on the STRATEGIC WORK PLAN.

Panel 4th November 2021

Report Title	Purpose of Report	Outcome (actions)	Progress	Contact
Adult Social Care budget monitor Month 5	Budget monitoring			K. Sokol
Social Care reform announcement	For Panel to be aware of upcoming Social Care Reforms			H. Verrico
Mental health support pilot update	To update Panel on progress of Mental Health Support pilot			M. Hawketts
Safeguarding Adults annual report	To update Panel on the developments, achievements, challenges and areas for improvement.			H. Verrico

Private Sector Housing update	To update the Panel on Private Rented Sector Housing			H. Evans
Winter pressures	To update the Panel on preparations for winter pressures on the Adults Social Services Directorate.			H. Verrico

Panel 24th February 2022

Finance update	Budget monitoring			K.Sokol
Winter Pressures update	To update the Panel on the winter pressures experienced this season.			G Hunt
Commissioning update	To update the Panel on commissioning by North Somerset Council.			G Hunt

Panel 7th July 2022

Adults Social Services Annual Directorate Statement	To update the Panel on the ADS, and to promote Panel engagement with the ADS.			H. Verrico
Care Reforms	To update the Panel, and for the Panel to agree on how engagement with implementation should proceed.			H. Verrico
Finance Update	Budget monitoring			K. Sokol
Older People's Housing Needs Assessment	To update the Panel on demand for Older People's Housing over the next 30 years.			G. Hunt
Annual Adults Complaint report 2020-21	To update the Panel on complaints to Adults Social Services.			H. Verrico
Carers Inquiry Day Report	To endorse the findings and recommendations of the Carers Inquiry Day.			B. Cross/ L.Taylor

SECTION 5 - Recommendations - Response from Executive Member

Area for investigation/ Recommendations	When were the recommendations to the Executive agreed?	Expect answer by (first panel meeting after recommendations were submitted)

SECTION 6 - Progress and follow-up on implementing Panel recommendations

Panel Recommendation	Date of Response	Actions – implementation progress

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