

# Public Document Pack

**Contact:** Brent Cross  
**Direct Dial:** 01275 888 078  
**E-mail:** brent.cross@n-somerset.gov.uk  
**Date:** 15 February 2023

Dear Sir or Madam

**The Adult Services and Housing Policy and Scrutiny Panel – Thursday, 23 February 2023, 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 Shaden (Chairman), Sandra Hearne (Vice-Chairman), John Cato, Wendy Griggs, Ann Harley, Karin Haverson, Ruth Jacobs, Huw James, Richard Tucker, Richard Westwood and Roz Willis.

Co-opted member:

Georgie Bigg

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

## Agenda

### 1. **Public Discussion (Standing Order SSO9)**

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.

### 2. **Apologies for absence and notification of substitutes**

### 3. **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.

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

Minutes of the Panel meeting held on 3 November 2022 – to approve as a correct record.

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

### 6. **North Somerset Safeguarding Adults Board Annual Report 2021 - 2022** (Pages 9 - 36)

Report of the Director, Adult Social Services.

### 7. **Housing Stock Condition Report 2023** (Pages 37 - 84)

Report of the Private Sector Housing Service Leader.

### 8. **Service Development - Reablement and TEC and Falls Pilot Update** (Pages 85 - 92)

Report of the Principal Head of Commissioning, Partnerships and Housing Solutions.

### 9. **Asylum Seeker Programme** (Pages 93 - 104)

Report of the Director, Adult Social Services.

**10. Adult Social Care Discharge Fund (Pages 105 - 110)**

Report of Principal Head of Commissioning, Partnerships and Housing Solutions.

**11. Adult Social Care Finance Update (Pages 111 - 122)**

Report of the Principal Accountant (Adults).

**12. ASH Panel Work Plan February 2023 (Pages 123 - 128)**

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**

## Minutes

of the Meeting of

# The Adult Services and Housing Policy and Scrutiny Panel

Thursday, 3 November 2022

New Council Chamber - Town Hall

Meeting Commenced: 10.07 am

Meeting Concluded: 11.37 am

### Councillors:

Sandra Hearne (Vice-chairman)

John Cato  
Wendy Griggs  
Karin Haverson  
Richard Tucker  
Roz Willis

Also in attendance: Georgie Bigg, co-opted member; Cllr Mike Bell.

**Apologies:** Councillors: Mark Crosby and Ann Harley.

**Absent:** Councillors Tim Snaden, Huw James, Ruth Jacobs and Richard Westwood.

**Officers in attendance:** Gerald Hunt, Michael Hennessey, Abby Murphy, Kaycee McMahon (Adult Social Services); Philippa Penney, Brent Cross (Corporate Services).

### ASH Public Discussion (Standing Order SSO 9)

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None.

### ASH Declaration of Disclosable Pecuniary Interest (Standing Order 37)

14

None.

### ASH Minutes

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Minutes of the meeting of 7 July 2022 – to approve as a correct record.

**Resolved:** that the minutes of the meeting of 7 July 2022 be approved as a correct record.

**ASH 16 Matters referred by Council, the Executive, other Committees and Panels (if any)**

None.

**Change to agenda order – agenda item 6 moved to after agenda item 8.**

**ASH 17 Amendments to Homechoice allocation policy (Agenda item 7)**

The HomeChoice Team Manager presented the report, which updated the policy to reflect changes in legislation, the change to the IT system and changes to wording for clarification since the previous revisions to the policy were published in 2020.

In discussion, the following topics were raised by Members: the changes to the wording of the Emergency Priority Band; housing priority for care leavers; whether the policy on perpetrators of domestic abuse was sufficiently robust to ensure that false allegations of domestic abuse did not exclude individuals from joining the Housing Register; whether signposting, or a journey map for individuals trying to navigate the system over and above the resources on the website was needed; that housing supply was very limited, and that demand was high; that the loss of the front-of-house ability to deal with those needing help with housing was an issue; and that Key Steps was a charity that worked with individuals who were not eligible to join the North Somerset Housing Register.

**Concluded:** that

(i) the report be received and that Members' comments be forwarded to officers in the form of minutes; and that

(ii) an informal briefing on housing supply and demand be offered to Members.

**ASH 18 Cap on Care Costs (Agenda item 8)**

The Care Cap Implementation Programme Manager presented the report updating the Panel on progress of preparations for the Care Reforms and cap on care costs to be introduced in October 2023.

The Care Cap would be set at £86,000, and the increase in the number of assessments this required would have knock-on effects for adult social care. There were six Local Authorities designated as Trailblazers, who would trial Care Reform work early and provide information about best practice. North Somerset's progress against this advice was ranked. The financial, staffing, funding, and awareness-raising implications were also discussed.

The Cap would apply to all care for an individual, whether across multiple facilities or domiciliary care. In general, care home fees across North Somerset were lower than in neighbouring authorities, but domiciliary care costs were higher.

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

**ASH 19 Carers Inquiry Day Action Plan update (Agenda item 6)**

Members discussed the item in detail and agreed that there was an urgent need for the Council to appoint a Carers Champion and for there to be a designated liaison officer to assist with that role.

The Executive Member joined the discussion, endorsing the recommendations in the Carers Inquiry Day report and providing Members with an update on the work towards fulfilling them.

It was agreed that a member of the ASH Panel be nominated as the Carers Champion for the remainder of the 2022/23 municipal year, and that this matter would be brought to the November Council meeting by the Executive Member.

Members nominated and elected Cllr Sandra Hearne for this role.

**Concluded:** that

- (i) the Executive Member agreed to call for the appointment of a Carers Champion at the November Council meeting; and that
- (ii) Councillor Sandra Hearne be the Panel's nomination for the role of Carers Champion for the remainder of the 2022/23 municipal year; and that
- (iii) the Executive Member return for a six-month update of progress against the recommendations in the Carers Inquiry Day report.

**ASH 20 The Panel's Work Plan (Agenda item 9)**

The Scrutiny Officer discussed the Panel's work plan and invited discussion with Members for additional items to add to it, as well as picking up any actions from the meeting.

**Concluded:** that the work plan be updated.

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Chairman

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## 2021-2022 ANNUAL REPORT



## Message from the Independent Chair

*This will be my final annual report for the North Somerset Safeguarding Adults Board- SAB, which I have had the pleasure to be the independent chair for the past 6 years. In that time, there have been many challenges, but none so great as all partners have experienced during the pandemic.*

*Pressures on services have been immense but, despite these, safeguarding vulnerable adults in our communities, has continued to be delivered.*

*As you will see within the Safeguarding Adult Review – SAR, section of the report, the pandemic has had a significant effect in areas of abuse and self-neglect. In the past twelve months, we have commissioned 5 as defined in Section 44 Care Act 2014. These reviews, which are hugely important, are very time-consuming adding further pressure on all the organisations involved.*

*At the time of writing, none of the final reports have yet to be completed, but where appropriate, they will be published in due course. The object of these reviews is to learn where partnership practices could be improved to prevent, or at least reduce, the risk of similar occurrences.*

*During the past year, we have developed a very ambitious, but achievable 3-year strategic plan a prime focus of which is preventative safeguarding.*

*A major achievement during 2021 – 22, is the agreement to have, and the appointment of a dedicated SAB manager. This, together with a restructuring of the Board and its subgroups, has enabled us to become more strategic as evidenced by our 2022 – 2025 plan. I will watch the implementation of that plan with interest.*

*I am confident that my successor will take over a committed, ambitious and partnership focussed SAB and I offer all Board partners and subgroup members, my thanks for your commitment to Safeguarding in North Somerset. It has been my pleasure.*

*Tony Oliver, Independent Chair, North Somerset Safeguarding Adults Board.*

## Introduction

North Somerset Safeguarding Adults Board is a statutory body, established by the Care Act 2014.

The Care Act 2014 Statutory Guidance stipulates that:

14.133 - The main objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet the criteria set out at paragraph 14.2.

14.2 - The safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs)
- is experiencing, or at risk of, abuse or neglect
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Safeguarding Adults Boards have three core duties. They must:

- it must publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this
- it must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adults reviews and subsequent action
- it must conduct any safeguarding adults review in accordance with Section 44 of the Act.

The annual report summarises the achievements and challenges during the year 2021/22, informs on the Safeguarding Adults Reviews that have been initiated during the year and outlines the Board's strategic objectives for 2022-2023.

## The Board

The Board is chaired by an independent chair. It meets quarterly and it is supported in its work by subgroups, made up of members from the partnership, of which there are 6:

1. Safeguarding Adults Review
2. Quality and Performance
3. Learning and Development
4. Policies and Procedures
5. Mental Capacity
6. Tackling Adult Exploitation.

The Board is supported by a Board Manager.

## Board Membership during 2021-2022

|  |  |
|--|--|
| North Somerset Council   | Trading Standards                          |
| Bristol, North Somerset, and South Gloucestershire CCG (BNSSG CCG) | Department for Work and Pensions (DWP)     |
| Avon and Somerset Police   | Housing Provider – Alliance Homes          |
| Avon Fire and Rescue   | Housing Provider – Curo Group LTD          |
| University Hospital Bristol and Weston (UHBW)                      | Housing Provider – Anchor Housing (Vacant) |
| Avon and Wiltshire Mental Health partnership (AWP)                 | Safe Link                                  |
| Sirona Care and Health   | Marie Currie                               |
| Vita Health Group  | Care Home Provider (Vacant)                |
| Public Health (Vacant)   | CQC (once a year)                          |
| National Probation Service   | We Are With You                            |

## The Funding Arrangements of the Board

### Partner contributions:

|   |              |
|---|--------------|
| North Somerset Council                                | 19560        |
| Avon and Somerset Constabulary                        | 7128         |
| Bristol, North Somerset and South Gloucestershire CCG | 18000        |
| <b>Total</b>  | <b>44688</b> |

Cost of SARs are shared equally between the three strategic partners of the Board.

## Impact of COVID

During 2021-2022, COVID continued to place pressure on services with various risks identified including staff shortages due to COVID, and mandatory vaccination requirements. At different time several care homes in North Somerset were closed to admissions for these reasons at the same time. Inevitably this will have had implications for timely discharges and placements.

Attendance at Board and subgroup meetings were affected by the busyness of services.

Health services were also put under significant pressure with people needing acute hospital services as a result of complications arising from covid. At the same time acute services were under pressure to discharge people as quickly as possible. Ambulance services also struggled with the additional demands placed upon them and this resulted in ambulances queuing to discharge patients into hospital. Although these difficulties were not in themselves a fit with the criteria for safeguarding, some people were no doubt put at risk as a result.

COVID has impacted people's mental health. Discussions took place in the Board about the fit between safeguarding and suicidality.

The Board heard from North Somerset Council that COVID resulted in better outcomes for rough sleepers. The expectation to accommodate all people who were sleeping rough rather than just vulnerable people resulted in better engagement with detox and rehabilitation services and positive move on for 50 % of people.

COVID also restricted contact with service users due to their vulnerability, and contact was restricted by service users themselves for fear of catching the virus. The situation has resulted in a continued increase in certain types of abuse caused because people are hidden from sight, including domestic violence, and self-neglect; two cases of domestic violence were referred to the Board for consideration to commission a Safeguarding Adults Review (SAR), and two self-neglect cases met the criteria for a Safeguarding Adults Review (see sections on annual data, self-neglect and Safeguarding Adults Reviews for further information).

Whereas restricted visits limited the ability to monitor services or engage directly with adults at risk, there were other measurable benefits. Some patients engaged better than during 'normal' times. For example, different ways of working introduced due to COVID resulted in improvements for a person displaying serious self-neglect and hoarding. Weekly telephone contact and walking meetings or meets in the park were maintained by the social worker. Continuing to invest this time in building and maintaining a relationship enabled the person to build a sufficiently trusting relationship with the social worker that they social worker was able to support the person to re-engage with their family and with a solicitor.

Remote meetings benefited a person with mental health problems as they would have been unable to come to meetings face to face due to the pressures of them and at times not being mentally well enough. By doing it online they were able to attend but also walk out when they needed to and keep coming back in and out of the camera at their own choosing. This gave Adult Social Care snippets when we could engage them and speak directly to them to understand what was important to them. Through these meetings risks were reduced and we've started on the road to helping them achieve their aim of 'getting their life back'.

Virtual meetings resulted in improved attendances at multi-agency meetings, and this has become routine practice in many areas of work.

Safeguarding enquiries made better use of multi-agency working for example by using existing visits from professionals to monitor and report on services or to engage with adults at risk, thus reducing anxiety and confusion by the introducing new people into the person's life.

The epidemic saw closer collaboration between partners through pooling skills and resources to manage what was a difficult situation, and this has served as a trial for integrated commissioning and integrated working practices, as is required by the Health and Care Act 2022.

## Examples of safeguarding work undertaken in 2021 – 2022

### Example Provided by the Police

|                                 |   |
|---------------------------------|---|
| <p><b>AGENCIES INVOLVED</b></p> | <ul style="list-style-type: none"> <li>• Alliance Homes</li> <li>• Avon and Somerset Constabulary</li> <li>• Avon Fire and Rescue Service</li> <li>• North Somerset Council Adult Social Care</li> <li>• Horizon Health Centre</li> <li>• We Are With You</li> </ul>  |
| <p><b>BACKGROUND</b></p>        | <p>JP, a 54 year old male was brought to attention of the Police by Avon Fire and Rescue in May 2020.</p> <p>Concerns related to a number of small fires at the address and the general welfare of the individual including impairment through alcohol. It was noted that the property was in an extremely bad condition, dirty, with a lot of empty alcohol bottles evident.</p> <p>Alliance Homes and Police identified that a number of complaints had been received from neighbours regarding JP shouting obscenities and expletives from his flat, having an adverse impact on the lives of local residents and raising tensions within the local community.</p> |

|                                 |  |
|---------------------------------|--|
|                                 | <p>Despite frequent offers of support from Police, Horizon Health Centre, Adult Social Care and We Are With You and attempts to fully assess the situation, JP continually refused to open the door to his flat, respond to any attempts to contact him by text, letter or phone or engage with services including those to which he had been referred through his GP.</p> <p>Consistent failure to attend assessments or to engage with agencies attending his home address in an effort to support him, together with understanding that JP had capacity meant that required support to JP could not be provided.</p> <p>Following a number of Police visits (although unable to gain entry) and a letter from Alliance Homes, complaints from neighbours to the and Alliance Homes stopped. On this basis and because there was nothing further agencies could do without the active engagement of JP; the case was closed by the One Team.</p> <p>However, a few months later Avon Fire &amp; Rescue were called to the property again and having entered the property found JP on the floor half dressed, incoherent and with cuts to his arms (self-harm). The significant risk of fire and self-neglect was again identified. A further referral to the One Team was made.</p>  |
| <p><b>ONE TEAM APPROACH</b></p> | <p>The One Team ensured a range of immediate and agency-coordinated actions to ensure the safety of JP and neighbours and to reduce local tensions. (Note: actions summarised below relate to all referrals relating to JP).</p> <p>Alliance Homes arranged for required repairs to be made. They also wrote to JP concerning his behaviour in relation to complaints received and the incidence of small fires in the property. In line with procedures, this was escalated to the serving on a notice on him when the initial letter failed to bring about the needed changes in behaviour. An injunction was awarded with positive requirements for JP to maintain a decent standard of cleanliness inside the property.</p> <p>Required safeguarding referrals relating to serious self-neglect were submitted by the Fire Service (and a further submission by both Fire and Ambulance Services following the second incident). The Fire service also attempted a Home Fire Safety Check, but JP again did not engage. However, smoke alarms had been previously checked and found to be working and JP had been given an information leaflet about not cooking when drunk.</p> <p>Diary sheets were delivered by Police to neighbours so that the extent of issues regarding abusive language and shouting could be obtained and discussed at a case review meeting. The Police also tasked a PCSO to continue to try to make contact with JP on a regular basis and ensured other regular unannounced visits to</p> |

|                   |  |
|-------------------|--|
|                   | <p>ensure ongoing welfare. A number of planned joint Police and other agency visits were also undertaken.</p> <p>Food bank vouchers were provided by both Alliance Homes and the Police.</p> <p>We Are With You ensured regular attempts to encourage JP to engage.</p> <p>Horizon Health Centre and their mental health lead practitioner, Adult Social Care and an Alliance Homes Social Prescriber also made regular attempts to contact and engage with JP.</p>  |
| <b>OUTCOMES</b>   | <p>After months of persistent but coordinated approaches by the One Team agencies, and in particular, the PCSO who managed to establish a strong relationship of Trust over time with JP, continuing even when JP was not actively a case on the One Team agenda, and the mental health team based at Horizon Health Centre, as of January 2021, JP is now actively engaging with provision of a range of mental health and well-being, social and economic re-integration services.</p> <p>He is currently working with Horizon Health Centre, We Are With You, Adult Social Care, Alliance Homes Income team and the Alliance Homes Social Prescriber.</p> <p>JP is now 11 days drink free and has attended a number of AA meeting appointments, with a key worker being assigned. His physical health is being monitored on a weekly basis by the Horizon Health centre and JP is seeking support to stop smoking. He is being supported to ensure that he is receiving and managing his benefits, arrangements are being made to carry out work in the flat (within the limitations currently in place due to Covid) and he is being supported to write a CV so that he is able to seek work through the Job Centre, who the social worker has already contacted on his behalf.</p> <p>Whilst it remains early days, it is hoped that this progress will continue.</p> |
| <b>CONCLUSION</b> | <p>This outcome has been achieved because of the information shared and actions taken by a range of agencies working together over a period of time to resolve the challenges identified. This has been strengthened by the personal commitment demonstrated and time outside of meetings given by team members in particular, and their wider teams, to address root causes and find solutions.</p> <p>Importantly, multiagency knowledge of progress against agreed actions means that each agency coming into contact with JP is able to remind him of the importance of attending his next</p>   |



|  |  |
|--|--|
|  | <p>appointment with other agencies or answering the phone to them because a call is due.</p> <p>The willingness of agencies, particularly during the restrictions placed on agency activity during the Covid 19 pandemic, to step outside their normal model of service delivery and to persist with a number of different approaches in an effort to improve the situation for and safety of JP and also that of his neighbourhood has been key.</p> <p>This case study demonstrates the importance of multiagency problem solving and partnership working. It also demonstrates that services need to consider those individuals for whom attendance at a location outside of their home may not, particularly in the early stage of crisis, be appropriate. Simply stopping service provision to these individuals and a reliance on organisational procedures and process rather than finding alternative approaches, whilst understandable due to demand pressures, leaves individuals and neighbourhoods vulnerable.</p> |
|--|--|

### **Example Provided by Adult Social Services**

Mrs X was 67yrs old and known to have abused alcohol for most of her adult life. Her property was unkempt, and complaints were being received from neighbours about the smell emanating from the property and the general state of the house and garden. Concerns were also raised by the GP practice about Mrs X neglecting her care and health.

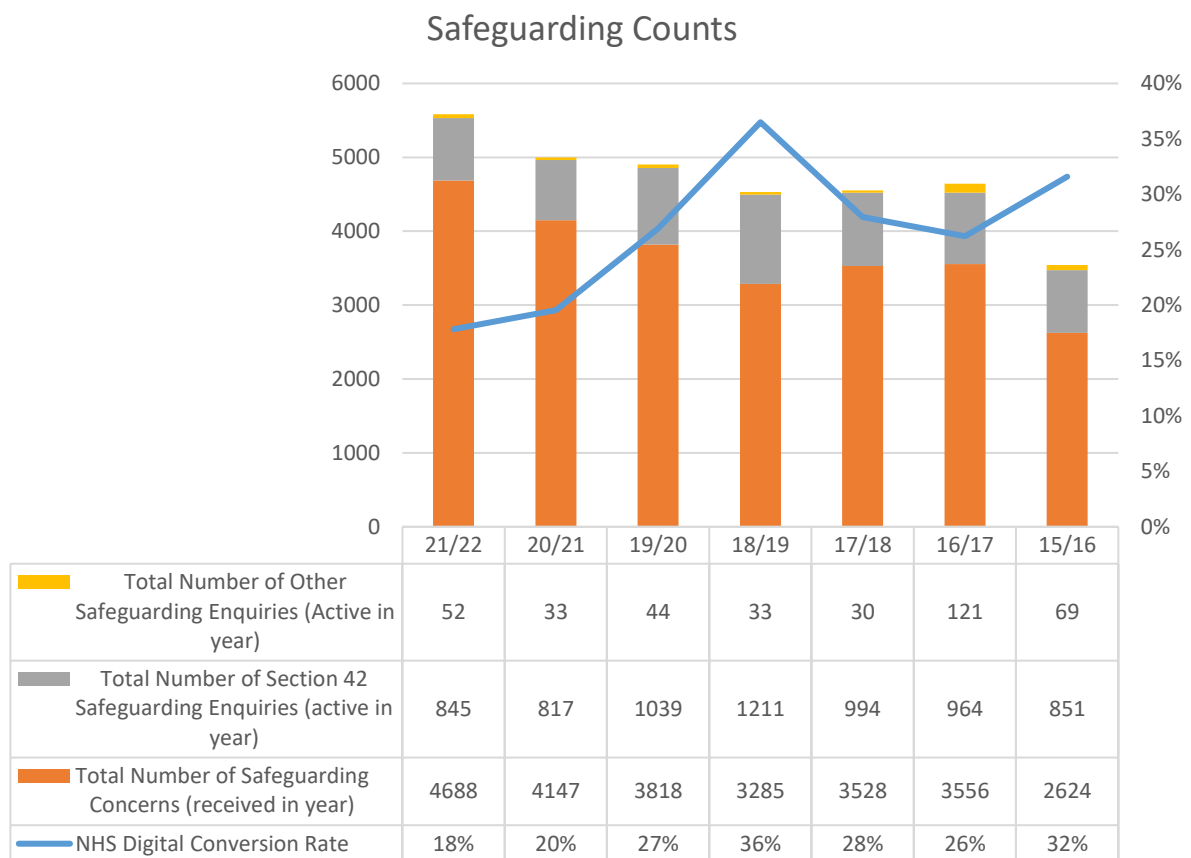
A practitioner worked with Mrs X over a long period of time to address the substance misuse, engaged housing related support services to help with property maintenance and arranged a gardener to tackle the overgrown garden which had started to attract youngsters from the local area. The practitioner also put Mrs X in touch with local charities providing lunch clubs and social activities and arranged for a charity to take Mrs X shopping every week. Our wellbeing service was put in place and meant that Mrs X was receiving weekly welfare checks by a wellbeing practitioner. The structure put in place tackled the root cause of Mrs X difficulties, this being social isolation and loneliness. It enabled Mrs X to address her alcohol addiction and see a purpose in life and in doing so tackled the self-neglect she had suffered for many years.

### **Example Provided by the Clinical Commissioning Group**

An example of a positive safeguarding intervention was initiated by a GP who reported to the CCG safeguarding team concerns regarding a nursing home where potential organisational safeguarding issues had previously been raised and supported. The CCG safeguarding team worked proactively with the

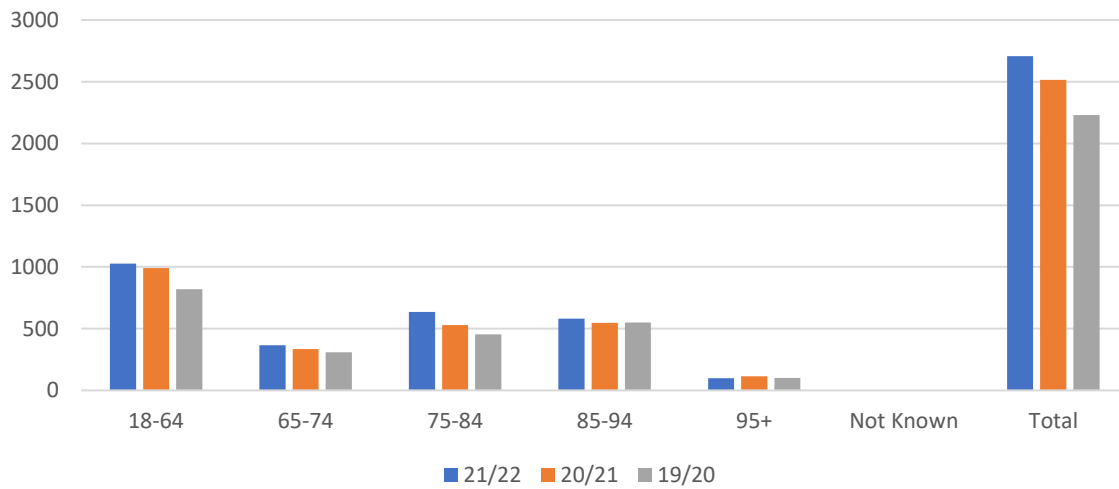
Local Authority Safeguarding team and a multiagency meeting was called with all those professionally involved attending. Joint visits by the CCG safeguarding team and Continuing Health Care nurses (CHC) had previously been completed to the home which included reviewing the care and treatment needs of funded care residents. A multiagency meeting was held where both primary and secondary care health providers expressed their concerns, for the health and wellbeing of vulnerable and end of life residents in the Nursing home. It was asked that Funded Care and End of Life Care case managers jointly review their service users face to face to get a more holistic view of people and the care they were receiving. The GP expressed her thanks for the response to their concerns and the enhanced support offered to her patients. The open lines of communication and responsiveness between agencies in this case was evident.

## Safeguarding Adults Data 2021-2022



Safeguarding concerns have increased continuously since 2019-2020. The data does not indicate a marked increase in concerns during the pandemic. There were surges in concerns in 2019-2020 (14% more than in 18/19) and 2016-2017 (26% more than in 15/16).

### Individuals Involved in Safeguarding Concerns by Age

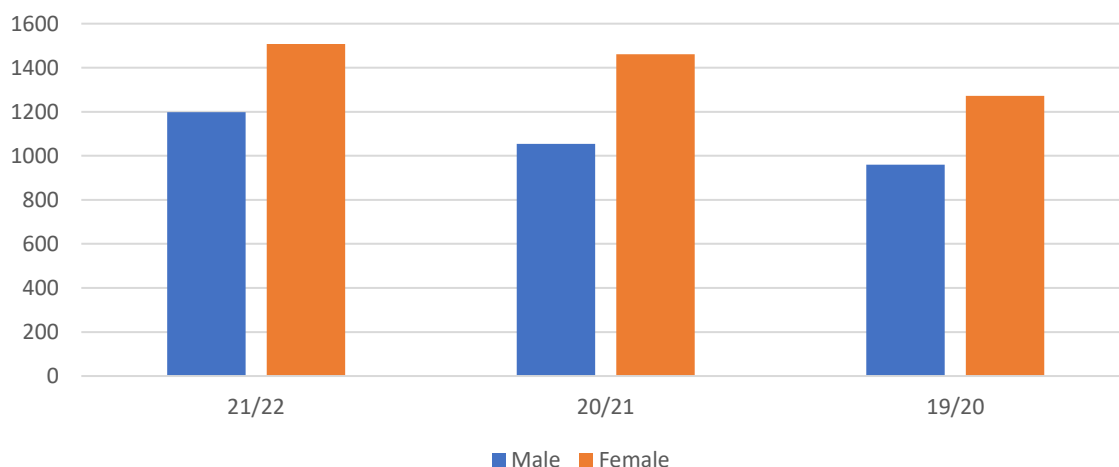


In 2021/22 Concerns were raised for 2704 individuals compared with overall concerns of 4688, suggesting repeat referrals of 1.7 referrals per person.

- 22% of concerns for 18-64 years old resulted in a safeguarding enquiry or other enquiry.
- 27% of concerns regarding 65-74 years old led to an enquiry.
- 31% of concerns related to 75-84 years, 24% of concerns related to 85-94 olds, and 27% of 95+ old resulted in a safeguarding enquiry or other enquiry.

This suggests that community partners are looking out for vulnerable adults but may also indicates a lack of understanding of what constitutes a safeguarding concern as defined by the Care Act. This highlights the need to raise awareness of prevention through signposting to appropriate services.

### Individuals Involved in Safeguarding Concerns by Gender



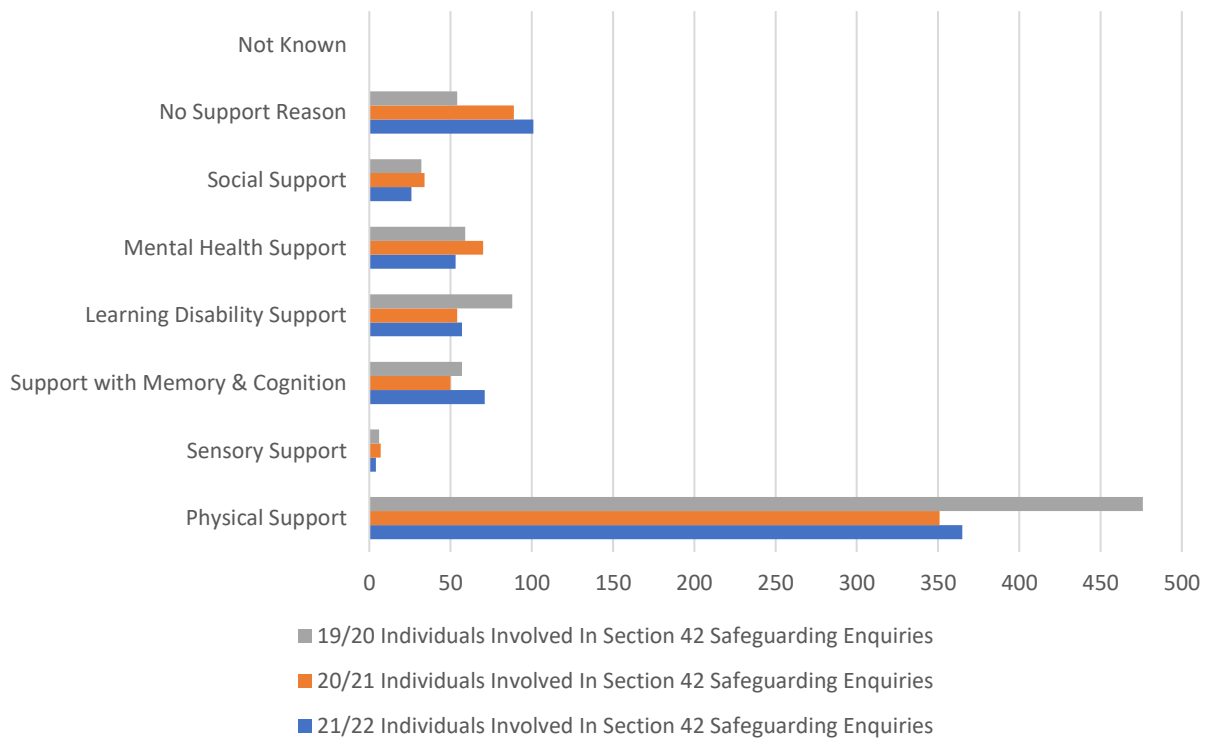
Females received a higher number of concerns as has been usual over the last three years, 28% of which led to an enquiry. 24% cases concerning males led to an enquiry.

### Individuals Involved in Safeguarding Enquiries by Ethnicity

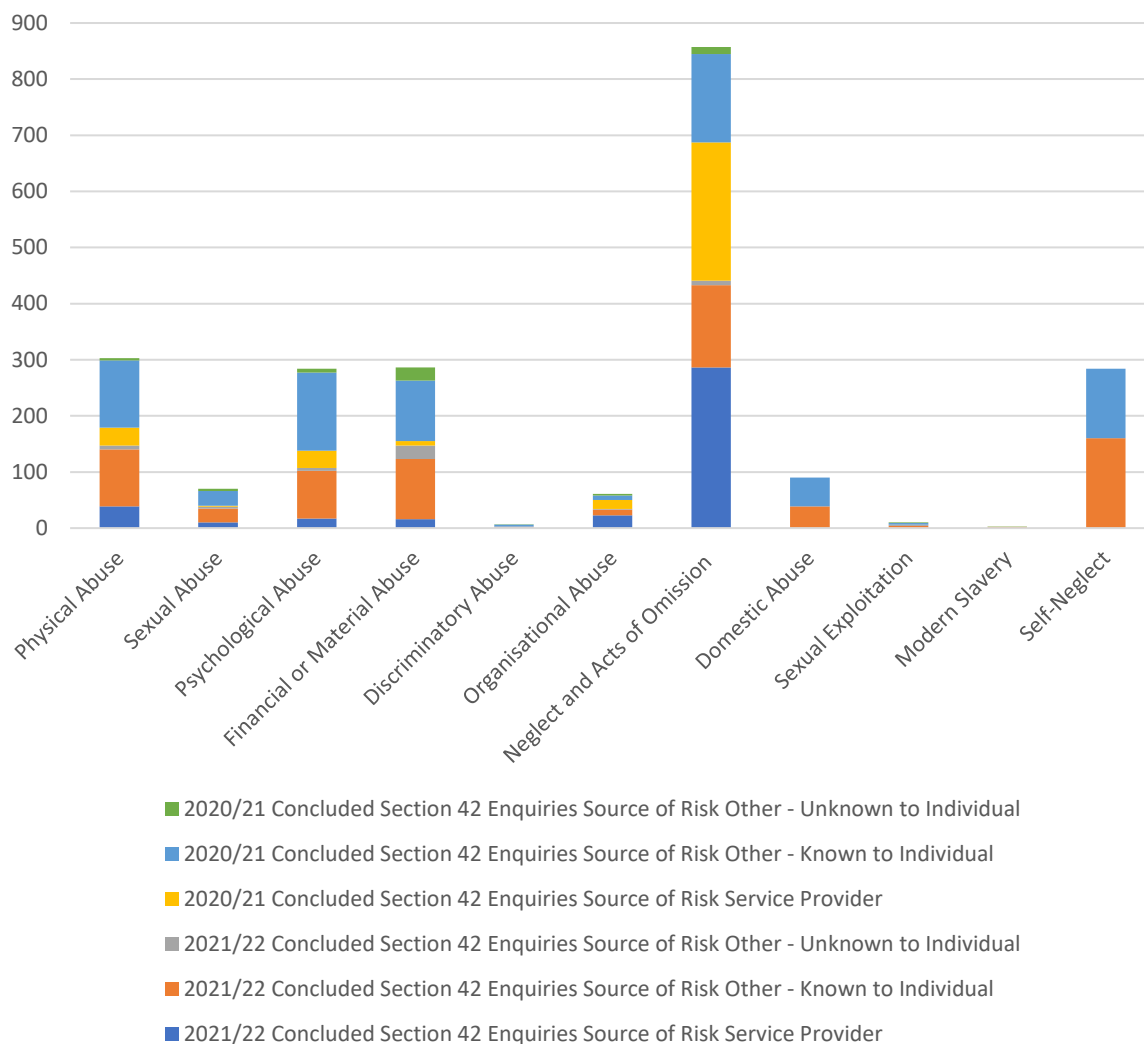


The ethnic group for whom the most enquiries were undertaken is White British. The largest group for whom safeguarding enquiries were undertaken is people with physical support needs.

### Individuals Involved in Safeguarding Enquiries by Primary Support Reason

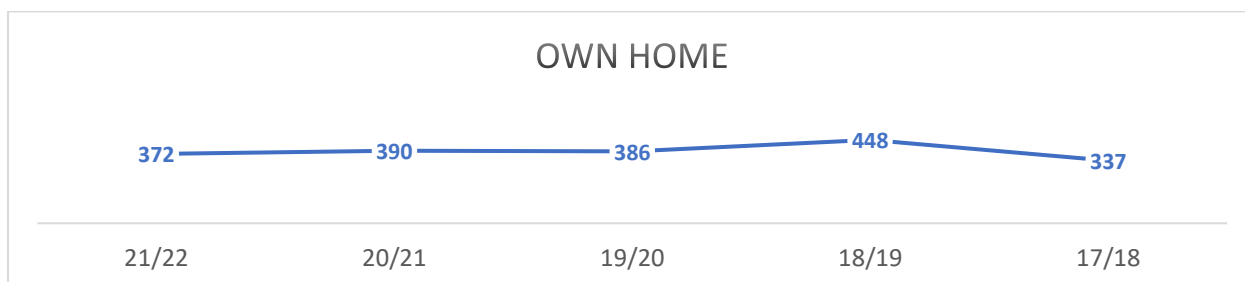


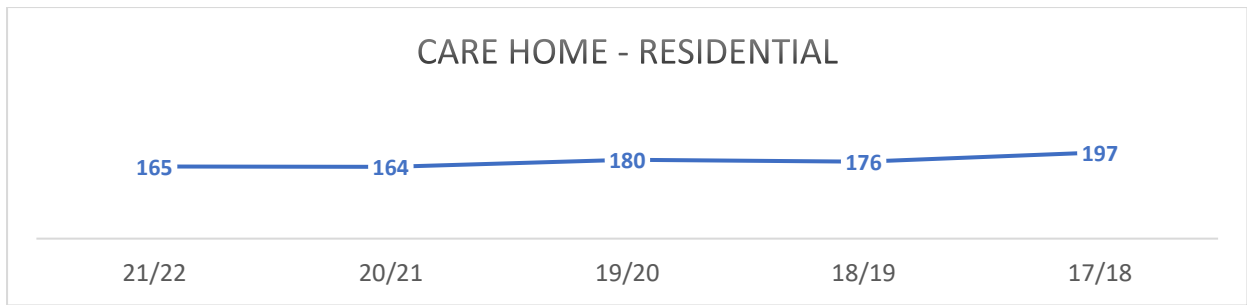
### Enquiries by type and source of risk



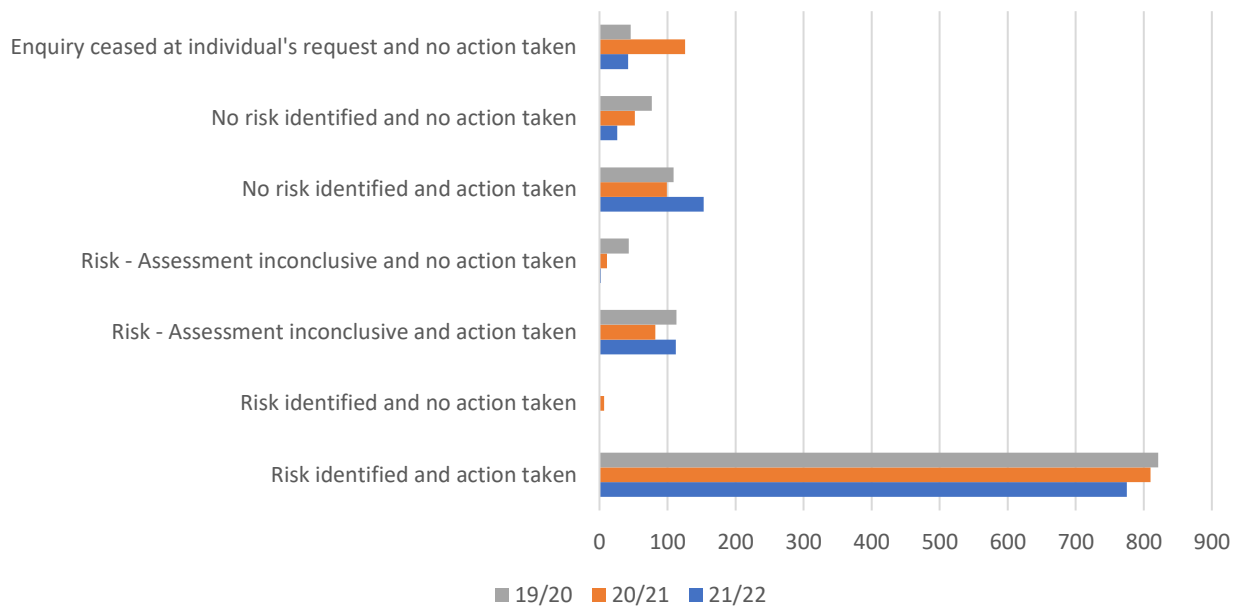
The most frequent category of abuse for which concerns were raised was neglect, 441 up from 416. The other categories of abuse for which more than 100 enquiries were conducted were Physical Abuse (147 – marginally reduced from 20-21 whose figure was 156), Psychological Abuse (107-significantly reduced from 177 in 20-21), Financial Abuse (147, up from 139 in 20-21) and self-neglect (up significantly from 124 in 20-21, to 160).

The two graphs below show data over the years where abuse occurred in a person's own home, and in a care home.



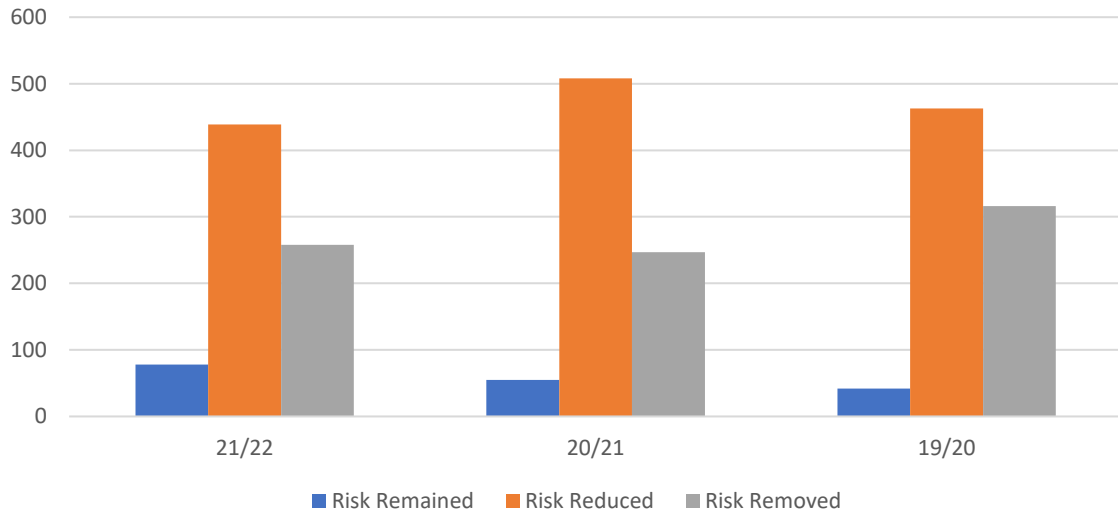


### Risk Assessment Outcomes: Was a risk identified and was any action taken / planned to be taken?

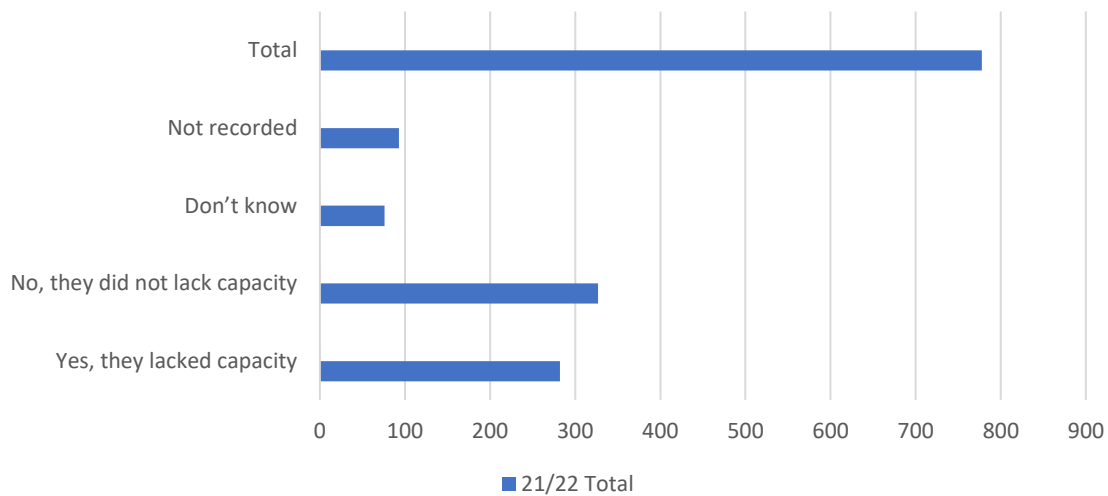


An enquiry can identify risks, or no risks Risk assessments may also be inconclusive but needs maybe identified. This can result in supportive actions. Risk enquiries can cease at the request of a capacitated adult. In over half of the enquires risks were identified and actions were taken and as seen below in a small number of cases risks remain.

**Risk Outcomes:**  
Where a risk was identified, what was the outcome / expected outcome when the case was concluded?



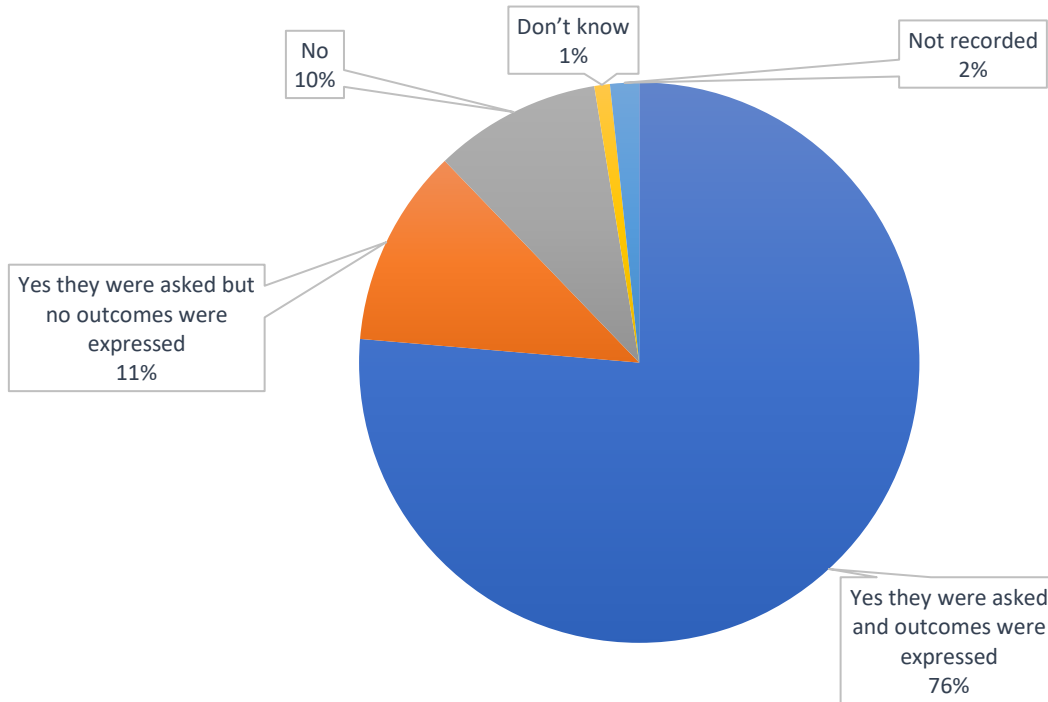
**Concluded Enquiries: Mental Capacity**



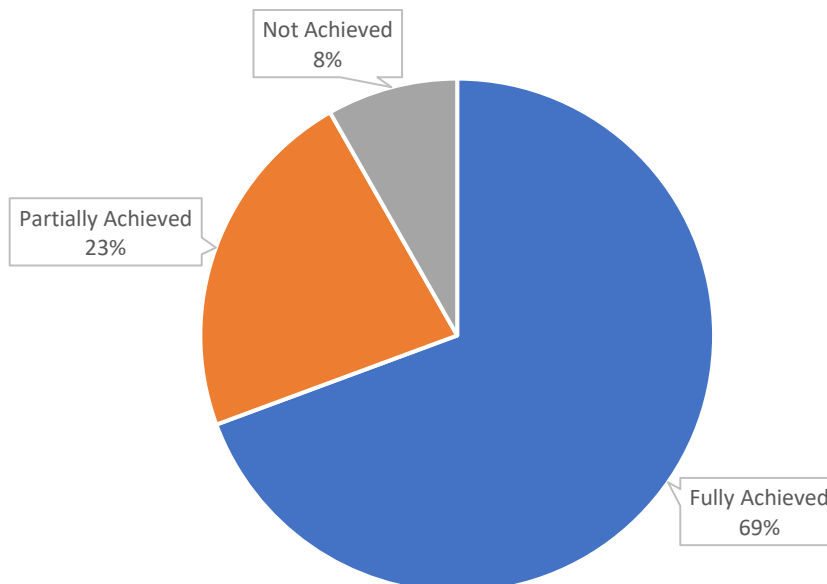
The data above shows that whereas for a larger proportion of adults, capacity was considered, for some their capacity is not recorded or not known. ASC has identified recording of capacity assessments for immediate improvement. The partnership has identified Mental Capacity as an area they would like more support with.

People must be asked what outcomes they want from the safeguarding process. As seen below, this process was largely followed, and in most cases these outcomes were fully achieved.

Concluded Enquiries: For each enquiry, was the individual or individual's representative asked what their desired outcomes were?



Of concluded enquiries recorded as the adult having expressed their outcomes, in how many of these cases were the desired outcomes achieved?





## **OVERVIEW of the Year 2021-2022**

### **Preventative Safeguarding**

Key to preventing abuse is to empower residents with information of how to keep themselves safe and to watch out for vulnerable residents and report abuse when noticed. This was made difficult by the pandemic due to being unable to hold promotional events in person. For the same reason coproduction was also put on hold. During COVID, it is likely that residents have engaged with technology, including online catch ups with family and friends, and utilised social media platforms such as Twitter, Facebook, Tik Tok and YouTube. During 2022-2023, different ways of engaging and communicating with residents will be explored.

Awareness of how to spot abuse amongst community staff and partners is important to intervening early. Partners were provided with briefings on gambling awareness, adult exploitation, and building safer cultures during the Stop Abuse Week, to support pre-emptive responses to prevent abuse or deterioration. Further awareness raising around self-neglect, specific types of adult exploitation and domestic violence will follow as the Board works through these concerns which remain priorities for 2022-2023

With regards to self-harm and suicide risks, a preventative approach is being taken by linking in with mental health, public health, and other partners. This approach will be further informed by the findings of and recommendations that arise from the three SARs where suicide is the theme. Preventative safeguarding remains a strategic objective for 2022-2023.

### **Safeguarding Adults Reviews (SAR)**

In 2020-2021, the Board received one referral for consideration as a SAR on the theme of suicide which did not meet the criteria for a SAR.

In 2021-22, the Board received ten referrals, four of which met the criteria and SARs have been commissioned. Two cases were for self-neglect, and one for suicide in a care home, one for suicide which occurred in the same hospital as the referral that was received in 2020-21, and for which reason the case from 2020-21 was joined to this SAR as a discretionary SAR. None of the SARs were completed at year end and therefore will be reported in greater detail in the 2022-2023 Annual Report.

For cases that did not meet the criteria for a SAR, two cases were for Domestic Violence and two other cases that were referred that did not meet the criteria for a SAR.

Two referrals were being reviewed by the Board at the end of the year (March 2022) to determine if they meet the criteria for a SAR, for which decisions are yet to be made.

The Board also considered published SAR Research and devised an action plan to support good practice.

## **Quality of care and support**

The Quality and Performance subgroup interrogates data and responds by making recommendations to improve. They also may undertake audits to investigate the data in detail.

An audit was completed to obtain a better understanding of cases where service users had repeated safeguarding concerns raised regarding their safety. 70% of concerns were repeat concerns, 41% incidents involved multiple concerns. It was concluded that there was a need to follow up on safeguarding plans and evaluate their effectiveness. A multiagency approach was proposed for complex cases. Furthermore, a team around the family response was thought to be a helpful approach to complex family dynamics.

During this year much of the preliminary work was completed in relation to Board priorities which has informed the work plan of 2022-2023. A Self-Neglect task and finish group was set up in response to increased Safeguarding referrals in this category and self-neglect referrals for SARs which looked at how self-neglect could be prevented, who needed to be involved and what other tools were required to meet the objective. Community partners were identified. Tools are available to address self-neglect such as the Hoarding Framework, Risk Identification and risk management tools, self-neglect intervention planning support tool and an escalation policy; a Risk Management process for complex cases was proposed. The task and finish group continues to work to deliver on this priority. During the year, data-gathering and analysis was completed and supported by the policy and procedures group, to inform the priority of transitional safeguarding. This work formed the basis a project that is now being led under the auspices of the council's early intervention and prevention agenda in relation to transition of young people to adulthood. Transition remains a Board priority for 2022-23. As with self-neglect transitional safeguarding identified the need for a mechanism to manage high risks.

In response to the findings from the above three areas of work, the Policy and Procedures Sub-Group drafted a Multi-Agency Risk Management process (MARM) which was presented to board in March 2022. The Board requested that the process be presented at a strategic level in each partner agency to obtain ownership so as to ensure this new approach will be embedded into day-to-day business within partner organisations.

This process fits well with reviewing and managing the safety of adults subject to exploitation (another priority for 2022-2023) that do not have care and support needs or have care and support needs but make capacitated decisions that place them at risk.

## Improving Practice

The Learning and Development subgroup supported practice by arranging briefings at the multiagency good practice forum. Visitors were:

- Feb 2021 Avon and Somerset Police, to brief on referrals into the Lighthouse Unit
- Sept 2021 Next Link Domestic Abuse
- Dec 2021 North Somerset Council, to raise awareness of Financial Abuse and Exploitation
- Feb 2022 – North Somerset Council, to refresh on Prevent Strategy.

## Other Policy Work

In January 2022 the Board launched the Person in a Position of Trust (PiPoT) Framework for managing allegations against people in a position of trust. The driver for this being the Care & Support Statutory guidance which expects boards to have a framework in place against which such concerns are responded to. It addresses a 'gap' created by S.42(1) whereby a person who works in a position of trust may not have directly abused or neglected a person with care and support needs, they may have behaved in such a way inside or outside of their role, that indicates they may not be suitable to work with adults at risk. This was a significant policy development supported by all board partners, launched through an online webinar attended by over 60 people. Our data showed an immediate increase in PiPoT referrals as a result.

The Policies and Procedures sub-group has drafted an **Equality impact screen** which remains under development. It will be applied to all policy reviews and developments once sanctioned by board. The driver for this has been the increased focus on equality and racism as a result of the raised profile of the LGBTQ+ community and Black Lives Matter movement.

The 'Service Level Safeguarding protocol' underwent a thorough review in 2021 with a revised document approved by board and published in September. The review was routine and took into account the following factors:

- NICE guidance around safeguarding adults in care homes.
- Promotion of a partnership approach to addressing organisational abuse – notably the name change from 'Organisational Abuse' to 'Service Level Safeguarding' and the introduction of Risk Assessment and Planning (RAP) meetings.

- The need for (a) clarity around how whole service safeguarding decisions are made and (b) to establish a robust governance process around implementing placements suspensions and caution statuses.

Feedback from a Safeguarding Officer within the council was *“It feels much clearer now; the RAP meetings show that we are making safeguarding decisions based upon evidence”*.

## **Robust Governance**

During this year, the membership of the Board, and the way it meets its objectives was reviewed. The changes are listed later in this report.

Board partners completed a self-assessment to evaluate how well they were doing individually and as a partnership in safeguarding people. They felt that mostly they did well individually and together to safeguard vulnerable people. They worked creatively together during COVID and effectively by pooling resources.

They identified some areas of improvement:

- Tackling self-neglect (strategic priority in 2022-23)
- Understanding transitional safeguarding (strategic priority in 2022-23)
- Embedding co-production (priority in 2022-23)
- Exploring professional curiosity
- Supporting partners with MCA (MCA/LPS implementation group will be revived in 2022-23)
- Improve working with Voluntary sector (Voluntary sector joined to Board membership and have been included in subgroups)
- Sharing best practice. A multiagency forum is in place which will be reviewed and promoted.

## **Partner Contribution – Annual Report 2021 – 2022**

### **Avon Fire & Rescue Service**

#### **By Meghann Elvin and Nikki Rice, Joint Safeguarding Leads**

Three things we did well to Safeguard Adults:

1. Maintained all safeguarding processes throughout the second year of the pandemic.
2. Participation in boards and connections with partners.
3. Promoting the range of services, the Fire Service can offer amongst board members.

Service User Case Example that demonstrates Impact of what we did well.

The process of safeguarding within the Fire service means that we do not have prolonged or repeated interactions with individuals or cases. However, in general we have had several examples where we have built new relationships

with agencies in North Somerset who are now notifying us around vulnerable persons and hoarding concerns, which is increasing our contact with more vulnerable members of the community.

Three things we are working on to improve to safeguard adults in North Somerset:

1. Extending and refining our training offer across the Service to extend subject knowledge and understanding of safeguarding, particularly regional priorities.
2. Put processes and procedures into place linked to the Mental Capacity Act.
3. Increasing onward referrals to appropriate agencies where a referral does not meet threshold.

## **North Somerset Council – Adult Social Services**

**By Hayley Verrico – North Somerset Council, Director of Adult Social Services**

Three things we did well to Safeguard Adults:

1. Developing a response to safeguarding issues in young people aged 17-25 years, often not eligible for an adult social care service, this forms part of our commitment to transitional safeguarding.
2. Development of a centralised safeguarding team to provide a more consistent and timely response to safeguarding concerns.
3. Developed our approach to quality standards to ensure that commissioned services are robustly monitored for the quality of service delivered and that safeguarding issues are addressed as part of our contract compliance duty.

Three things we are working on to improve to safeguard adults in North Somerset:

1. Ensuring a robust response to young people entering adulthood regardless of their eligibility for an adult social care service.
2. Tackling social isolation as we know this can lead to self-neglect, hoarding and exploitation.
3. Reducing homelessness and the risk of homeless by supporting people to gain secure, long-term housing thus tackling the abuse street homelessness people receive whilst living rough.

## **Bristol, North Somerset, South Gloucestershire (BNSSG)**

**Completed by: Jenny Thompson Interim Designated Nurse Safeguarding Adults and Kirsten Bowes Safeguarding Adults Manager**

Three things we did well to Safeguard Adults:

1. Working in partnership with SAB partners, CQC and multiagency organisations in supporting safeguarding issues impacting on individuals or the wider community such as organisational safeguarding, Modern slavery and the Prevent agenda.
2. Attending SAB Multi-agency meetings within the arena of Safeguarding Adults and contributing to strategies and learning and development initiatives including Domestic Abuse and Self-neglect.
3. Being the conduit between Primary care and Safeguarding adult social workers to ensure that the individuals voice is heard and achieving making safeguarding personal.

The Clinical Commissioning Group (CCG) safeguarding team are frequently involved in providing health advice and information to the North Somerset Adult Social Care team to support safeguarding interventions in Care Homes and Nursing Homes across North Somerset. Where additional safeguarding interventions are required to support Care and Nursing Homes the CCG/ICB team work proactively with North Somerset Local Authority colleagues to provide a multiagency approach.

The working relationship between CCG and the Local Authority continues to be effective, and the open dialogue has been evident in many different safeguarding scenarios.

Three things we are working on to improve to safeguard adults in North Somerset:

1. Providing up to date safeguarding adult training for Primary Care colleagues in forums such as podcasts, webinars and link safeguarding GP meetings with the CCG named GP.
2. Sharing the outcomes and learning from Safeguarding Adult reviews and Domestic Homicide reviews in learning briefs and training sessions to have a positive impact on the practice of professionals in delivering the safeguarding process to effectively support people in the population. In addition, the outcomes and learning are shared across all directorates within the ICB to influence commissioning and collaboration.
3. Continue to support the safeguarding work plans within the Local Integrated Partnerships.

## **Avon and Somerset Police**

**Completed by: Alison Jenkinson, Partnership Liaison Manager (taken from Amanda Warrener's (Improvement and Problem solving Officer for adults) paper to inform Somerset's SAB, which is relevant force wide)**

Three things we did well to Safeguarding Adults:

1. The National Vulnerability Action Plan (NVAP). Now been formally adopted as the force's vulnerability framework and has aligned relevant improvement activity to the NVAP actions, this includes the adoption of 16 vulnerability strands including Adults at Risk. Each strand has a named Thematic Lead responsible for direction, focus and to continuously improve Force performance in their area. Governance is provided by the Constabulary Management Board and Police and Crime Board which receive quarterly vulnerability performance reports and updates, as well as detailed assurance reports throughout the year.
2. Assurance Panel - The Constabulary's Adult at Risk (AAR) Assurance Panel is now well established and is held quarterly. The ethos of the Panel is to provide scrutiny and critical challenge over the quality and effectiveness of the Constabulary's AAR investigations:
  - Identify learning and good practice
  - Ensure compliance with legislation and local and national policy
  - Ensure a consistent response across the Force area
  - Increase understanding of AAR investigations across the workforce.

Chaired by the AAR lead Detective Superintendent Lisa Simpson and attended by representatives from Neighbourhoods/LSU/Response/Control Room and Investigations, along with Office of the Police and Crime Commissioner and the Victims of Crime Advocacy Service (VOCAS). Whilst the idea behind the panel is to scrutinise investigations where the victim would meet the Adult at Risk Care Act definition, we chose to step away from this model for two of the panels this year. In October we looked at cases for vulnerable victims who did not meet the Sect 42 threshold in order to explore the varying landscape in terms of Neighbourhood capacity and referral pathways. We found an inconsistent picture which requires further examination and something we will continue to explore in 2022/23. The bulk of the cases involved people experiencing poor mental health and as we have no direct referral pathway to mental health services further work in this area alongside the mental health lead for the force is required. In February we looked at Domestic Abuse cases where the victim was over 65. As a force we have seen an increase in older victims of DA and have had several DHR's of this nature. We looked at 6 cases and the learning from the cases saw evidence of age bias, victim blaming language, minimisation of risk, assumptions around capacity, a lack of BRAGs for vulnerable suspects, and a need for greater professional curiosity. The DA & AAR leads will now work together to identify mechanisms to best disseminate and implement the learning. The panel also identified areas of excellence in the empathetic and professional way various call handlers responded to some complex and distressing cases.

3. Dementia GPS Scheme. A bespoke Dementia Safeguarding scheme to help safeguard people living with dementia is now into its seventh year. The scheme, has four distinct strands: Near Field Communication (NFC) enabled wristband. Dementia Safeguarding Scheme registration (also known as the Herbert Protocol) via our website. GPS pendant allocation. A support group available on Facebook, called 'Avon and Somerset Dementia Forum'. Thanks to charitable funding, 2,000 free 'wearable tech' wristbands were made available through the scheme in 2021 and over 1,000 have already been allocated through individual applications and to groups. We have now secured over £9,000 of external funding to buy GPS tracking devices for people with dementia who are at risk of becoming a missing person. Over £7,000 of the funding came from Bristol Water and Wessex Water. An additional £2,000 to buy further Near Field Communication (NFC) devices has also come from Bristol Water and Wessex Water, along with Western Power Distribution. The 30 GPS trackers will be supplied by Somerset-based company, MindMe and will be allocated through referrals from our three specialist Missing Person Coordinators.

Three things we are working on to improve to safeguard adults in North Somerset:

1. The National Vulnerability Action Plan (NVAP). In June 2021 we completed an NVAP benchmarking exercise providing a detailed self-assessment against each of the 16 actions and for the most part we assessed ourselves as performing well in relation to the action but identified 5 as requiring work to help develop/improve.
2. Vulnerability Training. There is a recognition that vulnerability training delivered to officers and staff requires improvement whilst there are some pockets of excellence, it is not consistent across all strands and as such we carried out a mapping exercise of all current in-house vulnerability related training. At present Adults at Risk training is one of the gaps, and although we are exploring existing training packages delivered in neighbouring forces it is something we would not be in a position to roll out in the short term. In order to go some way to bridge that gap we started working on producing a Microsoft SWAY briefing which will include a general introduction to Adults at Risk and will include a scenario of an AAR alleging they have been assaulted. The scenario will firstly be played out in a way that illustrates some of the challenges faced by officers, then re-enacted with a more positive outcome highlighting the impact of trauma and the importance of language. The script has been written by a registered intermediary and play therapist and will be filmed using a Police officer and an actor with a learning disability. It is intended that this presentation will be delivered 'in person' at briefings across the force.



3. Mental Health. We have no direct referral pathway to mental health services further work in this area alongside the mental health lead for the force is required.

## Going Forward to Year 2022-2023

In response to the review that was undertaken by the Board:

- The size of the Board meeting has been reduced to improve discussion and achieve outcomes
- Subgroups have been restructured. The subgroups will be required to drive the strategy of the Board and report on their progress to deliver the strategic objectives of the Board. Subgroup attendance will include partners who have a roles and responsibilities in operationalizing the work of the Board.

## New Structure 2022-2023

|  |  |
|--|--|
| North Somerset Council   | Trading Standards                                |
| Bristol, North Somerset, and South Gloucestershire CCG (BNSSG CCG) | Housing Provider – Anchor Hanover Group (Vacant) |
| Avon and Somerset Police   | Care Home Provider (Vacant)                      |
| Avon Fire and Rescue   | CQC (once a year)                                |
| Avon and Wiltshire Mental Health partnership (AWP)                 | Public Health                                    |
| Sirona Care and Health   | National Probation Service                       |
| University Hospital Bristol and Weston                             | Voluntary Action                                 |

## Strategic Priorities 2022-2025

The Board reviewed their strategy. The focus is:

1. Preventative Safeguarding
2. Quality of Care
3. Transitional Safeguarding
4. Domestic abuse
5. Adult Exploitation

PRIORITY

1

Preventative Safeguarding

During the Covid- 19 pandemic, there has been a significant increase in adults experiencing self-neglect, neglect, domestic abuse, and other types of harm.

Our focus for the first year of this plan is early identification and response to self-neglect. As the actions around the plan develop, we will move to address other areas of concern.

Identification of people at risk of self-neglect and provision of support to prevent them experiencing self-neglect.

Improving community awareness of self-neglect, the signs to look out for and what to do if identified.

All agencies work together with the adult and with each other to try to prevent self-neglect.

Agreed understanding of guidance and how we put into practice the Mental Capacity Act. Dismissing self-neglect as a "lifestyle choice" is not an acceptable explanation or basis upon which to make decisions about eligibility of support.

A learning culture across all agencies where best practice is sought and embedded into daily working when responding to self-neglect.

Key partner agencies to adopt a trauma informed approach to self-neglect

- There will be:
- Data telling us that we have identified self-neglect at an early stage.
  - An increase in community referrals and community activity in relation to self-neglect.
  - Clear understanding of lived experience of self-neglect that informs our approach. We will know this by feedback from the adult. Audit activity will not see case recording stating "lifestyle choice" as reasons for no support.
  - Multi-agency forums and meetings taking place to jointly share information and agree action plans.
  - Assurance activity to evidence improvements and best outcomes for adults.
  - Thematic auditing to show the development of a trauma informed approach across partner agencies.

PRIORITY

Page 34

2

Quality of care and support

Local data tells us that neglect and acts of omission are the most common category of safeguarding concerns referred by or raised in relation to our care providers.

We will ensure that all care homes we work with are fulfilling their statutory and contractual safeguarding responsibilities.

All care homes in North Somerset are up to date with relevant learning from SARs and national guidance and are accountable for the application of this within their daily practice.

NSSAB will help care homes to learn from their own experience of managing safeguarding concerns.

We will ensure that good quality mandatory training is delivered by all partners.

We will make sure that early intervention and preventative actions / support to stop a safeguarding concern developing from a Quality-of-service issue into a safeguarding enquiry.

- There will be:
- Board partner assurances that organisations are working together to support residents.
  - Care homes evidence that relevant learning and the application of that learning is applied.
  - Good quality and timely safeguarding concerns raised by care homes.
  - Evidence of learning from training embedded into daily practice.
  - Cases resolved by the most appropriate SAB partner before requiring a safeguarding enquiry to commence.
  - Quality checks to evidence understanding of Neglect.

PRIORITY

3

Transitional Safeguarding

Young Adults aged 16-25

The divergence between the safeguarding children's system and the safeguarding adult's system creates a gap. Neither system has been designed with attention to transitioning into adulthood.

To have an agreed understanding of 'Transitional Safeguarding'.

Transitional safeguarding will have a clear vision that is trauma and complexity informed.

To develop strong links and clear communication at all levels between adults and children's services to ensure we meet the changing care and support needs of vulnerable young adults.

Young victims of exploitation will continue to receive services from relevant partners when they reach the age of 18 until at least the age of 25.

- There will be:
- Appropriate support for young adolescents and young adults.
  - Partner wide understanding of the significant difficulties experienced by some adolescents and young adults.
  - A clear pathway into the local authority for responding to safeguarding needs of young adults.
  - Evidence that victim support is clear, easy to understand, available and accessible to young adults.

**Key Priority**

PRIORITY

**4**

**Tackling Adult Exploitation**

**Exploitation is a hidden and complex crime which abuses the basic human rights and dignity of victims who are subject to it.**

**Some of the current themes identified in North Somerset include financial scams and money lending for the 18-25 age group and some older vulnerable adults, cuckooing, county lines, sexual exploitation and people trafficking.**

Using the principles of Prepare, Prevent, Protect, and Pursue, we will:

Support local partners to develop an effective strategic response to adult exploitation and threats from outside the home. Raise awareness and identification of exploitation.

To develop a framework to ensure that all agencies in North Somerset work together as partners to prevent individuals becoming victims or perpetrators of exploitation.

Provide support to those at risk of, or subject of exploitation.

Agree and pursue a joint approach to how partners work together to identify, investigate, and prosecute individuals and groups engaged in exploitative criminal activity.

There will be:

- Joint approaches to share information, identify early concerns and focus our resources in hotspot areas.
- Joint actions that show we have reduced the risk of individuals becoming victims or perpetrators of exploitation.
- Clear understanding of their needs, access to support and assistance to safety and recovery.
- Intelligence led, targeted operations which have resulted in the disruption of and / or the prosecution of identified perpetrators and, where appropriate, evidence of the use of asset recovery legislation.

PRIORITY

**5**

**Domestic Abuse**

**North Somerset has seen a 53% increase in section 42 enquiries relating to Domestic Abuse. North Somerset also saw a 57% increase in reported concerns relating to Domestic Abuse.**

**Police data highlights that in North Somerset 40.1% of all violent offences are domestic abuse related.**

Increase awareness and provision of information and training to support reporting of domestic abuse and accessing of services.

Identification of domestic abuse at an earlier stage and provision of support to prevent escalation or repeated abuse.

Multi-agency partnership working to identify risk early on and provide appropriate support.

Provision of high-quality specialist domestic abuse support through commissioned service provider.

By implementing the North Somerset Domestic Abuse Strategy there will be:

- Community and professional understanding of what domestic abuse is, the dynamics involved and know how to appropriately respond.
- Increased reporting of abuse crimes to police and reducing repeated incidents.
- Evidence that domestic abuse training is available to all relevant practitioners, organisations and businesses.
- Equal access to services for survivors, which appropriately meet their needs across all levels of risk.

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## **North Somerset Council**

### **Report to the Adult Services and Housing Policy and Scrutiny Panel**

**Date of Meeting: 23 February 2023**

**Subject of Report: Housing Stock Condition Report 2023**

**Town or Parish: All**

**Officer/Member Presenting: Howard Evans**

**Key Decision: No**

**Reason: No expenditure or significant in terms of receiving the report.**

### **Recommendations**

1. The panel note the key findings from the stock condition report contained in the presentation received from the Building Research Establishment

### **1. Summary of Report**

North Somerset commissioned the Building Research Establishment (BRE) to undertake a series of modelling exercises on their housing stock which required BRE to produce an integrated stock model which includes Local Land and Property Gazetteer (LLPG), Tenancy Deposit Scheme (TDS), low-income benefits, Houses in Multiple Occupation (HMO), enforcement and energy efficiency scheme data provided by North Somerset.

The BRE models also integrate Energy Performance Certificate (EPC) data. The use of this local data produces a more accurate energy models. A Housing Stock Condition Database (HSCD) is also provided which allows specific information to be extracted. The detailed housing stock information provided in the report will facilitate the delivery of North Somerset's housing strategy and enable a targeted intervention approach to improving housing.

The main aims of this work were to provide estimates of:

- The percentage of dwellings with the presence of each of the Housing Standards Variables for North Somerset overall and broken down by tenure and then mapped by Census Output Area (COA) (private sector stock only)
- Information relating to LAHS reporting for the private sector stock - category 1 hazards and information on estimated EPC ratings (based on SimpleSAP)
- Energy efficiency variables for the private sector stock (wall and loft insulation)
- Energy planning variables (SimpleCO2, energy and heat demand, energy and heat cost)
- Improvement scenarios
- Additional modelling analysis to determine the estimated potential costs required to improve SimpleSAP ratings to a Band C
- Specialist Analysis of the Private Rented Sector including HMOs and Selective Licensing

Some of the key findings of the report are as follows:

- The performance of the housing stock in North Somerset compared to the EHS England average is mixed with North Somerset performing slightly better for all hazards, disrepair, fuel poverty (both definitions), but worse for excess cold and low income households
- The private rented sector is generally worse than the social sector, but similar to the owner occupied sector
- 5.2% of dwellings in the private rented sector are estimated to have an EPC below band E. Under the legislation these properties would not be eligible to be rented out to new, renewal or existing tenancies. Subsequent analysis by North Somerset officers have found the majority are either no longer rented out, exemption registered or EPC not updated.

The stock condition report (BRE - 2023) suggests there has been a significant reduction in the number privately rented sector (PRS) homes with Category 1 hazards and disrepair since the last report in 2018. The report indicates the housing conditions in North Somerset across all sectors are better when compared nationally and regionally.

The information will facilitate the decision-making process for targeting resources to improve the condition of housing and to prevent ill health resulting from poor housing conditions. Furthermore, the results of this project provide North Somerset with information which will assist in housing policy and strategy development whether these are inspired locally, arise from obligations under the Housing Act 2004 or as responses to government initiatives such as DLUHC's Housing Strategy Policy and ECO.

The report recommendations are:

Programmes designed to tackle disrepair for example group repair schemes, regeneration or enforcement interventions could be considered with a focus on areas of greatest disrepair such as Weston-super-Mare Central ward with 5% disrepair and 13% containing category 1 hazards, or Weston-super-Mare Hillside ward with an estimated 4% of private sector homes in disrepair and 13% with category 1 hazards.

These findings could be combined with local intelligence to help identify additional areas for targeting assistance for physical improvements to private sector stock and the environment.

Furthermore, programmes aimed at increasing household income through job creation, benefit entitlement checks and other initiatives should also be considered, with a particular focus on areas containing high proportions of low income households like Weston-super-Mare Central (76%), Weston-super-Mare South Ward (82%) and Weston-super-Mare Winterstoke (60%).

## **2. Policy**

The report will assist with future policy development to improve housing conditions.

## **3. Details**

See summary above

## **4. Consultation**

There has been consultation between North Somerset and BRE on the interpretation and clarification of the report findings. The full report will be published on the council website.

## **5. Financial Implications**

There are no financial implications arising from this report.

### **Costs**

N/A

### **Funding**

N/A

## **6. Legal Powers and Implications**

The Housing Act 2004 requires a local housing authority to keep housing conditions in their area under review and a stock condition survey plays an important part of fulfilling that requirement.

## **7. Climate Change and Environmental Implications**

The comprehensive information and data within the report, in particular the energy improvement scenarios will help target and shape improvements in the coming years.

## **8. Risk Management**

There are no risks associated with the report.

## **9. Equality Implications**

No Equality Impact Assessment at this stage.

## **10. Corporate Implications**

None

## **10. Options Considered**

None

### **Author:**

Howard Evans, Private Sector Housing Service Leader

### **Appendices:**

None

### **Background Papers:**

None

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# Dwelling Level Housing Stock Modelling for North Somerset

Fiona MacKenzie, Local Government Data & Insights Lead  
Tad Nowak, Senior Consultant, Local Government Data & Insights  
Caroline Hughes, Senior Consultant, Local Government Data & Insights  
BRE Housing Data & Insights

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# Introduction

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# 1.0

# BRE Stock Modelling

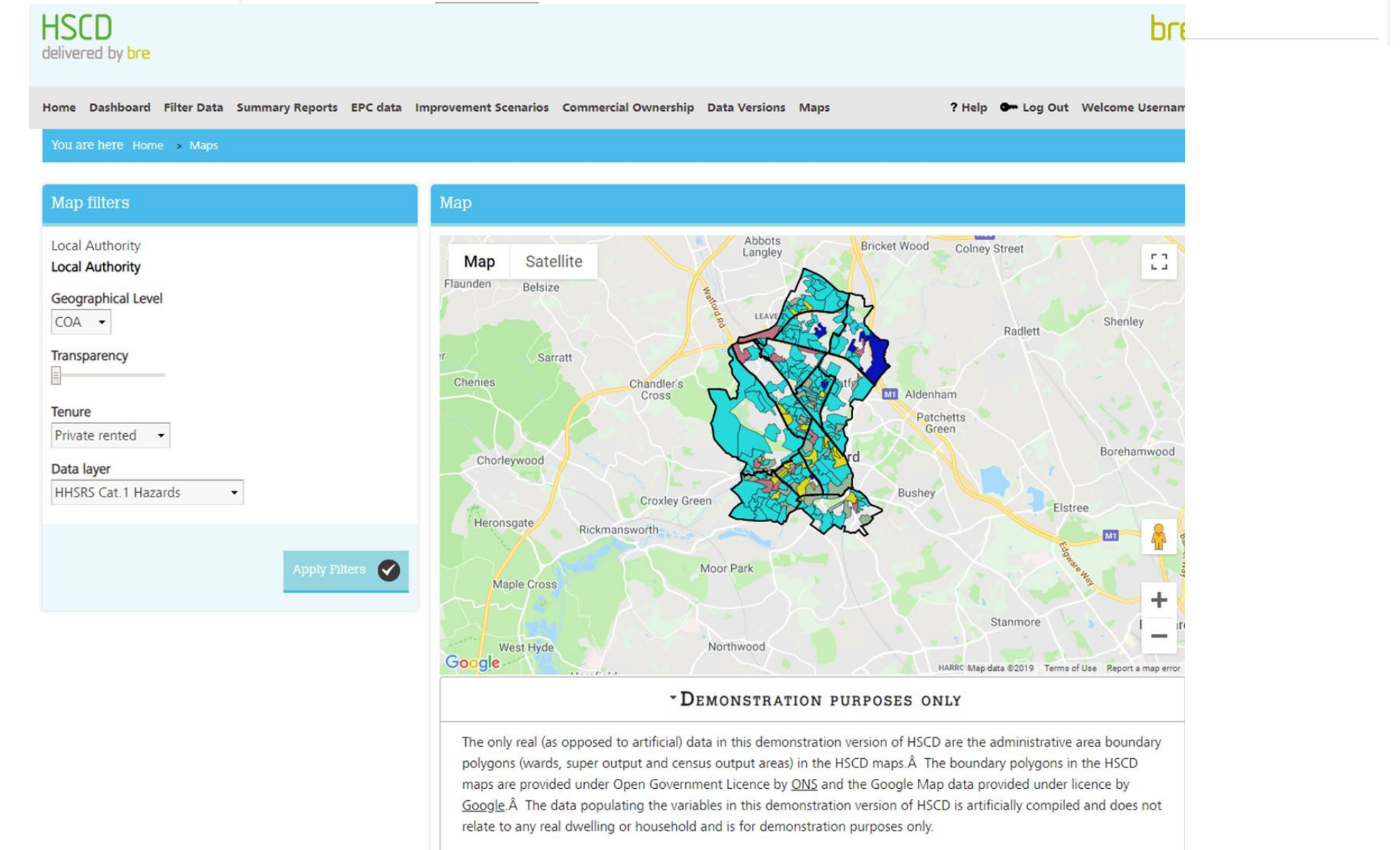
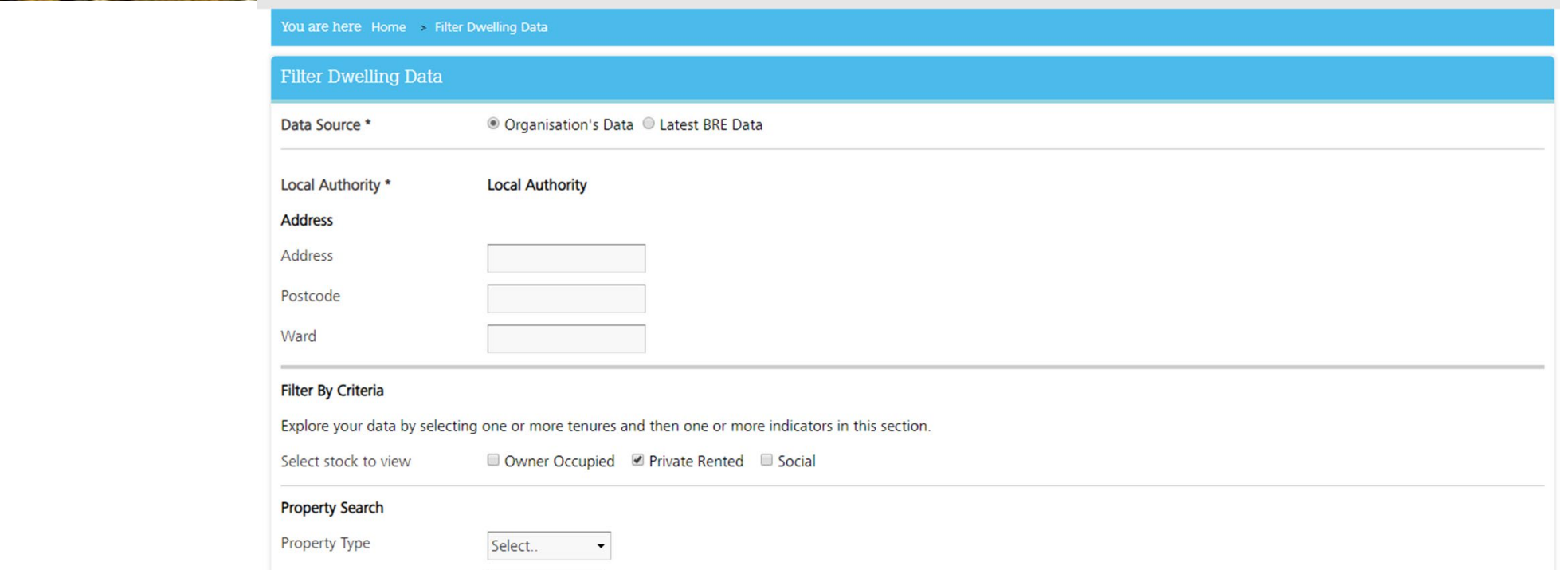
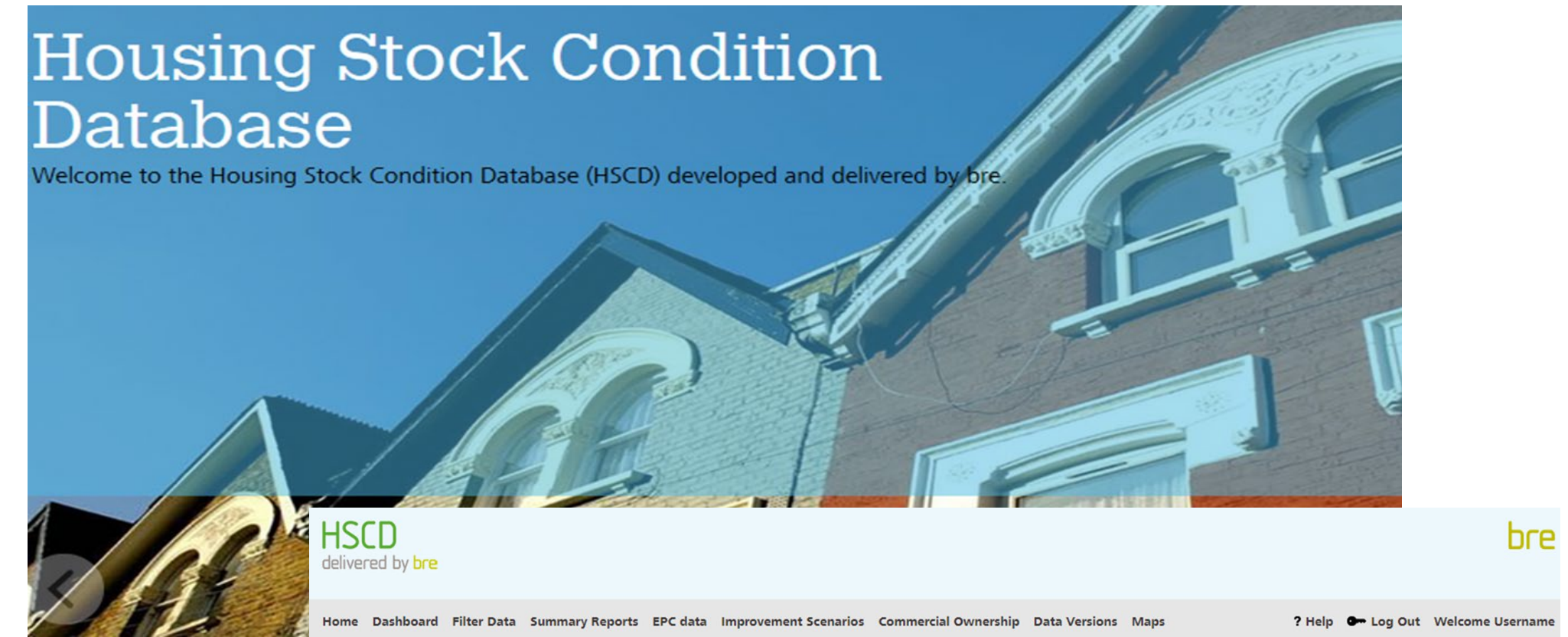
- Dwelling level housing stock models developed by BRE for many years
- Data-driven approach to inform housing strategies

Team of data analysts, statisticians, GIS specialists, data scientists

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- Stock models utilise Experian dwelling level data on dwelling and social characteristics
- Use English Housing Survey data to understand the relationship between housing standards, dwelling and social characteristics
- Include other data sources such as Xoserve, OS MasterMap, EPCs

HSCD online data delivery tool – dwelling level - view, analyse, explore data, interactive maps



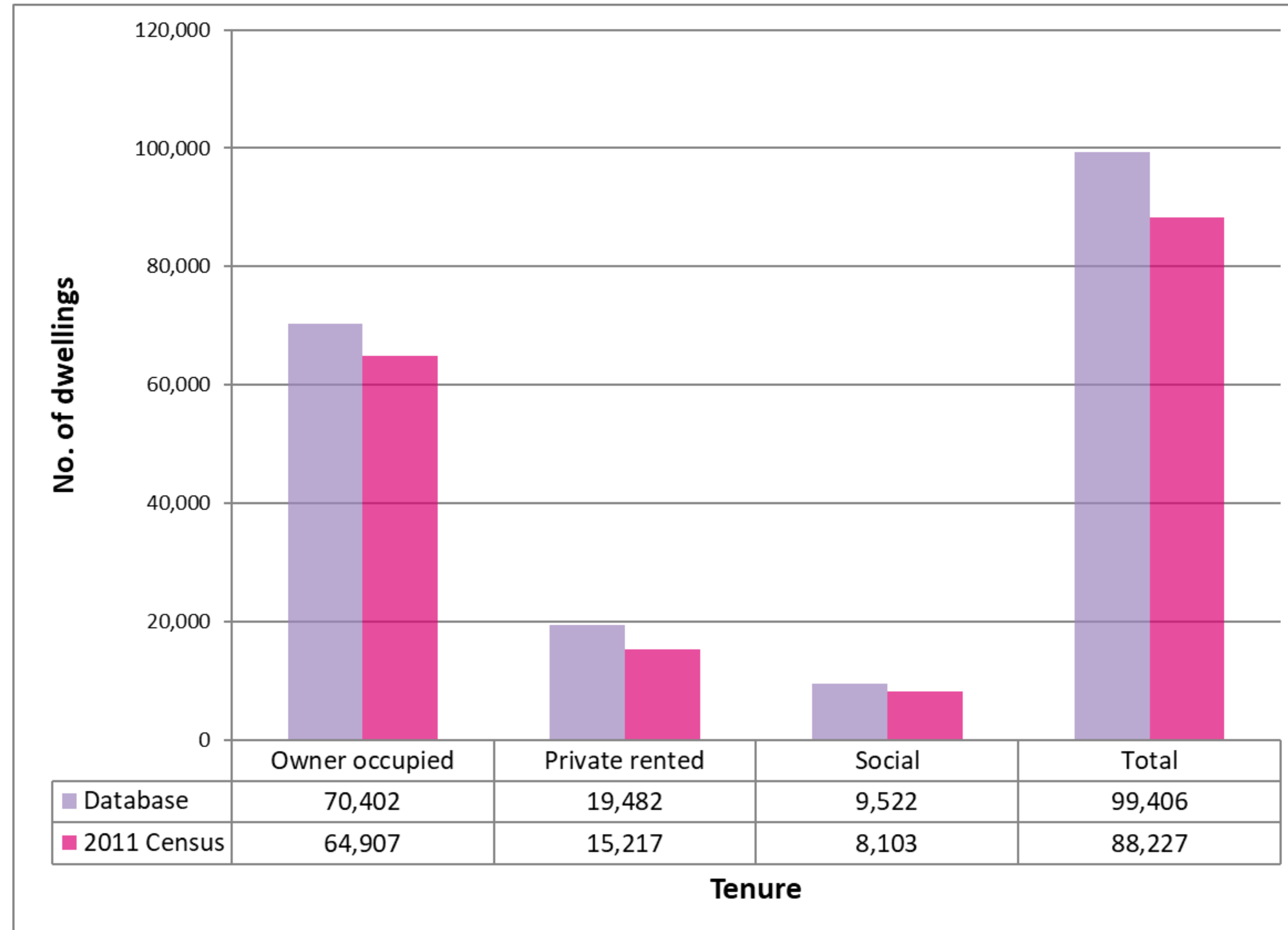
# North Somerset's Housing Stock Model

- Project commissioned and delivered in 2022
- Produce a dwelling level housing stock model for North Somerset Council to help inform a targeted intervention approach to improve housing
- Integrate local data using Local Land and Property Gazetteer (LLPG) data, benefits data, Tenancy Deposit Scheme (TDS) data, HMO data and Enforcement Records, provided by North Somerset Council and Energy Performance Certificate (EPC) data.
- Model provides data on housing standards variables and energy efficiency variables
- Private sector focus

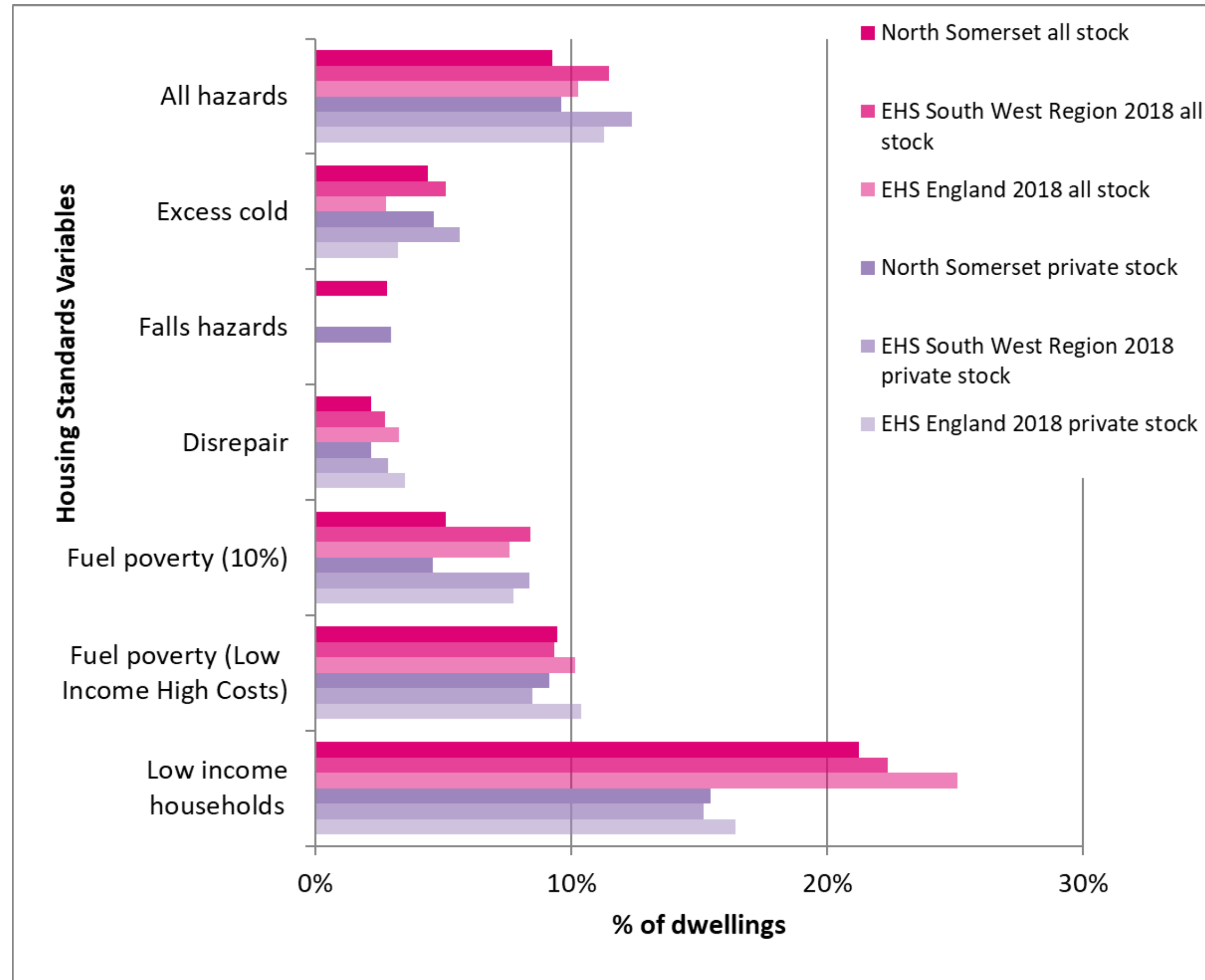
# Summary of model results – housing standards variables

2.0

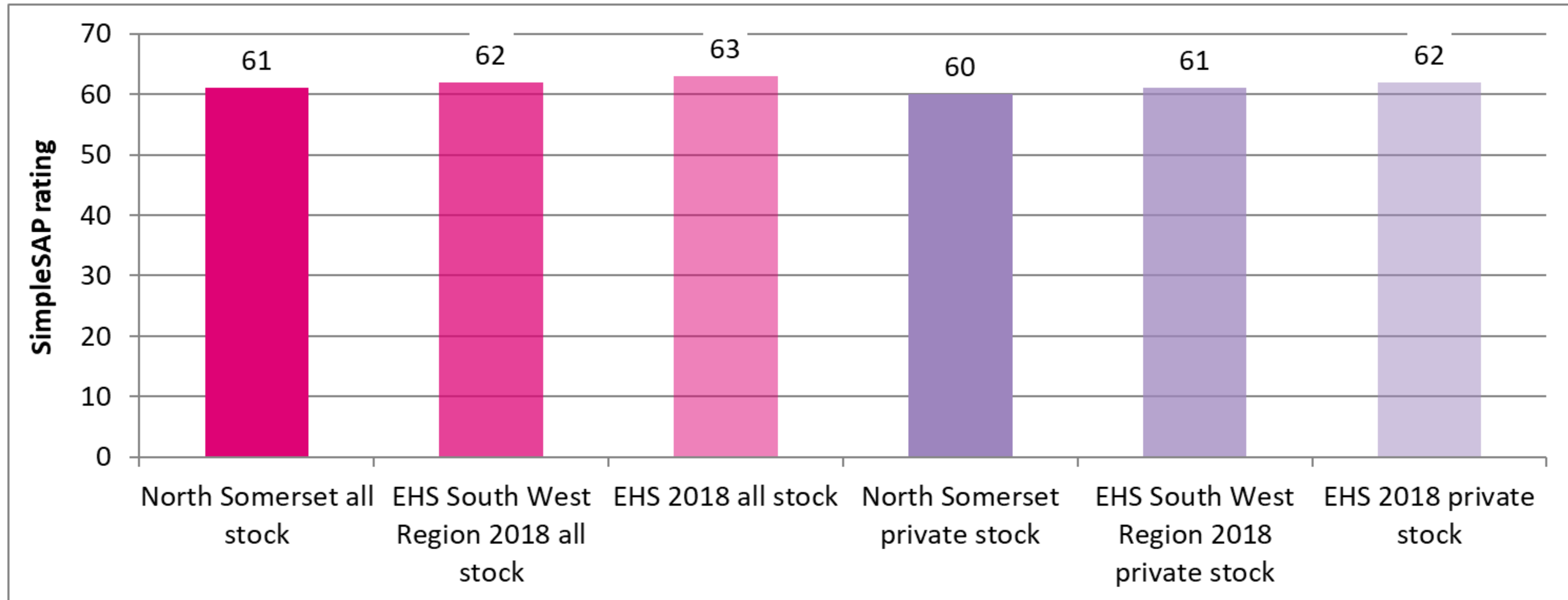
# Tenure split – comparison of BRE Housing Stock Model outputs with 2011 Census figures for North Somerset



# Estimates of the percentage of dwellings with the presence of each of the criteria in North Somerset compared to regional and England figures

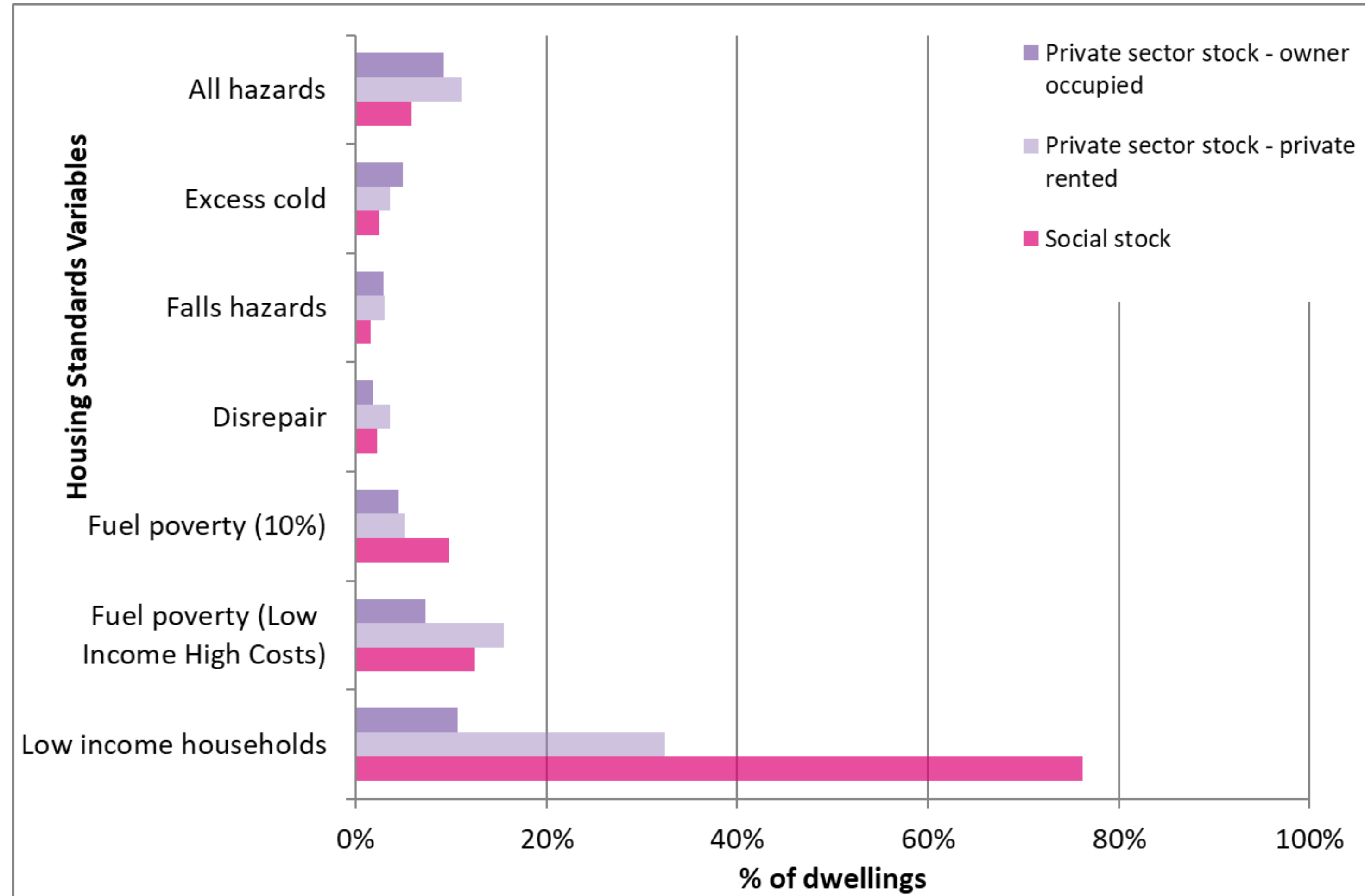


# Estimated Average SimpleSAP Ratings

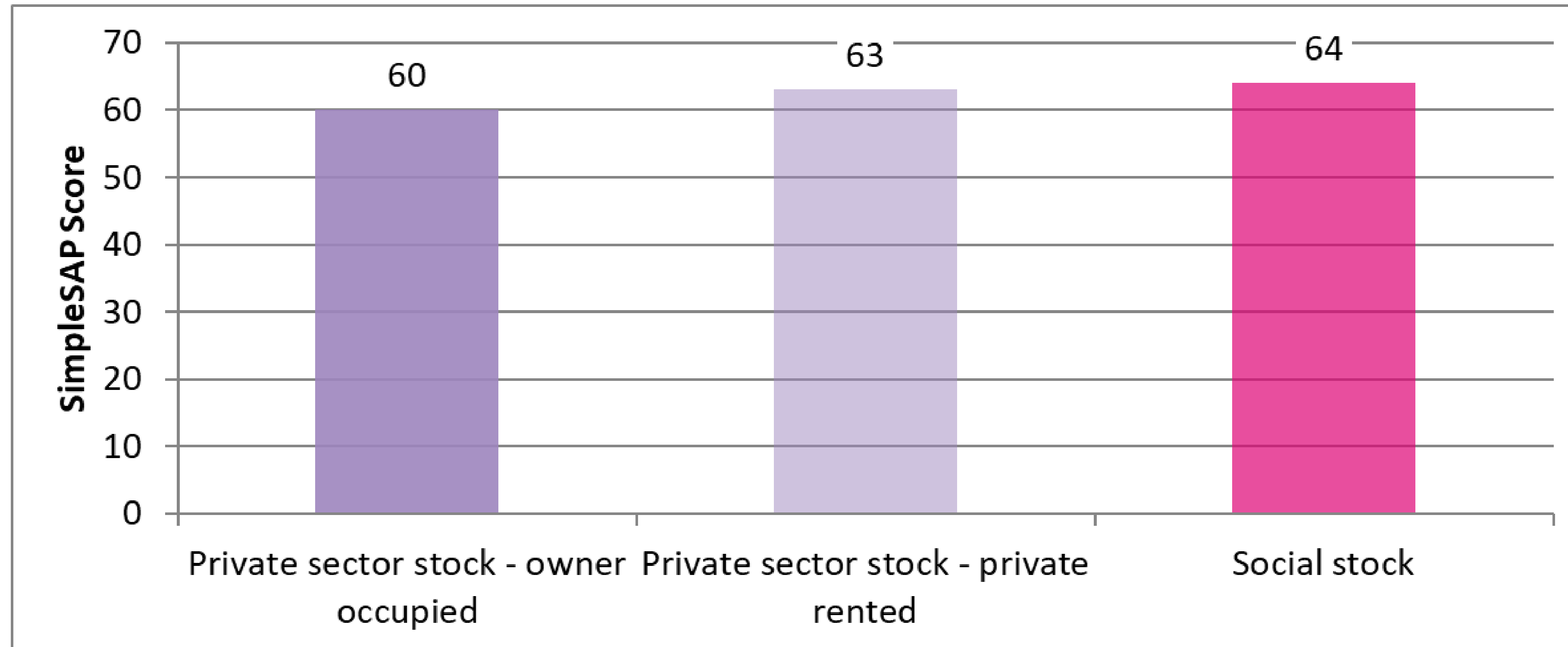




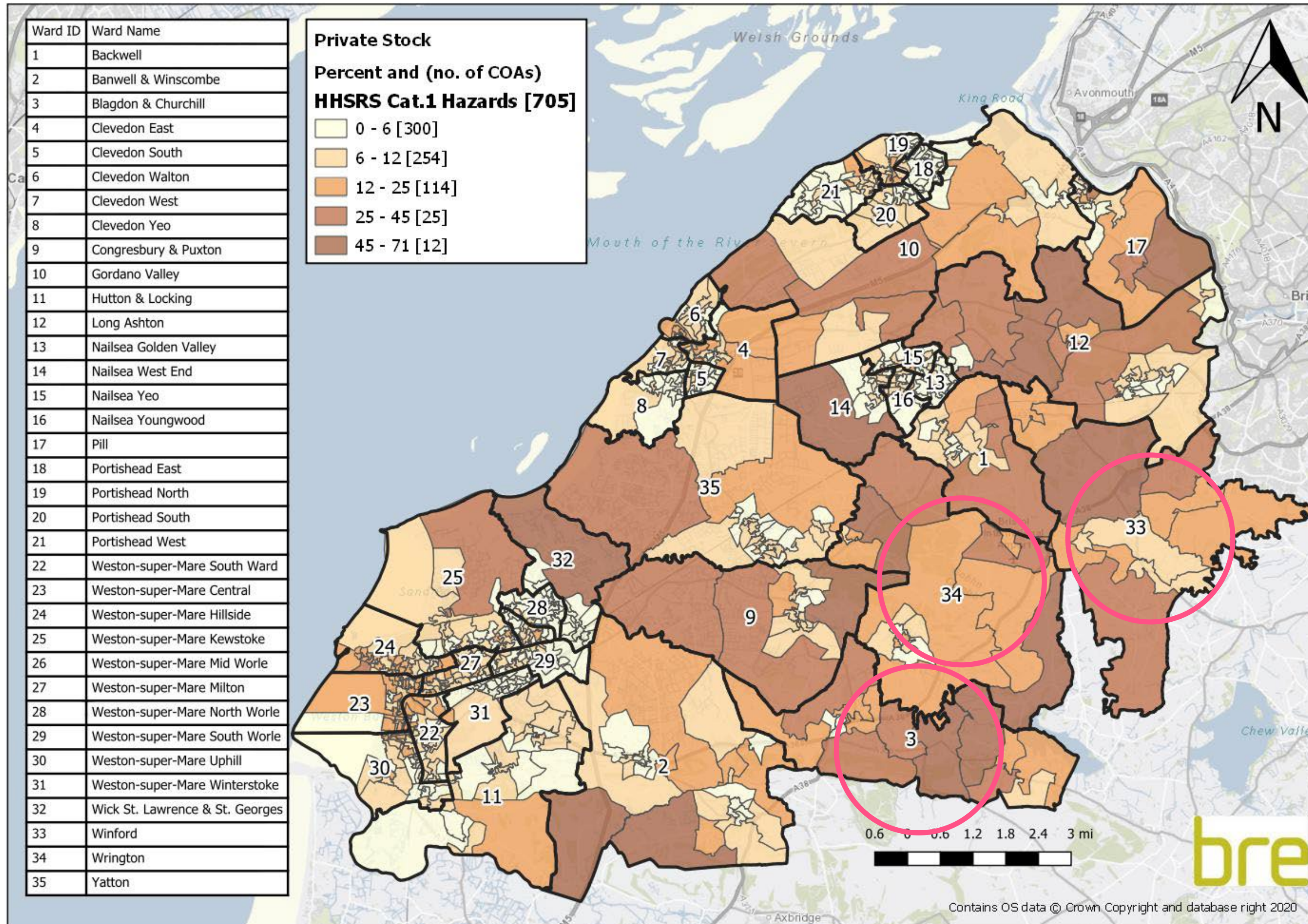
# Estimates of the percentage of dwellings with the presence of each of the Housing Standards Variables by tenure



# Estimated Average SimpleSAP Ratings by Tenure

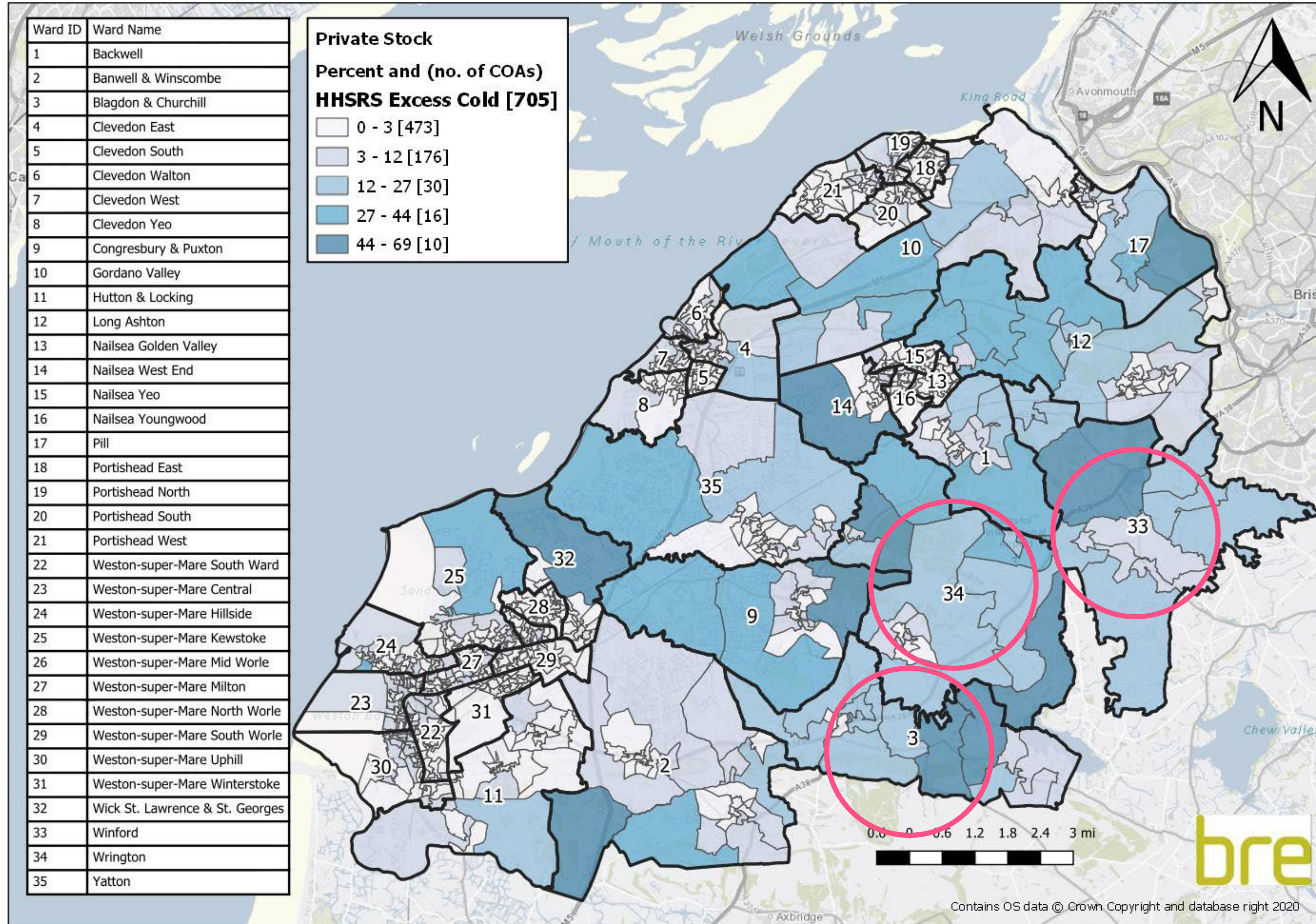


# Estimated percentage of private sector dwellings in North Somerset with the presence of a **HHSRS category 1 hazard** – highest in Blagdon and Churchill, Winford and Wrington

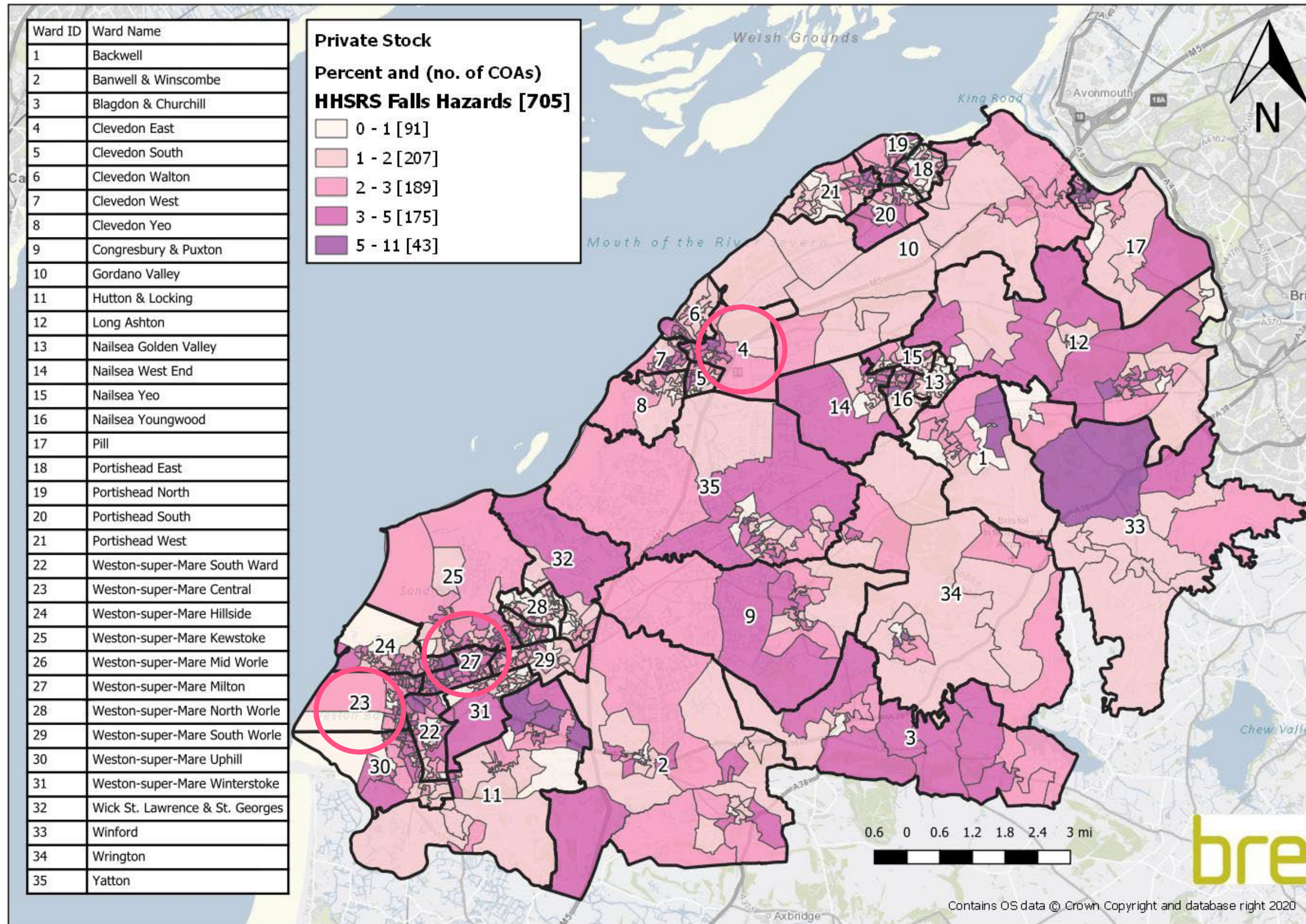


# Estimated percentage of private sector dwellings in North Somerset with the presence of a **HHSRS** category 1 hazard for excess cold– highest in Blagdon and Churchill, Winford and Wrington

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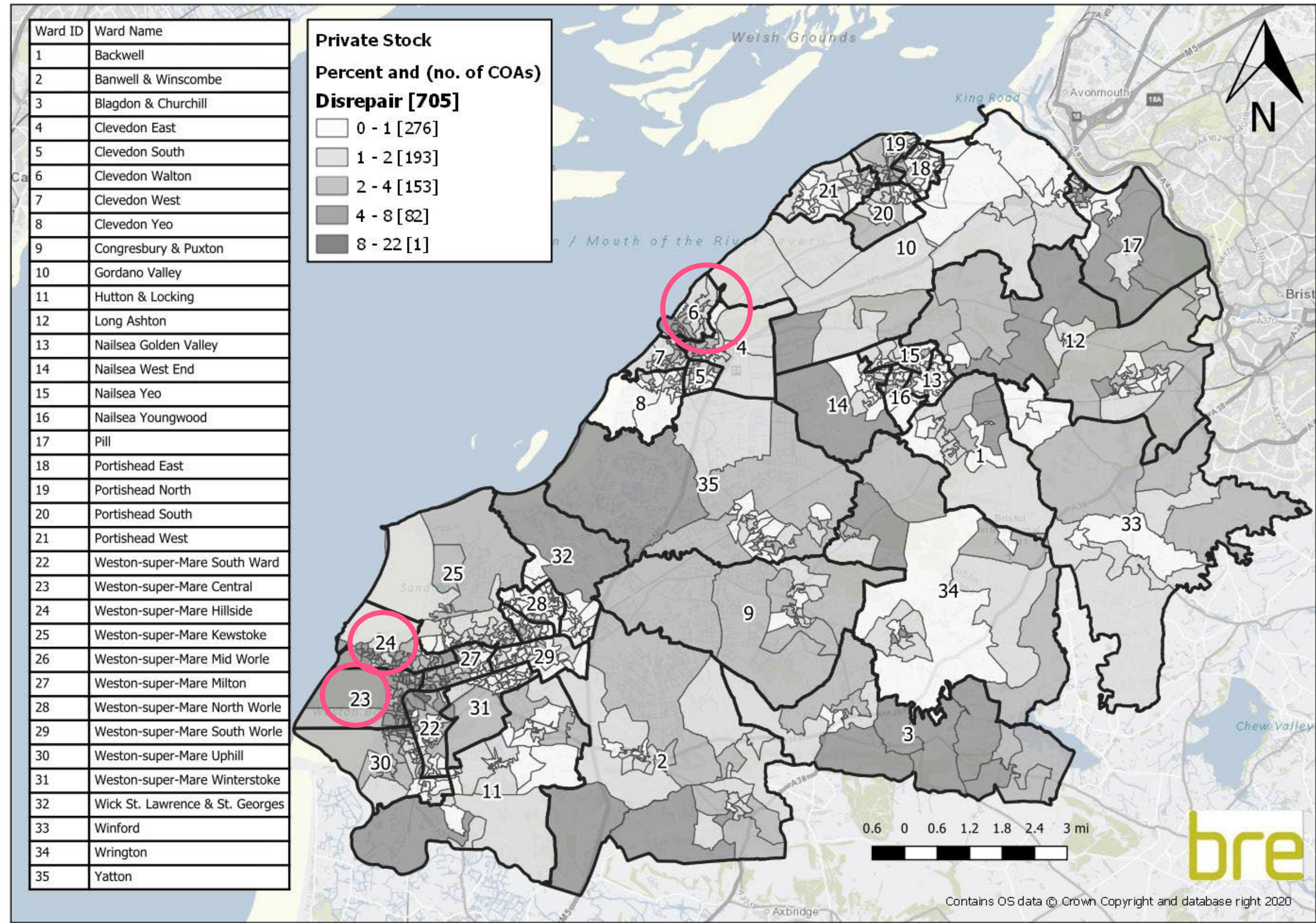


# Estimated percentage of private sector dwellings in North Somerset with the presence of a **HHSRS category 1 hazard for falls** – highest in Weston-super-Mare Milton, Clevedon East and Weston-super-Mare Central

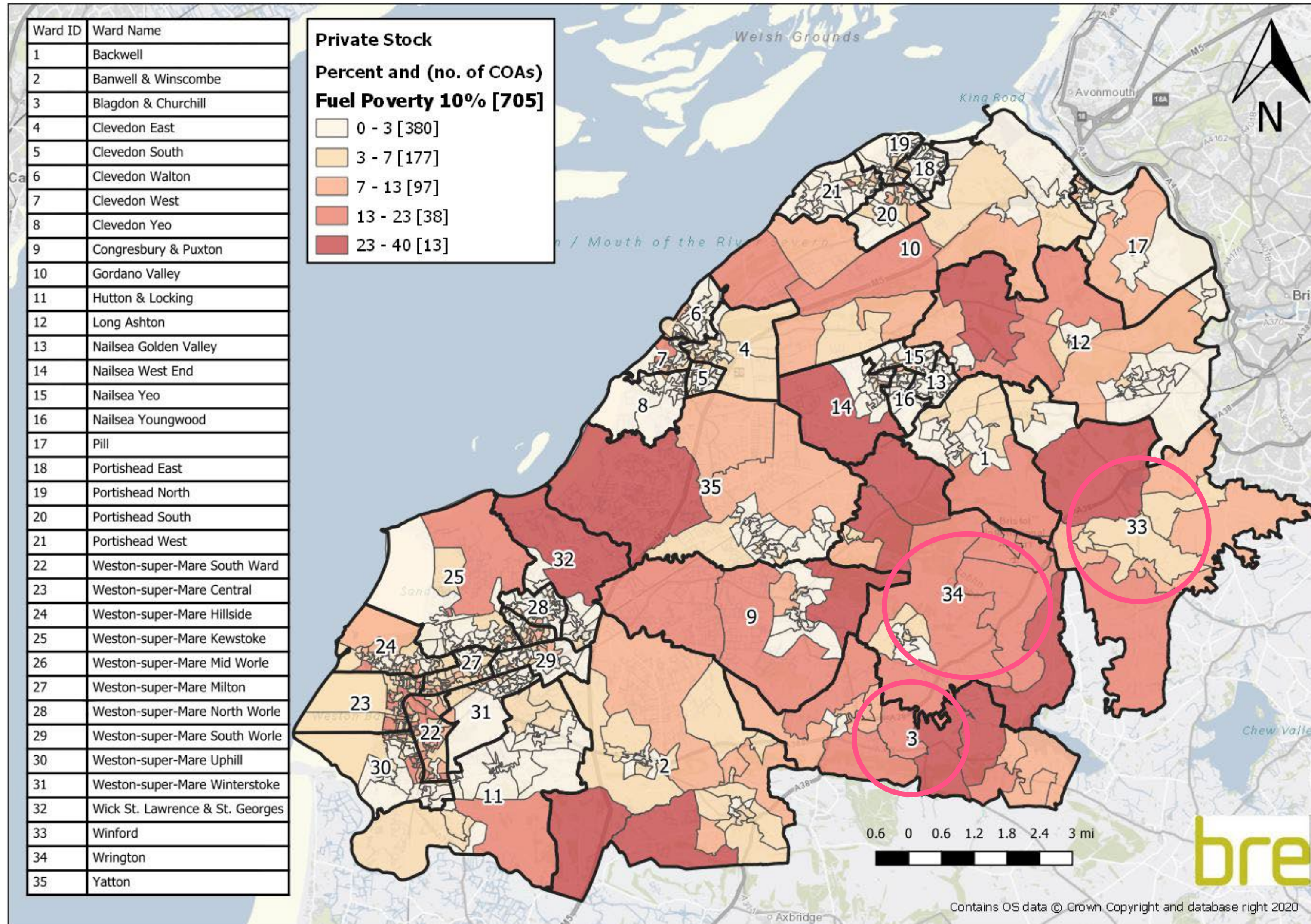


# Estimated percentage of private sector dwellings in North Somerset in **disrepair**—highest in Weston-super-Mare Central, Weston-super-Mare Hillside and Clevedon Walton

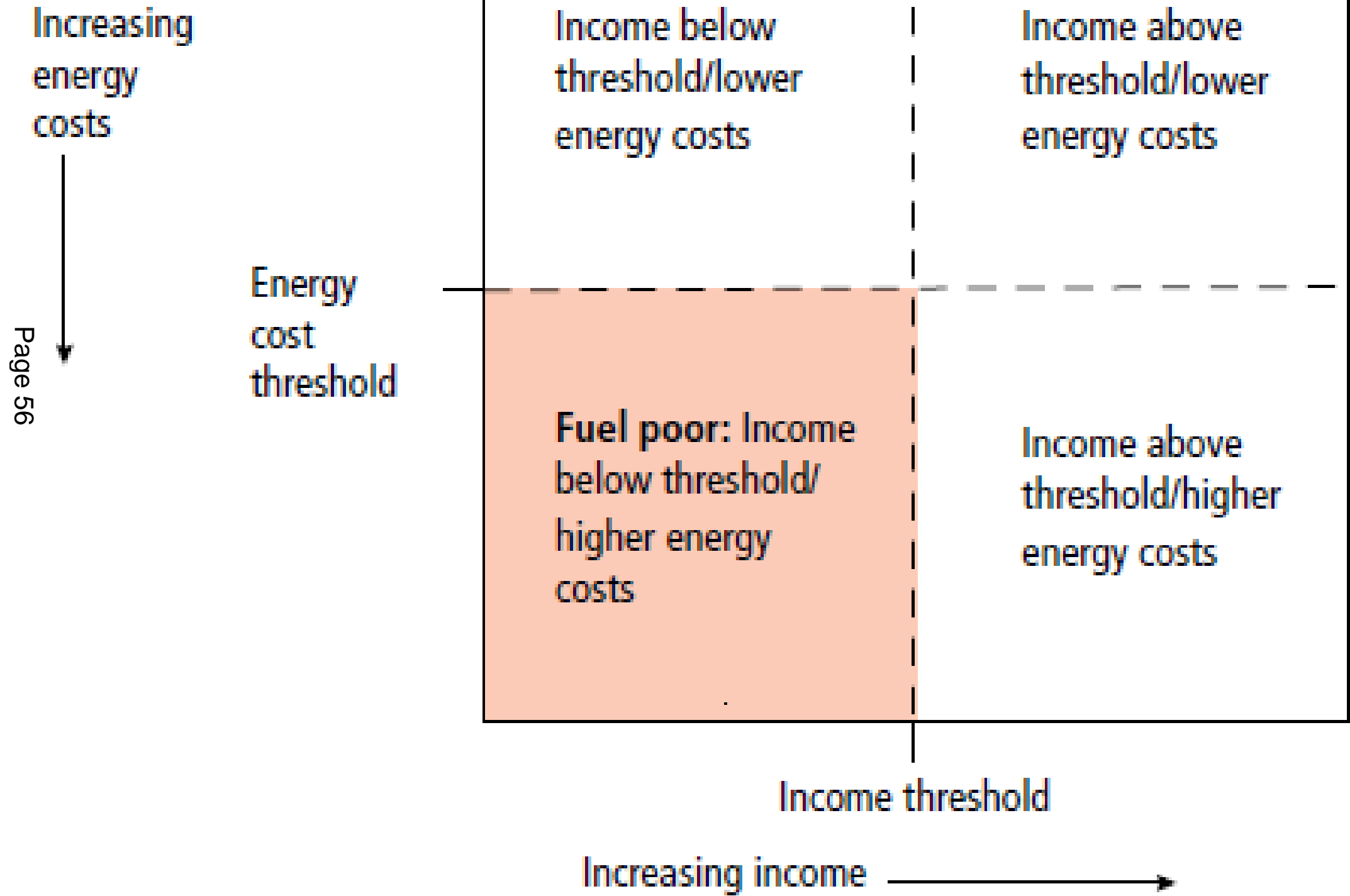
Page 54



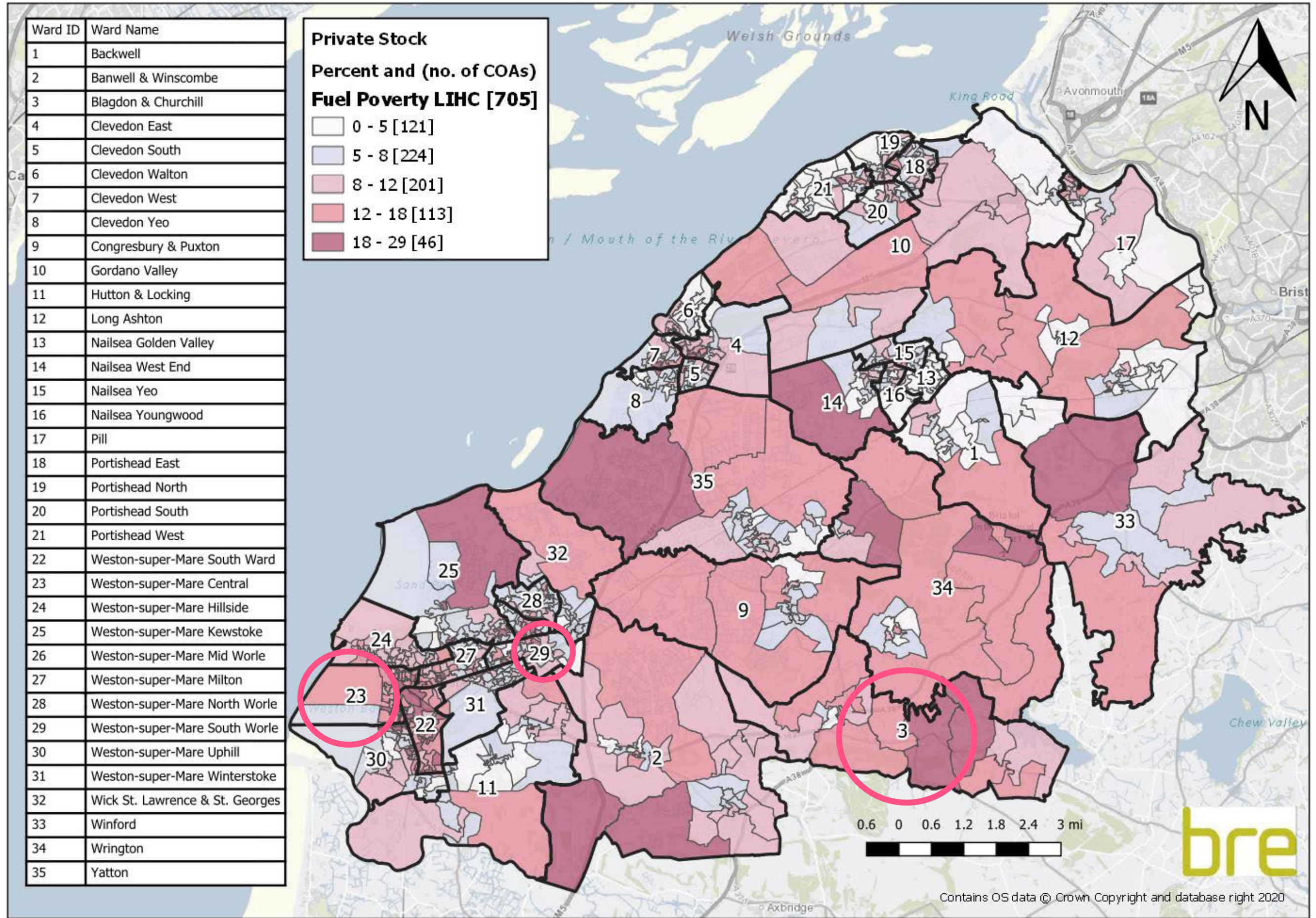
# Estimated percentage of private sector dwellings in North Somerset in Fuel Poverty (10%) – highest in Blagdon and Churchill, Winford and Wrington



# Estimated Low Income High Costs Fuel Poverty – highest in Weston-super-Mare South Worle, Weston-super-Mare Central and Blagdon and Churchill



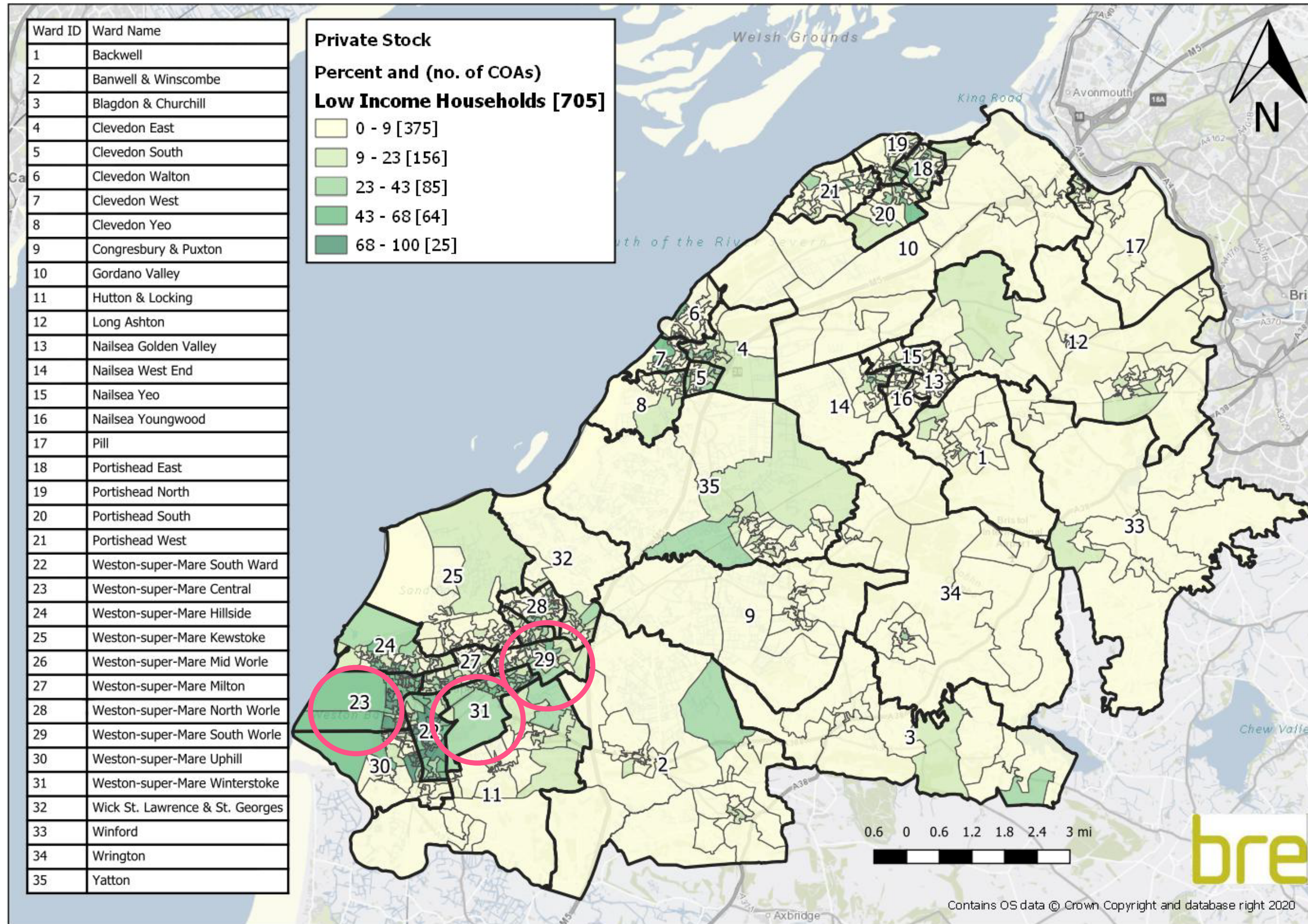
Page 56



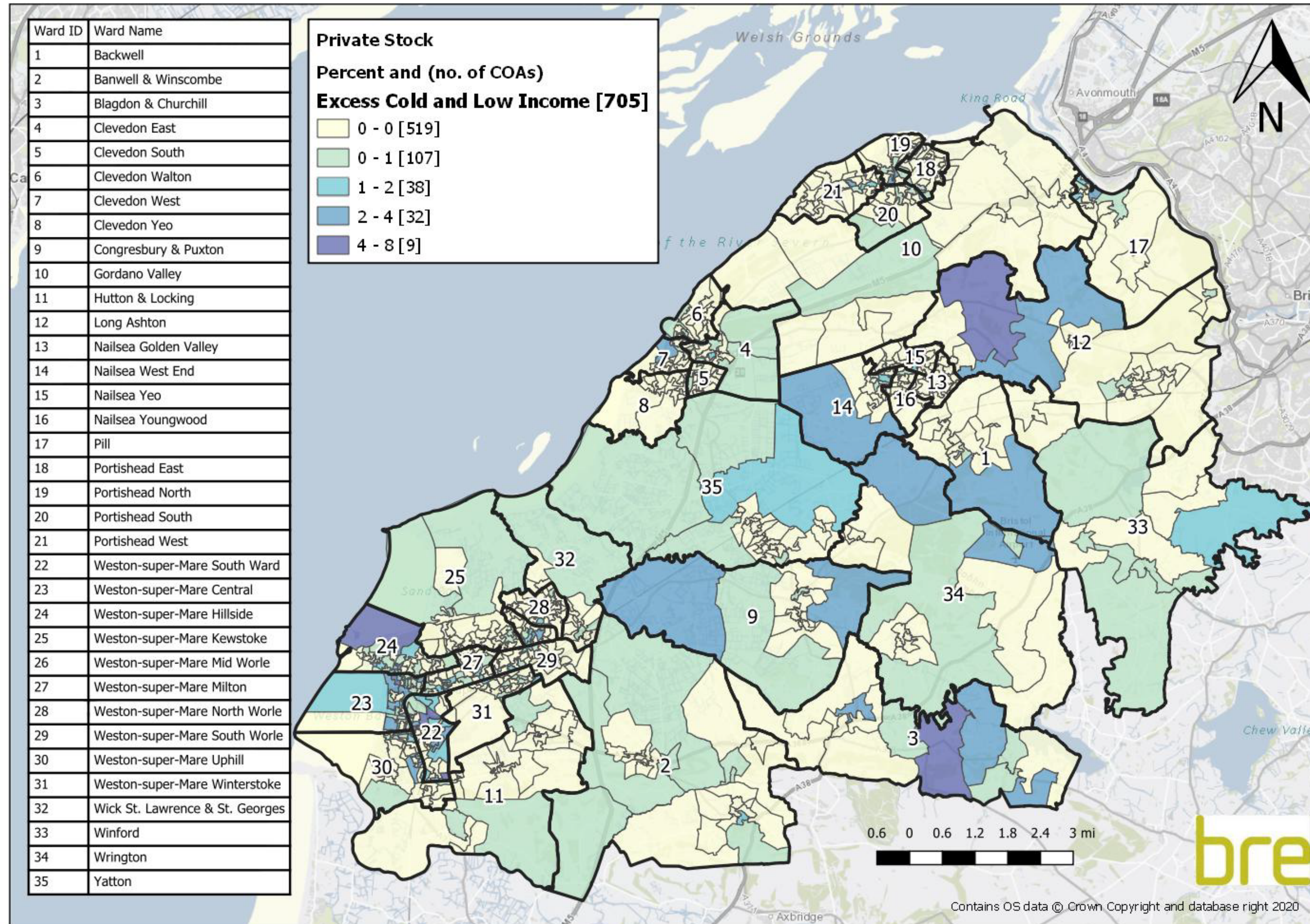
Hills J, Getting the measure of fuel poverty – Final Report of the Fuel Poverty Review, London: LSE, 2012



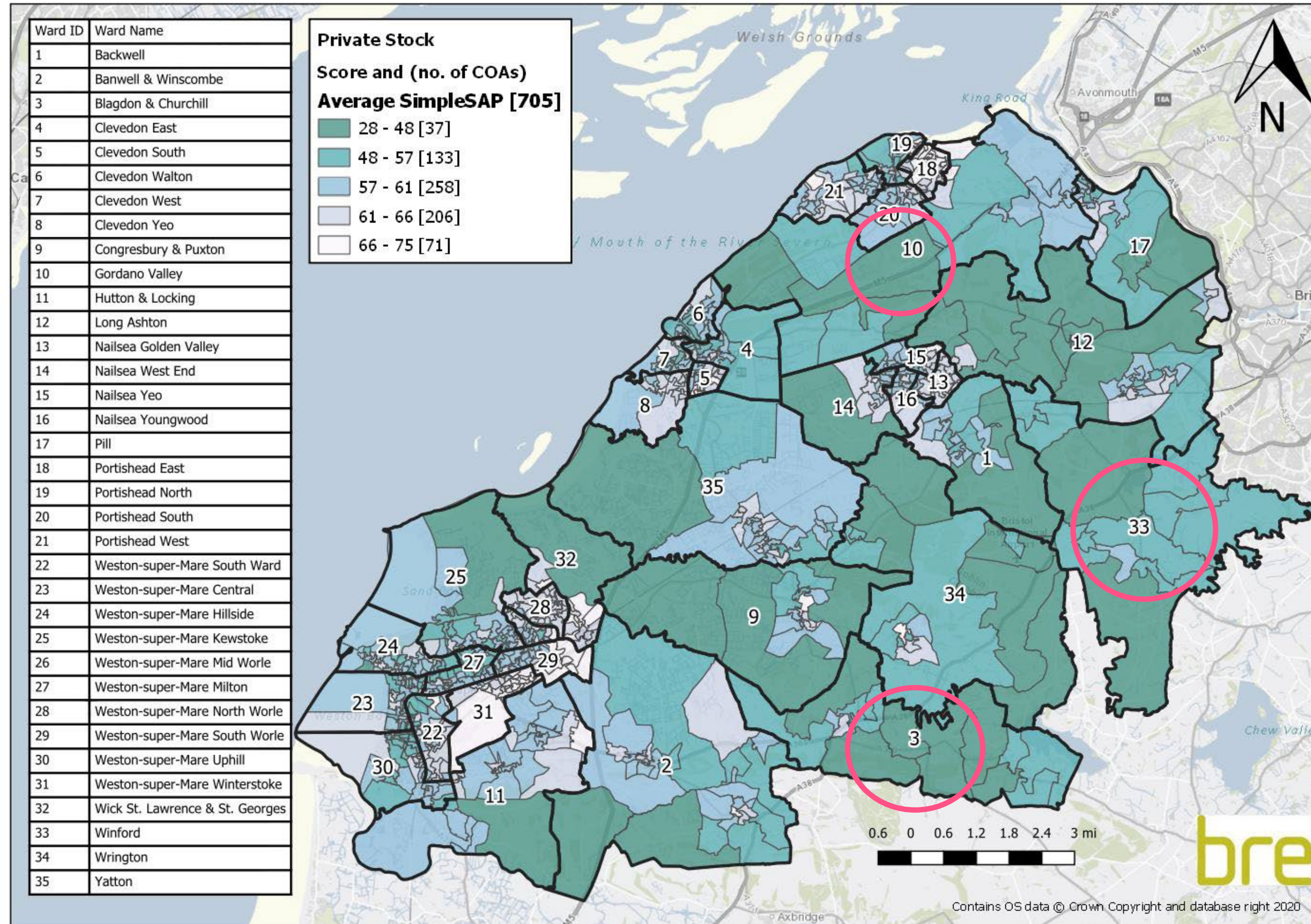
# Estimated percentage of private sector dwellings occupied by low income households - highest in Weston-super-Mare Central, Weston-super-Mare South Worle and Weston-super-Mare Winterstoke



# Estimated percentage of private sector dwellings with both the presence of a HHSRS category 1 hazard for **excess cold** and occupied by **low income households**



# Estimated **Average SimpleSAP** ratings per dwelling in North Somerset private sector stock – lowest in Blagdon and Churchill, Winford and Gordano Valley



# Summary of Model Results - Energy Efficiency Variables

# 3.0

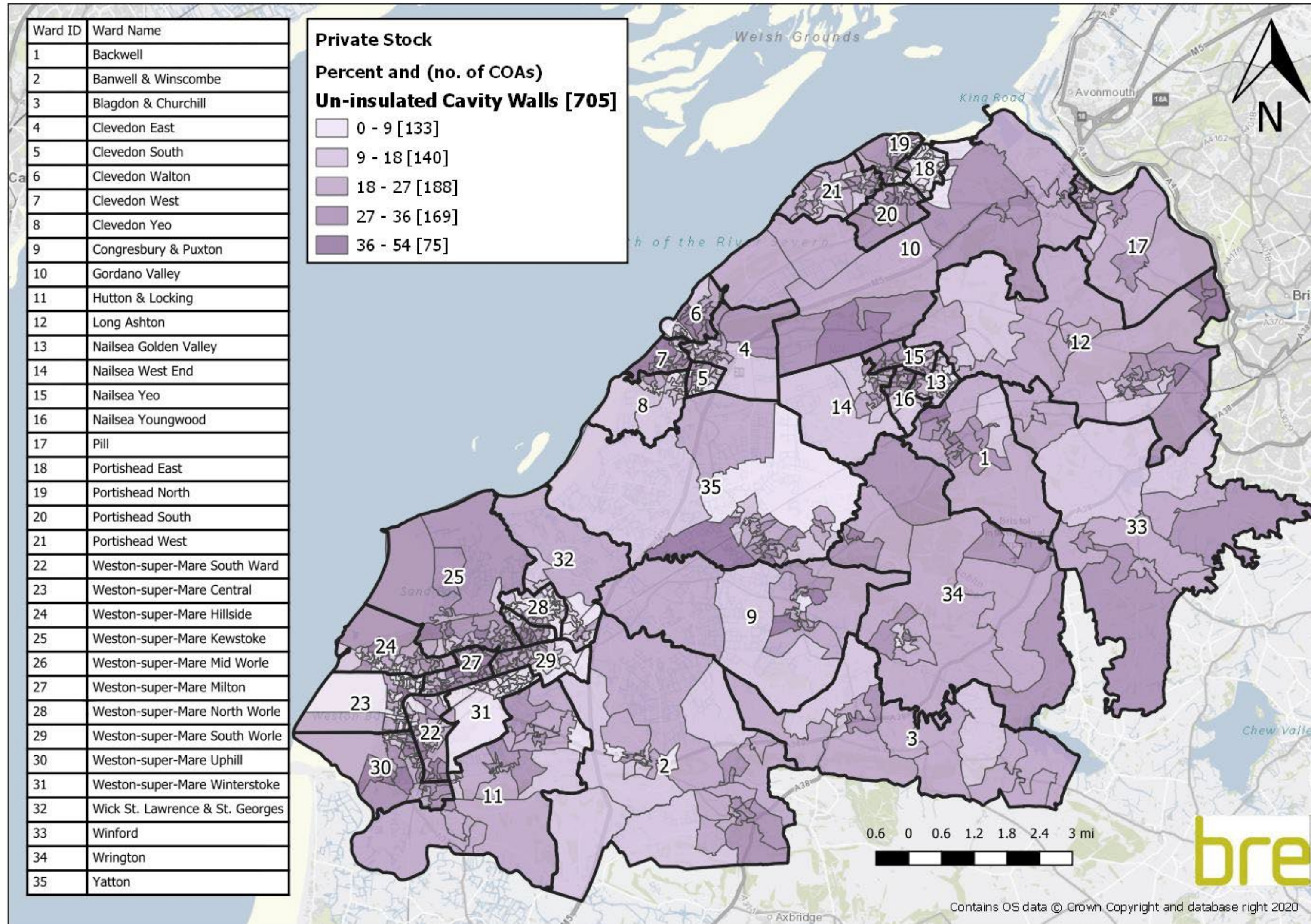
Estimates of the numbers and percentage of dwellings for each of the energy efficiency variables for walls assessed for the private sector stock in North Somerset and compared to the South West of England region and national figure (EHS 2018)

| Variable                                    |                     | Private stock |     | 2018 EHS<br>Regional<br>(private stock) | 2018 EHS<br>England (private<br>stock) |
|---|---------------------|---------------|-----|---|--|
|   |                     | No.           | %   | %                                       | %                                      |
| No. of private sector dwellings             |                     | 89,884        | -   | -                                       | -                                      |
| Wall type                                   | Solid               | 18,101        | 20% | 29%                                     | 31%                                    |
|   | Insulated cavity    | 51,105        | 57% | 44%                                     | 45%                                    |
|   | Un-insulated cavity | 18,916        | 21% | 23%                                     | 22%                                    |
| % of cavity walls only that are uninsulated |                     | -             | 27% | 34%                                     | 32%                                    |

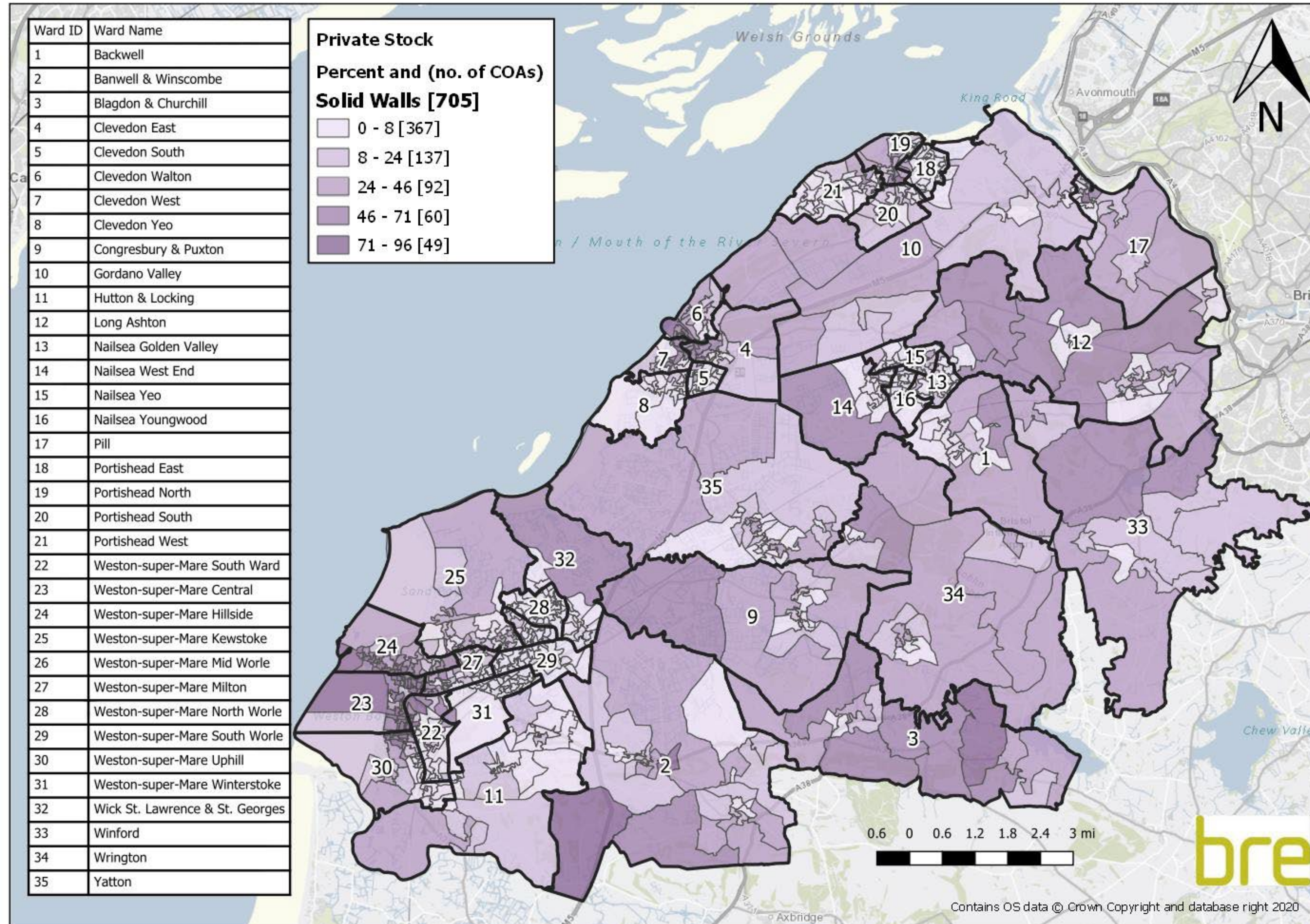
# Estimates of the numbers and percentage of dwellings for each of the energy efficiency variables for lofts assessed for the private sector stock in North Somerset and compared to the South West of England region and national figure (EHS 2018)

| Variable                               |                      | Private stock |     | 2018 EHS<br>Regional<br>(private stock) | 2018 EHS<br>England (private<br>stock) |
|--|----------------------|---------------|-----|---|--|
|  |                      | No.           | %   | %                                       | %                                      |
| <b>No. of private sector dwellings</b> |                      | 89,884        | -   | -                                       | -                                      |
| <b>Level of loft<br/>insulation</b>    | <b>No loft</b>       | 13,559        | 15% | 7%                                      | 9%                                     |
|  | <b>No insulation</b> | 4,006         | 4%  | 3%                                      | 3%                                     |
|  | <b>50mm</b>          | 7,022         | 8%  | 6%                                      | 6%                                     |
|  | <b>100mm</b>         | 15,018        | 17% | 22%                                     | 25%                                    |
|  | <b>150mm</b>         | 10,436        | 12% | 19%                                     | 19%                                    |
|  | <b>200mm</b>         | 14,806        | 16% | 15%                                     | 14%                                    |
|  | <b>250+mm</b>        | 25,037        | 28% | 27%                                     | 24%                                    |
| <b>Less than 100mm</b>                 |                      | 11,028        | 12% | 9%                                      | 9%                                     |

# Energy efficiency variables – estimated percentage of private sector dwellings in North Somerset with un-insulated cavity walls

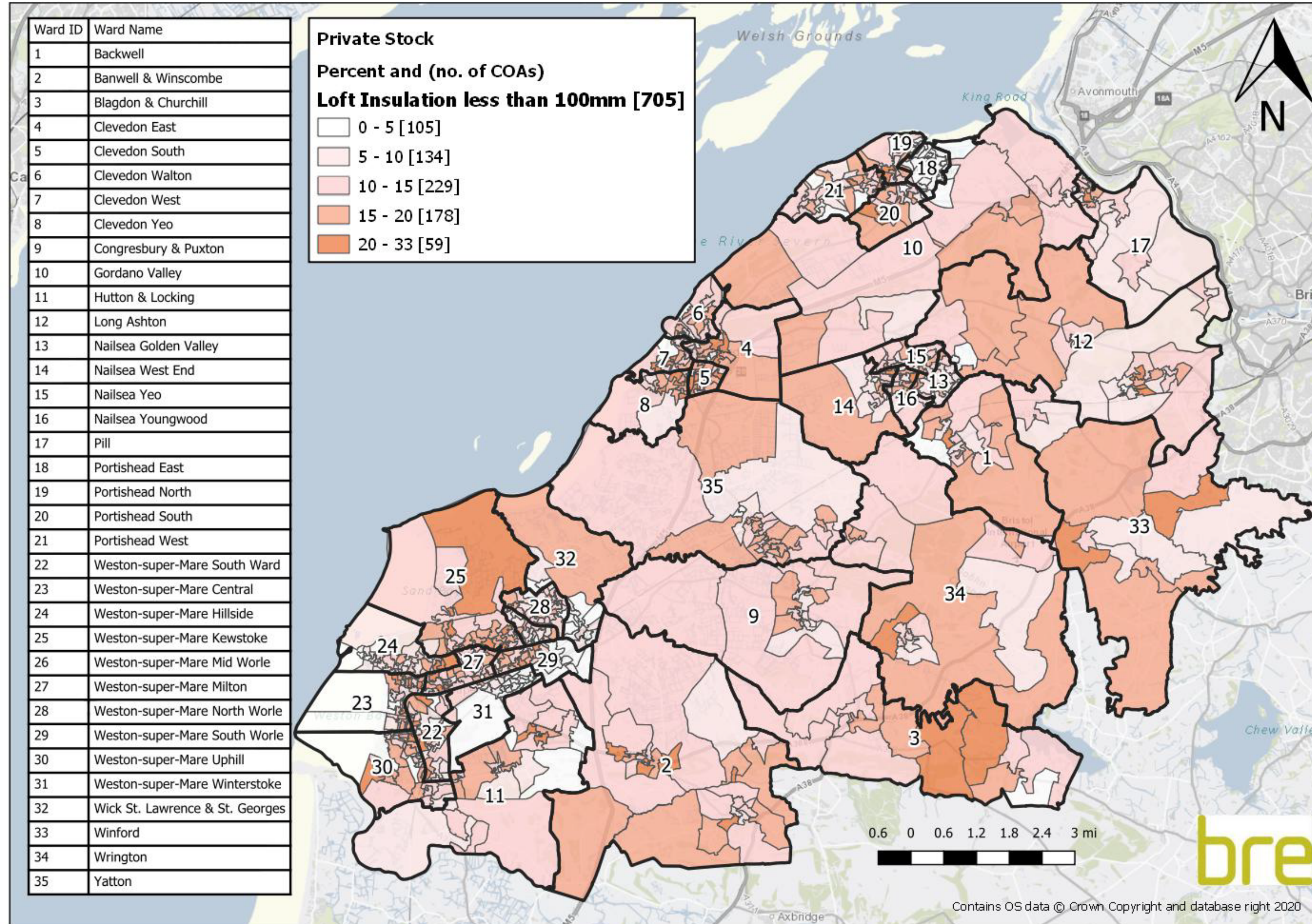


# Energy efficiency variables – estimated percentage of private sector dwellings in North Somerset with solid walls

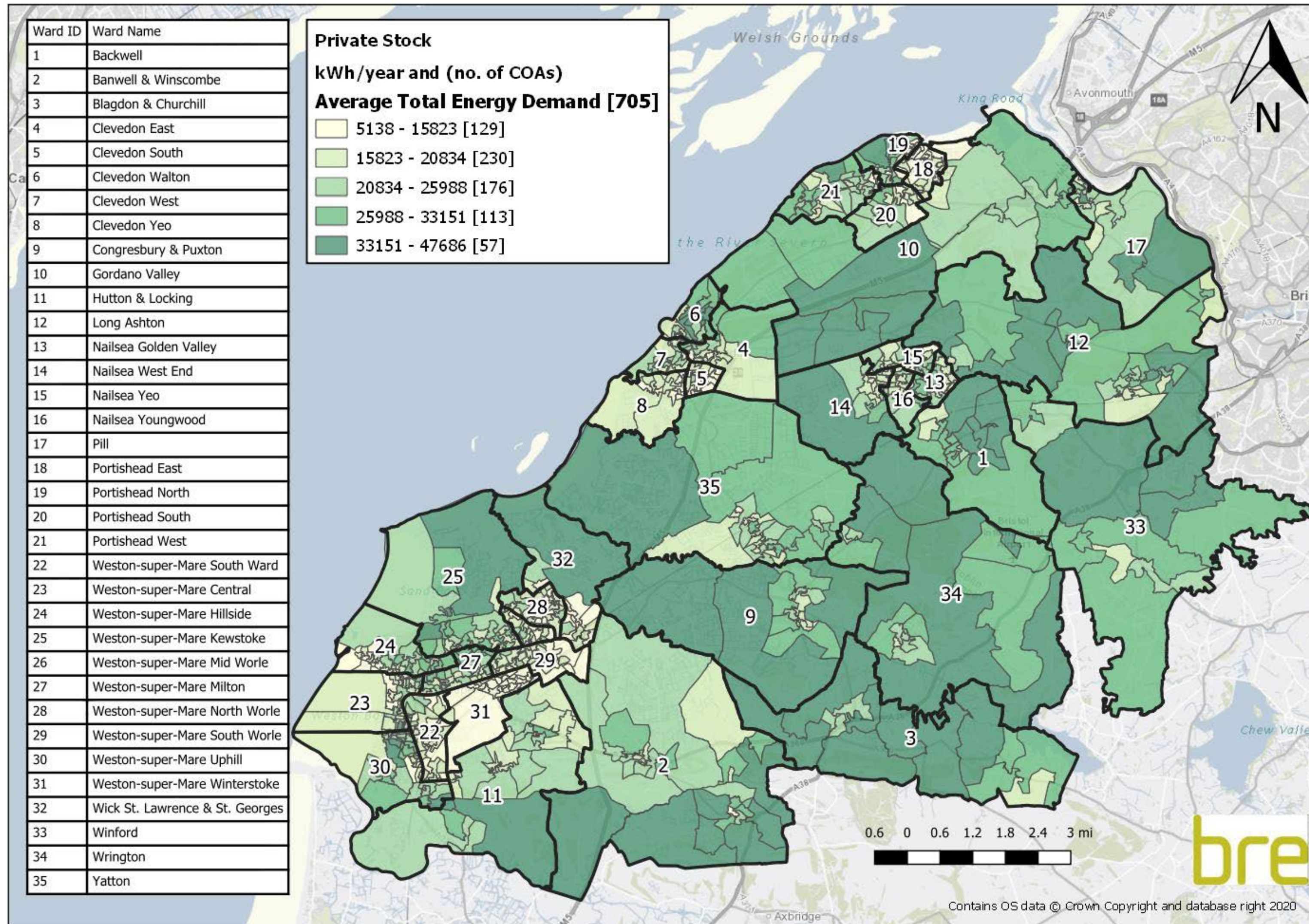




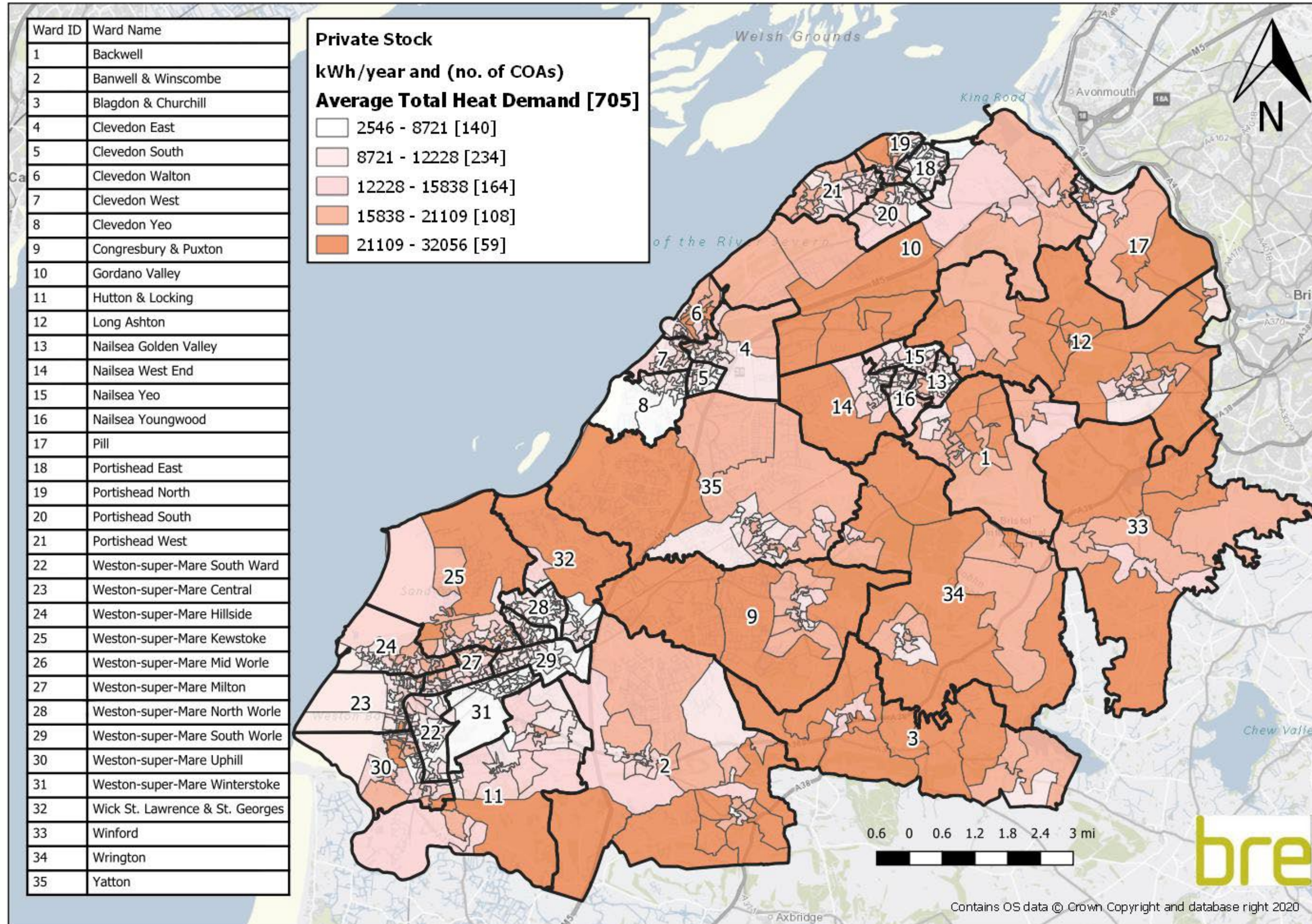
# Energy efficiency variables – estimated percentage of private sector dwellings in North Somerset with less than 100mm or no loft insulation



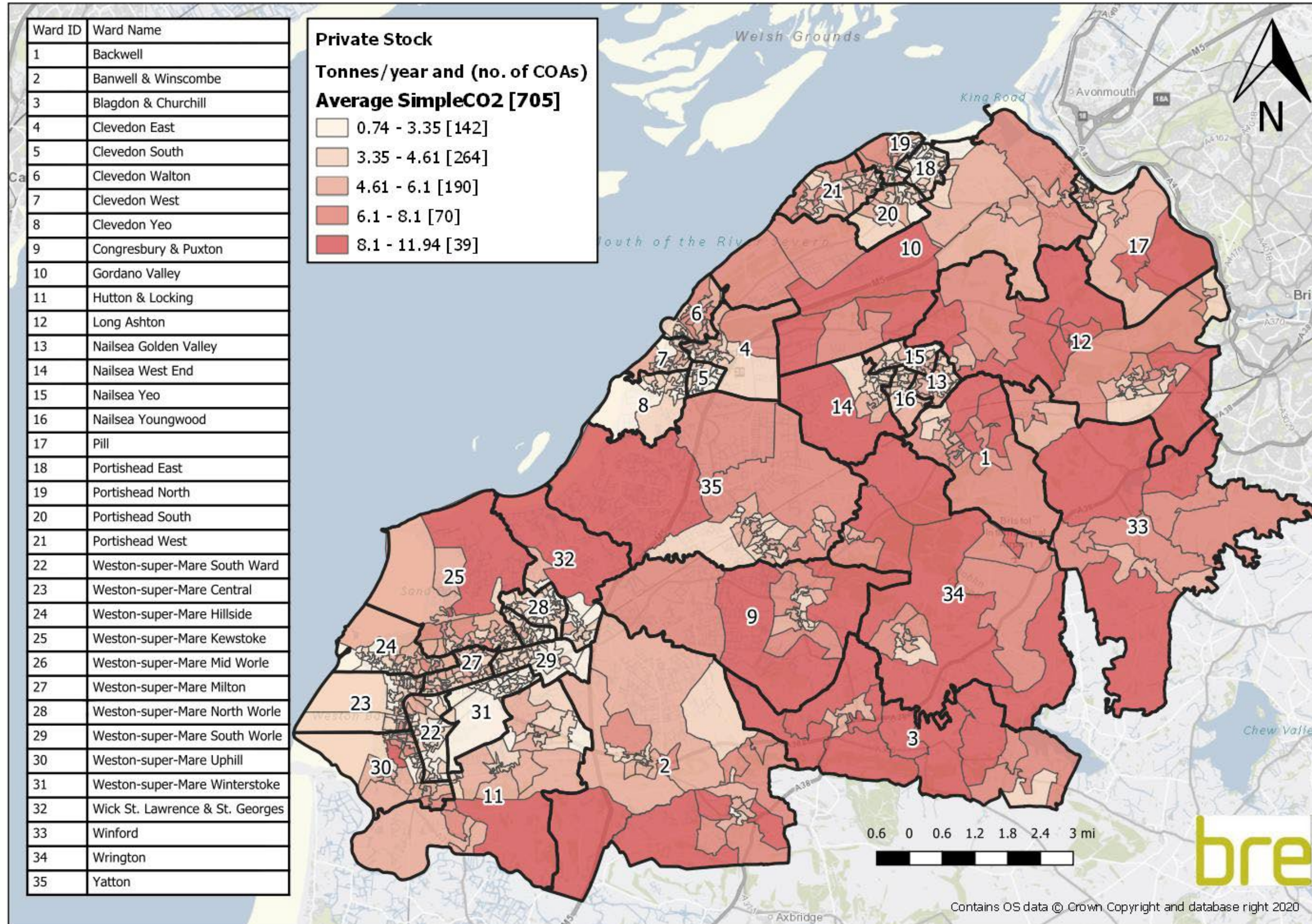
# Estimated average total energy demand (kWh/year) – private sector stock



# Estimated average total heat demand (kWh/year) – private sector stock



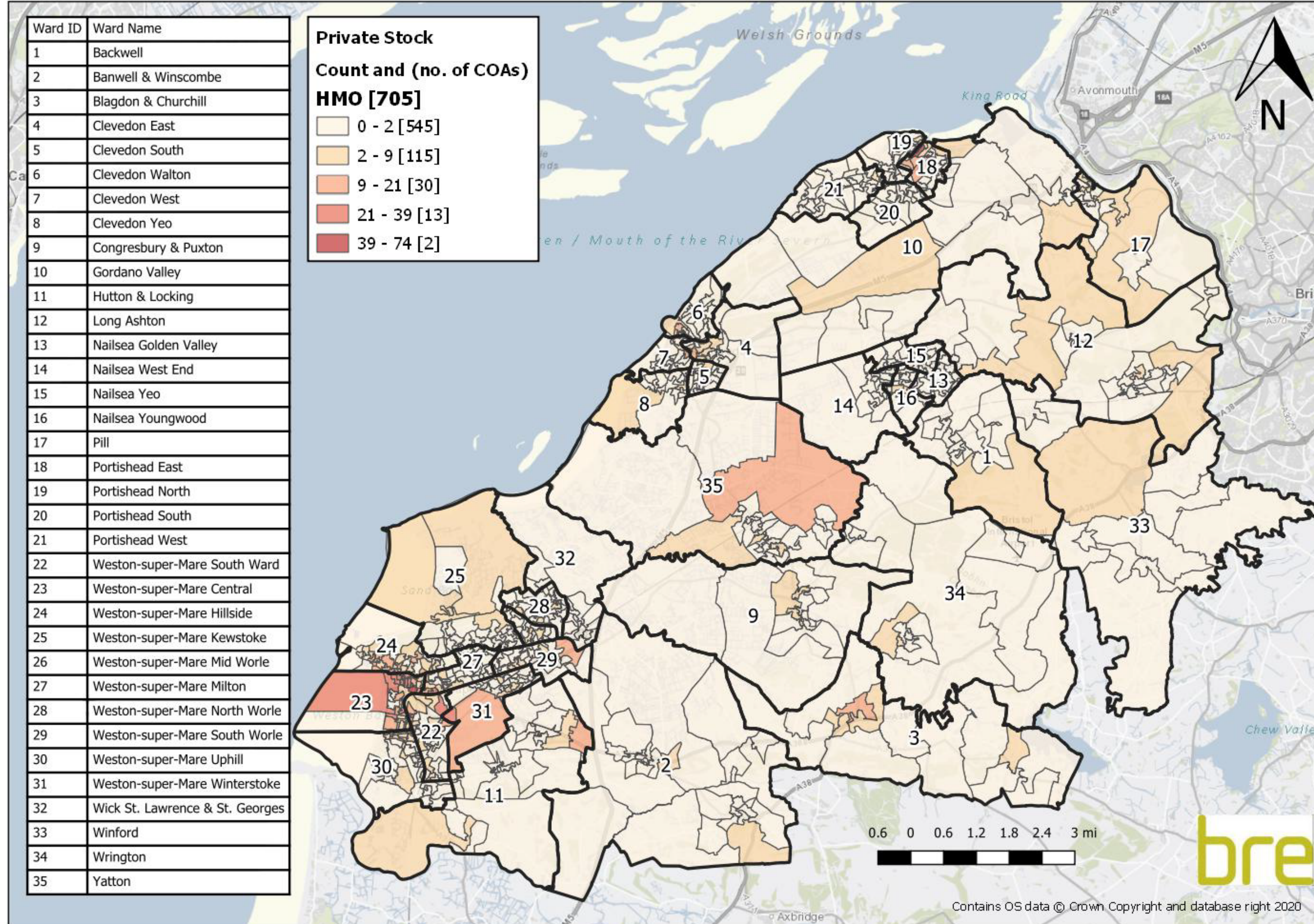
# Estimated average Simple CO<sub>2</sub> (tonnes/year) – private sector stock



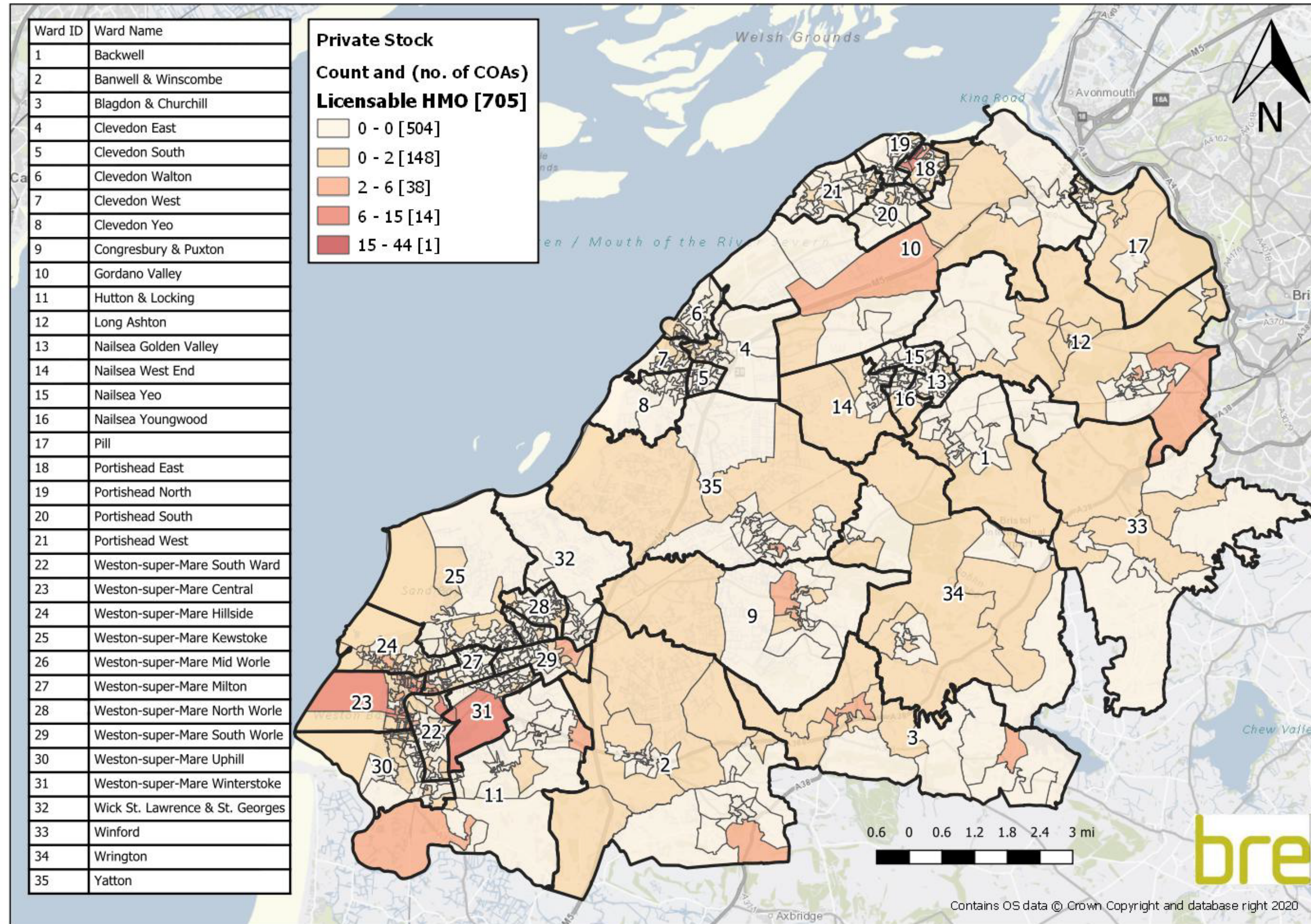
# Private Rented Sector Analysis

4.0

# HMOs

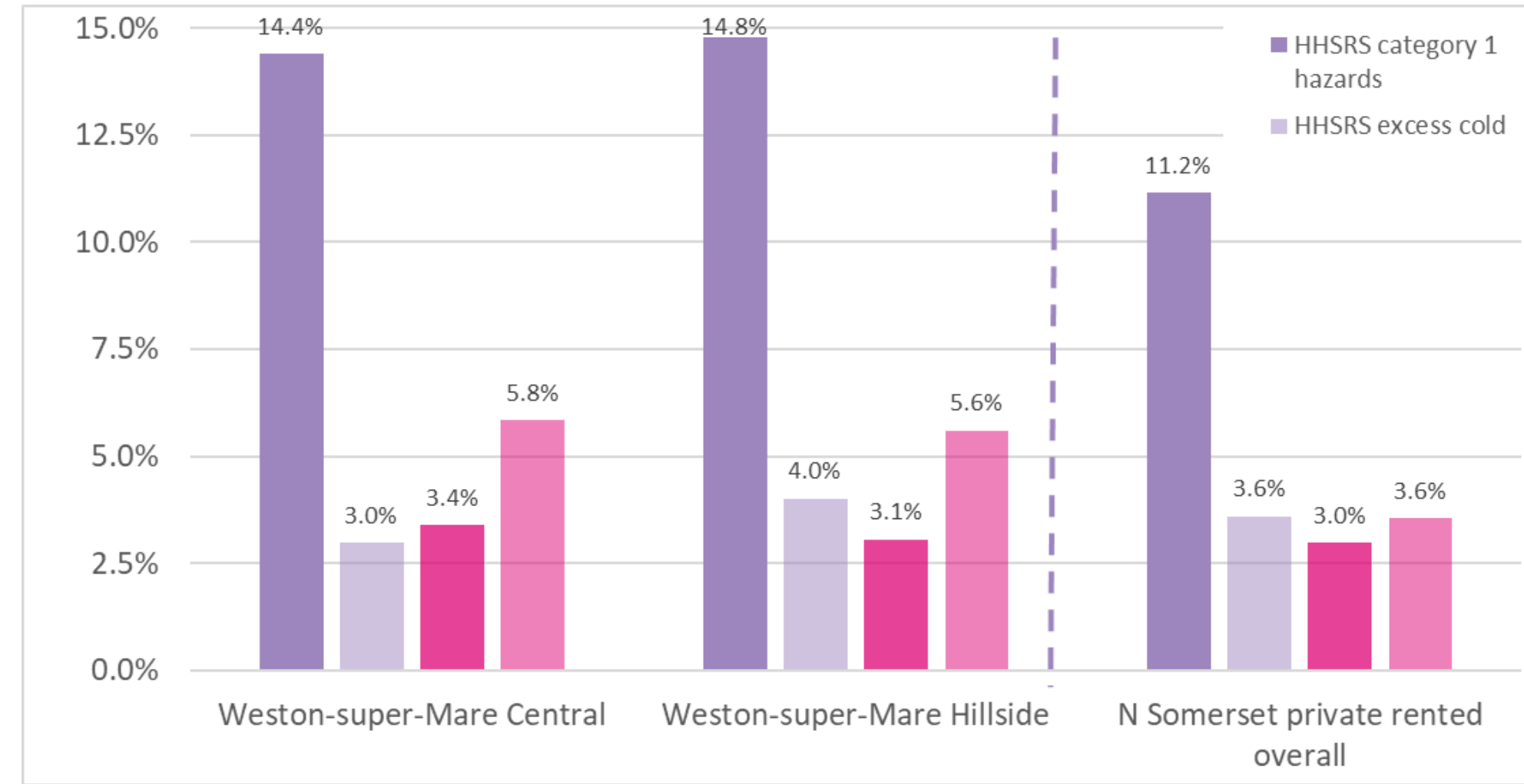


# Licensable HMOs

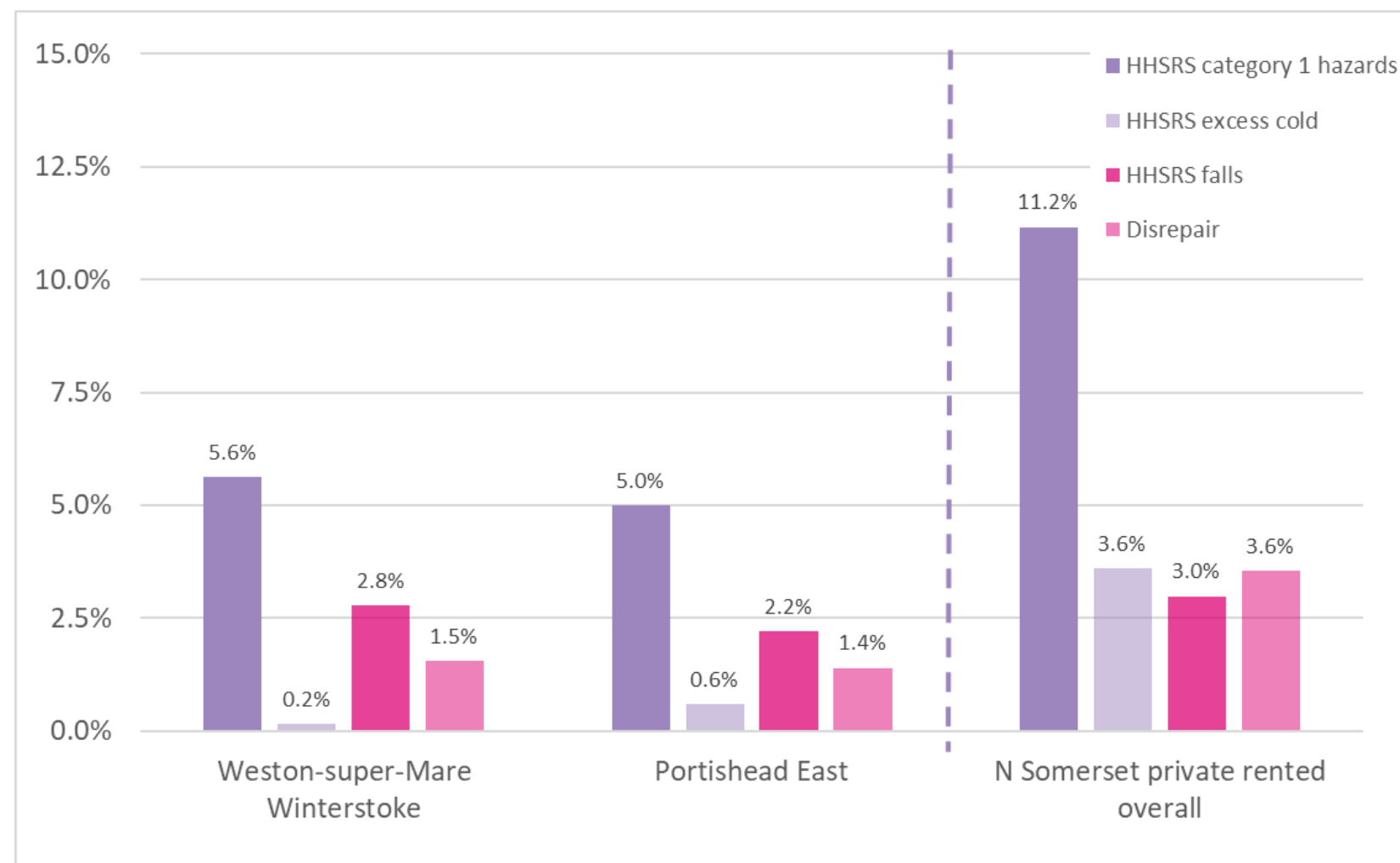


# PRS Housing Standards Variables

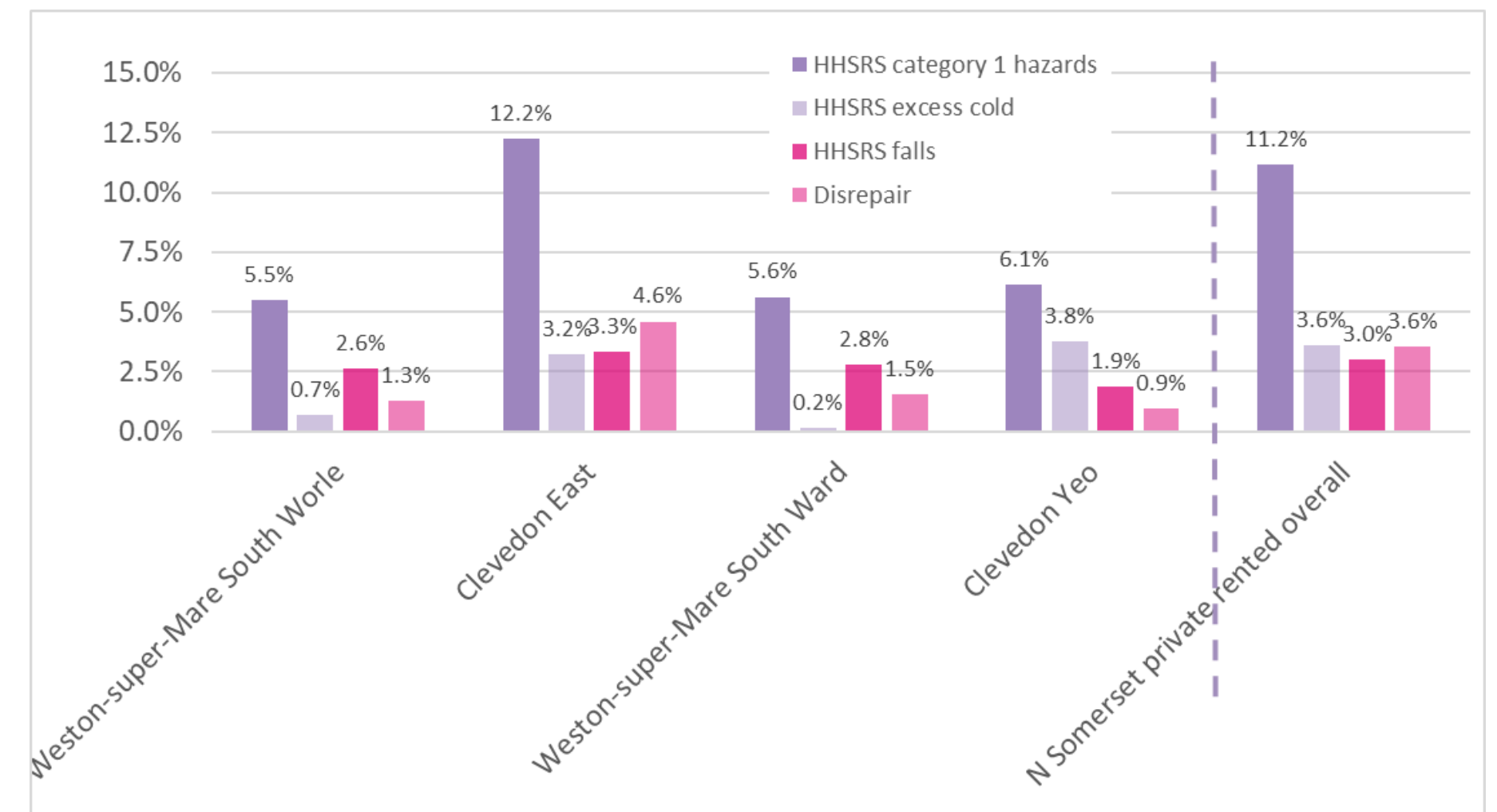
## PRS over 36%



## PRS 25 - 36%

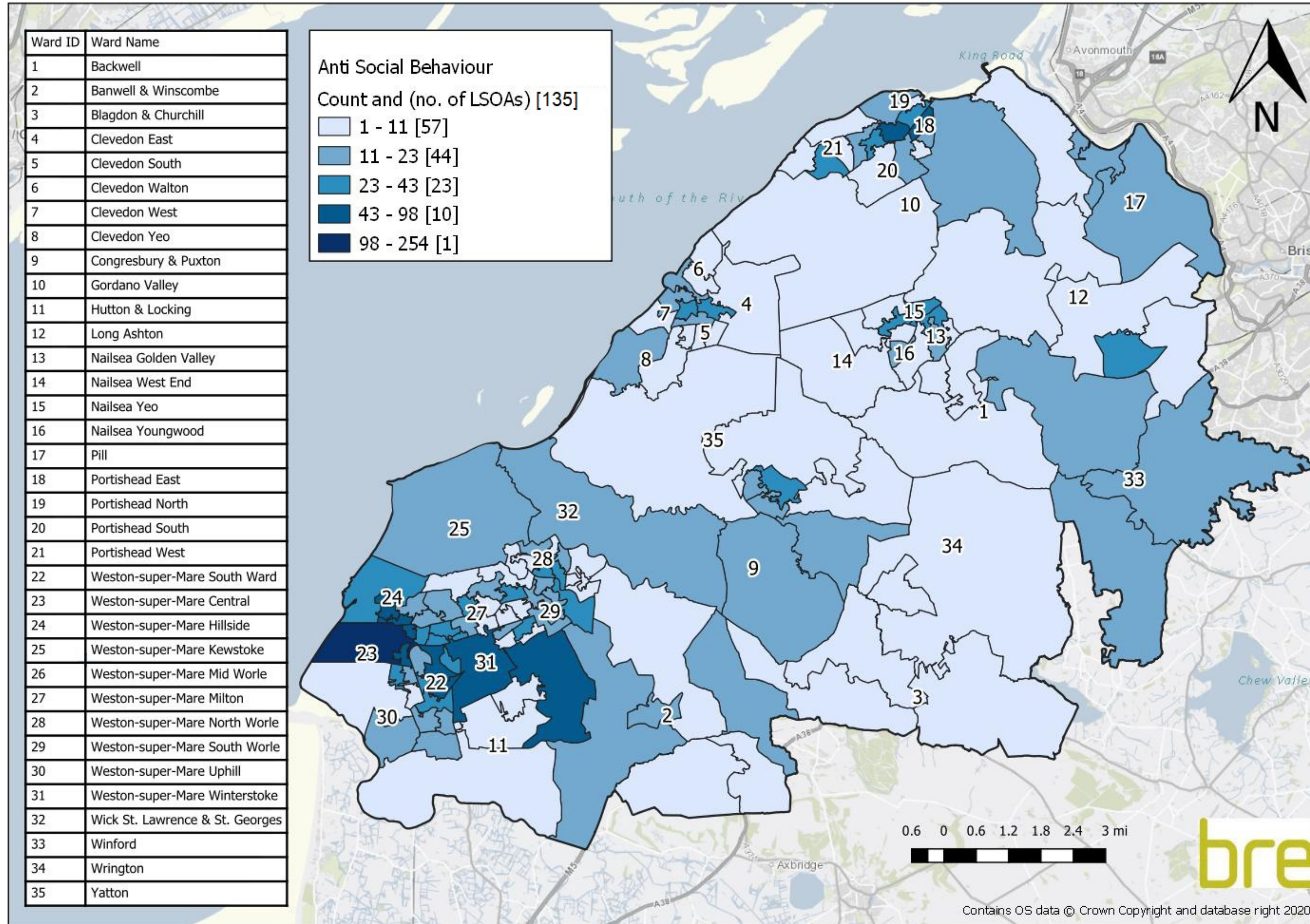


## PRS 19 - 24%

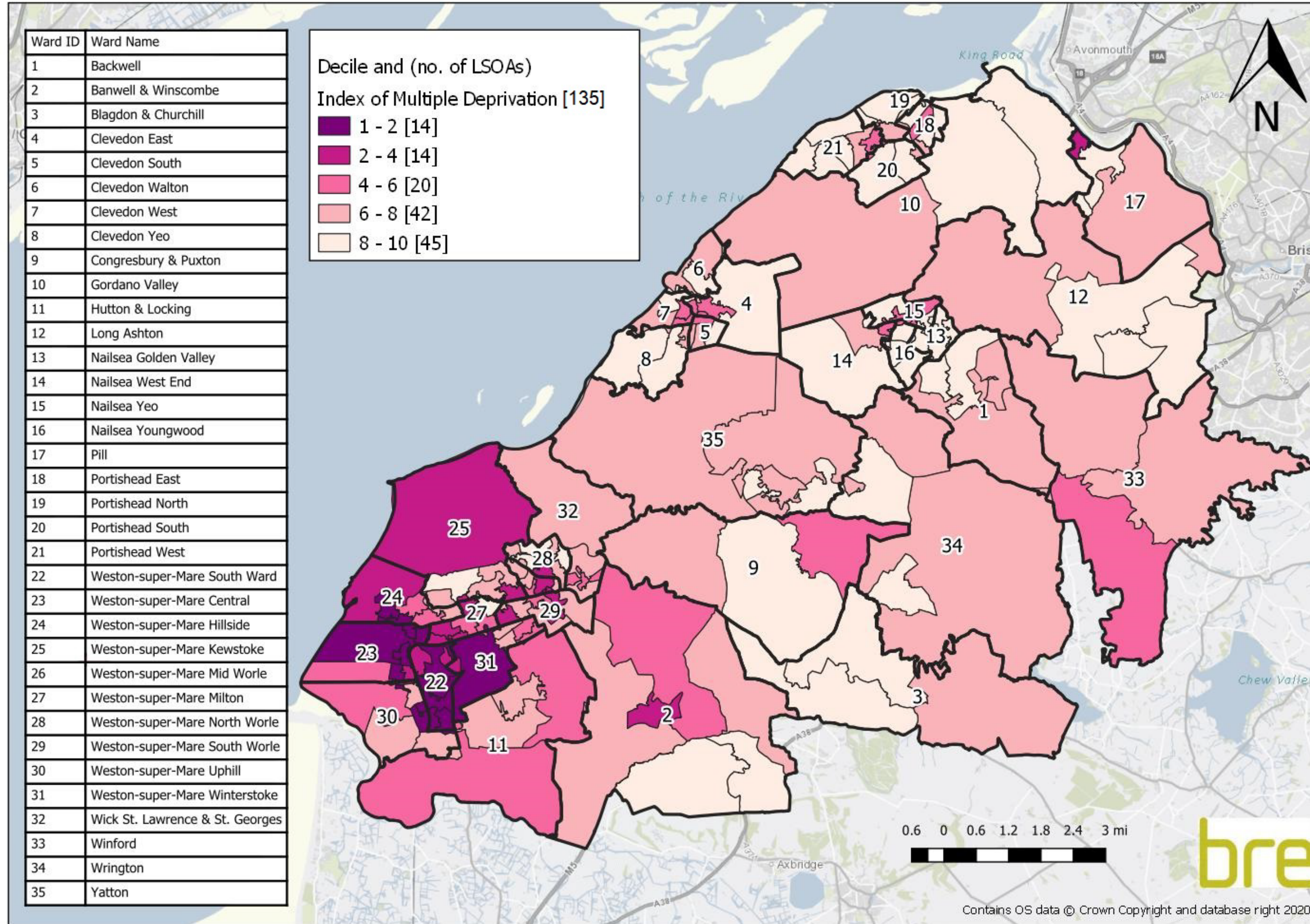




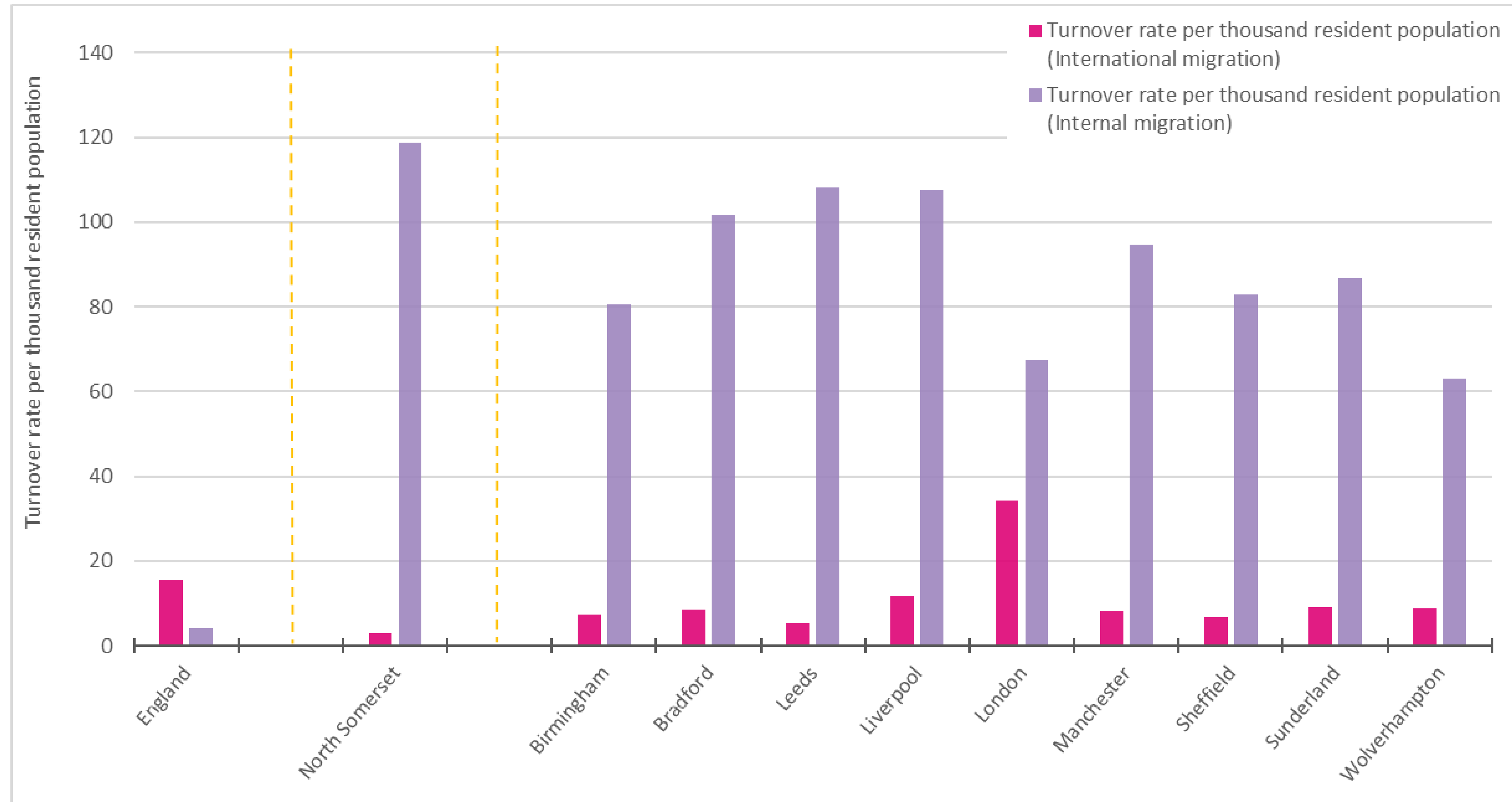
# Anti Social Behaviour (ASB)



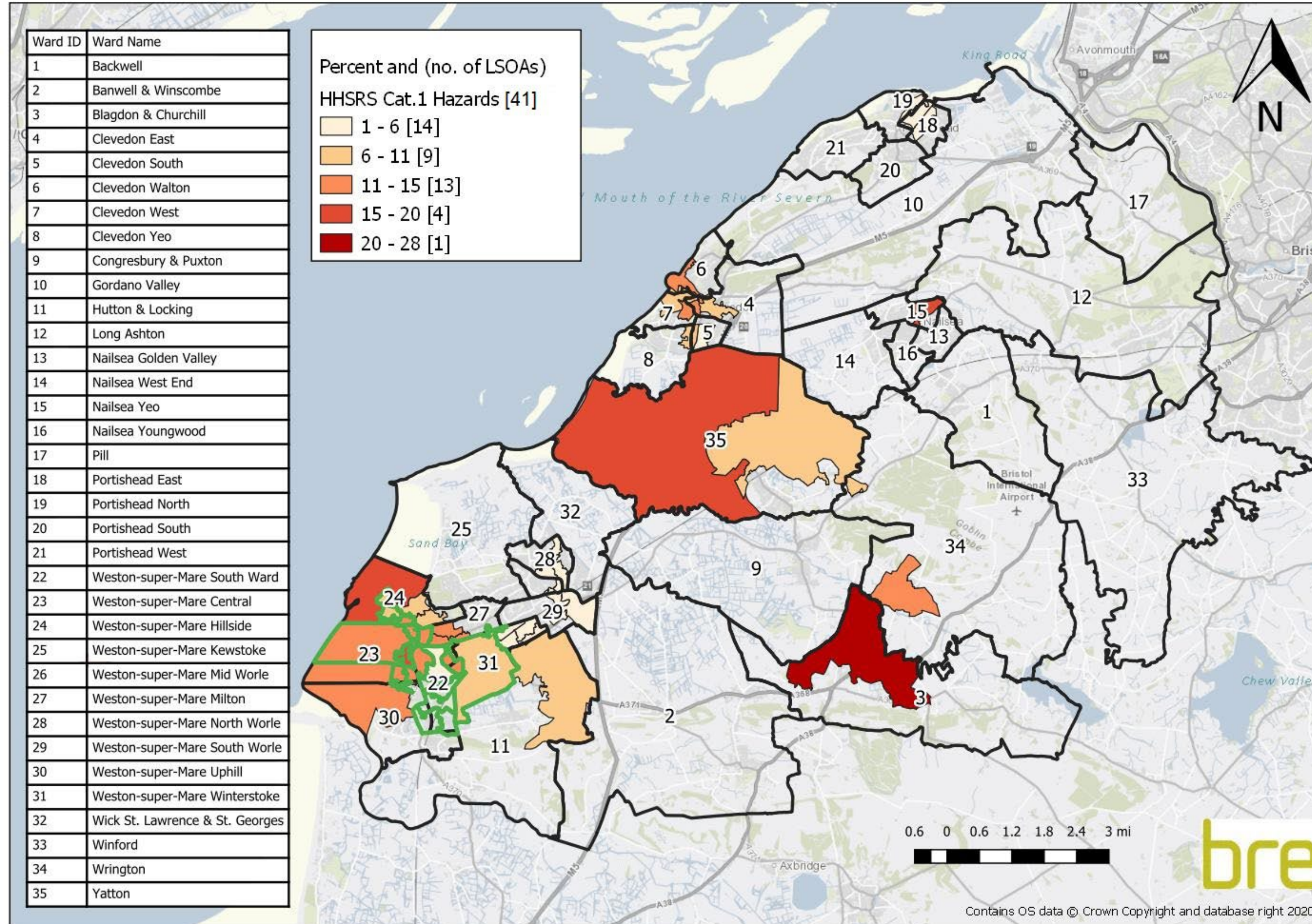
# Distribution of Deprivation (DLUHC, 2019)



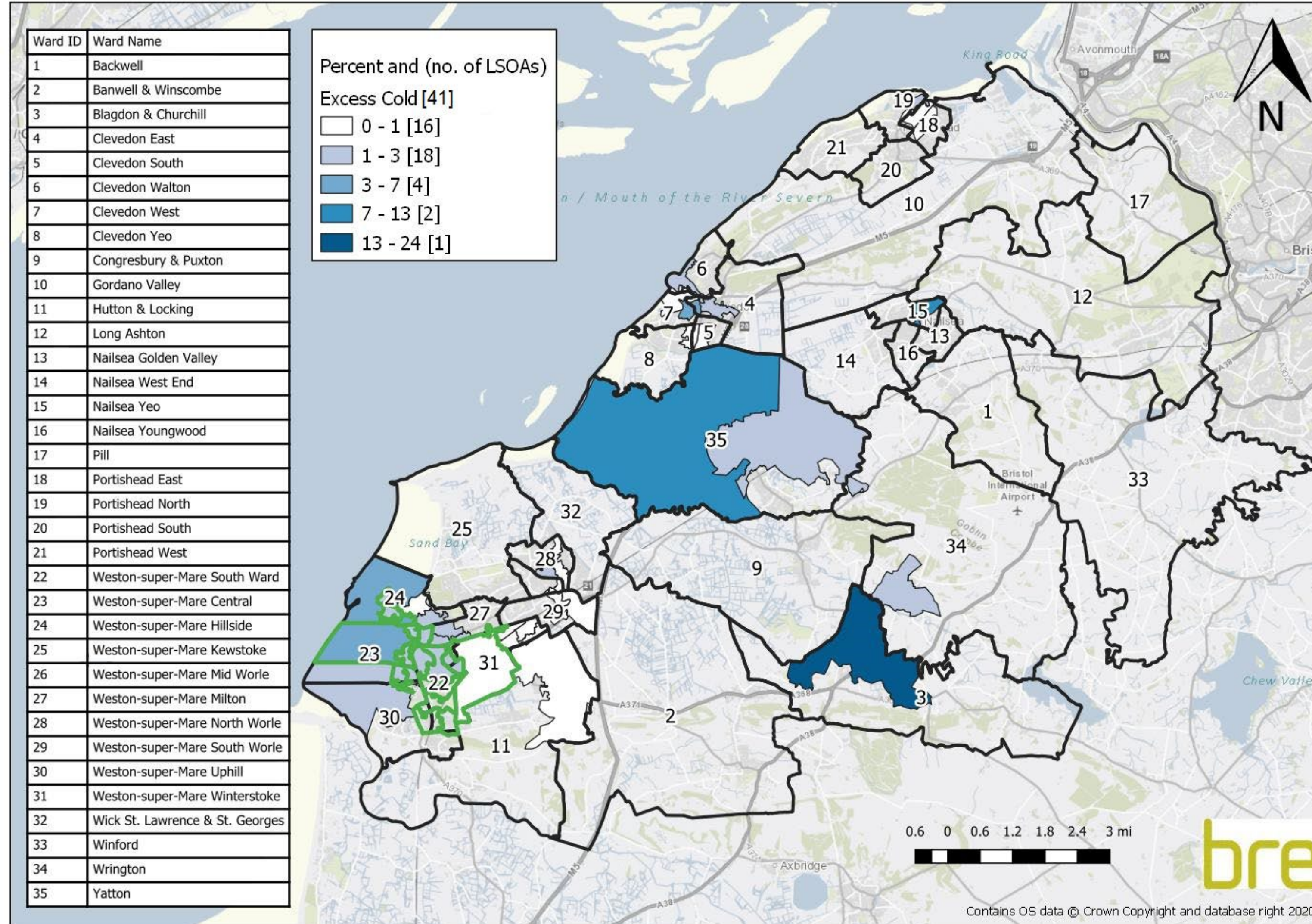
# Migration (ONS data, mid-2019 to mid-2020)



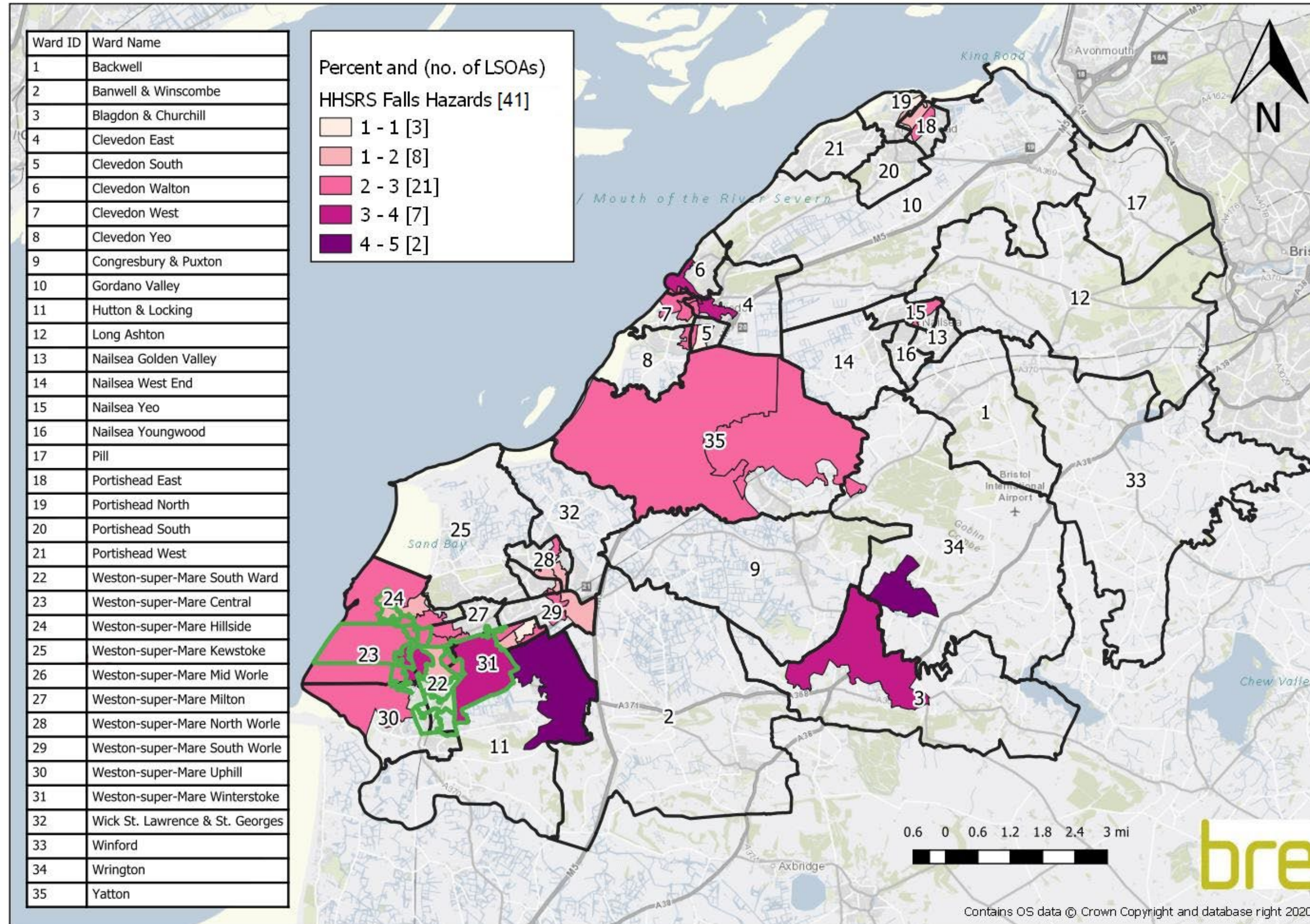
# Distribution of category 1 HHSRS hazards where the proportion of private rented stock is above the national average



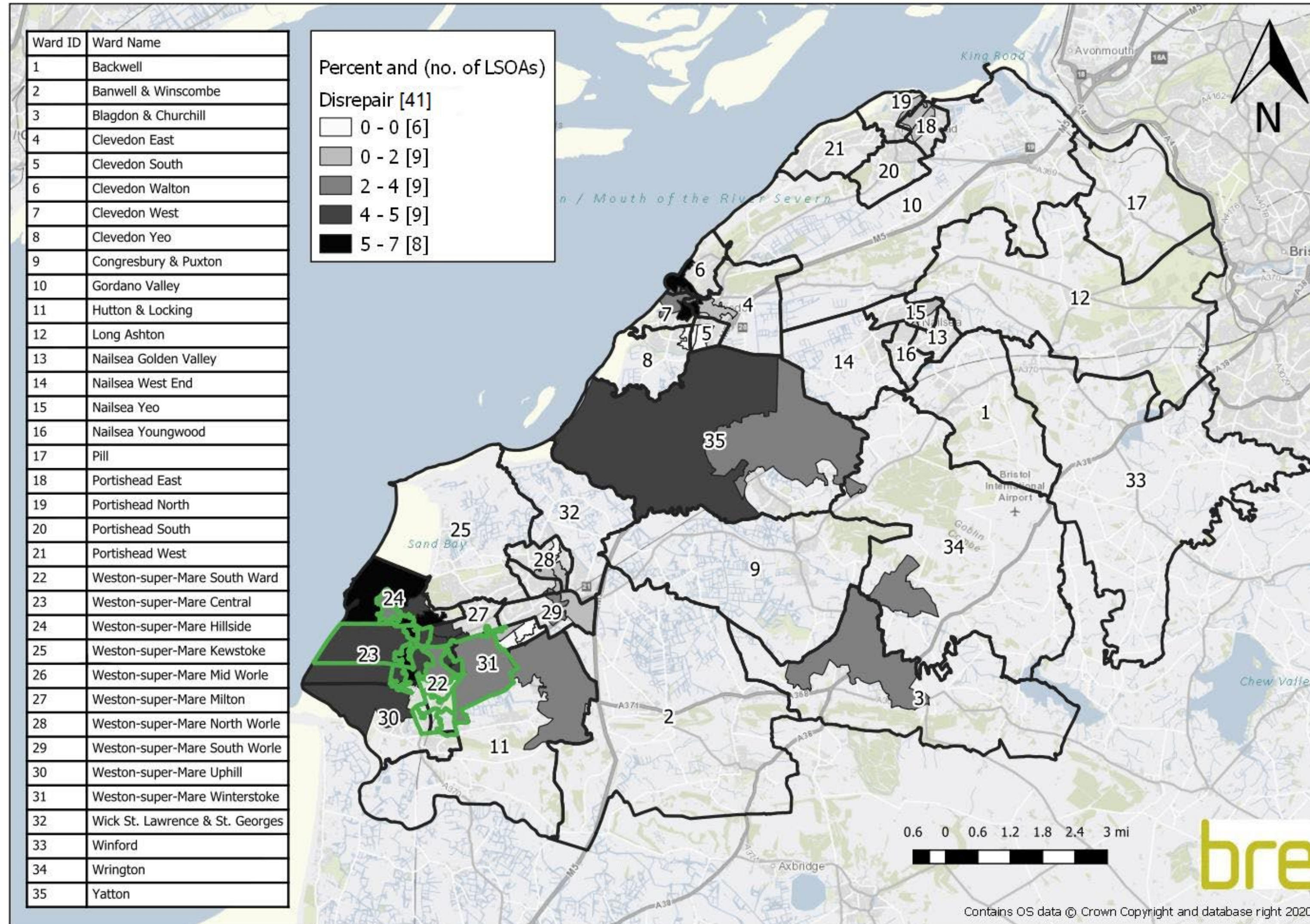
# Distribution of excess cold hazards where the proportion of private rented stock is above the national average

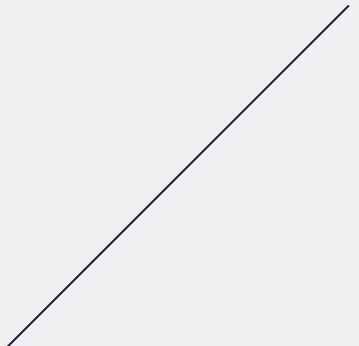


# Distribution of fall hazards where the proportion of private rented stock is above the national average



# Distribution of dwellings in disrepair where the proportion of private rented stock is above the national average



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# Conclusion

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# 5.0



# Key Results 1

– Housing stock in North Somerset compared to the EHS England average is mixed, the model indicates that:

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- North Somerset has lower levels of all hazards (9% compared to 10%)
- Disrepair (2% compared to 3%)
- Fuel poverty 10% definition (5% compared to 8%)
- Fuel poverty LIHC definition (9% compared to 10%),
  
- But higher levels for excess cold (4% compared to 3%)
- Low income households (21% compared to 25%).

## Key Results 2

- 8,644 dwellings in the private sector estimated to have category 1 Housing Health and Safety Rating System (HHSRS) hazards. This equates to just below 10% of properties.
- 2,175 dwellings in the private rented sector have category 1 HHSRS hazards. (11%)
- Estimated **average SimpleSAP rating** for all private sector dwellings in North Somerset is 60, which is worse than both England (62) and South West (61). For owner occupied stock the figure is 60 and for private rented stock it is 63.

# Starting Points / Potential Next Steps

– Proactive strategies are often the most productive at identifying vulnerable people living in poor housing

– Report and accompanying HSCD database provide data for identification of particular areas to focus on to improve the housing stock, e.g.

category 1 hazards and fuel poverty in the private rented sector  
excess cold in the owner occupied sector

– Programmes designed to tackle disrepair, e.g.

group repair schemes  
regeneration or enforcement interventions

– Energy efficiency improvement strategies, e.g.

wards with the poorest average SimpleSAP rating such as Blagdon and Churchill or Winford

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Thank you.

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## North Somerset Council

**Report to the Adult Services and Housing Policy and Scrutiny Panel**

**Date of Meeting: 23rd February 2023**

**Subject of Report: Service Development: Reablement / TEC / Falls Pilot Update**

**Town or Parish: All**

**Officer/Member Presenting: Gerald Hunt Principal Head of Commissioning, Partnerships and Housing Solutions**

**Key Decision: No**

**Reason:**

### **Recommendations**

To note the ongoing developments in these service developments.

#### **1. Summary of Report**

The report summarises the progression of service development in these areas.

#### **2. Policy**

Our vision for adult social care in North Somerset is: To promote wellbeing by helping people in North Somerset be as independent as possible for as long possible.

#### **3. Details**

TEC:

### **Background and strategic context**

North Somerset is home to 215,574 people and 24 per cent of the population are aged 65 or over compared to the UK average of 19 per cent.

It's forecast that in the next 25 years the population of people aged 85 and over will double. As people age the risk of developing illnesses and becoming frail increases, leading to greater need for health and social care. The pressure on the Health and Social system to meet the challenges of rising demand, acute workforce shortages and limited funding, is a huge national and local challenge.

One opportunity to mitigate these challenges is investment in technology enabled care (TEC) as part of our transformation journey. We have prioritised investment in TEC and broader transformation as critical to meeting these challenges, but an indicator of the

partnership focus of this agenda is that all current TEC posts in a team of six FTEs are externally funded via national awards or partnership contributions.

Our vision for adult social care is to promote wellbeing by helping people in North Somerset to be as independent as possible for as long possible.

Equally, the Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care System (ICS) has an ambitious digital and information sharing programme of which we are part. The use of technology and digital solutions is essential to transformation and ensuring sustainable, patient-centric, integrated services.

In line with the ICS Design Framework BNSSG ICS seeks to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience, and access
- enhance productivity and value for money.

Our leadership on TEC within the system is recognised by our contribution to this work via the Digital Board and Digital Population workstreams, as well as the national awards and close working with NHS Transformation team. We also chair the regional ADASS TEC support group where this social care voice in an area dominated by the voices of the acutes is heartening.

The Adult Social Care Reform white paper – People at The Heart of Care, published in November 2021 sets out a shared vision for adult social care which puts people and families at its heart, TEC is a key element in this reform and we have been pioneering all three priority areas:

- to ensure that all care providers have access to the necessary infrastructure that they need to enable digital care including access to high-speed connectivity and devices
- fall prevention technologies, such as acoustic monitoring, that can reduce frequency and severity cutting hospital admissions, length of stay in hospital and the need for long term care
- digital social care records that ensure data is captured at the point of care, provides access to appropriate NHS data and supports transfer of data between care settings, resulting in less repetition of information that can lead to errors and improving productivity.

## **TEC achievements**

We have a proven track record of leading digital and innovative programmes to improve the health and wellbeing of the population, engaging our partners and community to co-design solutions. We have been a driving force in BNSSG ICS and successfully led programmes of work to support digital transformation, more of which below.

## **Nationally acclaimed projects**

- On behalf of NHS Transformation (formerly NHS X) we have received over £2m in funding. Two of these awards are to deliver UK first delivery models on behalf of

BNSSG ICB, North Somerset, Bristol City and South Gloucestershire councils. BNSSG is the only NHS Digital Accelerator system, delivered and sponsored by a local authority, ensuring the voice of social care is central to policy development both at a local system and national level.

- We received nearly £700k as part of Unified Digital Fund subsequently extended to over £1.5m to deliver an initial 600 units of acoustic monitoring in care homes using the UK's first central monitoring system sustained by a cost-effective subscription service for care providers.
- We also received funding as part of NHS Transformation, Digitising Social Care Records to support care providers particularly smaller care homes and the UK's first work with domiciliary care providers on designing a dataset for national standards for information sharing with domiciliary care providers. Greater take up of digital systems was encouraged from an innovation grant targeted at care providers as part of our Covid financial assistance to them, encouraging them to match investment on TEC, carbon reduction measures, and community engagement projects. The Innovation Grant of £700k was match funded by the ICB and further drew in NHS national funding as part of the above awards. The funding will support inclusion of additional care home providers across the BNSSG ICS footprint, to further progress our vision for all care providers to adopt digitalised care records by 2024. Records will be shared via the Connecting Care platform to support informed hospital admissions and discharges from and to care home settings.
- Before these schemes we were also awarded funding by LGA/ NHS Transformation, to support a project to design and develop a hydration app as a tool for care staff to improve hydration care in care homes.

## Reablement Pathway and TEC

- We have redesigned reablement pathways in North Somerset adopting a 'TEC and therapy first' approach, as part of a system wide discharge to assess business case to reduce length of stay. This included the development of an in-house virtual TEC hub that has assisted dramatically improved reablement outcomes (delivering over £1.25m in 2021/22). We are currently working closely with community health and acute partners to integrate our TEC support offers to reduce length of stay and increase P0 pathways to support effective hospital discharge arrangements.
- In the first twelve months of the reablement pathway, 37% per cent of service users passing through the service have ended with no ongoing care needs, but referrals to other services include 213 physio referrals, 152 requests from the voluntary sector, 174 referrals for TEC support and 140 referrals to the Wellness service.
- We have invested in and transformed our wellbeing and rapid response services. We've identified the need to develop infrastructure to support wider TEC use that will reduce ongoing packages and promote greater independence. TEC is only as effective as the pathway it's delivered in, and we recognised that to deliver a shift in care practice and commissioning, we expanded our Wellness Service ( a telephone support service offering scaled telephone assurance and TEC support to older people) and merged with our Rapid Response service (an emergency response service to all no response calls, welfare concerns and emergency support including personal care, to all our pendant alarm service users.) to provide a 24/7 monitoring

assurance and response care service, that will form the building block of how we move from planned care to more dynamic responsive care offerings.

The deployment of urgent support backed by growing reliance on TEC to monitor conditions and provide assurance and wellbeing to service users and their families is critical to this shift in delivery models. This recognises that care needs are volatile and not linear and future commissioning models need to deliver care and support when needed not necessarily as planned.

The TEC we are currently deploying and described below will ensure we can assess both clinical and wellbeing needs on a consistent and regular basis. Working with our partners in primary and urgent care (GP Care Home Support and SWAST), the voluntary sector (NS Community Hub) our community health provider (Sirona) and the Wellness /Response service and the new Acoustic Monitoring Service, we can build capacity to deliver urgent and ongoing support to support our service users but also other long-term care patients living in the community. Current work matching population health management data of the overlap of services to support primary care's most frequent and complex cohort is a critical next step in identifying further investment in these services.

### **Working with the New Locality Delivery Partnerships - Falls project**

Building on our partnership working and focus on aligning health and social care capacity is the current falls project. This started in November 2022 working with LDP health partners and SWAST, the aim was to improve the current community-based falls response service in preparation for winter, with a view to:

- enhancing outcomes and experience for those who fall, through improving initial response times and reducing the risk of long lies
- improving system efficiency, focusing ambulance capacity where it's needed most and building on existing community-based provider models. (NHSE 2022)
- preventing more SWAST call outs and conveyances to hospital by increasing clinical rapid support from the locality partnerships and alternative transport arrangement, working jointly with Response24
- widening referral pathways, preventing more green and amber calls going to SWAST.

To date from 106 calls relating to falls, with an average response time of 25 minutes, 66 have been assisted by Rapid Response back onto their feet, and only 14 have needed ongoing attendance at hospital. 41 of these calls have used TEC devices (WHZAM) to support virtual clinical assessment. We are currently exploring how this pilot can be expanded.

### **TEC Offers**

#### **Acoustic Monitoring**

As mentioned earlier, we were successful in securing funding to implement 600 units of acoustic monitoring to be installed across the ICS. Acoustic monitoring listens for noises in a client's room and alerts if there's a problem. The technology adapts to personalised background noises. The advantages include eliminating the need within a care setting for regular check-in with the client, that frequently is done every couple of hours and will disturb the client during the night.



It has a proven track record on reducing the number of falls - a common cause of hospital admissions from care homes and, particularly when delivered centrally, will allow care providers to reduce overnight care staff capacity.

Improved quality of sleep improves wellbeing and in the context of dementia care settings leads to more relaxed behaviour during the day, which also leads to reduced staffing.

The deployment of this equipment on scale will offer tangible financial support to care providers, assist with the workforce challenges, and improve the quality and assurance of care provider services, particularly given the prevalence of agency night care staff. The use of technology also enhances the staff experience, upskilling their role and changing staff from a task focus to a person-centred focus on improving sleep quality.

We are currently onboarding care homes and have agreed a pricing point with the monitoring service (delivered by our Rapid Response provider) of £6 per unit per week - a cost-effective solution for providers.

The equipment is being installed from March 2023 but was initially piloted in one large home during 2020. Following additional funding we are now aiming for over 1,800 units in at least 24 care homes across the three local authority areas.

The future vision is to distribute this and similar equipment such as radar to community settings, substantially reducing the need for overnight care costs by using the central monitoring functions and either locating community services near these care homes or using our expanded Rapid Response services.

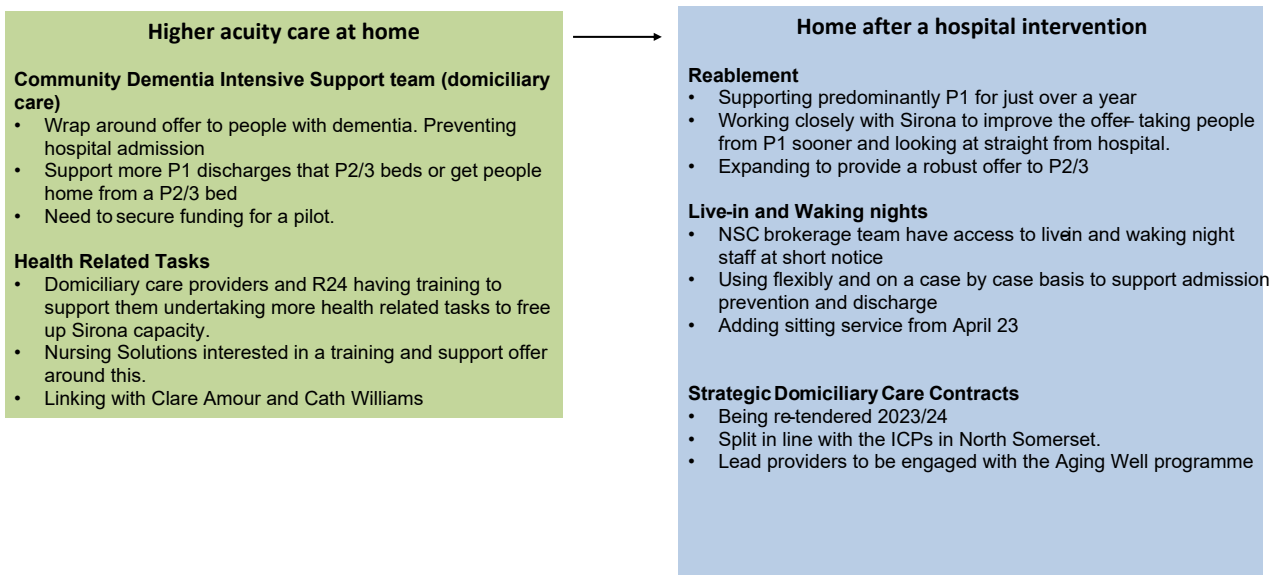
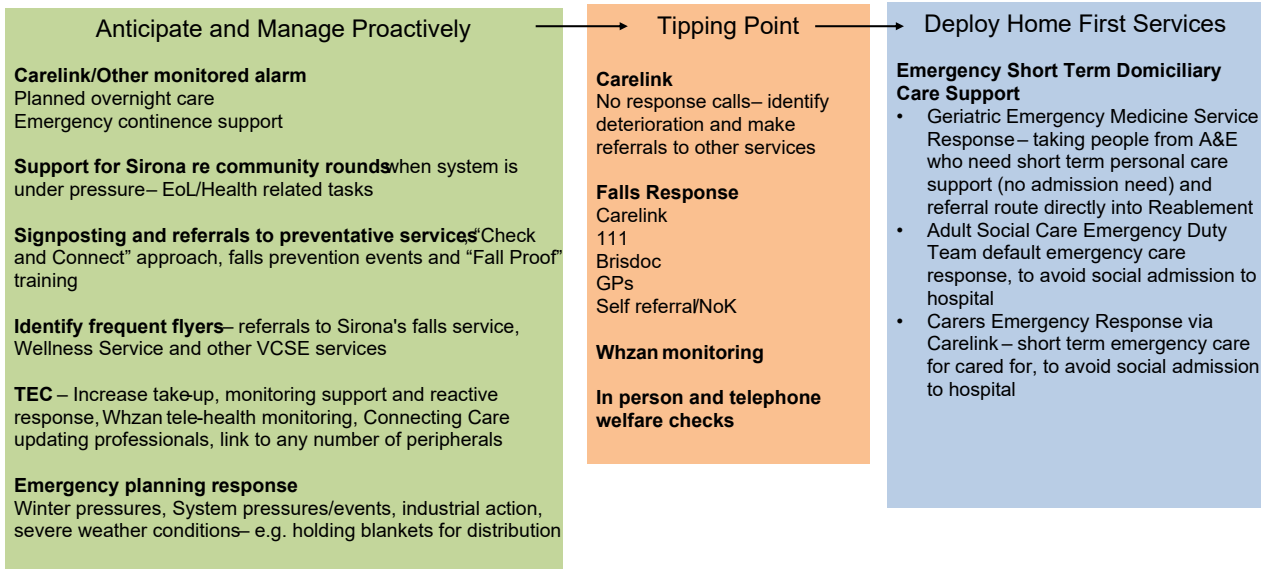
As well as the acoustic monitoring, we'll be evaluating the benefits of the WHZAN Blue Box and ARMED wearable devices to support hospital discharge arrangements.

Blue Box technology has shown benefits in reducing unplanned hospital admissions. Care staff can easily record an individual's blood pressure, oxygen saturation levels, temperature and blood pressure, the information is recorded using a tablet and stored in the cloud.

ARMED uses wearable technology to collect key metrics associated with frailty and the risk of falling. To prevent falls and identify other risks, collecting the right data and analysing it to identify patterns are key. Machine learning allows alerts to be raised to identify any risks. Community trials have identified that warning flags are being raised approximately 32 days in advance of a potential incident, allowing for early intervention and appropriate support. Gradual deterioration can be spotted before it's too late, empowering independent living for longer.

In presenting this report, officers will demonstrate the effectiveness of TEC and the Falls pilot with examples of case outcomes.

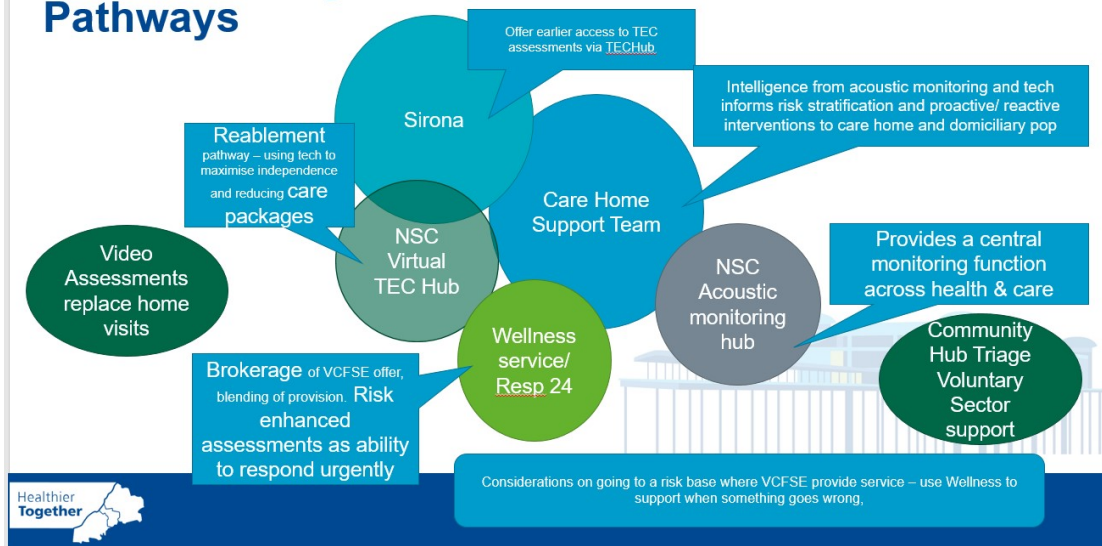
Currently we utilising the Adult social Care Discharge Grant and the LDP's Aging Well Funding to expand these services, and the following slides illustrate further how these service developments are broadening to deliver potentially integrated health and social care solutions for our area.



**“Our TEC services will support a Risk Management and Strength based approach to Care Assessments. The outcomes will enhance Wellbeing, reduce Care Packages & support the reduction of Hospital admissions and quicken discharges.”**

- Virtual assessments and assurance calls e.g. Wellness Service to reduce physical visits
- Digital Social Care Records all care providers by 2024, national lead for more effective hospital discharges and admissions
- Increased efficiency in work scheduling for domiciliary care
- Encouraging and supporting service users to maximise independence, improve wellbeing
- Wzhan Blue Boxes and Armed systems to encourage proactive health management and reduce use of emergency and health services.
- Pendant alarms e.g. Carelink complimented by Wellbeing service and the above monitoring systems can reduce physical call outs.
- Capacity to respond is crucial Wellbeing/Rapid Response merger will provide 24/7 response, . Future access to clinical decision making via Care Home Support Hub.

## How TEC integrates into DTA /Reablement Pathways



### 4. Consultation

All of this work is subject to engagement with partners at both Local Delivery Partnerships and with our Care Providers, in particular Access Your Care who have contributed significantly to how they services have been developed and progressed.

### 5. Financial Implications

TEC has delivered significant inward funding from NHS Transformation to North Somerset, TEC reablement services have delivered in excess of current MTFP saving requirements. We believe the model of health and social care delivery will deliver significant further savings to both health and social care.

## **6. Legal Powers and Implications**

N/A

## **7. Climate Change and Environmental Implications**

Funding of additional TEC will support the reduction in care journeys. Reductions in care packages will reduce carbon emissions from care visits.

## **8. Risk Management**

**None identified**

## **9. Equality Implications**

[Have you undertaken an Equality Impact Assessment? Yes/No

These initiatives are designed to have positive equality impacts particularly in relation to older people who are disproportionately impacted by hospital discharge delays and access to care packages.

## **10. Corporate Implications**

N/A

## **11. Options Considered**

N/A

### **Author:**

Gerald Hunt Principal Head of Commissioning, Partnerships and Housing Solutions  
07766366097 [gerald.hunt@n-somerset.gov.uk](mailto:gerald.hunt@n-somerset.gov.uk)

### **Appendices:**

None

### **Background Papers:**

None

## North Somerset Council

### Report to the Adult Services and Housing Policy & Scrutiny Panel

**Date of Meeting: 23<sup>rd</sup> February 2023**

**Subject of Report: Asylum Seeker Programme**

**Town or Parish: All**

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

**Key Decision: No**

**Reason:** The programme is led by the home office and local authorities are not responsible for commissioning asylum seeker services though are expected to accommodate up to 0.5% of their population. Some local authorities are legally challenging the home office policy with little success.

### Recommendations

It is recommended that ASH members note the content of the report and accompanying presentation.

#### 1. Summary of Report

- 1.1 The report summarises North Somerset Council's approach to accommodating asylum seekers. This report pertains to people crossing the channel in small boats/crafts. It does not relate to other asylum programmes including the Ukrainian, Afghanistan or Hong Kong programmes.

#### 2. Policy

- 2.1 On 13<sup>th</sup> April 2022, the Home Office announced that all LA's would be expected to be asylum dispersal areas, this is in an attempt to have a fairer distribution of asylum seekers. This programme is separate to the Ukrainian resettlement scheme and is purely for asylum seekers waiting for their asylum claim to be considered. The obligation arises from the European Convention of Human Rights (ECHR) and the 1999 Immigration and Asylum Act.

#### 3. Details

- 3.1 Most asylum seekers have entered the UK in small boats and crafts and the sharp increase in crossings and the pandemic have led to over 50,000 destitute migrants who are currently being accommodated in hotels. The increase has in part occurred because the pandemic prevented the Government from removing people from the UK. Local Authorities are not expected to accommodate asylum seekers beyond

0.5% of their population, equating to one asylum seeker per 200 residents. Currently there are 400 asylum seekers being accommodated in North Somerset. The hotels are meant to be a temporary measure but there is no information yet on how long they will operate.

- 3.2 There is no central government funding for the hotels, administration or services commissioned to support the asylum seekers. There are little grounds on which to object though councils have raised legal challenges, and these have been unsuccessful.

#### **4. Consultation**

- 4.1 Elected members in areas where hotels are located have received briefings. We are also working on a promotional campaign aimed at developing and maintaining community cohesion. Consultation on the location of hotels is not undertaken because the council have limited and sometimes no advance notification that a hotel is being opened and have little grounds on which to object to their location or opening. Representation has been made to the home office by the CEO and officers.

#### **5. Financial Implications**

- 5.1 The government are providing no funding for the hotels or supporting services. Currently the programme is being managed by Adult Social Care and supported by Public Health and Housing Solutions. There are financial implications for Children's services, this is because several people placed in the hotels are either identified or self-identify as being under 18 years of age and in some cases need to be accommodated.

#### **6. Legal Powers and Implications**

- 6.1 European Convention of Human Rights (ECHR)  
1999 Immigration and Asylum Act

#### **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 There is a risk to our place making programme, housing, tourism, and children's placement budget.

#### **9. Equality Implications**

- 9.1 The home office is responsible for developing and publishing the EQIA.

## **10. Corporate Implications**

10.1 Risk to our place making programme, housing, tourism, and children's placement budget. There are also challenges in respect of senior management capacity to manage the programme and operation support.

## **11. Options Considered**

11.1 None – the programme is managed by the home office and local authorities have little grounds on which to object to the programme.

### **Author:**

Hayley Verrico  
Director-Adult Social Services  
North Somerset Council

Tel: 07769163936  
E-Mail: [hayley.verrico@n-somerset.gov.uk](mailto:hayley.verrico@n-somerset.gov.uk)  
Post: Town Hall, Walliscote Grove Road, Weston-super-Mare, BS23 1UJ  
Web: [www.n-somerset.gov.uk](http://www.n-somerset.gov.uk)

### **Appendices:**

Asylum Contingency Hotel Presentation

### **Background Papers:**

None





# ASYLUM CONTINGENCY HOTELS



Hayley Verrico



# Asylum Seeker Programme

- Hayley Verrico-Project Sponsor
- Anna Carey – Community Co-Ordinator – Weston College
- Kay Eccles – Head of Housing Solutions (supporting)
- Access to Home Office database
- Safeguarding Manager allocated to receive safeguarding concerns
- Safeguarding policies agreed
- Referral processes to Children’s services agreed
- Engaging with VANS and Partnership Services Co-Ordinator at Bristol Refugee & Asylum Seeker Partnership (BRASP) sixteen local organisations supporting refugees and asylum seekers
- Visit to the premises conducted

# Overview

- 13<sup>th</sup> April 2022, the Home Office announced that all LA's will be expected to be asylum dispersal areas, this is in an attempt to have a fairer distribution of asylum seekers
- This programme is separate to the Ukrainian resettlement scheme and is purely for asylum seekers waiting for their asylum claim to be considered. The obligation arises from the European Convention of Human Rights (ECHR) and the 1999 Immigration and Asylum Act
- Most have entered the UK in small boats and crafts and the sharp increase in crossings and the pandemic have led to 37,000 destitute migrants who are currently being accommodated in hotels. The increase has in part occurred because the pandemic prevented the Government from removing people from the UK
- LA's will not be expected to accommodate asylum seekers beyond 0.5% of their population, equating to one asylum seeker per 200 local residents
- Currently 400 asylum seekers being accommodated in North Somerset
- Meant to be a temporary measure, no information yet on how long they will operate
- No LA funding for the hotels, administration or services commissioned to support the asylum seekers
- Little grounds on which to object though councils have raised legal challenges-unsuccessful
- Concerns have been made to the home office

# North Somerset Overview

- The Home Office have commissioned 5 hotels, overflow accommodation also commissioned in WSM
- Request not to proactively advertise the use of the hotel
- Weekly meetings - AWP, mental health provider, Public Health, CCG, Safeguarding Lead, Environmental Health, Children's services, VCS
- Community Cohesion Group established
- Out of Hours and Police aware
- Ample communal indoor and outdoor space and shared dining areas, rooms for activities, private meetings
- Full board and culturally appropriate meals provided
- Asylum seekers can apply for an £8 week living expenses allowance
- Mobile phones can be provided for individual calls
- Registration with local GP's has been arranged, funded by CCG
- Translation services are provided by Clear Voice and Language Line

# North Somerset Overview

- Asylum seekers are not detained but security staff at the site 24/7
- Any person not returning to the hotel is the responsibility of the Home Office
- Legal advice to asylum seekers provided by Migrant Help
- No Recourse to Public Funding (Immigration Act 1972)
- Asylum seekers cannot seek paid employment
- Physical health, mental health problems including mental health safeguarding, care of a child, meeting care needs can be met
- Risk assessments completed by Home Office
- Age assessments completed during in processing but ability to challenge once accommodated in a hotel
- Disability assessments completed in processing
- Asylum seekers can request a move to a more suitable location (application to the Home Office)

# Weekly Multi Agency Partnership Meetings

- Safeguarding
- Minors/Children/Education
- Health concerns/outbreaks
- Security
- Health & Safety
- Community cohesion/CVS engagement
- Public Health Issues
- Availability of interpreters
- Cultural needs
- Bristol Refugee and Asylum Seeker Partnership (BRASP) engaging with VANS

# Priorities

- English language classes/activities
- Access to health care
- Age assessments/children's placements
- Isolation related to families/expectant mothers
- Mobilising voluntary & community sector
- Sourcing long term funding to for administration, other items including dentistry, transport, voluntary & community sector
- Managing communications with members of the public
- Understand and manage any potential Public Health Issues
- Sourcing dispersal accommodation approx 150 housing units

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## North Somerset Council

### Report to the Adult Services and Housing Policy and Scrutiny Panel

**Date of Meeting: 23rd February 2023**

**Subject of Report: Adult Social Care Discharge Fund**

**Town or Parish: All**

**Officer/Member Presenting: Gerald Hunt Principal Head of Commissioning, Partnerships and Housing Solutions**

**Key Decision: No**

**Reason:**

### Recommendations

To note the receipt and distribution of the Adult Social Care Discharge Grant

#### 1. Summary of Report

The report summarises the urgent actions taken to distribute and execute measures to support Hospital discharge arrangements this Winter.

#### 2. Policy

[Click here to enter Policy]

#### 3. Details

The national challenges facing the performance of the health and social system was addressed by government in its announcement in November of a new Adult Social Care Discharge grant. This fund was aimed at addressing as much as practically policy barriers to hospital discharge directly from Acutes or indirectly by additional delays on exiting the Discharge to Assess pathways operated by Sirona as our local health community provider. In total £3.2 million was allocated to BNSSG local authorities based on the Adult Social Care Relative Needs Formula. North Somerset Council receiving £769k. Additionally BNSSG ICB received £8.3M allocated to ICBs using NHS England's methodology based on a combination of i) a fair-shares distribution based on 2022 to 2023 ICB weighted populations and ii) a discharge metric flexed to reflect the size of the ICB weighted population (75% of ICB funding). For the 75% of ICB funding based on discharge data, the allocation shares are calculated as the ICB weighted population share weighted by the proportion of occupied beds with patients remaining in hospital who no longer meet the

criteria to reside relative to the England proportion. The North Somerset area share of this resource is £2.1m.

This combined fund will be pooled into the Better Care Fund (BCF). The funding will be provided in two tranches – the first (40%) in December 2022, and the second (60%) by the end of January 2023 for areas that have provided a planned spending report and weekly activity data and have met the other conditions.

Whilst the Adult Discharge Grant will form part of the ongoing funding discussions for 2023/24 and beyond, the purpose of the grant is to have an immediate impact on discharge performance, as BNSSG has received sizable funding, in part because of its current performance difficulties. The grant is therefore short term in nature and will need to be expedited with a focus on immediate impact, which negates at this stage the opportunity to plan the funding or focus on longer term performance.

As indicated above the funds will be subject to extensive monitoring and government scrutiny. Plans were submitted for vetting rapidly before Christmas – North Somerset/BNSSG plans have been approved and the plans are subject to extensive financial and activity monitoring, with detailed returns required on a weekly basis.

Whilst the proportion of funding is split, in practise a majority of the project activity is led via NSC commissioned resources which has put additional pressure given the already heightened level of system wide activity. Monitoring is focused on shifting the dial on the following outcomes:

- The number of care packages purchased for care homes, domiciliary care and intermediate care (to be collected via a new template);
- The number of people discharged to their usual place of residence (existing BCF metric);
- The absolute number of people ‘not meeting criteria to reside’ (and who have not been discharged);
- The number of ‘Bed days lost’ to delayed discharge by trust (from the weekly acute sitrep); and
- The proportion (%) of the bed base occupied by patients who do not meet the criteria to reside, by trust.
- BNSSG will also submit number of NCTR in the community

Appendix One outlines the projects submitted for approval in December, which were signed off via delegated authority by Cllr Bell, as Chair of the Health and Wellbeing Board, which together with the ICB Board is the

accountable body for this and all BCF delivery. Inevitably given the speed of delivery and short timescale, resources will be subject to regular review to ensure resources are used effectively and is subject to weekly governance meetings with the ICB to ensure progress to revise individual schemes.

#### **4. Consultation**

Despite the short timescales the determination of the grant was subject to extensive consultation with both Local Delivery Partnerships and Care Providers, as well as internal leadership. Wherever possible initiatives were aimed at addressing known causes of blockages for Acutes.

#### **5. Financial Implications**

As indicated earlier the £2.8 m of resources will be incorporated into the BCF with two elements, one received direct to the LA and the second element as part of a Section 75 agreement into the BCF pool.

##### **Costs**

N/A

##### **Funding**

See Appendix One for detailed projects.

#### **6. Legal Powers and Implications**

N/A

#### **7. Climate Change and Environmental Implications**

Funding of additional TEC will support the reduction in care journeys.

#### **8. Risk Management**

The risk management issues are the short-term nature of the funding, and the impact on long term loss of independence from the unavailability of care packages and the impact on clinical outcomes of deterioration in Acute and Ambulance response times from accumulative hospital delays in discharge.

#### **9. Equality Implications**

[Have you undertaken an Equality Impact Assessment? Yes/No

The funding initiatives are designed to have positive equality impacts particularly in relation to older people who are disproportionately impacted by hospital discharge delays and access to care packages. Improved

#### **10. Corporate Implications**

[Click here to enter Corporate Implications]

#### **11. Options Considered**

[Click here to enter Options Considered]

**Author:**

Gerald Hunt Principal Head of Commissioning, Partnerships and Housing Solutions  
07766366097 [gerald.hunt@n-somerset.gov.uk](mailto:gerald.hunt@n-somerset.gov.uk)

**Appendices:**

Appendix One ASC Discharge Fund North Somerset

**Background Papers:**

None

Adult Social Care Discharge Fund 2022-23 First Activity Reporting Template

|   |                         |  |
|---|-------------------------|--|
| <b>Heath and Wellbeing Board</b>  | North Somerset          |  |
| <b>Contact name and email</b>   | Gerald Hunt, Julie Kell | <a href="mailto:Gerald.Hunt@n-somerset.gov.uk">Gerald.Hunt@n-somerset.gov.uk</a> ,<br><a href="mailto:julie.kell1@nhs.net">julie.kell1@nhs.net</a> |
| As a condition of this funding for health and social care to improve hospital discharge, local Health and Wellbeing Board areas should report as required on the additional activity and services that have been delivered using the funding. |                         |  |
| When reporting the numbers of packages funded from the Adult Social Care Discharge Fund (ASC DF), please use this template to report on new packages and spend since the ASC DF commenced.  |                         |  |

|   |          |   |
|---|----------|---|
| <b>6 January 2023 first activity return only - baseline capacity assessment</b> |          |   |
| Number of discharges into adult social care 01-31 October 2022                  | 75       | Includes direct from hospital and D2A   |
| <b>All local authority funded social care (01-31 October 2022)</b>              |          |   |
| Hours of home or domiciliary care packages                                      | 17913.92 | 03/10-30/10 using Actuals - dom care only excluding extra care, supported living, complex, individualised shared lives and health |
| Hours of reablement in a person's own home                                      | 858      | Weekly Average AYC Block  |
| Number of care home beds (complex/nursing)                                      | 372      | From October Cost and Volume  |
| Number of care home bed beds (residential)                                      | 695      | From October Cost and Volume  |
| Number of intermediate care beds  | 63       | As it stands on 31st Oct 2022   |

|   |  |  |
|---|--|--|
| <b>Discharges from hospital by service (previous 14 days)</b> |  | <i>Reporting period: 19th December - 1st January</i>           |
|   | Home or domiciliary care                   | 69 P1 home   |
|   | Residential care                           | 24 P3b care home and P3 care home (new and existing residents) |
|   | Nursing care                               | 0 P2 hospice   |
|   | Intermediate care                          | 22 P2 rehabilitation bed, P2 Care home                         |
| Number of discharges by service                               | Other pathway one or pathway three support | 0 P1 other, P1 hotel   |

|  |             |   |  |
|--|-------------|---|--|
| <b>Packages of care booked or in use since spending under the ASC DF commenced</b> |             | <b>All local authority funded social care</b> | <b>Funded via ASC Discharge Fund</b>   |
| Hours of home or domiciliary care packages   | 4336.39     | 0   | W/C 28/11/2022 using Actuals - dom care only excluding extra care, supported living, complex, individualised shared lives and health |
| Hours of reablement in a person's own home   | 292.25      | 0   | Weekly AYC Block Report from LAS (Abby) - Money not yet allocated  |
| Number of care home beds (complex/nursing)   | 389         | 0   | As reported on 30/12 - Money not yet allocated   |
| Number of care home beds (residential)   | 706         | 0   | As reported on 30/12 - Money not yet allocated   |
| Number of intermediate (reablement) care beds                                      | 63+9 new=72 | Yes   | As it stands on 4th Jan 2023   |

|  |                  |  |
|--|------------------|--|
| <b>Adult Social Care Discharge Fund spending to date</b> |                  |  |
| <b>Service type</b>                                      | <b>Spend (£)</b> | <b>With this spending, to what extent do you have the capacity to meet need to discharge people into adult social care? Percentage [100%/75-99%/50-74%/25-49%/&lt;25%] drop down</b> |
| Home care or domiciliary care (long term)                | £0               | <25%   |
| Home care or domiciliary care (short term)               | £25,265          | <25%   |
| Bed based intermediate care services                     | £25,000          | 25-49%   |
| Reablement in a person's own home                        | £55,453          | <25%   |
| Care home placements (residential - short term)          | £0               | 25-49%   |
| Care home placements (residential - long term)           | £0               | <25%   |
| Residential placements (complex/nursing)                 | £37,500          | <25%   |
| Workforce recruitment and retention                      | £230,728         | <25%   |
| Assistive technology and equipment                       | £47,500          | <25%   |

**Narrative section 1 - Description of progress**

Please use this space to describe progress made in this period to use the additional funding to improve discharge outcomes. Where possible, please also give an indication of realised or expected impact on reducing delays. This might include:

- Progress in securing additional workforce, or increasing hours worked by the existing workforce
- Progress in commissioning additional domiciliary care and intermediate care capacity
- Other activity funded through this additional funding
- New/innovative initiatives

Where you have identified a shortfall in capacity, indicate the main causal factors. Communication of advanced annual uplift for domiciliary care and social media campaigns commenced., Mobilisation of other project activity now progressing.

The BNSSG Health & Care System has been under significant pressure over the last few weeks due to issues associated with recruitment, staffing over the Christmas period & strikes, which has lead to declaring a major critical incident on 30th December 2022. We have set up a number of Escalation Calls and worked collaboratively to come up with a number of innovative initiatives and extraordinary actions to generate more flow out of the acute hospitals, these included:

- Identifying extra bedded capacity across BNSSG (64 additional beds in total)
- Working together at pace with the care home providers to facilitate earlier hospital discharges into the additional beds
- Monitoring the movement of the patients into the extra bedded capacity to ensure smooth transition
- Extra stranded reviews in all areas

We have seen a significant reduction in our NCTR numbers over the last week. In North Somerset, we have implemented a significant advance uplift in domiciliary care rates of 7.9% , sufficient for providers to target a 10% increase in wages, and launched a substantial social media campaign, aimed at targeting workers in the hospitality sector to migrate into care. We are commissioning additional care home provision to utilise additional reablement capacity to offer in reach enablement. Further extensions of Wellness service and Living in Care capacity will also support reductions targeted. Extension of our TEC offer and falls prevention capacity will also encourage greater risk taking in pathway decision making and in particular scaling up of the P0 pathway.

#### Narrative section 2 - Information to support evaluation

Please use this section to briefly describe:

i) Any barriers/challenges you have faced in spending the ASC DF

ii) Level of confidence in your ability to spend the funding to impact on discharge delays.

In terms of the main challenges and barriers, these include the ASC being a non-recurrent funding available, which limits the benefits realisation within the given timescales, staffing issues, increased rates of covid & flu restricting some of the initiatives, significant pressures on the health & care system leading to declaring major critical incidents. Current reporting has been difficult to analyse due to both Christmas & New Year Bank Holidays.

Assumptions made for this reporting template:

1. For data relating to the *Discharges from hospital by service (previous 14 days)*:

- *We receive a week's worth of data on a Tuesday for the previous 7 days (ending on Sundays). This means that we'll always be behind on the reporting period in the templates by 4 days. Reporting period on this template: 19th December - 1st January*
- The data is split by hospital, not LA. We've used other data to get a LA split which is being applied to the total number of discharges by service to get an approximate number of people discharged into those services by LA
- The discharge data headers don't match up exactly with the services listed in the template, the following matching has been done:

Home or domiciliary care refers to P1 home  
Residential care refers to P3 care home and P3 care home (new and existing residents)  
Nursing care refers to P2 hospice  
Intermediate care refers to P2 rehabilitation bed, P2 Care home, P2 Designated setting  
Other pathway one or pathway three support refers to P1 other, P1 hotel

2. For the *Hours of reablement in a person's own home we used average*

3. For the *Number of care home beds (complex/nursing) we captured 'beds used' (not commissioned)*
4. For the *Number of care home bed beds (residential) we captured 'beds used' (not commissioned)*
5. For the *Hours of home or domiciliary care packages* we used cumulative for the two weeks
6. For the *Number of intermediate care beds* we used data as it stands on 31st October & 4th January 2023 respectively

Once completed, this activity return should be sent to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) by 6 January 2023.

## North Somerset Council

### REPORT TO THE ADULT SERVICES AND HOUSING POLICY AND SCRUTINY PANEL

**DATE OF MEETING: 23 FEBRUARY 2023**

**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 current forecast spend against budget for adult services and the risks and opportunities associated with the medium-term financial position.

### 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. It also gives an overview of the principal areas of interest in relation to the 2023/24 draft budget and the medium-term financial plan (MTFP).
- 1.2 The current overall forecast year end position for Adult Social Care and Housing Services is a net favourable variance of £0.217m (0.3% of net budget). Until month 8 an adverse variance had been forecast, but favourable movements in Individual Care and Support Packages and release of contingency budgets have resulted in the movement to a favourable position.
- 1.3 In summary, the projected variance in individual care and support packages is very small compared to the budget. There are pressures in some areas of Social Care activities, particularly Community Meals (£0.252m), however, there are mitigating underspends in other areas of the Directorate, notably in Commissioning (£0.738m) and Housing (£0.074m), which result in the overall forecast underspend of £0.217m quoted above.
- 1.4 The 2023/24 budget includes £13.7m of additional spending plans in the adult social care budget, predominantly to provide funding for cost inflation, demographic growth and reflecting new funding received. The budget also includes £4.2m 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 2022/23 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 forecast year end position for Adult Social Care and Housing Directorate is **£0.217m** net favourable variance (0.3% of the net budget). In summary, the projected out-turn is close to the budgeted position despite an increase in acuity and complexity of individual care and support packages.

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

| FINANCIAL OVERVIEW OF THE ADULTS SOCIAL SERVICES DIRECTORATE |                                 |                   |                                |                                    |                                     |
|--|---------------------------------|-------------------|--------------------------------|------------------------------------|-------------------------------------|
| 31 December 2022   |                                 |                   |                                |                                    |                                     |
| Directorate Summary  |                                 |                   |                                |                                    |                                     |
|  | Original Budget 2022/23<br>£000 | Virements<br>£000 | Revised Budget 2022/23<br>£000 | Projected Out-turn 2022/23<br>£000 | Projected Out-turn Variance<br>£000 |
| - Gross Expenditure  | 113,918                         | 3,452             | 117,370                        | 116,194                            | (1,175)                             |
| - Income   | (38,761)                        | (1,738)           | (40,499)                       | (38,601)                           | 1,898                               |
| - Transfers to / from Reserves                               | 0                               | (1,238)           | (1,238)                        | (2,178)                            | (939)                               |
| <b>= Directorate Totals</b>                                  | <b>75,158</b>                   | <b>475</b>        | <b>75,633</b>                  | <b>75,416</b>                      | <b>(217)</b>                        |
| Projected Out-turn Variance                                  |                                 |                   |                                |                                    | -0.29%                              |
| - Individual Care and Support Packages                       | 70,236                          | 0                 | 70,236                         | 70,272                             | 36                                  |
| - Assistive Equipment & Technology                           | 420                             | 12                | 432                            | 494                                | 61                                  |
| - Information & Early Intervention                           | 978                             | 0                 | 978                            | 1,066                              | 89                                  |
| - Social Care Activities                                     | 9,308                           | 402               | 9,710                          | 10,119                             | 410                                 |
| - Covid Related Support                                      | 0                               | 0                 | 0                              | 0                                  | 0                                   |
| - Commissioning & Service Delivery Strategy                  | (6,453)                         | 15                | (6,437)                        | (7,176)                            | (739)                               |
| - Housing Services   | 669                             | 46                | 714                            | 640                                | (74)                                |
| <b>= Directorate Totals</b>                                  | <b>75,158</b>                   | <b>475</b>        | <b>75,633</b>                  | <b>75,416</b>                      | <b>(217)</b>                        |
| Projected Out-turn Variance                                  |                                 |                   |                                |                                    | -0.29%                              |

- 3.2 The extended narrative in relation to the key area of spend (Individual Care and Support Packages) is given in Appendix 1 and a summary of the other areas with major variances are described below

- 3.2.1 Social Care Activities; the Community Meals service is experiencing increased transport and ingredient cost and are also not reaching their income target resulting in a £252k predicted overspend. The Safeguarding team have incurred additional staffing cost, particularly due to covering key vacancies with agency staff, leading to a predicted £109k overspend.



3.2.2 In Commissioning and Service Delivery there are forecast savings in relation to Voluntary sector commissioning alongside staffing saving across the teams. There is also additional inflation on the Better Care Fund that was not included in the original budget.

3.2.3 Housing Services are forecasting a £74k underspend as at month 9, there had been additional demand for emergency accommodation but the overspend in this area is more than offset by savings in the Rough Sleepers and Housing Assessment teams.

**Medium Term Financial Planning and 2023/24 Budget**

3.3 By the time of this meeting the 2023/24 budget should have been approved by full Council, following previous considerations at Executive. The budget includes the following key changes from the 2022/23 budget

|  |               |
|--|---------------|
|  | £'000         |
| 2022/23 Base Budget                      | 75,158        |
| Growth Items                             |               |
| Pay related inflation                    | 1,007         |
| Inflation, demographics, transitions     | 8,853         |
| New funding and responsibilities         | 3,863         |
| Savings                                  | -4,227        |
| Budget transfers (to other directorates) | -320          |
| <b>2023/24 Budget</b>                    | <b>84,334</b> |

3.4 Pay inflation; this amount covers the additional cost of the 2022/23 pay rise as well as the anticipated 2023/24 pay award.

3.5 Growth has been allowed for inflation to care packages, including increasing rates to cover the cost of the living wage increases.

3.6. Demographics growth and estimated additional cost arising through transitions from Children’s Services have been allowed for.

3.7 New funding included continuation of the new Discharge Grant (that was first announced in November 2022), as well as core funding for social care as part of the local government finance settlement. Much of this new funding will be pooled alongside the Better Care Fund and a key priority will be to allocate this new investment. The two main themes will be Hospital Discharge and the addressing the Fair Cost of Care outcomes.

3.8 The budget also includes £4.2m of planned savings in the following primary areas, which are consistent with the principles of our Maximising Independence and Wellbeing Vision.

- Undertaking timely reviews of care assessments and Direct Payment arrangements to ensure that they continue to reflect needs and take opportunities to maximise independence.
- Reviewing care pathways to ensure the maximum benefit is obtained from the new Reablement and Technology Enabled Care Services.

- Ensuring income from health partners represents a fair and appropriate contribution, as required by legislation.
- Bringing forward additional alternative care accommodation solutions (such as Supported Living and Extra Care Housing) that are more cost effective and increase independence when compared, for example, to residential care.
- Increased client charges to cover inflation and to reflect increase in benefits and pensions.

## **Risks**

3.9 In broad terms, the Covid-19 pandemic has served to heighten several risks in the adult social care budget, the key ones being:

- 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 funding will be provided for future increases in cost and demand, particularly given the increase in the National Living Wage, and other inflationary pressures on providers.
- Capacity to deliver transformation and MTFP savings.

3.10 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 and food will impact community meals and other service provision such as homecare.

3.11 The Social Care reforms have been delayed but the results of the “Fair Price for Care” model will still need to be addressed.

## **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 3.9

## **9. EQUALITY IMPLICATIONS**

- 9.1 Not applicable to this report directly. The 2022/23 revenue budget incorporates savings approved by Members in February 2022, 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 2023/24 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](mailto:katherine.sokol@n-somerset.gov.uk)

Graham Booth, Principal Accountant (Adults' Services)  
[graham.booth@n-somerset.gov.uk](mailto:graham.booth@n-somerset.gov.uk)

## **APPENDIX 1 – NARRATIVE IN RELATION TO CARE AND SUPPORT PACKAGES**

The predominant area of spend within the directorate relates to individual care and support packages, the net budget for this area is £70.272m which represents over 90% of the net budget for the directorate.

### ***Overall Income and Expenditure Trends***

Spend on care and support packages was c. £2.2m in excess of budget in 2021/22 and this gap was narrowed with £1.4m of budget growth for 2022/23; as a result, all other things being equal, we essentially began the financial year with an underlying demand gap against the budget of c. £600k, although clearly the position is much more complex than that.

Our forecast gross expenditure on care packages for 2022/23 is 8.8% more than in 2021/22. Given we passed on an average of 6.3% in inflation to providers, this represents an increase in costs of around 2.6% that is materialising through a growth in care package numbers or size.

Client income is currently forecast to rise by around 7%; this reflects the fact that client contributions cannot increase beyond the maximum charge, even when the package size or costs increase and the total proportion of costs that are recovered through client income continues to fall. The increase in other contributions reflects the funding being provided by the Integrated Care Board (ICB) to support costs associated with the Discharge to Assess Business Case.

Details of all these trends are shown in Appendix 2.

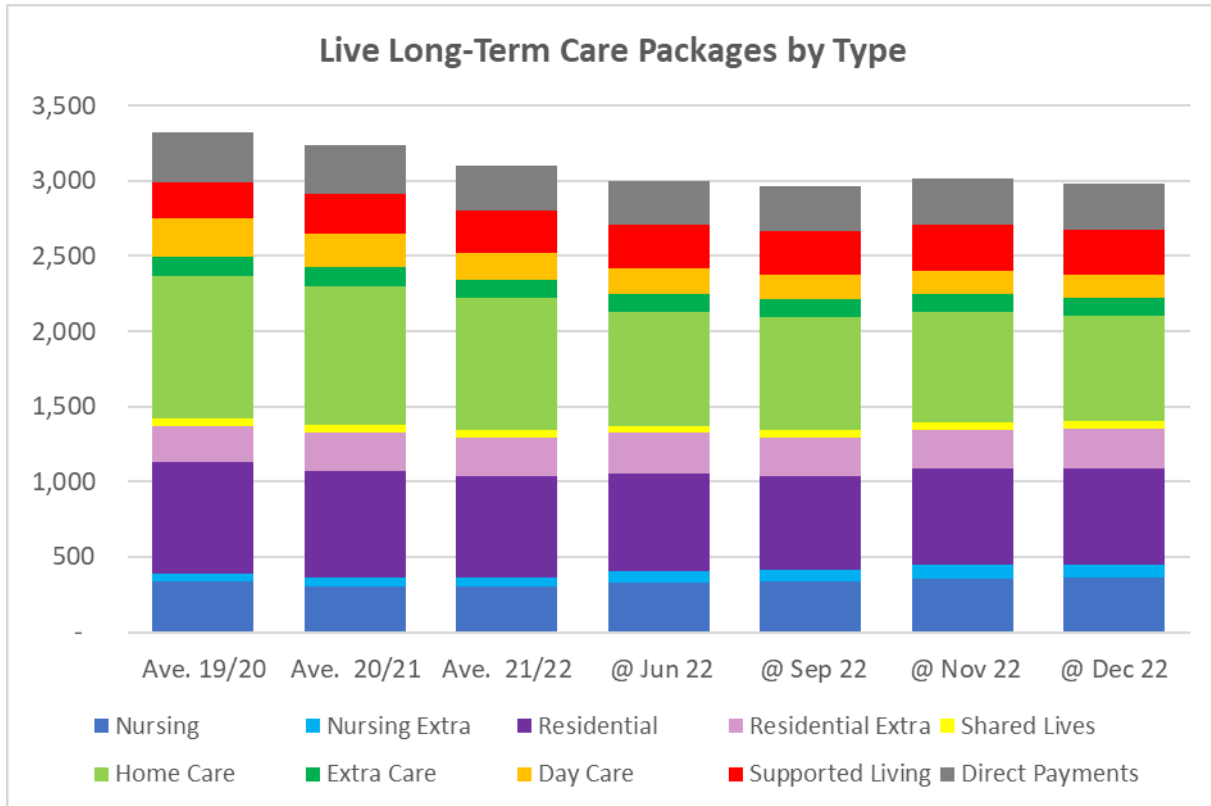
This means that the increase in total net spend from 2021/22 to 2022/23 is forecast to be 7.2%.

|                    | 2021/22      | 2022/23      | 2022/23      | 2022/23        |       | 2022/23              |        |
|--------------------|--------------|--------------|--------------|----------------|-------|----------------------|--------|
|                    | Outturn      | Budget       | Forecast     | Change from PY |       | Variance from budget |        |
| Gross spend        | 85,455,607   | 93,586,929   | 92,963,779   | 7,508,172      | 8.8%  | (623,150)            | (0.7%) |
| Client income      | (14,584,456) | (16,298,618) | (15,669,057) | (1,084,601)    | 7.4%  | 629,561              | (3.9%) |
| Other contribution | (5,323,988)  | (6,611,138)  | (6,581,626)  | (1,257,638)    | 23.6% | 29,512               | (0.4%) |
| Use of reserves    | 0            | (441,000)    | (441,000)    | (441,000)      | 0.0%  | 0                    | 0.0%   |
| Net spend          | 65,547,163   | 70,236,173   | 70,272,096   | 4,724,933      | 7.2%  | 35,922               | 0.1%   |

## Number of Care Packages

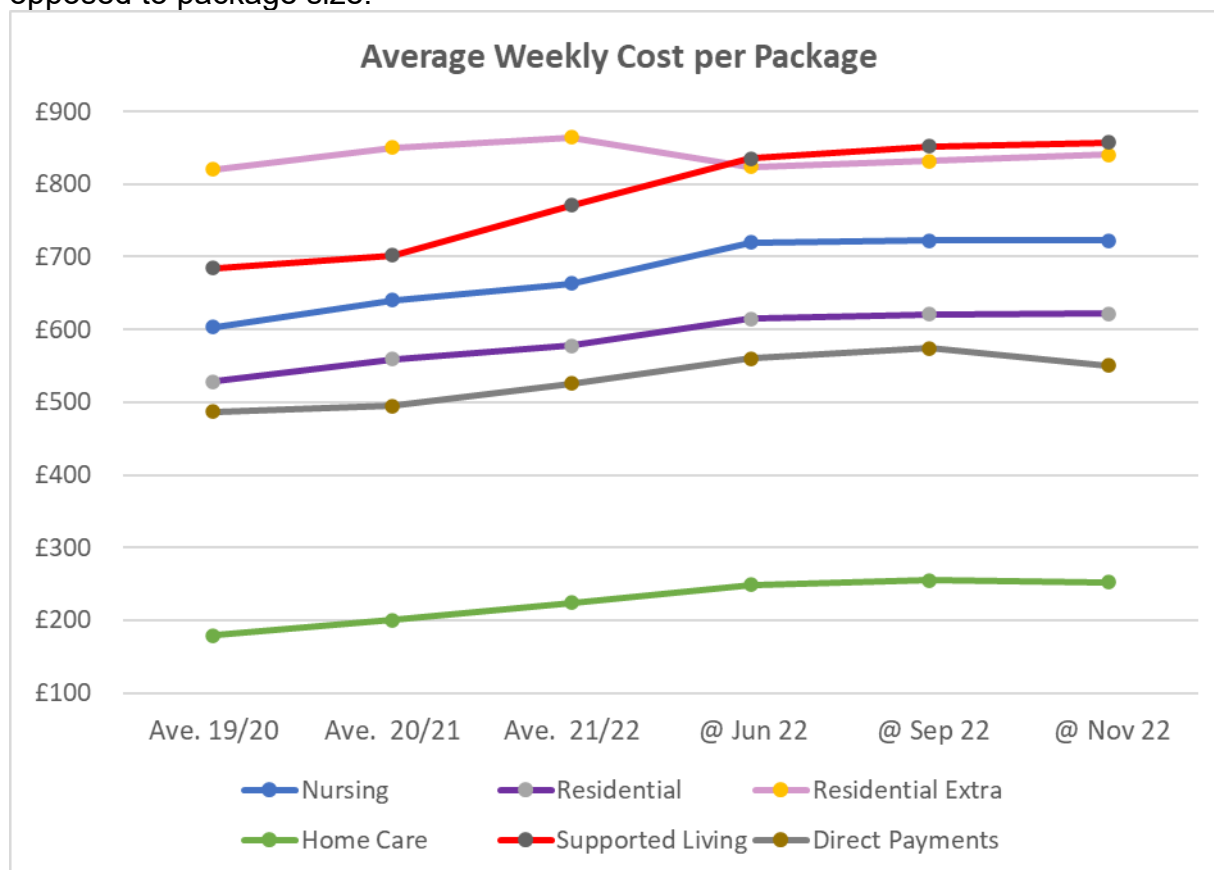
Where we are seeing cost increases beyond just price inflation, this is not generally because the number of packages is increasing; in fact, the average live long-term packages for 2022/23 are 3% lower than they were on average last year (3,000 compared with 3,098). Rather, increases relate to increases in package cost (see next paragraph).

It is worth noting however, that the activity data does indicate a recovery in the nursing sector, but a continued fall in home care packages.



## Average Unit Costs of Packages

As the numbers of packages are falling, any cost increases above inflation are largely being driven by an increase in package size, and this is particularly evident in home care, and in the continued increase in the number of nursing placement with exceptional special needs. 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. 10% in the last year, with around 6% of that reflecting price inflation as opposed to package size.



## Other Factors

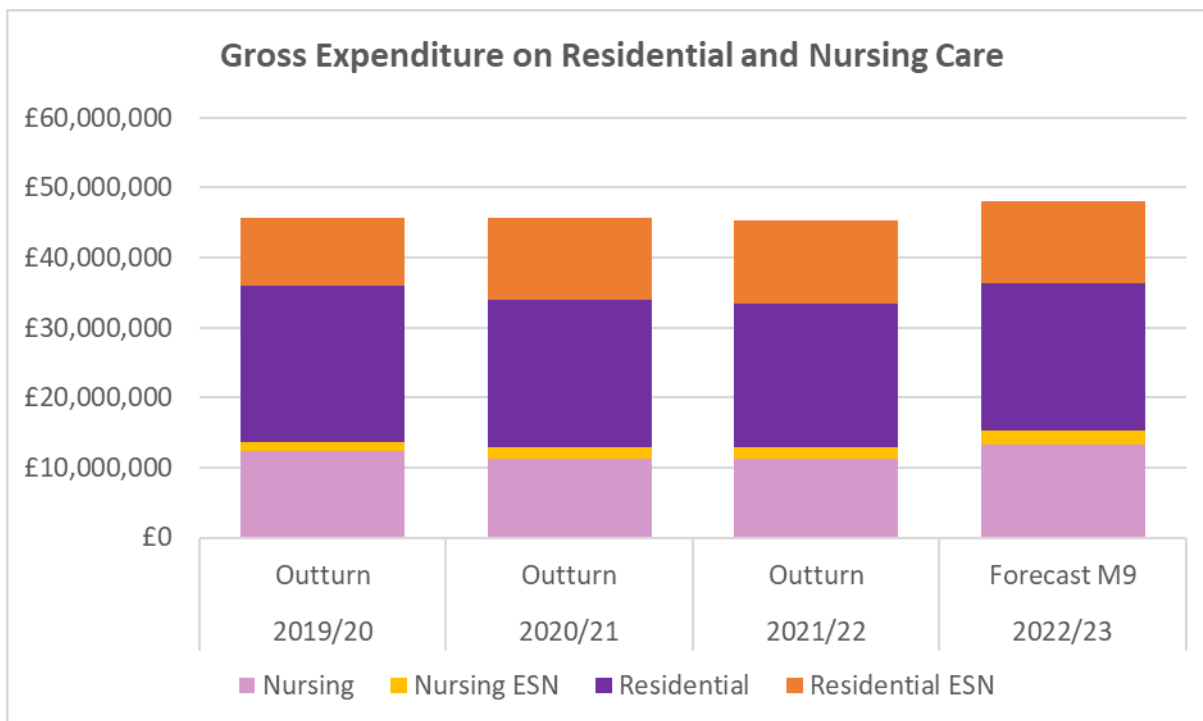
### Supported Living

As well as nursing the other material area where package numbers are increasing is in supported living (from an average of 240 in 2019/20, 263 in 2020/21 and 281 in 2021/22 to an average of 294 in 2022/23; 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).

### 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 from 2020/21, has not reduced. 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 29% 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 for residential and nursing have fallen from 28.3% in 2019/20 to 23.5% in 2022/23, which represents a loss of income of c. £2.3m per annum.



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

|                                  | 2019/20             | 2020/21             | 2021/22             | 2022/23             | 2022/23             | 2022/23            |               | 2022/23              |                |
|----------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|--------------------|---------------|----------------------|----------------|
|                                  | Outturn             | Outturn             | Outturn             | Revised Budget      | P9 Forecast         | Change from PY     |               | Variance from budget |                |
| <b>Expenditure</b>               |                     |                     |                     |                     |                     |                    |               |                      |                |
| Nursing                          | 12,312,381          | 11,297,314          | 11,241,753          | 12,105,482          | 13,235,862          | 1,994,110          | 17.7%         | 1,130,380            | 9.3%           |
| Nursing ESN                      | 1,277,316           | 1,641,031           | 1,728,176           | 1,796,915           | 2,111,741           | 383,565            | 22.2%         | 314,826              | 17.5%          |
| Residential                      | 22,315,815          | 20,979,629          | 20,459,192          | 21,964,208          | 20,974,495          | 515,303            | 2.5%          | (989,713)            | (4.5%)         |
| Residential ESN                  | 9,853,644           | 11,792,743          | 11,848,126          | 11,835,068          | 11,727,299          | (120,827)          | -1.0%         | (107,769)            | (0.9%)         |
| Shared Lives                     | 1,343,321           | 1,627,656           | 1,686,194           | 1,822,108           | 1,750,013           | 63,819             | 3.8%          | (72,095)             | (4.0%)         |
| Homecare                         | 7,664,954           | 8,968,914           | 9,340,179           | 10,004,675          | 9,294,762           | (45,417)           | -0.5%         | (709,914)            | (7.1%)         |
| Extra Care                       | 1,598,083           | 1,712,432           | 1,602,612           | 1,726,420           | 1,609,063           | 6,451              | 0.4%          | (117,357)            | (6.8%)         |
| Daycare                          | 1,492,815           | 1,495,512           | 1,330,715           | 1,425,293           | 1,687,488           | 356,773            | 26.8%         | 262,195              | 18.4%          |
| Supported Living                 | 10,030,136          | 11,366,867          | 12,857,390          | 14,581,321          | 15,404,724          | 2,547,335          | 19.8%         | 823,403              | 5.6%           |
| Direct Payments                  | 8,093,138           | 7,729,415           | 7,416,395           | 8,536,841           | 8,305,092           | 888,697            | 12.0%         | (231,749)            | (2.7%)         |
| DPs Carers                       | 29,427              | 7,295               | 31,636              | 32,930              | 45,960              | 14,325             | 45.3%         | 13,030               | 39.6%          |
| <b>Sub-total Long-Term</b>       | <b>76,011,030</b>   | <b>78,618,809</b>   | <b>79,542,366</b>   | <b>85,831,261</b>   | <b>86,146,499</b>   | <b>6,604,133</b>   | <b>8.3%</b>   | <b>315,238</b>       | <b>0.4%</b>    |
| Enablement Nursing               | 279,388             | 57,178              | 411,730             | 438,945             | 314,573             | (97,157)           | -23.6%        | (124,372)            | (28.3%)        |
| Enablement Res                   | 377,362             | 61,242              | 308,108             | 336,553             | 269,280             | (38,828)           | -12.6%        | (67,273)             | (20.0%)        |
| ST Nursing                       | 652,723             | 858,075             | 1,522,904           | 1,677,214           | 1,559,460           | 36,556             | 2.4%          | (117,754)            | (7.0%)         |
| ST Residential                   | 2,093,425           | 2,009,944           | 2,716,947           | 3,114,730           | 2,914,616           | 197,670            | 7.3%          | (200,114)            | (6.4%)         |
| Reablement                       | 112,970             | 108,767             | 265,862             | 845,836             | 720,272             | 454,410            | 170.9%        | (125,564)            | (14.8%)        |
| <b>Sub-total Short-Term</b>      | <b>3,515,868</b>    | <b>3,095,206</b>    | <b>5,225,551</b>    | <b>6,413,278</b>    | <b>5,778,202</b>    | <b>552,651</b>     | <b>10.6%</b>  | <b>(635,076)</b>     | <b>(9.9%)</b>  |
| <b>Various Other CIC Expd</b>    | <b>749,472</b>      | <b>521,141</b>      | <b>687,690</b>      | <b>1,342,390</b>    | <b>1,039,078</b>    | <b>351,388</b>     | <b>51.1%</b>  | <b>(303,312)</b>     | <b>(22.6%)</b> |
| <b>Income</b>                    |                     |                     |                     |                     |                     |                    |               |                      |                |
| Daycare                          | (164,556)           | (32,009)            | (104,674)           | (113,626)           | (108,740)           | (4,066)            | 3.9%          | 4,886                | (4.3%)         |
| Direct Payments                  | (573,810)           | (389,961)           | (714,951)           | (1,141,532)         | (799,527)           | (84,576)           | 11.8%         | 342,005              | (30.0%)        |
| Extra Care                       | (322,391)           | (351,391)           | (380,133)           | (425,885)           | (345,173)           | 34,960             | -9.2%         | 80,712               | (19.0%)        |
| Homecare                         | (1,432,620)         | (1,549,146)         | (2,044,276)         | (1,963,236)         | (2,000,723)         | 43,553             | -2.1%         | (37,487)             | 1.9%           |
| Nursing                          | (4,663,446)         | (4,076,181)         | (3,084,340)         | (3,734,304)         | (3,952,668)         | (868,328)          | 28.2%         | (218,364)            | 5.8%           |
| Residential                      | (8,268,335)         | (7,812,866)         | (7,267,349)         | (7,786,165)         | (7,337,594)         | (70,246)           | 1.0%          | 448,571              | (5.8%)         |
| Shared Lives                     | (212,098)           | (249,574)           | (178,074)           | (220,056)           | (191,558)           | (13,484)           | 7.6%          | 28,498               | (13.0%)        |
| Supported Living                 | (436,617)           | (469,663)           | (595,979)           | (653,595)           | (592,157)           | 3,822              | -0.6%         | 61,438               | (9.4%)         |
| ST Nursing                       | (83,926)            | (127,089)           | (79,513)            | (103,459)           | (123,764)           | (44,251)           | 55.7%         | (20,305)             | 19.6%          |
| ST Residential                   | (125,202)           | (180,867)           | (135,168)           | (156,760)           | (217,154)           | (81,986)           | 60.7%         | (60,394)             | 38.5%          |
| <b>Sub-total client income</b>   | <b>(16,283,001)</b> | <b>(15,238,747)</b> | <b>(14,584,456)</b> | <b>(16,298,618)</b> | <b>(15,669,057)</b> | <b>(1,084,601)</b> | <b>7.4%</b>   | <b>629,561</b>       | <b>(3.9%)</b>  |
| Contributions LA                 | (21,862)            | 0                   | (1,709)             | (3,000)             | 0                   | 1,709              | -100.0%       | 3,000                | (100.0%)       |
| NHS Cont Residential             | (1,999,705)         | (2,019,758)         | (2,348,176)         | (2,484,270)         | (2,449,352)         | (101,176)          | 4.3%          | 34,918               | (1.4%)         |
| Contributions Nursing            | (207,043)           | (295,899)           | (454,449)           | (451,640)           | (480,920)           | (26,470)           | 5.8%          | (29,280)             | 6.5%           |
| Contributions Home Care          | 0                   | 0                   | 0                   | (295,000)           | (273,452)           | (273,452)          | 0.0%          | 21,548               | (7.3%)         |
| Contributions DPs                | (111,210)           | (163,277)           | (182,819)           | (179,580)           | (192,861)           | (10,041)           | 5.5%          | (13,281)             | 7.4%           |
| Contributions General            | (809,126)           | (718,741)           | (955,738)           | (157,749)           | (213,115)           | 742,623            | -77.7%        | (55,366)             | 35.1%          |
| Contributions Other              | (70,666)            | 0                   | (181,404)           | (231,457)           | (211,899)           | (30,495)           | 16.8%         | 19,558               | (8.4%)         |
| Contributions Extra Care         | 0                   | 0                   | 0                   | (3,000)             | (18,251)            | (18,251)           | 0.0%          | (15,251)             | 508.4%         |
| Contr'ns Supported Living        | 0                   | 0                   | 0                   | (732,000)           | (865,734)           | (865,734)          | 0.0%          | (133,734)            | 18.3%          |
| Contributions Day Care           | 0                   | 0                   | 0                   | (4,000)             | (2,136)             | (2,136)            | 0.0%          | 1,864                | (46.6%)        |
| <b>Sub-total other income</b>    | <b>(3,219,612)</b>  | <b>(3,197,675)</b>  | <b>(4,124,296)</b>  | <b>(3,802,696)</b>  | <b>(3,821,599)</b>  | <b>302,697</b>     | <b>-7.3%</b>  | <b>(18,903)</b>      | <b>0.5%</b>    |
| Contns Better Care Fund          | 0                   | 0                   | 0                   | (583,836)           | (583,836)           | (583,836)          | 0.0%          | 0                    | 0.0%           |
| Contns BCF - D2A                 | 0                   | 0                   | 0                   | (844,502)           | (844,502)           | (844,502)          | 0.0%          | 0                    | 0.0%           |
| Recoveries General               | 0                   | 0                   | 0                   | (243,000)           | (309,089)           | (309,089)          | 0.0%          | (66,089)             | 27.2%          |
| Other CIC Income                 | 0                   | 0                   | 0                   | (1,137,104)         | (1,022,600)         | (1,022,600)        | 0.0%          | 114,504              | (10.1%)        |
| <b>Various Other CIC Inc</b>     | <b>(756,296)</b>    | <b>(521,141)</b>    | <b>(1,199,693)</b>  | <b>(2,808,442)</b>  | <b>(2,760,028)</b>  | <b>(1,560,335)</b> | <b>130.1%</b> | <b>48,414</b>        | <b>(1.7%)</b>  |
| <b>Use of Res (to revenue)</b>   | <b>0</b>            | <b>0</b>            | <b>0</b>            | <b>(441,000)</b>    | <b>(441,000)</b>    | <b>(441,000)</b>   | <b>0.0%</b>   | <b>0</b>             | <b>0.0%</b>    |
| <b>Tr to Reserves (from Reve</b> | <b>0</b>            | <b>0</b>            | <b>0</b>            | <b>0</b>            | <b>0</b>            | <b>0</b>           | <b>0.0%</b>   | <b>0</b>             | <b>0.0%</b>    |
| <b>Use of Reserves</b>           | <b>(1,752,402)</b>  | <b>0</b>            | <b>0</b>            | <b>(441,000)</b>    | <b>(441,000)</b>    | <b>(441,000)</b>   | <b>0.0%</b>   | <b>0</b>             | <b>0.0%</b>    |
| <b>Gross spend</b>               | <b>80,276,370</b>   | <b>82,235,155</b>   | <b>85,455,607</b>   | <b>93,586,929</b>   | <b>92,963,779</b>   | <b>7,508,172</b>   | <b>8.8%</b>   | <b>(623,150)</b>     | <b>(0.7%)</b>  |
| <b>Client income</b>             | <b>(16,283,001)</b> | <b>(15,238,747)</b> | <b>(14,584,456)</b> | <b>(16,298,618)</b> | <b>(15,669,057)</b> | <b>(1,084,601)</b> | <b>7.4%</b>   | <b>629,561</b>       | <b>(3.9%)</b>  |
| <b>Other contributions</b>       | <b>(3,975,908)</b>  | <b>(3,718,816)</b>  | <b>(5,323,988)</b>  | <b>(6,611,138)</b>  | <b>(6,581,626)</b>  | <b>(1,257,638)</b> | <b>23.6%</b>  | <b>29,512</b>        | <b>(0.4%)</b>  |
| <b>Use of Reserves</b>           |                     |                     |                     | <b>(441,000)</b>    | <b>(441,000)</b>    | <b>(441,000)</b>   | <b>0.0%</b>   | <b>0</b>             | <b>0.0%</b>    |
| <b>Net spend</b>                 | <b>60,017,461</b>   | <b>63,277,592</b>   | <b>65,547,163</b>   | <b>70,236,173</b>   | <b>70,272,096</b>   | <b>4,724,933</b>   | <b>7.2%</b>   | <b>35,922</b>        | <b>0.1%</b>    |



# Appendix 3 – Quarterly Activity and Unit Cost Data 2019/20 – 2022/23

## Activity

| Provision Type               |       | 3 years ago  | 2 years ago  | 1 year ago   | 6 month      | 3 month      | 2 month      | 1 month      | current      | YTD          | Trend Line (1Y) | Current | 1Y Change | Change | Change |      |
|------------------------------|-------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-----------------|---------|-----------|--------|--------|------|
|                              |       | Ave. 19/20   | Ave. 20/21   | Ave. 21/22   | @ Jun 22     | @ Sep 22     | @ Oct 22     | @ Nov 22     | @ Dec 22     | Ave. 22/23   |                 |         |           |        |        |      |
| <b>Long Term Care</b>        |       |              |              |              |              |              |              |              |              |              |                 |         |           |        |        |      |
| Nursing                      | CLT01 | 341          | 308          | 306          | 326          | 338          | 343          | 354          | 360          | 337          |                 | 360     | 31        | ↑      | 10%    |      |
| Nursing Extra                | CLT02 | 51           | 55           | 61           | 79           | 78           | 86           | 92           | 90           | 82           |                 | 90      | 21        | ↑      | 35%    |      |
| Residential                  | CLT05 | 736          | 705          | 669          | 647          | 622          | 634          | 639          | 640          | 639          |                 | 640     | -         | 30     | ↓      | -4%  |
| Residential Extra            | CLT06 | 243          | 263          | 260          | 271          | 256          | 260          | 262          | 264          | 264          |                 | 264     | -         | 4      | ↑      | 2%   |
| Shared Lives                 | CLT10 | 48           | 47           | 48           | 46           | 48           | 52           | 52           | 50           | 48           |                 | 50      | 0         | ↑      | 1%     |      |
| Home Care                    | CLT20 | 949          | 924          | 875          | 760          | 751          | 736          | 732          | 698          | 752          |                 | 698     | -         | 124    | ↓      | -14% |
| Extra Care                   | CLT25 | 123          | 125          | 120          | 115          | 117          | 116          | 119          | 121          | 118          |                 | 121     | -         | 2      | ↓      | -1%  |
| Day Care                     | CLT30 | 256          | 226          | 178          | 172          | 162          | 157          | 155          | 153          | 164          |                 | 153     | -         | 14     | ↓      | -8%  |
| Supported Living             | CLT40 | 240          | 263          | 281          | 288          | 290          | 302          | 300          | 302          | 294          |                 | 302     | 13        | ↑      | 5%     |      |
| Direct Payment               | VAA01 | 333          | 319          | 300          | 295          | 303          | 305          | 307          | 303          | 301          |                 | 303     | 0         | ↑      | 0%     |      |
| <b>Total Long Term Care</b>  |       | <b>3,321</b> | <b>3,234</b> | <b>3,098</b> | <b>2,999</b> | <b>2,965</b> | <b>2,991</b> | <b>3,012</b> | <b>2,981</b> | <b>3,000</b> |                 |         |           |        |        |      |
| <b>Short term Care</b>       |       |              |              |              |              |              |              |              |              |              |                 |         |           |        |        |      |
| Enablement - Nursing         | CST01 | 10           | 2            | 13           | 9            | 9            | 8            | 8            | 6            | 11           |                 | 6       | -         | 3      | ↓      | -21% |
| Enablement - Residential     | CST05 | 14           | 3            | 14           | 11           | 11           | 7            | 5            | 6            | 10           |                 | 6       | -         | 4      | ↓      | -31% |
| Short term - Nursing         | CST11 | 18           | 19           | 24           | 24           | 19           | 21           | 20           | 24           | 23           |                 | 24      | -         | 1      | ↓      | -3%  |
| Short term - Residential     | CST15 | 43           | 35           | 40           | 44           | 64           | 54           | 56           | 56           | 51           |                 | 56      | 11        | ↑      | 27%    |      |
| Reablement                   | CST20 | 15           | 12           | 11           | 7            | 3            | 7            | 3            | 1            | 4            |                 | 1       | -         | 7      | ↓      | -60% |
| <b>Total Short Term Care</b> |       | <b>100</b>   | <b>70</b>    | <b>103</b>   | <b>95</b>    | <b>106</b>   | <b>97</b>    | <b>92</b>    | <b>93</b>    | <b>99</b>    |                 |         |           |        |        |      |
| <b>TOTAL</b>                 |       | <b>3,421</b> | <b>3,304</b> | <b>3,201</b> | <b>3,094</b> | <b>3,071</b> | <b>3,088</b> | <b>3,104</b> | <b>3,074</b> | <b>3,099</b> |                 |         |           |        |        |      |

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# Unit Cost Data

| Provision Type                  |       | 3 years ago     | 2 years ago     | 1 year ago      | 6 month         | 3 month         | 2 month         | 1 month         | current         | YTD             | Trend Line (1Y) | Current | 1Y Change | Change | Change |
|---------------------------------|-------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|---------|-----------|--------|--------|
| Long Term Care                  |       | Ave. 19/20      | Ave. 20/21      | Ave. 21/22      | @ Jun 22        | @ Sep 22        | @ Oct 22        | @ Nov 22        | @ Dec 22        | Ave. 22/23      |                 |         |           |        |        |
| Nursing                         | CLT01 | £ 603.75        | £ 640.31        | £ 663.41        | £ 719.66        | £ 722.61        | £ 722.66        | £ 717.95        | £ 716.05        | £ 719.50        |                 | £716    | £ 56.09   | ↑      | 8.5%   |
| Nursing Extra                   | CLT02 | £ 464.92        | £ 551.11        | £ 503.18        | £ 447.86        | £ 523.01        | £ 510.06        | £ 508.63        | £ 459.63        | £ 486.96        |                 | £460    | £ 16.22   | ↓      | -3.2%  |
| Residential                     | CLT05 | £ 528.54        | £ 559.33        | £ 577.53        | £ 614.74        | £ 620.94        | £ 621.71        | £ 624.87        | £ 623.34        | £ 618.51        |                 | £623    | £ 40.97   | ↑      | 7.1%   |
| Residential Extra               | CLT06 | £ 820.73        | £ 850.80        | £ 864.74        | £ 823.57        | £ 831.53        | £ 841.13        | £ 838.94        | £ 853.53        | £ 839.33        |                 | £854    | £ 25.41   | ↓      | -2.9%  |
| Shared Lives                    | CLT10 | £ 445.84        | £ 503.82        | £ 503.64        | £ 516.49        | £ 509.23        | £ 483.02        | £ 487.91        | £ 493.24        | £ 505.94        |                 | £493    | £ 2.30    | ↑      | 0.5%   |
| Home Care                       | CLT20 | £ 178.98        | £ 200.28        | £ 224.21        | £ 249.18        | £ 254.92        | £ 252.58        | £ 252.83        | £ 255.07        | £ 252.12        |                 | £255    | £ 27.91   | ↑      | 12.4%  |
| Extra Care                      | CLT25 | £ 239.65        | £ 242.66        | £ 245.81        | £ 243.17        | £ 248.82        | £ 248.15        | £ 229.92        | £ 235.23        | £ 241.31        |                 | £235    | £ 4.50    | ↓      | -1.8%  |
| Day Care                        | CLT30 | £ 135.21        | £ 144.24        | £ 153.32        | £ 175.27        | £ 177.81        | £ 184.21        | £ 190.10        | £ 188.36        | £ 179.87        |                 | £188    | £ 26.55   | ↑      | 17.3%  |
| Supported Living                | CLT40 | £ 684.26        | £ 701.82        | £ 770.62        | £ 835.66        | £ 852.11        | £ 857.12        | £ 873.72        | £ 874.82        | £ 853.80        |                 | £875    | £ 83.18   | ↑      | 10.8%  |
| Direct Payment                  | VAA01 | £ 487.35        | £ 495.12        | £ 525.91        | £ 559.99        | £ 574.71        | £ 550.89        | £ 560.59        | £ 561.68        | £ 562.24        |                 | £562    | £ 36.33   | ↑      | 6.9%   |
| <b>Ave. Long Term Care</b>      |       | <b>£ 421.60</b> | <b>£ 451.32</b> | <b>£ 483.01</b> | <b>£ 522.85</b> | <b>£ 532.61</b> | <b>£ 535.00</b> | <b>£ 538.36</b> | <b>£ 542.70</b> | <b>£ 530.68</b> |                 |         |           |        |        |
| Short term Care                 |       | Ave. 19/20      | Ave. 20/21      | Ave. 21/22      | @ Jun 22        | @ Sep 22        | @ Oct 22        | @ Nov 22        | @ Dec 22        | Ave. 22/23      | Trend Line (1Y) | Current | 1Y Change | Change | Change |
| Enablement - Nursing            | CST01 | £ 588.96        | £ 588.96        | £ 666.24        | £ 694.86        | £ 697.88        | £ 707.18        | £ 722.11        | £ 691.33        | £ 699.49        |                 | £691    | £ 33.24   | ↑      | 5.0%   |
| Enablement - Residential        | CST05 | £ 487.63        | £ 487.63        | £ 562.77        | £ 571.11        | £ 581.37        | £ 596.40        | £ 612.93        | £ 603.29        | £ 590.29        |                 | £603    | £ 27.52   | ↑      | 4.9%   |
| Short term - Nursing            | CST11 | £ 595.75        | £ 595.75        | £ 681.90        | £ 743.17        | £ 803.96        | £ 757.30        | £ 740.39        | £ 718.09        | £ 754.64        |                 | £718    | £ 72.74   | ↑      | 10.7%  |
| Short term - Residential        | CST15 | £ 536.07        | £ 536.07        | £ 553.97        | £ 589.68        | £ 597.70        | £ 582.92        | £ 594.96        | £ 575.95        | £ 593.43        |                 | £576    | £ 39.47   | ↑      | 7.1%   |
| Reablement                      | CST20 | £ 224.42        | £ 224.42        | £ 242.79        | £ 136.29        | £ 60.93         | £ 107.91        | £ 145.50        | £ 189.56        | £ 149.95        |                 | £190    | £ 92.84   | ↓      | -38.2% |
| <b>Ave. Short Term Care</b>     |       | <b>£ 498.81</b> | <b>£ 498.58</b> | <b>£ 566.00</b> | <b>£ 602.86</b> | <b>£ 626.29</b> | <b>£ 597.62</b> | <b>£ 623.95</b> | <b>£ 617.68</b> | <b>£ 622.43</b> |                 |         |           |        |        |
| <b>OVERALL WEIGHTED AVERAGE</b> |       | <b>£ 423.86</b> | <b>£ 452.33</b> | <b>£ 485.67</b> | <b>£ 525.31</b> | <b>£ 535.84</b> | <b>£ 536.97</b> | <b>£ 540.89</b> | <b>£ 544.97</b> | <b>£ 533.60</b> |                 |         |           |        |        |

# ASH Policy and Scrutiny Panel Work programme February 2023

(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 |
|-------|---------------------|--|----------|----------|---------|
|       |                     |  |          |          |         |
|       |                     |  |          |          |         |

## **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 15/06/22 | Lettings and Allocation Policy changes to November 2022 meeting |          | 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 11/01/23 | Considered recommissioning of extra care at Waverley Court and Tamar Court | Members support recommissioning | Gerald Hunt, Kate Bolger                    |
| ASH All-Member briefing: Refugees in North Somerset | To brief all Members on the accommodations for refugees in North Somerset.                             | 04/07/22          | Members briefed  |                                 | Hayley Verrico, Sheila Smith                |
| ASH All-Member Care Reforms briefing                | To brief all Members on care reforms   | 26/07/22          | Members briefed  |                                 | Hayley Verrico                              |
| Cost of Care: Initial Outcomes                      | To brief Members on the findings from the Cost of Care exercise in North Somerset                      | 3/11/22           | Members briefed  |                                 | Gerald Hunt                                 |
| Joint ASH/ CYPs briefing: Recommissioning of Pizey  | To brief Members on the recommissioning of the Pizey Road respite centre                               | 28/11/22          | Members briefed  | Members support recommissioning | Alison Stone, Kate Williams, Teresa Stanley |
| Adult Care Provider Market Sustainability           | To brief Members on the sustainability of the local adult care provider market                         | 6/01/23           | Members briefed  |                                 |   |

**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.

| Report Title | Purpose of Report | Outcome (actions) | Progress | Contact |
|--------------|-------------------|-------------------|----------|---------|
|--------------|-------------------|-------------------|----------|---------|

### Panel 7<sup>th</sup> July 2022

|   |   |  |  |                       |
|---|---|--|--|-----------------------|
| Adults Social Services Annual Directorate Statement | To update the Panel on the ADS, and to promote Panel engagement with the ADS.                         | ADS noted.   |  | H. Verrico            |
| Care Reforms  | To update the Panel, and for the Panel to agree on how engagement with implementation should proceed. | Panel discussion of engagement with Care Reforms                   |  | H. Verrico            |
| Finance Update                                      | Budget monitoring.  | Report received  |  | K. Sokol              |
| Older People's Housing Needs Assessment             | To update the Panel on demand for Older People's Housing over the next 30 years.                      | Panel updated  |  | G. Hunt               |
| Annual Adults Complaint report 2020-21              | To update the Panel on complaints to Adults Social Services.  | Panel updated  |  | H. Verrico            |
| Carers Inquiry Day Report                           | To endorse the findings and recommendations of the Carers Inquiry Day.                                | Panel agreed findings and made recommendations to Executive Member |  | B. Cross/<br>L.Taylor |

### Panel 3<sup>rd</sup> November 2022

|   |   |  |  |                |
|---|---|--|--|----------------|
| Carers Inquiry Day Action Plan update         | To update the Panel on the response to the Carers Enquiry Day report.                   | Executive Member's response noted; agreement that a Carer's Champion be appointed by Council |  | Cllr Mike Bell |
| Changes to the Lettings and Allocation Policy | To update the Panel on changes to the policy after informal discussion on 14 July 2022. | Panel updated  |  | Kaycee McMahon |

|                   |   |               |  |             |
|-------------------|---|---------------|--|-------------|
| Cap on Care Costs | To update the Panel with ongoing preparations for the cap on care costs as part of the Adult Social Care Reforms. | Panel updated |  | Abby Murphy |
|-------------------|---|---------------|--|-------------|

### Panel 23 February 2023

|  |   |  |  |            |
|--|---|--|--|------------|
| North Somerset Safeguarding Adults Board Annual Report 2021-22 | To update the Panel on the annual reporting of the NSSAB.   |  |  | H. Verrico |
| Housing Stock Condition Survey Outcome                         | That the panel note the key findings from the stock condition report contained in the presentation received from the Building Research Establishment. |  |  | H. Evans   |
| Reablement Achievements and Case Studies                       | To update Panel on the ongoing developments in these service developments.  |  |  | G. Hunt    |
| Asylum Seekers and Contingency Hotels update                   | That ASH members note the content of the report and accompanying presentation.  |  |  | H. Verrico |
| Adult Social Care Discharge Fund                               | To update the Panel on the receipt and distribution of the Adult Social Care Discharge Grant.   |  |  | G. Hunt    |
| Adult Social Care Finance Update                               | Month 9 budget monitoring.  |  |  | G. Booth   |

### SECTION 5 - Recommendations - Response from Executive Member

| Area for investigation/<br>Recommendations | When were the recommendations to<br>the Executive agreed? | Expect answer by (first panel<br>meeting after recommendations<br>were submitted) |
|--|---|---|
|  |   |   |

## SECTION 6 - Progress and follow-up on implementing Panel recommendations

| Panel Recommendation | Date of Response | Actions – implementation progress |
|----------------------|------------------|-----------------------------------|
|                      |                  |                                   |

### Appendix

#### Chair’s recommendations for Panel priorities (in the new administration following local elections in May 2023) For Panel discussion/endorsement

**Care Quality Commission inspection:** ensuring that Adult Social Services are prepared and proactively working towards the key themes of the inspection.

- Working with people: assessing needs (including unpaid carers) supporting people to live healthier lives, prevention, wellbeing, information and advice.
- Providing support: markets (including commissioning) and partnership working.
- Ensuring safety: safeguarding, safe systems and continuity of care.
- Leadership and workforce: capable and compassionate leaders, learning improvement, innovation, experience of equalities.
- Infrastructure: programme management, communications.

**Carers:** agreeing the strategy for unpaid carers and developing the action plan to ensure that carers in NS have the information, guidance, advice and support required to support them in their caring responsibilities.

**Asylum seeker programme:** ensuring that the Council responds to the needs of people living in contingency asylum seeker hotels ensuring their dignity and human rights are maintained.

**Digital technology and telecare:** reablement, ensuring that our strategy is embedded in practice and residents are supported to maximise their independence and wellbeing.

**Housing solutions:** managing home choice applications, homelessness in the context of residents managing cost of living and inflationary pressures.

**BCF/Discharge grant/D2A programme:** having oversight of hospital discharge, the discharge grant and transformation plan in respect of discharge to assess.

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