

# Public Document Pack

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**Date:** 28 June 2023

Dear Sir or Madam

**The Adult Services and Housing Policy and Scrutiny Panel – Thursday, 6 July 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:

Dan Thomas (Chairperson), Annabelle Chard, Jemma Coles, Wendy Griggs, Lisa Pilgrim, Timothy Snaden, Luke Smith, Joe Tristram and Richard Tucker.

Other Members:

Georgie Bigg.

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

## Agenda

### 1. **Election of the Vice-Chairperson for the 2023/24 Municipal Year**

### 2. **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.

### 3. **Apologies for Absence and Notifications for Substitutes**

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

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

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

### 5. **Minutes** (Pages 5 - 10)

Minutes of the meeting of 23 February 2023 – to approve as a correct record.

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

### 7. **Co-option of the Chairman of Healthwatch** (Pages 11 - 12)

Report of the Senior Policy and Scrutiny Officer.

### 8. **Role, Remit and Work Plan of the ASH Policy and Scrutiny Panel** (Pages 13 - 24)

Report of the Senior Policy and Scrutiny Officer.

### 9. **Care Quality Commission Assurance Inspection** (Pages 25 - 56)

Report of the Quality Assurance Programme Manager.

**10. Carers Strategy Update** (Pages 57 - 92)

Report of the Principal Social Worker, on behalf of the Policy and Strategy Development Officer.

**11. Finance Update** (Pages 93 - 108)

Report of the Principal Accountant (Adults).

**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, 23 February 2023

New Council Chamber - Town Hall

Meeting Commenced: 10.00 am

Meeting Concluded: 12:57 pm

### Councillors:

Tim Snaden (Chairman)

Sandra Hearne (Vice-chairman)

John Cato

Wendy Griggs

Karin Haverson

Huw James

Richard Tucker

Richard Westwood

Also in attendance: Georgie Bigg, co-opted member.

**Apologies:** Councillors: Mark Crosby, Ann Harley, Ruth Jacobs and Roz Willis.

**Absent:** none.

**Officers in attendance:** Gerald Hunt, Fiona Shergold, Graham Booth, Elizabeth Langson, Kay Eccles (Adult Social Services); Howard Evans (Public Health and Regulatory Services); Jessika Robinson, Brent Cross (Corporate Services).

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

21

None.

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

22

None.

### ASH Minutes

23

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

**Resolved:** that the minutes of the meeting of 3 November 2022 be approved as a

correct record.

**ASH 24 Matters referred by Council, the Executive, other Committees and Panels (if any)**

None.

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**Change to agenda order – items 8 and 10 moved to before item 6.**  
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**ASH 25 Service Development - Reablement and TEC and Falls Pilot Update (Agenda item 8)**

The Principal Head of Commissioning, Partnerships and Housing Solutions presented the report, starting with some background to the Technology Enhanced Care (TEC) schemes which included details on the nationally acclaimed projects that the team had been involved with (such as the development of the first commercially deliverable acoustic monitoring system), and linked this to the savings that had been achieved for the Council’s budget under the Medium Term Financial Plan (MTFP). Workforce challenges in the social care system suggested that the use of TEC would be the best option for care coverage in the future.

Winter pressures on the NHS and social care system meant that fewer people were currently going through the reablement pathway than would be otherwise, and the Wellness and Rapid Response services had been merged to provide close to 24/7 coverage. He also illustrated how close working with partners helped the Falls project to work around fall scenarios.

The Head of Service Development then presented four detailed case studies of people using the TEC service for reablement, utilising everyday technology (such as the Amazon Alexa) to meet people’s needs and to prevent the need for long term care.

In discussion, Members raised the following topics:

- The differences between TEC interventions for reablement and virtual wards.
- How referrals to the service were made.
- That although there hadn’t been a need to prioritise referrals to the service yet, eventually these would be prioritised by risk.

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

**ASH 26 Adult Social Care Discharge Fund (Agenda item 10)**

The Principal Head of Commissioning, Partnerships and Housing Solutions updated the Panel on the funding received to execute measures to support hospital discharge arrangements over the winter.

The funding had been provided at short notice, and was short term in nature, and there was extensive financial and activity monitoring with detailed returns required weekly.

The funding for local authorities in the BNSSG area totalled £3.2 million, with North Somerset's share of this being £769,000. The BNSSG ICB funding was £8.3 million, with North Somerset being allocated £2.1 million. In addition to the 9% increase to domiciliary care providers and other provisions outlined in the appendices to the report, the funding was being used to finance the Falls project for six months.

In discussion, it was suggested that it would be useful to quantify the reduction in care journeys in terms of reduced CO<sub>2</sub> equivalents to help feed into the Council's climate change targets.

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

#### **ASH 27 North Somerset Safeguarding Adults Board Annual Report (Agenda item 6)**

The Business Manager (North Somerset Safeguarding Adults Board) presented the report, which detailed the work of the Board's work for the 2021-22 year. This included a discussion of the impacts of Covid, some case studies and other policy work.

Also discussed was the ongoing refresh of the Board's activities under the new directorship of Teresa Bell.

In discussion, the following points were raised:

- That co-production was a key part of the Board's work;
- The involvement of HealthWatch North Somerset;
- The context around the Board's new vision;
- That self-neglect was an ongoing issue and reviews of the Board's work were being carried out to better manage this in the future;
- How members of the public could refer cases to the Board.

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

#### **ASH 28 Housing Stock Condition Survey Outcome (Agenda item 7)**

The Private Sector Housing Service Leader presented the report on behalf of the Building Research Establishment (BRE), which had been contracted to carry out the survey. The survey was a modelling survey, and BRE were industry leaders in carrying out this type of work. Members were also reminded that the survey focussed on the private rented sector and energy

The key results were the comparison to the English Housing Survey (a government national survey), and after clarifying that the SimpleSAP measure was a numerical aggregate of energy efficiency, the report detailed that the average SimpleSAP rating for properties in North Somerset was only slightly below the

national and regional levels. Improving as many properties as possible up to an Energy Performance Certificate (EPC) rating of 'C' would help alleviate fuel poverty and carbon emissions.

In discussion, the following topics were raised:

- That there had been a reduction in Category 1 hazards across all wards since the last survey in 2018;
- That pending new regulations would require private rental properties to have at least an EPC 'C' rating (indications were that this would be required by 2030);
- That the survey was a good starting point (along with the Parity Pathways database) for reviewing housing conditions including discretionary licensing of the private rented sector;
- The relative high costs for bringing listed buildings up to an EPC 'C' rating;
- The rogue landlord reporting tool on the North Somerset Council website.

Members commended the Private Rented Sector Housing team for their work, as well as their involvement in the landlord accreditation schemes.

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

## **ASH 29 Asylum Seeker and Contingency Hotel update (Agenda item 9)**

The Head of Housing Solutions presented the report on behalf of the Director, Adult Social Services. She clarified that the contingency hotels were not being used for Afghani or Ukrainian refugees, who were administered under another scheme.

There are 218 asylum seekers in North Somerset with 3 hotels around the district currently being used for accommodation (although 5 hotels had been commissioned by the Home Office, 2 had been withdrawn from the contingency list). All residents in hotels had now been registered with a GP, and Community Cohesion is being undertaken by Weston College on behalf of North Somerset Council. The Home Office were looking at sourcing 150 units for dispersal housing in North Somerset.

Members were urged to let the Housing Solutions team know if they were to hear of any indication of protests planned against the hotels, or any other hate type messaging on social media so that this could be reported to the Home Office.

Members discussed the following topics:

- Whether voluntary work was allowed for asylum seekers, given that they were prohibited from seeking employment until their visas had been approved;
- Access to public transport and cycling schemes for asylum seekers housed in the contingency hotels and access to activities;
- That Migrant Help was an organisation that worked with asylum seekers and assisted with visa applications;
- The timelines for Asylum seekers being able to move on from the contingency hotels;



- The percentages of total visa applications being approved.

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

**ASH 30 Adult Social Care Finance update (Agenda Item 11)**

The Senior/Principal Accountant (Adults) presented the report, updating the Panel on the budget position at month 9 of the financial year. He highlighted how the directorate's predicted overspend at the year end in previous reports had now turned into a small underspend as a result of favourable movements in Individual Care and Support Packages, as well as the release of contingency budgets.

He then spent some time discussing the budget for the 2023-24 financial year. The base budget for Adult Social Care had been increased by £10 million, which rose to about £13.5 million when grants were taken into account. The directorate had however committed to £4 million of savings (some of which were continuations of savings that had been achieved in the current year).

In discussion, Members thanked the Principal Accountant and the overall directorate for their hard work on meeting the budget and finding the savings required.

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

**ASH 31 The Panel's Work Plan (Agenda item 12)**

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.

The Panel endorsed the addendum to the work plan listing topics for the Panel to focus on in the next administration, as taken from the Chairman's report to February Council.

The Panel also suggested that Georgie Bigg, the Chairman of HealthWatch North Somerset, be invited to continue sitting on the Panel after the elections.

Furthermore, the next ASH Panel under the new administration was reminded that a new Carer's Champion would need to be elected from all Members.

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

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Chairman

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## North Somerset Council

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

**DATE OF MEETING: 6 JULY 2023**

**SUBJECT OF REPORT: CO-OPTION OF THE CHAIRMAN OF HEALTHWATCH**

**TOWN OR PARISH: N/A**

**OFFICER/MEMBER PRESENTING: BRENT CROSS, POLICY AND SCRUTINY SENIOR OFFICER**

**KEY DECISION: NO**

### RECOMMENDATION

That the Adult Services & Housing Policy & Scrutiny Panel (ASH) co-opt the Chairman of HealthWatch North Somerset, Georgie Bigg, as a non-voting member of the Panel.

#### 1. SUMMARY OF REPORT

The Chairman of Healthwatch North Somerset was co-opted as a non-voting member of the ASH Panel under the previous administration in November 2019. This followed from Members noting that the Chairman of Healthwatch had been co-opted to the Council's Health Overview and Scrutiny Panel, and the feeling that the inclusion of the Chairman of Healthwatch would be an asset to the Panel.

#### 2. POLICY

Draft Guidance from the Local Government Association to accompany new Local Authority Public Health, Health & Wellbeing Boards and Health Scrutiny regulations (which came into force on 1<sup>st</sup> April 2013) emphasises the importance of closer working between local authority scrutiny committees and HealthWatch.

#### 3. DETAILS

Healthwatch is the independent national champion for people who use social care services. There is a local Healthwatch in every area of England looking to find out what people like about services and what could be improved. Nationally and locally, Healthwatch has the power to ensure that those in charge of health and social care "hear people's voices" as well as seeking the public's views and encouraging health and social care services to involve people in decisions that affect them.

Considering the statutory role of Healthwatch in respect of adult social care services and the wider trend toward increasing integration between health and social care service

planning and provision, it is proposed that the Panel formally co-opt the Chairman of the Healthwatch organisation serving North Somerset.

Section 21(10) of the Local Government Act 2000 provides that overview and scrutiny committees (panels) may co-opt non-voting members.

#### **4. CONSULTATION**

None

#### **5. FINANCIAL IMPLICATIONS**

N/A

#### **6. LEGAL POWERS AND IMPLICATIONS**

N/A

#### **7. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS**

N/A

#### **8. RISK MANAGEMENT**

N/A

#### **9. EQUALITY IMPLICATIONS**

N/A

#### **10. OPTIONS CONSIDERED**

N/A

#### **AUTHOR**

Brent Cross , Policy and Scrutiny Senior Officer  
Tel: 01275 888 078

#### **BACKGROUND PAPERS**

Draft LGA Guidance to accompany new Local Authority Public Health, Health & Wellbeing Boards and Health Scrutiny regulations

Local Government Act 2000

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## North Somerset Council

### Report to the Children & Young People Policy & Scrutiny Panel

**Date of Meeting: 6 July 2023**

**Subject of Report: Role, Remit and Work Plan of the Adult Services and Housing (ASH) Policy and Scrutiny Panel**

**Town or Parish: All**

**Officer/Member Presenting: Brent Cross, Policy and Scrutiny Senior Officer**

**Key Decision: NO**

**Reason:** It does not meet the criteria for a key decision.

### Recommendations

That the Panel:

1. Receives the contents of the report and information provided on policy and scrutiny.
2. Develop and agrees the Panel's Work Plan.

### 1. Summary of Report

- 1.1 The details of the role, remit and work plan of the Panel are discussed below.
- 1.2 Members will have an opportunity to shape the Work Plan of the Panel to decide how best to fulfil this role.

### 2. Policy

- 2.1 A copy of the Corporate Plan 2020-24 can be found by following this link: <https://n-somerset.gov.uk/sites/default/files/2022-03/corporate%20plan%202020-24.pdf>  
This sets out the priorities and vision of North Somerset Council. Most reviews undertaken by this Panel contribute towards the council's corporate aims of being an open and enabling organisation, and being a council which empowers and cares about people.

### 3. Details

- 3.1 Members are referred to **Appendix 1** for an overview of the policy and scrutiny function and how it currently operates at North Somerset Council. At the panel meeting, Members will develop and agree the Panel's work plan. Effective work planning will lay the foundations for targeted, incisive, and timely work on issues of local importance, where scrutiny can add value. Members are referred to **Appendix 2** for a reminder of the Panel's remit and guidance on developing the work plan. **Appendix 3** is the Panel's current work plan.

- 3.2 The remit of the Adult Services and Housing Policy and Scrutiny Panel is:
- To scrutinise Social Care for Adults in North Somerset;
  - to scrutinise and engage with the commissioning and provision of Housing Services.
  - to scrutinise and engage with Adult services and housing finance and performance.
- 3.3 The Panel's Work Plan summarises the activity that the Panel has undertaken to 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.
- The Panel only meets formally three times a year, which necessitates most of the work of the Panel being done in informal sessions, such as working groups and briefings. The two steering groups under the previous administration were:
- 3.3.1 The Housing Issues Standing Group – this met on to periodically engage with and provide Panel feedback to officers on emerging housing policies and/or service developments.
- 3.3.2 The Commissioning Standing Group – this likewise met to engage with and provide feedback to officers on future commissioning decisions as and when required.
- 3.3.3 Other working groups that met were: Planning Policy Review working group, which engaged with officers working on the Local Plan to look at homes for older and vulnerable people; the Cladding working group, which looked at cladding and other fire safety issues in the district following the Grenfell fire in joint work with the then Place Panel; and the Unpaid Carers review, which culminated in the Carers Inquiry Day and led to the recommendation of the creation of a Carer's Champion on the Council.
- 3.4 The Panel may wish to set up new working groups or continue with the work undertaken previously.
- 3.5 The Work Plan is reviewed at the end of every formal meeting, and Members are invited to provide input into updating it.
- 3.5.1 Although this item is at the start of this meeting's agenda, Members will have an opportunity to add to the Work Plan at the end of the meeting once any issues requiring informal working have been identified.
- 3.6 At the ASH meeting of 23 February 2023, the following recommendations for priorities that the Panel under this new administration might want to consider were identified as:
- 3.6.1 **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.

- 3.6.2 **Carers:** agreeing the strategy for unpaid carers and developing the action plan to ensure that carers in North Somerset have the information, guidance, advice and support required to support them in their caring responsibilities.
- 3.6.3 **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.
- 3.6.4 **Digital technology and telecare:** reablement, ensuring that our strategy is embedded in practice and residents are supported to maximise their independence and wellbeing.
- 3.6.5 **Housing solutions:** managing home choice applications, homelessness in the context of residents managing cost of living and inflationary pressures.
- 3.6.6 **Better Care Fund /Discharge grant / Discharge to Assess programme:** having oversight of hospital discharge, the discharge grant and transformation plan in respect of discharge to assess.

#### **4. Consultation**

Members will agree the Panel's work plan, taking into account any views that local constituents have expressed to them. Officers are encouraged to contribute their ideas, and the Panel is cognisant of the work being undertaken by the relevant Executive Members.

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

There are no direct financial implications arising from this report. In undertaking future work, the Panel may make recommendations that have financial implications for the council.

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

N/A

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

N/A

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

Risk assessments would be undertaken in respect of any future work.

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

The work of the Panel is based on the council's commitment to ensure that the consideration of equality and diversity becomes a day-to-day part of decision-making to bring about positive changes that are felt by services users and employees.

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

Corporate implications would be dependent on the outcome of individual reviews.

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

N/A

#### **Author:**

Brent Cross  
Tel: 01275 888 078  
Policy and Scrutiny Senior Officer

**Appendices:**

Appendix 1: Policy/Overview and Scrutiny

Appendix 2: Adult Services and Housing Policy and Scrutiny Panel remit

Appendix 3: The ASH Work Plan July 2023

**Background Papers:**

North Somerset Corporate Plan 2020-24 (see link above).



## **POLICY/OVERVIEW AND SCRUTINY**

### **WHAT IS IT?**

Policy and scrutiny is an essential part of ensuring that decision makers remain effective and accountable. It helps in ensuring that the Executive's decision-making process is clear and accessible to the public and that there are opportunities for the public and their representatives to influence and improve council policy and services.

Policy – examining the council's aims and priorities and considering whether or not they are being achieved. This provides a vital means of ensuring all councillors can take part in the development of council policy.

Scrutiny – questioning and challenging major decisions that are being made about delivering services in order to help drive improvement. This is the main democratic means of ensuring that the council and its partners are held to account for decisions made.

### **FOUR PRINCIPLES OF GOOD SCRUTINY:**

1. Provides "critical friend" challenge to executives as well as external authorities and agencies.
2. Reflects the voice and concerns of the public and its communities.
3. Should take the lead and own the scrutiny process on behalf of the public.
4. Should make an impact on the delivery of public services.

*[CfGS Good Scrutiny Guide]*

### **THE CURRENT STRUCTURE OF POLICY AND SCRUTINY AT NORTH SOMERSET COUNCIL:**

There are currently five Policy and Scrutiny Panels. Within their terms of reference, these panels will:

- review and/or scrutinise decisions made or actions taken in connection with the discharge of any of the Council's functions
- make reports and/or recommendations to full Council and/or the Executive and/or individual Executive Member in connection with council policy
- consider Councillor Calls for Action, Petitions and any other matter affecting the area or its inhabitants
- exercise the right to call-in, for reconsideration, decisions made but not yet implemented by the Executive or individual Executive Member.

The functions of the Panels are to:

- review and engage in the development of council policy – helping shape the way council services are delivered
- review and scrutinise decisions and performance in relation to the Council's policy objectives, performance targets and/or particular service areas – ensuring that decisions are made within policy and budget (this does not include decisions of the Planning and Regulatory Committee nor Licensing Committee)
- review finance and performance and contribute to the budget setting process
- Report to full Council on their workings and make recommendations for future work programmes and amended working methods if appropriate
- exercise overall responsibility for the work programme of the Officers employed to support their work

## **WAYS OF WORKING:**

- Panel meetings – these will take place in public to review issues and make recommendations to Council, the Executive, and Executive Members;
- Task and Finish Groups (Working Groups) – much of the scrutiny work will be done in these informal, member-led, non-public meetings. Meetings involve small groups of councillors (and other co-opted individuals) who have been appointed by the Panel to investigate a given issue before reporting back to the Panel with recommendations for improvement or value for money. Topics are agreed and prioritised with the Chairman, taking account of officer resource to ensure capacity;
- Steering Groups – ongoing monitoring and policy development. These can be organised and progressed by identified lead members in direct consultation with the relevant directorate officer/team;
- Site visits / public consultation;
- Workshops – usually one-off informal sessions to receive information on a service or issue of concern to Members;
- Call-in – a formal challenge of a decision made by the Executive or Executive Member, undertaken at a panel meeting where the decision will be examined and recommendations sent back to the Executive or Executive Member;
- Informal briefings or information sent to Members – can be done at any time in order to ensure that Members are aware of changes to services and are best placed to undertake meaningful debate and make informed recommendations to Council and the Executive.

## **REPORTS AND RECOMMENDATIONS REFERRED TO COUNCIL AND/OR THE EXECUTIVE**

All working groups should report back to a formal panel meeting with suggested recommendations which are ratified by the Panel and referred to the relevant body. If referred to Council, the Executive or an individual Executive Member, a formal response should be made at the first panel meeting after two months.

## **USEFUL WEBSITES:**

<http://www.cfgs.org.uk/> (Centre for Governance and Scrutiny)

<https://www.gov.uk/government/organisations/department-of-health-and-social-care>  
(Department of Health and Social Care)

<http://www.local.gov.uk/> (Local Government Association)

<https://n-somerset.moderngov.co.uk/ieListMeetings.aspx?Committeeld=170> (North Somerset Council – previous ASH Policy and Scrutiny Panel meeting agendas, reports and minutes)

<https://n-somerset.moderngov.co.uk/mgDelegatedDecisions.aspx?bcr=1&DM=0&DS=2&K=0&DR=&V=0> (North Somerset Council - decisions of Executive Members)

# ADULT SERVICES AND HOUSING POLICY AND SCRUTINY PANEL

## Panel remit

- To scrutinise Social Care for Adults in North Somerset;
- To scrutinise and engage with the commissioning and provision of Housing Services.
- To scrutinise and engage with Adult services and housing finance and performance.

## The Panel's Work Plan

The work plan is a flexible document that is updated at each meeting to reflect progress and new developments.

Scrutiny is most effective when focusing on a limited number of in-depth topics, so it is important to prioritise suggestions put forward. When identifying topics to add to the work plan, the Panel should ask the following questions:

- Have Members or Officers identified the topic as a key issue for the public?
- Is it an area of poor performance?
- Has the topic been identified as a strategic risk?
- Is there new government guidance or legislation that will require a significant change to services?
- Has the external auditor or other inspection body highlighted concerns about the issue?
- Could scrutiny lead to increased value for money?
- Is there potential for policy development?
- Will the outcome make a difference?

Once topics have been chosen, brief terms of reference should be agreed at the panel meeting to address the basic questions of:

- What does the topic include?
- Why should the Panel consider?
- How should the Panel proceed? (such as working group, workshop, site visit, informal briefing, item for agenda)
- Who should be involved? (agree appropriate Members, Officers and witnesses)
- Timescale

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# ASH Policy and Scrutiny Panel Work programme July 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.				Sarah Stillwell, Howard Evans

Commissioning Standing Group	To engage with and provide feedback to officers on future commissioning decisions as and when required				Gerald Hunt, Kate Bolger
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**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
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### Panel 6<sup>th</sup> July 2023

Co-option of the Chairman of Healthwatch North Somerset	To co-opt the Chairman of Healthwatch North Somerset as a non-voting member of the Panel.			Brent Cross
Role, Remit and Work Plan of the ASH P&S Panel	To consider and agree the Panel's Work Plan.			Brent Cross
Care Quality Commission Assurance	To note the preparation for a future CQC assurance visit.			Michael Hennessey
Carers Strategy Update	To update on, and seek input into, the development of a proposed North Somerset Carer Strategy; to begin the process of identifying a Carers Champion			Kathryn Benjamin
Adult Social Care Year-end Finance Update	To note the final outturn for 2022/23 and the risks and opportunities associated with the medium-term financial position for the directorate.			Graham Booth

## Panel 2<sup>nd</sup> November 2023

## Panel 22 February 2024

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

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

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

Panel Recommendation	Date of Response	Actions – implementation progress

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## **North Somerset Council**

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

**Date of Meeting: 6<sup>th</sup> July 2023**

**Subject of Report: Care Quality Commission Assurance Inspection**

**Town or Parish: All**

**Officer/Member Presenting: Hayley Verrico Director Adult Social Services and Housing Solutions**

**Key Decision: No**

**Reason: Update on progress in respect of future Care Quality Commission Assurance Visit.**

### **Recommendations**

Members of Adult Services and Housing Policy Scrutiny Panel are asked to note the report and its contents as part of their preparation for a future assurance visit.

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

This report and associated appendices intends to inform members of the panel about arrangements for the assessment of adult social care and how preparations in North Somerset are progressing. Appendix 1 is a high level overview of the inspection process.

#### **2. Policy**

In 2022 the CQC developed a new Single Assessment Framework. The new framework will be used to assess providers, councils and integrated care systems.

#### **3. Details**

The Health and Care Act 2022 gave the Care Quality Commission (CQC) new regulatory powers to undertake independent assessment of all 152 English councils with responsibility for adult social care. The regulated functions being assessed are set out in Part 1 of the Care Act 2014. The CQC are undertaking the assessments and started assessing councils from 1st April 2023. The Health and Care Act 2022 also introduced a requirement for the CQC to assess integrated care systems (ICSs).

The CQC's new Single Assessment Framework provides for the assessment of providers of social care services, councils with social services responsibilities and integrated care systems. The assessment framework for local authority assurance was published in March 2023 and includes four themes and nine quality statements.

The lead officers for assurance in each of the Bristol, North Somerset and South Gloucestershire councils meet monthly to share information, learning and details of work being undertaken to prepare for inspection. This group has recently been extended to include lead officers from the Integrated Care Board. The CQC are working on a development of the of the assurance framework which will be used to assess Integrated Care System with implementation planned from April 2024.

The assessment framework for local authorities comprises four themes:

**Working with people** - Assessing needs (including unpaid carers), supporting people to live healthier lives, prevention, well-being, information and advice and experience of equity in outcomes.

**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.

There are nine quality statements. Three for theme one and two each for the remaining themes. (Appendix 2)

The council is creating a self-assessment of our strengths and areas for improvement based around these four themes.

The CQC will use six evidence sources to create the judgement about council performance. These are:

- People's experience
- Feedback from partners – providers, NHS, Police, Fire and Rescue and third sector providers
- Feedback from teams and council staff and leaders
- Observation
- Processes/policy
- Outcomes and performance data

#### **4. Consultation**

The assurance assessment framework has been developed by CQC as a coproduction with carers and older and disabled people. The department has been engaging with our own staff, as well as with other council colleagues, and plans are in place to test our self-assessment with stakeholders across North Somerset.

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

There are no direct financial implications arising from this report.

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

The Health and Care Act 2022 gave the Care Quality Commission (CQC) new regulatory powers to undertake independent assessment of local authorities' delivery of regulated care

functions set out in Part 1 of the Care Act 2014. High level enabling legislation was introduced through amendments to the Health and Social Care Act 2008. This created a new duty for the CQC to review local authorities' performance in discharging their adult social care functions under the Care Act 2014. Alongside this, the Health and Social Care Act gives the CQC powers to have oversight of Integrated Care Systems.

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

Services which are well organised and delivered as locally as possible are likely to avoid duplication, reduce travel and increase online and digital solutions and therefore this programme is likely to contribute to the council vision of being a green council.

## **8. Risk Management**

This is managed via the Quality Assurance (QA) / CQC Steering Board and the Performance and Quality Board and is mitigated via the programme governance structure.

## **9. Equality Implications**

An equalities impact screen was undertaken on commencing the programme. The outcome was that the self-assessment and subsequent improvement plan will benefit all people who use council run and commissioned services.

Any implications for staff will not have any disproportion impact.

## **10. Corporate Implications**

The outcome of this inspection will reflect on the council overall. Where corporate input into preparing for the inspection, for example, updating the website, this has been forthcoming.

## **11. Options Considered**

None

### **Author:**

Mike Hennessey  
Quality Assurance Programme Manager  
Adult Social Care

### **Appendices:**

Appendix 1 – High level overview of CQC assurance process and planning  
Appendix 2 – “I” and “We” statements

### **Background Papers:**

<https://www.cqc.org.uk/sites/default/files/2023-02/20230228%20Interim%20Guidance%20for%20Local%20Authority%20Assessments%20FINAL.pdf>

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# North Somerset Council

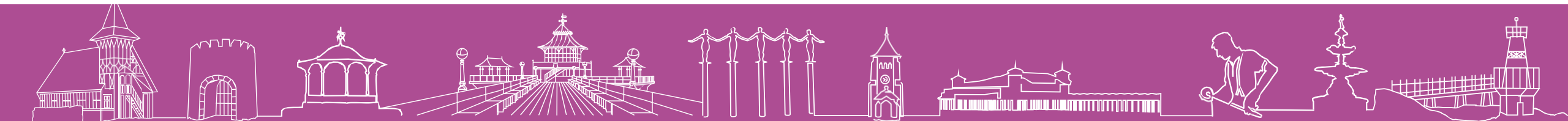
Quality Assurance (QA) and Care Quality Commission (CQC) Inspection of North Somerset Council ASC&H

Adult Services and Housing Policy Scrutiny Panel

Mike Hennessey, Quality Assurance Programme Manager Adult Social Care  
[michael.Hennessey@n-somerset.gov.uk](mailto:michael.Hennessey@n-somerset.gov.uk)

0782 534 1294

6<sup>th</sup> July 2023



## Agenda

### Background

- Inspection background
- Governance
- Programme principles

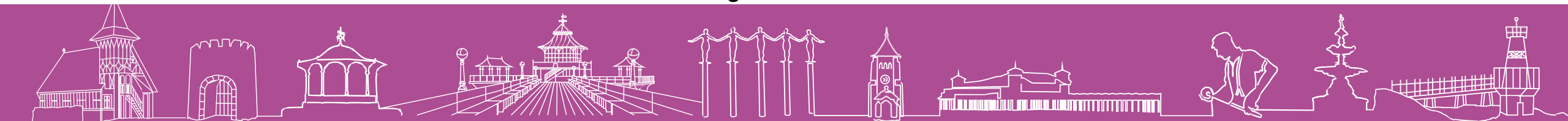
Page 30  
**QC / QA**

- Methodology
- Themes
- “I” and “We” statements
- Evidence
- Ratings

### SWADASS\* road map

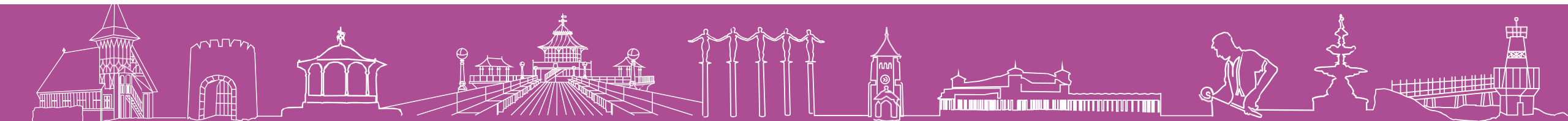
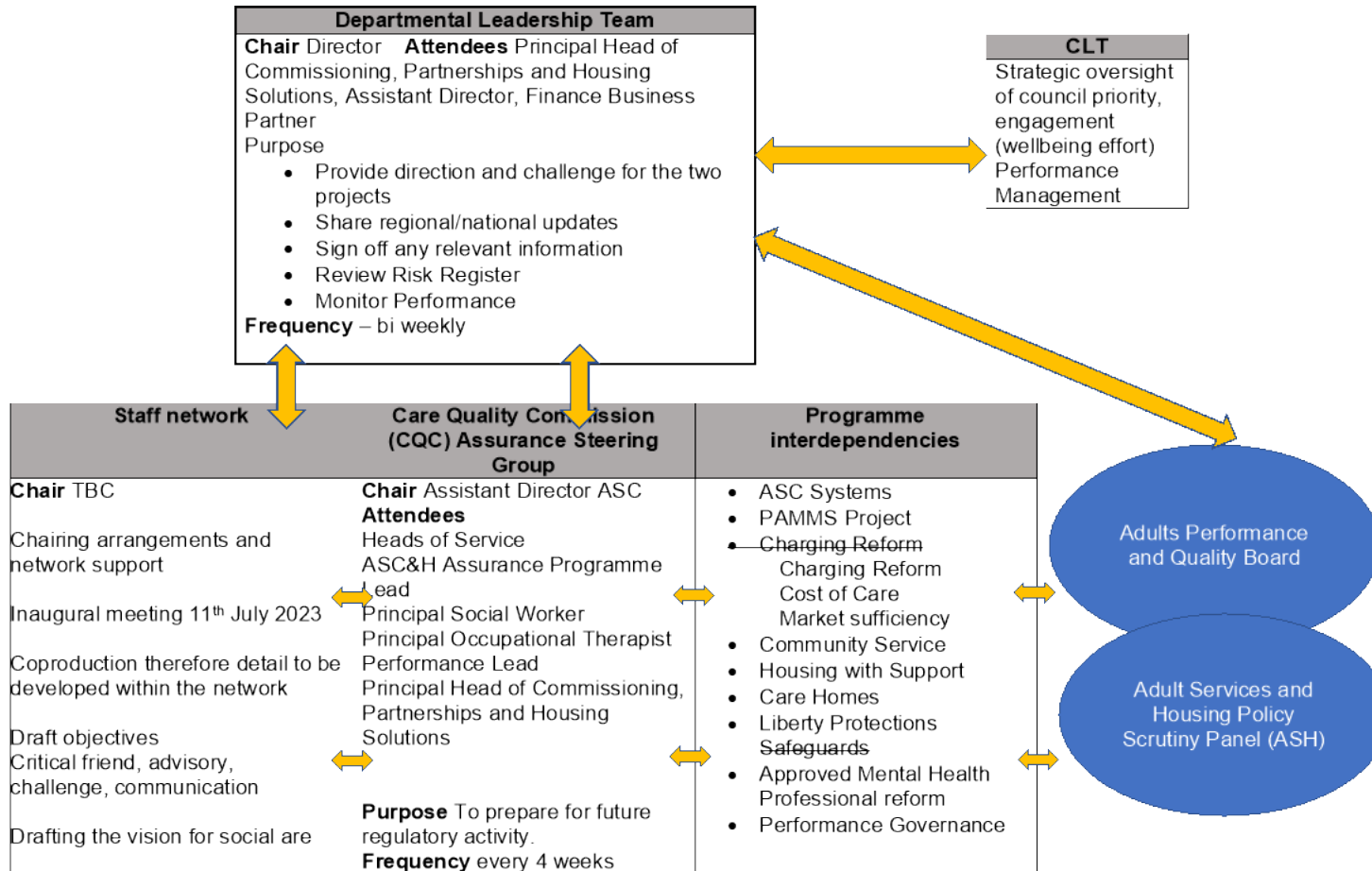
### Risks / strengths

\*South West region – Association of Directors of Adult Social Services



# Programme governance

Page 31



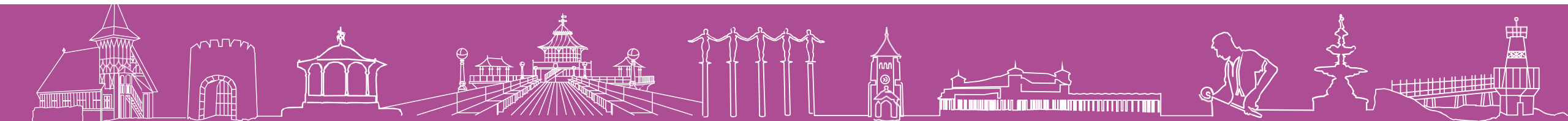
**Programme principles** - Aim to deliver this programme using the following principles.  
Approach targets wider quality improvement, aligned with CQC inspection Care Act focus  
People at the heart of care

People have choice, control, and support to live independent lives

People find that adult social care is fair and accessible

People can access outstanding quality and tailored care and support

- Coproduction
- Proportionate
- Corporate and departmental priority
- Transparent
- Well-paced – ambitious and well delivered programme
- Inclusive

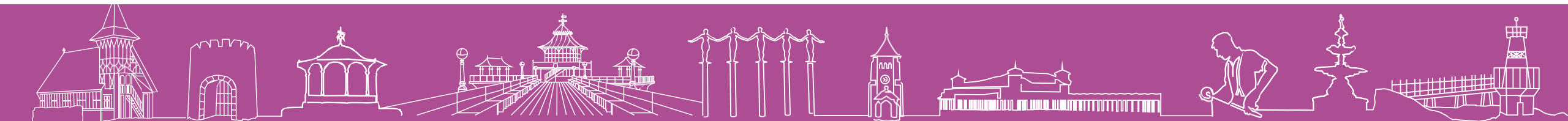




## There are four themes.....

1. **Working with people** - assessing needs (including unpaid carers), supporting people to live healthier lives, prevention, well-being, information and advice
2. **Providing support** - markets (including commissioning) and partnership working
3. **Ensuring safety** - safeguarding, safe systems and continuity of care
4. **Leadership and workforce** – capable and compassionate leaders, learning improvement, innovation, experience of equalities

.....and nine quality statements (“I” and “We” statements)



## Quality statement – I / We Statement: Assessing needs. **Sample “I” and “We” statement**

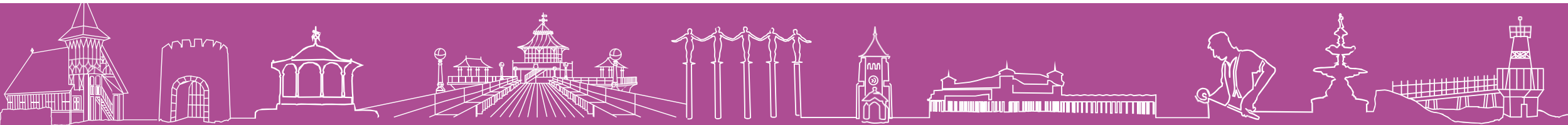
"We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

"I have care and support that is coordinated, and everyone works well together and with me"

"I have care and support that helps me live as I want to. I am a unique person with skills, strengths and goals"

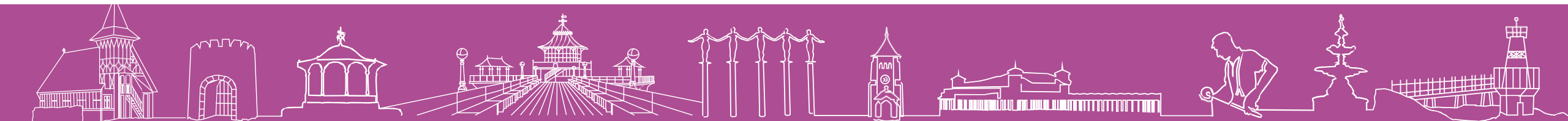
### Summary (What good looks like?)

- People with care and support needs, unpaid carers, those who fund or arrange their own care and communities have the best possible wellbeing outcomes because their care and support needs are assessed in a timely and consistent way.
- Assessments and care and support plans are co-produced, up-to-date and regularly reviewed
- Support is coordinated across different agencies and services and decisions and outcomes are transparent.
- People's care and support reflects their right to choice, builds on their strengths and assets,



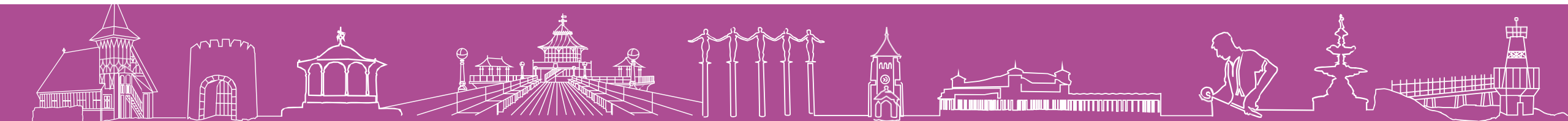
## Evidence that CQC will rely on the test our self-assessment

- People's experience
- Feedback from partners – providers, NHS, Police, Fire and Rescue and third sector providers
- Feedback from teams and council staff and leaders
- Observation
- Processes/policy
- Outcomes and performance data



## There is likely to be an overall rating for the council. **(Subject to change)**

- This could be along the lines of the current OFSTED ratings – Outstanding, Good, Requiring Improvement or Inadequate which CQC use when rating providers
- As well as a rating, there will possibly be a “direction of travel” judgement – in other words is the council performance likely to improve, deteriorate or remain the same
- Alongside an overall rating, parts of the services or themes might have an individual rating which would be aggregated to the overall rating
- It is possible that another set of ratings could be developed for council inspections for examples star ratings



Local authority unable to improve in agreed timescales. We are working through whether and how to incorporate CQC ratings here.

DHSC statutory intervention

Local authorities continue to lead their own improvement, with additional oversight from CQC/DHSC

Local authorities will be expected to produce a robust improvement plan, and arrange for additional support, with oversight from DHSC

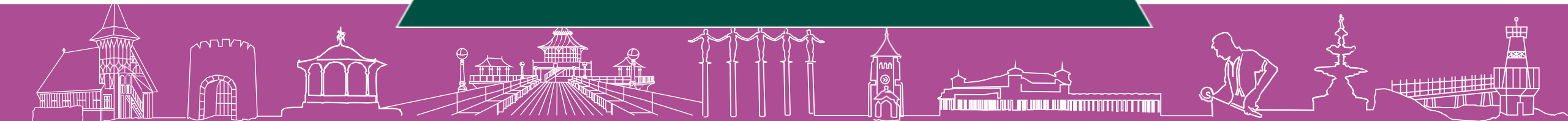
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CQC assessment identifies serious/persistent risk to people's wellbeing

(non-statutory intervention)

Local authorities lead their own improvement, including through drawing on national improvement offer

DHSC and sector partners work to share good practice where it is identified through CQC assessment

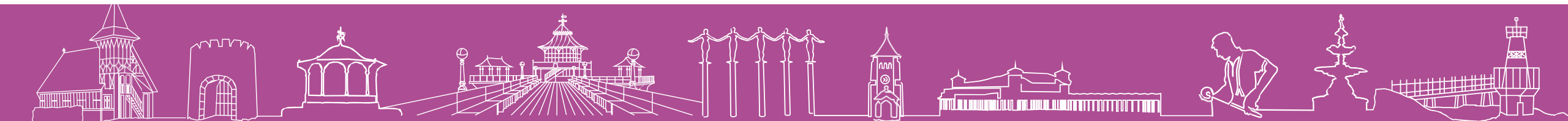


## Implications of a positive rating.....

- Reputational benefit
- Earned autonomy
- Less regulation
- Easier to recruit and retain staff
- Focus on local people's priorities

## ...and a negative one

- Reputational harm
- Label of “inadequate” with council for up to 30 months
- Increased intervention (which we may have to pay for)
- Loss of morale and harder to recruit
- Focus on recovery



# Assurance Roadmap 2023/24 - Evidence Based Approach – Quality and Improvement

Steps  
Activity  
Page 39  
Steps  
Activity

## 1 Resource Hub

Collecting and Sharing information and materials to support ASC assurance and improvement

### Who? Assurance Leads

1. Maintain and further develop the regional Resource Hub
2. Councils to routinely upload information to be shared



## 5 Improvement Plans

Each LA has a medium-term improvement plan that flows from its self-evaluation and supports the delivery of its ASC Strategy

### Who? Directors

16. Complete improvement plans and share, including equalities impact assessments
17. Directors to lead presentation and feedback on plans in buddy groups
18. Each LA supported to have a clear governance structure for improvement delivery and quality assurance cycle



## 2 Practice Standards

Developing and using a framework for evidence-based practice; linking evidence to action

### Who? Principal Social Workers

3. Promote the use of the regional practice standards
4. Consistent approach to casefile audits using standards
5. Co-produced framework for personalised practice
6. Each DASS confident in line of sight for quality of practice
7. Lead members and corporate management teams understand the Council's core statutory responsibilities for ASC



## 6 Impact

LAs are supported to understand the impact of their improvement action - learning about and changing improvement activities as needed to gain maximum impact

### Who? Assistant Directors

19. Initial appreciative inquiry to test impact of improvement plans - themed on 'Assessing needs'
20. Further appreciative inquiry - themed to meet learning needs
21. Develop and deliver regional support offer for 'deep dives' on specific improvement topics/service themes (buddy groups, regional network groups etc)



## 3 Data and Triangulation

Cross validating data, information and intelligence to explain the outcomes and impact of practice

### Who? Performance Leads

8. Gather and evaluate different types of data, information and intelligence to find patterns and other insights
9. Use data to examine performance amongst Councils to understand where the true differences may lie
10. Complete work on gathering ASC- WDS and local workforce measures
11. Review new ASCOF measures
12. Develop a consistent approach for core workforce information across our Councils



Timeline



## 4 Self Evaluation

Each LA has an initial self-assessment that is open, honest, evidenced and strongly reflects the views of with people with lived experience

### Who? Assurance Leads

13. Complete initial self-assessments and share
14. Directors to present and give feedback on summaries in buddy groups
15. Directors to present and give feedback on summaries in buddy groups



## 7 Continuous Improvement

Quality assurance and improvement become embedded as 'business as usual' for LAs and the SW ADASS regional work programme

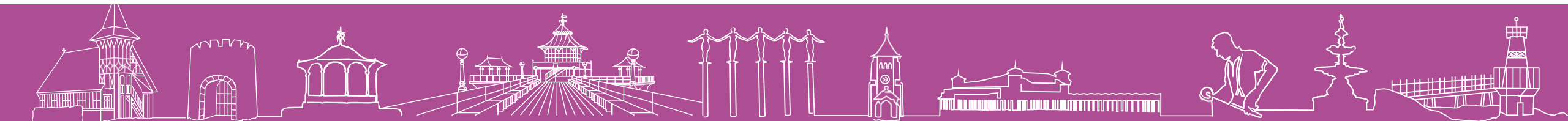
### Who? Directors

22. Assurance item on all agendas for network groups, linking to a shared forward plan
23. Assurance support needs from each LA collated and used in regional plan with six-monthly reviews
24. Each LA has a record of support needs and how these are being met through regional participation and external sources (LGA per reviews, consultancy etc). Updated quarterly
25. Our improvement activity is informed by learning from CQC's assurance programme and LGA assurance peer reviews etc



## Key risks at this stage.....

- Lack of evidence of Coproduction – though improving
- Consistency, assurance and access to policy, procedure and strategy documents
- Delivering services every day / Operational pressures
- System assurance building an Integrated Care System
- Waiting times
- Data gathering and analysis
- Ensuring partnership buy in

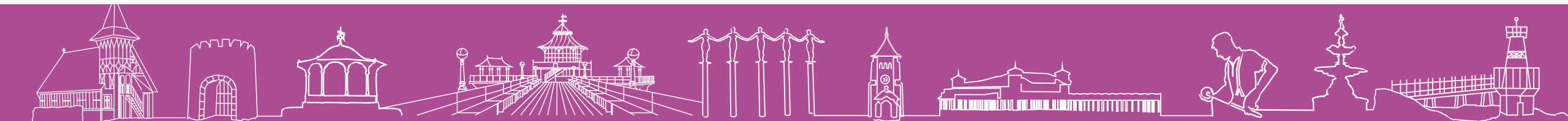




## .....and what we have going for us

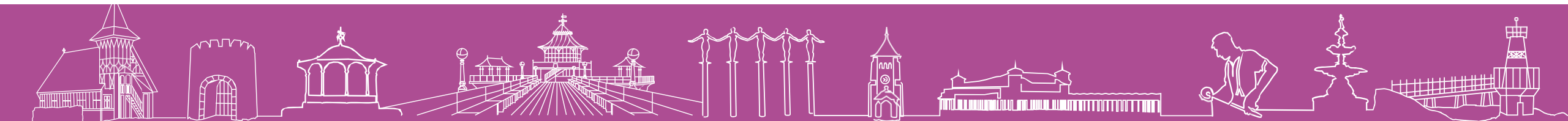
- Leadership – corporate and departmental (though of course we have a new administration)
- High quality professional leadership
- Good quality provider market – based on CQC ratings Q4 2022/23 (LGAInform)
- Good leadership and ownership of the QA programme by Heads of Service
- Transparent
- Strong programme management approach
- Very high response rates to public surveys
- Brilliant, stable workforce!

Page 41



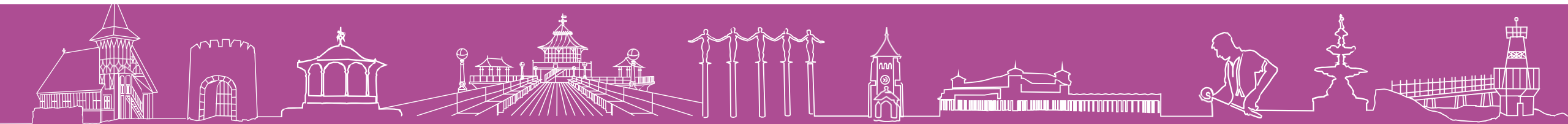
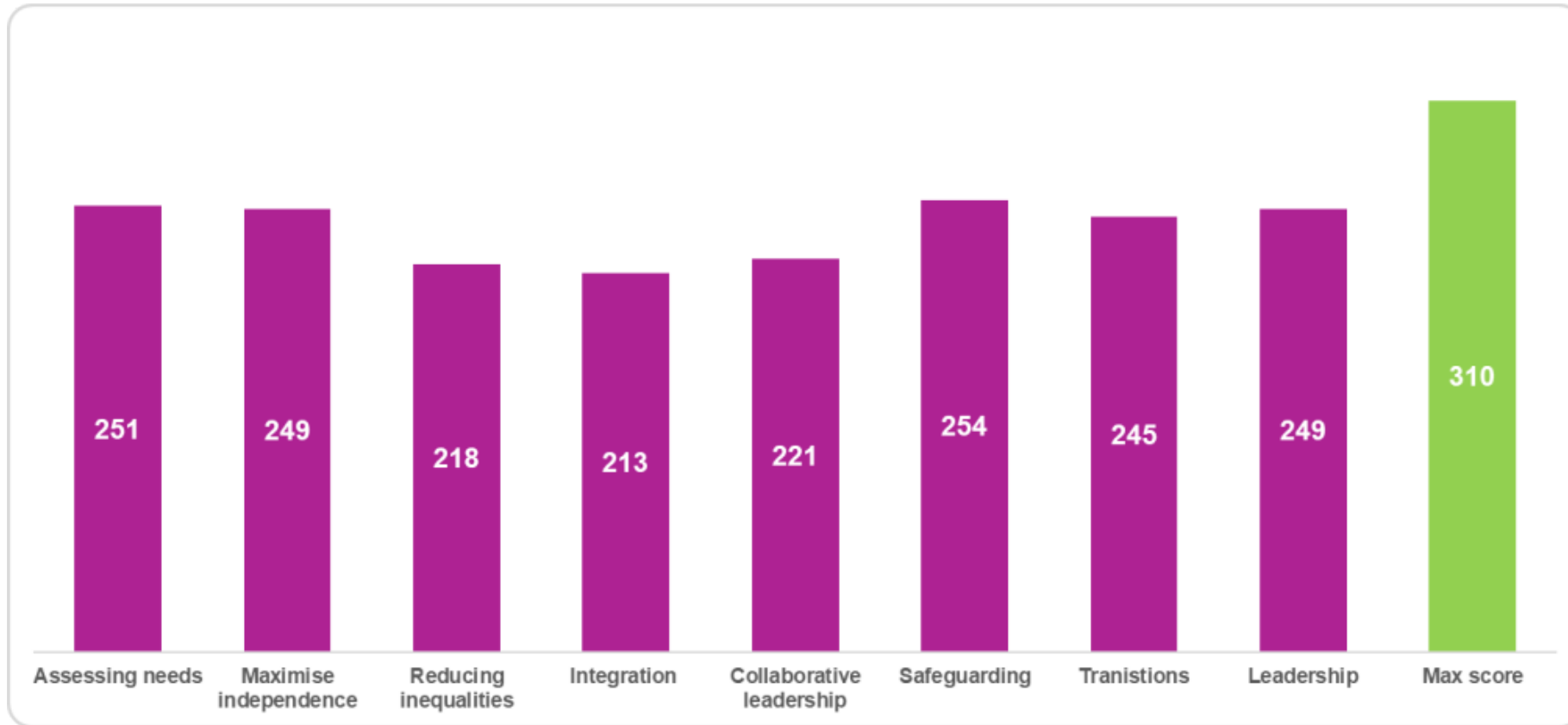
## **Corporately** – good support from

- Ofsted team – challenge, documents, inspection readiness meetings
- Business Intelligence – surveys, questionnaires and public and internal engagement
- Inclusion and Corporate Development – Equalities and access to groups internal and external
- Complaints and complements – learning
- Communications – help with Webinars and communication plan



Messages from staff

Page 43



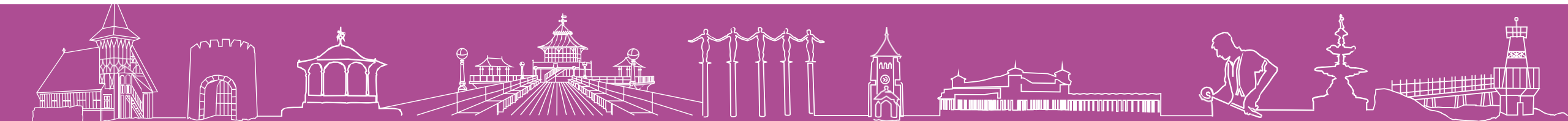
**Michael Hennessey**

**Adult Social Care Assurance Programme Manager**

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Page 44

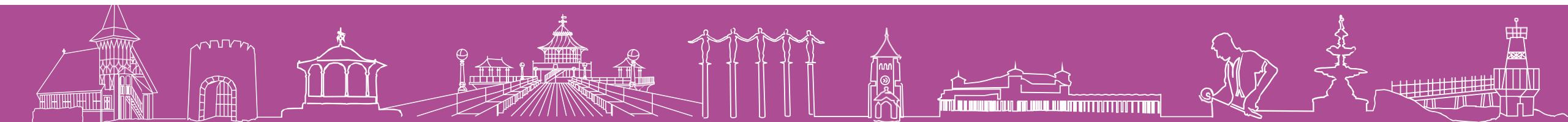
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The Care Quality Commission (CQC) Quality Statements are part of a jargon-free set of personalised principles that focus on what matters to people.

Page 45

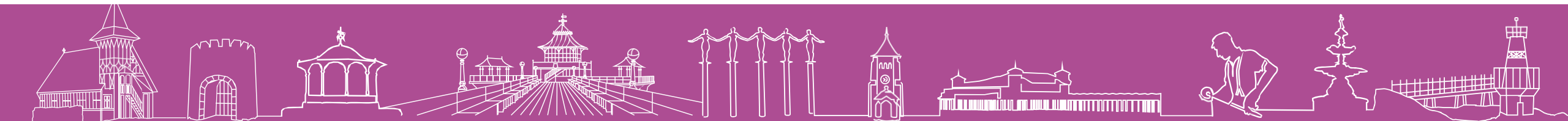
‘We’ statements are how things should be from the perspective of the council. They can help us understand what the CQC expect of us. They are the commitments that we, as assessors, leaders and commissioners should live up to in order to deliver truly person-centred care and support. They also help the CQC to provide a benchmark of what good care looks like by linking to the relevant best practice standards and guidance.



The CQC assessment framework also helps people understand what a good experience of care looks and feels like from the perspective of the disabled or older person, of their carers by using “I” statements developed by Think Local Act Personal which is a national partnership of 50 organisations working to transform support through personalisation and community-based support.

<https://www.thinklocalactpersonal.org.uk/>

CQC uses these “I” statements to support the gathering and assessing of evidence. Making people’s voices prominent in the CQC single assessment framework helps to focus outcomes for people – focus on what difference did our intervention make?



## Quality statement – I / We Statement: Assessing needs. Lead Laura Cresser

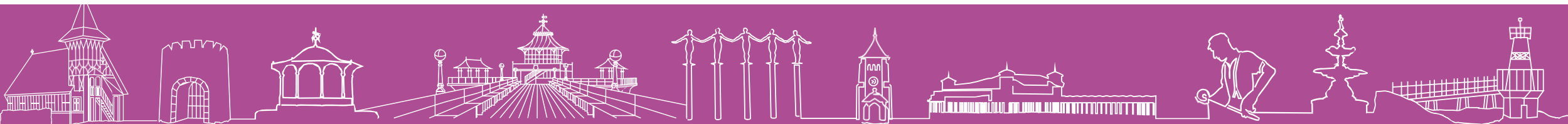
"We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

"I have care and support that is coordinated, and everyone works well together and with me"

"I have care and support that helps me live as I want to. I am a unique person with skills, strengths and goals"

### Summary (What good looks like?)

- People with care and support needs, unpaid carers, those who fund or arrange their own care and communities have the best possible wellbeing outcomes because their care and support needs are assessed in a timely and consistent way.
- Assessments and care and support plans are co-produced, up-to-date and regularly reviewed
- Support is coordinated across different agencies and services and decisions and outcomes are transparent.
- People's care and support reflects their right to choice, builds on their strengths and assets,



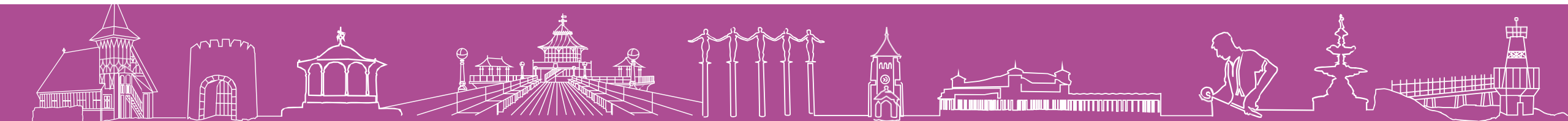
## Quality statement – I / We Statement: Supporting people to live healthier lives. Lead Fiona Shergold

"We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support"

"I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally"

### Summary (What to look for)

- We work with people, partners and the local community to make available a range of services, facilities and other measures to promote independence and support people to prevent, delay or reduce their needs for care and support
- People in our area have access to the information and advice they need to make informed decisions about how their care and/or support needs are met





## Quality statement – I / We Statement: Equity in experiences and outcomes. Leads Ric Orson & Jo Hopkin

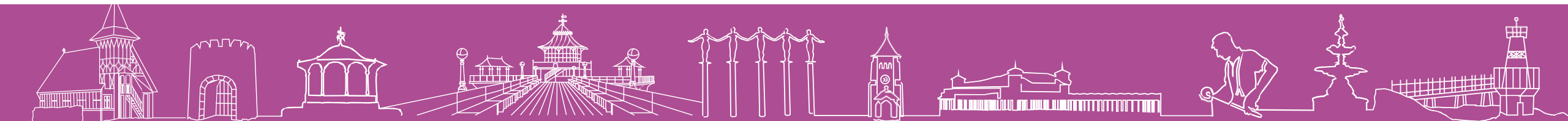
"We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this"

"I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals"

### Summary (What to look for)

This quality statement covers

- How we address barriers to care, support and treatment
- Do we know and address inequalities in experience and outcomes
- Are we aware of who are more likely to receive poor care
- In delivering their Care Act functions, we take action to achieve equity of experience and outcomes for all individuals, groups and communities in our diverse communities.



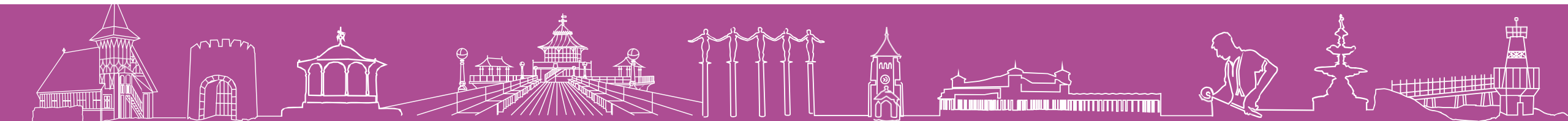
**Quality statement – I / We statement: Care provision, integration and continuity.** Lead Teresa Stanley

"We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity"

"I have care and support that is coordinated, and everyone works well together and with me"

Page 50  
**Summary** (What to look for)

- The care and support needs of people and communities are understood; there is a varied and resilient provider market with sufficient capacity to meet demand now and in future
- Local people, including those who fund or arrange their own care, have access to a diverse range of safe, effective, high quality support options to meet their care and support needs
- Services are sustainable, affordable and provide continuity for people



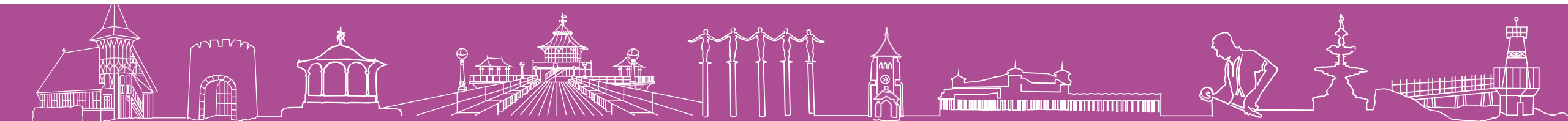
## Quality statement – I / We statement: Partnerships and communities. Lead Sarah Shaw

"We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement

"Leaders work proactively to support staff and collaborate with partners to deliver safe, integrated, person-centred and sustainable care and to reduce inequalities"#

### Summary (What to look for)

- We actively work towards integrating care and support services with those provided by partner agencies to achieve better outcomes for people who need care and support and unpaid carers and to reduce inequalities
- There is partnership working to help ensure that care and support meets the diverse needs of individuals and communities
- People experience a seamless care and support journey, and their support is co-ordinated across different agencies and services



## Quality statement: Safe systems, pathways and transitions. Lead Martin Hawketts

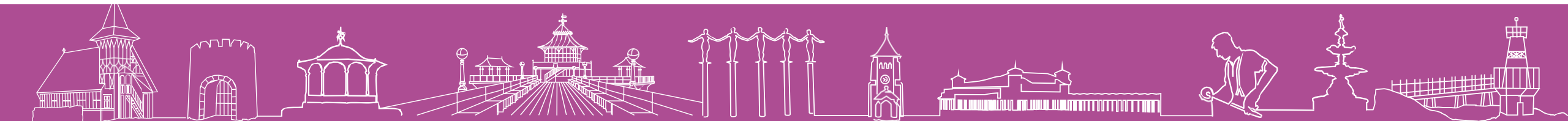
"We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

"When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place"

"I feel safe and am supported to understand and manage any risks"

### Summary (What to look for)

- Safety is a priority for everyone, and leaders embed a culture of openness and collaboration.
- Care and support is planned and organised with people, partners, and communities in ways that improve their safety across their care journeys and ensures continuity in care, particularly when people move between different services



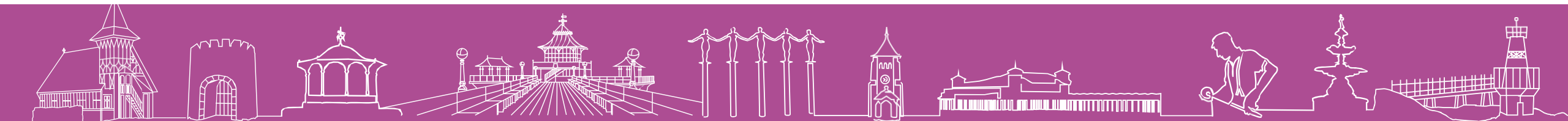
**Quality statement: Safeguarding.** Lead Sarah Shaw

"We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect.

"I feel safe and am supported to understand and manage any risks"

**Summary** (What to look for)

- Safeguarding enquiries are carried out sensitively and without delay, keeping the wishes and best interests of the person concerned at the centre. People can participate in the safeguarding process as much as they want to.
- The key safeguarding risks and issues in the area and a clear and there is resourced strategic plan to address them
- Lessons are learned when people have experienced serious abuse or neglect and action is taken to reduce future risks.



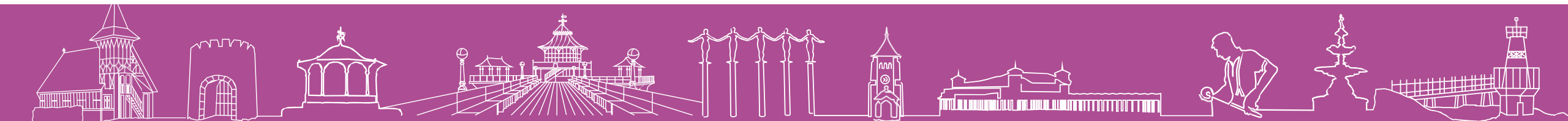
## Quality statement: Governance, management and sustainability. Leads Ric Orson & Jo Hopkins

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

### Summary(What to look for)

Page 54

- There are effective governance and performance management arrangements at all levels. These provide visibility and assurance on delivery of Care Act duties, risks to delivery, quality and sustainability, and people's care and support experiences and outcomes
- The local authority uses information about risks, performance and outcomes to inform strategy, allocate resources and to deliver the actions needed to improve care and support outcomes for people and local communities

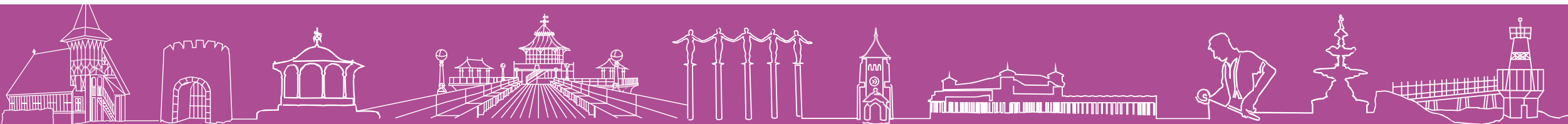


## Quality statement: Learning, improvement and innovation. Leads Ric Orson and Jo Hopkins

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

### Summary (What to look for)

- Learning from people's feedback about their experiences of care and support, and feedback from staff and partners is embedded throughout the local authority's work and it informs strategy, improvement activity and decision making at all level
- Coproduction is embedded throughout the local authority's work
- There is an inclusive and positive culture of continuous learning and improvement and this is shared by all leaders and staff across the organisation and with their partners



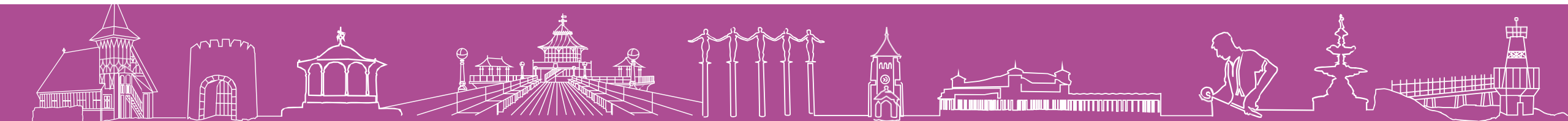
**Michael Hennessey**

**Adult Social Care Assurance Programme Manager**

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Page 56





## North Somerset Council

**Report to the: ASSH Scrutiny Panel**

**Date of Meeting: 06/07/2023**

**Subject of Report: Carers Strategy Update**

**Town or Parish:**

**Officer/Member Presenting: Kathryn Benjamin**

**Key Decision: No**

**Reason: While this strategy, once implemented, will play an important role in supporting informal carers in North Somerset, it is an update rather than a key decision**

### Recommendations

To update on, and seek input into, the development of a proposed North Somerset Carer Strategy, including next steps. ASSH Scrutiny Panel Members are also asked to begin the process of identifying a Councillor who is best placed to take on the role of NSC Carers Champion.

#### 1. Summary of Report

A brief report to update on the proposed North Somerset Carers Strategy.

#### 2. Policy



NS Multi-agency  
Carers Strateg...

#### 3. Details

See link for presentation: [2023 07 06 Carers Strategy update for ASSH Scrutiny Panel](#)

#### 4. Consultation

In developing the strategy, carers' views were sought in the following ways:

- Online carers survey
- Carers Inquiry Day (ASSH Scrutiny Panel)
- Healthwatch report on carer focus groups and phone interviews Healthwatch report on interviews with unheard carers from minority groups eg Syrian refugees, Asian community, disabled carers, Gypsy/Roma/Traveller community
- North Somerset Carers Support (Alliance Homes) - carer focus groups
- Alzheimer's Society – carer focus group

The NSC Carers Strategy is currently being consulted on with the following stakeholders:

- Wider Directorate Leadership Team
- Integrated Care Board
- ASSH Scrutiny Panel
- Voluntary Community and Social Enterprise Sector

## **5. Financial Implications**

Financial Implications have not yet fully considered. Costs may be associated with the following:

- Training and publicity
- Resources to proactively engage with Carers from minoritized groups
- Development of information packs
- Supporting GP practices to adopt framework of quality markers

### **Costs**

Costs to be finalised following consultation with key stakeholders and elected members.

### **Funding**

Not fully analysed until consultation is complete. Potential funding options, e.g., via the Health and Wellbeing Strategy, to be explored.

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

The Care Act 2014 stipulates various legal powers and duties the local authority has relating to carers including:

- A focus on promoting wellbeing.
- A duty on local councils to prevent, reduce and delay need for support, including the needs of carers.
- A right to a carer's assessment based on the appearance of need.
- A right for carers' eligible needs to be met.
- A duty on local councils to provide information and advice to carers in relation to their caring role and their own needs.
- A duty on NHS bodies (NHS England, ICS, NHS trusts and NHS foundation trusts) to co-operate with local authorities in delivering the Care Act functions.

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

No obvious climate change implications, though this will be considered in terms of all proposed actions, such as the development of publicity materials and resource packs.

Online materials will be used where possible, while also recognising the importance of maximising accessibility.

## **8. Risk Management**

A risk register is not currently in place for the implementation of the strategy. One will be developed when consultation is complete. Currently, the main risk identified is the risk of non-engagement from the ICB during the consultation stage. Jo Purser (Assistant Director) is seeking to resolve this by contacting relevant people in the ICB to secure engagement.

## **9. Equality Implications**

No

A formal EIA screen needs to be undertaken, but the strategy itself seeks to ensure the voices of minoritized carers are actively sought, and the strategy was informed by a Healthwatch report which reflected the views of carers from minoritized groups.

## **10. Corporate Implications**

The Carer's strategy will ensure cross-directorate implications are considered, through collaboration with other directorates who are stakeholders, e.g. public health. The strategy pertains to unpaid carers in adults services and does not currently include young carers.

## **11. Options Considered**

Not applicable

### **Author:**

Richard Orson (Principal Social Worker) on behalf of Kathryn Benjamin (Policy and Strategy Development Officer)

### **Appendices:**

Links and attachments included in the report.

### **Background Papers:**



NS Multi-agency  
Carers Strateg...

[https://nsomerset-my.sharepoint.com/:p:/g/personal/kathryn\\_benjamin\\_n-somerset\\_gov\\_uk/EYCn0hb8zApCmZYANXnb\\_eMBaqGryvCOx103k77qltrd2Q?e=4%3aJeI9HO&at=9](https://nsomerset-my.sharepoint.com/:p:/g/personal/kathryn_benjamin_n-somerset_gov_uk/EYCn0hb8zApCmZYANXnb_eMBaqGryvCOx103k77qltrd2Q?e=4%3aJeI9HO&at=9)

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# Carers Strategy update for ASSH Scrutiny Panel 06 July 2023

Kathryn Benjamin,  
Strategy and Policy Development Officer,  
Adult Social Services

# Priorities co-produced with carers

Carers' views sought by:

- Online carers survey
- Carers Inquiry Day (ASSH Scrutiny Panel)
- Healthwatch report on carer focus groups and phone interviews  
Healthwatch report on interviews with unheard carers from minority groups eg Syrian refugees, Asian community, disabled carers, Gypsy/Roma/Traveller community
- North Somerset Carers Support (Alliance Homes) - carer focus groups
- Alzheimer's Society – carer focus group

# Carers Strategy priorities

- 1 - Identify, recognise and value carers
- 2 - Involve carers in decisions, including care-planning and developing services
- 3 - Systems that are a) joined up and b) that identify, recognise and value carers and see carers in the context of whole family
- 4 - Services that are reliable and deliver best outcomes for all
- 5 - Information and advice
- 6 - Staying well and having a life of my own

# Other research sources used

- Carers UK
- Carers Trust
- Alzheimer's Society
- Other LAs
- NHS England Long-Term Plan
- ADASS



# Priority 1 - Identify, recognise and value carers

## **Carers told us:**

- Carers often do not identify themselves as such. They felt unacknowledged by GPs and other frontline health & social care services.
- Carers want to be recognised for the knowledge they have and for people to listen to them when making changes
- Carers want support to register at a GP surgery to give benefits such as electronic flagging on notes for the cared-for and Carer

## **Our actions to improve:**

- NSC, NHS and other partners to ensure staff are 'carer aware' eg through training and publicity materials
- NSC and ICB to consider within every strategy, plan, and decision, e.g. transport, planning, not just Adult Care, whether it can be developed to benefit carers in some way and to do so where feasible
- NSC to appoint a councillor as Carers Champion to oversee the above within the council
- NSC to work with the Integrated Care Board to encourage GP surgeries to adopt the Framework of Quality Markers developed by NHS England. This aims to improve the identification of carers of all ages at general practices. ICB to monitor how this framework is adopted by each GP surgery.

# Priority 2 - Involve carers in decisions, including care-planning and developing services

## Carers told us:

*“I do not feel listened to and my knowledge of care and illness for my partner is not taken into consideration”.*

*“We need to be listened to and taken seriously. We want to be recognised for the knowledge we have and for people to work with us and listen to us when making changes.”*

## Our actions to improve:

- Listening to carers – establish quarterly Carers’ Forums for carers to have their say and feed into strategy, policy, service development, quality assurance, etc
- Develop Strategy for Community Engagement to enable council to take consistent approach to engage with local communities when seeking their views
- Council to undertake specific engagement with carers from minority groups to better understand key cultural issues and how to improve their uptake of services

## Priority 3 - Systems that are a) joined up and b) that identify, recognise and value carers and see carers in the context of whole family

### Carers told us:

- Carers find themselves having to repeat their stories over and over to different professionals including care workers

*“We have different Carers every time, it’s exhausting having to explain about my husband’s illness and what his needs are.”*

- Carers would like more joint working between professionals to help with the difficulties of being a carer
- Carers pointed out that many services are not joined up and duplicated information.
- Carers expressed the need for a holistic approach that takes their mental health, physical health and whole family situation into consideration, including their financial support.
- Carers want help to navigate the system

### Our actions to improve:

- Council and ICB to work on data-sharing to improve support to carers
- Encourage care providers to offer continuity of with care workers, especially for people living with dementia and their carers
- Promote ‘whole family’ approach to see carers in context of their wider family situation

# Priority 4 - Services that are reliable and deliver best outcomes for all

## Carers told us:

- Carers want easy access to support services
- Carers are concerned about availability and cost of replacement care without which they cannot take a break for themselves
- Carers want more easily accessible information on respite availability
- Carers from refugee communities in particular would like training so that they can better support the cared-for person, and emotional support for themselves.
- Carers want a Carers Passport that helps to support them in an emergency

## Our actions to improve:

- council to a) develop wider range of respite options for carers and b) improve accessible info on respite availability
- council to investigate with Parish & Town Councils, North Somerset Together, and other partners, how services that are based at a very local level, i.e, in towns and villages, could be developed to identify and support carers and to implement this if it offers significant improvements to carers' lives
- Council's Carers Emergency Response Scheme (CERS) to provide improved range of responses to carers' emergencies so that carers have increased peace of mind
- Explore whether CERS could be extended to a Carers Passport
- Specific engagement with carers from minority groups to better understand their needs
- Health and Social Care Joint Strategic Needs Assessment to have specific chapter on carers from minority groups, aiming to tackle the health inequality among these communities.

# Priority 5 - information and advice

## **Carers told us:**

- The lack of information or communication from health and social care services directed at carers from minority groups is the main barrier to these carers accessing the support they need.
- All Carers pointed out that many services are not joined up and duplicated information.
- When people are first diagnosed there was either too much information or Carers did not know who to go to for further information and support.
- Carers would like help to navigate the system

## **Our actions to improve:**

- Development of key messages and a Communications strategy by council with partner organisations, including social prescribers at GP practices
- Review and update information on the council website pages for carers
- develop sufficient and appropriate information packs about support and carers' rights that are easy to understand, in different formats and languages.

# Priority 6 - Staying well and having a life of my own

## **Carers told us:**

- Pandemic has left carers exhausted, often with little or no time to themselves, and has impacted mental health of many
- Keeping in touch with carers by telephone would have helped carers feel less isolated and more supported during lockdowns
- There are gaps in support available for carers' wellbeing
- Carers feel they sometimes need advocates to speak up for them
- Carers are given ongoing support in the form of a co-ordinator for their Health and Social care needs
- Carers from minority groups wanted peer support groups with other carers who face similar barriers or provide a similar type of care
- Working carers are worried about juggling employment with looking after someone

## **Our actions to improve:**

- To proactively offer carers universal services and a Carers Assessment
- Improve support available for carers to look after their own physical and mental health
- Explore options for improving emotional support available for carers
- Explore options for improving access to emotional support for carers from minority groups
- Ensure carers are included in the NSC Digital Strategy to improve their digital access and support options
- Bid for available funds to develop further support for carers' wellbeing

# Next steps

- Draft strategy is out for comment with carers and other stakeholders
- Finalise when comments received
- Sign-off
- New Carers Partnership Board to oversee implementation
- Sub-groups to develop and ensure delivery of actions under priority headings
- Timescale – aim to begin implementation by October 2023
  
- And...do we have a councillor here willing to be NSC Carers Champion?

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# North Somerset Multi-agency Carers Strategy 2023-27

<b>Policy Status</b>	Draft
<b>Current Version</b>	Draft version 1.3
<b>Author</b>	Kathryn Benjamin (Strategy and Policy Development Officer)
<b>Wider DLT Lead (Document Owner)</b>	Richard Orson (PSW) and Jo Hopkins (POT)
<b>DLT Lead</b>	Jo Purser
<b>Consultation / Coproduction</b>	Carers in North Somerset, Alliance Homes' North Somerset Carers Support service, Alzheimer's Society, Healthwatch, North Somerset Council Adult Care, Integrated Care Board
<b>Approval date</b>	XX 2023
<b>Planned review</b>	January 2024
<b>Climate implications</b>	None
<b>Equalities impact</b>	Considered
<b>Impact on unpaid carers</b>	None

## Contents

[insert table]

### 1. Introduction

This Strategy outlines how organisations in North Somerset will support adult carers from 2023-27. It is a multi-agency strategy led by North Somerset Council. This means that different organisations in health, social care, and the

community, across the area will work together to achieve the priorities set out here, with the council taking the lead for overseeing this work.

We would like to thank the many carers who have contributed their views towards setting the priorities for the Strategy, telling us what matters to them. We are committed to working with you to ensure that the Strategy is put into action to improve your lives.

We would also like to thank: Healthwatch North Somerset who have contributed two important reports which have assisted with identifying what matters to carers and to understanding the needs of carers from unheard parts of our local population; Alzheimer's Society and North Somerset Carers Support (Alliance Homes) for hosting their own forums with carers to gather their views for this piece of work.

## **2. What do we mean by 'carer'?**

A carer is someone who provides care or support to someone else who could not manage without this due to their health, disability, learning disability, mental health, dementia, or alcohol or substance misuse. The care or support they provide is unpaid which differentiates them from paid care workers who are also, confusingly, often referred to as 'carers'. This Strategy applies only to the former. You may also hear carers referred to as unpaid, informal, or family carers. Many people who are carers tell us that they do not relate to the term. Many simply see themselves as partners, spouses, sons, daughters, relatives, or friends who are helping someone out.

An adult aged 18 or over who looks after someone else aged 18 or over is known as an 'adult carer'. There are children and young people under 18 who provide care or support to a sibling, parent, or other, known as 'young carers'. Parents looking after a disabled child aged under 18 are referred to as 'parent carers'. This Strategy covers adult carers.

## **3. Carers – the national picture**

The Census 2021 indicated that across England and Wales there are around 5 million carers. Census data from the Office of National Statistics (ONS) shows that across England the largest age group of carers is those aged 55-59, and across all age groups more women are carers than men.

Comparisons between 2011 and 2021 data for the three categories of unpaid care show:

- decreases in the proportions who provided 19 hours or less of unpaid care a week in both England (from 7.2% in 2011 to 4.4% in 2021) and in Wales (from 7.4% in 2011 to 4.7% in 2021)
- increases in the proportions who provided between 20 and 49 hours of unpaid care a week in England (from 1.5% in 2011 to 1.8% in 2021), and in Wales (from 1.9% in 2011 to 2.2% in 2021)
- the proportions of people who provided 50 or more hours of unpaid care a week remained similar in England (2.7% in 2011, 2.7% in 2021) and in Wales (3.7% in 2011, 3.6% in 2021)

Research by Petrillo and Bennett in 2022 indicated that:

- 4.3 million people become unpaid carers every year – 12,000 people a day
- Between 2010-2020, people aged 46-65 were the largest age group to become unpaid carers. 41% of people who became unpaid carers were in this age group (Petrillo and Bennett, 2022).
- 58% of carers are women (Census 2011). Women are more likely to become carers and to provide more hours of unpaid care than men. More women than men provide high intensity care at ages when they would expect to be in paid work (Petrillo and Bennett, 2022).

Research by Carers UK showed that 1 in 7 carers are juggling work and unpaid care ([Carers UK, 2019](#)) and that 75% of carers in employment worry about continuing to juggle work and care (Carers UK, [State of Caring 2022](#)).

The value of unpaid care was estimated at £530 million per day and £193 billion per year during the pandemic (Carers UK, [Unseen and Undervalued](#), 2021).

Caring can have a significant impact on health and wellbeing:

- 60% of carers report a long-term health condition or disability compared to 50% non-carers (Carers UK analysis of GP Patient Survey 2021).
- Over a quarter of carers (29%) feel lonely often or always (Carers UK, [State of Caring 2022](#)).
- There is increasing evidence that caring should be considered a social determinant of health (Public Health England, [Caring as a Social Determinant of Health](#), 2021).

From <<https://www.carersuk.org/news-and-campaigns/press-releases/facts-and-figures>>

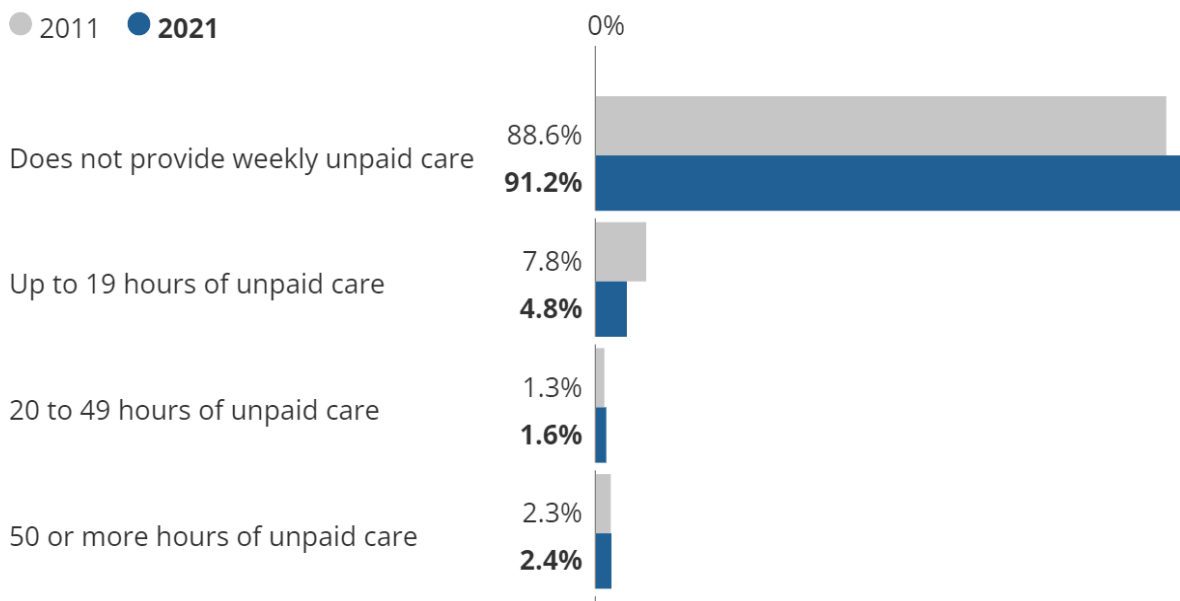
#### 4. Carers in North Somerset

We estimate there are around 19,070 carers (8.8% of residents) in North Somerset. This is based on the ONS data for the Census 2021 and relates to carers aged 5 years and over. This is a decrease of around 4000 carers since the Census 2011 despite an increase in the population from around 202,600 in 2011 to around 216,700 in 2021. The decrease in the proportion of carers aligns with the picture across England.

Census 2021 was undertaken during the Covid-19 pandemic. This may have influenced how people perceived and managed their provision of care so it may have affected how people responded to the census questions around unpaid care. Also, there were changes in question wording and response options compared to the 2011 census. As a result, the ONS recommends caution when making comparisons between 2011 and 2021.

The table below compares 2011 and 2021 results for carers and number of hours of care provided per week.

Age-standardised proportion of usual residents (aged five years and over) by hours per week of unpaid care provision, **North Somerset**



Source: Office for National Statistics – 2011 Census and Census 2021

This is broken down into the following figures for the Census 2021:

Hours of care provided per week	Number of carers in North Somerset
Provides 9 hours or less	7693
Provides 10 to 19 hours	2473
Provides 20 to 34 hours	1602
Provides 35 to 49 hours	1643
Provides 50 or more hours	5351

This shows an increase in the number of carers providing more than 50 hours of care per week from 4654 in 2011 to 5351 in 2021. The Census 2011 had illustrated that carers caring for more than 50 hours per week are more than twice as likely to have significant health problems than non-carers. Without time to recover or seek treatment these health problems can escalate.

Based on Census 2011 figures, in North Somerset: [\[seeking updated Census 2021 data\]](#)

- 15,656 carers are of working age, higher than the England average.
- 827 of these are young adult carers, aged 16 – 24.
- 13.4% of the North Somerset population are carers aged 16+, higher than the overall England figure of 12.7%
- 6,189 carers are over 65.
- Those aged 50 – 64 are the biggest group of carers (8,483).
- Those aged 65 and over are most likely to be providing 50 or more hours of care per week (2,053).

Note that older carers are most likely to be providing the highest level of care per week.

## 5. How we put this Strategy together

In order for the new Carers Strategy to be based around what matters to local carers, our aim was to engage with as many as we could to hear what their priorities are, what they want the new Strategy to focus on delivering. We also collaborated with partners in the voluntary sector such as North Somerset Carers Support (Alliance Homes) and Alzheimer’s Society. We held a Carers Inquiry Day at which we heard from carers and various stakeholders in the statutory, voluntary sectors including local hospital trusts, Adult Social Services, Avon & Wiltshire Partnership (mental health services).

## 6. How we engaged with carers

The engagement began in January 2021 when North Somerset Council's website hosted an online carers survey. The website offered a contact number for paper copies, but no requests were received for such. The survey ran for 6 weeks. During this time Alzheimer's Society and North Somerset Carers Support ran additional focus groups to gain carers' views.

During March and April Healthwatch North Somerset were commissioned by the council to conduct online focus groups and follow-up telephone interviews with individual carers who were willing to be contacted after having participated in the online survey. This resulted in a Healthwatch report [Listening and learning from unpaid carers](#) in April 2021.

However, we found a gap in hearing from carers from minority groups in responses to these earlier exercises. To address this a further Healthwatch report followed in September 2022 [Unheard Carers from minority groups in North Somerset](#).

We ran a Carers Inquiry Day in October 2021, organised through the council's Adult Services and Housing Policy Scrutiny Panel. At this event we heard from carers and from providers of local services used by carers.

## 7. What carers told us

### 7.1 Carers Survey

The online survey was intended to find out what matters most to carers and what they think the Strategy should prioritise. The main themes in the responses were:

- recognising and valuing carers
- involving carers in planning and decisions
- services working together so the same story doesn't have to be repeated
- knowing where to get support.

The way the health and social care system operates is vital for carers. They want this to be joined-up so that their experience of using health and social care and getting their needs met is simplified for them. They want systems:

- to work together to increase opportunities to identify carers as early as possible,
- to provide them with the information and advice they need,
- to consider them in the context of their family life,
- and to minimise the impact of caring responsibilities on their lives by giving them access to a range of support.

Working carers wanted:

1. carers leave
2. financial help to enable them to continue to care as many can't work more than part-time due to caring and are excluded from Carers Allowance, and to understand what financial support available when giving up work'

The main priorities for those who responded to the questionnaire were **support** and **recognition**:

- Identifying people who are Carers.
- Recognition for what carers do. Feeling valued and appreciated. People understanding what they do – the community, GPs, other professionals.
- Support to navigate the systems, get the right help and care for the person they are looking after, support to find information and get access to the things they need.
- Having someone/a team to go to for everything and help carers work through all the issues they need to overcome.
- Better joined-up working across systems so carers do not have to repeat themselves.
- Support networks to enable carers to link with people who can relate.
- Having a break.

## 7.2 Carers Inquiry Day

The Adult Services and Housing Scrutiny Panel held a Carers Inquiry Day to gain insight into the impact of the pandemic on carers and how to support them going forward through the Carers Strategy. We heard from carers and from organisations who provide support to carers including Alzheimer's Society, North Somerset Carer Support (Alliance Housing), Curo, North Somerset Council Adult Social Services' Carers Service (part of the Single Point of Access team), Avon & Wiltshire Mental Health Partnership NHS Trust, and University Hospitals Bristol and Weston NHS Foundation Trust.

### Key findings:

- Pandemic has left carers exhausted with little or no time to themselves, and impacted mental health of many
- Identifying carers – need to improve how we do this, especially with GP practices, and maximise our approach so there is 'no wrong door'
- Provision of information and advice – develop key messages and a communication strategy with partners, including social prescribers at GP practices
- Importance of keeping in touch with carers by phone during lockdowns to help them feel less isolated and more supported
- Importance of supporting carers to look after their own physical and mental health



- Recognising need for, and cost of, replacement care for carers to be able to take a break, plus easily accessible info is needed on respite availability
- Recognising impact on carers of quality/ availability of support for cared-for (including hospital discharges)
- Term 'carer' is confusing, and carers do not like it
- Listening to carers – establish quarterly Carers' Forums for carers to have their say and feed into strategy, policy, service development, quality assurance, etc
- Proactive offer of universal services and Carers Assessment

### **Recommendations:**

1. 'Think Carer' thread - Need corporate and executive council agreement to embed carers into all relevant council strategies, policies, partnerships.
2. Carers Champion - Need to agree to proceed with role and identify member willing to fulfil this.
3. Review council website - work to begin by Carers Lead and SPA.
4. Respite and costs – Adult Social Services to investigate how to increase respite capacity.
5. Gaps in wellbeing - Adult Social Services to consider within community model of care below.
6. Community model of care - Adult Social Services to investigate with Parish & Town Councils (P&TCs), North Somerset Together, and partners how this model can be developed to identify and support carers.
7. Strategy for community engagement - Corporate and Adult Social Services to develop blueprint with community partners (P&TCs, North Somerset Together, and others).

## **7.3 Listening and learning from unpaid carers - Healthwatch report**

Themes that arose in this research were:

- Recognised, valued, involved in decision-making (communication)
- Support
- Assessments/ forms
- Signposting
- Respite
- What Carers say are working well

### **Recognised, valued, involved in decision-making**

*"I do not feel listened to and my knowledge of care and illness for my partner is not taken into consideration".*

*“We need to be listened to and taken seriously. We want to be recognised for the knowledge we have and for people to work with us and listen to us when making changes.”*

Some carers felt the term ‘carer’ is confusing as it also relates to professional care workers and they want to be recognised separately as they are not paid.

### **Support**

There was an overall feeling of exhaustion with little or no down-time amongst many carers. The support in a crisis was noted to be overall great, however the ongoing support is what would make all the difference for many Carers. There does not appear however, to be support for help with issues as they arise.

*“Feeling exhausted as a Carer, its 24/7 with very little or no down time, it would be great to have someone check in on you occasionally.”*

### **Assessments/ forms**

All Carers said assessment forms/disability forms are ‘long winded’ and they recognise that although assessments are necessary they requested more awareness of and facilitation of support available when filling in forms. There are organisations that can help with this, but many carers were unaware of them.

*“It would be very helpful to have an advocacy for Carers when it comes to form filling and support for when things don’t appear to be right as this would alleviate some of the stresses.”*

### **Signposting**

All Carers pointed out that many services are not joined up and duplicated information. When people are first diagnosed there was either too much information or Carers did not know who to go to for further information and support.

*“Navigating through the information there is too much given at once would be good to have it slowly.”*

### **Respite**

All Carers expressed concern over their financial situation, and many were using savings to top up funding for extra care and respite services. Some were travelling to Bristol or South Gloucestershire for some groups and support and said they would like a return of more local services.

*“Access to respite has been very limited [during lockdowns] and many are missing this service, having to isolate is too distressing for people with dementia.”*

Carers missed the time to talk with others in their positions and have helpful conversations.

### **What carers say is working well**

*“Mobilise are very good.” (Mobilise offer online carer support.)*

*“‘Living with dementia’ courses very good.”*

*“Craft sessions during Lockdown have been great, equipment is delivered to your door then you follow an online session”.*

*“Dial at Weston disability services are brilliant..”*

*“Memory clinic assessment is good.”*

*“Department of work and pensions have a visiting team to help with filling out forms they are very good.”*

*“Alzheimer’s society are very helpful with giving information as its needed”.*

### **What carers want in the Strategy**

- Provide support to register at a GP surgery to give benefits such as electronic flagging on notes for the cared-for and Carer
- Carers be provided with a Carers Passport that helps to support them in an emergency
- Ensure that each assessment is ‘needs-led’ so that each person’s unique requirements are supported and provided for
- The council provides specialist staff training and increase their staff numbers to focus on inclusion and support at existing community clubs
- Carers are given advocates to speak up for them and help navigate the system
- Carers are given ongoing support in the form of a co-ordinator for their Health and Social care needs
- There are more practical support facilities such as disabled spaces and public toilets with changing facilities that cater for children and adults
- That the strategy emphasises ways to support self-care, as Carers can forget to look after themselves
- Focus groups for Carers quarterly are run by someone who has been a Carer or understand what it is like to be a Carer

## **7.4 Unheard carers from minority groups in North Somerset - Healthwatch report**

This report was intended to fill the gap where we had not successfully reached carers in minority groups in our earlier engagement.

### **Key findings:**

- Participants do not identify themselves as unpaid carers. They felt unacknowledged by GPs and other frontline health & social care services.
- The lack of information or communication directed at them from health and social care services is the main barrier to accessing the support these carers need.
- Carers would like training so that they can better support the cared-for person, and emotional support for themselves. This was especially true for the refugee carers.
- The carers wanted peer support groups with other carers who face similar barriers or provide a similar type of care.
- Uptake of services by diverse communities (and better health outcomes) would be improved by gaining a better understanding of the key issues relating to culture and how this may influence use of health & support services.

### **Recommendations**

**1.** Health and social care services build cultural understanding to achieve strong and positive networks with minority community, language-based and faith-based groups in North Somerset in order to engage and identify carers from vulnerable communities and groups. This should be based on outreach engagement together with data collection.

**2.** A specific chapter be included in the Health and Social Care Joint Strategic Needs Assessment of carers from minority groups, aiming to tackle the health inequality among these communities.

**3.** The local authority works together in co-production with community groups to develop sufficient and appropriate information packs about support and carers' rights that are easy to understand, in different formats and languages. The word "carer" should accompany an explanation such as 'If you look after someone in your family or a friend who couldn't manage without your help, you are a CARER and you have rights to get support for yourself.'

**4.** The local authority to work together with the Integrated Care System (ICS, which has replaced the CCG) to encourage GP surgeries to adopt the Framework of Quality Makers developed by NHS England. <sup>13</sup> This aims to improve the identification of carers of all ages at general practices. ICS should monitor how this framework is adopted by each GP surgery.

5. Carers' support should include access or signposting to appropriate emotional support especially the Syrian refugee carers, with the assistance of an interpreter. This could be through peer support groups and/or counselling sessions.

## 8. Our Strategic priorities

Our Strategic priorities have emerged from the engagement we have done with carers described in previous sections. They are:

<b>1</b>	Identify, recognise, & value carers
<b>2</b>	Involve carers in decisions, in care-planning, in developing services
<b>3</b>	Systems that are a) joined up and b) that identify, recognise and value carers, and see carers in context of family
<b>4</b>	Services that are reliable and deliver best outcomes for all
<b>5</b>	Information and advice
<b>6</b>	Staying well and having a life of my own – regular breaks, able to maintain relationships with family and friends, able to pursue hobbies or leisure interests

The priorities are explained in more detail below. Some of them interconnect with others. This means that some points arise under more than one heading.

Under each priority are a list of actions. To make these actions happen, small task groups will be formed involving the council, partner organisations, and carers. Each group will work together to decide how best to achieve these actions and to ensure they are delivered.

## Priority 1 - Identify, recognise and value carers

### In consulting with carers we found:

- Carers often do not identify themselves as such. They felt unacknowledged by GPs and other frontline health & social care services.
- Carers want to be recognised for the knowledge they have and for people to listen to them when making changes
- Carers want support to register at a GP surgery to give benefits such as electronic flagging on notes for the cared-for and Carer

### Our aims:

- To raise awareness of carers across communities, organisations, and professionals
- To make our communities 'carer-friendly', where carers are recognised, valued, and supported
- To improve how we identify carers so that there is 'no wrong door' to getting support as a carer including through GP practices
- NSC to 'think carer' across all of its strategies, plans, and decisions
- Encourage GP surgeries to adopt the Framework of Quality Makers developed by NHS England

### Our actions to improve:

- NSC, NHS and other partners to ensure staff are 'carer aware' eg through training and publicity materials
- NSC and ICB to consider within every strategy, plan, and decision, e.g. transport, planning, not just Adult Care, whether it can be developed to benefit carers in some way and to do so where feasible
- NSC to appoint a councillor as Carers Champion to oversee the above within the council
- NSC to work with the Integrated Care Board to encourage GP surgeries to adopt the Framework of Quality Makers developed by NHS England. This aims to improve the identification of carers of all ages at general practices. ICB to monitor how this framework is adopted by each GP surgery.

## Priority 2 - Involve carers in decisions, including care-planning and developing services

### In consulting with carers we found:

*"I do not feel listened to and my knowledge of care and illness for my partner is not taken into consideration".*

*“We need to be listened to and taken seriously. We want to be recognised for the knowledge we have and for people to work with us and listen to us when making changes.”*

**Our aims:**

- Council and partner organisations to ensure opportunities for carers to be heard and involved in decisions
- To gain a better understanding of the key issues relating to culture and how this may influence use of health & support services by carers from minority groups

**Our actions to improve:**

- Listening to carers – establish quarterly Carers’ Forums for carers to have their say and feed into strategy, policy, service development, quality assurance, etc
- Develop Strategy for Community Engagement to enable council to take consistent approach to engage with local communities when seeking their views
- Council to undertake specific engagement with carers from minority groups to better understand key cultural issues and how to improve their uptake of services

**Priority 3 - Systems that are a) joined up and b) that identify, recognise and value carers and see carers in the context of whole family**

**In consulting with carers we found:**

- Carers find themselves having to repeat their stories over and over to different professionals including care workers  
*“We have different Carers every time, it’s exhausting having to explain about my husband’s illness and what his needs are.”*
- Carers would like more joint working between professionals to help with the difficulties of being a carer
- Carers pointed out that many services are not joined up and duplicated information.
- Carers expressed the need for a holistic approach that takes their mental health, physical health and whole family situation into consideration, including their financial support.
- Carers want help to navigate the system

**Our aims:**

- Improve integration of the local health and social care system to offer carers a better experience of engaging with it

- To see carers in the context of the whole family situation
- Improve continuity of care especially for people living with dementia and their carers

**Our actions to improve:**

- Council and ICB to work on data-sharing to improve support to carers
- Encourage care providers to offer continuity of with care workers, especially for people living with dementia and their carers
- Promote 'whole family' approach to see carers in context of their wider family situation

**Priority 4 - Services that are reliable and deliver best outcomes for all**

**In consulting with carers we found:**

- Carers want easy access to support services
- Carers are concerned about availability and cost of replacement care without which they cannot take a break for themselves
- Carers want more easily accessible information on respite availability
- Carers from refugee communities in particular would like training so that they can better support the cared-for person, and emotional support for themselves.
- Carers want a Carers Passport that helps to support them in an emergency

**Our aims:**

- Recognising need for, and cost of, replacement care for carers to be able to take a break
- easily accessible info is needed on respite availability
- Recognising impact on carers of quality/ availability of support for cared-for (including hospital discharges)
- Consider how to increase capacity in provision of respite services
- To explore a community model of care - services that are based at a very local level, i.e, in towns and villages, can be developed to identify and support carers.
- To better understand needs of carers from minority groups in order to improve their uptake of services

**Our actions to improve:**

- council to develop wider range of respite options for carers
- Council to improve accessible info on respite availability
- council to investigate with Parish & Town Councils, North Somerset Together, and other partners, how services that are based at a very local level, i.e, in towns



and villages, could be developed to identify and support carers and to implement this if it offers significant improvements to carers' lives

- Council's Carers Emergency Response Scheme (CERS) to provide improved range of responses to carers' emergencies so that carers have increased peace of mind
- Explore whether CERS could be extended to a Carers Passport
- Specific engagement with carers from minority groups to better understand their needs
- Health and Social Care Joint Strategic Needs Assessment to have specific chapter on carers from minority groups, aiming to tackle the health inequality among these communities.

## **Priority 5 - information and advice**

### **In consulting with carers we found:**

- The lack of information or communication from health and social care services directed at carers from minority groups is the main barrier to these carers accessing the support they need.
- All Carers pointed out that many services are not joined up and duplicated information.
- When people are first diagnosed there was either too much information or Carers did not know who to go to for further information and support.
- Carers would like help to navigate the system

### **Our aims:**

- Ensure professionals and partner organisations are aware of the support available to carers and know where to find the information and advice on this
- Work with partner organisations and communities to improve offer of information and advice to carers

### **Our actions to improve:**

- Development of key messages and a Communications strategy by council with partner organisations, including social prescribers at GP practices
- Review and update information on the council website pages for carers
- develop sufficient and appropriate information packs about support and carers' rights that are easy to understand, in different formats and languages.

## **Priority 6 - Staying well and having a life of my own**

This priority is about ensuring carers have what they need to stay physically, mentally, and emotionally healthy and well, and about ensuring they are able to have a life outside the caring role. It includes:

- access to regular breaks,
- support to maintain own physical and mental health,
- maintaining relationships with family and friends,
- support to balance work/ education/ training with caring,
- being able to pursue hobbies or leisure interests
- being able to access the wider community

### **In consulting with carers we found:**

- Pandemic has left carers exhausted, often with little or no time to themselves, and has impacted mental health of many
- Keeping in touch with carers by telephone would have helped carers feel less isolated and more supported during lockdowns
- There are gaps in support available for carers' wellbeing
- Carers feel they sometimes need advocates to speak up for them
- Carers are given ongoing support in the form of a co-ordinator for their Health and Social care needs
- Carers from minority groups wanted peer support groups with other carers who face similar barriers or provide a similar type of care
- Working carers are worried about juggling employment with looking after someone

### **Our aims:**

- Recognise importance of keeping in touch with carers by phone, not just during lockdowns, and to support them feel less isolated and more supported
- To enable carers to look after their own physical and mental wellbeing
- Improve work with employers to support working carers
- Carers' support should include access or signposting to appropriate emotional support especially the Syrian refugee carers, with the assistance of an interpreter. This could be through peer support groups and/or counselling sessions.
- Improve digital access and support options for carers
- Talk to carers to understand what support they feel will improve their wellbeing

### **Our actions to improve:**

- To proactively offer carers universal services and a Carers Assessment
- Improve support available for carers to look after their own physical and mental health
- Explore options for improving emotional support available for carers

- Explore options for improving access to emotional support for carers from minority groups
- Ensure carers are included in the NSC Digital Strategy to improve their digital access and support options
- Bid for available funds to develop further support for carers' wellbeing

## **What happens next?**

The council, partners and carers will meet at a regular Carers Partnership Group to discuss the Strategy and the actions needed to make it a reality. Smaller task-groups will be set up to refine the actions under priority headings and deliver specific aspects of the Strategy.

## **How will we monitor progress?**

These groups will each have a workplan to monitor progress in delivering the relevant aspect of the Strategy. The workplan will indicate what actions are to be taken, who is responsible for this, and what priorities these will meet. The groups will identify the resources required to deliver on their workplan.

The groups will report back to the Carers Partnership Group to reflect progress being made and to report obstacles to achieving their tasks. The members of the Partnership Group will use their influence within their organisations to remove obstacles and support the delivery of the priorities.

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## North Somerset Council

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

**Date of Meeting: 6 July 2023**

**Subject of Report: Finance Update**

**Town or Parish: All**

**Officer/Member Presenting: Principal Accountant (Adults)**

**Key Decision: No**

### Recommendations

That the panel notes the final outturn for 2022/23 and the risks and opportunities associated with the medium-term financial position for the directorate.

#### 1. Summary of Report

- 1.1 This report summarises and discusses the year-end position for 2022/23 for adult services, highlighting key variances, movements, and contextual information.
- 1.2 The year-end position for Adult Social Services Directorate is a **£1.278m** favourable variance (ie an underspend against revised budget). This is a 1.69% variance from budget.
- 1.3 The budget for Individual Care and Support package was underspent by £775k, and Commissioning and Service Strategy came in £1,011k under budget. These underspends were partially offset by an overspend in Other Social Care amounting to £646k.
- 1.4 The 2023/24 budget contains growth totalling £13.7m, partially funded from central government. There are also savings of £4.2m built into the budget.

#### 2. Policy

- 1.1. 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 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

## 2022/23 Outturn Position

- 1.2. The overall year-end position for Adult Services Directorate was a £1.278m favourable variance. This represents a 1.69% underspend against the revised budget. A summary of the outturn position against budget is shown in **Table 1** below, and a more detailed breakdown is contained in **Appendix 1**.

**Table 1**

<b>NORTH SOMERSET COUNCIL - 2022/23 REVENUE BUDGET MONITORING</b>			
<b>FINANCIAL SUMMARY</b>			
<b>31 March 2023</b>			

<b>ADULT SOCIAL SERVICES</b>	<b>REVISED BUDGET</b>	<b>OUT-TURN</b>	<b>OUT-TURN VARIANCE</b>
	<b>Net £</b>	<b>Net £</b>	<b>Net £</b>
Learning Disability	31,439,486	30,747,659	<b>(691,827)</b>
Physical Support	23,908,649	22,578,560	<b>(1,330,089)</b>
Mental Health	8,749,055	9,097,932	<b>348,877</b>
Memory & Cognition	5,184,342	6,149,183	<b>964,841</b>
Social Support: Support for Carer	970,580	998,161	<b>27,581</b>
Social Support: Substance Abuse	301,530	247,174	<b>(54,356)</b>
Sensory Support	216,775	176,886	<b>(39,890)</b>
<b>Individual Care and Support Packages</b>	<b>70,770,417</b>	<b>69,995,555</b>	<b>(774,863)</b>
Social Care Activities	9,175,305	9,436,617	<b>261,312</b>
Information & Early Intervention	977,576	1,221,071	<b>243,495</b>
Assistive Equipment & Technology	432,429	574,088	<b>141,659</b>
<b>Other Social Care</b>	<b>10,585,310</b>	<b>11,231,777</b>	<b>646,466</b>
Commissioning & Service Strategy	(6,417,360)	(7,428,072)	<b>(1,010,713)</b>
<b>Commissioning &amp; Service Strategy</b>	<b>(6,417,360)</b>	<b>(7,428,072)</b>	<b>(1,010,713)</b>
Housing Services	711,038	572,498	<b>(138,540)</b>
<b>Housing Services</b>	<b>711,038</b>	<b>572,498</b>	<b>(138,540)</b>
<b>ADULT SOCIAL SERVICES TOTAL</b>	<b>75,649,406</b>	<b>74,371,757</b>	<b>(1,277,649)</b>

- 1.3. Individual Care & Support (£775k underspent); this is by far the biggest area of spend and the actual year-end outturn position is only 1% different from the budget. This area is discussed in detail in **appendix 2**.
- 1.4. Major variances outside Individual Care and Support Packages;
- 1.4.1. Social Care Activities (£261k overspend); the largest overspend in this area relates to Community Meals, where increases in the cost of meals and additional transports costs were also compounded by a shortfall in income

from clients resulting in a £208k overspend. Costs of the Emergency Duty Team also increased, and some teams incurred additional staffing costs, but these were offset by salary saving from vacancies in other teams.

- 1.4.2. Information and Early intervention (£243k overspend); this overspend was a result of additional costs of Commissioned Services, particularly in Mental Health, some of which were jointly commissioned with Health. The funding of these was originally planned to be taken from reserves, but underspend elsewhere in the directorate meant we decided to retain the reserves for future projects.
  - 1.4.3. Assistive Equipment and Technology (£142k overspend); increased demand for aid and adaptations alongside slight increases in contract costs led to the majority of this overspend.
  - 1.4.4. Commissioning & service delivery (£1,011k underspend); There were significant salary savings across the teams in this area as well as a reduction in the spend on the voluntary sector. £371k of inflation on the Better Care Fund was held as a contingency and this was not required so added to the underspend.
  - 1.4.5. Housing Services (£129k underspend); within Housing Services there was increased cost pressures arising from additional demand for emergency B&B accommodation, but this was more than offset by significant salary savings from vacancies across the teams.
- 1.5. In November we were allocated £770k Adult Social Care Discharge Grant. This was used on a variety of projects, in conjunction with Health, with the aim of reducing delays to Hospital Discharges. This income and expenditure is spread across the areas above.

## 2023/24 Budget

- 1.6. The 2023/24 budget as agreed at full Council 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>

- 1.7. Pay inflation; this amount covers the additional cost of the 2022/23 pay rise as well as the anticipated 2023/24 pay award.
- 1.8. Growth has been allowed for inflation to care packages, including increasing rates to cover the cost of the living wage increases.

- 1.9. Demographics growth and estimated additional cost arising through transitions from Children's Services have been allowed for.
- 1.10. 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 is to allocate this new investment. The two main themes will be Hospital Discharge and addressing the Fair Cost of Care outcomes.
- 1.11. 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 increases in benefits and pensions.
- 1.12. The savings targets for 2023/24 are challenging and are a mixture of new items as well as a continuation of existing savings plans. With the new savings it can sometimes take some time for new initiatives to take effect. The savings targets in 2022/23 were achieved but the continuation of these savings becomes harder as the most appropriate packages will be in place for the majority of cases as more reviews are carried out.
- 1.13. The directorate relies on income from a number of sources to contribute towards expenditure. **Appendix 5** covers this in more detail.

## Risks

- 1.14. 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 Occupational Therapy 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.
- 1.15. 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.
- 1.16. The Social Care reforms have been delayed but the results of the “Fair Price for Care” model will still need to be addressed.
- 1.17. The ability to achieve income targets could be affected by the general increases in the cost of living as clients may have less disposable income and there is a risk that arrears will increase.
- 1.18. There is a risk that the funding we receive from government or health will change, or conditions attached to the funding could be updated.

#### **4. Consultation**

- 1.19. Not applicable.

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

- 1.20. Financial implications are contained throughout the report.

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

- 1.21. 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 and Environmental Implications**

- 1.22. Adult Social Services is developing a Carbon Literacy and Climate Action Plan, of which investment in TEC (Technology Enabled Care) 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**

1.23. See paragraphs 3.13 to 3.17.

## **9. Equality Implications**

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

## **10. Corporate Implications**

1.25. There are no specific corporate implications within the report.

## **11. Options Considered**

1.26. Not applicable.

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### **Appendices:**

Appendix 1 – Breakdown of major 2022/23 variances to budget.  
Appendix 2 – Narrative in relation to Care and Support packages.  
Appendix 3 – Detailed breakdown of Care and Support outturn.  
Appendix 4 – Activity and Unit cost data.  
Appendix 5 – Income and funding Sources.

## Appendix 1 – Breakdown of major 2022/23 variances to budget.

APPENDIX 2

FINANCIAL OVERVIEW OF THE ADULTS SOCIAL SERVICES DIRECTORATE					
31 March 2023					
Directorate Summary					
	Original Budget 2022/23	Virements	Revised Budget 2022/23	Out-turn 2022/23	Out-turn Variance
	£000	£000	£000	£000	£000
- Gross Expenditure	113,918	1,749	115,668	115,693	26
- Income	(38,761)	(19)	(38,780)	(41,341)	(2,561)
- Transfers to / from Reserves	0	(1,238)	(1,238)	19	1,258
<b>= Directorate Totals</b>	<b>75,158</b>	<b>492</b>	<b>75,649</b>	<b>74,372</b>	<b>(1,278)</b>
Out-turn Variance					-1.69%
- Individual Care and Support Packages	70,236	534	70,770	69,996	(775)
- Assistive Equipment & Technology	420	12	432	574	142
- Information & Early Intervention	978	0	978	1,221	243
- Social Care Activities	9,308	(132)	9,175	9,437	261
- Commissioning & Service Delivery	(6,453)	35	(6,417)	(7,428)	(1,011)
- Housing Services	669	42	711	572	(139)
<b>= Directorate Totals</b>	<b>75,158</b>	<b>492</b>	<b>75,649</b>	<b>74,372</b>	<b>(1,278)</b>
Out-turn Variance					-1.69%

Extract showing material variances compared to the revised budget			
Service area and projected budget variance	Revised Budget 2022/23	Projected Out-turn 2022/23	Projected Out- turn Variance
	£000	£000	£000
<b>- Individual Care and Support Packages</b>			
Expenditure - Long Term Care Packages (residential)	48,236	49,001	766
Client Income - Long Term Care Packages (residential)	(11,520)	(12,072)	(551)
Expenditure - Long Term Care Packages (non-residential)	37,780	37,582	(198)
Client Income - Long Term Care Packages (non-residential)	(4,518)	(4,251)	267
Expenditure - Short Term Care Packages	6,413	5,977	(436)
Client Income - Short Term Care Packages	(260)	(399)	(139)
Other income (including CCG contributions)	(5,440)	(5,523)	(83)
Other	80	(320)	(400)
<b>- Assistive Equipment &amp; Technology</b>			
Increased demand for Aids and Adaptations	359	451	92
<b>- Information &amp; Early Intervention</b>			
MH Commissioned Services	628	794	167
<b>- Social Care Activities</b>			
Centralised Safeguarding - additional staffing cost including agency cover	477	589	112
Community Meals - increased cost of meals, additional transport costs & shortfall in income	10	217	208
DOLS & IMHA - salary saving and reduced medical fees	334	231	(103)
Reablement Therapy Team - increased staffing costs due to locum cover	9	104	95
Locality Social Work Teams - salary saving from vacancies	3,243	3,033	(210)
MH Management Team - increased EDT costs	393	525	132
<b>- Commissioning &amp; Service Delivery</b>			
Supporting People Commissioning - reduced spend on voluntary sector	1,545	1,362	(183)
Salary savings from vacancies across teams	1,390	1,246	(145)
Better Care Fund Inflation contingency used to offset other overspends	(10,303)	(10,674)	(371)
Discharge Grant funding - not allocated to spend elsewhere in directorate	0	(342)	(342)
<b>- Housing Services</b>			
Housing Solutions - Emergency Accommodation - additional demand for B&B	15	122	107
Salary savings from vacancies across teams	728	469	(259)
<b>Sub total - material budget variances</b>			<b>(1,476)</b>
Other minor variations to the budget			198
<b>= Directorate Total</b>			<b>(1,278)</b>

## Appendix 2 – 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 £70.770m 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 gross expenditure on care packages for 2022/23 was 10.2% more than in 2021/22. We passed on an average of 6.3% in standard inflation to providers, plus additional uplifts arising from the Fair Cost of Care exercise and some temporary uplifts to cover additional inflationary pressures. The overall level of uplift averaged 8% so there was an increase in costs of around 2% that is materialising through a growth in care package numbers or size.

The 2022/23 budget included £1.1m of saving within care and support packages, we overachieved this target which helped to contain the overall gross spend at close to budgeted levels.

Client income rose by around 14%; normally this would be lower than the increase in gross expenditure as client contributions cannot increase beyond the maximum charge, however Nursing income increased significantly from 2021/22 due to the increase in the number of packages and the collection of deferred payments that should have been accounted for in 2021/22. 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.

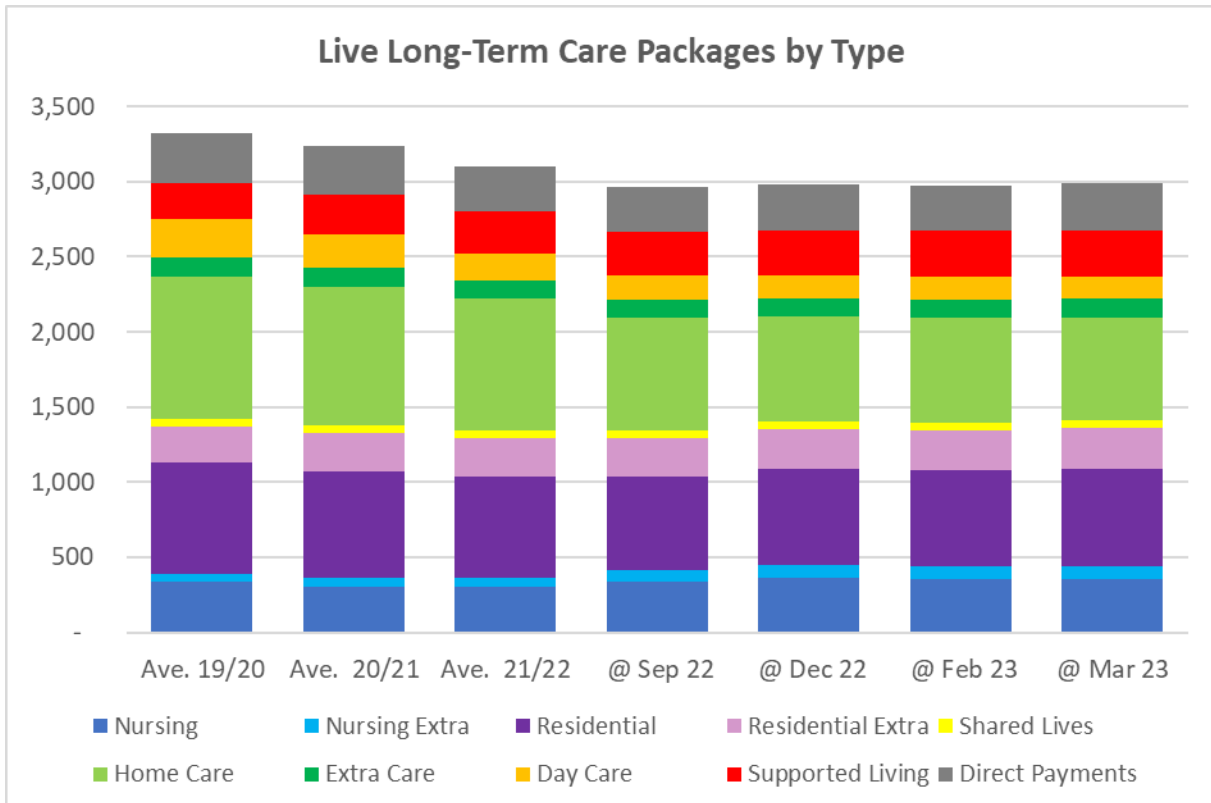
This means that the increase in total net spend from 2021/22 to 2022/23 was 6.8%, but 1.1% lower than budgeted.

	2021/22	2022/23	2022/23	2022/23		2022/23	
	Outturn	Budget	Forecast	Change from PY		Variance from budget	
	£	£	£	£	%	£	%
Gross spend	85,455,607	94,121,173	94,167,403	8,711,796	10.2%	46,230	0.0%
Client income	(14,584,456)	(16,298,618)	(16,711,569)	(2,127,113)	14.6%	(412,951)	2.5%
Other contribution	(5,323,988)	(6,611,138)	(7,019,279)	(1,695,291)	31.8%	(408,141)	6.2%
Use of reserves	0	(441,000)	(441,000)	(441,000)	0.0%	0	0.0%
Net spend	65,547,163	70,770,417	69,995,555	4,448,392	6.8%	(774,863)	-1.1%

## Number of Care Packages

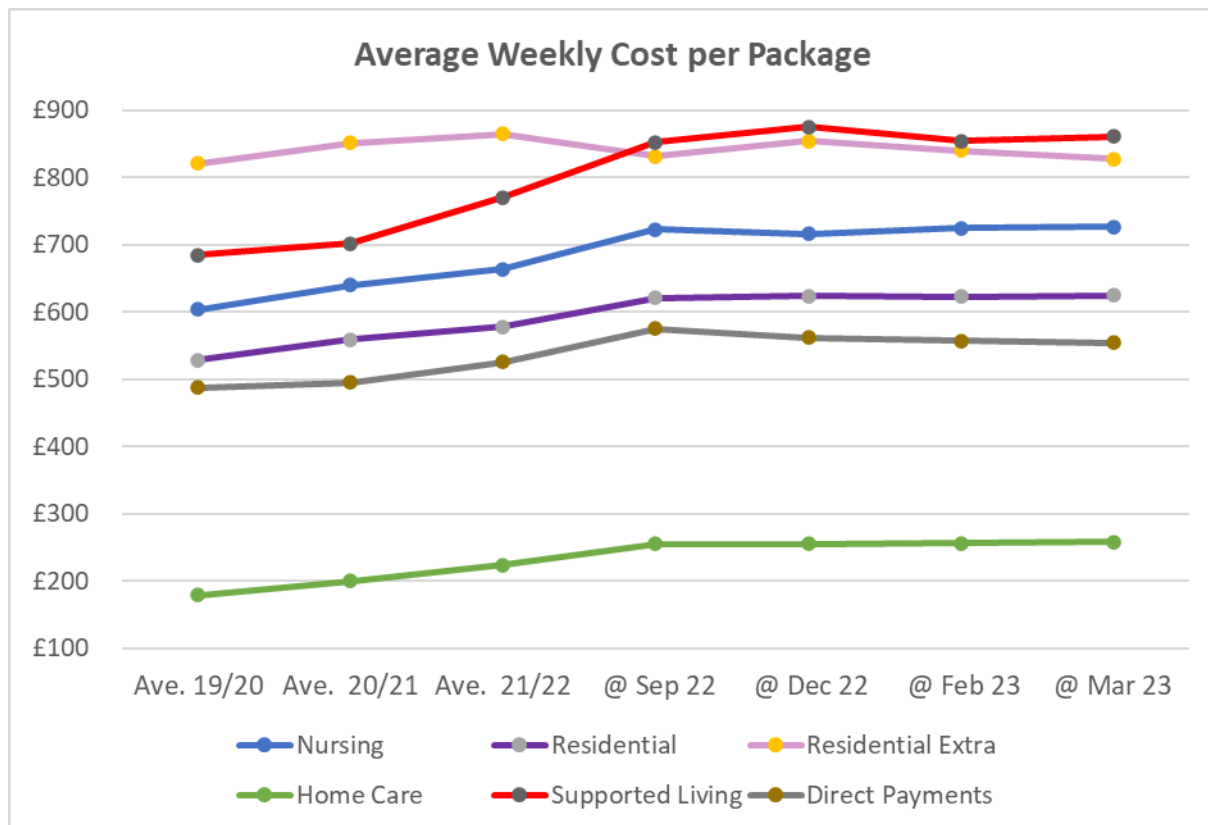
Where we are seeing cost increases beyond just price inflation, this is not generally because the number of packages is increasing; in fact, the average live long-term packages for 2022/23 are 3% lower than they were on average last year (2,993 compared with 3,098). Rather, increases relate to increases 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. If this trend continues, we will see overall costs increase as the average cost of nursing is far higher than 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 placements 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 8% of that reflecting price inflation as opposed to package size.



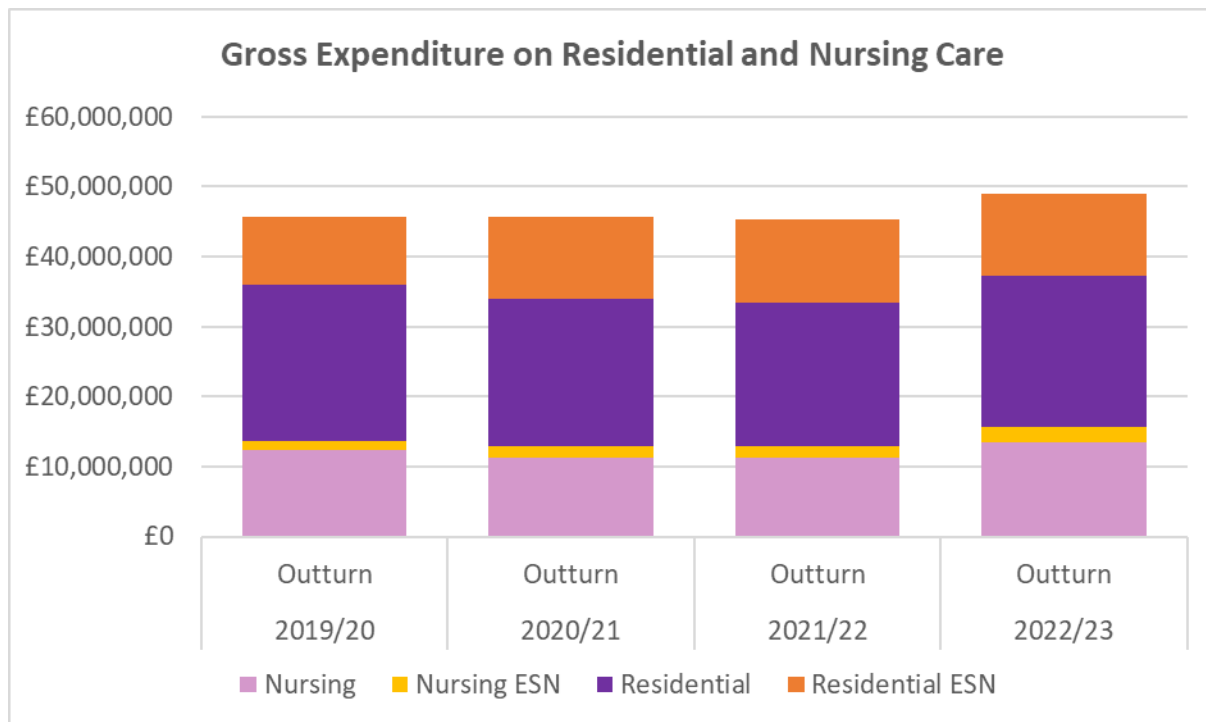
## Other Factors

### 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 296 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 in 2020/21 and 2021/22, has now been contained. ESN now represents 22% of total spend on residential and nursing care, compared with 29% in 2021/22.







# Appendix 4 – Activity and Unit cost data.

## Activity data

### COST & VOLUME SUMMARY - PACKAGES OF CARE TREND MONTHLY BY VOLUME

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	@ Sep 22	@ Dec 22	@ Jan 23	@ Feb 23	@ Mar 23	Ave. 22/23					
Nursing	CLT01	341	308	306	338	360	345	351	351	340		351	34	↑	11%
Nursing Extra	CLT02	51	55	61	78	90	86	86	88	83		88	23	↑	37%
Residential	CLT05	736	705	669	622	640	645	643	647	641		647	-28	↓	-4%
Residential Extra	CLT06	243	263	260	256	264	264	267	273	265		273	5	↑	2%
Shared Lives	CLT10	48	47	48	48	50	52	52	51	49		51	1	↑	2%
Home Care	CLT20	949	924	875	751	698	700	699	688	738		688	-138	↓	-16%
Extra Care	CLT25	123	125	120	117	121	120	119	120	118		120	-1	↓	-1%
Day Care	CLT30	256	226	178	162	153	152	154	152	162		152	-17	↓	-9%
Supported Living	CLT40	240	263	281	290	302	295	300	308	296		308	15	↑	5%
Direct Payment	VAA01	333	319	300	303	303	295	302	309	301		309	1	↑	0%
<b>Total Long Term Care</b>		<b>3,321</b>	<b>3,234</b>	<b>3,098</b>	<b>2,965</b>	<b>2,981</b>	<b>2,954</b>	<b>2,973</b>	<b>2,987</b>	<b>2,993</b>					
Short term Care		Ave. 19/20	Ave. 20/21	Ave. 21/22	@ Sep 22	@ Dec 22	@ Jan 23	@ Feb 23	@ Mar 23	Ave. 22/23	Trend Line (1Y)	Current	1Y Change	Change	Change
Enablement - Nursing	CST01	10	2	13	9	6	6	5	1	9		1	-4	↓	-33%
Enablement - Residential	CST05	14	3	14	11	6	6	4	2	8		2	-6	↓	-41%
Short term - Nursing	CST11	18	19	24	19	24	27	26	30	24		30	0	↑	2%
Short term - Residential	CST15	43	35	40	64	56	44	52	69	52		69	12	↑	29%
Reablement	CST20	15	12	11	3	1	3	1	4	4		4	-7	↓	-64%
<b>Total Short Term Care</b>		<b>100</b>	<b>70</b>	<b>103</b>	<b>106</b>	<b>93</b>	<b>86</b>	<b>88</b>	<b>106</b>	<b>97</b>					
<b>TOTAL</b>		<b>3,421</b>	<b>3,304</b>	<b>3,201</b>	<b>3,071</b>	<b>3,074</b>	<b>3,040</b>	<b>3,061</b>	<b>3,093</b>	<b>3,090</b>					

# Unit Cost Data

## COST & VOLUME SUMMARY - PACKAGES OF CARE TREND BY UNIT COST

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	@ Sep 22	@ Dec 22	@ Jan 23	@ Feb 23	@ Mar 23	Ave. 22/23					
Nursing	CLT01	£ 603.75	£ 640.31	£ 663.41	£ 722.61	£ 716.05	£ 724.14	£ 724.92	£ 726.74	£ 720.94		£727	£ 57.53	↑	8.7%
Nursing Extra	CLT02	£ 464.92	£ 551.11	£ 503.18	£ 523.01	£ 459.63	£ 539.00	£ 497.78	£ 456.70	£ 489.68		£457	£ -13.50	↓	-2.7%
Residential	CLT05	£ 528.54	£ 559.33	£ 577.53	£ 620.94	£ 623.34	£ 622.02	£ 622.56	£ 624.95	£ 619.68		£625	£ 42.14	↑	7.3%
Residential Extra	CLT06	£ 820.73	£ 850.80	£ 864.74	£ 831.53	£ 853.53	£ 847.50	£ 839.32	£ 827.81	£ 839.05		£828	£ -25.69	↓	-3.0%
Shared Lives	CLT10	£ 445.84	£ 503.82	£ 503.64	£ 509.23	£ 493.24	£ 492.64	£ 494.74	£ 503.21	£ 503.67		£503	£ 0.03	↑	0.0%
Home Care	CLT20	£ 178.98	£ 200.28	£ 224.21	£ 254.92	£ 255.07	£ 256.87	£ 256.33	£ 258.02	£ 253.36		£258	£ 29.15	↑	13.0%
Extra Care	CLT25	£ 239.65	£ 242.66	£ 245.81	£ 248.82	£ 235.23	£ 229.75	£ 232.97	£ 236.55	£ 239.26		£237	£ -6.56	↓	-2.7%
Day Care	CLT30	£ 135.21	£ 144.24	£ 153.32	£ 177.81	£ 188.36	£ 187.95	£ 187.33	£ 187.33	£ 181.79		£187	£ 28.47	↑	18.6%
Supported Living	CLT40	£ 684.26	£ 701.82	£ 770.62	£ 852.11	£ 874.82	£ 846.19	£ 854.28	£ 860.61	£ 853.77		£861	£ 83.15	↑	10.8%
Direct Payment	VAA01	£ 487.35	£ 495.12	£ 525.91	£ 574.71	£ 561.68	£ 567.75	£ 556.79	£ 554.59	£ 561.61		£555	£ 35.70	↑	6.8%
<b>Ave. Long Term Care</b>		<b>£ 421.60</b>	<b>£ 451.32</b>	<b>£ 483.01</b>	<b>£ 532.61</b>	<b>£ 542.70</b>	<b>£ 541.57</b>	<b>£ 540.73</b>	<b>£ 543.05</b>	<b>£ 533.46</b>					
Short term Care		Ave. 19/20	Ave. 20/21	Ave. 21/22	@ Sep 22	@ Dec 22	@ Jan 23	@ Feb 23	@ Mar 23	Ave. 22/23	Trend Line (1Y)	Current	1Y Change	Change	Change
Enablement - Nursing	CST01	£ 588.96	£ 588.96	£ 666.24	£ 697.88	£ 691.33	£ 708.84	£ 710.78	£ 692.44	£ 700.62		£692	£ 34.38	↑	5.2%
Enablement - Residential	CST05	£ 487.63	£ 487.63	£ 562.77	£ 581.37	£ 603.29	£ 584.48	£ 599.18	£ 555.07	£ 587.61		£555	£ 24.84	↑	4.4%
Short term - Nursing	CST11	£ 595.75	£ 595.75	£ 681.90	£ 803.96	£ 718.09	£ 681.60	£ 714.73	£ 719.67	£ 742.32		£720	£ 60.42	↑	8.9%
Short term - Residential	CST15	£ 536.07	£ 536.07	£ 553.97	£ 597.70	£ 575.95	£ 594.71	£ 681.94	£ 618.94	£ 603.04		£619	£ 49.07	↑	8.9%
Reablement	CST20	£ 224.42	£ 224.42	£ 242.79	£ 60.93	£ 189.56	£ 640.22	£ 707.53	£ 262.47	£ 246.65		£262	£ 3.86	↑	1.6%
<b>Ave. Short Term Care</b>		<b>£ 498.81</b>	<b>£ 498.58</b>	<b>£ 566.00</b>	<b>£ 626.29</b>	<b>£ 617.68</b>	<b>£ 630.83</b>	<b>£ 689.79</b>	<b>£ 633.48</b>	<b>£ 630.82</b>					
<b>OVERALL WEIGHTED AVERAGE</b>		<b>£ 423.86</b>	<b>£ 452.33</b>	<b>£ 485.67</b>	<b>£ 535.84</b>	<b>£ 544.97</b>	<b>£ 544.10</b>	<b>£ 545.01</b>	<b>£ 546.15</b>	<b>£ 536.52</b>					

## Income budgeted in Adult Social Services

We receive a substantial amount of income into the directorate to help fund the services we provide. The table below shows the amounts budgeted in 2023/24, and a commentary on some of these sources is below the table.

Income Category	Budget (£'000)
Client Income towards Individual Packages	-17,278
ICB contribution to individual packages	-4,420
Community Meals Client Income	-497
Other income towards individual support packages	-210
B&B housing benefit	-203
Government Grants	-1,106
Hospital Discharge Fund	-979
Improved Better Care Fund	-6,985
Better Care Fund, from ICB	-6,754
Discharge to Assess, from ICB	-1,375
ICB contribution to other costs	-70
Court of Protection administration	-154
Recoveries	-126
Internal NSC recharges	-364
Misc income	-139
Planned drawdown from reserves	-438
<b>Total Budgeted Income</b>	<b>-41,097</b>

### Individual Support Package Income

Under the Care Act and associated legislation and guidance we are allowed to charge clients for contributions towards individual support packages following a financial assessment of their ability to pay. The income generated from these charges is obviously linked to the number of packages but also income and benefit levels of the clients.

The ICB (Integrated Care Board) make a contribution towards some packages if there is deemed to be some health need. If a client has significant health needs, then they will become CHC (Continuing Health Care) funded and the sole responsibility of the ICB so will not appear in our accounts at all.

### ICB Income

As well as the contributions towards individual packages above, we receive a significant amount of other income from the ICB. £6.8m is part of the BCF (Better Care Fund) which is a joint agreement to fund adult social care and there are minimum levels of contribution set by government. An additional £1.4m per year was allocated from 2022/23 following a business case around Discharge to Assess where the ICB give additional funding for specific project linked to hospital discharge.

### Government Grants

The Government Grants figure above includes £914k relating to Housing, for Homelessness Prevention and Rough Sleeping Initiatives, the balance related to a number of smaller specific grants for Adult Services.

Much of the funding received from the government and the ICB comes with conditions and must be pooled and used for the purposes of meeting specific care needs.

### **Other funding for Adult Social Services**

The council receives other grant funding from the government to support social care costs although this is given as part of the overall funding settlement and so is reflected elsewhere within the council's budget. This funding has increased in recent years with sums given to stabilise and sustain the care market including working towards providing a fair cost of care.

The council is able to generate additional income through the council tax charging system, specifically to support the rising costs of adult social care that are reflected within the directorate's revenue budget. This is known as the Adult Social Care Precept and as the money is linked to council tax, it is also held elsewhere within the council's budget. The amount of money that can be generated each year is capped by the government and is an additional charge on top of standard Council Tax charge.

The table below provides details of the additional funding used to support adult social care spending:

Funding	Amount in 2022/23	Amount in 2023/24
Market Sustainability & Fair Cost of Care Grant	£0.624m	£2.164m
Social Care Support Grant	£8.095m	£13.295m
Adult Social Care Precept	1% = £1.203m	2% = £2.511m