

Public Document Pack

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Date: 16 February 2022

Dear Sir or Madam

The Adult Services and Housing Policy and Scrutiny Panel – Thursday, 24 February 2022, 10.30 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:

Mark Crosby (Chairman), Gill Bute, John Cato, Wendy Griggs, Ann Harley, Karin Haverson, Sandra Hearne, Huw James, Richard Tucker, Richard Westwood, Roz Willis and Georgie Bigg.

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

Agenda

1. Election of the Vice-Chairman

To endorse the nomination of Councillor Huw James as the Vice-Chairman of the Adult Services and Housing Policy and Scrutiny Panel for the 2021-22 Municipal Year. Councillor Huw James has been acting Vice-Chairman since his nomination at the informal meeting of the Panel on 8th July 2021.

2. Apologies for Absence and Notification of Substitutes

3. Public Discussion (Standing Order SSO 9)

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

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

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

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

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

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

5. Minutes (Pages 5 - 18)

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

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

6. Adult Social Care Finance update (Pages 19 - 36)

Report of the Finance Business Partner (Adult's and Children's Services)

7. Winter Pressures Update (Pages 37 - 50)

Presentation: Director of Adult Social Services

8. Technology Enabled Care (TEC) and Reablement (Pages 51 - 70)

Presentation: Principal Head of Commissioning, Partnerships and Housing Solutions

9. The Panel's Work Plan (Pages 71 - 74)

Exempt Items

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

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

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

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

Mobile phones and other mobile devices

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

Filming and recording of meetings

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

Anyone wishing to film part or all of the proceedings may do so unless the press and public are excluded for that part of the meeting or there is good reason not to do so, as directed by the Chairman. Any filming must be done as unobtrusively as possible from a single fixed position without the use of any additional lighting, focusing only on those actively participating in the meeting and having regard to the wishes of any members of the public present who may not wish to be filmed. As a matter of courtesy, anyone wishing to film proceedings is asked to advise the Chairman or the Assistant Director Legal & Governance and Monitoring Officer's representative before the start of the meeting so that all those present may be made aware that it is happening.

Members of the public may also use Facebook and Twitter or other forms of social

media to report on proceedings at this meeting.

Emergency Evacuation Procedure

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

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

Last person out to close the door.

Do not stop to collect personal belongings.

Do not use the lifts.

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

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

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



Draft Minutes

of the Meeting of the

Adult Services and Housing Policy and Scrutiny Panel

Thursday, 25th February 2021

held in the Virtual Meeting.

Meeting Commenced: 10:30 Meeting Concluded: 14:09

Councillors:

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

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

P: Present

A: Apologies for absence submitted

Other Members (as appropriate): Georgie Bigg (co-opted Member, Healthwatch);
Councillor Ruth Jacobs; Councillor Mike Bell

Officers in attendance: Hayley Verrico, Gerald Hunt, Richard Orson, Martin Hawketts, Howard Evans (Adult Social Services); Mike Rigall, Katherine Sokol, Mark Jarvis, Leo Taylor, Brent Cross (Corporate Services).

ASH Election of the Vice-Chairman (Agenda Item 1) 14

Resolved: that Huw James be elected as the Vice-Chairman of the Adult Services and Housing Policy and Scrutiny Panel.

ASH Declaration of disclosable pecuniary interest (Standing Order 37) 15

None.

ASH Minutes of the Meeting held on 5 November 2020 (Agenda Item 5) 16

Resolved: that the minutes of the meeting be approved as a correct record.

ASH Covid-19 Commissioning update (Agenda Item 6)

17

The Head of Commissioning gave an update presentation on work being done to improve the adult social care offer to North Somerset residents. This included details on the Wellness Service and collaborative work to avoid hospital admissions, Technology Enabled Care, work with the Community Integrated Care Bureau, social care brokerage, as well as updates on vaccinations and PPE to Care Homes. He concluded with an update on domiciliary care, North Somerset Council's action plan, and the Covid response from North Somerset Together and commissioned voluntary services.

Included in this update, the following points were made:

We were experiencing fewer problems around hospital discharges than our neighbouring authorities; our Wellbeing Service had more some capacity in the event of a further wave of the pandemic; the 76% uptake of the vaccine among frontline staff was higher than the national average; the PPE situation had now stabilised, and the team was now focussing on training in the correct use of PPE; the team had made deliveries of PPE and offered assistance in care homes over weekends and out of office hours during previous waves of the pandemic; there was still only 83% occupancy of care home beds in North Somerset, which posed issues for financial viability of the sector and could be a predictor of a long-term problem for occupancy in this sector.

Members' comments and questions were as follows (with officer responses shown in italics):

- What did the 'Right to Reside' refer to? *This was a new NHS term that referred to the choice and direction of hospital discharges.*
- Had there been problems with the takeup of the Covid vaccine among Black and Ethnic Minority (BAME) staff in care homes? *The team had been working on training, workshops and translating documents to reach BAME staff. Attention had been given to North Somerset BAME staff, and there had been a 95% takeup of the vaccine in this cohort.*
- In cases of care home staff refusing the vaccine, was local leverage being used? *There had been debate on making this a contractual obligation for new staff; persuasion and more information was being given to existing staff. There was knowledge of who had been vaccinated, and close work was being done with Bristol and South Gloucestershire on strategies to reach out to these members of care home staff.*
- Was there a policy on supplying FFP2 vs FFP3 masks to mitigate the risks of aerosol spread of the disease? *These had not been supplied by the Council, but rather by the NHS and therefore did not show on the list of PPE supplied.*

Concluded:

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

(2) that the Panel thanked the Head of Commissioning and his team for the hard work, over and above their normal duties, that they had done during the Covid-19 pandemic so far.

ASH 18 Care Act Easements (Agenda item 7)

The Principal Social Worker gave a presentation on Care Act easements under the Coronavirus Act 2020 (a copy of which is available in the minute book) and explained why they had not yet been used by North Somerset Council. He provided details of the ethical framework that was being used instead, as well as details on the circumstances within which implementing the easements could be considered.

Members' questions and requests for clarification were as follows:

- Had there been a fall in care staff and their recruitment from the European Union following Brexit? *There had been no appreciable impact, as North Somerset was less reliant on the EU workforce than other areas.*
- There was concern from Members that Deprivation of Liberty orders were being delayed in the court system, and the Principal Social Worker assured Members that all work was done according to the standards of the European Convention on Human Rights.
- Had there been a risk assessment taken out of unpaid carers and family members when day centres and other facilities were closed, as this was the only opportunity for many to get some time for themselves? *All vulnerable adults had been identified and contacted at the start of the pandemic, and had been RAG-rated in terms of their vulnerability. The Adult Social Services directorate was preparing for a potential increase in concerns at the end of the lockdown period.*
- Was there more detail available on which Councils had been acting under easements? *There were some large Councils in the Midlands – more detail would be available on the CQC website.*

Concluded:

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

(2) that the Chairman thanked the Principal Social Worker and his team for the hard work that they had been doing.

ASH 19 Mental Health Support Pilot (Agenda Item 8)

The Service Manager presented a briefing on the Mental Health Support Pilot. He explained how the pilot programme would focus on delivering structured short term interventions.

Members commented and received clarification on the following points:

- What was the anticipated need for the outreach services? *This was about 50-60 users, based on capacity of the project and information coming from the Mental Health team; there had been acknowledgement from the Mental Health system that there was a gap or need that required filling.*

- Would this project be linked to the Safe Haven Centre and other voluntary sector organisations? *Although this was not directly linked to the Safe Haven Centre, there would potentially be referrals from the team there; links with the voluntary sector were being looked at.*
- How easy would it be to fill these two new roles? *The remuneration was set to be above that of the private sector, and it was not anticipated that this would be an issue.*
- How did people present at the lowest tier for intervention? *There were multiple pathways, with the most common being through a GP. People could also be referred by Care Connect, AWP and other organisations.*
- Did individuals have unique identified champions to guide them through the Mental Health system? *There were Care Coordinators in secondary services, and there was discussion of this for the child to adult transition, but not apart from those.*

Concluded:

- (1) that the report be noted and the Members' comments forwarded to officers in the form of minutes; and
- (2) that an informal meeting to look at the issues in more detail be organised, to include the Chairman of HOSP; and
- (3) that a six-month update report on the project be brought before the Panel.

ASH 2020-21 Month 9 Adult Social Care Budget Monitor (Agenda Item 9)
20

The Finance Business Partner went through the Month 9 report of the Adult Social Care Budget Monitor. She highlighted the predicted overspend of £5.2 million, although this did not take into account any allocation from the £14.6 million General Covid-related funding from central government. The additional funds had been added to the overall Council budget but had not yet been allocated to directorates.

Concluded:

That the report be noted and Members' comments forwarded to officers in the form of minutes.

At this point, the Chairman suggested a short break before the next item.

The Panel adjourned at 13:10 p.m.

The Panel reconvened at 13:17 p.m.

ASH Private Rented Housing Review (Agenda Item 10)
21

The Private Sector Housing Sector Service Leader presented a review of private rented housing in North Somerset, a copy of which is available in the minute book. He provided more information on the Area Action approach,

the Rent with Confidence scheme, and suggested that an updated review of housing conditions in the form of a Stock Condition Survey would be required to fulfil the Council's obligations under the Housing Act (2004).

Members had the following queries:

- Could the scheme be used to help landlords link together to promote economies of scale when improving their properties? *The Private Sector Housing Forum did this to some extent, but some further thought would be given to this.*
- Did the cladding of high-rise buildings fall within the Service Leader's remit? *In part, and engagement with SPEDR on this issue had begun.*

Concluded:

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

(2) that the Panel's support for the need for an updated Stock Condition Survey be referred to the relevant Executive Member.

ASH The Panel's Work Plan (Agenda Item 11)
22

Members discussed the Panel's work plan.

The Chairman updated Members on the activity of the Local Plan Working Group. He also gave an update on the planning for the Carer's Enquiry Day and invited Members who wanted to participate in the planning for this to contact him.

Members suggested that more detail on the schemes to return patients home from hospital and the involvement of the Red Cross in them be sought.

Concluded:

That the work plan be updated.

Chairman

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Draft Notes

of the informal Meeting of the

Adult Services and Housing Policy and Scrutiny Panel

Thursday, 7th July 2021

held in the Virtual Meeting.

Meeting Commenced: 10:00 Meeting Concluded: 12:05

Councillors:

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

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

P: Present

A: Apologies for absence submitted

Other Members (as appropriate): Georgie Bigg (co-opted Member, Healthwatch);
Councillor Mike Bell

Officers in attendance: Hayley Verrico, Gerald Hunt, Kathryn Benjamin, Howard Evans (Adult Social Services); Mark Jarvis, Leo Taylor, Brent Cross (Corporate Services).

ASH Election of the Vice-Chairman (Agenda Item 1)

Resolved: that Huw James be re-elected as the Vice-Chairman of the Adult Services and Housing Policy and Scrutiny Panel, to be ratified at the next formal Panel meeting.

ASH Adult Social Services Directorate Statement (Agenda Item 2)

The Director of Adult Social Services went through the 2021 Annual Directorate Statement, which included details how the Directorate would work towards it's goals of ensuring an open and enabling organisation,

ensuring a thriving and sustainable place, and ensuring the council would empower and care about people.

In the discussion that followed, Members had comments and questions about the current reablement strategies and capacity, the use of volunteers in providing community meals, the aspiration of committing paying the National Living Wage to staff in the care sector, integrating discharge procedures, whether other sources of funding had been investigated for adult social care, and whether accessibility to wi-fi could be provided for those who needed it to allow for Technology Enabled Care in their own homes.

Concluded:

- (1) that the report be noted and the Members' comments forwarded to officers in the form of minutes; and
- (2) that the Chairman congratulated the Head of Commissioning for his hard-won expertise in developing Technology Enabled Care solutions.

ASH Month 12 Budget Monitor (Agenda item 3)

The Senior Service Accountant presented a report on the budgetary position of the Adult Social Services Directorate at the end of month 12. The overspend against the budget of £1.241 million was highlighted, as well as that this overspend included £0.335 million associated with the Covid-19 pandemic. The budget transfer of £1.53 million to the 2021/22 Care Home Recovery Plan was also highlighted.

In discussion, Members raised the issues of client debt reclamation; the funding for those with a primary health need from the CCG (and the Director applying for a transformation bid to expand the team working on this); the costs of someone living independently compared to them staying in a care home; the trends in complex cases and what the direction of travel was for this in the future.

Concluded:

- (1) that the report be noted and the Members' comments forwarded to officers in the form of minutes; and
- (2) that the Senior Service Accountant provide a briefing report to Members covering the issues raised in more detail.

ASH Adult Care Commissioning Issues (Agenda Item 4)

The Head of Commissioning presented the report on issues in the commissioned adult care sector. Among these were that care bed occupancy had started to recover, and that care providers had begun indicating that they were losing available staff to illness and self-isolation. He also highlighted an innovation grant of £600 000 to providers, with 78% of them responding to a questionnaire designed to help finalise the grant criteria. Three care homes had also closed in the previous six months.

Members commented and received clarification on the following points:

- Why was another specialist housing needs assessment being commissioned? *The previous one was at the BNSSG level, and this one would be more granular and would look at individuals and localities in more detail. It would help to inform the future business cases around accommodation shift in the district.*
- The need to balance between supporting care homes and allowing for domiciliary care – *The care sector was a private market running according to supply and demand – there would always be a need for nursing homes and it was our duty to ensure capacity. A goal was to ensure that care homes to recognise that they could be community assets and that activities run by care homes need not be inwardly focused; inter-generational activities, such as bringing children into care homes needed to be improved on.*
- Dementia care – *a blended model of care was the way forward so that care homes would be able to care for dementia patients as well as their other residents – but it needed to be ensured that quality of care across the board was maintained.*

Concluded:

That the report be noted and the Members' comments forwarded to officers in the form of minutes.

As Members felt that agenda item 5, Development of Discharge to Access Pathways, had been addressed in this and previous items, the meeting proceeded to the next agenda item.

ASH Supporting Staff Carers (Agenda Item 6)

The Strategy and Policy Development Officer presented the update report on supporting staff carers at North Somerset Council. There were estimated to be 244 members of staff with caring responsibilities employed by the council, and the report detailed some of the ways that existing policies could provide support for them, as well as some feedback of their experience of the offer.

In discussion, Members suggested that the leave purchase scheme would not always help carers and possibly be challenged.

Concluded:

That the report be noted and Members' comments forwarded to officers in the form of minutes.

ASH The Panel's Work Plan (Agenda Item 7)

The Scrutiny Officer discussed the Panel's work plan and highlighted three work areas that were in progress:

(1) Planning Policy review – this was waiting for feedback from officers, anticipated later this year, before the Local Plan working group could meet.

(2) Cladding and Fire Safety – another meeting of the Housing Issues Group be convened to take stock of the recent changes to legislation.

(3) Carers Enquiry Day – letters defining the case for the enquiry to potential participants would be going out shortly; an informal meeting of the Carers Enquiry Day group would be convened once replies had been received.

Additionally, an informal meeting of the Panel was to be convened to discuss issues that had arisen in this meeting – leave purchase for council staff, re-enablement and discharge from hospital, and adult exploitation.

Concluded:

That the work plan be updated.

Chairman

Draft Notes

of the informal Meeting of the

Adult Services and Housing Policy and Scrutiny Panel

Thursday, 4th November 2021

held in a Virtual Meeting.

Meeting Commenced: 10:30 Meeting Concluded: 13:35

Councillors:

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

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

P: Present

A: Apologies for absence submitted

Other Members (as appropriate): Georgie Bigg (co-opted Member, Healthwatch);
Councillor Mike Bell

Officers in attendance: Hayley Verrico, Jo Baker, Martin Hawketts (Adult Social Services); Howard Evans (Public Health and Regulatory Services); Mark Jarvis, Katharine Sokol, Leo Taylor, Brent Cross (Corporate Services).

ASH Notes of the meeting held on 8 July 2021 (Agenda Item 2)

Resolved: that the notes of the meeting be approved as a correct record for endorsement at the next formal meeting.

ASH Month 5 Adult Social Care Budget Monitor (Agenda Item 3)

The Senior Service Accountant Director of Adult Social Services took Members through report, which included details such as the amount of the directorate's overspend in the last financial year as well as the predicted overspend for the current year.

In the discussion that followed, Members sought and received clarification on the following: the trends for long-term care support packages; whether there was data available on how well the Home First strategy was working against the backdrop of an elective care backlog; the need for more one-to-one support for mental health after the lack of social contact over the lockdowns; how provider costs had risen for staffing, fuel/heating charges, and insurance increases which were now being passed on; modifications to the budget that could be made if fewer or more people needed long-term care than predicted; how successful the management of direct payment schemes to carers had been, and the future bid by Adult Social Services to expand the team doing this; and the possibility of Members being sent the budget reports monthly as opposed to waiting for formal meetings.

Concluded:

- (1) that the report be received and the Members' comments forwarded to officers in the form of minutes; and
- (2) that Members be sent budget reports on a monthly basis, to be coordinated through the Scrutiny Officers.

ASH Social Care reform announcement (Agenda item 4)

The Finance Business Partner gave a presentation on the Social Care Funding Reform Announcement given by government during September 2021. This included information about the Health and Social Care Levy to be introduced in April 2022, the Care Charging reforms to be introduced in October 2023 and the financial impacts to North Somerset Council as well as wider financial issues and risks. It was noted that more information would be coming in a future white paper.

Members expressed an interest in receiving more detail once more information had been provided by national government.

Concluded:

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

ASH Mental Health support project update (Agenda Item 5)

The Service Manager presented the report, including case studies, on the pilot service after sixteen weeks (approximately one third of the way through the pilot project). He went on to demonstrate the high impact that the preventative interventions were having, and expressed his hope that the service would be made permanent.

Members were pleased with the progress of the scheme, and discussed ways in which it could be further supported.

Concluded:

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

ASH Safeguarding Adults Annual Report (Agenda Item 6)

The Head of Service for Safeguarding and Quality Standards gave the presentation on behalf of the Independent Chair of the North Somerset Safeguarding Adults Board. She went through the purpose and duties of a Safeguarding Board (including the triggers for a Safeguarding Adults Review), provided some local data and provided a review of progress against the key strategic priorities for 2018-2021. Finally, she went through the key strategic priorities for 2021-2024.

In discussion, Members sought and received more information about reporting safeguarding concerns using the website and were informed that an all-Member safeguarding workshop would be due early in 2022.

Concluded:

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

ASH Private sector housing (Action Area scheme) update (Agenda Item 7)

The Head of Private Sector Housing presented the update report on private rented sector housing. This included a comparison of the work in the area action zone with the historic additional HMO (House in Multiple Occupation) housing scheme.

In discussion, Members sought and received clarification on: whether the team had a statutory right of entry into properties and whether there were many hostile receptions by tenants and landlords; and various types of licensing schemes.

Concluded:

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

ASH Winter pressures (Agenda Item 8)

The Director of Adult Social Services presented the report on behalf of the Head of Commissioning. The report outlined the plans for adult social services in respect of winter pressures including the challenges arising from Covid-19, and the presentation explored these risks and challenges and provided an explanation as to how adult social care were working internally and with health partners to mitigate the risks.

Concluded:

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

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

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

The Carers Enquiry Day had been very successful and Members on the steering group were in the process of finalising the key points from the day. The Head of Adult Social Services expressed her thanks to the Scrutiny Officers and the Strategy and Policy Development Officer for their work on, and leading up to, the Enquiry Day.

An update meeting was planned with the Head of Private Sector Housing to discuss developments on the unsafe building cladding in Portishead.

Concluded:

That the work plan be updated.

Chairman

North Somerset Council

REPORT TO THE ADULT SERVICES AND HOUSING POLICY AND SCRUTINY PANEL

DATE OF MEETING: 24 FEBRUARY 2022

SUBJECT OF REPORT: ADULT SOCIAL CARE FINANCE UPDATE

TOWN OR PARISH: ALL

OFFICER/MEMBER PRESENTING: FINANCE BUSINESS PARTNER (ADULTS' AND CHILDREN'S SERVICES)

KEY DECISION: NO

RECOMMENDATIONS

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

1. SUMMARY OF REPORT

- 1.1 This report summarises and discusses the current forecast spend against budget for adult services, highlighting key variances, movements, and contextual information; it also highlights the main areas of interest in relation to the 2022/23 draft budget and the medium-term financial plan (MTFP), the future social care funding reforms and the business case agreed by the Healthier Together partnership to change the way in which patients are discharged from hospital ("Discharge to Assess").
- 1.2 The current overall forecast year end position for Adult Social Care and Housing Service is £1.437m net adverse variance (2.1% of the net budget). Month 9 saw the forecast variance rise by just £66k from £1.372m in month 8.
- 1.3 In summary, the projected overspend is mainly associated with individual care packages and support, where changes in the patterns of demand mean that care package sizes are increasing due to a variety of factors, many of which are associated with the pandemic.
- 1.4 The draft 2022/23 budget includes £9.3m of additional spending plans in the adult social care budget, predominantly to provide funding for cost inflation, demographic growth and to close the current shortfall between budget and the demand for services. Much of this is not funded by central government and it is worth noting that the funding announcements in relation to the reform of social care do not address these issues. The draft budget also includes £1.4m of planned savings.

- 1.5 There has been very little in terms of further announcements in relation to the social care reforms, but paragraphs 3.11 to 3.16 summarise what we know so far
- 1.6 The Discharge to Assess business case approved by the Healthier Together Executive Board provides additional funding to support improved hospital discharge pathways, and, in particular, will ensure an enhanced reablement service in North Somerset

2. POLICY

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

3. DETAILS

Budget Monitor

- 3.1 The current overall forecast year end position for Adult Social Care and Housing Directorate is **£1.437m** net adverse variance (2.1% of the net budget). In summary, the projected overspend is mainly associated with individual care packages and support and reflects an increase in acuity and complexity, partly associated with the impacts of the pandemic, but also associated with people living longer with more complex needs.

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

FINANCIAL OVERVIEW OF THE ADULTS SOCIAL SERVICES DIRECTORATE					
AS AT 31st December 2021 (P9)					
Directorate Summary					
	Original Budget 2021/22 £000	Virements £000	Revised Budget 2021/22 £000	Projected Out-turn 2021/22 £000	Projected Out-turn Variance £000
- Gross Expenditure	105,411	7,323	112,733	113,299	565
- Income	(37,544)	(6,981)	(44,526)	(43,654)	872
- Transfers to / from Reserves	38	(287)	(248)	(248)	0
= Directorate Totals	67,905	55	67,960	69,397	1,437
	Projected Out-turn Variance				2.11%
- Individual Care and Support Packages	63,327	0	63,327	65,415	2,089
- Assistive Equipment & Technology	420	0	420	454	34
- Information & Early Intervention	703	0	703	725	22
- Social Care Activities	8,122	322	8,444	8,787	344
- Covid Related Support	0	0	0	0	0
- Commissioning & Service Delivery Strategy	(5,670)	(291)	(5,961)	(6,760)	(799)
- Housing Services	1,004	24	1,027	775	(252)
= Directorate Totals	67,905	55	67,960	69,397	1,437
	Projected Out-turn Variance				2.11%

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

Medium Term Financial Planning and 2022/23 Budget

- 3.3 The draft 2022/23 budget, considered by the Executive on 2 February, and due to be approved by full Council on 15 February, includes the following key items of planned additional spend in adult social care.

2022/23 Spending Pressures	£000s
Inflation	
- Care Providers	5,465
- Internal staff	313
Increasing Demand (demographics)	1,531
Existing demand gap	<u>1,400</u>
TOTAL	8,709

- 3.4 This represents a c. 14% of the current net budget (excluding corporate overheads) and is reflective of increasing costs (primarily driven by a 6.6% increase in the National Living Wage and the increase in National Insurance) and increasing demand (by way of example, population estimates indicate that there will be around 1,000 more people aged 75 and over in North Somerset in the coming year, and we expect more than 20 young people with complex needs to reach 18 and need adult social care and support).
- 3.5 Our approach to planning for these spending pressures is consistent with the approach taken across the South West and with the advice given by Local Government Association (LGA).
- 3.6 With specific social care grant increases amounting to c. £2.5m and a Council Tax increase of 3% in total equating to c. £3.6m, it can be seen that there is insufficient funding to cover all the cost pressures that are being experienced, just in adult social care.
- 3.7 It is also worth noting that the increased revenue being generated by the Health and Social Care Levy is not making any contribution to the additional day to day costs described above. Rather, it is designed to fund the following, and this is illustrated later in the paper in paragraph 3.11.
- increased capacity in the NHS
 - social care reforms aimed at
 - ensuring that individuals are not faced with making excessive or unpredictable contributions to their care costs
 - delivering a “fair cost of care” for local authority commissioned care
- 3.8 The 2022/23 budget also includes £1.4m of planned savings in the following main areas, which are consistent with the principles of our Maximising Independence and Wellbeing Vision

- 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
 - 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
 - Inflationary increases in client / CCG contributions, where appropriate
- 3.9 Beyond 2022/23, the financial position is more uncertain, particularly given the proposed local government finance reforms and the social care funding reforms. The 2021 Spending Review did indicate that finance settlement beyond 2022/23 would be less generous, with some of the 2022/23 grants clearly tagged as “one-off”.
- 3.10 The current forecast position for the Council as a whole for the medium term, indicates a potential budget gap of close to £9m in each of the years 2023/24 and 2024/25.

Adult Social Care Reform Funding

3.11 The diagram below provides a high-level overview of the funding that has been announced so far.

Adult Social Care Reform Funding								
From the £36bn to be raised from the Health and Social Care Levy £5.4bn over 3 years on adult social care reform (the remainder to the NHS)								
£3.6bn over 3 years directly to local government for the cap, means test, and fair cost of care		£1.7bn over 3 years to improve wider social care system						
£2.2bn over 3 years for the cap and means test		£1.4bn over 3 years for fair cost of care:		Funding commitments made in the <i>People at the Heart of Care</i> adult social care reform white paper: Unclear as to if, when, how much or how this funding will be made available to Local Government				
22/23: £0m	22/23: £162m	At least £300m to connect housing with health and care and drive the stock of new supported housing	At least £150m for technology and digitisation	At least £500m for workforce training, skills, qualifications, professional development, recruitment, etc.	Up to £25m to support unpaid carers	£30m for innovation of support and care	At least £5m to help people understand care and support available	More than £70m to improve the delivery of care and support services, including market shaping and commissioning
23/24: £800m	23/24: £600m							
24/25: £1.4bn	24/25: £600m							
The White Paper is not completely clear about the whole £1.7bn (the list above amounts to £1.080bn), but there is also reference to increases in Disabled Facilities Grant (£570m), continuation of the Care and Support Specialised Housing Fund (£210m - Homes England and the Greater London Authority) and support to make minor repairs and changes to people's homes (£TBA)								

- 3.12 Very little in terms of detail has been announced in relation to funding allocations or guidance. However, as part of the 2022/23 Local Government Finance Settlement, allocations were announced in relation to 2022/23 element of funding to begin progress towards a “Fair Cost of Care”. North Somerset Council’s allocation of the £162m is £626k; and it takes the form of a “Market Sustainability and Fair Cost of Care” ring-fenced grant.
- 3.13 Members will recall that a key element of the funding reforms is to ensure that Self-funders are able to ask their Local Authority to arrange their care for them so that they can find better value care; and it is accepted that this will have the impact of driving up prices and ensuring that local authorities pay the “fair cost of care”.
- 3.14 The 2022/23 funding is designed to ensure that local authorities can prepare their markets for this change, including activities such as:
- Conducting a cost of care exercise to determine the sustainable rate and how close we are to it – we will be working with the LGA and the Association of Directors of Adult Social Services (ADASS) in developing a model for roll out in the summer.
 - Engaging with local providers to improve data on operational costs and the number of self-funders to better understand the impact of reform
 - Strengthening capacity to plan for, and execute, greater market oversight and improved market management
 - Increase fee rates, as appropriate to local circumstances
- 3.15 Further guidance, including the formal grant determination letter is promised in “early 2022”.

Discharge to Assess Business Case

- 3.16 The Council has been working with the Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG) for some time, on a business case to support the changing requirements in relation to hospital discharge. The model is based on a vision to reduce the length of stay in hospital (and the number of beds commissioned) through prioritising rehabilitation and reablement in the community.
- 3.17 In summary, across BNSSG, around £13m is planned to be invested per annum into discharge pathways and rehabilitation and reablement services, with around £340k committed from the Council. In relation to social care in North Somerset, there will be an investment of c. £1.7m per annum, allowing, amongst other things, the development of enhanced reablement services and technology enabled care (TEC) as well as improved early intervention and prevention through the Wellness and Response Service.

Risks

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

- Suppressed demand for and expenditure on, services in 2020/21 and 2021/22 due to CCG funding of hospital discharge cases
- Potential increased demand for support, to reflect long wait times for elective surgery, waiting lists for social care and OT assessments, deterioration and deconditioning, and the potential impacts of Long Covid, as well as likely increases in demand for mental health, carers and safeguarding
- Increased costs in, and financial stability of, the care market generally
- The extent to which funding will be provided for future increases in cost and demand, particularly given the increase in the National Living Wage, the new Health and Social Care Levy and other inflationary pressures on providers
- The extent to which the additional costs and lost income in relation to the recently announced Social Care Funding Reforms will be fully funded by Government as promised
- Capacity to deliver transformation and MTFP savings

4. CONSULTATION

Not applicable

5. FINANCIAL IMPLICATIONS

Financial implications are contained throughout the report.

6. LEGAL POWERS & IMPLICATIONS

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

7. CLIMATE CHANGE & ENVIRONMENTAL IMPLICATIONS

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

8. RISK MANAGEMENT

8.1 See paragraph 3.19

9. EQUALITY IMPLICATIONS

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

10. CORPORATE IMPLICATIONS

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

11. OPTIONS CONSIDERED

11.1 Not applicable

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APPENDIX 1 – NARRATIVE IN RELATION TO CARE AND SUPPORT PACKAGES

Key Variances

Individual Care and Support Packages

The predominant area of spend that exceeds budget relates to individual care and support packages, which is £2.1m. Whilst this excess demand is not tagged as directly related to Covid in our corporate monitoring, it is undoubtedly true that the changes in patterns of demand for, and take-up of services as described below, have Covid as their predominant causal factor.

Overall Income and Expenditure Trends

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

Our forecast gross expenditure on care packages for 2021/22 is 4.7% more than in 2020/21. Given we passed on an average of around 2% in inflation to providers, this represents around a 2.5% increase in costs that are materialising through a growth in care package numbers or size (although there is some anecdotal evidence that there are some rate increases outside of the main inflation provision, driven by availability of supply, which would make the demand-led rise even smaller).

We are forecast to achieve a 7% increase in client income compared with last year (mostly driven by increases in non-residential income as a result of a programme of reviews). In addition, contributions from the NHS are forecast to increase by nearly 17%. This means that our forecast increase in total net spend from 2020/21 to 2021/22 is 3.4% (or £2.1m), which likely represents around 1% after accounting for price inflation.

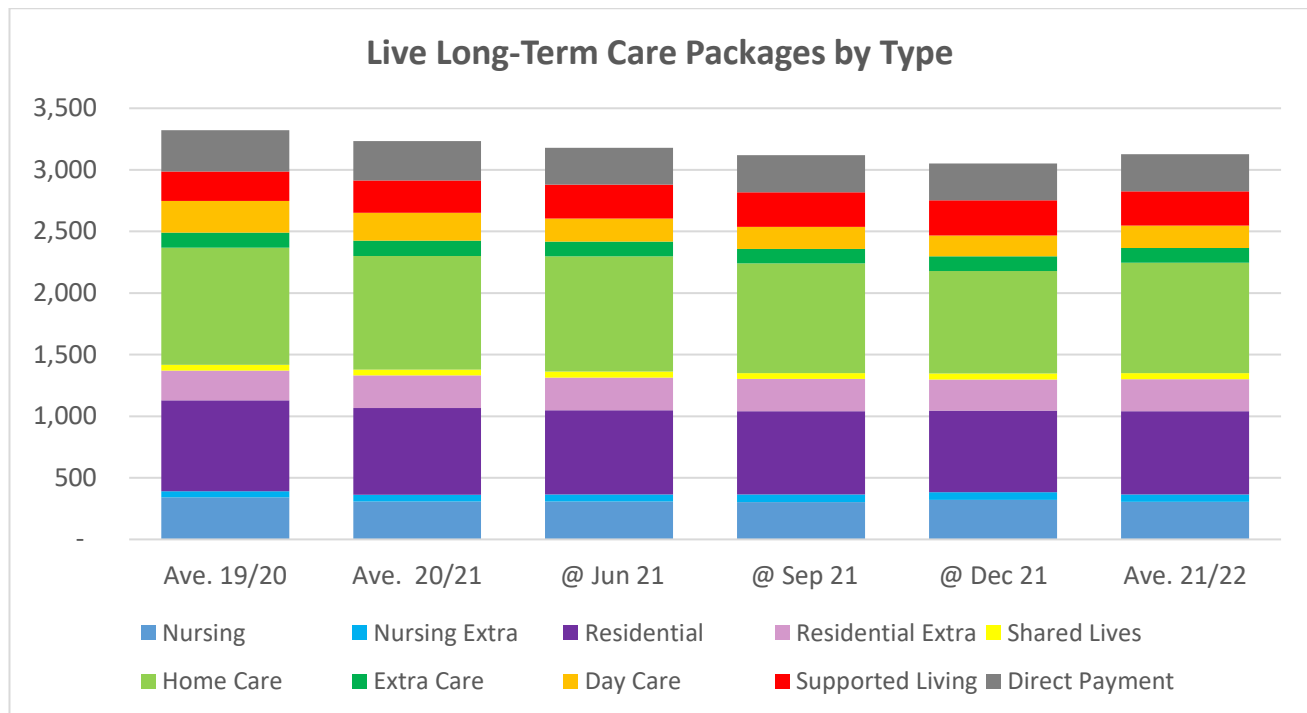
	2019/20	2020/21	2021/22	2021/22	
	Outturn	Outturn	Forecast	Change from PY	
Gross spend	80,276,370	82,235,155	86,089,707	3,854,552	4.7%
Client income	(16,283,001)	(15,238,747)	(16,334,388)	(1,095,641)	7.2%
Other contributions	(3,975,908)	(3,718,816)	(4,340,254)	(621,438)	16.7%
Net spend	60,017,461	63,277,592	65,415,065	2,137,473	3.4%

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

Number of Care Packages

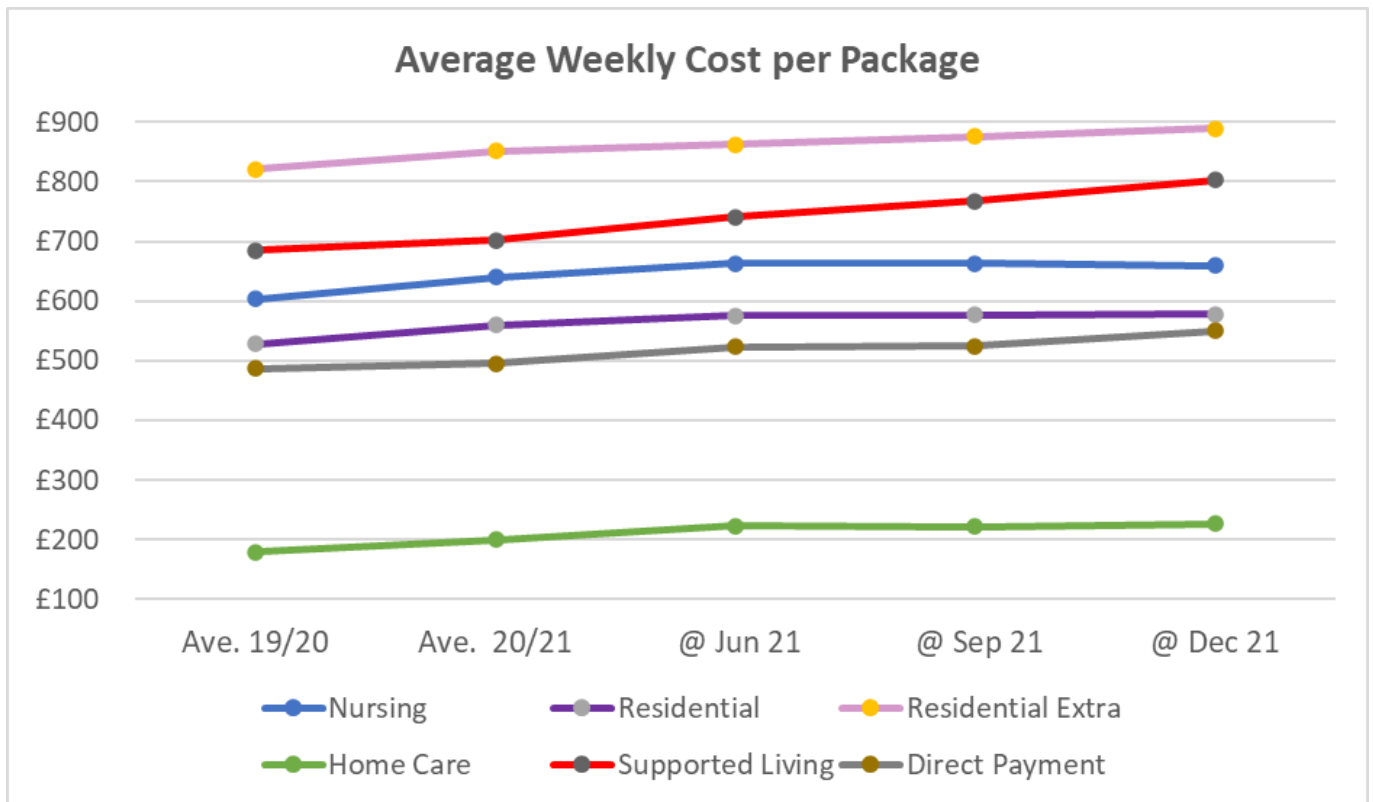
Where we are seeing cost increases beyond just price inflation, this is not generally because the number of packages is increasing; in fact, the average live long-term packages for 2021/22 are

3% lower than they were on average last year (3,127 compared with 3,234). Rather, increases relate to increases in package size (see next paragraph).



Average Unit Costs of Packages

As the numbers of packages are falling, any cost increases are largely being driven by an increase in package size, and this is particularly evident in domiciliary care and supported living, where the average unit costs have increased by 11% and 8% respectively in the last year. This is likely reflective of increased complexity and need driven by factors such as deterioration and de-conditioning (partly due to delays in elective surgery and 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. 6% in the last year, with around 2% of that reflecting price inflation as opposed to package size.



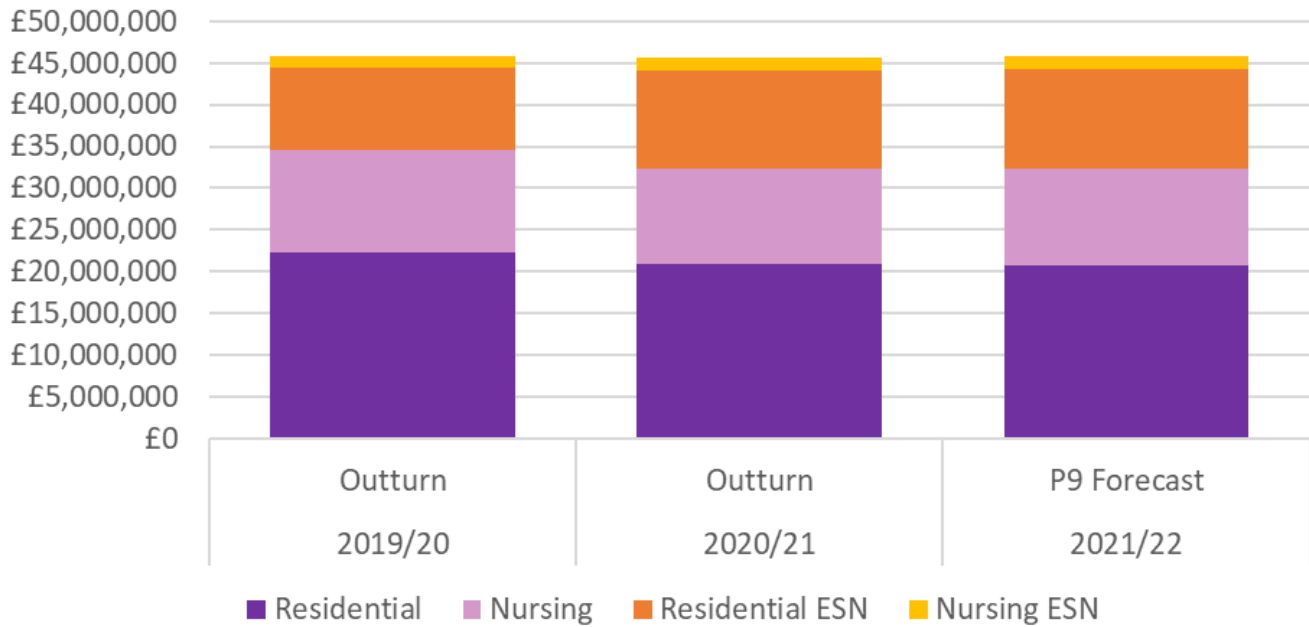
Other Factors

The one material area where package numbers are increasing is in supported living; this is an expected rise, which is particularly associated with bringing forward new schemes (as an alternative to residential placements) and transitions from children’s services.

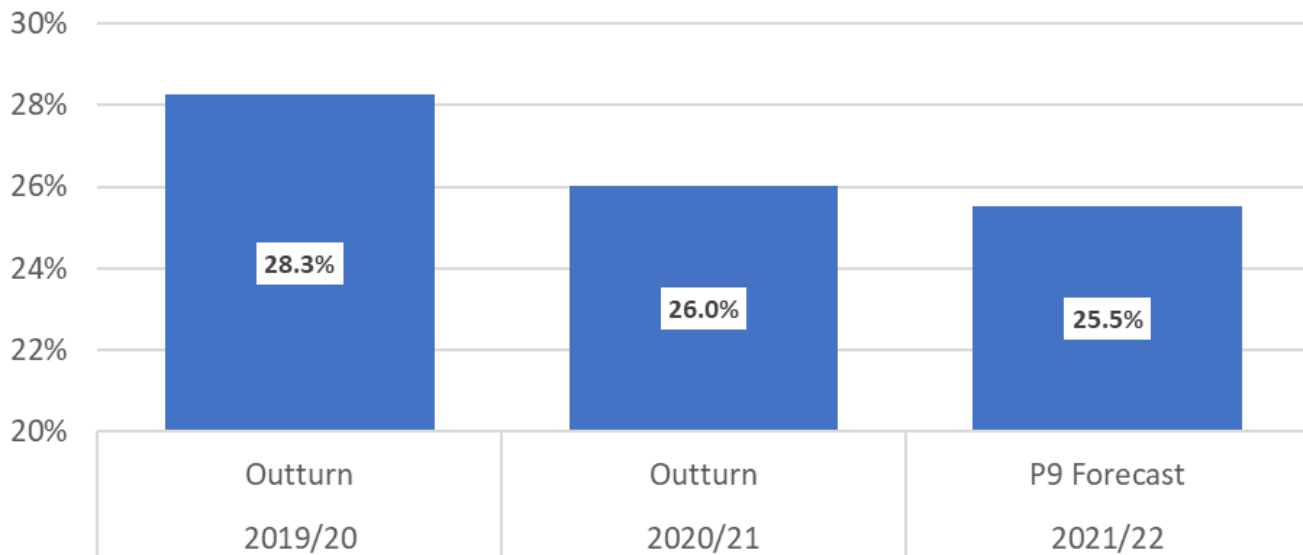
In addition, there are increases in the number of short-term residential and nursing placements, which may reflect changes in hospital discharge processes, increased respite or rehabilitation use and capacity to secure long-term placements, but more work needs to be done in this area to fully understand the changes.

Finally, it is worth noting that the increase in demand for residential and nursing placements with Exceptional Special Needs (ESN) which we experienced last year, has not reduced and, as a result, additional spend in this area continues to offset reductions in basic residential placements. The increased number of ESN packages may suggest higher commissioning costs, a difficulty in moving clients from CCG commissioned hospital discharge beds and / or increasing complexity of people’s care needs as described above. In addition, the proportion of residential and nursing care costs that are recovered through client contributions are much lower for packages with ESN (due to clients reaching their maximum charge), resulting in an overall reduction in client income recovery rates from 28.3% in 2019/20 to an estimate of 25.5% in 2021/22, which represents a loss of income of c. £1.3m.

Gross Expenditure on Residential and Nursing Care



Residential and Nursing Expenditure - Client Contribution Rates



Demand at the Single Point of Access

By way of illustration of the demand pressures that are being managed, it is worth noting that contacts to the Council's Single Point of Access have risen by 14% when compared with the same period in 2019/20 as illustrated below. This is the equivalent of 10 months' worth of contacts in 2020/21 within 9 months in 21/22.

**Contacts in the Single Point of Access
(April to December)**

	2019/20	2020/21	2021/22
SPA Contacts	11,814	12,016	13,443
			14%

Other Budget Variances

Other key variances relate to social care activities and there is an estimated £165k additional spend on staffing costs to meet the unprecedented demand in social care referrals made to the council and safeguarding referrals; it is anticipated that these costs will be funded from the Council's Covid General Grant for 2021/22. The overspends in these areas are, to a large extent, offset by favourable variances in commissioning and service delivery, including an increased contribution from the Better Care Fund.

Specific Covid-related budget impacts

The revised budget includes an increase £7.743m cost and grant income from the original budget to reflect receipt of further rounds of the Infection Control and Testing Fund Grant from Government, which has been distributed to care providers across North Somerset in accordance with the grant conditions. Covid Support also continues as part of the agreed recovery plan for care providers with £1.53m available. To date we have paid £200k for nursing care home premiums, £100k for insurance premiums, with other assistance due later in the financial year in relation to sustainability and innovation bids.

Further tranches of Infection Control (£2.3m) and Workforce Capacity Funds (£1.8m) to run from October to March, have recently been announced by the DHSC; these payments are in the process of being distributed to providers and the forecast income and expenditure is included 9. A further tranche of the Workforce Recruitment and Retention Grant from central government of £1.155m is expected in January 2022, and a plan for distribution and spending is being developed.

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

Type of Support	Year	TOTAL
Temporary Fee Uplifts	2020/21	£2,077,720
Infection Control Fund (Jun 20 - Sept 20)	2020/21	£3,860,635
Infection Control Fund (Oct 20 - Mar 21)	2020/21	£3,053,662
Rapid Testing Fund (Jan 21 - Mar 21)	2020/21	£982,246
Workforce Capacity Fund (Jan 21 - Mar 21)	2020/21	£424,939
Infection Control Fund (Apr 21 - Jun 21)	2021/22	£1,181,680
Rapid Testing Fund (Apr 21 - Jun 21)	2021/22	£750,117
Nursing support 2021	2021/22	£200,000
Infection Control Fund (Jul 21 - Sep 21)	2021/22	£836,901
Testing Fund (Jul 21 - Sep 21)	2021/22	£623,018
Insurance support 2021	2021/22	£103,598
Infection Control and Vaccine Fund (Oct 21 - Mar 22)	2021/22	£1,489,219
Testing Fund (Oct 21 - Mar 22)	2021/22	£727,446
Workforce Recruitment & Retention Fund Round 1 (Oct 21 - Mar 22)	2021/22	£512,907
Workforce Recruitment & Retention Fund Round 2 (Dec 21 - Mar 22)	2021/22	£1,154,932
TOTAL		£17,979,021

Appendix 2 – Detailed Analysis of Expenditure and Income Forecast (Month 9) for Individual Packages of Care & Support

	2019/20	2020/21	2021/22	2021/22	2021/22	2021/22	2021/22	2021/22
	Outturn	Outturn	Revised Budget	P9 Forecast	Change from PY		Variance from budget	
Expenditure								
Nursing	12,312,381	11,297,314	12,568,442	11,507,188	209,874	1.9%	(1,061,254)	(10.5%)
Nursing ESN	1,277,316	1,641,031	1,668,500	1,668,166	27,135	1.7%	(334)	(0.4%)
Residential	22,315,815	20,979,629	22,814,385	20,794,391	(185,238)	-0.9%	(2,019,994)	(9.0%)
Residential ESN	9,853,644	11,792,743	11,570,859	11,904,375	111,631	0.9%	333,516	2.9%
Shared Lives	1,343,321	1,627,656	1,573,489	1,660,986	33,330	2.0%	87,497	3.7%
Homecare	7,664,954	8,968,914	8,517,666	9,577,731	608,817	6.8%	1,060,065	9.5%
Extra Care	1,598,083	1,712,432	1,890,083	1,604,975	(107,457)	-6.3%	(285,108)	(15.6%)
Daycare	1,492,815	1,495,512	1,581,801	1,380,435	(115,077)	-7.7%	(201,366)	(13.3%)
Supported Living	10,030,136	11,366,867	11,173,879	12,763,509	1,396,642	12.3%	1,589,630	12.8%
Direct Payments	8,093,138	7,729,415	8,321,346	7,713,879	(15,537)	-0.2%	(607,467)	(4.3%)
DPs Carers	29,427	7,295	50,500	32,001	24,706	338.7%	(18,499)	(38.9%)
Sub-total Long-Term	76,011,030	78,618,809	81,730,950	80,607,636	1,988,827	2.5%	(1,123,314)	(2.0%)
Enablement Nursing	279,388	57,178	261,445	378,273	321,095	561.6%	116,828	31.9%
Enablement Res	377,362	61,242	379,873	295,649	234,407	382.8%	(84,224)	(28.2%)
ST Nursing	652,723	858,075	834,971	1,460,737	602,662	70.2%	625,766	73.1%
ST Residential	2,093,425	2,009,944	2,410,533	2,567,556	557,612	27.7%	157,023	2.7%
Reablement	112,970	108,767	191,865	152,471	43,704	40.2%	(39,394)	32.5%
Sub-total Short-Term	3,515,868	3,095,206	4,078,687	4,854,685	1,759,480	56.8%	775,998	17.5%
Various Other CIC Expd	749,472	521,141	248,872	627,386	106,245	20.4%	378,514	117.7%
Income								
Daycare	(164,556)	(32,009)	(220,717)	(110,202)	(78,193)	244.3%	110,515	47.3%
Direct Payments	(573,810)	(389,961)	(754,688)	(773,337)	(383,376)	98.3%	(18,649)	(33.5%)
Extra Care	(322,391)	(351,391)	(508,701)	(416,439)	(65,048)	18.5%	92,262	5.3%
Homecare	(1,432,620)	(1,549,146)	(2,057,761)	(2,211,315)	(662,169)	42.7%	(153,554)	(15.2%)
Nursing	(4,663,446)	(4,076,181)	(5,044,898)	(4,235,918)	(159,737)	3.9%	808,980	20.6%
Residential	(8,268,335)	(7,812,866)	(9,449,130)	(7,464,792)	348,074	-4.5%	1,984,338	20.6%
Shared Lives	(212,098)	(249,574)	(289,063)	(206,074)	43,500	-17.4%	82,989	17.9%
Supported Living	(436,617)	(469,663)	(547,806)	(635,196)	(165,533)	35.2%	(87,390)	(14.8%)
ST Nursing	(83,926)	(127,089)	(139,960)	(103,024)	24,065	-18.9%	36,936	16.0%
ST Residential	(125,202)	(180,867)	(154,680)	(178,089)	2,778	-1.5%	(23,409)	(15.9%)
Sub-total client income	(16,283,001)	(15,238,747)	(19,167,404)	(16,334,388)	(1,095,641)	7.2%	2,833,016	13.1%
Contributions LA	(21,862)	0	0	(0)	0	0.0%	(0)	0.0%
NHS Cont Residential	(1,999,705)	(2,019,758)	(1,779,570)	(2,221,979)	(202,221)	10.0%	(442,409)	(9.4%)
Contributions Nursing	(207,043)	(295,899)	(344,640)	(438,624)	(142,725)	48.2%	(93,984)	(11.0%)
Contributions DPs	(111,210)	(163,277)	(204,655)	(148,293)	14,984	-9.2%	56,362	51.6%
Contributions General	(809,126)	(718,741)	(654,415)	(947,049)	(228,308)	31.8%	(292,634)	(41.7%)
Contributions Other	(70,666)	0	0	0	0	0.0%	0	0.0%
Sub-total other income	(3,219,612)	(3,197,675)	(2,983,280)	(3,755,944)	(558,269)	17.5%	(772,664)	(12.5%)
Various Other CIC Inc	(756,296)	(521,141)	(581,320)	(584,310)	(63,169)	12.1%	(2,990)	0.0%
Gross spend	80,276,370	82,235,155	86,058,509	86,089,707	3,854,552	4.7%	31,198	(0.7%)
Client income	(16,283,001)	(15,238,747)	(19,167,404)	(16,334,388)	(1,095,641)	7.2%	2,833,016	13.1%
Other contributions	(3,975,908)	(3,718,816)	(3,564,600)	(4,340,254)	(621,438)	16.7%	(775,654)	(10.5%)
Net spend	60,017,461	63,277,592	63,326,505	65,415,065	2,137,473	3.4%	2,088,560	2.4%

Appendix 3 – Quarterly Activity and Unit Cost Data 2019/20 – 2020/21

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

Provision Type		2 years ago	1 year ago	6 month	3 month	2month	1 month	current	YTD	Trend Line (1Y)	Current	1Y Change	Change	% Change	
		Ave. 19/20	Ave. 20/21	@ Jun 21	@ Sep 21	@ Oct 21	@ Nov 21	@ Dec 21	Ave. 21/22						
Long Term Care															
Nursing	CLT01	341	308	309	304	300	316	320	306		320	-	2	↓	-1%
Nursing Extra	CLT02	51	55	55	62	61	62	63	59		63	-	4	↑	8%
Residential	CLT05	736	705	685	675	668	663	662	677		662	-	29	↓	-4%
Residential Extra	CLT06	243	263	265	262	257	255	254	260		254	-	3	↓	-1%
Shared Lives	CLT10	48	47	49	47	48	47	48	48		48	-	1	↑	2%
Home Care	CLT20	949	924	934	891	856	848	832	897		832	-	26	↓	-3%
Extra Care	CLT25	123	125	121	116	117	118	118	120		118	-	5	↓	-4%
Day Care	CLT30	256	226	186	179	173	171	171	181		171	-	45	↓	-20%
Supported Living	CLT40	240	263	276	281	281	285	284	279		284	-	16	↑	6%
Direct Payment	VAA01	333	319	299	303	302	300	301	301		301	-	19	↓	-6%
Total Long Term Care		3,321	3,234	3,179	3,120	3,063	3,065	3,053	3,127			-	107	↓	-3%
Short term Care															
Enablement - Nursing	CST01	10	2	10	11	14	13	15	12		15	-	10	↑	417%
Enablement - Residential	CST05	14	3	14	11	11	17	12	13		12	-	10	↑	403%
Short term - Nursing	CST11	18	19	19	21	23	20	34	23		34	-	4	↑	21%
Short term - Residential	CST15	43	35	38	43	44	41	50	37		50	-	3	↑	8%
Reablement	CST20	15	12	11	12	6	9	10	12		10	-	0	↑	2%
Total Short Term Care		100	70	92	98	98	100	121	97			-	27	↑	38%
TOTAL		3,421	3,304	3,271	3,218	3,161	3,165	3,174	3,225			-	80		-2%

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

Provision Type		2 years ago	1 year ago	6 month	3 month	2month	1 month	current	YTD						
		Ave. 19/20	Ave. 20/21	@ Jun 21	@ Sep 21	@ Oct 21	@ Nov 21	@ Dec 21	Ave. 21/22	Trend Line (1Y)	Current	1Y Change	Change	% Change	
Long Term Care															
Nursing	CLT01	£ 603.75	£ 640.31	£ 662.84	£ 663.16	£ 661.53	£ 662.48	£ 659.63	£ 663.19		£660	£ 22.88	↑	4%	
Nursing Extra	CLT02	£ 464.92	£ 551.11	£ 484.40	£ 491.53	£ 480.39	£ 524.34	£ 450.70	£ 504.29		£451	-£ 46.82	↓	-8%	
Residential	CLT05	£ 528.54	£ 559.33	£ 575.88	£ 577.24	£ 576.90	£ 577.98	£ 578.20	£ 576.62		£578	£ 17.29	↑	3%	
Residential Extra	CLT06	£ 820.73	£ 850.80	£ 862.17	£ 876.04	£ 882.09	£ 877.59	£ 889.49	£ 865.89		£889	£ 15.09	↑	2%	
Shared Lives	CLT10	£ 445.84	£ 503.82	£ 503.19	£ 503.11	£ 500.84	£ 491.74	£ 504.54	£ 504.34		£505	£ 0.52	↑	0%	
Home Care	CLT20	£ 178.98	£ 200.28	£ 222.70	£ 222.53	£ 223.48	£ 228.53	£ 226.98	£ 223.02		£227	£ 22.74	↑	11%	
Extra Care	CLT25	£ 239.65	£ 242.66	£ 244.77	£ 249.35	£ 248.53	£ 251.91	£ 254.09	£ 247.11		£254	£ 4.44	↑	2%	
Day Care	CLT30	£ 135.21	£ 144.24	£ 147.34	£ 150.58	£ 152.00	£ 152.90	£ 153.13	£ 150.24		£153	£ 6.00	↑	4%	
Supported Living	CLT40	£ 684.26	£ 701.82	£ 740.74	£ 768.04	£ 772.76	£ 764.77	£ 802.41	£ 759.04		£802	£ 57.21	↑	8%	
Direct Payment	VAA01	£ 487.35	£ 495.12	£ 523.34	£ 524.29	£ 514.94	£ 541.97	£ 550.56	£ 527.37		£551	£ 32.25	↑	7%	
Ave. Long Term Care		£ 421.60	£ 451.32	£ 473.42	£ 481.96	£ 484.23	£ 490.11	£ 494.93	£ 479.50			£ 131.61	↑	29%	
Short term Care															
Enablement - Nursing	CST01	£ 588.96	£ 588.96	£ 640.65	£ 683.70	£ 675.68	£ 667.54	£ 677.07	£ 667.08		£677	£ 78.12	↑	13%	
Enablement - Residential	CST05	£ 487.63	£ 487.63	£ 542.59	£ 573.24	£ 566.74	£ 574.24	£ 575.04	£ 564.64		£575	£ 77.01	↑	16%	
Short term - Nursing	CST11	£ 595.75	£ 595.75	£ 660.93	£ 676.56	£ 688.81	£ 690.54	£ 673.32	£ 681.27		£673	£ 85.52	↑	14%	
Short term - Residential	CST15	£ 536.07	£ 536.07	£ 558.20	£ 560.17	£ 569.39	£ 550.76	£ 540.28	£ 561.37		£540	£ 25.30	↑	5%	
Enablement	CST20	£ 224.42	£ 224.42	£ 214.37	£ 277.53	£ 339.66	£ 281.33	£ 225.76	£ 267.98		£226	£ 43.56	↑	19%	
Ave. Short Term Care		£ 498.81	£ 498.58	£ 544.89	£ 565.83	£ 598.24	£ 573.64	£ 572.07	£ 565.81					0%	
OVERALL WEIGHTED AVERAGE		£ 423.86	£ 452.33	£ 475.43	£ 484.51	£ 487.77	£ 492.74	£ 497.87	£ 482.10					0%	

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ADULT SERVICES AND HOUSING POLICY AND SCRUTINY PANEL

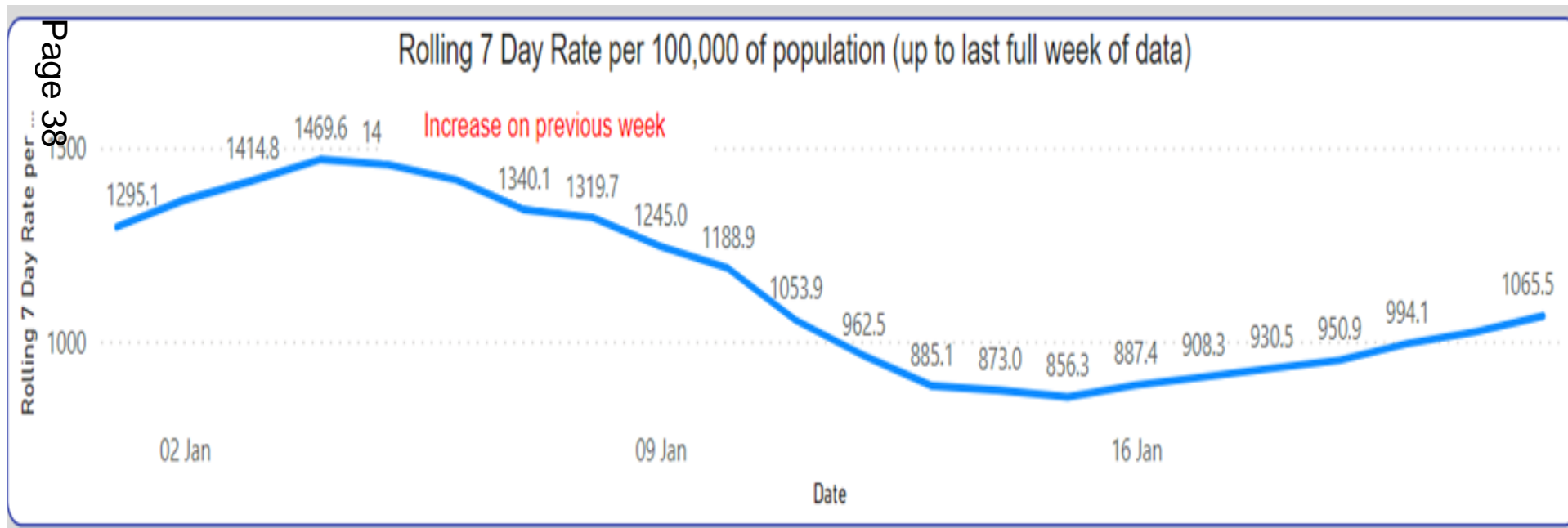


- Winter Pressures Update– Hayley Verrico

Covid

Cases remain high but national restrictions eased, gives a false reality to the public of the pressures within the health & social care system.

Throughout January, early February, case rates locally increased again back to over 1,000 per 100,000. You can see how it has fluctuated over January on the graph below

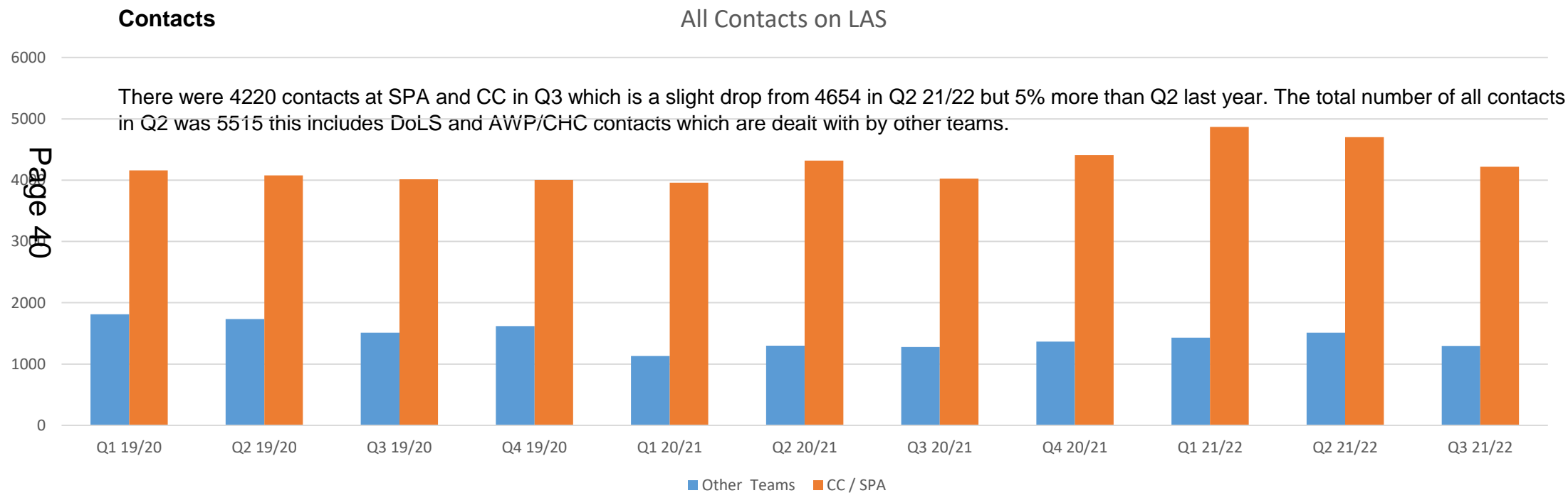


Acute pressures

- Weston General Hospital – numerous covid outbreaks and norovirus. Substantial number of beds closed
- ED often full with patients bedded in ED overnight
- Diverts from WGH to Bristol Acutes
- Ambulance queues at all ED's and response times for category 1 & 2 emergency calls not meeting nationally set response times
- Electives cancelled across all specialities and 104 week wait has doubled for some surgery
- Staff absence rates high
- No Right to Reside list increasing, concern that data on this isn't reliable
- System Operation Group stood up
- Numerous meetings daily
- NHSEi spotlight on the system

Adult Social Care pressures

Contacts into the Single Point of Access



Adult Social Care activity

Contact Type

Contact Type	Q3 21/22
Carers Assessment Request	187
Request change to service	40
Request for Care Assessment	1002
Request for Information	61
Request for OT Assessment	1122
Safeguarding Adults Concern	1166
Welfare Concern	468
Self-Funder Request for Support	105
All Other Reasons	69
Total	4220

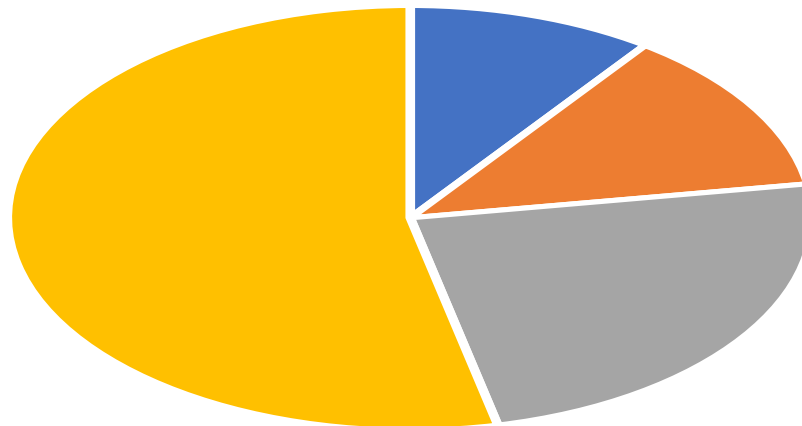
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The levels of Care Assessment, Occupational Therapy Assessment and Safeguarding were down from Q2 and slightly less than same quarter last year but remain higher than received in any of the previous 3 years

Community Service Provision

Community Service Provision

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- Day Care
- Supported Living
- Direct Payments
- Domiciliary Care

Community services

1275 service users were receiving long-term community services at the end of Q3 down from Q2 where it was 1328.

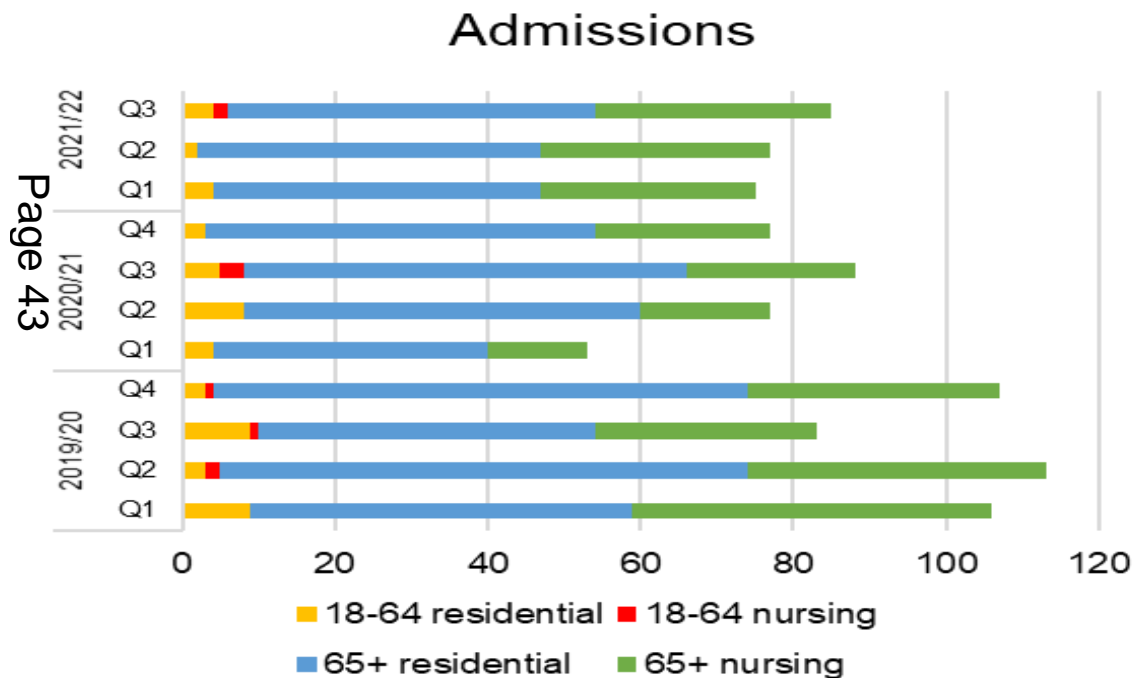
Services for long term community services are as follows:

- 139 Day care
- 176 Supported living
- 338 Direct payments
- 751 Domiciliary care

*A person may have more than one service

Admissions data

Care Home/Nursing admissions



Care home/nursing admissions

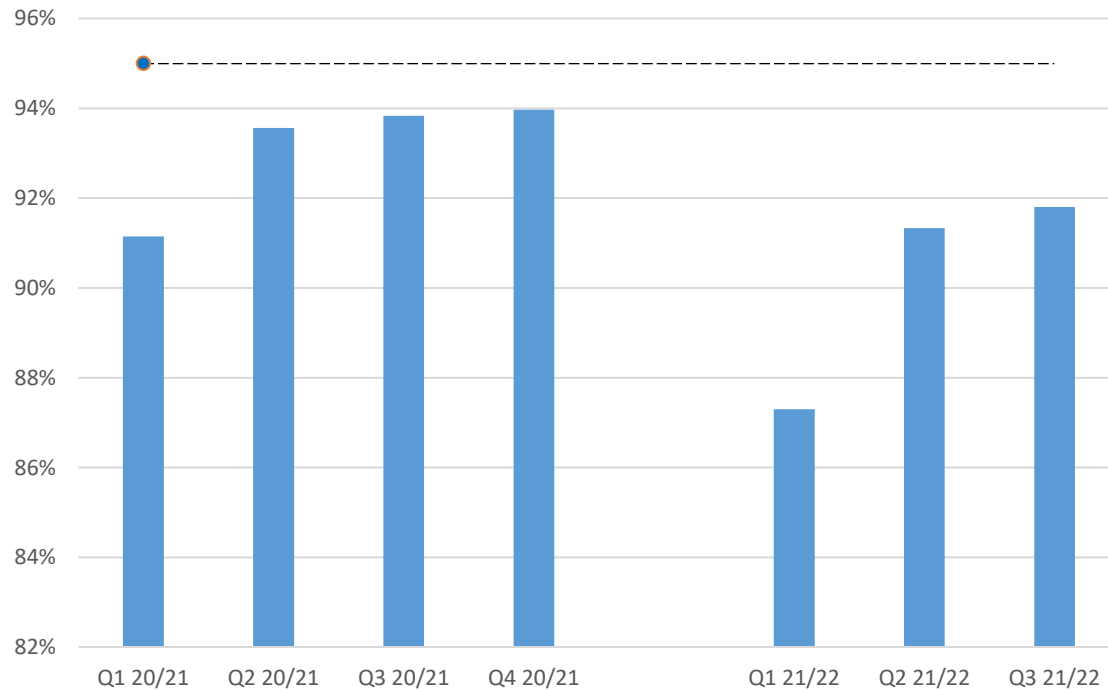
Care Home Admissions were up slightly again in Q3 to 85 in total, there were 77 in Q2.

Over 65 Nursing admissions were at 31, 1 more than Q2. Residential was up on Q2's 45 at 48. 18-64 Residential admissions = 4 for Q3 there were 2 admissions in Q2. There were 2 18-64 Nursing admissions.

Safeguarding

Safeguarding

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Safeguarding

Performance for this measure is cumulative for each quarter (target 95%)

As of the end of Q3, 2021-22 92% of MSP outcomes for adults were either achieved fully or partially achieved –

Community Health Provision

- **Primary Care swamped resulting in people migrating to ED's**
 - Increase in anxiety and depression
 - Long covid
 - Health conditions including long term not reported to GPs during covid
 - Increased acuity in the community
- **Sirona Health Care**
 - Significant staff absences especially in the Weston area
 - Recruitment issues
 - Lack of therapy to support people to stay at/return home
- **AWP/Mental Health**
 - Lack of inpatient beds locally and nationally
 - Increase in mental health presentation

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Provider Market

- Occupancy not at pre pandemic levels
- Competition for staff/Brexit
- Staffing challenges as a result of the mandatory vaccine (U Turn) but staff have left the sector
- Omicron outbreaks – staff and residents
- Financial Challenges
- Inflation/cost of living
- Fuel costs
- Increase in national living wage
- Insurance costs
- Travel costs for domiciliary Care

Housing Solutions

- Housing Strategy development
- 'Everyone In' policy continues
- Development of supported housing options continues

BUT
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- Number of homeless has increased – no local connection to North Somerset
- Property prices are increasing as is rent – over and above local housing benefit rates
- Residents incomes are being affected by cost of living increases
- Eviction proceedings have been reinstated
- A risk that homelessness and poverty will increase

Actions to address pressures

- Support to care providers continues
- Bid to the CCG for additional resources to tackle the backlog of assessments
- Bid for additional staff SPA/DoLS
- Ensuring that we apply strengths based assessment principles
- Referring to low level support provision – Wellbeing/Care Link/North Somerset Together/Tec/Reablement
- Continue to review care packages to ensure appropriate levels of care are being delivered
- Bids for one off carers grants
- Staff care and support – back filling all vacant posts
- Recruitment of Head of Service:
 - ✓ Strategy & Commissioning
 - ✓ Service Development
- Tec practitioners

Summary

- The covid legacy will be with us for a long time to come
- Elective surgery waiting lists will take a long time to address
- Budgets will continue to be squeezed
- Provider financial sustainability will continue to be an issue
- Recruitment to the care sector will remain challenged
- We will respond to residents as quickly as we can and prioritise urgent case work
- Will progress with reablement and tec developments to reduce the demand on limited domiciliary care capacity
- Continue to develop carers services
- Offer more flexibility via direct payments
- Develop extra care and supported housing provision
- Tackle homelessness/risk of homelessness
- Provide a good quality and robust service to our residents

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Technology Enabled Care (TEC) and Reablement



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Agenda Item 8

- ASH Panel 24th February 2022 Gerald Hunt



Contents

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- ADASS Links
- DPWG
- TEC Collaboration
- Care Home Digital maturity
- Digitising Social Care Records - NHSx
- Unified TEC fund – NHSx
- Pilot Projects
- Innovation and sustainability grant
- Technology Enabled Care
- Reablement and TEC Hub
- Reablement Pathway P1
- Case Studies
- Integrating TEC

ADASS / NHS X /TSA Regional/ System National TEC Leadership & Opportunity

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- North Somerset Hosted the ADASS Tech Leads recent regional ADASS/TSA Workshop, Regional ADASS leader for TEC
- National Representation on ADASS / LGA Digital and TEC Board
- NHS X Digital Care at Home Board Representation
- Healthier Together Digital Board Representation and Chair of Digital Population Working Group



Digital Population Working Group (DPWG)

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- Monthly meeting with BNSSG LA and Sirona representatives, CCG Digital lead and Healthier Together (HT) Digital team
- Reports to the Digital Change Authority & Healthier Together Digital Board
- Governance for HT Digital projects including:
 - Care Home digital maturity
 - BNSSG Digital Inclusion
 - Technology Enabled Care (TEC) Collaboration
- Delivery Plan in place to digitally prepare the 3 LAs and Sirona for joining the Integrated Care System in March

Technology Enabled Care (TEC) Collaboration

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Collaboration between the three LAs and Sirona

- Fortnightly meetings to meet and share ideas/progress

Communications combined between all organisations to raise TEC awareness and for telecoms digital switchover

Referral and response pathways mapped and compared

Conversations booked with the 3 TEC teams and Sirona to find opportunities for further practical collaboration

Meetings with other TEC teams across the country are underway

Financial evaluation of TEC consistent for the 3 LAs

Care Home Digital Maturity

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Digital surveys released and responded to by care homes in late 2020 for care home digital maturity status on NHS Futures platform

- 95% response rate from NS, <50% in Bristol & SG
- Data used to rank digital maturity of all care homes
- Updated weekly with NHS mail/DSPT information from NHSE
- Updated surveys sent out in Jan 2022 to all care homes and domiciliary care providers
- Learning from NS to be applied to Bristol and SG to increase responses

Digitising Social Care Records

Background: North Somerset Council, on behalf of BNSSG ICS were successful in bidding for NHSX's "Digitising Social Care Records" funding phase one £60k.

Aim: to allow authorised professionals in care homes and domiciliary care organisations to view shared records on Connecting Care

Key Deliverables:

- ❑ Bring 3 domiciliary care providers (NS Strategic Providers) and an additional 15 care homes onto Connecting Care
- ❑ Propose a dataset to be a national standard for information sharing with domiciliary care
- ❑ Understand the digital maturity of providers in BNSSG
- ❑ Understand causes of friction in transfers of care
- ❑ Produce a "Blueprint" for other areas to learn from - Providers in NS setting national digital care standards for Providers

DSCR - Why is this important?

People want their health and care to be joined up

Interoperability

Health & Social Care Bill 2021/22

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“Respondents told us that they want to be listened to. **They don’t want to have to repeat their story multiple times** with multiple providers. **They would like services to be more joined up** and are **open to the increased use of technology** in order to support this.”

“**Support works best when it is joined up and person-centred... they wished services spoke to one another.**”

NHS Long Term Plan Engagement Programme

"Promote a multidisciplinary team approach **where professionals work together in an integrated way** to provide tailored support that helps **people live well and independently at home** for longer"
NHS Long Term Plan

"By **removing the barriers that stop the system from being truly integrated**. We want to help Integrated Care Systems play a greater role, delivering the best possible care"

Integration and innovation: working together to improve health and social care for all – White Paper

healthwatch



Acoustic Monitoring – Unified Tech Fund (UTF)

Background: North Somerset Council, on behalf of BNSSG ICS, have been successful in bidding for NHSX's "Digitising Social Care Records" funding £670k

Aim: To demonstrate at scale the benefits of acoustic monitoring with the first national delivery of a centralised commercial monitoring service. Pilot delivery in North Somerset of ARMED and WHZAN tools.

Key Deliverables:

Upscale the acoustic monitoring provision for at 600 unit with approaching 400 in North Somerset whilst establishing a centralised monitoring system. Implementation of central monitoring system is first in UK.

We will pilot ARMED and WHZAN in several care homes and community settings predominantly in the North Somerset area, working with Sirona on deploying at least 137 individual devices as part of the DTA pathways and ongoing reablement pathway. It will be the intention if successful to deploy the most effective application across BNSSG, the purpose of the pilots to establish evidence-based outcomes and plans for future use and upscaling where applicable.



WHZAN

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WHZAN **BLUEBOX**

- All-in-one telehealth case
- It measures vital signs, records photos, performs multiple assessments and questionnaires including NEWS2.
- Signs of deterioration or illness are identified earlier, for a clinical response or carer support.

ARMED



- Utilises wearable technology to collect key metrics associated with frailty and the risk of falling.
- To prevent falls and identify other risks, collecting the right data and analysing it to identify patterns are key.
- Data from wearable devices is complemented with regular weigh-ins and grip strength tests.
- The data is analysed using sophisticated predictive analytics.
- Machine learning allows alerts to be raised to identify any risks.
- Community trials have identified that warning flags are being raised approximately 32 days in advance of a potential incident, allowing for early intervention and appropriate support.
- Gradual deterioration can be spotted before it is too late, empowering independent living for longer.



Innovation and sustainability grant

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TEC and community asset bids – Total £700k

- Total £700k match funding by CCG/NHS X
- Acoustic monitoring can reduce staffing requirements which will reduce the amount of people having to drive to the setting
- Transitioning to digital care records
- Wzhan Blue Boxes will enable staff to check and record vital statistics to reduce the amount of visits required by community nurses or visits to the GP surgery.
- ARMED system will enable early detection of issues which will potentially prevent hospital admissions which would require ambulance attendance etc.

Technology Enabled Care

Risk management with a strength based approach

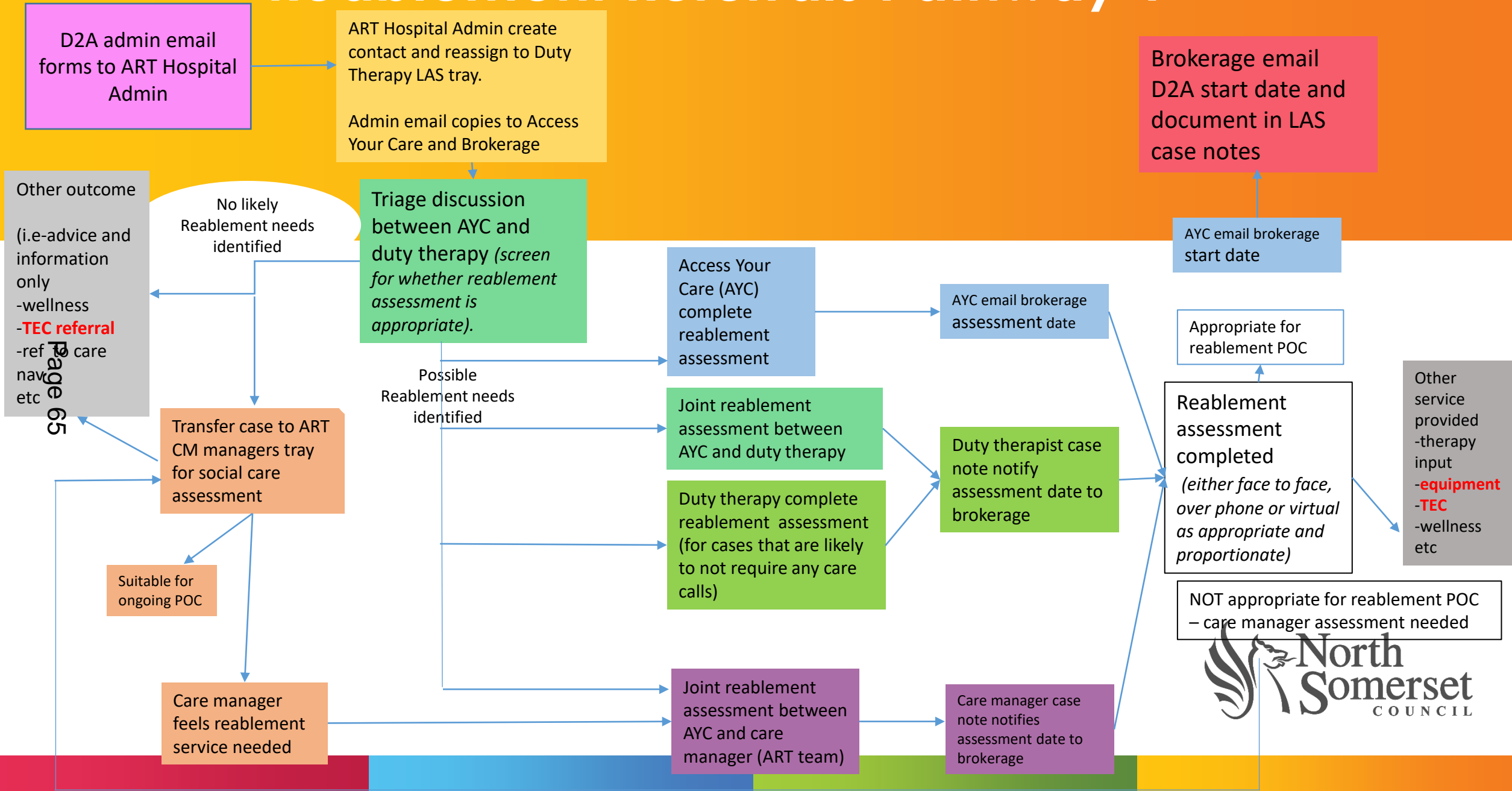
- Virtual assessments between therapists / individuals
- Digital Social Care Records
- Increased efficiency in work scheduling
- Encouraging and supporting service users to access online shopping
- Encouraging Direct Payments so that service users can source own solutions.
- Virtual Welfare calls such as the Wellness Service
- Wzhan Blue Boxes and Armed systems to encourage proactive health management and reduce use of emergency and health services.
- Pendant and Carelink system can reduce physical call outs
- Recommissioning Day Care services to take a “without Walls” approach to offer more

Reablement and TEC Hub

Revised Reablement pathway launched 17th January 2022

- Single Reablement Provider AYC aligned with Occupational Therapists, 12 additional carers funded via D2A business case.
- Delayed Care Act assessment to maximise independence opportunity and reduce DTA length of stay.
- TEC Assessment alongside reablement service, TEC Hub offering a TEC assessment and range of tools as an alternative or blended with traditional care support.
- Expanded 24/7 Wellness /Rapid Response service which integrated to deliver monitoring assurance and emergency response.

Reablement Referrals Pathway 1



Other outcome
(i.e.-advice and information only
-wellness
-TEC referral
-ref care nav etc
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No likely Reablement needs identified

Triage discussion between AYC and duty therapy (screen for whether reablement assessment is appropriate).

Access Your Care (AYC) complete reablement assessment

AYC email brokerage assessment date

AYC email brokerage start date

Appropriate for reablement POC

Transfer case to ART CM managers tray for social care assessment

Suitable for ongoing POC

Care manager feels reablement service needed

Joint reablement assessment between AYC and duty therapy

Duty therapy complete reablement assessment (for cases that are likely to not require any care calls)

Duty therapist case note notify assessment date to brokerage

Reablement assessment completed (either face to face, over phone or virtual as appropriate and proportionate)

Other service provided -therapy input -equipment -TEC -wellness etc

Possible Reablement needs identified

Joint reablement assessment between AYC and care manager (ART team)

Care manager case note notifies assessment date to brokerage

NOT appropriate for reablement POC - care manager assessment needed



The story so far



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It's early days

- 28 packages taken
- Reduced length of stay for Pathway 1 reduced backlog for Sirona and bed blocking
- Significant reduction in number and size of ongoing packages – 37% reduction in packages from first two weeks of up to 6 week cycle of reablement
- Projected to far exceed MTFP savings of £350k

TEC issued



Since January 17th

- Water boiler preventing the need for a lunchtime care visit
- Amazon Echo show to support regular check ins with daughter, no care required
- Falls detector
- Linked smoke alarm
- Alexa
- Solution for strangers at the door - under development

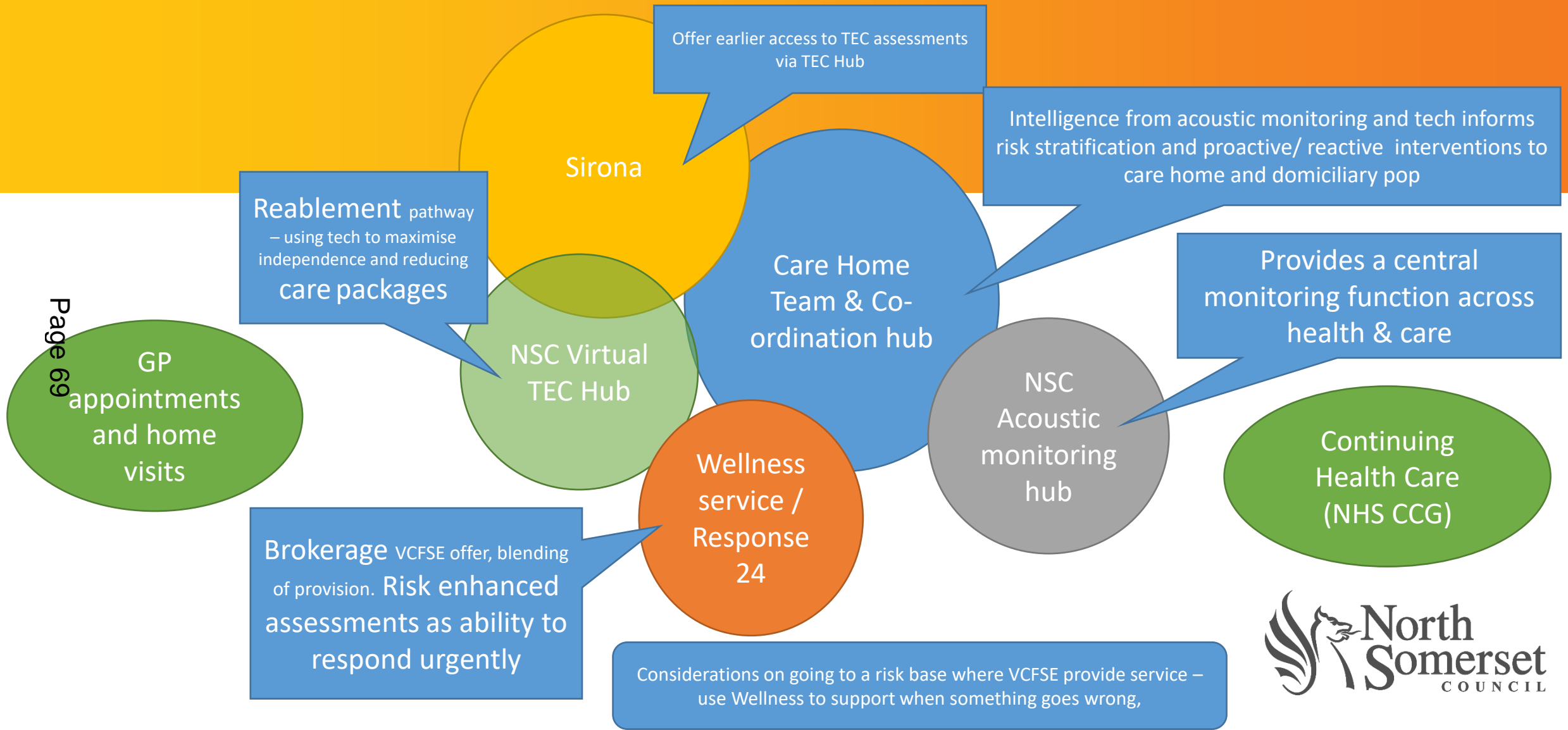
Residential Reablement and TEC Case Study

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- Motorcycle accident in 20's caused traumatic brain injury
- Visually impaired
- Aged 59
- Lived independently with DP support previously, routines carefully managed
- Admitted due to behaviour change during pandemic, no medical reason found
- P3 Discharge
- Assessed by D2A as needing permanent placement, 1:1 support for everything in care home as unable to learn a new environment
- Case manager suggested residential reablement, referred for assessment, therapy involvement
- 1st home visit more successful than expected
- 2nd home visit used canary care and care link so that she could be alone
- Plan: to return home with DP for 30 hours, Canary Care, Alexa, Memrabel, Care link and falls detector

Integrating TEC into pathways

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Policy and Scrutiny Panel

Work programme February 2022

(to be updated following each Panel meeting)

The Panel will consider issues of significant public concern, areas of poor performance and areas where Members think the Council could provide better value for money. This is a “live” document and is subject to change as priorities or circumstances change.

SECTION ONE – ACTIVE & SCHEDULED panel Projects as identified in the overarching Strategic Work Plan.

Topic	Reason for scrutiny	Method of scrutiny and reporting process	Timeline	Progress	Contact
Planning Policy Review: Homes for older and vulnerable people	<ul style="list-style-type: none"> Supporting the Council’s Social Care “vision” of promoting wellbeing by better supporting independence for as long as possible. consider opportunities in the development of the local plan to better support the delivery of effective and sustainable social care provision in North Somerset 	Working group established with a view to making recommendations on specific policies to SPEDR - as part of the wider Local Plan development engagement process	TBA	<p>Wkg Grp met on 5th October 2020, 9th December 2020 and 23rd Jan 2021</p> <p>Updated to the 25th Feb ASH under work plan</p> <p>Officers to report to Place Panel during Local Plan consultation (Date TBA)</p>	
Cladding and other fire safety issues in the district (following Grenfell outcomes)	Reference from Council: requesting Place Panel establish policy recommendations on a series of specific points raised	Joint working group led by Place Panel (PP&SP led) reporting back to Council	TBA	WG mtgs: last met 30/11/21 Building Safety Bill still progressing through parliament with some improvements. WG liaising with officers on local Homes England study progress and local funding	
Unpaid/ Carers review	National and local concerns about challenges faced by these carers, particularly during covid	<ul style="list-style-type: none"> To arrange a stakeholder Inquiry day (ED) In order to inform development of Council carers strategy 	Oct	Steering group – last met 14/01/22 to review Inquiry Day outcomes. 1 st Draft of the ID report now complete for Member feedback. Update to be provided to Council	

SECTION TWO – proposed projects (listed in priority order). These must be agreed at Panel and will be referred for discussion at Chairs and Vice Chairs – for inclusion within the Strategic Work Plan:-

Topic	Reason for scrutiny	Proposed method of Scrutiny & reporting process	Timeline	Contact

SECTION THREE – planned briefings, workshops, and informal Panel meetings. Outcomes may, with Chairman’s agreement, generate Panel agenda items (for inclusion in S4 below) or, with Panel agreement, escalation to S2 above:-

Topic	Reason for scrutiny	Date	Outcome	Progress	Contact
Housing issues Standing Group	To periodically engage with and provide Panel feedback to officers on emerging housing policies and/or service developments.	Last met 15/06/21			Kay Eccles, Howard Evans
Commissioning Standing Group	To engage with and provide feedback to officers on future commissioning decisions as and when required	Last met 09/02/22	Considered recommissioning of 2 extra-care housing schemes and award of day services contract		Gerald Hunt
Development of Housing Strategy	All Cllr pre-consultation briefing for Member feedback	19/01/22	Member briefing and feedback provided.	Post consultation engagement TBA	Kay Eccles
ASH Service “co-production”	For Member feedback	01/10/21	Members briefed on co-production principles		Mark Bodley
Resilience of self-funded social care sectors	Initial briefing to consider the issue, risks of inaction, opportunities for intervention, and possible role of the Panel in further work	TBA			
Services for disabled people	To be further defined prior to scheduling session	TBA			

SECTION FOUR - agenda reports to the Panel meetings as agreed by the Chairman. This section primarily provides for the forward planning of agendas for the coming year and a useful record of panel meeting activity. When considering reports at meetings, outcomes may include proposing a workstream, escalating it to S2 above for potential inclusion on the STRATEGIC WORK PLAN.

Panel 4th November 2021

Report Title	Purpose of Report	Outcome (actions)	Progress	Contact
Adult Social Care budget monitor Month 5				
Social Care reform announcement				
Mental health support pilot update				
Safeguarding Adults annual report				
Private Sector Housing update				
Winter pressures				

Panel 24th February 2022

Finance update				K.Sokol
Winter Pressures update				G Hunt
Commissioning update				G Hunt

Panel 7th July 2022

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