

Public Document Pack

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Date: 17 February 2021

****Virtual Meeting**

Dear Sir or Madam

The Adult Services and Housing Policy and Scrutiny Panel – Thursday, 25 February 2021, 10:30am–

A meeting of the Adult Services and Housing Policy and Scrutiny Panel will take place as indicated above. Councillors will be sent a Teams Meeting invitation to place the meeting in their Calendar and can then access the meeting from the link in that calendar item.

Please Note that any member of the press and public may listen in to proceedings at this 'virtual' meeting via the weblink below –

https://youtu.be/L_BuRs-zqAk

The agenda is set out overleaf.

Yours faithfully

Assistant Director Governance and Monitoring Officer

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

All other Members of the Council (for information)

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

Agenda

1. Election of the Vice-Chairman

2. Public discussion (Standing Order SSO 9 as amended by SO 5A)

To receive written submissions from any person who wishes to address the Committee. The Chairman will select the order of the matters to be received.

Please ensure that any submissions meet the required time limits and would take no longer than five minutes to read out.

Requests and full statements must be submitted in writing to the Head of Legal and Democratic Services, or to the officer mentioned at the top of this agenda letter, by noon on the day before the meeting.

3. Apologies for absence and notification of 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 - 8)

5th November 2020; to approve as a correct record (attached)

6. Covid-19 Commissioning update (Pages 9 - 22)

7. Care Act Easements (Pages 23 - 36)

8. Mental Health Support Pilot (Pages 37 - 44)

9. 2020-21 Month 9 Adult Social Care Budget Monitor (Pages 45 - 54)

10. Private Rented Housing Review (Pages 55 - 64)

11. Ash Panel Work Plan 250221 (Pages 65 - 70)

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.

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

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Minutes

of the Meeting of the

Adult Services and Housing Policy and Scrutiny Panel

Thursday, 5th November 2020

held in the Virtual Meeting.

Meeting Commenced: 10:30 Meeting Concluded: 12:20

Councillors:

P Mark Crosby (Chairman)
P Caroline Cherry (Vice Chairman)

P Gill Bute
P John Cato
A Ann Harley
P Karin Haverson
P Sandra Hearne
P Huw James
P Patrick Keating
A Ian Parker
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: Gerald Hunt, Hayley Verrico (Adult Social Services); Leo Taylor, Brent Cross (Corporate Services).

ASH 9 Declaration of disclosable pecuniary interest (Standing Order 37)

None.

ASH 10 Minutes of the Meeting held on 25 June 2020 (Agenda Item 4)

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

ASH 11 Supporting Carers during Covid-19 (Agenda Item 6)

The Director of Adult Social Services gave a presentation on work being done to support carers during the Covid-19 pandemic (a copy of which has been published with the agenda). The presentation concluded with a list of

considerations for maintaining and potentially improving support for carers going forward.

Members were urged to let carers in their wards know that they could ask for a carer's assessment if they were not registered as a carer; if they were struggling, to call the Care Connect number; and to encourage carers to go to their GPs for help and not to miss any hospital or GP appointments.

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

- The BNSSG CCG had previously undertaken to insert a marker flag onto the patient notes of carers. Was this still being used? *The flag was still present, but there were concerns that it was not leading to meaningful conversations between carers and their GPs.*
- Members expressed surprise at the scale – 10% of the population of North Somerset were registered as carers. *This was only those who had identified themselves as carers, and so was likely to be a large under-reporting of the actual figures.*
- Did we have a list, or any idea of the number, of young carers in North Somerset? Was there any differentiation between mental and physical health needs of carers? *Any information on registered young carers could be obtained from the Director of Children's Services. NSC did not distinguish between mental and physical health needs, although there were reports that Covid-19 could affect long term cognitive ability in vulnerable people which could cause eventual issues with adult social care.*
- Healthwatch was familiar with the issues facing carers, which were unfortunately not unique to North Somerset. There were a large number of hidden carers. Other HealthWatch areas could be looked at to see if there were any ideas or solutions that would help carers in North Somerset.
- Did carers have a strong voice in the Council? Was there still a Carer's Champion? *There was not a Carer's Champion at present. The Carers' Strategy Group had been re-established and had had their first meeting.*
- What was the transition for young carers becoming adult carers? *This had been brought back in-house, which enabled the team to identify young carers moving towards becoming adult carers.*

Concluded:

- (1) that the report be noted and the Members' comments forwarded to officers in the form of minutes; and
- (2) that an ASH panel-led "enquiry day" be arranged to consider options for, and make recommendations in respect of, better supporting carers going forward.

The Head of Commissioning presented a report on the Council's Winter Plan, service continuity in the care sector, and a review of the care market. He highlighted that care homes in North Somerset were currently at an average of 83% occupancy, and reminded Members that 95% was the target for long term sustainability. This was being closely monitored. Discharge arrangements for acute placements was being looked at to support care homes. There was less of a stress on the domiciliary care area, as this had now rebounded and a recruitment campaign was under way to provide further opportunities to strengthen the market.

Members' questions and requests for clarification were as follows:

- Was there any guidance from government on 'hot' care homes? *These were 'designated facilities' for Covid-19-positive patients being discharged from hospital using care workers, not nurses, as staff; a facility had been identified subject to an assurance process from the Care Quality Commission (CQC), and was a care home that had suffered during the first wave. Many staff and residents had contracted Covid-19, and the home had epidemic insurance cover. The idea of designated facilities had mixed support from the BNSSG CCG and other health colleagues. The commissioning team were also doing live contingency planning (including live-in care) which could be put into place within 24 hours of a discharge notification being received.*
- Did we have confirmation from the CCG that Covid-19 status of patients was checked before hospital discharges to care homes? *These were always checked within 48 hours of discharge. There had been some mistakes due to human error. Acute facilities provided this information to brokers.*
- What was the full cost of PPE so far during the epidemic, and what was the source of funding for this? *The Head of Commissioning did not have these figures to hand, but would provide them separately. Funding had changed over time, and PPE from our own supply had only been provided as a last resort. Funding had come from North Somerset Council's Covid funding, then moved across to the Infection Control Grants. PPE supply from government was now more reliable.*

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

ASH The Panel's Work Plan (Agenda Item 8)

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Members discussed the Panel's work plan.

The Chairman of the Housing Issues Group provided an update on work undertaken by the group, including (but not limited to) feeding back on the draft HomeChoice policy, the current enforcement policy, homelessness including information from the North Somerset Citizen's Advice Bureau, and a preliminary input into updating the unauthorised encampment policy. He highlighted that Members had requested that the group revisit licensing, as well as spend some time focusing on Anti-Social Behaviour and Domestic Violence where these impacted housing. Councillor Jacobs was invited to attend the meetings of the group

There was concern that the November issue of North Somerset Life had an article that did not follow Council resolutions on how to communicate about domestic violence, as it did not contain any reference to men suffering from domestic violence.

The Chairman reminded Members that the inaugural meeting of the Commissioning Issues Group was to be on the 16th of November.

The Chairman reported back on the Planning Policy and Review task-and-finish group. There had been some progress on the issue of 'granny flat' annexes in rural locations. The Chairman requested that more Members attend the next meeting to provide a wider range of viewpoints to officers.

With respect to item 6, it was noted that an enquiry day would be arranged and that consideration would be given to lobbying the Government on the wider issue of funding for social care and reform, and to formally engaging with the Council in that aim.

There was also discussion about proposals for a Council Carer's Champion and it was agreed that the Panel formally support this.

Concluded:

- (1) That the work plan be updated; and
- (2) that the Panel's support for the establishment of a Carer's Champion be referred to the Executive Member.

Chairman

COVID -19 Commissioning Update



- Gerald Hunt Head of Commissioning – Adult Scrutiny Panel

Wellness Service

Service Aim: preventing at risk individuals from deteriorating into a crisis resulting in dependence on statutory services.

Service offer: Consistent telephone support with a strengths based focus to encourage personal resilience.

Fiona Shergold

Expansion of an existing service in response to COVID-19

Clients may be:

Socially isolated and lonely

Waiting for care

Frequent callers to services

Needing follow up after professional intervention

Vulnerable informal carers

Registered on the NSSS website

Additional support available:

Technology Enabled Care

Care Link - free for 3 months (on a case by case basis)

Handy persons service

Onward referral to Care Connect or NS Together networks as appropriate

Numbers supported currently: 69



Collaborative working to avoid admissions

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Fiona Shergold

Wellness Service work to support admission avoidance

Wellness services acts a triage hub for:

- Referrals from NSSF Website
- Individuals where community hubs or North Somerset Together have identified additional support is needed

Wellness Service as an intervention option for community health providers:

- Post discharge onto Pathway 1 where community rehab has come to an end and ongoing long arm support is needed to prevent readmission
- Admission prevention for individuals where acute phase of illness is over and community therapeutic support has ceased but ongoing support is needed
- Additional needs are identified by The Red Cross as a result of Pathway 0 calls
- Voluntary sector organisations identify needs



Technology Enabled Care response to COVID-19

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Aim: to reduce the impact of COVID-19 on individuals who are vulnerable because of self-isolating

GDS 4D router and tablets

Amazon Echo and Show

Samsung tablets

Mobile Wifi hot spot devices

Smart plugs

Vibrante reminder watch

Remote control plug sockets

Medepage mini GPS

Kraydel Konnect video calling pilot

Fiona Shergold



Integrated Working with Community Integrated Care Bureau (CICB)

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Emma Halford-Snook

CICB Panel Members

- Sirona D2A
 - Personalised Commissioning Team Manager/Brokerage Manager
 - ART Team Manager
- Virtual Panels daily:
 - Right to Reside meetings – UBHT/WHG/NBT
 - Stranded Patient Meetings
 - Right to Reside MH Team Younger people
 - Triage SRF's to determine discharge Pathway
 - Track patient through Social Care systems to ensure safe discharge and consider implications on home situations and family support
 - Complete Emergency Assessment Tool to support information captured on SRF to ensure safe discharge
 - Expediate hospital discharge to appropriate Pathway
 - Trusted assessor for referral to Care Homes and Domiciliary Care Services
 - Resolve issues around challenging discharges
 - Identify suitable provision and identify areas of challenge
 - ensure continuous review of all Pathway patients to maintain flow



Brokerage and Social Care

Emma Halford-Snook

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Extended brokerage and social work support to support 7 day working

- We currently offer Weekend cover for Community Integrated Care Bureau
- Weekend Support Team :
 - Brokerage Manager
- Service:
 - Arranging weekend Placements into Care Homes required due to:
 - Carer breakdown
 - Community crisis
 - Avoid Hospital Admittance
 - Failed Pathway 1 Discharges
 - Manage and Monitor
 - 2 Extra Care Flats to support Discharge
 - Manage 68 Block beds and Spot Purchase where necessary
 - 2 Waking night Staff
 - 2 Live in Carers
 - Supporting ICB Calls to determine suitable Pathways for Hospital Discharges P1+, P2 P3
 - Providing point of contact for Providers

P3 Extensions

- Recommission and balance block and Spot Purchases to accommodate Hospital Discharges to support flow
- Scheme 2 Funding allows for up to 6 weeks Funding from Health – Brokerage Monitor and Adjust Funding as appropriate



Vaccination update

- As of 17th Feb
- Care Home Vaccinations 92% of residents in BNSSG completed.
- 96% of over 80s population of BNSSG vaccinated
- 100% care home staff have been offered the vaccine in North Somerset.
- 100% Regulated and commissioned services front line staff have been offered the vaccine across adults and children's services in North Somerset.
- Up to 17th of Feb Providers replies and capacity tracker indicate approx. 76% take up of vaccine among all front line staff

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- BNSSG Sub Group was established in December (Commissioning reps from Bristol, North Somerset and South Glos in attendance) Led by the NHS South West Vaccination Lead.
- Work within the SOP and criteria/priority groups.
- PCN route, Hospital Hubs and Community/Pharmacy Hub offer.
- Aim is to get first 4 priority cohorts (inc. all over 80s, front line health and care staff) vaccinated with the first dose by mid Feb.
- HR Leading on prioritising council staff and working with relevant leads.
- Data Monitoring – regulated services recording data on the NHS Capacity tracker. Non regulated services are using NSC forms to submit data.
- Comms – Regular communication to staff and providers via weekly BNSSG mailshot and targeted local emails to ensure all are kept up to date and to reduce anxiety and fears around the misconceptions e.g. BAME Webinar, easy read documents for LD.

PPE Response to C19 Crisis

- The NHS capacity tracker was recently updated with additional questions regarding Care Homes ability to deal with C19. NSC had a 99% response rate.
- NSC had a 94% positive response to the question “access to sufficient PPE to meet needs” the highest response in the BNSSG area.

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Rob Hepworth

- Local Resilience Forum has closed down and now all deliveries are managed between the Department of Health and Social Care and North Somerset Council
- The two PPE stores are still in operation one at the Medequip equipment depot for external providers and for receiving deliveries from the DHSC and one at the Carlton Centre for internal services and collections of small amounts for DP service users and carers etc.
- The online portal is still in operation, although currently in discussion with Business Intelligence to design a system that requires less manual input and can monitor stock levels without manual entry into spreadsheets.
- No concerns raised by providers about access to PPE from NSC. All Social Care providers have been advised that Free PPE from DHSC has been extended to June 2021.
- As of 10th Feb there have been 690 responses to the online portal, most of these are for masks, aprons, hand sanitiser and gloves.
- Internal system has had 146 requests for PPE which has covered services from Direct Payment clients, OT's, Social Work Teams, Sea front rangers, Election services, Rapid Testing Centres, Children's Social Care teams, Special Schools etc.
- Currently in process of arranging system for unpaid carers of people who do not live with the person they care for to access PPE.
- All PPE guidance from Central Government is cascaded to all providers
- Have arranged fit testing for staff who are supporting clients using Aerosol Generating Procedures who require FFP3 masks and gowns ranging from Special schools to Dom Care providers and Care Homes. Currently have 6 different models of FFP3 masks in circulation



PPE Distribution

PPE distributed up to 07th Jan 2021	
Type IIR Masks	271,750
Type II Masks	69,050
Aprons	295,000
Gloves	555,200
Face Shields	4,684
Hand Sanitiser (Litres)	918
Hand wash (Litres)	450
Clinical Waste Bags	5,850
Disinfectant wipes	33,600
Total items distributed	1,235,134

Approximately 90% have gone to the Adult Social Care sector and Special Educational Schools, 10% have gone to internal teams and staff.

Dom Care Update

- Capacity Tracker Home Care Survey data is CQC registered domiciliary care providers in North Somerset

We are monitoring

- Reported Service User confirmed and suspected cases
- Reported total number of staff employed and total number of staff not in the business due to Covid 19 – this includes staff who are shielding

- In total in North Somerset
- By each provider

- Service user Covid 19 confirmed and suspected cases saw a rise at the beginning of January 2021 in line with national increase in cases

- Highest number of confirmed cases in 2021 has been 7

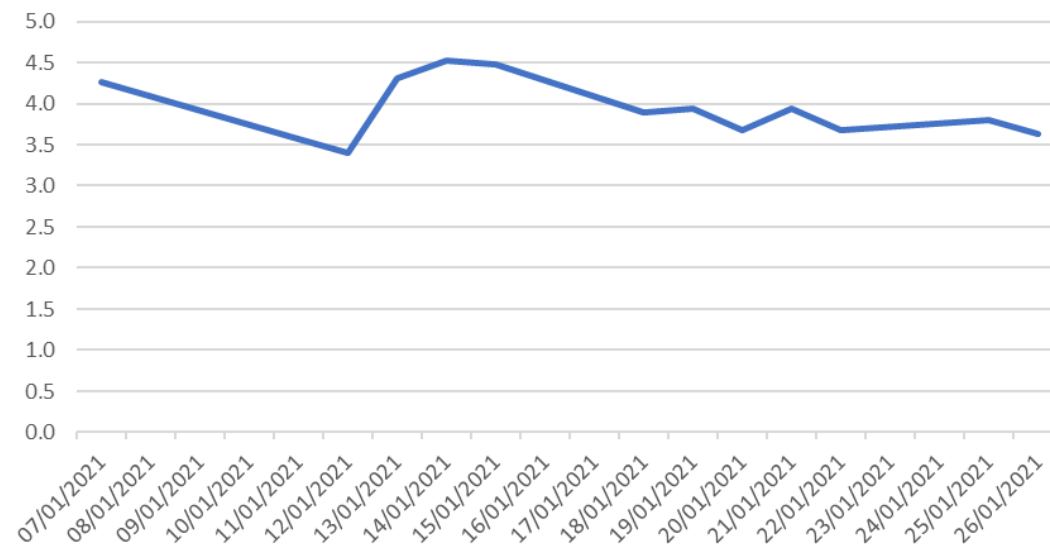
- Staff sickness due to Covid 19 began being monitored daily from 7th January 2021 to identify and act on emerging patterns

- Staff sickness levels have been on average 3.7% with 1 provider out of 31 being identified as needing support and monitoring

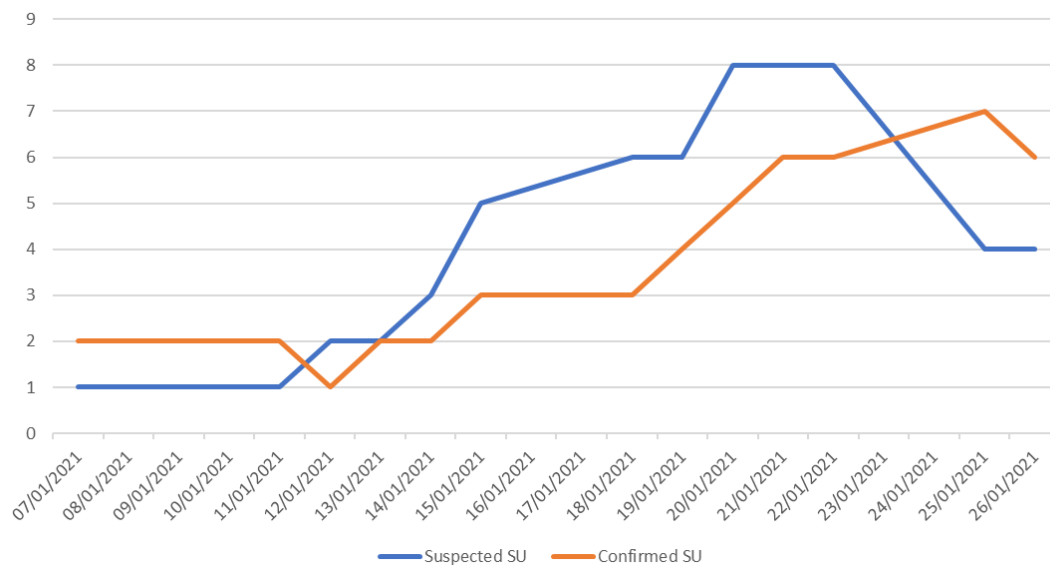
- No current concerns within the market

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% of North Somerset based workforce off



Suspected and Confirmed cases of C19 in service users in NSC



Action Plan

Central Government required an action plan from every local authority.

The action plan had to be signed off by the Department of Health and Social Care to ensure that it was up to standard.

North Somerset's action plan was signed off successfully with no changes required.

The Action plan was prepared in conjunction with the BNSSG CCG and will have leads from Public Health, CCG and NSC managing the actions

There are 22 different responses identified by NSC in the action plan

Highlights of the Action Plan submitted to DoHSC

- Training available to all services around Infection Prevention and Control and the use of PPE.
- Sourcing Pulse Oximeters to support remote monitoring
- Managing the communications surrounding the infection control grant to the care homes
- Working with PHE and Sirona to ensure clinical advice on PPE is shared effectively
- Continued support to access PPE for contracted services via current systems.
- Linking with BNSSG and LRF logistical cells to support supply issues
- Working with homes to help support effective quarantining practises and find alternative placements if this isn't possible
- Daily contact with providers and oversight of the market via the NHS capacity tracker
- Engagement with the care home sector
- Support to access testing where required



North Somerset Together and commissioned voluntary services Covid Response

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North Somerset Together

- There are currently 27 network partners operating across North Somerset.
- The volunteer capacity of these partners is a total of 2,000
- There are :
 - Community Interest Companies
 - Village agents
 - Town and parish councils

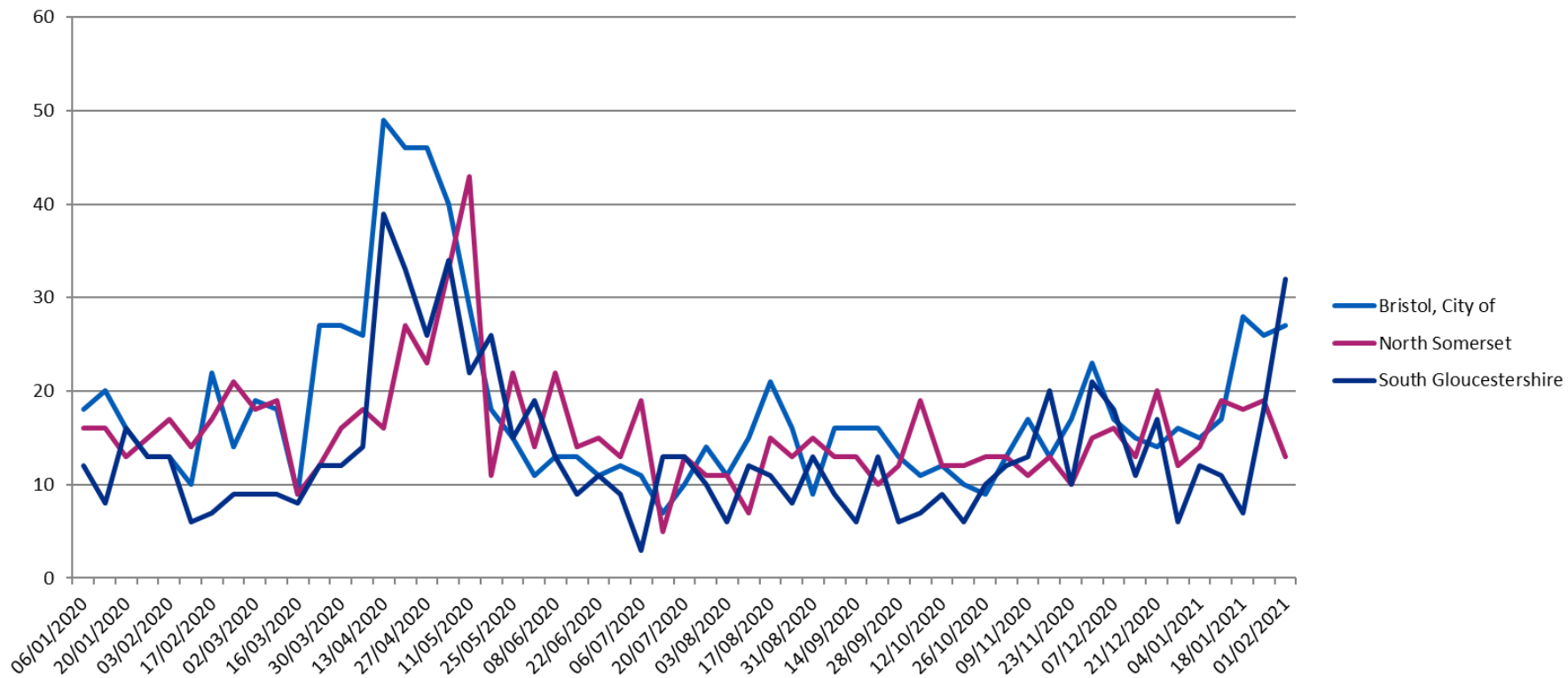
Commissioned Voluntary Services

- All commissioned adult care support services have adapted and continue to be provided by staff or volunteers
- Providers have offered support to service users through telephone calls, Zoom meetings or online events
- Where safe and appropriate providers have provided direct support to service users
- We have continued to support providers as they have changed service provision and then monitored resulting impacts
- We have offered advice and information to providers on covid related issues and their eligibility for Vaccination
- Providers have been encouraged to work together to ensure shared learning and clear signposting of changing service provision.



All deaths with Place of Death = Care Home

All Deaths with Place of Death = Care Home



Number of Care Home beds in BNSSG

Row Labels	Total Declared				Row Labels	% of	
	Total Declared Beds	Used Beds	Vacancies	Occupancy %		Number of homes	homes
Bristol City Council	13928	11860	2068	85%	Over 90% Occupancy	640	38%
North Somerset District Council	14250	11840	2410	83%	70-90% Occupancy	553	33%
South Gloucestershire Council	8828	7055	1773	80%	Below 70% Occupancy	196	12%
Grand Total	37006	30755	6251	83%	0% Occupancy	276	17%
					Grand Total	1665	

Care Act Easements

North Somerset Council -
Adult Support and
Safeguarding Service

Richard Orson
Principal Social Worker for Adults



The Coronavirus Act 2020

- The Coronavirus Act 2020 provides powers for local authorities to enact easements under the Care Act 2014.
- [the Care Act Easements: Guidance for Local Authorities](#)

What duties can be eased?

Easements available to the council include limiting the extent to which we:

- carry out detailed assessments of need
- undertake financial assessments
- prepare or review care and support plans
- meet eligible care and support needs

If implemented, duties become powers.

We would continue to meet pre-amendment duties as far as possible.

A duty to avoid a breach human rights under ECHR would remain.

Covid 19: Ethical Framework for Adult Social Care

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- This framework is aimed at planners and strategic policy makers at local, regional and national level to support response planning and organisation of adult social care during and as COVID-19 develops.
- It also aims to support the work of professionals and others in the health and social care workforce who are developing policies and responding to the outbreak, in line with their own professional codes of conduct and regulations.
- The Ethical Framework is paramount to decision making and should be referenced in records.
 - Respect
 - Reasonableness
 - Minimising harm
 - Inclusiveness
 - Accountability
 - Flexibility
 - Proportionality
 - Community

<https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care/responding-to-covid-19-the-ethical-framework-for-adult-social-care>

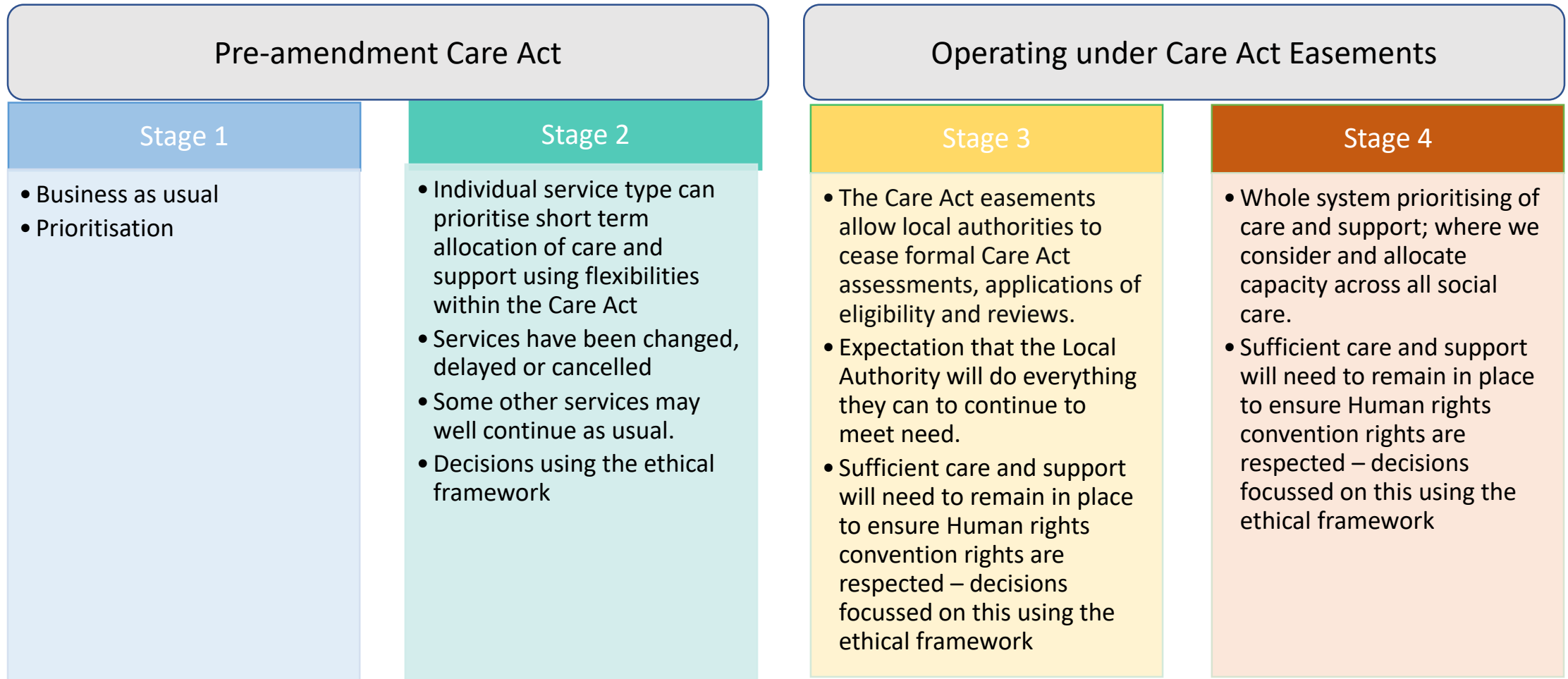
When would we consider operating under the easements?

“A local authority should only take a decision to begin exercising the Care Act easements **when the workforce is significantly depleted, or demand on social care increased, to an extent that it is no longer reasonably practicable for it to comply with its Care Act duties (as they stand prior to amendment by the Coronavirus Act)** and where to continue to try to do so is likely to result in urgent or acute needs not being met, potentially risking life. Any change resulting from such a decision should be proportionate to the circumstances in a particular local authority”.

Section 6 -

<https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014/care-act-easements-guidance-for-local-authorities>

The decision making framework?



- **North Somerset Council is at Stage 2**
- **Current flexibilities include remote assessment and the temporary closure of some day services**
- **Our position is reviewed regularly and communicated on the NSC public facing website**

Even under easements, many duties remain:

- promote wellbeing
- safeguard adults at risk of abuse or neglect
- apply the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).
- consider prevention and provide information and advice
- provide advocacy
- consider duties imposed under the Equality Act 2010
- meet needs where failure to do so would breach an individual's human rights under the European Convention on Human Rights (ECHR).

How is the decision made?

- Robust governance arrangements are in place
- The PSW, Principal OT, DASS and service leaders meet at least weekly with team managers and a representative from the contracts and commissioning team to discuss system pressures.
- The following measures are discussed and monitored:
 - Pressures on the provider market (e.g. outbreaks in Care Homes)
 - Covid-related staff absence
 - Increase in demand for services (e.g. number of referrals, increase in waiting lists etc)
 - Systems for prioritising care and managing risk
- We aim to mitigate the need to operate under the easements on a case by case basis via a Professional Decision Making Forum for frontline staff
- A decision to move to Stage 3 would only be considered as an absolute last resort
- It would be temporary and proportionate with a clear recovery plan, e.g. it may only apply to one team or service area for a time-limited period
- The decision is ratified by the DASS on the recommendation of the PSW and will involve the Health and Wellbeing Board and the Lead Member for Adult Social Care.
- A decision to operate under the easements must be reported to the DHSC and communicated to people who use adult support services.

ADASS report- learning from Spring / Summer 2020

Some key points from the report:

- LAs who operated under the easements were heavily criticised by some legal organisations
- However, many of the approaches used by councils that did were similar to those that did not. Different interpretation of the DHSC guidance.
- No council moved from Care Act eligibility to a human rights threshold.
- The councils who did not operate the easements were not faced with as immediate a crisis and were therefore able to use more time to consider the local situation, and to take a slightly more measured approach.
- Councils (regardless of easement status) moved quickly to using remote (telephone, video) assessment and review approaches, wherever possible. Where it wasn't possible to speak to the person with care and support needs using these means, assessors spoke to family, friends and staff to gain the information.
- Regardless of easement status, a more proportionate approach to assessment was taken.
- Councils introduced regular review check-points, to aid decision-making about whether to move into easements.
- Most LAs undertook risk assessment/RAG-rating of people who receive home care services in readiness, in case home care services had to be reduced or re-prioritised due to lack of staff.
- Most of these councils found alternative ways to meet assessed needs while day centres were closed. Unpaid carers and family members were vital in providing this support.
- Highlighted the importance of being transparent with community groups and individuals with care and support needs, to discuss the local responses to the pandemic.

Questions / Comments



North Somerset Council

Update on position in relation to the Care Act Easements for ADASS / DHSC

Author: Richard Orson (Principal Social Worker)

Date: 05.01.2021

Context

North Somerset Council has been operating at Stage 2 of the Care Act Easement Guidance since it was first published. We have worked flexibly to ensure legal duties under the Care Act are met. Some services (e.g. day care) have been affected by social distancing guidance and have closed, but this is separate from decisions taken as a result of workforce or demand pressures.

Our position in relation to the Care Act easements is iterative and under continuous review. Since the Coronavirus Act 2020 came into force and the associated guidance was published, the Assistant Director for Adult Services (currently acting as DASS) has met at least twice weekly with the Principal Social Worker, Principal Occupational Therapist and Service Leaders to consider system pressures which might lead us to operate under the easements. On at least a weekly basis, a representative from the contracts and commissioning service has joined the meeting to offer a perspective on pressures within the provider market.

A formal review of our position under the Care Act Easement guidance is undertaken every two months or when there is a significant change in local or national circumstances, for example a change to a higher tier of restrictions or a national lockdown.

Due to the current national increase in Covid 19 cases and the lockdown measures announced on 4th January 2020, the local authority's position in relation to the easements is currently under review. As part of this process the local authority's governance structures relating to the easements are being reviewed alongside the current flexibilities which are being applied. Given the changing local and national picture, it is difficult to provide a definitive position. Regardless of circumstances, the local authority will continue to meet its legal duties under the Care Act for as long as possible and will take all available measures to mitigate the need to operate under the easements. The decision to operate under the easements is regarded by the senior leadership team as an absolute last resort and easements will only ever be applied if it becomes necessary to prioritise care provision based on risk.

There are significant system pressures in several key areas impacting on social care delivery including hospital discharge and local outbreaks in hospitals and care homes. As a result, most local health and social care providers are currently in Opel 4 (North Somerset Council is currently in Opel 3) in relation to the NHS OPEL Framework. While this is an indicator of pressures on the health and social care system, it is not a deciding factor in relation to the easements.

As of today, there are recorded cases of Covid 19 in 22 of the 98 care homes in North Somerset, with some care staff affected. On one recent occasion (shortly before Christmas), staffing was depleted in a dementia nursing home due to Covid to the extent that staff from the local authority and CCG were called upon to staff the home and ensure patients received safe and effective care over the weekend. This is an isolated event. It has been possible, thus far, to meet eligible need despite workforce pressures in the care system

While a minority of staff within the local authority's adult social care services have been affected by Covid 19, this has not at any stage reached a point where staffing capacity has reduced to the extent we are unable to meet our legal duties under the Care Act. This is continuously monitored using a service escalation tool devised by service leaders at the start of the pandemic.

Possible Triggers / Tipping points

Any decision to operate under the easements will be made in line with the Covid 19 Ethical Framework for Adult Social Care, the Human Rights Act and will be as a direct result of workforce and / or demand issues caused by Covid 19.

Workforce

One potential tipping point is around local authority staffing meaning we are unable to undertake key duties relating to assessment, care planning or financial assessment. Pressures will be monitored regularly, addressed as they arise and no one factor is determinative of whether we would operate under the easements. However, there are a number of factors which would cause us to consider operating under the easements. If, for example, regular trained staffing reduced below 80%, we would need to start considering whether to ease our legal duties in respect of the Care Act. Below 50% would be considered a critical situation and would be a strong indication of the need to operate under the easements. We would need to carefully consider the processes by which we undertake assessments and plan for care if these duties are eased as we do not have alternative mechanisms to the Care Act and its statutory guidance in place currently.

In relation to the provider market, staffing issues may lead to a significant reduction in providers available to meet eligible need. This would be flagged via weekly meetings with senior managers in the Contracts and Commissioning Service and may necessitate the local authority prioritising which eligible needs must be met. Should this become necessary, a process for risk assessing and prioritising existing care provision is in place and currently under review.

Demand

Again, this is kept under constant review by service and team managers in weekly meetings and it is not possible to provide an exact tipping point as it is dependent on a range of variables including workforce pressures. Our current service escalation tool considers it critical when demand increases beyond an additional 80% to what we would ordinarily expect. Care Act easements would undoubtedly be considered

at this stage, and would be being discussed as an option long beforehand when demand is first heightened (20% increase).

Mitigating steps

NSC is committed to taking all steps possible to mitigate having to operate under the easements. Measures taken so far include:

- Maintaining close links and referral routes to VCSE as alternative to commissioned support
- New preventative “Wellness Service” expanded to continue through the winter months
- BNSSG social media campaign for recruitment of carers
- Continuing to recruit and induct new staff including NQSWs throughout pandemic
- Engagement in Return to Social Work programme
- Maintaining a list of families and people who require regular support - conducting daily / weekly support calls to help those people maintain caring relationships and prevent carer breakdown.
- Implementation of the following measures to ensure we address issues promptly:
 - regular meetings with DASS, service leaders, contracts and commissioning, principals and team managers
 - single communications method (SWOTs Happening newsletter)
 - development of clear operating protocols
 - professional forum to support staff with complex ethical decision making using Ethical Framework
 - proportionate assessments are the default position with essential visits being undertaken as necessary following appropriate risk assessment
- PSW has written to providers to clarify legal duties and expectations in relation to the Care Act easements and Ethical Framework.
- Engagement with health partners to promote the Ethical Framework

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Briefing on Adult Mental Health Support Pilot.



- Martin Hawketts – Service Leader (Mental Health and Learning Disabilities)

Mental Health: Context

- One in four adults and one in 10 children experience mental illness, and many more of us know and care for people who do. People with severe and prolonged mental illness are at risk of dying on average 15 to 20 years earlier than other people
- For people being supported by secondary mental health services, there is a 65 per cent employment gap compared with the general population
- Common mental health problems are over twice as high among people who are homeless compared with the general population, and psychosis is up to 15 times as high.
- The cost to the economy is estimated at £105 billion a year – roughly the cost of the entire NHS

(NHS England)



Service Model

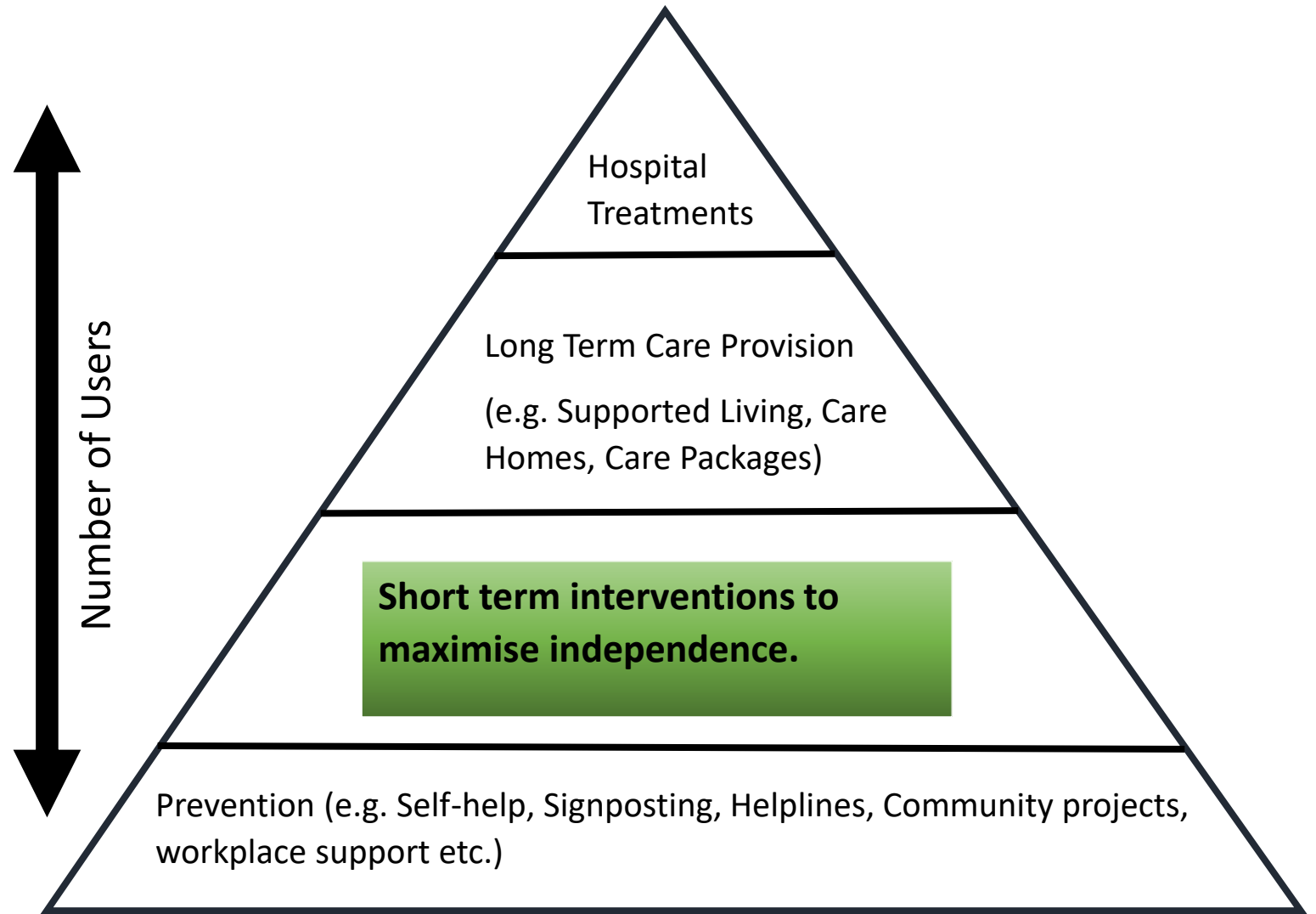
We want to deliver services in a 'recovery' model of mental health, which means in broad terms:

- **Maximising peoples independence because our mental wellbeing comes from achievement not reliance**
- **Focus on the strengths, not the deficits (strengths based model)**
- **Positive Risk Taking**

Everyone is different and people will require different care at different times and for different durations ; and so we need a mixed marketplace.

Service Model: 'pyramid of services'

- Short Term 'crisis responses' drive the model upwards.
- Long term investment (often years in advance) drives it down.



Focus on: Short term interventions to maximise intervention

People of working age with first or low level presentations to secondary mental health services tend to present with social care issues around:

- **Housing stability (maintaining tenancies)**
- **Activities of daily living (Household and financial management)**
- **Social connectivity and access to community facilities**
- **Employment support (accessing and maintaining)**

Required intervention is for small care plans (around 4 hours a week) for periods around 3 months – The current care market as it stands may not pick those packages up as they are not attractive; and there is not always the skilled staff.

Focus on: Short term interventions to maximise intervention

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If we are unable to deliver this type of support intervention we can:

- **'Over prescribe' the wrong sort or too much – pushing someone up the pyramid of services**
- **Create a dependency on services**
- **Inefficient use of resources**
- **Greater costs in longer term**

Proposal

2 staff members (Full time equivalent) JG6 grade for a 12 month pilot to be based in the Adult mental health teams to:

- Deliver structured short term interventions under the direction of professionals (social workers, Community Psychiatric nurses and clinicians)
- Work with approx. 50 to 60 users

Outcomes:

- Less use of commissioned care services
- Maintaining current or new housing provisions
- Higher user satisfaction

Recruitment to commence in March 2021 – Operational by June / July 2021

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North Somerset Council

REPORT TO THE ADULT SERVICES AND HOUSING POLICY AND SCRUTINY PANEL

DATE OF MEETING: 25 FEBRUARY 2021

SUBJECT OF REPORT: 2020/21 MONTH 9 ADULT SOCIAL CARE BUDGET MONITOR

TOWN OR PARISH: ALL

OFFICER/MEMBER PRESENTING: FINANCE BUSINESS PARTNER (PEOPLE AND COMMUNITIES)

KEY DECISION: NO

RECOMMENDATIONS

- i. That the Panel notes the current forecast spend against budget for adult services and the risks and opportunities associated with the medium term position.

1. SUMMARY OF REPORT

- 1.1 This report summarises and discusses the current forecast spend against budget for adult services, highlighting key variances, movements and contextual information. It also makes reference to the principles and processes associated with the setting of the 2021/22 budget. It builds on the information received by the Executive at its meeting on 11 February 2021.
- 1.2 As can be appreciated, predicting income and expenditure during this period is extremely complex and difficult, given changes in demand and funding arrangements. That said, this paper summarises the forecast position and, attempts, for clarity, to split the forecast variances between those that are largely driven by the Covid-19 pandemic and those that relate to “business as usual” (BAU).
- 1.3 The analysis in this paper refers not only to the variance against budget, but also, the changes in spend from 2019/20 to 2020/21, as the overall projected variance from budget has a complex set of underlying assumptions, that, in part relate to 2019/20 and part to 2020/21.
- 1.4 In addition, there are a number of key risks and opportunities that are likely to materialise during the rest of the financial year, which will impact on the final position and, as a result, there is still a degree of uncertainty about the forecast income and expenditure

- 1.5 The overall forecast overspend, prior to any allocation of the Covid Government Grant Funding is £5.235m, of which c. £4.884m (93%) is estimated to be a direct result of the pandemic.
- 1.6 Inflation and demographic demand pressures have been considered as part of the 2021/22 budget setting process and MTFP, alongside savings plans, particularly in relation to accommodation shift, care package reviews and additional income. Whilst this has been designed to provide a robust base budget from which to work, there are continuing and significant risks in relation to the costs of care and the sustainability of the provider market, increases in demand, health contributions and delivery of savings plans.

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 2020/21 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 2015 to 2019.

3. DETAILS

Forecast Spend Compared with Budget

- 3.1 The table below illustrates the forecast spend compared with the budget, split by service area and identifies how much of the forecast overspend can be attributed to Covid and how much to "Business as Usual" (BAU) activity.

	2020/21 Original Budget £000s	2020/21 Revised Budget £000s	2020/21 Forecast £000s	2020/21 Variance from Budget Previous Period £000s	2020/21 Variance from Budget This Period £000s	Of which Covid related £000s	Of which BAU £000s
Individual Care Packages							
Expenditure - Long Term Care Packages (residential)	45,375	51,617	55,613	3,878	3,996	3,397	599
Client Income - Long Term Care Packages (residential)	(13,974)	(13,974)	(13,264)	974	710	0	710
Expenditure - Long Term Care Packages (non-residential)	32,375	33,060	34,093	1,016	1,034	992	41
Client Income - Long Term Care Packages (non-residential)	(3,946)	(3,946)	(3,203)	650	743	154	589
Expenditure - Short Term Care Packages	3,884	3,884	3,438	(532)	(446)	0	(446)
Client Income - Short Term Care Packages	(211)	(211)	(294)	(154)	(83)	0	(83)
Other income (including CCG contributions)	(2,493)	(2,493)	(3,255)	(439)	(762)	0	(762)
Other	171	171	220	48	49	0	49
Sub-total	61,180	68,106	73,347	5,441	5,241	4,543	698
Community Equipment and PPE	356	356	673	316	317	335	(19)
Early Intervention and Prevention	705	705	623	(87)	(81)	0	(81)
Social Care Activities	1,840	1,840	1,979	153	138	0	138
Contracts and Commissioning	4,812	4,452	4,072	(345)	(380)	5	(385)
TOTAL	68,893	75,460	80,695	5,478	5,235	4,884	351

- 3.2 The main points to note are as follows:

- The revised budget has been increased by £6.927m from the original budget to reflect receipt of Rounds 1 and 2 of the Infection Control Grant from Government, which has been distributed to care providers across North Somerset in accordance with the grant

conditions. A further addition in relation to the Rapid Testing Fund (£1,000,346) will be made in Period 10 and this is also being distributed to care providers. It is also expected that the Council will receive up to £461,973 from the Workforce Capacity Fund and again, much of this will be distributed to providers to compensate them for increased staffing costs over the winter period.

The total amount distributed to providers so far, this financial year is as below

	TOTAL
Temporary Fee Uplifts	£2,079,043.00
Infection Control Fund - R1	£3,860,635.00
Infection Control Fund - R2	£2,988,396.57
Rapid Testing Fund	£975,284.94
Workforce Capacity Fund	TBA
TOTAL	£9,903,359.51

- The analysis does not include any allocation to Directorates of the £14.6m of general Covid-19 grant made available to the Council from central government; this is currently shown in the corporate section of the accounts and contributing to the Council's overall position
- The projected overspend on care packages relates predominantly to the initial temporary uplifts paid to care providers to support their Covid-related cost pressures (£2.1m), together with a risk allocation (now £2.0m) that was identified prior to the announcement of the infection control fund; this is now unlikely to be fully required. Other Covid related pressures are associated with the purchase of PPE (£335k), estimated losses of income (£154k) and forecast losses of MTFP savings (£329k). As mentioned above, the risk allocation of £2m relates to uncertainties around cost pressures going through the winter season and high levels of Covid-19 infections rates.
- The extent to which the additional government funding (plus the promise of free PPE to regulated providers) will support providers until the end of the year, will determine whether the Council will need to make any further payments (the last one having been made at the end of July). The Council will also need to consider the financial sustainability of providers, particular care homes who are experiencing significant losses of income due to reduced occupancy.
- There is also a "business as usual" pressure of c. £700k across individual care packages. Whilst there are a number of issues at play here, including an increase in spend on domiciliary care – two predominant and associated factors appear to be at play here – one relates to the use of reserves in 2019/20, which is not being repeated in 2020/21, and the second relates to an increase in the forecast spend on residential and nursing care packages with exceptional special needs (ESN), both of which are discussed later in this paper. This is being partially offset by savings in areas such as contracts and commissioning and early intervention and prevention.

Individual Care Packages

- 3.3 75% of the gross expenditure in Adult Care is on Individual Care Packages. Accurately predicting income and expenditure in this area is difficult, and assumptions must be made about future levels of demand, short term placements, income, and savings still to have an impact on costs.
- 3.4 Increasingly the Council is spending more on social support for working age adults, which is an area with increasing demand. There are risks associated with increasingly complex and costlier packages of care for which we must make a provision for example from transitions from childhood to adulthood and residential and nursing packages that require additional support (known as Exceptional Special Needs or ESN).

Comparing Spend with the Previous Year

- 3.5 The table below details forecast spend by service area with the spend in the previous year. In order to attempt to normalise the comparison, the analysis only includes the BAU spend (i.e. it excludes the spend on temporary Covid related provider uplifts and the distribution of earmarked grants from central government). A more detailed analysis is shown in Appendix 1.

	2019/20 Budget	2019/20 Outturn	2020/21 Original Budget	2020/21 Revised Budget	2020/21 Forecast (BAU) Previous Period	2020/21 Forecast (BAU) This Period	2020/21 BAU Variance from PY	% BAU Variance from PY
Individual Care Packages								
Expenditure - Long Term Care Packages (residential)	44,660	45,759	45,375	51,617	45,856	45,974	215	0.5%
Client Income - Long Term Care Packages (residential)	(13,687)	(12,932)	(13,974)	(13,974)	(13,001)	(13,264)	(332)	-2.6%
Expenditure - Long Term Care Packages (non-residential)	30,567	30,252	32,375	33,060	32,399	32,416	2,164	7.2%
Client Income - Long Term Care Packages (non-residential)	(3,715)	(3,142)	(3,946)	(3,946)	(3,451)	(3,357)	(215)	-6.8%
Expenditure - Short Term Care Packages	3,776	3,516	3,884	3,884	3,352	3,438	(78)	-2.2%
Client Income - Short Term Care Packages	(206)	(209)	(211)	(211)	(365)	(294)	(85)	-40.6%
Expenditure - Other	681	749	690	738	738	738	(11)	-1.5%
Other income (including CCG contributions)	(3,213)	(3,220)	(2,493)	(2,493)	(2,932)	(3,255)	(36)	-1.1%
Other	(509)	(756)	(519)	(519)	(519)	(519)	237	31.4%
Use of reserves	(669)	(1,752)	0	0	0	0	1,752	100.0%
Sub-total	57,684	58,265	61,180	68,155	62,078	61,876	3,611	6.2%
Community Equipment	297	334	356	356	337	338	3	0.9%
Early Intervention and Prevention	663	795	705	705	618	623	(171)	-21.6%
Social Care Activities	1,586	1,663	1,840	1,840	1,993	1,979	316	19.0%
Contracts and Commissioning	5,976	5,100	4,812	4,452	4,102	4,067	(1,033)	-20.3%
Use of reserves	(330)	(231)	0	0	0	0	231	100.0%
TOTAL	65,876	65,926	68,893	75,508	69,128	68,884	2,958	4.5%

- 3.6 The table highlights the fact that the 2019/20 spend was supported by a net **use of reserves** of £1.983m, which are not available for use in 2020/21. Whilst some of this expenditure was baselined in the budget as part of the 2020/21 MTFP process, around £1m of recurring expenditure remains unfunded and this is a significant factor in the current projected overspend.
- 3.7 Analysis of cost and activity data during that period indicates a noticeable increase in activity and unit costs in relation to **residential and nursing placements with ESN**. This is a trend that has continued in the first part of 2020/21 and which is masking and offsetting material reductions in numbers in other areas, particularly “regular” residential and nursing placements, which have reduced significantly, partly due to deaths in care homes not being matched by new placements and partly due to hospital discharge placements being funded by the NHS for the early Covid period.

- 3.8 Work is underway to identify the nature and reasons for the increases in ESN placements and any mitigating strategies and actions that can be put in place. Initial discussions indicate that the increases in the pre-Covid period, this might relate to a reducing number of available placements, and, hence, and increase in price pressure. During Covid, it is thought that the lockdown may have resulted in increases in support needs and an increase in the number of placements made out of area and, hence, at other local authority rates. ESN payments also do not see the natural rate of turnover that is seen in basic residential placements. Detailed cost and activity data is shown in the Appendices.
- 3.9 Other areas worth noting, and apparent from Appendix One, are a forecast reduction in spend on short term placements (likely as a result of the temporary hospital discharge arrangements) and an estimated reduction in income from the CCG in relation to s117 Mental Health cases, as a result of the new cost sharing arrangements.

Risks and Opportunities

- 3.10 As mentioned earlier in the paper, there are many significant variables that are likely to change the forecast income and expenditure during the course of the financial year. These are listed below

Area / Issue	Risk / Opportunity		Value
Provider Uplifts	Forecast assumes a risk allocation of £2m for further winter / Covid pressures	+tve	H (up to £2.0m)
Backdated CHC assessments	CHC assessments on the waiting list - those who are eligible will be backdated	+tve	M (TBA)
Impact of Review of Financial Assessment	Reviews likely to yield more additional income than the target of £180k	+tve	M (£100k)
BCF Income	Only £200k currently assumed to be received, could be additional £160k	+tve	M (£160k)
Supplier Relief	Claw back expenditure not incurred from providers	+tve	L (TBA)
Increase in demand as lockdown eases	3 months @ 5%	-tve	H (£750k)
Changes in hospital discharge funding arrangements	NHS funded hospital discharge clients move back to LA funding	-tve	M (£100k)
MTFP savings	Modelling assumes that £125k of MTFP savings still to materialise - some may not materialise	-tve	L (£75k)
Income in general	Review of bad debt / credit losses beyond the £250k already included	+/-	M (TBA)

Medium Term Financial Planning

- 3.11 The Medium Term Financial Plan and budget setting process for 2021/22 is now complete. The budget provides in excess of £4.6m to take account of cost inflation and projected demand increases; this more than offsets the 3% increase in the Adult Social Care Precept.
- 3.12 In addition, around £2.5m of savings are targeted; they relate to 4 main themes, which are linked to the Maximising Independence and Wellbeing Transformation Programme. Mechanisms will be put in place to ensure that monitoring of the achievement of these savings is regularly undertaken.
- Accommodation shift
 - Reviews
 - Income generation
 - Early intervention

Risks

- 3.13 The Covid-19 pandemic has served to heighten a number of risks in the adult social care budget; the key ones being:
- Increasing costs and financial stability / sustainability of the care provider market
 - Suppressed demand for services in 2020/21 due to CCG funding of some hospital discharge care packages and voids in care homes
 - Potential increased demand for support, especially for mental health and carers support
 - Capacity to deliver transformation and MTFP savings

These are all reflected in the Council's financial risk register and further consideration to any funding of these risks will be given as the financial year end approaches.

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 Not applicable

8. RISK MANAGEMENT

8.1 See paragraph 1.6 and 3.10 and 3.13

9. EQUALITY IMPLICATIONS

9.1 Not applicable to this report. The 2020/21 revenue budget incorporates savings approved by Members in February 2020, 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.

10. CORPORATE IMPLICATIONS

10.1 There are currently no specific corporate implications within the report. The relationship between the budget process and its continued ongoing monitoring arrangements have to be fully integrated if the council is to achieve the required financial outcomes it requires.

Members will be aware that robust financial management and strong internal controls will play a key part in delivering successful service outcomes as well reducing financial risk.

11. OPTIONS CONSIDERED

11.1 Not applicable

AUTHOR

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Appendix 1 – Detailed Analysis of Expenditure and Income (BAU only)

	2019/20	2019/20	2019/20	2020/21	2020/21	2020/21	2020/21	2020/21	2020/21	2020/21
	P12 Outturn	Budget	Budget	Original	Revised	P9 Forecast	Change from PY		Variance from budget	
			Variance	Budget	Budget	(BAU)				
Nursing	12,312,381	11,710,822	601,559	12,092,442	12,092,442	11,431,848	(880,533)	(7.2%)	(660,594)	(5.5%)
Nursing ESN	1,277,316	1,170,000	107,316	1,228,370	4,123,846	1,670,577	393,261	30.8%	442,207	36.0%
Residential	22,315,815	21,985,810	330,005	22,180,140	25,526,138	21,050,507	(1,265,308)	(5.7%)	(1,129,633)	(5.1%)
Residential ESN	9,853,644	9,792,949	60,695	9,874,449	9,874,449	11,821,311	1,967,667	20.0%	1,946,862	19.7%
Shared Lives	1,343,321	1,340,079	3,242	1,379,539	1,379,539	1,480,994	137,673	10.2%	101,455	7.4%
Homecare	7,664,954	7,805,731	(140,777)	8,225,421	8,910,579	8,778,906	1,113,952	14.5%	553,485	6.7%
Extra Care	1,598,083	1,636,563	(38,480)	1,913,273	1,913,273	1,614,811	16,728	1.0%	(298,462)	(15.6%)
Daycare	1,492,815	1,633,091	(140,276)	1,709,311	1,709,311	1,480,662	(12,153)	(0.8%)	(228,649)	(13.4%)
Supported Living	10,030,136	10,061,889	(31,753)	10,775,259	10,775,259	11,239,582	1,209,446	12.1%	464,323	4.3%
Direct Payments	8,093,138	8,040,336	52,802	8,321,346	8,321,346	7,813,322	(279,816)	(3.5%)	(508,024)	(6.1%)
DPs Carers	29,427	49,620	(20,193)	50,500	50,500	7,801	(21,626)	(73.5%)	(42,699)	(84.6%)
Sub-total Long-Term	76,011,030	75,226,890	784,140	77,750,050	84,676,682	78,390,320	2,379,290	3.1%	640,270	0.8%
Enablement Nursing	279,388	268,365	11,023	249,165	249,165	81,248	(198,140)	(70.9%)	(167,917)	(67.4%)
Enablement Res	377,362	403,063	(25,701)	370,873	370,873	76,182	(301,180)	(79.8%)	(294,691)	(79.5%)
ST Nursing	652,723	763,011	(110,288)	795,831	795,831	911,777	259,054	39.7%	115,946	14.6%
ST Residential	2,093,425	2,161,673	(68,248)	2,280,033	2,280,033	2,303,013	209,588	10.0%	22,980	1.0%
Reablement	112,970	179,915	(66,945)	187,645	187,645	65,376	(47,594)	(42.1%)	(122,269)	(65.2%)
Sub-total Short-Term	3,515,868	3,776,027	(260,159)	3,883,547	3,883,547	3,437,597	(78,271)	(2.2%)	(445,950)	(11.5%)
Various Other CIC Expd	749,472	680,849	68,623	689,849	689,849	739,231	(10,241)	(1.4%)	49,382	7.2%
Daycare	(164,556)	(178,317)	13,761	(190,027)	(190,027)	(188,350)	(23,794)	(14.5%)	1,677	0.9%
Direct Payments	(573,810)	(788,047)	214,237	(829,017)	(829,017)	(698,122)	(124,312)	(21.7%)	130,895	15.8%
Extra Care	(322,391)	(371,581)	49,190	(438,001)	(438,001)	(354,500)	(32,109)	(10.0%)	83,501	19.1%
Homecare	(1,432,620)	(1,669,071)	236,451	(1,783,601)	(1,783,601)	(1,373,638)	58,982	4.1%	409,963	23.0%
Nursing	(4,663,446)	(4,639,308)	(24,138)	(4,845,308)	(4,845,308)	(4,632,480)	30,966	0.7%	212,828	4.4%
Residential	(8,268,335)	(9,047,790)	779,455	(9,129,020)	(9,129,020)	(8,631,740)	(363,405)	(4.4%)	497,280	5.4%
Shared Lives	(212,098)	(209,813)	(2,285)	(225,133)	(225,133)	(317,587)	(105,489)	(49.7%)	(92,454)	(41.1%)
Supported Living	(436,617)	(498,516)	61,899	(480,676)	(480,676)	(424,961)	11,656	2.7%	55,715	11.6%
ST Nursing	(83,926)	(75,750)	(8,176)	(77,490)	(77,490)	(124,426)	(40,500)	(48.3%)	(46,936)	(60.6%)
ST Residential	(125,202)	(130,200)	4,998	(133,170)	(133,170)	(169,648)	(44,446)	(35.5%)	(36,478)	(27.4%)
Sub-total client income	(16,283,001)	(17,608,393)	1,325,392	(18,131,443)	(18,131,443)	(16,915,453)	(632,452)	(3.9%)	1,215,990	6.7%
Contributions LA	(21,862)	0	(21,862)	0	0	0	21,862	100.0%	0	#DIV/0!
NHS Cont Residential	(1,999,705)	(1,963,000)	(36,705)	(1,461,950)	(1,461,950)	(1,944,721)	54,984	2.7%	(482,771)	(33.0%)
Contributions Nursing	(207,043)	(220,000)	12,957	(174,610)	(174,610)	(456,171)	(249,128)	(120.3%)	(281,561)	(161.3%)
Contributions DPs	(111,210)	(231,365)	120,155	(183,595)	(183,595)	(148,475)	(37,265)	(33.5%)	35,120	19.1%
Contributions General	(809,126)	(775,284)	(33,842)	(649,674)	(649,674)	(706,024)	103,102	12.7%	(56,350)	(8.7%)
Contributions Other	(70,666)	(23,457)	(47,209)	(23,457)	(23,457)	0	70,666	100.0%	23,457	100.0%
Sub-total other income	(3,219,612)	(3,213,106)	(6,506)	(2,493,286)	(2,493,286)	(3,255,391)	(35,779)	(1.1%)	(762,105)	(30.6%)
Various Other CIC Inc	(756,296)	(509,060)	(247,236)	(518,940)	(518,940)	(518,940)	237,356	31.4%	0	0.0%
Use of Reserves	(1,752,402)	(669,000)	(1,083,402)	0	0	0	1,752,402	100.0%	0	0.0%
TOTAL before use of res	60,017,461	58,353,207	1,664,254	61,179,777	68,106,409	61,877,364	1,859,903	3.1%	697,587	1.1%
TOTAL after use of reser	58,265,059	57,684,207	580,852	61,179,777	68,106,409	61,877,364	3,612,305	6.2%	697,587	1.1%
Gross spend	80,276,370	79,683,766	592,604	82,323,446	89,250,078	82,567,148	2,290,778	2.9%	243,702	0.3%
Client income	(16,283,001)	(17,608,393)	1,325,392	(18,131,443)	(18,131,443)	(16,915,453)	(632,452)	3.9%	1,215,990	6.7%
Other contributions	(3,975,908)	(3,722,166)	(253,742)	(3,012,226)	(3,012,226)	(3,774,331)	201,577	(5.1%)	(762,105)	(25.3%)
Net spend	60,017,461	58,353,207	1,664,254	61,179,777	68,106,409	61,877,364	1,859,903	3.1%	697,587	1.1%
Non CIC Budgets:										
Assistive Technology	334,396	296,525	37,871	356,233	356,233	337,559	3,163	0.9%	(18,674)	(5.2%)
Early Intervention and Pr	794,782	663,084	131,698	704,627	704,627	623,394	(171,388)	(21.6%)	(81,233)	(11.5%)
Social Care Activities	1,662,626	1,586,123	76,503	1,840,484	1,840,484	1,978,974	316,348	19.0%	138,490	7.5%
Contracts and Commissi	5,100,321	5,976,204	(875,883)	4,812,517	4,452,117	4,067,256	(1,033,065)	(20.3%)	(384,861)	(8.0%)
Use of reserves	(231,446)	(330,219)	98,773	0	0	0	231,446	(100.0%)	0	0.0%
GRAND TOTAL	65,925,738	65,875,924	49,814	68,893,638	75,459,870	68,884,547	2,958,809	4.5%	351,309	0.5%

Appendix 2 – Activity and Unit Cost Data (BAU Payments Only) – 2020/21

COST & VOLUME SUMMARY - PACKAGES OF CARE TREND 2020/21 BY VOLUME														
Provision Type		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	YTD Ave Volume	Current vs Ave.	YTD Ave Cost pw	Calculated Forecast £'000
Long Term Care														
Nursing	CLT01	343	327	319	308	293	295	296	304	309	310	- 1	£638.24	£ 10,283
Nursing Extra	CLT02	50	52	49	53	55	56	60	58	59	55	4	£555.44	£ 1,709
Residential	CLT05	731	712	715	703	700	697	711	700	704	708	- 4	£558.89	£ 20,515
Residential Extra	CLT06	258	259	267	269	267	264	262	261	263	263	- 0	£851.52	£ 11,677
Shared Lives	CLT10	48	47	45	44	46	46	49	50	48	47	1	£502.21	£ 1,257
Home Care	CLT20	940	943	932	923	913	902	910	916	910	921	- 11	£197.34	£ 9,363
Extra Care	CLT25	122	124	124	126	119	120	118	130	132	124	8	£244.40	£ 1,682
Day Care	CLT30	248	246	242	241	237	231	225	218	213	233	- 20	£144.31	£ 1,603
Supported Living	CLT40	253	259	266	277	268	266	262	260	255	263	- 8	£698.23	£ 9,284
Direct Payment	VAA01	334	331	330	325	325	322	312	312	317	323	- 6	£490.28	£ 8,103
Short term Care														
Enablement - Nursing	CST01	2	2	1	1	1	2	0	0	1	1	- 0	£485.17	£ 25
Enablement - Residential	CST05	3	0	0	0	0	1	1	4	4	1	3	£315.77	£ 66
Short term - Nursing	CST11	32	20	19	24	16	18	12	14	15	19	- 4	£653.24	£ 511
Short term - Residential	CST15	44	49	50	42	37	26	24	25	35	37	- 2	£565.56	£ 1,032
Reablement	CST20	9	9	11	7	6	3	2	17	21	9	12	£237.75	£ 260
TOTAL		3,417	3,380	3,370	3,343	3,283	3,249	3,244	3,269	3,286	3,316	- 30		£ 77,370
COST & VOLUME SUMMARY - PACKAGES OF CARE TREND 2020/21 BY UNIT COST														
Provision Type		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	YTD Ave Cost pw	Current vs Ave.	Current Volume	Calculated Forecast £'000
Long Term Care														
Nursing	CLT01	£ 636.78	£ 636.26	£636.29	£635.46	£637.49	£638.07	£639.42	£643.32	£641.02	£ 638.24	£ 2.79	309	£ 10,283
Nursing Extra	CLT02	£ 454.49	£ 516.14	£546.53	£652.95	£587.03	£540.58	£541.77	£610.76	£548.72	£ 555.44	-£ 6.72	59	£ 1,709
Residential	CLT05	£ 557.32	£ 557.54	£558.35	£559.29	£559.54	£558.72	£559.18	£559.87	£560.20	£ 558.89	£ 1.31	704	£ 20,515
Residential Extra	CLT06	£ 840.64	£ 831.78	£847.59	£857.27	£857.85	£871.12	£855.21	£854.43	£847.78	£ 851.52	-£ 3.74	263	£ 11,677
Shared Lives	CLT10	£ 484.18	£ 493.00	£497.39	£509.14	£506.38	£511.24	£509.35	£502.34	£506.84	£ 502.21	£ 4.64	48	£ 1,257
Home Care	CLT20	£ 193.60	£ 189.87	£192.48	£192.74	£195.81	£198.48	£198.74	£206.27	£208.10	£ 197.34	£ 10.75	910	£ 9,363
Extra Care	CLT25	£ 248.20	£ 246.96	£243.27	£243.87	£248.21	£247.42	£250.07	£235.95	£235.68	£ 244.40	-£ 8.72	132	£ 1,682
Day Care	CLT30	£ 144.72	£ 145.19	£145.57	£146.63	£145.76	£143.57	£143.24	£140.82	£143.23	£ 144.31	-£ 1.07	213	£ 1,603
Supported Living	CLT40	£ 702.60	£ 699.08	£690.44	£710.67	£689.93	£694.08	£699.06	£693.42	£704.82	£ 698.23	£ 6.59	255	£ 9,284
Direct Payment	VAA01	£ 461.73	£ 484.41	£504.66	£499.49	£491.59	£482.05	£491.76	£496.41	£500.38	£ 490.28	£ 10.11	317	£ 8,103
Short term Care														
Enablement - Nursing	CST01	£ 620.80	£ 619.63	£623.41	£623.40	£623.40	£626.44	£ -	£ -	£629.47	£ 485.17	£ 144.30	1	£ 25
Enablement - Residential	CST05	£ 490.40	£ -	£ -	£ -	£ -	£714.44	£585.88	£525.62	£525.62	£ 315.77	£ 209.84	4	£ 66
Short term - Nursing	CST11	£ 647.68	£ 703.45	£632.72	£635.96	£646.50	£639.91	£645.03	£659.64	£668.30	£ 653.24	£ 15.05	15	£ 511
Short term - Residential	CST15	£ 526.01	£ 526.11	£535.69	£535.27	£578.81	£559.46	£692.01	£574.73	£561.91	£ 565.56	-£ 3.65	35	£ 1,032
Reablement	CST20	£ 272.66	£ 228.88	£161.85	£196.81	£224.48	£176.26	£210.19	£334.74	£333.90	£ 237.75	£ 96.15	21	£ 260
WEIGHTED AVERAGE		£ 444.20	£ 443.91	£449.22	£454.51	£452.13	£452.98	£454.04	£455.15	£456.76	£ 451.26	£ 5.50	3,286	£ 77,370

Appendix 3 – Activity and Unit Cost Data (BAU Payments Only) – 2019/20

COST & VOLUME		2019/20											
		No. of Care Packages				Average Weekly Charge				Calculated Forecast			
By Service Type		Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
Nursing	CLT01	300	344	362	357	582.97	613.14	609.22	609.88	9,118,764	10,997,335	11,498,741	11,352,319
Nursing Extra	CLT02	48	53	54	54	506.40	449.44	449.72	433.75	1,267,370	1,241,978	1,266,219	1,221,254
Residential	CLT05	723	737	738	742	510.79	534.69	535.39	536.22	19,255,323	20,546,645	20,601,445	20,745,354
Residential Extra	CLT06	234	233	244	259	848.94	812.80	830.84	816.03	10,357,723	9,874,447	10,570,074	11,019,878
Shared Lives	CLT10	43	49	49	49	448.87	441.20	444.91	453.42	1,006,367	1,127,194	1,136,681	1,158,427
Home Care	CLT20	983	952	914	923	171.08	176.65	179.86	188.87	8,768,604	8,768,362	8,571,279	9,089,623
Extra Care	CLT25	127	122	119	123	223.44	244.16	244.29	242.18	1,479,572	1,553,109	1,515,718	1,553,185
Day Care	CLT30	257	250	254	254	133.27	137.40	133.74	137.57	1,785,807	1,791,007	1,771,256	1,821,910
Supported Living	CLT40	228	239	240	251	678.22	678.05	684.62	703.59	8,062,601	8,449,496	8,567,117	9,207,989
Enablement - Nursing	CST01	9	14	13	4	564.34	593.02	597.61	593.39	264,820	432,883	405,073	123,758
Enablement - Residential	CST05	16	10	16	9	466.20	482.84	502.15	499.89	388,919	251,753	418,914	234,580
Short term - Nursing	CST11	20	14	16	17	571.92	588.90	597.63	609.38	596,403	429,870	498,563	540,144
Short term - Residential	CST15	35	43	44	38	473.33	614.67	500.73	511.64	863,774	1,378,103	1,148,762	1,013,727
Reablement	CST20	10	20	18	12	222.26	204.12	321.67	189.55	115,888	212,858	301,890	118,597
Direct Payment	VAA01	330	331	334	333	484.27	516.81	476.11	458.51	8,332,369	8,919,313	8,291,302	7,960,976
TOTAL		3363	3411	3415	3425	408.70	427.18	429.99	432.09	71,664,301	75,974,354	76,563,032	77,161,722
By PSR													
	Carer Support	55	62	58	68	224.91	264.11	255.99	265.76	644,969	853,781	774,154	942,267
	Learning Disability	940	946	952	969	540.72	558.86	557.30	558.72	26,501,605	27,565,557	27,662,873	28,228,733
	Memory & Cognition	200	226	234	244	451.40	421.63	426.93	420.84	4,707,156	4,968,371	5,208,931	5,354,034
	Mental Health	379	368	380	379	429.75	423.90	436.73	460.95	8,492,342	8,133,626	8,653,093	9,108,768
	Physical	1760	1773	1757	1736	335.77	364.90	366.97	365.11	30,812,008	33,732,775	33,617,935	33,047,615
	Sensory Support	21	21	20	19	306.94	300.79	283.64	269.79	336,083	329,346	295,780	267,267
	Substance Misuse	8	15	14	10	407.89	499.80	479.84	408.59	170,138	390,897	350,266	213,039
TOTAL		3363	3411	3415	3425	408.70	427.18	429.99	432.09	71,664,301	75,974,354	76,563,032	77,161,722
By Team													
Other	201	2	2	2	1	332.75	348.10	348.10	56.13	34,699	36,300	36,300	2,927
North	211	833	850	831	819	340.44	361.58	366.13	365.63	14,786,100	16,025,030	15,863,699	15,613,439
South	234	972	999	1022	1018	322.73	353.15	354.95	350.39	16,356,134	18,394,831	18,914,076	18,598,047
Learning Disability	237	913	915	917	933	551.40	570.75	570.36	569.94	26,248,727	27,229,440	27,270,107	27,725,433
Recovery MH	267	339	318	316	314	432.24	417.20	430.01	463.96	7,640,125	6,917,339	7,084,952	7,595,996
Complex Intervention MH	268	304	327	327	340	416.30	432.35	433.67	430.17	6,598,517	7,371,414	7,393,897	7,625,881
TOTAL		3363	3411	3415	3425	408.70	427.18	429.99	432.09	71,664,301	75,974,354	76,563,032	77,161,722

Private Rented Housing Review



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Agenda Item 10

- Adult Services and Housing Policy and Scrutiny Panel
- 25 February 2021

Private Rented Housing

Many forms:

Houses

Self-contained flats

Self-contained bedsits

Shared houses

Bedsits – shared facilities

Hostels

Park Homes

HMOs

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Corporate Plan

- Improving housing conditions in the private sector delivers the priorities of the Corporate Plan
- Improves health outcomes
- Contributes to enhancing community cohesion
- Reduces carbon emissions
- Helps discharge homelessness duty

Achieved through:

- Strong enforcement of standards
- Mandatory licensing of HMOs
- Partnership working with private landlords

Area Action

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Area Action Approach

- Comprehensive review housing conditions (2018) confirmed concentration poor accommodation in areas Weston-super-Mare
- Decision taken to embark on a targeted area action approach of education, promotion and enforcement
- Enforcement Policy was updated – civil penalties introduced
- Preparations for expanded mandatory HMO licensing regime commenced
- Other regulatory changes were scheduled for the sector around gas safety, improved energy performance and tenant rights reform
- Local landlords had embraced self-regulation with a clear commitment to education and training

Progress

First critical task to identify PRS stock in area completed using range of data sources – historic records, EPC's, deposit bond records, engagement with local landlords.

Enforcement should only follow period of education, promotion and advice.

- Estimated 4500 private rented sector dwellings in area
- 2863 letters sent to landlords with links to information, accreditation, inspection proposals
- # Improvement notices served under HA04 19/20 = 12; 20/21 = 9
- # Prohibition notices served under HA04 19/20 = 2; 20/21 = 3
- # civil penalties issued & value 19/20 = 1 (£4,600); 20/21 = 3 (£32,917 – appeals pending)
- Cumulative total where works in progress, outstanding or delayed = 33 plus 9 live prohibition orders
- Since April 2020 inspections of 162 dwellings including HMOs completed 117 within action area
- Actionable hazards have been identified in around 6%.
- Recent inspections are finding most serious hazards – fire safety, dampness

Pandemic recovery plan

- In line with government advice, Enforcement Policy revised to take account of restrictions including suspension of proactive inspections
- Limited availability of contractors, statutory compliance excepted
- Detailed risk assessments required for inspections
- Experiencing some resistance lockdown “2”
- Continue pragmatic approach
- Proactive inspection regime will slowly increase subject to pandemic – aiming 10 per week
- Monitoring contractor availability
- Unpredictable Impact on sector post-Covid e.g. eviction ban removed

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Rent with Confidence

In conjunction with WoE authorities, the Rent with Confidence standard was developed which recognised organisations who offered accreditation status for landlords and agents.

- Page 60 Scheme standards include all statutory requirements for the sector including behaviours and importantly sets out minimum property standards
- NLCE – National Landlords Code of Excellence have fully embraced the standard, with 91 members covering over 2250 dwellings
- NLCE has robust membership conditions which landlords must sign up to comply
- Remote training has continued throughout pandemic on electrical safety, tenancy relations, energy efficiency
- Full membership is conditional on completion of mandatory training which has been suspended through pandemic
- Randomised inspections commence, when pandemic restrictions permit

Lettings Team work

NSC Lettings Team have done tremendous job recruiting new landlords to help discharge the homelessness duty and provide support to maintain tenancies.

- Since April 2019 almost 700 bed spaces have been found
- New landlords are continually being recruited 47 in 2019/20 and 48 to date in current year
- Currently working with over 150 landlords, majority portfolio in Weston-super-Mare
- 12 month tenancies as minimum usually at LHA rates
- Small grants available for typical work improved security, fire safety, electrical upgrades. Many landlords carry out complete refurbishment e.g. new windows, bathrooms or Kitchens
- Good working relationship, landlords responsive to requests, helping to form sustainable tenancies

Review of Housing Conditions

Housing Act 2004 requires local housing authority to keep housing conditions under review, to identify if any action may be needed

- Page 62
- A review would primarily incorporate information from a Stock Condition Survey (last conducted 2017)
 - Critical information on stock condition is valuable which can be reported at ward level or lower
 - Analysis of EPC data can help map areas with the worst energy efficiency and fuel poverty
 - Local enforcement and other data can enhance the analysis and improve the reporting
 - In addition to NSC interventions, there is evidence to suggest landlords have voluntarily made improvements e.g. home energy work, electrical upgrade
 - A stock condition report would be a useful in drafting the refresh of the Housing Strategy
 - Rogue landlord funding (MHCLG) has helped focus our resources on the worst properties

Conclusions

Periodic reviews of the outcomes of the area action approach was planned from the outset - scheduled in Q1 21/22. The pandemic has impacted on the project in many ways but primarily the number of proactive inspections possible.

- Comprehensive data on location, numbers and target areas has been compiled
- Education and advice phase has concluded
- Despite pandemic restrictions, significant progress has been made and indications are the rogue landlord element are being identified for inspections
- The number of good and well-intentioned landlords should be acknowledged also work of NLCE
- A review of progress would be timely including a refresh of the Stock Condition Survey
- The review to be concluded in Q3 21/22 to allow for the pandemic recovery plan to be implemented
- Rogue landlord reporting link on NSC website to be encouraged

Question Time

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Policy and Scrutiny Panel

Work programme February 2021

(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. Projects are ranked in priority order - limited ideally to **TWO** “active” projects at any time within the current Municipal Year. Scheduled projects will commence as active projects are completed or if reprioritised as circumstances require

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>Working Group met on 5th October 2020, 9th December 2020 and 23rd Jan 2021</p> <p>Update to be provided at the 25th February ASH Panel under work plan</p>	
Unpaid/hidden Carers review	<ul style="list-style-type: none"> National and local concerns about challenges faced by these carers Covid-19 appears to have exacerbated these issues 	<ul style="list-style-type: none"> To arrange a stakeholder Enquiry day (ED) To establish steering group to refine case for the ED and agree approach To inform Council carer plans and strategies going forward 	TBA	TBA	

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 and reporting process	Timeline	Contact
Retaining and enhancing the volunteer base generated by covid-19	<ul style="list-style-type: none"> • Contributing to the delivery of effective and sustainable social care services. • Protecting the most vulnerable people in our communities • Engaging and empowering communities 	TBA Discussions at Chairs/Vice chairs re possible cross-panel working group	TBA	

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.	2 nd September and 14 th October	Update under work plan item of next agenda		
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			
Support for carers: a New Model?	Initial briefing to consider the issue, risks of inaction, opportunities for intervention and possible role of the Panel in further work	TBA	Panel “Enquiry Day” on unpaid/hidden carers to be arranged. See S.1 above	Steering group established to take this forward	
Blue Badge Scheme: Assessment Process. Insight and overview	Further engagement to support Members in addressing concerns raised in the community	TBA			
Services for disabled people	To be further defined prior to scheduling session	TBA			
Briefing on Elm View Day Service	Briefing on withdrawal of the commissioned service		Agreement that a Commissioning Standing group be established	See below	
Commissioning Standing Group	To engage with and provide feedback to officers on future commissioning decisions as and when required	Standing Grp met 16/11	Reviewed: <ul style="list-style-type: none"> • Dom care contracts • TEC services commissioning plan 		

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 1 25th February 2021

Report Title	Purpose of Report	Outcome (actions)	Progress	Contact
Covid-29 Commissioning update	For review and comment			
Care Act Easements	For review and comment			
Mental Health Support pilot	For review and comment			
ASC Budget Monitor	For review and comment			
Private Rented Housing review	For review – and agree next steps			

Panel 2 (date)

Panel 3 (date)

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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