



Commissioning Strategy

Adult Social Services and Housing 2024-2031

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v2.5**

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1. Executive Summary

Adult social services currently does not have an overarching commissioning strategy and therefore, it was deemed essential to develop one, given that we spend approximately £100m gross per year commissioning individual care and support services.

The commissioning strategy identifies and addresses the care needs of people living with a diverse range of conditions, from physical and mental disorders and learning disabilities, to people who are aging and becoming frailer.

The commissioning strategy is key to underpinning the direction of travel for North Somerset Council’s adult social services. It identifies our commissioning intentions to external providers in delivering our statutory responsibilities, under the Care Act 2014, for people with eligible care and support needs, to keep them safe from harm and neglect and promote wellbeing. Adult social services also commission non-statutory support services in line with our early intervention and prevention agenda.

The commissioning strategy outlines the current market position within adult social services, detailing provision, and occupancy and how the budget is divided between services.

It sets out our commissioning intentions and priorities over the coming 7 years; identifying any gaps in service provision as well as setting out our plan in terms of meeting the evolving needs of those with eligible needs living within North Somerset.

This commissioning strategy supports several of the current Corporate Plan ambitions, including:

- Our communities are caring, healthy and safe, where people help each other to live well.
- Our council delivers consistently good services and value for money to support our community.

It also compliments our adult social services overall mission and vision “To promote wellbeing by helping people in North Somerset be as independent as possible for as long as possible.”

The strategy compliments the annual commissioning intentions report, which in turn supports the delivery and commissioning of our current and future priorities.

Extensive consultation has been undertaken in developing this strategy, which is evidenced throughout.

The strategy contains a detailed action plan which focuses on developing and implementing regional and local approaches to market sustainability and improvement, quality assurance, work force and provider development, Technology Enabled Care, and support for people to continue to live at home, including housing with support options. It also considers communication and partnership working, including the ICB and the wider system.

2. Strategy Purpose, Aim and Vision

This 7-year overarching commissioning strategy for adult social services is a statement that defines our overall mission and adult social care (ASC) vision, “*To promote wellbeing by helping people in North Somerset be as independent as*

possible for as long possible". The strategy will support the direction of travel for North Somerset Council (NSC) to meet adult social care needs in North Somerset (NS) by commissioning external providers to deliver the statutory¹ responsibility we have for people eligible for care and support services in our area, in line with the Care Act 2014.

Ian MacBeath (2022) from the Directors of Adult Social Services (ADASS) sees ASC as much more than personal care. ASC helps people to live good lives and enhances health and wellbeing, marginalised people are given independence, choice, and control. Despite the challenges, ASC is 'magnificent' as it offers the best chance in life for people who are older and disabled, those who are caring for older and disabled people, or those working in the sector. James Bullion (2022), of the Care Quality Commission, found that ASC needs funding certainty; long term reform; and a long-term plan linking ASC with other services based on systematic reform.

Our Corporate Plan recognises that adult social care funding has its challenges, with a national solution for sustainable funding essential. Care markets locally and nationally are challenged by rising costs, and recruitment and retention of staff while needing to deliver quality service provision. As demand for these services increase in line with an aging population, so does the cost to the council, alongside a decade of reducing LA government funding. Providers perform well in NS, even with some care homes experiencing environmental challenges due to the fabric of the buildings and accessibility restrictions. Older peoples' services in NS are sustainable and dementia services and nursing markets are in general sufficient (enough). There is mixed evidence of a short term over supply given a drop in self-funder demand and there is a need to refresh some of our provision environments. The residential market is over saturated in NS and our recent MSP encouraged providers to diversify given recognised gaps in the market for younger adults with specialist learning disability (LD) and mental health (MH) services.

¹ Statutory services are those the Local Authority or 'Council', have a legal obligation to deliver, for example under the [Care Act 2014](#) to keep people safe from harm and neglect and promote wellbeing.



There is an associated action plan to this commissioning strategy (see appendices), which will help NSC to achieve our longer term aims. There will be timescales against each action and the plan itself will be reviewed annually. There is also an easy read version outlining the key points of the strategy. Commissioning is often explained using the commissioning cycle of ‘analyse, plan, do, and review’. This relates to the assessment of needs, planning of services, procurement of services and ongoing quality monitoring of services² (see [The King’s Fund](#)). However, there are many factors that interplay with each other, primarily with the aim of achieving the ‘duty of best value’ ([Communities and Local Government](#)). This is while managing the political landscape and budgetary constraints, as well as adhering to legal and practice frameworks. Our commissioning strategy will provide a bridge between ‘where we are now’ and ‘where we want to be’ as an organisation in relation to delivering social care and other support in NS, utilising best practice and research wherever possible (in line with the ConnectED project aims, running in conjunction with the University of Bristol, several LAs and health partners). The national

² **Analyse:** The analysis of need, capacity, assets and resources and capability of the market involves agreeing priority needs with partners defining the outcomes to meet needs. **Plan:** Gap analysis, relevant stakeholder engagement, design of services, service pathways and developing joint strategies where able. **Do:** Implementing the commissioning plan, facilitating the market, building capacity, sourcing providers capable of meeting a specification and contracting new services; delivering to users. **Review:** Contract monitoring and reviewing effectiveness of strategy. Reviewing and learning from delivery and feedback from users ([Institute of Public Care](#)).

landscape, including funding, will change a lot in 7 years. We need to be pragmatic in our strengths-based approach to delivering our health and social care priorities in line with colleagues and the Integrated Care Board (ICB) and governmental directives, wider policy documents and objectives. We are committed to 'bridging the gap' that care home and homecare providers find themselves in by awarding above inflationary fee uplifts each year.

This commissioning strategy should be read with our market position statement (MPS), which sets out our provider market both now and for our future vision to be realised. The Care Act (2014) places a duty on LAs to facilitate and shape care and support markets; to ensure sustainability, diversity and continuous improvement and innovation in the services that run in our area. In conducting our Care Act market shaping duties, we are keen to work with and alongside our strategic partners, which will affect how we commission and deliver services. This will be of benefit to the people who live and work in NS and help us to manage budgets, as well as other factors, including an aging population. Our MPS is important to our relationship with the care and support sector, including voluntary, community, faith based and social enterprises (VCFSE) as well as people who need care and support and their carers. It sets out our long-term vision for the future of care and support services, explains what innovative approaches and services are needed, as well as encouraging providers and partners to help us be creative to meet people's needs.

In line with our published market sustainability plan (MSP) following on from the fair cost of care exercise, we recognise that market sustainability is important for the sector to deliver better health and wellbeing outcomes. by promoting independence and supporting a 'Home First' and preventative approach, which is often more effective than cure and crisis management. Although the focus of this strategy is adult commissioned services, we must consider these services in partnership with the wider [Integrated Care System \(ICS\)](#) which has replaced the Clinical Commissioning Group (CCG) across the Bristol, North Somerset, and South Gloucestershire area ([Health and Care Act, 2022](#)). There are two Integrated Care Locality Partnerships (ICPs) in NS – One Weston, or Weston, Worle and Villages

which covers the South, as well as Woodspring, which broadly covers the North. Continued work across both Locality Partnerships form part of the Better Care Fund (BCF) priorities for NS for 2023-2025, as well as mitigation of the cost-of-living crisis impacts upon health inequalities and more integrated and collaborative working across health and social care.

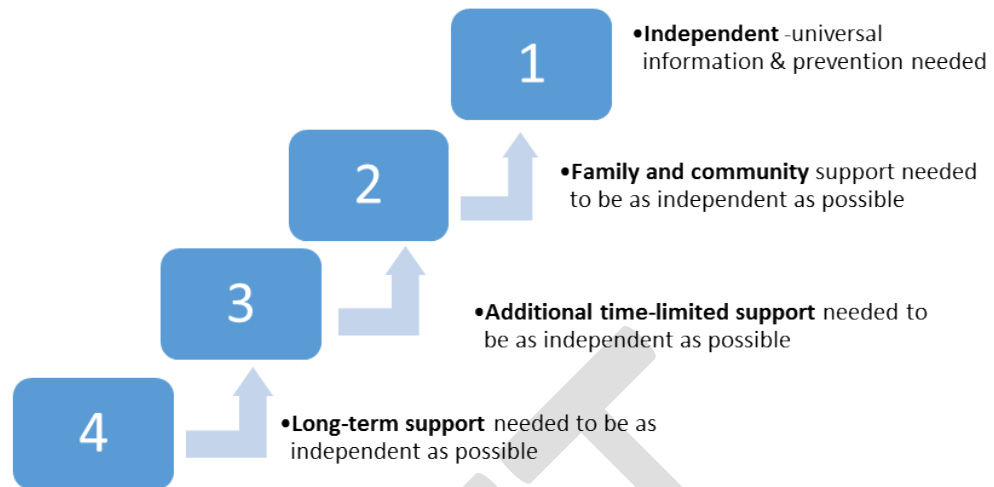
3. Corporate Plan

Our vision is for North Somerset (NS) to be open, fair and green, and we have four ambitions:

1. Our children and young people are cared for, safe, supported and are given equality of opportunity to thrive.
2. Our communities are caring, healthy and safe, where people help each other to live well.
3. Our towns and villages are thriving and sustainable places to live, work and visit.
4. Our council delivers consistently good services and value for money to support our community.

We are also committed to contributing to the United Nations Sustainable Development Goals. You can find more about our Corporate Plan at <http://www.n-somerset.gov.uk/>

4. What is Adult Social Care?



Adult Social Care (ASC) means different things for different people, it is more than hospital discharges and care homes, although they do play a large part. Social care keeps people safe from harm, as well as enabling them to live independently. NSC's vision for ASC (2018), "[Maximising Independence and Wellbeing](#)" sets out our vision statement: To promote wellbeing by helping people in North Somerset (NS) be as independent as possible for as long possible.

Adult social services use a variety of approaches which are detailed in the practice framework "Your Strengths, Your Rights, Your Goals." There are various approaches utilised in the delivery of social services and this is passed onto commissioned providers as commitment and accountability to our principles. The wellbeing principle is important and is set out in the Care Act 2014 that the LA has a general duty to promote an individual's wellbeing. This can relate to personal dignity; physical, mental health and emotional wellbeing; protection from abuse and neglect; control over day-to-day life including care and support and the way it is provided; participation in work, training, education, or recreation; social and economic wellbeing; domestics, family and personal relationships; suitability of living accommodation; and the individual's contribution to society, which ties into our vision and values. Our values are essential to achieving good outcomes for people. Our values like 'putting customers first' and 'getting things done' apply to all our services, but there are also specific values relevant to social care professions and roles:

- We will put people first and put them at the centre of what we do.
- We will treat people with dignity and respect, valuing their individuality and diversity.
- We will empower people, giving them as much choice and control as possible, maximising their independence, consistent with their safety and wellbeing.
- We will strive to protect people from abuse and neglect, and we will protect the rights of people whose mental capacity is reduced by ill health or disability.
- We will work in partnership with our clients, their carers, the voluntary and community sector, and health organisations.
- We will ensure that the services which we provide, arrange or commission are of excellent quality.
- We will ensure that services are provided consistently and in line with standards, so that people know what to expect and people with similar needs get a similar response.
- We will manage resources well on behalf of the community, conscious if someone receives a service they do not need, it may not be there for someone who does.

We are committed to work closely with people with care and support needs, their families/carers, partner agencies, as well as the voluntary and community sector. Our aim is to empower communities, build relationships and strengthen networks to achieve best outcomes for people with care and support needs. The way social care is delivered has been changing over decades and what someone who receives social care services looks like might be completely different to how people think or perceive care recipients would look and behave like. We may know someone who has needed care and support services, after a hospital stay, or when a partner passes away who took care of everything at home. As part of the [Health and Wellbeing Strategy 2021-24](#) we aim to take a Home First approach, as we know people do better in their own environments. This applies to hospital discharges as well as longer term care provision. Independence is the aim and what we can do to help people achieve their goals in remaining as independent for as long as possible, with support if needed.

Social care can be delivered both formally and informally, by both paid and unpaid carers, in a variety of 'roles' to many thousands of people. People who have care needs might be frail though age, have a physical or learning need, or complex mental health. ASC can be delivered at home, in care homes, in hospitals, in work, education, as well as in the community by people who work for employers including the LA, care companies, charities, or for themselves as a personal assistant (PA). Social care and support help people who need it, whether in decision making, such as looking after their finances, or being able to take part in activities. It is important people who have social care services are in control, as much as possible and have choice in how their care and support is delivered to meet their needs.

5. Putting the 'Health' in Health and Social Care – our Integrated Care Partnership (ICP)

Health and social care are often talked about together and interchangeably, but there are some basic differences.

“The English National Health Service (NHS) is publicly funded and generally free to use, with hospital services in an area usually provided by one or two acute trusts. Social care, on the other hand, is means tested and provided by multiple independent (private or not for profit) providers employing their own care workers and other support staff (Quilter-Pinner & Hochlaf, 2019). Social care in this context typically refers to the provision of 'packages' of care (support with washing, dressing and other activities of daily living) for people in their own homes, or residential care provided by care or nursing homes. However, social care is complex, encompassing multiple other services including aids and home adaptations, daycare, and support for family carers. Local authorities (LAs) in each area have a responsibility to work with local providers to ensure that social care needs are met (Local Government Association, 2018) (cited in Allan *et al* 2022)”.

An ICP is a statutory committee jointly formed between the NHS Integrated Care Board (ICB) and all upper-tier local authorities that fall within the Integrated Care System (ICS) area. The ICP will bring together a broad alliance of partners concerned with improving the care, health, and wellbeing of the population, with

membership determined locally. The ICP is responsible for producing an integrated care strategy on how to meet the health and wellbeing needs of the population in an ICS area (NHS England).

Although this commissioning strategy is focussed on adult social care and support services, much of our work is done in collaboration with the wider health Integrated Care System (ICS) – Healthier Together – which replaced the BNSSG Clinical Commissioning Group. In NS, we have two Integrated Care Locality Partnerships – One Weston, sometimes called Weston, Worle and Villages, which covers the south, as well as Woodspring, which covers the north. The BNSSG strategic vision (June 2023) is ‘healthier together by working together’; people enjoying healthy and productive lives, supported by a fully integrated health and care system – providing personalised support close to home for everyone who needs it. Healthier Together work to improve health and wellbeing, reduce inequalities, and provide integrated services for the one million people living in the local area.

In our ICS area, we work on a system basis and the two localities are aligning our tender processes where possible. NS take the lead in commissioning on behalf of health within the BNSSG area. Some system wide priorities to delivering health and social care across the Locality Partnerships include Discharge to Assess (D2A), which relates to hospital discharge pathways, and Home First. Current NSC commissioned and inhouse services to support prevention of admission to hospital include the Wellness Service, Response 24, dementia wrap around care team (DWACT) pilot, live in care worker, waking night care worker, sitting service care worker, an extra care flat, Home from Hospital, block beds, technology enabled care (TEC) and Carelink. It is part of our Better Care Fund (BCF) priorities to support the wider workforce and develop innovative preventive care infrastructure, including first response, rapid response, and a virtual community hub. Housing related initiatives are also linked health and social care outcomes, including Disabled Facilities Grants and TEC.

Our BCF local priorities similarly reflect a continuation of the focus on maximising independence and investing in support services to deliver this, from expanded reablement capacity, TEC, and work with the voluntary sector. Our 'Healthier Together' shared aim, is to continue to reduce the use of bedded provision as part of discharge except where it offers an improvement in personal outcomes or promotes a better likelihood of discharge to original residence.

NSC approaches to collaboration and joint commissioning include:

- Expand and make permanent via BCF the promising results from a pilot with Response 24 to support people who fall – First Response Service.
- Improving End of Life experiences by increasing the number of people discussing their end of life wishes and dying in their place of choice, e.g., the Weston 'Good Grief' festival which was extended across North Somerset.
- North Somerset Together Virtual Hub – a collaborative partnership led by Citizens Advice North Somerset. A 2-year new service pilot jointly funded by NSC and North Somerset Locality Partnerships, taking direct referrals from frontline staff within health and community settings, providing a one-stop connector service to support navigation of support systems, community assets and social welfare support. Helps to reduce inequalities by addressing wider factors of health, such as debt, housing, employment, and physical activity.
- Expansion of Wellness Service following merger with NSC Rapid Response service to provide telephone support and access to TEC with an emphasis on loneliness and social isolation.
- For Woodspring area addressing inequity of opportunities and outcomes derived from our rurality and larger older population.
- Mobilisation of the North Somerset Ageing Well model focussed on prevention, pro-active care, and complex care (including dementia). Dementia carers support a local funding priority in BCF discharge grant.
- Expansion of capacity in our reablement service, our virtual TEC hub, Home from Hospital service which will be expanded particularly to support Discharges from our Bristol Acutes to incorporate the Link Workers.
- Continued commitment to Proud to Care, retention bonuses in domiciliary

care; retention fees and retainer payments for domiciliary care providers whilst people are in hospital.

- Incentive payments for care homes to complete faster discharge assessments. These incentives, £250 per assessment and placement completed in 24 hours, was introduced in winter with dramatic impact (length of placement time reduced by c25%) and is supported via BCF.
- Despite the sizable contraction in headcount within ICB funding settlements, NSC and our two locality partnerships have agreed a jointly commissioned service development post to support progress on joint priorities and find further joint commissioning opportunities.
- The use of the winter discharge grant to advance payment of pay awards for care workers has improved recruitment across the board and we have had great success across social media including local television and radio on our Proud to Care campaign promoting the positives of working in care, particularly following the award of a local carer winning the national carer of the year.
- Current retendering of domiciliary care contracts are designed on setting up two strategic provider partners for each locality and boundaries co-terminus with each locality. Access Your Care one of existing strategic partners, plays an active engagement role in locality partnership business and in particular our local priority to upskill our local care workforce.

The BCF has been used in the winter to support these initiatives and collaboration with local strategic providers and Locality Partnership stakeholders creating a shared vision for collaboration across health and social care to develop a care academy. There are 274 care homes across the BNSSG area – 183 providing residential care and 91 nursing care, so it is important that work is collaborative across the whole system to coordinate hospital discharges, as well as aiming to prevent admission to hospital in the first place. Our Reablement Vision for North Somerset Council is ‘a goal orientated, short term, therapy led service which is integrated with health and considers TEC first’. The mission being ‘to support people by reducing care needs, avoiding admission, and supporting hospital discharge’.

6. Technology Enabled Care (TEC)

Technology Enabled Care (TEC) is high on the agenda at NSC and within the wider ICS. There is currently a dedicated Technology Enabled Project Lead in post funded by the Integrated Care Board (ICB) across Bristol, NS and South Gloucestershire (BNSSG) delivering a variety of projects. The primary aims are to reduce numbers of hospital admissions, GP visits, savings for care workers and wider financial savings for the ICS. Genie is a NS specific project and savings across care packages for people is the main aim. There are also more qualitative outcomes which the projects will hope to realise, including increasing carer confidence, detecting, and preventing falls; detecting and preventing infections; improving people's sleeping habits; and decreasing carer stress. A TEC Strategy is being written and will be published. The digital switchover, due by December 2025, is a priority for the TEC team to ensure as smooth a transition as possible. "Ageing is inevitable, but how we age is not" (A consensus on healthy ageing, Office for Health Improvement & Disparities, 2023).

The current TEC based projects being piloted in 2023/2024 include a variety that are to help prevent falls using sensor-based falls technology:

- 400 acoustic monitoring units across 7 care homes, utilising radar technology.
- 1000 vayyar units across 500 residents being delivered across 3 batches (2 in care homes and 1 in the community – extra care housing and supported living).
- 90 whzan digital ward - health units to be distributed across the BNSSG, which deliver telehealth blood pressure and temperature checks.
- 25 Technicare fit bits are being rolled out – 7 in Bristol and 18 units in the public health based Healthy Lifestyles Team.
- There is 1 local to NS project being piloted this year – the Genie – which is a desktop robot delivering healthcare, of which there are 40.

Robust evaluations of pilot projects will be key to move forward effectively, as well as alignment of TEC and commissioning teams. Despite work that is currently happening across the ICS in relation to TEC, awareness needs to be increased for teams who are recommending TEC to people. Each team will have their own

localised team plan and teams supported with implementation. The benefits of high street technology are also important; we need to be mindful that we are utilising it where it is the most cost-effective option. There are a variety of falls watches that are effective falls detectors for example. There will be a focus on training and upskilling staff who are prescribing TEC so that the benefits are fully realised for people who need it to support them to be as independent for as long as possible in their home environment, whatever their tenure.

The benefits of using TEC can be far reaching and have positive cost implications. TEC can provide some clear benefits for people who have early onset dementia consistent with the delay and prevent agenda. Fit bits, for example, will promote physical activity which could potentially delay strokes. There are many benefits across the BNSSG of using TEC appropriate to delay hospital admission, such as the whzan virtual ward devices, but how we realise the benefits on a local level will need to be a focus for us in NS. Processes for purchasing TEC will need to be formalised so that commissioning TEC items by operations becomes more par for the course, such as a GPS watch people who wander with purpose. Prevention work will utilise existing services, in line with the digital switchover, and develop response plans.

7. National and Local Context

Budget pressures are significant nationally and locally, partly due to Brexit, the covid-19 pandemic and post covid recovery. We are currently living in a cost-of-living crisis which is affecting many people in terms of energy and food prices and impacting upon poverty levels. This can also affect people's housing and health and can lead to increased health and social care needs. A housing crisis has seen higher numbers of people awaiting housing, which is either not available, or affordable. The ageing population, while positive due to people living longer, also puts pressure on services including the National Health Service (NHS).

“In North Somerset, the population size has increased by 7%, from around 202,600 in 2011 to 216,700 in 2021. This is higher than the overall increase for England (6.6%), where the population grew by nearly 3.5 million to 56,489,800 ... In 2021, North

Somerset ranked 81st for total population out of 309 local authority areas in England, moving up five places in a decade ... There has been an increase of 22.0% in people aged 65 years and over, an increase of 2.6% in people aged 15 to 64 years, and an increase of 4.5% in children aged under 15 years” (ONS 2022).

Although times are challenging, there is much to celebrate too; NS is a wonderful place to work and live. Some of the issues highlighted above have brought communities closer together and the will to help others is strong. There have been blankets handed out to the public when the weather has become colder, as well as a games room set up. 66 local public/community living rooms were open in 2023, where communities come together. Community initiatives and volunteering are thriving.

Voluntary Action North Somerset (VANS):

- Started a befriending pilot to support people living in residential and nursing homes with social contact. Volunteers visit people who may not get a visit from family or friends.
- Set up a scheme to provide volunteers to extra care housing schemes to support housing and care providers with covid testing.
- Worked with Access Your Care (AYC) around falls events to educate and support the wider community on falls prevention. This will reduce unnecessary calls to the ambulance service and provide better outcomes for people who have care and support services.

Some further examples of our care providers working together to meet need are:

- Wesport linked with AYC to upskill staff in strengths-based exercise to support with 'reablement' and falls prevention, as well as providing information on training to all community-based providers. Alliance Homes and Curo have also linked with AYC to deliver reablement services.
- Alive, which supports people living with dementia and their carers have provided training to support with a dementia wrap around care team pilot. Providers have joined together to work together including the Alzheimer's Society, Age UK and Healthwatch. This work has been focussed on people

using the service's feedback and the group will be developed to support wider dementia services commissioning in NS.

- There are various sources of support, such as CANS (Citizens Advice North Somerset) and partners delivering excellent community support and advice.

Demand for services extremely high and social care markets are struggling to recruit and retain staff due to comparatively low pay with other sectors. This has been seen across the country, as well as locally. There have been commitments from government to help increase wages we can pay social care staff under social care reforms including the 'fair cost of care' exercise. We are committed to bridging the gap and pass on grant monies to providers. Income from the Market Sustainability and Improvement Fund has increased fees for our providers to pass onto workers. Financial support was given to care home providers during the covid-19 pandemic and NSC made further financial provisions available to the sector, in addition to central government grants. This included over £1.2m of Innovation Grant to support innovation in TEC, carbon reduction measures such as solar panels, as well as the use of facilities as community assets. NSC was also awarded by NHSX (which is leading on the digital transformation of health and social care) £2m to support a centralised acoustic monitoring service for over 600 units of equipment and additional support to care providers to adopt digital care records (particularly smaller homes).

8. Policy, Legal and Regulatory Framework

Social care is a huge part of where the national budget goes; there were *over 1.9 million requests for support from new people received by local authorities in 2020/2021 according to the [Adult Social Care Activity and Finance Report, England - 2020-21](#)*. We work within the following legislation and guidance when shaping how we deliver our services, and how we aspire to deliver them in the future.

Legislation and White Papers

[Care Act 2014](#) - is the main piece of adult social care legislation and places a general duty on LAs to promote the wellbeing of individuals when carrying out care and

support functions, and duties relating to assessment of unpaid carers needs for support. The Care Act also places duties around market shaping to ensure local market is healthy and diverse and responds appropriately to market failure.

[Equality Act 2010](#) - requires public bodies to pay due regard to the general duty when planning, commissioning, changing, or delivering services, when managing the workforce or when decision-making. They must ensure there is an unambiguous evidence trail for this in case it is requested by a service user or resident.

[Equality Act 2010 Public Sector Equality Duty](#) – PSED places additional legal duties on public authorities that require them to actively eliminate discrimination, advance equality of opportunity and foster positive community relations in their decision-making, policy, and practice. It requires public authorities to 'pay due regard' to the need to: eliminate unlawful discrimination, harassment, and victimisation; advance equality of opportunity between people who share a protected characteristic and those who do not; and foster good relations between people who share a protected characteristic and those who do not.

[Human Rights Act 1998](#) - sets out the fundamental rights and freedoms that everyone in the UK is entitled to. It incorporates the rights set out in the European Convention on Human Rights (ECHR) into domestic British law.

[Safeguarding Vulnerable Groups Act 2006 and the protection of Freedoms Bill](#) - This act was passed to help avoid harm, or risk of harm, by preventing people who were deemed unsuitable to work with children and vulnerable adults, by gaining access to them through their work.

[Domestic Abuse Act \(2021\)](#) - placed statutory duties on LAs, to ensure domestic abuse survivors and their children are provided with safe, specialist accommodation and support to enable them to recover.

[Mental Capacity Act \(MCA\) 2005](#) - is designed to protect and empower people who may lack the mental capacity to make their own decisions about their accommodation, care, and treatment. It applies to people aged 16 and over.

[Deprivation of Liberty Safeguards \(DoLS\)/Liberty Protection Safeguards \(LPS\)](#) -

DoLS ensures that people who cannot consent to their care arrangements in a care home or hospital, are protected if those arrangements deprive them of their liberty. LPS are intended to replace DoLS following an amendment to the Mental Capacity Act - July 2018 Mental Capacity (Amendment) Bill. However, changes are on hold.

[Mental Health Act 1983](#) – the main piece of legislation that covers the assessment, treatment, and rights of people with a mental health disorder. The government have set out and consulted on plans for reform in a White Paper published in early 2021.

[Autism Act 2009](#) - Requires the government to introduce and keep under review an adult autism strategy for improving services for adults with autism.

[Children and Families Act 2014](#) – sets out adoption, special educational needs, and disabilities (SEND), welfare, young carers, and workers' rights etc.

[Health and Care Act 2022](#) – The Health and Care Act 2022 has introduced new architecture to the health and care system, specifically the establishment of Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs). ICB and ICP integration focus (replaced the old Bristol, NS, South Gloucestershire Clinical Commissioning Group), as well as a duty to inspect LAs and rate them.

[Public Services \(Social Value\) Act 2012](#) - requires public authorities to have regard to economic, social, and environmental wellbeing in connection with public services contracts.

[Health and Social Care Act 2012](#) - puts clinicians at the centre of commissioning, frees up providers to innovate, empowers patients and a new focus to public health.

[Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#) - requires all providers of 'regulated activities' in England to register with the Care Quality Commission (CQC), and to comply with the requirements and fundamental standards set out in regulations made under that Act.

Guidance and Strategies

[Market sustainability and fair cost of care fund 2022 to 2023](#) - This guidance is intended to support LAs in administering the Market Sustainability and Fair Cost of Care Fund. Social care charging reforms are on hold until October 2025.

[NICE Guidance](#) – National Institute for Health and Care Excellence (NICE) provide various guidance documents within health and social care including 'Advocacy services for adults with health and social care needs' November 2022; 'Safeguarding adults in care homes' February 2021; 'Supporting adult carers' January 2020; and 'Dementia: assessment, management and support for people living with dementia and their carers' June 2018.

[Health and wellbeing boards: draft guidance for engagement \(November 2022\)](#) - Sets out the role of health and wellbeing boards (HWBs) following the publication of the Health and Care Act 2022 and the health and social care integration: joining up care for people, places, and populations White Paper (published February 2022). HWBs are a key means for driving joined up working at a local level since being established in 2013.

[Better Care Fund](#) - Plans need to include an approach to deliver against 2 policy objectives in 2022/2023 of enabling people to stay well, safe, and independent at home for longer and providing the right care in the right place at the right time.

[National strategy for autistic children, young people, and adults: 2021 to 2026](#) - The government's national strategy for improving the lives of autistic people and their families and carers in England, and implementation plan for 2021-2022.

[National Disability Strategy 2021](#) - Sets out the government's vision to improve the everyday lives of disabled people. The strategy wants to ensure that disability is not a barrier to people living full, independent lives where they can reach their full potential.

[Armed Forces Bill 2021 \(see Armed Forces Covenant Statutory Guidance 2022\)](#) – A statutory duty on specific bodies in the areas of healthcare, housing, and education to pay due regard to the principles of the Armed Forces Covenant 2021.

[NHS Long Term Plan 2019](#) - As medicine advances, health needs change and society develop, the NHS must continually move forward so that in 10 years' time there is a service fit for the future. The NHS long term plan is drawn up by frontline staff, patients' groups, and national experts to be ambitious but realistic.

[Valuing People 2001](#) / [Valuing People Now \(2010\)](#) - Valuing people (VP) was based on four key principles: civil rights, independence, choice, and inclusion. Valuing people takes a life-long approach, beginning with an integrated approach to services for disabled children and their families and then providing new opportunities for a full and purposeful adult life.

[Care Quality Commission \(CQC\) \(Registration\) Regulations 2009](#) - Any person (individual, partnership, or organisation) who provides regulated activity in England must be registered with the CQC. The CQC set out requirements which providers must have regard to in relation to registration, including financial position and fees.

[The Manual Handling Operations Regulations 1992](#) - The guidance helps employers comply with the Manual Handling Operations Regulations 1992, as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002. It will help employers – and managers, safety representatives and employees – to control and reduce the risk of injury from manual handling.

9. Demographics and Need Analysis

Demographic data allows us to understand 'who' the people that live in North Somerset (NS) are (our 'population'), including their age, whether they have disabilities, what their other needs might be, how and with whom they live (if anyone). This enables us to understand what people's needs are now, but also estimating what they might be in the future. A needs analysis is necessary in planning and commissioning services, it helps to inform us of the needs of our population and the type and distribution of health and care services that will bring the greatest benefit.

This section will look at the NSC joint strategic needs assessment (JSNA) in summary (*subsection i*), followed by our own ASC needs assessment (*subsections ii-ix*) using a wide range of data sources including census data, projecting older people population information system (POPPI) and projecting adult needs service information (PANSI) datasets, capacity tracker information, as well as the information gathered in our market sustainability plan 2022/23 and market position statement. This will help to inform our commissioning intentions (see Section 11). As per 2021 census data, the population in NS increased by 7%, from around 202,600 in 2011 to 216,700 in 2021. In wider England, the overall increase was 6.6%, as the population grew by almost 3.5 million to 56,489,800. In the ONS health and social care dataset from December 2018, the proportion of people who answered *extremely or very satisfied* with the care and support services they received was 64.6% in NS, compared to 65% in England (62.2% in Bristol and 70.2% in South Gloucestershire).

Using a range of intelligence from brokerage and local commissioners, future need for residential care in NS is likely to decrease, due to a decrease in direct demand and the changing needs of older people in NS, but also due to policy objectives regarding 'Home First.' The care home market is not in line with our strategic vision for adult social care of maximising independence.

Although many services are rated good by the CQC, there are issues with the environment of many older properties and whether they are fit for purpose. Care homes and specialist care homes have beds available for those looking to be

discharged from hospital under D2A (Discharge to Assess), but are they available at the right time for those that need them most? More specialist provision for complex and high-level needs including nursing and dementia care is needed to meet increasing needs.

Reablement is currently focussed on hospital discharge, there is a community gap which can lead to loss of independence. [Direct payment](#) rates were increased in April 2023, but there are not enough PAs to deliver care to those who might benefit, which is a gap. Lack of staffing in social care is a common theme which can affect social care agencies' ability to take on packages of care. PA's deliver not only personal care, but also companionship, gardening, shopping, and dog walking; whatever helps a person to meet their outcomes. There ideally needs to be more PAs in NS.

The table sets out potential self-funder demand because of demographic changes. The current number of self-funders has been forecast based on ONS 2020/2021 data. This has been applied to the figures Newton Europe and CCN analysis recommend which defines 2% of self-funders are 18-64 and 98% are over 65.

Self-funding Individual's (%)	18 – 64	65+
Care Homes	0.8%	37.3%
Community Care	0.9%	42.2%

Please note 'community care' is much broader than homecare in this scenario, as it includes all community-based support services.

Joint Strategic Needs Assessment (JSNA)

A JSNA looks at the current and future health and care needs of the local population to inform and guide the planning and commissioning of health, well-being, and social care services within a local authority area. JSNA documents in NS help to inform the health and wellbeing strategy, and include:

- A NS overview
- A series of topic specific spotlight reports
- A data dashboard giving detailed NS data

- Ward profiles
- If available, detailed needs assessments or qualitative research

In the 2022 JSNA, NS has mixed outcomes across a range of health improvement and ill health indicators for adults which will be impactful for the commissioning of social care and support services.

Physical Health

- Proportion of adults accessing health checks is lower than national averages.
- Prevalence of diabetes across the population is rising yearly.
- Percentage of cancers diagnosed early has not improved, although cancer screening is better than national averages across some types.
- Prevalence of coronary heart disease, chronic kidney disease, stroke, hypertension, and rheumatoid arthritis remained steady across NS.
- Risky behaviours related to health is like/worse than national averages:
 - 11.3% of the population smoke - this is higher in vulnerable groups.
 - NS mostly has worse outcomes across many substance misuse related indicators including alcohol misuse.
 - Over two thirds of adults are overweight or obese and over 30% report that they are regularly physically inactive.
 - Food insecurity is worsening, and evidence suggests that was the case during the pandemic. People living in deprived areas are more likely to be hungry than people living in less deprived areas.
 - There are geographical differences across these measures linked to socio-economic factors with life expectancy varying by almost 8 years for a woman living in the most and least deprived areas. The difference is 9.5 years for men ([Our Future Health, 2022](#)).

Mental Health

- Mental health for people living in NS has become worse in recent years.
- Self-reported measures on satisfaction with life, happiness and levels of anxiety have worsened. Some points in the pandemic were the lowest ever.

- The prevalence of depression is worsening year on year. Patient records suggest that 14.5% of adults have an unresolved record of depression on record in NS. It is likely prevalence is higher, as not all are diagnosed.
- Research suggests that loneliness and social isolation is one of the largest health concerns we face. More people are lonelier and/or feel more socially isolated in NS and this was worse in the pandemic. Young people, disabled people and people living in deprived areas are more likely to feel lonely.
- Not all social care users or carers have as much social contact as they would like, also in Our Future Health (2022).
- There are geographical differences across socioeconomic measures.

Learning Disabilities

- Outcomes for adults who have learning disabilities (LD) are mixed.
- The prevalence of adults with LD has remained steady over recent years at just over 1,000 adults. Of these, around half receive support from NSC.
- Younger people with LD's care and support is more costly than older peoples.
- Outcomes for housing and settled accommodation are mixed.
- For paid employment, there has been a reduction in the percentage of working age adults with LD who are paid, though it is above averages.
- For accommodation, there has been a reduction in the percentage of working age adults in settled accommodation below regional and national averages.

Early Intervention and Prevention (EIAP)

We have several EIAP commissioned services, including handyperson, reablement, falls and frailty pathways, carers block support funding, and respite/day services for dementia pathways, TEC, and First Response services which are key to support the Woodspring community with rurality challenges. NSC receive, on average, 1,400 contacts a month in the Single Point of Access; figures are higher than pre-covid consisting of safeguarding concerns, assessment requests, welfare concerns and carers assessment requests. Managing demand and robust processes will allow the assessment waiting list to be addressed. The more 'community' can pick up leads to a lesser reliance upon services. Preventative services save money longer term and

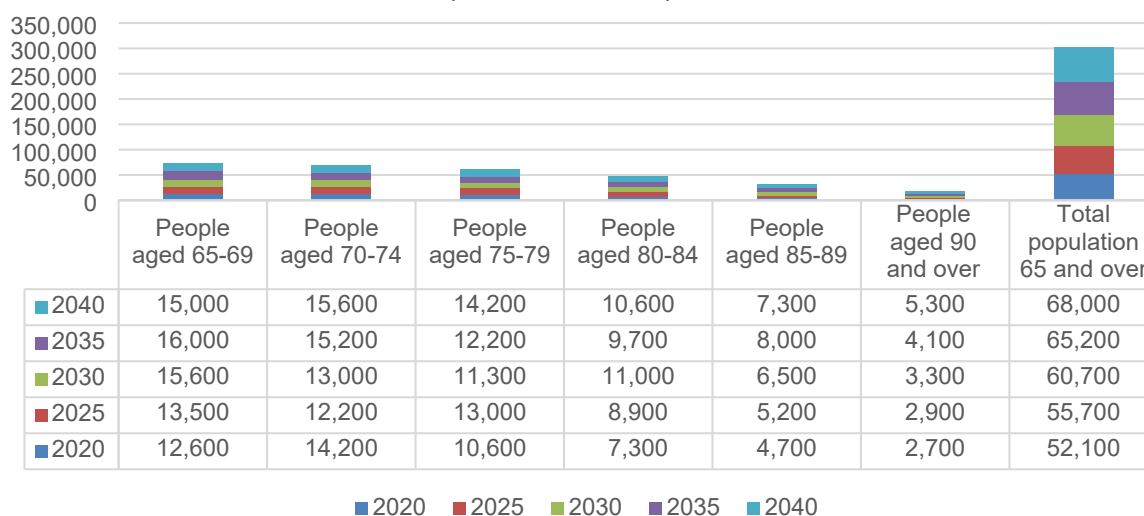
are a key part of the earlier stages of our ASC vision where people do things for themselves without reliance upon statutory services in the first instance. Physical activity is especially important and being active throughout the life course can help to prolong independence for people as well as delay the need for health and social care services. Get Active - a Physical Activity Strategy for North Somerset 2023-2028 will be a key driver.

[Healthier Together](#), the ICS for the old BNSSG area in 'Our Future Health' (2022) found that two of the key things we need to live well are jobs with fair pay and secure housing. Having both can help to ease and lift people out of poverty, support health and wellbeing, and reduce stress. Whilst this is not a joint commissioning strategy, we cannot consider social care and services in isolation from health and housing. As Desmond Tutu said, *"There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they are falling in."* Contingency hotels for asylum seekers are a preventative service with ASC impact.

Older People

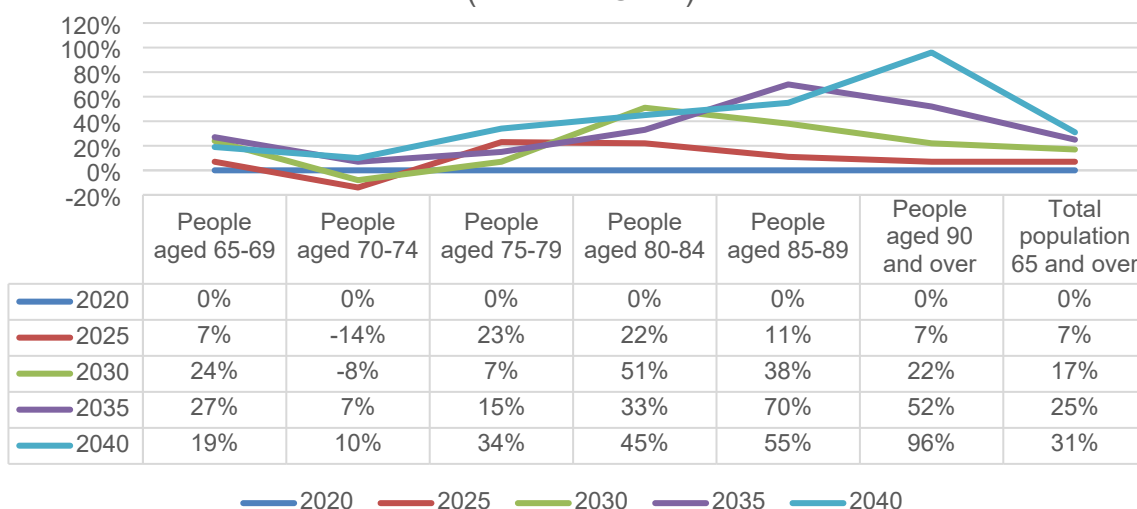
We have an ageing population in NS. There is a projected increase in over sixty-five-year-olds from 2020 from just over 52,000 to 68,000 by 2040. That is a 31% increase in twenty years, which will affect services that are needed to meet increasing need and complexity due to a variety of social, economic and health related factors. Getting older sometimes bring challenges in terms of ill health and conditions, therefore we need to be prepared for an increase in demand upon services, including homecare, extra care housing and nursing homes.

North Somerset Population aged 65+ projected to 2040
(Source POPPI)



From 2020 to 2030 there is an expected 17% increase in over 65s, predicted to rise to 25% by 2035 and 31% by 2040, which will have direct impact upon services available. Access to services was an issue for those we engaged with. There is a projected drop of 14% of those aged 70-74 by 2025. In comparison to England, the gap is narrowing slightly in NS in projections to 2040 with the percentage of the total population over 65; less than 4% increase in NS, compared to over 5% in England.

NS Population Percentage Change aged 65+ projected to 2040
(Source POPPI)



NS Total population (P), P aged 65 and over and P aged 85 and over as a number and as a percentage of the total P, projected to 2040 (POPPI)

<u>NS Population</u>	<u>2020</u>	<u>2025</u>	<u>2030</u>	<u>2035</u>	<u>2040</u>
Total	217,000	224,400	231,300	237,600	244,100
65+	52,100	55,700	60,700	65,200	68,000
85+	7,400	8,200	9,800	12,200	12,600
65+ (proportion of total population)	24.01%	24.82%	26.24%	27.44%	27.86%
85+ (proportion of total population)	3.41%	3.65%	4.24%	5.13%	5.16%

England Total population, Population aged 65 and over and P aged 85 and over as a number and as a percentage of the total population, projected to 2040 (POPPI)

<u>England Population</u>	<u>2020</u>	<u>2025</u>	<u>2030</u>	<u>2035</u>	<u>2040</u>
Total	56,678,500	58,060,200	59,181,800	60,183,900	61,157,900
65 and over	10,505,500	11,449,400	12,696,900	13,815,400	14,527,100
85 and over	1,417,000	1,573,300	1,810,000	2,246,200	2,411,300
65+ (proportion of total)	18.54%	19.72%	21.45%	22.96%	23.75%
85+ (proportion of total)	2.50%	2.71%	3.06%	3.73%	3.94%

We are experiencing an increase in demand for homecare post-covid: in 2021, we commissioned over 258,000 hours, which was 1.3% higher compared to 2020 and was forecast to increase by 8.7% by the end of 2022. We commissioned 286,536 hours in 2022, which was more than the projected increase, at over 11%. The market is stable with mostly small independent providers, there were a few new ones, and a few who left.

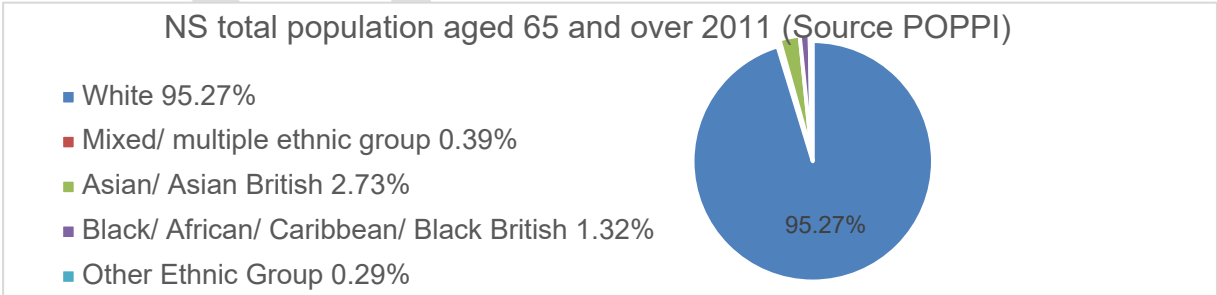
Area Name	2023	2024	2025	2026	2027	2028	2029	2030
England	290.2	295.1	300.3	302.2	296.1	293.3	299.7	306.5

Southwest

North Somerset	410.3	415.9	420.8	421.9	412.3	407.1	414	422.6
South Gloucestershire	294.9	298.1	300.9	301.2	294.1	290.5	295.4	301.3
Bristol	180.1	181.4	182.4	181.9	176.8	173.6	175.6	177.7

The Office for National Statistics puts NS's Old Age Dependency Ratio (OADR) the highest in our ICB area of NS, Bristol, and South Gloucestershire, which is the number of people of state pension age per 1,000 people of working age. In comparison to the rest of England NS is high, but not as high as some other southwest counties including Dorset, Torbay, Devon, Cornwall, and Somerset. The NS market is not always able to respond quickly enough to packages of care waiting to be picked up. Some of the wider waiting list issues are linked to providers being unable to deliver the hours they have for people due to poor recruitment and retention levels in NS. This is linked to comparatively low wages and competition with retail and hospitality sectors. Some providers have increased pay quite substantially and the fair cost of care exercise and fund has enabled us to uplift wages for homecare. Engagement for the fair cost of care exercise focused on key aspects of the market as well as a detailed study of costs, including structure, demand, and supply, as well as the experience of commissioning and contracting with us. Provider's business operating models, general market outlook, workforce, contract and quality monitoring, business costs, and future commissioning arrangements were all discussed. The overall response was given the difficulties, we are making inroads to bridge the gap between pay and delivery. Engagement is good with commissioners and there is a good understanding of the market and the pressures for homecare. The brokerage team at NSC were also seen as a positive factor.

Ethnicity

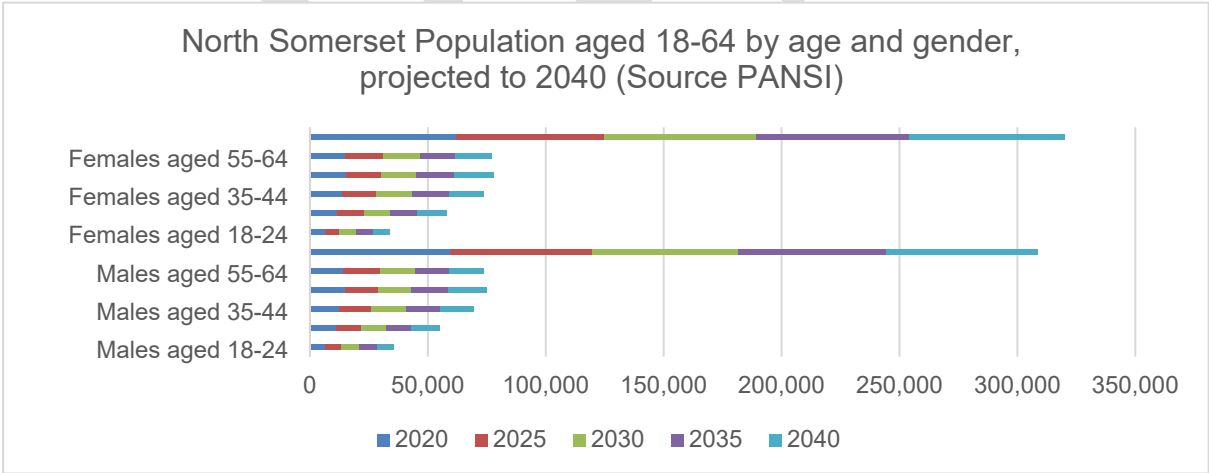


NS is mostly white British; however, all ethnic groups get older and will potentially have social care needs. Data from POPPI (2011) showed 95.27% of people aged over 65 were 'white' in NS. In comparison, 2021 census data for all age ranges showed a 0.27% increase in other ethnic groups. 90.4% of people were white British (English/Welsh/Scottish/Northern Irish), 4.6% other white – with the remaining 5%

made up of many different ethnic groups including Asian, Asian British, or Asian Welsh: *Bangladeshi; Chinese; Indian; Pakistani; Other Asian*; black, black British, black Welsh; Caribbean or African; other black; mixed or multiple ethnic groups: *white and Asian; white and black African; white and black Caribbean: other mixes or multiple ethnic groups*; white Irish; white Gypsy/Irish Traveller; white Roma; and Arab. NS is not as diverse as neighbouring Bristol, but there are examples of increasing diversity, including an increasing Chinese community from Hong Kong. We will be working more with partners moving forward to ensure the voices of seldom heard groups are considered. Please note that the ethnicity categories have changed from 2011 to 2021 and the difference is not as clear cut as it may seem.

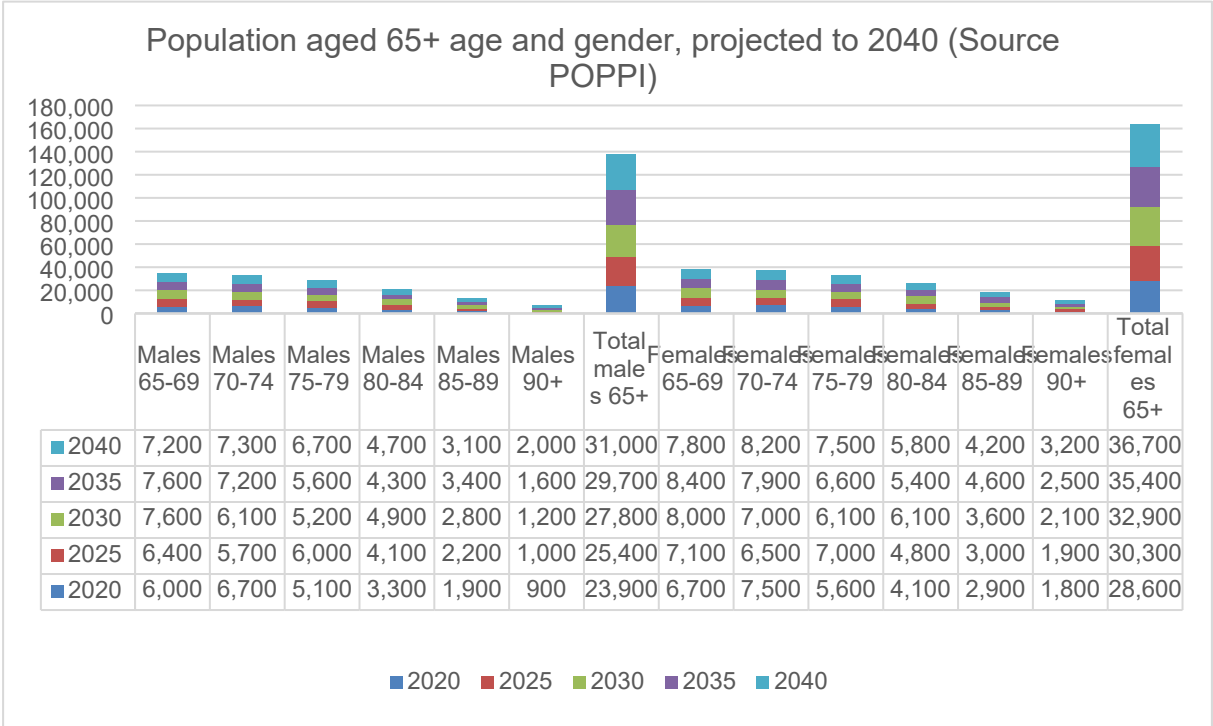
Gender

For 18–64-year-olds, the total number of males aged 18-64 is expected to increase from 59,200 in 2020, to 61,800 in 2030 in NS. For females, the projected figures for 18–64-year-olds in 2020 is expected to increase from 61,800 in 2020 to 64,400 in 2030. The below chart demonstrates projected drop in numbers of both males and females by 2025 from 202 who are aged between 70-74. This may have an impact upon the numbers of commissioned services that this age group require in our area.

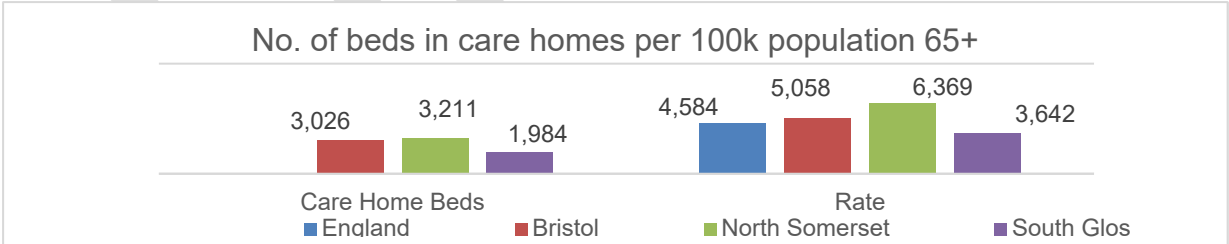


Males in NS are expected to have less of a disability free life expectancy (DFLE) in their lives at age 65 but live longer with their disability than the England average. Females are expected to have a slightly less DFLE at age 65 compared to England’s average but live for longer than males and the average population with their disability (ONS, 2015-2017).

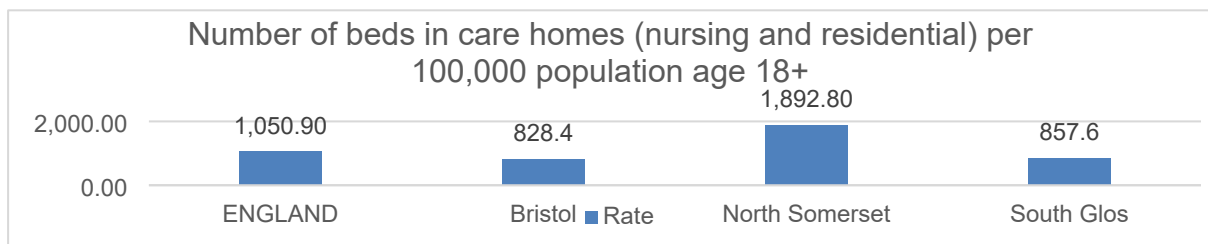
There are big differences in life expectancy within our ICP area between most and least deprived, as well as males and females. Females in NS can expect to live the longest in a least deprived area, whilst men in deprived areas will expect to live the lowest age in NS. Rates for people living alone aged 65-74 are 20% of males and 29% of females (29% of males and 50% of females 75+), which may impact upon later homecare, as women tend to live longer.



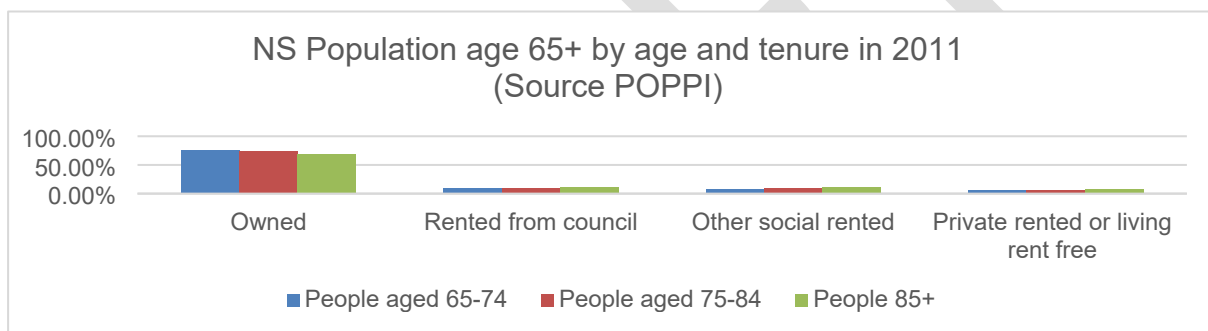
Living and Support Arrangements, including Carers



We do not have any local authority care homes in NS and are reliant upon a private care market. In NS we have many care home beds compared to our neighbours and wider England. This will have influenced lowering the price due to the market being saturated (see fair cost of care exercise and market sustainability plan). The below relates to the number of beds in nursing and residential care homes per 100,000 aged 18 and over (ONS health and social care dataset December 2018).

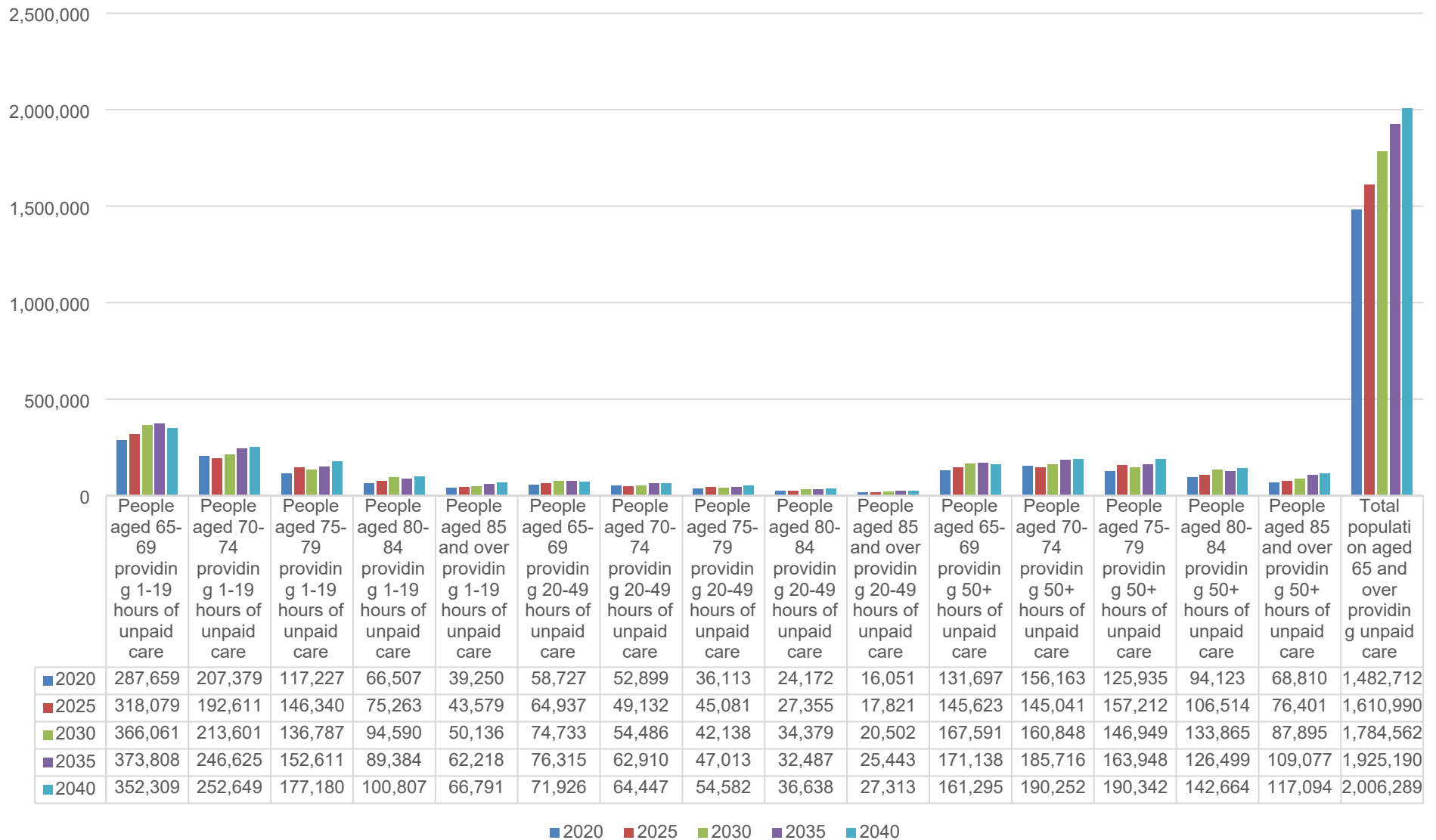


The difference in the care home bed rate for over 65s per 100,000 people is even higher. NS has over 6,000 compared to England's average rate of under 5,000. Numbers of people living in care homes increases with age. Figures are on an upward trajectory, with a few projected decreases, which will be linked to population age data. When the total number of over 65s are considered, there is an upward trajectory. In 2020 there were 2,289 people living in care homes, by 2030 there is predicted to be 2,909, an increase of 620. Most over 65s are homeowners in NS, although as people age this decreases, and more people rent from social landlords.



The amount of older people providing unpaid care to a friend or relative was nearly 1.5m across England, which goes to evidence how crucial services are for carers. In comparison, the number of home help/care contact hours for all adult client groups and older people during the year per 100,000 population aged 18 and over 2013/14 was 651,577 in NS, compared to 1,450,221 in Bristol and 511,795 in South Gloucestershire. The rates for unpaid carers are hard to track when many do not identify themselves as being carers, they are just doing what anyone would do for their family or loved ones (see [Healthwatch report, 2022](#)).

Provision of unpaid care: People aged 65 and over providing unpaid care to a partner, family member or other person, by age, projected to 2040 in England (POPPI database)



Rates for men and women who need help with at least one of the self-care activities:

Age	% Males	% Females
65-69	16	22
70-74	21	24
75-59	28	29
80-84	35	49

(Activities of daily living (ADLs) are activities relating to personal care and mobility about the home that are basic to daily living, *having a bath or shower, using the toilet, getting up and down stairs, getting around indoors, dressing or undressing, getting in and out of bed, washing face / hands, eating, and cutting up food, taking medicine.*)

Rates for men and women who need help with at least one of domestic tasks listed, *routine housework or laundry, shopping for food, getting out of the house, doing paperwork, or paying bills.* For each task, participants aged 65 and over were asked whether they could carry out the activity on their own, or whether they needed help (i.e., manage on their own with difficulty, only do activity with help, or could not do).

Age Range	% Males	% Females
65-69	15	19
70-74	19	23
75-79	27	34
80+	33	55

([Health Survey for England, 2016](#): Social Care for older adults (2017) NHS Digital: Summary of Activities of Daily Living (ADLs/IADLs) for which help was needed and received in the last month, 2011-2016).

Dementia

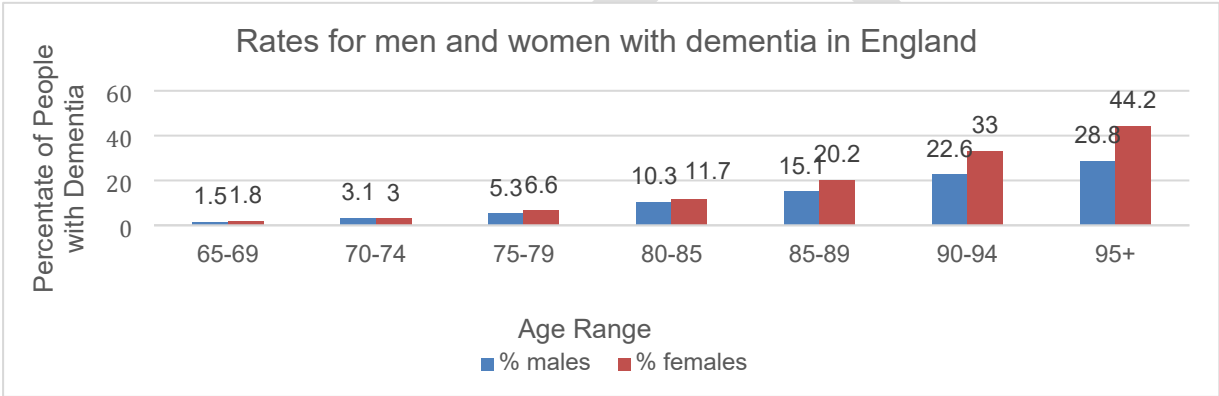
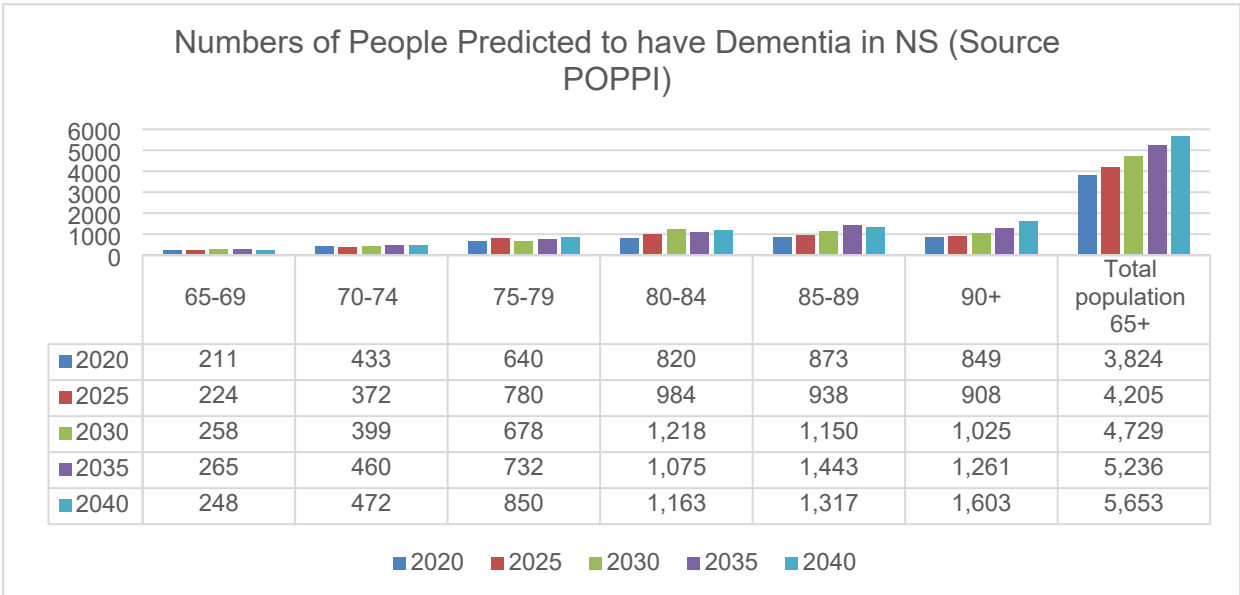
Dementia is an umbrella term that is used to describe a progressive decline in a person's mental abilities. Dementia is not a normal part of ageing; it is caused by diseases of the brain. The symptoms of dementia are not the same for everyone and can vary for everyone. Alzheimer's disease is the most common illness that can lead to dementia, but other causes include vascular dementia, dementia with Lewy bodies and frontotemporal dementia. According to the Alzheimer's Society there are now

nine hundred thousand people with dementia in the UK, this set to rise to over one million by 2025 and two million by 2051. Each year two hundred and twenty-five thousand will develop dementia, that is one person every three minutes. 1 in 6 people over the age of eighty have dementia and seventy percent of people in care homes have dementia or severe memory problems. 1 in 3 people born now will develop dementia at some point in their lives ([Woodspring Dementia Directory](#)).

Within NS, there were 3,824 people (over 65) predicted to have dementia in 2020 according to POPPI, plus 35 females and 25 males with early onset dementia younger than 65 (PANSI). Not everyone with dementia has a diagnosis, due to difficulty diagnosing in the initial stages, the slow progression and limited public awareness of dementia causing diseases. As numbers of people with dementia is increasing, especially amongst older cohorts of people, this will impact upon amount of provision that is needed to be commissioned, whether community or residential based. Women tend to be more affected than men, both locally and nationally.

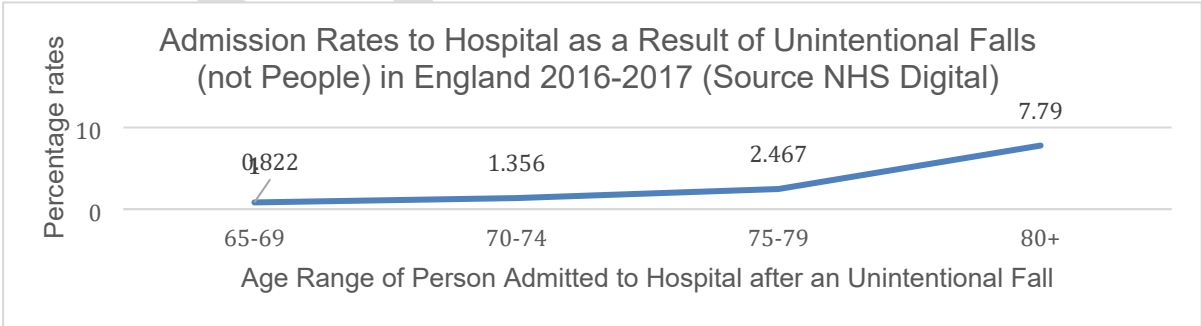
The costs of community-based support for a person with dementia is £26,000 if mild; £43,000 if moderate; and £55,000 if severe. The costs of residential based support for a person with dementia is £31,000 if mild; £38,000 if moderate; and £37,000 if severe ([The Alzheimer's Society](#)). There is a growing support for more earlier interventions in the community for people with dementia and nursing homes are often considered to be a last resort, but everyone needs to be considered as an individual in terms of what is right for them and their support network and carers, if they have one. Being discharged to care homes after a stay in hospital is not usually beneficial.

Referrals to the Alzheimer's Society in NS doubled in December 2022, with eighty-five referrals in January 2023. It is reasonable to assume that more people are being diagnosed with dementia due to a backlog from the covid pandemic. Even with commissioned dementia services in NS, there is still unmet need. People who need support may also not know where to go for support initially.



Figures from *Dementia UK: Update (2014)* prepared by King’s College London and the London School of Economics for the Alzheimer’s Society.

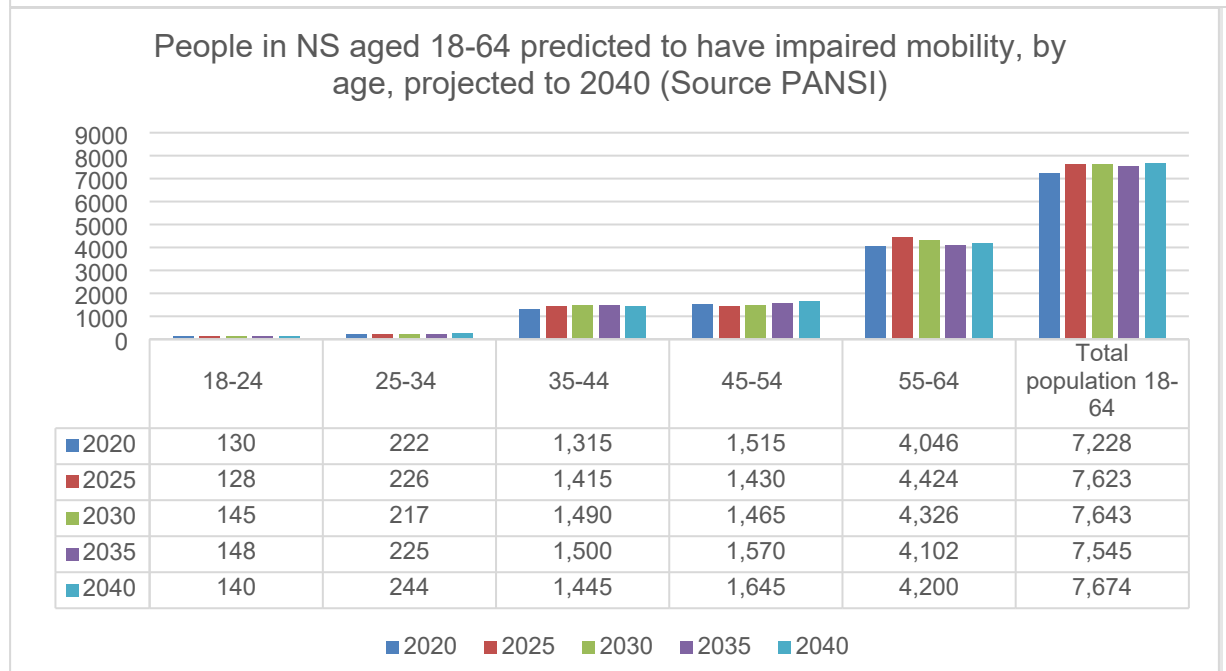
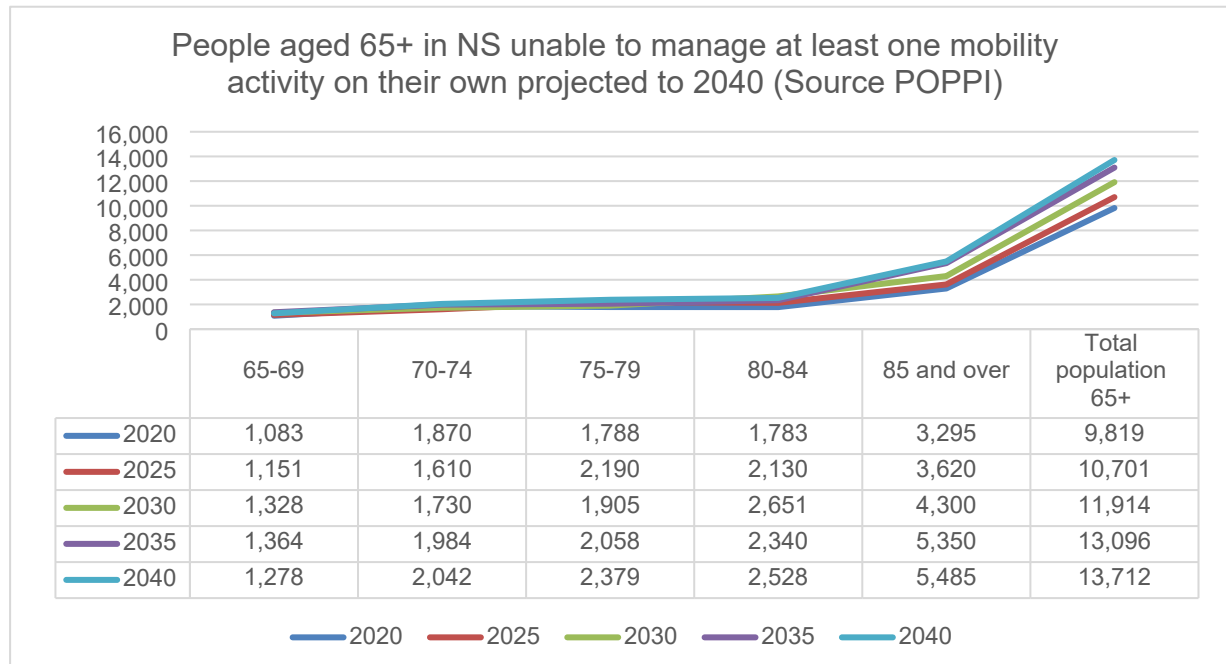
Physical Disability and Sensory Impairment



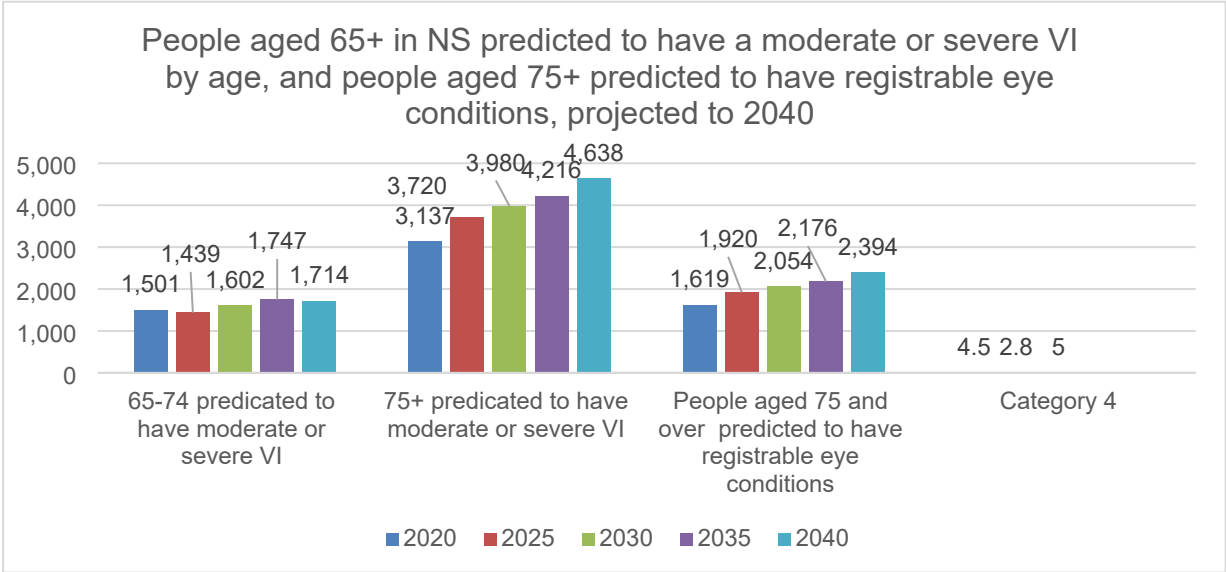
There are 10,256 people aged 65 and over with a limiting long-term illness whose day-to-day activities are limited a lot in 2020; this is predicted to rise to 12,419 by 2030 (POPPI). People who are unable to move around, or mobilise, may fall, and be admitted to hospital and could need a package of care putting in place afterwards to

be rehabilitated (get back to how they were before the fall), which is not always possible to achieve. It is much better that people avoid falling in the first place.

There are also many younger people with impaired mobility. For older people, there are circa 10,000 as of 2020 who could not manage at least one mobility task (include going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed).



One in five people will start to live with sight loss in their lifetime and 50 people start to lose their sight daily, according to [RNIB \(2022\)](#). The numbers of older people who are predicted to have a moderate or severe visual impairment (VI) and registrable eye conditions are expected to rise by 2040. The rise is less stark in younger people, see the chart on the next page, although there are often links between sight loss, falls, stroke and learning disability. Vision North Somerset (NS) report there are 9000 people with significant sight loss, due to rise to 11,000 by 2030.

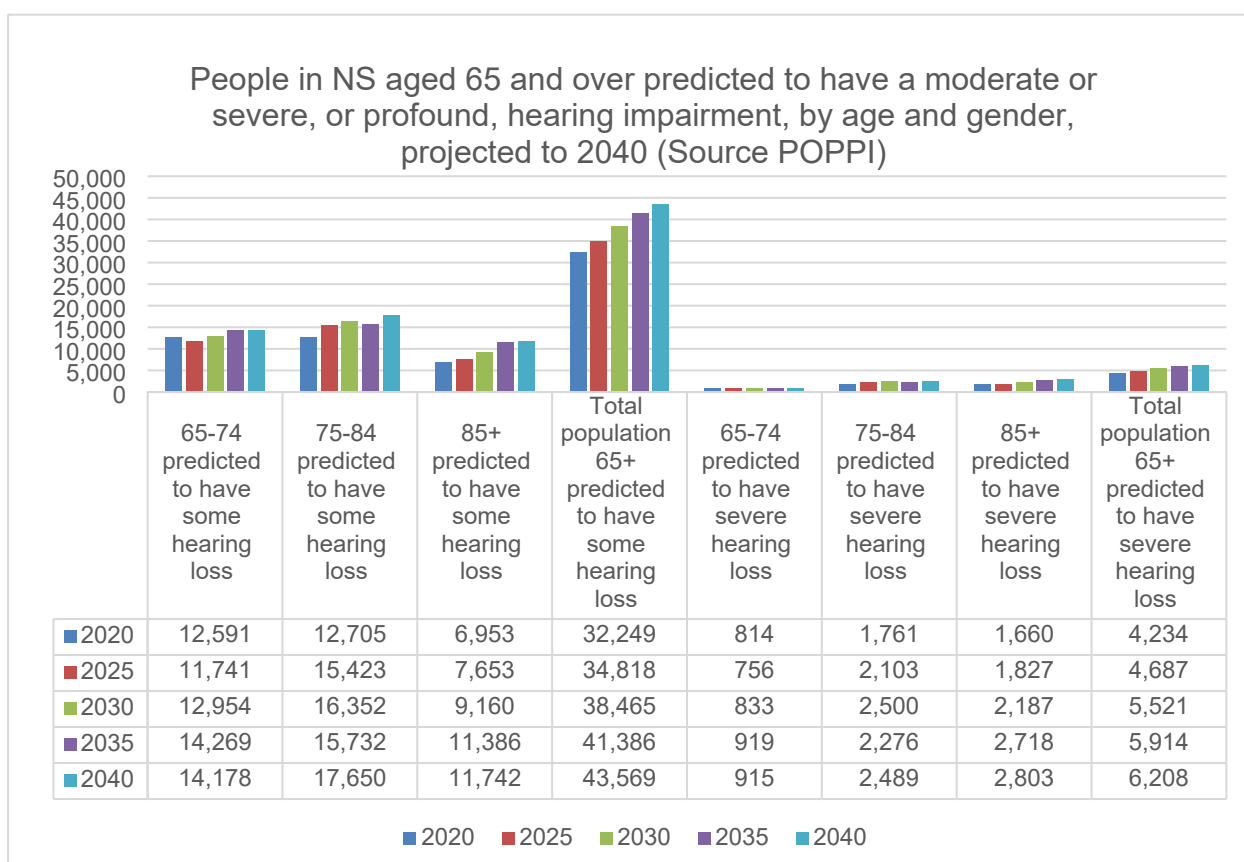


Over a third of blind and partially sighted people do not use the internet, therefore digital services need to ensure they are offline too. Vision NS estimate 29,500 people have a moderate or severe hearing impairment, and 660 people have a profound hearing impairment; expected to increase by almost half by 2040, with over 6,000 people predicted to have severe loss.

People in NS aged 18-64 predicted to have a serious VI, people aged 65+ predicted to have a moderate or severe VI, and people aged 75+ predicted to have registrable eye conditions, projected to 2040 (Source PANSI)

Age and VI	2020	2025	2030	2035	2040
18-24 serious VI	8	8	9	10	9
25-34 serious VI	14	15	14	15	16
35-44 serious VI	17	18	19	19	19
45-54 serious VI	20	19	19	20	21
55-64 serious VI	19	21	20	19	19
65-74 moderate or severe VI	1,501	1,439	1,602	1,747	1,714

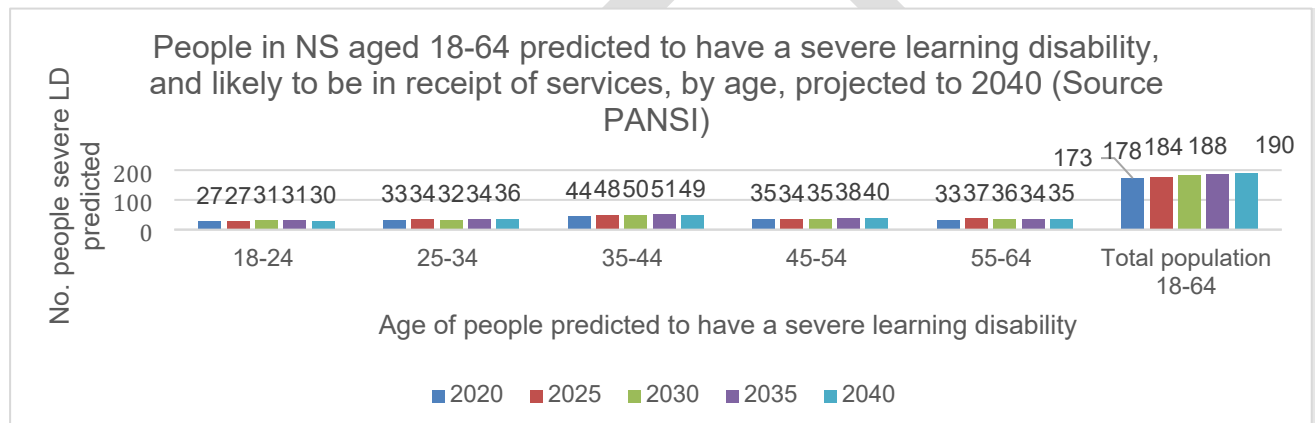
75+ moderate or severe VI	3,137	3,720	3,980	4,216	4,638
75+ registrable eye conditions	1,619	1,920	2,054	2,176	2,394



There are other options to maximise independence including adaptations, to enable people to live longer at home (Department of Health and Social Care, 2021). The Disabled Facilities Grant programme can help with stair lifts and bathing facilities, as well as the handyman scheme. There is a gap between where people go from supported housing which is supposed to be ‘low level’ support and time limited to 2 years, into general needs housing. This has created a system bottle neck, which social work teams have come across when trying to access services for people to move on. Further, the Pathways to Adulthood respite service can only be accessed if there is a diagnosed learning disability, which is not always the case for people who have a physical disability (see Housing with Support Strategy). There is a Pathways to Adulthood Strategy being written.

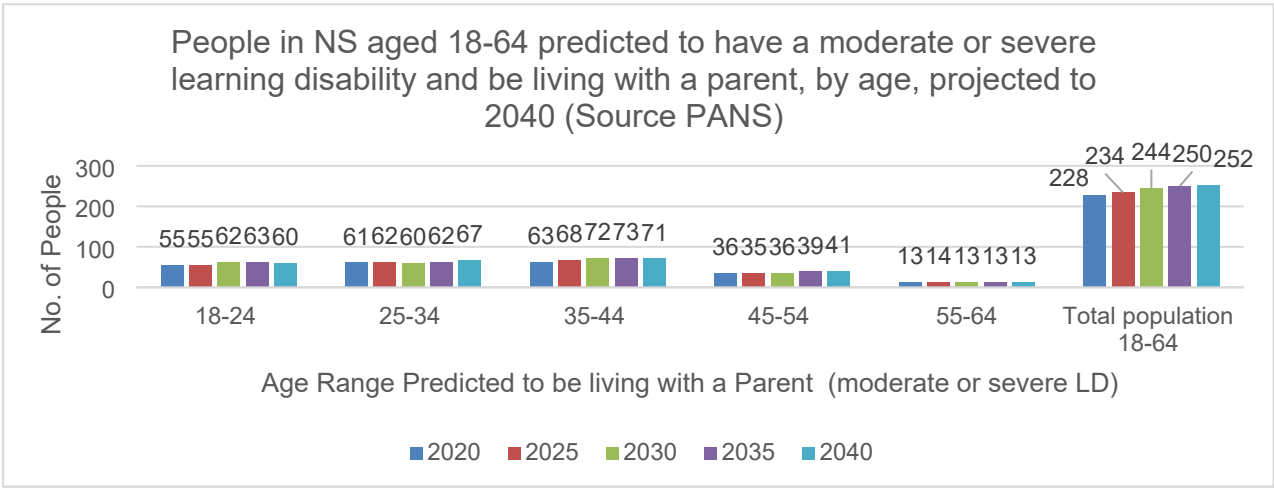
Learning Disability and/or Autism

It is important that we make the distinction that not all people with autism, or autistic people, have a learning disability. Autism, also referred to as autism spectrum disorder (ASD) is not a learning disability, rather a diverse group of conditions that relate to brain development (neurodiversity). It can be that people may have both autism and a learning disability and the two are often discussed together. Autistic people may be highly functioning and have a high IQ or have severe disabilities and may need life-long support to live independent lives – needs vary greatly and can change over time. There are about 1 in 100 children who are autistic as per the National Autistic Society (NAS), but many people may not be diagnosed until much later in life (WHO (World Health Organization), 2023).

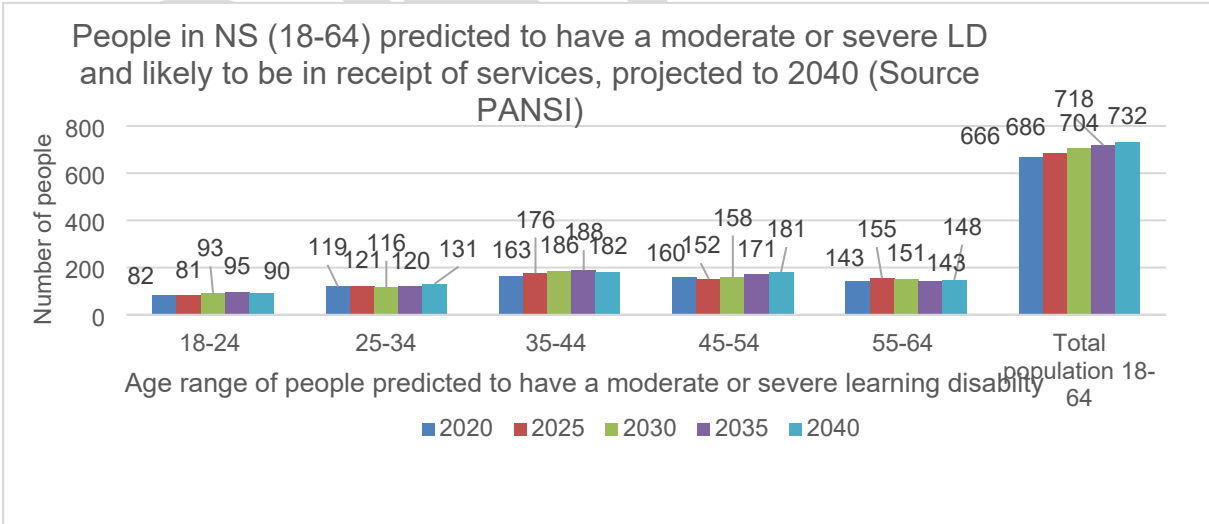


The total NS population aged 18 and over predicted to have a learning disability (LD) was 4,009 in 2020 and 4,328 by 2030. By 2040 this is expected to be 4,604 (PANSI). Although numbers of people with LD are smaller than older people who need care and support, the costs of younger people with significant LD are vast (see commissioned services and spend). The numbers of people with a severe LD and likely to be in receipt of services in NS aged 18-64 are expected to rise from 173 in 2020 to 190 in 2040.

In 2021/22 it was estimated in England that the total population of people with learning disabilities and/or autism who receive LA paid support and care was 151,000 (LDAH, 2023). In NS seventy-five 18–64-year-olds were predicted to have Downs Syndrome in 2020, with seventy-nine predicted by 2030. Older adults who may have lived with their parents may have social care needs when parents get too old to care for adult children, as well as themselves.



The total population aged 18-64 with a learning disability (LD), predicted to display unexpected behaviours in 2020 was fifty-four, rising to fifty-seven by 2030, which is not huge but still may impact upon services and be costly in relation to LA funded care and support packages. The total population in NS expected to have autistic spectrum disorders was 1,189 in 2020, with a projected of 1,241 by 2030. Not all these people will need funded services, but some may, especially when older. Although predictions of numbers of people with LD for 2011 and 2021 were not significantly different - prevalence does not seem to be increasing - however more people are getting diagnosed. The highest percentage change was for people aged 80+ from 1.89% in 2011 to 1.93% in 2021.



There are almost three quarters more people aged 18-64 with a predicted moderate or severe LD than a predicted severe LD by 2030 in NS.

The Learning Disability and Autism Housing Network (2023) state that 23-25% of people with LD/autism live in supported housing, a minimum of 15% live in residential/nursing care, and more than 35% live with family and friends across the last decade. The void rate for supported housing for people with LD/autism is 10.4% nationally; the LDAHN argue there are opportunities for increased partnership working between commissioners and landlords/providers to meet people's needs, especially as family get older (see the Housing with Support Strategy). The Shared Lives/Connecting Lives model is changing in that hosts are also ageing, there need to be new recruits, but also flexibility to support people not in the host's home, but as outreach, which although is being delivered in NS, recruitment and retention are key. Various activities happen in NS, such as a disability disco, art and craft sessions, speaking up and walking groups – People First run a dungeons and dragons' session for people with autism, but people do not always know about what is on offer. There is an autism strategy currently being developed.

Transitions

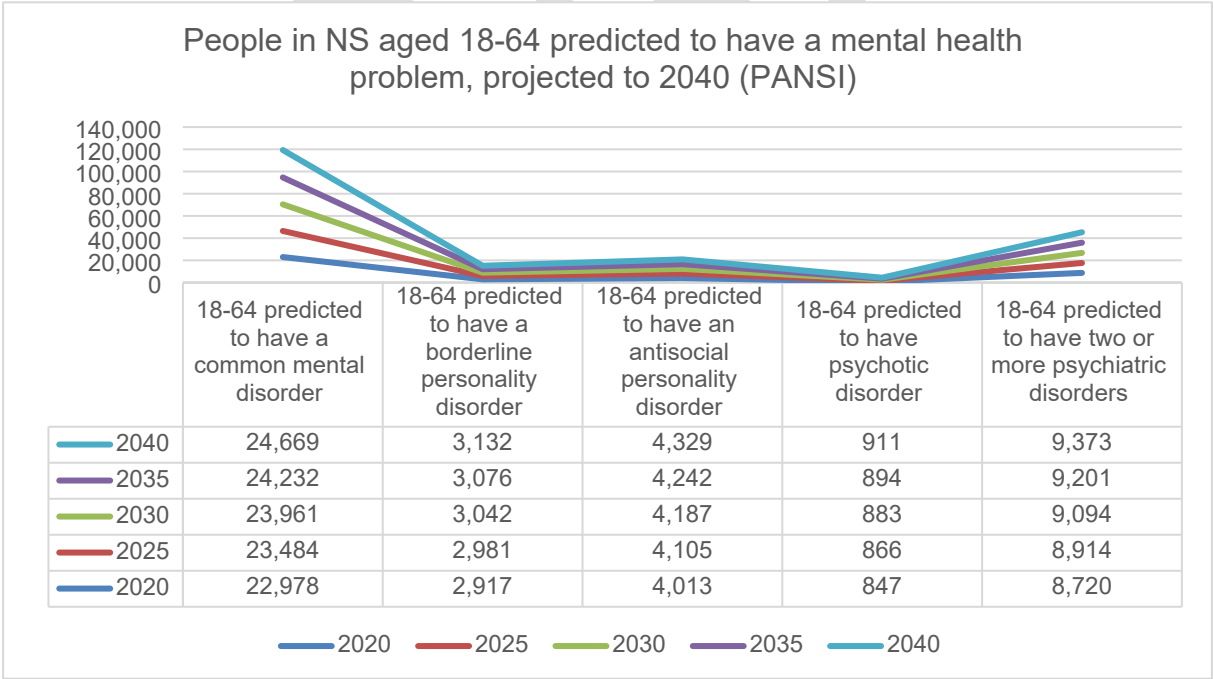
Transitions is a term that can apply at many stages of life, for example transitioning to secondary school from primary school, or to college from secondary school. Here, we take the term to mean the transition to adult services from children's services, which may not happen to all young people who are eligible for a statutory service under the Children and Families Act 2014 when they get to adults and the main piece of legislation underpinning eligibility is the Care Act 2014. We have a Transitions Team at NSC who work with young people when they reach 18, but the planning happens for a long time beforehand. Young people may be supported by the transitions team with a range of support needs including their mental health.

Pathways to Adulthood is a principle that can apply to young people with support needs, whether they have a learning disability, mental health condition(s), or a physical disability, to prepare them to lead independent lives, with a general focus on employment; good health; independent living and community inclusion. Maximising independence is in line with our adult social care vision and services are across both children's and adults' directorates. It is important that we know what the level of

demand might be for young people needing supporting living in our area, which comes from strong joint working across directorates, including a Pathways to Adulthood Governance Board. A Pathways to Adulthood Strategy is in development. It is vital effective transition planning is started early enough for the benefit of our young people and their families/carers, as well as economically.

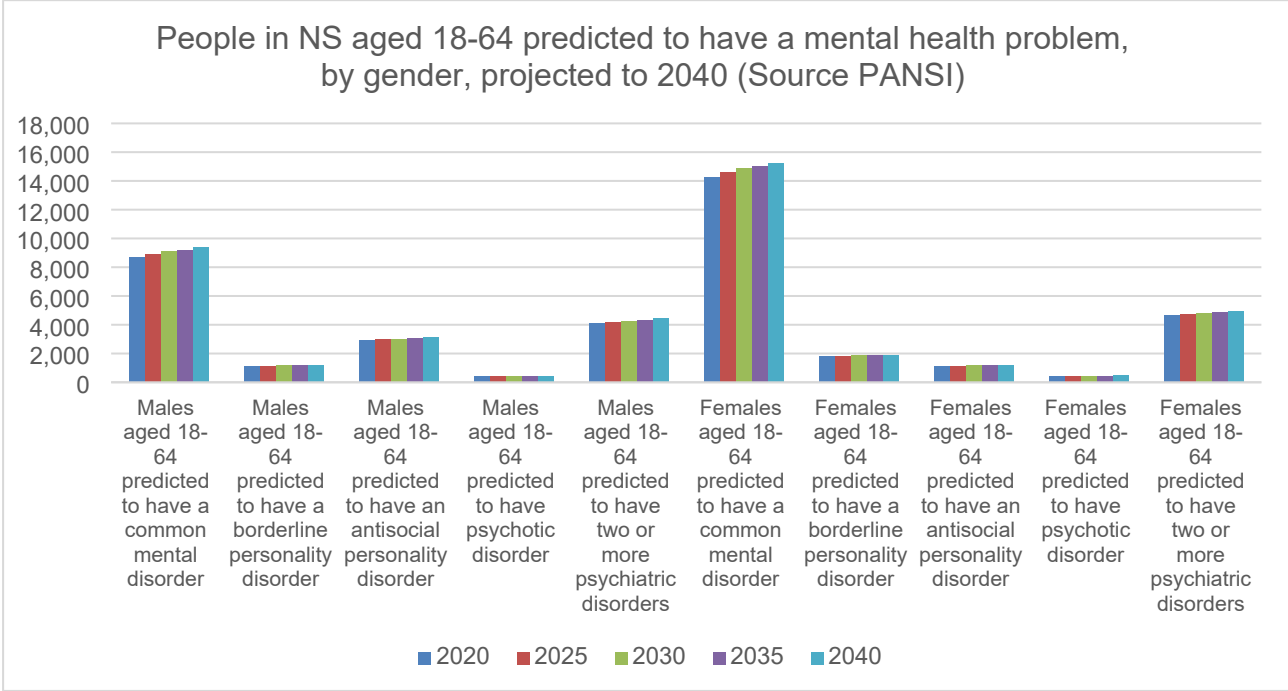
Mental Health

The Mental Health Strategy is based on the Needs Assessment (2002) and the practice approaches we expect to see in social work run through that too. According to the recent NSC Mental Health Needs Assessment (2022) NS adults are more likely to have a documented depression disorder (14.9% in 2021/22) than seen nationally (12.7%) and in our neighbouring LAs; these rates have doubled since 2013/14. Rates are higher in central Weston-super-Mare (WsM) compared to other areas in NS. GP practices in WsM, and Clevedon to a lesser extent, report the highest rates of severe mental illness in their registered populations (1.86% in places, but 0.34% in Portishead).



This may reflect difference in need, or lower attendance and/or levels of diagnosis in other areas. Mortality from suicide has been steady over the past decade in NS and was 10.5 per 100,000 population between 2017 and 2019, but men continue to be three times as likely to die due to suicide as women. As seen nationally, deprivation

levels (IMD) have a strong association with key mental health conditions, and many of the wider determinants. Many wards in WsM, for example, have the highest rates of deprivation in our LA, and the highest rates of depression, self-harm, unemployment, and obesity. Hospital attendances for any mental health reason (including self-harm, physical symptoms of anxiety, severe depressive symptoms etc) were 13 per 1,000 population in Weston, Worle & Villages, and 7 per 1,000 population in Woodspring, in 2021/22. As per POPPI data, there are 1,4211 people aged 65 and over predicted to have severe depression in 2020, which is projected to rise to 7,061 by 2030 in NS.



“Severe mental illnesses, which include conditions such as schizophrenia and bipolar disease, often require ... management by specialist mental health services. These illnesses often relapse and remit over decades, and sometimes lead to inpatient psychiatric hospital stays. Prevalence of such disorders is low compared to common mental health disorders, but they have a high healthcare impact and can bring significant disruption in day to day living. The rate of such conditions in North Somerset residents (all ages) follows a familiar pattern, i.e., higher than South Gloucestershire, but lower compared to Bristol. The trend is flat, with the rate consistently between 0.75% and 0.85% since 2013 (NSC Needs Assessment, 2022)”.

The Mental Health needs assessment recommends more focus on holistic support for NS residents with mental ill health, such as through dissemination of information and using signposting to, and delivery of, community services that support skills development, employment opportunities, and address other issues such as housing, isolation, and financial challenges. Care homes are not always right for people with these support needs and there are few other options due to the lack of one bed properties' that people can afford, especially those that can take younger people in extra care housing. Social prescribing is also an area that more understanding is needed for to inform funding and commissioning activities. Understanding the needs of our population in relation to housing based on quantitative and qualitative data is key, as is working alongside hospitals and care homes for people to be empowered and maximise independence by being able to access the right support and/or accommodation for their needs, as well as using a positive risk-taking approach.

10. Overview of our Market, Commissioned Services and Spend

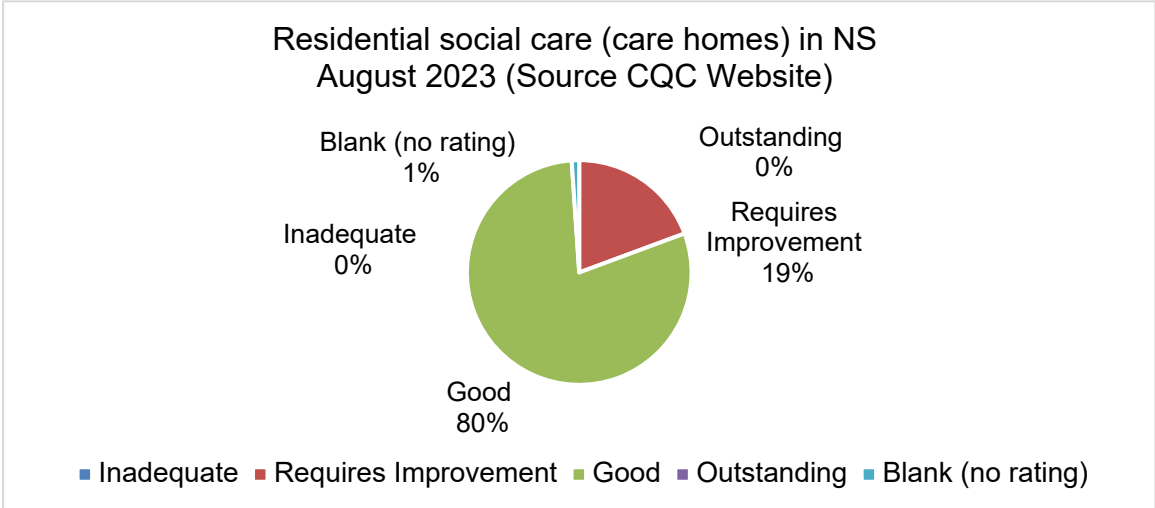
North Somerset Market Overview

The commissioning strategy covers all NS commissioned services and grants which cover a range of needs for people who use care and support.

At time of writing, there are 93 care homes in NS of which 76 are for older people, 29 provide both residential and nursing care and 37 homes specialise in just residential. There are 17 homes catering for under 65s with a range of needs. North Somerset previously indicated oversupply of both nursing and residential care and benchmarking suggests we have significant overprovision of residential beds. Modelling by the Housing LIN as part of our Older Person's Housing Needs Assessment in 2021 suggested despite demographic growth, a net reduction of 158 beds by 2038 was necessary (bearing in mind that we are higher than both the comparator rate and wider England rate for both nursing and residential care), but the market has offset some of this naturally.

Care Homes are regulated by the CQC (Care Quality Commission) and The Care Act 2014 places duties on LAs to commission care places for those living in their

communities who are eligible for public funding support. Care homes are run by the private sector, LA's, the NHS, or voluntary sector (not for profit). Out of 93 care homes in North Somerset as of August 2023, there are 18 of which require improvement (19%), 74 are rated good (80%) and 1 home is yet to be rated (1%). There are no homes which are rated as inadequate or outstanding by the CQC.



The table below from the Care Quality Commission and Housing LIN (2021) shows our prevalence rates (i.e., the number of bedspaces per 1,000 population aged 75+) of residential and nursing care in North Somerset, alongside the comparator average and all-England prevalence rates.

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

Recent data suggests residential care provision has recently reduced and we have seen the closure of 2 homes. In addition, there has been an increase in the number of nursing beds which is because of several homes expanding. Dementia services generally and nursing markets are sufficient, however dementia specialist services need to be expanded longer term. The data reflected in the capacity plan indicates that capacity in long-term nursing and residential care would be considered tight, and whilst the maximum number of potential supported people would suggest that there should be sufficient capacity, we have an above average self-funder market. In

addition to this, neighbouring authorities are placing in NS due to several of their homes closing. Even so, there appears to be sufficient flow in and out of the care home market to sustain demand, with minimal waiting times.

For Housing for Older People, North Somerset is above its comparators' average prevalence and in line with the England prevalence rate. For Housing with Care, North Somerset is above both its comparators' average prevalence rate and the England prevalence rate. The table below shows current provision and estimated need for specialised housing and accommodation for older people, to 2038 in North Somerset.

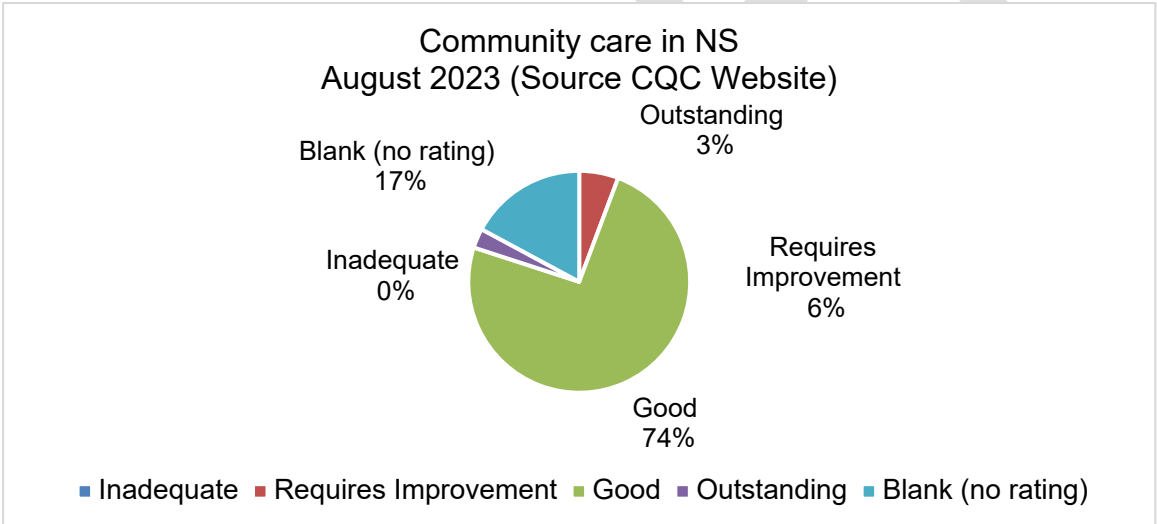
Housing/ accommodation type	2021 current provision (units/beds)	2021 prevalence rate	2038 anticipated prevalence rate	2038 estimated gross need	2038 net need (units)
Housing for Older People	2,869	57	53	3,353	484
Housing with Care	394	17	25	806	412
Residential care	1,284	54	35	1,128	-156
Nursing care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

In relation to extra care, we currently have six schemes in NS, the capacity plan data reflects tight capacity, with 92% across the service, however, all schemes are full, with people waiting for available units. New provision has been provided recently at Diamond Court's extension, but we would like to start more, including a feasibility study commissioned to look at options including in-house delivery as the current framework of providers are not leading to developments needed.

Data reflects that supported living capacity is also tight, where need is greater than available provision. Most existing schemes are full but voids in smaller schemes can exist in LD schemes due to incompatibility, and there are people waiting for units to become available, or they move out of area to other existing schemes. This is another growth area required to meet local accommodation shift targets, albeit development interest has improved this year. We are keen to ensure future and existing provision is TEC focused.

The homecare market is relatively stable with mostly small independent providers, not many new entrants and few exits from the market. We have 48 total providers in NS including micro providers – 35 are CQC registered. We use about 22 regularly on our framework. Of the three strategic providers we had at time of writing, one was struggling to meet existing capacity, particularly in rural areas, but all reported improved recruitment last winter following an early pay award. We now have two strategic providers, Access Your Care and Nobilis. It is recognised that we need more and improved provision around complex care particularly in respect of mental health and learning disability, and dementia.

Out of 35 CQC registered community care providers in North Somerset as of August 2023, there are 2 of which require improvement, 26 are rated good and 6 providers are yet to be rated. No providers are rated as inadequate and 1 is outstanding.



The fair cost of care exercise highlighted that residential fee rates are low and will need to rise, albeit longer term we do anticipate a significant shrinkage in provision is necessary and this has happened naturally in our market. We utilised resources to signal increases for 2023/24 of 9.65% for nursing homes and 9.1% and included a backdated element to all placements from April 2022 of 1.45% to support some of the rising costs that had not been reflected in the 2022/23 fee settlement. For both residential and nursing, current provision is vulnerable to the restrictions of the fabric of the buildings and accessibility issues. Homes have been RAG rated for longer term suitability given many homes are in Victorian buildings in seaside resorts.

There is recognised shortage of complex mental health and learning disability provision which is a key area of growth required to align with our strategic vision for the future. The domiciliary care market will be strengthened by additional reablement capacity, greater use of TEC to reduce demand and the bridging capacity to provide flexibility to support discharge. This should lead to reduced pressure on delayed packages or unmet need. However, the market is fragile. Domiciliary care rates rose by 9% to help with this. An identified gap in the domiciliary care market is around provision for complex mental health and learning disabilities, and we are currently in the scoping stage of developing a complex care framework.

In addition, we recognised the need to develop more robust long term community provision around dementia care and are currently piloting a community dementia wrap around service which is a joint initiative between health and social care. As part of the retendering of our Support to Live at Home contract, strategic providers are required to work with us to further develop a dementia specific pathway.

Recognising that the need for both extra care and supported living is greater than what we currently have available, we have several potential developments which we are currently pursuing, appreciating that due to planning regulations and building requirements, such developments take several months to realise. We are also looking to develop a framework for developers to join to maximise appropriate provision, particular in respect of accommodation with support requirements.

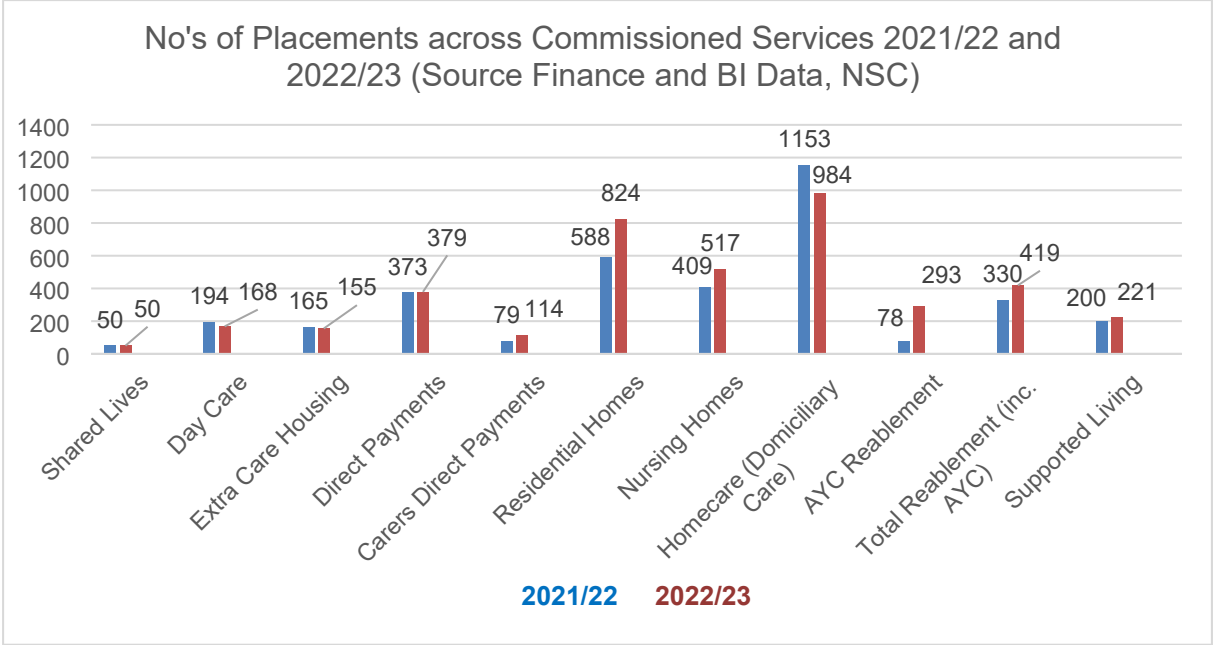
Social Care

There were 3796 packages of care and support commissioned via the adult brokerage team at NSC in 2022/23 as per brokerage data. 2875 were completed commissions; 287 were cancelled commissions; 598 were closed with no action; and 36 passed away³ (these figures relate to NSC funded people⁴ only). Our total expenditure was over £115m in the adult social services directorate in 2022/23.

³ Sometimes circumstances change and this may be due to a decision to change service request, a family decision, an error in the referral, hospitalisation, or a funding change

⁴ Avon and Wiltshire Partnership (Mental Health) placements and Weston General Hospital placements are not included in this figure, nor placements commissioned for the Integrated Health Board (includes Continuing Health Care; End of Life; and other Emergency Placements for Health).

There were income streams to the value of £39m including from Health (the ICB), the Better Care Fund, client contributions, as well as other contributions/internal transfers. Our social care and support net spend for 2022/23 was over £75m.

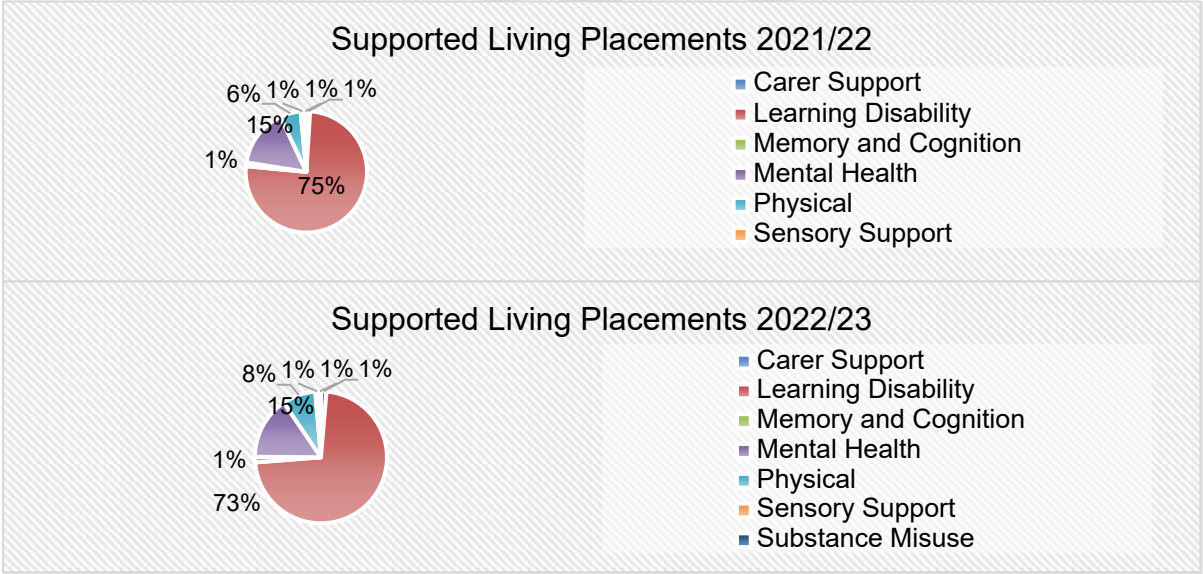


We could break categories down into themes such as care homes (residential and nursing), homecare; housing with support (including extra care/supported living), Shared Lives (the Service is called Connecting Lives at NSC to encompass the outreach element of the service); reablement (community and hospital); direct payments; and community support, as well as people’s needs, such as older people, learning disability, physical disability, visual/sensory impairment and mental health. There is often complex interplay between areas. For example, older people may have care needs and frailty given their age, but many can manage at home independently or with support, whether from paid/unpaid carers, family, and their community. Older people may have other complex conditions including poor health and disability, mental health issues or a learning disability, which may mean people are reliant upon commissioned care and support services as they become older.

There have been increases in direct payment take up for individuals and carers from 2021/22 to 2022/23. Care home placements (both residential and nursing homes) have increased, and homecare has decreased, which may be explained due to the covid-19 pandemic and people avoiding care homes and intakes being trickier from

hospital due to infection risk, as well as an uptake in reablement. Day care and extra care housing numbers decreased but supported living placements increased. In relation to reablement, in 2021/22 we spent £265,862 (£130,038 for Access Your Care reablement D2A block contract part year). In 2022/23, the spend was £747,896 (£703,291 for Access Your Care reablement D2A block contract full year). Reablement can decrease or delay the need for other interventions.

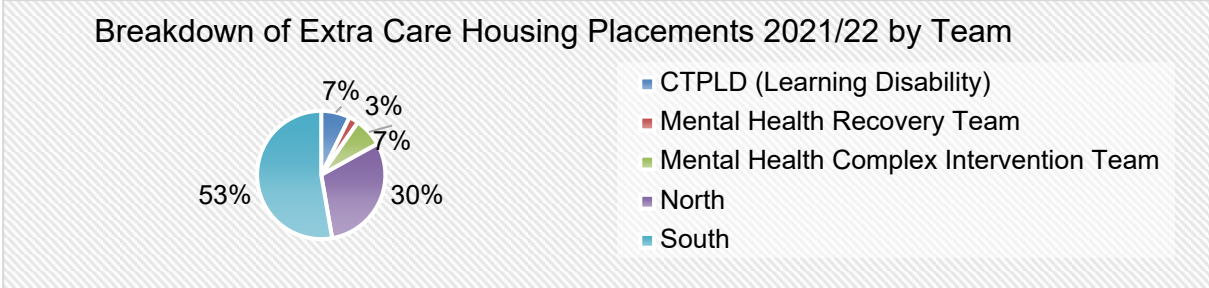
The numbers of supported living placements increased for learning disability and mental health from 2021/22 to 2022/23, with a 33% increase on carer support and memory and cognition placements (although their numbers are small). Within supported living in 2021/22, most people in placements had a learning disability (75%); people with mental health conditions made up 15% of placements; people with physical disabilities 6%; with the rest making up 1% of the placements (carer support; memory and cognition; sensory support) and substance misuse making up the other 1% of the total. In 2022/23 most placements were still people with LD.



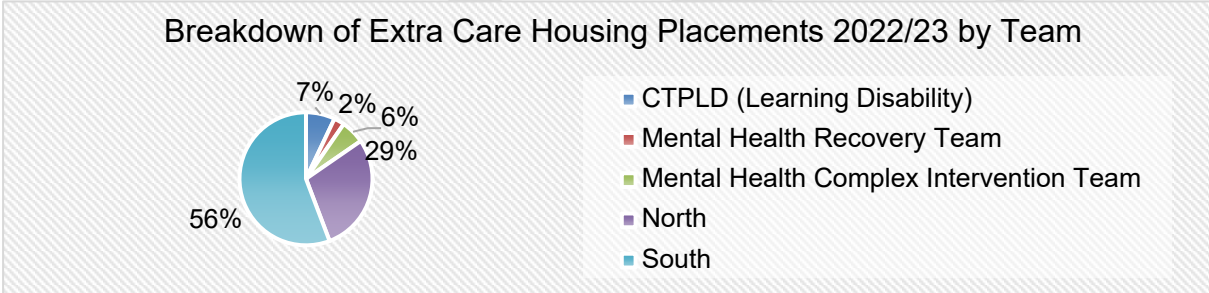
As we have seen in our market overview, there is tight capacity within supported living, and we need more local provision.

Extra care housing placements have not significantly changed from 2021/22 to 2022/23. There are six extra care schemes in Weston-super-Mare, Worle, Yatton, and Portishead. In 2021/22 of the total numbers of 165 extra care placements, 53% were in the south of the district and 30% in the north (of which more than half were

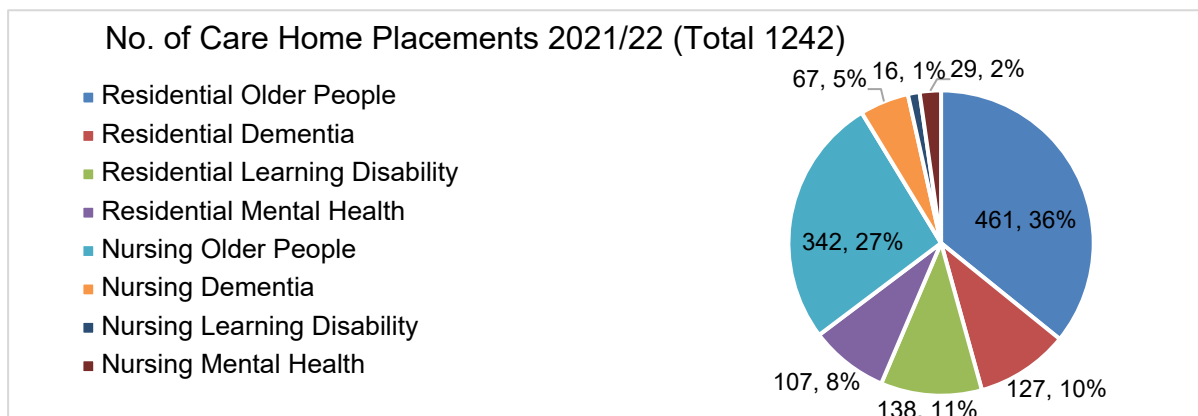
older than 65). 7% were from the community team for people with a learning disability of which most were over 65 years old; 3% were from the mental health recovery team of which 25% were over 65; and 7% were from the mental health complex intervention team, of which most were over the age of 65 years old.



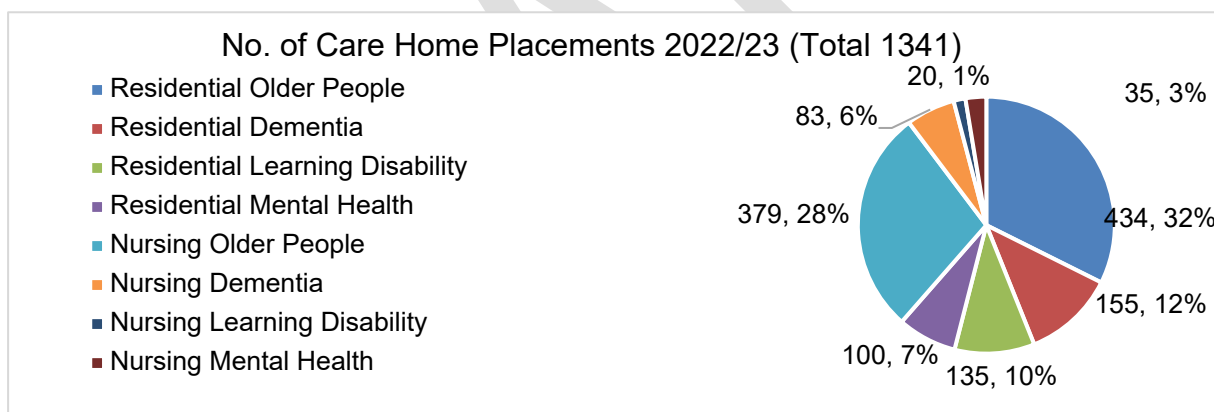
For 2022/23 there has been a slight increase in the numbers from the south team (rising to 53%). As we have discussed in relation to our market, we need more extra care provision to meet the needs of our population before people may need to move into care homes. This will be discussed more in the Housing with Support Strategy.



The breakdown of total care home placements in 2021/22 (1242) was split into residential older people (36%); residential dementia (10%); residential learning disability (11%); residential mental health (8%); nursing older people (27%); nursing dementia (5%); nursing learning disability (1%) and nursing mental health (2%). Residential care home placements for older people made up over a third, with nursing home placements for older people just over a quarter in 2021/22.



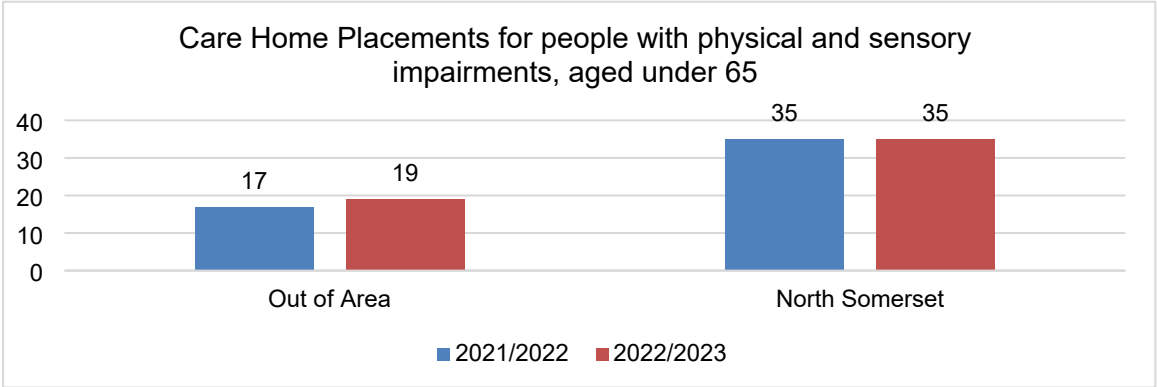
In comparison, in 2022/23 there was a total of 99 more placements overall in care homes compared to the previous year. Of 1341 placements, residential homes for older people are still the largest group but dropped to 32%, followed by older people in nursing homes at 28%. residential care home dementia placements made up 12% of the total, while it was 6% in nursing homes. Learning disability placements in residential homes made up 10% of the total, compared to 7% for mental health. In nursing homes, 3% were mental health and 1% learning disability placements.



Within care home placements for under 65s, in 2021/20222 there were 17 people with physical or sensory impairments (PSI) who were under 65 and placed in residential or nursing care homes outside of NS. The range of weekly costs for these placements is from £348 per week to £3088. The average cost per week was £1382. There were 35 people aged under 65 who were placed in residential or nursing care within NS. The range of weekly costs for these placements was from £417 per week to £2255 per week, with the average being £987 per week.

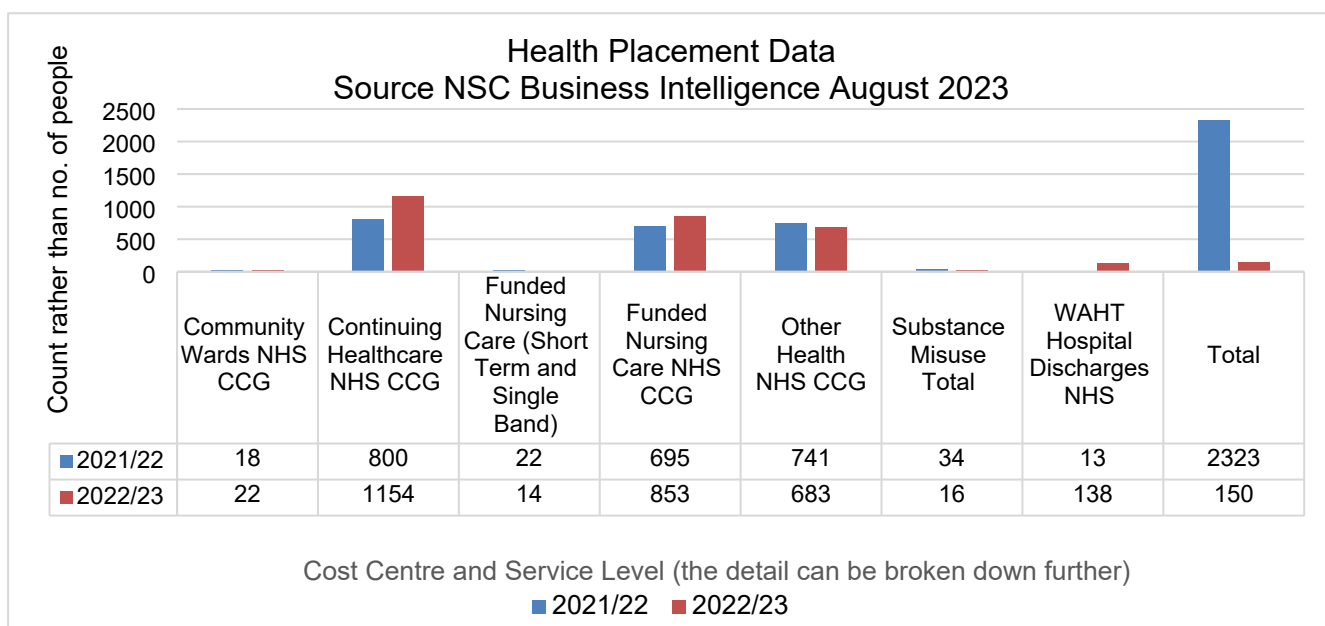
By comparison, in 2022/2023, there were 19 people with PSI who were aged under 65 and placed in residential or nursing care outside NS. The range of weekly costs

for these placements was from £740 per week to £3475, with the average cost per week being £1765. There were 35 people aged under 65 who were placed in residential or nursing care homes within NS. The range of weekly costs for these placements was from £429 per week to £2990, with the average being £1078 per week. You can see that the numbers within North Somerset stayed the same, but out of area placement increased by two, which may be because of a lack of suitable accommodation options within North Somerset (see Housing with Support Strategy).



Health

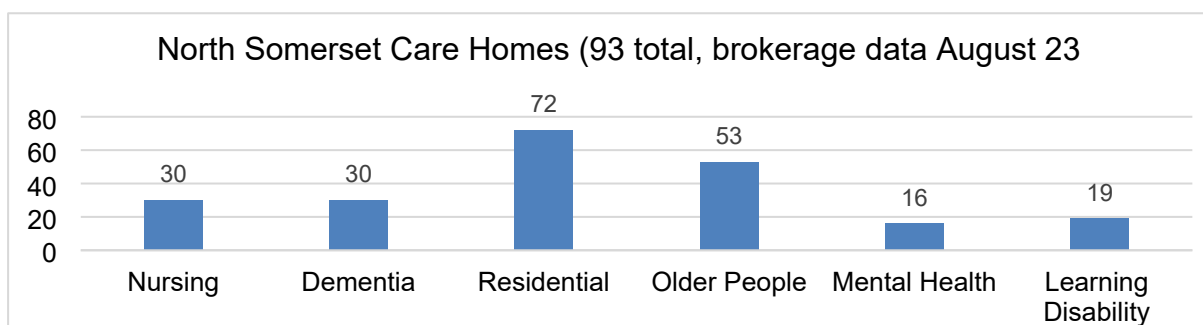
The health placement data chart below shows how many counts of individuals, as opposed to different numbers of people, in 2021/22 and 2022/23 that fell under each area (cost or service type). One person could have several different services to make up their individual care package. This is based on service start and does not include anything else that was opened prior to these years but would have been active during it. Service duration is also not reflected. The data has been condensed as there are many types within each overarching cost centre and service level, for example within ‘Community Wards NHS CCG’ there is only Care & Support - Day - Health (Block). However, within ‘Continuing Healthcare – NHS CCG’ there are several types of support from ‘End of Life’ to ‘Hospital Discharge’, ‘Supported Living’, ‘Nursing’ and ‘Direct Payments’.



Contracts

Advocacy – This service is a statutory duty under the Local Government and Public Involvement in Health Act 2007 and is funded as one element of the Local Reform and Community Voices Grant received by the Council. The following statutory advocacy services are provided: Mental Capacity Advocacy (IMCA); Independent Mental Health Advocates (IMHA); NHS Complaints Advocates (IHCA); and Independent Advocacy (ICCA)

Care Homes – NSC have 93 care homes across NS across client groups (including 76 for older people), which is a mix of standard residential, residential with enhanced needs, standard nursing, and nursing with enhanced needs, as well as for people with learning disabilities and mental health. There are 29 residential and nursing homes, and 37 residential homes for older people. Enhanced needs refer to complexity of need and of the 93, 30 homes can accommodate people with dementia, for example, according to our records. There are 19 care homes who cater for adults with LD; 16 can accommodate those with mental health issues; whilst the majority are for older people (53). Care homes are for people that need substantial support up to 24 hours a day, many of whom have a range of health needs.



Residential and nursing care is currently commissioned using block and spot purchasing arrangements. Block arrangements, means that some beds are commissioned and guaranteed for a fixed period, and readily available for when needed to ensure a maintained and cost-effective care home bed capacity in NS. Current provision is 79 block beds across 5 care homes covering nursing and residential care. The block-booked beds are recommissioned for 6 months at a time. Spot purchased means beds are bought from providers as needed. There are currently 8 NS homes offering day care in their home. This is paid in session costs: one session is half a day.

Care and Support - Framework agreement for spot purchase domiciliary care which supports the Support to Live at Home contracts. There are 22 providers on this framework.

Community Beds for Hospital Discharge and a Hospital Discharge Flat -

There is a one bed flat within extra care housing, as well as a flat within NSC housing to ease hospital discharge. There are also community beds within Pathways 2 and 3.

Community Meals - Contract to supply food to be cooked in our own locations and delivered to vulnerable individuals in NS. We keep an inhouse service which delivers meals to older and unwell people who have difficulty preparing food and who live in NS. Meals are cooked at Castlewood and @Worle. Drivers carry out a welfare check during each visit which includes cutting up food; fetching a cold drink and cutlery; reminders to take medication; and an environmental check – temperature and hazards. Staff will also check that the person is comfortable, and we can contact their family or a doctor if there is a problem.

Complex Care - Framework agreement for people who have clinically complex needs, funded under continuing health care (CHC), which is usually nurse led. People may have physical disabilities that require staff to have specialist knowledge, understanding and competencies, or administer medication and managing specialist equipment such as CPAP (Continuous Positive Airway Pressure) machines and PEG feeds. There are 12 providers on this framework currently, being more specialist. It is 'open' which means providers can apply at any time and give a pricing agreement.

Day Services – A framework for building based day services across all groups. This includes Tamar Court's dementia day services including a Wellness Centre and is available to LA funded as well as people paying themselves. The centre is being aligned with carers respite. There are a total of 24 centres on our list, some are run by the same provider. See Specialised Care and Support Contract for under 65 provisions.

Direct Payments (also called a 'DP') - Are a sum of money from the council to use to arrange and pay for a person's care and support. The aim is to give you greater flexibility, more choice and control over the support you get to meet assessed eligible needs. If you get a DP, you can decide how your needs will be met, by whom, and when. For example, you might decide to employ your own personal assistant (PA) to work at the times you choose instead of receiving support from a care agency arranged by the council. You must be able to consent to have a DP and have the capacity to manage one either on your own or with help. We will ensure everyone who is eligible has the option and support to have a DP.

Domestic Abuse Support Services – A contract for a single access point for both the public, and stakeholders. Floating support service, independent domestic violence advisers (IDVA's), emergency accommodation, community-based group work and children's support. Supports people irrespective of gender but ensures that the support is tailored to any specific needs which female and male individuals may have and that it reflects the demand for services from each gender. Includes support around 'honour' based violence and forced marriage and provision to help children of people who have experienced abuse. People aged 16+ can receive support.

Emergency Response and Wellness Service – An emergency domiciliary care response service which supports Carelink, NSC and the emergency duty team which includes a falls service and a telephone welfare checking service, offering reassurance to vulnerable people. The wellness service can act as a step down for care packages where people do not need a visit from a care worker, and for those at risk of hospital admission. People who are awaiting care packages receive a call from the wellness service to provide reassurance pending the start of care. The wellness service can also support the recently bereaved, as well as signposting people to services and referrals to TEC Hubs.

Equipment Services - This is a joint funded service across the BNSSG (Bristol, North Somerset & South Gloucestershire) ICB area.

The service assists children and adults to remain in their own homes, at school and in care homes through provision of essential equipment. The service provider manages, maintains, and delivers equipment for the people of Bristol, North Somerset, and South Gloucestershire. Equipment ranges from grab rails to support someone to access their front door, to specialist chairs to support the most disabled children in NS. Many care plans include the provision of equipment, the service is essential for the council to deliver its statutory duties.

Extra Care Housing – Accessible housing usually for over 55s with a care provider onsite to support people with planned care and support and 24-hour emergency cover. This type of accommodation can include assisted living, retirement villages, or close care. Older people are given the opportunity to live in their own purpose built, self-contained housing, while accessing care and meals on site. A range of communal facilities will also be on offer and individuals will have tenure rights. We currently have 6 schemes which include Diamond Court, and Lakeside Court in Weston-super-Mare, Waverley Court in Portishead, Tamar Court in Worle, Strawberry Gardens in Yatton, and Sandford Station in Winscombe.

Handyperson Services - Provide low-level, low-cost interventions that are considered extremely helpful, if not vital. The service undertakes small works within people's

homes which are normally described as odd jobs and can include things such as small building works, repairs, safety measures, home security and energy efficient checks. They also support people that are being discharged home from hospital and reablement for essential adaptations to support independence and safety, under the Care Act. The service supports the requirements of our occupational therapy professionals and enables small adaptations to be completed. Early identification of issues can reduce the likelihood of future crises, contributing to the wider prevention agenda and aid independence at home.

Pathways to Adulthood – An overnight respite / short break provision provided for young people aged 14-25 who have a learning and often a physical disability, currently based out of a property in Clevedon. It is a jointly commissioned service between adult and children's social care. The emphasis on these services is on preparing the young person with the skills to equip them into adulthood.

Reablement - A therapy led service, which delivers reablement for up to 6 weeks following a stay in hospital, which supports the discharge pathways and can lead to a community-based offer afterwards. It has one lead provider. Reablement can also be accessed from the community to prevent or reduce the need for long term care. Outcomes include signposting, wellness service referrals, telecare and falls devices as well as occupational therapy referrals.

Shared Lives / Connecting Lives –The connecting lives service at NSC is made up of the shared lives service; (where support is provided in a shared lives carers home) and the outreach service (where support is provided out and about or in people's homes). The connecting lives service currently supports 170 live in placements; 89 people in the community; and 49 carers households receive support.

Specialised Care and Support Contract Building Based Day Services - Framework agreement covering people with a learning disability, mental health, autism, acquired brain injury and sensory impairment. There are 8 centres all together - 4 in county and 4 out of county, some are run by the same provider. There are 7 providers in total on the framework currently. Employment support can be offered, as well as

activities and hobbies for people. There are social enterprises including Banwell Pottery. Free employment support lasts for 12 months and then is chargeable.

Specialised Care and Support Individualised Packages - Framework for people with learning disabilities or who have specialist mental health needs. There are 56 providers on this 'open' framework, which means providers can apply at any time. There are fixed hourly rates that apply to this contract. This is for people who require 104 hours one-to-one support, or less, per week.

Specialised Care and Support Contract Supported Living – Framework agreement for housing which enables people, under the age of 65, who have support needs to live independently and prevent or delay the need for residential care. People can choose where they live, with whom, how they want to be supported and what happens in their home. Tenancies are individual and can be for an individual flat, or room in a shared house with others. Support and/or care may be provided: if it is care, the CQC regulate these providers, as it does care homes. We currently have 48 schemes, which include Graham Court (12 flats), Bennett Court (12 flats) Clifton Road (8 flats) and Links Court (11 flats).

Supported Accommodation (also called Supported Housing) – These services are traditionally used by Housing/and or Children's Services for people who have mental health challenges, are homeless, are younger (16-24) and/or Care Leavers. Providers include Curo, LiveWest, Alabare, Richmond Fellowship, Sanctuary, SAHA, and Stonham Housing. This is housing related support with up to 7 hours support per week, in contrast to Supported Living ASC packages of care which are usually much higher.

Support to Live at Home (STLAH) – Strategic domiciliary care contracts covering set geographical areas with lead providers supplying care and support in the home to people aged 18 years and older who are eligible for services. The geographical areas will be aligned with the ICP.

Technology Enabled Care - There have been gains such as the hydration app; the digitalisation of care providers who were paper based; Tamar Court's use of Alexa's to support individuals, along with falls monitoring and being able to assess risks more rapidly. Tovertaffel (or 'magic') tables for people with dementia and learning disabilities are in care homes across NS. Acoustic monitoring has enabled people to be checked upon by not physically waking them up, which has been well received, as well as whzan devices in care homes to give data to health partners.

Wellbeing House – Support for people around their mental health on a one-to-one basis, based on the [5 Ways to Wellbeing](#). Up to 7 days at a time (potentially up to two weeks) to head off a crisis and support hospital discharge. Support is person centred, customer designed, and trauma informed, and activities and events are delivered to keep independent living skills such as cooking, budgeting, and money management. Families, support networks and carers are linked with right local services to supply any other support needed and where right support through the Independent Lives Offer when people return home and can self-fund this. Support includes involvement from local support agencies to create wraparound support networks.

Grants

Age UK Somerset - Support and advice for older adults to prevent isolation and promote independence. There is a phone line service, support is offered with attendance allowance claims, a range of exercise and health groups including cognitive behavioural therapy and frailty (staying active) classes by qualified instructors. There are also online groups with currently over 500 people accessing. There is also a volunteer befriending service which supports community access.

Alive – There are three meeting centres in NS: Clevedon, Portishead and Nailsea. Meeting centres are an evidence-based intervention that provides post-diagnosis support for people living with mild to moderate dementia and their carers to support them to live well at home and in the community, using a hub and spoke model of support. The centres are held in social, friendly community settings where members are supported to live independently at home for longer, reducing or delaying medical

invention, care home placements, crisis support and avoidable admissions. The dementia directory can be shared with individuals and their families and supplies information on services, community, and voluntary resources.

Alliance Carer Support Services - Information and advice provided through phone calls, community drop ins, online support, and face to face appointments. Practical support interventions related to caring; support with referrals and signposting to ensure carers receive all help they are entitled to. Help with financial support and benefits; a variety of groups and opportunities to meet with other carers; support to understand rights and choices; and support to look after own wellbeing. Carers can also access an emergency response service. The aim is to support people who rely on carers at times when their carer is unable to support them. This is usually in an emergency or because a carer is in hospital.

Alliance Floating Support – Housing related/tenancy support to vulnerable people to avoid eviction and homelessness. This includes a home from hospital team, who support people to return home after a stay in hospital, working closely with reablement and other services within the hospital and community, which continues to support the ethos around Home First.

Alzheimer's Society - Post-diagnostic dementia support services through dementia support advisors and workers to achieve person centred outcomes and plans to keep independence and cope with living with dementia (or the process of a diagnosis). Support for carers via community-based support services. There is a focus on living well with dementia, keeping independence and a support network within communities; a pro-active, early intervention approach, checking of people with dementia and carers to prevent crisis; enabling to live lives of the best possible quality; empower people to make choices, enable people to plan their own lives and care for themselves. Working in partnership with the carer support service to ensure carers have access to a statutory carers assessment and DP.

Brigstowe Project - Promote and deliver self-advocacy for people living with or affected by HIV. Support and groups offered with the aim to progress to other long term life conditions (such as exploring long covid).

Citizens Advice North Somerset (CANS) – A corporately funded contract which offers guidance and support including financial advice for people in NS. Support offered with Debt Relief Orders (DROs), Bankruptcy, housing advice and homelessness.

Curo Community Connect (CC) - Social prescribing service in North Somerset helping people 50+ access services to enable them to live independently in their own homes and stay connected within the community. Working around the 5 Ways to Wellbeing it enables people to take a positive approach to self-care and building resilience to maintain good physical and mental health. CC aims to reduce social isolation by being embedded in the community, attending events and information days, and working with people within the community to set up new groups and activities whilst supporting existing ones. Signposting customers onto other services to support their needs is a key part of the service.

Healthwatch North Somerset - Local Healthwatch promotes and supports local people in the promotion and scrutiny of health care services. Enables monitoring of local services and obtains people's views for improvements. Makes recommendations to Healthwatch England and writes and publishes reports.

North Somerset People First - Promotes self-advocacy for those with a learning disability through groups, events and activities like walking. Links with other organisations and engages people with a learning disability to help be involved and develop services. Support with signposting to direct payments.

Remap - A programme of custom designed or adapted aids projects to help people with a disability. The grant supports the management of volunteers and advertising for volunteers.

Retired and Senior Volunteer Programme - Provides and promotes volunteering activity and encourages people over 50 to get involved. The grant supports the recruitment and management of volunteers.

Second Step – NSC contribute to a health funded and managed initiative to support mental wellbeing. The wellbeing service supports people with mental health conditions, undertaking clinical reviews and signposting, as well as making referrals to other services.

VISION North Somerset - Sensory rehabilitation and support services for people with a visual and/ or a hearing impairment over the age of 14 years old. Provides information, advice, and guidance on sensory loss by undertaking home visits. Referrals are kept on the register and specialist rehabilitation centre provision. The rehabilitation centre has accessible demo equipment for buying or loaning to support meet daily living outcomes and digital inclusion. Training is supplied for those living with someone who has a sensory impairment. Support at home is provided and everyone has access to help with daily living.

Voluntary Action North Somerset (VANS) - This is a corporate contract. The grant pays for a representative at multiple council boards, 3 workshops a year and a newsletter. Promotion and engagement activities are undertaken with the community and volunteers to help with policies, engagement, networking, collaborating to help develop and meet the challenges in health and social care.

Woodspring Talking News - Records local news by digital means and distributes free to people with a visual impairment. The grant supports the rental of studio and equipment to record the news by volunteers. There are approximately 160 listeners in NS.

Spend

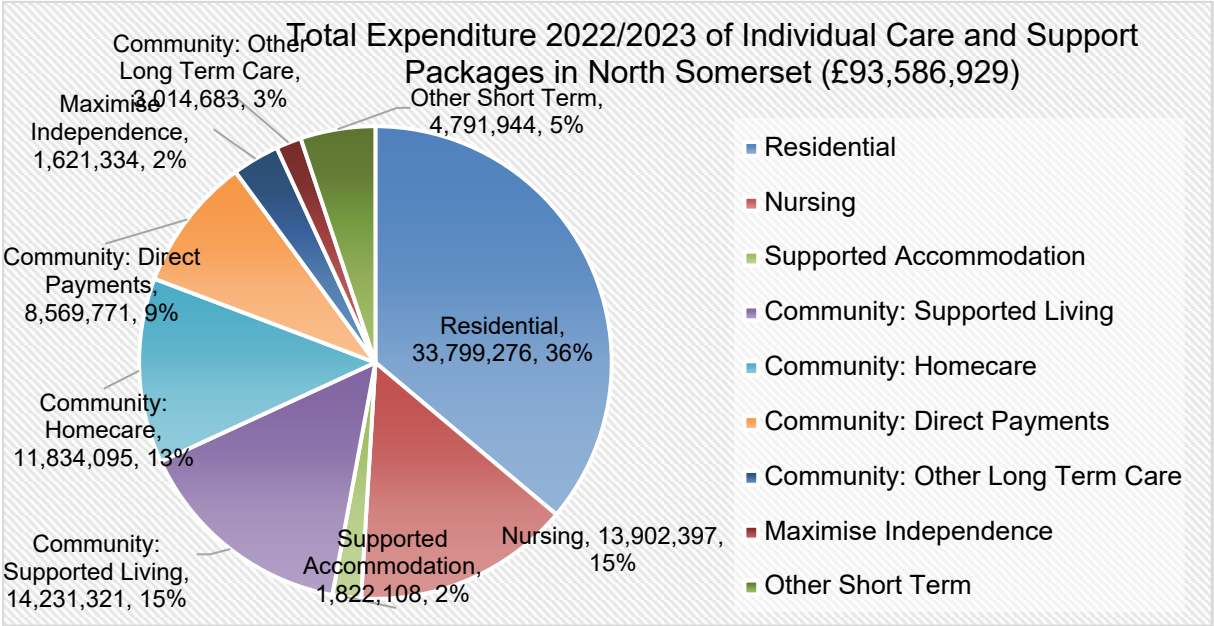
As per our revised budget for ASC in 2022/23, our biggest costs were learning disability packages (more than £36m). physical support was our next highest at over

£35m; over £11m for mental health; and more than £7m for memory and cognition social support. Carers received over £1.6m and sensory support just under £400k. Various income streams do offset some spend, but there was still a net spend of over £70m on commissioned individual care and support packages. £11m was spent on social care activities which refers to staffing. Information, and early intervention, as well as assistive equipment and technology, all tie into the total commissioning envelope along with the individual care and support packages. The over £5m which was spent on 'commissioning and service strategy' refers to staffing and the voluntary sector, rather than commissioned services. £12m came back in income in the form of government grants (which we may spend on provider fees for example). Housing spent over £2m and income was received as grants and housing benefit.

ADULT SOCIAL SERVICES SPEND 2022/2023	REVISED BUDGET (as of March 2023)			
	Expenditure £	Income £	Reserves £	Net £
Learning Disability	36,622,540	(4,916,054)	(267,000)	31,439,486
Physical Support	35,479,279	(11,930,874)	(174,000)	23,374,405
Mental Health	11,246,127	(2,497,072)	0	8,749,055
Memory & Cognition	7,830,460	(2,646,118)	0	5,184,342
Social Support:				
Support for Carer	1,613,362	(642,782)	0	970,580
Social Support:				
Substance Abuse	408,553	(107,023)	0	301,530
Sensory Support	386,608	(169,833)	0	216,775
Individual Care and Support Packages	93,586,929	(22,909,756)	(441,000)	70,236,173
Social Care Activities	11,787,394	(1,760,965)	(316,880)	9,709,549
Information & Early Intervention	1,621,756	(644,180)	0	977,576
Assistive Equipment & Technology	1,019,421	(339,892)	(247,100)	432,429
Other Social Care	14,428,571	(2,745,037)	(563,980)	11,119,554
Commissioning & Service Strategy	5,603,603	(11,807,527)	(233,406)	(6,437,330)
Housing Services	2,031,658	(1,317,480)	0	714,178
ADULT SOCIAL SERVICES TOTAL	115,650,762	(38,779,800)	(1,238,386)	75,632,576

Individual care and support packages categories can also be broken down into residential, nursing, supported accommodation, community: support living,

community: homecare; community direct payments; community: other long-term care; maximise independence and other short term (overall expenditure being over £93m but due to income streams, the net spend was £70,236,173 in 2022/2023.)



In comparison to the revised budget for 2022/23, the actual spend was slightly higher in terms of gross expenditure, but we received more income. The pie chart shows that for individual care and support packages in NS, residential care homes (the service user type has been discussed above) are the biggest cost at 36%, followed by nursing care homes and supported living at 15% each. Homecare accounts for 13% of our expenditure, direct payments 9%, and other short-term interventions 5%. Long term care in the community 3%, maximise independence 2%, along with supported accommodation at 2% of our expenditure. We received over £22m in income from government grants and client contributions.

Adult Social Services Revised Budget 2022/23	Expenditure	Income	Reserves	Net
Residential	33,799,276	(10,270,435)	0	23,528,841
Nursing	13,902,397	(4,185,944)	0	9,716,453
Supported Accommodation	1,822,108	(367,056)	0	1,455,052
Community: Supported Living	14,231,321	(1,473,595)	0	12,757,726
Community: Homecare	11,834,095	(2,684,121)	0	9,149,974
Community: Direct Payments	8,569,771	(1,321,112)	0	7,248,659
Community: Other Long-Term Care	3,014,683	(2,347,274)	(441,000)	226,409

Maximise Independence	1,621,334	0	0	1,621,334
Other Short Term	4,791,944	(260,219)	0	4,531,725
Individual Care and Support Packages	93,586,929	(22,909,756)	(441,000)	70,236,173

In 2023/24 our commissioning spend has increased and is more than £100m gross, when you consider the commissioned individual care and support packages, information and early intervention and assistive equipment and technology that reflect the commissioning spend. Social care activities refer to predominately staffing costs, and commissioning and service strategy refers to staffing and voluntary sector.

Adult Social Services 2023/24	Expenditure	Income	Net Budget
	£'000	£'000	£'000
Individual Care & Support Packages	99,135	(23,318)	75,817
Social Care Activities	15,746	(2,047)	13,699
Information & Early Intervention	1,622	(644)	978
Assistive Equipment & Technology	679	(340)	339
Commissioning & Service Strategy	6,352	(13,473)	(7,122)
Housing Services	1,841	(1,217)	624
Adult Social Services Total	125,374	(41,040)	84,334

As well as commissioning services to meet need, we also need to be able to decommission services, for many reasons, such as a change in legislation or managing a decreasing budget. We have had to try to balance the books for decades, but the post covid recovery is such that we try to do more for less, in many ways, and be more creative in our approaches to commissioning, to become more outcomes focussed and flexible. The costs of dementia care when mild is lower in the community than in a nursing home, which also benefits the person. Some of our grant funded services were decommissioned over the years and a review of some services would be useful to ensure we are getting the most value not only in terms of cost, but people's outcomes in line with our maximising independence vision.

Low rates of pay in NS have traditionally put people off wanting to work as PA's, with no holidays or pensions, as if self-employed pay is low pay after tax. The rate for DPs employing a PA increased to £14.50 from April 2023 (although a self-employed PA has responsibility for paying tax and national insurance). If the person receiving support employs them, the rate would be about £11.50 once the on costs are taken care of (national insurance and pension contributions). This will enable more people to be attracted to delivering support in their community to meet needs.

11. Engagement and Other North Somerset Council Strategies

Many individuals and groups have been spoken to in the preparation and writing of this strategy, as well as a wider consultation meeting, including but not limited to:

- Adult Brokerage Team
- ASC Governance and Policy Group
- Business Intelligence
- Care Connect
- Carers Lead
- Community Team for People with Learning Disabilities
- Connecting Lives Lead
- Continuing Health Care Team
- Contracts and Commissioning
- Customer Service Manager
- CQC Quality Assurance Programme Manager
- Direct Payments Project Officer
- Engagement and Participation Officer
- Executive Member
- Finance
- Health and Wellbeing Lead
- Heads of Service: Early Intervention and Prevention / Localities / Learning Disability and Mental Health / Principal Social Worker and Principal Occupational Therapist
- Hospital Discharge Team
- Housing and Housing with Support Leads
- Inclusion Lead
- Market Sustainability Plan
- Mental Health Teams: NSC / Avon and Wiltshire Partnership Trust
- North and South Locality Teams
- North Somerset Together Lead
- Policy and Strategy Team

- Providers and people who use services, includes Care Home Forum; Access Your Care; Surround; Alive; Alliance Homes' Carers Support; Alzheimer's Society; Freeways; People First; Chinese Community Wellbeing Society; Disability Disco; Coffee and Chat; Disability Action Group; Curo; One True Step; ConnectED
- Public Health
- Quality Monitoring Team
- Researcher in Practice
- Reviewing Team
- Technology Enabled Care Lead
- Transitions Team

As well as the above people and groups spoken to, engagement already undertaken by colleagues has been utilised in the collation and writing of the strategy, as well as reading and research. The strategy was consulted upon by our Directorate Leadership Team and Corporate Leadership Team, the Executive and Adult Social Services and Housing Panel, the Locality Partnerships – Weston, Worle and Villages and Woodspring, the Voluntary Action North Somerset Voluntary Sector Forum, Healthwatch, a Carers Group, as well as being sent out to a working group of people involved for comments. The care home and domiciliary Care Provider Forum was engaged with at various stages, although the wider policy context and our adult social care vision was the starting point.

Key Themes from Initial Engagement

- Commissioning needs to be more evidence based and coproduced with operations and those with lived experience, although good relationships have been built with providers which was shown in the fair cost of care report in relation to homecare (*links to ConnectED and data intelligence including BI Dashboards, as well as system reporting*). Understanding the needs of our population feeds into this, including self-funders (see MPS).
- More joined up working across directorates and operational teams, as well as external partners such as health, and other LAs, would be beneficial for information sharing and being able to pass knowledge on.
- People do not always know how to access support in the first place and what is available to them/their cared for. Community based services can often meet

people's needs, but there needs to be improved awareness of available resources. A package of care may not always be best, or outcome focussed.

- Recruitment and retention are the biggest issues which impacts upon there being support available for people when they need it (whether this is low level support before needs become complex, or a prompt assessment of Care Act needs, or the provision of a package of flexible homecare, for example).
- Direct payments can offer a creative way to meet the needs of individuals with care and support needs, but there are not enough personal assistants (PAs)
- There are not enough specialist services in NS, community based and accommodation with support options, such as supported living and extra care housing for a range of different groups, including people with substance misuse issues. ECH does not always take people that would benefit due to age and other reasons. More specialist dementia support and support for carers is needed (both community and residential based).
- Grant funding can be precarious for providers; uncertainty can affect planning.
- There is a lack of support options for people in NS who have autism, but not a learning disability - BASS and People First are able to support, but People First traditionally support people with LD or difficulty (diagnosed or not).
- Colleagues have expressed a need for more marketplace flexibility to meet outcomes for people.

North Somerset Council Strategies

There are many strategies that are inherently linked to adult social care. All our strategies can be found on our website www.n-somerset.gov.uk

Housing / Housing with Support / Connecting Lives

Our Housing Strategy (2022-2027) has priorities that are linked to social care including '*identifying and meeting the individual housing needs of our more vulnerable residents*', which is aligned with some people who will be using commissioned services in social care. More people able to access and sustain independent living is another priority of our housing strategy which is linked to our commissioning strategy. Domestic abuse features within the housing strategy, which is an ASC commissioned service and support for survivors of domestic abuse to find

and sustain tenancies is a commitment in the housing strategy. Having a better understanding of access to accommodation needs and support to meet housing need is linked to the older people's housing needs assessment, and housing with support strategy, which will be used to inform planning of new accommodation, such as extra care. There is seemingly a gap between supported and general needs housing. Support for older and disabled people to live independently is a theme that supports our vision for ASC for people to live as independently as possible, maximising independence, as well as adhering to the White Paper [People at the heart of care](#) (2021) in relation to social care reform. Did you know that 46% of HomeChoice applicants found themselves or a member of their household as having a mental or physical disability in February 2022? Complex issues including mental health and/or drug and alcohol misuse can lead to tenancy failure, which would make worse other problems. There is a North Somerset Drug and Alcohol Partnership action plan, which sets out plans for substance misuse and housing, including prison leavers. Alternative options for housing such as shared lives (older and younger people living together) and encourage landlords to rent to people with complex issues will help to resolve some of the social and economic problems people who have social care needs face. Shared lives have a part to play, along with [Homeshare](#), a scheme where unrelated people share not only a home, but their lives, which are often mutually beneficial. As well as mutual support being offered, Homeshare enables the homeowner to receive support with shopping, household tasks, childcare, dog walking and companionship itself often delays the need for social care and mitigates social isolation that older people can often experience. The benefit for the person who moves in is low cost or free housing in exchange for their support and companionship, which can be a wonderful use of resources – the home itself and sharing accommodation helps to reduce carbon emissions as well as being a solution to the cost of and shortage of housing. Homeshare is a model across the world and there are programmes which match people. These programmes are in line with our increasing independence agenda and enabling people to live at home for longer. It is usually older people who open up their homes, but it can be anyone with a spare room who needs some support and/or companionship.

Voluntary, Community and Faith Based / Coproduction

Many of the points raised through engagement are picked up by other areas of work, for example the Policy and Partnerships Team and are developing a voluntary, community and faith-based strategy, in line with the [Empowering Communities Strategy](#). There is much being done on a grassroots level in NS that can help to take the pressure off commissioned services at an early intervention stage, but it is capturing that information and more importantly sharing with our communities that is key. The [North Somerset Together](#) partnership has done a lot of work with community groups, but more joined up working is needed to ensure commissioned services are not duplicating and are being used as effectively as possible.

Health and Wellbeing / Mental Health / Loneliness and Isolation / Food / Substance Misuse / Physical Activity

As we have seen from the JSNA and health more widely, loneliness and social isolation are a factor in poor health, which can lead to an increased need for commissioned services. The health and wellbeing strategy, loneliness and social isolation strategy, food strategy (food insecurity in NS), mental health strategy and physical activity strategy, all align to the idea that health and social care commissioning cannot be done in isolation. Employment, physical and mental health, housing, and many other factors influence the complex relationship between poor health and reliance upon services. Physical activity throughout the life course, as well as a focus on reducing inequalities can help to maximise health and wellbeing long term. The JSNA document needs to be kept up-to-date and used to inform better planning for services and support across a variety of needs. As we know from our health colleagues, prevention is better than cure, thus the work of the early intervention and prevention lead must remain linked in with commissioning.

Commissioning should not be an activity that is done away from operations and those with lived experience, rather done with. Coproduction is an area that forms part of our ASC practice framework. The strategy and policy team are developing a coproduction strategy and choice in care policy. Public Health commission community drug and alcohol services in North Somerset, including We are With You.

There is also a BNSSG wide trauma-informed action plan, which NSC will have a part to play in delivering.

Occupational Therapy / Technology Enabled Care

We need to be mindful that occupational therapy (OT) is considered as much as social work; an occupational therapy strategy is being written which shares many overarching principles. A crucial point for residential reablement for OTs (occupational therapists) to work from one base, optimising moving and handling (single handed care) and a formalisation of the trusted assessment model, linking in with providers to further learning and development. Closer working relationships between OT and reablement would help to support positive risk taking. The equipment in care home policy promotes understanding between managers of care homes, health and social care commissioners and operational staff, NS Integrated Community Equipment Services (ICES) and other parties interested in the provision of equipment in care homes. There is a TEC Strategy and improved outcomes have been seen from the reablement and TEC pathway, such as carers are being invested in for Home First Transfer of Care Hubs (TOCH).

Carers

Unpaid carers, often spouses, or family members who are supporting their loved ones with many tasks, are an integral part of adult social services and this commissioning strategy and can really embed the maximising independence agenda. The rate of unpaid care is extremely high and the impact upon commissioned services if carers were not supported in their caring role would be huge. There is a NS Carers Strategy, however, research undertaken, includes a [Healthwatch report \(2022\)](#) on carers from minority groups in NS, whereby participants did not view themselves as carers. There are millions of unpaid carers in England that we know of, aged over 65. There are also many young carers and carers of working age that support social care systems.

Direct Payments

DPs can pay for Personal Assistant's, which can help to meet ASC demand, as well as being ideal where people want more choice and control over their care and

support. Micro-providers may be helpful for providers who struggle to pick up rural packages of care.

12. Climate Emergency

In 2019 we declared a climate emergency with the aim to become a net zero council and area by 2030. In November 2022 we have developed a refreshed [Climate Emergency Action Plan](#), that sets out our key priorities. The way we commission our services has an important part to play in the way we do business, and our [Procurement Strategy](#) has climate action at heart. Therefore, we are keen to work with contractors who are encouraging greener choices such as reducing organisational carbon footprint, shifting to renewable energy, rewilding, waste minimisation. Specific questions around climate change are now being asked in tenders, for example the Support to Live at Home contract for homecare.

NS are leading the way with optimising technology enabled care, including Alexa's and acoustic monitoring which keeps people connected with others virtually. We have provided strategic providers with e-bikes. Our aim is to go further and supply electric vehicle pool car access to our contractors as part of a block contract. This arrangement will support 'Home First', whereby support is received for up to 6 weeks after hospital discharge. The £1.2m Innovation Grant was bid for by 7 care homes for solar panels and 7 care homes for heating/energy efficiency to improve properties.

If you have any ideas about how we can influence the climate emergency in the commissioning of our services, please do let us know, no one claims to have all the answers and we can only affect change by working together. If you are interested in finding out more about council's plan to tackle climate emergency and how your organisation can contribute towards it, please contact the Climate Emergency team at Climate.Emergency@n-somerset.gov.uk

13. Procurement and Social Value

Commissioners work with strategic procurement to get the best value out of commissioning arrangements, considering climate change and support for the local

economy, in line with the [Social Value Policy 2022](#). Social care is acknowledged as running in a perfect storm of underfunding, staffing shortages and ever-increasing demand. These markets work very differently from other markets and require a level of intervention and support to existing providers that do not always fit with traditional procurement approaches, which is reflected in the direction of travel of the NHS 2021 reforms. The NHS reforms are likely to place a strong emphasis on partnerships, collaboration and integration, care providers are expected to play their part in these developments as are commissioners and it is important that commissioning plans reflect this policy change.

ASC commissioning/procurement presents a unique challenge because good procurement of care services has more of a focus on the individuals that services are supplied for, a personalised approach to procurement is also needed. The market for ASC is relatively 'horizontal' – commissioning and procurement approaches must show the importance of creating and keeping a diverse and proper market through which commissioners and people who have a personal budget have a choice of quality services to buy. This is an important requirement of commissioners under the Care Act 2014. The need to consider social care requirements differently in providing corporate requirements is recognised in the LGA's National Procurement Strategy for Health and Social Care Services, accompanied by a range of tools for use by LAs which are intended to reflect the intent of the Care Act 2014, the Children and Families Act 2014 and Integrated Commissioning for Better Outcomes (2018).

14. Commissioning Intentions

Where we are going over the next 7 years strategically, should be evidence based – upon census data and demand modelling (see Demographics and Needs Analysis section), as well as coproduced with people, and their families and carers. Our demographic information and what this will look like will inform our MPS, building upon our market sustainability plan. For older people, focussing on a range of suitable accommodation options is significant and ties into the housing with support strategy. Extra care housing (ECH) is being utilised as an option for many older people, which will have a knock-on effect to our residential care home market, as

ECH enables people to remain more independent, even when they have care and support needs. The market for care homes ideally needs to diversify, there is a gap for learning disability and mental health focussed supported living and care homes in NS, evidenced by mental health teams placing out of county to move people from hospital units, as being placed away from NS can cause issues when people settle, but do not have a local connection. However, the data to evidence this needs to be strengthened to inform our commissioning practices.

Moving forward, key themes will be developing individual services to support specific areas, such as learning disability and mental health, specialist nursing care for complex dementia, as well as a range of several types of accommodation to meet unique needs, including extra care housing, supported living and lower end mental health, and learning disability placements. As per our ASC practice framework, commissioned services need to align to a Home First approach to maximise independence; be relationship based; person centred; promote positive risk taking; be trauma informed, and evidence based. We have come a long way from commissioning on inputs and outputs and are moving to outcomes and approaches, which are much better for individuals with care and support needs. We publish annually a commissioning intentions report, which is on the Forward Plan.

Our commissioning intentions have been cross referenced to the action plan using themes in the 'Area/Theme' column. Please note they will not be in the same order below, as actions have been grouped according to short, medium and long-term priorities in the action plan and more generally by support area below.

Early Intervention & Prevention, Community & Voluntary Sector Support (EI)

- i. Increase tailored community-based approaches to health and wellbeing, as well as preventative services. Link strengths-based approaches to the Better Health offer to prevent escalation of social care needs, Empowering Communities Strategy, Carers Strategy and Volunteering Strategy, which will connect communities to become more collaborative and resilient. Community-based strengths will help people to draw on their own resources, be it family,

friends, and/or in communities. People with higher levels of wellbeing should remain healthier for longer, as per the Care Act wellbeing principle.

- ii. Reablement in the community will be developed to keep and promote independence and ideally delay or prevent other forms of ASC being needed.
- iii. Increase the number of sessions of Alive meeting centres in the south of the district or increase other daycare opportunities.
- iv. We will review some grants where proper and in consultation with providers, as grant funded projects can be difficult to plan for longer term. Contracts might be better for some, to remove uncertainty for providers and people who use services.

Market Position Statement and Quality Assurance (MPS)

- i. Adult Social Services has a Quality Monitoring Team that undertakes quality monitoring and assurance of providers in the social care sector, including domiciliary care, nursing and residential care homes. The Quality Assurance Framework (QAF) is currently under development to ensure quality provision in North Somerset.
- ii. In collating our market position statement, we will provide up-to-date information on supply/demand which will help with our Care Act Market management duties.
- iii. Information on our market can be utilised by providers to inform where they might like to set up to meet care and support needs in NS, as well as further across the southwest.

Homecare/Domiciliary Care (DOM)

- i. Further strengthen support available to homecare providers in terms of recruitment, retention, and training. This can be offered through various sources of support; fee increases utilising grants, the Proud to Care Campaign and learning and development support to help staff teams find gaps to support knowledge and skills in being able to supply more robust/diverse specialist services. This is relevant across all areas in our Commissioning Intentions.

Accommodation with Care and Support (HWS)

- i. Development of different accommodation models will be helpful to meet housing needs, including supported living for people with various needs who may have carers, and able to share carer resource (learning disability, mental health and/or physical and sensory disabilities), or for homeless people.
- ii. Extra care housing provision has been provided this year from an extension to an existing scheme, but we would like to accelerate new provision, including a feasibility study commissioned to look at options including in-house delivery.
- iii. Supported housing future developments will be TEC focussed.
- iv. Joined up working between us, government, and providers of housing to plan supported housing development to meet needs, including a focus on under occupancy (see Housing with Support Strategy and LDAHN report 2023).
- v. We are considering developing a framework for developers to join to maximise the right provision, particularly for accommodation with support requirements.

Care Homes (nursing and residential) (CH)

- i. Improvement of care home environments. Sources of funding, governmental and other grants, will continue to be on our radar.
- ii. Support diversification across a range of client groups, tied into our market position statement and capacity plan (2023). We need more specialist provision for complex and high-level needs including nursing and dementia care, so they are available at the right time for people who need them.

Physical Disability and Sensory Impairment (PD/SI)

- i. Increase suitable accommodation and support options for people with a physical disability in North Somerset. Includes respite options where people may have a PD/SI, particularly for under 65-year-olds who are being placed out of county and/or inappropriately in care homes.
- ii. We will review how we support people into paid work in North Somerset who may have a disability.
- iii. Ensure commissioned services are available for digitally excluded people, due to a high prevalence of people with VI not able to access the internet.

Learning Disability and/or Autism (LD/A)

- i. Development of more specialist services locally with a focus on supported living/housing and support for individuals with learning disabilities and/or autism and/or mental health conditions. This may include developing of a housing developer dynamic purchasing system. A range of different accommodation models may need to be utilised at different points for people with support needs and carers.
- ii. Improve Pathways to Adulthood as a programme to prepare young people into more independence, as well as exploring models of service delivery to be more outcome focused, including development of a micro-provider market.
- iii. We will review how we support people into paid work in North Somerset who may have a disability.
- iv. Individual Service Funds (ISFs)/Transforming Care will find gaps to support transitions and people in services to live independently, such as using positive behavioural support programme (PBS)/Flourishing lives projects.
- v. Promote up to date communication channels for community-based activities.
- vi. Support increased capacity of providers to meet care and support needs with the Proud to Care campaign and other initiatives.

Transitions (TRA)

- i. Development of a range of accommodation models to fit the needs of the population transitioning to adult services from children's, with learning disabilities and/or autism, and/or physical and/or sensory impairments.
- ii. To work closely with children's services and Education Partnerships to ensure better outcomes for young people who are transitioning to adult services, including the provision of information and advice.
- iii. We will review how we support people into paid work in North Somerset who may have a disability.

Mental Health (MH)

- i. Development of a range of accommodation models to fit the needs of the population, including people with substance misuse and complex needs. Residential homes are not always right and there are few other options due to the lack of one bed properties that people can afford.

- ii. Develop a range of multi-agency approaches for complexities such as self-neglect and hoarding, as well as more options for people with autism.
- iii. We will review how we support people into paid work in North Somerset who may have a disability.

Micro-providers, Direct Payments (DPs) and Personal Assistants (PAs)

- i. Growing the market for DPs may help to meet needs that providers cannot, especially low hours and if people live rurally, PA's can collaborate with multiple people locally which saves transport costs. This market is key to working alongside commissioned 'services' to give more choice and control.
- ii. We will explore Individual Service Funds. Like DPs, ISFs can further strength-based outcomes by provider management, rather than the person/or LA.

Self-Funders (SF)

- i. NS has a substantial self-funder population that we will be required to undertake social work and financial assessments for, as well as put in place the care metering arrangements and commission services on their behalf. We are continuing to use Care Navigators to support self-funders to purchase homecare directly, building on the use of technology and continuing to work across interdependent markets.

System Wide (SW)

- i. People with lived experience and their families and carers need to be at the centre of our work.
- ii. We will ensure we are working with our colleagues across adult social care, children's social care, procurement, climate emergency, business intelligence, placemaking and growth and the wider ICB to meet our priorities collectively.

15. Feedback and Accessibility

Feedback

We welcome complaints, compliments and comments from residents and other stakeholders, to help us shape our services. If you wish to give any feedback, please contact:

Complaints Manager
North Somerset Council
Town Hall
Weston-super-Mare
BS23 1UJ

Accessibility

All North Somerset Council documents can be made available in large print, audio, and other formats. Documents on our website can also be emailed as plain text files. Help is available for people who require council information in languages other than English. Please email asshsstrategyandpolicyteam@n-somerset.gov.uk or ring 01934 888 888.

16. Appendices

Action Plan 2023/2024 (to be updated annually)

Action	Term	Area/Theme	Outcome	Lead Officer(s)	Date
1. Launch a refreshed care homes contract for older people and specialist services including dementia, learning disability and mental health	Short	CH/LD/MH (CH)	Consistency across NS in relation to fees and service delivery	<ul style="list-style-type: none"> Contracts and Commissioning Team Manager 	Jan 2024
2. Develop and maintain our market position statement (MPS) for adult social care and support services	Short	All (MPS/QA)	A published MPS	<ul style="list-style-type: none"> Strategy and Policy Development Officer 	March 2024
3. Develop and implement a regional and local approach to market sustainability, market failure, and ongoing improvement (includes fair fees/rates) <ul style="list-style-type: none"> Annual fee review to be completed Review of 'who buys care homes' in NS 	Short	All (MPS/QA)	A thriving and sustainable market; positive relationships; adherence to our Care Act 2014 duties	<ul style="list-style-type: none"> Assistant Director, Commissioning, Partnerships and Housing Solutions Head of Strategy and Commissioning Head of Early Intervention and Prevention 	March 2024

<p>4. Implement Quality Assurance Framework by end of March 2024</p> <ul style="list-style-type: none"> • To quality monitor all North Somerset based care homes and community care providers annually. • Set action plans where necessary and ensure effective monitoring for action completion. 	Short	All (MPS/QA)	Services are quality monitored and assured; we meet CQC 'good' standard for as many care homes and community care providers as possible whilst recognising QA will not by itself drive up homes' standards to be 'good'	<ul style="list-style-type: none"> • Head of Early Intervention and Prevention • Quality Monitoring Manager 	March 2024
<p>5. Ongoing support to providers around workforce development and recruitment. Local delivery plan to support ADASS international recruitment processes</p> <ul style="list-style-type: none"> • Assist with Care Academy development, focus being on recruiting people • Develop and launch a health and social care ambassador scheme in partnership with ICB • Motivate staff to volunteer for the Health and Social Care Ambassador Programme 	Short	All (DOM/CH/LD/A)	Improved recruitment and retention within support services	<ul style="list-style-type: none"> • Proud to Care Project Lead • Learning and Development Officer 	March 2024

<ul style="list-style-type: none"> • Take on 100 staff members offering 3 hours per month to the programme • Deliver over 200 schools engagement activities over 12 months (Oct 2023-2024) <p>In relation to social media:</p> <ul style="list-style-type: none"> • 20% increase to number of enquiries coming through the Proud to Care inbox • 20% increase to number of people following Proud to Care social media pages • 20% increase to people attending Proud to Care events due to our social media page 					
<p>6. Ongoing support to providers around workforce development and training to develop outcomes focussed, strengths-based commissioning practices</p> <ul style="list-style-type: none"> • Visit 2 services a week to assess need(s) • 80% of providers to have been met to establish training needs and support providers appropriately 	Short	All (DOM/CH/LD/A)	Our services have people's wellbeing at their centre; CQC provider rating improvements whilst recognising that workforce development and training will not drive these up in	<ul style="list-style-type: none"> • Contracts and Commissioning Officer • Learning and Development Officer • Proud to Care Project Lead 	March 2024

			isolation; Care Academy delivery		
<p>7. Skills pipeline work with the Place directorate and Economy Team specifically around their work on supporting various groups of people into employment, with a focus on the social care workforce in North Somerset</p> <ul style="list-style-type: none"> • Closer alignment of digital developments in social care with the growth of the wider digital economy. 	Short	All (DOM/LD/A)	Cross directorate working to ensure maximised opportunities for the future workforce within social care	<ul style="list-style-type: none"> • Learning and Development Officer • Proud to Care Lead • Head of Strategy and Commissioning • Head of Economy • Assistant Director, Commissioning, Partnerships and Housing Solutions • Head of Service Development • Care Providers 	March 2024
<p>8. Increase preventative services such as reablement, wellness, homecare, and TEC to keep people at home for longer in line with a Home First approach.</p> <ul style="list-style-type: none"> • TEC Strategy to be written and rolled out • Commissioning of TEC projects/pilots in 2023/2024: 	Short	All (EI)	TEC is commissioned appropriately and confidently by social care workers to meet Care Act eligible	<ul style="list-style-type: none"> • Assistant Director, Commissioning, Partnerships and Housing Solutions; • Head of Service Development 	March 2024

<ul style="list-style-type: none"> ○ 400 Acoustic monitoring units to 7 care homes ○ 1000 Vayyar units to 500 residents ○ 25 Technicare fit bits across BNSSG (including 18 to Healthy Lifestyles Team) ○ 90 whzan digital-health units to be distributed across the BNSSG ○ 40 Genie units to be rolled out across NS 			<p>needs; delay admission to hospital; decrease costs of care packages; increase carers' confidence in meeting the person they care for needs; More people to stay as independent as possible and stay home for longer</p>	<ul style="list-style-type: none"> • Head of Strategy and Commissioning 	
<p>9. Develop and deliver projects to support people to live at home, in their communities, for people with unexpected behaviours</p> <ul style="list-style-type: none"> • Commission a positive behavioural support programme in NS 	Short	LD (LD/A)	More people who can live at home with support if they wish	<ul style="list-style-type: none"> • Contracts and Commissioning Officer 	March 2024
<p>10. Recommission Pathways to adulthood/respite service(s) for learning and physical disabilities</p>	Short	LD/PD (LD/A)	People can have a break when needed	<ul style="list-style-type: none"> • Contracts and Commissioning Officer 	March 2024

11. Research Housing Bill changes to understand implications for us, people who use care and support services, and providers	Short	All (HWS)	To maximise opportunities and ensure compliance with legislation	<ul style="list-style-type: none"> Accommodation Change Manager Accommodation Change Officer 	March 2024
12. Ensure NS Online Directory, NSOD (and its successor) and public website is up to date on NSC commissioned services <ul style="list-style-type: none"> Refresh quarterly, or as needed if more frequently 	Short	All (EI)	Increased awareness for people who may need support services	<ul style="list-style-type: none"> Proud to Care Project Lead 	On-going
13. Ongoing communication with social work teams, providers, and the public, about up-to-date available commissioned care and support services <ul style="list-style-type: none"> Increase attendance at Provider Forum - 2 providers per quarter Attendance at Team Meetings – 1 per quarter 	Short	All (CH/SW)	Increased awareness for signposting to support services; providers to work collaboratively with us	<ul style="list-style-type: none"> Contracts and Commissioning Team Manager 	On-going
14. Strengthen climate emergency priorities within commissioning practices and promote preventative measures with providers <ul style="list-style-type: none"> Climate will continue to be considered in all policy, procedure, specifications and tender documents 	Short	All (SW)	To support the climate emergency response as an ongoing concern	<ul style="list-style-type: none"> Head of Strategy and Commissioning 	On-going

<p>15. Develop and improve data collection processes to support future needs projections and service planning and delivery</p> <ul style="list-style-type: none"> • Commissioning performance data to be represented in a BI Dashboard • Commit to local and regional analysis which will identify our cost profile and target resources more efficiently 	Short/ Mediu m	All (SW)	Services are evidence based and meet NS residents' needs	<ul style="list-style-type: none"> • Head of Strategy and Commissioning 	March 2024
<p>16. Review Commissioning Strategy action plan with people using services, parents, carers, and/or families. Link to Coproduction Policy in development</p>	Short/ Mediu m	All (SW)	Annual review to ensure our priorities are outcomes focussed	<ul style="list-style-type: none"> • Accommodation Officer • Participation and Engagement Officer 	On-going
<p>17. Review how we support people into work who may have a disability</p> <ul style="list-style-type: none"> • Joint working with the Economy Team around their work on supporting various groups of people into employment • Investigate how employment is discussed with people as part of support planning 	Short/ Mediu m	PD/SI/LD/A/ MH (PD/SI/LA/A /MH)	Everyone is given a fair chance to find paid work in North Somerset	<ul style="list-style-type: none"> • Learning and Development Officer • Contracts and Commissioning Officer • Head of Locality Teams 	On-going

				<ul style="list-style-type: none"> • Head of Mental Health & Learning Disability • Head of Economy 	
18. To develop a complex care / specialist care framework to improve service provision specifically to meet the more complex and challenging needs of individuals	Short/ Medium	LD/MH (LD/A/MH)	Appropriate range of support options to be available for people	<ul style="list-style-type: none"> • Contracts and Commissioning Officer 	March 2024
19. Disaggregate the Transforming Care Section 256 funding envelope held by Bristol City, to support commissioning intentions in North Somerset for the specific cohort of clients and wider planning.	Medium	LD (SW)	Appropriate range of support options to be available for people	<ul style="list-style-type: none"> • Assistant Director, Commissioning, Partnerships and Housing Solutions 	Jan 2024
20. Identify, as part of the refreshed TEC strategy, the opportunity to target TEC interventions as part of the transition to adulthood	Medium	LD (TRA)	Appropriate range of support options to be available for people	<ul style="list-style-type: none"> • Head of Service Development 	March 2024
21. To review the process around accessible accommodation and undertake an audit of accessible accommodation available	Medium	All (HWS)	A range of suitable housing options will be available for	<ul style="list-style-type: none"> • Accommodation Change Officer • Accommodation Change Manager 	On-going

			people to choose what type of accommodation suits them	<ul style="list-style-type: none"> Assistant Director Placemaking and Growth 	
<p>22. We will ensure that all specific grants and central government funding targeted at care providers are allocated in full</p> <ul style="list-style-type: none"> Maximise effectiveness of monies distributed and provider implementation 	Medium	All (SW)	<p>Grant money and funding is well spent and accounted for appropriately.</p> <p>Long term plan using earmarked govt funds to address issues identified from the Fair Cost of Care exercise</p>	<ul style="list-style-type: none"> Assistant Director, Commissioning, Partnerships and Housing Solutions Head of Strategy and Commissioning 	On-going
<p>23. Improve integrated systems and collaborative working within NSC, and across health and social care (BNSSG ICP) at a system and locality level</p> <ul style="list-style-type: none"> To represent commissioning within ASS&H at appropriate boards, panels, and groups Commit to joint commissioning coterminous to locality partnership boundaries; to maximise 	Medium	All (SW)	<p>Less duplication of resources, improved experience(s) for people within health and social care</p>	<ul style="list-style-type: none"> Assistant Director, Commissioning, Partnerships and Housing Solutions 	On-going

our opportunities, including system priorities such as Home First and D2A					
24. Contribute to multi-agency approaches to complex service delivery (such as safeguarding from a commissioning perspective)	Medium	MH/SG (SW)	Appropriate range of support options to be available for people	<ul style="list-style-type: none"> • Head of Mental Health and Learning Disabilities • Safeguarding Adults Manager 	On-going
25. Work with Place to determine the appropriate model for bidding as Investment Partner for the Affordable Homes Programme, utilising strategic and operational housing needs to bid for bespoke specialist housing to meet vulnerable adults and complex homelessness needs	Medium/Long	All (SW)	A range of suitable housing options will be available for people to choose what type of accommodation suits them	<ul style="list-style-type: none"> • Assistant Director, Commissioning, Partnerships and Housing Solutions • Assistant Director Placemaking and Growth 	March 2024
26. Increase and co-develop/commission more specialist services based on needs analysis and what people tell us they need <ul style="list-style-type: none"> • Use eConsult to gather local intelligence • Utilise Engagement Officer to engage people with lived experience and their families/carers for commissioning 	Long	All (SW)	Support is available for people when they need it	<ul style="list-style-type: none"> • Accommodation Change Officer • Accommodation Change Manager • Contracts & Commissioning Officer(s) 	On-going

<p>27. Continued work with providers to ensure unpaid carers have support to carry on in their caring roles.</p> <ul style="list-style-type: none"> • Development and roll out of a Carers Strategy in NS (March 2024) 	Long	All (EI)	Unpaid carers feel supported; there are fewer breakdowns of carer support	<ul style="list-style-type: none"> • Contracts & Commissioning Officer(s) • Accommodation Change Officer 	On-going
<p>28. Grow the micro-provider and PA market</p> <ul style="list-style-type: none"> • PA register to be promoted/managed by Connecting Lives Direct Payment Coordinator • CLDPC to match people with PA's using the register and specific recruitment • Training provided to social care staff and produce a good practice guide, enabling all practitioners to understand/give DP options • Recruitment and engagement will be prioritised where there is a lack of commissioned services • Check DCAW weekly for people who a DP may benefit and support to recruit a PA • CLDPC will engage with and create support networks for PA's 	Long	Homecare (DP/PA)	More choice and take up of direct payments; Increase no. of PAs	<ul style="list-style-type: none"> • Direct Payments Development Officer • Connecting Lives Direct Payment Coordinator • Brokerage Manager – Direct Payments 	On-going
<p>29. Ensure Commissioning voice is influencing the determination of Joint Strategic Need Assessment, and future Health and Wellbeing Board Strategies</p>	Long	All (SW)	Fulfilment of commissioning cycle,	<ul style="list-style-type: none"> • Assistant Director, Commissioning, 	On-going

which are used to shape and determine commissioning plans			engagement in corporate planning and needs assessments	Partnerships and Housing Solutions <ul style="list-style-type: none"> • Head of Strategy and Commissioning 	
30. Implementation of the Better Care Plan performance and strategies, ensuring that commissioning arrangements support the delivery of the BCF and in particular the Hospital discharge and intermediate care plans	Long	All (SW)	BCF Plan Hospital Discharge Joint Commissioning and pooled budgets	<ul style="list-style-type: none"> • Assistant Director, Commissioning, Partnerships and Housing Solutions • Contracts and Commissioning Officer 	On-going
31. Investigate Valuing People funds as an opportunity to improve commissioning capacity within LD to increase options for community and mental health support	Long	LD/MH (SW/LD/A/MH)	More flexibility for people to get what support they need, when, they need it	<ul style="list-style-type: none"> • Head of Mental Health and Learning Disabilities • Head of Strategy and Commissioning 	On-going
32. Supported accommodation partnership to be set up and work collaboratively across housing, Liberata and landlords <ul style="list-style-type: none"> • Link to Housing Bill legislation changes (improving housing standards in supported living and ECH/housing with support) 	Long	LD/MH (HWS)	Partnership agreements and monitoring will be improved	<ul style="list-style-type: none"> • Accommodation Change Manager • Accommodation Change Officer 	2025

<p>33. Commission a report on strategic housing needs for people aged under 65 with specific reference to Learning Disability, Autism and Transforming Care cohort (this would complement the existing Older Persons Housing needs report completed in 2022 - 2035 by the Housing Lin, and the current report being undertaken for ECH)</p>	<p>Long</p>	<p>PD/LD/A/ MH/ (SW)</p>	<p>To inform future housing options and development</p>	<ul style="list-style-type: none"> Assistant Director, Commissioning, Partnerships and Housing Solutions 	<p>March 2024</p>
<p>34. Develop/commission appropriate models of accommodation including specialist housing and accessible accommodation: see Housing with Support Strategy</p> <ul style="list-style-type: none"> Encourage future planning decisions Repurpose housing stock (care homes) Link with Place Directorate and Housing 	<p>Long</p>	<p>LD/MH/ dementia (HWS)</p>	<p>A range of suitable housing options will be available for people to choose what type of accommodation suits them</p>	<ul style="list-style-type: none"> Assistant Director, Commissioning, Partnerships and Housing Solutions Head of Housing Solutions Accommodation Change Manager 	<p>On-going</p>
<p>35. Work with Procurement to agree annual commissioning and procurement plans to ensure procurement processes are appropriate for social care and adopt opportunities to demonstrate co-production and local delivery models.</p>	<p>Long</p>	<p>All (SW)</p>	<p>Annual Commissioning and procurement plans.</p>	<ul style="list-style-type: none"> Head of Strategy and Commissioning Procurement Manager 	<p>On-going</p>

<p>36. Develop more local and/or BNSSG wide - specialist services offering support to people with LD/MH/dementia</p> <ul style="list-style-type: none"> • Increase dementia specific support sessions or other daycare in NS 	Long	LD/MH/dementia (EI)	Support will be available for people when they need it, without having to travel too far to access	<ul style="list-style-type: none"> • Assistant Director, Commissioning, Partnerships and Housing Solutions • Head of Strategy and Commissioning 	On-going
<p>37. Engagement with NSC colleagues and wider partners across health and BNSSG to develop the voluntary sector strategy</p>	Long	Vol. and community based (EI)	Value for Money, efficiency, and effectiveness; improved working practices to meet whole system priorities	<ul style="list-style-type: none"> • Assistant Director, Commissioning, Partnerships and Housing Solutions • Head of Business Insight, Policy and Partnerships 	On-going
<p>38. Work with the libraries service to ensure that via digital or other means recipients of care services can access these services to maximise independence and wellbeing</p>	Long	All (SW)	Increased independence and wellbeing by people being able to access Library based services	<ul style="list-style-type: none"> • Assistant Director, Commissioning, Partnerships and Housing Solutions • Head of Strategy and Commissioning • Head of Service Development • Head of Libraries and Community 	March 2024

Glossary of Terms

Action Plan	A proposed strategy or course of action.
Autism	Also referred to as autism spectrum disorder (ASD), autism constitutes a diverse group of conditions related to development of the brain (World Health Organisation).
Adult Social Services	In this context referring to services provided by the government (local and national) for the benefit of those over the age of 18 who may have 'Eligible Care Needs' in the context of Social Care, but also more widely in terms of information and guidance that might be provided in terms of accessing services, for example to benefit older people, or who may be vulnerable due to a disability. Promotion of welfare is fundamental.
Best Value	A Duty on councils to consider overall value – including social value – when considering service provision, so it plays to the long-term strengths of voluntary and community groups and small businesses.
Carbon Neutral	To offset carbon usage, for example by planting trees or adopting other greener and sustainable ways of living.
Care Act 2014	An Act of Parliament to help improve people's independence and wellbeing relating to care and support for adults and support for Carers as well as placing responsibilities upon Local Authorities for ensuring a diverse care market. It makes clear that local authorities must provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating that they need ongoing care and support.
CIPFA	CIPFA, the Chartered Institute of Public Finance and Accountancy, is the professional body for people in public finance. There is a social care dataset as part of this which helps to establish a service delivery base, find efficiency gains that can be achieved and help to plan for future service delivery.
Climate Emergency	The threat to the future of life on Earth due to the consequences of global warming and climate change due to carbon emissions. There has been rising sea levels, increases in the core temperature of the Earth, all which will have and are currently having, disastrous impacts including displacement of people living in certain areas and flooding, to give just a few examples.
Clinical Commissioning Group	Clinical commissioning groups (CCGs) were created following the Health and Social Care Act in 2012 and replaced primary care trusts on 1 April 2013. They were clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. As of 1 April 2021, following a series of mergers, there were 106 CCGs in England. However, they were dissolved in July 2022 and their duties taken on by the new Integrated Care Systems (ICSs). (NHS Confederation)

Commissioning	The act of assessing needs of a population and putting in place services to meet those needs (NHS England). This could involve the planning for and procurement of services to meet needs, as well as ongoing monitoring of quality. Commissioning is often used in conjunction with Contracting, but that relates more to the steps a commissioner would take to ensure a Commissioned Service is set up correctly for example following Procurement Contract Regulations (2015).
Community Fridge Network	Community Fridges can be accessed by anyone locally who wants to share food, volunteer, or get involved with some of the other activities the group have to offer. Spaces in Weston. Portishead and Pill, to eat, connect and reduce food waste.
Corporate Plan	Sets out the Council's Strategic aims and priorities for all departments over a set period (currently 2024-2028)
Cost of Living crisis	The 'cost of living crisis refers to the fall in 'real' incomes that the UK has experienced since late 2021 (Institute for Government).
Covid Pandemic	Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. Most people infected with the virus will experience mild to moderate respiratory illness and recover without requiring special treatment. However, some will become seriously ill and require medical attention. Older people and those with underlying medical conditions like cardiovascular disease, diabetes, chronic respiratory disease, or cancer are more likely to develop serious illness. Anyone can get sick with COVID-19 and become seriously ill or die at any age (WHO).
Direct Payments (DPs)	If you or someone you care for, get help from social services, you can apply for direct payments. These let you choose and buy the services you need yourself, instead of getting them from your council (gov.uk). DPs promotes choice and control.
Domestic Abuse	A broad term of abuse of intimate partners or family members, which includes violence and intimidation, as well as economic abuse, coercive control, online, sexual, and emotional abuse.
eConsult	Council surveys via the website, where consultations are posted to obtain comments from the population in North Somerset.
Equality Act 2010	A piece of legislation that brought many other strands of legislation into one Act of Parliament in relation to ensuring certain groups are not discriminated against based on 9 protected characteristics including Disability and Age. There is a further duty on Local Authorities (The Public Sector Equality Duty) to have due regard to achieve the aims set out under s149 of the Equality Act 2010 to: (a) end discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the Equality Act 2010; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

	<p>(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.</p> <p>To ensure transparency, and to aid in the performance of this duty, the Equality Act 2010 (Specific Duties) Regulations 2011 require public authorities, named on, to publish:</p> <ul style="list-style-type: none"> • equality aims, at least every four years (from 6th April 2012) • information to show their compliance with the public sector equality duty (from 31st January 2012)
Equality Impact Assessment	A process which helps to ensure that protected groups of individuals have not been disadvantaged in some way by a policy, project, or scheme, as set out in the Equality Act 2010.
Extra Care Housing	A step up from Sheltered Housing, in that other support can be supplied for people, often older, who have support needs but want to remain living independently and not go into a residential care home.
Fair Cost of Care / Cost of Care Exercise	<p>Cost of care best describes the actual costs a care provider incurs in delivering care at the point in time that the exercise is undertaken. It is typically presented as a unit cost for an hour of domiciliary care or a bed per week in a care home. 'Fair' means the median actual operating costs for supplying care in the local area (following completion of a cost of care exercise) for a series of care categories. This must include and evidence values for return on capital and return on operations, and travel time for domiciliary care. Together this is what is described as the 'fair cost of care' and is, on average, what local authorities must move towards paying providers.</p> <ul style="list-style-type: none"> • In the context of specific rates for care paid, fair means what is sustainable for the local market. • For providers, this means they will be able to cover the cost of care delivery and be able to make a reasonable profit (including re-investment in their business), surplus or meet their charitable aims. • For local authorities, it recognises the responsibility they have in stewarding public money, including securing best value for the taxpayer (gov.uk).
Home First Approach / Discharge to Assess (D2A)	Supplying short-term care and re-ablement in people's homes or using 'step-down' beds to bridge the gap between hospital and home means people no longer need to wait unnecessarily for assessments in hospital. In turn this reduces delayed discharges and improves patient flow (Local Government Association).
Index of Multiple Deprivation	An index ranking small areas of the country from 1 (most deprived) to 32,844 (least deprived). These areas are known as Lower layer Super Output Areas and there are circa 1500 residents in each LLSOA.
Integrated Care Board (ICB)	A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget, and arranging for the provision of health services

	in the ICS area. The establishment of ICBs resulted in clinical commissioning groups (CCGs) being closed (NHS England).
Integrated Care Partnership (ICP)	A statutory committee jointly formed between the NHS Integrated Care Board and all upper-tier local authorities that fall within the ICS area. The ICP will bring together a broad alliance of partners concerned with improving the care, health, and wellbeing of the population, with membership determined locally. The ICP is responsible for producing an integrated care strategy on how to meet the health and wellbeing needs of the population in the ICS area (NHS England).
Integrated Care System	Integrated Care Systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area (NHS England).
Joint Strategic Needs Assessment (JSNA)	A Public Health led report that sets out the Health and Wellbeing needs of a local community. Services are then commissioned appropriately to meet the needs identified in the JSNA. North Somerset's was most recently updated in 2022.
Learning Disability	Affects the way someone understands information and can communicate. It is estimated that 1.5 million people have a learning disability in the UK (Mencap). Problems can arise with learning new skills, living independently and understanding and retaining information. Many more people have a Learning Difficulty, which is not necessarily diagnosed but can still impact upon someone's day-to-day life.
Local Government Association	The LGA (Local Government Association) is the national membership body for local authorities, and we work on behalf of our member councils to support, promote and improve local government (LGA).
Market Position Statement (MPS)	A document produced by a commissioning authority that outlines the support and care services people need and how they need them to be provided; the support and services available, what is not available but needs to be; what support and care services the council thinks people will need in the future; what the future of care and support will be like locally, how it will be funded and purchased; as well as how commissioners want to shape the opportunities that will be available. The main aim of an MPS is to encourage commissioners, people who use services, carers, and provider organisations to work together to explain what care services and support is needed in the area and why (Think Local Act Personal/TLAP).
Market Sustainability Plan (MSP)	Councils were required to publish a final MSP by March 2023, which was returned to the Department of Health and Social Care (DHSC). Reviewing the returns will support DHSC's understanding of key issues facing 65+ residential and 18+ domiciliary care in different LA areas. In turn this will help DHSC to understand market sustainability and risk with regards to services and will be used to help inform future policy making.

Micro Provider / Micro Providers	In many ways, micro-providers in social care embody personalisation. Typically employing no more than five staff, they are often run by disabled people, provide something different to traditional care options and their small-scale can enable them to offer a more personalised service than larger providers (Community Care).
North Somerset Council	A small Unitary Local Authority in the Southwest of England which has boundaries with Bristol, Somerset, and Bath and Northeast Somerset. The Council are responsible for public health, as well as social care functions, alongside other services for business and local people.
Personal Assistant (PAs)	PAs usually support individuals in their own home or to go out in the community. You can be employed directly by an individual. You can be employed directly by one employer or work for several different people (Skills for Care).
Policy	In this strategy refers to a course of action adopted by an organisation or individual e.g. An Assessment Policy.
Public/Community Living Rooms	Community living rooms help provide a safe, welcoming, and non-judgemental space for people to be together to stay warm.
Sheltered Housing / Accommodation	Accommodation designed specifically for older people and people who may have additional needs which enables them to continue living independently. There may be pull cords and a Warden or Scheme Manager available, usually based 'off site.'
Social Policy	As well as being the study of how societies meet needs and respond to global challenges in relation to social, economic and demographic changes and the role of the family, governments and other organisations in relation to many areas including health, social care and housing, in this strategy social policy refers to the government response, such as by issuing legislation and grants to help meet social care needs.
Stakeholder	An involved group or individuals who may be affected in some way by an organisation's activity. For this Commissioning Strategy providers, social work colleagues, Care recipients and Carers were all considered to be stakeholders.
Strategy	A plan of action designed to achieve a long term or overall aim.
Supported Housing / Accommodation	Where housing with support and/or care is provided to those who live there. This could be older people, people with mental health issues, or people with a learning disability. If the Supported Housing / Accommodation is Exempt, it means that they can claim money from Housing Benefit to cover the extra costs of providing the support alongside the housing management e.g., they are a charity.
Sustainable Market	A sustainable market has a sufficient supply of services but with provider entry and exit, investment, innovation, choice for people who draw on care, and sufficient workforce supply. It also refers to a market which runs efficiently and effectively, linked to the market shaping duty placed on local authorities under section 5 of the Care Act 2014.

Unpaid Carers	A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support (Carers Trust).
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