

North Somerset Adult Social Care and Housing

Self-assessment summary

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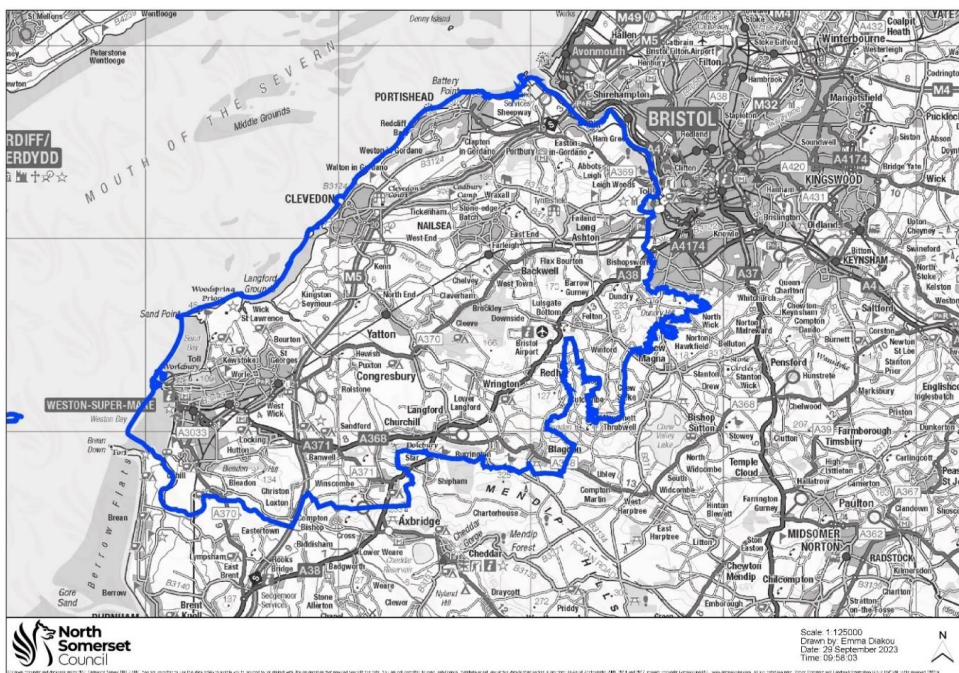
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Part 1: North Somerset Overview

1.1 North Somerset demographics

North Somerset is a unitary district in Somerset in the South West of England. The area borders the city of Bristol and the unitary areas of Bath and North East Somerset Council and Somerset Council. North Somerset has significant natural assets including part of the Mendip Area of Outstanding Natural Beauty, 39 sites of Special Scientific Interest and 25 miles of coastline. It is represented by two [parliamentary constituencies](#) with [35 electoral wards](#) and 39 [town and parish councils](#).



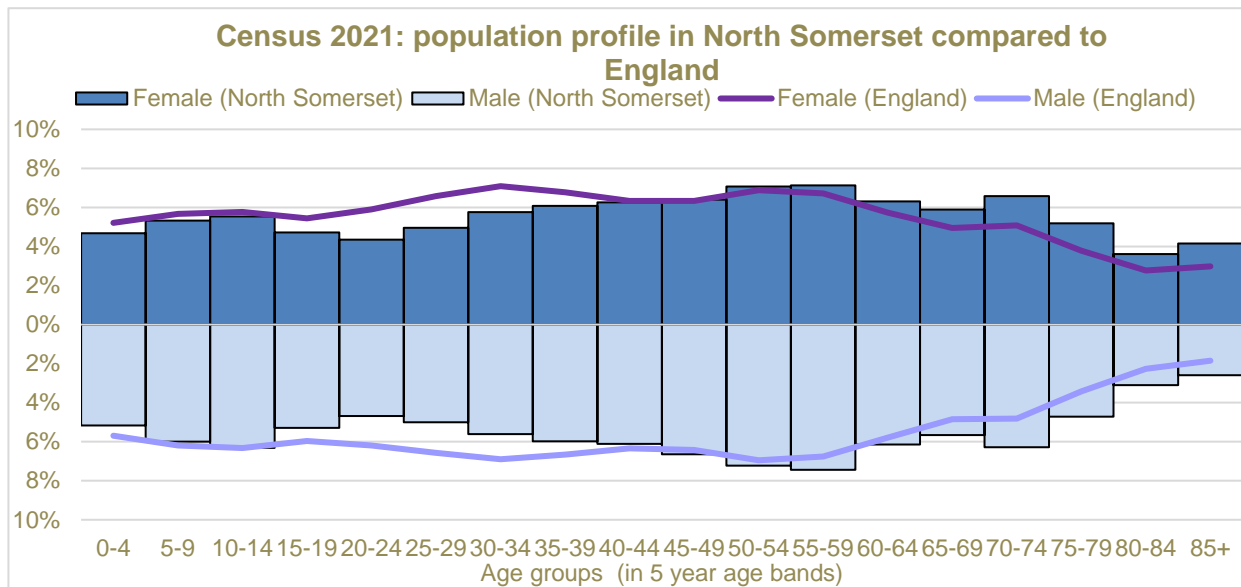
There are four distinct towns in North Somerset - Clevedon, Nailsea, Portishead and Weston-super-Mare, with a total population of 145k people. Weston-super-Mare is the largest town by population (82k). Our rural areas include numerous villages and hamlets with a population of 71k people.

As of 2024, there were over 100,000 households in North Somerset. Residents in North Somerset are more likely to own their property compared to the national average, though average house prices are also higher than the national average. Around 9% of residents rent their property from a social housing provider. The council does not own or manage any housing stock.

North Somerset has an effective housing solutions service including a private landlord letting service with a committed and dedicated team working hard to reduce homelessness. The council recently refreshed its [Housing Strategy 2022-27](#).

In the 2021 Census, the North Somerset population was 216,727 people, a 14.8% increase in the overall population since 2001. Based on sub-national population projections, the population of North Somerset will continue to increase and by 2040 there will be over 244,000 people.

The population profile of North Somerset differs from the national average with a higher percentage of people aged 50 years plus. This ‘inverted age structure’ i.e. more older people than younger people will lead to significant shifts in the structure of society in the coming decades.



North Somerset’s population is increasingly diverse. Recent Census data shows more residents from mixed ethnic backgrounds than the previous decade.

8.4% of people in North Somerset were not born in the UK ↑



10.2% in the South West
17.4% in England

5.1% of people in North Somerset were born in other European countries ↑



5.1% in the South West
7.2% in England

5.3% of people in North Somerset have a non-UK passport ↑



6.1% in the South West
10.2% in England

6.8% of households in North Somerset have members from different ethnic groups ↑



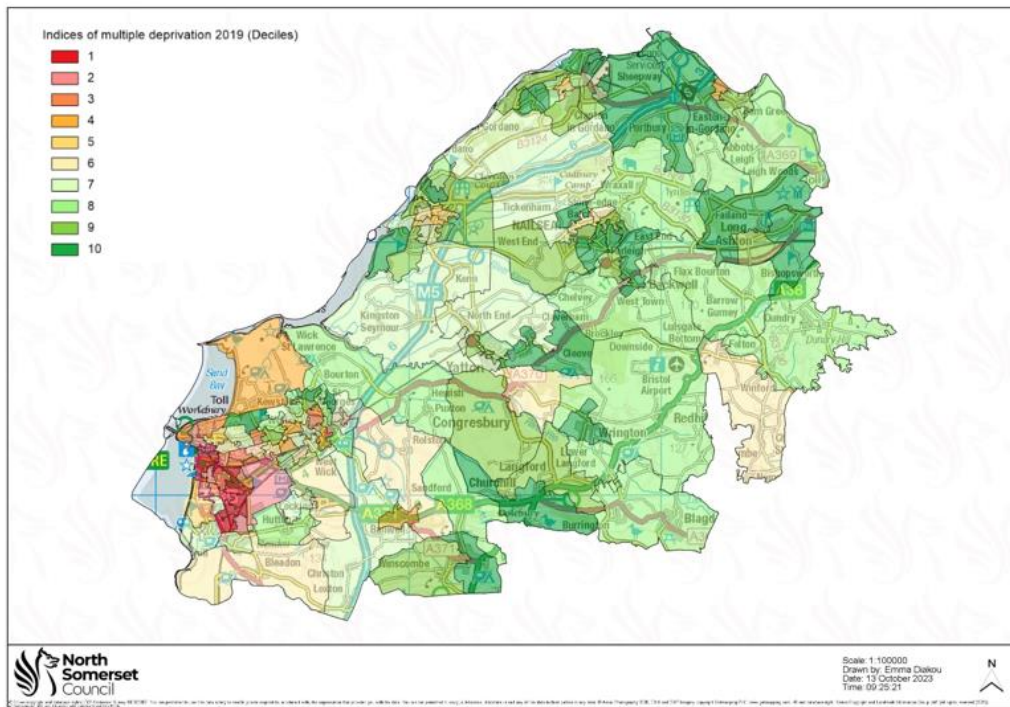
7.9% in the South West
10.1% in England

4.8% of households do not have English as their main language for all adults ↑



5.4% in the South West
10.7% in England

There is significant geographical inequality across North Somerset. As of 2019, North Somerset had 8 LSOAs (Lower Layer Super Output Area) in the 10% most deprived nationally and 25 in the 10% least deprived nationally. The LSOAs showing the highest levels of relative deprivation are entirely concentrated in Weston-super-Mare and specifically, Weston-super-Mare South and Central (shown in RED on the map below).



North Somerset generally perform well against various economic measures including high levels of economic activity, low levels of unemployment, and generally high wage levels. However, there is a difference in North Somerset for the average weekly wage depending on whether you live and work in North Somerset or live in North Somerset but work somewhere else.

The North Somerset joint [health and wellbeing strategy](#) sets out the vision for improving health and wellbeing in North Somerset and reducing health inequalities. It is supported by the Joint Strategic Needs Assessment which includes data and insight across the life course of starting well, living well, ageing and dying well, and for healthy places.

For more information on North Somerset Profile, Population, Demographics etc. please visit:

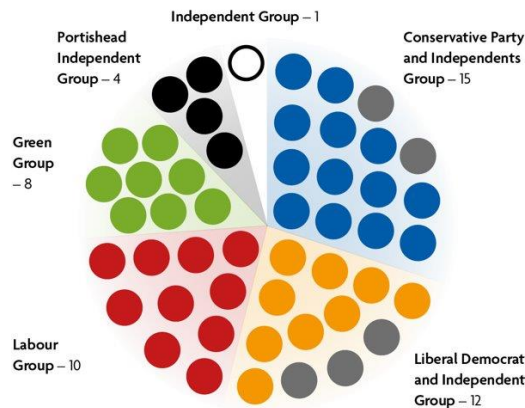
[Joint strategic needs assessment \(JSNA\) for health and social care | North Somerset Council \(n-somerset.gov.uk\)](#)
[PDF Census 2021 in North Somerset.pdf](#)
[Public Health Outcomes Framework - OHID \(phe.org.uk\)](#)

1.2 North Somerset Leadership

Following May 2023 elections and no overarching majority, a rainbow coalition was agreed with Cllr Mike Bell (Liberal Democrats) as leader of the council and Cllr Catherine Gibbons (Labour) as Deputy Leader.

Political balance

November 2023



There are seven other Executive members which make up the cabinet of the council. Cllr Roger Whitfield is the Executive member for adult services and stronger communities and Cllr Jenna Ho Marris is the executive member for homes and health.

The council's Adults Services and Housing Policy Scrutiny Panel support delivery of the council's aims and priorities by engaging with the development of policy, monitoring performance and holding decision makers to account.

The Head of Paid Services is our Chief Executive, Jo Walker. Jo is supported by the other members of Corporate Leadership Team (CLT) who are also the directors of the five council directorates, including Hayley Verrico, the director of the Adults and Housing directorate. Hayley is supported by her Assistant Directors, Gerald Hunt and Ros Cox.

Our **Leadership structure chart** is available in IR37.

Our senior leadership team (Wider Directorate Leadership Team) is both stable and experienced. They are committed to achieving the core values of the local authority and achieving vision for people with care and support needs and their families/carers, making North Somerset a better place to live and thrive in.

For more information please visit:

[Council constitution](#)

[MPs and constituencies | North Somerset Council \(n-somerset.gov.uk\)](#)

[Executive members | North Somerset Council \(n-somerset.gov.uk\)](#)

1.3 North Somerset Vision and Values

The council’s vision is to be **open, fair, and green**. This vision is set out in our Corporate Plan which is our over-arching strategic plan and has been refreshed as of 2024 following local elections.

To support this vision, we have four over-arching ambitions which and have co-produced our values for how we want to implement these:

Our vision

An Open, Fair, Green North Somerset



Open

You told us open means being honest and transparent. It means listening to you and your views on the decisions we make. It means being accountable for how we spend your money and ensuring we provide the very best value we can.



Fair

You told us fair means being accessible and inclusive in how we work. It means listening to the views of all groups and acting on local issues. It means ensuring equity in access to services.



Green

You told us green means we take our responsibility to respond to the climate emergency seriously. It means we do all we can to understand the impact our actions have on the environment and mitigate them where possible.

Our values

- 
 We act with **INTEGRITY**
- 
 We **RESPECT** each other
- 
 We **INNOVATE**
- 
 We **CARE**
- 
 We **COLLABORATE**

Our 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.**

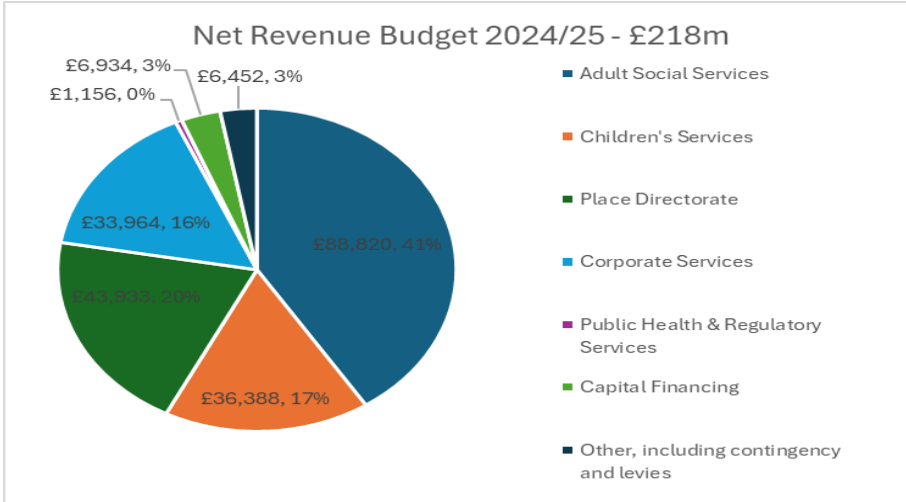
Our council delivers consistently good services and value for money to support our community

In North Somerset we believe maximizing independence and well-being for our residents is a crucial part of our [Adult Social Services and Housing vision](#). It involves working in partnership with people to help them access the information, guidance, and support they need to lead fulfilling lives. This approach is motivating us in delivering our statutory services via various means aiming to support adults who need assistance due to age, disability, illness, or other challenges.

Our priorities are highlighted in our Annual directorate statement 2024 – 2025 (IR30) our [Corporate plan 2024 – 2028](#) sets our ambitions and is supported by a comprehensive action plan.

1.4 North Somerset Finances

The Council’s overall net revenue budget for **2024/25** is **£218m**:



Planned spend on Adult Social Care and Housing makes up 41% of the budget for the Council. Within the Adult Social Care and Housing directorate the gross expenditure budget for 2024/25 is £134m, which is offset by income and grant budgets of £35m and £10m respectively, giving a net budget of £89m. Out of the gross expenditure, £108m, or 81% is budgeted for Individual Care and Support packages.

Our resources

We will always remember that the money we spend is your money:

40%

comes from the Government, from the other taxes you pay - most of this can only be used for specific purposes like schools or housing benefit

33%

comes from council tax paid by residents

13%

comes from the charges you pay to cover the cost of specific services like planning, licensing, social care, and parking

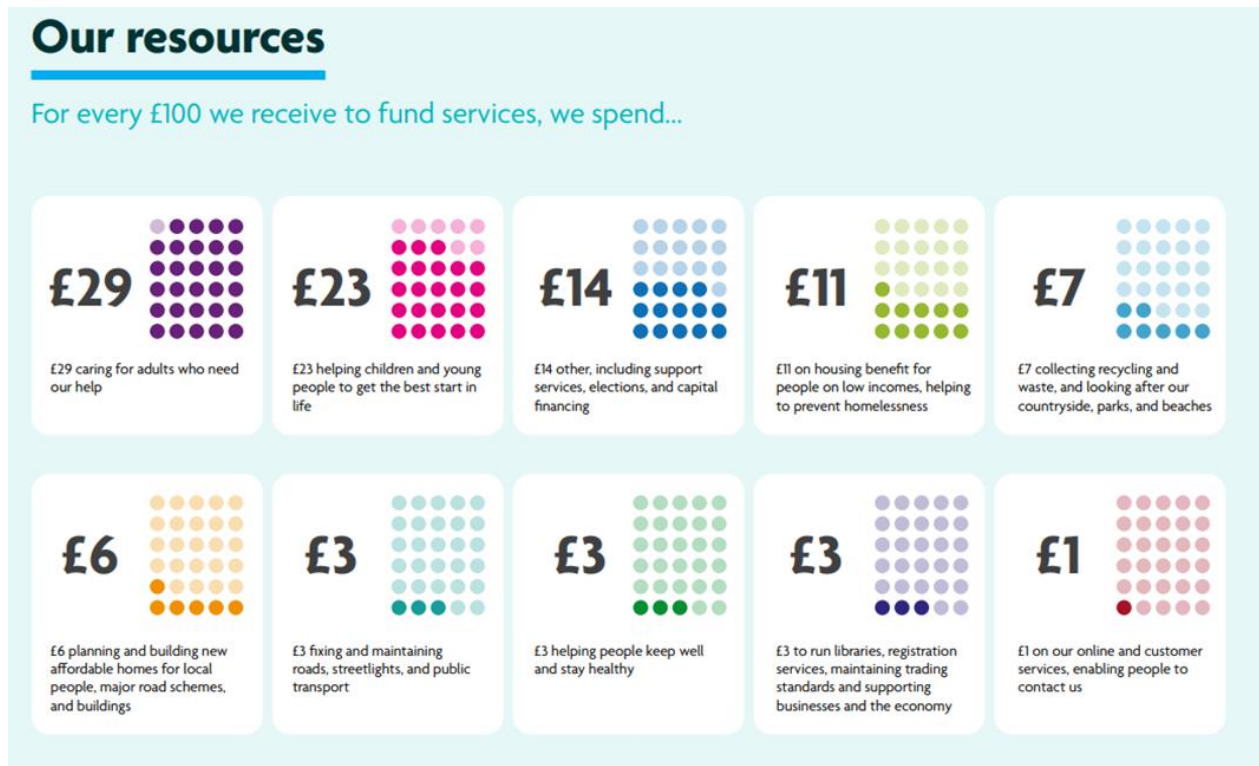
11%

comes from business rates paid by our local business

3%

comes from other sources including investment or rental income

Like many local authorities, we are under significant financial pressure. The Adult Social care and Housing directorate consistently performs well, senior leaders are kept up to date at regular meetings under clear direction of the Principal Accountant for the directorate. In the last financial year (2023/24), the directorate recorded an underspend of £1,292k. However, individual care and support packages overspent by £1,682k, this spend is closely monitored and reported on a monthly basis analysing both cost and volume, monitoring trends across years. Increases in cost have mainly been a result of inflationary uplifts to providers which have also included amounts to close the fair cost of care gap (which have been partly funded by central government grants). The biggest factor in the increased spend has been an increase in demand, but we have kept this as low as possible and met all the budgetary savings targets in this area. Other areas of the directorate recorded underspends, with a Council-wide policy on only recruiting to essential and front line staff contributing to staffing savings and a drawdown from reserves both leading to the overall directorate underspend. We have utilised grants to stabilise the market (as referenced above) as well as investing in new schemes and ensuring staffing structures are appropriate to deliver the level of service required.



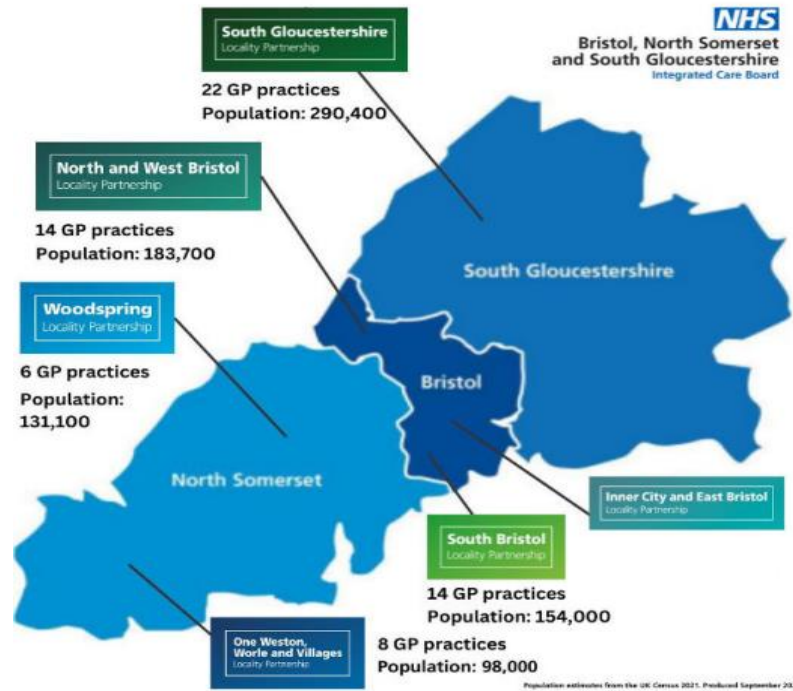
North Somerset spent £562.06 per adult on-Adult Social Care in 2022/23 (£794.11 on social care for 65+ age group). This was greater than the overall spend per adult for England of £523.95; a difference of 7.27% from the national level. Overall spending will likely be affected by the relative proportion of older people in the population - North Somerset has a larger percentage of the population aged 65 and over compared to England overall and a larger percentage of the population aged 65 compared to the average for All English unitary authorities.



1.5 Partnership work in North Somerset

North Somerset is part of the [Integrated Care System \(ICS\)](#). The work of the ICS is guided by the [ICS strategy](#). The ICS It is comprised of 10 partner organisations, including the three Local Authorities in our area, NHS Trusts, the new Integrated Care Board and community and General Practice providers. It’s also known as [Healthier Together](#) partnership. We are signed up to [Joint forward plan 2024 – 2029](#).

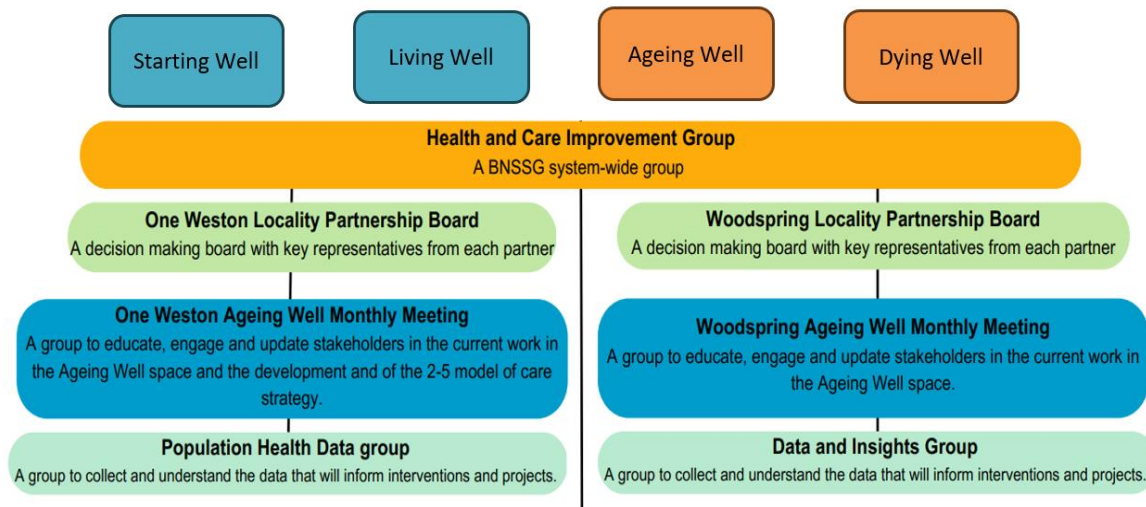
In North Somerset, we have two Integrated Care Locality Partnerships – **One Weston**, sometimes called Weston, Worle and Villages, which covers the south, as well as **Woodspring**, which covers the north. We have set out our shared local commitment with our two locality partnerships to being ‘Healthier Together by Working Together’ and our own mission to “To promote wellbeing by helping people in North Somerset be as independent as possible”.



We firmly believe that, making a real and positive difference can be achieved for local people by innovating and developing integrated services with our Locality Partnerships. Senior managers are actively involved in both Boards and the governance groups contained below. We have also jointly commissioned a Service Development Manager reporting to both the Assistant Director for Commissioning, Partnerships and Housing and the Director of Localities.

The Ageing Well workstream has been particularly productive in developing a variety of new services which we are delivering in partnership with others, and we have been continuously building of the successes and expanding our offer to community.

Locality Partnership Structure



Our locality partnership is set out in evidence of (IR 22). Two examples of these innovative service developments are described below:

Dementia

A Dementia Community of Practice has recently been established by our Service Development Manager and the Older Persons Clinical Lead in the Avon and Wiltshire Mental Health Partnership. The aim of this Community of Practice is to drive forward better ways of working across all organisations that support people living with dementia. Membership includes North Somerset Council, Integrated Care Board, Sirona Care & Health, Avon & Wiltshire Mental Health Trust, University Hospitals Bristol & Weston Foundation Trust staff and VCSE, domiciliary care and care home providers. It will be a key forum for discussions about how the health and social care system can co-produce services that deliver effective information, advice, prevention and care and support to residents. For example, we have recently been informed of a dementia day service closing and we see this as an opportunity to utilise the space collectively as a system and co-design an offer that will support system objectives and improves outcomes for local people.

Key workstreams identified for the Community of Practice to take forward are;

- Utilisation of Data
- Service accessibility.
- Developing lived experience membership
- Referral pathways or a roadmap
- Service tolerances: capacity, risk management, waiting lists

- Personalised care planning and training - business case currently with ICB to fund CLEAR dementia model training across BNSSG to provide single approach to working with people living with dementia.

We are in the early stages of scoping a joint health and social care dementia strategy and our ambition is to review the wider dementia system pathways in North Somerset to provide a more seamless and coordinated approach.

Part of our vision when recommissioning the Council's strategic Support to Live at Home domiciliary care contracts was to develop a specialist dementia care team, with the aim to improve, and maintain, the physical and mental wellbeing of people living with dementia and their Carers. Stakeholders expressed that to prevent the need for statutory services or delay the journey to residential care once in receipt of statutory services, we need to consider delivering community dementia services differently.

In partnership with our strategic domiciliary care provider Access Your Care, we have developed a new model for a team of staff who are not bound by time and task in the same way that traditional domiciliary care staff are. We want the team to be able to listen and respond to Carers around what they need to be able to continue to support their loved one. By the provider being less bound to what type of provision is offered we believe better outcomes will be achieved. We also believe that we will see a reduction and delay in long term care home placements.

Alongside this, a Dementia Wrap Around Care Team (DWACT) pilot was conducted from 3 May 2023 to 30 October 2023. The pilot was aimed at:

- Diverting people, from DTA Pathway 2 to Pathway 1.
- Avoiding hospital or care home admission/ readmission.
- Testing a "Reablement" approach to avoid packages increasing and supporting Clients back to baseline.
- Utilisation of technology enabled care and telehealth.
- The training and upskilling of care staff in understanding the different types of dementia, how they present and how best to support Clients, using a multi-disciplinary approach to finding solutions.
- Providing support for carers, recognising the importance of supporting them to continue in their caring role.
- Supporting crisis intervention and exploring nighttime cover arrangements.
- Avoiding situational breakdown, leading to care home placement within the next 6 months.

We are now merging the two services to create one specialist dementia care team consisting of a specialist dementia care team and the DWACT. Access Your Care is currently recruiting to the team and service specifications and pathways are being developed.

Urgent Response

Our commissioned North Somerset emergency response service (Response24) has been running for over 10 years. Developments over the last two years include.

- Piloted a falls response with Sirona and Carelink. This is now established and business as usual.
- Merged our Response24 with the Wellness Service to get best value.
- Investment into the service via the BCF/Hospital Discharge Grant.
- Developed a short-term emergency care offer that supports admission prevention. Working with Sirona, hospital based Geriatric Emergency Medicine Service and NSC operational colleagues. Response24 use telehealth to take observations for SWAST when visiting fallers.

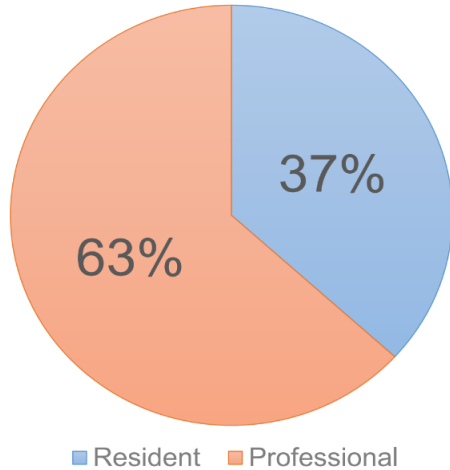
The development of Response24, as well as services like the DWACT above are key elements of the wider Locality Partnership vision for being able to support people in the right setting. They will be key to further developments of a Frailty Hub for One Weston and a Complex Care Team in Woodspring. We have established relationships with NHS@Home and the innovative Frailty Assessment and Coordination of Urgent and Emergency Care service (F-ACE) to ensure that there is a social care wrap around offer to support clinical colleagues and services.

Our Joint Commissioning:

The council has been the lead joint commissioner for an extensive range of services providing a full brokerage service for health and social care services, a quality assurance service and a range of TEC and equipment services. These have been very effective in supporting hospital discharge as well as offering a greater influence on the local care market. This model is unique within our ICB area. We have utilised the Better Care Fund and other specific grants to develop a range of innovative prevention services in partnership. We have strong record of partnership working, a committed system partner, a strong voice in locality and place-based working as the above demonstrates and a trusted partner for our housing and social care providers and VCSE (Voluntary, Community and Social Enterprise).

Our Engagement:

Adult Social Services and Housing Engagement Mapping n=185



Our engagement mapping exercise revealed that we currently engage with 185 partners across 18 areas of practice interest including advocacy, dementia, older people, carers, disabilities, domestic violence and many other practice areas. This mapping exercise also highlighted some gaps in our engagement which we are striving to close by successively establishing new networks and connections (IR35, IR38).

1.6 Coproduction in North Somerset

In North Somerset, we believe coproduction in adult social care involves collaboration and partnership between people who draw on care and support, their families or carers, local communities, and service providers to design, develop, and deliver social care services.

In the wider context we have well established relationship with [Think Local Act Personal](#) (TLAP) where we value the collaboration on coproduction and how we maximise the voice of lived experience. We are members of [Social care Future](#) where we utilise the resources and take guidance on creating brighter future for our communities and we are actively involved in Southwest ADASS (IR35, IR 22).

On a local level we are currently developing our lived expertise advisory group and encourage residents of North Somerset to find out more and get involved on our [webpage](#). We actively seek the voice of seldom heard communities when developing policies/strategies that could make a difference to them.

We have developed the role of our Participation and Engagement Officer whose main responsibilities are to seek and to build relationships in the community and develop trust. This role has proven valuable when connecting with local groups and people we support in our communities. Our interim coproduction statement is outlining our values and commitments (IR35).

We collect views of people who draw on care and support and community groups to feed into our Policies and Strategies and where possible, we work to coproduce these. Our

recent production strategies include the Choice in Care Strategy and the Autism Strategy (IR 35).

Our ambition is to co-produce a reward and recognition policy for residents who give up their time and contribute to our policy and strategy development. We are also focusing on building closer links corporately with Policy and Partnerships team, ensuring our approach is complementary and well-aligned.

We recognize that our coproduction needs further nurturing, but we are proud of what we achieved so far, and we are driven to continue building up on this success and closing the gaps in who we co-produce with. We strive for our local people and local groups to be represented and involved in delivering our vision.

Part 2: Quality statements

In this part of the self-assessment summary, we will demonstrate our alignment with each of the themes and our commitments with the quality statements included.

2.2 Theme 1: Working with people.

Theme 1: Working with people	
<p>Assessing Need</p> <p><i>We maximise the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</i></p>	<p>Scope:</p> <ul style="list-style-type: none"> - assessing needs - planning and reviewing arrangements for direct payments and charging - supporting people to live healthier lives - prevention - wellbeing - information and advice - understanding and removing inequalities in care and support - people’s experiences and outcomes from care.
<p>Supporting people to live <i>healthier lives</i></p> <p><i>We support people to manage their health and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce future needs for care and support.</i></p>	
<p>Equity in experiences and outcomes</p> <p><i>We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.</i></p>	

What is working well and how do we know it?

Our [Practice Framework](#) is our fundamental guidance to ensure our workforce is offering a person-centred, strength-based assessments which are coproduced with people and where the decisions and outcomes are clearly communicated. All staff receive **strength-based practice training** and **defensible decision-making training** with an ambition to empower staff to work as autonomous practitioners. We have **clear processes** in place, so teams understand the expected ways of working (IR5) and processes with determining eligibility in line with the Care Act (IR6). We introduced a new **Eligibility Resource Forum (ERF)** to support practitioners to think more creatively and to provide a safe space to discuss and share complex cases. Our **Quality Assurance Framework** sets out the approach that North Somerset Council will take to ensure local care, support and safeguarding services are of a consistently high standard (IR31). **Good practice is at the heart of our assurance** and by offering quality supervision, robust auditing process and knowing our front-line processes we ensure people's outcomes are being achieved and their quality of life is improved. This is evidenced in our positive staff survey results (IR4) as well as within feedback from people we work with (IR2). Feedback via the learning together audits we have undertaken is evidenced in (IR2).

We are committed to offering choice and control and promote the uptake of **direct payments (DP)** to enable people to have **more choice and control** over their support. In 2022/23 North Somerset Council invested in a project to develop direct payments. The project involved people who use direct payments, personal assistants, and practitioners. We have developed practice guidance (IR7) along with the **Personal Assistant Support Service** which commenced in November 2023. The aim of this service is to support people in receipt of a DP to find personal assistants who have the skills to meet their needs. Despite the gradual uptake in DP services North Somerset has been **recognised for outstanding work** around DP's and Think Local Act Personal (TLAP) have approached us with an offer to review the progress we have made as a case study so the learning could be shared nationally.

In North Somerset we work with people, partners, and the local community to promote healthier lives and independence and to prevent, reduce or delay the need for care and support. Our approach stems from [Health and Wellbeing Strategy \(2021-24\)](#) which highlights our prevention and intervention offer. When reviewing the Health and Wellbeing Strategy, we felt that we could have linked our strategic intentions more closely to align the strategies together with overall focus on embedding them in practice, making sure people have access to the right information at the right time. We have recently developed our **Adults Directorate Prevention Briefing** (IR8) which demonstrates the depth of our preventative offer and outlines our services to support **people to live healthier and more independent lives**. On a practical level we have multiple examples where our preventive services have made a significant difference to individuals, for example through our [Equipment and Demonstration Centre](#) (EDC), **Technology Enabled Care (TEC)** offer

(IR8), Mental Health Integrated Network team (MINT) (IR22), and [Wellness Solutions Team](#) (IR8, IR9).

What would we like to get better at?

We are using a new approach to screening and monitoring waiting times for assessment, with clear risk-based coding to ensure the correct priority is given to the people waiting for an assessment. Our next step is to set up a **task group** which will focus on understanding trends around waiting times and develop a robust plan to improve them. We will also be focusing on our **overall customer journey** which will help us to make the system more efficient and easier for our residents to access. This work begins in the summer, and we are commissioning a dedicated resource to undertake this work.

We acknowledge the waiting times for DOLS applications remains challenging, as is reflective of national trends. However, over the last 12 months we have successfully achieved an overall reduction in this waiting list; and some focused project work has reduced the longest waiting cases significantly. We are focused on the streamlining of processes and maximising resources to ensure we can continue to maintain our position (IR29), (IR5).

Please see IR5-15 for the detailed information about all our waiting times and the context.

We are working on improving transparency – ensuring better access to information so the public can understand processes and timescales (IR10). We have **co-produced a choice in care policy** (IR2 and IR35) with experts by experience. This has clear actions to maximise choice in North Somerset. We also work closely with **Healthwatch** to ensure we have an independent view of what needs to change. We have created new **feedback** mechanisms, for example we have added a QR code at the end of each standard letter– we are reviewing the effectiveness of new approaches. We have begun to create a library of People’s Stories; however, they do not yet reflect the **breadth of people’s experiences** and the work we do across the directorate (IR2). We also want to continue our proactive approach with **reaching people from seldom heard groups** and communities and assure that they are involved in coproduction, reducing inequalities and removing barriers to care and support (IR35, IR38). We plan to work with the ICB and other directorates to ensure a more coordinated approach to hearing seldom heard voices.

We recognise that the preventative work that social care practitioners are doing daily needs to be **more visible in the ICB/locality partnerships**, so that we can fully align our work with these partnerships and focus on the journey of the person at the centre of our respective involvements. We want to build on the success of projects like Frailty-ACE and MINT (IR8). We also need to reduce duplication and people needing to ‘tell their story’ more than once to health and social care practitioners. We have begun this with the establishment of the MINT service (IR22).


How are we going to get better?

We are in the process of updating our digital offer. Our website development plan is underway and aimed at improved **access to information for our residents** (IR10). A large number of webpages have already been updated. Our website will soon include links to an online **financial self-assessment** (IR5) which will help people make more informed decisions. We listen to people in the community and value the feedback they give us, however we would like to have a better **understanding of our own demographics** in this context and how to better support accessibility and inclusion. We are looking at our asylum seekers work, work with sensory impaired people, seldom heard groups (IR13) recognising pockets of significant deprivation and addressing the needs effectively – this is an ongoing journey for us (IR10- IR13).

We have recently undertaken a **review of our front door services**. The review has looked at how we can support people at the right time, the right place with the right support (IR5). We acknowledge that waiting times for assessment are higher than we want them to be, but we hope by working smarter through the **customer journey project**, resources can be used more smartly and the customer journey can be improved.


We want to continue implementing a **“TEC first approach”** for people that choose this less restrictive option. We also want to ensure preventive support is implemented at the right time. We have consolidated and expanded our **Technology and Reablement Intervention (TRI) offer** to people who are living in the community. We hope to build on the success of the post-discharge reablement offer, so that anyone who has reablement potential receives support from carers with expertise in reablement, an opportunity to explore technology enabled care and access to specific therapy support (IR8). Additionally, we have trained more **trusted assessors** for equipment and are looking into the concept of trusted assessment for care and support needs.

Working well	Need to improve
<ul style="list-style-type: none"> • Social Care Adjusted Quality of Life Score: 0.413 (23/24 draft - ASCOF 1B / OFLOG) • Proportion of people who use services who have control over their daily life: 80.5 (22/23 -1B ASCOF) 	<ul style="list-style-type: none"> • Proportion of carers who find it easy to find information about services: 55% (23/24 draft ASCOF 3C) • Proportion of people who use services who find it easy to find information about services: 64.8% (22/23 ASCOF 3D1)




Completed Contacts

Status	Month	YTD
Completed	1781	5860
Total	1781	5860




Completed Assessments

FormType	Month	YTD	Service Users
OT Process - Assessment	106	310	105
Care Assessment	80	299	77
Total	186	609	180



Completed Reviews

Type of Review	Month	YTD	Service Users
Planned	125	404	108
Unplanned	101	325	94
Total	226	729	187



Service Users Supported by HDAT & Reablement During the Month

Team	Service Users
Hospital Discharge Assessment Team	82
Reablement Team	41
Total	119

2.3 Theme 2: Providing support

Theme 2: Providing support	
<p>Care provision, integration and continuity</p> <p><i>We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity</i></p>	<p>Scope:</p> <ul style="list-style-type: none"> - market shaping - commissioning - workforce capacity and capability - integration - partnership working.
<p>Partnerships and Communities</p> <p><i>We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.</i></p>	

What is working well and how do we know it?

North Somerset has a comprehensive understanding of the care and support needs of individuals and communities, ensuring a wide variety of resilient care providers with sufficient capacity to meet current and future demands. Our **Commissioning Strategy** identifies our commissioning intentions to external providers in delivering our statutory responsibilities under the Care Act 2014(IR16). Our commissioning strategy was produced in consultation with local people with engagement and feedback from various groups and providers. Our commissioning strategy should be read in conjunction with our **Market Position Statement (MPS)** which sets out our provider market both now and for our future Vision to be realised (IR15). We have a **very strong and stable relationship with providers** in North Somerset, built on mutual trust. We have providers that support and demonstrate innovation. Examples include the dementia wrap around and first response services (IR22). We actively **seek new grants to create opportunities for joint**

delivery of services, for example our **Transfer of Care Hub (ToCHub)** (IR22) that will allow social care practitioners to support health practitioners with early discharge planning and ensure that people leave hospital on the most appropriate pathway.

Technology Enabled Care (TEC) an area we are proud of and is high on the agenda at NSC and within the wider ICS. The council is committed to **improving and expanding the use of TEC** so that it becomes integral to the adult social services offer and is embedded within the wider commitments of the council, NHS colleagues and other partner organisations. We are proud to be the **only Integrated Care Board TEC accelerator local authority in the country**. This has enabled us to trial large scale pilots and innovate the way we deliver our TEC service. An example is our Acoustic monitoring initiatives that allowed people to rest better at night without being disturbed, and our falls project which sought to reduce the number of people transferred to hospital after a fall. Our **Technology Enabled Care (TEC) strategy and Action Plan** (IR22) lays the foundations needed to support the digital switchover, digital transformation of services and supports the development of a longer term, outward looking strategy from 2026 onwards. North Somerset Council recognises that effective TEC can play an important role in helping to achieve the four levels of independence highlighted in the North Somerset Vision for Adult Social Services, 'Maximising Independence and Wellbeing' and the Councils corporate plan for an "open, fairer, greener" North Somerset. (IR22)

We are continuing to raise the profile of **working in care** and supporting our local care providers with recruitment. We have adopted **Proud to Care** as a scheme to help us with promoting the care profession. We have already successfully launched podcasts, engaged with media and [featured on ITV West County](#) alongside Yves (Reablement Practitioner, Access Your Care) who was a winner at the National Care Awards last year.

[Proud to Care in North Somerset | North Somerset Online Directory \(n-somerset.gov.uk\)](#)

<https://www.beproudtocare.co.uk/>

<https://bnssghealthiertogether.org.uk/ambassador-programme-staff/>

What would we like to get better at?

Recent work completed (April 2024) assured that Mental Health Practitioners undertaking local authority functions have full access to local authority systems to improve governance over Care Act process alongside an improved training offer. This change is in progress, and we have not yet seen the full results, however we recognise this is certainly a step in a right direction which will contribute to clearer data and governance as well as (IR5).

We are looking at introducing artificial Intelligence (**AI**) to help people navigate through our support system and we are improving access to information assuring various formats are available. Our focus will be on reviewing **customer journey** as our recent assurance activities highlighted some gaps when transitioning between teams (IR24).

We understand our **current and future workforce needs** (IR19) and want to continue increasing staff satisfaction and making sure we have a good structure in place to support our workforce (IR36). In 2023 we started work on a co-produced **Workforce Strategy** (IR36), where we explored national, regional, and local workforce considerations. It's important to us to maintain our good staff retention and offer varied training opportunities to assure staff are delivering the best possible services. We plan to continue building the wider Social Care Workforce Strategy to align with ADASS, Skills for Care workforce strategy and the Care Academy.

We are engaging well with providers and people with lived experience but we want to ensure our engagement is as wide reaching as possible. We also want to make sure we **listen to what our residents need** (IR2), and those needs are reflected in our commissioning strategies (IR16). We want to embed **our choice in care policy** and make sure we respond to what people really need and not just the commissioned services we have (IR10).

How are we going to get better?

We have several out of county placements and a data report is contained within (IR17). Most of the out of county placements are within mental health and learning disability services and many because of individual choice. It's also reflective of our geographical position and being on the border of Bristol and Somerset where there is a concentration of specialist service provision. Our commissioning strategy sets out our intention to grow these markets (IR16). Our Quality Monitoring Team monitors against the council's contracts and frameworks. Clearer monitoring of our out of area providers is needed. (IR18). The **Care Home Quality Standards** (IR18) document has been issued to care and nursing homes and is currently in use. The **Community Support Quality Standards** (IR18) (covering domiciliary care, supported living) is in draft form and will be shared with providers shortly. Both standards documents are linked to the council's contracts and frameworks for adult social care.

We are mindful our access to information needs to improve and we are actively encouraging people to have their say on our [webpage](#). We have commissioned Healthwatch to complete a [report](#) (IR10) on what is important to people about seeking help from Social care. We are also working on improving our research on practice (i.e. **ConnectED** project IR22, IR36) with our decision-making process and its application into the commissioning strategies.

Working well

- Proportion of carers who receive self-directed support: **100%** (22/23 ASCOF 1C1B)
- Long-term support needs of older adults (65+) met by admission to residential and nursing care homes rate per 100k: **258.6** (draft 23/24 ASCOF 2C)

Need to improve

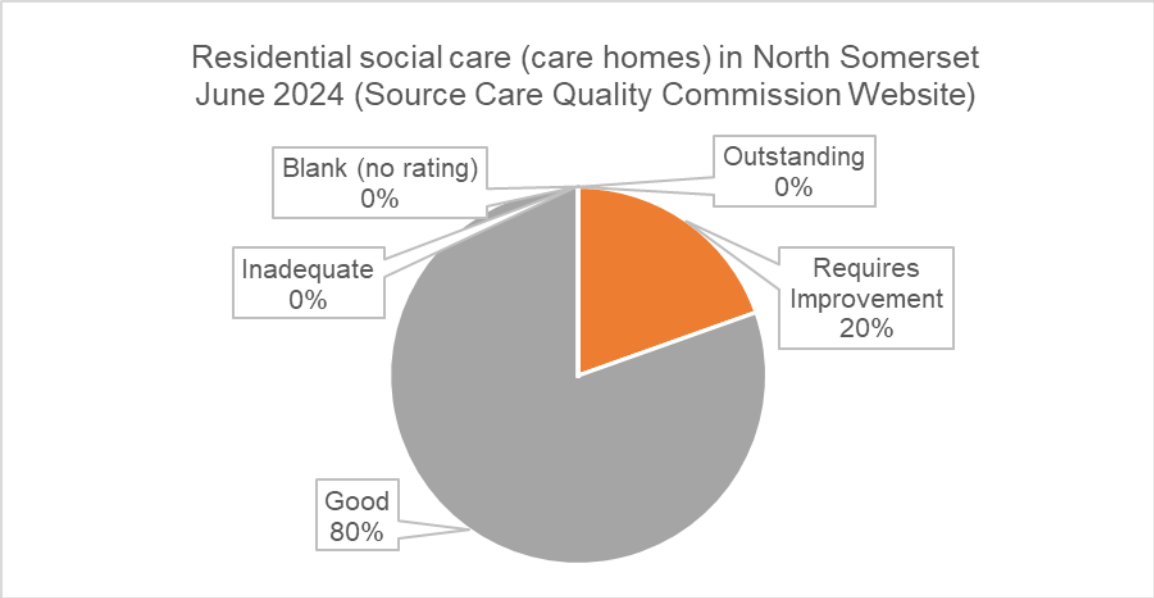
- Proportion of people using social care who receive direct payments: **25%** (22/23 ASCOF 1C2A)
- Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services: **85.2** (draft 23/24 ASCOF 2B1)

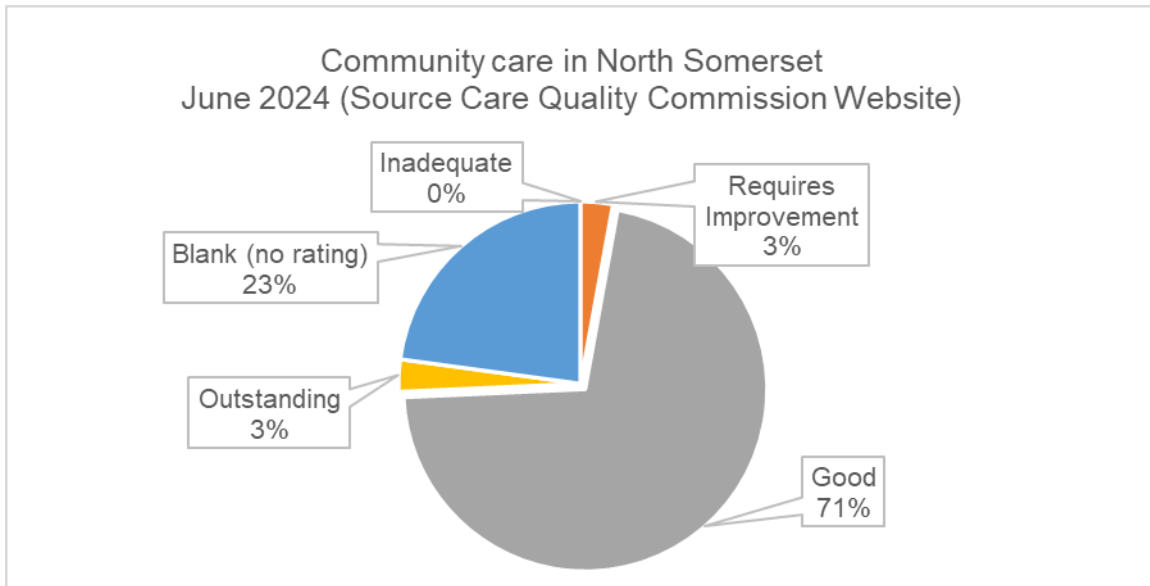
Community Services
Total service users receiving a community service.

Service Category	Total SUs
Day Care	145
Domiciliary	856
Other	6
Shared Lives	105
Supported Living	222
Total	1211

Long-term Placements
Service users in a long-term care home placements.

Setting	18 - 64	65 & Over
Nursing	24	345
Residential	129	502
Total	153	847





2.4 Theme 3: Safety within the system

Theme 3: Safety within the System	
<p>Safe systems, pathways and transitions</p> <p><i>We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.</i></p>	<p>Scope:</p> <ul style="list-style-type: none"> - Section 42 safeguarding enquiries - reviews - safe systems - continuity of care.
<p>Safeguarding</p> <p><i>We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people’s lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.</i></p>	

What is working well and how do we know it?

Our **Safeguarding Adult Board (SAB)** is led by the independent chair, appointed in 2023 and a jointly funded SAB business manager. These posts ensure we effectively follow robust processes, meet our statutory duties and responsibilities and identify safeguarding adult reviews. The SAB manager also ensures statutory partners of the board work together to achieve the Board’s agreed objectives and priorities. A recent [NSSAB](#)

effectiveness survey demonstrates that the board is effective and is achieving its objectives contained within its business plan. Some improvements were identified one being to further build relationships with other local partnerships and another being to gain more views of people who draw on care and support to inform the work of the SAB. We would also benefit from more data, information, and intelligence to better identify risks and trends (IR26)

In the last year, the safeguarding team have reviewed their processes and pathways resulting in streamlining the referral process to prevent delays (IR28). We have **developed a new threshold tool** ensuring effective information is captured from the onset enabling us to make S42 decisions swiftly (IR28). Having a **centralised team** ensure the staff undertaking S42 enquiries are highly knowledgeable in their area of work. Recent audit shows (IR2) that the safeguarding team understands the processes well and they have a clear action plan to continue improvements (IR2, IR28). Audit activity also highlights that **people are overall satisfied** with the support they get from the safeguarding adults' team and that staff are able to build strong therapeutic relationships and undertake proportionate assessments effectively. Our advocacy offer is also working very well (IR2, IR28, IR29).

Our approach to whole home investigations is robust, particularly as the centralised safeguarding adult's teams work alongside the **quality monitoring team**, so any concerns can be addressed early, this means that we are receiving fewer safeguarding concerns related to the quality of care. (IR18,IR27, IR34). **Serious incidents are escalated** well and managed well to reduce any further risk. This includes referral to CQC/HSE as required. Incidents that do not meet the SAR threshold are usually followed by a serious case review and **learning is translated into process change** (IR34). We also take learning from regional and national safeguarding reports. For example, a regional report suggested that staff felt less able to assess executive functioning within mental capacity act assessments, so we commissioned further training for staff.

We have **low rates of provider failure** because we have a strong and stable relationship with the provider market. If this does happen, the directorate work together to support the people who draw on care and support in a timely and effective way, considering what is important to them (IR25).

The **MINT** (Integrated Mental Health Team) has been developed as a transformational change in community mental health services to address the known 'gap' in delivery between primary and secondary services (IR22). We co-produced the model in North Somerset which has been replicated across the 5 other localities in BNSSG (IR22).

As part of our system working, in partnership, we have delivered the improvements in discharge performance in the last twelve months. We have invested time and resources

to expand our reablement resources (IR8, IR24), we have developed a bridging service aligned to the reablement resource and we support both the [Frailty-ACE project](#) (IR8, IR24) and the work of Transfer of Care Hubs, to deliver this improvement.

What would we like to get better at?

Our **Transitions team** was established in 2019 to improve the move and transition from Children's to Adult Social Services. (IR24). The Transitions team have developed a '**tracking system**' for young people from Year 9 (age 14) as the ambition is to identify known cohort by age14. They have established a '**pathways to adulthood governance group**' which is leading on the development of the strategies (IR24). We have a good understanding of our transition processes, and an understanding of demand and the resources available as well as a collaborative approach to transition. However, we recognise this as a journey. A new DCS (Director of children services) recently joined the council in 2024 and over the coming months we will be developing a robust business case which will likely result in a new approach to managing transitions. (Data available in IR5)

Waiting times for assessment have improved but we know that we need to further streamline processes, improve our information and advice on the website and reduce the number of hand overs within the service. A review of the customer journey will build on the review of SPA processes but will likely take 12 months to conclude. That said, any obvious and identified solutions will be implemented as part of this piece of work.

The Safeguarding Adults team has undergone significant process change and we hope to see a positive impact on **S42 enquiry waiting times** and the number of fully personalised safeguarding enquiries by the time of our site visit (IR28)


How are we going to get better?

We have recently created a role of **Multi Agency Risk Coordinator** (MARM) (IR28) This recent development will provide a pathway for professionals to follow where high levels of risk have been identified in relation to an adult and a multi-agency approach would be beneficial. The benefit of MARM is to share the responsibility of risk management and improve outcomes for people at risk of harm or abuse (IR28).

We are running a **self-neglect awareness campaign** in June / July 24 to look at overcoming barriers, identifying self-neglect and understanding the legal practice issues surrounding it as well as looking at our trauma informed practice and minimising risks (IR27).

We are in the early stages of scoping a **joint health and social care dementia strategy** and our ambition is to review the wider dementia system pathways in North Somerset to provide a more seamless and coordinated approach (IR22).

Whilst we have excellent assurance processes in place, we have recognised that **learning from SARs** and serious case reviews is not held centrally and can be too reactive. To ensure clearer triangulation of learning, we plan to use the sub-groups of the SAB Board more effectively with greater support from the Principal Social Worker/Principal Occupational Therapist (IR26)

Working well	Need to improve	 <table border="1"> <caption>Completed Safeguarding Enquiries</caption> <thead> <tr> <th>Enquiry Type</th> <th>Month</th> <th>YTD</th> </tr> </thead> <tbody> <tr> <td>Other Safeguarding Enquiry</td> <td>1</td> <td>4</td> </tr> <tr> <td>Section 42 Enquiry</td> <td>53</td> <td>170</td> </tr> <tr> <td>Total</td> <td>54</td> <td>174</td> </tr> </tbody> </table>	Enquiry Type	Month	YTD	Other Safeguarding Enquiry	1	4	Section 42 Enquiry	53	170	Total	54	174
Enquiry Type	Month		YTD											
Other Safeguarding Enquiry	1	4												
Section 42 Enquiry	53	170												
Total	54	174												
<ul style="list-style-type: none"> Proportion of people who use services who feel safe: 74.1 (22/23 ASCOF 4A) Proportion of people who use services who say that those services have made them feel safe and secure: 91.9 (22/23 ASCOF 4B) 	<ul style="list-style-type: none"> Percentage of S42 Enquiries where the person was asked their outcomes (MSP): 78% (SAC 22/23) Recording the outcome of mental capacity assessments for S42: 77% (SAC 22/23) 													

2.5 Theme 4: Leadership

Theme 4: Leadership	
<p>Governance, management and sustainability</p> <p><i>We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.</i></p>	<p>Scope</p> <ul style="list-style-type: none"> - strategic planning - learning - improvement - innovation - governance - management - sustainability
<p>Learning, improvement, and innovation</p> <p><i>We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.</i></p>	

What is working well and how do we know it?

Adult Social Services has significance presence within Southwest ADASS, our Director being the Co-Chair of the regional ADASS Directors group and the link between the regional PSW & POT networks. The Assistant Director of Commissioning, Partnerships and Housing is the Southwest Tec lead and a representative on the national LGA/ADASS digital Board. Our Principal Business Intelligence Lead has also shown clear leadership in our Southwest ADASS Performance Leads network influencing approaches to data collection regionally. Our Assistant Director for Adult Social Services has previously been the co-chair of the Southwest Carers network. Across our management team we are also committed to a diverse range of professional and specialist regional and national activity groups.

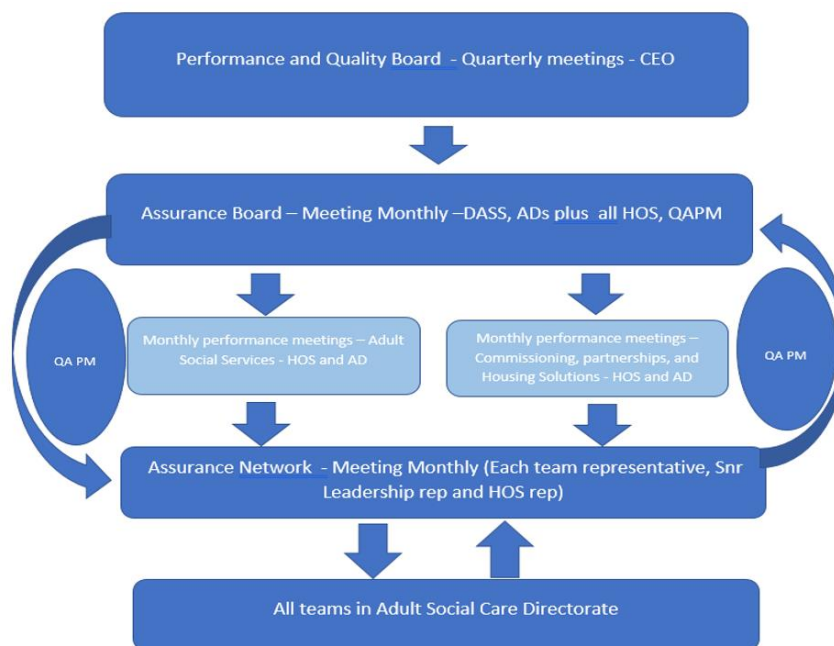
Our **Quality Assurance Framework** (IR31) became operational in 2019 and was recently reviewed to make sure all our new assurance activities are being captured in one framework (IR31). Adult Social Services is proud of our “**golden thread**” where we make sure we all work towards the same strategic objectives, through regular appraisals and team planning events, to create an open, fair and green North Somerset.

We have taken a collaborative and robust approach to team centred **Learning Together Audits** (LTA) (IR2) where each team has an opportunity to reflect on their strengths and areas for development in respect of our Care Act delivery and the quality statements. Our audits incorporate direct feedback from people that the team have worked with, feedback from teams themselves, and assess management oversight, governance, and quality assurance in line with the Care Act. Our assurance activity ensures we know where we need to improve and informs specific action plans for each team and the wider directorate. Our approach to **continuous learning** helps ensure we are open and transparent about areas where we need to do better (IR31).

Alongside successful auditing processes, we also have clear and effective **governance structures** where learning is shared, gaps are highlighted, and actions are taken to improve the experiences of people in our communities (IR30). We utilise our performance data, quality monitoring, quantitative and qualitative data to understand our demographics, demands and challenges within our communities and we act with integrity, accountability, and transparency to reduce health and social care inequalities. Our business intelligence team is producing high quality reports with robust analysis and data is regularly presented to our wider directorate leadership team to inform strategic decision making.

We have improved processes for developing policies and strategies by introducing a Policy and Strategy Board which considers areas such as equalities impact, climate impact, coproduction and engagement, standardisation and accessibility in respect of all new and reviewed policies, strategies, and guidance (IR30).

Our staff are well supported, with regular reflective supervision and with stable and compassionate leadership (IR31). Our staff are passionate about delivering individualised outcomes where innovation, technology and person-centred values are at the forefront of our practice. Evidence is visible in our Local Government Association (LGA) Health-check results where we have ranked **number 1 for overall satisfaction in the South-West** for the last four years for social workers, and number 1 nationally for our mental health social workers results (IR4). Our staff retention rates are good, and the annual staff survey consistently demonstrate that we care and listen to our staff.



The diagram above represents our reporting lines for assurance activity.

Our Principal Social Worker (PSW) and Principal Occupational Therapist (POT) play a vital role in the Directorate Leadership Team and play a vital role in **workforce development and quality assurance** (IR36). They are fundamental as we strive for excellence, making sure our practice is strength based and outcomes focused, and our performance indicators are where we want them to be. Our principals and leaders have **well established links** with national organisations like ADASS, TLAP, Social Care future and many more.

Our principals oversee our Workforce Development Team which is responsible for ensuring that there are clear development opportunities for social workers, occupational therapists, and adult social care workers and that we maintain a skilled and

knowledgeable workforce. We have invested in this team by increasing both occupational therapy and social work specific resource. Our professional workforce strategy outlines our ambitions and key career development pathways and structures.

We can demonstrate a clear commitment to bringing research evidence closer to decision making both at a strategic level and in practice. This is evidenced through our engagement with the [ConnectED](#) project, a partnership of local authority ASC departments in North Somerset, Bristol and South Gloucestershire, service providers, universities and service users and carers. This project aims to help decision-makers in Adult Social Care make better decisions by growing their ability to use research.

The ConnectED partnership works to achieve this, by:

- helping social care managers and practitioners use research to make the best decisions they can.
- building research capacity
- ensuring that researchers address the things that matter to service users and carers and practitioners.

Transformation and Innovation

As part of our recent departmental restructure in 2023, we set up, under the new Service Development Manager, a transformation resource that aligned our partnership focus with our TEC development resources under our new Transformation Project Manager. In its first six months they have.

- Set up Transformation Board
- Set up reporting mechanisms for MTFP projects both within ASC and corporately.
- Implemented a Debt Recovery project to increase Council income.
- Produced an Information and Advice Action Plan
- Produced a TEC Strategy
- Completed an evaluation of the current TEC position, identified areas for development and produced a robust action plan.
- Conceptualised and put a business case forward for further investment utilising grant funding to recruit;
 - A permanent TEC Technician whose role will be to work with people to understand, use and get the best out of any TEC issued.
 - Funding for the VSCE to provide an equivalent offer to self-funders and people who do not yet have formal care and support needs, to reduce, prevent and delay the need for formal care and support.
- Secured funding for:
 - A fixed term TEC Project Lead to support with implementing the virtual respite pilot IR22.16

- A fixed term TEC Technician to support the TEC on discharge pilot that we are working with the BNSSG ICB, Bristol and South Gloucestershire Council's to provide.
- Started conversations with Amazon around the development of a North Somerset Amazon TEC platform.
- Engaged with numerous stakeholders from NSC, BNSSG ICB, NHS, other Local Authorities, VCSE partners and community groups.
- Attended the launch of and become fellows of the Innovate Healthier Together Programme <https://bnssghealthiertogether.org.uk/staff-and-partners/innovate-healthier-together-programme/>

The Services we have developed to support hospital discharge and admission prevention set out in the IR22 Summary document demonstrate that we strive for innovation in our service delivery. We have swiftly acted with funding from the system to support the areas where there is the most pressure. We have engaged with stakeholders from all parts of the system in the scoping, design, and delivery of services. We are doing this;

- Through our Information and Advice Action Plan - IR10.3
- Our TEC Strategy aims and action plan - IR22.15
- The Prevention workstream of the Locality Partnerships – IR8
- Working alongside the Locality Partnerships to develop a Frailty Hub and Complex Care Team aimed at proactively targeting the most frail people living with complex comorbidities, including the Brave AI pilot <https://nhssomerset.nhs.uk/about-us/digital-projects/using-artificial-intelligence-to-monitor-wellbeing-brave-ai/>
- Dementia Community of Practice workstreams

What would we like to get better at?

We have recently signed off our **All-Age Carers Strategy** for 2024 – 2028 (IR33). This strategy was informed by the views and experiences of carers in North Somerset, their feedback and experiences helped us to shape the strategy and the action plan underlying our intentions. We have allocated additional resource within our strategy and policy team to deliver the priorities in this strategy (IR33).

We have been on a journey of improved data supported by our business intelligence colleagues. Power BI enables us to review data in real time and empowered our managers to take **ownership of team performance**. We will continue supporting our team managers to take accountability of governance and data in their teams through the performance forums. On a practice level we will continue **embedding our practice framework** and new **practice standards** and links to the **CQC quality statements** more

robustly (IR31) and ensuring consistent reporting mechanisms and accountability for performance data.

How are we going to get better?

We are improving our strategy and policy governance arrangements, including strategic ownership and oversight, and are more closely linked with the corporate Policy and Partnerships Team, who will have greater oversight of cross directorate and multi-agency strategy development and delivery (IR33).

We have restructured the Department during 2023, consolidating all housing services in the Directorate, some of which were previously with Public Health and strengthening our partnership, transformation, and TEC services in a consolidated unit. These **changes** are still in progress and has brought significant achievements already, but it is important these culture change agendas are consolidated across all service areas and with our wider stakeholders. The final step in this journey is to ensure that all staff within the directorate understand how they fit into the wider picture and can support each other to deliver the best possible outcomes for the people who use our services. We are continuing to engage with the Wider Directorate Leadership Team, and we have created joint governance board to make sure all strategies are codesigned and inclusive (IR37).

We will continue learning from peoples feedback (IR2), listening to our staff feedback (IR4), utilising partners feedback (IR22) to improve our activity and decision making on all levels. We value our coproduction so far (IR35) and building on it to make sure is visible through our work. We continue supporting the culture of learning (IR34) and make sure the learning is imbedded in practice. And finally, we will continue innovating and embracing technology through our commissioning strategies and innovative initiatives (IR16) to maximise independence and quality of life of people we work with.

Working well	Need to improve
<ul style="list-style-type: none"> • Staff are 86% satisfied overall in our directorate (24/25 NSC Staff survey) • staff turnover: 1.67% in Social Work and 2% in Occupational Therapy (HR Data) 	<ul style="list-style-type: none"> • Staff satisfaction at how we manage change: 75% (combined Staff Survey and Health Check responses) • Reduce admin tasks that add no value to peoples outcomes form 45% (response to Health Check Survys)

3. Summary

Key points:

- We consider ourselves as a **caring organisation** where people we work with receive the best possible service to support them with achieving their goals. This is reflected in nationally available data where the proportion of people who use services who have control over their daily life was better than the national figure and regional one in 2022/23 (ASCOF 3A) and this year we have improved further on that score.
- We consider ourselves as a **supportive organisation** where staff are valued, supported and able to progress with their career. This is evidenced by our staff survey results where staff feel engaged, informed, and supported and where our staff retention rates are very good. We were rated as No 1 in the South-West in the LGA Health Check for social work and No 1 nationally for our Mental Health Social Work team in 2022/23.
- We consider ourselves as **well-connected organisation** with systems and partners around us. Our partnership work shows examples of great collaboration with achieving outcomes which matters to our communities.
- We consider ourselves **well led organisation** where senior management and members of the Directorate Leadership Team work together to co-design strategy, develop workforce, and oversee assurance which maintains our focus and delivery on directorate and corporate priorities.
- We consider ourselves as **learning organisation** where we developed a good culture of information sharing, learning and reflection and where we value feedback as a part of our learning cycle. We know our learning gaps and work hard to address these by reflecting and making changes to the way that we work.
- We consider ourselves as a **forward-thinking organisation** where we know our financial resources, our pressures, and challenges, and prioritise funds and resources fairly and in a robust manner.
- We consider ourselves as **innovative organisation** where we are passionate about our TEC offer to promote people's independence and enhance quality of life. We are leading on various TEC initiatives and evaluating our learning. We continue to work with our health partners to improve our hospital discharges services, we have several initiatives to reduce avoidable admissions to our acute trusts.
- We consider ourselves as **listening organisation** where our engagement with experts by experience, protected characteristics groups and residents of North Somerset is equally valued and utilised within our vision and strategies.

Final summary from our Director of Adult Social Services and Housing – Hayley Verrico:

The Adult Social Services & Housing Directorate in North Somerset is supported well by the Corporate Leadership Team and enjoys good political support from all Council Elected

Members. We have a robust Directorate Leadership Team who are passionate and determined to ensure that we deliver on our vision, which focuses on maximising independence and well-being for our residents. They lead dedicated, supportive, and experienced teams that receive positive feedback from people that draw on care and support. Quality assurance is at the heart of everything we do, and we use our quality assurance systems to set standards and to assess our impact. We have effective mechanisms in place to assure the quality of services that we commission and deliver and take robust action where quality standards do not meet our expectations or that of our residents.

Throughout this return we have evidenced that we work collaboratively with our partners to develop innovative new services that promote and maximize wellbeing and independence for our residents and in doing so, working to address inequalities in North Somerset. The evidence of this is demonstrated throughout this self-assessment but we recognize that innovation is continuous and will continue to strive to develop more integrated services with our partners. We know our strengths but equally where we need to improve and have a robust transformation plan to support our improvement journey.

All members of the Directorate Leadership Team have contributed to the information return, and it is a fair and honest reflection of our achievements and areas of improvement. We recognize that the Adult Social Services & Housing Directorate has significant reach and influence into the lives of many North Somerset residents and every day colleagues demonstrate their ability to flex resources, come up with solutions to complex problems and meet unexpected service demands. It is my pleasure to be the Director of Adult Social Services and Housing which, every day, demonstrates compassion, fairness and at the same time delivers our duties under the Care Act through our excellent quality services. I hope this is reflected in this information return.