

Market Position Statement Adult Social Care and Housing 2025-2026

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Contents

Market Position Statement Adult Social Care and Housing 2025-2026	1
<i>Executive Summary</i>	<i>4</i>
<i>Introduction.....</i>	<i>6</i>
<i>Vision.....</i>	<i>9</i>
<i>Population</i>	<i>12</i>
Joint Strategic Needs Assessment (JSNA)	15
Early Intervention and Prevention (EIAP).....	18
Older People	19
Ethnicity	22
Gender and Sexuality	24
Living and Support Arrangements, including Carers	26
Dementia.....	31
Physical Disability and Sensory Impairment.....	33
Obesity/Bariatrics	38
Learning Disability and/or Autism	40
Transitions	43
Mental Health.....	44
<i>Market Overview, Commissioned Services and Spend</i>	<i>48</i>
Overview	48
Unmet Need.....	62
Admissions to Care Homes	63
Self-Funders	65
Social Care	66

Health.....	79
Contracts.....	82
Grants	94
Spend 2024/2025.....	96
Fees.	99
<i>Commissioning Intentions</i>	<i>102</i>
<i>Stakeholder Voice</i>	<i>109</i>
<i>Work with us and Feedback.....</i>	<i>112</i>

Executive Summary

Our current Market Position Statement (MPS) 2025/2026 sits alongside our Commissioning Strategy for Adult Social Services¹ and Housing (2024/2031) and the two documents should be read in conjunction with one another. Our MPS offers a more up to date view of our adult social care and support market in North Somerset and whilst some of the information is similar to what is in the commissioning strategy, such as our demographic information, there are more areas discussed in terms of our market overview, specifically unmet need, admissions to care homes, self-funders and our commissioning intentions for this financial year. There is also a discussion on obesity/bariatrics and how that may affect demand in future.

It is a Care Act 2014 requirement for local authorities to facilitate, shape and ensure the market for care and support is healthy, diverse, and sustainable, as well as innovative and continuously improving ('market shaping' duties). The MPS focusses on our current market, gaps, and future demand in North Somerset, to make it easier for providers, current and future, to work with us to meet needs, in line with our Vision, "to promote wellbeing by helping people in North Somerset be as independent as possible for as long as possible".

As per Market Position Statement Guidance (Market Shaping Review, July 2016), MPS':

- Contains a picture of current demand and supply, what that might look like in the future and how strategic commissioners will support and intervene in a local or regional market.
- Supports its analysis by bringing together material from a range of sources such as Joint Strategic Needs Assessments (JSNAs), surveys, contract monitoring, market reviews and statistics in one place.

¹ Please note our directorate name has since changed to Adult Social Care and Housing

- Presents the data that the market needs to know and use and helps providers develop effective business plans.
- Covers all actual and potential users of services in the local area, not just those that receive local authority funding.
- Is the start, not the end point, of a process of market shaping; and
- Is provided in a straightforward and easy to use format, in a brief document that analyses as well as describes’.

We are keen to work with and alongside our strategic partners, to benefit people who live and work in North Somerset, help us to manage budgets, as well as other factors, including an ageing population. Our MPS is important to our relationship with the care and support sector (including service users, carers, and the voluntary sector), to set out our long-term vision for the future of care and support services, explain what new approaches and services are needed, as well as encouraging providers and other partners to help us look at new and creative ways of doing things to meet needs.

This MPS 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.

Introduction

This Market Position Statement (MPS) has been produced alongside our Commissioning Strategy (2024-2031) for Adult Social Services and Housing in North Somerset. It is a Care Act 2014 requirement for local authorities to facilitate, shape and ensure the market for care and support is healthy, diverse, and sustainable, as well as innovative and continuously improving ('market shaping' duties). The MPS will focus on our current market, gaps, and future demand in North Somerset, to make it easier for providers, current and future, to work with us to meet needs, in line with our Vision, "to promote wellbeing by helping people in North Somerset be as independent as possible for as long as possible".

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sector), to set out our long-term vision for the future of care and support services, explain what new approaches and services are needed, as well as encouraging providers and other partners to help us look at new and creative ways of doing things to meet needs. In line with our Market Sustainability Plan (MSP) which was published following on from the Fair Cost of Care Exercise, market sustainability is important for the sector to be able to deliver what is needed, to realise better health and wellbeing outcomes, promote independence and realise a home first approach and prevention is a better approach for people who receive care and support, than cure and crisis management.

Integrated Care Partnerships (ICPs) and a wider [Integrated Care System](#) (ICS) have replaced the CCG (Clinical Commissioning Group) across the Bristol, North Somerset and South Gloucestershire area ([Health and Care Act, 2022](#)). There are two ICPs in North Somerset – One Weston, or Weston, Worle and Villages which mainly covers the South, as well as Woodspring, which broadly covers the North.

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.

Budget pressures are significant nationally and locally. We are experiencing a cost-of-living crisis which is affecting many people in terms of energy and food prices and

impacting upon poverty levels. This can affect people's housing, health and can lead to increased health and social care needs. Whilst there is a national housing crisis, locally our services compare well with benchmarking against other areas. There are pressure points relating to waiting lists and affordability of low cost housing in the local rented housing sector. The ageing population, while positive due to people living longer, also puts pressure on services including the National Health Service (NHS). North Somerset Council are also in a state of financial emergency, which has further impacted upon our ability to deliver services. The recent increases in National Insurance has also affected our provider market to pass on these to their employees.

The population in North Somerset increased by 7% from 2011 to 2021, from 202,600 to 216,700. This was higher than the increase in England overall which was 6.6%, with a growth of nearly 3.5 million people to 56,489,800. North Somerset was 81st for total population out of 309 local authority areas in England, which saw us move up five places in a decade. For people over 65 years old there was a 22% increase and for people ages 15-64 years it was a 2.6% increase. There was an increase of children aged under 15 years of 4.5% (ONS, 2020).

In 2025 there is a total predicted population of 224,400 people living in North Somerset, with 123,900 of these people aged 18-64. This is due to increase, to a 244,100 total population by 2040, with 130,200 aged 18-64 (PANSI, 2025).

Although times are challenging, 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. Local public/community living rooms are open, where communities come together. Community initiatives and volunteering are thriving.

We have a relatively calm social care market in North Somerset, even with increases in national insurance. The market is being positively managed and appears to be coping with challenges. There have been commitments from government to help increase the wages we can pay social care staff under ASC reforms including the Fair Cost of Care and the market sustainability improvement fund.

Vision

Our vision is for North Somerset (NS) to be open, fair, and green, and our core values are we: act with integrity; respect each other; innovate; care; and collaborate.

Our four ambitions are:

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.

Our vision

An Open, Fair, Green North Somerset



Our values



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

Our vision for adult social care (2018), “Maximising Independence and Wellbeing” sets out how it would promote wellbeing by helping people in North Somerset to be as independent as possible, for as long possible. To deliver our Vision, we are committed to work closely with people with care and support needs, their families, partner agencies, as well as the voluntary and community sector. Our aim is to empower communities, build relationships and strengthen networks to achieve best possible outcomes for people with care and support needs.

There are various approaches used in the delivery of social services, and this is expected to be passed on to our providers in the spirit of commitment and accountability to our principles. Our Joint Health and Wellbeing Strategy 2025-2028 (visit www.n-somerset.gov.uk) is centred around five key approaches to improving health and wellbeing:

- Prevention - ensuring children have the best start in life and preventing health and wellbeing problems throughout life;
- Early intervention - intervening as early as possible to address any health and wellbeing needs in people’s lives; holistic action and support - implementing person-centred action on all factors that influence people’s lives;
- Healthy and caring communities - empowering people and communities to be connected, healthy and resilient through strengths-based approaches, trauma-informed practice, and engagement and involvement;
- Tackling inequalities - prioritising action to ensure equal opportunity access to services, experience, and outcomes, to reduce inequalities between groups.

We continue to aim to take a home first approach, as we know that people do better in their own environments, and this applies to hospital discharges as well as longer term care provision. Independence is our 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. Adult Social Service approaches are detailed in the Practice Framework [“Your Strengths, Your Rights, Your Goals”](#).

We have recently been inspected by CQC in December 2024 and received a ‘Requires Improvement’ rating on 16th May, although we had 59 with 63 needed for a

‘Good’. We have a robust improvement plan and have already achieved some of our priorities since we were inspected. We previously developed a market sustainability plan setting out our local strategy for 2022-2025. Demand modelling for self-funders was undertaken for when and if needed under the care cap reforms. We are committed to creating opportunities for people to have fulfilling activities during the day to meet care needs and improve wellbeing (the outcome being to support quality of life for residents and satisfaction with the services they receive), as well as supporting carers and embedding robust quality monitoring and assurance processes.

We aspire for North Somerset residents to have opportunity to live well and enjoy a quality, sustainable environment with access to great education, jobs, housing, and travel. We work to tackle climate emergency, create a place of opportunity where people live safely, be happy and have purpose. We ask communities for opinions, listen to and work with them to deliver positive futures for all. Within the context of prolonged austerity, we have worked hard to protect services through innovative approaches and becoming more financially self-sustainable. We have a fast-moving transformation programme which is helping us to identify and deliver new ways of working and service delivery. We expect pressures to grow, and with cost-of-living, a growing population, an increasing demand for adult social care services and our duty to protect our most at risk residents, we continue to adapt and strive for better ways to meet needs. As well as supporting people, we want to create good health and wellbeing throughout life by preventing problems or offering help as early as possible, to help people live longer and have more years enjoying good health and wellbeing. We want to close the health inequalities gap and help communities experiencing poor health outcomes to make improvements to make North Somerset a fairer place to live. The cost-of-living crisis is impacting our communities at a point when many people live in poverty. We are committed to working closely with our partners and the voluntary sector, to make sure support is there for everyone who needs it and enabling communities to have greater involvement in future shaping. Our job is to harness community spirit, building upon relationships and support structures. We’re committed to focussing on our priorities, with partners, volunteers or community groups taking on more services, in line with our Vision of maximising independence.

Population

Data analysis is often used by local authorities when assessing 'need', to inform what services may (or may not) be commissioned, to meet those needs of the local population (the people who live in North Somerset). It is important we know who lives in an area and we can then predict what the population might look like in future using data from the Office for National Statistics and other datasets, which look at health, for example. Data can be looked at across variables, to see what the need might be for a particular service, for example people with learning disabilities, or dementia. More data from local systems may be added as appropriate, to explain local prevalence rates, of conditions for example. The data in our market position statement will be updated annually and should be looked at in conjunction with our commissioning strategy 2024-2031, which takes a longer 7-year view. If you have some ideas on making the data more user friendly, please get in touch (asc.contracts&commissioningteam@n-somerset.gov.uk).

According to Business Intelligence reporting there were 781 carers who have received an assessment, signposting or contact with Alliance 2024/2025.

As per client level data report, during Q1 24/25 – Q4 24/25 North Somerset Adult Social Services or Alliance had contact with or provided a service to 9,997 adults or carers for adults with care and support needs and carers. In addition, there will be adults with Mental Health needs who had contact but are not currently part of our CLD data. The table below counts all services that were active during the period so will include multiple services per person. Age range is at 31/03/2025 or date of death.

Table 1. CLD Service Component by Age Range All Services (2024/25)

CLD Service Component	18-64	65+	Total
Community Supported Living	677	43	720
Day Support	174	70	244
Direct Payment	757	237	994
Home Support	778	2004	2782

Long Term Nursing Care	113	826	939
Long Term Residential Care	473	1220	1693
Reablement	44	416	460
Shared Lives	242	36	278
Short Term Nursing Care	63	277	340
Short Term Residential Care	222	573	795
Total	3543	5702	9245

Source: Business Intelligence, May 2025. Please note the table counts all services that were active in the period so includes multiple services per person.

In relation to Primary Support Reason data, there are a larger number of people with 'support to carer' than our number of carers who are not service users. An 'Unknown' Primary Support Reason is either data from Alliance or where an assessment has not yet taken place as primary support reason will be determined as part of the care assessment.

The Health Foundation found that of 9.1 million people in England, about 1 in 5 of the adult population are projected to be living with major illness in 2040. This is a potential increase of 2.5 million people living with major illness in 2040 in comparison to 2019. Most of this increase is the result of an ageing population. Whilst it is positive people are living longer; this can impact upon public services and the NHS. The average number of years people will live with major illness will increase to 12.6 years in 2040, up from 11.2 years in 2019. The impact will be felt by carers, as well as leading to funding implications to support health and social care needs.

There is a projected increase of people living with major illness by 37% by 2040. The working age population is expected to grow by 4% in comparison. The conditions which are expected to rise relate to anxiety, depression, chronic pain, and diabetes. By 2040, chronic pain is projected to be 7m (from 5m in 2019), diabetes 6m (from 4m in 2019), anxiety or depression 4m, cancer 3m (from 2m in 2019), chronic kidney

disease 3m (from 2m in 2019), atrial fibrillation 3m (from 2m in 2019), COPD 2m, heart failure 2m (from 1m in 2019), constipation 2m (from 1m in 2019) and dementia 1m (Real Centre, The Health Foundation, 2023).

An updated report from the Real Centre in 2024 found based on current trends, the next twenty years will see persistent health inequalities. People who live in the 10% most deprived areas can reasonably expect to have a major illness diagnosed ten years earlier than the people living in 10% least deprived areas. The most prevalent conditions contributing to health inequalities and that are expected to increase faster by 2040 in the most deprived areas are chronic pain, type 2 diabetes as well as anxiety and depression. Early intervention and prevention are key, as well as community based services ([Real Centre, The Health Foundation, 2024](#)).

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 and estimating what they might be in 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. This helps us to set out our commissioning intentions.

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 set aside for hospital discharges under D2A (Discharge to Assess), but are they available at the right time for people when needed most? More specialist provision for complex and high-level needs including nursing and dementia care will help us to meet increasing needs.

In June 2024 we were pleased to have consolidated our community and hospital discharge offer, prior to this reablement was delivered as part of the place based strategic providers. Whilst [Direct payment](#) rates have increased above inflation in recent years, it has been insufficient to significantly impact upon supply, and therefore are not enough PAs to deliver care to those who might benefit. 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 assessed outcomes. There ideally needs to be more PAs in NS which is something we have been working on.

The Office for National Statistics (ONS) [Care homes and estimating the self-funding population, England: 2022 to 2023](#) released 6 July 2023, set out that in the south west, the proportion of care home residents self-funding in CQC registered care homes 2022 to 2023 is 41.5%, with the proportion of state funded residents being 58.5 (compared to 37% self-funders in England). In North Somerset the proportion of self and state funded care homes for (older people and/or dementia care is 42.2% self-funders, compared to 57.6% state funded.

For community care, in [Estimating the size of the self-funding population in the community, England](#), released 26th July 2023, in England the percentage of self-funders were 23% (77% state funded). The South West was 31.% (68.4% state funded) whilst in North Somerset the percentage rates were higher at 33.4% self-funders (66.6% state funded).

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 joint 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 our 2024 JSNA, NS had 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.
- The recorded prevalence of severe mental health disorders including diagnoses of schizophrenia, bipolar affective disorder and other psychoses for those aged 18 and over has remained fairly steady.
- The last two years have seen a decline across a number of self-reported wellbeing measures including satisfaction with life, happiness and an increase in anxiety. The recorded prevalence of depression for those aged 18 and over has increased year on year in North Somerset.
- The percentage of adults in contact with secondary mental health services who are in stable employment has decreased in recent years as has the rate of adults in contact with secondary mental health services who live in stable and appropriate accommodation.
- The rate of Employment Support Allowance claimants for mental and behavioural disorders have increased year on year across North Somerset

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. In 2024 NSC received, 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.

[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. 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 2025 from 54,900 to 67,500 by 2045. The increase 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 may 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.

Table 2. Population aged 65 and over, projected to 2045

NS Population	2025	2030	2035	2040	2045
People aged 65-69	13,100	15,000	15,200	14,200	13,800
People aged 70-74	12,000	12,600	14,400	14,700	13,800
People aged 75-79	12,900	11,100	11,800	13,600	13,900
People aged 80-84	8,800	11,000	9,700	10,400	12,000
People aged 85-89	5,200	6,500	8,200	7,400	8,100
People aged 90 and over	2,900	3,400	4,400	5,800	5,900
Total population 65 and over	54,900	59,600	63,700	66,100	67,500

Source: POPPI, September 2025)

From 2025 to 2030 there is an expected 9% increase in total population over 65 years old, predicted to rise 16% by 2035, 20% by 2040 and 23% by 2045, which will have direct impact upon services available. The only projected drops are 14% by people aged 70-74 by 2030, with a drop of 9% by 2035. In comparison to England, the gap is narrowing slightly further: in NS projections to 2045 with the percentage of the total population over 65 are less than a 3% increase in NS, compared to less than 4% in England.

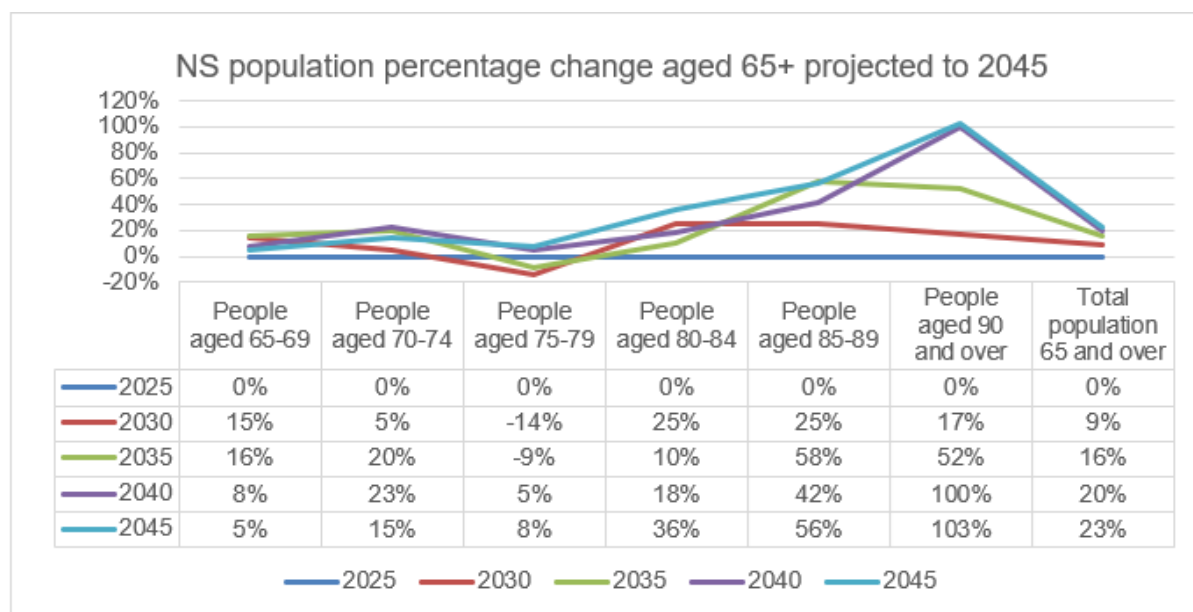


Chart 1. North Somerset population percentage change people aged 65+ projected to 2045, Source: POPPI, September 2025

NS has a higher rate of older people in comparison to the rest of England. By 2045 NS is projected to have 26.83% of over 65s as a proportion of the population in NS compared to 22.66% in England more widely. The figure is 5.56% for over 85s as a proportion of the population compared to 4.06% in England.

Table 3. North Somerset total population (P), P aged 65+ and P aged 85+ as a number and as a percentage of the total P, projected to 2045

NS Population	2025	2030	2035	2040	2045
Total population	224,200	230,800	237,500	244,400	251,600
Population aged 65 and over	54,900	59,600	63,700	66,100	67,500
Population aged 85 and over	8,100	10,000	12,700	13,200	14,000
P 65+ (as a % of the total P)	24.49%	25.82%	26.82%	27.05%	26.83%
P 85+ (as a % of the total P)	3.61%	4.33%	5.35%	5.40%	5.56%

Source: POPPI, September 2025

Table 4. England total population (P), P aged 65+ and P aged 85+ as a number and as a percentage of the total population, projected to 2045

England	2025	2030	2035	2040	2045
Total	58,893,300	60,202,300	61,552,300	62,787,700	63,949,900
65+	11,172,400	12,363,500	13,439,200	14,092,500	14,492,200
85+	1,501,100	1,744,600	2,194,600	2,345,400	2,598,300
65+ (% total)	18.97%	20.54%	21.83%	22.44%	22.66%
85+ (% total)	2.55%	2.90%	3.57%	3.74%	4.06%

Source: POPPI, September 2025

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.

Table 5. Old Age Dependency Ratio (no. of people of state pension age per 1,000 people of working age)

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
North Somerset	410.3	415.9	420.8	421.9	412.3	407.1	414	422.6
South Glos.	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

Source: Office for National Statistics

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 have also been 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 ethnicity categories changed from 2011 to 2021 and the difference is not as clear cut as it may seem. Our in house recording of ethnicity data needs to be more robust, with a high percentage of people drawing on care and support being 'unknown' due to challenges of us recording unknown ethnicities. This has been recognised, and we are working to make this is

better. For the purposes of our Business Intelligence Client Level Data Report 8, the latest recording of ethnicity was used. Within the 27.75% of unknown ethnicities the majority were for the category 'Service User' accounting for 25 of the 27.75% of unknowns.

Table 6. Client Level Data Report 8, April 2025, ethnicity of service user

Ethnicity	Total	Percentage
Asian or Asian British - Any other Asian background	25	0.25%
Asian or Asian British - Bangladeshi	5	0.05%
Asian or Asian British - Chinese	12	0.12%
Asian or Asian British – Indian	8	0.08%
Asian or Asian British - Pakistani	6	0.06%
Black, Black British, Caribbean or African - African	18	0.18%
Black, Black British, Caribbean or African - Any other Black, Black British or Caribbean background	11	0.11%
Black, Black British, Caribbean or African - Caribbean	10	0.10%
Mixed or multiple ethnic groups - Any other Mixed or multiple ethnic background	32	0.32%
Mixed or multiple ethnic groups - White & Asian	10	0.10%
Mixed or multiple ethnic groups - White & Black African	10	0.10%
Mixed or multiple ethnic groups - White & Black Caribbean	13	0.13%
Other ethnic group - Any other ethnic group	29	0.29%
Other ethnic group – Arab	5	0.05%
White - Any other White background	424	4.24%
White - English, Welsh, Scottish, Northern Irish or British	6476	64.78%
White - Gypsy or Irish Traveller	7	0.07%
White – Irish	24	0.24%

No data - Undeclared or Not known	2774	27.75%
No data - Refused	98	0.98%
Grand Total	9997	100%

Source: Business Intelligence, May 2025

Gender and Sexuality

In NS for 18–64-year-olds, the total number of males aged 18-64 is expected to increase from 62,000 in 2025, to 71,300 in 2045. For females, the projected figures for 18–64-year-olds in 2025 is expected to increase from 64,100 to 70,800 in 2045.

Table 7. North Somerset population aged 18-64 by age and gender, projected to 2045, Source: PANSI, September 2025

Age and Gender	2025	2030	2035	2040	2045
Males aged 18-24	7,000	7,800	7,700	7,200	6,800
Males aged 25-34	11,900	12,400	13,200	13,800	13,600
Males aged 35-44	13,900	14,900	15,800	16,600	17,500
Males aged 45-54	14,000	14,200	15,600	16,800	17,800
Males aged 55-64	15,200	14,700	13,900	14,200	15,600
Total males aged 18-64	62,000	64,000	66,200	68,600	71,300
Females aged 18-24	6,600	7,100	7,200	6,700	6,300
Females aged 25-34	12,400	12,500	13,000	13,700	13,500
Females aged 35-44	14,900	15,700	16,200	16,400	17,000
Females aged 45-54	14,500	15,000	16,200	17,300	17,600
Females aged 55-64	15,700	15,400	14,600	15,100	16,400
Total females aged 18-64	64,100	65,700	67,200	69,200	70,800

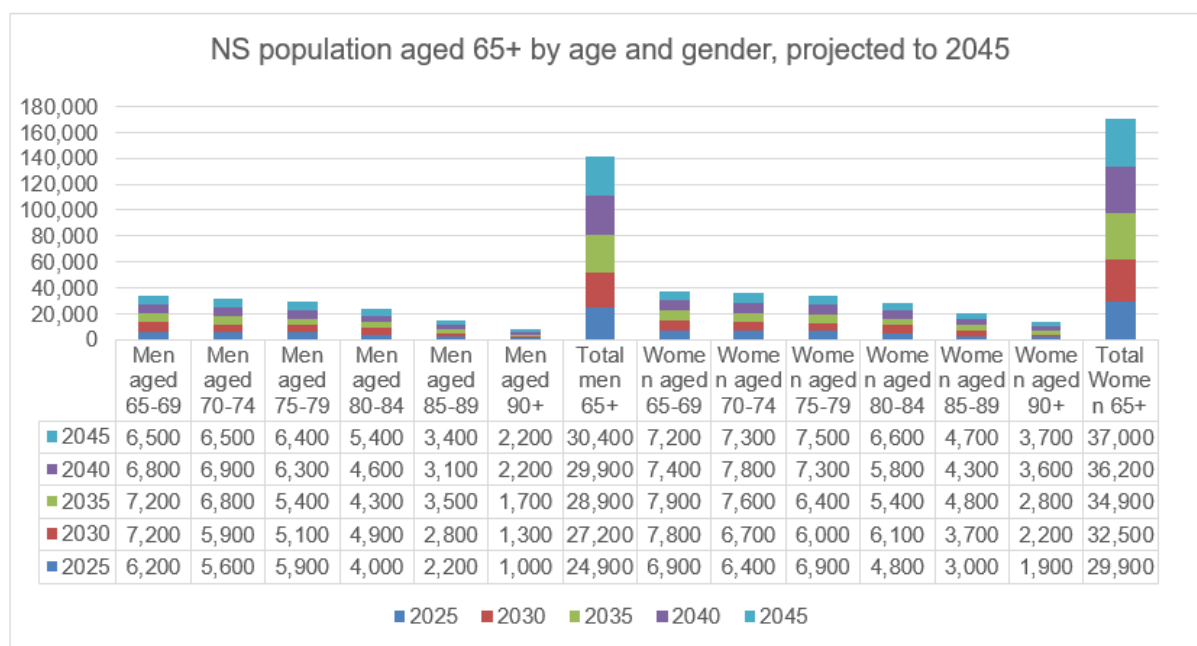


Chart 2. North Somerset population aged 65+ by age and gender, projected to 2045, Source: POPPI, September 2025

There are big differences in life expectancy within our area between most and least deprived, as well as males and females. Our [Health and Wellbeing Strategy](#) 2025-2028 states 9.5 years for males and 7.9 years for 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. More females tend to live alone than men aged over 65 (POPPI, 2025) which may impact upon later homecare, as women tend to live longer.

Services received by people in 2023/24 according to our client level data was recorded as 58% female (5777) and 42% male (4215), with 0.1% unknown (5). Unknown reflects where data came from Alliance as a carers contact. We do not currently have an option to categorise people as non-binary on our data system, in line with the reporting that we do to central government. We realise that capturing the voice of seldom heard groups, including the LGBTQ+ community, is currently lacking and moving forward we will do more engagement with people who might have different needs and preferences in relation to their social care needs to ensure that all voices are heard.

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 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 all over 65s are considered, there is an upward trajectory. In 2020 there were 2,289 people living in care homes, this reduced to 1,886 in 2025 (POPPI, September 2025); by 2030, 2,171 are predicted to be living in care homes, an increase of 285.

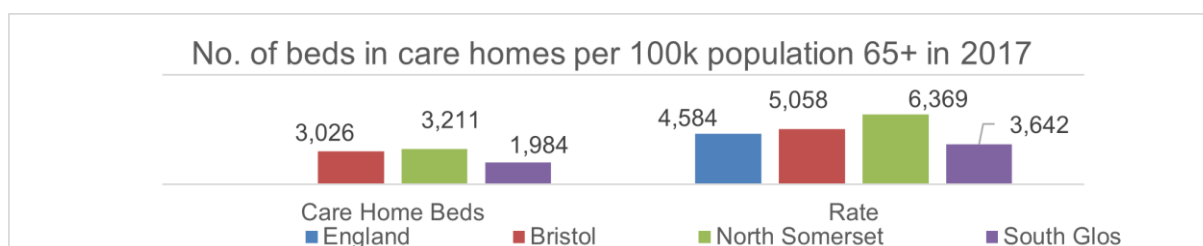


Chart 3. Number of beds in care homes (nursing and residential) per 100,000 population aged 65 and over, counties and unitary authorities in England, 2017, Source: ONS health and social care dataset, Table 4b, December 2018

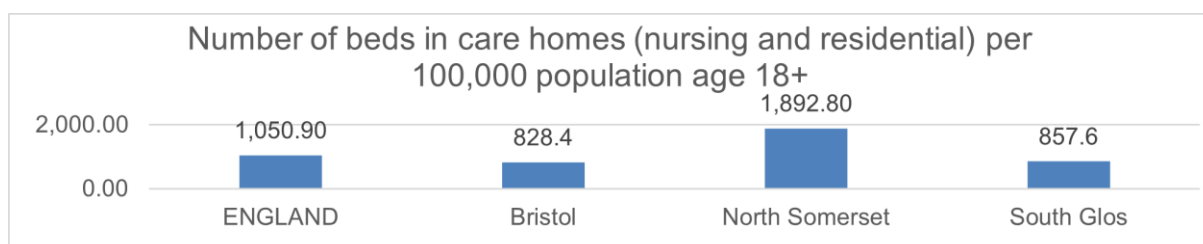


Chart 4. Number of beds in care homes (nursing and residential) per 100,000 population aged 18 and over, counties and unitary authorities in England, 2017 Source: ONS health and social care dataset, Table 4a, December 2018

Most over 65s are homeowners in NS, the proportion has increased from the 2011 to the 2021 census by 3% for 65-74 year olds. Even more own their homes aged 75-84.

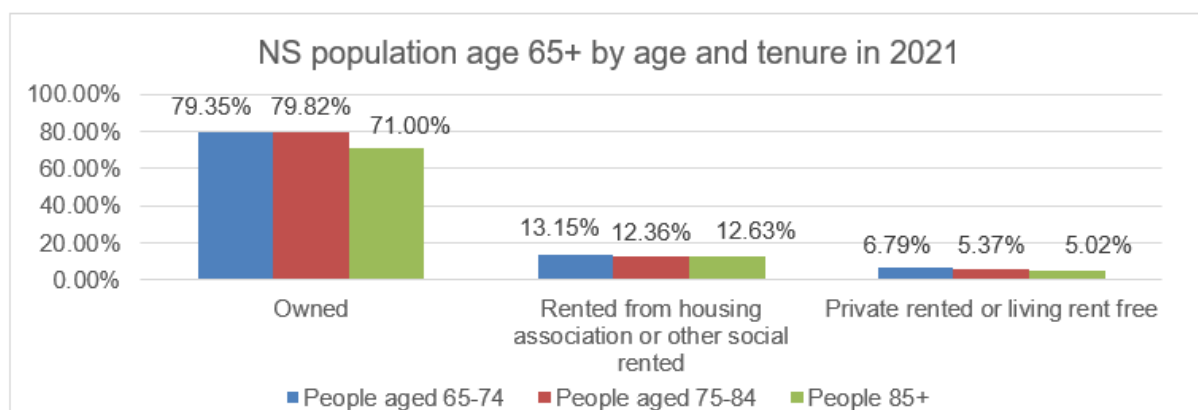


Chart 5. North Somerset population age 65+ by age and housing tenure in 2021, Source: POPPI

According to POPPI (September 2025) the amount of older people providing unpaid care to a friend or relative was 1,164,065 across England, which is set to increase to 1,471,009 by 2045, which goes to evidence how crucial carers services are. In comparison across our BNSSG ICB area (Bristol, North Somerset and South Gloucestershire), the amount of unpaid carers over 65 years of age in North Somerset in 2025 was 5,738; 6,880 in the City of Bristol; and 6,392 in South Gloucestershire. In North Somerset specifically, the number of people providing care is projected to rise to 6,254 in 2030; 6,599 in 2035; 6,798 in 2040; and 6,929 in 2045. (see Chart 6 on page 29 for a further breakdown).

However, it must be noted that the number of unpaid carers and how many hours of unpaid caring they do are hard to track, when many do not identify themselves as carers, they are just doing what anyone would do for their family or loved ones (see [Healthwatch report, 2022](#)).

There are 781 carers who have received an assessment, signposting or contact with Alliance, who deliver our carers support services, in 2024/2025 (Business Intelligence, May 2025). Our carers strategy 2024-2029 sets out the local picture of carers and the priorities which have been identified. We estimate there are around 19,070 carers (8.8% of residents) in North Somerset. This is based on the Office for National Statistics (ONS) Census data 2021 and relates to carers aged five years and over. Caring can have a significant impact on health and wellbeing:

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

Table 8. Client Level Data Report 8, April 2025, Age Group by Client Type

Number of Carers	781
Up to 64 years	390
Age 65+	383
Age Unknown	8
Service User	9216
Up to 64 years	3092
Age 65+	6124
Age Unknown	0
Total	9997

Source, Business Intelligence, May 2025

Unknown ages are most commonly with carers only known to Alliance, where a carer is also a service user their highest level of need is how they are represented, so they will show as 'service user' in the above table.

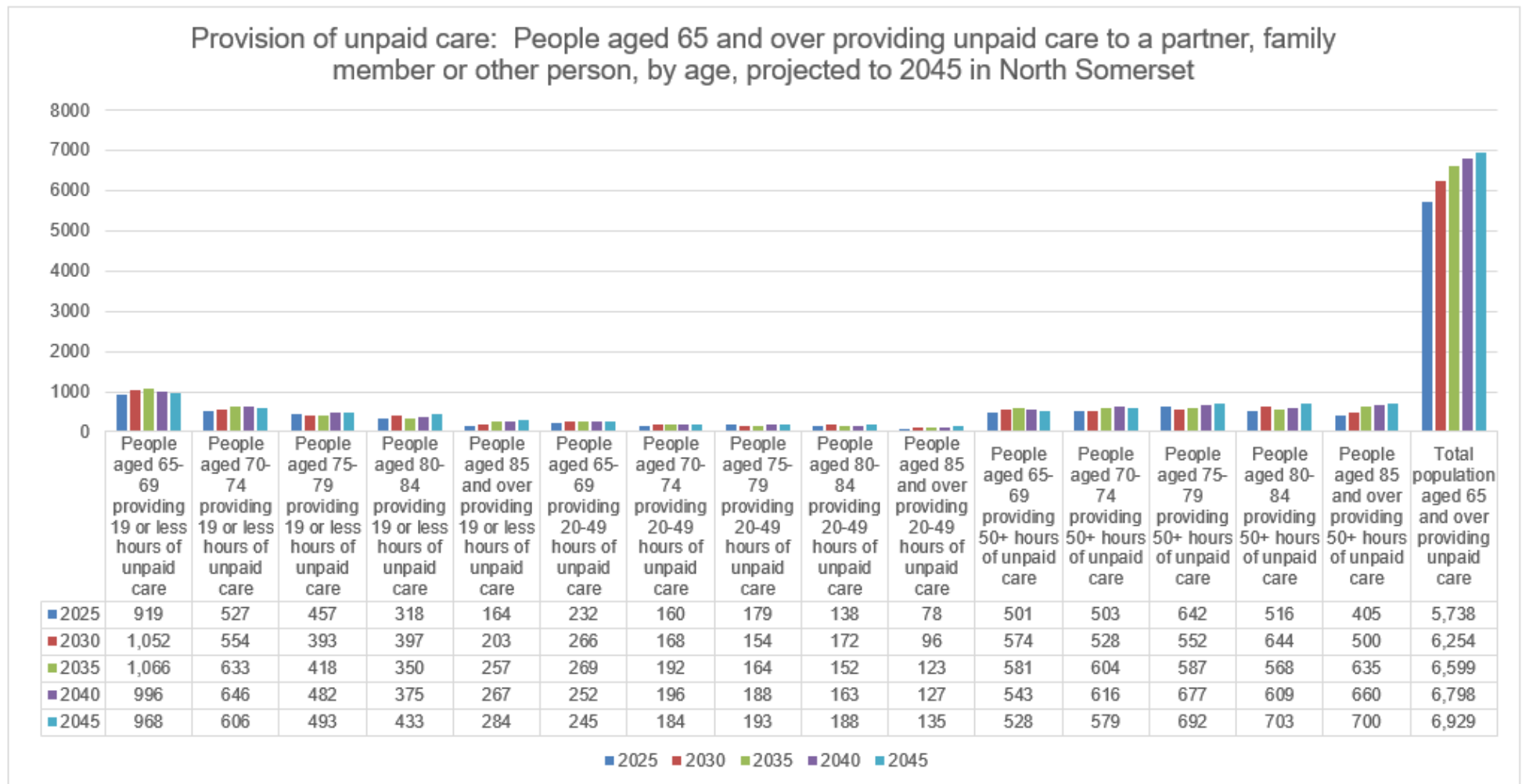


Chart 6. Provision of unpaid care: People aged 65 and over providing unpaid care to a partner, family member or other person, by age, projected to 2045 in England, Source: POPPI, September 2025

Activities of daily living (ADLs) are activities relating to personal care and mobility about the home that are basic to daily living. Rates for men and women aged 65 and over who need help (can do with difficulty/with help/cannot do) with self-care activities (ADLs) are:

- Getting up and down stairs – 17% males and 23% of females
- Having a bath or shower – 12% males and 13% females
- Dressing or undressing – 14% males and 12% females
- Getting around indoors – 9% males and 10% females
- Getting in and out of bed – 10% males and 11% females
- Taking medicine – 6% males and 6% females
- Eating, including cutting up food – 4% males and 6% females
- Using the toilet – 5% males and 5% females
- Washing face and hands – 4% males and 4% females

Instrumental activities of daily living (IADL) relate to domestic activities. Rates for men and women aged 65 and over who need help (can do with difficulty/with help/cannot do) with domestic tasks (IADL) are:

- Shopping for food – 17% males and 24% females
- Doing routine housework or laundry - 17% males and 20% females
- Getting out of the house – 13% males and 17% females
- Doing paperwork or paying bills – 9% males and 12% females

Source: [Ability to perform Activities of Daily Living \(ADLs and IADLs\) in the last month, by sex, Health Survey for England 2021, NHS England](#)

Specifically for North Somerset, there are 15,114 people aged 65 and over who need help with at least one domestic task in 2025 (nearly two thirds being females). This is set to rise to 19,916 by 2045. The total population aged 65 and over with unmet need for at least one domestic task in North Somerset is 8,766 people, with nearly two thirds being female. The numbers are projected to increase to 11,506 by 2045.

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's published report in May 2024 (accessed September 2025) there are nine hundred and eighty two thousand people living with dementia in the UK, this set to rise to 1.4 million in 2040 due to ageing population and growth ([Alzheimer's Society](#)). Each year two hundred and twenty-five thousand will develop dementia, which 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 4,170 people (over 65) predicted to have dementia in 2025 according to POPPI, plus 37 females and 26 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 have tended to be more affected than men, both locally and nationally but the latest primary care dementia figures indicate that men are more commonly diagnosed now (this changes after 90 years old but could be explained with women living longer). The data from 2014 to 2024 has also increased by a huge amount, for the ages 80-84 the proportion of people with a dementia diagnosis has increased to 24.8% for males and 22.9% for females (up from 10.3% and 11.7% respectively).

The average costs per person associated with mild, moderate and severe dementia are thought to be £28,700; £42,00 and £80,500 (May 2024), with increasing severity linked to need of complex care. The cost in the UK is estimated to be £42 billion (2024) which is set to increase to £90 billion by 2040 ([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.

There were 622 referrals to the Alzheimer's Society in NS in 2024 (526 in 2022 and 641 in 2023). There have so far been 355 referrals from January to June in 2025. It is reasonable to assume that more people were 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.

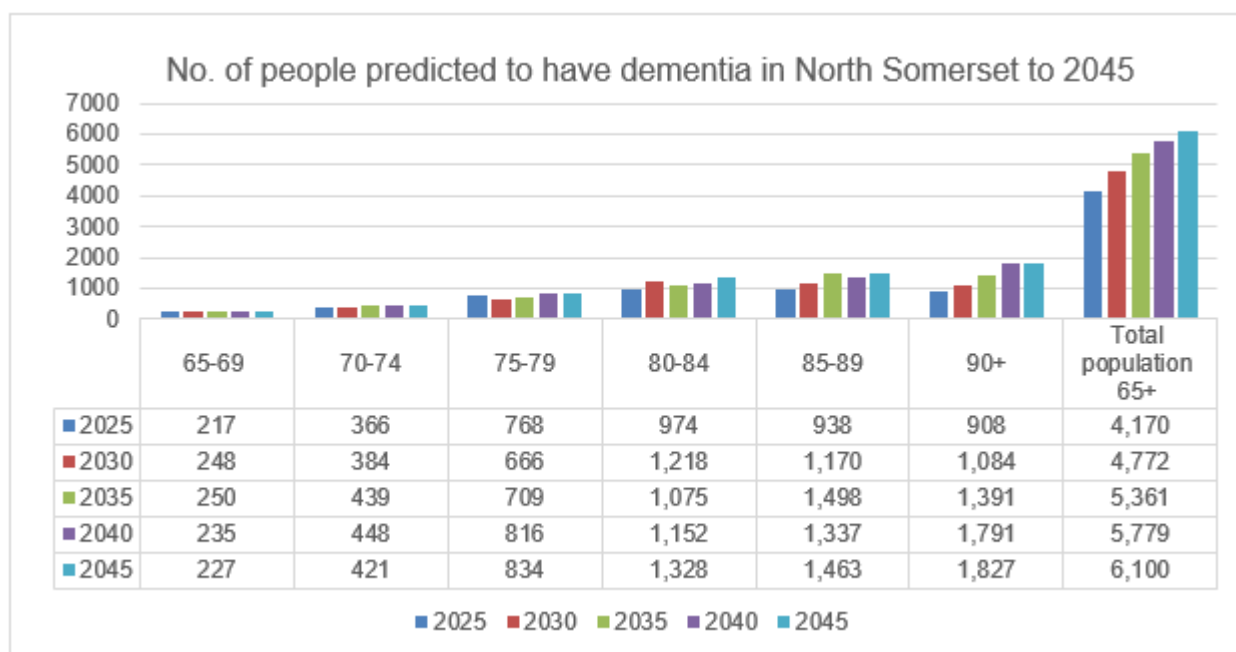


Chart 7. Number of people over 65 years of age predicted to have dementia in North Somerset from 2025-2045, Source: POPPI, September 2025

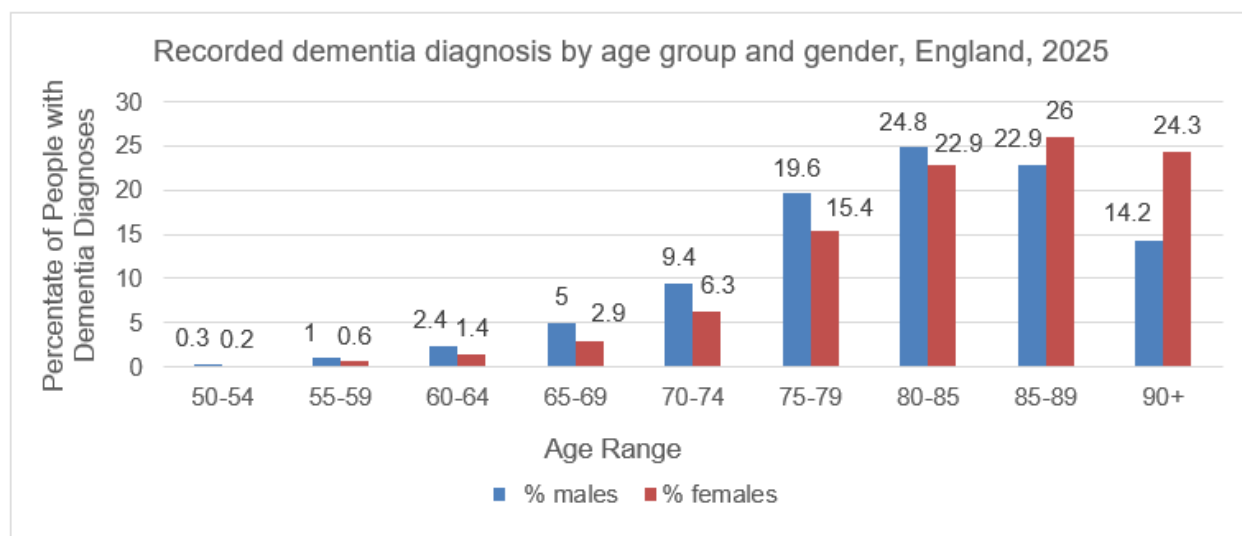


Chart 8. [Recorded dementia diagnosis by age group and gender, England, July 2025, Primary Care Dementia Data, NHS England](#)

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.

In North Somerset, people over the age of 65 predicted to be admitted to hospital as a result of falls, by age, in 2025 were:

- 65-69 years - 117
- 70-74 years - 172
- 75-79 years – 308
- 80 and over – 1,233

This is a total of 1,830 people in 2025, predicted to rise to 2,112 people in 2030; 2,258 in 2035; 2,384 in 2040 and 2,550 in 2045 (POPPI).

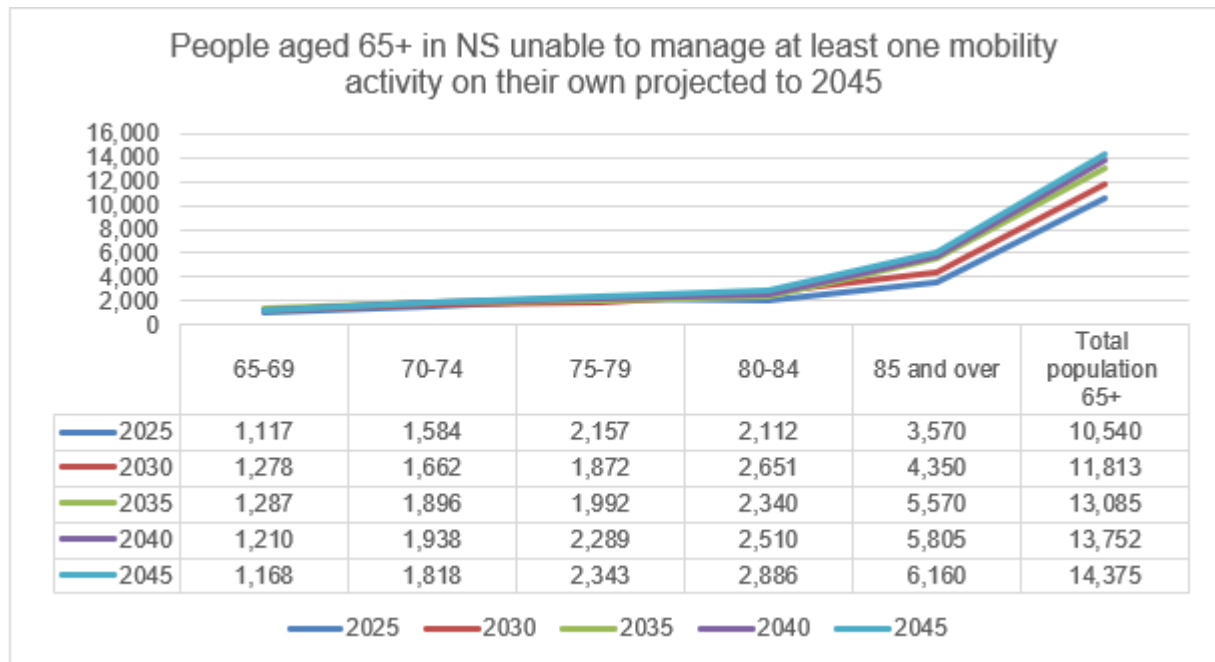


Chart 9. People aged 65+ in North Somerset unable to manage at least one mobility activity on their own projected to 2045, Source: POPPI, September 2025

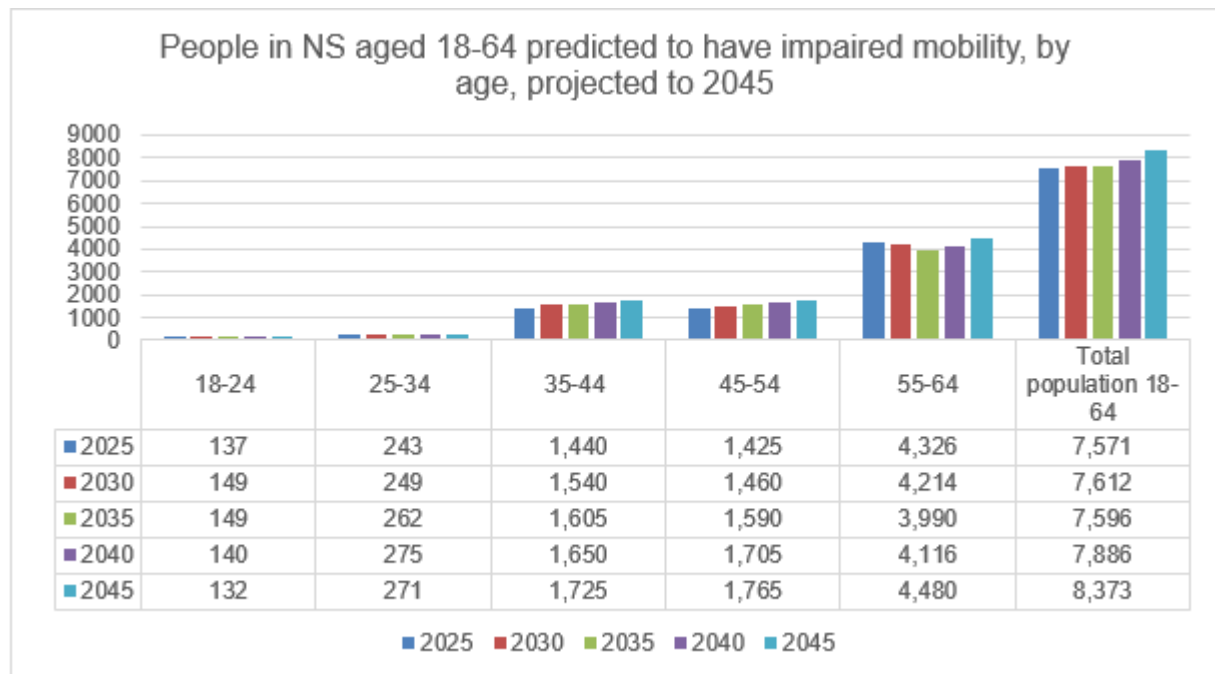


Chart 10. People in North Somerset aged 18-64 predicted to have impaired mobility, by age, projected to 2045, Source: PANSI, September 2025

There are also many younger people with impaired mobility. For older people, there are 10,540 as of 2025 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). Younger groups of people generally do not have as much impaired mobility as older groups and there is a general trend for an increase in numbers of people with impaired mobility as time goes on, but in 2030 and 2035 number are predicted to be higher than in 2040 and lower again in 2045 interestingly for 18-24 year olds, whilst the total population is lower in 2035 than 2030.

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 people aged 75 and over who are predicted to have a moderate or severe visual impairment (VI) and registrable eye conditions are expected to keep rising by 2045. Although numbers are more constant in younger people aged 65-74, there are often links between sight loss, falls, stroke and learning disability. Vision North Somerset (NS) reported there are 9000 people with significant sight loss in North Somerset, due to rise to 11,000 by 2030.

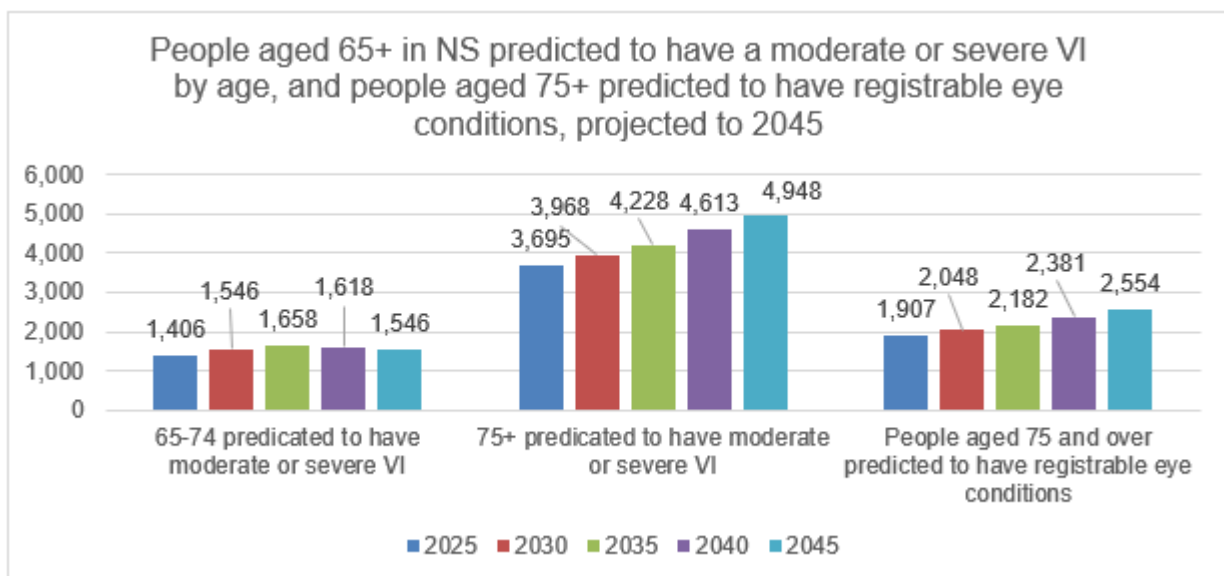


Chart 11. People aged 65+ in North Somerset predicted to have a moderate or severe visual impairment by age, and people aged 75+ predicted to have registrable eye conditions, projected to 2045, Source: POPPI, September 2025

Table 9. People in North Somerset 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 2045

Age and VI	2025	2030	2035	2040	2045
18-24 serious VI	9	10	10	9	9
25-34 serious VI	16	16	17	18	18
35-44 serious VI	19	20	21	21	22
45-54 serious VI	19	19	21	22	23
55-64 serious VI	20	20	19	19	21
65-74 moderate or severe VI	1,406	1,546	1,658	1,618	1,546
75+ moderate or severe VI	3,695	3,968	4,228	4,613	4,948
75+ registrable eye conditions	1,907	2,048	2,182	2,381	2,554

Source: PANSI, September 2025

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.

The total population 65 and over predicated to have some hearing loss increases steadily from 34,342 in 2025 to 44,526 in 2045. The total numbers predicted to have severe hearing loss over 65 years old increases from 4,631 in 2025 to 6,686 in 2045 (see Chart 12). For younger people, the total population aged 18-64 predicted to have some hearing loss in North Somerset in 2025 is 13,834, which is set to increase to 15,204 by 2024. The total population aged 18-64 predicated to have severe hearing loss in 2025 is 833, which is set to increase to 919 by 2025 (PANSI, September 2025).

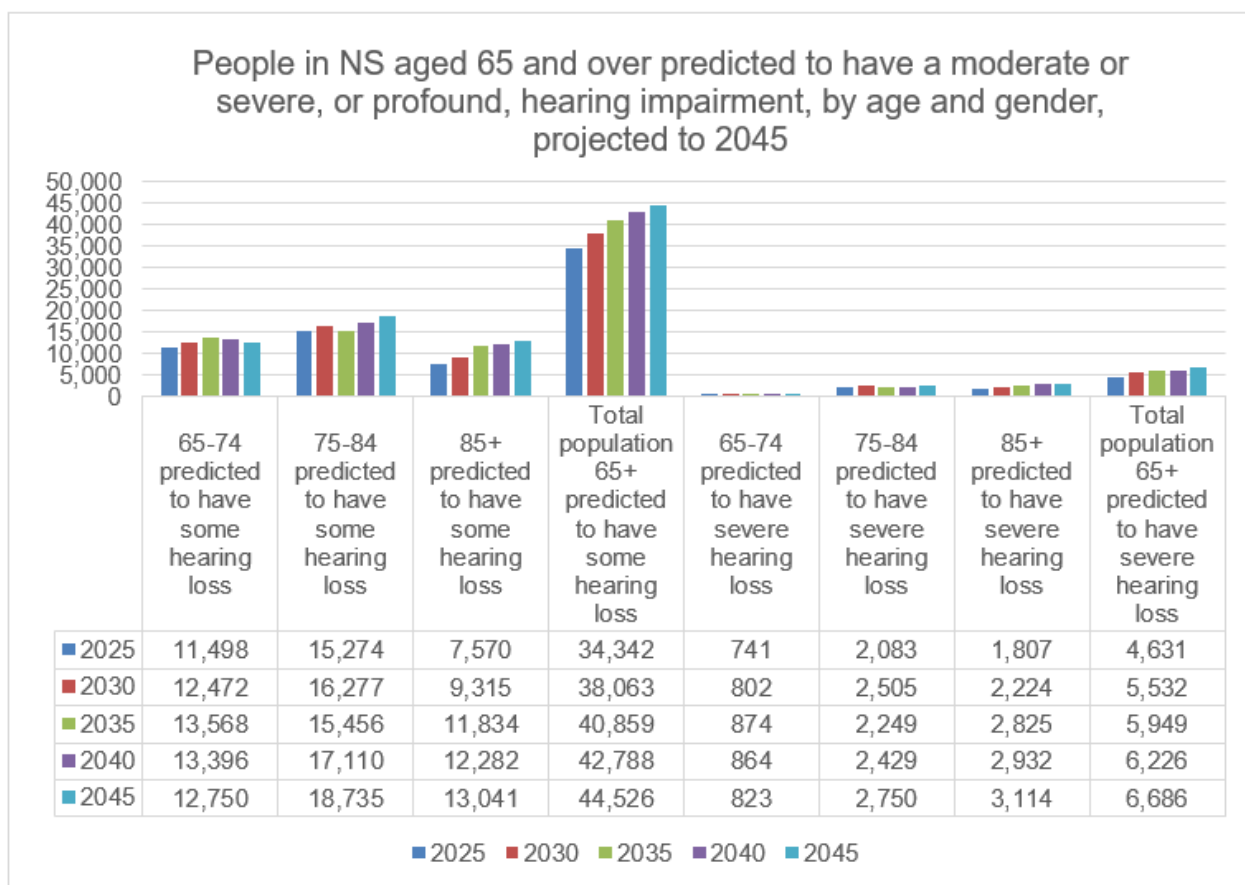


Chart 12. People in North Somerset aged 65 and over predicted to have a moderate or severe, or profound, hearing impairment, by age and gender, projected to 2045, Source: POPPI, September 2025

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 handyperson 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 Accommodation with Support Strategy (2026-2033), an update to the Housing with Support Strategy (2017-2027), and Pathways to Adulthood Strategy).

Obesity/Bariatrics

As per our 2024 NSC Joint Strategic Needs Assessment, over 60% of adults are overweight or obese in North Somerset. Research shows that poor diet and obesity are leading causes of premature death and mortality and are associated with a wide range of diseases including cardiovascular disease and some cancers, which can have a significant impact on an individual's physical and mental health and wellbeing.

There is a total population aged 65 and over in North Somerset who have a BMI of 30 or more in 2025 of 16,611. This is projected to rise to 18,094 people in 2030; 19,339 people in 2035; 19,924 people in 2040; and 20,151 people in 2045 (POPPI).

Whilst not specific to North Somerset, Cancer Research UK (2022) estimate that by 2040 in the UK over 21 million UK adults will be obese, which is over a third of adults (36%), or almost 4 in 10. If the current trends for overweight and obesity continues, this may rise to 7 in 10 adults, (71%); there may even be more obese people than those who are a healthy weight by 2040. In terms of social care, there are various implications for people's health and other conditions which are linked to being overweight, as well as care providers having enough equipment, such as beds, chairs, and hoists to plan for potential future demand. We currently only have 1 care home in North Somerset who can support larger people.

Across our ICB area, there were 579 pieces of bariatric equipment delivered in 2024/25, at a total cost of £136,499. Medequip reports that North Somerset Council spent a total of £29,954 on 127 pieces of equipment in the year 2024/25. This was broken down across teams as follows:

- Adult North Locality Team, 28 pieces at a cost of £10,281
- NSC Adult Reablement Access Your Care (AYC), 2 pieces at a cost of £142
- NSC Adult Single Point of Access (SPA), 38 pieces at a cost of £6,897
- NSC Adult South Locality, 50 pieces at a cost of £12,011
- NSC Adult TEC and Reablement Intervention (TRI), 7 pieces at a cost of £539
- NSC Adult Trusted Assessors, one piece at a cost of £42

- NSC Childrens Service – Children with Disabilities Team, one piece at a cost of £42

Across our ICB area of Bristol, North Somerset and South Gloucestershire (in terms of ordering by North Somerset teams), the equipment was split across our partners including various services within Sirona; AWP mental health services; and Southmead, Bristol Royal Infirmary and Weston General Hospitals. It is worth noting Sirona North Somerset Weston and Worle Locality had 140 piece of bariatric equipment delivered at a cost of £34,663, whilst Sirona North Somerset Woodspring Locality had 138 pieces of equipment delivered at a cost of £37,808. The ICB total was 452 pieces of bariatric equipment at a cost of £106,545.

In terms of breakdown by age group, bariatric equipment delivery in North Somerset area and/or by North Somerset Council Teams in 2024/25, in the wider ICB there was one piece for 0 to 17 (£0); 167 pieces 18 to 64 (£47,136); 261 pieces ages 65 to 109 (£58,488); 23 delivered to Establishments (£921). For North Somerset Council, there was one piece for 0 to 17 (£42); 72 pieces for 18 to 64 (£18,663); 54 pieces for 65 to 109 (£11,249). This is interesting, as the age group 18-64 have higher costs being delivered by NSC teams in comparison to older cohort of people over 65 and it will be something we need to plan for with our care homes and providers for future. When there is bariatric equipment installed in a care home, consideration is taken whether the structure of the building can take the weight. Medequip, our equipment provider, will often undertake structural surveys and this needs to be thought about for the future, as our population gets heavier.

In North Somerset in 2023/24 there was 446 pieces of bariatric equipment ordered (347 by the ICB/health; 99 by NSC). The total costs were £88,711 for the specialist equipment (£62,452 from the ICB and £26,259 from NSC). Broken down by age, children's services spent £880; 18-64 spent £39,226 and 65-109 spent £47,698. There was £908 spent for an establishment rather than an age specific person. There were 23 perching stools (£1,337), 908 bed levers (£720), 11 extra wide toilet surrounds (£460) and many other items including 8 bariatric toilet seats and frames (£320), 4 bariatric commodes

(£476), 3 bariatric grab handles (£272), 3 heavy duty bed rails (£129), 2 elbow crutches (£83) 2 heavy duty walking sticks (£33), 2 bariatric hoist motors (£1760) and 2 chairs ordered (£232). There was also a shower stool, chair with accessories, supa chair, bath board, cushion and pump and shower chair ordered which came to nearly £9000. Various chairs, along with other accessories including a mattress and commode, profiling beds and rollators made up the total ordering of 99 items at a cost of £26,259 to North Somerset Council.

Learning Disability and/or Autism

It is important that we make the distinction that not all autistic people have a learning disability. Autism, also referred to as autism spectrum disorder (ASD) or autism spectrum condition (ASC) 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 diagnosed 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 4,195 in 2025 and 4,829 by 2045 (PANSI, September 2025). 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 182 in 2025 to 204 in 2045 (see Chart 13).

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 (LDAHN, 2023). According to PANSI, in England, the total population of people aged 18-64 with

moderate to severe learning disabilities and likely to be in receipt of services was 199,715 in 2025, which is set to increase to 214,228 by 20245 (September 2025).

In NS eighty three 18–64-year-olds were predicted to have Downs Syndrome in 2025, with ninety four predicted by 2045. 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.

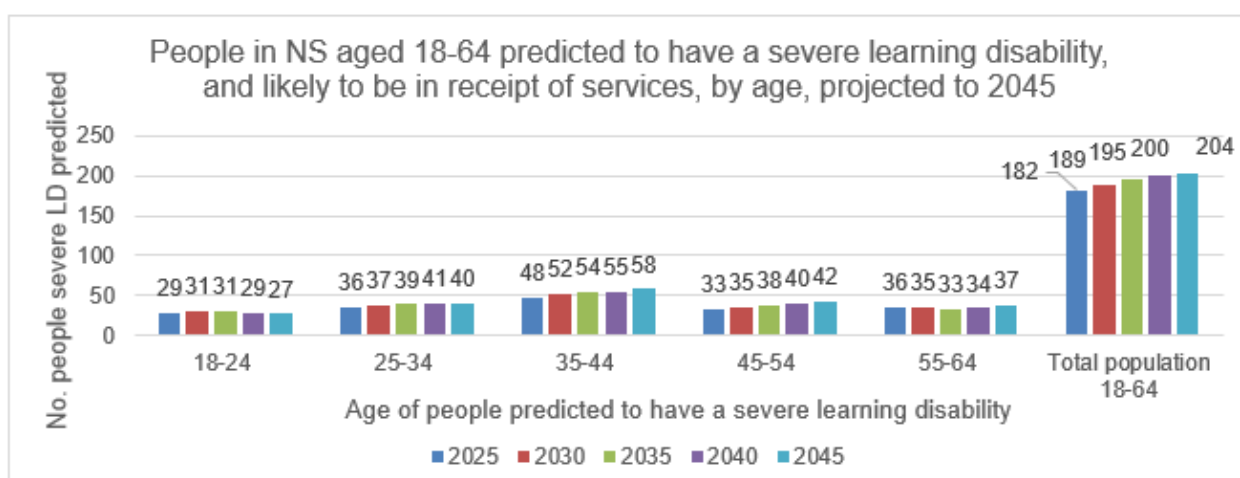


Chart 13. People in NS aged 18-64 predicted to have a severe learning disability, and likely to be in receipt of services, by age, projected to 2045, Source: PANSI, September 2025

The total population aged 18-64 with a learning disability (LD), predicted to display unexpected behaviours (deemed ‘challenging’ behaviour on PANSI) in 2020 was fifty-seven, projected to rise to sixty four by 2045, 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 aged 18-64 in NS expected to be autistic (ASD or ASC) was 1,244 in 2025, with a projected increase to 1,425 by 2045. For over 65s, there were 508 autistic people predicted, with an increase expected to 621 by 2045. These numbers are hugely under representative of the autistic community, however. Please not that not everyone with a learning disability or autism will need funded services, but some may, especially when older. Although predictions of numbers of people with LD are not significantly increasing, more people are getting diagnosed.

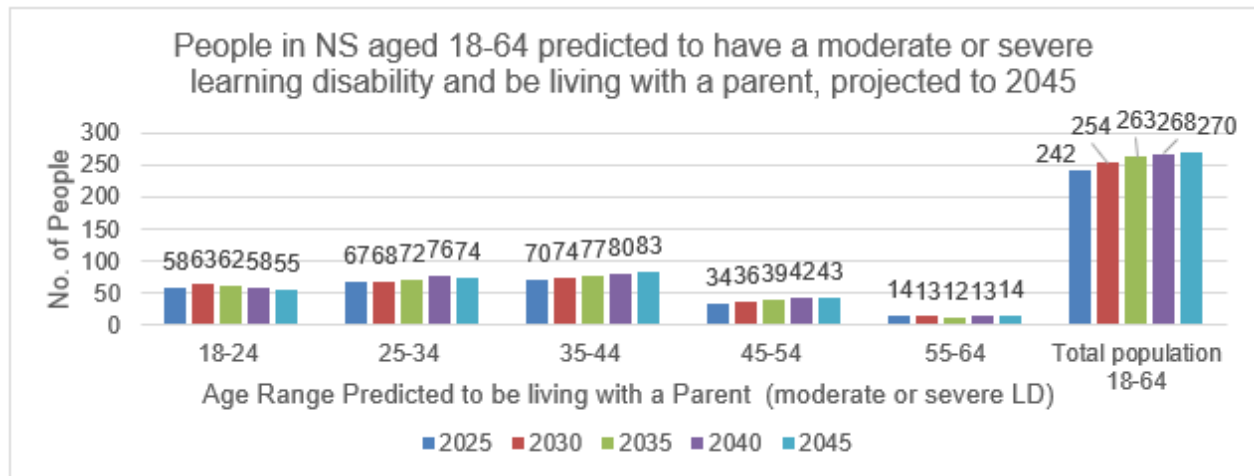


Chart 14. People in North Somerset aged 18-64 predicted to have a severe learning disability and be living with a parent, by age, projected to 2045, Source: PANSI, September 2025

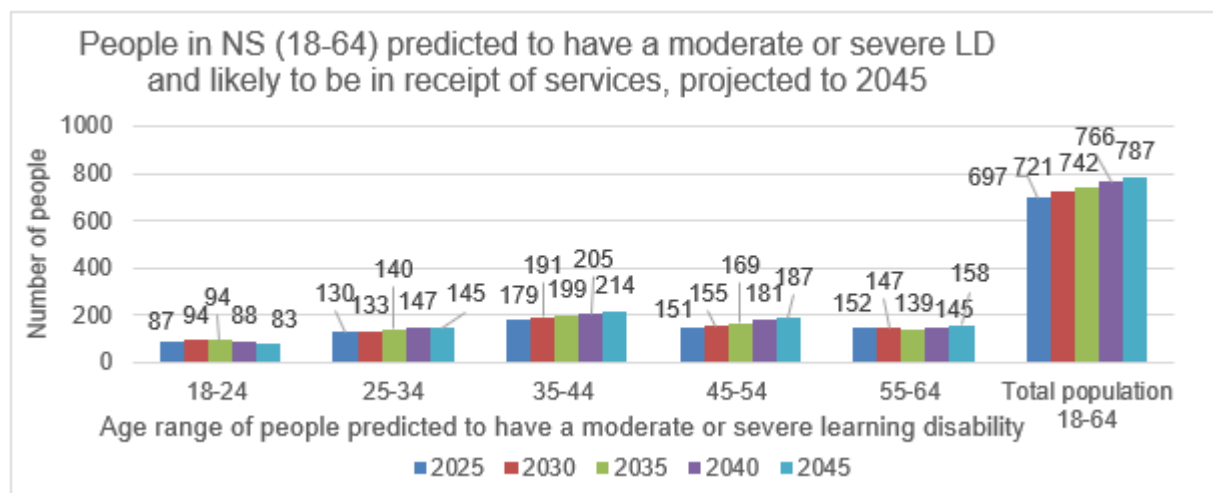


Chart 15. People in North Somerset aged 18-64 predicted to have a moderate or severe learning disability, and likely to be in receipt of services, by age, projected to 2045, Source: PANSI, September 2025

There are many more people aged 18-64 with a predicted moderate or severe learning disability (787) than a predicted severe learning disability (204) by 2045 in NS.

The Learning Disability and Autism Housing Network (LDAHN) in 2023 stated 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 Housing with Support Strategy, to be updated to Accommodation 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 autistic people, but people may not know what is on offer. Bridging the gap together is a key service that can support individuals and families of autistic people. A recent North Somerset [Autism Strategy](#) has been published in 2025.

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 currently 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.

It is interesting to note that in North Somerset, September 2022-August 2023 there were 5494 young people with SEND and 1930 young people with an Education and Health Care Plan (EHCP). 8 young people were transitioning in adult services with an EHCP, a total of 9 transitioning to adult services. There were 364 young people aged 18-25 with an EHCP, so this demonstrates how few young people meet the threshold for adult services.

Mental Health

The North Somerset Mental Health and Wellbeing Strategy 2024-2029 is based on the Needs Assessment (2002), national and local data, as well as what people have said is important to them, and the practice approaches we expect to see in social work run through that too. The importance of mental health is highlighted and maps out how we will work together to address rising mental health need and to tackle health inequalities. The vision being that “[P]eople in North Somerset are enabled and supported to have good mental health and wellbeing and to live well in their communities, via a focus on prevention, early intervention, and targeted action to reduce inequalities”. We will achieve our mental health vision for North Somerset by focussing on three main areas: prevention; early intervention and; supported and living well. This will be in terms of preventing mental ill-health before it arises and preventing any worsening of mental health problems as early as possible; identifying mental ill-health as early as possible and intervening with the right support to prevent worsening outcomes; and supporting individuals in a holistic way so that people with mental ill-health can live well in our communities

According to our 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.

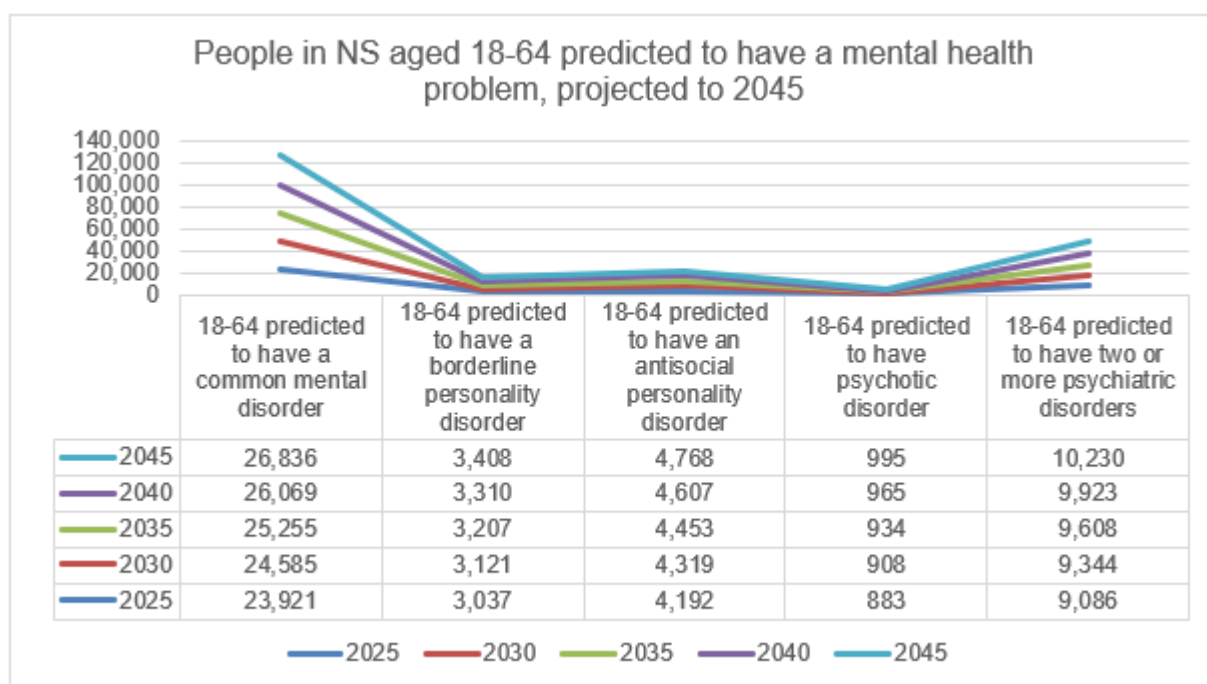


Chart 16. People in North Somerset aged 18-64 predicted to have a mental health problem, projected to 2045, Source: PANSI, September 2025

As per PANSI data, 18-65 year olds predicted to have two or more psychiatric disorders is over 9,000 in 2025, which is projected to rise to over 10,000 in 2045. For the same age group, a common mental disorder is predicted for nearly 24,000 people in North Somerset in 2025, which is expected to increase to nearly 27,000 people in 2045.

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. PANSI projects that 16 people in 2025 and 19 people in 2045 will die by suicide.

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 were 1,4211 people aged 65 and over predicted to have severe depression in 2020, which was projected to rise to 7,061 by 2030 in NS.

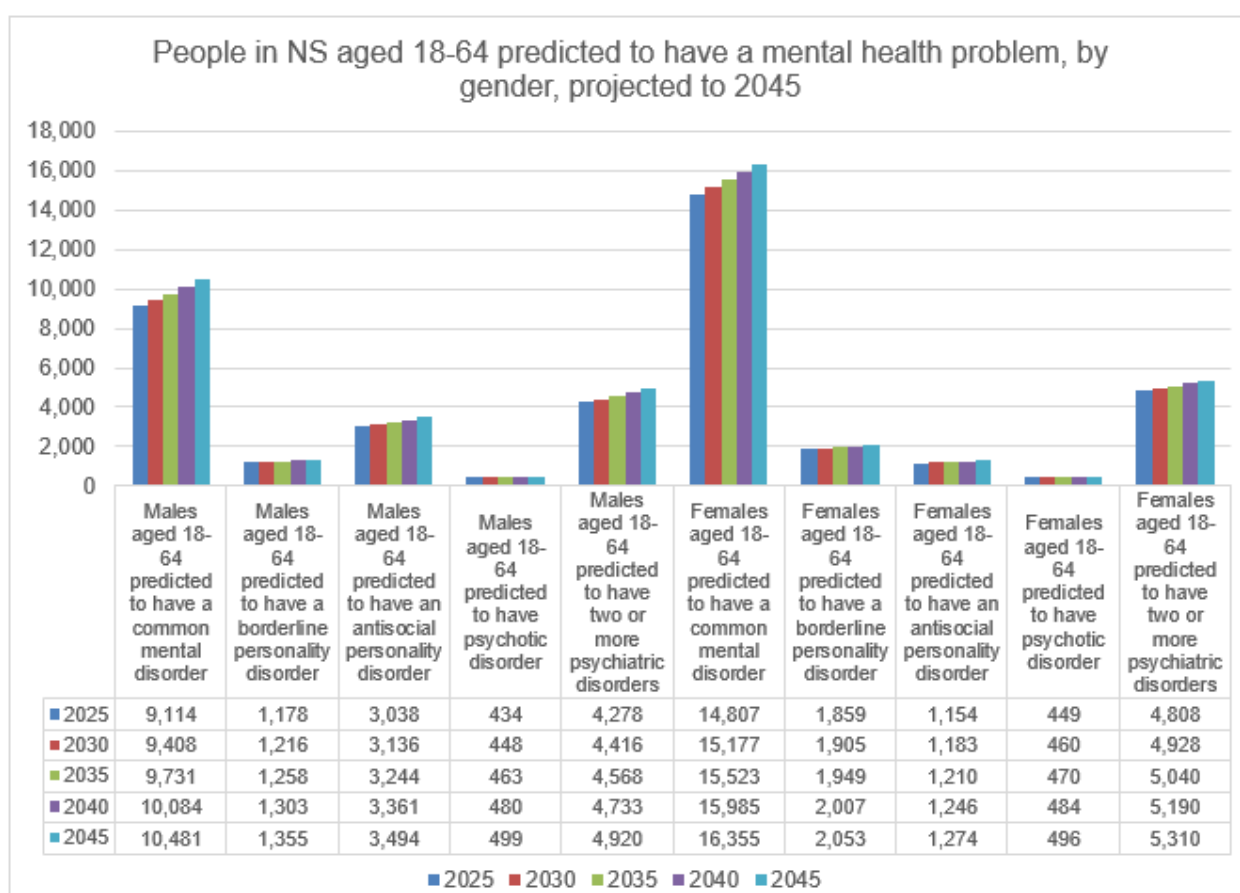


Chart 17. People in NS aged 18-64 predicted to have a mental health problem, by gender, projected to 2045, Source: PANSI, September 2025

“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.

Market Overview, Commissioned Services and Spend

Overview

As per our commissioning strategy 2024-2031, we have a range of commissioned services and grants which cover a range of needs for people who use care and support. People may or may not have eligible social care needs under the Care Act 2014, including older people, people living with dementia, adults with physical disabilities including visual and sensory impairment(s), adults with learning disabilities, mental health, alcohol and substance misuse issues, people leaving hospital, as well as carers. Local authority funded services include care homes (both residential and nursing), extra care housing, home care, carers support, supported living and supported accommodation/housing. Direct payments are offered and supported with, as well as technology enabled care, equipment, aids, and adaptations. We also offer a range of services in the voluntary sector for people who might not have eligible care needs but still need support, including wellbeing, social prescribing, and housing related support. We offer services in house, such as Shared Lives, as well as commissioning external providers to deliver social care and support services on our behalf.

We have a mixed market of Care Quality Commission (CQC) registered services in North Somerset including doctors, dentists, hospitals, hospices, substance misuse services, care homes and homecare. Many support services in North Somerset are not registered with the CQC, if personal care is not provided, such as supported living, as well as community-based support. We have hospitals and hospices that can support adults, children, mental health, and people with substance misuse issues.

We commission and fund support not only for us, as a local authority, but also on behalf of health, the ICB (integrated care board). To give a summary of commissioned hours for 2024/2025 the total was 1,603,624.67 hours across the following service types:

- Our complex care framework had a total of 52,961.86 support hours: 10,423.00 being NSC funded and 42,538.86 hours being health funded.

- Domiciliary care, or homecare, saw a total of 448,801.88 support hours commissioned: 101,066.39 NSC funded and 347,735.49 health funded hours.
- Extra care housing had a total of 77,106.36 support hours: 73,974.71 NSC funded and 3,131.64 health funded hours.
- Individualised care and support had a total of 172,053.55 support hours commissioned: 157,649.12 being NSC funded and 14,404.43 health funded hours.
- Supported living had a total of 852,701.03 support hours commissioned: 750,511.60 for NSC funded and 102,189.43 funded by health.

Accommodation with support

Benchmarking data highlights supported living as a significant area of expenditure for North Somerset Council. The provisional local authority average fee 2025 to 2026 for external providers for supported living (£ per blended hour) is £22.95 as per the Market Sustainability and Improvement Fund (MSIF): provider fee reporting 2025 to 2026 (August 2025), compared to £23.20 in North Somerset. Our operational colleagues are managing immense pressures, including significant waiting lists and the vital responsibility of minimising risk whilst trying to maximise independence. Simultaneously, we face new market complexities, such as a rise in requests for high-cost, single-person services and growth in Direct Payments that sit outside our commissioned frameworks. There is also a belief that the complexity of people's needs are higher.

We are proactively shaping the market, innovating with new models like the successful FutureStrong service, and embracing technology to foster independence. Our recently secured partnership with Partners in Care and Health (PCH) will further strengthen this collaborative approach, bringing in national expertise to help us co-design a sustainable system for the future. We continue to actively shape the local market to build capacity and choice. This foundational work has yielded significant results:

- 36% growth in local SL units over the last four years.
- 29% reduction in out-of-county placements, bringing people and investment back into North Somerset.

- 16% increase in specialist domiciliary care, providing a crucial alternative to residential-based support.

Our flagship move-on service, FutureStrong, is a prime example of successful innovation. This service provides a vital stepping stone for individuals moving from hospital or residential care, fostering skills and independence in high-quality accommodation. The model is highly praised by tenants and NHS partners alike, with one mental health professional stating it is "changing the landscape of supported accommodation". FutureStrong is a proven, financially effective alternative to long-term, high-cost placements. From the beginning of the pilot in June 2024 to October 2025, the service has delivered a combined £220,190.23 in cost savings and avoidance. Its growth from 3 to 15 units demonstrates scalability and success.

We currently have 245 units of supported living across 62 schemes. There are 12 single occupancy services and 10 two bed services although a number of these house one person. 17 (90 units) of the schemes are lower level LD or MH and 21 (66 units) are LD specific: the rest will take a combination of people and need. The split between services in the north and south of the district is pretty balanced but the number of units is higher in the south.

Data reflects that supported living capacity is tight, where need is greater than available provision. We have 31 providers on the supported living lot 2 of our specialised care and support framework, working across 44 schemes. Most 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. We are keen to ensure future and existing provision is TEC focused. There have been several new developments, including 10 units with FutureStrong Partnership, which operates on an innovative supported living model, and we continue to work with them. We also have Julian House, which supports people leaving prison to live in supported housing upon release. Due to planning regulations and building requirements, developments take several months to realise.

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.

In relation to extra care, we have six schemes in NS. If we cannot nominate a suitable person from our waiting list, the providers keep their own private waiting lists they can refer from. The capacity plan data previously reflected tight capacity, with 92% across the service however, all schemes are currently full, with 37 people waiting on our list, for available units as of 19th May 2025.

- Diamond Court in Weston-super-Mare has 54 flats, 12 one beds and 42 two beds, of which we have nominated into 40; 14 of the flats Housing21 referred into.
- The 20 bed extension at Diamond Court, our most recent extra care housing development in North Somerset, are all 1 bed flats, of which we have referred into 17 (3 being for Housing21).
- Lakeside Court, in Weston-super-Mare, has 33 flats, of which 28 were our nominations and 5 from Anchor. There are 30 one beds and 3 two bed flats.
- Sandford Station, in rural Sandford, have 16 rental flats, of which 15 nominations came from us. There are 7 one beds and 8 two bed flats. There are also block beds purchased by health at Sandford Station.
- Strawberry Gardens, in Yatton, has 32 flats, 30 are for our nominations, 1 Housing21 and 1 was previously a hospital discharge flat.
- Tamar Court, in Weston-super-Mare, has 33 flats of which we have nominated into them all. There are 28 one beds and 5 two bed flats.
- Waverley Court, in Portishead, has 60 flats. We have nominated into 26 of them, 19 were from Anchor/Hanover and 15 are leasehold. There are leasehold flats in the other schemes also.

We are still keen to increase our extra care housing provision in North Somerset. There was a HousingLIN feasibility study commissioned to look at options including in-house

delivery as the current framework of providers are not leading to developments needed. We also commissioned the Housing LIN to conduct a needs assessment on under 65s accommodation which is being written with specific reference to Learning Disability, Autism and Transforming Care cohorts. This report will complement the existing Older Persons Housing needs report completed in 2022-2035 by the Housing LIN which helped to inform our cost of care exercise and will be woven into our accommodation with support strategy (2025-2032) refresh.

Recognising that the need for both extra care and supported living is greater than what we currently have available, we have potential developments which we are currently pursuing as well as some that have been realised including our new respite provision. We have a new two bed accommodation supported living model that people can access (as well as a 2 bed bungalow, we also have 2 flats, including one which is fully wheelchair accessible). This has been useful as our pathways to adulthood/respite services for learning and physical disabilities has been recommissioned, with adults moving away from the Pizey service, which has been joint with children's services and using a supported living model that has been piloted successfully. Our Accommodation Change Manager, Rob Hepworth, has recently had an article published in the LGA about our new [respite offer](#) (September 2024). There has also been a move from day services at Strode Road to Sycamore Lodge.

We are setting up a supported accommodation partnership which will work collaboratively across housing, Liberata and with landlords, linking in to legislation changes (see the Supported Housing (Regulatory Oversight Act) 2023) to improve housing standards and support in supported living and extra care housing, with a view to a partnership agreement and monitoring being improved. The partnership agreement is being refined with input from housing colleagues and providers will also feed in. A review period has been included to account for any upcoming changes.

Further, as part of ensuring there is a range of suitable housing options available for people, we are finalising a review of what accommodation is available by undertaking an audit of what is wheelchair accessible, ground floor, and accommodation that has a lift.

We are working with our Quality Monitoring team as part of quality assurance, to ensure that certificates for fire and gas safety are checked. Even so, registered landlords should be ensuring fire safety checks are done, as part of their own responsibilities.

We have been collaborating with our colleagues in Sustainable Place and Growth (in our Healthy and Sustainable Communities directorate), in relation to bidding as an investment partner for the Affordable Homes Programme using housing needs to inform bespoke specialist housing to meet both the needs of vulnerable adults with care act needs, as well as complex homelessness needs. We collaborate with developers about pipeline developments to explore different models of accommodation and have a cross directorate working group - housing related coordination development - in house, as well as external strategic meetings with Housing Associations for developing plans and initiatives, with providers such as Future Strong Partnership and Places for People. We are part of the West of England Extra Care Forum, looking at closer collaboration on extra care housing and supported living. We are recruiting to a mental health focussed housing officer based in North Somerset, who will identify accommodation to meet the needs of people with complex mental health needs.

We aim to develop and commission appropriate models of accommodation, including specialist housing and accessible accommodation to help inform future planning decisions, repurpose housing stock and working across directorates. Our accommodation change manager speaks to providers when they are considering a change of use, for example from care home to supported living.

Care Homes

Care Homes are regulated by the CQC (Care Quality Commission) and The Care Act 2014 places duties on LAs to commission care places for people living in communities who are eligible for public funding support. Care homes can be run by the private sector, LA's, the NHS, or voluntary sector (not for profit).

According to the CQC and our brokerage data, there are 92 residential and nursing social care homes (59 residential homes and 34 nursing homes – some of these are

both) with 2737 no of beds as of May 2025, a decrease of 13 beds since May 2024. There are additionally 4 substance misuse rehabilitation centres and 1 mental health hospital that all fall under CQC registration in North Somerset as of May 2025.

Of the 92 care homes there are:

- 29 homes that will only support people over the age of 65s (people may have other conditions but not be under 65: 9 nursing, 20 residential)
- 6 homes that will only support people under the age of 65 (2 nursing, 4 residential)
- 72 homes will support over 65s (with under 65s, 31 nursing and 41 residential)
- 50 homes will support under 65s (usually alongside older people – 25 nursing homes and 25 residential homes)
- 43 care homes will support both under and over 65-year olds (there are also many that do not specify an age e.g. learning disabilities and/or mental health)
- 46 homes can support people with dementia (23 nursing and 23 residential)
- 24 can support with mental health (8 nursing and 16 residential; of which 4 of these residential homes are purely for mental health. There are also two which are just for mental health and learning disabilities)
- 23 with learning disabilities (3 nursing and 20 residential; of which 4 of these residential homes are purely for learning disabilities)
- 23 that will support physical disabilities (16 nursing and 7 residential); and
- 15 that will support sensory impairments (9 nursing and 6 residential)
- Additionally, there are 2 nursing homes that can support with eating disorders.

76 homes are rates as good (2 more than in 2024) and 13 are rated as requires improvement (5 less than 2024). There are two awaiting a rating and one inadequate as of the CQC ratings report on 8th May 2025. None are outstanding.

For previous context, our Market Sustainability Plan (2023) provided an in-depth analysis of our Care Home and Homecare markets and is available at [Cost of care and market sustainability | North Somerset Council \(n-somerset.gov.uk\)](https://n-somerset.gov.uk/cost-of-care-and-market-sustainability/).

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 offset some of this naturally. We now have less beds than when the report was carried out.

According to brokerage data, we currently have 2737 care home beds, 1342 nursing and 1395 residential (as of 15th May 2024) and on 12th May 2024, there were:

- 27 older person's nursing vacancies (and 21 privately funded beds) across 22 care homes (91.91% occupancy)
- 30 older person's residential vacancies (and 35 privately funded beds) across 36 care homes (89.64% occupancy)
- 7 dementia nursing vacancies (and 23 privately funded beds) across 10 care homes (93.70% occupancy)
- 11 dementia residential vacancies (and 15 privately funded beds) across 19 care homes (94.89% occupancy).

27 care homes are at 100% occupancy; 43 at 90-99% occupancy; 12 at 80-89% occupancy; 5 at 70-70% occupancy; 2 at 60-69% occupancy; and 1 at 50-59% occupancy. Of the 27 care homes at 100% occupancy, 8 of them accept older person's residential; 6 dementia residential; 13 learning disabilities; 6 mental health; 1 older person's nursing; and 1 dementia nursing.

The mean/average occupancy rate is 91.45% across all our care homes, compared to 91% this time last year. In the North, average occupancy was 94.64%, whilst in the South it was 90.06% (92.27% for residential (an increase in over 3% on last year) (94.50% in north and 90.96% in south) and 92.81% for nursing (same as last year) (95.2% in north and 90.83% in the south).

NSC data does not tally up with capacity tracker data, where the occupancy on 15th May 2025 is reported to be 89.05% for general nursing older persons occupancy and 82.18% for average general residential older persons occupancy. The average dementia nursing occupancy was 83.64% and the average dementia residential occupancy was 86.91%. The total number of beds on the capacity tracker is also slightly different, with a total of 2395 total beds being available – 749 in general residential; 612 in general nursing; 669 in dementia residential; and 365 in dementia nursing. The differences may be due to reporting and recording differences between North Somerset Council brokerage team and that brokerage data consider under 65s whereas the capacity tracker does not.

The table below 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.

Table 10. Prevalence of residential and nursing care, 2021

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

Source: Care Quality Commission and Housing LIN

Data suggests residential care provision has reduced, and we have seen the closure of one home this past year and the one in the pipeline, did not open. 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 for both good quality residential and nursing homes due to the people who need them having increasing needs.

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.

Table 11. Prevalence of residential and nursing care, 2021

Accommodation type	2021	2021	2038	2038	2038 net
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

Source: Care Quality Commission and Housing LIN

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. In March 2024, 74 of our care homes were deemed to be in period buildings, compared to 17 that were period fit for purpose, or purpose built. Capacity wise, we have 34 small homes that have 0-20 residents; 35 medium homes that can take 21-45 residents; and 5 large care homes that can have over 45 residents living there. 69 homes are based in the south of the district (Kewstoke, Sandbay, Weston-super-Mare and Winscombe), whereas 25 are based in the north (Abbots Leigh, Backwell, Congresbury, Claverham, Clevedon, Long Ashton, Nailsea, Portishead and Yatton). At the end of 2024, we had a home closure of 1 small period residential home in the south and a proposed residential home that did not open also in the south.

Homecare

Our homecare market is stable with mostly small independent providers. There has been an increase in demand for homecare post-covid: in 2021, we commissioned over 258,000 hours (January-December), which was 1.3% higher compared to 2020 and was forecasted 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%. In 2023 we commissioned 395,623 hours, which was an increase of over 38%. For the financial year 2024/25 we commissioned a total of 448,801.88 domiciliary (homecare) hours (327,735.49 commissioned by NSC and 101,066.39 commissioned on behalf of health). The NSC commissioned hours for 2024/25 was less than 2023 but please note a slight change in the reporting from year to financial year, which may have skewed the figures in comparison to the previous year. We will be moving forward with financial year reporting to make comparisons easier over time.

According to the CQC website as of 12th May 2025 we have 35 homecare agencies in the North Somerset local authority area, of which:

- 31 specify they care for people under 65 (an addition provider specifies learning disabilities, but age is not mentioned);
- 31 specify they care for people over 65;
- 28 that specify physical disabilities;
- 26 specify they can care for people with dementia;
- 21 specify mental health conditions;
- 17 learning disabilities;
- 4 can also care for children under 18;
- 24 sensory impairments;
- 5 substance misuse problems;
- 5 eating disorders;
- 2 have specified services for everyone (along with other types of service provision).

In terms of the latest CQC ratings (1st May 2025), we have 26 community based adult social care services that have been rated by CQC. 23 are good (*2 less than last year*), 1 is outstanding and 2 require improvement (*1 more than last year*). 9 are yet to be rated (*1 more than last year*).

The homecare market is still relatively stable with mostly small independent providers, not many new entrants and few exits from the market. We have 29 (down from 53 with 27 being CQC registered last year) providers on our individualised framework as part of our specialised care and support framework, Lot 2., including micro providers. We were using 9 providers regularly last year on our complex framework, and recently complex health and behaviour has been recommissioned as part of our specialised care and support framework (Lot 4), of which we now have 23 providers on (some are health focussed, some behaviour, whilst others can do both).

Our domiciliary care spot framework came to an end in March 2025. We began recommissioning our support to live at home contracts in January 2023, with similar desired outcomes when we commissioned homecare in 2016; to reduce unmet need by providing more secure provision for people; better staff terms and conditions including being paid for travel time; improved area provider recruitment and ongoing strategic relationships being built and strengthened. Reviews identified that we would achieve wider aims by identifying a smaller pool of key strategic providers to work across our Integrated Care Partnership area to increase strengths based approaches to care delivery. We are also implementing a homecare optimisation and trusted assessment model this year, as part of our transformation projects, which will help to realise savings.

As of July 2024, both our ICP areas, One Weston and Woodspring, tier one providers in place, with One Weston also having a tier two provider. The Woodspring tender came a little later, but we now have four strategic providers in place across both areas. We have minimal unmet need, with people's care and support needs being met more promptly and robustly.

Last year we recognised that we needed more and improved provision around complex care particularly in respect of mental health and learning disability, and dementia, which is now in part being met by our specialised care and support framework and dementia wrap around service. The recognised shortage of complex mental health and learning disability provision is a key area of growth required to align with our future strategic vision and the commissioning of Lot 4 in our specialised care and support framework is helping to meet this need. The domiciliary care market has been strengthened by additional reablement capacity, greater use of TEC to reduce demand and bridging the gap capacity to provide flexibility to support discharge. Our unmet need has dramatically reduced. However, the market is still fragile, with new pressures such as on international recruitment coming to the fore.

Our complex care/specialist care framework was commissioned to improve service provision specifically to meet more complex and challenging needs, to have a range of support options available. The tender went out in March 2025 as part of our commissioning intentions for 2025-2026 and Lot 4 Specialised Care and Support Complex Health and Behaviour has 23 providers, some of whom work with health only, some behaviour only and some both (up from the previous framework's 12).

91.89% (34 of 37) providers had placements across the 4 Lots of the new framework. This represents 50% of all providers with placements, as 23 providers remain on spot purchase arrangements and 8 providers are still on old frameworks. Usage is expected to increase as the new framework becomes more embedded.

Table 12. Specialised care and support framework Lot specific usage

Lot	Providers with Placements	Total Providers	Usage %	Providers on Old Contracts	Overall Usage %
Lot 1	27	30	90%	5	77.14%
Lot 2	24	26	92.31%	4	80%

Lot 3	6	6	100%	2	75%
Lot 4	18	20	90%	3	78.26%

Source: Contracts and Commissioning data for quality monitoring

23 providers remain on spot purchase arrangements, including 3 in extra care housing, not attributable to specific Lots.

Table 13. Historical usage comparison

Date	Usage %	Notes
April 2022	65.12%	Across previous frameworks
March 2023	64.29%	Similar contract types
February 2024	73.04%	Also includes domiciliary care strategic framework
December 2024	74.80%	Also includes buildings-based daycare

Source: Contracts and Commissioning data for quality monitoring

In addition, we recognised the need to develop more robust long term community provision around dementia care and piloted a community dementia wrap around service which was a joint initiative between health and social care. Strategic providers were required to work with us to develop the dementia specific pathway as part of our retendering process for the support to live at home contract. Access Your Care are now delivering the Dementia Wrap Around Service as part of their main strategic homecare contract. The service aims to prevent dementia patients experiencing crisis and an escalation of their condition. It accepts referrals from the Avon and Wiltshire Partnership, NSC, Urgent Community Response, hospital discharge to care homes (P1 pathway), GP's, 999, NHS at Home, Geriatric Emergency Medicine Service, Community Transfer of Care Hub and Integrated Neighbourhood Teams.

Spot v Block Commissioning

In terms of 'block' versus 'spot' commissioning² of care home beds we have a very low ratio of block to spot; 78 out of 2737 beds which is a percentage of 2.85%. There are also 20 health commissioned beds (13 of these being in one of our extra care housing schemes). In our wider contracts, our specialised care and support contract has four lots that are all spot commissioned. For extra care housing, it is a spot contract, although core is paid on block for four schemes. Our advocacy contract is now a spot contract. AMS is spot, and domestic abuse is a block contract. The care home contract is spot, although we block pay for some beds. The domiciliary care framework is also spot.

Unmet Need

In care homes, dementia is an area we need to build capacity for to meet increasing needs of people who may need them. Low to medium levels of mental health and young people, as well as high level mental health in county is also an area where there is unmet need. We also need to have alternatives to residential homes for younger people, and more supported living in North Somerset, as people are often placed out of county. Housing for people with physical disabilities is also a key area, where care homes might not be suitable but may be the only feasible option, as extra care housing will not take younger people.

Unmet need has been massively reduced with our new support to live at home framework. As of the 15th May 2025 whilst there were 21 people on the Domiciliary Care Allocation Website (DCAW) they had just been referred and were waiting for providers to pick them up. People were waiting for supported living; complex care and individualised

² Block contracting refers to a provider being given a set sum of money in advance for a service, such as beds in a care home for example, whether those beds are 'used' by the purchaser or not. Block purchasing guarantees an income, and a service is there for when needed. Spot purchasing is different as the purchaser pays for only what is commissioned on an as and when needed basis. To use the same example, when a bed is commissioned for a specific individual in a care home it would be considered a spot purchase and paid for according.

care and support. There was an even split across the North and South. The picture has changed dramatically from this time last year.

To compare, for homecare, in the week commencing 8th April 2024 the total average wait in days across 21 areas in North Somerset was 1058 on the DCAW. To compare a month on, there were 61 people waiting to be picked up on the DCAW for their ongoing packages of care as of 20th May 2024.

As per brokerage, young people, mental health and dementia nursing are key areas of unmet need, as well as housing for people who have social care needs but require accommodation in 'Wet Houses' (as opposed to dry houses where alcohol is not allowed to be consumed). Low level housing with support is also a gap that we are discussing across social care, housing and public health.

Admissions to Care Homes

Increases in care home admissions between Q1 (April-June) 22/23 and Q1 (April-June) 23/24 were driven by admissions for over 65s particularly in residential homes.

Admissions increased from Q1 22/23 which reduced in Q2 and Q3 22/24 but are still higher than the same quarters the previous year. Even so, despite an increase in Q4 23/24 to a total of 131 new care home placements, the number decreased substantially this year (105 total placements in Q1 24/5, 95 in Q2 224/25, 98 in Q3 24/25 and 88 in Q4 24/25). Any data changes will be either a reclassification or differences in base data. Overall, by year, there was a large decrease from 2023/24 to 2024/25 in the total number of 18-64 year olds in care homes (32 down to 19) as well as over 65s (441 down to 367).

Table 14. Admissions to Care Homes by type of home and age group per year

New Care Home Placements	2022/23	2023/24	2024/25
18-64 residential	16	28	11
18-64 nursing	13	4	8
65+ residential	201	241	214

65+ nursing	148	200	153
Total	378	473	386

Source: Business Intelligence

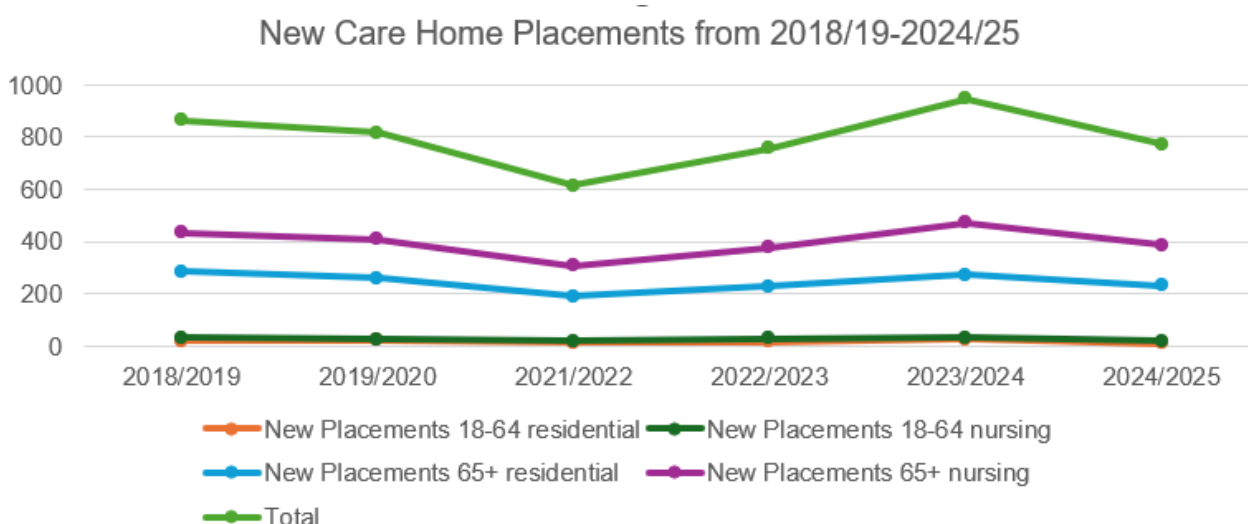


Chart 18. New Care Home Placements from 2018-2025, Source: NSC Business Intelligence

The chart above demonstrates new care home placements from 2018 to 2025, and demonstrates a significant dip in 2021/2022, followed by a spike in 2023/2024 probably due to the covid pandemic and recovery. We are now below pre-pandemic total figures for new care home placements. In terms of admissions over time, admissions to nursing homes for over 65s are fairly static; increases are mostly attributable to residential care homes. Numbers for under 65s have remained fairly low.

The below table shows increases reported in 2022/23 and 2023/24 did not come only from hospital discharges, but a mix including self-funders, the community and people who entered a care home after receiving domiciliary or home care.

Table 15. Reasons for entering a care home 65+ age group by quarter for residential care homes

Quarter	Community	Home Care	Hospital	Self-Funder	Other	Total
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Q1 22/23	10	4	19	9	3	45
Q2 22/23	12	6	17	7	5	47
Q3 22/23	18	3	21	10	5	57
Q4 22/23	26	11	20	7	6	70
Q1 23/24	17	12	17	15	8	69
Q2 23/24	23	5	20	5	2	55
Q3 23/24	13	11	21	12	2	59
Total	119	52	135	65	31	402

Source: Business Intelligence

Self-Funders

Social care and support services are not only for people who receive them via the local authority or who have been 'assessed' by the local authority. There are estimates that 43% of service users are self-funded in North Somerset (25% and 62% being the lower and upper confidence limits respectively). In the North, there are 38% estimates of self-funders (29% and 46% LCL and UCL) and in the South 30% of estimated self-funders (26% LCL and 35% UCL). Estimated numbers who will self-fund using North Somerset values using the Local Authority self-funding estimate type in 2020 were 6510 people; 7073 in 2025; 7805 in 2030; 8354 in 2035 and 8757 in 2040.

If we break this down into age and gender, in 2020 there were 1858 females aged 80 and over estimated to self-fund, in comparison to 905 males aged 80 and over – twice as many females as men. This can be explained by the life expectancy of women being more than men, but there might be more to it in terms of women living with more health conditions that affect their ability to do day to day activities, and/or having the financial means to pay for self-funded services. In 2020, there were 700 females aged 74-79 estimated to self-fund, in comparison to 615 men of the same age. This is much more

even than the older age group. For 70–74-year-olds in 2020 776 females and 606 males were estimated to self-fund their social care and support. For females aged 65-69 in 2020, the figure was 635 in comparison to 414 men of the same age. In 2025, figures were broadly the same, rising slightly, apart from the age cohort for both men and women between 70-74. This can be explained by lower population figures for this age group. In 2030, numbers increase for all age cohorts for men and women, apart from 75-79 (the previous age group have aged). Worthy of note is that 2513 females in 2030 aged 80 and over are estimated to self-fund compared to 1343 which is not quite double compared to men, but a large increase of 660 women nonetheless self-funding in a 10-year period. Men of the same age increased by 438 which is significant too for the self-funder market. By 2040 estimated numbers of men aged 65-69 have fallen, from 524 (in 2030 and 2035) to 497, as have females fallen in this age bracket too (to 740 by 2040, from 796 in 2030). All other ages have increased, as would be expected.

North Somerset values of estimated funders in North Somerset using the Index of Multiple Deprivation self-funding estimate type (based on North and South area estimates) are slightly different to the ones we have just looked at. In 2020, the estimated number of self-funders over 65 years old was 5113; 5555 in 2025; 6130 in 2030; 6561 in 2035 and 6878 in 2040. Even so, both ways of estimating the numbers of self-funders in North Somerset are both on an upward trajectory, which for providers of social care and support services, is valuable to know when planning what services might be needed in our area. For females aged 80 and over, in 2020 there were 1460 estimated to self-fund; 1625 in 2025; 1974 in 2030; 2090 in 2035 and 2189 in 2040. Males of the same age (over 80) who were estimated to self-fund in 2020 were 711; 865 in 2025; 1054 in 2030; 1102 in 2035; and 1161 in 2040.

Social Care

As per business intelligence data, in 2023/2024 there were 3,764 people in total who had a range of services commissioned via NSC on their behalf, including direct payments, day care, various types of reablement, long and short term residential and

nursing care, as well as support in extra care, supported living and care and support at home. There are several different ways of looking at the data.

Of 3,764 people who had various types of care commissioned in 2023/2024 there were:

- 696 care and support day (includes different areas)
- 140 Care and support extra care (day and night)
- 1 complex care and support – day
- 71 day care
- 449 direct payments
- 6 domiciliary care waking night and night service
- 179 individualised care and support day (includes LD and MH)
- 21 nursing ad hoc e.g. pending/one off
- 582 nursing long term (includes dementia, exceptional special needs (ESN), older people and LD etc)
- 72 nursing short term (included carers, older people, dementia etc)
- 5 reablement
- 234 reablement domiciliary care
- 7 reablement nursing
- 19 reablement residential
- 11 residential ad hoc e.g. pending/one off
- 847 residential long term (includes dementia, ESN, older people, LD etc)
- 142 residential short term (includes carers, older people, dementia etc)
- 91 shared lives (includes day, outreach and permanent
- 191 supported living (care and support and costs)

According to finance data, there were 4,602 in 2024/25 commissioned services including extra care and supported housing, care home placements and direct payments, or 3,359 people in the period April-March on the cost and volume report (some people may have multiple services). Services active during the period must be returned for client level data (services that were open at the end and those which closed during it). Each line

type in our finance system is submitted as a service component, such as where we fund a nursing placement and they have an exceptional needs addition this will show as two separate services. Of 9,245 total 'services' in 2024/25, there were:

- 720 community supported living
- 244 day support
- 994 direct payments
- 2782 home support
- 939 long term nursing care
- 1693 long term residential care
- 460 reablement
- 278 shared lives
- 340 short term nursing care, and
- 795 short term residential care

As per brokerage data, in 2022/23 there were 3,796 packages of care and support commissioned via the adult brokerage team at NSC. 2,875 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. 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.

There was a significant increase in the amount of work coming through brokerage in 2023/24: 7,766 pieces of work were received. 6263 were completed commissions (this

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).

may be several services for a person); 882 cancelled commissions; 509 closed no actions; and 111 people died, with 1 person awaiting threshold assessment. The largest area of personalised commissioning is for care homes (3,923), followed by domiciliary care (3,595), emergencies (249), supported living (198), shared lives (155), day care (142), extra care housing (79), waking nights (74), drugs and alcohol (37), DWACT (35) and live in's (10).

Not all care is local authority funded; care navigators help to source care and support for people who are over the financial threshold (currently £23,500). For self-funders, a total 886 placements were sourced in 2023/24, made up of 674 domiciliary care packages; 200 care home placements; 9 day care placements and 3 live in care placements. Direct payments also made up a total of 911 completed pieces of work, which were a mix of child renewals (229), one off's (180), increases (146), new adult DPs (128), ceases (126), new child DPs (41), decreases (35), finance (24) and complex reviews (2).

For 2024/25 (April-March), there were 8,375 pieces of work received by brokerage with 8,420 pieces of work completed in the same period. Of 'completed': 665 were cancelled commissions; 473 closed; 7,214 completed – service commissioned; and 68 passed away. The largest area for completed personalised commissioning was care homes (3,618); domiciliary care (3,565); out of area supported living (293); shared lives (232); emergencies (171); day care (140); DWACT (113); extra care housing (109); waking nights (91); drug and alcohol (58); live ins (16) and residential colleges (14).

The direct payment team in 2024/25 had 918 pieces of work received between April-March (644 for adults and 274 for children) for reasons including one off's, child renewals and new adult direct payments. They completed 803 pieces of work in the same period (568 adults and 235 children). The care navigators received 1032 new pieces of work from April 2024–March 2025 and completed 916 pieces of work in this period. Changes to recording may affect brokerage reporting for next year's MPS.

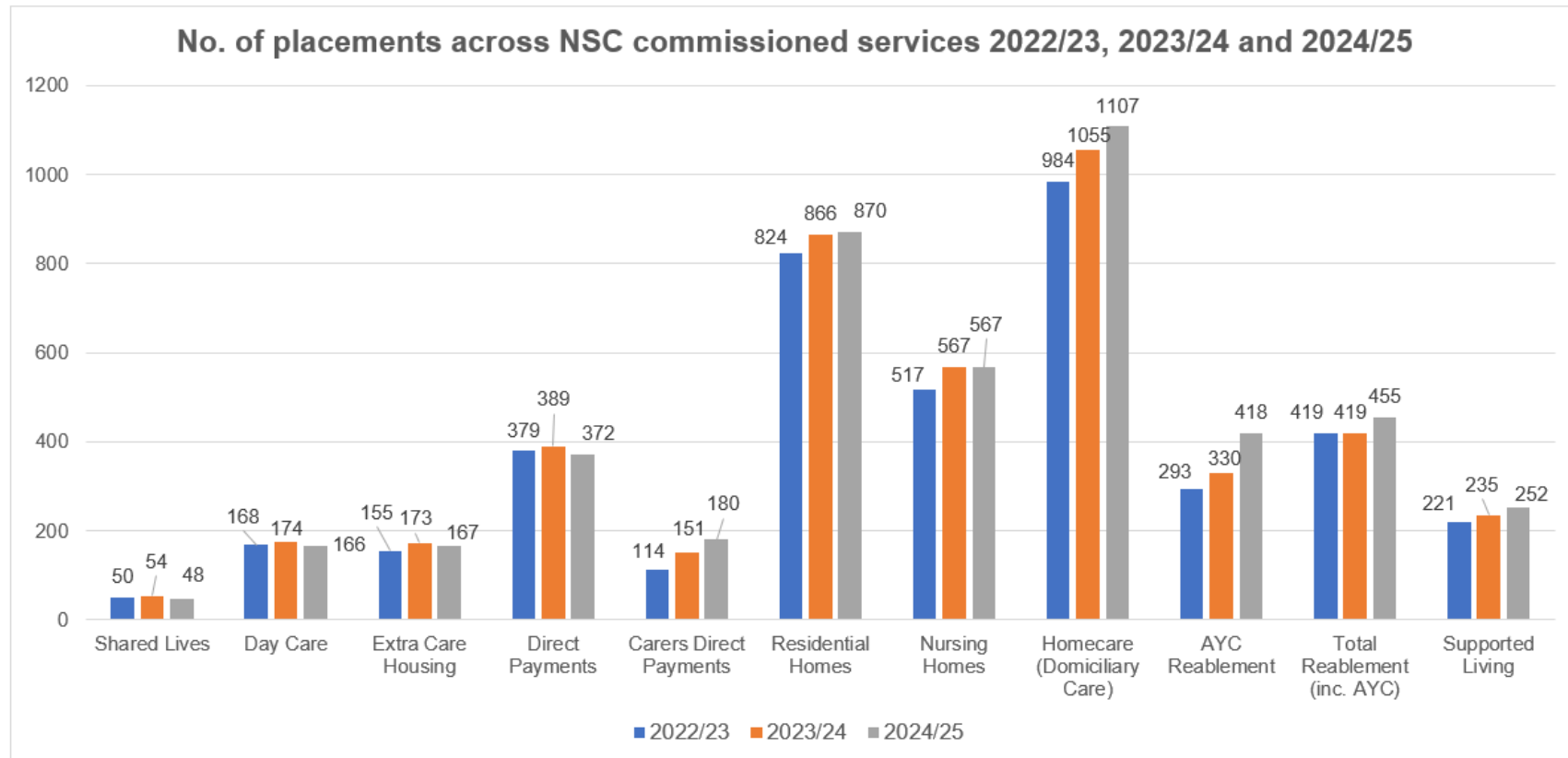


Chart 19. Number of placements across NSC commissioned services 2022/23, 2023/24 and 2024/25, Source: NSC Finance and Business Intelligence Data

As per chart 19 (number of placements across NSC commissioned services in a three year period):

- In 2022/23 there were 984 homecare placements; 824 residential home placements; 517 nursing home placements; 379 direct payments; 419 total reablement; 221 supported living; 168 day care; 155 extra care; 114 carers direct payments; 293 Access Your Care reablement; and 50 shared lives placements.
- In 2023/24 there were increases across every type of placement; 1055 homecare placements; 866 residential home placements; 567 nursing home placements; 389 direct payments; 815 total reablement; 235 supported living; 174 day care; 173 extra care housing; 151 carers direct payments; 520 Access Your Care reablement; and 54 shared lives placements.
- In 2024/25 there were 1107 homecare placements; 870 residential home placements; 567 nursing home placements; 372 direct payments; 455 total reablement; 252 supported living; 166 day care; 167 extra care housing; 180 carers direct payments; 418 Access Your Care reablement; and 48 shared lives placements.

Services commissioned include 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.

In relation to reablement, which can decrease or delay the need for other interventions:

- In 2022/23, the spend was £747,896 (£703,291 for Access Your Care reablement D2A block contract full year).
- In 2023/24 the spend for Access Your Care Reablement was £1,351,830: (£827,223 for Access Your Care Reablement D2A block contract full year / £318,008 Bridging the Gap) and £156,062 Network Ventures - Dementia Wrap Around Care Pilot.
- In 2024/25 the spend for reablement was £2,108,089, including: £1,291,997 for Access Your Care Reablement, Discharge to Assess (D2A) block contract full year / £393,772 Bridging The Gap / £194,128 Dementia Service / £196,774 Network Ventures - Dementia Wrap Around Care Team.

In 2022/23 most supported living placements were for people with learning disabilities.

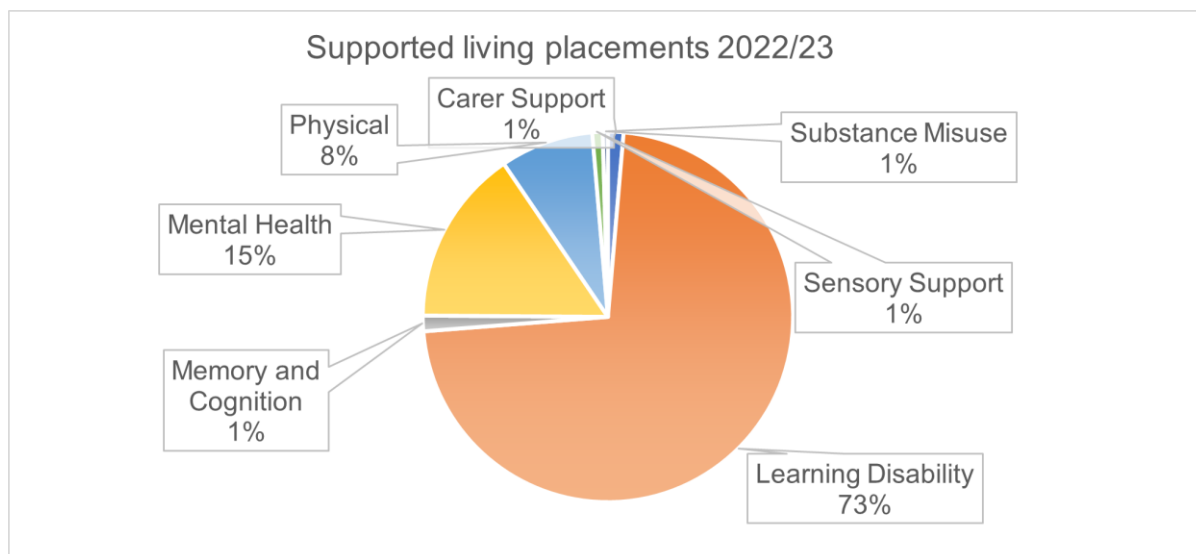


Chart 20. Supported living placements made by North Somerset Council 2022/23,
Source: NSC Finance

In 2023/24 of the 235 total of people living in supported living there were again the most placements for people with LD (169 – 72%), mental health (32 – 13%), physical disability (25 – 11%) with carer support (2%), memory and cognition (1%), sensory support (1%) and substance misuse (less than 1%) making up a small percentage of the total.

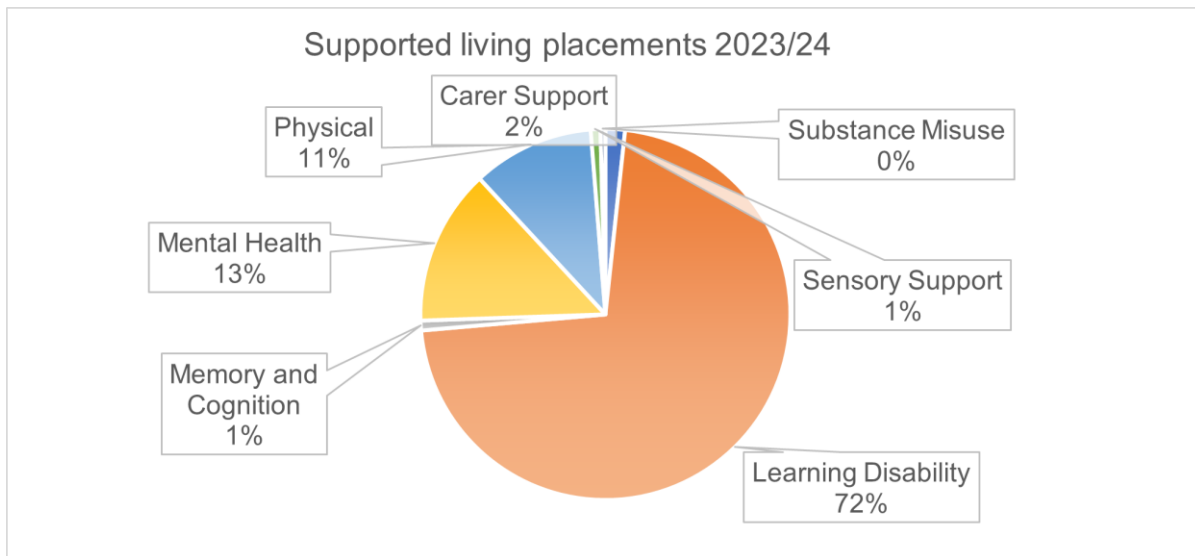


Chart 21. Supported living placements made by North Somerset Council 2023/24,
Source: NSC Finance

In 2024/25 of the 253 total of people living in supported living (an increase of 18 people from the previous year), the most placements were for people with a learning disability (172 68%), mental health (39 15%), physical disability (33 13%) with memory and cognition (2%), carer support (1%), sensory support (1%) and substance misuse (<1%) again making up a tiny percentage of the total number.

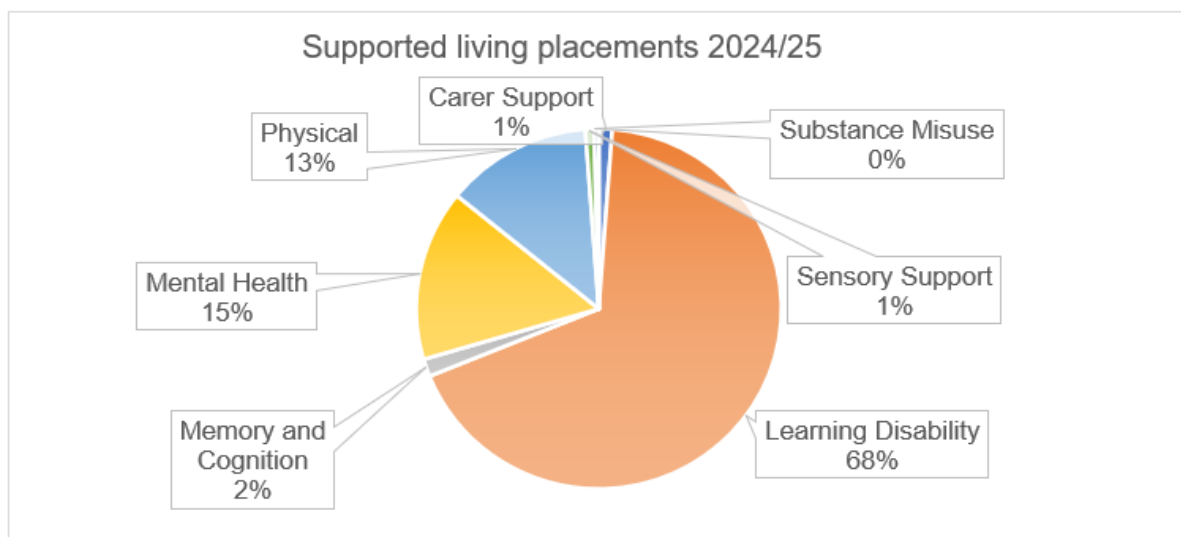


Chart 22. Supported living placements made by North Somerset Council 2024/25,
Source: NSC Finance

There are six extra care schemes in Weston-super-Mare, Worle, Yatton, and Portishead. For 2022/23 there was a slight increase in the numbers from the south team (rising to 56%), with the north team dropping 1 percent to 29%. The LD team stayed the same and the mental health recovery and complex intervention teams dropped 1 percent each. We need more extra care provision to meet the needs of our population before people may need to move into care homes. Please see our updated Accommodation with Support Strategy 2025-2032.

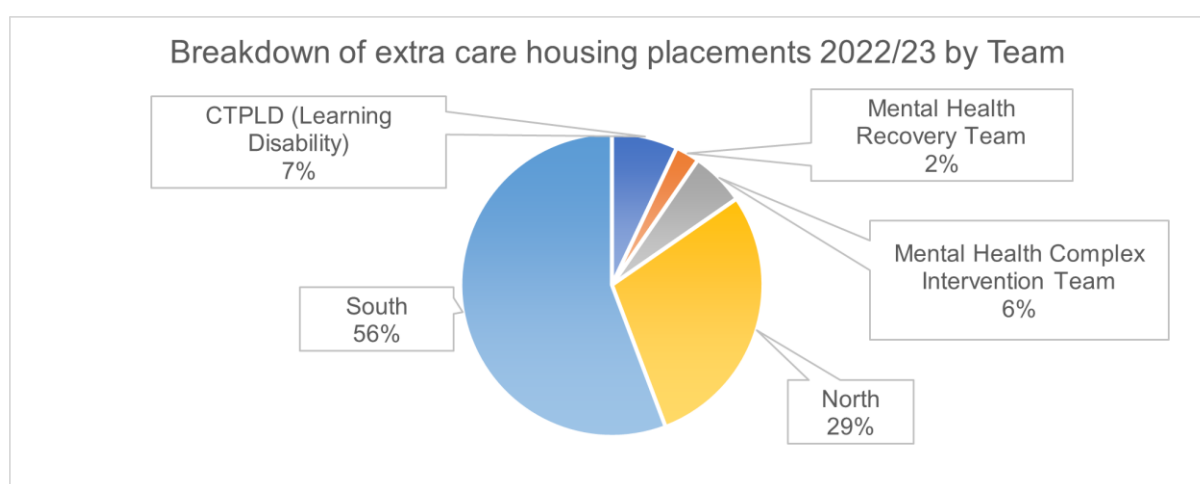


Chart 23. Breakdown of extra care housing placements by team 2022/23, Source: NSC Finance

In 2023/24, there were 55 people in the north, of which 40 were older people. There were 90 in the south, of which 71 were older people. There were 15 LD clients, 9 being older people, a smaller number of clients were from the mental health teams. The percentage make up is 52% from the south team (down 4% from last year), 32% from the north (an increase of 3% from last year). The LD team has increased by to 9% (up by 2%) and the mental health teams make up 7% similar to the previous year, although the complex intervention team dropped by 1%.

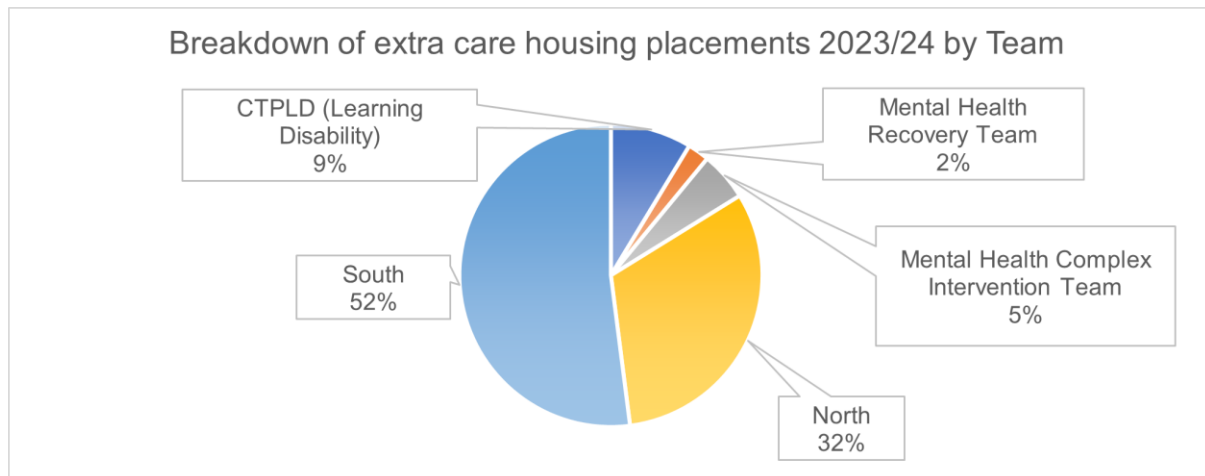


Chart 24. Breakdown of extra care housing placements by team 2023/24, Source: NSC Finance

In 2024/25, there were 57 people in the north in extra care housing, of which 48 were over 65 years old. There were 82 people in the south, of which 66 were over 65. There were 14 people with learning disabilities in extra care housing, 7 of which were over 65. There were 3 people from the mental health recovery team, 2 of which were over 65, and 11 from the complex intervention team, 9 of which were older people.

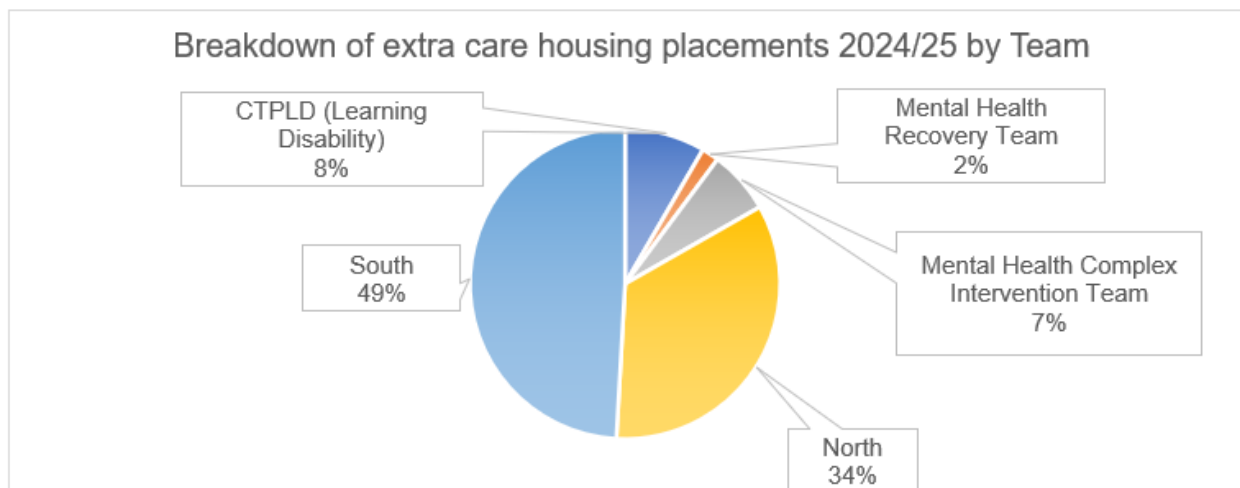


Chart 25. Breakdown of extra care housing placements by team 2024/25, Source: NSC Finance

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.

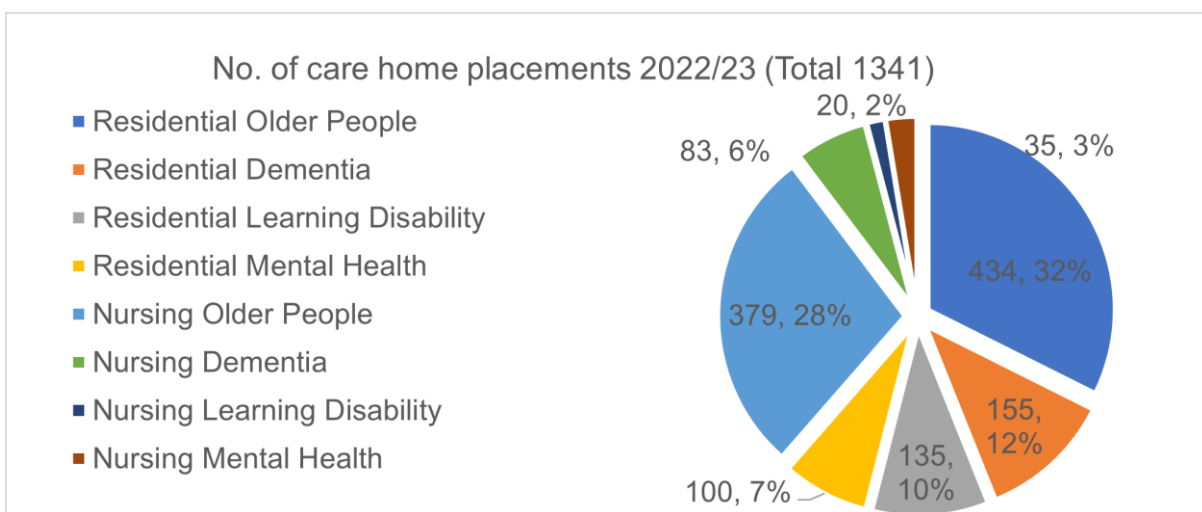


Chart 26. Number of care home placements made by North Somerset Council 2022/23, Source: NSC Finance and Brokerage

In 2023/24, residential older people placements increased by 14, residential dementia placements increased by 19, residential learning disability increased by 6 and residential mental health increased by 3 compared to the last financial year. For nursing, older people increased by 43, nursing dementia increased by 18, nursing LD decreased by 7 and nursing mental health decreased by 4 people compared to 2022/24,

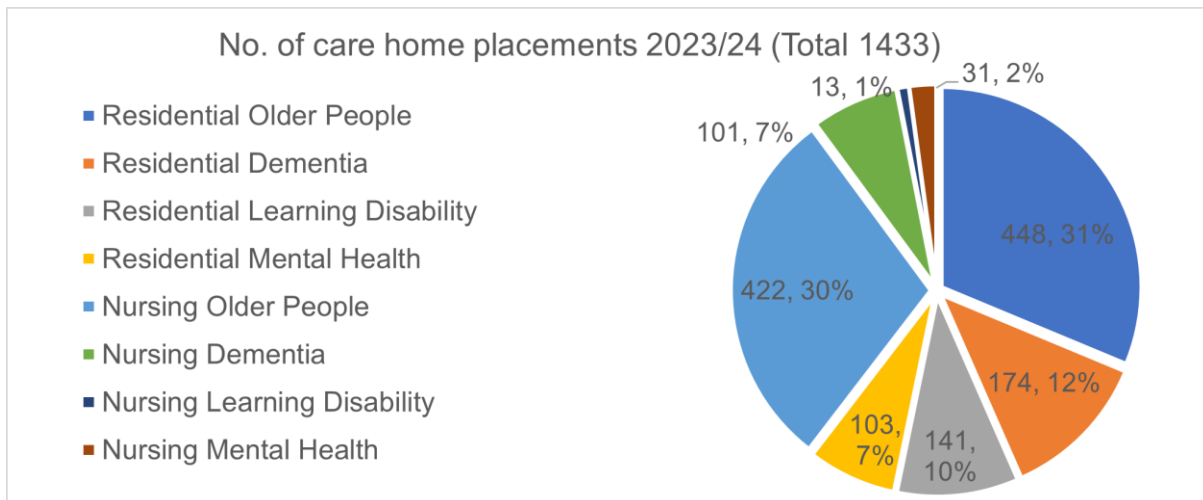


Chart 27. Number of care home placements made by North Somerset Council 2023/24, Source: NSC Finance and Brokerage

In 2024/25 residential older people placements increased by 30 compared to 2023/24, residential dementia placements decreased by 10, residential learning disability placements decreased by 6, and residential mental health placements decreased by 10. For nursing, older people's placements increased by 9, nursing dementia decreased by 8, nursing learning disabilities increased by 2, and nursing mental health decreased by 3 in comparison to the previous year.

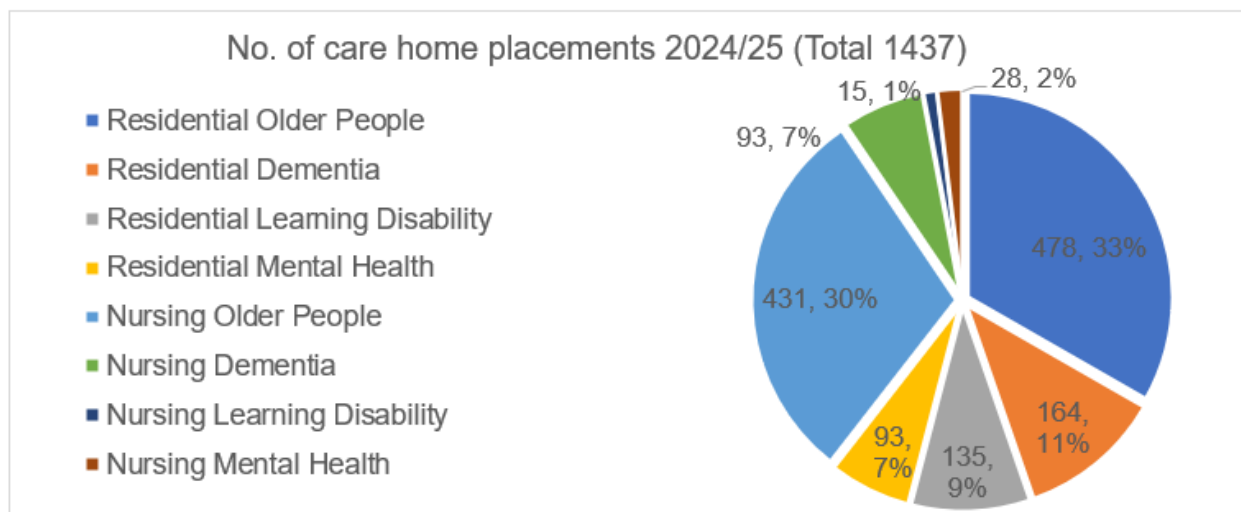


Chart 28. Number of care home placements made by North Somerset Council 2023/24, Source: NSC Finance and Brokerage

Within care home placements for under 65s, 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).

In 2023/24 there were:

- 21 people with PSI, aged under 65 and living in residential or nursing care homes outside NS.
 - The range of weekly costs for these placements is from £283 per week to £3613, the average per week being £1,575, which is less than last year but more than two financial years ago.
- There are 46 people placed in residential or nursing care within NS who are under 65, which is a significant increase from last year and the year before.
 - The range of weekly costs for these placements is from £119 per week to £3969 per week, the average being £1,112, which is less than last year but more than two financial years ago.

This year in 2024/25 there were:

- 19 people with PSI under 65 placed in residential or nursing care outside North Somerset, two less than last year.

- The range of weekly costs for these placements range from £740 per week to £4,409. The average per week being £1,820. Which have increased substantially upon the previous year.
- There are 42 people under 65 who are placed in residential or nursing care within North Somerset, four less than last year.
 - The range of weekly costs being from £661 to £5,595 per week. The average cost per week was £1,309, which is quite an increase from last year.

It is one of our ambitions to decrease our reliance upon out of county placements.

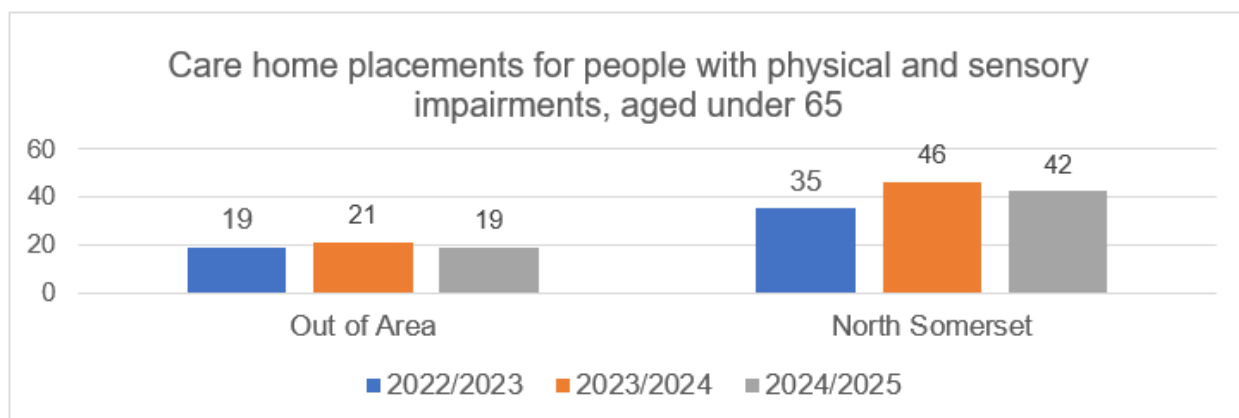


Chart 29. Number of care home placements for people with physical and sensory impairments, aged under 65, Source: NSC Finance

Health

As per business intelligence data, in 2023/2024 there were 2225 people having a range of care services commissioned on the Integrated Care Board's (ICB's), we will call it 'health's' behalf, including continuing healthcare, funded nursing care, hospital discharge in the Weston Area Health Trust. It includes long and short-term placements, direct payments, and carers. Please note there are several different ways of looking at the data. 296 were related to 'end of life' care across the various contract blocks.

Of the 2225 placements there were:

- 1136 funded nursing care (FNC) - NHS CCG

- 642 continuing healthcare - NHS CCG
- 380 other health - NHS CCG
- 45 WAHT (Weston Area Health Trust) Hospital Discharges – NHS
- 11 FNC other exports
- 3 physical support 65+ north
- 3 physical support 65+ south
- 5 placements amongst community wards, memory and cognition (65+ north and south), physical support 65+ complex intervention mental health and physical support 65+ HDAT (hospital discharge assessment team)

In 2024/2025, as per business intelligence reports, there were 2491 people having health funded services (2525 including substance misuse placements). This was broken down into:

- 1183 funded nursing care (FNC) – NHS CCG
- 781 continuing healthcare – NHS CCG
- 495 other health – NHS CCG
- 22 WAHT Hospital Discharges – NHS
- 10 FNC other exports
- There were 34 substance misuse placements funded across the local authority, mostly in the south.

From a health perspective a gap in North Somerset is complex learning disabilities and autism, whether CHC funded or s117 mental health route through aftercare. There is a group of people who are detained in s3 NHS funded hospitals, mostly out of our area with complex care needs. Care providers need an increased level of skill competency and training to work with these people who require care and support, as well as there being a shortage of appropriate accommodation to house people. Some housing is inappropriate and costs more; we need to focus on building new properties and development and engagement with providers. Housing benefit expertise can be shared across LAs in our area. There are 17 BNSSG individuals in secure/medium secure placements, with forensic backgrounds that are high risk who need more isolated

properties, such as bungalows that are not overlooked to support back into the community. Most of these are not in the North Somerset area however but funded by neighbouring authorities in our ICB. We have a very small number of people in North Somerset in the transforming care cohort, who are people with learning disabilities and/or autism who are in secure hospitals.

Fast track end of life as an approach is not changing. Home first may not be appropriate for some individuals who need pain management and have care needs which may require them to be in hospital rather than at home. There is a big nursing home bed base. This area has been developed with contracts such as block domiciliary care rounds, through Response24 and providers to deliver quick mobilisation of packages to get people out of hospital to manage their care needs at home. There has been a consistent growth in the LA cohort, but learning disability is the biggest challenge to manage needs. We are commissioning a complex learning disability framework to fill the gap that the ICB brokerage team are needing to contract, mostly around continuing health care (CHC). Our mental health cohort, or group, is comparatively small. For physical disabilities, care homes can be used for older groups. In the community complex physical issues need to be managed such as bypap, seizures, epilepsy, and peg feeding.

The health placement data chart below shows how many counts of individuals, as opposed to different numbers of people, which 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 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 various types of support from 'End of Life' to 'Hospital Discharge', 'Supported Living', 'Nursing' and 'Direct Payments'.

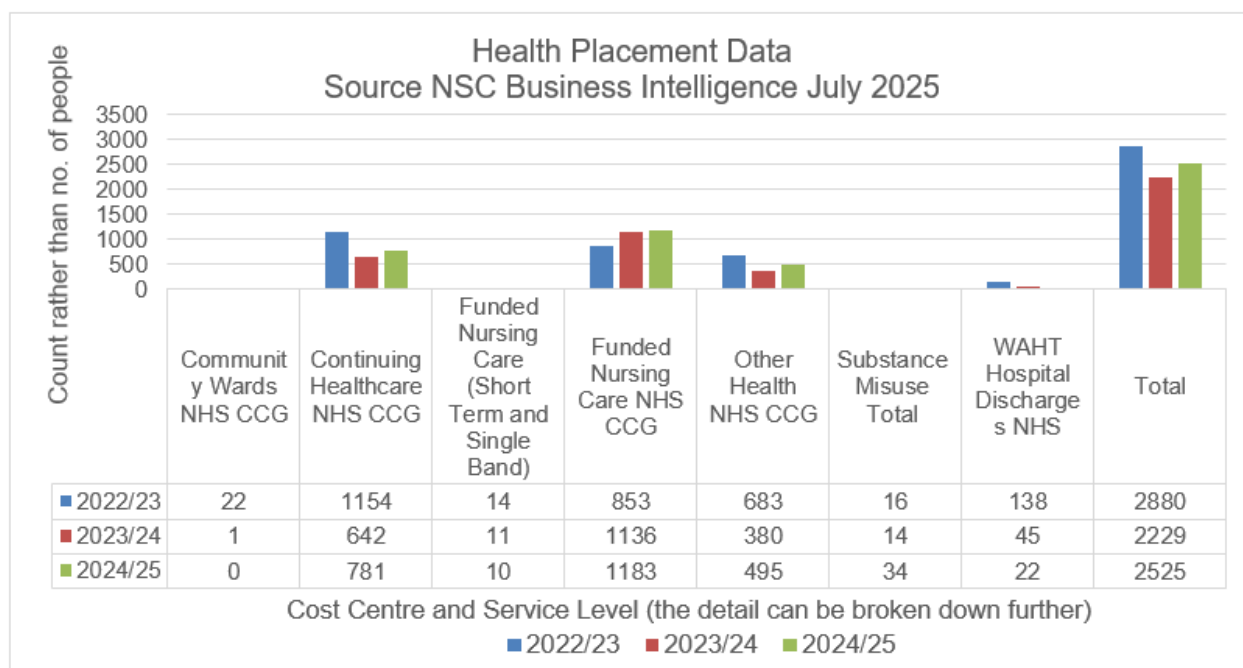


Chart 30. Health placement data, Source: NSC Business Intelligence Data

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, IMCA DoLS, IMCA PR); Independent Mental Health Advocates (IMHA); NHS Complaints Advocates (IHCA); Independent Advocacy (ICCA); Rule 3A (Now Rule 1.2); Representative Advocacy; and Litigation Friend.

Appropriate Adult (AA) Provision - A significant procedural safeguarding service for vulnerable people being treated as suspects or supporting an investigation in custody or through a voluntary attendance (VA) interview. 3 year service (April 2023-March 2026) with the option to extend for a further 2 years, circa £6k per year. AA can help to prevent miscarriages of justice and/or failed prosecution(s). AA is a joint initiative with LAs including Bristol, South Gloucestershire, Bath and North East Somerset and Somerset.

Care Homes – NSC have 92 care homes that we use across NS across client groups, mostly 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, mental health, sensory impairments and physical disabilities. Care homes are for people that need substantial support up to 24 hours a day, many of whom have a range of health needs. The care homes contract was updated in 2024.

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 76 NSC block beds across 5 care homes covering nursing and residential care and there are 20 health beds (pathway 2 and 3 beds). 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 27 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 previously supported the Support to Live at Home contracts. There were 22 providers on this framework but now there are a small number of legacy packages still running with 15 providers. This contract finished 31 March 2025 and was not renewed when STLaH was recommissioned, as spot purchasing with multiple providers does not align with our future strategic direction.

Carefree Breaks Hub – Contract agreement for two years from 1 April 2025 to 31 March 2027. Carefree is a charitable organisation which offers free breaks to unpaid carers over 18 who are full-time carers (30 hours or more per week). Carefree will partner with our Carers Support service, who will support the carer to have one free break per year; the break is for the carer and another person (not the cared for). Breaks are provided for free from a variety of hospitality partners who transform vacant accommodation into free breaks to access funded breaks to support them in continuing with their caring role as well as maintaining overall health and wellbeing.

CERS – The Carer's Emergency Response Service (CERS) is a paid for service that offers carers peace of mind for emergencies. This could be an accident or unplanned hospital admission that prevents a carer from carrying out their caring responsibilities. Carers details are registered on a central list with details of the person that they care for. A PIN number and a card is given out with Medequip Connect's contact number, or carers can choose a GPS watch. In an emergency, someone contacts Medequip Connect, or a carer presses their GPS watch. Medequip will arrange support - this could be emergency home care or a short stay in a care home.

Community Beds for Hospital Discharge - There are health funded community beds within discharge pathway 2 – reablement in the community (7 block funded beds at Sycamore Lodge and 13 at St Monica's Trust – Sandford Station) as well as Pathway 3 - care home placements (spot purchased, across various homes in North Somerset).

Community Meals - Contract to supply food to be cooked in our own locations and delivered across North Somerset. Our inhouse service delivers meals to disabled and elderly people who have difficulty preparing food and cooking for themselves, who live in North Somerset, or who have been discharged from hospital. Meals are cooked at Castlewood and @Worle. Drivers carry out a welfare check during each visit which can include plating up food; fetching a cold drink and cutlery; 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. The current contract was extended in September 2024 for 9 months and is now being recommissioned at a value of £680,000 following market research.

Dementia Mainstream - Access Your Care have recruited to a dementia mainstream service, which is dedicated support for people with dementia from specialist workers for One Weston. People will not be in crisis but would, having had a diagnosis of dementia, benefit from more consistent expert support. There is no requirement to refer specifically into this service as Access your Care identify them from existing referrals/client base. We will be working with Apex to develop the same offer in Woodspring (the north).

Dementia Wrap Around - The new (support to live at home) homecare contracts made a requirement for two types of enhanced dementia provision from our lead provider. We introduced the dementia wrap around service for people in crisis and risk of carer breakdown or emergency placement after a successful pilot.

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. This service is currently being recommissioned.

Emergency Response and Wellness Service – An emergency domiciliary care response service which supports a monitored alarm system (The previous Carelink contract was recommissioned with Medequip being the new provider, as well as the carers emergency response service), 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 awaiting care packages receive a call from the wellness service to provide reassurance pending the start of care. The wellness service can also support bereaved people, as well as signposting people to services and referrals to TEC Hubs.

End of Life and Continuing Health Care – funded by our BNSSG ICB but commissioned by NSC. Direct Awards to providers of people receiving care, who then become eligible for CHC funding to enable continuity of end of life or ongoing complex or intense care. Used to be commissioned via the spot framework but this is a new arrangement from 1st April 2025 to enable continued provision.

End of Life – Block contract, funded by BNSSG ICB and brokered by NSC. The provision of Continuing Healthcare, and End of Life care. Commissioned via the spot framework so it is currently expired, but ongoing and current conversations with BNSSG ICB to decide on its future.

Equipment Services - This is a joint funded service across the BNSSG 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 disabled children in NS. Many care plans include the provision of equipment; the service is essential for us to deliver our statutory duties. The contract went live in 2022 for five years with the option to extend.

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, Tamar Court and Lakeside Court in Weston-

super-Mare, Waverley Court in Portishead, Strawberry Gardens in Yatton, and Sandford Station in Winscombe.

Strawberry Gardens had a 3 year extension to the current contract for provision of on-site care to enable residents to remain as independent as possible within their own home (from October 2024 at a cost of £1,208,984). The care provider will also respond to emergency calls required by individuals.

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. The contract has 6 components that support qualifying individuals. In January 2025 there was a £460,000 2-year option to extend current contract for quoted Works Service providing minor adaptations and works to the home environment under £1000, to support people to remain independent. Urgent Works Service Warm Home Advice and Money Scheme Service Childrens Support Service Home Lifts (Supply, Repair & Maintenance).

Separately, Lot 3 Supply and Installation of Vertical Through Floor Lift contract supports the delivery of the Disabled Facilities Grants, a mandatory grant, introduced by the Housing Grants Construction and Regeneration Act 1996. Good practice guidance encourages Local Authorities to use procured contracts to secure value for money and help streamline and speed up service delivery. It is funded by the DFG element of the Better Care Fund and in May 2025 there was a £450,000 2-year option to extend current contract

Julian House – This is contract managed by Housing and is accommodation for people leaving prison, funded by NSC. The service is funded as part of Winter Pressures funding 2024/2025 and aims to deliver support and interventions (including accommodation) for individuals leaving institutions, who are unable to access existing accommodation pathways. Julian House provides specialist supported accommodation for people leaving prison, people on probation and homeless people with a history of offending, with a local connection to North Somerset. The aim of the project is to alleviate rough sleeping, reduce the risk of re-offending and to identify long term move on options, employment, and training.

Mental Health Accommodation Solution with Future Strong Partnership – We now have a total of 10 units of accommodation with Future Strong Partnership. The latest service provides 3 flats and support to people with long term mental health to return to general housing following discharge from residential care settings or hospital; the service will support the tenants to manage the property and develop the skills required for independent living, with support being stepped down as the individual develops their independence.

Older People's Day Services – Separate framework that cover building based day services across all groups, which covers dementia day care. There are some innovative services that are not buildings based e.g. a buddy system. There are three providers – Alive (who support people living with dementia and their carers and are now based at Sycamore Lodge), the Filo Project and Best Life. The services are not currently as well utilised as they could be. Some centres are run by the same provider and are based in care homes. See Specialised Care and Support Contract for Buildings Based Day Services. Tamar Court previously ran a block contract dementia day service, including a wellness centre. It is being repurposed into an ageing well hub with community services.

Pathways to Adulthood – This service has recently been decommissioned for adults and the building it was delivered in is now for children's short breaks only. We have replaced P2A in adults with respite provision (see respite).

Personal Assistant Support Service – the aims are to support people (children and adults) in receipt of direct payments to find suitable Personal Assistants and to advertise their package of care on the UKCIL PA register (www.ukcil.com). Support Personal Assistants to advertise their work availability and their skills on the UKCIL PA register. Support with the introductory meetings and interviews between people in receipt of direct payments - with available Personal Assistants. Support people in receipt of direct payments - to do targeted recruitment if they are unable to find a suitable Personal Assistant. Provide supervision to Personal Assistants who support individuals with complex cases. There have been a total of 230 applications received over the last six months; 47 Jobs posted in the last six months; Candidate volume in the area has doubled in the last six months meaning that there is a real potential of carers for service users to choose from; 77.8% of supported people receive an application from a PA within 5 days; Average of 96 new PA's signing up to the register per month (the May-November 2024 report showed an average of 54 which gives an average increase of 42 new PA signups per month); 3,683 PA's identified in the local area, an increase of 1,802 PA's in the last six months

Positive Behavioural Support – The pilot called 'Flourishing Lives' is now in progress with the successful provider, Affinity Trust. As of May 2025, 13 people have been contacted from across all three local authorities (Bristol, North Somerset and South Gloucestershire). Affinity Trust have indicated that feedback has been positive from providers they have contacted to offer support. Further referrals are being sought to put forward to the service.

Qwell – Agreement for two years with Kooth who are providing the Qwell platform in North Somerset from 15th September 2025 to 14th September 2027. Qwell is a free, safe, and anonymous digital mental health platform of support for parents and carers, as a way of providing low cost, easily accessible timely support. There are no waiting lists, it is on the same day access and accredited by the BACP. There are self-help resources in various formats; community and peer-to-peer support; access to clinical practitioners; and a bespoke landing page for parents and carers. The platform can be accessed by

adult carers and parent carers, and the contract will cover both adults and children's social care. Qwell will provide 168 hours of support, and we will monitor demand.

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 to enable individuals to remain living in their own home and community, for as long as possible whilst maintaining their optimum level of independence. 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. Reablement was commissioned for 3 years from 5th September 2024. The total of £3,626,748 is for both reablement and also rapid response and wellness (see below). The two services are not differentiated by finance reporting.

Rapid Response and Wellness Service: This service is a key service in the development of the Integrated Care Partnerships Ageing Well programme. It looks at reactionary care to North Somerset residents. The service impacts across a number of key areas with a desire by the ICB for further development including an expansion of the fall's pathway, short term reactionary care and support, reactive telehealth monitoring, welfare calls and observations. Rapid response and wellness was commissioned for 3 years from 5th September 2024 (see reablement above).

Respite - Overnight respite / short break provision provided for over 18s for people with learning disabilities and mental health conditions to give families a break from caring responsibilities. This falls under the specialised care and support contract, Lot 1, supported living. There are three respite individual flats offering 5 beds in total. There is a two bedded bungalow with the care provided by Cintre, one of the rooms is fully accessible, and Links Court, which is fully accessible. Links Court Respite Service is a 2 bedded respite service, providing 24 hour staffed care provision. This service is offered to adults, particularly 25 years+, and for those young people who previously enjoyed short breaks at Pizey Avenue. It was a 3 year direct award from June 2024 at a cost of £568,476. The ethos is of supported living as the respite accommodation is staffed 24/7,

with residents supported with daily tasks, including meal planning and shopping, personal care and going out. This enables preparation for independent living, in comparison to receiving respite in a care home environment. We had an article about our respite model published on the [LGA website](#).

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). There are 36 Long term placements currently; 95 people receiving support in the community; and 41 carers households receiving support. It is not clear cut how many people receive support or are carers as some people that provide long term also provide respite. People who use respite may also live in other settings, which is why it is useful to break down the hours. The total nights of respite provided in 2023/24 was 1,874 (a number of placements went over their allowance). In 2024/25 it was 1,824 (we have number of placements that have not used their allocation). For day support in the community and outreach for the 13 periods of 2022/23 we delivered 22,948 hours of support; in 2023/24 we delivered 25,995 hours of support (a 12% increase). For 2024/25 we delivered 27,952 hours of support (a 7% increase).

Specialised Care and Support Contract - flexible framework agreement with 4 Lots. This went live on 1st April 2025 and has brought several areas under one agreement. If needs cannot be met using the providers on the framework, we can use spot contracts for Lots 1 and 2. The total value is £109,710,816 and is a 4 year + 2 year term, broken down to: £84,566,730 £16,229,196 £5,445,090 £3,469,800 and supports individuals who are CHC Health funded with complex health needs or those individuals that have complex behaviour and need a specialist provider.

- **Lot 1 Specialised Care and Support Supported Living** – Framework agreement for care and support which enables people, who have support needs to live independently and prevent or delay the need for residential care. Accommodation may sometimes come with the support as part of a package. Client groups supported include learning disabilities, mental health, autism,

acquired brain injury, sensory impairment, and transitions. 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 personal care is provided, the CQC regulate these providers, as it does care homes. If personal care is not provided the support is not CQC regulated. There are 31 care providers on the framework, who provide care and support across 44 schemes, which include Graham Court (12 flats), Bennett Court (12 flats) Clifton Road (8 flats) and Links Court, as well as in people's family homes or individual flats.

- **Lot 2 Specialised Care and Support Individualised Packages** - Framework for people with learning disabilities, mental health, autism, acquired brain injury, sensory impairment, or support with transitions. There are 29 providers on this 'closed' framework, which means providers can only apply when we open the framework at our discretion. 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. (There were previously 56 providers on the framework who were not all being used).
- **Lot 3 Specialised Care and Support Building Based Day Services** - Framework agreement for building based day care which also includes social enterprises which can help with employment support. Client groups supported include learning disabilities, mental health, autism, acquired brain injury, sensory impairment, and transitions. There are currently 7 providers across North Somerset, Bristol, South Gloucestershire and Somerset (down from 9 last year). Strode Road day services have recently moved to Sycamore Lodge care home.
- **Lot 4 Specialised Care and Support Complex Health and Behaviour** – This has replaced our previous 'complex care' framework. 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 23

providers on this framework, some of whom work with health only, some behaviour only and some both (up from the previous framework's 12). It is now 'closed' which means providers cannot apply, unless we use our discretion to open the framework so providers can apply and give their own pricing agreement or costings.

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), young parents and/or Care Leavers. Providers include Curo, LiveWest, Alabare, Richmond Fellowship, Sanctuary, SAHA, and Stonham Housing. This is housing related support with usually up to 7 hours support per week, in contrast to supported living, 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 have been aligned with the ICP. There are 4 strategic providers, tier 1 being Access Your Care and tier 2 Network covering the south – One Weston, or Weston, Worle and Villages. The strategic providers in the north, or Woodspring, are Apex (tier 1) Access Your Care, Network and Right at Home (tier 2). The Woodspring contract started in July 2024 for up to 7 years and is the Lead Provider contract and will be supported by the Support to Live at Home Flexible Framework Agreement. The value is £2,172,642 per year (initial 3-year term with option to extend for four years). The Support to Live at Home Woodspring Flexible Framework Agreement for Tier 2, to provide home care for Clients living in the Integrated Care Partnership Area of Woodspring, can be added to (whilst Tier 1 is fixed). This flexible framework is to support the Lead Provider Woodspring Contract.

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.

VISION North Somerset - Sensory rehabilitation and support services for people with a visual and/ or a hearing impairment over the age of 14. Provides information, advice, and guidance on sensory loss by undertaking home visits. The rehabilitation centre has accessible demo equipment for buying or loaning to support meet daily living outcomes and digital inclusion. Training and support at home is provided and everyone has access to help with daily living. This contract started in April 2025, as was previously a grant.

Wellbeing House – Support for people around their mental health on a one-to-one basis, based on the [5 Ways to Wellbeing](#) and managed by CURO. 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.

Winter Pressures Block - Block contract, funded by BNSSG ICB and brokered by NSC. Personal care and support services for people who are assessed as in need of a service to enable them to remain living in their own home and prevent hospital admission and/or a speedy hospital discharge. Commissioned via the spot framework so it is currently expired but ongoing and current conversations with BNSSG ICB to decide on its future.

Grants

North Somerset Council has historically provided grant funding to a number of organisations. The provision of a grant has been given where there is a clear link

between the Council's supporting people agenda and where activities support the strategic aims and objectives of the Council.

There are several grants including but not limited to:

- Age UK: providing support and advice to older adults to prevent isolation.
- Alliance Carer Support Services: information and advice, as well as practical support around finances; 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.
- 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.
- Alzheimer's Society: post-diagnostic dementia support services to achieve person centred outcomes and plans to keep independence and cope with living with dementia (or the process of a diagnosis), as well as support for carers.
- Carers grants – under the accelerating reform fund: We are offering one off grants to support local, not for profit organisations in projects that support unpaid carers. One off grants will usually be for £500 to £3,000. Consideration is given to larger grant applications if projects are in line with one or more priorities. Any voluntary, community, not for profit or social enterprise individual or organisation can apply, either providing services to unpaid carers or able to expand services to specifically support carers. The grant is to support new and innovative projects rather than existing. Organisations must be in North Somerset and work at a local level directly with people who receive support. We are unable to accept an application if part of a statutory organisation such as a Local Authority or the ICB, however partnerships with an eligible organisation can submit a joint application.
- CURO Community Connect (CC): social prescribing 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. CURO also have a tech ready service they are doing with the West of England Rural Network (WERN).

- The Elms – Urinary tract infection (UTI) project. A study to carry out a proof of concept re changing the UTI diagnosis pathway through the Innovation Grant.
- Healthwatch BNSSG: promotes and supports local people in the promotion and scrutiny of health services, obtaining people's views. Publishes reports and makes recommendations to Healthwatch England.
- People First (previously called NS People First): self-advocacy promotion for those with a learning disability through groups, events and activities. Links with other organisations and engages people to be involved and develop services. This year People First have this year been asked to support the work and running of our Partnership Engagement Board for people with lived experience.
- Second Step: The wellbeing service supports people with mental health conditions, undertaking clinical reviews and signposting.
- Tech Ready Service (Partnership between Community Connect and WERN): Aims to achieve increased confidence in technology; maintain independence; and support informal carers. Objectives include providing one to one support sessions, group workshops and providing written documentation to support customers at home. A partnership approach with GP Social Prescribers to support people to use tech or referring if no access; and also addressing barriers.

Spend 2024/2025

Our total spend across adult social services in 2024/25 has increased and was over £135m (an increase of £6m from last year), with nearly £46m coming in as income and over £177m being spent from our reserves (significantly lower than last year's spend of over £635m on reserves, although we have declared a financial emergency). The net spend was nearly £89m. Our gross care and support packages were over £108m, which was an increase of circa £4m on last year, with an income of nearly £26m; net spend being over £82m. When you consider the commissioned individual care and support

packages, early intervention and integration and service development that reflect the commissioning spend it is over £114m. Social care activities refer to predominately staffing costs, and commissioning and service strategy refers to staffing and voluntary sector. We spent £97k in 2024/25 on @worle Trust, £3,415,926 on voluntary organisations (according to the voluntary sector main programme - some of this includes staff at Alliance funded by the ICB), £1,176k on Access your Care Wellness Service and £252k on Proud to Care payments.

Table 16. Adult Social Services Spend, 2024/25, Revised Budget as of March 2025

ASS SPEND 2023/2024	Expenditure £	Income £	Reserves £	Net £
Learning Disability	39,819,929	-4,358,361	0	35,461,568
Physical Support	42,718,575	-14,824,301	0	27,894,274
Mental Health	12,755,487	-2,648,051	0	10,107,436
Memory & Cognition	10,816,693	-3,475,387	0	7,341,306
Social Support: Support for Carer	1,584,235	-244,080	0	1,340,155
Social Support: Substance Abuse	313,711	-86,211	0	227,500
Sensory Support	378,985	-146,031	0	232,954
Individual Care and Support Packages	108,387,615	-25,782,422	0	82,605,193
Early Intervention	2,702,830	-213,508	-39,582	2,449,740
Localities	5,113,831	-699,950	-42004	4,371,877
Learning Disability & Mental Health	3,869,962	-173,637	0	3,696,325
Adult Social Care Policy	932,193	-140,413	0	791,780
Adult Social Care Activities	12,618,816	-1,227,508	-81,586	11,309,722
Strategy & Commissioning	4,762,781	-2,105,285	0	2,657,496
Admin and Directorate Support	396,595	-33,290	-42,166	321,139

Integration and Service Development	2,977,731	-1,506,399	-78,087	1,393,245
Service Development	380,085	-284,770	0	95,315
Housing	2,961,719	-2,206,156	24,501	780,064
Commissioning & Service Strategy	11,478,912	-6,135,900	-95,752	5,247,260
Directorate Management	622,748	-66,250	0	556,498
Funding	1,918,515	-12,671,532	0	-10,753,017
Directorate Overheads and Funding	2,541,263	-12,737,782	0	-10,196,519
ADULT SOCIAL SERVICES TOTAL	135,026,606	-45,883,612	-177,338	88,965,656

Source: NSC Finance

Table 17. Adult Social Services (ASS) Revised Budget 2024/2025

Adult Social Services Revised Budget 2023/24	Expenditure	Income	Reserves	Net
Residential	38,493,025	-10,415,108	0	28,077,917
Nursing	18,333,474	-5,799,717	0	12,533,757
Supported Accommodation	2,066,623	-203,861	0	1,862,762
Community: Supported Living	19,003,817	-2,610,022	0	16,393,795
Community: Homecare	12,365,689	-2,829,434	0	9,536,255
Community: Direct Payments	8,968,534	-1,124,726	0	7,843,808
Community: Other Long Term Care	3,098,787	-2,275,093	0	823,694
Maximise Independence	1,582,984	0	0	1,582,984
Other Short Term	4,474,682	-524,461	0	3,950,221
Individual Care and Support Packages	108,387,615	-25,782,422	0	82,605,193

Source: NSC Finance

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. This year we have decommissioned our old spot homecare contract and the pathways to adulthood contract, albeit replacing them with support to live at home and a change to our specialised care and support contract, as well as the new respite services.

The costs of dementia care when mild is lower in the community than in a nursing home, which also benefits the person and we have commissioned our dementia care wrap, following a successful pilot, around as well as a dementia mainstream service this year. Some of our grant funded services were decommissioned over the years and further reviews of some services would be useful to ensure we are getting the most value not only in terms of cost, but 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.

Fees

The fair cost of care exercise highlighted residential fee rates were previously low; they have risen, but significant shrinkage in provision is necessary and this has been happening naturally. 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. We considered the ongoing challenges relating to residual inflation and the changes to the National Living wage when setting the uplift for 2024/25. We decided to advance the award, with effect from 1st February 2024 (except for some

top ups in care homes). We recognised the economic condition for commissioners and providers was incredibly challenging but considered our offer to be reasonable and realistic. These are difficult financial times for providers and commissioners and providers continued dedication and support to our community is greatly appreciated.

For fee uplifts in 2024/25 many of the contracts were given an uplift of 9%, including extra care, care and support spot purchase agreements, complex care, and homecare (social care). Some contracts got more, or less, depending on a variety of factors, such as input from health. We utilised the market sustainability improvement fund as part of the Fair Cost of Care exercise. Providers have used the increase for staffing costs. Consumer price index was 3.8% up to April 2024 according to the Office for National Statistics and by raising fees we have attempted to bridge the gap. Over the last 2 years we have made a tangible progress with bridging the gap, but there is no government funding certainty ongoing.

For 2025/2026 we considered all contributory factors in the annual cost increases, especially relating to the National Insurance uplift announced in the last Autumn Budget and the increases in the National Living Wage. These changes were not fully funded in the local government settlement and despite joint lobbying with Care Associations these gaps are significant. We acknowledge that uplifts do not always meet provider expectations. We announced a financial emergency and our ability to find unfunded growth is limited, but despite these difficulties the fee uplifts we made are significantly higher than neighbouring authorities and our domiciliary care rates are benchmarking as some of the highest in the region and England.

From 7th April 2025 for care homes within North Somerset 18-64 year old placements in residential and nursing homes were uplifted by 4.3%, with additional payments at 2% and third party 2.5%. for over 65s, residential and nursing home placements were uplifted by 5%, with additional payments at 2% and third party 2.5%. For specialised care and support, supported living and individualised care and support received 4.34%, whilst complex health and behaviour received 5%, if North Somerset funded packages. Health funded packages uplifts varied upon a variety of factors. Extra care housing

received a 5% uplift. Buildings based day care received 3%. Some providers offered us a lower hourly rate given the context of our financial emergency, which we accepted. For homecare under the support to live at home contract, uplifts were 5%. There was a variety of uplifts given on the legacy packages remaining with various providers on our old domiciliary care contract, depending on various factors.

Commissioning Intentions

For a longer-term view of our commissioning intentions please see our commissioning strategy 2024-2031. What we do and where we are going, should be evidence based – upon census data and demand modelling, as well as coproduced with service users and their families and carers. Our demographic information and what this will look like informs our Market Position Statement, building upon the work completed for our Market Sustainability Plan. For older people, focussing on a range of suitable accommodation options is key and ties into the Housing with Support Strategy 2017-2027, which is being updated into our Accommodation with Support Strategy 2025-2032. 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 supported living and care homes in North Somerset, which is evidenced by the Mental Health Teams placing out of county to move people on from Hospital Units, as an example – however data needs to be strengthened to inform our commissioning. Many of the contracts and commissioning team are doing a data analysis qualification.

Continuing to move forward, some key themes will be developing individual services to support specific areas, such as learning disability and mental health. Specialist residential care for complex dementia, as well as a range of several types of accommodation to meet different needs, including extra care housing, supported accommodation, supported living and lower end mental health, and learning disability placements. The wellbeing house model is being pursued following a successful pilot year. Everything that is commissioned is aligned to a home first approach in terms of maximising independence; relationship based; person centred practice; positive risk taking; trauma informed, and evidence based. We have come a long way from commissioning on inputs and outputs and have moved to outcomes and approaches, which are better for the individual with care and support needs.

Some of our intentions as set out in our commissioning intentions report are:

Bathing Adaptations Framework: Contract for the delivery of bathing adaptations as part of the Disabled Facilities grant. This contract supports the delivery of the Disabled Facilities Grant, a mandatory grant introduced by the Housing and Grants Construction and Regeneration Act 1996. Good practice guidance encourages Local Authorities to use procured contracts to secure value for money and help streamline and speed up service delivery.

- Contract until 31/03/2026 £5,000,000 (5 year term 3+2 years) under the Procurement Act 2023.

Domestic Abuse Services: Current domestic abuse services provide specialist support for adults (and where applicable, their children) who have experienced or are experiencing domestic abuse.

- Contract until 30/03/2026 £4,000,000, plus additional funding from Community Safety Team (6-year term 4+2 years) under the Procurement Act 2023.

Emergency Accommodation Framework: This framework provides emergency accommodation to people who have approached the Homeless Prevention Team and who are assessed as being owed a duty by the Authority to provide interim accommodation whilst further investigations are made.

- Contract until 13/04/26 £2,500,000 (5-year term) under the Procurement Act 2023.

Modular Ramp Contract: Contract for the supply and installation of modular ramps, and associated works, under Disabled Facilities Grant or Care Act minor adaptations. The use of modular ramps is a more environmentally acceptable solution to providing semi-permanent ramps to enable individuals to access their homes safely and independently.

- £1,875,000 (5-year term (3+2 years), quotations under contract standing orders as this is a below threshold works contract.

End of Life / CHC Provision: North Somerset Council commission these packages on behalf of health and now that the Provider Selection Regime has come into being contracts need to be procured appropriately for health care services.

- £1,500,000 Direct Award under the Provider Selection Regime

Park Home Insulation Scheme Green Homes Grant (HUG2): Warm Homes: Local Grant (previously known as Home Upgrade Grant (HUG2)). A consortium bid has secured new funding under WH:LG for the retrofit of traditional build properties and park homes across the consortium area. Bristol City Leap are delivering the scheme for the traditional build and NS are delivering the scheme for park homes. This supports the corporate plan vision to create a greener NS, supports the actions in the Climate emergency Action Plan and contributes to the commitment to become carbon neutral by 2030.

- £900, 000 Contract end 31/03/26, 2-year term, CSOs apply (below threshold works contract)

Voluntary Sector Grants: North Somerset Council has historically provided grant funding to several organisations.

- The provision of a grant has been given where there is a clear link between the Council's supporting people agenda and where activities support the strategic aims and objectives of the Council.
- Grant(s) end date 31/03/2025 £681,680.16, 1-year direct award

Vision: Vision delivers a specialist service to enable people of all ages with hearing impairment, and people over the age of 18 with visual impairment, to achieve their maximum level of independence, to live in an accessible and safe home environment.

They encourage social inclusion via the provision of access to vision and hearing rehabilitation and specialist equipment. They provide information, advice, and guidance around visual and hearing impairment; Vision will also support statutory duties of North Somerset Council with holding the register of certification of Visual Impairment.

- Contract until 31/03/2025, £515,255.52, 3 year direct award under light touch CSO 6.3.4

Community Meals: Contract to supply food to be cooked in our own locations and delivered to vulnerable individuals in North Somerset

- Current service until 30/06/2025, £680,000 (review of service underway, any future procurement will be considered but potentially will be a call off from the existing framework).

Mental Health Accommodation Solution with Future Strong: This service provides 3 flats and support to people with long term mental health to return to general housing following discharge from residential care settings / hospital; the service will support the tenants to manage the property and develop the skills required for independent living, with support being stepped down as the individual develops their independence.

- Current contract until 18/07/2025, £247,500 3-year Direct Award under CSO's (light touch) CSO 6.3.4

Julian House: North Somerset will fund and refer into Julian House. Julian House project provides specialist supported accommodation for people leaving prison, people on probation and homeless people with a history of offending, with a local connection to North Somerset. The aim of the project is to alleviate rough sleeping, reduce the risk of re-offending and to identify long term move on options, employment, and training.

- 31/03/2025, £100,000 2 year direct award under CSOs, light touch CSO 6.3.4

Management of gypsy and traveller sites: NSC requires an agency to manage and deliver rent collection, estate and repairs management to 9 Gypsy & Traveller pitches on 3 council owned sites, and 1 mobile home owned by the council on a rented pitch on a private gypsy & traveller site.

- Current contract to March 2026, £50,000, 4 year direct award

Respect My Stuff: To provide a specialist de- hoarding service to people living in Alliance Homes properties who are at risk of losing their tenancy / homelessness due to hoarding issues. This will include training offer for Alliance staff; support with developing and / or reviewing any existing processes, where relevant; development of local face to face groups and individual drop-ins for people who hoard; referral process for Alliance to refer to Respect My Stuff where people living in Alliance properties are at risk of tenancy loss / homelessness.

- £50,000, 1 year direct award under CSOs, market engagement led to one quote.

Deep clean/decluttering framework: To commission 4 specialist support providers and 2 cleaning companies to support services currently being spot purchased. 12 - month pilot to support people presenting with Care Act eligible needs and/or homeowners requiring interventions from our private housing team who need to arrange a deep clean due to properties deemed verminous within Environmental Health legislative powers.

- £50,000, 1 year direct award under CSOs, market engagement completed, quotes obtained.

Care Academy Website: To create a dedicated Care Academy Website which will identify and support Adult Social Care as a career choice. The platform will be funded via innovation grant funding and will be linked to the Single E-Learning Platform Flourish (previously known as Grey Matter).

- £8,000, 1 year direct award under CSOs, market engagement completed, quotes obtained.

Technology Enabled Care (TEC) Service: A Technology Enabled Care (TEC) service that includes a digital monitored alarm service and the delivery and installation of TEC, that will replace North Somerset Council's Carelink service, using the ESPO (Eastern Shires Purchasing Organisation) framework for Technology Enabled Care Products and Services.

- Current end date 30/09/2025, £2,500,000, 5-year term (3+1 years). This was agreed at The Executive 04 December 2024, Further competition via ESPO framework

Specialist Care and Support Spot Framework Contract: Specialist care and support provision in respect of Autism, Learning Disabilities, Sensory Impairment, Acquired Brain Injury, Transitions and Mental Health These are divided into 4 specialists 'Lots':

- **Lot 1: Supported Living:** Supports individuals with a tenancy who have access to night support or core support or have more than 105 per week one to one
- **Lot 2: Individualised Framework** Supports individuals with smaller packages that are less than 105 hours one to one per week
- **Lot 3: Adult Building Based Day Services** Supports individuals who attend a building - based type day service
- **Lot 4: Complex Health and Behaviour Framework** Supports individuals who are CHC Health funded with complex health needs or those individuals that have complex behaviour and need a specialist provider
- £109,710,816 (Revised total £162,000,000 due to increased spend at the end of 2023.2024 (4-year +2-year term)
 - Broken down to £84,566,730 (revised to £119,733,948)
 - £16,229,196 (revised to £22,213,998)
 - £5,445,090 (revised to £8,731,260)
 - £3,469,800 (revised to £11,529,030)
- It went out to Tender January 2025, framework establishment March 2025; framework start date 01/04/2025

Block Booked Beds: NSC has several block-booked beds to ensure a maintained and cost-effective care home bed capacity in North Somerset

- Current provision is 77 block beds across 5 care homes covering nursing and residential care.

- The block-booked beds are recommissioned for 6 months at a time.
- 12-month total cost of 38 beds £2,226,610
- Additional 12 months of 39 beds with Sycamore Lodge £1,966,521
- Direct award to 4 Homes (total 38 beds), in the local area as no cross-border interest. Direct award to Sycamore Lodge for 39 beds, local provision; no cross-border interest (CSO's 6.3.4)

Diamond Court Extra Care Housing: Provision of on-site care within Diamond Court extra care housing scheme; To enable residents to remain as independent as possible within their own home. The care provider will also respond to emergency calls required by individuals

- £1,277,528, 31/10/2026, Original contract included a 3-year option to extend, and this is to be applied to extend current contract to 30/10/2029

UKCIL PA Register: Contract to provide a personal assistant recruitment register, to support direct payment users, in effectively recruiting PAs to deliver their care.

- 01/12/2025 £3,000 subscription plus approx. £3,000 on adverts at £80 per PA advert, Annual Direct Award

Vyond: Cloud based subscription tool that allows the creation of engaging and eye-catching information videos and bitesize learning.

- This tool supports the delivery of training and information to providers and paid carers.
- 14/08/2025 £518.17 Annual subscription Direct Award

Stakeholder Voice

Talking to people, to find out what matters to them, is really important to us, whether that is with current people drawing upon care and support and/or the wider population in surveys, with providers, and/or more detailed work, for example focus groups. We have regular provider forums to engage the market and keep abreast of current issues as well as speaking to providers and people with lived experience. However, we can always do more, and coproduction as a principle is high on our agenda moving forward within adult social services. We realise that to develop plans, views of all our stakeholders are important, from commissioned providers to our voluntary sector, health colleagues and other local authorities.

We work closely with care and support south west, who jointly chair our provider forum and facilitate the provider element, they are represented on locality partnership meetings. We also actively sponsor the care and support south west awards jointly with other local authorities to celebrate great work in care and support. Sector developments, new services and innovative ways of working are shared at the providers forum, and it is a great way to understand the challenges our providers might be facing.

We also work with care and support south west and other local authorities (BNSSG) on international recruitment. We have a dedicated officer in post to offer support and advice to care providers who either have a sponsor licence or have applied for one. The scheme offers access to a range of support for both providers and international workers and provides ongoing feedback to help ensure that the support offered is the most relevant and useful it could be, including webinars, training and legal updates.

We have also worked with the nursing home association in our area and the wider registered nursing home association (RNHA). The RNHA was formed in 1968 and is the most long standing care sector representative body and the only association to exclusively represent nursing homes.

There has been a variety of wider engagement this year, including hospital engagement work, as well as gloriously ordinary language workshops and a programme of work

which has followed. Our Engagement and Participation officer seeks feedback from people receiving services, which can help to shine a spotlight on what is working well or needs to change. There is a newly launched coproduction and review panel, who have recently suggested changes for the commissioning strategy video. We have also been to speak with our Chinese and South Asian community and sent documents to the Chinese Community Wellbeing Society to review from their perspective, having had them translated.

Our contract officer who leads on support to live at home is coproducing KPIs for contracts by facilitating workshops with people with lived experience and providers, which will become standard commissioning best practice.

Several officers have been to extra care housing sessions for engagement for the accommodation with support strategy, alongside other providers including supported living and People First speaking up groups.

For domestic abuse contract recommissioning feedback was sought from various stakeholders, this not only looked at the current service but also how domestic abuse services could be improved in North Somerset. There were various themes ranging from having more access to emergency accommodation that was quicker to access. More accessible training in the form of webinars and training sessions. Providing more IDVAS and free counselling for victims and survivor that services have been difficult to access.

Visits to the safe house accommodation were carried out by the Domestic Abuse and Violence Against Women and Girls lead in November 2024. These visits talked to survivors about what was working and not working. The main feedback from individuals living at the safe houses were the staffing at the safe house and how often they are at the accommodation supporting survivors. The length of stay of some tenants was a concern and what the plans were for move on as it is temporary emergency accommodation. Alongside, the listening activities within safe accommodation, a comprehensive Needs Assessment was carried out by colleagues in our Business Intelligence Team, which was conducted together with neighbouring local authorities to

ensure the data gathered reflected current needs and gaps as well as opportunities and issues with cross-border working. In addition to significant amounts of data, we also conducted an anonymised online survey with survivors gathering qualitative data on their experiences of accessing North Somerset domestic abuse support services. Feedback centred largely on the need for recognised therapeutic and mental health support as well as support to move on and recover from their experiences.

Officers sit on various board and groups including the carer's partnership board and the autism strategy action plan working group, which are multi-agency groups including people with lived experience and providers who are working directly with autistic people and carers.

For our Commissioning Strategy 2024-2031, various groups of colleagues, providers and service users were spoken to, and we will continue to build on this. Engagement with seldom heard and hard to reach groups is important to us and we are working with the voluntary sector to ensure that everyone who may need social care and support has a chance to feed into commissioning practices at North Somerset. We also have providers who are represented on the Locality Board as well as our Safeguarding Adults Board (SAB).

Work with us and Feedback

We strive to work collaboratively with our partners who deliver, as well as people who draw on care and support services across North Somerset. We would like to carry out some focus groups on our Strategy and Market Position Statement to further shape our direction of travel moving forwards, as well as hosting and attending wider engagement events. If you would like to get involved, or work with us, please get in touch with us on asc.contracts&commissioningteam@n-somerset.gov.uk

For more information on our services, including commissioning, please visit our website www.n-somerset.gov.uk

If you have any comments on our Market Position Statement, please do not hesitate to get in touch on asc.contracts&commissioningteam@n-somerset.gov.uk