North Somerset Council: local authority assessment

How we assess local authorities

Assessment published: 16 May 2025

About North Somerset Council

Demographics

North Somerset Council is a unitary authority which sits between the county of Somerset and Bristol and North East Somerset. North Somerset local authority has an estimated population of 221,146 residents and is known for its outstanding natural landscapes, including part of the Mendip Hills, an area of outstanding natural beauty. The area features four key towns: Clevedon, Nailsea, Portishead, and Weston-Super-Mare, with Weston-Super-Mare being the largest by population. The surrounding rural areas are characterised by a network of villages and hamlets.

In North Somerset, the population size has increased by 7.0%, from around 202,600 in 2011 to 216,700 in 2021. This is higher than the overall increase for England (6.6%). The wider trend shows that the population is ageing, as the number of residents who are 65 years and over has increased by 22.0% since 2011.

Less than 5% of North Somerset's population is ethnically diverse, with the majority being white (95.71%) and smaller communities identifying as mixed or multiple ethnicities (1.68%), Asian or Asian British (1.53%), black, black British, Caribbean, or African (0.53%), and other ethnicities (0.56%).

The local authority footprint has an Index of Multiple Deprivation (IMD) score of 2, which means it is among the 20% lowest deprived areas nationally. A local authority with a decile of 1 means it is in the least deprived group (lowest 10%), while a local authority with a decile of 10 means it is in the most deprived group (highest 10%).

North Somerset Council is a partner in the Integrated Care System (ICS) with Bristol and South Gloucestershire unitary authorities. The ICS is made up of an Integrated Care Partnership, an Integrated Care Board and 6 locality Partnerships.

The local authority administration for North Somerset Council operates under a political partnership formed between the Liberal Democrats, Independent and Labour party.

Financial facts

The financial facts for **North Somerset Council** are:

- The local authority estimated that in 2023-2024, its total budget would be **£276,623,000**. Its actual spend for that year was **£295,909,000**, which was **£19,286,000** more than estimated.
- The local authority estimated that it would spend **£96,804,000** of its total budget on adult social care in 2023/24. Its actual spend for that year was **£100,137,000**, which was **£3,333,000** more than estimated. In 2023/24, **34%** of the budget was spent on adult social care
- The local authority has raised the full adult social care precept for 2023/24, with a value of **2%**. Please note that the amount raised through adult social care precept varies from local authority to local authority.

- Around **380** people were accessing long-term adult social care support, and about **3195** people were accessing short-term adult social care support in 2022/23. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

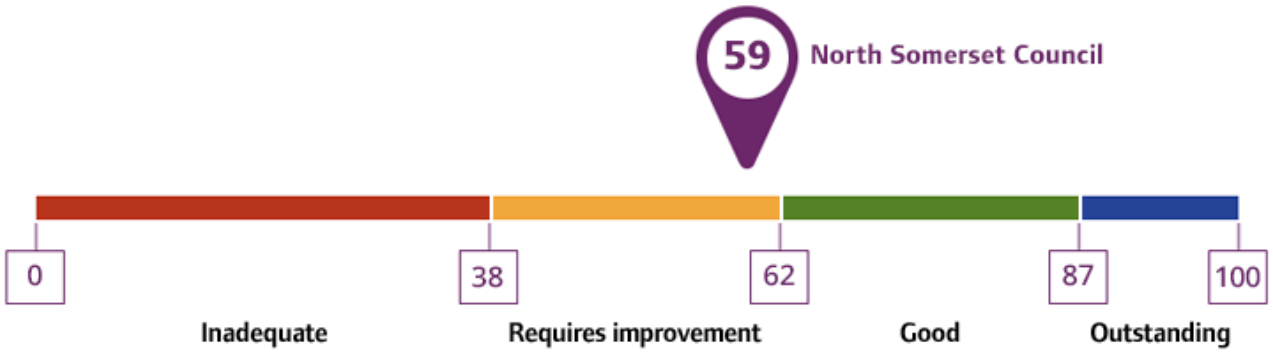
This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall summary

Local authority rating and score

North Somerset Council

Requires improvement



Quality statement scores

Assessing needs

Score: 2

Supporting people to lead healthier lives
Score: 2

Equity in experience and outcomes
Score: 2

Care provision, integration and continuity
Score: 2

Partnerships and communities
Score: 2

Safe pathways, systems and transitions
Score: 3

Safeguarding
Score: 2

Governance, management and sustainability
Score: 3

Learning, improvement and innovation
Score: 3

Summary of people’s experiences

People in North Somerset had mixed experiences with the local authority care and support services, reflecting both positive and negative outcomes.

Feedback from unpaid carers was mixed. Some carers reported positive experiences with staff and services, for example, one carer told us they were listened to and was offered choice in support with their caring role. In contrast, other carers had negative experiences in relation to availability and outcome of assessments, access to respite and accessing timely and appropriate support. Lengthy wait times for assessments and reviews impacted on carers' wellbeing and ability to provide care. Several carers expressed their needs were not adequately recognised or addressed, resulting in feelings of being unsupported and overwhelmed. Some carers from minority ethnic communities reported additional barriers due to language and cultural differences.

People's experiences of assessments, care planning and reviews were mixed. Some people told us they received strengths based and person-centred assessments, highlighting the helpfulness of staff. However, some found phone-based assessments impersonal and felt they lacked sufficient focus on individual needs. While concerns were promptly resolved in some cases, others faced dissatisfaction with assessment practices. Some described assessment processes as impersonal, and others felt their or their loved ones' needs were not assessed holistically, with long-term goals and independence support being overlooked. Feedback from carers ranged from positive experiences to concerns about limited choices and access arrangements for communication and support.

Some people were not always aware of preventative measures, feedback was mixed on the knowledge of community resources and information shared. Wait times for assessments and reviews were not always timely. People's and carers' needs reported positive impacts of preventative approaches, others described challenges related to wait times and effectiveness of support with alternative solutions. In relation to technology enabled care (TEC), while some people reported positive experiences of technology enhancing their care, others highlighted challenges of access and effectiveness, particularly for older adults.

People's experience of access to information and advice was mixed. While some people found information easy to locate, others described it as challenging to access and navigate the local authority website. Some people reported having difficulties contacting the local authority and accessing clear information relevant to their care. People reported that their experiences improved once contact was made with the local authority's Single Point of Access (SPA) service and relevant teams.

People reported mixed experiences of multi-agency support. While integrated teams facilitated service access and promoted independence for some, access to certain services, such as day services and respite, remained limited, particularly in rural areas. Transition experiences between services, including children's to adult's services, were mixed, with some positive outcomes and challenges reported. While most people felt safe, the consistency of contact following safeguarding referrals could be improved.

Summary of strengths, areas for development and next steps

In 2023, following a restructure, the local authority integrated adult care services and housing into a single directorate, including those previously under Public Health.

Carers support was a key area for development. The needs of unpaid carers were central to market shaping, seen in the development of the All-Age Carers strategy 2024/2028 and there was a focus on trying to improve the offer to carers.

Waiting lists delayed people accessing support. The local authority used various strategies to manage wait times, including internal audits, targeted initiatives such as 'Team Effort Days' and a 'waiting well project', and proactive monitoring of waiting lists. Risk-based allocation of tasks prioritised urgent referrals, with clear communication channels to direct people to alternative support where appropriate. New technologies and projects aimed to streamline processes and reduce delays. While improvements were seen in several areas, some delays remained. Joint working with children's services ensured timely support for transitions.

People could not always access the support information they needed. The local authority had acknowledged these challenges and had worked to develop a varied range of information in accessible formats. A senior leader told us about improvements like the Better Health North Somerset website had enhanced accessibility to resources and promoted user-friendly trackable referrals.

The Technology Enabled Care (TEC) and Reablement Intervention (TRI) team adopted the model of strengths-based practice to support person-centred assessments and deliver outcome focused support for people. For example, staff told us they were 'proud of their approach to assessment and care planning'. They described an approach which 'reflected what the person values and what's important to them' to demonstrate the team's understanding and practice of strength-based working. Frontline teams were proud of the outcomes they achieved with people to promote independence.

The local authority had recognised through staff feedback and 'learning together' audits, an over-reliance to offer commissioned support to people with new or short-term care and support needs. In response they had introduced a new 'Eligibility Resource Forum' (ERF) to support staff to be more creative with how they might meet peoples short term needs with 'time to think', this was mandatory before a commissioned home care or care home package was agreed by managers. Staff and senior leaders told us the ERF considered a range of ways to meet eligible and non-eligible needs, 'not just the quick resolution', by suggesting preventative services as an alternative to commissioned care, this would further promote a person's own strengths, resilience and independence. Multi-disciplinary teams would attend the forums twice weekly when cases needed review, as a quality assurance mechanism to ensure eligibility for assessments and consistent application in the process for adult social care eligibility and resource allocation.

The local authority worked with people and partners to improve people's experiences and outcomes. For example, they actively promoted co-production, embedding this approach throughout their work to ensure that services were shaped by those who use them. Despite these efforts, we heard mixed feedback from carers, however, there was some positive feedback shared of the co-production groups. People involved told us that they saw value in the way the local authority listened carefully to the views of people who draw on services and their carers separately, as this had given carers the opportunity to have their say. The local authority had taken steps to increase carers on the Carers Partnership Board and involved them in co-producing the carers strategy. The strategy was completed in 2024, and carers continued to play an active role in delivering the action plan. To support sustained representation of lived experience within the Carers Partnership Board. Those involved told us they felt the local authority was committed to hearing their views and contributions and they were excited about co-production opportunities. The local authority shared ideas and best practices to improve care across the region, which showed their commitment to growth, inclusivity, and excellence in adult social care.

There was a need to better integrate adult social care priorities with preventative services. The local authority had introduced a new prevention offer focusing on targeted interventions for people at risk. This initiative aimed to improve people's wellbeing by considering the impact of professional actions, performance, and decisions. However, improvements were needed to ensure all people at risk of future care and support needs could access the services and information available. Existing early intervention and prevention (EIAP) services included a handyperson service, reablement, falls and frailty pathways, carer support, dementia day services, TEC, and first response services. The long-standing in-house meals service supported those with minimal care needs experiencing difficulties preparing food. These were valued by staff as having a positive impact on well-being outcomes for people.

The local authority demonstrated a commitment to several positive initiatives, including a multi-agency approach to initial contact and service navigation, various preventative services which included the occupational therapy offer and jointly commissioned OT equipment service, offering residents the opportunity to see and try equipment and TEC products. There was a strong emphasis on TEC development. The local authority showed a commitment to staff training and development and had a visible leadership team dedicated to service improvements.

Theme 1: How North Somerset Council works with people

This theme includes these quality statements:

- Assessing needs
- Supporting people to live healthier lives
- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

Assessing needs

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Key findings for this quality statement

Assessment, care planning and review arrangements

The local authority worked with people and partners to provide various services, facilities, resources, and initiatives designed to promote independence while preventing, delaying, or reducing the need for care and support. They had commissioned an external partner as the primary contact point for adult social care services and contacting the local authority. This outsourced contact centre managed initial queries and referrals, which were then triaged by the Single Point of Access (SPA) team.

Feedback from people using the service was generally positive regarding the person-centred nature of assessments and the helpfulness of staff. However, some people, including unpaid carers, told us contacting the local authority over the phone to request assessments or support was sometimes difficult and there was no longer a walk in service available to talk to someone in person.

While some people shared positive feedback about assessments and care planning, others described impersonal assessment practices, particularly those carried out over the telephone. However, care records and other feedback highlighted examples of effective communication, multidisciplinary collaboration, and a holistic, co-productive approach that prioritised the person's needs. The local authority also offered online and self-assessment options as alternatives to telephone contact.

Senior leaders told us they recognised their areas for development and through multi-agency collaboration had implemented a more person-centred assessment approach. This change was positively received by both staff and partners. For instance, staff told us they were proud of their approach to assessment and care planning. They described an approach that reflected what the person valued and what was important to them. People and unpaid carers who had received assessments told us their rights, views, needs and wishes were respected and staff followed relevant legislation such as the Equality Act (2010), that their protected characteristics were understood and had been incorporated into care planning. For example, a person told us their views were considered, and they were informed of their current support needs and how these needs were being safely addressed to help them make an informed decision about transitioning into long-term care.

This was reflected in national data with 79.81% of people reporting they had control over their daily life, which was similar to the England average of 77.62%. Also, 50.70% of people reported they had as much social contact as they wanted with people they like. This was somewhat better than the England average 45.56% (Adult Social Care Survey – ASCS 2023-2024).

National data showed 65.70% of people in North Somerset were satisfied with their care and support. This was similar to the England average of 62.72% (ASCS, 2023- 2024). Frontline teams were proud of the outcomes they achieved with people to promote independence. Some staff told us they had the freedom to work with people in ways that worked for them and could evidence use of strengths-based practice. The staff survey further indicated that staff felt supported in their professional development and in applying these approaches.

The local authority coordinated pathways and processes to manage service delivery effectively. Teams were supported by their managers, who considered the complexity of cases and current workloads when allocating to staff. Specialist teams were in place to ensure people received appropriate support. For example, multi-disciplinary pathways facilitated the coordination of services for people with learning disabilities or mental health needs. Mental health teams collaborated with the NHS trust to provide secondary mental health needs support.

Timeliness of assessments, care planning and reviews

Assessment and care planning arrangements were not always carried out in a timely manner and reviews were not always up to date. Staff told us about concerns with the timeliness of assessments and reviews, particularly in rural areas.

Waiting lists led to delays in people and unpaid carers receiving appropriate support. These delays increased the risk of people requiring higher levels of care, including alternative placements in care homes. The extent of the delays for assessments and reviews was reflected in the local authority's data.

As of 14 October 2024, 248 people were waiting for a Care Act assessment, while 320 people had been waiting for a review, many for prolonged periods. The median wait time for assessments was over three months (94 days), with some people waiting up to 448 days, more than a year. For reviews, the median wait time was over a year (399 days), and some individuals experienced delays of over five years (1904 days).

Although the national data showed the local authority had reviewed approximately 68% of people receiving long-term support, which was better than England average of 59% (Short and Long-Term Collection - SALT 2023-2024).

The Local authority acknowledged that waiting times were an area for improvement and were actively working to reduce delays and mitigate risks that impacted peoples' wellbeing during long waiting periods. They had trialled new tools to reduce waiting times. These included Magic Notes, which aimed to improve productivity, and an AI Chatbot, which gave people access to advice and information 24/7.

The local authority's Technology (TEC) and Reablement Intervention service (TRI) supported people to live independently within their own homes. People at risk were able to access therapy-led reablement, which had been expanded in September 2024, with work underway to further develop the service. Awareness and understanding of the offer were promoted through team visits and regular attendance by a reablement therapist at every Eligibility Resource Forum (ERF).

The team consisted of local authority employed occupational therapists, physiotherapists and care and support professionals. The aim of the service was to assess people, work on goals and achieve their outcomes before agreeing any formal care services. The TEC and Reablement (TRI) team had no waiting lists and continued to provide a timely, risk-managed response to referrals. Referrals to the TRI were usually made after an initial screening Care Act Assessment had taken place, that identified eligible needs to deliver a 'TEC first' approach to reduce, prevent or delay care and support needs. When referrals were made to TRI, people were prioritised based on risk while awaiting allocation to a key worker. There were minimal unmet care needs, as the service was supported by the Tier 1 and 2 strategic provider contracts that were in place.

Senior leaders told us they had developed a risk-based prioritisation method to screen and monitor people's needs. Staff also told us that people on waiting lists for assessments and reviews were instructed to contact the local authority, if their circumstances changed. There was a dedicated review team who worked through the annual reviews. Prioritising identified changes in needs and risks where possible. The new approach to monitoring waiting times, which focused on risk-based prioritisation, improved some processes, however, we heard that waiting times remained a challenge.

The local authority had implemented several initiatives to improve waiting times for adult social care assessments and reviews. For example, 'Team Effort Days' focused resources on clearing backlogs, while case re-prioritisation ensured people with the most urgent needs were addressed promptly. Daily waiting list reviews and the prioritisation of urgent referrals were introduced to keep people safe, alongside mechanisms to keep people informed, such as signposting to the Wellness Service and Equipment Demonstration Centre Senior leaders told us about different projects such as a 'person's journey project' and the implementation of new technologies such as innovative artificial intelligence tools aimed to further streamline processes and reduce waiting times, which further contributed to these improvements.

Therefore, although delays in assessments and support remained an ongoing issue, the local authority had taken proactive steps to address these challenges and support individuals while they waited for services. Initiatives such as the 'Waiting Well' project, which followed best practice guidelines, supported people to maintain their wellbeing and independence during long waits. This showed the local authority's commitment to improving outcomes for people accessing adult social care services and reducing risks associated with delayed assessments.

Assessment and care planning for unpaid carers, child's carers and child carers

We heard mixed feedback from staff and carers. Some carers reported positive interactions with the local authority. Other carers said they had experienced challenges related to communication, care and service choice. For example, one carer told us they must 'jump through hoops' to get any support or assistance.

Concerns regarding the adequacy of support were raised by health and social care partners. For example, a partner told us there was a need for the local authority to make a greater effort to truly know people and understand what was really going on beyond the "I am fine" response. These concerns aligned with national data, which indicated that levels of carer satisfaction with social services in North Somerset were worse than England Average, with 27.05% satisfied compared to 36.83% nationally, (SACE 2023-2024). This suggests that carers in North Somerset had challenges in accessing the support they need, compared to carers across England.

The local authority's data showed, as of October 2024 there were 245 people waiting for a carers assessment, with a median waiting time of 89 days, and a maximum of 182 days. Partners told us there were long waiting times for carer assessments and carers were unsure how to access support to reduce risks while they waited. Senior leaders told us there had been recommendations made to streamline the process of assessments for unpaid carers along with the introduction of an interim pathway to reablement services at community level, to help support carers' needs better in their local communities.

Senior leaders told us they needed to get better at identifying, assessing, and timely reviewing of unpaid carers' needs. They had recognised there would be mixed feedback having spoken with unpaid carers and representative groups with some people feeling the local authority do a really good job, however others felt they were not always identified or valued or compensated enough. The data from North Somerset was not significantly different from data nationally, which showed 50.29% of carers experiencing financial difficulties because of caring (England average 46.55%) and 24.06% of carers were not in paid employment because of caring responsibilities (England average 26.70%).

Help for people to meet their non-eligible care and support needs

The local authority provided advice and information for people in North Somerset to access services, facilities and other agencies for help with non-eligible care and support needs. People were given timely information, advice, or were signposted to a range of other services available to them in the community for example, food banks, household support funds, exercise, weight and money management groups and the range of services available.

Staff told us they incorporated support for non-eligible needs within people's personalised care and support plans. People received a copy of the information, advice and contact details they had provided.

Staff kept up to date with services in the area through daily peer support, guides and resources on shared drives and regular supervision. For example, one staff member told us they had shared that a supermarket chain had an offer for a hot meal for one pound in the café and other affordable Christmas dinner options. This was added to a shared digital space for other staff to access and print out or share the information in ways that suited people's needs. People were also directed to available resources online via the local authority webpage. Additionally, housing staff within the adult social care directorate told us they had information that was shared with people with non-eligible care and support needs that were homeless. We heard about a crisis information sheet informing people who were homeless where they could go for hot meals and support from voluntary and charity services. The service regularly identified people with needs for care and support that were not being met and referred them on to the right team for support to prevent, delay or reduce any further needs for care and support. The service had carried out its own internal survey, which staff told us showed 85% of people they supported struggled with making meals and the service was the only hot meal they received, and 90% of people would have needed a formal package of care if not for the service.

There were positive initiatives like ‘Care Navigators’ who could support people who had been identified as needing to self-fund their own care and support which demonstrated the local authority’s effort in assessing and meeting diverse needs.

Eligibility decisions for care and support

The local authority had frameworks for assessing eligibility for adult social care, and for charging adults who receive care and support services after their individual needs and financial situations have been assessed. Eligibility criteria was available on the local authority’s website. It outlined people's rights under the Care Act and informed people how to use the complaints procedure, if they were unhappy or disagreed with eligibility decisions. The local authority had recognised through staff feedback and ‘learning together’ audits, an over-reliance to offer commissioned support to people with new or short-term care and support needs.

As a response they had introduced a new Eligibility Resource Forum (ERF) to support staff to be more creative with how they might meet peoples’ short-term needs with ‘time to think’, this was mandatory before a commissioned home care or care home package was agreed by managers. Staff and senior leaders told us the ERF considered a range of ways to meet eligible and non-eligible needs, ‘not just the quick resolution’, by suggesting preventative services as an alternative to commissioned care this would further promote a person’s own strengths, resilience and independence.

We heard multi-disciplinary teams attended the forums twice weekly, when they had a case to present, as a quality assurance mechanism to ensure eligibility for assessments and consistent application in the process for adult social care eligibility and resource allocation. The ERF promoted shared decision-making and acted as an escalation route for complex situations or unmet needs where standard pathways had been exhausted. Outcome decisions were documented in the local authority’s digital recording system, providing a transparent audit trail to support reconsideration or appeal for anyone dissatisfied with the ERF's decision.

However, there was mixed feedback from some staff about the ERF which was seen by staff as bringing its own challenges to reduce costs of care requests. A staff member described the need to 'fight their corner' [people with care and support needs], another staff member said people were left without support whilst awaiting preventative offers. Staff and senior leaders told us they were working to improve staff experiences of the ERF and increase the efficiency of any time staff spent with people drawing on their personal strengths and assets to come up with their own solutions to promote independence, and to prevent, delay or reduce the need for care and support.

Financial assessment and charging policy for care and support

The local authority's charging process was designed to ensure people did not pay more than they could afford and complied with statutory guidance.

We heard that the local authority was actively working to improve processes and enhance the information available to people. They had published a Financial Assessments Toolkit on their website. This provided transparent information on financial processes, pathways, and assessments, with the expectation that it would reduce the number of people declining care packages. This was a recent initiative, and the local authority was monitoring the impact. However, while this toolkit increased accessibility to information, people still needed to contact the local authority to complete financial assessments.

There were significant delays in completing financial assessments. Data submitted by the local authority showed that, at the time of submission, 228 people were awaiting a financial assessment, with the longest recorded wait being 203 days. Staff told us that delays were often linked to factors such as the sale of property and the availability of staff to carry out assessments.

The local authority acknowledged these issues and worked to address them. For instance, staff told us the locality teams initially worked with the finance team to set up commissioned placements. This was followed by auditing processes and detailed financial discussions with families. People were provided with a copy of the charging policy, and the default process ensured that third-party contributions were managed transparently. This approach was intended to protect people from unexpected financial increases and paying top up fees. The data from North Somerset indicated that 61.5% of people did not buy additional care or support privately or pay more to 'top up' their care and support. This was similar to the England average of 64.39% (ASCS, 2023–2024).

On reviewing complaints to the local authority between 1 April 2023 – 31 March 2024, we found that charging and delays with financial assessments were recurring themes in adult social care. The need to support individuals with their finances, especially those without capacity, was recognised as a key area of focus for improvement, acknowledging the importance of considering financial implications to enhance people's experience.

Provision of independent advocacy

There was timely independent advocacy support for people through a commissioned Advocacy agency. The local authority had policies for Independent Mental Capacity Advocacy (IMCA) and Independent Care Act Advocacy (ICAA) which clearly outlined when an Independent Care Act Advocate (ICAA) was required and when it was deemed beneficial. We heard staff had received the relevant training. However, there were concerns that some staff were not consistently confident and knowledgeable about the Care Act and Mental Capacity Act. Partners did attend staff meetings to explain the provision of independent advocacy.

The local authority actively facilitated this provision by offering relevant information and ensuring the advocate's involvement in care planning and review meetings. One partner told us most referrals were made in a timely way. The referring social worker was normally responsive to emails and requests for information to support the advocate, and advocates were appropriately involved in processes to represent the person. They also commented that social workers seem to value the role of advocates and to genuinely care about achieving positive outcomes for people.

Supporting people to live healthier lives

Score: 2

2 - Evidence shows some shortfalls

What people expect

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

The local authority commitment

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Key findings for this quality statement

Arrangements to prevent, delay or reduce needs for care and support

Senior leaders told us prevention was central to the local authority's corporate vision. The Integrated Care Systems (ICS) Health and Wellbeing strategy was the local authority's guiding strategy around this vision. Adult social care worked closely with Public Health colleagues and the Integrated Care System with the focus on improving health outcomes. The Public Health directorate led on a range of universal preventative work streams which had a focus on a whole population approach, not just those with care and support needs. Examples included physical activity initiatives, including health walks and exercise classes for older adults, aimed to enhance overall well-being and reduce risks of frailty and falls.

In North Somerset 61.50% of people said the help and support they received helped them think and feel better about themselves which was similar to the England average of 62.48% (ASCS, 2023-2024). The local authority had a new prevention offer to further embed and develop early intervention and prevention services with public health. Adult Social care had a broad range of preventative services for example, there was also a long-standing in-house service which delivered meals to people with minimal care and support needs who had any challenges preparing food. However, there was some mixed feedback from staff about their knowledge of community resources and if this was up to date. For example, staff found there were concerns about the quality of information being shared.

There was consideration for preventative interventions aimed at minimising the effect of disability or deterioration for people with established or complex health conditions, including progressive conditions, such as dementia.

Staff told us voluntary, and third sector providers ran support groups for carers, these included creative activity events and peer support which provided essential opportunities for carers to enjoy a break and share coping tips with others to avoid decline in their independence and wellbeing. Although national data relating to the experiences of unpaid carers in North Somerset indicated that 12.28% of carers were able to spend time doing things they enjoy, which was somewhat worse than the England average of 15.97% (SACE 2023-2024).

Provision and impact of intermediate care and reablement services

In North Somerset 0.61% of people aged 65 and over received reablement or rehabilitation services after discharge from hospital, this was significantly worse than the England average of 2.91% (Adult Social Care Outcomes Framework, 2023-2024). National data showed 70.07% of people who had received short term support no longer require support, which was somewhat worse to the England average of 79.39% (Adult Social Care Outcomes Framework, 2023-2024. Local authority data showed, in the 12 months prior to December 2024, demand for domiciliary care priority (1) pathways, showed that 14% of delays in pathway (1) discharges were caused by challenges in sourcing care. This included both bedded and non-bedded care, funded by the local authority or privately by people.

The local authority had a clear commitment to developing the TEC and Reablement offer to maximise independence showing outcomes through better use of data. There was a specialist technology offer to support hospital discharge which positively impacted people's length of stay in hospital and independence on discharge. For example, one partner described the local authority as 'pioneers' as TEC initiatives had resulted in a 5% reduction in home-based care diverting more people home without formal care support particularly those with a risk of falls but otherwise managing independently.

The hospital NHS trusts had a Transfer of Care Hub to process discharge and to assess pathway referrals, this included being discharged home with reablement support or being transferred to a short-term care home placement. Staff told us they were based at the hospital between 1 and 4 days a week to provide social care advice and support alongside clinical leads which helped with any challenges around complexities or delays.

We heard that frontline staff were actively embracing the expansion of the 'Reablement First' approach, aligned with the vision of maximising people's independence and well-being. Although this was still in the early stages of implementation staff told us of the increase in demand for services had resulted in more referrals which was impacting on the discharging planning arrangements and causing delays in hospital discharges. This had an impact on people receiving early support to promote their independence, aid recovery and avoid any further deterioration related to being in a hospital environment. Frontline staff informed us they had now recruited to full establishment and were resourced to manage the increase in service demands. However, staff told us there was limited Health funded, community-based resources to aid rehabilitation, for example the integrated stroke services had limited resources and finding suitable specialists rehabilitation services was difficult.

The community developments within the Technology and Reablement Intervention service (TRI) were still being embedded and senior leaders said they hoped to build on the established post-discharge reablement offer, so that more people could benefit from a reablement approach to explore technology enabled care and access to specific therapy support.

Access to equipment and home adaptations

Safe and good quality housing can have positive impacts on peoples' wellbeing. Therefore, senior leaders within adult social care directorate were raising the profile around the importance of housing, access to equipment including technology at home and appropriate home adaptations being a preventative approach in maintaining peoples' independence to live at home.

The adult social care housing team had an occupational therapist who assessed and equipped individuals at risk of homelessness to help them stay in their homes. If unsuitable following OT support, the homelessness team supported rehousing. However, one staff member described housing and adult social care as 'incredibly divided', and there were plans to improve working relationships now they worked within the same directorate. One person told us their accessibility issues resulted in them needing to leave their home and move into a new home that they and their family sorted out with no support from the local authority. However, they said they had received support from the local authority for minor adaptations in their new home despite remaining to have accessibility issues in their new home.

Staff told us there were waiting lists for major adaptations to peoples' homes funded by Disability Facilities Grants (DFG). Occupational Therapists (OTs) who worked within locality teams had stronger links with housing colleagues to work together as early as possible in the DFG process. We heard staffing resources were challenging, however close collaborative working supported a focus on peoples' outcomes. OTs held cases until the DFG adaptations were completed.

Simple equipment was prescribed from various sources such as the single point of access team directly after a phone assessment, people with care and support needs could be invited to the Equipment and Demonstration Centre where aids and equipment could be tried, bought or prescribed which supported people to find their own solutions to maximise independence. People could also attend a 'Disabled Facilities Grant clinic' which were offered monthly. Senior leaders told us grant officers from housing team were also present at clinics to provide a 'one stop shop' for grant applications.

According to the local authority's data, occupational therapy activity and outcomes were recorded and displayed within a visual dashboard, available for manager oversight, and was formally reported to the Principal Occupational Therapist every 6 weeks. There were some limitations, as the activity did not include historic data for median wait times. However, we heard there was work underway to further improve data recording and analysis to inform decision making and strategic insight.

In June 2024, the highest number of people waiting were from the Single Point of Access (SPA) team with 254 out of a total 475 people waiting. The longest wait times for people were 7 months in the North locality team in comparison to the single point of access team longest wait times being 2 months, South locality team being 3 months and the Technology and Reablement and Intervention team having no waits in June 2024. The local authority had differing wait time targets depending on the screened risk and priority, and which team the assessment was waiting within. According to the local authority's own timescales and data submitted they were not meeting their targets which could leave people waiting at risk.

Senior leaders told us staff vacancies, slow recruitment and staff sick absences were often cited as overall reasons for increased wait times. A publicly funded NHS services partner had recently fully withdrawn health employed occupational therapy staff from the single point of access team to de-integrate from social care. Staff and senior leaders told us the impact of this had been additional time screening and referring between health and social care services, to ensure the person was supported by the right organisation. The local authority also had a small number of trusted assessors (non-therapy staff that could prescribe from a small list of equipment) within adult social care teams and provider services. However, due to staff turnover there was more to do to increase the numbers of trusted assessors to make an impact on people's outcomes and experiences around wait times.

In contrast the equipment review times were meeting targets, with 1250 reviews created in August 2023. These were all risk rated and prioritised, and staff resource was allocated to focus on reviews. Project work was underway to further understand trends and make future plans around managing waiting times.

Provision of equipment and Technology Enabled Care (TEC) was seen as essential to achieve the local authority's maximising independence agenda. Senior leaders told us occupational therapy staff were well placed to deliver on this agenda using their skills alongside consideration of the persons environment and personal goals. There were processes to support OTs in their work, staff told us this was different to the social workers new 'Eligibility Resource Forum'. OTs told us they had an equivalent 'equipment panel forum' once a month also attended by health colleagues, this was held virtually and was a space to critically reflect on situations and ideas to improve peoples' lives describing it as more than a cost saving exercise. One person with care and support needs told us, the local authority put in place some unexpected additional adaptations that met their needs. They said this was a pleasant surprise and the staff had gone 'the extra mile' such as widening of doors and adjustments to the door openings, to accommodate their wheelchair which enabled them to stay at home and be as independent as possible.

Staff and senior leaders told us about the best practice work around seating for people. One senior leader told us a recent audit showed that in all cases where seating was provided, it improved peoples independence and reduced carer stress. Another staff member gave an example of how they applied strength-based approach, when assessing and prescribing the right seating which had made a 'huge difference' on a person's life. The person previously could not independently adjust their glasses on their own face to be able to see properly and be comfortable because of a poor seating position. The seating that was assessed and prescribed which had made a bigger difference than they imagined, enabling the person to eat their favourite food 'meat' independently, due to this simple improvement that had a big impact on their wellbeing.

The local authority had been awarded funding through NHS Transformation under the digitising social care agenda. TEC was an area the local authority was proud of and was an area that was high on the integrated care systems agenda. A health partner told us health organisations were behind on moving forward with this type of technology and were keen to learn from the experimental work of the local authority.

A senior leader also told us they were proud to be the only Integrated Care Board TEC accelerator local authority in the country. This had supported a number of TEC projects and pilots. There was a TEC strategy that staff, senior leaders and partners were proud of. It was limited to 3 years due to the local authority's awareness of ever evolving technology. Staff told us technology enabled care (TEC) was evolving, there had been a focus on encouraging care providers to adopt 'TEC-first approaches.' There was a new TEC strategy with linked pilots and service development initiatives. For example, acoustic monitoring in care homes had been introduced, supported by a TEC panel that met regularly. These panels explored a wide range of technologies aimed at improving access to care, especially in rural areas, and promoting independence through tools like online banking and medication prompts. This could support people to regain skills and manage or reduce need where possible and avoid only responding when people reach a crisis point.

The projects and pilots work were ongoing, and any analysis of people's outcomes and experiences was in the early stages. However, staff told us they valued the benefit of having the TEC and Reablement Intervention service (TRI) as technology changes often. Staff agreed it was a challenge to advise people about the 'pros and cons' of technology enabled care (TEC) when it changed so often and we were informed that staff did not replace care with technology.

Staff knowledge on TEC varied within teams, some knew less about technology options and felt if they knew more, they could further promote technology within their contact and assessments. For example, staff told us there were challenges for older people with using technology enabled care. Although staff told us that when they referred individuals to the TRI team, the team conducted comprehensive, needs-based assessments using clear clinical reasoning to determine the most appropriate and effective equipment for each person. While individuals might have had a specific piece of technology in mind, the in-depth assessment process ensured that they received the most suitable assistive equipment to support their safety, independence, and well-being. For example, in some cases where GPS monitoring was initially requested, the assessment identified that a pendant alarm would provide a more effective and personalised solution based on the individual's specific needs and circumstances. This approach reflects the commitment to person-centred care, ensuring that individuals receive tailored support that enhances their daily lives. The TRI team were a source of knowledge through research and training to keep up to date with the latest technology, to ensure the right technology was available for individual personal needs and to support with care. Staff in the TRI team told us they did not just assess for technology that might be recommended by a referrer, instead they had the skills and resources in the team to also offer equipment aids and signposting to other services. Staff gave examples of using technology to understand people's needs and risks which informed assessments. Staff told us technology was not a quick fix, the TRI team looked at holistic needs, breakdown presenting issues and find solutions with people.

Provision of accessible information and advice

There was poor feedback about how easily people could access information and advice on their rights under the Care Act and ways to meet their care and support needs. National data showed 62.93% of people who used services in North Somerset found it easy to find information about support, which was somewhat worse than England average of 67.12% (ASCS, 2023-2024). The local authority recognised they had more to do to link and align strategic intentions and focus within staff practice to ensure people had access to the right information at the right time.

We heard from unpaid carers who were not aware of how to access support from the local authority. Another person shared experiences of being increasingly frustrated with the process of navigating the local authority, highlighting the challenges and difficulties others may face when seeking support. And another person described navigating the local authority system as challenging, particularly due to a lack of understanding about what support was available and how to access it. At times, they likened the experience to "hitting a brick wall," where progress was made with one service, only to face setbacks with another.

Staff told us the local authority's website was where people could access information, however they said some people who use drugs or alcohol, people who are homeless, people hard of sight, and many older adults don't have access or cannot use the internet to gain information and advice. Staff preferred when the local authority had a reception area to ensure accessibility for all people trying to access information and advice, particularly in the North of North Somerset where there were said to be more challenges and areas of high deprivation.

There had been a review of the adult social care front door services, which was due to be moving to a co-owned model with the local authority. The new model would provide the local authority with improved data for analysis, decision making and resource planning. The local authority had also started a 'person's journey project', to map out current pathways and improve peoples' experiences. There was a 'Funded Virtual Hub' pilot, designed to support health, social care and the wider public to navigate and refer to social prescribers.

Direct payments

Staff told us people were given information to decide whether they wish to request a direct payment to meet some or all of their needs. Although, this information was not routinely available at all points in the process to ensure people had the best opportunity to consider how direct payments may be of benefit to them. For example, frontline teams told us people were less likely to be given this information when they first contacted the local authority, or on review of a commissioned package of care. Another person told us they did not receive support with their direct payment. In North Somerset 22.78% of people who used services received direct payments, this was similar to the England average of 25.48% (Adult Social Care Outcomes Framework, 2023-2024).

Some carers we spoke with told us they had not been given information or advice about direct payments, and we were informed that only a small number of unpaid carers had accessed direct payments and grants. In 2022-2023 the local authority invested in a project to develop the direct payments offer in North Somerset. However, the end of year report for the development project showed there had not been any impact on the number of people receiving a direct payment since the start of the project. The report identified data inaccuracies, improvements not yet embedded and issues with recruitment for PAs. The project involved people who use direct payments, personal assistants, and staff who developed practice guidance along with a 'Personal Assistant Support Service' which commenced in November 2023. The aim of the 'Personal Assistant Support Service' was to support people to find personal assistants who have the skills to meet their needs.

Staff also gave mixed feedback, we heard good examples of how direct payments had made a difference to people's lives, for example, one staff member told us a person they had supported had gone on to write a book and access further education due to their direct payment. Staff also told us there were challenges due to differing ways of working between the social care and the finance team. This was described as 'working separately' and caused delays and mixed messages for people with care and support needs, who use direct payments. Therefore, more could be done to consistently promote good quality and ongoing access to information, advice and support to use direct payments to improve people's control about how their care and support needs are met. Senior leaders recognised the need to ensure staff are supported with clear information and accessible formats to aid communication with people about the use of direct payments.

In June 2024, the local authority reported 339 people accessed direct payment services, and between July 2023-June 2024, 79 people ended their direct payment. Of the 79 people who ended their direct payment, 49 people received an alternative service provision instead of a direct payment; whereby 26 people moved to a commissioned home care provider, 19 people moved to a care home, 2 people moved to extra care housing and 2 people were supported with shared lives placements. Senior leaders told us people with higher-level care and support needs tended to access direct payments, therefore, they said some people will eventually require increased care and support alternatively provided by a care home. Where people moved on to homecare support, this was said to be often related to carer breakdown for various reasons, such as personal assistants often being family members. Staff said there had been issues with the support for families managing direct payments budgets therefore people would instead be directed to brokers to manage the funds. Staff also told us about successful matching of people's needs with PAs, and how PA recruitment had improved with targeted efforts at schools and colleges and increasing the monthly PA sign-up rate. However, there remained to be challenges with PA recruitment particularly in rural areas of North Somerset and in relation to competing roles and rate disparities between self-employed and employed PAs.

Equity in experience and outcomes

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority had plans to improve their understanding of their local population profile and demographics with data and analysis. They were aware of some areas but not all barriers to care and support, for example the areas of significant economic and social disadvantage, primarily concentrated in Weston-Super-Mare.

Senior leaders and staff acknowledged the impact of inequalities in the North of the borough and utilised data intelligence to help inform the strategic planning for adult social care, combined with insights from community groups and provider feedback, reports and surveys to help identify gaps in care provision.

Disparities in access, experiences, and outcomes were identified and measures such as recording gender identity and preferred pronouns were implemented. However, staff did not have the required confidence when gathering data information about sexuality and gender identity. Partners told us staff were not always proactive in gathering information on sexuality, religion, and gender identity. Senior leaders told us there was more work to be done to support staff to feel confident around discussing consent and routinely gather and record information relating to a wider range of protected characteristics.

The local authority recognised limitations in their equality data beyond ethnicity and sex, preventing them from having a complete understanding of inequalities across all minority ethnic groups and seldom-heard -groups, to demonstrate their efforts to understand and address the needs of particular groups. They had taken action to address inequalities through training initiatives, revised policies, and the creation of staff forums, all indicating a commitment to understanding and meeting the needs of all residents in North Somerset.

Leaders informed us they were exploring how they used data on age, gender, ethnicity, and primary support to help shape practice and improve activity. This data was incorporated into performance reports and dashboards to inform decision-making at all levels, including monitoring wait times and assessment prioritisation. The local authority planned to integrate these data collection requirements into all processes, creating comprehensive equalities dashboards for analysis against local demographic data. While acknowledging the rapid increase in diversity observed in North Somerset and neighbouring boroughs due to various resettlement schemes.

Inclusion and accessibility arrangements

The were some inclusion and accessibility arrangements in place to support people to communicate in ways that worked for them. However, people's experiences of accessing these services was not always positive, which created barriers accessing support.

For example, a person, whose first language was not English, was supported by commissioned carers who could not speak the person's native language. The person was therefore dependant on a family member for translation. There was no evidence to determine if this was the person's choice or if the local authority had explored alternative support to meet the person's language needs.

Although some people experienced difficulties accessing support information, the local authority acknowledged these challenges and had implemented a range of accessible solutions. These included easy-read materials, videos, and a website with high accessibility scores (98% and 86% for the North Somerset Online Directory (NSOD) and their corporate site. Information for asylum seekers was also available on the website in seven languages, based on community needs. The local authority communicated with the public using free magazines delivered to people in North Somerset, updating them on council activities and Adult Social Care and Housing accessibility and initiatives, with plans to transition to an online version to maximise reach in early 2025.

To ensure timely and effective information delivery, the local authority had developed a detailed action plan with clear timeframes and assigned leads. Key initiatives included a centralised directory of services (NSOD) informed by AI, a seven-day-a-week Wellness Service, social prescribing and signposting through carer support programs. A review identified challenges in the Single Point of Access (SPA), such as IT limitations and gaps in staff training. However, ongoing development of digital services and a new information directory aimed to address these challenges.

The local authority recognised there was room for improvement in engaging specific community faith groups to help with inclusion and accessibility arrangements. Several approaches were already in place to reduce barriers and personalise care and support. For instance, there was a commissioned interpretation services to support people, which staff informed us could be booked over the phone and in person. This included access to British Sign Language (BSL) interpretation service and the North Somerset council website which had use of a language translation function. Efforts to improve cultural understanding and adapt services to meet the unique needs of different cultural groups were demonstrated. The local authority had recognised the need for enhanced cultural competency training and this was being implemented.

There was also commissioned research both internally and externally. A key initiative involved partnering with organisations and a local university to improve the role of research in decision-making. Additional studies provided valuable data to guide strategies and service delivery, while national datasets were effectively used to understand community needs and allocate resources.

Staff told us geographical disparities worsened existing inequalities for people with care and support needs living in rural areas. They often faced challenges accessing in-person services and highlighted the limitations of relying solely on digital platforms for information and support. The reliance on technology disproportionately disadvantaged those without digital literacy or access. This created an additional layer of inequality, preventing many from receiving timely information and advice, such as limited access to in-person services. For instance, staff told us the absence of readily available hubs or drop-in centres, particularly in the north of the borough, further restricted accessibility. While alternative support options, such as telephone assistance and remote form completion through housing association partnerships existed. A trauma-informed approach was also being used, to create a supportive and safe environment for people who had experienced trauma.

Efforts to address service delivery issues varied across teams. The specialist Learning Disability team provided comprehensive support and specialist knowledge in communication related to Learning Disabilities. . Staff utilised a range of effective communication tools, including Makaton, storyboards, and photo symbols, to ensure that individuals could engage meaningfully and make informed choices about their care.

Significant improvements have been made in enhancing access to information and advice, with the Local Authority developing a range of accessible resources, such as fact sheets, easy-read materials, website content, and videos to better support people in understanding and navigating available services. However, other teams reported inconsistencies in delivering services. For example, some staff told us there was a disparity in the length of time they were assigned to support people and this could be challenging when it was only a short-term intervention. They told us they had raised concerns to leaders about the differing amounts of time they were expected to work with people depending on their primary needs. This highlighted disparities in the level and consistency of support provided to different groups.

There were challenges faced by refugees and asylum seekers, particularly housing needs and navigating the complexities of having no recourse to public funds. There was a dedicated Asylum Seeker Support Officer within the adult social care department that provided specialist support to asylum seekers outside formal resettlement schemes, including those awaiting Home Office decisions. The officer worked closely with the North Somerset Refugees partners facilitating initial support and signposting individuals and carers to voluntary agencies with expertise assisting this cohort of people. Disparities were impacting access to people's care within adult social care. A senior leader told us refugee and asylum seeker support initiatives, promoted equitable access to healthcare and essential public health services.

The local authority demonstrated awareness of its Public Sector Equality Duty under the Equality Act 2010 in delivering Care Act functions. However, partners told us experiences of unpaid carers also revealed significant inequalities. Carers, particularly those from minority ethnic communities, did not recognise themselves as carers. They often felt unheard and unsupported by both health and social care services, highlighting disparities in access to information and assistance with limited awareness of available services. This led to not receiving the relevant culturally appropriate support and created further challenges.

In response, initiatives were launched to address these issues. Efforts to improve data collection aimed to better capture the needs and experiences of diverse populations, including enhanced recording of ethnicity data and tools to support staff in understanding and documenting a broader range of protected characteristics. Investments were made in staff training to address gaps in cultural competency and anti-racist practices, with anti-discriminatory work. Collaborative work with community groups sought to amplify seldom-heard voices. For instance, partnerships with Race Equality North Somerset (RENS) supported efforts to address racial inequalities, resulting in the development of an anti-racism statement and the integration of anti-racist principles into various service areas, such as Weston Hospital.

Positive results were observed in certain instances, such as the Geniee project, which helped improve medication compliance and reduce social isolation. However, these efforts were limited by barriers like digital exclusion, reduced confidence and understanding among some users, and insufficient broadband access in certain communities. Addressing these digital divides remained crucial to promoting equitable use of technology within care settings. The local authority was actively exploring ways to improve communication with people who draw on care and support services, aiming to improve their overall experience and engagement.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

We may not always review all quality statements during every assessment.

Care provision, integration and continuity

Score:2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is co-ordinated, and everyone works well together and with me.

The local authority commitment

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this quality statement

Understanding local needs for care and support

The local authority engaged with stakeholders to understand current and future care needs. Staff told us they signposted people to social prescribers and the equipment demonstration centre, who understood local needs well. However, there was a recognised need for enhanced community engagement.

The Adult Social Care Commissioning Strategy (2024-2031) aligned with the vision of the local authority to ensure people stayed independent for as long as possible, supporting people to live healthier lives, promote wellbeing, support people to make informed choices and to provide care in 'the right way at the right time'. This was co-produced in consultation with people, local groups and providers, alongside their Market position statement 2024/2025 to meet the needs of their increasingly diverse communities and increasing number of people living with multiple complex conditions. There was a focus on the cultural change needed to implement the current strategies and how this would be achieved, such as through a review of existing provider contracts. It identified a shortage of extra care and supported living options, while also highlighting the oversupply of residential care places. The local authority recognised this as a priority area, Staff gave us positive feedback about the development of bespoke accommodation with home support, following targeted commissioning to address gaps in the market.

The local authority in North Somerset used a variety of sources and methods to understand the current and future care and support needs of their communities. For example, Population and Needs Assessment System for Integrated Care (PANSI) databases, and Office for National Statistics data such as Census.

The Joint Strategic Needs Analysis (JSNA) provided a detailed view of the population's health, social, and economic challenges, enabling the local authority to identify key findings. For instance, North Somerset's population included a significant aging demographic, with 22% increase since 2011 of residents aged 65 and over, identifying a growing demand for dementia care, mobility support, and chronic disease management. The local authority recognised to meet this need they required sufficient and culturally appropriate provision.

Staff told us rurality was a key accessibility issue for adult care delivery in North Somerset. About 65,000 people in total live rurally in a variety of villages, hamlets, and isolated areas resulting in disparities in terms of people's experience of access to community resources. Additionally, social determinants of health, including housing issues, unemployment, and low educational attainment in areas like Weston-Super-Mare, were identified as significant drivers of poor outcomes.

The Joint Health and Wellbeing Strategy 2021-2024 had an action plan to improve health and wellbeing outcomes for people and to reduce health inequalities. There was a focus on prevention, early intervention and thriving communities. The strategy recommended more focus was needed on holistic support for people with mental health needs, such as through dissemination of information and signposting to community services that support skills development, employment opportunities, and address other issues such as housing, isolation, and financial challenges.

Market shaping and commissioning to meet local needs

The local authority's Commissioning Strategy 2024-2031 aimed to create a diverse range of high-quality, affordable care options. There was mixed feedback from people and unpaid carers in relation to how much choice they had in the local area, particularly around care home and short breaks, such as respite options. For instance, a carer told us respite, support groups and sitting services were needed and the local authority were not providing the funding required to meet these needs. The local authority acknowledged a significant gap between the percentage of people satisfied with services 60.92%. This was significantly worse than the national average of 70.28% (ASCS 2023-2024).

Some partners informed us strategic commissioning did not always consider or prioritise the needs of carers. Leaders acknowledged these concerns and told us carers were a priority, particularly in terms of expanding respite services. Staff told us that they were working to better understand people's experiences to inform and shape the delivery of services. However, further work was needed to ensure the voices of carers were reflected in commissioning decisions and that their needs were consistently met.

National data indicated a concerning shortfall in support for unpaid carers, as only 7.88% could access support or services allowing them to take a break from caring at short notice or in an emergency which was somewhat worse than the England average of 12.08%, highlighting a need for improved resources. The data for unpaid carers accessing support or services, allowing them to take a break from caring for more than 24 hours showed 21.30%. This was somewhat better compared to the England average of 16.14% (Survey of Adult Carers in England SACE, 2024). The needs of unpaid carers were central to market shaping, seen in the development of the 'All age Carers strategy 2024-2028 and there was a focus on trying to improve the offer to carers. Some people described working with staff to choose accommodation with support which met their needs as being a supportive experience, for others choice for their cared for person's move to residential care was limited.

The local authority had identified several gaps in service provision. For example, there was a gap in the home care market for people with a high level of mental health needs, learning disabilities and a need for more specialist care homes. Plans included improving recruitment and retention of home care workforce and developing more flexible accommodation options. The annual Market Position Statement detailed these commissioning proposals. Work also began on analysing the quality of services for people with learning disabilities. The increase in people with multiple needs prompted the development of more responsive commissioning approaches in collaboration with brokerage and Integrated Care Board (ICB) procurement teams to secure more suitable providers.

The local authority recognised the need to improve access to care in rural areas and launched initiatives such as the 'Be Proud to Care' campaign and job fairs to tackle recruitment and retention challenges in the care sector. Work experience opportunities for school students were also promoted. Joint commissioning initiatives, such as the 'Response 24' first response service for falls, aimed to improve service integration and efficiency. The local authority remained committed to supporting people to maintain independence for as long as possible. They worked with home care providers and actively utilised TEC solutions. A partner told us, it was hard to get care support in rural areas due to limited transport and the local authority were looking at developing a good neighbour transport scheme.

Ensuring sufficient capacity in local services to meet demand

The local authority had clear arrangements to monitor the quality and impact of care and support services to ensure sufficient local capacity within the adult social care system to meet the diverse needs of the residents, minimising the need for out-of-area placements, except where this was a matter of personal choice. We heard the efforts to achieve this involved a multi-faceted approach, proactively identifying and addressing gaps in service provision. A key area of focus was the development of more robust long-term community-based support for people living with dementia. Working with strategic domiciliary care providers to establish new, more responsive pathways within the Support to Live at Home contract. This aimed to prevent hospital and care home admissions.

Another area of focus was the development of a framework for commissioning services to support people with multiple or high levels of need or risk around mental health and learning disabilities needs. This addressed a gap in the existing domiciliary care market.

The local authority recognised the need to move beyond ad-hoc support from existing staff and charitable organisations, working to commission dedicated services for people who hoard and those needing support with drug and alcohol misuse. If providers had restricted capacity, a service called "Bridge the Gap" ensured no one was left without necessary support. The local authority provided a snapshot of data on care package allocations, highlighting significant improvements in the care market. As of 6 April 2024, there were 48 packages awaiting placement, representing 7% of total placements, with some rural areas experiencing pockets of delay. This highlighted the need for continued efforts to address these disparities and improve service accessibility across the district. The local authority also detailed a significant number of providers operating in the North Somerset area, indicating a range of choices for people who require domiciliary care support, including two strategic providers, 23 domiciliary care providers, 13 complex health providers and 53 specialised care and support providers.

The local authority actively worked to ensure sufficient capacity within local residential and nursing care homes. The local authority reported minimal waiting times for people to transfer to care homes. Senior leaders told us they had sufficient flow in and out of the care home market to sustain demand, with minimal waiting times.

There was a need for a greater provision in extra care and supported living, with all six existing extra care schemes operating at full capacity and a waiting list. The local authority was exploring options to address this including the possibility of in-house delivery of extra care services and was actively working with a range of providers to expand supported living options.

New commissioning was taking place to deliver supported living and respite services for adults, to improve the use of assistive technologies to support people’s independence. One staff member gave an example of a project between the local authority and a local developer in efforts to enhance the development of bespoke accommodation options. This involved the creation of three flats providing onsite support, designed to help people develop their independence and tenancy skills.

Staff told us people used services or support in places outside of their local area. When these services and support were being accessed, there was good support from the brokerage team who tried to keep costs down. Staff described good relationships with providers to negotiate third party top up fees to try and keep people in the area. We heard there were differences in costs and availability of provision in the North and South areas of the local authority. Data provided by the local authority highlighted there were 211 out of area placements, and 148 were made for the reason of 'care provision' with majority of these on the borders with neighbouring authorities and 63 made because of 'choice'. There had been some success in supporting people to move back into North Somerset, although many of the out of area placements were often due to personal preference or a lack of specialised provision within North Somerset. There remained work to address challenges in managing borough out-of-area placements and ensuring sufficient capacity in the area.

Staff told us identifying places for autistic people had been a challenge as many of the mental health services were based in neighbouring authorities. Staff told us they had worked with housing associations, other local authorities, and the Integrated Care Board (ICB) on the Transforming Care project, which focused on managing out-of-county hospital placements for some people. The brokerage team supported approaches to minimise the costs associated with out-of-area placements, negotiating with providers to reduce third-party top-up fees and maintain local placements whenever possible. However, challenges in addressing these issues persisted and required ongoing work to secure more appropriate and responsive care for people with care and support needs.

Ensuring quality of local services

The local authority monitored the quality of a range of commissioned services, including home care, and addressed gaps through using a "Bridge the Gap" service. They also had oversight of residential and nursing care homes, carrying out annual assessments and reviewing CQC data. Supported living services were monitored with an emphasis on resolving capacity issues and improving housing conditions, while extra care housing was reviewed to address high occupancy rates and waiting lists. The local authority tracked the impact of their early intervention and preventative services, such as community meals and the wellness service, to drive improvements and measure outcomes both at the individual service level and across the entire care market.

Analysis of Care Quality Commission (CQC) data revealed a largely positive picture of care home quality across North Somerset, overall rated as 84.38% good. The majority of both nursing and residential homes were rated as 'good', however, a higher proportion of residential care homes 24.59% received a more positive rating compared to nursing homes, 15.63%.

The local authority had developed an in-house system for monitoring care homes and other regulated services utilising a framework for quality assurance, which was closely aligned with the principles of the Care Act 2014.This involved undertaking annual assessments against key quality standards, promoting transparency and accountability within the sector. The compliance process focused on safeguarding individuals and ensured that care provision was person-centred and of a high quality. It effectively identified areas for improvement, enabling care homes to develop and implement action plans with clear timelines to address these issues. An escalation process was embedded within the system, enabling the local authority to fulfil its legal duty to intervene and protect individuals from harm or neglect. This approach ensured that the local authority met its obligations under the Care Act 2014 in relation to oversight, safeguarding, and the ongoing improvement of quality within the adult social care sector. The strong working relationship between the Quality Monitoring Team and the Safeguarding Adults Board was reported as having positively contributed to a more unified response to safeguarding concerns identified within contracted care provider settings.

The local authority's commitment to quality was further strengthened by promoting quality through provider feedback forms and effective provider forums, which providers reported were to support quality assurance and collaborative working. The close partnership with health and other partner agencies ensured a consistent approach to addressing quality concerns, with information shared effectively across the partnership. The local authority's use of contractual mechanisms, such as service embargoes and the return of contracts due to financial instability, staffing shortages, or inadequate infrastructure, further evidenced the local authority's commitment to maintaining high quality and sustainable care provision within the adult social care sector.

Ensuring local services are sustainable

The local authority actively worked to ensure the long-term sustainability of its adult social care services. They worked closely with care providers to make sure that the costs of care were clear and fair to everyone. To help providers plan, the local authority used longer-term contracts, giving them more stability. This meant providers could plan their work better, knowing how much money they would have available over a longer period. The local authority also kept in regular contact with providers and other important groups to check in on how things were going and to find out about any problems early on. This allowed them to be prepared for any potential disruptions to services, if a provider had difficulties. They also had plans to make sure that people continued to receive the care they needed if something went wrong with a provider. Over the past year, the local authority had to deal with several contracts being returned. This happened for various reasons, such as providers not having enough money, not enough staff, or not having sufficient contingency plans in place.

The local authority worked to make sure there were enough skilled and qualified staff to provide care. They did this by working with care providers, personal assistants, and other agencies. They invested in training and development to help support external providers to improve their staff skills and offered incentives to providers to help encourage staff to stay in their jobs. They also ran campaigns to encourage people to consider a career in social care and held job fairs in areas where it was difficult to find staff.

Despite the generally positive CQC ratings, the local authority recognised there were significant environmental challenges in many older externally commissioned care home buildings. Many homes were assessed as to their long-term suitability. The local authority's proactive approach to environmental improvements within the care home sector indicated a commitment to ensuring that care environments were safe, comfortable, and fit for purpose. Senior leaders told us they were already investing in making improvements to the buildings used to provide care, recognising that some buildings present adaptation challenges due to environmental constraints. This identified risk was reflected in their commissioning plans, ensuring a strategic approach to addressing these issues.

Partnerships and communities

Score: 2

2 – Evidence shows some shortfalls

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

The local authority commitment

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The Health and Wellbeing Strategy was being re-written (led by public health on behalf of the local authority), with work underway to ensure greater representation of adult social care in the refreshed strategy, with closer alignment with the health and wellbeing board. The local authority recognised there was a need to reduce duplication of people needing to 'tell their story' more than once to health and social care organisations. There were projects, for example, the Frailty Assessment and Coordination of Urgent and Emergency Care service (F-ACE) to ensure that there was a social care wrap around offer to support clinical colleagues and services, which had supported this.

Senior leaders and partners told us that professional relationships were mostly good within North Somerset. The local authority valued the trust and support that came with collaborative working which was supporting innovation around the use of TEC and other services, exploring the future of artificial intelligence (AI) within assessment processes.

The local authority was working to implement actions from new strategies that had been developed by designating lead officers to implement, monitor and feedback regularly to the health and wellbeing board. A TEC strategy and action plan was beginning to evidence a digital switchover, digital transformation of services and support the development of a longer term outward looking strategy from 2026 onwards. However, it was too early to analyse any evidence and understand the strategic impact on people and partnership working.

Arrangements to support effective partnership working

North Somerset local authority was part of the Integrated Care System (ICS) 'Healthier Together Partnership'. The work of the ICS was guided by the ICS strategy and a joined up forward plan 2024-2029. The ICS consisted of 10 partner organisations, including three local authorities, NHS Trusts, a new Integrated Care Board (ICB) and community providers, including primary care. The local authority worked within two Integrated Care Locality Partnerships – One Weston, sometimes called Weston, Worle and Villages, which covered the south of North Somerset. Another called Woodspring, which covered the north. The local authority had set out a shared local commitment with the two locality partnerships 'Healthier Together by Working Together' and a shared aim to 'To promote wellbeing by helping people in North Somerset be as independent as possible'. Senior managers within the local authority were attendees within both boards and governance groups, and a service development manager was jointly commissioned and reported into both the locality partnership and the local authority to support effective partnership working and expand offers to community partnership working. For example, a 'Dementia Community of Practice' had recently been established by the service development manager and an Older Persons Clinical Lead in the Avon and Wiltshire Mental Health Partnership. The aim was to drive forward better ways of working across all organisations that support people living with dementia with a key focus around personalised care planning and training, this was in progress to be approved and provide a single approach to working with people living with dementia. The local authority was in the early stages of scoping a joint health and social care dementia strategy alongside a review of the wider dementia system pathways, to continue the work long term and support further partnership working.

The local authority had some pooled budgets and jointly funded services. For example, the local authority was the lead joint commissioner and brokerage service for health and social care in the area, this extended to a joint quality assurance service. Senior leaders told us the Better Care Fund had been effective in supporting hospital discharge arrangements. For example, A Dementia Wrap Around Care Team (DWACT) pilot took place between May 2023 - October 2023. The pilot was aimed at supporting people with a 'home first approach', opposed to transferring into a care home setting from hospital which could have an impact on people living with dementia independence. There was also joined up formal agreements around the arrangements for NHS Continuing Health Care (CHC) funding and for the funding of Mental Health Social Workers within the MINT team. The MINT (Integrated Mental Health Team) had been developed as a transformational change in community mental health services to address the local authority's known 'gap' in delivery between primary and secondary care services. The local authority co-produced the model in North Somerset which had now been replicated across the 5 other localities in the South-West of England. MINT was a good example of how integrated working could benefit people with care and support needs. It was described as a 'one-stop shop' for people with mental health needs, with access to care from health, social care and the voluntary sector. The social care role had a focus on people's wellbeing in line with Care Act duties to prevent care and support needs.

Impact of partnership working

The local authority and its partners monitored the effectiveness of their partnership working and the impact this had on outcomes for people. Joint projects like the Multi-Agency Community Care Team (MACCT), showed the effectiveness of pooled resources, leading to a reduction in hospital admissions. Collaboration with health partners, such as the Integrated Care System (ICS), resulted in improved information sharing and more streamlined pathways for people and unpaid carers.

The (ICS) provided a framework for collaboration, with the local authority participating in locality partnerships, demonstrating a structured approach to integrated care. Including a Dementia Community of Practice, which exemplified collaborative efforts to improve care, although implementation of a single approach to dementia care planning was still underway. The pooled budgets and jointly funded services like the Dementia Wrap Around Care Team (DWACT) pilot showed collaborative resource allocation.

A strong example of effective partnership working was seen with the collaboration between partners in using data to identify communities where support would have the greatest impact. The local authority reported that this targeted approach had achieved positive results. By expanding the consistent use of data-driven approaches within adult social care, this supported understanding for addressing the specific needs of people and unpaid carers. Data was translated into meaningful insight, to prioritise resources and plan services effectively. This ensured there were preventative measures in place, promoting individual well-being and preventing needs from escalating, providing tailored support for people, to help them live as independently as possible.

A two-year transformation programme was in place, with initial financial targets being tracked and evidence showing they had been met. Demand modelling was used to establish the multi-disciplinary Transfer of Care Hubs (ToCH), but recruitment challenges had continued. Workforce modelling had also been completed to assess and justify the need for registered social workers, and this data had been used effectively. However, partners told us there were still ongoing challenges, particularly around staff shortages and the local authority's decision not to implement a trusted assessor model, which could have expedited hospital discharge.

The integrated working model with Avon and Wiltshire Partnership (AWP) was one of the most significant collaborative arrangements for the local authority. This longstanding partnership embedded social care delivery into secondary mental health teams, creating a well-established, closely integrated model of working. The local authority was the only council in the Bristol, North Somerset, and South Gloucestershire (BNSSG) region to have a direct integrated model of working with AWP. This included a ward-facing social worker post, ensuring effective hospital discharge planning and continuity of care. The Wellness Solutions Service, which provided proactive mental health and well-being support and dedicated training routes for Approved Mental Health Professionals (AMHPs) development. This included the social workers crossing into therapeutic service delivery, enhancing multi-disciplinary practice.

Staff teams across the local authority also reported good collaboration, working well together to support each other and to promote the best outcomes for people. Staff told us working collaboratively across teams, worked well. All were working towards the same goal but each bringing their own expertise and strengths.

Working with voluntary and charity sector groups

The local authority had carried out an engagement mapping exercise, which identified they worked with around 185 partners across 18 areas of practice interest including advocacy, dementia, older people, carers, disabilities, domestic violence and many other practice areas. This mapping exercise also highlighted some gaps in their engagement which they had been making progress on to close and establish good working relationships and connections to understand and meet local social care needs.

The local authority had long standing partnerships with national and local independent charities and valued engagement with voluntary organisations to improve community-level engagement and strengthen community voices. Larger organisations tended to be more involved strategically with the local authority, one national partner told us they are very involved in supporting opportunities and promoting the contribution of the voluntary sector. For example, they were part of the planning future dementia offers and service developments. They felt the local authority valued their contribution and looked to them as experts around dementia. Another partner told us the local authority recognised they couldn't do it all on their own and actively pursued working with the voluntary and charity sector. This organisation stated that the local authority engaged well with them and other partners. Another large partner told us they had quarterly meetings in the past with the local authority, but these had lessened due to staffing changes. The organisation felt the working relationship with the local authority could be better and more productive and they could be involved earlier in some processes to allow greater benefit to the community. A smaller partner told us if they were not in attendance at meetings they would often get missed from the agenda. There was mixed feedback with some partner organisations saying there was more to be done to ensure voluntary and charity sector groups within the area had improved communication with the local authority.

Senior leaders told us the voluntary sector were strong partners, particularly through the work of a local infrastructure support link for the Voluntary, Community, Faith and Social Enterprise (VCFSE) in North Somerset. Staff told us they worked closely with mental health, police services and the housing team within adult social care and attended weekly meetings focused on high risks associated with people who were homeless to improve their safety and wellbeing. Staff told us they often referred people to a local independent charity to provide support around domestic abuse, people with disabilities and older adults. Staff also referred people to a mental health charity that supported people through suicide prevention support and a range of free in-person and online wellbeing activities, workshops and courses. There was mixed feedback from local voluntary and charity sector partners. There was a frustration amongst some partners that larger organisations were offered contracts and the funding from the local authority was often directed toward specific priority areas, such as housing associations which the smaller charities did not regard as VCFSE sector. Small charities are an integral part of communities. They often serve as expert support, a number for people to call for advice, and a welcome safety net during a crisis.

Theme 3: How North Somerset Council ensures safety within the system

This theme includes these quality statements:

- Safe pathways, systems and transitions
- Safeguarding

We may not always review all quality statements during every assessment.

Safe pathways, systems and transitions

Score: 3

3 - Evidence shows a good standard

What people expect

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Key findings for this quality statement

Safety management

People and their carers had access to local authority funded support 24 hours a day, 365 days a year and there were multiple pathways for people to receive support to keep them safe. There was an out of hours team, which covered four local authorities and partners told us there were challenges around demand, capacity and remit which limited the service they could provide. The local authority also commissioned an urgent response service which had been in place for over 10 years. The service had supported various developments over the years including an established falls response service with health and care providers. The wellness service had been merged with the urgent response service to ensure people's needs were holistically met, it also had hospital discharge and hospital admission processes with targeted funding to support this.

Staff told us care and support for people's identified needs and risks were planned and organised with staff across the adult social care directorate and the wider local authority. For example, social workers worked with environmental health colleagues to carry out joint home visits and attend meetings to advise and support people where there were risks to their home environment that could impact their wellbeing and safety. There were processes for the single point of access to respond to most of the duty work.

The local authority's website outlined how information was shared, collected and stored in a safe, secure and timely way, which protected people's rights and privacy. There was a new data breach checklist from April 2024, to be used by staff in the event of a data breach or cyber-attack. Another partner told us, there was a need for improved data sharing across partnerships to address gaps in services and enhance risk identification. The local authority identified there was a need to further streamline processes and reduce the number of hand overs across adult social care department.

Safety during transitions

The local authority facilitated and managed the transition process from children's to adult social services, ensuring support was in place to help young people move between services safe and effectively. A joined-up approach across relevant partners and agencies is critical, to achieve the best outcomes for young people, adults, unpaid carers and their family, to reduce the risks of any loss of continuity in care and support. The local authority had processes to support pathways when people moved between services and agencies that included children into adulthood, hospital discharge, moving to another local authority, transferring between services and for people who could no longer fund their own care. Staff told us teams responded quickly and there was a good team culture which supported them overcoming challenges. For example, they often picked up the phone and spoke to each other or used message communication to ask colleagues questions. Staff also had seen a benefit in staff moving internally between teams as this shared learning and knowledge, they also have guidance and resources, and regular supervision.

Staff told us they worked alongside each other across different teams to ensure people's safety. Staff in front door teams described positive cross team working with locality and specialist teams. Staff told us there was no occupational therapist in the children to adult's transitions team therefore occupational therapists worked very closely with social workers in transitions or learning disability teams.

There was a ‘tracking system’ for young people from Year 9 (age 14) and an established ‘pathways to adulthood governance group’. There was a new director of children services with a plan to developing a new approach to managing children to adult social services transitions. We heard good feedback from young adults who had transitioned from children to adults. One person told us the continuity of social care support had been vital in helping them manage their needs and the ongoing support enabled them to pursue higher education, live independently on campus, and receive the necessary personal assistant (PA) services to succeed in their second year of university. The local authority had identified there was more to be done for children not known to children’s services or did not have eligible care and support needs. There was strategic intention to develop an approach to transitional safeguarding and to ensure that its approach was ‘trauma informed’. There was a ‘pathways to adulthood’ project, however it was too early to evidence the impact on young adults and their unpaid carers.

Referrals to arrange physical health hospital discharges went to Transfer of Care Hubs (ToCH) in the area. A ToCH is a health and social care coordinating centre linking all relevant services to aid discharge and recovery decisions, and the local authority is a key partner in effective delivery. Hospital discharge pathways were supported by the Technology Enabled Care (TEC) and Reablement Intervention (TRI) service. However, staff and partners told us there were challenges to discharge people home in rural areas of the local authority which required more tailored solutions. One person’s family member told us they had struggled to get the right support after hospital discharge into the TRI service. The person’s needs had increased at home and required urgent support but due to the allocated worker being unavailable, there was a delay before support could be provided and there was no specialist dementia support they could access at home. The person was later transferred to a care home to meet their needs.

Staff from community teams gave mixed feedback about how involved they were in discharge planning for people within their localities. One staff member told us there was a new process where locality teams did not close the contact with a person to the allocated worker until the hospital team had availability or the person was medically optimised for assessment by the hospital team, this was to ensure continuity of care, so people did not fall through gaps in teams transfer.

There was a care navigation team which had access to a service called 'Bridge the Gap'. This was a service to offer support to people awaiting support in between services, to ensure no one is left without necessary support. Staff told us this service prioritised people who were reaching the end of their life and hospital discharges within 48 hours wherever possible, though delays could sometimes occur. Out-of-area placements were monitored in partnership with other local authorities, health, safeguarding and quality teams to share information and take a consistent approach to monitoring people outside of the area. However, new processes were being further developed to enhance information sharing between the local authorities to monitor placements more effectively protecting the safety and well-being of people who were using services which were located away from their local area.

Contingency planning

There was mixed feedback from people who use services and their unpaid carers about contingency plans within the local authority. One staff member told us how they self-researched a person's health conditions and worked with the person to create a personalised crisis contingency plan to help care workers fully understand how best to offer support, along with their preferences for care in an emergency. In contrast, one unpaid carer told us they had no emergency planning discussed with them and felt they had to rely on family to provide support due to not having a plan or named worker to contact if an emergency arose. Therefore, more could be done to ensure consistency of preparedness for possible interruptions within people's individual care and support.

When the local authority was aware of potential emergencies or disruptions in care and support, there were processes in relation to provider services and brokerage support to support any unforeseen closures or handing back of contracts. There were checklists for staff to follow and the local authority shared examples of people being supported into new services. In one example every effort had been made to relocate people within their 'friendship groups', senior leaders said this was achieved because of the brokerage teams good relationships with care providers in the area. The local authority recognised social care staffing numbers and skills were an area for improvement to avoid providers not being able to carry out agreed care, and there were multiple projects underway to reduce and avoid the risk of provider failure in the future. For example, the local authority was working jointly with the Integrated Care System to develop an NHS led Dynamic Support Register which would provide a multi-disciplinary response to supporting individuals in a crisis.

There was a robust contingency plan in place coproduced with partners for guidance and proactive preparation through regular review, staff training, resource identification, and clear communication protocols to effectively manage critical incidents for wider Care Act responsibilities. For example, when working with partners or carrying out statutory safeguarding and assessment work to minimise the risks to people's safety and wellbeing. The local authority did have a neighbouring local authorities business impact analysis form in which it shared the emergency duty team function with. This impact form was specific to evenings, weekend and night cover and outlined the resources to cover the provision of statutory social work services as a minimum within these hours. This showed the local authority was prepared in the event of any predictable business failures such as adverse weather, digital system issues, and potential health pandemic affecting staffing levels.

Safeguarding

Score: 2

2 - Evidence shows some shortfalls

What people expect

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this quality statement

Safeguarding systems, processes and practices

Safeguarding is the process of ensuring people at risk are not being abused, neglected or exploited. In North Somerset 74.18% of people who used services felt safe, this was similar to the England average of 71.06% (Adult Social Care Survey, 2023-2024). Additionally, 80.70% of unpaid carers in North Somerset felt safe, this was also similar to the England average of 80.93% (Survey of Adult Carers in England, 2023-2024).

The local authority's safeguarding adults' team had recently undergone significant process changes. For example, there had been a project between 2022 -2023 looking at risk enablement an approach that recognised carefully considered risks could improve peoples' wellbeing. The local authority identified there was no formal process to support people at risk of significant harm when they have capacity and potentially fall outside of s.42 Care Act duties. Therefore, the local authority launched in July 2024 a Multi-Agency Risk Management (MARM) protocol to prevent any risk to adults escalating into a safeguarding concern and aim to prevent harm or death. There had also been process developments and draft guidance created to improve section 42 enquiry waiting times and embedding of 'making safeguarding personal' approaches to make sure people are protected from abuse and neglect.

The central safeguarding adults team triaged referrals divided into; individual safeguarding concerns, organisational safeguarding concerns, and People in a Position of Trust (PIPOT) concerns to ensure there was a responsive and consistent approach. There was some joined up working with the Integrated Care Board (ICB) safeguarding team. There was mixed feedback from partners about how effective processes to raise safeguarding concerns were. For example, one partner told us the local authorities safeguarding systems were accessible and supportive. Another partner told us they had suggested a face-to-face session between staff to gain a better understanding of the safeguarding work the local authority carried out. However, this had not yet been acted upon and they told us there remained communication challenges between health and social care staff.

The data indicated that 37.11% of the wider social care workforce (independent and local authority staff) in North Somerset had completed safeguarding adults training, this was worse than the England average of 48.70% (Adult Social Care Workforce Estimates, Skills for Care 2022-2023). Local authority staff had access to training and quarterly forums to support them to carry out safeguarding duties including self-neglect and mental capacity, multi-agency risk management (MARM), and trauma informed practice. The safeguarding team had also had training to ensure a new threshold tool was successfully implemented and embedded within practice. Staff and senior leaders told us of the process changes that were implemented which had impacted new ways of working. For example, we were told that the Senior Safeguarding Adults officer acts to initially screen to improve timely outcomes. Which can result in the senior officer closing inappropriate referrals or making straightforward 42.1 decisions to prioritise for 42(2) allocations where risks are high and urgent action is required. this had made an immediate impact on implementation and reduced the number of people waiting from 109 to 22 within a month. Which had also improved the quality of the enquiry work. Staff told us safeguarding processes had also been much improved by the training received from an external partner.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions for people who may lack the mental ability to do so for themselves. The data indicated 33.91% of the wider social care workforce (independent and local authority staff) in North Somerset had completed Mental Capacity Act and Deprivation of Liberty Safeguards (MCA, DoLS) training this was similar to the England average 37.58% (Adult Social Care Workforce Estimates, Skills for Care 2022-2023). Staff and partners told us they had access to a social care library with webinars and toolkits providing practical support. There was also ongoing work with the quality monitoring team to improve training for providers and support consistency around mental capacity assessments. One partner told us they had been attending the local safeguarding adults board conferences and training. These were found to be useful sessions and provided extra training on safeguarding criteria and the new multi-agency risk management processes.

Responding to local safeguarding risks and issues

The local authority worked with the Safeguarding Adults Board (SAB), audit and data analysis were shared. However, the local authority identified they could benefit from more data, information, and intelligence to identify risks and trends to prevent abuse and neglect from occurring in the area. The Safeguarding Adults Board (SAB) had agreed four safeguarding strategic intentions with the local authority; listening, learning, challenging and leading. The SAB had a published annual report which showed who was safeguarded in North Somerset, in what circumstances and why. This data provided by the local authority supported partnership working to focus on who might be most at risk of abuse and neglect in the future. However, the local authority had identified that improvement was still in progress around building relationships with local partnerships and gathering the views of people with care and support needs to inform the work of the SAB.

The most reported safeguarding enquiries were neglect and acts of omission (35%), followed by psychological abuse (15%), and the third highest was financial or material abuse (14%). Of 316 neglect and acts of omission enquires, 191 of these showed a service provider was a source of risk (Safeguarding Adults Collection, 2023-2024). Despite the local authority identifying a high number of concerns being related to providers being a source of risk, there was evidence of the local authority applying statutory guidance to dealing with organisational abuse to improve outcomes for people. The local authority's quality monitoring team had been restructured alongside the safeguarding team. This allowed for improved cross team working and oversight of any risks raised. For example, staff told us they worked together around safeguarding risks and quality risks ensuring care provider monitoring was robust to reduce risks to people.

Staff told us homelessness, drug and alcohol use, mental health needs, and hoarding were all concerns that put adults at risk in North Somerset. One senior leader told us safeguarding measures were integrated into health initiatives, such as community mental health programs and substance use services, to support people with these needs. Staff told us historically there were gaps in services for people with mental health needs, but the MINT team was set up to meet this now and was having an impact. Additionally, the new Multi-Agency Risk Management (MARM) project had a dedicated social worker to lead on all referrals and link with staff and partners to advise and support people with these needs, particularly when these needs interlinked. The social worker acted as a co-ordinator of the new pathway for professionals to follow where there were high levels of risk identified to an adult and a multi-agency approach would be beneficial. The benefit of the MARM was to share responsibility of risk management and improve outcomes for people at risk of harm or abuse.

Self-neglect covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Staff told us about their concerns when supporting people who hoard. For example, one staff member told us about a person with care and support needs was rehomed due to severe hoarding, however they quickly began hoarding again in a new property which had put them at risk of eviction. The social worker secured support specific to help people manage and maintain a habitable home environment to prevent any future risk to their tenancy and wellbeing.

Adults at risk, including those referred to the MARM project, were asked what they wanted as outcomes from the process and these directly informed the actions staff took in response to presenting safeguarding risks. Adults at risk were supported to make their own decisions and informed consent, although staff understood their priority should always be to ensure the safety and well-being of the adult. Staff shared examples of how they sought the consent of the adult before taking action. However, staff told us there were circumstances when consent could not be obtained. In these circumstances decisions were made based on capacity, risk, or public interest. Staff took their responsibility seriously in responding to any suspicion or evidence of abuse or neglect and told us about information sharing agreements and educating health and care providers where needed. While staff felt confident in applying mental capacity principles, staff told us they felt there was more training needed around the complexities of this subject. However, the local authority had already recognised the need for specialist training and had commissioned a range of specialist legal training in addition to a specialist local psychiatrist consultant who had already started to deliver this. Staff also told us they had good specialist support around executive functioning and mental capacity through knowledgeable managers and a practice lead.

The SAB had published three Safeguarding Adult Reviews (SARs) during 2022-2023 with recommendations made when adults had experienced serious abuse, neglect or death as a result of safeguarding risks. A further two SARs were progressing towards publication for 2023-2024. There had been specific areas of focus within the SARs to understand the events leading up to the deaths of the adults who had been at risk such as culture, management and relationships within a health provider setting, out of area placements, consent and best interest decision making around care and accommodation decisions. One SAR had identified a person had taken their life within a care home setting. Partners and senior leaders told us there had been 'whole system approach' to looking at preventing this from happening to anyone in the future. There had been specific support and training around suicide prevention. The local authority had action logs in the SAB subgroups to demonstrate any effectiveness of learning and how they were assured this had been embedded within staff practice. However, during our CQC assessment staff outside of the safeguarding team could not identify any specific learning that had taken place.

Responding to concerns and undertaking Section 42 enquiries

Section 42 enquiries are the action taken by a local authority in response to a concern that a person with care and support needs may be at risk of or experiencing abuse or neglect. National data from the Safeguarding Adults Collection (NHS Digital, 2023-2024) showed the number of safeguarding concerns had reduced year on year since 2021 in North Somerset. Between 2022-2023 the local authority's conversion rate was 14% for safeguarding initial concerns moving to a safeguarding enquiry under section 42 of the Care Act, this was the lowest in five years. By 2023-2024 it had increased to 20.87%. In comparison the 2023-2024 conversion figures in England are 30.46%, which means nationally more referrals are investigated under a section 42 safeguarding enquiry compared to North Somerset. The local authority had a new threshold tool which provided clarity on what constituted as a Section 42 safeguarding concern, when section 42 safeguarding enquiries was required, and to support staff applying judgment consistently. Staff told us partners including health and care providers were now more confident in using the support tool and have an understanding around the difference between quality concerns, incidents and accidents, and safeguarding concerns. For example, one staff member told us they had seen a drop in concerns referred relating to witnessed accidental falls, as providers were applying a greater rational to their own processes such as considering the appropriateness of preventative measures in place such as equipment, specialist referrals, risk assessments, and support plans personalised to the person's needs.

Partners consistently told us the 'core hours' safeguarding team were responsive and provided good initial advice and information, including face to face visits as a follow up. However, this was a different experience during evenings, weekends, bank holidays and nights. For example, one partner told us they had called the local authority for advice and support following a visit to an adult at risk, they were told to wait until the core hours team could pick this up which left the partner unsure of how to keep the person safe at the time.

There was mixed feedback about how the local authority ensured there were clear rationales and outcomes from initial enquiries, including those which did not progress to a Section 42 enquiry. Whilst safeguarding enquiries could be conducted by another agency, for example a care or health provider, the local authority had responsibility for the enquiries. One partner told us, they received a follow up email or telephone call from the safeguarding team about the conclusion of any concerns raised. However, most partners told us they did not know the outcomes of concerns raised or when it was closed. For example, one partner told us when they raised a safeguarding concern, but they were not always notified of the outcome. Another partner told us they are not kept involved during safeguarding investigations and do not receive feedback or outcomes. They noted the initial safeguarding support was timely, however, the follow up and outcomes were lacking. Therefore, more could be done to ensure feedback was consistently shared when it was necessary to the ongoing safety of the adult or adults concerned.

The local authority provided data for the past 12 months relating to the number of safeguarding concerns awaiting a formal section 42 decision. The data provided showed that in June 2023, there were 266 safeguarding decisions waiting to be made. Between January and June 2024, the median wait for concerns to be reviewed was 26 days, with the longest wait being 35 days. For enquiries requiring further action, 175 were waiting. The median wait for these was 74 days, with the longest being 154 days.

The local authority had procedures in place to help staff and partners respond to safeguarding concerns quickly and in a personalised way. Targets set out on the SAB website stated that decisions on safeguarding concerns should be made within two working days, with a review of initial actions completed within five days. However, these targets had not been reviewed for some time, and delays showed more work was needed to meet these timescales and keep people safe.

Staff prioritised cases based on risk and reviewed waiting lists regularly to ensure people most at risk were supported first. The online directory had also been updated to ensure the information available to residents was accurate and current.

These actions had started to improve waiting times. Safeguarding waits reduced from 80 days in July to 25 days more recently. However, further improvements were still needed to ensure processes were clear, effective, and delivered within expected timescales.

Deprivation of Liberty Safeguards (DoLS) are legal protections (authorisations) that ensure people who are unable to consent to their care and support arrangements either in hospital or in care homes, are safeguarded. The median number of days people waited for an authorisation was 715 days. In June 2024 the number of DoLS requests waiting was 1035. The local authority had a DoLS prioritisation tool for both Deprivation of Liberty Safeguards and deprivation of liberty in community settings requests. Senior leaders told us the tool had been developed with the support of partners through working groups and draft iterations. The local authority acknowledged the waiting times for DoLS applications was challenging to manage. However, they had seen a reduction following some focused project work. There remained more to be done around streamlining processes and maximising resources to ensure this work was sustainable.

Senior leaders told us, staff were reviewing safeguarding and DoLS waiting lists on regular basis using a new streamlined triaging system. Staff were reviewing decision making by utilising the safeguarding threshold tool and DoLS prioritisation tool which had brought waiting lists down to more manageable levels. Project work was underway to further understand trends and make plans around managing waiting times.

There were quality monitoring arrangements for safeguarding enquiries, the local authority's approach and standards were set out in their Quality Assurance Framework. Staff told us safeguarding was always discussed in regular supervision. There was regular auditing processes utilising dip sampling methods and thematic reviews, where the Principal Social Worker's role was to work with staff and managers to feedback and embed learning through the 'learning together audits. For example, there had been an audit specifically around the application and quality of mental capacity and DoLS. The local authority demonstrated the audit process and activity, what was identified as good practice and what needed to improve, as well as capturing the views expressed by the team and actions that need to be taken within an audit action plan. There was a willingness to learn ethos amongst staff, partners and senior leaders and there was more to be done to evidence the impact of the audits on adults at risk. There had been a safeguarding audit report evidencing a briefing held to discuss the findings of a safeguarding audit undertaken between February 2024- May 2024. Six people who received support from the adult safeguarding team had been selected at random and invited to give feedback on their experiences; five people consented. The feedback was largely positive, and the local authority had plans to draw on the lessons for future actions, including involving people more at section 42 decision stage. This was a good working example of using people's feedback to improve services.

Making safeguarding personal

Making safeguarding personal is an approach to safeguarding to keep the wishes and best interests of the adult at risk at the centre of the safeguarding enquiry and any plans to reduce future risks to them. The principle is to support and empower a person to make choices about how they want to live their own life, seeking to improve quality of life, wellbeing and safety. Staff told us they had templates within digital systems to record peoples personalised desired outcomes in relation to their safeguarding enquiries, risk assessments and plans. Desired outcomes were gathered with the adult at risk either on the phone or face to face. This could be a place the person was most comfortable or felt safe, such as within GP surgeries or at home. One staff member gave an example around gathering a person desired outcome, whereby a modern slavery concern was received from the police, the social worker arrived during a police search which was distressing the person, they found the person had a good relationship with their GP and arranged to gather information and discuss support at the GP surgery instead.

A performance subgroup of the safeguarding adults board monitored the compliance of recording people's desired outcomes, and the Principal Social Worker was involved in the quality assurance of plans to ensure safeguarding responses were appropriate, and the principle of 'making safeguarding personal' was embedded within practice.

According to the Safeguarding Adults Board's published data, 78% of people at risk were asked about their desired outcomes. Of those, 65% clearly expressed what they wanted, and 69% felt their outcomes were fully achieved (2022-2023). The local authority recognised desired outcomes recorded had dropped from the previous year and case audits were being carried out to improve person-centred practice as set out in their practice framework. There were service level action plans and audit activity to monitor the quality of safeguarding enquiries including capturing the voice of adults at risk and their desired outcomes. For example, the safeguarding team were working closely with the local authority's engagement and participation officer to gather peoples feedback on safeguarding processes to keep the wishes and best interests of the person concerned at the centre of the work they carry out. Although this work had started, it was too early to demonstrate the level of involvement with adults who had been at risk and any impact on people's experiences.

Staff could easily access independent advocacy services for people who required support to make choices balanced with risks. The advocacy offer within the local authority was well promoted, responsive and provided good support to best represent the person. For example, when there were concerns about an appointed lasting power of attorney being misused or decisions were seen to not be in the best interest of the person. Staff told us independent advocacy was accessed to determine as far as possible what the person's wishes, feelings and desired outcomes were likely to be. This was reflected in national data which identified 100% of people who lacked mental capacity around participating in their safeguarding enquiries in North Somerset were supported by advocacy services, family or a friend. This was better than the England average of 83.38% (Safeguarding Adults Collection, 2023-2024).

Theme 4: Leadership

This theme includes these quality statements:

- Governance, management and sustainability
- Learning, improvement and innovation

We may not always review all quality statements during every assessment.

Governance, management and sustainability

Score: 3

3 - Evidence shows a good standard

The local authority commitment

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Key findings for this quality statement

Governance, accountability and risk management

There was a passionate and dedicated directorate leadership team, determined and focused on delivering their vision of maximising independence and wellbeing for residents in North Somerset. The leadership team was well-established with clear roles, responsibilities, and accountabilities.

Staff told us leaders were visible, capable, and compassionate, with extensive experience in adult social care that enabled them to effectively support staff in their roles. Staff spoke highly of senior management, describing them as approachable and supportive. Data provided by the local authority in the Staff Survey Report (2023-2024) confirmed that staff across adult social care and housing, reported high satisfaction rates, at almost 90%. Categories included career progression, team working, line management and fair treatment.

The local authority underwent a departmental restructure in 2023, consolidating all housing services within the Directorate, including those previously overseen by Public Health. Senior leaders informed us that from the restructure 'the significant change was that the Director of Public health now reported to the Chief Executive Officer (CEO)'. This had helped the CEO have more direct oversight on work with adults, supported by a Corporate Leadership Team and a Directorate Leadership Team (DLT) for Adult Social Services and Housing. North Somerset leaders were key to Southwest ADASS. The Director co-chairs the regional Directors group and connects key networks. The Assistant Director leads the Southwest TEC project and represents the region nationally, while the Business Intelligence Lead supports collaboration through performance networks. The Principal Social Worker (PSW) and Principal Occupational Therapist (POT) both co-chair their regional PSW and POT networks, which contribute to the workplans of South West ADASS. Their senior leadership involvement showed strong commitment to partnership and collaboration.

Although senior leadership roles such as the PSW and POT were integrated into the leadership team to provide strategic influence over quality assurance, some systemic challenges remained. Such as outdated policies and inconsistent use of tools like the Case Tracker. These issues led to the development of an action plan to address gaps, including creating new roles, but the outcome of the implementation of these measures was not yet clear.

Positive feedback from elected members highlighted the collaboration between adult social care and executive members, alongside recognition of leaders' efforts to raise the profile of adult social care. Elected members demonstrated a strong understanding of the challenges facing the sector, such as an ageing population, funding limitations, and inadequate public transport. However, they expressed the need to have been more involved and to have played a more challenging role in strategic leadership planning.

There was ongoing work to improve the local authority's overview and scrutiny processes within adult social care. There were monthly meetings held within the local authority in which the members met frequently with the Director of Adult Social Services (DASS) and service directors. There were also reporting mechanisms in place to report to the Chief Executive and the local authority's senior leadership team to discuss anything pertinent with an oversight of current affairs linked to the adult social care work plan.

Leaders told us that scrutiny efforts had focused on reviewing the large membership of existing committees. Since the transition from conservative leadership to the newly formed alliance partnership, efforts had been directed toward establishing a robust vision to address key inequalities and the four political groups work collaboratively around shared priorities, reflecting a unified approach to tackling these challenges.

Leaders were actively engaged, working alongside teams, which fostered a culture where staff felt respected, heard, and valued. Staff told us the CEO had drop-in sessions where staff could attend and raise concerns.

We heard the new structure promoted clearer communication and better strategic alignment. However, strategies to reduce inequalities and improve outcomes required further development. For example, the extent of co-production in developing these strategies was not always clear from some of the feedback received from carers and providers, potentially limiting their effectiveness in fully reflecting community needs. The local authority were utilising equality impact assessments (EIAs) in decision-making, but improvements to the quality and comprehensiveness of the data and information could be improved to better inform these decisions.

The local authority also reported that the restructure had strengthened partnerships, transformation, and TEC services by integrating them into a single unit. The local authority was focused on embedding this culture change consistently across all service areas and within the wider directorate leadership, ensuring that every staff member understands their role within the broader vision and works collaboratively to achieve the best outcomes for people at risk using their services. To support this transformation, the wider directorate leadership team were actively engaged, and a joint governance board had been established to ensure all strategies were co-designed and inclusive. Their commitment to working with the community was demonstrated through engagement strategies such as regular meetings with providers and the establishment of a provider forum.

The local authority actively sought feedback from people, carers, and partners to help shape its strategies and for commissioning decisions. As a result of feedback received, there had been a new role developed to focus on expanding housing solutions, including supported living and extra care housing options. This role entailed monitoring supported living arrangements, collaborating with providers and landlords to uphold quality standards and inform policy development, identifying market gaps, and leading the development of new services to address housing needs. A pivotal position to broaden housing choices and enhance living conditions for residents in supported living and extra care settings across North Somerset.

There was mixed feedback from partners on whether they felt listened to or had opportunities to inform strategies and projects. Some non-commissioned partners felt they needed more opportunities to contribute to strategic decision-making.

The local authority had established a practice framework that outlined core standards aligned with the Care Quality Commission (CQC) quality statements. This framework created a structured pathway of audits and learning, connecting frontline teams, the Principal Social Worker, and the Principal Occupational Therapist to senior leadership and the Quality Assurance Board. One leader told us considerable work had taken place to improve the focus of scrutiny, and a positive impact was they now had clarity when issues need to be taken to the Health and Wellbeing Board. The Board chairs had been offered mentors through the Local Government Association (LGA) and had regular opportunities to develop and shape policy.

Governance structures included internal and external escalation procedures, with regular weekly, monthly and quarterly meetings, at both operational and strategic level, which would take place within the local authority and across the broader health and social care system. With a risk management strategy at both directorate and operating levels and a directorate-level risk register which was subject to ongoing monitoring and auditing.

However, while governance and accountability arrangements were in place at all organisational levels, they were not always effective in providing clear visibility and assurance regarding the delivery of Care Act duties, sustainability, and risks to service delivery. Leaders demonstrated a commitment to improving people's experiences through strategies and action plans, despite the systemic challenges often limiting their ability to provide positive outcomes, particularly for unpaid carers and those awaiting assessments.

Staff told us they completed alongside managers and senior practitioners, various audits and supervisions, including monthly case file audits and thematic review audits. They described how the findings were shared at senior leadership meetings to help drive practice improvements.

Strategic planning

The senior leadership team in North Somerset had acknowledged current challenges which impacted on delivery of Care Act 2014 duties, but the allocation of resources directly reflected their strategic priorities. Budgetary decisions incorporated detailed financial analysis and there were proactive grant applications to address emerging needs and service gaps. This approach ensured that funding was aligned with strategic goals to maximise positive impacts on people's outcomes.

Most of the strategies were up to date and highlighted relevant key areas of development for the local authority, with the plan for delivering high-quality, sustainable, and responsive adult social care services.

The local authority actively managed their adult social care workforce through various strategies. These included investments in staff training and development to enhance skills and improve service delivery, alongside contracted providers paying retention bonuses to reduce turnover and ensure continuity of care. We heard feedback from providers and frontline staff about the benefits of the training academy. Workforce planning was being used to meet current and future needs and actively promoted social care as a career to attract new recruits.

The use of data and insight to inform on risks, performance and strategy had been developed. We heard data dashboards were created for leaders and managers. Leaders told us there had been major improvements since the change to a new data system and they were able to enhance their use of data to support informed decision-making, with valuable contributions from business intelligence colleagues. The implementation of Power BI system allowed real-time data analysis, empowering managers to take ownership of team performance. Ongoing support was being provided through performance forums to help team managers strengthen governance and effectively utilise data within their teams.

Information from various sources, including performance data, staff feedback, and people experiences, informed the development and annual review of key strategies. One person told us, co-production at strategic level was relatively recent. The role of a 'Participation and Engagement Officer' had been instrumental in reaching, recruiting and developing voluntary members of the co-production and review panel, there was still work to be done around aligning strategic priorities. For example, within the all-age carer's strategy and the all-age autism strategy where people had contributed their views and experiences of carers in North Somerset. The strategy was completed in 2024, and carers continued to play an active role in delivering the action plan. To support sustained representation of lived experience within the Carers Partnership Board.

These strategies were carefully aligned with the local authority's overall objectives and national policy priorities.

The local authority worked collaboratively with individuals and partners to support innovative approaches that improved people's social care experiences and outcomes. For example, they actively promoted coproduction, embedding this approach throughout their work to ensure that services were shaped by those who use them. Despite these efforts, we did hear mixed feedback from carers, in respect of missed opportunities to be involved.

Strategic planning also guided service improvement initiatives in North Somerset. The local authority strategically designed and implemented new services, including those focused on technology-enabled care, specialist dementia support, and enhanced reablement programs. The authority priortised a person-centred, strength-based approach, and developed collaboration with community stakeholders to ensure that services were responsive to local needs. This integrated approach linked strategic planning, resource allocation, and service delivery to effectively improve care and support outcomes for the community.

Information security

The local authority ensured data security through clear guidance on record-keeping, which outlined how records should be maintained in compliance with the Data Protection Act 1998, the UK GDPR, and Caldicott principles. This guidance included an action checklist for staff to follow in the event of a data breach or cyber-attack involving external providers or partners. Staff and leaders were required to report such incidents to the information security team and the lead officer for the Information Commissioner's Office, as required under the Data Protection Act 2018.

The assurance framework specified how information and advice about the local authority's services were published on its website. The Policy and Strategy team was responsible for overseeing information governance, while the Digital Communications team ensured accessibility standards were met. Information and advice regarding partner, community, voluntary, and faith enterprises were maintained on the North Somerset Online Directory, managed by the Service Development Manager with support from the Policy and Strategy team.

Staff at all levels understood their responsibilities in protecting personal information. Systems were in place to safeguard the security, integrity, and confidentiality of all data, records, and systems. Senior leadership described effective arrangements to ensure data protection and confirmed that staff had awareness of legal obligations. Plans were also established to identify, respond to, and manage risks, including those related to cyber-attacks, associated with the delivery of Care Act duties. The lead member told us of 'the effective systems in place to ensure the confidentiality and integrity of data within the local authority and that elected members had awareness of their legal duties.

Learning, improvement and innovation

Score: 3

3 - Evidence shows a good standard

The local authority commitment

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Key findings for this quality statement

Continuous learning, improvement and professional development

The local authority in North Somerset demonstrated a strong and inclusive culture of continuous learning, improvement, and professional development within its adult social care services. Staff at all levels had ongoing access to training and support, ensuring that Care Act duties were delivered safely and effectively. A positive team culture was evident, with frontline staff frequently highlighting open communication, accessible senior leadership, and facilitated regular team meetings that fostered collaboration and teamwork. Informal celebrations of successes and readily available training opportunities further reinforced this supportive environment.

Most staff we spoke to felt supported through supervision and appraisals and that they had opportunities to develop and complete any training or required learning. A member of staff told us about excellent training opportunities, with excellent cross team working, despite a lot of structural changes. Teams work well together, we heard there was good morale across teams, front line staff communicated they were happy to learn and were positive about change.

The local authority demonstrated a commitment to developing a supportive work environment for its staff. Across focus groups, staff consistently reported feeling supported, with access to good training and professional development opportunities. This culture of support and growth was a clear strength and reflected positively on the local authority's approach to workforce development.

The local authority placed a clear emphasis on staff well-being, offering generous leave provisions, including carer's and disability leave, and promoting work-life balance. This commitment to its workforce contributed to consistently high levels of staff satisfaction surveys and staff retention, with the Local Government Association ranking North Somerset as the top-performing local authority in the Southwest for overall social worker satisfaction over four consecutive years.

There was some positive feedback shared of coproduction groups. People involved told us that they saw value in the way the local authority listened carefully to the views of people who draw on services and their carers separately, as this has given carers opportunity to have their say. The local authority will now include these carers on the carers partnership board and involve them co-producing the carers strategy'. Those involved in the group told us that they felt the local authority is committed to accessing the views and contributions and they are enthused about co-production opportunities that arise. The local authority shared ideas and best practices to improve care across the region, which showed their commitment to growth, inclusivity, and excellence in adult social care.

There were established structured pathways for professional development, ensuring staff had access to a wide range of internal and external training opportunities. A formal learning and development plan offered programs such as legal updates, train-the-trainer courses, and additional training tailored to individual roles. There was also a structured and strategic approach to the identification and training of staff in Best Interests Assessor (BIA), Deprivation of Liberty Safeguards (DoLS), and Approved Mental Health Professional (AMHP) training pathways. In particular, the training for Approved Mental Health Professionals was well-planned, ensuring that staff were identified, supported, and trained effectively to meet service demands. The local authority actively supports professional growth through initiatives like social work apprenticeships, an apprentice swap scheme, and leadership training, all of which are designed to develop staff expertise and leadership capacity.

The local authority identified issues related to access to digital systems and staff training. A review was undertaken, with the outcome expected to be completed before June 2025. This aimed to build on existing processes to ensure people's safety and experience remained a priority.

There were established audit processes for individual casework. However, the local authority had recognised that learning from SARs and serious case reviews held centrally needed improvements. Although, there were various routes in place to share the knowledge and promote learning amongst staff. For instance, initiatives such as self-neglect week, which included learning sessions, an all-staff event, and Mental Capacity Act (MCA) training on executive dysfunction, alcohol misuse, and self-neglect. There had also been recent changes to ensure clearer triangulation of learning, utilising the sub-groups of the SAB with increased support from the Principal Social Worker and Principal Occupational Therapist.

The local authority recognised there was more they could do to improve workforce skills and practice for people with disabilities or protected characteristics and groups who reside in seldom heard communities, from to help engage and support them to use care provision services. To address these specific workforce needs, the local authority had invested in specialised training, including British Sign Language (BSL) courses to improve communication with deaf and hard-of-hearing individuals and cultural competency training to develop staff's ability to work sensitively with diverse communities. Frontline staff raised concerns about the strain on services when team members moved into senior roles without timely replacements, highlighting an area for improvement in managing workforce transitions due to development and progression opportunities. Providers told us the local authority had a 'proud to care' department, in which providers can attend events to inform people about opportunities in social care.

Beyond internal development, the local authority engaged actively with external partners and research to drive innovation and informed decision-making. Staff told us that 'collaborations such as the Bristol University's ConnectED research project, help to equip frontline staff with skills to apply research in everyday practice, improving people outcomes and sharing learning widely through accessible resources like podcasts. Similarly, the partnership with the University of the West of England (UWE) on overseas care workers' experiences reflected a commitment to addressing workforce challenges and promoting equity in the workplace'.

The local authority also participated in sector-led improvement activities with organisations like Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA), drawing on national best practices, standards, and evidence-based approaches to enhance their delivery of Care Act duties. Using performance benchmarking tools like the Adult Social Care Outcomes Framework (ASCOF) and the Office for Local Government metrics, which informed targeted improvements, while engagement with the LGA's annual health check survey identified areas for continued development, particularly around professional growth.

We heard coproduction was embedded throughout the local authority's work, ensuring services were designed collaboratively with those who use them. Feedback from partners informed us that they played a vital role in capturing people's voices to guide improvement efforts. The local authority also shared learning and best practices with peers and partners to improve care delivery and actively promoted innovative approaches, including digital and technology-enabled care solutions, to enhance people's independence and well-being. This comprehensive and collaborative approach reflected the local authority's dedication to achieving high standards in adult social care.

Various members of staff and an ICB partner informed us that the local authority demonstrated a commitment to continuous improvement through a proactive approach to innovation and the integration of new technologies. The local authority invested in technology-enabled care (TEC) initiatives, including pilot projects such as acoustic monitoring systems to enhance care home residents' well-being and reduce falls, as well as the deployment of remote monitoring technologies. Although the Geniee project faced challenges with uptake due to cost concerns, it provided valuable insights into peoples' interaction with technology, which guided the local authority's shift toward more affordable digital solutions. Beyond technology, the local authority prioritised innovation through initiatives such as establishing a specialist dementia care team, implementing a multi-agency falls response program, and integrating reablement services into hospital discharge pathways. A staff member told us that 'they were keen to see further expansion of the Local Authorities innovative work on TEC and reablement, seeing this as a key factor to the success of Adult Social Care in the long term'.

Collaboration with external partners further underscored the local authority's commitment to innovation. Joint efforts included insulin delegation in care homes and the development of a phlebotomy workstream, empowered care home staff and improved the timeliness of people's care.

Engagement with stakeholders and responsiveness to feedback were key elements of the local authority's improvement strategy. Mechanisms such as staff surveys, online questionnaires, and co-production groups provided opportunities for input, though inconsistencies in implementation and follow-through were noted. For example, some carers involved in co-production felt their feedback did not consistently lead to meaningful change, highlighting the need to further embed co-production principles across all services. Similarly, while the local authority utilised partner agencies in North Somerset reported findings to inform their strategy, there were gaps in capturing the perspectives of seldom-heard communities. The local authority had acknowledged these challenges and were working to develop processes that enhanced the representation of diverse voices and would improve information accessibility. A senior leader informed us that' Innovations like the Better Health North Somerset website, had enhanced accessibility to resources and promoted user-friendly, trackable referrals. Showcasing the local authority's achievements in these areas of focus.

The local authority also recognised the importance of improving data collection, particularly around protected characteristics beyond ethnicity and sexuality, to better identify and address inequalities and have actively made efforts to refine data analysis and integrate feedback more effectively into decision-making processes to enable them to achieve more equitable and sustainable outcomes.

Learning from feedback

The local authority integrated feedback mechanisms into their continuous improvement strategy, using Learning Together Audits to include input from staff, people, and partners who informed decision-making at all levels. These audits provided a structured approach for teams to reflect on their practices, identify areas for improvement, and implement measurable actions. Progress on these actions was monitored through the Quality Assurance Tracker, though inconsistencies in reporting across areas highlighted the need for further refinement. Regular feedback channels, such as staff and manager drop-in sessions, team meetings, and online questionnaires, further fostered a culture of open communication and collaborative problem-solving. Managers told us these sessions were instrumental in sharing information, enhancing collaboration, and supporting professional development.

The local authority collected feedback from people and carers through surveys and questionnaires, using this input to shape service improvements and strategy development. For example, feedback collected through the Adult Social Care Feedback Form informed enhancements to care planning processes, while insights from the Local Government and Social Care Ombudsman (LGSCO) influenced improvements in complaint handling and remedial actions. The local authority recognised these gaps in service, which were also reflected in the local authorities draft Audit Report on Adult Social Care Complaints dated 8th May 2024. Following an audit of the complaints to Adult Social Care, processed by the Directorate Governance and Complaints team. This had revealed that several of the key controls of the complaints system were 'weak'. These included limited cohesive and up to date policies, inconsistent use of the Case Tracker tool and a 'number' of complaints that were not dealt with within the targeted timeframes. This resulted in a detailed action plan which addressed the resource issues, gaps in management structures and improved utilisation of the Case Tracker and the introduction of new roles, the ‘Complaint and Governance Assistant Manager and Complaints Support Officer posts. However, the recruitment status of these positions and the full implementation of the new systems remained unclear. We heard the local authority were working to improve their strategy and policy governance arrangements, including strategic ownership and oversight, and are more closely linked with the corporate Policy and Partnerships Team, who will have greater oversight of cross directorate and multi-agency strategy development and delivery.

Leaders emphasised learning not only from feedback but also from when things went wrong, encouraging reflection and collective problem-solving. For instance, staff told us an external review of mental health staff management had led to adjustments that improved service delivery.

A commitment to co-production was evident in the establishment of various co-production groups, ensuring people and carers were involved in shaping decisions. However, while the effectiveness of these groups varied based on their maturity and resource availability, they showcased the local authority's dedication to embedding co-production into its practices.

Data and performance insights played a pivotal role in the local authority's learning approach. Tools like Power BI dashboards enabled real-time monitoring of key performance indicators (KPIs) and emerging trends, while benchmarking activities, such as those using the Adult Social Care Outcomes Framework (ASCOF), provided comparisons against national standards. This proactive use of data informed the local authority’s improvement priorities and strengthened its collaboration with partners within the Integrated Care System (ICS) to design and deliver joint initiatives.
