



South Gloucestershire Council  
Department for Children, Adults & Health

# Local Account 2019-2020

## How we deliver adult social care services

[www.southglos.gov.uk](http://www.southglos.gov.uk)

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## 1. Your local area – South Gloucestershire at a glance

### Population

- The population of South Gloucestershire for mid-2019 is estimated to be approximately 285,100
- 18.8% of the population are children (aged under 16), marginally below the national (England) average (19.2%).
- 18.8% of the population are aged 65 years or over (the pensionable age) – slightly above the national (England) average of 18.4%

*Source: 2019 ONS mid-year population estimate*

The area has seen rapid population growth since the 1970s – between 1971 and 2001 the population increased by over a third (from 182,900 to 245,600).

However, more recently population growth has slowed; increasing by only 7.5% in the last decade (2001 to 2011). Between 2001 and 2011, the largest population increases have been in areas which have experienced the highest levels of housing development – particularly areas within the north and east fringes of Bristol.

### Population projections

The latest official population projections from ONS (the 2018 based Sub-National Population Projections) suggest that the population of the district will rise to 354,300 in 2043, a 25.3% increase on the 2018 baseline (282,600).

By 2043, the latest ONS population projections suggest that:

- The number of children will have increased by 14,200 - although proportions will remain broadly consistent (at 19%);
- The number of working age residents will have increased by 37,900 (representing a 2% decrease in proportional terms);
- The number of older people (those aged over 64yrs) will have increased by 19,600 (representing a 2% increase in proportional terms).

It is important to note, however, that these official population projections are based on recent population trends in the levels of births, deaths and migration. They do not take into account any future policy changes, housing development or other factors which might influence demographic trends and future population levels. This means that the level of housing development proposed in South Gloucestershire's Core Strategy is not fully reflected in these official projections.

*Source: ONS 2018-based Sub-National Population Projections*

### Ethnic composition

According to the 2011 census, 13,200 (5% of the total population) are of black and minority ethnic origin. This is more than twice as many as the number recorded in the 2001 census (5,900 people, 2.4% of the population).

The South Gloucestershire BME population is lower than the national average of 14% (for England and Wales).

*Source: 2011 Census, ONS.*

## Key facts that drive how we shape services in South Gloucestershire

People live longer than the national average: Older people should feel valued and respected in their communities with choice and control over how they live their lives. They should be enabled to live full and active lives with every opportunity to remain independent. Many people living with long-term conditions, physical disabilities and mental health problems experience difficulties. They should be supported to lead independent, fulfilling and dignified lives.

## 2. How we met change and challenges in 2019/20

Our budget in 2019/20 for Adult Social Care Services was £86.4m

53% Bed Placements (£45.7m)

38% Community Based Support (£32.7m)

9% Assessment, Review and Care Management (£8.0m)

In 2019/20 we delivered our Adult Social Care Services for £94.8m

### **Action**

Continue to develop the Connecting Care Partnership and solution(s) to enhance and support joint working in the sub-region.

### **Update**

Good progress of extending connectivity of systems was completed and joined up systems are in now in place for most health partner organisations. Further future developments will look to increase connectivity with care providers.

Better access to joined up systems has enabled more people to connect with care practitioners, social workers and OTs than previous years.

Some of the greater connectivity developments to date include:

- Upgrading the patient timeline to include Social Care episodes
- Inclusion of End of Life Care Plans and alerts
- Document sharing began from North Bristol NHS Trust (NBT)
- The mental health data set coming from Avon and Wiltshire Mental Health Partnership (AWP) was extended
- Changing our social care feed to come when we implement our new Adult Social Care IT System (MOSAIC)
- Taking forward our implementation of the 'Digital Red Book'

### **Action**

Full public rollout of our new Information, Advice & Guidance website for Children, Families and Adults in South Gloucestershire.

### **Update**

Good progress has been achieved. The new Information Advice and Guidance platform is now live with over 75% of the desired online pages uploaded and fully accessible. Work continues to update the remaining 25% over the next year.

A range of stakeholders were involved in the development of the new IAG platform including:

- NHS partners, in particular CCG and Sirona colleagues
- Advocacy services
- Voluntary organisations (in and out of the local authority area)
- Carers' Support Services (in and out of the local authority area)
- Citizens including children and young people and South Glos Parents and Carers, the South Glos Parent Carer Forum (SGPCF)
- The Care Forum (through their team currently supporting Wellaware)
- Internal professionals
- The council's Digital Team

The new IAG website is clear and simple to use and provides members of the public and service users, as well as internal and external professionals, with access to a comprehensive range of advice and information. It offers an 'all age' solution where people do not need to look to different sites for children's or adults' information, which avoids duplication and/or gaps. This is especially useful for disabled adolescents and their families who currently have to look at several platforms, and it also enables promotion of the site as THE source of information.

### **Action**

Preparation work on the set-up and data migration for our new Adult Social Care (ASC) System, ready for go live in November 2020.

### **Update**

Ongoing work with Servelec (our ASC system provider) has achieved considerable progress to install their Mosaic System. Testing is ongoing and additional functionality has been invested in improving the system such as adding in a provider portal to ensure all client based financial transactions are conducted through Mosaic - thus allowing greater data analysis and effectively "one version of the truth". Some slippage in timelines has, however, occurred primarily due to the impact of COVID-19 requiring some re-prioritisation of resources and capacity. The new implementation date is January 2021.

### **Action**

Continue to work closely with our local authority partners in Bristol and North Somerset to reflect the single Clinical Commissioning Group's footprint – to bring consistency and commonality and streamlining of health and social care services.

### **Update**

The single CCG footprint is now operational and South Gloucestershire is an active partner through Locality Groups focusing on identifying needs and gaps and improving health outcomes for its residents.

Other examples of successful partnership work across the BNSSG footprint includes the Integrated Care Bureau (ICB), which was introduced in October 2018 as a new way of managing discharges from the three acute trusts within Bristol, North Somerset and South Gloucestershire. Ten different partners across the BNSSG health and social care system were involved in its creation. It is a multi-disciplinary and multi-agency approach to identifying the best pathways out of hospital beds and back into the community. Its successful implementation represents a huge achievement in partnership working, and is an attempt by the whole system in concert to improve the outcomes of people who are admitted to hospital.

### **Action**

Establish the Home to Decide and Next Steps to Decide services and fully embed the 3 Conversations Model of practice.

### **Update**

Both services are fully operational following significant financial investment by the Council. The evidence to date demonstrates improved support for clients and greater cost effectiveness in arranging packages of care by allowing assessments to take place in a more timely manner and outside of the pressured environment of hospital wards.

The 3 Conversations approach has been fully implemented with all new referrals into the service being handled through this new model. Evidence shows improvements as follows:

- quicker response times
- 70% of new referrals were concluded with a Conversation 1 or Conversation 2
- a reduction in waiting times
- more streamlined processes
- greater worker satisfaction.

### **Action**

Consult on and determine the funding envelope and award criteria for our Better Care, Stronger Communities grants, invite new 3 year proposals and award funding.

### **Update**

A consultation with the sector was undertaken with a view to better align services commissioned with the council's priorities. Work continues to review the council's approach to awarding grants and funding to the voluntary sector to ensure a more joined up approach across all council Departments.

### **Action**

Continue to develop commissioning arrangements and provide support to the domiciliary care market to increase market capacity.

### **Update**

A full end to end review with the assistance of Ernst and Young was completed covering the council's Adult Social Care commissioning arrangements. The outcome of the review has offered valuable avenues for further exploration which are planned to be taken forward as part of the council's transformation programme.

### **Action**

Publish a revised Market Position Statement.

### **Update**

An updated Market Position Statement was produced offering useful insight on priorities for areas of the market best placed for development.

### **Action**

Use our "Looking Forward" programme to make changes in how we work so that we can respond effectively when people contact us, both now and in the future.

### **Update**

Through a review of our "First Contact" services we have reduced the time social workers and occupational therapists spend in the office through more straight forward processes and paperwork so that they can spend more time out of the office, working directly with people.

### **Action**

We want people to be able to leave hospital as soon as they are ready to do so and aim to look at different ways to achieve this.

### **Update**

Using Winter Grant funding we have a fast response team of care staff, social workers and occupational therapists that operates seven days a week to ensure supported and speedy discharge from hospital.

Effective partnership working continues to be a key priority. This includes partnerships in the delivery of care and support to people but also in strategic planning and developments. Working with local colleagues in the delivery of the NHS Long Term Plan is going to be particularly important.

We want to respond to people quickly. We know many people want to contact us by phone but we also want to give people the opportunity to use digital options to contact us or to find the information online. This is a key priority in 2019/20.

### **Action**

Accelerating work in the area of Assistive Technology to better support our clients and facilitate greater independence.

### Update

Our demonstration house for demonstrating the best use of OT aids and equipment has been fully kitted out with examples of assistive technology to provide training and demonstrations on the use of various options for practitioners, service users and our health partners. A new role has also been invested in offering technical expertise. This supports greater understanding across social care teams on the benefits and opportunities of assistive technology to help increase its use with clients and enable people to live well and independently within the community.

### Action

Changing our safeguarding team structure and refreshing staff training in line with recently issued national guidance. This will be completed by 31 March 2020.

### Update

This has been fully implemented. It has delivered a team solely focused on safeguarding activity to reflect the importance of this change. The project implemented further improvements as advised from a peer review conducted by the LGA. Additional training has been delivered covering two areas: "Making Safeguarding Personal" and Human Rights across all social care teams. Further developments include more support from the LGA to review progress we have achieved against their initial review.

#### *Abbreviations:*

ASC	Adult Social Care
ADASS	Association of Directors of Adult Social Services
BNSSG	Bristol, North Somerset and South Gloucestershire
CCG	Clinical Commissioning Group
CYP	Children and Young People
HIT	Health Integration Team
IAG	Information, Advice and Guidance
NBT	North Bristol NHS Trust
LGA	Local Government Association
OT	Occupational Therapist
SEND	Special Educational Needs and Disabilities
SGPCF	South Gloucestershire Parent Carer Forum (South GlosParents and Carers)
STP	Sustainability and Transformation Partnership

## 3. Data and Performance

### FACTS, FIGURES AND PERFORMANCE

#### **Facts and figures**

We are continuing to focus on helping people meet their needs in a way that gives them choice and control and connects them with their local community. **This means that people can expect services tailored to their own needs to achieve the outcomes that are important to them.**

Some of the figures in this report are snapshots as at 31 March 2020 compared with the position as at 31 March 2019. Those are directly comparable figures.

Our customer service centre is the first point of contact for most people, including those referred on to us by other agencies. We signpost people to a social care assessment or the best services to meet their needs. In 2019/20 31,916 people contacted us with social care enquiries compared to 31,968 in 2018/19.

### **Referrals to social care**

There was an increase in the number of referrals to social care, with 4,617 referrals for social care and related issues in 2019/20 compared to 4,163 in 2018/19. Many of these referrals were dealt with by providing simple services, advice and information.

108 people had a 'self-assessment' (6 in 2018/19) resulting in 41 receiving appropriate support guidance or awaiting further action (2 in 2018/19). The remaining 67 went on to a full assessment (4 in 2018/19).

In total 5,128 people (including existing clients) had a full assessment undertaken following social referrals, reviews, carers assessments and services; this compares to 4,680 people in 2018/19.

The total number of assessments for these clients in 2018/19 was 8,159 (7,254 in 2018/19).

### **Reviews, carers' assessments and services**

Between 1 April 2019 and 31 March 2020:

2,155 reviews were completed for **service users**, compared to 2,199 in 2018/19.

776 carers had an assessment or review completed; this is a 10.1% increase compared to 2018/19 (705 carers assessments/reviews).

3,697 people were receiving a service at 31 March 2020, compared to 3,413 at 31 March 2019. These service users were receiving both long-term support (such as residential and nursing care or community support) or short-term support to maximise independence (such as reablement) or other short-term interventions. A small number of service users would have been receiving a mixture of both long and short-term support.

Of those receiving a service, those defined as receiving '**self-directed support**' (they were provided with a budget and were able to decide how they would like to spend their money in order to provide the support they needed) as at 31 March 2020 was 2,804 (2,870 as at 31 March 2019). This includes a number of service users in Extra Care Housing that have not been included in previous years.

Of those service users and carers receiving self-directed support, the total number of people in receipt of direct payments during 2019/20 was 1,577, a 5.7% increase from 2018/19. At 31 March 2020 there were 781 service users in receipt of direct payments (765 as at 31 March 2019) and 796 carers who have so far received a direct payment (727 in 2018/19).

*Note: The number of direct payments to service users is a snapshot as at 31 March 2019 whilst for carers it is cumulative from April 2018 to March 2019.*

2,549 people were receiving **community based services**, including home care and day care (2,452 in 2018/19).

364 people were permanently admitted to local authority funded **residential and nursing home care** placements; this is a 16.3% decrease from 2018/19, where 435 people were permanently admitted.

The 364 admissions to residential and nursing care consists of 188 admissions to residential care and 176 admissions to nursing care (compared to 194 and 241 respectively in 2018/19). Overall, 837 people were funded in residential and nursing care according to a snapshot taken on 31 March 2020 (913 as at 31 March 2019).

991 people received home care in an average week (946 in 2018/19). 45 percent (449) of these clients receiving visits received 'intensive home care' of 10 or more hours per week. (41 percent (411) clients in 2018/19).

303 service users aged 55+ were living in Extra Care Housing (297 in 2018/19). These are cumulative figures of all people who lived in Extra Care Housing for all or part of the period during 2019/20.

175 service users were living in the community in other forms of supported living (185 in 2018/19). 129 of these service users have a learning difficulty. These are cumulative figures of all people who lived in **supported living** for all or part of the period during 2019/20.

3,229 people were provided with additional support to remain in their own homes through aids and adaptations (3,128 in 2018/19).

8.6 percent of service users (148 people) aged 18-64 are from minority ethnic communities; a slight increase of 5.7% from 2018/19 (140 people).

3.4 percent of service users (99 people) aged 65 or over are from minority ethnic communities; a decrease of 6.6% from 2018/19 (106 people).

## **Performance**

A range of social care-related performance measures show how the services we provide compare to other authorities, and whether they are meeting the needs of the community. Some of the measures recognise how we work across health and social care to meet individuals' needs.

Here are some of the performance measures included in the Government's Adult Social Care Outcomes Framework. Our 2019/20 performance is compared with national figures for 2018/19 as these are the latest available.

78.8% of service users had **self-directed support** as at 31 March 2020 compared to 87.4 percent in the previous year. Nationally 89% of service users received self-directed support. 100% of carers in South Gloucestershire received self-directed support; nationally this figure stood at 83.3% (2018/19).

30.6 % of service users (excluding carers) were receiving a direct payment (31.2 percent at 31 March 2019). National data shows that 28.3 % service users (excluding carers) received direct payments.

The percentage of older people discharged from hospital who received **reablement or rehabilitation care services** and who are still at home 91 days after discharge from hospital is another key performance measure. This looks at the effectiveness of services which aim to improve older people's independence when they have been discharged from hospital. Our 2019/20 performance showed that 89% were still at home 91 days after discharge from hospital; this compares to 82.4% across the country as a whole.

The percentage of adults aged 18-64 with **learning disabilities** receiving social care services who were in paid employment at the time of their review was 8% (60 people) (7.1 percent in 2018/19). Nationally this figure was 5.9%.

72.1% of adults aged 18-64 with learning disabilities receiving social care services were in settled accommodation at the time they were reviewed. Nationally this figure stood at 77.4%.

The percentage of adults with **mental health problems** receiving secondary mental health services who were in paid employment measures employment outcomes for those adults in touch with secondary mental health services whose complex needs are being managed using the Care Programme Approach (CPA). 18.8% of adults (138 people) using the CPA in South Gloucestershire were in paid employment (18.3 percent in 2018/19). Nationally this figure stood at 8% (2018/19).

75.4% of adults (538 people) with Mental Health problems receiving secondary mental health services were in settled accommodation at the time reviewed. Nationally this figure stood at 58%.

The number of **hospital discharges** that were delayed by social services for people aged 18 or over (per 100,000 population) measure aims for as few delayed discharges as possible. In 2019/20 adult social care was responsible for an average of 4.4 delayed patients 'bed-days' per 100,000 population<sup>1</sup> for all discharges (5.7 in 2018/19). The national average was 3.1 (2018/19).

**Permanent admissions to residential/nursing care** for older people (per 100,000 population). It is better to have a low rate of permanent admissions to residential care, as a high rate can indicate a lack in the range of health and social care community services needed to enable someone to remain in their own home and/or a need for improved assessments and decision making processes. In 2018/19 South Gloucestershire had an admissions rate to residential/nursing care for older people of 657.8 per 100,000 population (618 in 2018/19) and 9.9 per 100,000 for the population aged 18-64 (15.8 in 2018/19); this compares to 580 and 13.9 nationally.

## 4. Keeping People Safe

### Trends in number/volume of cases

2019/20 saw a 117% percent increase in the number of adult safeguarding incidents in South Gloucestershire, with a total of 2,287 incidents compared with 1,074 in 2018/19.

The large increase in safeguarding referrals in 2019/20 is in part due to the general year on year trend but also due to the way we record safeguarding concerns in South

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<sup>1</sup> Based on 11 month average due to NHS Digital pause in collection and publication of data during COVID-19 response.

Gloucestershire. In line with new Association of Directors of Adult Social Services guidance, low level safeguarding incidents (such as medication errors, falls and missed home care visits where there was no impact to the person) are no longer counted separately and instead are counted alongside other safeguarding concerns.

The four largest categories of reported abuse this year remain the same as in previous years. The largest remains neglect which has increased from 36.5% last year to 47% this year. The second largest category of abuse is physical abuse which has slightly increased from 14.1% last year to 14.3% this year. The other two large categories of abuse remain financial abuse (which has decreased from 19% last year to 11.2% this year) and psychological/emotional abuse (which has decreased this year from 15.7% last year to 10.5% this year).

The reporting of domestic abuse has slightly decreased this year from 5.4% to 4.5%. Audit work has identified that many cases of domestic abuse are often categorised as physical or emotional abuse suggesting that this figure should be higher still.

7.9% of safeguarding concerns in 2019/20 related to self-neglect. This category of abuse was introduced when the Care Act came into effect in 2015 and had remained relatively stable at around 3.5 to 4% until this year.

In 2019/20 791 (26%) of safeguarding concerns reported to the local authority were progressed to full safeguarding enquiries, compared to 22% in 2018/19. In 97% of cases we were able to identify a risk to the person concerned and take action to reduce or remove that risk.

## **How safeguarding work is carried out**

The South Gloucestershire Safeguarding Adults Board meets quarterly and has representation from a wide range of partner agencies and groups. It oversees all the multiagency safeguarding activity within South Gloucestershire. The Safeguarding Adults Board has a number of subgroups which focus on different aspects of the work. These include:

- **Communications and Engagement**

This group works to raise awareness of adult safeguarding and is a joint group with the Children's Partnership. It maintains the safeguarding website [www.southglos.gov.uk/safeguarding](http://www.southglos.gov.uk/safeguarding) and continues its oversight of the Making Safeguarding Personal work which aims to keep people at the heart of the safeguarding process. The group also contributes to Stop Adult Abuse week in June which is run jointly with Bath and North East Somerset, Bristol, North Somerset and Somerset.

- **Learning and Development**

This group manages training for the SAB and the groups it represents. This includes how and when to raise safeguarding concerns. The training is available for all staff, although some agencies prefer to carry out their own in-house training. The group also co-hosts an annual safeguarding conference with Bristol.

- **Policy and Procedures**

This group maintains the joint Safeguarding Adults Policy with Bath and North East Somerset, Bristol, North Somerset and Somerset, which aims to ensure a consistent approach to safeguarding across the area. It has also developed local multi-agency procedures to give detail as to how this works in South

Gloucestershire. This year the group has produced practice guidance relating to safer recruitment, self-neglect and working with risk.

- **Quality Assurance**

This group monitors and scrutinises the data on safeguarding. It also conducts regular multi-agency audits of safeguarding work focussing on both processes and quality.

- **Safeguarding Adults Review (SAR)**

This group looks in depth at situations where an adult in the area has died or experienced serious abuse or neglect, and where there is a concern that partner agencies could have worked more effectively to protect them. In 2019/20 the group published a learning brief in relation to a Safeguarding Adults Review about Family Z.

### **How do we know the quality and safety of local services?**

There are a range of processes in place to monitor quality and safety which includes Care Quality Commission (CQC) inspections, individual care management reviews and the monitoring of individual safeguarding notifications to determine if there are particular areas of concern about a service. The Organisational Safeguarding Team, the council's Contracting Team, the Clinical Commissioning Group (CCG) and CQC meet regularly and share information about any concerns.

The local authority, CQC and CCG are all members of the Safeguarding Adults Board and so there are good links both at a strategic level and through regular contact between staff.

## 5. Customer Satisfaction

We use a range of ongoing methods to capture our service users' feedback and views and shape our services. This executive summary highlights key points from the analysis of customer feedback received in 2019/20 including compliments, comments, concerns and complaints.

### **Compliments**

The total number of compliments received significantly increased compared to the previous year (277 Compared to 250 in 2018/19). Overwhelmingly the compliments demonstrate the high level of customer service and professionalism provided by staff. Customers have explained how appreciative they are of the service provided and the big difference their input has had on their lives.

### **Comments**

The Department for Children, Adults and Health actively gathers feedback from our customers through methods including stakeholder events, consultations and focus groups. This is vital in understanding our existing and potential customers' views and shaping the way we deliver services. See the next page for feedback and examples of what we did to address what customers told us they wanted.

### **Concerns**

The number of MP enquiries received increased compared to the previous year (249 compared to 227 in 2018/19 and 196 in 2017/18). The number of concerns received decreased in comparison to the previous year (105 compared to 175 in 2018/19 and 146

in 2017/18). Of the 105 concerns received 2 moved into the complaints process, while the rest were resolved without the need to escalate the matter.

## Complaints

The department saw a further fall in the number of complaints received during 2019/20 (161 compared with 220 in 2018/19 and 228 in 2017/18). Of the complaints which reached completion during the period, 19% were upheld, 27% partially upheld and 43% were not upheld.

Nine formal enquiries were received from the Ombudsman during 2018/19 (compared to nine in 2018/19 and eight in 2017/18).

## You said, we did

You said (feedback)	We did
The community need support to find their own solution to improving mental health.	We agreed funding for a new community grants programme to encourage new projects across South Gloucestershire.
<i>"I can't find a local Pharmacy that offers support to stop smoking."</i>	We updated the list of all local pharmacies that offer the Stop Smoking Service on our One You website and on our Smokefree leaflets.
<i>"I can't make face-to-face appointments for help in quitting smoking – can there be more ways to get this support?"</i>	We now offer more specialist support using telephone, email and text for those who would like to quit smoking.
Workers across sectors said that we need to be more trauma and adversity aware.	3,000 professionals in South Gloucestershire have been made aware of trauma and adversity through events and sessions. An ACE Ambassador network has been set up with over 240 ACE Ambassadors (ACE: Adverse Childhood Experiences). An online resource library has been developed.
Representatives at our 2 sensory impairment groups (Deaf, Deafened, DeafBlind and Hard of Hearing and the Low Vision and Hearing Service Committee) felt that people with sensory impairment faced barriers when accessing council services. Representatives said that the way the meeting was facilitated would be very important, as people with hearing loss would have different experiences from people with sight loss which they would like to share	South Gloucestershire Council hosted an event "Accessible Council Services – Improvement Through Engagement." This provided an opportunity for residents, service users and organisations to meet with Council Officers and to discuss the barriers and issues they face. The event included two distinct, separate work group sessions – one for people with hearing loss, another for people with sight loss. The feedback from this event has developed into initiatives and activities to improve our services for people with a sensory

and it was not a case of “one size fits all.”	impairment.
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Further information can be found in our Annual Report on Customer Feedback:  
[www.southglos.gov.uk](http://www.southglos.gov.uk)

## 6. Working with Our Partners

### Carers’ Advisory Partnership (CAP)

The Carers’ Advisory Partnership (CAP) is a multi-agency forum that oversees the strategic approach, delivery and development of carers’ services and support in South Gloucestershire. Carers are equal and valued members of this partnership, and contribute to agenda setting, bringing their views and perspectives to how support develops in South Gloucestershire, and providing challenge where needed. They also contribute views and feedback gathered from their contact with other carers in South Gloucestershire.

The Carers’ Support Centre are members of the CAP and are commissioned to provide a range of key services for carers, from raising awareness of the caring role to encourage carers to self-identify and receive information and support, to providing one to one support for carers, including the completion of a carer’s assessment. Partnerships with other organisations focus on supporting carers through carers’ groups and providing social opportunities for carers.

Over the course of the 2019 – 2020 CAP agendas have covered the following:

- The introduction and development of the Three Conversations (3Cs) model in the council and how this relates to carers
- Community based support, pressures in the system and the results of the home care survey have continued to be a focus
- What happens when someone’s caring role comes to an end, what carers would benefit from at this time.

Equalities data for carers, particularly in relation to health checks and flu vaccine uptake

A film on young carers in schools, developed by Young Carers Voice at the Carers Support Centre.

Discussion of the results of the Online Pupil Survey in relation to young carers.

Discussion of the findings of the national Department of Health Carers Survey.

Updates on the development of the Trusted Assessor Model for carers assessments

Meeting Chris Sivers, Director of Children, Adults and Health and discussing issues of concern for carers

The provision of day care for people with dementia

The Better Care consultation

The development of Frailty Services

Sirona’s plans for the development of the new Community Health Service across Bristol, North Somerset and South Gloucestershire

A report into projected need of people with learning difficulties in relation to supported living.

CAP members are key partners of the Carers Strategy Implementation Group, tracking progress against the Carers’ Strategy Action Plan. Progress is reported on a 6 monthly basis to CAP. The Young Carers Strategy Group has also met to support the delivery of the strategy and promote awareness of young carers and partnership working

### South Gloucestershire Learning Difficulties Partnership Board (LDPB)

South Gloucestershire Learning Difficulties Partnership Board (LDPB) is a multi-agency group who work to make sure that people with learning difficulties (LD) have the same rights, choices and

opportunities as everyone expects and deserves. The LDPB supports local organisations and groups to work together to increase opportunities for people with learning difficulties.

The board works in partnership with people with learning difficulties, family carers and staff from the council and other agencies, including the Clinical Commissioning Group, Sirona care and health and voluntary and community organisations across South Gloucestershire to improve the lives of all people with a learning difficulty.

The LDPB is co-chaired by the Council's Cabinet Member for Adults and Public Health and a person with LD. The co-chairperson with LD is employed directly by South Gloucestershire Council's Department for Children, Adults and Health. Besides co-chairing the LDPB meetings, the co-chairperson's role also involves:

- Making sure information is accessible to people with learning difficulties
- Visiting and monitoring Learning Difficulties Development Fund projects to ensure they make positive and sustainable changes for people with learning difficulties
- Making sure people with learning difficulties have the chance to have their say about the services and support available to them and are able to influence the way services are delivered
- Making sure people with additional and complex needs and people from minority communities have the same opportunities as everyone else and are empowered to speak up about their experiences.

The LDPB meets six times a year and each meeting has a theme. In the last year, the themes of the meetings have been:

- Health
- Housing
- Education and Employment
- Personalisation
- Learning Difficulties Development Fund (LDDF) Awards
- Staying safe

The LDPB produces an annual report on its work. More information can be found at:

<https://www.southglos.gov.uk/health-and-social-care/care-for-adults/health-matters-and-disability/learningdifficulties/learning-difficulties-partnership-board/>

The 2019/20 Learning Difficulties Development Fund (LDDF) supported a number of projects and initiatives including a cleaning business run by and employing people with LD, an arts course, a schools information project, a music and craft project, an accessible cycling project, support for people in debt management/benefits/housing/employment etc., a project that gave support in gaining employment, a peer advocate support group and a cookery course.

For more information on projects in 2019/2020: <https://www.southglos.gov.uk/community-and-living/grants/learning-difficulties-development-fund-lddf/>

This year (2020/2021) the LDPB was awarded £100,000.00 from the LDDF to support projects that will work to achieve the aims and priorities of the Board. Unfortunately the Covid-19 pandemic and resulting lockdown meant the meeting in March to award funding to projects could not take place and has meant the Board has had to pause the current LDDF process. However, during 20/21, we will be carrying out a comprehensive survey to find out the experiences of people with LD during the lockdown and how the C-19 pandemic has affected them and their carers. We hope to learn what has worked well and also areas where things could be improved and should be done differently if we are faced with a similar situation in the future. We will also be exploring how we can continue the work of the LDPB during the time in which it is not possible to hold physical meetings to ensure that the important work continues, to improve the quality of life for all people with LD in South Gloucestershire. We will also be looking at awarding LDDF funding to projects

which can work and deliver outcomes for people with LD under the current restricted social distancing circumstances.

## South Gloucestershire Ageing Better Partnership Board 2019/20

The Ageing Better Partnership Board includes older people and representatives from statutory and voluntary organisations. It has an overview role, which aims to improve quality of life and support people to age well.

The Ageing Better Partnership Board itself does not undertake detailed programmes of work or project management in its meetings but maintains an overview on progress of projects.

Over the last year the Ageing Better Plan task and finish groups considered issues to deliver better outcomes for older people in relation to: social isolation, housing, digital inclusion and transport.

We shared information which included:

- Commenting on the planned Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group Frailty Service (BNSSG CCG)
- Reviewing the commissioning intentions of statutory partners
- Homelessness in older people
- An update on the homecare survey
- The provision of complex dementia beds across BNSSG CCG
- The One You Service

We have an annual update on the activities and action plans from the following groups: Carers Advisory Partnership, Low Vision & Hearing Loss Services Committee and the Deaf, Deafblind, deafened and Hard of Hearing Group.

The Ageing Better Group did not meet in April 2020, as planned, because of the Covid-19 crisis. We held an online meeting in July and are planning online meetings for the remainder of 2020/21.

## South Gloucestershire Low Vision & Hearing Loss Services Committee (LVHLSC)

The aim of the Low Vision & Hearing Loss Services Committee is to raise awareness of eye health and visual impairment. Members currently include: residents with a visual impairment, statutory and voluntary partners. The Committee ensures that people with a sight loss and their carers, have access to the information, services and support they need, to be able to live the lives they wish to lead.

For most of the year we continued to review the LVCHS action plan, develop equalities links, published a "Sight Matters in South Gloucestershire" bulletin in December 2019, and continue to increase awareness of sight loss through digital campaigns.

The Low Vision & Hearing Loss Services Committee has not met since January 2020 because of the Covid-19 crisis. We are planning to restart meetings online from October 2020.

## Deaf, Deafblind, deafened and Hard of Hearing Group (DDD&HHG)

The aim of the group is that people who are Deaf, Deafblind, deafened or Hard of Hearing and their carers have access to appropriate information, services and support, which help them to lead their lives as they wish and to effectively manage their hearing loss. Members include representatives from statutory and voluntary organisations.

We review and update activities to deliver and contribute to the DDD&HHG Action Plan.

We published a "Hearing Matters in South Gloucestershire" bulletin in December 2019; discussed feedback regarding services and any gap and; continue to increase awareness of sight loss through digital campaigns.

The Deaf, Deafblind, deafened or Hard of Hearing group has not met since December 2019 because of the Covid-19 crisis. We are planning to restart meetings online from September 2020.

### **The Accessible Council Services – Improvement Through Engagement Event**

The LVHCS & DDDHH group supported and attended Accessible Council Services – Improvement Through Engagement in February 2020.

The event brought together different parties together informally to discuss the barriers and issues faced when accessing council services and communities with a sensory impairment and how these issues may be resolved. Representatives included:

- Residents and service users
- Organisations offering services in the area
- Council officers representing a wide range of council services.

The outcomes of the meeting have been included in action plan.

## Safe Places Scheme

Safe Places is a service to help vulnerable people with communication difficulties stay safe when they are out and about.

The service includes direct access to police support 24 hours a day via the Safe Places telephone number.

When someone joins Safe Places, they are given a unique reference number which gives them direct access to police support 24 hours a day, via the Safe Places telephone number, which has a direct link into the police control room.

An individual can call the Safe Places number if they find themselves in a crisis situation, such as if they are lost, feel scared or upset and don't know what to do, or if they have been a victim of crime.

They can also visit a Safe Places building for help. All police stations with enquiry offices are Safe Places and soon some council offices will also be included. Safe Places buildings can be identified by the Safe Places window sticker. [Find your nearest police station here.](#)

The Safe Places service has no age limit and is open to anyone in the force area with communication difficulties, such as dementia or a learning disability.

You can complete a registration form online or print it and give it to a police enquiry desk where we will be happy to process your application.

## Mental health

Prior to Covid-19 a lot of work took place to develop a new BNSSG wide All Age Mental Health strategy. This work saw the development of an approach working across all part of the system including a commitment to primary prevention and working in communities to reduce the need for mental health services.

Since Covid-19 a new Bristol, North Somerset and South Gloucestershire (BNSSG) wide mental health cell has formed working to mitigate the mental health impacts of Covid-19.

The key achievements for the past year are:

- In partnership with WECA we have developed the Thriving at Work Programme that has already worked with over 60 local employers the improve staff mental health and it now being rolled out across the West of England.
- In partnership with the CCG along with Bristol and North Somerset Councils we have successfully applied to host Mental Health Support Teams for schools.
- Working with the SEND Partnership Board we are piloting work with SEND young people who have poor mental health and related risks around school exclusion.
- The newly formed BNSSG Mental Health Cell was successful in getting £3million of funding agreed to support a response to the mental health impacts of COVID. This included more community grants, mental health training and debt advice.
- South Gloucestershire led a South West wide process for adapting the Connect 5 training into an online course

## 7. Our priorities for change in 2020/21

### **1. We will shift the balance of support more towards prevention:**

Our ambitions for South Gloucestershire align with those of our health partners; by understanding the population health needs of our communities we can work to reduce socio-economic and health inequalities. This will require a shift in our social and economic support and health and care responses towards prevention.

### **2. We will support the most vulnerable adults to maintain independence:**

We will seek to actively promote wellbeing and independence, intervene early to support individuals, help people retain or regain their skills and confidence, and prevent needs escalating or delay deterioration in our clients' health wherever possible.

### **3. We will build on the successes achieved so far with our 3 Conversations approach to supporting our clients by:**

- Fully embedding the approach within the service, ensuring workers have skills, confidence and support to optimise the benefits to individuals and in use of resources.
- Continue to improve and make accessible the information and advice to enable people to support themselves to live well at home.
- Working with our partners continue to develop networks and resources within our communities to respond to local needs.

**4. We will accelerate the successful use of Assistive Technology for our clients by aiming to:**

- Provide tools and guidance to enable people to adopt AT solutions themselves
- Increase use of AT to prevent and delay need for long term care
- Increase use of AT to meet needs within long term support plans that reduces need for commissioned services

**5. Enhance our partnership working to build towards an integrated care system:**

We will prepare the service to operate effectively as part of the emerging local integrated health and care system. This will include defining how social care can deliver a prevention agenda; promoting independence and reducing the number of avoidable admissions to hospital, an extension to seven day working and extended hours of service operation. It will also include designing and implementing services that align with health and voluntary sector provision to optimise benefits for individuals and the wider system.

**6. Full implementation of our new ASC case management system – Mosaic:**

This will improve our ability to process data regarding our clients, and to use data to identify performance areas to focus on. It will also help us to forecast activity and spend to improve our decision making and planning capabilities.

**7. Reset our services from the impact of Covid-19:**

Supporting our clients that have been most impacted to rebuild their independence and allowing them to thrive and developing some identified opportunities such as better partnership working with the health sector.

**8. Review our reablement approach:**

Our aim is to improve our ability to help our clients recover and achieve quicker and greater progress towards independence as well as being more responsive on hospital avoidance. We will undertake a review looking at best practice achieved by other local authorities and identifying the best solution for our local context.

**9. Improve the cost effectiveness of our services:**

Like many public sector organisations we are challenged to ensure every pound we spend achieves the greatest impact and we are focused on identifying ways of delivering existing levels of client support or even improved levels with our finite levels of funding. For example, by focusing on prevention, evidence shows that

more costly interventions can be avoided. Similarly, by investing in supporting clients to greater and quicker independence through improved reablement, this not only enhances their life experiences but is also far more cost effective than reduced independence and greater institutional care.