Report to Cabinet

26 January 2026

Wards: All

Additional Funding to Deliver the Adult Social Care CQC Improvement Plan

Report of the Executive Director for Adult Social Care and Health (DASS)

Report Status:
This item is not exempt
Therefore exempt reasons are not applicable

This is a key decision. The matter is in the Forward Plan

Ref No: 0069/25

1. Purpose of the Report and Summary

1.1. The recent Care Quality Commission (CQC) Local Authority assessment report for Adult Social Care (ASC) in Hull gave a score of '1' (significant shortfalls) in two quality statements (Assessing needs and Supporting people to lead healthier lives), due to in the most part to waiting lists and backlogs. There is a requirement for Hull City Council to have a clear plan articulating how the existing shortfalls are going to be addressed and how the risk of waiting lists increasing again in the future will be mitigated.

1.2. This report provides an overview regarding the waiting list position for Occupational Therapy (OT) assessments, Adaptations and OT Technician delivery; statutory annual reviews of care and support; and deprivation of liberty safeguards (DoLS). The report then sets out options to address each of the waiting lists with and recommendations on how they can be achieved. The report also includes two additional proposals which it is believed will enhance the current offer to people in Hull, these are expansion of the use of technology-enabled care and the expansion of the Hull Shared Lives scheme. Both of these proposals have the potential to deliver significant financial savings.

1.3. Additional investment is sought to deliver the required improvements and to deliver on the two spend-to-save proposals as follows:

Purpose	Funding Source	Mechanism	Amount
Care Act Assessments	Capital Receipts – Transformation Flexibility	Comensura Temporary Staffing Contract	£123k
Deprivation of Liberty Assessments	Capital Receipts – Transformation Flexibility	Externally Commissioned Assessments	£521k
Occupational Therapist Expansion	Capital Receipts – Transformation Flexibility	Comensura Temporary Staffing contract plus capacity building	£645k
Community Equipment	Capital Receipts	Mediquip Framework Contract	£97k
Total			£1.386m
Budget Setting for 2026/7			
HRA Adaptations	HRA budget setting	Housing Supply Chain	Maintain 2025/6 levels of expenditure
DFG funded Adaptations	Better Care Plan budget setting	Housing Supply Chain	Prioritise Adaptations
Assistive Technology increase	Core Funding	Staff increase	£101k/annum
Shared Lives increase	Core Funding	Staff increase	£107k/annum

2. Recommendations

2.1 One Year Investment funded through Capital Receipts Transformation Flexibility:

2.2 To invest **£123k** additional revenue funding to appoint to agency social workers through the Council's Comensura Framework Contract for a period of 12 months to clear the Care Act annual review backlog;

2.3 To invest an additional **£521k** to address the DoLS waiting list backlog to outsource 20 assessments per week for 12 months through the procured external BIA framework;

2.4 To apply **£645k** revenue funding within the internal team to expand Occupational Therapy roles capacity to address the backlog of current assessments;

2.5 To increase, on a one-off basis, the budget for community equipment by **£97k** through the Mediquip Framework Contract to cover the cost of the additional equipment provided following the completion of the backlog assessments and to deliver modular ramps to clear the OT Technician backlog.

2.6 **HRA and Better Care Plan Housing Budget Setting:**

2.6.1 To note the intention through HRA budget setting process to provide for a further **£4.2m** HRA capital investment (**£3m** KWL and **£1.2m** non-KWL) in 2026/7 to address the Major and Minor Adaptations identified above;

2.6.2 To note that there exist 99 Major Adaptation legacy cases funded by HRA and 120 legacy cases funded by the Better Care Fund (Disabled Facilities Grant) which require additional short term surveying capacity from the available funds and to authorise the application of **£99k** (**£78k** Housing Revenue Account (HRA) and **£21k** Disabled Facilities Grant (DFG)) from the available funds to provide for the employment of 2 additional surveyors for 1 year to address this backlog;

2.6.3 To approve prioritisation of the application of available funds within the Better Care Plan 2026/7 DFG provision to the cost of the legacy major adaptations' capital works.

2.7 Adult Social Care Budget Setting Resource adjustment:

2.7.1 Subject to approval through Council of an adjustment to the Adult Social Care Budget by £208k/annum through two spend to save schemes.

- To invest **£101k** per annum into the Assistive Technology Team to fund two social workers. In 2025 -2026 up to Period 7 the service has made a saving of £144k via the Assistive Technology scheme, this shows that the scheme will more than cover the costs needed to fund the Social Workers.
- To invest **£107k** per annum to expand the Shared Lives team to expand the Shared Lives scheme in Hull. This expansion would enable the number of people in the shared lives scheme to increase to 50 full time and 25 respite placements. If all new placements are diverted from Supported living or Residential care and the more expensive respite offer currently available, there would be a potential saving of £944k per annum. This could take up to 12 months to achieve so the full savings would show in the final financial quarter of 26/27, this would cover the costs of the 2 additional grade 8 officers needed to expand the service.

3. Reasons for Recommendations

3.1 Under Part One of the Care Act 2014 the Council has duties to fulfil and the CQC now has statutory responsibility under the Health and Care Act 2022 to independently review and assess how Local Authorities are delivering on these duties. The CQC assessed that Hull City Council has significant shortfalls in delivering its statutory duties in two of the nine domains considered by CQC. The

recommendations included in the report which relate to Occupational Therapy intervention including community equipment and adaptations and Care Act annual reviews will address current shortfalls in meeting the statutory duties under the Care Act and will also ensure that a robust improvement plan can be presented to the Department of Health and Social Care (DHSC) in response to their section 50 notification. They will also ensure that should CQC re-assess in the future that there is clear evidence that the shortfalls they previously identified have been addressed. Though not specifically included within the section 50 notification, the DoLS waiting list is a known and increasing risk which if not addressed will mean that statutory duties are not met and this will be identified by CQC in any follow up assessment. The recommendation to address this will ensure that statutory duties are met whilst a wider review is undertaken.

3.2 The Care Act 2014 requires local authorities to arrange services which contribute to "preventing or delaying the development by adults in its area of needs for care and support" and "reduce the needs for care and support for adults in its area" and this also applies to carers needs too. Local authorities also have responsibilities under the Care Act 2014 to understand the local care market, to ensure that people and their carers have choice over how their needs are met and to ensure that the care market remains vibrant and stable. The two proposed 'spend to save' recommendations to deliver assistive technologies and to expand the Shared Lives Scheme will contribute directly to meeting these statutory duties. They will also support delivery of the wellbeing principle under the Care Act.

4. Key Organisational Impacts

4.1 Impact on other Executive Committees (including Area Committees) and decision makers:

4.1.1 The decision will impact across the whole of the city and will not affect any particular ward or Area. No impact is foreseen for any other Executive Committee, however the report will be of interest to the Health and Care Partnership therefore will be shared there for information.

4.2 Contribution to the delivery of the Community Plan, the Council Plan and/or Area Plans:

4.2.1 The implementation of the recommendations in the report will contribute to the following ambitions in the different plans/strategy:

- The Community Plan Ambition 2 – A Healthier and Fairer Hull and specifically the priorities to support people to be healthy, independent and more resilient; and ensuring all communities in our city have equal opportunities to achieve their full health potential.
- Council Plan, 'Making it happen' - Prioritise investment in preventative services, increase integration, and create the conditions that support good health, wellbeing and safety for individuals, families and communities; Ensure that we consider all the health and wellbeing implications in the

design, delivery, and implementation of our decisions to support people to live more active and independent lifestyles; and Lead on the development and delivery of services which support residents in ways that work best for them and help to create environments that assist people to thrive.

- Health and Wellbeing Strategy – supporting both “Proactive Prevention” and “Reducing Health Inequalities”.

4.3 Impact on other key strategies/business plans:

4.3.1 Implementation of the recommendations in the report will directly deliver on the ASC 3-year Plan. Contributing to delivering the overall vision: “A life, not a service - We all want to experience love, friendship, and relationships, have meaning in our lives, and to live safely in the place we call home in communities where we look out for each other.” As well as delivering against each of the priorities:

- Promote health and wellbeing
- Prioritise investment in prevention and early help
- Support people to remain in control
- Support people to stay safe and well
- Develop a joined-up experience of care and support
- Have a sustainable and skilled workforce

4.4 Equalities Impact Information

4.4.1 The proposals will have a positive impact on disabled people through reducing wait times and enabling access to equipment; adaptations; and technology in a timely way. The proposals will also provide more choice and control for disabled people as well as protecting their Human Rights. A broader analysis of protected characteristic data across ASC will measure whether there are any differential outcomes for people with different protected characteristics and action will be taken address these differences within the operating model including OT services; reviewing; DoLS assessments; provision of assistive technologies; and Shared Lives. This will be done as part of the wider operating model review. An EIA form is included at Appendix A.

5. Consultation

5.1 In-depth consultation was undertaken with people across Hull on the Adult Social Care Plan and the Community Plan. The current proposals align with and support delivery against both plans.

6. Background

6.1 The Health and Care Act 2022 introduced a new duty on the CQC to independently review and assess how Local Authorities are delivering responsibilities under Part One of the Care Act 2014. The Care Act specifies the

general legal duties that Local Authorities have towards every individual living in their local area, regardless of whether they have care and support needs. Following an on-site assessment in May 2025, the CQC has rated Hull City Council's Adult Social Care service as "Requires Improvement". The report prepared by CQC highlights both areas of good practice and the areas that require significant improvement, with findings of a significant shortfall in evidence of meeting statutory duties against two of the quality statements, with a score of '1' (these were against Assessing needs and Supporting people to lead healthier lives).

6.2 Due to the CQC giving scores of '1' against the two quality statements they notified the Secretary of State of this through a Section 50 notice as per the legislation. As a result of the section 50 notice, the Department of Health and Social Care (DHSC) has mandated that an improvement plan is developed and implemented and that this is overseen by a DHSC appointed adviser. The key focus areas of the improvement plan under the section 50 notice are Occupational Therapy waiting lists, statutory annual Care Act review backlogs and access to advocacy.

6.3 The ASC service receives over 20,000 contacts per year and supports around 4,000 people with care and support needs at any one time, in receipt of a care and support plan.

- 42% of people are in permanent residential / nursing care
- 58% of people are supported through community-based services i.e. Direct Payments; Day Opportunities; Homecare; Supported Living; or Extra Care.

6.4 The Adult Social Care service can meet the demand of 'new' people making contact who require a Care Act assessment, these are actively prioritised, and there are only a small number of people awaiting an initial Care Act assessment across all teams. However, the demand for Occupational Therapy intervention cannot be met with current resources and nor can the demand for completion of statutory annual reviews of care and support plans. These therefore remain areas of focus and concern.

6.5 The Deprivation of Liberty Safeguards (DoLS) are a legal process under the Mental Capacity Act 2005, designed to ensure that individuals in care homes or hospitals who lack the capacity to consent to their care and residence arrangements are not unlawfully deprived of their liberty. An in-house DoLS team was created in 2024 in readiness for the change in legislation and implementation of the Liberty Protection Safeguards (LPS) which would have enabled a more proportionate approach to deprivations of liberty. The planned LPS legislative change was paused by the previous government and has therefore not come to fruition. The impact of this has been that people are also now experiencing increasing wait times for assessments undertaken by Best Interest Assessors (BIAs) as the team are unable to sufficiently meet demand without additional

assessments undertaken by external BIAs. Unfortunately, there is no timescale in relation to the implementation of LPS, although a national consultation is expected to begin in Spring 2026.

6.6 A 'waiting well' approach in relation to all waiting lists is in place, which includes use of a RAG (Red / Amber / Green) matrix to determine both priority and complexity of requests, waiting lists are closely monitored by Operational Managers on a regular basis, and welfare checks undertaken as required. Letters are also sent where appropriate to ensure people are aware of likely waiting times and provide contact details should people need to speak to someone urgently, or their needs change.

6.7 Robust oversight of waiting lists is maintained through weekly review of performance dashboards by the Strategic Leads and monthly DMT Performance and Finance meetings. Risk escalation and mitigation is identified, discussed and actioned accordingly. Data including waiting lists across the service is also taken to ASC Continuous Improvement Board as a standing item, with spotlight discussions as required, and a quarterly performance report to Informal Cabinet and Scrutiny has now also been developed and presented.

6.8 In 2025/6 at HRA budget setting it was agreed to increase the budget for Housing Adaptations for Council properties to £5m. This has been utilised to develop the supply chain and increase the number of adaptations being undertaken, significantly reducing the backlog. While previously there were 1300 adaptations outstanding to Council properties, this has reduced so that there are now 160 extant cases in progress and 171 cases awaiting allocation. However, within these figures there are 99 complex legacy cases which require surveyor capacity to scope.

6.9 In addition, in 2025/6 the Better Care Funding for Disabled Facilities Grants is being utilised for private housing adaptations. However, there remain 180 minor adaptations and 120 more complex works in progress which will require the prioritisation of DFG funding in 2026/7 to clear the backlog.

7. Issues for Consideration

7.1 *Occupational Therapy Waiting Lists* ***(See 8.1 A for options)***

The demand for Occupational Therapy (OT) services continues to be high and in 2024/25 around 4,000 contacts were made to the ASC service from people requiring OT intervention (around 333 per month). As at the end of November 2025 there were 1,509 people awaiting OT intervention. Of this total number, 802 people are awaiting triage of an OT contact. Of these, around 60% progress to an OT assessment, the other 40% receive equipment, support or information at the point of contact. There are therefore over 1,000 people currently awaiting an OT assessment following triage.

7.2 OT assessments often result in the need for housing adaptations or rehousing and there are also waiting lists within Neighbourhoods and Housing for surveys and works to be completed and rehousing. Of the people receiving an OT assessment approximately 33% require a major housing adaptation, around 31% require minor adaptations (with about 15% private housing delivered by OT Technicians in ASC and 16% Council housing delivered by KWL) and 20% require rehousing which, once allocated, can then also require adaptation before the person moves in. Any proposal to address the OT waiting lists must also therefore take account of the subsequent parts in the process otherwise the waiting list will move from OTs to Neighbourhoods and Housing or the OT Technicians with no benefit to the person. The number of people currently waiting for surveys and works are as follows:

Private Housing (DFG): 297 awaiting surveys and/or works

Council Housing (HRA):

- 160 awaiting survey
- 180 the design/specification phase
- 340 in works with KWL
- 90 awaiting feasibility study (due to complexity)

7.3 Whilst there continues to be an increase year on year in the number of assessments completed by Occupational Therapy staff, there also continues to be challenges in reducing existing backlogs. Several measures have been implemented to support recruitment and retention of OTs, including the payment of market pay rate supplements (MPRS) and 'grow our own' strategy to develop the OT workforce. Benefits of this work are now being seen, with a reduction in OT vacancies (although experienced Senior OT posts are still being covered in the main by Locum OTs against vacant permanent positions). The MPRS has been agreed until 31 December 2026 to continue to aid recruitment and retention.

7.4 There is a weekly operational OT oversight meeting across all teams, which is chaired by the Head of Service for Prevention, and attended by the Principal OT, Operational Practice Lead OTs and other relevant staff. This meeting combines oversight of all ongoing short-term measures, steers the priorities of the OT review and ensures all highest priority cases are allocated out across the service, or risks are escalated if there is no capacity across the whole system. Waiting lists continue to be closely monitored, with current numbers detailed below:

Service		Jul-25	Aug-25	Sep-25	Oct-25	Direction of Travel	Current longest wait @ start of October	Direction of Travel
Occupational Therapy Waiting Lists	See and Solve - Triage	429	496	683	812	Increase	179 days	Increase
	See and Solve - OT Assessment	14	10	17	17	No change	175 days	Increase
	Active Recovery	163	167	127	113	Decrease	235 days	Increase
	Localities	360	372	346	352	Increase	748 days	Increase
	Housing and Adaptations	221	215	187	188	Increase	501 days	Increase
	Moving and Handling	21	22	23	27	Increase	281 days	Decrease
	TOTAL	**1208**	**1282**	**1383**	**1509**	**Increase**	**748 days**	**Increase**

Figure 2 Occupational Therapy Waiting Lists by Service Type July – October 2025

7.5 Waiting lists are also overseen monthly in the ASC Departmental Management Team (DMT) Finance and Performance meeting, and relevant escalations taken to the ASC Continuous Improvement Board. An Integrated Adaptations and Specialist Allocations Service Improvement Plan is also in development, which is an integral component of the CQC improvement plan, through this project an integrated dashboard will be developed to show performance across the full person journey. The OT review also remains the key priority within the ASC Continuous Improvement Programme.

7.6 Over the next 6 months there will be a significant reduction in qualified Occupational Therapy capacity and experience. This is related to seven appointments of newly qualified, 'Return to Practice' and Apprentice Occupational Therapists. Currently these vacancies are covered by experienced qualified Locum Occupational Therapists. Whilst this evidences that the 'grow our own' strategy is working, the reduction of locums against vacant posts which will be converted will be a real time reduction of qualified OT capacity, which will take 1-3 years to regain. In addition to this there are six apprentices, three existing staff members and three new staff members, who will have 45% of their time not in practice.

7.7 Additionally, there will be a loss of the four fixed term OT Assistants (OTA), currently funded through the DFG agreed via a Decision Record for 18 months. In addition to the loss of DFG funded posts there will be a further loss of two OT posts that will be converted to posts focusing on proactive reviews of high cost moving and handling care packages with a view to cost reduction, giving a further loss of mainstream OT capacity working on the waiting list.

7.8 A grade 8 OT with 12 months' experience in mental health and two grade 9 OTs, one from a physical health background and one from a neurological medicine background, have recently been recruited. These staff will take around 6 months to bring up to full capacity with the new skill set they will require to specialise in Adult Social Care, such as skills around housing adaptations. They are expected to commence in post in February 2026.

7.9 *Occupational Therapy Technician Waiting Lists* (**See 8.1 B for options**)

The Occupational Therapy Technicians are a team of three technical staff who deliver a range of minor adaptations in people's homes based on OT assessments. The three individuals work from a workshop in Burma Drive where they manufacture wooden ramps for installation. They work city wide and have works vans to deliver the service. They are also Trusted Assessors and can therefore assess for minor adaptations without the need for OTs to reassess. This is particularly important where there is a significant delay between the OT assessment and the adaptations being delivered because if anything has changed the OT Technicians can assess and implement those additional requirements without the need for further OT or OTA intervention.

7.10 To use the equipment needed to manufacture ramps within the workshop there must be two people present. Due to the working patterns of the team this means that there are often times where two people are not at work which makes the manufacturing process and the rapid delivery of ramps problematic, and this particularly impacts on the ability for people to return home quickly from hospital. The current waiting list for the team is very high (more than 500) and those with the least priority on the list are waiting very long periods for minor adaptations.

7.11 A proposal has been developed to reconfigure this service and develop a resources/technical team to support across Adult Social Care, including regulated services. This proposal was presented to SJCNC and will require further work following feedback prior to going out to consultation. This however will take a significant amount of time and consideration needs to be given to options in how we can make this service more efficient and effective in the interim and whether a third-party option is needed to outsource some of the technicians' activity to reduce the backlog.

7.12 *Care Act Reviews* ***(See 8.1 C for options)***

Under the Care Act 2014 there is a requirement for people who are in receipt of care and support to have it reviewed on an annual basis. CQC highlighted that the backlog of annual reviews in Hull was unacceptable as part of their assessment report.

7.13 In 2023/24 58.2% of 12 month rolling reviews were completed (for people who had been in receipt of care support for 12 months or more) and in 2024/25 52.9% were completed. The current performance data show that 60.1% is being achieved (as at 26/11/25) with a target of at least 70% in the next 12 months and with the current resources and planned improved approach it is forecast that this is on track to be achieved. The England average for people receiving a planned or unplanned review is 58.77%, therefore Hull is now achieving above the national average and will significantly exceed it within 12 months.

7.14 Wait times for annual reviews require some improvement and steps are being taken to address this, however current analysis provides assurance that the resource available is being utilised in in the best way and there are mitigations in place to ensure that people are not at risk. Overdue reviews have been decreasing each month during 2025 as evidenced in the graph below:

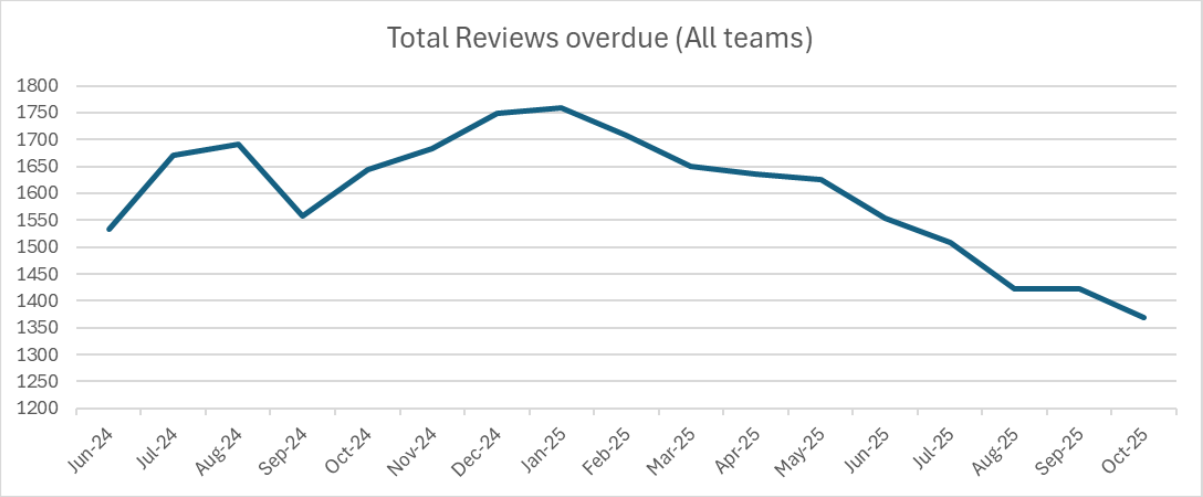

Figure 3 Total Overdue Care Act Annual Reviews June 2024 – October 2025

7.15 At the beginning of November 2025, the overdue reviews were at 1,278. This compares to 1,625 which was submitted to Care Quality Commission in May 2025 as part of the Adult Social Care Assurance visit.

7.16 *DoLS Waiting List (**See 8.1 D for options**)*

As described above, an in-house the DoLS Team was created in 2024 to deliver all DoLS assessments and cease the use of external Best Interest Assessors (BIAs) except where there is a conflict of interest. The new team comprised of an Operational Manager; Practice Lead; six BIAs; and two DoLS Coordinators. The team now has three full time BIAs, and five part time BIAs (with one vacancy remains at 13 hours per week). The structure of the team was predicated on the implementation of LPS, which was to introduce a much more proportionate and streamlined approach to assessment and authorisation of deprivation of liberty, however this has not been implemented and the inhouse resource is therefore not able to meet both current and future requirements. The original intention was for all assessments to be undertaken in-house, other than 50 per year where there is a conflict of interest with the Managing Authority being the same as the Supervisory Body (for our internal care homes) and these assessments would therefore be undertaken by an independent BIA.

7.17 Based on projections undertaken around productive days, which considers annual leave, bank holidays, sickness and training, the team when fully staffed are expected to undertake just under 500 assessments per year, when the demand is around 1,200 assessments per year, under the current framework. Further discussion is taking place in relation to longer term options to ensure

sustainability and the most cost-effective models moving forward, however in the interim the waiting lists continue to rise, which poses a high risk, particularly with a high number of overdue reviews alongside this meaning people have not been seen by the local authority for more than 12 months. There is therefore a need to increase assessment capacity until the end of this financial year whilst longer term options are considered and implemented. Any vacant positions that arise within the team during this period will not be filled whilst a longer-term solution is considered.

7.18 Options around proportionate assessment approaches are also being considered, however until the backlog is reduced, it is not possible to effectively make use of this approach. Working in 'real time' is required in order to maximise this approach where appropriate in relation to renewal applications.

7.19 The current waiting list as of end of November 2025 was 492 people, with the longest wait since April 2025, this has continued to increase. At the time of CQC assessment in May 2025 the waiting list was 345 people.

7.20 *Spend to Save Proposal: Assistive Technology Team* ***(See 8.1 E for options)***

In December 2024 it was agreed as part of ASC financial efficiencies plan that a pilot would be undertaken to incorporate two dedicated social workers, to work under the umbrella of assistive technology, assessing needs through the lens of technology and identifying opportunities for less restrictive care. The focus on technology enabled care provided a 'proof of concept' to establish if this approach was beneficial to people who draw on care and support and the wider service. The drive for Assistive Technology to support people's health and wellbeing is a key priority in the ASC 3-year plan, NHS 10-year plan and is also critical to the prevention offer and the wider council Digital Strategy. It is also an area of development in terms of integration with Neighbourhoods and Housing service and supporting the Independent Living Strategy and was cited within our CQC assessment report as an area that requires scaling up and growth. The pilot came to end in September 2025 as the social work capacity was required back in the long-term teams to increase capacity to manage waiting lists and risk.

7.21 From January 2nd to March 30th, 2025, the pilot saved an in-year figure of £16k, and from 1st April until 1st August 2025, the pilot saved an in-year total of £140k. This equates to a total of £156k with further ongoing savings forecast. The pilot has confirmed that the approach of having dedicated specialist resources in this area can improve the experience of people with care and support needs whilst also being more cost effective. This area of work in terms of technological developments is fast paced, and whilst the longer-term aim is to upskill all practitioners in this area, it requires specialist workers to enable this expertise to be developed and shared across the service. There are still cohorts of people in receipt of services who would benefit from a specialist assistive technology approach, with further scope to look at high-cost provision, people who receive

1:1 care within residential settings, and opportunities around Preparation for Adulthood.

7.22 *Spend to Save Proposal: Shared Lives Scheme Expansion* ***(See 8.1F for options)***

Shared Lives (SL) is a small unique team that is part of Regulated Services within ASC, it offers support to people within the community to enable them to live with a SL carer and partake in everyday activities and live an enjoyable and fulfilled life. The Team currently comprises of one permanent Registered Manager (Grade 10) and three permanent Shared Lives Officers (Grade 8). The service offers a personalised and individual approach to meet need; people live in a homely environment and describe being part of the family. The service also offers excellent value for money and is often our most cost-effective way to support people to maintain and develop their independence.

7.23 In October 2023, the DHSC launched the Accelerating Reform Fund (ARF) to support innovation in ASC and this resource was used to temporarily expand the SL team. Two additional fixed term SL Officer posts (fixed to the end of November 2025) were recruited, IT equipment for carers was purchased and an advertising campaign to increase SL carers was implemented. With the addition of two additional members of staff the scheme reopened to referrals (26 new referrals have been received to date) and has successfully recruited new SL carers (6 new carers for permanent placements and 3 carers supporting respite) and increased the number of people being supported to 41 (36 permanent and 5 respite). The two additional posts are due to end at the end of February 2026 and the end of March 2026 when the funding comes to an end.

7.24 There is a significant variation between the average costs of Supported Living, Residential Care and Respite provision and the cost of equivalent Shared Lives placements:

- Average Supported living cost £1,954
- Average residential care cost £1,108
- The current most expensive residential respite provision offering the only current option outside of the full block booked provision is £2,468
- The current average Shared Lives costs on current caseloads including staffing and other non-pay costs are as follows: **£599** (full time permanent) and **£770** (respite per week)

7.25 Shared Lives placements are therefore currently on average £1,355 per week less than Supported Living and £509 per week less than residential care and for respite £1,698 less than the only current availability in the market.

7.26 Investing permanently in two additional grade 8 Shared Lives Officers at a maximum cost of £107k (including on costs) would enable the number of people supported in the Shared Lives scheme to increase to 50 permanent full-time placements and 25 respite placements. If all 14 additional permanent placements and the 20 respite placements are diverted from Supported Living,

Residential Care or the more expensive respite offer this would potentially generate savings of £944k per annum. It is projected that it would take 12 months from November 2025 to reach the 50 permanent and 25 respite placements therefore there would be part year effects in both 2025/26 and 2026/27 and would be mapped accordingly and added to the financial efficiencies plan. In addition to the benefits to the person through improved wellbeing, and the significant potential cost savings generated through investing in Shared Lives, the proposal also supports delivery of the Adult Social Care three-year plan priorities in supporting a vibrant and diverse care market.

8. Options and Risk Assessment

8.1 **A** *Occupational Therapy Waiting List Options*

8.1.1 **Option One – Do nothing:** continue with existing established resource (i.e. fund agency locum OTs in vacancies only, lose the four fixed term OTA posts, lose registered OT posts from establishment to apprenticeship/ optimised handling posts through post conversion). This option will mean that the waiting list will continue to increase both in volume and duration of wait and people's needs will not be met**. This is the highest risk area in terms of outcomes for people and the section 50 requirements, this option is therefore not recommended.**

8.1.2 This option would mean a reduction of experienced OT staff as Locums are replaced with newly qualified OTs and apprentices. This will create risks around more complex assessments and reduce support available to newly qualified staff. There is a significant risk to both capacity to allocate work requiring a registered OT, and capacity to support the 'grow our own' strategy through robust supervision and practice support.

8.1.3 **Cost** – nil, this option would be funded within current general fund budget. The benefits and risks of this option are as follows:

Benefits	**Risks**
Cost reduction against overall expenditure as agency staff will be replaced by permanent staff.	Given the current resource is not able to address the backlog and there will be a reduction in capacity over the coming 6 months, this will result in failure to demonstrate that the necessary improvements under the section 50 notice. This could result in direct intervention by the Secretary of State and an 'Inadequate' rating by CQC.
	There will be a reduction in capacity to complete assessments which will result in the waiting lists increasing further (current capacity of five experienced grade 8 locum OTs which equates around 700 high complex

	cases per year will be lost). Newly qualified OTs and apprentices cannot complete highly complex cases therefore will not be able to complete this volume of cases. There will also be reduced capacity of the remaining experienced registered OTs for providing supervision and oversight to the new staff and this will further reduce capacity for the most complex cases. Loss of fixed term OTAs equates to a reduction in capacity of approx. 600 assessments per year. The total loss of capacity for assessments under this option is therefore estimated at 1,300 assessments per year.
	There is the potential for increases in financial penalties from the Ombudsman for failure to meet reasonable timescales, in relation to the requests for adaptations assessments where the recommended remedy is £150-£350 per month delay.
	The loss of capacity to support Apprentice, OTA, newly qualified and Return to Practice staff due to the reduction in numbers of experienced staff to support the 'grow our own' approach will risk the success of this strategy.
	Failure to prevent, delay or reduce care and support needs results in people's needs increasing which means they require care and support, reducing their independence and increasing the costs to themselves and the Local Authority.

Figure 4 Benefits vs Risks Option 1 Occupational Therapy Waiting Lists

8.1.4 **Option Two** – **Temporarily increase staffing levels and associated budgets** to reduce waiting lists by discontinuing the practice of converting posts from the existing establishment to support development of the posts below.

This is the highest risk area in terms of outcomes for people and the section 50 requirements. This is the recommended option to effectively mitigate increasing risks.

8.1.5 The cost breakdown is as follows:

- 3 Trainee Occupational Therapy Apprentice posts (G6)
- 2 Fixed Term Optimised handling posts (1 x G8/ 1 XG5)

- 4 OTA FTC 18 months to address waiting list in See and Solve triage function
- Creation of 4 x permanent OTA posts (currently fixed term funded via DFG and due to end Feb-April 2026).

Total staffing costs: **£645k**

Other associated costs:

- Community equipment costs **£75k**
- Additional estimated minor adaptation works costs (Council housing) **£38k**
- Additional surveying costs for major adaptations **£99k (split £21k DFG and £78k HRA)**
- Additional estimated major adaptation works costs **£2.17m (split £460k DFG and £1.71m HRA)**
- Additional **£38k** for minor adaptations in Council housing

8.1.6 Total cost: £3m

8.1.7 This option would maintain experienced qualified locum OT resource and support the reduction of the waiting list. The benefits and risks of this option are as follows:

Benefits	Risks
This would improve the ability to meet statutory requirements and reduce waiting lists at an accelerated pace.	Additional cost for OT resource of £645k which cannot be covered through existing budgets.
Maintains the current level of experienced staff and capacity for supervision and support 'grow our own' strategy.	There will be increased expenditure on the community equipment budget and there may be supply issues under the contract to meet increased demand. This is estimated to be £75k.
Provides funding and resources for a robust plan to make the necessary improvements to comply with the CQC Section 50 notification and provides the required assurance to DHSC.	There will be a requirement for additional surveying capacity which will need to be externally sourced, and it is estimated that this will cost £99k.
Increases preventative working and reduces and delays care and support needs in line with Care Act duties and prevents or delays the need for expensive CQC regulated care and support.	There will be an increase in capital costs associated with adaptation works and this is estimated to be £1.71m HRA and £460k DFG.
There is capacity in the Locum market at both G8 and 9 therefore recruitment and retention of Locum staff will not be a	There will be an increase cost for minor adaptations on Council housing of £38k.

barrier to delivering on this option. The last 3 recruitment campaigns have been successful.	
Improves the ability to work jointly with teams requiring additional OT resource, for example the High Needs Team in relation to Preparation for Adulthood and Transforming Care and with Neighbourhoods and Housing in relation to adaptations and allocations of adapted and void homes.	This option will result in approximately 239 people requiring rehousing into social housing. This will place pressure on the supply of council housing stock, and it is unlikely that people will be rehoused quickly. Additionally, it is highly likely that homes allocated to people will require adaptation which will require investment above what has been calculated for the works.
Supports delivery of the statutory duties regarding Disabled Facilities Grant Housing Grants, under the Construction and Regeneration Act.	
Supports cost savings in the timely allocation of void properties and reduce loss of rental income from the HRA.	

Figure 5 Benefits vs Risks Option 2 Occupational Therapy Waiting Lists

8.1.8 **Option Three – outsource OT assessments to an agency:** This option would involve outsourcing an agreed number of assessments at a cost per assessment. The timescale for reducing the backlog would depend upon the number of assessments outsourced. This has been tried in the past and, whilst it had some impact on reducing waiting lists, there were considerable issues around quality, and the follow up activity required following assessment still needed to be picked up by local practitioners. This was a very expensive option and for an agency to take on the work around 500 – 1000 assessments would need to be allocated to them. **This option is not recommended.**

8.1.9 **Total Cost** – c£350k for 500 assessments and c£700k for 1,000 (this was the cost of outsourcing when it was previously undertaken therefore it may have increased with inflation). The benefits and risks of this option are as follows:

Benefits	**Risks**
This would improve the ability to meet statutory requirements and address some of the backlog.	Additional cost for outsourcing of £350k-700k minimum which cannot be covered through existing budgets.
Provides funding and resources for a robust plan to make some improvements to comply with the CQC Section 50 notification and provides the required assurance to DHSC.	There will be increased expenditure on the community equipment budget and there may be supply issues under the contract to meet increased demand. This is estimated to be £59k (if 1,000 assessments were completed).

Increases preventative working and reduces and delays care and support needs in line with Care Act duties and prevents or delays the need for expensive CQC regulated care and support.	There will be a requirement for additional surveying capacity which will need to be externally sourced, and it is estimated that this will cost £83k.
	There will be an increase in capital costs associated with adaptation works and this is estimated to be £1.8m and for minor adaptations to Council stock £32k.
	This option will result in approximately 200 people requiring rehousing into social housing. This will place pressure on the supply of council housing stock, and it is unlikely that people will be rehoused quickly. Additionally, it is highly likely that homes allocated to people will require adaptation which will require investment above what has been calculated for the works.
	Insufficient capacity to oversee the quality of work (quality of work has been a significant concern in previous campaigns) and insufficient capacity to support the procurement process (subject matter expert). Using OT resource to do this would also take them away from case work and supervision and support under the 'grow our own' approach which could worsen the waiting list position.
	Currently the OT processes are not clearly mapped (this is being addressed as part of the OT improvement plan) and therefore there are no clear pathways for an external agency to follow.
	Previous campaigns (2024) found limited interest is signing up to Matrix from companies recommended by other LAs therefore there is a risk that this option would not be deliverable.

Figure 6 Benefits vs Risks Option 3 Occupational Therapy Waiting Lists

8.2 ***B*** *Occupational Therapy Technician Waiting List Options*

8.2.1 **Option one – Do Nothing**. This is not the recommended option.

8.2.2 **Total cost** – nil. The benefits and risks of this option are as follows:

Benefits	Risks
No additional costs.	This could result in failure to demonstrate that the necessary improvements under the section 50 notice. This could result in direct intervention by the Secretary of State and an 'Inadequate' rating by CQC.
	There is the potential for increases in financial penalties from the Ombudsman for failure to meet reasonable timescales, in relation to the requests for adaptations assessments where the recommended remedy is £150-£350 per month delay.
	Failure to prevent, delay or reduce care and support needs results in people's needs increasing which means they require care and support, reducing their independence and increasing the costs to themselves and the Local Authority.

Figure 7 Benefits vs Risks Option 1 Occupational Therapy Technician Waiting Lists

8.2.3 Option two – Outsource the delivery of 245 minor adaptations through Housing to KWL at an estimated cost of £36k and install 47 modular steps through the community equipment contract at an estimated cost of £22k to reduce the waiting list to manageable levels. This is the recommended option.

8.2.4 **Total cost** - £58k. The benefits and risks of this option are as follows:

Benefits	Risks
This would improve the ability to meet statutory requirements and reduce waiting lists at an accelerated pace.	Additional cost for of £36k which cannot be covered through existing budgets to pay KWL to complete the works.
Provides funding and resources for a robust plan to make some improvements to comply with the CQC Section 50 notification and provides the required assurance to DHSC.	There will be increased expenditure on the community equipment budget. This is estimated to be £22k.

Increases preventative working and reduces and delays care and support needs in line with Care Act duties and prevents or delays the need for expensive CQC regulated care and support.	KWL or their sub-contractors may not have capacity to undertake the works.

Figure 8 Benefits vs Risks Option 2 Occupational Therapy Technician Waiting Lists

*8.3**C** Care Act Review Backlogs Options*

8.3.1 **Option one – Do nothing** - continue to explore efficiencies within existing resource. **This option is not recommended.**

8.3.2 Work is ongoing to consider efficiencies within existing resource, with an initial focus around increasing efficiency in the duty function to increase capacity for reviews. Further work is planned for the new year around the structures of the long-term teams and options to improve people's experiences and delivery of our statutory duties. It must be noted however that without additional resource, whilst longer term options continue to be explored waiting lists for reviews will remain.

8.3.3 **Total cost** – nil. The benefits and risks of this option are as follows:

Benefits	**Risks**
Longer term sustainability for the service continues to be explored.	Risk to meeting statutory requirements as a level of overdue reviews will remain, however appropriate risk management is in place to ensure changes in needs are met.
No additional costs.	Failure to demonstrate that the necessary improvements under the section 50 notice. This could result in direct intervention by the Secretary of State and an 'Inadequate' rating by CQC.
Overdue reviews will continue to decrease.	

Figure 9 Benefits vs Risks Option 1 Care Act Review Backlogs

8.3.4 Option two – engage additional agency resource. Through appointing two grade 8 agency social workers to solely complete annual reviews the completion rate of over 95% will be achieved and this can then be sustained once the backlog is cleared. **This is the recommended option.**

8.3.5 Based upon review of data and intelligence, there is evidence and confidence that if the current backlog is cleared as per this option, that the current staffing resource would keep up with existing (and new) demand, once the planned improvements are made to improve efficiency of working and people's experiences. Due to robust

performance dashboards, supporting operational prioritisation in teams, and regular strategic oversight of the overall position, the risk of a recurring backlog is low, and there is confidence in the current establishment that the review position would remain proactive and on track, once the backlog is reduced and reviews are completed in 'real time'.

8.3.6 **Total cost** – two grade 8 agency workers for a 12-month period would cost £123k. The benefits and risks of this option are as follows:

Benefits	Risks
Would ensure statutory requirements are met and people's waiting times for reviews are significantly reduced.	Additional one-off cost of £123k which cannot be covered by existing budgets.
Quality of work would be overseen within the team which would ensure relevant standards are followed.	Potential financial impact from increase in care and support costs following reviews being completed. During 2024/25 30.1% of completed reviews resulted in an increased level of care being provided. This has reduced to 27.8% during 2025/26. It is difficult to quantify what the increase may be because the reviews completed currently are prioritised because of a change in need therefore increase in care packages is more likely.
Provides funding and resources for a robust plan to make the necessary improvements to comply with the CQC Section 50 notification and provides the required assurance to DHSC.	There is a risk that there is insufficient advocacy capacity to enable reviews to be completed which would be a barrier to addressing the waiting list. This can be mitigated by using alternative advocacy providers (outside of the procured contract) on a spot purchase basis where the contracted provider is unable to meet the demand.
Reduces crisis driven work and supports preventative strength-based approach as more reviews are planned.	There is an additional cost providing care act advocacy for reviews which will add pressure to the advocacy budget, this cannot be estimated from the data available.

Figure 10 Benefits vs Risks Option 2 Care Act Review Backlogs

8.3.7 **Option Three – outsource reviews to a reviewing agency.** This would involve outsourcing an agreed number of reviews (e.g. 1000) at a cost per review. The timescale for reducing the backlog would depend upon the number of reviews we choose to outsource. **This option is not recommended.**

8.3.8 **Total cost –** The cost per review is to be £250.00 therefore 1,000 reviews would cost £250k. The benefits and risks of this option are as follows:

Benefits	Risks
Would ensure statutory requirements are met and people's waiting times for reviews are significantly reduced.	Additional one-off cost of £250k which cannot be covered through existing budgets.
Provides funding and resources for a robust plan to make the necessary improvements to comply with the CQC Section 50 notification and provides the required assurance to DHSC.	There is limited capacity within teams to sufficiently oversee the quality of work – mitigation to this could include robust induction and consistent lead oversight of project work (e.g. Principal Social Worker or Operational Professional Practice Lead).
	There is a risk that there is insufficient advocacy capacity to enable reviews to be completed which would be a barrier to addressing the waiting list. This can be mitigated by using alternative advocacy providers (outside of the procured contract) on a spot purchase basis where the contracted provider is unable to meet the demand.
	There is an additional cost providing care act advocacy for reviews which will add pressure to the advocacy budget, this cannot be estimated from the data available.

Figure 11 Benefits vs Risks Option 3 Care Act Review Backlogs

8.4 ***D*** *DoLS Waiting Lists Options*

8.4.1 **Option one – do nothing and continue with current practice.** Assuming no change in the current model and operating at the current rate of 6 completed assessments per week and 0 new external assessments, the waiting list will grow by 16 per week. This will create a waiting list of nearly 1,000 by March 2026. These numbers include 4 external assessments per month which are mandatory for Regulated Services assessments. **This option is not recommended.**

8.4.2 **Total cost –** nil. The benefits and risks of this option are as follows:

Benefits	Risks
The quality of assessments has increased significantly as a result of them being completed by the in-house team.	Statutory duties are unmet and an increasing number of people are unlawfully deprived of their liberty. This results in the risk of challenge or judicial review.

No additional costs.	Risks to Article 5 and 8 Rights under the Human Rights Act without relevant approvals and Relevant Person's Representative oversight of care and support arrangements. People do not have sufficient right of appeal without the DoLS framework in place.

Figure 12 Benefits vs Risks Option 1 DoLS Waiting Lists

8.4.3 **Option Two – Increase internal BIA output.** Currently, the Internal BIAs are averaging 6 assessments per week, however it is projected that they can complete 10 per week or 520 per year through implementing the use of proportionate approaches such as light touch assessments and the use of equivalent assessments, where these are appropriate, and the criteria are met. Assuming this rate of 10 assessments per week and 0 New External BIA assessments, the waiting list will still continue to grow by 13 per week. **This option, on its own, is not recommended.**

8.4.4 **Total cost** – nil. The benefits and risks of this option are as follows:

Benefits	**Risks**
The quality of assessments has increased significantly as a result of them being completed by the in-house team.	Statutory duties are unmet and an increasing number of people are unlawfully deprived of their liberty. This results in the risk of challenge or judicial review.
No additional costs.	Risks to Article 5 and 8 Rights under the Human Rights Act without relevant approvals and Relevant Person's Representative oversight of care and support arrangements. People do not have sufficient right of appeal without the DoLS framework in place.
	The scope to use proportionate assessment is limited as due to the backlog a high number of assessments have expired, and this approach cannot therefore be used.

Figure 13 Benefits vs Risks Option 2 DoLS Waiting Lists

8.4.5 **Option Three – improve internal BIA output and outsource 20 External BIA Assessments per week for a period of twelve months.** This would result in a waiting list of 128 people at the end of this reporting period. **This is the recommended option.**

8.4.6 Assuming the expected rate of 10 internally completed assessments per week and outsourcing 20 external assessments, the waiting list will reduce by 7 per week, meaning the waiting list will be under 130 by the end of the twelve-month period

(December 2026). This would mean that the waiting list would revert to the levels last seen in September 2024. The rate for external assessments under the procured framework is £350 per assessment. Mental Health Assessments by Section 12 Doctors, approved under the Mental Health Act 1983, are an essential element of DoLS and are required alongside the assessment by a BIA. These assessments cost £150 each.

8.4.7 **Total cost –** £520k for 1,040 external BIA assessments and Mental Health Assessments by Section 12 Doctors. The benefits and risks of this option are as follows:

Benefits	Risks
Statutory duties would be met and people are not unlawfully deprived of their liberty which removes the risk of challenge and judicial review.	Additional one-off cost of £520k which cannot be met through existing budgets. Also under this option it does not address the longer term issue of funding DoLS to a level to meet demand in future.
The waiting list is addressed and gives time to review future options for delivery of DoLS and gives time to understand what the implications of the LPS will be.	There is the potential for the quality of assessments to reduce however this will be mitigated through robust oversight of externally completed assessments by the Practice Lead and Operational Manager
When CQC re-assesses they will see that action has been taken to address a shortfall in delivering statutory duties.	

Figure 14 Benefits vs Risks Option 3 DoLS Waiting Lists

8.5 ***E*** *Spend to Save Proposal: Assistive Technology Team*

8.5.1 Option 1- Do Nothing – continue with existing resource. This option is not recommended.

8.5.2 **Total cost** – nil. The benefits and risks of this option are as follows:

Benefits	Risks
No additional costs.	Loss of momentum gained during the Assistive Technology pilot – the pilot demonstrated that it will be very difficult to upskill across service without specialist workers to lead the work.
	Loss of opportunity to make further financial efficiencies in cohorts not yet explored.
	Missed opportunity to deliver proactive prevention across ASC which is a key priority in the ASC plan and a statutory duty.

Figure 15 Benefits vs Risks Option 1 Assistive Technology Team Proposal

8.5.3 Option 2 – Create 2 additional G9 specialist social workers. This is the recommended option.

8.5.4 **Total cost –** £101k per annum. The cost of two grade 9 Social workers is £115k however there is £14k of unallocated budget available in the existing team budget to cover some of the cost. The benefits and risks of this option are as follows:

Benefits	Risks
Provides specialist leads to upskill the wider workforce.	Additional ongoing cost of £101k per annum which cannot be funded through existing budgets however this will be off set through the significant savings which will be achieved through delaying and reducing care needs and reducing existing care package costs.
Enables the Practice Lead post sufficient capacity to focus on strategic developments around technology enabled care.	
Ensures statutory requirements are met and people's waiting times for assessment are improved.	
Reinforces the commitment to proactive prevention and improve outcomes for people in receipt of care and support.	
Opportunity to reduce long-term admissions to residential care through an improved assistive technology offer.	
Scope to further increase financial efficiencies by reducing commissioned care and replacing with technology options. It is estimated that these will be at a minimum of £150k per annum and will be cumulative and will commence from the posts being recruited by April 2026.	

Figure 16 Benefits vs Risks Option 2 Assistive Technology Team Proposal

8.6 ***F*** *Spend to Save Proposal: Shared Lives Scheme Expansion*

8.6.1 Option 1- Do Nothing – continue with existing resource. This option is not recommended.

8.6.2 **Total cost** – nil. The benefits and risks of this option are as follows:

Benefits	Risks
No additional costs.	Restricts the ongoing expansion of the service, which both promotes individuals' wellbeing and provides a cost-effective option. Service numbers would not expand beyond the current levels.
	Loss of opportunity to make financial efficiencies in identifying people who would benefit from a Shared Lives placement.
	Respite provision is one of the biggest challenges in the current market in Hull, and failure to expand placements will further impact on this risk and potentially increase costs should informal carers reach crisis.

Figure 17 Benefits vs Risks Option 1 Shared Lives Scheme Proposal

8.6.3 Option 2 – Create 2 additional G8 permanent Shared Lives Officers. This is the recommended option.

8.6.4 **Total cost** – £107k. The benefits and risks of this option are as follows:

Benefits	Risks
Would provide an additional 34 placements (14 permanent, 20 respite placements)	Additional ongoing cost of £107k per annum which cannot be funded through existing budgets however this will be off set through the significant savings of up to £944k per annum.
Supports independent living in a homely environment, with a more vibrant market particularly for younger people in transition.	
Provides a less restrictive option in comparison to residential care.	
It provides a potential significant financial efficiency of £944k per annum	
Opportunity to reduce long-term admissions to residential care	

Figure 18 Benefits vs Risks Option 2 Shared Lives Scheme Proposal

9 Comments of the Monitoring Officer (Assistant Director Legal and Governance)

9.1 To follow.

10 Comments of the Section 151 Officer (Director of Finance and Transformation)

10.1 The s151 Officer supports the recommendations recognising the need for the Council to respond promptly to the recent CQC inspection and improve the service to residents. The utilisation of the Capital Receipts flexibility will allow the Council to meet the one-off costs of addressing the waiting list back logs without impacting on the financial reserves or building additional cost into the base budget in 2026/27.

11 Comments of the Assistant Director OD & HR and compliance with the Equality Duty

11.1 The proposals within the report are noted and supported. It is essential to provide appropriate resource to enable the service to deliver to residents and improve CQC outcomes. KH

12 Comments of Overview and Scrutiny

12.1 This report is due to be considered by the Health and Social Wellbeing Overview and Scrutiny Commission on the 16th of January 2026. Any comments or recommendations agreed by the Commission, will be tabled at Cabinet, for consideration alongside the final report. Ref: Sc9117 [PT]

13 Comments of the Portfolio Holder Adult Service & Public Health

13. 1 I fully support he recommendations of the report. It is important that we have sufficient capacity to support the improvement plan and workforce to ultimately improve people's experience and outcomes relating to ASC.

13.2 I am pleased to see the inclusion of additional resource for housing adaptations and Disabled Facilities Grant (DFG) as this will ensure there is an integrated approach between ASC and housing. (LC PF1106).

Tracy Meyerhoff

Executive Director of Adult Social Care and Health (DASS)

Contact Officer: Anita Brigham Telephone No.: 01482 615547

Ben Hanson 01482 616365

Officer Interests: None

Background Documents: -

Appendix A – EIA Funding to Deliver the ASC CQC Improvement Plan

Implications Matrix

This section must be completed and you must ensure that you have fully considered all potential implications

This matrix provides a simple check list for the things you need to have considered within your report

If there are no implications please state

I have informed and sought advice from HR, Legal, Finance, Overview and Scrutiny and the Climate Change Advisor and any other key stakeholders i.e. Portfolio Holder, relevant Ward Members etc prior to submitting this report for official comments	Yes
I have considered whether this report requests a decision that is outside the Budget and Policy Framework approved by Council	Yes
Value for money considerations have been accounted for within the report	Yes
The report is approved by the relevant Director/Assistant Director	Yes
I have included any procurement/commercial issues/implications within the report	Yes
I have considered the potential media interest in this report and liaised with the Media Team to ensure that they are briefed to respond to media interest.	Yes
I have included any equalities and diversity implications within the report and where necessary I have completed an Equalities Impact Assessment and the outcomes are included within the report	Yes
Any Health and Safety implications are included within the report	Yes
Any human rights implications are included within the report	Yes

I have included any community safety implications and paid regard to Section 17 of the Crime and Disorder Act within the report	N/A
I have liaised with the Climate Change Advisor and any environmental and climate change issues/sustainability implications are included within the report	N/A
I have considered how the decision may contribute or impact on culture and heritage within the city.	N/A
I have included information about how this report contributes to the Community Plan/ Area priorities within the report	Yes
I have considered the impact on air quality, carried out an appropriate assessment and included any resulting actions or opportunities necessary to improve air quality in the report.	N/A
I have considered the impact on Children Looked After and Care Leavers and any resulting actions/implications have been included within the report.	Yes