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Northumberland County Council

Your ref:

Our ref:

Enquiries to: Andrea Todd

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Tel direct: 01670 622606

Date: Date Not Specified

Dear Sir or Madam,

Your attendance is requested at a meeting of the **HEALTH AND WELLBEING OSC** to be held in **COUNCIL CHAMBER - COUNTY HALL** on **THURSDAY, 3 NOVEMBER 2022** at **1.00 PM**.

Yours faithfully

Rick O'Farrell
Interim Chief Executive

To Health and Wellbeing OSC members as follows:-

K Nisbet (Vice-Chair), L Bowman, R Dodd, G Hill, C Humphrey, I Hunter, R Wilczek, V Jones (Chair), C Hardy and E Chicken



Rick O'Farrell, Interim Chief Executive
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AGENDA

PART I

It is expected that the matters included in this part of the agenda will be dealt with in public.

1. APOLOGIES FOR ABSENCE

2. MINUTES

(Pages
1 - 8)

Minutes of the meeting of the Health & Wellbeing Overview & Scrutiny Committee held on 4 October 2022, as circulated, to be confirmed as a true record and signed by the Chair.

3. DISCLOSURE OF MEMBERS' INTERESTS

Unless already entered in the Council's Register of Members' interests, members are required where a matter arises at a meeting;

a. Which **directly relates to** Disclosable Pecuniary Interest ('DPI') as set out in Appendix B, Table 1 of the Code of Conduct, to disclose the interest, not participate in any discussion or vote and not to remain in room. Where members have a DPI or if the matter concerns an executive function and is being considered by a Cabinet Member with a DPI they must notify the Monitoring Officer and arrange for somebody else to deal with the matter.

b. Which **directly relates to** the financial interest or well being of a Other Registrable Interest as set out in Appendix B, Table 2 of the Code of Conduct to disclose the interest and only speak on the matter if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain the room.

c. Which **directly relates to** their financial interest or well-being (and is not DPI) or the financial well being of a relative or close associate, to declare the interest and members may only speak on the matter if members of the public are also allowed to speak. Otherwise, the member must not take part in discussion or vote on the matter and must leave the room.

d. Which **affects** the financial well-being of the member, a relative or close associate or a body included under the Other Registrable Interests column in Table 2, to disclose the interest and apply the test set out at paragraph 9 of Appendix B before deciding whether they may remain in the meeting.

e. Where Members have or a Cabinet Member has an Other Registerable Interest or Non Registerable Interest in a matter being considered in exercise of their executive function, they must notify the

Monitoring Officer and arrange for somebody else to deal with it.

NB Any member needing clarification must contact monitoringofficer@northumberland.gov.uk. Members are referred to the Code of Conduct which contains the matters above in full. Please refer to the guidance on disclosures at the rear of this agenda letter.

4. FORWARD PLAN

To note the latest Forward Plan of key decisions. Any further changes to the Forward Plan will be reported at the meeting.

5. HEALTH AND WELLBEING BOARD

(Pages
9 - 16)

The minutes of the Health & Wellbeing Board held on 8 September 2022 are attached for the scrutiny of any issues considered or agreed there.

6. ADULT SOCIAL CARE MARKET POSITION STATEMENT 2022

(Pages
17 - 68)

To review the adult social care market position statement for 2022. The committee's comments will be shared with Cabinet at their meeting on 17th November 2022.

7. HEALTH AND WELLBEING OSC WORK PROGRAMME

(Pages
69 - 76)

To consider the work programme/monitoring report for the Health and Wellbeing OSC for 2022/23.

8. URGENT BUSINESS

To consider such other business as, in the opinion of the Chair, should, by reason of special circumstances, be considered as a matter of urgency.

9. DATE OF NEXT MEETING

The date of the next meeting is scheduled for Tuesday, 6 December 2022 at 1.00 p.m.

IF YOU HAVE AN INTEREST AT THIS MEETING, PLEASE:

- Declare it and give details of its nature before the matter is discussed or as soon as it becomes apparent to you.
- Complete this sheet and pass it to the Democratic Services Officer.

Name:		Date of meeting:	
Meeting:			
Item to which your interest relates:			
Nature of Interest i.e. either disclosable pecuniary interest (as defined by Table 1 of Appendix B to the Code of Conduct, Other Registerable Interest or Non-Registerable Interest (as defined by Appendix B to Code of Conduct) (please give details):			
Are you intending to withdraw from the meeting?		Yes - <input type="checkbox"/>	No - <input type="checkbox"/>

Registering Interests

Within 28 days of becoming a member or your re-election or re-appointment to office you must register with the Monitoring Officer the interests which fall within the categories set out in **Table 1 (Disclosable Pecuniary Interests)** which are as described in "The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012". You should also register details of your other personal interests which fall within the categories set out in **Table 2 (Other Registerable Interests)**.

"Disclosable Pecuniary Interest" means an interest of yourself, or of your partner if you are aware of your partner's interest, within the descriptions set out in Table 1 below.

"Partner" means a spouse or civil partner, or a person with whom you are living as husband or wife, or a person with whom you are living as if you are civil partners.

1. You must ensure that your register of interests is kept up-to-date and within 28 days of becoming aware of any new interest, or of any change to a registered interest, notify the Monitoring Officer.
2. A 'sensitive interest' is as an interest which, if disclosed, could lead to the councillor, or a person connected with the councillor, being subject to violence or intimidation.
3. Where you have a 'sensitive interest' you must notify the Monitoring Officer with the reasons why you believe it is a sensitive interest. If the Monitoring Officer agrees they will withhold the interest from the public register.

Non participation in case of disclosable pecuniary interest

4. Where a matter arises at a meeting which directly relates to one of your Disclosable Pecuniary Interests as set out in **Table 1**, you must disclose the interest, not participate in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest, just that you have an interest.

Dispensation may be granted in limited circumstances, to enable you to participate and vote on a matter in which you have a disclosable pecuniary interest.

5. Where you have a disclosable pecuniary interest on a matter to be considered or is being considered by you as a Cabinet member in exercise of your executive function, you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it.

Disclosure of Other Registerable Interests

6. Where a matter arises at a meeting which **directly relates** to the financial interest or wellbeing of one of your Other Registerable Interests (as set out in **Table 2**), you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

Disclosure of Non-Registerable Interests

7. Where a matter arises at a meeting which **directly relates** to your financial interest or well-being (and is not a Disclosable Pecuniary Interest set out in **Table 1**) or a financial interest or well-being of a relative or close associate, you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

8. Where a matter arises at a meeting which **affects** –

- a. your own financial interest or well-being;
- b. a financial interest or well-being of a relative or close associate; or
- c. a financial interest or wellbeing of a body included under Other Registrable Interests as set out in **Table 2** you must disclose the interest. In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied

9. Where a matter (referred to in paragraph 8 above) **affects** the financial interest or well- being:

- a. to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
- b. a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest

You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise, you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

Where you have an Other Registerable Interest or Non-Registerable Interest on a matter to be considered or is being considered by you as a Cabinet member in exercise of your executive function, you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it.

Table 1: Disclosable Pecuniary Interests

This table sets out the explanation of Disclosable Pecuniary Interests as set out in the [Relevant Authorities \(Disclosable Pecuniary Interests\) Regulations 2012](#).

Subject	Description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain. [Any unpaid directorship.]
Sponsorship	Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract made between the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or a body that such person has a beneficial interest in the securities of*) and the council — (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land and Property	Any beneficial interest in land which is within the area of the council. 'Land' excludes an easement, servitude, interest or right in or over land which does not give the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners (alone or jointly with another) a right to occupy or to receive income.
Licenses	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer
Corporate tenancies	Any tenancy where (to the councillor's knowledge)— (a) the landlord is the council; and (b) the tenant is a body that the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners is a partner of or a director* of or has a beneficial interest in the securities* of.
Securities	Any beneficial interest in securities* of a body

	<p>where—</p> <p>(a) that body (to the councillor’s knowledge) has a place of business or land in the area of the council; and</p> <p>(b) either—</p> <ul style="list-style-type: none"> i. the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or ii. if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/ her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners has a beneficial interest exceeds one hundredth of the total issued share capital of that class.
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* ‘director’ includes a member of the committee of management of an industrial and provident society.

* ‘securities’ means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

Table 2: Other Registrable Interests

You have a personal interest in any business of your authority where it relates to or is likely to affect:

- a) any body of which you are in general control or management and to which you are nominated or appointed by your authority
- b) any body
 - i. exercising functions of a public nature
 - ii. any body directed to charitable purposes or
 - iii. one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union)

Agenda Item 2

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Health & Wellbeing Overview and Scrutiny Committee** on Tuesday, 4 October 2022 at 1.00 p.m. at County Hall, Morpeth.

PRESENT

Councillor K. Nisbet
(Vice-Chair, in the Chair)

MEMBERS

Bowman, L.	Hardy, C.
Chicken, E.	Hill, G.
Dodd, R.R.	Hunter, I.

ALSO IN ATTENDANCE

Angus, C.	Scrutiny Officer
Bell, A.	Northumbria Healthcare NHS Foundation Trust
Blair, A.	Northumbria Healthcare NHS Foundation Trust
Bradley, N.	Director of Adult Social Services
Dickson, M	Northumbria Healthcare NHS Foundation Trust
Finn, G.	Northumbria Healthcare NHS Foundation Trust
Hillary, J.	Complaints and Customer Relations Manager
Nugent, D.	Healthwatch Northumberland
Pattison, W.	Cabinet Member for Adults' Wellbeing
Todd, A.	Democratic Services Officer
Weatherhead, M.	Northumbria Healthcare NHS Foundation Trust

1 Member of the press was also in attendance.

30. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors V. Jones, C. Humphrey and R. Wilczek.

31. MINUTES

RESOLVED that the minutes of the meetings of the Health & Wellbeing Overview & Scrutiny Committee held on 6 September 2022, as circulated, be confirmed as a true record and signed by the Chair.

32. FORWARD PLAN

The Committee considered the Forward Plan of key decisions (a copy of the Forward Plan has been filed with the signed minutes).

RESOLVED that the report be noted.

33. HEALTH AND WELLBEING BOARD

RESOLVED that the minutes of the Health & Wellbeing Board held on 11 August 2022 be noted.

34. POST COVID PATHWAYS AND ACTIVITY IN NORTHUMBERLAND

A. Blair, Executive Medical Director, Mark Weatherhead, Consultant (Medicine), and A. Bell, Senior Head of Commissioning for Northumberland Place gave a presentation from Primary and Secondary care bodies outlining the support and pathways available for people dealing with post Covid. (A copy of the presentation slides has been filed with the signed minutes).

The presentation covered the following issues:

- Analysis of post Covid clinic contacts per month compared to North Tyneside.
- The age profile of referred patients in Northumberland compared to those in North Tyneside and North East and North Cumbria.
- Average age of post Covid clinic referrals compared to those in North Tyneside and North East and North Cumbria.
- The deprivation profile of the referred cohort within Northumberland.
- There was no definitive test for past Covid infection with 205 symptoms associated with 'long' Covid.
- Post Covid seemed to affect more women than men and mainly those aged between 30-50 years old.
- Post Covid was not linked to the severity of initial infection.
- The emphasis on listening, believing and excluding other causes before diagnosing post Covid.
- Numbers affected over time. 21% of Covid swab positive patients had symptoms at 5 weeks and 14% of Covid swab positive patients had symptoms at 12 weeks.
- The largest group of long Covid sufferers reported symptoms such as fatigue, 'brain-fog' and headache.
- A second group experienced respiratory symptoms such as chest pain and severe shortness of breath. These symptoms were the most common in the early stages of the pandemic, before widespread vaccination.
- A third, smaller group experienced a diverse range of symptoms including heart palpitations, muscle ache and pain, and changes in skin and hair.
- Management of long Covid was similar to chronic fatigue syndrome.

- Initial estimates suggested 2-5% of all positive patients had long Covid. Later versions of Covid-Omicron etc. appeared to have generated fewer case of long Covid.
- Nationally there were 70,000 patients whose symptoms had lasted over one year which would equate to around 540 patients across Northumberland and North Tyneside.
- Information on post Covid clinics was available. The clinics had the ability to refer onwards to community and hospital based psychology services and a dedicated psychologist in post.
- Details on the physiotherapy intervention offered to patients.
- Post Covid services available regionally and the limited funding in place for this provision.

Discussion followed of which responses from officers were:

- Post Covid clinics offered reassurance and advice. They offered signposting to self help, physiotherapy and psychology support.
- There were no proven specific medical treatments for Post Covid syndrome at present. Time, rest and pacing was most important.
- There was evidence that being fully vaccinated reduced the risk of developing long Covid. It reduced the risk of catching Covid in the first place but there was also evidence that being vaccinated reduced the risk of developing long Covid should you catch Covid. Later versions of Covid-Omicron appeared to have generated fewer cases of long Covid.
- Confirmation that long Covid and ME did mirror similar symptoms and both were initiated by infection. The management of both was also similar.
- The data on post Covid clinic referrals in relation to deprivation was not linked to areas of the county of higher population. Work could be carried out to look at referrals broken down by urban/rural data to examine the findings.
- Weakened immune systems could put a person at a higher risk of illness.
- The signposting of services represented a number of methods used for post Covid patients. There was a vast amount of information and resources available online, available at clinics, through GPs and individual interventions. However, accessing services was linked to motivation and belief that alternative therapies could help with long Covid. Not every patient would be referred to a clinic, but it was hoped everyone would be informed and be able to access available help and resources.
- Confirmation that the Trust continued to monitor mortality rates, but Northumberland was not showing an increase. However, the winter season was starting, and it was predicted that flu would be high this year.
- Communications and education had been provided to health professionals. Patients should not have any difficulty being signposted to resources and services. If this was not happening officers could pick this up by carrying out some targeted work.

RESOLVED that the presentation and information provided be noted.

35. HOME CARE AND CARE HOMES

M. Dickson, Executive Director of Nursing, Midwifery and AHPs and Community Services and G. Finn, Operational Services Manager Home Care gave a presentation from Northumbria Healthcare on their Home Care in Northumberland Strategy. (A copy of the powerpoint slides has been filed with the signed minutes).

The presentation informed Members about Care Northumbria and included:-

- Care Northumbria was a new domiciliary care service that would offer support with personal care to people in their own homes.
- Care Northumbria would be commissioned to provide services in both Northumberland and North Tyneside, allocated work through usual local authority pathways.
- It would support people to return home with care as needed when they were ready to leave hospital.
- It would support patients, families and carers to receive high quality packages of care at home that met their needs.
- It would support local authority and care provider market gaps within Northumberland and North Tyneside.
- It was advised that across both local authority areas there were substantial gaps in availability of care provision. People were often in hospital awaiting care packages or placed in a step down facility while they awaited care at home. Care Northumbria would support people home at speed and with good quality care.
- The sector was under pressure, and it had been decided that the NHS would enter the market to deliver high quality care and give value back to the caring role in which morale had been severely damaged.
- The opportunity felt right for the Trust to move into this area and deliver personal care and elevate the standards across the system for those who needed it.
- The development of Care Northumbria had begun. Personal care had been added to Northumbria Healthcare Foundation Trust's Care Quality Commission (CQC) registration. A registered manager was in post and the structure for Care Northumbria service agreed. Phased recruitment was in progress with an induction and training programme in place. A communication strategy was also now in place.
- There were some hurdles to overcome while establishing Care Northumbria. It was a new area of work for the Trust. There was likely to be some disruption, but it was hoped enough support would be in place to ensure the existing provision was not destabilised or threatened.
- Confirmation that the staff would be employed on NHS terms and conditions and would be part of the broader organisation.
- Staff would be receiving payment at prevailing market rates.
- It was an exciting new innovative way of delivering care and provision at home.

Members made a number of comments, and responses included:

- The risk that the NHS would pay high wages that other providers could not match. It was confirmed that staff costings had been modelled after looking at other providers salary and had linked pay using this information. It was

stated that because of this costing, Care Northumberland staff would not receive a higher level of pay compared to local authority carers or private providers.

- Confirmation that Care Northumbria would cover the whole of Northumberland. It was currently being phased in starting with North Tyneside first before starting in the west of Northumberland. Work had taken place with the Council to establish where there were pressure areas were, which was why the west of the county would be first. It was hoped that by starting the new service in stages it would help to stop any disruption of existing provision.
- It was asked if recruitment for Care Northumbria would be from existing NHS staff. It was reported that recruitment had went out through the normal recruitment channels so both internal and external people could apply for posts. Analysis work had taken place to examine where people who had been applying for post had previously been employed to ensure service provision within the county was not undermined. It was advised that the data was showing that carers who had felt devalued and had left the sector were applying for these new roles.
- Confirmation that the service would be commissioned. It was stated that Care Northumbria would be applying to be on the local authority's providers list.
- There was a national issue regarding recruitment across a number of sectors. It was asked if the NHS was struggling to recruit staff to Care Northumbria. It was confirmed that there had been a few issues however the recruitment drive had centred on promoting career pathways, opportunities for people to move onto more senior roles and a route into the wider NHS. The Trust had a participation strategy which developed programmes that offered work experience, apprenticeships and helped attract school leavers to jobs within the NHS to further help with overall recruitment within the NHS.
- Concern by Members that by growing the capacity of the new service it could have a detrimental impact on other providers within the sector.
- Acknowledgment that there could be some disruption, but they were not seeing a high number of staff leaving one single provider to join Care Northumbria.
- It was confirmed that there would be 250 staff which would be aligned to the primary care networks.
- Confirmation that Care Northumbria would offer long term packages of care which would be adjusted as needs changed. The service was not solely focused on hospital discharge and would be available to all, along with other providers.
- Members agreed that they should be kept updated with developments on this new provision for Northumberland.

In conclusion, the Chair stated that Northumberland County Council officers had raised concerns about this new area of work with the Trust. The worry was that it could destabilise and threaten the existing market. However, officers and Members hoped to continue to work with the NHS in the future.

RESOLVED that the information and comments made be noted.

36. COMPLAINTS ANNUAL REPORT 2021-22: ADULT SOCIAL CARE AND CONTINUING HEALTH CARE SERVICES

Members were provided with the 'Complaints Annual Report' report which covered adult social care and the NHS responsibilities for continuing health care and related services which the Council delivered under a partnership arrangement with Northumberland Clinical Commissioning Group. (A copy of the report has been filed with the signed minutes).

J. Hillary, Complaints and Customer Relations Manager introduced the report which described what people had said about adult social care services in Northumberland and what had been learned as a consequence during 2021/22. The report also described what people had said about NHS continuing healthcare funded by Northumberland Clinical Commissioning Group and about supporting people in their own home or in a care home.

The report detailed the approach to listening and respecting all feedback offered, valuing each individual's perspective on the care they received, and resolving issues raised by people in Northumberland. It also explained in the appendices the custom and practice in complaint handling which had evolved to meet the requirements of the national regulations as well as providing some equalities information.

The service continued to be guided by the aim of responding to complaints in an appropriate and proportionate manner, understanding the perspective of each family member or service user that made a complaint, and where possible aiming to resolve things at an early opportunity.

Overall, and despite the challenges of lockdown and increased home working, it had been a positive year for Adult Services with many compliments received and enquiries dealt with at an early stage. The service had successfully resolved most of the issues raised locally. However, the service would continue to speak to people to hear their views and take their concerns very seriously. Officers were committed to improving services and continued to receive support from staff and managers throughout the organisation.

Councillor Pattison, Cabinet Member for Adults' Wellbeing, thanked officers for the detailed report and spoke about the small number of complaints received. It was confirmed that there were over 7000 service users, around 2000 carers and over 5000 packages of care, but the service only received 50 complaints within the last year.

N. Bradley, Director of Adult Social Services responded to a question regarding training and learning. It was confirmed that the service continued to learn lessons, to make changes to improve things for individuals and their families, and to draw on what was learnt to improve services more generally. Feedback received from complaints was a key tool for the service in improving services and procedures for all.

Members were advised of the complaints' procedure. It was stated that most complaints were carried out by family members. If a third party was to be involved, then there would need to be authorisation from the client to share data. Complaints received were quite small in number and there had not been a claim being awarded for many years. Any complaints submitted were acted upon. It was recognised that sometimes things could go wrong but measures were always then put in place to ensure incidents were not repeated.

Members were advised that charging of services was the most contentious. N. Bradley commented on his view that the newly created Care Northumbria could cause confusion for members of the public. Public would see NHS staff delivering a service, but it would not be free. He stated that a detailed and full communication drive by the Trust would be needed to ensure there was no misunderstanding.

It was confirmed that Northumberland officers were trained to deal with charging issues however it was very complex. Charging for care information sheets were available to residents to help explain how care was charged but these could also be difficult to understand. The cost of living crisis would also have an impact both on users and the service, but it was too early to say by how much. He stated that he could share copies of the information sheets with Members for them to see the complexity of the documents.

It was advised that the government was introducing a new adult social care charging framework from October 2023 which would fundamentally change the way people pay for their care and support. It was hoped the reform would make sure that people no longer faced unpredictable or unlimited care costs.

Members along with D. Nugent, from Northumberland Healthwatch welcomed the honest report and felt reassured that there was an approach to listening and respecting all feedback offered, valuing each individual's perspective on the care they received, and resolving issues raised by people in Northumberland.

RESOLVED that the report be received.

37. REPORT OF THE SCRUTINY OFFICER

Health and Wellbeing OSC Work Programme

The Committee reviewed its work programme for the 2022/23 council year. (A copy of the work programme has been filed with the signed minutes).

Members suggested the following be added to the work programme:

- Home Care update
- Ambulance update

RESOLVED that the work programme be noted.

38. DATE OF NEXT MEETING

RESOLVED that the next meeting has been scheduled for Thursday, 3 November 2022 at 1:00 p.m.

CHAIR _____

DATE _____

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Wellbeing Board** held in County Hall, Morpeth on Thursday, 8 September 2022 at 10.00 a.m.

PRESENT

Councillor P. Ezhilchelvan
(Chair, in the Chair)

BOARD MEMBERS

Anderson, E. (substitute)	Pattison, W.
Bailey, M.	Reiter, G.
Blair, A.	Sanderson, H.G.H.
Bradley, N.	Syers, G.
Lothian, J.	Taylor, M.
Mitcheson, R.	Travers, P.
O'Neill, G. (substitute)	Watson, J.

IN ATTENDANCE

L.M. Bennett	Senior Democratic Service Officer
A. Everden	Public Health Pharmacy Adviser
P. Lee	Public Health
D. Nugent	Healthwatch Project Co-ordinator

84. APOLOGIES FOR ABSENCE

Apologies for absence were received from S. Lamb, P. Mead, L. Morgan, D. Thompson and Councillor G. Renner-Thompson.

85. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 11 August 2022, as circulated, be confirmed as a true record and signed by the Chair.

86. NORTHUMBERLAND INEQUALITIES PLAN 2022-23

Members received the draft Northumberland Inequalities Plan 2022-32 and considered the proposals for system development and enablers, focused areas of action and short, medium and long-term indicators of progress.

Gill O'Neill, Interim Deputy Director of Public Health, gave a presentation and raised the following key points:-

- The journey towards the development of the plan, including the Inequalities Summit in March 2022 and the 12 locality events during June-July 2022.
- The Inequalities Summit and discussions which took place facilitated by Prof. Chris Bentley and the keynote speaker Cormac Russell. Delegates from across the system sharing examples of best practice.
- Key messages and priorities from the Summit
 - Improve our data and insights sharing
 - Upscale community centred approaches as our core delivery model
 - Align our organisations and resources (not just about funding.)
 - Look at everything through an inequalities lens
- Three questions from Cormac Russell asking what communities do best, what help do they require and what do communities need outside agencies do for them?
- Twelve Locality Conversations including understanding inequalities to be: inclusion groups, socio-economic factors, geographical areas as well as protected characteristics.
- Over 400 stakeholders were involved covering many areas including parish councils, fire & rescue, general practice, housing, VCSE, faith sector and volunteers.
- Information had been collated and analysed to inform the plan and the next steps. Each locality would have a newsletter. A webinar of the event was created as a knowledge resource. There was overwhelmingly positive feedback although it was noted that it would be building on existing good practice.
- Northumberland Community Centred Approach to closing the inequalities gap would be based around five principles
 - Looking at everything through an inequalities lens.
 - Voice of residents and better data sharing.
 - Communities' strengths are considered first.
 - Enhancing our services to ensure equity in access to opportunity.
 - Maximising our civic statutory level responsibilities
- Detailed lists of challenges, key statistics, approach, actions, inputs, outputs & outcomes 2022-32 and indicators to measure success were provided.
- All partners were requested to
 - take the plan into their own organisations and refresh their internal plans to incorporate the five themes of a three-year action plan.
 - Present to the Health & Wellbeing Board on an annual basis their continued commitment to the inequalities plan
 - Actively participate in the overview and scrutiny process on an annual basis to demonstrate progress against the inequalities plan.

Members welcomed the report and a number of comments were made:-

- It was noted that further references to the involvement of the VCSE sector should be made in the report and this would be discussed outside the meeting.
- It was planned to widen the membership of the Health & Wellbeing Board to include other organisations that were not necessarily health care related – eg business / private sector.
- It was important the Board Members and their respective organisations committed to the Inequalities Plan.
- It was hoped that life expectancy of Northumberland residents would increase as a result of the Inequalities Plan.
- How would this work be followed up and built on to ensure there was meaningful activity for General Practice and community pharmacies? The Public Health Team would be happy to work alongside practice to ensure the plan's actions were real and tangible.
- There would be different starting points for communities as they all had differing needs. Neighbourhood communities would be built on over the next few years.

RESOLVED

- (1) the proposals for the shorter term supporting and enabling actions be agreed.
- (2) The proposed short, medium and long term indicators be agreed.
- (3) The levels of ambition and Board members' contribution to the plan be agreed.
- (4) The mechanism to continue to the next stage and development the long term plan be agreed
- (5) Board partners will present the plan at a strategic level within their own organisation for endorsement and agreement on their contribution.

87. PHARMACEUTICAL NEEDS ASSESSMENT (PNA) CONSULTATION REPORT

Members received an update on the consultation process and were asked to approve the final Pharmacy Needs Assessment (PNA) which had been updated as a result of comments received during the consultation.

Anne Everden, Public Health Pharmacy Adviser, updated Members as follows:-

- A formal consultation process had taken place with 12 written responses being received. Healthwatch had carried out a public engagement exercise which attracted 665 responses, providing a good overview of what the public's views were.
- Healthwatch had concentrated its efforts in areas where there had been a decrease in the number of pharmacies, for example, Alnwick, Hexham,

Morpeth, and Blyth. Responses had been received from all over Northumberland.

- Concerns expressed by the public were busier pharmacies, longer queues, shortage of medicines, inconvenient opening hours.
- An issue had been identified at Alnwick, where there was no pharmacist on duty over the lunchtime period which caused issues for rural communities which were dependent on bus services to come to the town. This issue had been investigated further and Senior Managers at Boots had now agreed to recruit more pharmacists to prevent this issue happening again.
- Following the responses to the official consultation, several factual inaccuracies in the draft had been corrected. Every comment made had been taken into account

The following comments were made:-

- There was concern about the use of online pharmacies which could undermine local pharmacies. There was the added risk to patients who would not be able to seek advice on taking their medicines and also not be able to get their prescriptions quickly.
- It appeared that, despite the pandemic, there had not been a general move towards use of online pharmacies and that people valued their local pharmacies. There were still many pressures on community pharmacies and it was expected that there would be closures in the future. Consolidations of pharmacy services had to come to the Health & Wellbeing Board to be approved. If a pharmacy went out of business, the Health & Wellbeing Board could declare a gap in service and be reviewed on how to resolve.
- There was an issue with some Tesco stores closing their pharmacies on a temporary basis. This could cause a problem in some rural areas where there was a need for this out of hours service – to keep an eye on the situation.
- The PNA must be a living document and work was already under way to address the needs of the change to the GP contract which required them to provide services over a longer period.

RESOLVED that the updated Northumberland Pharmacy Needs Assessment be approved.

88. FAMILY HUB DEVELOPMENT

Members received an update in relation to DfE funding for Family Hub developments in Northumberland.

Graham Reiter, Service Director Children's Social Care and Interim DCS, updated Members as follows:-

- There was a clear link with the Inequalities Plan

- The development of Family Hubs arose from the national Best Start in Life initiative. Northumberland benefited from a strong early help offer which had been developed over the years and was based around existing children's centres. This work had been going on for some time and provided a strong basis to develop a partnership with the Family Hub offer.
- Significant funding had been obtained for the next three years to support and enhance the development of the Family Hubs.
- Developments were being based around the existing Children's Centres and were integrating partnership working across the county. Co-locating partner agencies in existing children's centres and where these estates did not exist, virtual, coordinated and co-location links being made to enable a comprehensive offer over the county to develop partnerships in a consistent way.
- It was aimed to identify needs as early as possible and provide whatever support was needed and to prevent escalating to statutory or higher level services unnecessarily.
- There was a need to sign up promptly. Strategic governance would be through the Director of Public Health supported by the Director of Children's Services. Agreement from political leaders had already been sought and agreed.
- Other activities included integrating adults and children's safeguarding partnership work, and children and young people strategic partnership work, and trying to map governance arrangements to avoid duplication.
- Family Hubs would be overseen by the Children and Young Peoples' Partnership with a formal link into the Health & Wellbeing Board.
- There had to be evidence of how services were being enhanced and not just replacing services that already existed and show impact and improvement.

RESOLVED

- (1) to proceed with the funding for the Family Hub offer.
- (2) the development of the governance and wider processes to underpin this be supported.

89. HEALTHWATCH ANNUAL REPORT 2021-22

Members received the Healthwatch Annual Report 2021-22 and a presentation from Derry Nugent, Project Co-ordinator of Healthwatch.

- All Local Authorities were required to have a Healthwatch function and Northumberland County Council was very committed to the Healthwatch function.
- Although the focus was always Northumberland, Healthwatch would also work with friends and partnership outside the county.
- The focus of Healthwatch's work had been 'championing what matters to you', with you being someone who lived and worked in Northumberland.

- Healthwatch actively listened to patients and service users, checked what they had said, and then reported onwards.
- It was necessary for services to take a step back and look at the bigger picture. Healthwatch had been able to bring the public's experiences to services and trying to create empathy by providing a deeper understanding than by using data alone. For example, the data showed that there was a pharmacy in Alnwick but did not show that it was not open at lunch time and so was not convenient for the user.
 - Change took time and this was one of the biggest challenges for Healthwatch. It hoped to be able to influence the decision makers partnerships and other bodies.
 - Healthwatch would always pass on the information and feedback.
 - In the last year Healthwatch had looked at a number of areas including end of life, impact of Covid on health inequalities, dental services, the new Integrated Care System, primary care and people being cared for at home.
 - A list of outcomes of each project were listed.
 - Forthcoming work included:-
 - Reports were due to be published in autumn 2022 on family experiences to autism and mental health services and experiences of people with sight loss.
 - There would be no annual survey but instead Healthwatch would do more focus group work aimed at hearing from people who were 'less often heard'.
 - Discussion of new ways of delivering social care and outpatient services.
 - The Annual General Meeting would be held on 19 October 2022 at Northumberland College. All Members of the Health & Wellbeing Board had been invited to attend. Keynote speakers would be Rachel Mitcheson and Neil Bradley. In addition, students from the college who were studying health and social care would attend and be explaining why they had made a positive choice to pursue this career.

The Chair thanked Derry Nugent for the interesting and informative report and presentation.

RESOLVED that the report and presentation be received.

90. HEALTH AND WELLBEING BOARD FORWARD PLAN

Gill O'Neill, Interim Deputy Director of Public Health, referred to the Board Development session where the strategy was reviewed and identification of Executive Sponsors for each of the four thematic groups was underway as well as the Member sponsors. This would be reported on at the October meeting along with how all four themes would be brought into the Forward Plan.

RESOLVED that the Forward Plan be noted with the addition of the above item.

91. URGENT BUSINESS

The Chair reported that he had been made aware of the following two items and agreed that they be raised as items of urgent business.

Membership and Vice-Chair of the Health & Wellbeing Board

The Chair reported that following the feedback from the Development Session it was suggested that the membership of the Health & Wellbeing Board be broadened to include a representative of both Northumbria Police and the Fire & Rescue Service.

The Vice-Chair of the Health & Wellbeing Board was required to be the Clinical Chair of the CCG. However, this post no longer existed following the recent restructuring. In order to maintain stability, it was proposed that Dr. Graham Syers remain as Vice-Chair for the foreseeable future as a Northumberland clinical leader.

RESOLVED

- (1) that Northumbria Police and the Fire & Rescue Service be invited to each send a representative to join the Health & Wellbeing Board.
- (2) Dr. Graham Syers remain as Vice-Chair of the Health & Wellbeing Board until further notice.

92. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 13 October 2022, at 10.00 a.m. in County Hall, Morpeth.

CHAIR _____

DATE _____

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Northumberland County Council

COMMITTEE HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

DATE: 3 November 2022

TITLE OF REPORT ADULT SOCIAL CARE MARKET POSITION STATEMENT 2022

Report of Director of Adult Social Services

Cabinet Member: Councillor Wendy Pattison, Adult Wellbeing

Purpose of report

To present the updated Adult Social Care Market Position Statement.

Recommendations

Overview and Scrutiny Committee is asked to recommend that Cabinet agree to publish the Market Position Statement.

Link to Corporate Plan

This report is relevant to the “Living”, “Enjoying” and “Connecting” priorities in the Corporate Plan.

Key issues

1. The Council has a statutory duty to manage the care market in their area for both the local authority commissioned and the private market.
2. The Market Position Statement helps local authorities to fulfil this duty.
3. The purpose of a Market Position Statement is to provide market intelligence to existing and potential providers. It contains information on current demand and supply, the key issues in the market and what business opportunities may be available.
4. The Market Position Statement was last published in 2019, prior to the Covid Pandemic, and therefore needs to be updated to reflect the current situation. The social care sector was significantly impacted by the pandemic and this is reflected in the updated document.
5. Key messages to the market are highlighted in the document and include:
 - a. There is currently no evidenced demand for any additional residential care home capacity for either older people or people with learning disabilities, autism and/or mental health conditions. This is being monitored due to the pressures on some health and social care services which makes it difficult to confidently predict future demand.
 - b. There has been an increase in the number of Homecare packages, , which care providers are having difficulty in fulfilling due to workforce shortages.

- c. Adult Social Care will continue to focus on Developing more housing schemes which can support people to remain as independent as possible, particularly older people, and reduce the number of people needing care home accommodation.
- d. The difficulty in recruiting and retaining social care staff is impacting the Council's ability to be able to support our older and vulnerable residents. Cabinet has received proposal on 11 October 2022 for additional measures to assist with some of these issues.
- e. Adult Social Care, in partnership with our care providers, want to explore the use of digital technologies that can play an active role in frontline care delivery.

Background

1. The Care Act 2014 introduced a statutory duty for local authorities to promote the efficient and effective operation of a market in services for meeting care and support needs, aiming to ensure that anyone in its area, whether or not their support is funded by the local authority, has a choice of providers and of high-quality services. Authorities are required to consider current and likely future demand for services, the sustainability of the market and how to foster continuous improvement and innovation.
2. Statutory guidance issued under the Care Act 2014 says that, to fulfil this duty, local authorities should produce a "Market Position Statement", whose functions may include signalling to the market as a whole the likely need to extend or expand services, encouraging new entrants to the market in their area, or if appropriate, signalling likely decrease in needs.
3. The Market Position Statement includes information on the current demand and supply in the care market in Northumberland, it provides analysis on who was using care services and what care services they required. It also provides information on gaps in service provision and Adults Social Care direction of travel. There is some information on how the Council will work with the Integrated Care Board. The purpose is to support care provider in making business decisions about developing, expanding or retracting services and where their investment could be profitable, the opportunity to adapt their delivery model as, and if, required and help to shape their business plans.
4. A Market Position Statement should be updated regularly to reflect the current market in the area. The Market Position Statement was last updated in 2019, The onset of Covid and ensuing global pandemic brought significant pressure and uncertainty into the market, along with uncertainty on the long-term impact Covid will have on the sector. Data included in the statement reflects the impact on the market in Northumberland, brought about by lockdown restrictions and increased mortality, particularly among our elderly residents in care homes. Now is the right time to refresh the Market Position Statement, to incorporate current thinking on the future of the market and how the Council want to work in partnership with Care Providers to develop the market.
5. A report on the Care Homes Market published by Laing and Buisson in 2020/21 states that market demand for care homes has been declining in real terms for the last 2 decades, at a time when the population over 65 years has increased significantly. It is clear that Covid had a significant impact on the care home sector and this could be seen in a further 8% national decline in demand. The report predicts that this trend is expected to continue. The report also identifies that demand for Homecare and supported independent living for older people has significantly increased over the same

period, in correlation with the reduction in demand for care homes and the two together almost track the increase in ageing population, suggesting substitution in the market. It continues to be the view of officers in Adult Social Care that over time an increasing proportion of older people in need of high levels of care and support are likely to prefer alternative models of accommodation with care.

6. Recruitment and retention of social care staff has long been a challenge in the sector and this has been exacerbated by the pandemic which saw staff leaving social care to work in hospitality and retail industries once the reopened. The current cost of living crisis is fuelling a further exodus of staff, particularly Homecare staff, where the cost of fuel has made travel increasingly difficult. The Workforce section of the statement contained detailed information on the current workforce issues in Northumberland.
7. The use of technology increased significantly during the period of lockdowns, including the use of digital and virtual in social care. Developments in technology are fast paced and Adult Social Care want to explore and test the opportunities technology provides to alleviate some of the challenges in delivering services, particularly in maximising the workforce capacity. The pandemic and radical shift in ways of working, has also accelerated the need for alternative solutions to traditional processes.

Implications

Policy	The Market Position Statement complies with guidance issued in conjunction with the Care Act 2014
Finance and value for money	Financial information on the expenditure on and budget available for commissioned services is included in the document.
Legal	The document supports the Council in it's statutory duty under the Care Act 2014
Procurement	All commissioned services included in the document follow appropriate procurement regulations.
Health and Wellbeing	None
Human Resources	None
Property	None
Equalities (Impact Assessment attached)	Equality impacts of specific proposals will be assessed as necessary during detailed planning. N/A

Risk Assessment	None
Crime & Disorder	None
Customer Consideration	The Market Position Statement reflects the needs of Adult Social Care service users and how those needs should be met.
Carbon reduction	None
Wards	All

Background papers:

Market Position Statement

Report sign off.

Authors must ensure that officers and members have agreed the content of the report:

	initials
Monitoring Officer/Legal	SB
Executive Director of Finance & S151 Officer	JW
Relevant Executive Director	NB
Chief Executive	RO
Portfolio Holder(s)	WP

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Northumberland
County Council

Market Position Statement for care and support in Northumberland



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Foreword

Welcome to our Market Position Statement for adult care and support services in Northumberland. I think it is fair to say that over the last two years we have worked through the most challenging period in Health and Social Care in our lifetime. Our staff and services have been tested to the limit but have continued to deliver high quality care and support to our most vulnerable residents and we can only thank them for their continued hard work and dedication.

This Market Position Statement sets out our vision for commissioning adult care services to support vulnerable adults in Northumberland moving forward. It highlights our priorities, gives a sense of direction for care and support in Northumberland, and highlights potential business opportunities during a time of uncertainty and significant change.

The Government published their adult social care reform White Paper "People at the Heart of Care", with the accompanying charging reforms. The White Paper sets out 3 key objectives:

1. People have choice, control and support to live independent lives.
2. People can access outstanding quality and tailored care and support.
3. People find adult social care fair and accessible.

These objectives further support the work that we have been doing in Northumberland for several years and we will continue to attempt to deliver and commission services that support our most vulnerable residents to have the best quality of life possible. This year saw the introduction of the Integrated Care Board (ICB), which covers a wider geographical area than Northumberland. This will see the introduction of Health and Care Partnerships, of which we will be a member, that will plan health, social care and public health in our area and bring potential changes to how services are commissioned.

At this point, we still do not have a clear understanding of what the long-term impact of the pandemic will be on the Social Care

sector, but we know that expectations are changing about what services users want from services and we have seen some very innovative solutions to the challenges posed by the restrictions. Recruitment and retention of social care staff has long been a challenge for the sector and this has been exacerbated by the pandemic and brought an urgency to seek alternative and innovative solutions to continuing to provide people with the care and support they need. We want to build on those innovative solutions working with the market to bring forward new ideas. We welcome the input of care providers and service users in developing new models of care and support and will provide opportunities for everyone to get involved.



Neil Bradley
Director of Adult Social Services

Executive Summary

The pandemic significantly impacted all areas of adult social care and the information in this Market Position Statement includes the period of restrictions which could reflect in the projections for future service requirements. We do not fully understand what the longer-term impact will be as yet but have used knowledge of our current market and historical data to provide information about the service requirements in Northumberland.

Along with the impact of the pandemic there are a number of other key challenges for Adult Social Services in Northumberland:

- An ageing population – nearly a third of our population will be over 65 years by 2031, with the greatest increase in those over 80 years old, expenditure on the 85+ age group was the highest and was predominantly on residential and nursing care, despite a reduction in the number of service users supported.
- The shortage of social care staff – this is a well-documented long-term challenge in the sector which has been exacerbated by the pandemic. All services have been affected by the staffing shortages in the sector, which has impacted our ability to meet the needs of our service users.
- There is a national shortfall in the number of qualified nurses and social care is competing with NHS services for a limited workforce pool.
- The rurality of the county – Northumberland is largely rural with 50% of the population living in 3% of the land area, which poses various challenges. Difficulty in physically reaching service users to deliver packages of care, added difficulties in recruiting staff to deliver care and support, increased social isolation and loneliness, impacting health and placing additional pressure on an already stretched system.

- Financial Constraints - Local government is operating in a period of significant financial uncertainty brought about by ongoing budget pressures, unfunded pressures arising from demographic and pay and price inflation. Adult Social Care expenditure on commissioned services in 2021/22 was nearly £131m and the agreed commissioned services budget for 2022/23 is £139m. The Council continue to face financial challenges with further budget savings required in 2022/23 and 2023/24.

To support us in meeting these challenges we have developed a new model for supporting adults with care and support needs, which involves the council working increasingly closely with GP Practices, mental health services and the voluntary and community sector as detailed in the Sense of Direction section'. We will continue to focus on prevention as a key priority to enable people to continue to live independently without external intervention or intrusion into their lives. The objectives set out in the White Paper, 'People at the heart of care' have long been objectives of the Council and we will continue to work towards achieving these national and local objectives.

What we want from the market

All our services should support our residents to remain as independent as possible for as long as possible and we will work in partnership to achieve this. Our projected demand reflects the increasing ageing population and the increase in the number of young people with complex conditions. Our services must work with us to meet changing trends and increasing demand.

Our key messages in service areas are:

Residential and Nursing Care

Older Persons

At the time of writing it is difficult to give a clear steer on what the future demand will be for older persons residential and nursing care, and whether any additional provision is required either across the county or in specific locations. We would like to talk to any provider interested in developing new residential and nursing care to discuss demand and the Council's needs, as described in the Older Persons Section, demand for care home placements have declined in real terms over the last 5 years and it remains our view that an increasing number of older people are likely to prefer alternative models of accommodation with care.

Key market issues facing the older persons care home sector:

- The impact of the "cap" on the total lifetime costs
- Private fee payers have the right to pay the same fee as the local authority
- The impact of the fair cost of care calculation
- Increasing numbers of service users choosing to receive care in their own home

Opportunities for the older persons care home sector:

- There are opportunities to explore diversification and bring forward new accommodation-based care and support solutions as an alternative to residential care
- We are exploring new models of care and support for people living with Dementia that will enable them to continue to live independently
- We would like to explore specialist social housing that accommodates some nursing placements in appropriate locations
- We would like to talk to providers about the potential to adapt homes to support plus size service users

Specialist

Our focus is to commission community-based services and we are continuing to reduce specialist residential placements.

Key market issues for the specialist care home sector:

- There is no demonstrated demand for additional specialist residential services in Northumberland
- There is a lack of specialist respite accommodation
- There is limited accommodation for people with combined mental health needs and alcohol/substance misuse conditions

Opportunities for the Specialist care home sector:

- We will continue to support providers to deregister their services where appropriate
- We are keen to talk to providers about flexible services to meet the needs of mild and complex needs
- We would like to talk to providers about offering services to people with complex medical conditions

Homecare Services

There is an unmet need in Homecare which is the result of a lack of capacity in the market to meet demand combined with increasing referrals. Recruitment of staff and the rurality of the county, combined with the increase in fuel costs is having a significant impact on the ability of the market to meet the needs of our residents.

Key market issues:

- The fair cost of care exercise will potentially impact on fees for providers
- Recruitment of staff is a significant issue in this sector
- Accessing service users in the more rural areas of the county proves challenging
- Limited outreach options to support people with complex care pathways

Opportunities

- Regular opportunities for new providers to join the current contract
- We want to talk to providers about increasing the market across Northumberland with particular emphasis on the rural north and west of the county.

Specialist Independent Supported Living Services for all client groups

Our policy continues to be to enable people with care and support needs to live in their own home, in the community with the appropriate amount of support. There is limited independent supported living for older people, which can limit choice and control over how and where people live and how they receive their care and support.

Key Market Issues:

- There is a lack of provision for older people across the county
- Issues with recruitment has resulted in skills gaps, particularly for individuals with multiple, complex and challenging needs
- We believe the demand for these services is higher than data suggests but data is constrained by the lack of suitable accommodation
- Increasing costs of construction is impacting on the viability of new developments
- There are gaps in the market for supported accommodation for people with Autism and people living with Dementia
- Forensic services are limited in the county

Opportunities:

- The Government announced additional funding for increasing the range of new supported housing and achieve greater adoption of technology in service delivery as part of the White Paper
- Providers will have the opportunity to join the Flexible Purchasing System becoming part of the framework.
- We want developers and providers to talk to us about proposals to ensure it is the right accommodation in the right place
- We will be focusing on bringing forward independent supported living for older people over the next 3 years

Day Services

Most Day Services closed in March 2020 at the start of lockdown restrictions. While they were closed we took the opportunity to review our

Day Services to assess how services could be delivered to meet the needs of future service users. Our research found a changing trend in the market and services need to evolve and grow to meet future aspirations and expectations.

Key Market Issues:

- Current services need to be modernised to meet the needs of future service users.
- Services need to be:
 - More flexible in time
 - More flexible in place
 - More responsive to individuals needs
 - More adaptable to variable and complex needs
 - More inclusive
 - Support wider social and community integration
- Challenges in providing services in the more rural areas of the county
- Challenges around recruitment and retention of staff has impacted on the level of services available
- There is an ageing workforce in Day Services

Opportunities

- We want to work with the market to develop innovative, personalised services that are fit for the future.
- We will be piloting virtual services and there will be opportunities to work with us to develop digital solutions to some of the challenges.
- We want to talk to providers about meeting gaps in services for people with Autism.
- We want to talk to providers about improving social inclusion, enabling service users to develop and sustain a social life outside of services.

Utilisation of technology is limited in most services. Tech-enabled care is a growing market in the sector and there are opportunities to utilise technology to support independence and reduce some of the challenges of the lack of workforce. We are keen to talk to providers about the opportunities this presents.

Introduction

This Market Position Statement has been developed over one of the most difficult periods in the history of Adult Social Care and the information contained within the document is representative of the challenges of the last 2 years. The Covid-19 pandemic has had a significant impact on all areas of adult social care with older persons residential homes experiencing a large number of resident deaths due to covid, significant restrictions to family, friends and professional visitors, high vacancy levels, day services closed and significant fluctuations in demand for home care. The data in the report includes the lockdown period from the start of the pandemic to the end of March 2021 and therefore may not be reflective of historical service demand and may skew projections for future demand.

While we continue to gather local market intelligence and look to regional and national market changes, we are not in a position to fully understand the long term impact the pandemic will have on sectors within the market. The commissioning intentions within this paper are based on our knowledge of the current market combined with historical trend data. We may need to revise our commissioning intentions as further information becomes available and our understanding of the medium to long term impact of the Covid pandemic becomes clearer.

Our Market Position Statement for Northumberland:

- Gives information and analysis which describes our population and what commissioned services look like now;
- Flags the changes to care and support, that service users have told us they want, to enable them to increase independence, choice and control;
- Sets out how we plan to purchase services, to work with the market and how we will encourage good practice and high quality standards;

- Helps businesses understand the future environment for their work and decide how to develop their services in the future

Who is the Market Position Statement for:

- Existing providers of care and specialist accommodation already operating in Northumberland can use it to help plan any changes which might be necessary and to understand how their services fit in with a larger picture;
- Other local businesses, including voluntary and community organisations, that can learn about future opportunities and enable them to build on their knowledge of local needs to develop new activities and services;
- Social care providers and organisations not currently active in Northumberland who can find opportunities to use the strengths and skills they have gained elsewhere to benefit local people and develop their business;
- People interested in local business development and social enterprise can read about new opportunities in the market and tell us what would help them to come into social care markets and offer innovative services;
- People with care and support needs (and carers) who purchase services either from their own resources or using a personal budget/direct payment may find this useful as an overview of what is available and the different models of provision;

Definitions

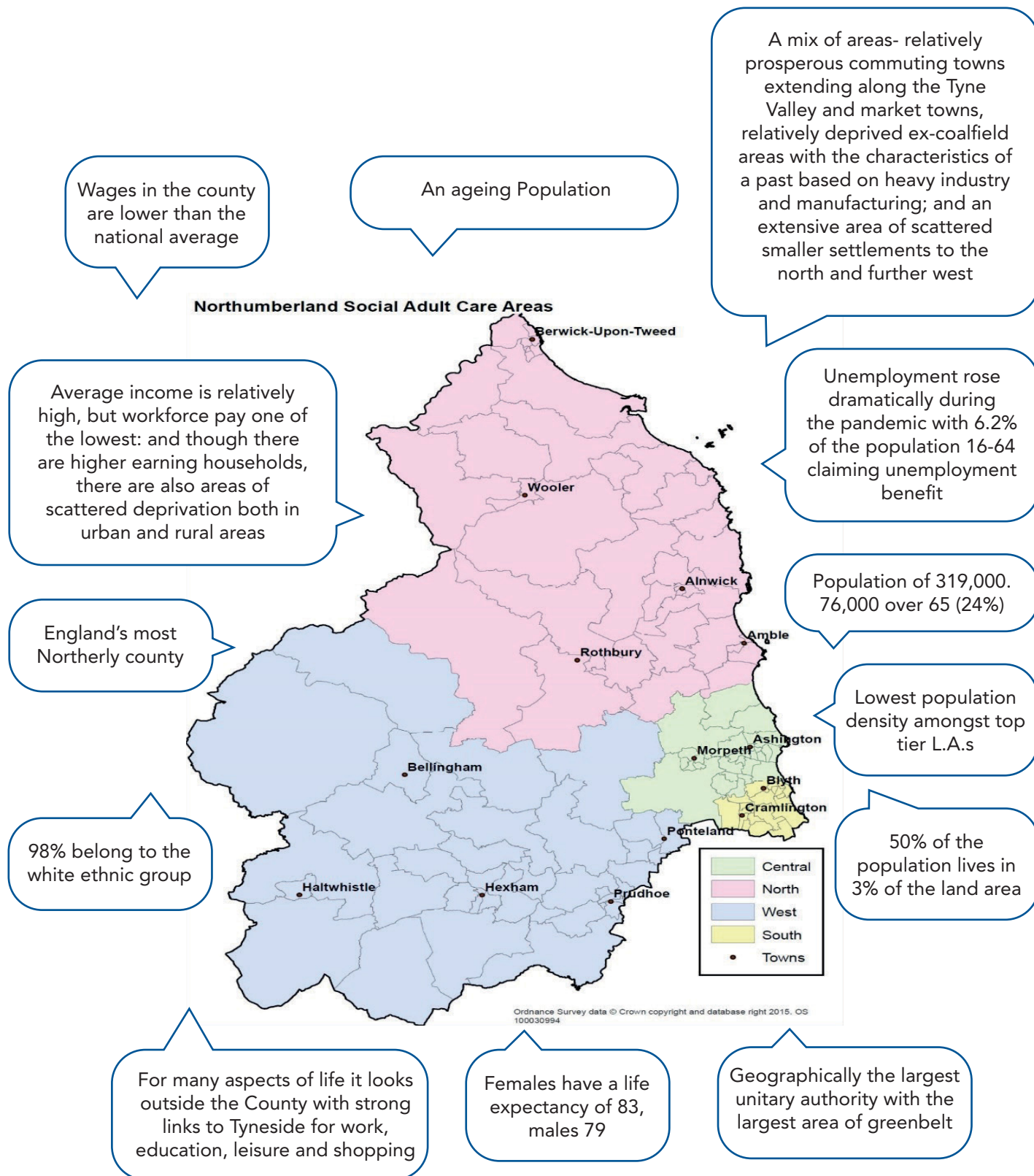
For the purpose of this Market Position Statement the services are defined as below:

- **Older Persons Care Homes** - Covers both residential and nursing care homes for people predominantly over the age of 65.
- **Specialist Care Homes** – Covers both residential and nursing homes predominantly for adults with Learning Disabilities and/or mental health conditions.
- **Homecare** - Care services provided to people in their own homes, usually in the form of visits at specified times throughout the day.
- **Specialised Supported Housing/ Independent Supported Living** - Accommodation that provides on-site care and support, sometimes 24-hour support, based on the needs of the individual. This includes shared houses, individual tenancies and extra care facilities.
- **Day Services** - Daytime activities including 'enabling support to enable people with care and support needs to make use of ordinary facilities in the community.
- **Non-regulated services** – services that may not be regulated by CQC that help people live more independently.



About Northumberland

Northumberland has a highly distinctive character with a number of contrasts which makes it difficult to summarise.

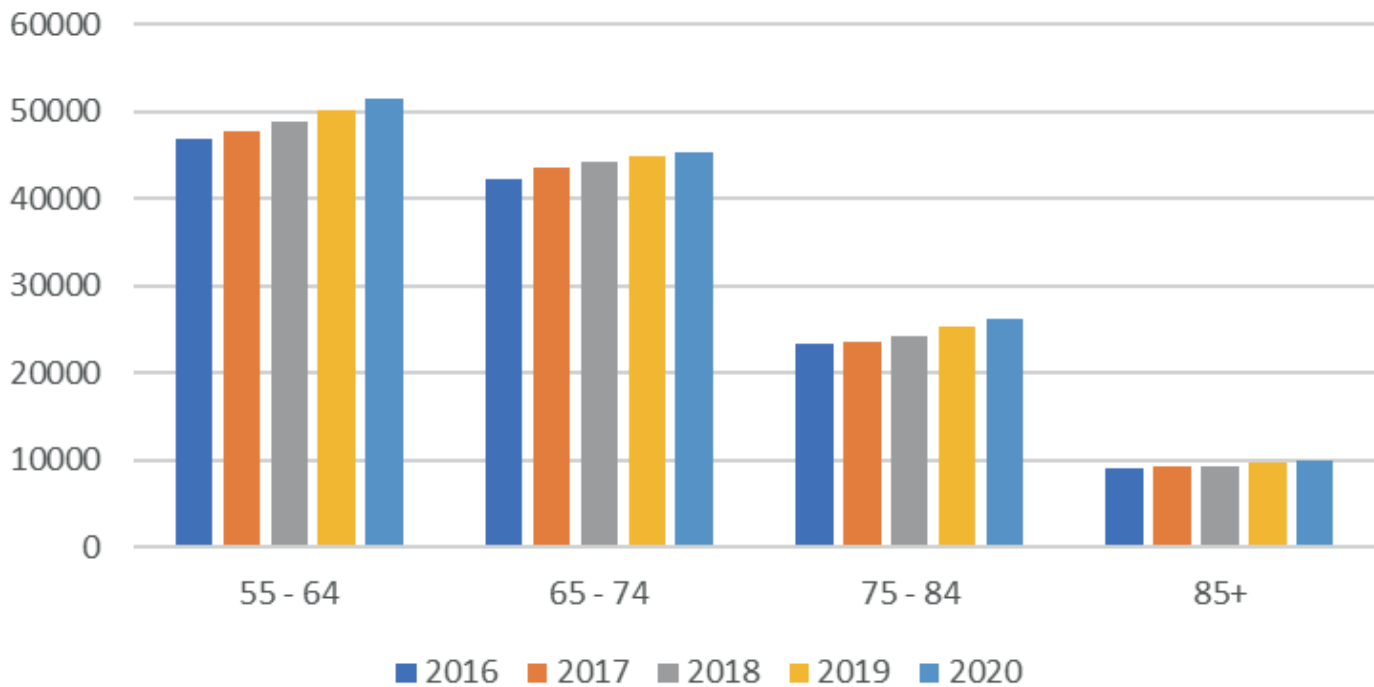


An ageing population is probably the county's most significant feature and the most challenging issue for health and social care and for public policy more generally.

The graph shows that most age groups 55+ are growing year by year in Northumberland.

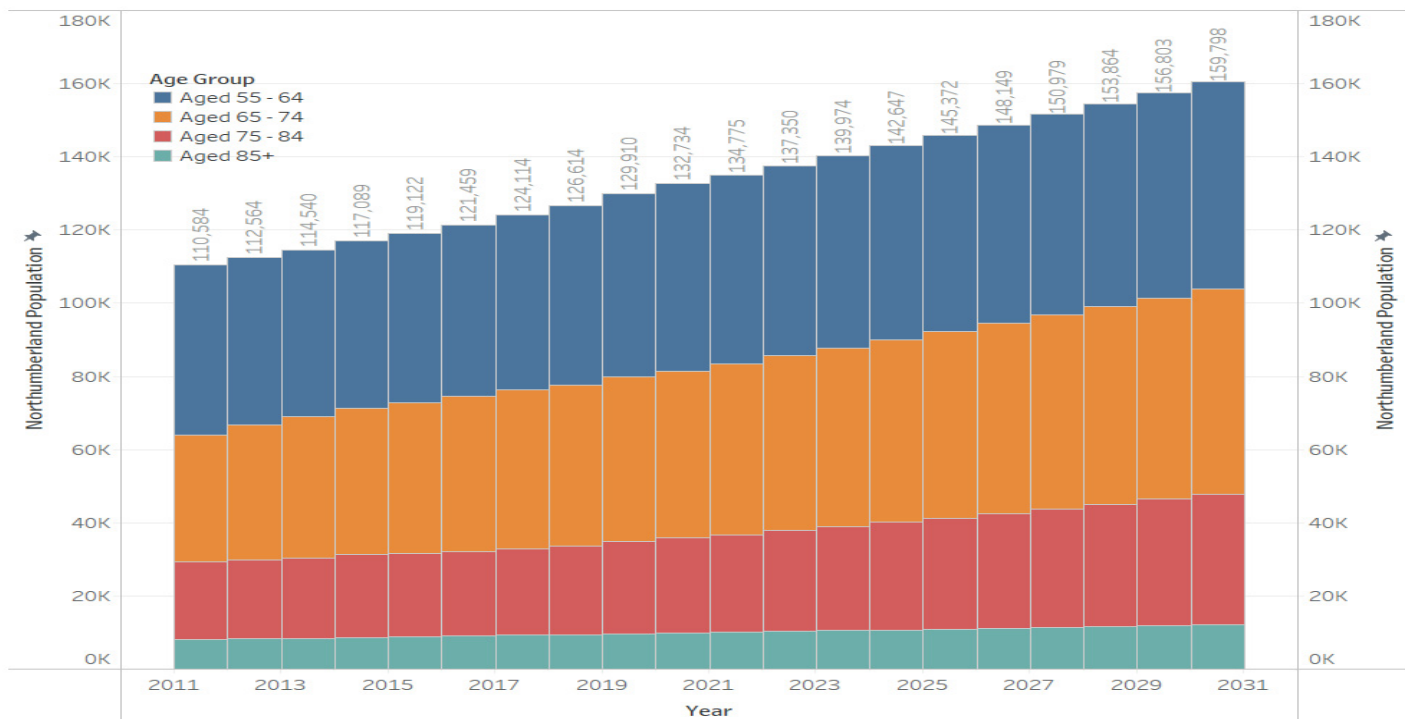
The most dynamic growth can be observed within the 75-84 and 55-64 age groups. Some of the increase displayed will be due to inward migration, particularly in areas that have proved popular retirement areas, such as the coastal towns and the rural west

Population Growth Over 55 Years Old



The graph below shows the increase in the population over 55 years is projected to continue to increase¹.

Northumberland Population 55+ Projections



¹ Source: Based on a Mathematical forecast using historical data from NOMIS

In a generation (by 2042):



Nearly a third of the population will be over 65 years

The working age population will fall markedly

The greatest increase will be in those over 80, a 89% increase, and those over 90 a 109% increase

The health and care needs of the population reflect some of the diversity of the county, the Joint Strategic Needs Assessment shows:

- Healthy life expectancy for Northumberland is high in comparison with the average for North East England and health services are rated highly, but some aspects of public health are worse than average
- Life expectancy is lower in the urban south east than in the rest of the county.
- Access to care and support can be limited in more remote rural communities
- The number of people with complex needs is rising due to advances in medical care including at birth, in childhood and following traumatic injury or illness
- It is increasingly difficult to characterise needs purely by age with many older people still in work or seeking work; many retired from work and playing an important role in looking after other family members and with others living with long term conditions or disabilities
- There is an increasing awareness of the importance of social interaction and that reducing isolation has a key influence on mental and physical health

A Sense of Direction

The Government's Policy paper 'Integration and innovation: Working together to improve health and social care for all' emphasises integrating care and support around people rather than organisations. It stresses the need for different parts of the health and care system to work together to provide high quality services.

The focus is on place-based care, meaning joined up care between GP's, social care, community health services, hospitals and mental health services. In the spirit of the Policy paper the Council has developed a new model for supporting adults with long-term care and support needs. The model is a collaborative partnership with adult social care as one element in a wider integrated approach to supporting people with care and support needs in the community. This involves the Council working increasingly closely with GP practices, mental health services and the voluntary and community sector to provide bespoke support to Northumberland residents. The new approach provides potential opportunities for closer integration with other Council services, particularly the preventative community support being provided by Northumberland Communities Together.

The Government published its White Paper on the future of adult social care, which sets out three objectives:

1. People have choice, control and support to live independent lives.
2. People can access outstanding quality and tailored care and support.
3. People find adult social care fair and accessible.

A lot of what is outlined in the White Paper is further support for things that are already happening or identified as desirable in Northumberland. Some of the extra funding for adult social care announced in the Autumn Budget will be used to provide ring-fenced funding for:

- Supported housing options
- Digital tools and technology
- Home handyman services
- Support for carers
- Helping local authorities to "innovate"
- Information about the funding reforms and adult social care services
- Increased "support" for local authorities

At the time of drafting the Market Position Statement we do not have the detail on how this funding will be made available, whether it will be direct allocation to Local Authorities or a fund that bids can be made to, but we will share that information with the market when we have more details.

The Council currently have Disabled Facilities Grants (DFG), which are used to provide adaptations and facilities into private homes to enable people to continue to live independently in their current home. The White Paper indicates that the maximum mandatory DFG, currently £30,000, is to be increased and will now include technology in the eligibility criteria. There is no information as yet on the amount the maximum grant will be increased to, we will share this when more details become available.

The Council have a pipeline of supported housing developments that will increase the options available to all client groups. We want to build on this pipeline and work with the market to determine future needs and demand in the county. There are plans to pilot technology within both the new home developments and services to meet future needs and expectations. This provides an opportunity for providers in the County and we will work with the market to explore those opportunities.

Strategic commissioning of services is placing an increased emphasis on asset-based commissioning which combines community development with commissioning. The following are driving this change:

- Adult social care has to transform to meet the needs of future generations and address the challenges in the care sector. Co-production is one of the ways in which we can identify opportunities and work through the challenges. Co-production enables people who use services and communities to be fully involved in decisions that impact on their lives and to become co producers of outcomes
- A drive to make the most efficient use of resources
- Research evidence² of the cost effectiveness of combining personal, co-production and self- help to produce outcomes
- The continued evolution of commissioning

We are interested in talking to providers about how we contract with them and the level of interest that they have in community development. We particularly wish to talk to:

- Providers that promote personalisation
- Providers that create inclusive services that meet the needs of the individual service user
- Care providers that have experience of integration with health services
- Providers that meet the needs of private customers
- Providers that promote independence and can work to promote independence and reduce a persons need for care
- Providers that are keen to work in the community

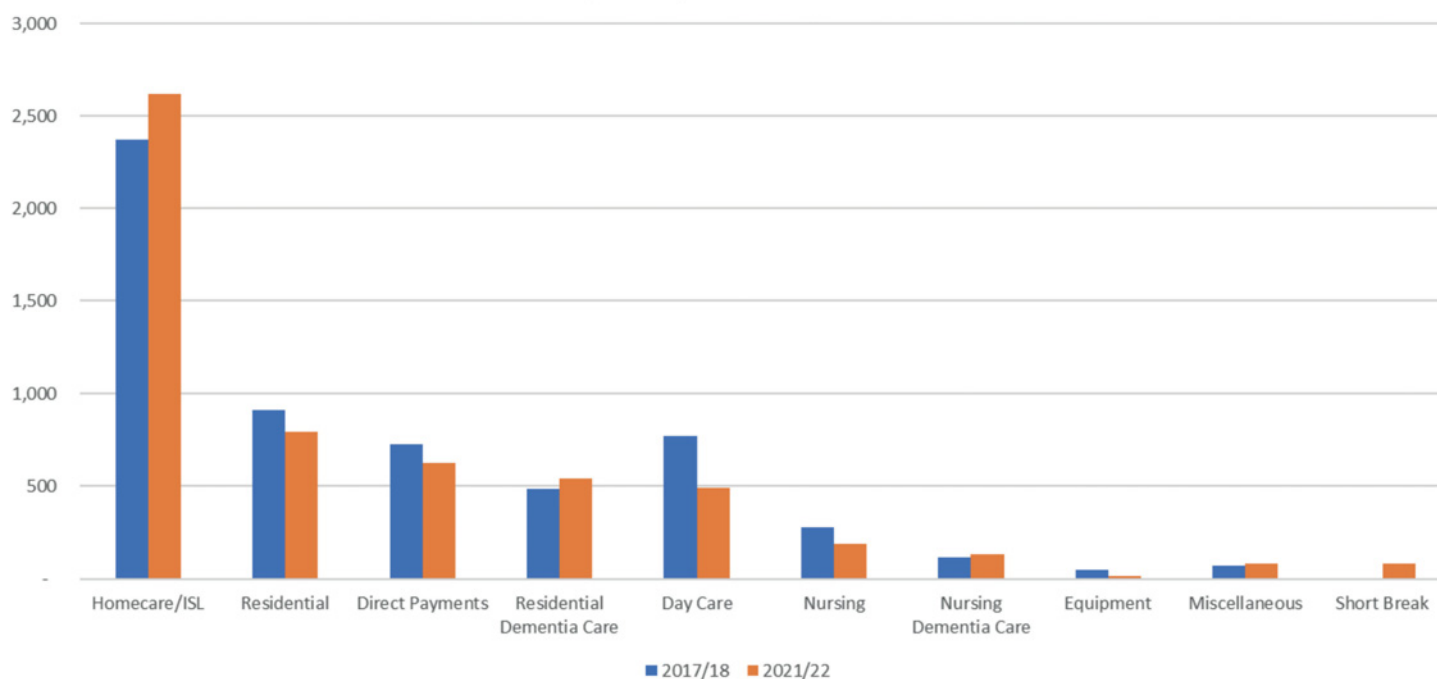
We will explore the use of digitisation and technology in delivering services, developing pilot projects to test and evaluate new models of care that incorporate technology that could be scaled up. We are interested in talking to providers that are seeking new ways of working that utilise current and developing technologies.



Service Usage 2021/22

Nearly 5,000 Northumberland residents were receiving formal care and support for Adult Social Care, arranged through a council contract or direct payment, at 31 March 2022 in comparison to over 5,700 reported in the previous Market Position Statement. Service usage figures are slightly higher at just over 5,500 as people access more than one service. The number of residents accessing services is still slightly lower than reported in the previous Market Position Statement as highlighted by the chart below.

Service Usage Comparison 2017/18 to 2021/22



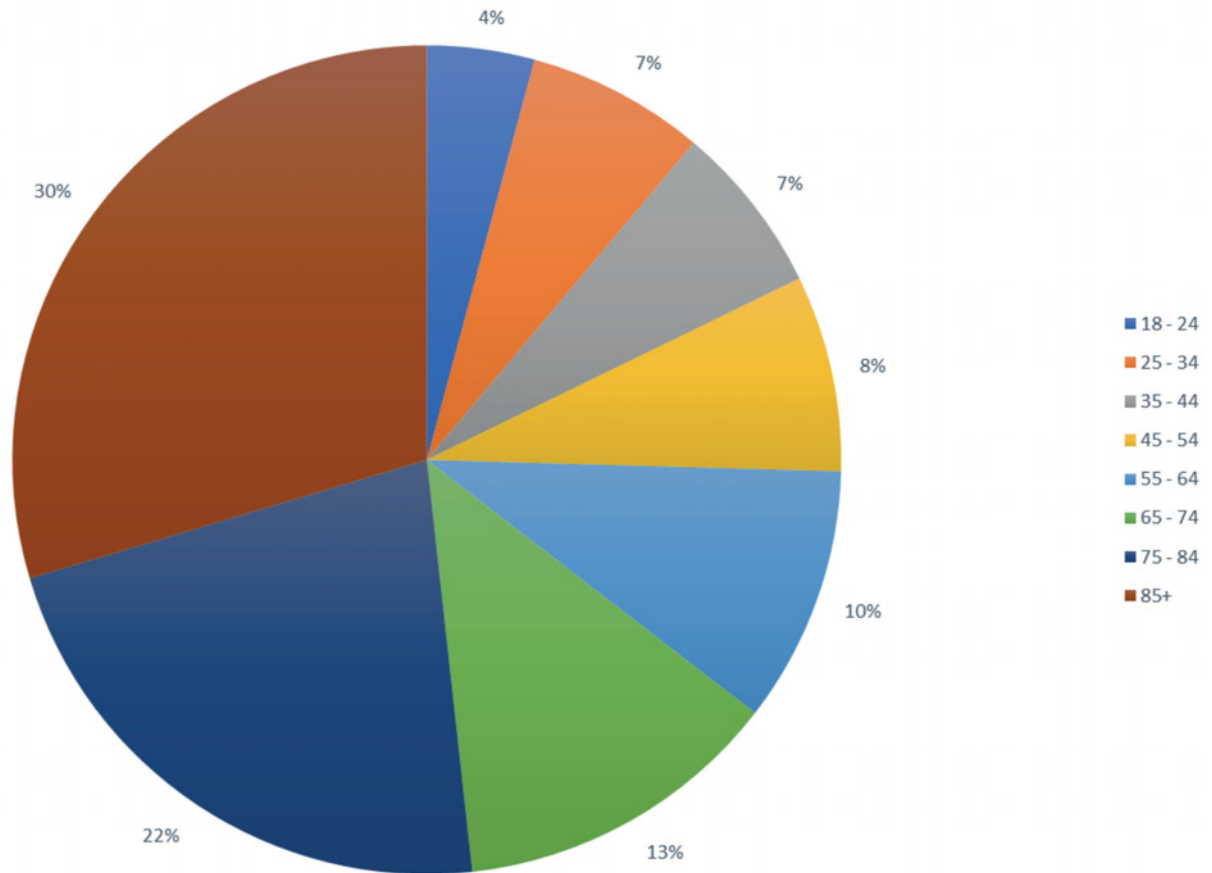
The reduction in number of service users was due to a range of factors:

- Day services have reopened following the easing of lockdown restrictions, however demand appears to have fallen and attendance rates are lower than before the pandemic. There are still reports of a reluctance to attend group sessions which has impacted on attendance figures.
- Occupancy rates in residential and nursing homes reduced significantly during the pandemic and while occupancy numbers have increased, vacancy levels are still higher than pre-pandemic levels

The chart also highlights Homecare was the highest demand service, as we continue to prioritise increasing the number of residents supported in their own home environments.

The chart below highlights the percentage of service users accessing care services increases as the age category increases, with the highest percentage of service users being 85+, not surprising given the age demographic of the county³.

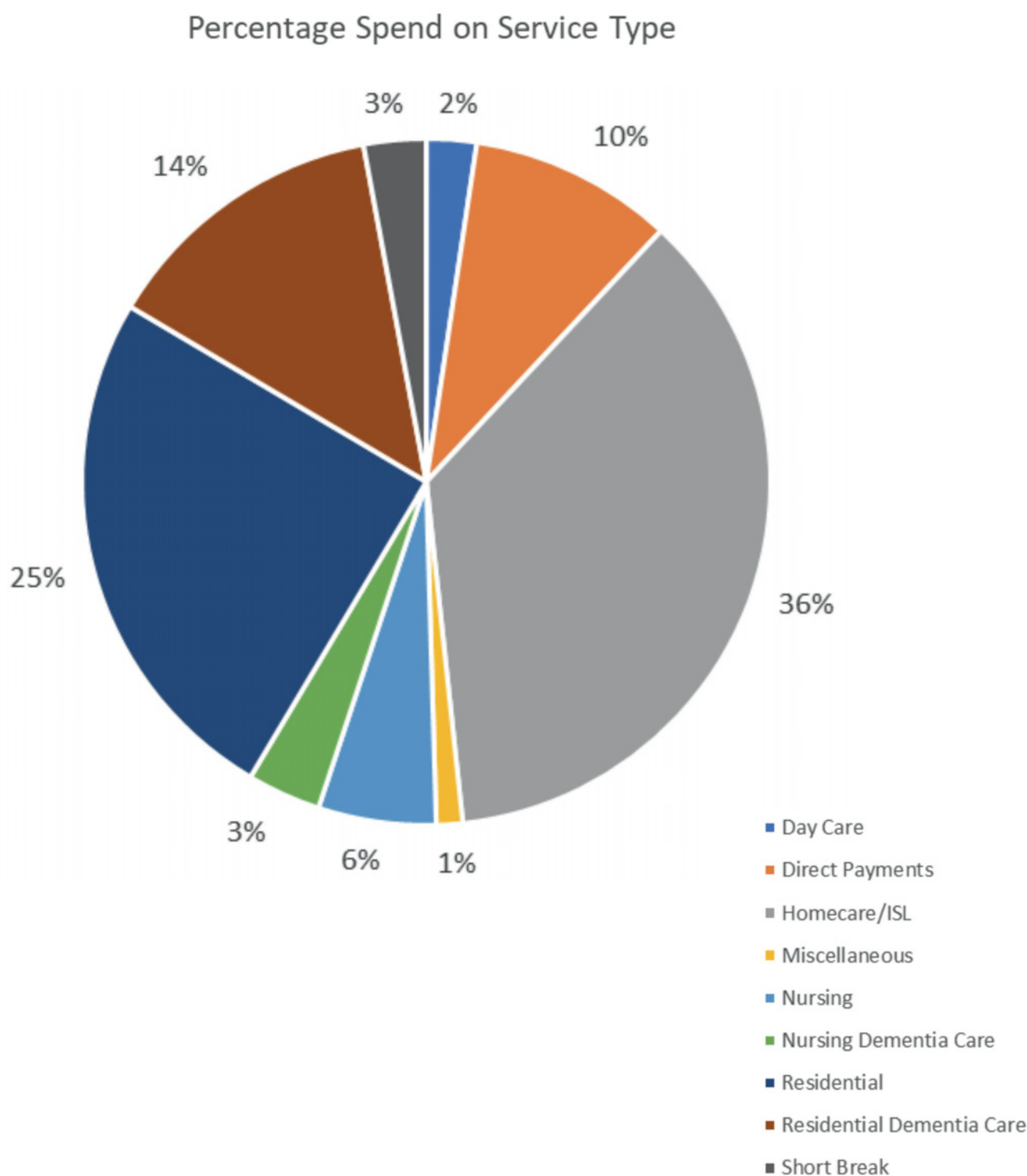
Age Split of Service Users 2021/22



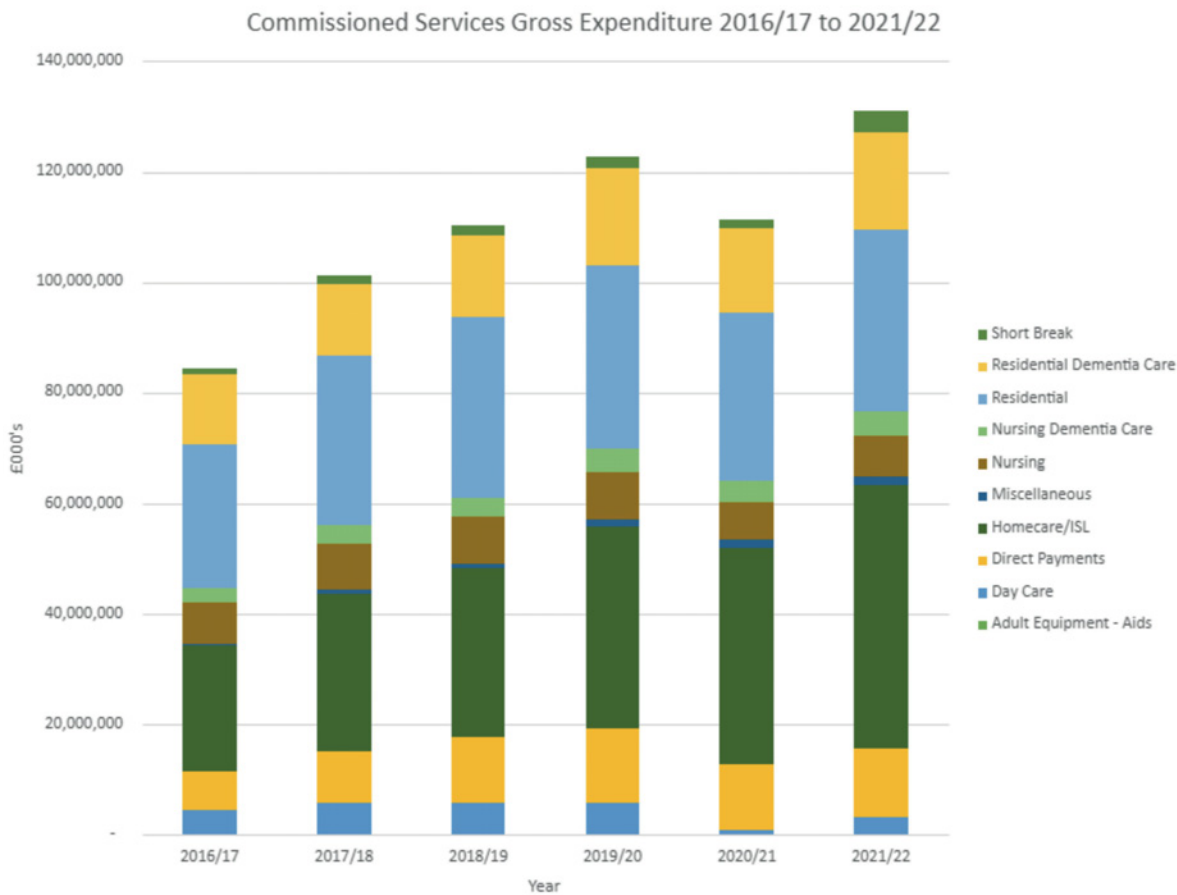
We continue to monitor the impact Covid has had on the social care market in Northumberland and will update the market as we learn more about the long term impact.

Finance & Funding

Our total gross spend on Adult Social Care commissioned services in 2021/2022 was £131m and the chart below shows expenditure by type of care provision. As the chart highlights nearly 50% of expenditure was on residential and nursing care provision, this was supporting 1,660 service users. Whereas 36% of the budget was spent on Homecare/ISL provision, supporting 2,621 service users within their own homes.



With the exception of 2020/21, which was a result of the impact of Covid, Homecare has seen a year-on-year increase in spend, as shown in the chart below, this correlates with a year on year increase in demand for the service as detailed in the Homecare Section.



The 2022/23 gross budget for commissioned services is £139m and we anticipate the percentage spend on Homecare/ISL to continue to increase. We continue to face financial challenges in delivering services to our most vulnerable residents and it is essential that we maximise the use of the funding available to us. We continue to explore opportunities to make every pound count through innovation in service delivery and efficient commissioning of services.

The agreed gross Adult Social Care budget overall for 2022/23 is £215m of which £36m relates to the commissioning of CHC and FNC services on behalf of the ICS. This total includes allocations of Better Care Fund grant funding that are expected at this point to continue.

At the time of drafting this MPS, there is significant uncertainties around adult social care funding going forward due to potential changes from proposed care act reform and uncertainty as to how they will be funded. There are also unprecedented pressures on the local authority from the current energy cost and inflationary issues in the economy as a whole. The financial position going forward is very difficult to predict as national government and local government wrestles with a number of these issues.



The Social Care Workforce in Northumberland

Recruitment and retention of social care staff is one of the greatest challenges in the sector. There were issues nationally and locally prior to the pandemic, particularly in some of Northumberland's more rural areas, the pandemic has significantly exacerbated an already difficult situation.

The social care workforce Skills for Care report 'The state of the adult social care sector and workforce in England' was published in October 2021 and estimates there are 9,500 full time equivalent jobs in adult social care in Northumberland, 85% of which are in the independent sector, with 5% in the local authority and 10% directly employed. The report identifies that it is an ageing workforce, with those over 55 representing 35%, who may retire within the next 10 years, creating an urgency to attract younger people into the sector. The turnover rate of staff is estimated at 32.2% meaning approximately 2600 leavers per year. The vacancy rate was 7.1% with 600 vacancies at any one time and 76% of new starters were recruited from within the sector, meaning the sector retains their skills and experience, but there are limited new entrants into the workforce.

The reopening of the economy after the long period of lockdowns and restrictions has impacted on the workforce, with staff leaving the sector to work in less demanding sectors. At the start of April 2021, the number of care workers reported by the home care services based in Northumberland which accept referrals from the Council was 1553. By 1 October 2021, the reported number had fallen to 1393, most of the reduction occurred in July when most restrictions ended. Care providers in the areas of the county most visited by tourists were particularly hard hit, as workers recruited from hospitality backgrounds during the peak periods of the pandemic were now returning in substantial numbers to their previous occupations.

All services within the sector are facing the same challenges in recruiting and retaining staff. Temporary staff agencies are unable to provide staff in sufficient numbers to cover staff shortages and emergencies. People who employ their own care workers through direct payment are also experiencing difficulties in recruiting staff.

There is a national shortfall in the number of qualified nurses and which could be exacerbated as the NHS expands services as part of the programme to catch up with the backlog created by the pandemic. A joint approach with health and social care, including the Integrated Care Board, is required to resolve the shortage of nursing staff and ensure services are adequately resourced to continue to care for people in the community.

The falling numbers of staff has meant a corresponding drop in the availability of care, it is becoming increasingly difficult to arrange care packages and placements. In April 2021 7.4% of Homecare referrals could not immediately be met by a care provider; in September 2021 the proportion was almost 32%.

Government has responded to the staffing crisis with several initiatives such as Kickstart, and short-term funding via grants to local authorities to help recruitment pressures in their local area. The national recruitment campaign was launched in 2019 and was revamped in November 2021 with a 'Made in Care' series of social media videos and advertisements across a variety of social media platforms. Each local authority and collectively local authorities across the region help raise awareness of the campaign with all providers seeking to drive recruitment into the sector to support not only the current recruitment need but also the predicted increase in demand for services.

As well as national initiatives to help with recruitment and retention Northumberland County Council have also introduced local measures to support providers. Specific recruitment forums have been run to give providers an opportunity to voice concerns and get up to date information regarding workshops and training on offer. Value based recruitment training has been offered to enable providers to rethink their approach to recruitment with the aim of attracting carers to the sector who have the right values and attitudes to care for our most vulnerable people. The authority will continue to work with providers to highlight the most cost-effective measures which data supports as providing the best numbers of

carers to enter our industry, new carers with the right values and beliefs to enable providers not only to recruit workers but to have a highly skilled workforce with staff with the right mindset.

We are keen to work with the market to develop additional incentives to attract people to work in the sector and welcome approaches from Care Providers with new and innovative ideas. We will continue to explore alternative methods of providing care and support outside of the traditional care market, including personal budgets and technology based solutions.



Older Persons Care Homes

Supply and Demand

There are 70 older persons care homes in Northumberland, 31 of which are registered to provide nursing care and 39 registered as residential only. 64 of the homes are registered with Care Quality Commission to provide specialist care for people with dementia.

The latest Care Homes Market report published by Laing and Buisson states that market demand for care homes has been declining for the last 2 decades despite a significant increase in the over 65 years population. It is clear that Covid had a significant impact on the care home sector and this could be seen in a further 8% national decline in demand however, it is unclear what the position will be moving forward post covid, but this trend is expected to continue.

The report identifies that Supported Homecare and Independent Living for older people has significantly increased over the same period, in correlation with the reduction in demand for care homes and the two together almost track the increase in ageing population, suggesting substitution in the market. It continues to be our view that over time an increasing proportion of older people in need of high levels of care and support are likely to prefer alternative models of accommodation with care, such as extra care housing and another longer-term consequence of the pandemic may be to accelerate that trend.

Two older persons care homes have deregistered from providing nursing care since 2021. One provider told us that the difficulties in recruiting nurses to the location of the home was the main reason for this, and the second home told us that there were too few referrals of people requiring nursing care to justify the home continuing employing a nurse and delivering nursing care. The Council is aware that there are fewer nursing residents in older persons care homes than there was prior to the start of the pandemic and Northumberland CCG has operated a scheme to provide some financial assistance to those nursing homes that have seen the biggest reduction in nursing residents

whilst we continue to assess whether this is a temporary or permanent reduction.

If the council considered that there were areas of the County where there were too few nursing places available under its contract it would consider working with the Integrated Care Board to commission additional capacity.

The Quality of our Current Market

The council is committed to working with the market to support improvement and ensure good quality services for the residents of Northumberland. The approach to quality focuses on 2 main areas:

- A financial incentive – The fee paid by the council is linked to the CQC quality rating with higher fees paid to providers rated “Good” or “Outstanding”.
- A change in quality monitoring - Officers focus on supporting providers to improve their CQC rating as opposed to the previous system of establishing a quality benchmark on which to base fee levels.

We support commissioned services with service improvement plans and actions, prioritising those homes where it can be identified that there is a risk to maintaining quality in the services (for example where there has been a change of manager). The programme aims to support homes in achieving and maintaining a “good” or “outstanding” CQC rating.

We work closely with CQC to identify potential concerns as early as possible and have facilitated programmes to share good practice from “Outstanding” rated homes. We introduced an Excellence Course to develop the skills and knowledge of care service managers to increase their resilience and help bring through the next generation of high-quality managers.

Key Market Issues

- The Department for Health and Social Care announced last autumn a plan to make major changes to adult social care funding, including the introduction of a “cap” on the total lifetime costs anyone will have to pay for personal care after the implementation date, which is scheduled for October 2023. One major impact for care home providers will be that a significantly higher proportion of all residents in care homes for older people are expected to be funded under a local authority contract.
- The Government has recognised that under the current funding arrangements many care homes accommodate a mix of publicly funded residents and private payers, and further work is required to understand the impact of the relationship between private fees and local authority fees as a result of the cost cap. It will remain possible for care homes to charge a “top up” where the top up is paying for an enhanced offer, additional to the standard service, but any older person who needs care home accommodation will have the right to ask the local authority to make arrangements for them in a home which does not require a top up, regardless of their means.
- Nobody can predict for certain how these changes will affect the finances of care home providers, but the Government’s view is that in many local areas (though not necessarily all) there may need to be an increase in fees, to ensure that the changes do not destabilise the care home sector and make it impossible for people to get the care they need. The Government expects all local authorities to carry out an exercise designed to establish a “fair cost” for care homes for older people, based on a survey of the costs of all relevant care homes. This survey was carried out in Northumberland between June and August, using a nationally-recommended survey tool. The results of the survey will be submitted to Government by 14 October 2022. The charging reforms may change the method of fee setting in the future and we will keep the market updated on how and when these changes will occur.
- There appears to be no demonstrated demand for any additional care home capacity in Northumberland currently, although social care demand and the market is not predictable at present and this situation may change. Pre Covid demand was being met within the current capacity and vacancy levels were around 8% which was a healthy vacancy level for the market. It is unclear whether the market will return to pre pandemic levels. We will continue to monitor any changes in demand and update our position as and when appropriate, however we would welcome discussions with any provider who is considering entering the market for older persons care homes in Northumberland.
- Pre pandemic data⁴ indicated that more people are choosing to receive care in their own home rather than the traditional institutional model of care and we expect this trend to continue post pandemic.
- Arranging appropriate local care home accommodation for people with dementia and challenging behaviour can prove challenging, with some Northumberland residents having to be placed outside of the county to have their needs met. A small number of additional nursing beds would be beneficial, and we are planning to commission a specialist dementia unit from existing accommodation.

Opportunities

- Our aim is to ensure that much of the new accommodation with support for older people developed in Northumberland over the next decade will not be on a traditional care home model but will fall somewhere on the spectrum between sheltered housing and extra care schemes, and we are working with developers to bring forward new accommodation-based solutions.
- We are uncertain whether there will be a need to increase care home capacity, but we do currently foresee care homes continuing to have a crucial role for the most vulnerable older people, particularly people with dementia whose families can no longer support them to live at home.
- We are, however, exploring new models of care and support which will support people living with Dementia to continue to live independently and would like to talk to providers who are interested in exploring these models with us.
- There is no certainty over the long-term impact Covid will have on the care home sector and while we will continue to monitor market forces and trends and update our commissioning intentions accordingly, we are keen to talk to providers about future proofing models of care through potential diversification. We are interested in specialist social housing with some schemes accommodating a proportion of nursing placements in appropriate locations and are keen to talk to developers and providers about how this can be achieved.
- There has been an increase in the number of bariatric service users requiring residential and nursing care with limited provision. We invite providers to talk to us about the potential to make adaptations to their homes and increase the provision for plus size service users in all areas of the county.

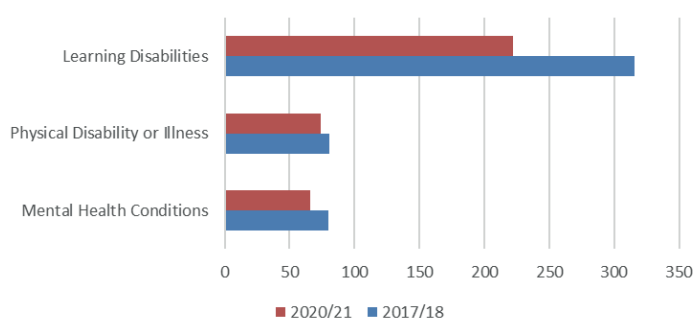
Specialist Residential Care Home Services

Supply and Demand

Our focus is to commission services that promote independence and support people with learning and/or physical disabilities, and mental health conditions to live in their own home. Where it has been appropriate for the residents, we have worked with residential care homes to redesign services to an Independent Supported Living model, enabling service users to develop and build on independent living skills, introducing greater levels of personalisation and choice into their lives.

The chart shows a reduction in specialist residential placements since 2017/18, some of which is due to Covid and deregistering to Independent Supported Living models, but predominantly due to increased provision of Supported Accommodation.

Specialist Care Home Usage Comparison 2017/18 to 2020/21



While our focus will continue to be on community living, we recognise that residential care services are the most appropriate living environment for some of our service users. We are interested in talking to providers about remodelling services and the environment they operate in to meet future needs.

There are 28 specialist care homes in Northumberland providing over 300 places for people with learning disabilities, mental health needs, acquired brain injuries and other neurological conditions, predominantly residential rather than nursing placements.

We require service providers to promote independence wherever possible within the services and to work with service users and families to ensure support is personalised.

The Quality of our Current Market

We use the same joint approach to quality assurance for specialist residential services as we do with older persons, which has also shown demonstrable results. In the period January 2019 to January 2021:

- 2 homes went from Good to Outstanding
- 5 homes went from Requires Improvement to Good

Providers have worked hard to maintain and improve quality standards in their services and we continue to support them in delivering a high quality service. Unfortunately 2 of the homes went from Good to Requires Improvement. We are working with the providers to support them to regain a Good CQC Quality Rating.

Key Market Issues

- There is no demonstrated demand for any additional specialist residential services in Northumberland. We will continue to support people into supported living accommodation.
- There is a lack of specialist respite beds, for example for people with a learning disability, mental health need or physical condition.
- There is a limited number of placements in Northumberland for people with dual diagnosis of mental health needs and alcohol and/or substance misuse conditions.

Opportunities

We will work with residential care providers to ensure that people are as independent as possible and consider plans to enable the person to move on where appropriate.

We will continue support de-registration of residential care services where appropriate.

Services that are adaptable and able to offer a range of support for people with mild and complex needs would be beneficial and we are keen to talk to providers about how this can be achieved.

There are sometimes limited options to support people with particular needs including complex medical conditions, brain injury and nursing care needs. We are interested in talking to providers about services they can offer in these circumstances.



Homecare Services

Supply and Demand

At April 2022 there were 2,065⁵ people receiving homecare in Northumberland through the Council’s contract arrangements. The current contract began in April 2019 with an expectation that it would remain in place for ten years and it gives new providers an opportunity to join at any point.

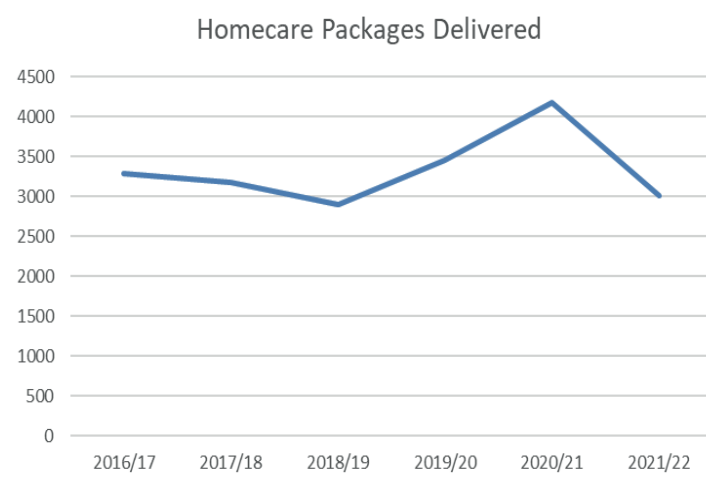
Current demand outstrips supply, however, this does not appear to be the result of a significant increase in demand for services that providers have been unable to meet, but due to issues in recruiting social care staff to deliver the care. The table below shows the number of hours of homecare delivered as at 1 April for the last 4 years from the councils own swift data.

	Number of homecare hours delivered per week
1 April 2019	28,775
1 April 2020	28,937
1 April 2021	33,194
1 April 2022/30 March	29,061

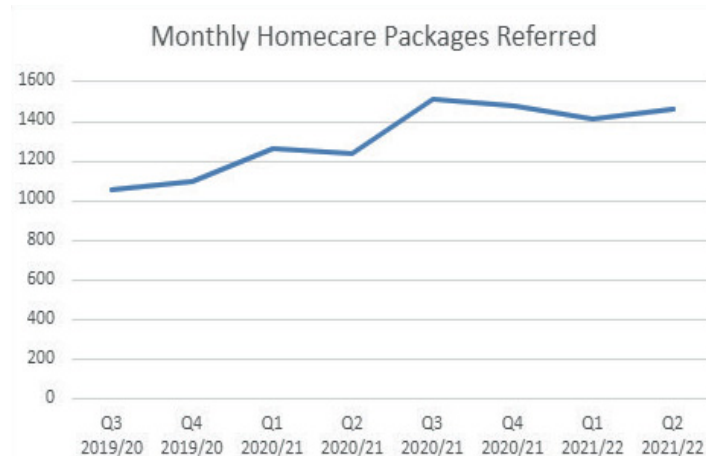
This shows a decline in the number of hours of homecare being delivered in the 12 months from April 2021 when providers were delivering 4,000 more hours than they are currently able to. As at April 2022 there were almost 2,500 hours of care required for the service users for whom the council is unable to source care and which is a result of a shortage of staff rather than an increase in demand. In April 2021, whilst delivering 4,000 more hours than they are currently, there were only twenty-four packages on the list of outstanding packages which indicates a steep decline in the capacity the provider market is able to supply.

Prior to the pandemic records show demand was increasing and, with the exception of the very rural west and north, supply was able to meet

demand. Supply in the very rural west and north has been historically limited, however, the impact of the pandemic has seen demand outstrip supply across the county. The graph shows the increase in the number of homecare packages delivered over a 5 year period. The dips in the graph are due to lack of supply rather than demand.



The number of monthly homecare referrals has risen significantly since the start of this contract, as the graph illustrates. The pandemic has brought about a large increase in the number of homecare referrals, which continue to be over 33% higher than when the contract started.



Northumberland is divided into 10 geographical areas for the delivery of Homecare:

- Berwick and the surrounding areas
- Alnwick, Morpeth and the areas in between
- The coastal strip from High Newton by the Sea Widdrington Station, across to Fenrother
- Ashington, Creswell, Ellington and Newbiggin

- Bedlington,
- Guidepost, Stakeford and Cambois
- Blyth
- Cramlington, Seaton Delaval and Seaton Sluice
- Ponteland
- Hexham and the rural west, including Allendale, Kielder and Haltwhistle
- Prudhoe down to the Northumberland/Durham border

There are 49 homecare providers currently operating in Northumberland on the homecare contract, 6 Tier 1 Providers and 43 Tier 2 & 3 Provider. Each geographical area has 1 Tier 1 provider and a number of Tier 2 & 3 providers:

- Tier 1 - the first point of contact for each new referral in their area. We expect a Tier 1 provider to take all reasonable steps to ensure they are able to deliver a new service when asked.
- Tier 2 – If in the event a tier 1 provider is unable to pick up a new referral, the Tier 2 provider would be the next point of contact.
- Tier 3 – If a referral is still outstanding the Tier 3 providers would have the opportunity to deliver the service

We expect the flexible purchasing system will make it easier for good-quality smaller providers to grow their business in areas where the tier 1 provider is not able to meet demand, and potentially become future bidders for a tier 1 provider role. A further 24 providers have joined the contract since implementation.

The Quality of our Current Market

Homecare is a regulated service and all providers must be registered with the CQC and in the past year, and during the pandemic, the homecare CQC ratings have improved

Of the 49 providers on the homecare contract 2 are rated Outstanding, 32 are rated Good. One of our providers is rated Requires Improvement and we are supporting that provider with direct input, training and good practice to help them improve their rating. There are 7 providers who have recently registered with CQC and await their first inspection visit. All providers that were

inspected prior to January 2019 have been subject to a data review in December 2021 and CQC have found no evidence to suggest there should be a change in their current rating.

The structure of Homecare contract ensures a broader range of providers' are available, offering safeguards and alternative organisations in the event of poor quality. The current contract also gives the option of removing an organisation from tier 1 provider status in the event of quality ratings reducing to Inadequate.

Our approach to quality assurance focuses on prioritising providers with a quality rating of Inadequate or Requires Improvement. We support with the development of Service Improvement Plans and actions to address areas of concern. The emphasis is on supporting providers to achieve and maintain Good or Outstanding quality ratings.

We have a number of other initiatives to support our commissioned providers:

- Support with recruitment initiatives.
- Quarterly provider forums enable effective communication.
- Newsletters highlight specific information to support safe and effective working practices.
- Providers have free access to the Council's online training facilities, which includes a variety of e-learning courses for all staff, most of which are at no cost to the provider.
- We complete a training needs analysis with providers annually to plan courses to ensure training needs in the sector are met.
- Homecare providers can access the manager's excellence course which supports network building and sharing good practice in the sector.

Key Market Issues

- Visit based home care providers are being asked to participate in a fair cost of care exercise during 2022 and the council will liaise with providers to encourage their participation in this exercise. Guidance to councils is that the exercise is to be used as a tool to inform fee rates, alongside other traditional methods of fee setting.
- Geography and access present substantial challenges to providers supporting people in their own homes particularly in the rural west and north of the county and we are keen to talk to providers about innovative solutions to these issues.
- Homecare providers have reported increased difficulties in recruiting and retaining sufficient front line care staff to meet the level of need and this has caused delays in new and increased packages being picked up. We need providers to help us develop innovative solutions to workforce issues.
- The council has responded to workforce issues by increasing fee levels to enable homecare providers to pay care staff the Real Living Wage. Any provider considering entering the market in Northumberland should discuss this with council officers as higher fees were offered to those providers who signed a contract variation confirming that they will pay staff the real living wage. We are aware that this may raise some issues with providers that also operate in other council areas where fee rates are lower and providers cannot offer staff the same terms and conditions.
- There are limited outreach service options to support people who need complex care pathways remain in their own home.

Opportunities

- There will be regular opportunities for new providers to come on to the flexible purchasing arrangement throughout the lifetime of this contract.
- We want to continue to increase and strengthen the market across Northumberland to ensure sustainability, with particular emphasis on the more rural North and West areas of the county. At the same time, we want to support and strengthen providers currently working in Northumberland.
- We are always happy to talk to any potential new providers who are interested in providing homecare in Northumberland particularly in the rural north and west areas, and those that can bring new approaches which help to expand the overall Homecare workforce.

Specialist Independent Supported Living Services

National and Council policy focuses on transforming care from institutional type environments to independent community support, enabling people to live, and play an active part, in the community. We are proactive in seeking community-based housing and care solutions for service users predominantly in individual accommodation, but also provide shared accommodation where it is appropriate.

The purpose of Specialist Independent Supported Living Services is to enable people with care and support needs to continue to live independently in their own home within their community. People receive the support, supervision and/or care that meets their individually assessed needs and can range from a few hours per week to 24/7. The support is predominantly linked to appropriate accommodation, which could be an individual property, such as a bungalow or apartment in a block, or accommodation they share with other people with the same needs and interests. In Northumberland we have Independent Supported Living Schemes for:

- older people
- people with a learning disability
- people with a physical disability
- autistic people
- people with mental ill health

These are not always distinct groups, and many individuals may have multiple and complex needs.

The sector is diverse and housing can be provided by housing associations and local council housing, as well as charities and voluntary organisations and private landlords. The way support services are commissioned also varies between schemes, with care commissioned separately from the accommodation in some schemes, to

some organisations providing both the accommodation and the support, but it is always personalised care and support and there must be separation between the care and housing providers, even where they are two separate functions within a group organisation.

Specialist Services for Older People Supply and Demand

Demand for supported living for older people in Northumberland is constrained by limited supply. Choice is often limited for older people between remaining in a home not designed to meet changing health and care needs, living in small, sheltered housing or moving into a care home. Consequently, older people can feel trapped, faced with a move that is unacceptable or living in a property they find increasingly hard to financially and/or physically manage⁶.

There are currently 3 Extra Care/Assisted living schemes for adults 55+, with 24 hour support on site in Northumberland, 2 of which are a mix of social rental and shared ownership properties operated by a social housing provider. The third is a market sale property developed by a private provider. The schemes provide 163 units of accommodation in a mix of 1 and 2 bedroom apartments. The accommodation is in high demand with 100% occupancy, and the housing providers hold waiting lists for each of their properties. There is also 1 small intergenerational scheme offering 12 units of accommodation to adults over the age of 18.

The cost of developing specialist supported accommodation for older people is higher than that of family accommodation, therefore, there is a reluctance in the market to bring forward proposals that would meet the demand.

Some social housing providers have developed new accommodation for mature living designed to adapt to changing needs over time, where care and support can be flexed to meet

individual needs. This accommodation has proved attractive and is in high demand and we anticipate that, given the increasingly ageing population and the workforce challenges, demand will continue to grow.

Independent Living for older people can help prevent the need for intervention from social services or more institutional types of care and support. There are 10,766 people over 65 years providing unpaid care from 1 hour to over 50 hours per week. This is projected to increase by 32% by 2040, which suggests an increase of 32% in those requiring care from a relative or friend. In 2020 22,685 people over 65 years required support with Instrumental Activities of Daily Living (IADLs). This is projected to increase by 49% in the next 20 years, with the largest increase again being in those over 80 years. IADLs are activities which, while not requiring personal care, are important aspects of living independently, such as:

- Doing routine housework or laundry
- Shopping for food
- Getting out of the house
- Doing paperwork or paying bills

We believe appropriate housing will support people to continue to live independently as they age.

In addition there were a reported 21,092 people 65 years and over with a limiting long term illness, whose day to day activities are limited a little and 18,787 whose day to day activities were limited a lot. Those whose activities are limited a little is projected to increase by 40.5% by 2040, with a projected increase of 49% in those whose activities are limited a lot. There is also a projected increase of 65 % in people over 65 years living with Dementia, along with a 41% increase in people over 65 suffering from depression, including severe depression⁷.

Social isolation and loneliness contribute to a deterioration in mental and physical health conditions that can result in admission to hospital and/or other forms of institutional care such as residential care. The Northumberland JSNA reported:

- Between 5,500 and 12,000 older people in Northumberland are currently estimated to feel lonely often or always
- Over 41,000 people in Northumberland live on their own.
- The number of older people living alone in Northumberland is forecast to increase significantly by 2030, with the largest percentage increase in people aged 75 years and over, a predicted increase of 65%.

All of the available data indicates demand for attractive, flexible, adaptable homes for an increasingly ageing population and Council policy supports increasing availability. It is difficult to demonstrate specific demand for this type of accommodation due to constrained supply. However, we anticipate that ongoing and future demand for older persons specialist services will come from:

- Older people with disabilities living with family or independently that require supported living because of a change in circumstances or increased need
- People with disabilities who have been in accommodation and support for some time whose needs are changing, and they need to move

The Quality of Our Current Market

The care and support, and accommodation parts of supported living and extra care housing are covered by separate agreements. All the older persons specialist independent living schemes in Northumberland are provided by Registered Social Housing Providers (RP's), registered with the Regulator of Social Housing, Homes England. There are regulatory standards that RP's must meet including a Home Standard, which requires them to meet the Governments Decent Homes Standard, standards in design and quality, and repairs and maintenance. The RP's consistently meet the required standards.

The care in the schemes is commissioned separately and is covered under the Homecare contract. Two of the providers have a CQC rating of 'Good', the third has a rating of 'Requires Improvement', we are working with this provider to support them to improve the quality of their service.

Key Market Issues

- There is not enough supported housing available in Northumberland to meet the needs of an aging population. The Extra Care and Supported Housing Strategy identifies a shortfall in supply of 280 units and a future requirement of 851 units by 2035.
- The cost of developing specialist supported housing for older people is higher than developing general needs, which can make the ongoing rental unaffordable for many people. In most developments public subsidy in the form of Homes England Grant is needed to reduce rent levels to ensure affordability for a wider range of older people.
- Worldwide Increasing costs of construction is making developing specialist supported housing challenging, impacting on the financial viability of developments.
- Supported accommodation for people with Autism and Dementia have been identified as specific gaps and are areas of priority for the Council.
- There is limited use of technological developments, outside of telecare, to support older people to live independently
- We are keen to talk to anyone interested in developing or delivering specialist supported accommodation for older people to ensure it is the right development in the right place to meet the needs and demand of the local area.

Specialist Services For Adults with Learning Disabilities, Autism, Mental Health Conditions and Physical Disabilities

Supply and Demand

Once again demand is somewhat constrained by supply. Findings from research⁸ showed that 78% of people using supported housing have learning disabilities and/or autism with complex needs. The research estimates that there are between 22,000 and 30,000 supported housing units across the UK. Estimated demand for supported housing properties across the UK

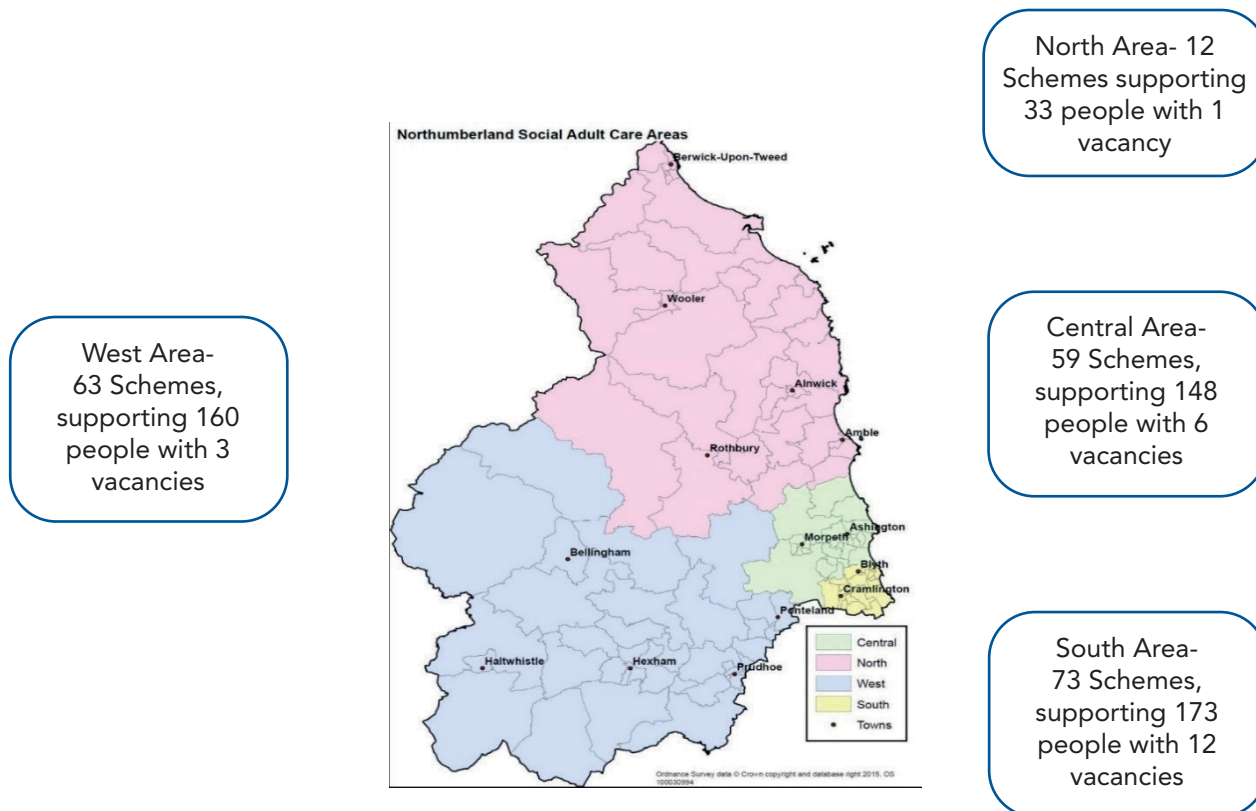
was anticipated to increase from the baseline of 22,000-30,000 to 25,000-33,500 units in 2017-18, to 29,000-37,000 units in 10 years' time. This evidence points to a predicted national increase in the need for supported housing across the UK.

All indicators suggest that an increased capacity for supported living services will both be beneficial for vulnerable people and in line with policy initiatives that will drive demand for this type of provision. It can be summarised that the demand for accommodation comes from these broad areas:

- Young people with disabilities entering housing and support services
- People with disabilities who have been in accommodation and support for some time whose needs are changing and they need to move
- Transforming Care patients
- People with disabilities living in the family home with ageing carers

In line with national and local policy we have continued to increase capacity in specialist services for adults with learning and physical disabilities and mental health conditions. In 2019 we had 74 schemes with a capacity for 247 individuals. We now have 207 schemes with capacity for 515 individuals, an increase in capacity of 49%, and vacancy levels of only 4%. We have 493 adults being supported to live independently in the community in those schemes, compared to 171 in 2019, an increase of just under 190%. We have a complex housing process that holds a register of adults 16-64 years who require accommodation with support, as at July 2022 there were 88 individuals on the register, with new referrals onto the register on a continual basis.

The diagram below shows the detail on the schemes across the county.



The housing is a mix of individual and shared accommodation. Social housing providers own and/or manage 167 of the properties and 40 of the properties are owned by private landlords.

The care and support is commissioned through a Flexible Purchasing System (FPS). An FPS provides greater flexibility than a traditional framework, allowing new entrants throughout its life, so new providers can join after passing the assessment process. The FPS supports the commissioning of specialist services for young people aged 16-18 years and adults with a Learning Disability including Autism and/or Mental Health care and support needs, whether funded under social care legislation, as NHS Continuing Health Care, or as aftercare under Section 117 of the Mental Health Act.

There are currently a total of 22 Care Providers on our FPS preferred provider list offering a range of support from low level, non complex to high level complex needs. The FPS is now open to encourage further tender submissions and the Council welcomes approaches from new providers.

The Quality of Our Current Market

All providers on the FPS are registered with CQC and must hold a rating of 'Good' or 'Outstanding' to remain on the FPS. As at July 2022 of the 22 providers that are part of the FPS 3 are rated 'Outstanding', 14 are rated 'Good' and 3 are rated 'Requires Improvement' and we are working with those providers to improve their service. We are working with all providers to support them to improve the quality of their provision, giving additional support to the provider rated 'Required Improvement'. Two providers have recently registered with CQC and await their first inspection visit.

We 'spot' contract with 13 providers not currently contracted via the FPS. Of these, 4 are rated 'Outstanding', 6 are rated 'Good'. Three providers do not offer regulated activity and therefore are not subject to CQC inspection.

All providers that were inspected prior to January 2019 have been subject to a data review in December 2021 and CQC have found no evidence to suggest there should be a change in their current rating.

Key Market Issues

- The issues with recruitment and retention have resulted in skills gaps in the workforce, particularly around supporting individuals with multiple, complex and challenging conditions and behaviours.
- Services that support Forensic clients are limited in Northumberland, with a lack of service providers and appropriately skilled staff to meet demand.
- It is more difficult to access services in rural areas, particularly the North of the county, mainly due to difficulties in recruiting appropriate staff.
- There is not enough supported housing available in Northumberland to meet current and future demand. Projected demand for supported housing in England as a whole is estimated to increase by 125,000 by 2030. Supported housing has been identified as important in improving outcomes for people with autism, learning disabilities and mental health conditions and preventing inpatient care.
- We hold a waiting list of adults with Learning Disabilities, autism and mental health conditions that need supported accommodation to enable them to live independently, with ongoing referrals into the Complex Housing Register.
- Supported accommodation for people with Autism and Dementia have been identified as specific gaps and are areas of priority for the Council.
- Services are not making the best use of technology available to support independence.

Opportunities for Specialist Independent Living Services

The White Paper People at the heart of care has a particular focus on integrating health, social care and housing, the vision is to make every decision about care, about housing too. The emphasis is about supporting independence in the community and additional national funding is identified to deliver this aim:

- £300m to integrate housing into local health and care strategies, with the focus being on increasing the range of new supported housing options available.
- At least £150m to drive greater adoption of technology and achieve widespread digitisation to support independent living and improve the quality of care.
- £70m per year Care and Specialised Supported Housing funding to incentivise the supply of specialised housing

There are opportunities in developing new supported living schemes and accessing grant funding through our support. We invite developers and providers to talk to us about proposals to ensure the right accommodation is being developed in the right place.

There will be regular opportunities for new providers to come on to the Flexible Purchasing System throughout the lifetime and we are interested in talking to provider about innovative models and methods of delivery of care.

Over the coming year we will be focusing on working with partners to bring forward more Independent Supported Living developments for older people.

Day Services

Supply and Demand

Day services in Northumberland offer social and skills focused activities and support for adults either in a centre-based environment or out and about in the community.

We currently contract with 39 organisations to deliver day services, supporting older persons, clients with mental health conditions, physical disabilities or Learning Disabilities. There are also many community groups and organisations, not commissioned by the Council, that hold activities and clubs that are available to Northumberland residents.

Most adult day services closed in March 2020 when the Government imposed restrictions to deal with the pandemic. Some Day Service providers adapted their model to deliver virtually to ensure they could continue to support clients. Now that restrictions have lifted many have reopened, but there is still some reluctance to attend, particularly among older persons and providers who deliver day services in Older Persons residential care homes.

We took the opportunity to review the current delivery model for Adult Day Services and conduct research into the current model and method of delivery and look at how future services could support clients in innovative ways.

Research carried out on Council in-house and commissioned services found a changing trend in the market, a shift in expectations and aspirations, more prominent in the older adult's market, of what is wanted from services, and services need to evolve and grow to meet future expectations. Older adults and adults with disabilities are increasingly engaging with technology to help them with everyday activities such as shopping and banking. Some barriers to engaging with technology were identified that must be taken into consideration with any service development. Services need to develop and deliver in a way that:

- Removes barriers of location
- Alleviates some workforce issues

- Introduces new providers to the Northumberland market
- Supports people to build confidence

Research⁹ has also shown that some traditional building-based services are no longer meeting all the client's needs. Services have historically supported large numbers of clients and provided group activities, due to social distancing measures, large group activities are still not being offered.

The Quality of Our Current Market

Day service provisions are not a CQC registered service and therefore not subject to CQC inspection or quality ratings, the exception being day services that are provided within a registered setting, such as a care home. In these settings the service is included in the CQC inspection and included in the rating.

However, all commissioned day service providers are subject to an accreditation process prior to contract. The process includes collecting detailed information about the provider and the service, a site visit and quality check, and an assessment of evidence to inform a decision. The site visit incorporates environmental factors, equipment, facilities, activities, personnel files, qualifications, training, complaints/compliments and quality management. There are four possible outcomes of each of the areas:

1. Unsatisfactory
2. Adequate
3. Good
4. Excellent

The accreditation process provides reassurance that providers have:

- suitably experienced and qualified staff to deliver the service
- the activities are appropriate for the target client group
- services are outcome focused
- the organisation is well managed and financially viable.

⁹ Moriarty, J and Webb, S. (2000) Part of their Lives: Community Care for Older People with Dementia. Bristol: The Policy Press. pp. 69. Tester, S. (1989) Caring by Day: A Study of Day Care Services for Older People. London: Centre for Policy on Ageing

Key Market Issues

- The research identified that current services need to be modernised to meet changing expectations and aspirations of current and future service users.
- It was identified that the older population increasingly want activities that engage their mind and have a purpose and outcome, not just something to do to pass the time. While younger adults want to participate in community life, taking part in activities that stimulate and engage them and spark their interests. They want to feel a sense of purpose with potential opportunities to access paid or voluntary employment wherever possible.
- Currently the service user has to fit into the service, rather than the service meeting personalised needs. Delivering activities in special buildings limits the effective personalisation of services, support is not tailored to individual needs. There is limited flexibility in the activities delivered and a lack of emphasis on support activities in the community. Over reliance on traditional categories such as 'older people' or 'people with Learning Disabilities' may narrow thinking unnecessarily and unhelpfully. It was felt that if a service met an individual's needs they should be able to attend regardless of their 'label'.

Services need to be:

- More flexible in time
- More flexible in place
- More responsive to individuals needs
- More adaptable to variable and complex needs
- More inclusive
- Support wider social and community integration
- The geography of Northumberland poses a barrier to access services. Some services in rural areas have closed over the years due to lack of demand and transport difficulties

- The difficulty in recruitment and retention of care staff has impacted on care services generally, and the current cohort of day service staff are predominately female workers over the age of 40 years old. There is a need to recruit younger staff into the workforce who will be able to provide new opportunities for clients and have vision on how day services can be provided in the future.

Opportunities

- The Council want providers to be able to personalise services so services can fit around clients. Moving forward the Council requires adult social care day service providers to ensure clients are given maximum opportunities, ensure clients are engaged and learn new skills and have measured outcomes linked to the service.
- The findings of the research have informed our commissioning intentions and future opportunities for Day Service provision in Northumberland.
- There are opportunities to redesign services in the county and the Council intends to work with day services providers to increase innovation in these services, including identifying service users with aspirations to move into volunteering or paid work in the future, in line with transforming care principles.
- The virtual day service pilot provides an opportunity to test out and evaluate a different model of service provision, and the potential for roll out, particularly in the more rural areas. Commissioning invite providers to contact the Council to discuss future development within their services.
- We know we have a gap in age-appropriate services for people with autism and we want to work with providers to develop a commissioned autism services in Northumberland. This would increase availability offered to clients to access training, employment, meaningful activities and support.

- There is a lack of social inclusion opportunities to support vulnerable adults develop and sustain a social life outside of services. This includes low level support services helping people with housing, health, employment.
- We see the value of clients being supported by providers in their local communities, this enables clients to be part of the community and link in with other providers and services.
- We would like providers to have a flexible approach in delivering services which may include evening and weekend support.
- There are opportunities for providers to work in partnership with other training and educational providers to maximise individual opportunities and to develop skill based services.
- We have identified a gap in age related activities for people with Learning Disabilities and/ or mental health conditions for the age range 40 - 60 years old, particularly men.
- There are opportunities for the Voluntary and Community Sector and commissioned services to work as part of the Community Hubs, providing low level support for all client groups.
- There will be opportunities for providers to be able to embrace technology and through this be able to deliver virtual day care sessions across Northumberland and potentially throughout the country. We are currently exploring the viability of this with Day Service providers and software developers





Self-Funders and Personal Budgets

The Government set out their vision to reform social care in the White Paper 'People at the Heart of Care'. One of the objectives of the 10-year vision is that people find adult social care fair and accessible. The aim is to ensure that self-funders can access the same rates for care costs in care homes that local authorities pay.

As at 15 July 2022 from information we have we calculate that approximately 30% of the care home beds in Northumberland are occupied by self-funders, funded from their own resources, so the charging reforms could significantly impact the care home sector. We will work closely with our care homes to understand the private market in Northumberland.

We know from information collated from Homecare providers that at 31 January 2022 at least 366 people in Northumberland receive domiciliary care under private arrangements with registered agencies, receiving 6% of the total care hours provided.

People who have assessed care needs and meet the funding thresholds have the opportunity to have a direct payment. They can use this to design a personal package of care and support that meets their individual needs. There are currently 630 Adults accessing Direct Payments via Social Care Funding to arrange their services. This is further broken down to 230 (45%) Adults employing their own personal assistants and 350(55%) Adults using their Direct Payment to arrange a service via a provider. Direct Payments are used to arrange services in the following areas:

- Complex Home Care Plans
- Home Care Support
- Enabling
- Day Services
- Respite

There has been an increased request for Direct Payments to employ Personal Assistants as a result of the pandemic. Particularly to enable people to manage people entering their home environment. The shortage of social care staff extends to the Personal Assistant sector of the market, to try to manage this the Council will trial a Human Resources Platform for advertising with the added advantage of a Personal Assistant Register. Anyone actively looking for work can add their Curriculum Vitae onto the Personal Assistant Register and when vacancies are advertised on the platform it identifies people in the surrounding area looking for the type of work advertised, effectively matching candidates with clients.

The charging reforms may impact on the self-funder and personal budget markets so we will continue to build our knowledge of this market in Northumberland, updating providers as appropriate to support in developing their business model to manage the changes.

Caring For Our Carers

We recognise unpaid carers as an integral part of our health and social care system, and value the positive contribution they make. Without them our Health and Social Care system would not be able to function, it is unpaid carers who are responsible for care when the professionals aren't there, and as the condition of the person needing care progresses carers are commonly faced with coordinating and managing complex needs. In Northumberland we have a Carers Partnership Board who are currently developing our 'Commitment to Carers Strategy'. The Board has representatives from across adults' and children's services, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW), primary and secondary care, commissioning, Healthwatch and Carers Northumberland, and provides an opportunity to inform joint working. The aim of the Board is to achieve the best possible outcomes for carers and the people they support, improve the carers' experience, promote their welfare and ensure they are safeguarded.

The draft strategy considers 6 key priorities to support carers:

- Priority 1:** To have a clear information offer and carers pathway which will consider key entry points for carers within their health and social care system journey
- Priority 2:** Carer involvement and experience
- Priority 3:** Young Carers
- Priority 4:** Carers of people with mental health problems across all ages
- Priority 5:** Parent Carers
- Priority 6:** Workforce Development
- Priority 7:** How we collect carer data from our Adult Social Care IT system (SWIFT)

The number of people providing unpaid care in Northumberland is almost 36,000¹⁰, with those providing over 20 hours of care seeing the greatest increase in the past 10 years, the point at which caring starts to significantly impact on the health and wellbeing of the carer. More than 7000 of our carers deliver more than 50 hours care per week and in more than 1000 cases of people with dementia or learning disabilities their carer deliver in excess of 100 hours of support per week.

As our population grows older and people live longer so too does the carer. Census data tells us in Northumberland we have 10,766 people over 65 years providing unpaid care, sometimes over 50 hours per week. This is projected to increase by 32% by 2040. We also have many young carers with sole responsibility for a disabled parent or an elderly grandparent.

We provide respite opportunities for vulnerable adults which can be in the form of a stay away from home or attending a Day Service. While respite is for the benefit of the service user, it also provides respite for the carer and we will continue to source appropriate respite to enable time away.

We work with partners to support our unpaid carers in Northumberland. We have a service level agreement with Carers Northumberland to deliver support and advice to carers and on 31st March 2021, there were 3278 carers registered with them, of which 120 were young carers. The number of carers supported by them increased 63% and the number of contacts by 40% in the period 1 April 2020 – 31 March 2021 in comparison to the same period the previous year.

Carers Northumberland deliver support groups to carers in locations throughout the county, also offering an extensive range of training, and adapted their support and training during the lockdown restrictions to ensure continued support to carers during a particularly stressful time. Other services offered by Carers Northumberland include:

- Emergency planning advice
- Advance planning, including Lasting Power of Attorney
- A Bereavement Guide
- Carers into Work

ESCAPE's Family Team delivers a range of services to the families and carers of substance users including:

- a 24/7 helpline
- crisis support
- advice and information
- advocacy
- comprehensive carer assessments
- personalised care plans
- one to one support
- counselling
- befriending

- family therapy
- support groups
- personal learning opportunities
- respite opportunities

The team provides specific support for kinship carers; for those with a family member involved in the criminal justice system and for those bereaved by substance use. ESCAPE work with family members whether their loved one is in treatment or not and offer a range of support where multiple complex issues occur, including children's safeguarding, domestic violence and offending.

We will implement our Carers Strategy and will explore the future of the service directly with carers so we can learn more about what they need. We also want to hear from service providers who can supplement our support for carers, for example through digital products and services or providing short breaks for carers. We are committed to ensuring that carers are identified and recognised, have the right information to support them in their caring role and have access to quality services and support. We will continue to ensure carers are supported to maintain and improve their health and emotional well-being and can get a break when they need one to support them in their caring role.



What Our Service Users and Carers Tell Us

We employ a wide range of methods to ensure we understand and learn from the experiences of the people we support. These include a network of user forums across the county, representation of service users and carers on strategic groups, members of the public acting as quality assessors of different services, regular surveys of customer experience and targeted engagement events focusing on specific issues, such as Carer's week, Dementia Awareness week and World Elder Abuse Awareness Day.

We commission HealthWatch Northumberland as the independent consumer champion for health and social care in the county. Information gathered by HealthWatch Northumberland on issues from the public, both positive and negative feedback, is passed directly to services involved to support service improvement.

The Adult Social Care Survey (ASCS) is an annual survey that asks questions about the quality of life of clients and the impact that the services they receive have on their quality of life. It also collects information about self-reported general health and wellbeing and the data is used to populate several performance measures in the Adult Social Care Outcomes Framework (ASCOF). The table below gives the results of the 2019/20 survey and shows Northumberland performing well in comparison to the rest of England in most of the service user and carer measures. We perform on par with, or better than, our regional neighbours.

ASCOF Measure	Northumberland	England	North East
	%	%	%
Service User satisfaction with Social Services	64.5%	64.9%	68.8%
Carer satisfaction with Social Services	39.6%	38.6%	47.3%
Service Users who have as much social contact as they want	50.6%	46.6%	50.7%
Carers who have as much social contact as they want	44.4%	32.0%	39.3%
Service Users who feel they have choice over care and support	71.0%	66.6%	73.0%
Service Users who feel services help improve their quality of life (score out of 24)	19.45	19.2	19.65
Carers who feel services help improve their quality of life (score out of 12)	8.35	7.5	7.95

Compliments and complaints are viewed as learning opportunities to help us make changes and improve our services for individuals and their families. Adult social care received considerably more compliments from people who use our services, their carers and families than complaints. The Compliments we receive are mainly about the professionalism of staff or the quality of services we commission or provide. The number of complaints received is low compared to the level of contacts, suggesting staff get things right most of the time, but when they don't, we quickly seek a positive outcome and learn from the situation.

People have higher expectations from services and are expected to contribute more towards their cost of care, so they are more willing to challenge professionals. Most complaints received were about the standard of services provided and increasingly cost of care is an underlying issue.

During 2019/20 we received 58 complaints about Adult Social Care and Continuing Health Care services. Of the complaints received 46% were not upheld, 29% were partially upheld and 24% were upheld. Most of the complaints were in relation to care management and independent providers, which is to be expected given the high level of service user contact.

We will continue to work with service providers to improve the quality of services delivered.

Health and Housing

There is significant evidence to demonstrate the impact housing has on health and general wellbeing. Suitable housing that meets need enables people to continue to live, and play an active part, in the community. Conversely unsuitable or inadequate housing can result in the deterioration of a condition, social isolation, anxiety and/or depression.

Housing studies carried out in Northumberland identified housing, adaptation and support for the older population as a major strategic challenge for the council. The study also identified housing stock shortages for people with learning disabilities, physical disability and/or illness, enduring mental health conditions and/or challenging and complex behaviours, leaving limited choice for independent living

The Government Adult Social Care Reform White Paper 'People at the Heart of Care' sets out an ambition to make every decision about care, about housing as well, with the emphasis being on providing the right care, in the right place at the right time. The aim is to integrate housing into local health and care strategies, with a focus on increasing the supply of specialist housing and funding improved services for residents.

A recent SCIE survey highlighted 3 top priorities for people who require care and support:

1. Remaining independent
2. Having access to the internet, phone and technology
3. Being able to stay in their current/own home

The Council's primary aim is to support people to continue to live safely at home and there are already a range of solutions on offer to make this possible, including excellent homecare provision, technology, physical aids and adaptations to the home where appropriate. However, where this is not possible we want to ensure there are alternative housing solutions available for people to have the choice to continue to live independently.

The Council adopted the current Extra Care and Supported Housing Strategy in 2018 setting out the aim to increase the level of supported accommodation available and since then we have been working with partners to bring forward developments to offer independent supported living to adults with a care and support need as detailed in the Specialist Independent Supported Living Section.

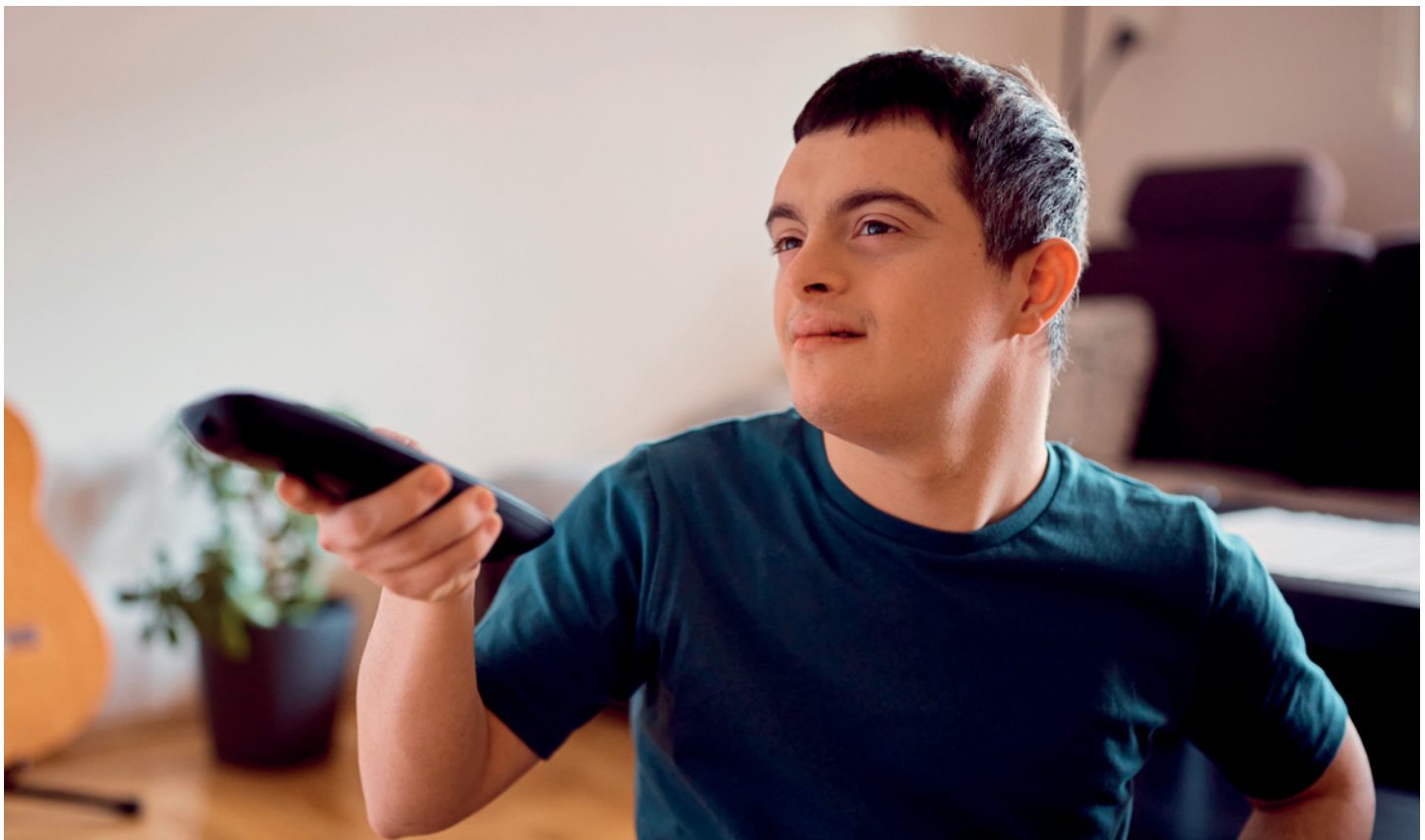
We also have a pipeline of schemes that are at various stages of the development process in different areas:

OLDER PERSONS	LD/MENTAL HEALTH/PDI
Berwick	Berwick
Morpeth	Alnwick
Blyth	Amble
Cramlington	Bedlington
Prudhoe	Cramlington
Bellingham	

Our strategy will be refreshed by the end of March 2023 but we will continue to deliver on the aims set out in the strategy.

Opportunities

- We want to ensure the provision of better housing choices for older people and vulnerable groups, whatever their requirements, including homes that are adaptable to needs over their lifetime and set within accessible 'lifetime neighbourhoods' that are well-designed places suitable for all people regardless of their age or disability.
- We need a collaborative partnership approach with housing developers, housing and care providers to develop innovative solutions to capital and revenue funding, including mixed market developments, to deliver choice for older people and younger adults with health needs to access supported living solutions in Northumberland
- There are particular gaps in independent living for people living with Dementia in the county and we are keen to work with potential partners to find appropriate solutions that enable families to remain together.
- Appropriate independent living solutions for people with autism are limited and we would like to talk to developers and providers with innovative ideas and solutions to increasing provision.
- Our Local plan includes a Housing Policy requiring 20% of new open market homes and 50% of affordable homes to meet or exceed the enhanced accessibility and adaptability housing standards in compliance with the Requirements M4(2) of the Building Regulations to ensure that new homes are accessible and adaptable to meet the needs of residents now and in the future.
- We believe housing for older people is an untapped market in Northumberland and we want to work with architects and house builders who are interested in designing attractive accommodation for older people and want to take a more innovative approach to residential development.
- In line with national, regional and local policy, we will continue to work towards increasing the level of supported accommodation in Northumberland and we welcome discussions with social housing providers to support the development of more Independent Supported accommodation across Northumberland.



Facilitating The Market

Training

A range of information on needs, along with commentary on relevant health and wellbeing policy, is available in our Joint Strategic Needs Assessment (JSNA) which can be found at: [Northumberland County Council - Joint Strategic Needs Assessment \(JSNA\)](#)

Provider forums

We hold Forums at least 4 times a year for each of the provider groups: Learning Disability, Mental Health, Older Persons Care Homes, Homecare providers and Day Services. The forums provide the opportunity to discuss issues that they have been experiencing or discuss current issues that may be universal to all providers. We invite guest speakers along to provide information or training on their areas, such as benefits, Clinical Commissioning Group and Safeguarding.

We mentor providers to help them improve their quality and share best practice that we learn through our work nationally, regionally and locally. We provide training to enable providers to understand and meet our quality standards.

Corporate procurement

Our colleagues in Corporate Procurement plan and hold supplier events for larger tenders to provide information to organisations on how to work with Northumberland. They will help facilitate smaller organisations bidding for tenders by working with the purchasing department to ensure the procurement lots are appropriately sized. All tender opportunities are advertised through the Pro-Contract portal, click here to register <https://procontract.due-north.com/register>

Other Sources of Information

A range of information on needs and commentary on relevant policy is available from the Health and Wellbeing Assessment, our Joint Strategic Needs Assessment (JSNA) which is available

How to contact us:

We want local people who use our services to have a strong voice in helping us to monitor, develop and improve the way we work. Please contact us:

- If you think you might like to get involved
- If you would like to give us feedback on this Market Position Statement
- If you would like to find out more about adult social care services
- Or if you need help

Email: Onecall@Northumberland.gov.uk Telephone: 01670 536 400

Email: Contracts@northumberland.gov.uk

If you have speech or hearing difficulties you can use Relay UK to contact us by dialling 018001 01670 536400



Northumberland
County Council

Northumberland County Council

Health and Wellbeing Overview and Scrutiny Committee

Work Programme and Monitoring Report 2022 - 2023

Page 69

Chris Angus, Scrutiny Officer
01670 622604 - Chris.Angus@Northumberland.gov.uk

24 October 2022 - CA

Agenda Item 7

TERMS OF REFERENCE

- (a) To promote well-being and reduce health inequality, particularly in supporting those people who feel more vulnerable or are at risk.
- (b) To discharge the functions conferred by the Local Government Act 2000 of reviewing and scrutinising matters relating to the planning, provision, and operation of health services in Northumberland.
- (c) To take a holistic view of health in promoting the social, environmental, and economic well-being of local people.
- (d) To act as a consultee as required by the relevant regulations in respect of those matters on which local NHS bodies must consult the Committee.
- (e) To monitor, review and make recommendations about:
- Adult Care and Social Services
 - Adults Safeguarding
 - Welfare of Vulnerable People
 - Independent Living and Supported Housing
 - Carers Well Being
 - Mental Health and Emotional Well Being
 - Financial Inclusion and Fuel Poverty
 - Adult Health Services
 - Healthy Eating and Physical Activity
 - Smoking Cessation
 - Alcohol and Drugs Misuse
 - Community Engagement and Empowerment
 - Social Inclusion
 - Equalities, Diversity and Community Cohesion.

ISSUES TO BE SCHEDULED/CONSIDERED

Regular updates: Updates on implications of legislation: As required / Minutes of Health and Wellbeing Board / notes of the Primary Care Applications Working Party
Care Quality Accounts/ Ambulance response times

To be listed: Vaping/E-Cigarettes

Themed scrutiny:
Other scrutiny:

**Northumberland County Council
Health and Wellbeing Overview and Scrutiny Committee
Work Programme 2022 - 2023**

1 November 2022

Adult Social Care Market Position Statement

An outline of the social care market in Northumberland, the social care needs of the residents of Northumberland, demographic information about our population, and the type/volume of social care services the council would be interested in buying in the future in Northumberland

6 December 2022

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Specialist Dementia Service

An update on the implementation of a Specialist Dementia Service. Decision taken by Cabinet in April 22.

Director of Public Health Annual Report

Annual report from the Director of Public Health

Recommissioning of an Integrated Drug and Alcohol Service for Adults in Northumberland

To seek permission from Cabinet to commission an Integrated Drug and Alcohol Service for Adults in Northumberland. This Service will be commissioned using the Public Health Ring-Fenced Grant. The grant conditions state that Local Authorities must improve the take up of, and outcomes from, its drug and alcohol misuse treatment services, based on an assessment of local need

3 January 2023

Northumberland Safeguarding Adults Annual Reports 2021-22

To provide an overview of the work carried out under the multiagency arrangements for Safeguarding Adults.

7 February 2023

7 March 2023		
	Provision of Dental Services in Northumberland	An update from NHS England on dental support in Berwick and on dental service provisions in Northumberland.
4 April 2023		
Page 73	NHCT Quality Accounts	Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust, and also agree to submit a formal response to each Trust.
	NEAS Quality Accounts	Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust, and also agree to submit a formal response to each Trust.
May 2023		
Page 73	CNTW Quality Accounts	Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust, and also agree to submit a formal response to each Trust.
	NUTH Quality Accounts	Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust, and also agree to submit a formal response to each Trust.

Northumberland County Council
Health and Wellbeing Overview and Scrutiny Committee Monitoring Report 2022-2023

Ref	Date	Report	Decision	Outcome
1	31 May 2022	Progress Report 0- 19 S75 Partnership Agreement with Harrogate and District NHS Foundation Trust	RESOLVED that: a) the contents of this report, be considered, and b) comments on the delivery of 0-19 Public Health Services to children and young people in Northumberland and outcomes being achieved be noted.	Further update to be given at a future date.
2	31 May 2022	Adult Social Care Self-Assessment following the dissolution of the Partnership with NHCT	RESOLVED that the report be noted	Further update to be given at a future date.
3	31 May 2022	Restructure of Adult Social Care	RESOLVED that the report be noted	No further action at this time.
4	5 July 2022	Delivering on the Extra Care and Supported Housing Strategy	RESOLVED that the progress to date and future plans of the Strategy be noted.	No further action at this time.
5	5 July 2022	Improving Access Project Feedback – GP Access	RESOLVED that the: a) presentation and comments made be noted. b) the Scrutiny Officer contact Members of the Health and Wellbeing Overview and Scrutiny	Cllr Kath Nisbet was appointed as the representative on the GP Access Working Group.

			Committee to seek nominations to sit on the GP Access Working Group.	
6	6 September 2022	Provision of Dental Services in Northumberland	RESOLVED that: a) the presentation and information detailed be noted, and b) an update on the provision of NHS dental services be provided in six months' time.	An update on the provision of NHS dental services be provided in six months' time.
7	6 September 2022	Northumberland Inequalities Plan 2022 - 2032	RESOLVED that the recommendations detailed within the report to be considered by the Health and Wellbeing Board at its meeting on 8 September 2022 be supported.	No further action at this time.
Page 75	6 September 2022	Proposals for the allocation of the Public Health ringfenced grant reserve.	RESOLVED to recommended that Cabinet: a) Approve the allocation of funding from the Public Health reserve as proposed in this report. b) Delegate to the Director of Public Health the precise expenditure of the funding set aside to address issues around poverty.	No further action at this time.
9	6 September 2022	HealthWatch Northumberland Annual Report	RESOLVED that Healthwatch Northumberland Annual Report for 2021-22 be received.	No further action at this time.
10	4 October 2022	Post COVID Pathways and Activity in Northumberland	RESOLVED that the presentation and information provided be noted	No further action at this time.

11	4 October 2022	Home Care and Care Homes	RESOLVED that the information and comments made be noted	An update to be provided in the future
12	4 October 2022	Complaints Annual Report 2021-22: Adult Social Care and Continuing Health Care Services	RESOLVED that the report be received	No further action