

Public Document Pack



Northumberland County Council

Your ref:

Our ref:

Enquiries to: Andrea Todd

Email: Andrea.Todd@northumberland.gov.uk

Tel direct: 01670 622606

Date: 23 March 2023

Dear Sir or Madam,

Your attendance is requested at a meeting of the **HEALTH & WELLBEING OVERVIEW AND SCRUTINY COMMITTEE** to be held on **TUESDAY, 4 APRIL 2023** at **1.00 p.m.** in the **Council Chamber, County Hall, Morpeth, NE61 2EF.**

Yours faithfully

Dr Helen Paterson
Chief Executive

To Members of the Health and Wellbeing OSC



Dr Helen Paterson, Chief Executive
County Hall, Morpeth, Northumberland, NE61 2EF
T: 0345 600 6400
www.northumberland.gov.uk



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. 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.

3. MINUTES

(Pages 1

Minutes of the meeting of the Health & Wellbeing Overview & Scrutiny Committee held on 7 March 2023, as circulated, to be confirmed as a true record and signed by the Chair.

- 4. FORWARD PLAN** (Pages 7 - 10)

To note the latest Forward Plan of key decisions. Any further changes to the Forward Plan will be reported at the meeting.
- 5. NORTH EAST AMBULANCE SERVICE - QUALITY ACCOUNTS** (Pages 11 - 30)

The Committee is requested to receive and comment on the presentation from the Trust and agree to submit a formal response.
- 6. NORTHUMBRIA HEATHCARE NHS FOUNDATION TRUST - QUALITY ACCOUNTS** (Pages 31 - 52)

The Committee is requested to receive and comment on the presentation from the Trust and agree to submit a formal response.
- 7. MARKET SUSTAINABILITY PLAN FOR ADULT SOCIAL CARE** (Pages 53 - 72)

The Council submitted a draft market sustainability plan in October 2022, as required by the grant guidance. A revised template and guidance for the final version of the Market Sustainability Plan was published by DHSC on 1 February 2023. Following changes to DHSC guidance, the plan has been amended and the Committee is asked to examine and comment on these changes.
- 8. HEALTH AND WELLBEING OSC WORK PROGRAMME** (Pages 73 - 80)

To consider the work programme/monitoring report for the Health and Wellbeing OSC for 2022/23.
- 9. 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.
- 10. DATE OF NEXT MEETING**

The date of the next meeting is scheduled for Tuesday, 2 May 2023 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.
--	--

* ‘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)

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Health & Wellbeing Overview and Scrutiny Committee** on Tuesday, 7 March 2023 at 1.00 p.m. at County Hall, Morpeth.

PRESENT

Councillor V. Jones
(Chair, in the Chair)

MEMBERS

Bowman, L.
Hardy, C.

Hunter, I.
Nisbet, K.

ALSO IN ATTENDANCE

Angus, C.
Dunbar, C.
Fletcher, P.
Herne, K.
Marynissen, K
Mitcheson, R.

Nugent, D.
O'Neil, G.

Richardson, M.
Todd, A.

Scrutiny Officer
County Councillor and FACS OSC Member
NHS England
Senior Public Health Manager
Public Health Trainee
Director of Place and Integrated Services-
Northumberland ICB
Northumberland Healthwatch
Interim Director of Public Health, Inequalities
and Stronger Communities
County Councillor and FACS OSC Member
Democratic Services Officer

1 member of the press was also in attendance

The Chair agreed to reorder the agenda to allow officers to be available when members considered the Director of Public Health Annual Report.

60. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors E. Chicken, R. Dodd, G. Hill, C. Humphrey and R. Wilczek.

61. MINUTES

RESOLVED that the minutes of the meetings of the Health & Wellbeing Overview & Scrutiny Committee held on 7 February 2023, as circulated, be confirmed as a true record and signed by the Chair.

62. 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.

63. REPORT OF NHS ENGLAND

Access to Dental Treatment in Northumberland

Members received a presentation from P. Fletcher, Senior Primary Care Manager (Primary Care Central Commissioning Lead – North East and Cumbria) from NHS England which updated the committee on the level of NHS dentist provision in Northumberland including the support for provision in Berwick. (A copy of the powerpoint slides have been filed with the signed minutes).

The presentation covered the following issues:

- Confirmation that there was no 'formal' registration in NHS dentistry. Patients could contact any NHS dental practice to access care.
- Dental contracts and provision were activity and demand led with the expectation that practices delivered and managed their available commissioned activity to best meet the needs of patients.
- The contract regulations set out the contract currency which was measured in units of dental activity (UDAs) that were attributable to a 'banded' course of treatment prescribed under the regulations.
- COVID- 19 pandemic and requirement to follow strict infection prevention control guidance had significantly impacted on access to dental care. Demand for dental care remained high across all NHS dental practices.
- NHS England also commissioned: urgent dental care services, Community dental, Specialist orthodontic service and Domiciliary care services.
- Since the last update to committee Burgess and Hyder Dental Group Practice in Berwick had closed. This equated to a loss of 4300 UDA's.
- The pressures and challenges being faced particularly with recruitment and retention.
- Dental systems reforms, what had been achieved so far and next steps.
- Berwick access. It was noted that a formal market engagement had been undertaken to inform the procurement of a long-term sustainable contract to replace capacity lost from NHS contracts handed back. However, this had not been as successful as hoped. In the interim a number of options had been secured to help with access:
 - Additional funding offered to practices in other parts of the county. Eight practices had taken up the offer with a focus on patients with an

urgent/dental treatment need and nationally identified high risks groups, including children (Central and North Northumberland area).

- Additional clinical sessions had been secured at the Newcastle Dental Hospital.
- Additional capacity was to be provided by Northumbria Healthcare Trust community dental services to support access for vulnerable patients with additional needs that could not be met within high street practices.
- North Northumberland identified as a priority area for workforce recruitment and retention initiatives aimed at incentivising dentists to come to work in the area which included offering a financial incentive and support to overseas dentists to gain entry onto the National Performers list.

In response to member questions the following information was provided:

- Scottish Borders contracts worked differently to those in England. They also had experienced recruitment and retention issues but were starting to increase capacity. Officers had been working with colleagues over the border to share knowledge and experience. It was hoped that some of the projects established here would start to have a positive reaction soon and increase capacity.
- The method of payments was explained for UDA's to dentists. It was reported that if there were any dentists experiencing any problems with payment these could be investigated.
- It was reported that if the formal procurement procedure was successful in Berwick, then a new contract could be in place from April 2024.
- Members would be kept up to date with any progress made regarding the capacity issue in Berwick.
- The practices delivering the extra clinical capacity offer had purposely not been advertised to ensure they were not inundated.
- NHS Choices website listed all NHS dentists within Northumberland.
- The advice was to ring NHS 111 if you had any issues accessing an NHS dentist. However, appointments were still being prioritised by urgent need.
- Incentives for all NHS dental practices had been offered to prioritise patients not seen in the practice within the previous (24 months) adults and 12 months (children) who required urgent dental care.
- Routine access was still an issue along with workforce delivery.
- Acknowledgment of the issues that could arise from not having routine checkup appointments including early detection of any changes within the mouth including gum disease and early signs of mouth cancer.
- There continued to be national discussions and work taking place on dental system reform.
- A refresh of the Oral Health Needs Assessment was taking place which would look at capacity.
- The offer to deliver NHS dentistry needed to be attractive to dentists. Northumberland was a lovely place to live and work.
- NHS England would welcome the ongoing partnership work with the Council and Healthwatch.

Members thanked P. Fletcher for the presentation.

RESOLVED that the information be noted and for members to continue to be kept informed of progress made.

64. 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 discussed possible topics to add to the Work Programme over the next twelve months, including:

- Ambulance Service
- NEAS Quality Accounts

RESOLVED that the work programme and comments made be noted.

65. DATE OF NEXT MEETING

RESOLVED that the next meeting of the Health and Wellbeing Overview and Scrutiny Committee be held on Tuesday, 4 April 2023 at 1.00 p.m.

At this point the Committee adjourned to allow any members of the Family and Children Services Overview and Scrutiny Committee (FACS) to join the meeting whilst the next agenda item was to be considered.

66. REPORT OF THE CABINET MEMBER FOR ADULT WELLBEING

Director of Public Health Annual Report 2021/22

Members received the independent Director of Public Health Annual Report for 2021/22 which focused on healthy weight in children and highlighted the importance of creating the conditions to enable all children to be a healthy weight.

The report was introduced by G. O'Neill, Executive Director of Public Health, Inequalities and Stronger Communities, and a presentation made by K. Marynissen, Public Health Trainee. K. Herne, Senior Public Health Manager was also in attendance. A copy of the presentation and report has been filed with the signed minutes.

The key points of the Annual Report were highlighted:

- Healthy weight was incredibly important for physical and mental health being associated with lower rates of anxiety and depression. Children were more likely to do well at school. Economically, there were huge benefits as obesity was the second highest burden on the NHS after smoking.

- In Northumberland in 2020/21, 26.7% of children aged 4-5 years were overweight or had obesity and 40% by the age of 10-11 years. 2021/22 figures were very similar. Covid did have an effect with a national trend of increased obesity and there was still an increase on pre-pandemic figures.
- Obesity was more likely to affect boys, particularly relating to severe obesity. The Northumberland trend was following the national trend.
- Poorer households were disproportionately affected by obesity.
- It was now believed that obesity was not just individual responsibility but also caused by environmental factors.
- Poorer households had to spend almost half of their disposable income to eat healthily, whereas it was only 11% for the wealthiest fifth of households.
- The cost of living crisis was creating increased use of food banks.
- Breastfeeding rates were increasing in Northumberland over the last three years but was still below the national average.
- Reliance on takeaway food had increased during the pandemic and this trend was continuing. Advertising also tended to be for more unhealthy food.
- Barriers to physical activity included access to equipment, confidence and skills. Northumberland was a car dependent culture due to its rurality.
- Schools were trying to add physical activity in the daily routine and provide healthy and nutritious food.
- There was an issue for some families which were not eligible for free school meals but could not afford to provide a healthy lunch.
- There was still a lack of recognition of weight issues amongst parents and healthcare professionals and a lot of stigma surrounding weight. This made it difficult to breakdown some of the barriers.
- Northumberland County Council had recently signed the Healthy Weight Declaration and the Joint Health & Wellbeing Strategy and there was a lot of good work ongoing.
- Recommendations of the report were:-
 - Reframing our approach – moving from an individualistic approach to look at supporting children to live health, active lives through schools, the home, communities and healthcare systems.
 - Communication and sharing good practice – clarifying what support was available to help families achieve and maintain health weight and how to access the support.
 - Collaboration – develop a healthy weight alliance to build on the good work already being done bringing communities and agencies together to ensure a coordinated approach.
 - Strategy development and implementation – healthy weight to be a core priority in strategies such as the Northumberland Food Insecurity Plan and Northumberland Physical Activity Plan.
 - Using data and local insights – make best use of data to inform plans and prioritise future work to target areas where they are most needed.

The following comments were made:-

- Members welcomed the Annual Report.
- Members detailed some of the ways they were supporting local projects to help improve the offer available in their wards.
- The cost of living crisis was further impacting on healthy eating choices.

- The approach of healthy weight not just being an individual responsibility was welcomed.
- The cost of gym memberships and the need for these to be more accessible to all.
- Could there be an opportunity to build upon Active Northumberland and create a leisure offer that was free for residents.
- The high cost of school meals and that of breakfast clubs.
- Growing restrictions and financial implications placed on those trying to run clubs in local communities which had resulted in less sport and social opportunities available for children and adults.
- The worrying levels of obesity especially in children.
- Childhood healthy weight needed to be a core priority in new and existing strategies including the Northumberland Food Insecurity plan and the Northumberland Physical Activity Plan, to ensure there were steps in place to improve the opportunities for Northumberland's children to stay healthy.
- The good work achieved in schools including the walk to school initiative.
- Healthwatch would be happy to work with officers on the recommendations within the annual report.
- The need for free and safe physical activities within communities.
- The problem of easily accessible fast food and ready meals and the sheer number of fast-food outlets within towns. It was noted here had been no instances of Northumberland County Council refusing permission for new hot food takeaways in areas where there were high numbers of children and young people. The policy had been in place since March 2022 and was yet to be tested.
- Should free school meals be available to all primary children to ensure all children had access to a filling and nutritious lunch regardless of income or background.
- The need to educate people on ingredients to allow them to make better choices.
- Promote Northumberland. The county had beaches, countryside and some already established cycling and walking routes that were all free to use.
- The need for a joined-up approach across all departments to help deliver the recommendations detailed within the report.
- To look more widely at the ways in which our homes, communities, schools and healthcare systems could better support children to live healthy, active lives.
- To work with partners to tackle the issues identified and bring about real change.
- Confirmation that the DPH Annual Report would be used to inform local people about the health of their community, as well as providing necessary information for commissioners and providers.

Members thanked officers for the excellent DPH Annual Report for 2021/22.

RESOLVED that the report and comments made be noted.

CHAIR _____

DATE _____

Forward Plan

FORTHCOMING CABINET DECISIONS APRIL TO JULY 2023

DECISION	PROPOSED SCRUTINY DATE	CABINET DATE
<p>Energising Blyth: Energy Central Campus Phase 1: Learning Hub This report updates Cabinet and seeks approval and key decisions regarding the Full Business Case and Delivery Approach of the Energy Central Campus Phase 1: Learning Hub. The Energy Central Campus (ECC) is a transformational, business-led skills, education and innovation development supporting growth in the low carbon energy sector in Blyth and the wider Northeast. This project is part of the Energising Blyth Regeneration Programme including projects supported by the Future High Streets Fund and Blyth Town Deal. (W. Ploszaj/Lara Baker - 07919 217457)</p>	TBC	11 April 2023
<p>Governance of Council Companies The purpose of this report is to propose the adoption of strengthened Governance arrangements in relation to the Council's companies and the relationship between the Council and those companies. The proposals address recommendations of the Caller Independent Governance Review to provide the foundation for decision making and the development of a comprehensive company governance framework for companies wholly or partly owned by Northumberland County Council (NCC). (G. Sanderson/Suki Binjal - 07592269310)</p>	TBC	11 April 2023

<p>Leisure Programme Update To update Cabinet with progress on the Leisure programme (J. Watson/M. Donnelly 07517 553463)</p>	N/A	11 April 2023
<p>Service Charges in Sheltered Accommodation The report will request permission to introduce Service Charges to all tenants in 8 Sheltered Housing Schemes in line with those currently charged at Arnison Close in Allendale. The HRA is currently subsidising these tenants at a cost of approx. £200k per year. (C. Horncastle/S. Ogle – 07976851270)</p>	N/A	11 April 2023
<p>Social Housing Regulations Bill To inform members of the impending Social Housing Regulations Bill and the implications that has for housing, in particular the introduction of a regulatory regime. (C. Horncastle/ S. Ogle 07976 851270)</p>	Communities and Place OSC 5 April 2023	11 April 2023
<p>Energising Blyth – Culture Hub and Market Place Outline Business Case</p> <p>The report will provide details on:</p> <p>The proposed facilities, design and cost of the Culture Hub building in Blyth, including the landscaping improvements on the market place.</p> <p>The procurement process for the main operator, the operating model, the approach for Creative Play and ongoing</p>	TBC	9 May 2023

<p>revenue contribution.</p> <p>The two stage approach to the construction contractor including the programme and key milestones.</p> <p>(W. Ploszaj/F. Ford - 07816 110340)</p>		
<p>Financial Performance 2022-23 – Position at the end of February 2023</p> <p>The report will provide Cabinet with the revenue and capital financial performance against budget as at 28 February 2023.</p> <p>(R. Wearmouth/K. Harvey - 01670 624783)</p>	N/A	9 May 2023
<p>Outcomes of Phase 2 Consultation about Education in Berwick Partnership</p> <p>This report sets out the feedback received from stakeholders arising from Phase 2 of informal consultation with stakeholders in the Berwick Partnership area and other relevant parties on the possible models of school organisation within both the current 3-tier system and within a 2-tier (primary/secondary) system.</p> <p>(G. Renner Thompson/S. Aviston - (01670) 622281)</p>	TBC	9 May 2023
<p>Leisure Programme Update</p> <p>To update Cabinet with progress on the Leisure programme</p> <p>(J. Watson/M. Donnelly 07517 553463)</p>	N/A	12 December 2023
<p>Leisure Programme Update</p> <p>To update Cabinet with progress on the Leisure programme</p> <p>(J. Watson/M. Donnelly 07517 553463)</p>	N/A	9 April 2024

This page is intentionally left blank



North East
Ambulance Service
NHS Foundation Trust



2022/23 Quality Report

Tracy Gilchrist
Deputy Director of Quality & Patient Safety
(Lead Nurse)

Page 11

Agenda Item 5

Mission: Safe, effective, responsive care for all

Vision: Unmatched quality of care

Introduction

- Overview of Quality Report requirements
- Current position and performance
- Update on 2022/23 quality priorities
- Proposed 2023/24 quality priorities

Overview of quality report requirements

- NHS Improvement provide detailed guidance on the requirements of the report
- Report shared with commissioners, governors, staff, Healthwatch, Overview and Scrutiny Committees or the Health and Wellbeing Board
- Providers must upload their final Quality Report onto their website by 30th June
- No requirement to obtain external auditor assurance this year

NHS

**North East
Ambulance Service**

NHS Foundation Trust



2022/23 performance

Page 14



Mission: Safe, effective, responsive care for all

Vision: Unmatched quality of care

2022/23 demand on services April 2022- January 2023*

(*please note this data is subject to change at the end of the financial year)



387,105

999 calls answered



681,631

111 calls answered



215,727

Patients taken to hospital



314,913

Incidents attended



99,204

Patients treated at home



215,727

Patients treated over the phone



311,732

Patients taken to hospital appointments

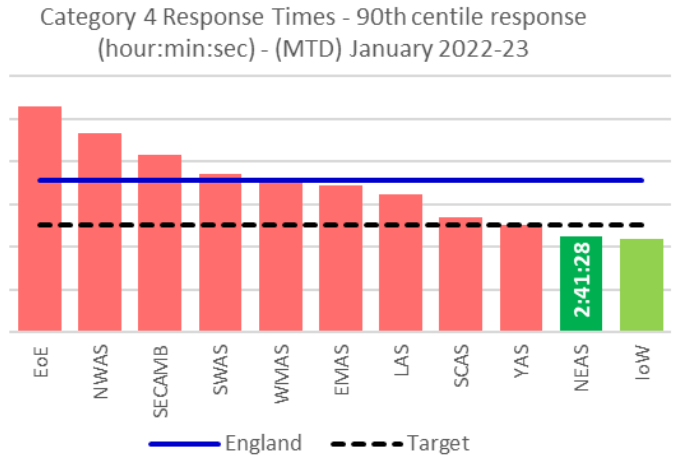
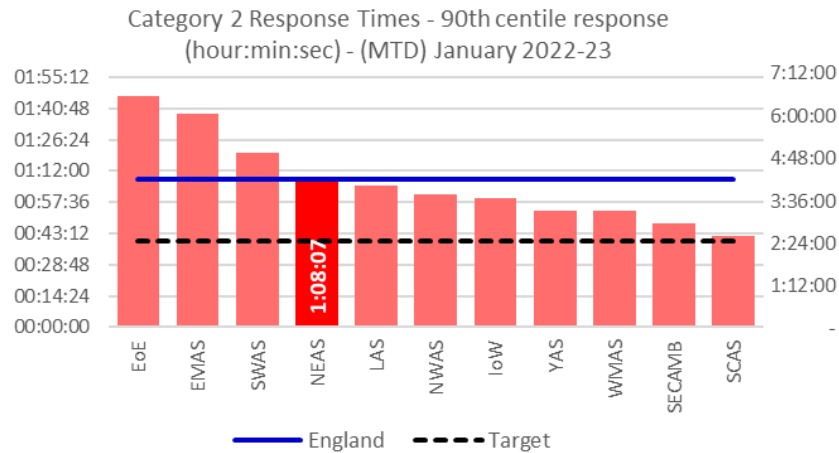
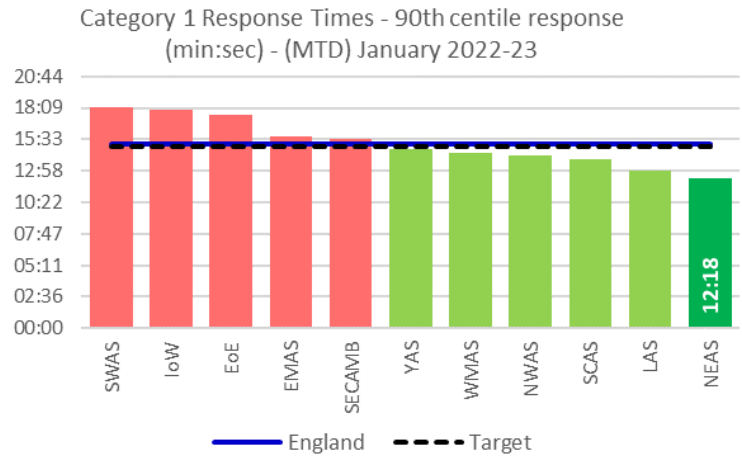
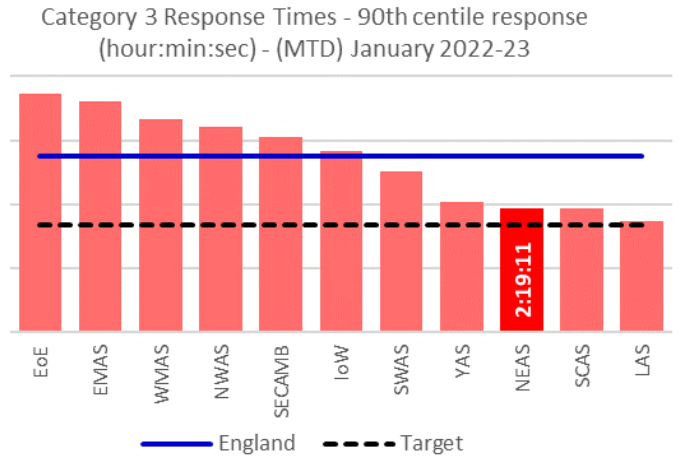
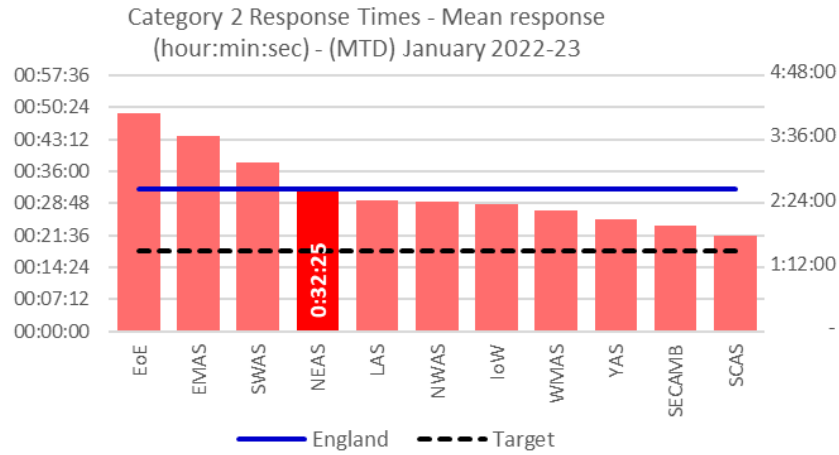
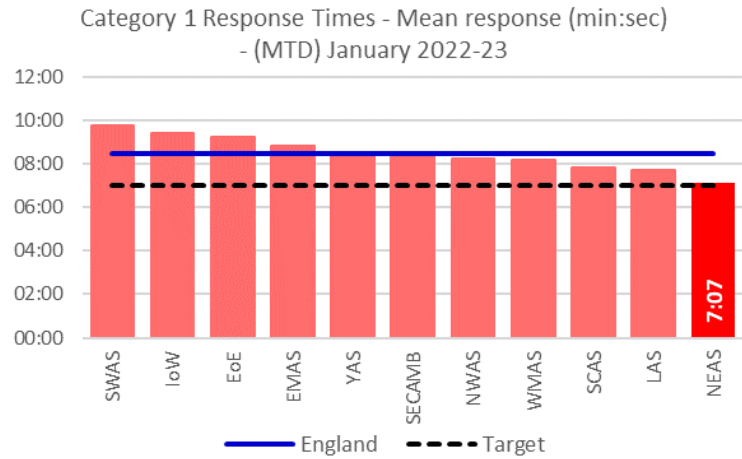


07:47

Average Category 1 response time

ARP Performance










January 2023



Source: NHS England, <https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/>

2022/23 performance April 2022- January 2023*

(*please note this data is subject to change at the end of the financial year)

Safety		Clinical Effectiveness		Patient Experience	
		Ambulance Clinical Quality Indicators		Patient Satisfaction Survey	
			 		
2,825	31		30.7%		Very good / good
patient safety incidents	serious incidents	of patients achieved a return of spontaneous circulation (ROSC)		Patient Transport Service	Very poor / poor
		98.6%			94.4%
		stroke care bundles delivered			4%
		84.2%			81.2%
		sepsis care bundles delivered			13.1%
		86.4%			89.1%
		STEMI care bundles delivered		see & convey	7.4%
				see & treat	96.8%
					1.4%



Quality priorities

2022/23 quality priority update

2023/24 proposed quality priorities

How do we identify priorities?

- National performance standards/ benchmarking
- National operational planning guidance & priorities
- National and local audit
- Trust five-year strategy (NEAS9)
- Analysis of incidents and complaints
- Feedback from patients and stakeholder groups
- CQC inspection findings

Update 2022/23 quality priorities

Patient safety

- Working with system partners to reduce handover delays
- Learn from incidents and prepare for the Patient Safety Incident Response Framework (PSIRF)

Page 20

Clinical effectiveness

- Use our resources as efficiently as possible by making better use of our clinical model

Patient experience

- Involve our patients & communities to improve care



Working with system partners to reduce handover delays

What we achieved

- We have completed a thematic review of handover delays and developed a comprehensive handover report to share with Acute Trusts
- Worked with the system to develop a handover Standard Operating Procedure and agree a regional commitment to a zero-tolerance approach to handovers over 60 minutes
- Updated clinical safety plan- safe allocation of resources in time of demand

What we need to do

- Continue working with our system partners to consider ways to improve effectiveness across all parts of our system to reduce handover delays

Learn from incidents and prepare for the Patient Safety Incident Response Framework (PSIRF)

What we achieved

- We employed a PSIRF Implementation Programme Lead to provide expert programme leadership and to ensure we meet the transition deadline
- We have completed a gap analysis against the framework to inform our implementation action plan

What we need to do

- We need to develop our Patient Safety Incident Response Plan and Policy based on our incident profile

Use our resources as efficiently as possible by making better use of our clinical model

What we achieved

- Developed our First Contact Practitioner (FCP) workforce improving their skills for the management of low acuity patients
- Completed a benchmarking exercise to identify gaps in out of hospital provision which has enabled us to work with providers to treat patients away from hospital
- Improved access to clinical advice for our staff by introducing a Clinical Team Leader (CTL) role

What we need to do

- We need to increase mental health expertise in our Emergency Operation Centres
- We need to continue working with providers and commissioners to develop mental health and urgent care 2-hour community pathways

Involve our patients & communities to improve care

What we achieved

- We have increased our in-person engagements
- Working with regional partners to improve services
- We involve patients through the Stakeholder Equality group and have worked with this group to inform the development of the Equality Plan 2023-27

What we need to do

- We need to increase our public involvement in service change, service delivery, design and redesign and include our patient representatives on assurance committees.

Proposed 2023/24 quality priorities

Patient safety

- To continue working with system partners to reduce handover delays
- Respond to patient safety incidents in a way that leads to service improvements and safer care for all our patients

Clinical effectiveness

- To be confirmed however it is anticipated it focus on improving see and treat rates or reducing C2 delays or improving mental health care access

Patient experience

- To increase service user involvement in our patient safety and patient satisfaction activities



To continue working with system partners to reduce handover delays

Executive Director Lead: Stephen Segasby

Why?

- To handover over patients to Emergency Departments safely within national target timeframe to effectively reduce the risk to our patients, improve patient outcomes and patient and staff experience

How?

- Collaborative working with our partners and a system wide approach to finding a solution, improve data sharing, standardise reporting to drive improvements
- Review the procedures in place between NEAS and each acute hospital Emergency Department (ED)
- Understand the impact on the overall patient experience of patients waiting in ambulances
- Understand the moral injury impact of handover delays on our staff
- Review and refine our risk management and escalation arrangements during times of demand
- Review the impact and effectiveness of our clinical procedures to reduce the impact on ED

Respond to patient safety incidents in a way that leads to service improvements and safer care for all our patients

Executive Director Lead: Julia Young

Why?

- To develop the cultures, systems and behaviours necessary to respond to patient safety incidents (PSIs) in a way that ensures we learn from mistakes to improve patient safety for all

How?

- Develop robust governance and oversight procedures
- Understanding of our incident profile and local safety priorities
- Ensure investigators have received appropriate training in communication of patient safety incidents including 'being open' and Duty of Candour
- Improve system wide learning to improve the quality of care we provide to our patients.
- Work closely with partners to identify and mitigate risks across the system and implement the Patient Safety Incident Response Framework
- Include staff health and wellbeing as a critical component of patient safety

Clinical effectiveness to be confirmed

Executive Director Lead: Dr Kat Noble

Why?

- To create a culture of continuous improvement and learning so our patients receive the best care

Potential areas of focus

- Safely reducing avoidable conveyance/ improvement of see and treat rates
- Initiatives to improve Category 2 response rates
- Work with providers and commissioners to develop mental health and urgent care 2-hour community pathways
- Clinical supervision of operational workforce

To increase service user involvement in our patient safety and patient satisfaction activities

Executive Director Lead: Julia Young

Why?

- To reinforce the patient voice at all levels in an organisation by strengthening service user/family/ staff involvement in the shaping and delivery of our patient safety priorities

How?

- We will seek patient and staff feedback and involvement in service change, service delivery, design and redesign
- We will adopt the procedures produced by NHS England and NHS Improvement for regular review of Patient Safety Partner (PSP) involvement
- We will identify a lead on the board for PSPs
- We will encourage patient membership of safety and quality committees whose responsibilities include the review and analysis of safety data
- We will encourage patient participation in patient safety improvement projects
- Understanding of the moral injury impact of patient safety incidents on our workforce



**North East
Ambulance Service**
NHS Foundation Trust



North East Ambulance Service

Bernicia House

Goldcrest Way

Newburn Riverside

Newcastle upon Tyne

NE15 8NY

T: 0191 4302099

E: publicrelations@neas.nhs.uk



THE
NORTHUMBRIA WAY

PEOPLE CARING FOR PEOPLE

Page 31

Annual plan and Quality Account

Alistair Blair, Executive Medical Director

Agenda Item 6

Our vision:

To be the leader in providing high quality, safe and caring health and care services and to lead collectively, with partners, to deliver system wide healthcare

As part of our work to achieve this:

- Every year we produce a Quality Account to demonstrate how well we are performing as a Trust on measures of quality including; patient safety, clinical effectiveness and patient experience
- Continuing to improve quality is our absolute priority and this means making sure our patients get the best possible outcome and experience every time they need our care

Annual planning process

- Refreshing our five year strategic plan (2023–2027) – overall direction, what we are about and key priorities for our business units
- Annual plan 2023/24 – linked to five year strategy and development of clinical strategy
- Quality strategy
- Quality Account covering 2022/23 – statutory requirement to inform public of delivery of safety, quality and improvement priorities
- Safety, quality and improvement objectives agreed for 2023/24
- Annual report and corporate governance statement
- Engagement with key stakeholders

Page 33

BIG SIGNALS 2023/24

Page 34



Service pressures

- One of the hardest December / January periods that have been seen locally and across the region
- Big thanks to teams for agility and commitment
- Usual winter cycles of activity disturbed - Paeds respiratory, Strep A, flu and Covid
- Increase in the number of people attending urgent and emergency care
- Additional bed capacity opened
- Industrial action and the impact
- Elective and cancer services in recovery phase – progress being made

Page 35



Quality Account 2022/23



Quality Account 2022/23

- Look back at safety, quality and improvement priorities for 2022/23 and focus for 2023/24
- Standard requirements for all trusts to report
- Written in line with annual reporting guidance
- Key measures and phrases used that are auditable
- Includes information on mortality and preventable deaths, areas of achievement
- Following the guidance issued in January 2021, which stated that foundation trusts do not need to instruct external audit firms to conduct assurance work on the Quality Account, no indicators will be tested again this year
- The council of governors will therefore not be required to select an additional indicator to be audited

Quality Account 2022/23

- Process underway
- Draft account ready end April 2023
- Circulated to stakeholders for formal opinion May 2023
- Final, including stakeholder comments, submitted to NHS Improvement end of June 2023
- Upload to NHS Choices by end June 2023
- Date for submission to Parliament still to be confirmed

Page 38



Page 39

Safety, quality and improvement priorities 2022/23



Our 2022/23 safety, quality and improvement priorities

1. Ambulance handover
2. Cancer pathway – urology
3. Medical devices in maternity
4. Medication errors in community
5. Patient experience
6. Staff experience

Page 40

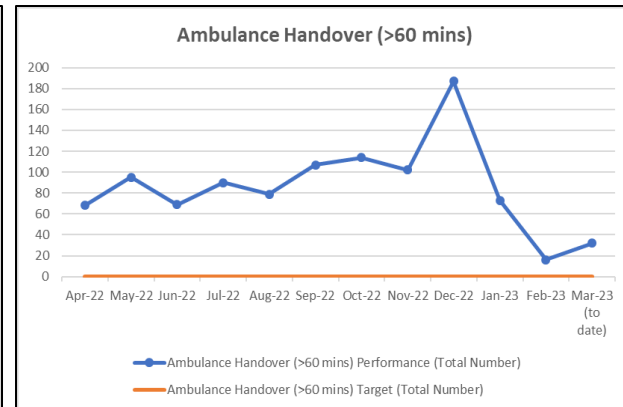
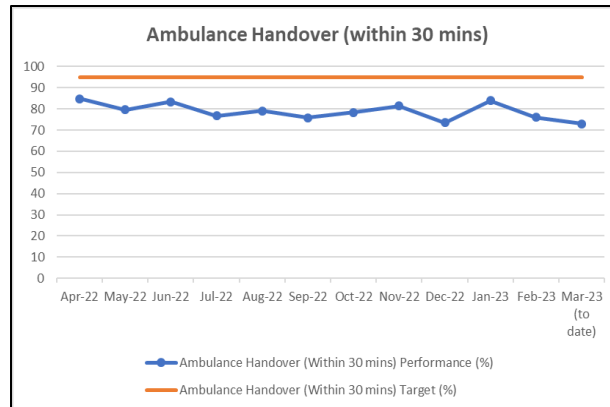
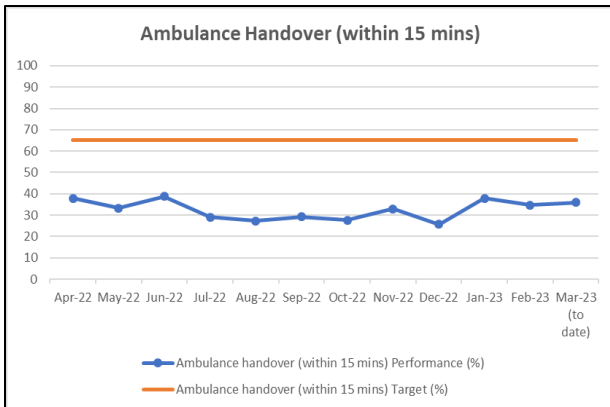
Ambulance handover

Improve performance in relation to ambulance handovers:

- Within 15 mins – target 65%
- Within 30 mins – target 95%
- Eliminate > 60 mins – target 0

Page 41

- Most significant improvement demonstrated in target to eliminate > 60 min
- This is positive because this is where the most potential for harm is for the patient
- Ambulance handover performance is relative to the pressures in the system
- Immense pressures experienced throughout the year
- Winter never really stopped/began again
- Reflected regionally and nationally
- Whole system approach (not just ED)

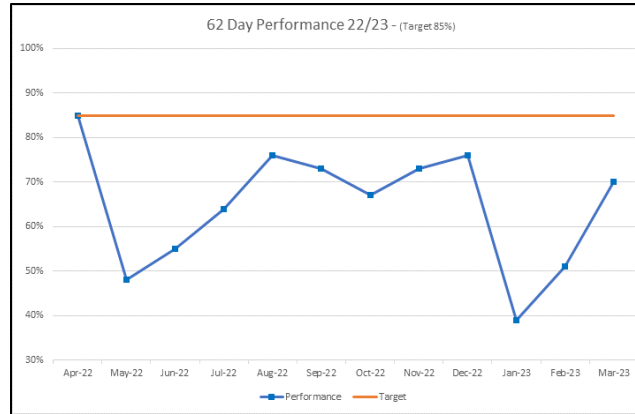
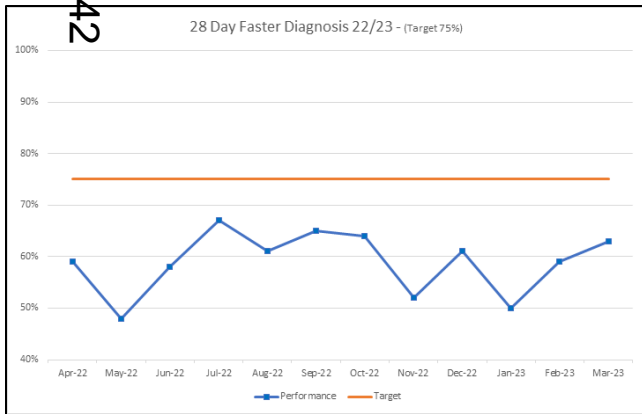
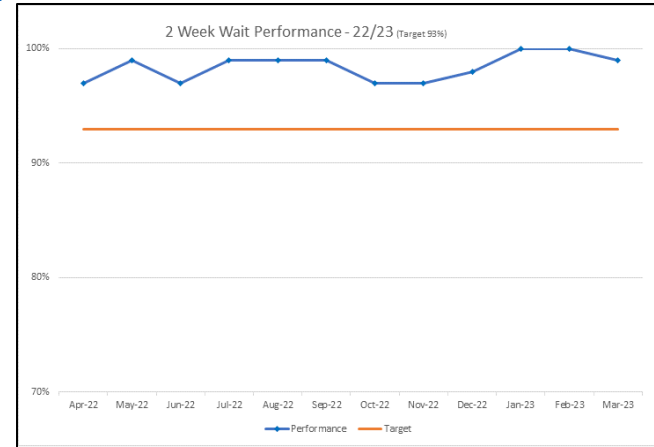


Cancer pathway – urology (provisional)

Improve performance in relation to urology cancer pathway (using national cancer targets):

- 2 week wait – target 93%
- 28 day faster diagnosis – target 75%
- 38 day inter-provider transfer (IPT) – target 85% (Q4 performance to date 49.6% Vs. Q3 performance 22.6%)
- 62-day referral to treatment (RTT) – target 85%

Page 42



- Continually achieved 2 week wait target i.e. over 93% patients referred by GP on 2ww pathway are seen
- The other targets have been much harder to achieve but multiple improvements are currently being tested at different points of the patient pathway to reduce any 'bottle-necks'
- Other targets are also dependent on tertiary centre so working closely with colleagues at NUTH

****when patients receive investigation from 1 provider but then require treatment from a 2nd provider e.g. NHCT and NUTH, day 38 is the final day of the investigation phase, on which the final IPT should be made to the treating provider***

Medical devices in maternity

Priority aim: To introduce the EQUIP programme into the maternity services to ensure auditable evidence of medical device training is available via the digital platform

Page 43

Priority	Objective	Performance Vs. Standard	Achieved?
Medical devices in Maternity	Q1 & Q2 objectives: Previously reported	100%	✓
	Q3 objectives: Ensure future processes to retirement and introduction of devices on EQUIP agreed and in policy; Design and agree future reporting process; Creation of SOP for roll out of EQUIP in maternity; Roll out high risk medical device training on EQUIP to NSECH core teams.	100%	✓

Medication errors in community

Priority aim: Learn from medication errors in community nursing teams by analysing the data, establishing Datix hubs in primary care networks (PCNs) and encouraging reflection on events; specifically those resulting in SI/SLE investigations

44 Priority	Objective	Performance Vs. Standard	Achieved?
Medication errors in Community	Q1 & Q2 objectives: Previously reported	100%	✓
	Q3 objectives: Implement the improvements / assess staff knowledge of the process levels of engagement	100%	✓

Patient and staff experience

Priority	Objective	Performance Vs. Standard	Achieved?
Patient experience	Create a development group to research and implement changes to the real time inpatient survey, keeping in line with the new modifications to the questions ask in the National Inpatient Survey; Continue to speak to inpatients throughout the trust and identify any issues for improvement using the new tool as part of a pilot.	100%	✓
Staff experience	Staff Surveys: Planning and design of pulse survey content; Communications and engagement plan; Collection of meaningful data; Timely, accurate and meaningful reporting to Business Units; Synthesis of national and benchmarking data collated and reported to Workforce.	100%	✓

Page 45



Page 46

Safety, quality and improvement priorities 2023/24



Background

- Every year the Trust in collaboration with business units, governors and other stakeholders identify a number of safety, quality and improvement priorities
- For next year, we have identified seven possible quality improvements
- Some of these priorities build on previous improvement work and others are new priorities aligned to the wider Patient Safety Strategy
- It should be noted that business units will be working on many other safety and quality initiatives which form part of their annual plans

Page 47

The seven proposed priorities

1. Improving flow – reducing ambulance handover delays

- Reduce waits over 60 minutes
- Aim to achieve 95% of handovers within 30 minutes
- Aim to achieve 65% of all handovers within 15 minutes
- Improve number of patients waiting for a bed in the emergency department every morning

Page 48

2. Medication errors – timeliness of critical medications (Parkinson's Disease (PD))

- Reduce delayed doses of critical meds
- Using 'Triscribe' software
- Evaluate the role of the Ward Medications Assistant as part of this improvement

The seven proposed priorities

3. Improving cancer pathway standards

- Aim to achieve 93% two week wait
- Aim to achieve 28 day faster diagnosis
- Aim to achieve 85% of patients seen and had first treatment by 62 days

4. Deteriorating patient – Community NEWS (C-NEWS)

- Improve % compliance with C-NEWS

5. Improving delirium - assessment and management

- Improve compliance with new assessment question: ‘Are they different today?’
- Improve completion of PINCHME tool (**P**ain, **I**nfection, **N**utrition, **C**onstipation, **H**ydration, **M**edication, **E**nvironment)

The seven proposed priorities

6. Involving people in the development and improvement of Trust services

***Aim:** to improve the experience of patients by developing approaches that evidence effective involvement and co-design practice with patients and the wider community in quality improvement and patient safety projects and initiatives.*

Outputs:

- A Trust strategy for unpaid carers that has been co-designed by unpaid carers, community organisations and Trust staff
- A Trust patient charter that has been co-designed by the patient and people participation group, Trust staff and the wider community
- Patients, families and unpaid carers actively involved in the transformation of outpatient services

The seven proposed priorities

7. Developing a collaborative approach to improving staff experience

***Aim:** to improve staff experience by working in partnership with colleagues from Human Resources, Communications, Public Health, Freedom to Speak, Organisational Development and Occupational Health.*

Outputs:

- Triangulating local staff survey data with other appropriate Trust data sources to gain a greater level of insight and understanding
- Identifying teams who might benefit from support to improve their staff experience
- Offering practical support to teams in relation to improvement
- Celebrating and sharing best practice



**THE
NORTHUMBRIA WAY**

PEOPLE CARING FOR PEOPLE

Page 52

Any questions?

Thank you



Northumberland County Council

CABINET

Date: 14 March 2023

Market Sustainability Plan for adult social care

Report of Councillor Wendy Pattison, Adult Wellbeing

Executive Director: Neil Bradley, Adults, Ageing and Wellbeing

Purpose of report

To seek approval for the Market Sustainability Plan which the Council is required to submit to the Department of Health and Social Care as a grant condition.

Recommendations

Cabinet is recommended:

- 1. to approve the draft Market Sustainability Plan included as an appendix to this report for submission to the Department of Health and Social Care**
- 2. to authorise the Executive Director of Adults, Ageing and Wellbeing, in consultation with the Cabinet member for Adult Wellbeing and the Leader, to make any final revisions to the Plan which appear to be necessary or desirable before submission, after considering any submissions received from care providers after this report was finalised and any comments made at this meeting.**

Link to Corporate Plan

This report is relevant to the “Living” priority in the Corporate Plan.

Key issues

1. The Council is required to submit a Market Sustainability Plan to the Department of Health and Social Care (DHSC) as a condition attached to a grant received during 2023/24. The original purpose of this requirement was to assure DHSC that local authorities were making adequate preparations for the intended implementation of adult social care charging reforms from October 2023. Those reforms have now been deferred, with a revised target date of October 2025, and a possibility that plans might change further before that date, but the requirement to produce a Market Sustainability

Plan remains in place, and the government has recently announced that an updated version of the plan will be required in advance of winter 2023/24.

2. The Council submitted a draft market sustainability plan in October 2022, as required by the grant guidance. This accompanied the Council's report on the outcome of a "fair cost of care" survey of care homes for older people and homecare services which local authorities were required to carry out as a further grant condition. A revised template and guidance for the final version of the Market Sustainability Plan was published only on 1 February 2023, with a deadline for submission to DHSC of 27 March.
3. The draft plan focused on the potential implications of the government's charging reforms for the care home sector, explaining the reasons for concern about how the reforms might destabilise a sector in which the business models of many care home operators assume a mix of publicly funded and private contract residents. It also set out the reasons for thinking that the care service currently most in need of additional funding was homecare to support people to remain in their own homes, which for the majority of older people with care and support needs is the way in which they wish to live. Since summer 2021, home care services in Northumberland and across the country have been experiencing unprecedented difficulties in recruiting and retaining a sufficient workforce.
4. DHSC initially gave the impression that they did not wish local authorities to publish immediately their draft market sustainability plans or cost of care survey analyses, and that the draft plans would be reviewed by the Department, which might ask for changes before publication of the final version. In late December, DHSC issued revised advice, and the draft plan and the survey analysis have been available on the Council's website since early January. All providers of home care and of care homes for older people in Northumberland have been invited to comment on the draft plan.
5. Care North East, a regional association whose membership is said to include the operators of 23 of the 71 care homes for older people in Northumberland, have expressed disagreement with the contents of the draft market sustainability plan and the Council's analysis of the "fair cost of care" survey returns. The association believes that the Council's fees are inadequate to sustain the market, and that adjustments made to the figures submitted in the survey returns were unreasonable. Officers' advice is that, while a variety of different assumptions could have been made when analysing the survey returns, the adjustments made still appear reasonable. DHSC have not raised any queries about the Council's submission.

Market Sustainability Plan for adult social care

BACKGROUND

1. Introduction

- 1.1 The Cabinet considered at its meeting on 11 October 2022 a report on the “Market Sustainability and Fair Cost of Care Fund 2022 to 2023”, a Government grant of £1.027m intended “to support local authorities to prepare their markets for reform of the adult social care system” and “to support local authorities to move towards paying providers a fair cost of care”.
- 1.2 The grant was intended to address two issues:
 - a) The charging reforms then expected to be implemented with effect from October 2023 would have given anyone in need of care home accommodation right to ask the local authority to make arrangements under its contract, which was expected to lead to a convergence between the fees paid to care homes by the local authorities and fees charged to private residents, which are in many cases significantly higher. DHSC anticipated that the results of a “fair cost of care” survey which local authorities were required to carry out as a condition for receiving the grant would provide an indication of the scale of the necessary increase in public sector fees.
 - b) DHSC were of the view that “a significant number of local authorities are estimated to pay below the cost of providing care”, both for care home accommodation for older people and for home care. This was based on modelling work carried out while preparing an impact assessment for the charging reforms.
- 1.3 The October 2022 Cabinet report confirmed that in Northumberland, and also in other local authorities across the north-east and nationally, many care home providers had returned figures in response to the survey which, if taken at face value, implied costs per resident substantially higher than current local authority fees, and also much higher than the assumptions in the DHSC impact assessment. It explained that officers intended to make a number of adjustments to the submitted figures, including substituting standard figures for the levels of return on capital and on operations which care home operators had suggested they should be funded to receive and adjusting for the unusual circumstances in 2021/22, the base year for the survey, when care home finances had been substantially affected in a number of ways by the Covid pandemic.
- 1.4 Along with its analysis of the survey results, the Council was required to submit a draft “Market Sustainability Plan”, setting out its view about the current sustainability of the care home and home care sectors in its area, and its plan for preparing these sectors for the impact of the charging reforms. It was envisaged that where necessary these plans would include plans for increasing average fee levels to move towards the indicative sums calculated from the figures submitted by care providers through the survey.

2. The Market Sustainability Plan

- 2.1 In Northumberland, officers' analysis of the survey results suggested that an indicative figure for the median "cost of care" in care homes calculated on the basis requested by DHSC would, on what appeared to be reasonable assumptions, come out at a level not significantly different from the current level of fees, and that the difference in homecare would be relatively small. However these comparisons were heavily dependent on the precise assumptions made, and it was not possible to be confident that they were a reliable guide as to the fees that would in reality be necessary to sustain services. For a variety of reasons, spelled out in the analysis of the survey submitted by the Council to DHSC and in the Market Sustainability Plan, there were and continue to be exceptional circumstances which make it hard to arrive at a confident view about the base level of fees required to (in the case of care homes) maintain existing capacity and (in the case of homecare) return to a position in which capacity is sufficient to enable all needs to be met in a timely way.
- 2.2 The draft Market Sustainability Plan submitted to DHSC in October 2022 included a detailed discussion of the potential impact of the charging reforms in a rural area such as Northumberland which is less relevant now that the charging reforms have been deferred until at earliest October 2025. The proposed revised version of the plan which accompanies this report as an appendix has been rewritten in line with revised DHSC guidance to focus primarily on market challenges in the period between now and October 2025.
- 2.3 Further grant funding will be available in 2023/24, now renamed as the "Market Sustainability and Improvement Grant". The total grant payable to the Council will be £3.56m. At the time of preparing this report, detailed grant conditions for this funding had not yet been published. A guidance note issued alongside the final local government financial settlement indicates that this grant will include an element set up the same level as in 2022/23 which is intended specifically "to continue to support the progress local authorities and providers have already made in 2022/23 on fees and cost of care exercises", and that the grant would be targeted on four objectives:
- a) Increasing adult social care capacity
 - b) Reducing waiting times
 - c) Increasing workforce capacity and retention
 - d) Increasing fee rates to close the cost of care gap in an area
- 2.4 The attached Market Sustainability Plan makes no firm commitments about the use of the grant in 2023/4, but indicates that, subject to grant conditions, priorities are likely to include further support for homecare services to address capacity issues and further time-limited support for care homes for older people to address current exceptional cost pressures.
- 2.5 While the original purpose of the Market Sustainability Plan was specifically to prepare for the charging reforms, it now appears that it is seen as a mechanism enabling DHSC to oversee more generally the steps being taken by local authorities to address current challenges in the care sector. A further Market Sustainability Plan

will now be required later in 2023, whose intended focus appears to be the capacity of care services to meet pressures in the health care system during the winter of 2023/24.

Consultations

- 2.6 At the time of preparing this report, officers had received and responded to comments about the October 2023 draft Market Sustainability Plan from Care North East, but had received limited feedback from care home providers outside that association or from homecare providers. The revised template for the Market Sustainability Plan was published only on 1 February 2023, and Care North East indicated in their initial comments that they would wish to make further representations when the revised template was available. Opportunities are also being set up for other providers to discuss with officers their views about the issues covered in the Plan. The Lead Member will provide an oral update at the Cabinet meeting on any further comments received from providers, and the Cabinet is asked to authorise detailed amendments to the text of the Plan under delegated powers, to ensure that it represents as fully as possible the views of providers.

IMPLICATIONS ARISING OUT OF THE REPORT

Policy	The strategic intentions summarised in the plan are based on those previously adopted by the Council in its Market Position Statement.
Finance and value for money	The plan indicates in broad terms how the Council intends to make use of some elements of the Market Sustainability and Improvement Grant for adult social care to be received during 2023/24. No firm commitments can be given at this stage, since full details of the grant conditions have not yet been published.
Legal	<p>Section 5 of the Care Act (2014) sets out duties on local authorities to facilitate a diverse, sustainable high quality market for their whole local population, including those who pay for their own care and to promote efficient and effective operation of the adult care and support market as a whole. Alongside this, the Council has a critical role in local market shaping to encourage quality, choice and sufficiency of provision.</p> <p>The Local Authorities (Functions and Responsibilities) (England) Regulations 2000 confirm that the matters within this report are not functions reserved to Full Council.</p>

Procurement	The Council's contracts for care home accommodation for older people and for home care are open to any qualified provider. Any additional funding offered through either contract will be offered on a basis which treats all providers on an equal basis.
Human Resources	There are no direct implications for the Council's workforce.
Property	No implications identified
Equalities (Impact Assessment attached) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Any specific proposals for the use of grant or other funding to increase fees for care and support services will be screened separately to assess whether there is a need for a full analysis of potential impacts on people with protected characteristics under the Equality Act.
Risk Assessment	No separate risk assessment is required
Crime & Disorder	No implications identified
Customer Considerations	The primary impact on people with care and support needs of any increases in fees paid to the providers of services will be increased assurance services will continue to be available, and in the case of home care will, we hope, over time return to a level which enables needs to be met more quickly than is always possible at present. However some service users, primarily those with assets above the capital limit in regulations of £23,250, will be required to meet the cost of fee increases.
Carbon reduction	The plan sets out an intention to explore with care home providers whether any funding provided to support them with the impact of energy cost inflation could include support to improve energy efficiency.
Health and wellbeing	The services which the plan focuses on are essential for the health and well-being of some of the county's most vulnerable residents.
Wards	All

BACKGROUND PAPERS

Draft Market Sustainability Plan (published on the Council's website at www.tinyurl.com/costsurvey22).

Report sign off.

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

	Full name of officer
Monitoring Officer/Legal	Suki Binjal
Executive Director of Finance & S151 Officer	Jan Willis
Executive Director	Neil Bradley
Chief Executive	Helen Paterson
Portfolio Holder(s)	Wendy Pattison

Author and contact details

Report Author: Stephen Corlett – Senior Manager (Policy)

Phone: (01670) 62 3637

Email: Stephen.Corlett@northumberland.gov.uk

This page is intentionally left blank

Northumberland market sustainability plan, March 2023

Section 1: Revised assessment of the current sustainability of local care markets

a) Assessment of current sustainability of the 65+ care home market

Overall, our view continues to be that we currently have sufficient capacity. However we have concerns about the availability of nursing care, particularly for people with dementia. In the last two years two homes have decided to cease providing nursing care. In one case the provider told us that they made the decision because of difficulty in recruiting nurses. This appears to be primarily a consequence of the wider workforce shortage rather than a straightforward financial issue. The other home told us that they made the decision because they were unable to attract sufficient numbers of nursing residents to attract the level of NHS Funded Nursing Care contributions required to cover the additional costs of employing nurses. We also have some difficulty finding suitable placements for older people whose dementia is associated with challenging behaviour of a kind that cannot easily be managed in a normal care home setting. Regrettably, no local care home provider responded to an invitation to tender to provide a specialist service for people in this group which we issued during 2022; we are currently in discussion with the provider of a specialist service a short distance outside the county boundary with experience of operating a service model designed to offer a therapeutic environment from which residents can move on after a period to a mainstream care home.

The dispersed population in rural areas of the county can also lead at times to problems in finding local placements in areas where the level of need can sustain only a modest level of capacity. In some sparsely populated areas of Northumberland anyone needing care home accommodation would have to move into an establishment a considerable distance away from where they previously lived. One regrettable tendency over the past two decades has been the closure of many of the small care homes which at one time provided local options in rural Northumberland, with most new developments being larger and possibly more institutional care homes in market towns and larger settlements. Our hypothesis is that these changes were to some extent accelerated by a “fair cost of care” exercise carried out in 2003, which led to a substantial increase in fees, making new care home developments more attractive and creating overcapacity, which smaller care homes were less able to survive. We made a conscious decision in 2012 to move away from fees based on cost models, to reduce the incentive to build new homes, and we revised our fee structure five years ago to add a fee premium for small care homes, in the hope of at least slowing the trend of closures of those homes.

While we do at times have capacity constraints on our ability to support rapid discharge from hospital into short-term care home accommodation, the primary underlying reason for this is the capacity constraints in homecare, since currently a high proportion of short-term discharge placements in care homes are temporary arrangements pending a home care plan.

This continues to be, for a number of reasons, a particularly difficult time at which to make firm judgements about the sustainability of care homes. The direct and

APPENDIX 1

indirect impacts of the Covid pandemic, unprecedented labour market issues affecting staff recruitment and retention, and more recently the rapid rise in inflation, have produced a situation in which it is exceptionally hard to distinguish between short-term difficulties which require temporary additional funding and support and long-term structural issues.

In 49 of the 70 homes that were operating in Northumberland during the early waves of the pandemic, more than one resident died with Covid recorded as one of the causes of death, usually the main cause; during the first wave there were five homes in which ten or more residents died; in the second wave there were nine. It is a credit to the staff and managers of the homes that none became unable to continue to operate, though some came close to that. For some homes, the continuing consequence is unusually low occupancy levels, both as a direct result of the deaths of residents and because of lingering reluctance among older people and their families to accept the perceived risks of living in a care home.

Low occupancy may partially have masked the impact on care homes of labour market issues, but recruitment and retention difficulties have become increasingly apparent since summer 2021. Some homes are now telling us that, although they have vacant rooms, they are unable to take new admissions – or have decided to keep part of the home out of use – because of staff shortages.

All care homes in Northumberland are signed up to the local authority's contract, which is a call-off contract open to any qualified provider. Providers are under no obligation to accept referrals, and some are generally not willing to do so without a top up payment, but in general we do not have difficulty finding accommodation at local authority rates, except in cases where the person needing care has particularly complex needs or when there are reasons to constrain the search to a narrow geographical area.

Our view before Covid was that our fees appeared to be sufficient to maintain the existing care home sector, with some new developments – including developments which we did not believe to be necessary, and advised against because we believed that they would either struggle to attract sufficient residents or cause difficulties for existing care homes. Broadly that continues to be our view, though there are clearly at present unusual pressures on all care services.

Inflation – and in particular the increase in energy costs – is a serious concern for care home operators, because of the nature of their resident group. Based on the “fair cost” survey, we estimate that care homes spent around £24 per week per resident on energy costs in April 2022, and that figure will have substantially increased since. Recruitment and retention difficulties are also affecting all care providers' costs and income. The results of the “fair cost of care” survey do not reflect all of these pressures, because of the timing of the period covered by the data collection.

Of the 71 care homes for older people in the county, 55 are rated by CQC as “good” and 2 as “outstanding”. 12 are rated “requires improvement”, one as “inadequate”, and one has not yet been rated.

When we last collected information from all care homes in summer 2022, there were around 800 self funders in residence. There are also about 150 residents on the council's contract who are paying their fees in full, including residents who take advantage of the statutory deferred payments scheme, some of whom pay a top-up in addition to the council fees. The delay to charging reform has removed for

APPENDIX 1

the present the potential destabilising impact on the care home sector of changes to the balance between privately funded and publicly funded residents. It has, however, given rise to differing understandings of the implications of the “Fair Cost of Care” exercise in 2022, with some providers now believing that if fees are lower than the calculated median figures submitted by a local authority to DHSC this is evidence that they are “unfair”, and arguing that the wide variation between the figures submitted by different local authorities in apparently similar areas is evidence that those authorities submitting lower figures are acting “unfairly”.

Care North East, a regional association whose members include the operators of 23 of the 71 care homes for older people in Northumberland¹, has told us that it believes the figures which we submitted to DHSC were adjusted to “keep fees artificially low at unsustainable levels”, and has argued that future fees should be based on a “fair cost” calculation based on the figures originally submitted by providers. Discussions with colleagues in other local authorities in the region lead us to the view that, while there are some real differences between the market situations in different local authority areas, those authorities which submitted substantially higher figures than Northumberland to DHSC mostly did so because they did not feel they had sufficient information to enable them to decide what adjustments would produce a reliable indicator of costs rather than because they believed that the survey-based figures which they submitted were an accurate indicator. No local authority in this region is intending to set a target for future fees based on the medians of the figures submitted by providers. We note that the survey-based figures submitted by some authorities produce median figures for costs in April 2022 which are significantly higher than the median private resident rates for 2022-23 in their areas as supplied to DHSC by Carterwood. We have made it clear to all providers that we regard the 2022 survey as a useful source of intelligence about the make-up of care home costs, but not as a basis on which we could calculate what future fee levels should be. Like a number of neighbouring local authorities we expect to continue to set fees through consultation and negotiation rather than setting a target increase, though we will keep this position under review as future national plans for charging reform are clarified.

Before making decisions about additional assistance during 2023/24 supported by the Market Sustainability and Improvement Fund, or about our fee structure and other terms in the years after our current three year contract terminates in March 2024, we will be consulting comprehensively with all providers.

A point raised by Care North East which we agree with, and which we think the cost of care survey data do demonstrate, is that the pattern of recent inflation has placed cost pressures on care homes which are not fully reflected by the CPIH inflation index currently used in our contract to uplift non-staffing costs. This is a particular issue for energy costs, but also affects food and insurance costs. We have compared the weighting given to these elements in the CPIH with the proportion of care home non-staffing costs which they accounted for in the survey returns, and there is a clear and significant mismatch.

¹ This figure is based on a listing on the association’s website (www.carenortheast.org/memberslistings.php, checked on 24 March 2023).

APPENDIX 1

It is difficult to calculate precisely how the balance of expenditure differs, for a number of reasons. One is that the survey returns showed considerable variation between care homes in the proportion of their overall expenditure which they reported as being attributable to energy costs, with some homes reporting that their energy costs in 2021/2 were less than 10% of their total spending on supplies, services and premises, and some reporting that this proportion was more than 25%. This may reflect both differences in the timing of contract periods for energy supply and differences in the energy efficiency of premises. Survey returns also showed large differences between care homes in the proportion of their energy costs attributable to electricity versus gas and other fuels. Over the past year, the types of energy used by a home may have made a substantial difference to the impact of energy cost inflation – between December 2021 and December 2022, the index costs for liquid and solid fuels increased by less than 50%, while the index of electricity prices almost doubled, and the index costs for gas almost trebled.

Roughly, in the period covered by the survey, energy costs accounted on average for 9.2% of the care home costs relevant to the CPIH element of the inflation formula in the contract, while the weighting for them in the CPIH index was 2.9%. Food costs accounted for 14.7% of relevant care home costs, and 9.3% of the CPIH index. Indexes for some other significant elements of care home costs (for instance repairs and maintenance) increased by less than the CPIH during 2022, but there is no reason to doubt that energy and (to a lesser extent) food price increases have created a financial pressure, even if the exact scale of its impact on the care home sector as a whole is hard to determine.

The staffing element of the inflation formula in our contract is linked either to the increase in the National Living Wage or, for those homes which have signed up to a variation permitting them to pay at least the Real Living Wage the increase in that figure. (The majority of care homes have signed up to that scheme.) We therefore do not anticipate any impact on provider stability as a result of the increase in the National Living Wage.

b) Assessment of current sustainability of the 18+ domiciliary care market

We do not currently have sufficient capacity in home care services. The workforce in these services fell sharply following the end of Covid restrictions in summer 2021, and most providers have since then struggled to recruit and retain sufficient care workers to improve the position. For more than a year, there have generally been 200 or more people for whom we have assessed that home care would be the best way to meet their eligible needs, but for whom we have not at that time been able to arrange that service. Our understanding from discussions with other local authorities is that this position is not exceptional, but it is clearly not acceptable, and we describe in Section 3 of this plan how we have used the grant during 2022/23 to address one of the most pressing of the current issues.

The issue in this sector is not primarily a gap between the fees which we are paying and the costs of the service, though some providers are struggling to cover their costs because recruitment and retention difficulties are preventing them from providing the service on the scale assumed in their business plans, and therefore making it difficult for them to cover overhead costs premised on a larger volume of

APPENDIX 1

activity. The issue is rather that employment in home care is not currently attractive enough.

Before Covid, capacity issues in homecare were primarily concentrated in the most rural parts of Northumberland, such as the National Park and the North Pennines. Now they arise in all parts of the county.

During the last decade the number of organisations providing mainstream home care services in the county has significantly increased. Previously, “preferred” providers in each area of the county had been able to meet most needs, but the number of smaller providers has grown – there are now 51 home care providers signed up to the council’s contract, most of them small. Our contractual arrangements were changed in 2019 to reflect this trend, which may have had some benefits for user choice but has also created a more fragmented sector and made it more difficult to maintain for the Council’s social care teams and commissioners to maintain close relationships with providers. Referrals which the “tier 1” preferred provider for a local area cannot meet are passed on first to “tier 2” providers who have satisfied the Council that they have a solid track record in that area, and then if necessary to “tier 3” providers who have taken up the opportunity available to any registered provider to sign up to the contract. In every month since June 2021, at least 20% of referrals have not been picked up by any contracted provider when first offered, requiring us to implement a variety of contingency plans.

There has been some instability among smaller home care providers in our area since summer 2021, with five providers ceasing to operate, and one ceasing to provide a regulated personal care service. In some cases another provider took over their workers and care packages; in others we have had to become more closely involved in finding new arrangements. However the primary issue for us is the overall capacity of the care workforce rather than the number of providers.

There are a small number of homecare providers which specialise in the private market, with higher costs and an expectation that visits will be longer and will provide support beyond meeting eligible needs. In current circumstances, the Council is increasingly often finding it necessary to arrange services from these providers outside its contract and at higher rates.

Current fee levels are set at three different levels based on the geographical area. The lowest rates are paid in South East Northumberland, which has a relatively concentrated population, with less travel time and fewer difficulties in finding locally-based care workers. The highest rates are paid in and near the National Park and North Pennines. Rates also vary depending on the length of the visit, because the overhead cost of travel time is likely to be greater for short visits. In the South East of the County, we pay £18.15 for a visit that lasts an hour; in the most remote rural areas, we pay £17.85 for a half-hour visit (equivalent to an hourly rate of £35.70).

Of the 51 home care providers on our contract, 42 are rated by CQC as good and 2 as outstanding. 3 are rated “requires improvement”, and 4 are not yet rated.

During discussions about this Market Sustainability Plan, home care providers have made a number of suggestions about how the Council could provide them with further support, which we will consider when the detailed conditions for the

APPENDIX 1

Market Sustainability and Improvement Fund have been published. These include:

- a general need to raise the status of home care work, both through pay levels and by addressing the perceived attitudes of some professionals towards care workers
- guaranteed hours, or staff paid for blocks of time rather than for visits (though providers also told us that some home care workers positively prefer to be able to vary their hours)
- additional support with the costs of the training and induction of staff who are new to care services
- further development of a model which we are currently piloting in which some visits to check on people's welfare and prompt them to take medication are replaced by contacts through a telecare system
- targeted communications for home care workers who left before recent Council initiatives, to let them know how terms of employment are improving

Section 2: Assessment of the impact of future market changes between now and October 2025, for each of the service markets

In our provisional market sustainability plan, the main issue we reported under this heading was the potential impact of the full implementation of section 18(3) of the Care Act, which would create complex financial and other issues for care homes for older people, particularly in rural areas with a scattered population where there is only sufficient local demand to support one care home, and care homes currently accommodate a mix of private and state funded residents. The prospect of this change being implemented in October 2025 remains a potential source of instability in the care home sector during the period between now and then. The extent to which this becomes a problem may depend on how likely care home operators perceive it as being that the reforms will be implemented on that timetable and in their current form.

From the perspective of market stability, it would be helpful for there to be Government confirmation that there will now be a review of the potential consequences of implementation of section 18(3), which will consider in more detail the potential for destabilisation of the care home sector, particularly in rural areas, and explore more realistic alternatives to the options for managing this risk that were set out in the Government's January 2022 impact assessment. We would welcome an opportunity to be involved in any such national review. We think there are alternative ways in which it would be possible to achieve the Government's objective of limiting the impact of care charges on people with savings or property, which would reduce the risks by making changes more gradually, and possibly also taking specific steps to protect local care homes in rural areas.

In the meantime, one continuing concern is the long-term viability of smaller care homes, particularly in those areas with dispersed populations where they represent the most local option for those older people who need care home accommodation. In the period since we last made major changes to our contract in 2017, introducing premium payments for smaller care homes, there has been a slowing in the previous trend which had seen closures of smaller homes, with new

capacity being mainly in large care homes located in the main population settlements. However we do not think that the trend has been reversed – and the largest care home for older people in Northumberland opened in 2020, in one of the county’s main market towns.

We are also concerned that there may be further reductions in nursing home capacity, primarily because of the wider local and national issues about the nursing workforce.

In homecare, workforce capacity continues to be the main concern. Section 3 of this plan describes the measures we have taken and will continue to take to address this, but there are fundamental demographic issues which will continue to be challenging. The pandemic has accelerated the impact of long-term changes affecting many areas in Northumberland, as a result of which the numbers of older people with care and support needs are increasing, while the numbers of working age adults available to work in care and support services are reducing. The availability of better paid and more predictable work in the NHS may also be a factor, particularly at a time when NHS employment is expanding to meet the post-Covid backlog in health treatments, and the variability of the hours of work in visit-based home care may also mean that when there are vacancies across all care services, the shift-based working patterns in services offering 24-hour accommodation with care are more attractive to care workers looking for a predictable income and working hours. We are experimenting with some small-scale schemes in which home care workers are employed on a different basis; experience to date suggests that these can be significantly more expensive.

Section 3: Plans for each market to address sustainability issues, including fee rate issues, where identified.

(a) 65+ care homes market

In the medium to long-term, our aim is to reduce the proportion of older people with care needs who can only be supported in a care home, by promoting the development of other accommodation options which make it possible to support people who need a high level of care, or care which is readily available on call. This is discussed further in part 3(b), since we think it will also be crucial to the prospects of sustainable home care. One key obstacle to this is that funding streams for housing for older people with care needs are more complicated than the funding of care homes – for instance national initiatives intended to promote extra care housing have generally focused on capital funding for individual schemes rather than the more complex task of creating a clearer financial framework which might stimulate developers in the way that the relatively clear funding arrangements for care homes have attracted interest from property developers and financial investors whose background has often not been in the care sector.

In the short term, “fair cost of care” survey has produced no clear evidence that matching actual costs as they stood in April 2022 would require significant fee increases to, with the possible exception of covering the cost of care provided by registered nurses – which raises some complex issues because local authorities are prohibited under Section 22(3) of the Care Act from funding this element of care home costs. Analysis of the survey returns also brought to our attention an issue about nursing costs on which we would welcome advice from DHSC. If, as recommended by the Department, the financial returns required by care home

APPENDIX 1

operators are analysed into a return on capital and a return on operations, the question arises as to where statutory responsibility sits for the element of the return on operations which is attributable to the cost of employing registered nurses. On the face of it, this appears to be a cost associated with the provision of a registered nursing service, and therefore to fall within the scope of the prohibition in Section 22(3) of the Act. But it is not clear to us from the published explanation of how NHS funded nursing care payments are calculated² that this element of cost is taken into account in setting the FNC rate. We are continuing to discuss with the North East and North Cumbria ICB the general issue of nursing workforce capacity and its impact on the viability of nursing homes, which if recent trends continue could become a significant obstacle to hospital discharge which local authorities would not be well placed to address on their own.

While the survey produced no clear evidence of a gap between the council's current base fee levels and the indicator specified by DHSC, we would not wish to rely on that as the main basis for assessing the adequacy of current fee levels. Our primary guide to the adequacy of fees continues to be close monitoring of the actual state of the sector, rather than an arithmetical calculation from survey results. On that basis, and setting aside the complex issues about what may become necessary if at some future date Section 18(3) of the Care Act is fully implemented, we do not think there is currently any clear reason to believe that the base fee levels in our existing contract are inadequate.

We do, however, accept that recent rapid increases in some elements of care home costs, particularly energy costs, have created some exceptional financial pressures. Some care homes are also still experiencing relatively low occupancy levels, which may still in part be consequences of the pandemic, though the total number of care home residents is now at around the same level as it was in March 2020, with higher vacancy levels overall now being a result of increased capacity – two care homes have opened during the pandemic. The pandemic aftermath is also still having some impact on staff sickness levels and the level of agency staffing required by care homes. The Council allocated £193K from the Contain Outbreak Management Fund to care homes during 2022/23 to soften the impact of the funding “cliff edge” caused by the ending of national Covid-related grant schemes at the end of March 2022.

Taking account of these factors, our view is that there is a case for time-limited fee increases. During 2022/23, we used the market sustainability grant to fund a temporary fee increase through the winter months, and, subject to the final grant conditions, we intend to review the case for using some of the 2023/24 grant to fund a further time-limited increase. 2023/24 is the third year of a three-year contract which all care homes for older people in Northumberland are signed up to. We do not intend to revise the inflation formula in that contract when setting base fee levels for 2023/24, but we have made a decision not to deduct from those fees the 0.75% increase to the staffing costs element which was added in 2022/23 to cover the cost of the increase in employers' national insurance contributions, though that increase has now been reversed.

² www.tinyurl.com/FNCevidence

APPENDIX 1

We also intend to explore with providers wider issues about energy costs in care homes, and whether some financial support with these might best be linked to improvements in energy efficiency.

During 2023/24 we will be consulting all care home operators about the changes they would wish to see in the new contract to begin in April 2024. One issue that we will explore is whether the inflation provisions in the contract for non-staffing costs should in future be based on a care home specific basket of inflation indices, drawing on the information collected in the 2022 survey, rather than using the CPIH index.

We will also be exploring a number of broader issues. Care North East have told us that they believe we should be eliminating some or all of the differentials in our current fee structure designed to provide incentives to improve quality, and to protect smaller care homes, though we do not think this is a view shared by all care home providers. We are aware that some neighbouring local authorities may be considering removing the differentials based on quality, and we are conscious that if the charging reforms are ultimately implemented in the same form that was proposed in 2021 it might become more difficult to sustain differentials, because of the ways in which these might interact with independent personal budgets and direct payments for care home accommodation. We will consider all evidence presented to us about this and other issues.

Care North East have also commented that, since the funding to support payment of the Real Living Wage is allocated through fees, care homes with substantial numbers of private residents may have to make substantial increases to their private fees if they accept the Council funding. We agree that providers in this situation will need to make commercial decisions about whether they believe they can hold down fees to private residents and provide a high quality service while paying lower wage rates.

Summary of additional financial support in 2022/23. We have funded from the market sustainability grant a time-limited uplift of 2.45% to the fees paid to care homes for older people, with effect from 1 December 2022, to reflect the impact of the exceptional cost pressures described in this plan. We have also been able to allocate significant additional funding to care homes from other funds. Our plans for the Adult Social Care Discharge Grant included additional payments during the winter of £940K to care homes to enable them to bring forward the increase in the Real Living Wage, and further funding to support homes to accept rapid discharges from hospital. We also allocated £193K to care homes earlier in the financial year from the Contain Outbreak Management Fund, distributed in the same way as the Infection Control and Testing Fund payments made in the period up to March 2022.

(b) 18+ domiciliary care market

In this sector too, the “fair cost of care” survey has not produced clear evidence that, as at April 2022, there was a significant gap between fee levels and the actual costs of providers, though some providers were under financial strain because of the difficulty of sustaining a sufficient workforce to be able to provide care on the scale necessary to meet their financial objectives. However in this sector it is clear that, regardless of whether there is a gap between the cost of providing existing care and the fees being paid by the council, there is a serious gap between needs and capacity.

APPENDIX 1

One response which we believe is necessary is additional funding to enable home care providers to offer more attractive terms and conditions. During 2022/23, as well as introducing the scheme across all care services under which the council pays additional fees in return for a commitment to pay care workers at least the Real Living Wage we have introduced specifically for homecare an additional scheme to cover the costs of increasing the mileage rate paid to homecare workers who drive to make visits up to the maximum tax-free allowance of 45p per mile, compared to a previous average of around 25p per mile, funded from the market sustainability grant. Discussions with providers had made it clear that fuel cost increases had made this particularly pressing issue. We expect this scheme to continue for the foreseeable future, and, subject to grant conditions, we intend it to be a first call on the grant in future years. We will continue to discuss with homecare providers what further changes to terms and conditions might support the recruitment and retention of care workers, and whether there may be a case for further use of market sustainability grant to support those changes.

We also made a temporary increase to the base fees paid to homecare providers in the winter of 2022/23, on the same basis as with care home fees, recognising the general fragility of the sector, and in home care as well as in care homes we used the Adult Social Care Discharge Grant to fund providers to bring forward the increase in the Real Living Wage from April 2023 to December 2022. In addition to financial support, our commissioning team continue to work closely with home care providers to assist them with recruitment and training.

Additional support for homecare provided on the traditional model may not on its own be enough to ensure that we recover the ability consistently to enable people to receive the support that they need in their own homes as soon as that need is identified. We will also be giving increased attention to a number of other developments.

One key objective, prioritised in our Market Position Statement, is to promote the development on a large scale of attractive housing options for older people in locations where care and support can relatively easily be provided. These may include extra care schemes with 24-hour on-site staffing, but we do not think all schemes need to follow that model. In some cases where an older person has been living in unsuitable housing in a small village or hamlet in rural Northumberland, and it has been challenging to source home care to support them there, a move to a town-centre scheme designed to be attractive, accessible and easily maintained has substantially reduced or entirely eliminated the need for home care visits, as well as making it easier and less expensive for home care workers to provide support when it is needed.

We will also be looking again at our existing approach to personal budgets and direct payments, focusing particularly on ways in which we can make it easier to set up individualised arrangements within which providing care and support for people at home may be an attractive option for people who would not have considered working for a traditional home care agency.

Options which we will be exploring include supporting people to become “micro-providers”, as an alternative to being employed by the person they support or by a home care agency. We have in the past been cautious about this option, because of the lack of clarity nationally about the circumstances in which someone providing personal care in another person’s home can be treated as self employed, and about the regulatory requirements. However we are conscious of

APPENDIX 1

anecdotal evidence from areas which have promoted this model suggesting that it can both benefit the quality of the relationship between the service user and the care worker and also attract people who no longer wish to work for a home care agency, persuading them to return to or remain in care work. We would welcome national research to help us understand better the impact of this and other innovative models on the overall capacity of the care workforce.

Summary of additional financial support in 2022/23. Home care providers have been supported through the market sustainability grant to pay a mileage rate of 45p a mile, and have also received a time-limited uplift of 2.45% to fees, with effect from 1 December 2022, to reflect current exceptional cost pressures. We have also been able to allocate significant additional funding to home care services from other funds. Our plans for the Adult Social Care Discharge Grant included additional payments of £608K during the winter to home care providers to enable them to bring forward the increase in the Real Living Wage, as well as further support for innovative service models. We also allocated £153K to home care providers earlier in the financial year from the Contain Outbreak Management Fund, distributed in the same way as the Infection Control and Testing Fund payments made in the period up to March 2022.

This page is intentionally left blank

Northumberland County Council

Health and Wellbeing Overview and Scrutiny Committee

Work Programme and Monitoring Report 2022 - 2023

Page 73

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

23 March 2023 - CA

Agenda Item 8

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:

4 April 2023

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.

Market Sustainability Plan for Adult Social Care

Following changes to DHSC guidance, the plan has been amended and OSC is asked to examine and comment on these changes.

20 May 2023

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.
Page 77	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 Committee to seek nominations to sit on the GP Access Working Group.	Cllr Kath Nisbet was appointed as the representative on the GP Access Working Group.

6	6 September 2022	Provision of Dental Services in Northumberland	<p>RESOLVED that:</p> <ul style="list-style-type: none"> 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.
8	6 September 2022	Proposals for the allocation of the Public Health ringfenced grant reserve.	<p>RESOLVED to recommended that Cabinet:</p> <ul style="list-style-type: none"> 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	1 November 2022	Adult Market Position Statement	RESOLVED to recommend that Cabinet agree to publish the Market Position Statement.	Cabinet considered the Committees comments at its meeting on 17 th November 2022
11	6 December 2022	Recommissioning of an Integrated Drug and Alcohol Service	<p>RESOLVED to recommend that Cabinet:</p> <ul style="list-style-type: none"> a) Authorise the Interim Executive Director of Public Health and Community Services to 	The Committees comments were shared with Cabinet at their meeting on 17 th January 2023

		for Adults in Northumberland	<p>proceed with the commissioning exercise for a value of £21,818,608 as outlined in Key Issues section below (the final paragraph).</p> <p>b) Request officers to bring back the outcome for Cabinet approval.</p> <p>c) The Health and Wellbeing Overview and Scrutiny Committee review the service within 12 months. Information to be presented should include case studies, evidence based data and random samples taken to ensure the service is delivering across the whole county.</p>	
12 Page 79	7 February 2023	Northumberland Safeguarding Adults Annual Reports 2021-22	RESOLVED that the content of the North Tyneside and Northumberland Safeguarding Adults Annual report 2021/22 be noted.	No further action at this time.
13	7 March 2023	Provision of Dental Services in Northumberland	RESOLVED that the information be noted and for members to continue to be kept informed of progress made.	Updates to be provided as appropriate
14	7 March 2023	Director of Public Health Annual Report	RESOLVED that the report and comments made be noted	

This page is intentionally left blank