

HEALTH AND WELLBEING SCRUTINY COMMITTEE

AGENDA

Meeting to be held on Tuesday, 4th July, 2023 at 5.30pm in
Committee Room 1, at City Hall, Plater Way, Sunderland, SR1 3AA

Membership

Cllrs Bond, Burnicle, Graham-King, Haque, Heron, Hunter, Jones (Vice-Chairman), Potss, Speding, Usher (Chairman), Walton and M. Walker

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Information contained in this agenda can be made available in other languages and formats on request

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	No Items	

E. WAUGH,
Assistant Director of Law and Governance,
City Hall,
SUNDERLAND.

26th June, 2023

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in Committee Room 1 of the CITY HALL, SUNDERLAND on TUESDAY, 28 MARCH, 2023 at 5:30pm.

Present:-

Councillor Chisnall in the Chair

Councillors Ayre, Bond, Heron, McDonough, Potts, Speding, D. Trueman and Usher

Also in attendance:-

Nigel Cummings – Scrutiny Officer, Sunderland City Council

Andrea Hetherington - Director of Corporate Affairs and Legal, South Tyneside and Sunderland NHS Foundation Trust

Gillian Robinson - Scrutiny, Mayoral and Members' Support Coordinator, Sunderland City Council

Joanne Stewart – Principal Governance Services Officer, Sunderland City Council

Wendy Thompson – Head of Primary Care, North East and North Cumbria Integrated Care Board

Scott Watson – Director of Place (Sunderland), North East and North Cumbria Integrated Care Board

Apologies for Absence

Apologies for absence were given on behalf of Councillors Butler, Mann and M. Walker

Minutes of the last meeting of the Committee held on 28th February, 2023

Councillor Bond referred to page three of the minutes and clarified that his comment regarding governance had been 'if it included the storage and use of prescription drugs and inadequate cross infection control?'.

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 28th February, 2023 (copies circulated) be confirmed and signed as a correct record, subject to the above clarification.

Declarations of Interest (including Whipping Declarations)

There were no declarations of interest made.

Improving Access to General Practice

The North East and North Cumbria Integrated Care Board Place Director for Sunderland submitted a report which updated the Committee on the work that was

being carried out by the Integrated Care Board (ICB) primary care team to improve access to General Practice (GP) in Sunderland.

(for copy report – see original minutes)

Mr. Scott Watson, Place Director for Sunderland and Ms. Wendy Thompson, Head of Primary Care, took Members through the report advising that the NHS Long Term Plan commits to improving access to GP services. Following a letter published in 2022 by NHS England actions were identified locally to review and address some of the issues and areas of concern. A project group had been convened with partners from across the city and a number of key objectives were identified to focus on for the initial phase of the project as follows:-

- GP access data;
- Practice engagement;
- Patient engagement;
- Patient communications plan;
- Training; and
- Digital Support.

Ms. Thompson advised that the next phase of the access project would be to evaluate the various pilots underway and identify the areas which had worked and the evaluations and any best practice would be shared with partners. She advised that a patient communication exercise would also be carried out in the coming months to highlight the different roles available in general practice and the most appropriate use of service.

The Chairman thanked Mr. Watson and Ms. Thompson for their informative report and invited questions and comments from Members.

Councillor Heron commented that her GP had recently introduced a ring back service so that patients were not kept on hold for any length of time which was proving to be successful. She also referred to the lowest number of patients booking appointments online being from the Coalfields area and commented that this may be due to the aging population and broadband issues in the ward.

In response to a question from Councillor McDonough regarding what was being done to divert patients from going straight to their GP instead of using alternative provisions, Ms. Thompson advised that there were a number of projects being undertaken and one that would especially help relieve the pressure on GP services would be using the Community Pharmacists Consultancy Service. Pharmacists would be able to see patients and prescribe certain medications for them or refer them back to their GP if it was felt that was the more relevant diagnosis. The new service would be heavily promoted once everything was in place.

Other projects such as the minor ailments scheme and the UTI scheme would start to also help the pressure on GP services and as an ICB they had a number of pharmacy transformation schemes that were in the pipeline. In April, the ICB would take responsibility of commissioning the pharmacy, optometry and dental services and would then have more insight to the work these services were doing.

Giving an example of how the pharmacy consultancy service would work, Ms. Thompson advised that they were providing training on the care navigation process; so that patients were given a consistent message as to where they needed to be seen and by whom first. One of the targets that was coming out in the contracts soon would be that patients were not asked to ring back GP's; as they understood it was a real source of frustration for users.

In response to a further question from Councillor Bond regarding pharmacists already being under a lot of pressure and struggling with contracts they had going forward, Ms. Thompson advised that there was a mixture of contracts with pharmacists throughout the city but there was no limit to what they could dispense and funding was driven by the number of items that they did. She explained that there were also enhanced services that were commissioned by NHS England to provide things such as blood pressure monitoring, etc. but they did not commission those services as yet. Primary Care Networks were in a position to employ pharmacists to support them and carry out structured medication reviews of patients and they had 38 in Sunderland; one for each practice; offering an opportunity for pharmacists to work in a different way as highly skilled clinicians.

Councillor McDonough referred to a situation he had recently where a GP practice had been closed for training and patients were unable to be seen and asked if alternative provision could be made available in those instances. Ms. Thompson advised that it had been training in relation to safeguarding that had been city wide but there were alternative services available to residents such as the 111 service and there had been an alternative service which patients could access so she did not know how those had not been made available to patients on that day.

In response to comments from Councillor Usher regarding the use of app's, video, etc for the reordering of prescriptions and patient appointments, Ms. Thompson advised that they used E-Consult to undertake video appointments and this was available across all GP surgeries in the city. Patients could contact their surgery to discuss how to set up the E-Consult service.

Councillor Speding referred to a recent report by the Office for National Statistics which set out that residents were more likely to die from a respiratory disease in Sunderland than anywhere else in the country and asked if it was a hangover from CoVid or if it was down to residents not presenting at their GP early enough and whether it was a trend or something of concern that needed further investigation. Ms. Thompson commented that over the last few months they had set up specific respiratory hubs to direct patients to within the community. Mr. Watson commented that unfortunately Sunderland were at the wrong end of a lot of the indicators which could be linked to the historical heavy industry. He also advised that all of the plans that were now put in place had to demonstrate how they would impact on the health inequalities of the city and that hopefully through targeted investment they would see improvements being made.

In response to a query from Councillor Chisnall regarding the reliance on locums, Ms. Thompson explained that it was different in each practice but they had less reliance on them in Sunderland than other areas. She explained that they had carried out a lot of work to make practices, training practices, so they had more new GP's coming through the system.

Councillor Chisnall referred to the patient communication plan and asked how they planned to share that information and was informed that the ICB were developing a campaign at the moment around supporting patients to access the right care, giving information about which services they could access and offering alternatives to GP services. There was a lot of work promoting services available in Sunderland such as the enhanced access service and working with Healthwatch to try and get messages across, pitched at the right level, and not forgetting those who don't have access to online resources, so that residents could make an informed choice.

With regards to the Council's Local Plan and developments around the city, Councillor Speding asked if this was considered as part of the bigger picture and Ms. Thompson advised that it was an important part of looking at the GP landscape and the numbers of patient in areas. Where there were housing developments planned in an area they looked at the potential impact it could have on services but they did find that although there may be an increase in housing it was not relative to an increase in patients as they did not tend to move from the GP surgery they were already attending.

In a follow up question, Councillor Speding asked about other issues that had an impact on the health and wellbeing of residents in the city such as the numbers of takeaways in an area, etc. and was informed that a presentation was due to be given to the ICB from the Chief Executive of the Council on the new City Plan and what the proposals were for the city, where services needed to be located and help in raising issues they needed to take into future consideration. The first step was to link all of the plans from organisations and then agreeing an approach for the future.

There being no further questions, the Chairman thanked Mr. Watson and Ms. Thompson for their attendance, and it was:-

2. RESOLVED that the progress to date as set out within the report be received and noted.

Annual Report 2022/23

The Scrutiny and Members' Support Coordinator submitted a report which attached the annual report of the Committee to be included as part of the overall Scrutiny Annual Report which was to be submitted to a future meeting of the Council.

(for copy report - see original minutes)

Mr. Nigel Cummings, Scrutiny Officer took Members through the report advising that the report provided a very brief snapshot of some of the main work undertaken by the Committee during the municipal year 2022/23.

He advised that the report had been written from the perspective of the Chairman of the Committee and would be submitted to a future meeting of the Council.

The Committee having fully considered the report, it was:-

3. RESOLVED that the report be approved to be included in the Scrutiny Annual Report for 2022/23 subject to the amendments as discussed.

Work Programme 2022/2023

The Scrutiny, Mayoral and Members' Support Coordinator submitted a report (copy circulated) which attached the current work programme for the year and also provided an update on a number of potential topics, as raised by Members, for the Committee's consideration.

(for copy report – see original minutes)

Mr. Cummings, Scrutiny Officer, presented the report advising that the report included a number of potential topics to consider along with the Scrutiny Work Programme for 2022/23. He informed the Committee that this was the last meeting of the Committee

Members having considered the report and update, it was:-

4. RESOLVED that the work programme, including amendments, and the update on topics for review during 2022/23, be received and noted.

Notice of Key Decisions

The Strategic Director of People, Communications and Partnerships submitted a report (copy circulated) providing Members with an opportunity to consider those items on the Executive's Notice of Key Decisions for the 28 day period from 15 March, 2023.

(for copy report – see original minutes)

Mr Cummings, Scrutiny Officer, having advised that if any further Members wished to receive further information on any of the items contained in the notice they should contact him directly, it was:-

5. RESOLVED that the Notice of Key Decisions be received and noted.

The Chairman then closed the meeting having thanked everyone for their attendance and participation.

(Signed) A. CHISNALL,
 Chair.

NHS DENTISTRY UPDATE

**REPORT OF THE SENIOR PRIMARY CARE MANAGER – DENTAL COMMISSIONING
LEAD**

1. PURPOSE OF THE REPORT

- 1.1 The presentation attached, for Members' information, provides an overview of NHS Dentistry from national, regional and local perspectives.

2. BACKGROUND

- 2.1 The attached presentation covers a wide range of issues including:

- NHS Commissioned Capacity;
- Pressures and Challenges;
- NHS Dental Contract;
- Local Actions.

- 2.2 The Senior Primary Care Manager (Dental Commissioning Lead) will be in attendance to provide the update and answer any questions from Members.

3. RECOMMENDATION

- 3.1 That the Health and Wellbeing Scrutiny Committee notes and comments on the content of the presentation and information provided.

Contact Officers: Nigel Cummings
Scrutiny Officer
Nigel.cummings@sunderland.gov.uk

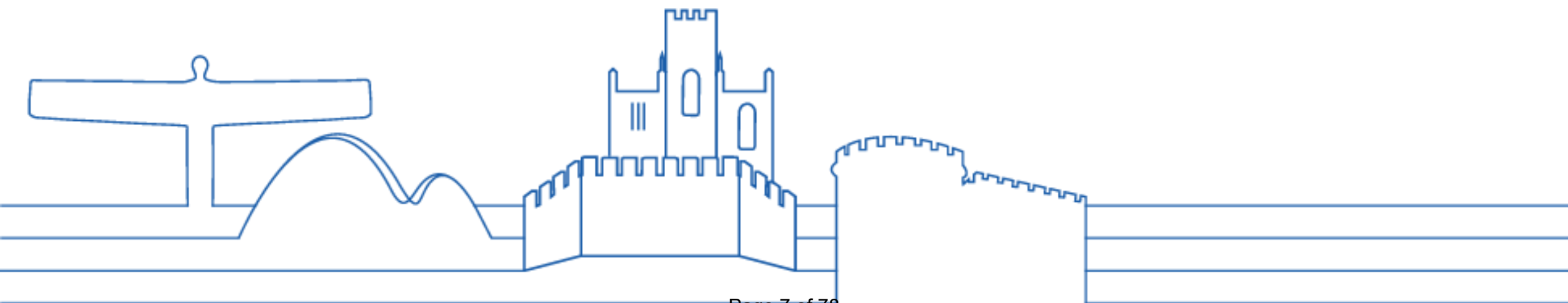


**North East and
North Cumbria**

Update on NHS Dentistry

Sunderland Overview and Scrutiny Committee

4 July 2023



Summary Overview of NHS Dentistry

- Commissioning responsibility transferred from NHS England to the North East and North Cumbria Integrated Care Board (ICB) with effect from 1 April 2023.
- **Nationally set Government Regulation (2006) and dental policy.**
- Under NHS Dentistry national regulation there is **no ‘formal registration’ of patients** with dental practices as part of their NHS Dentistry offer, patients can therefore approach any dental practice offering NHS care for access.
- Dental contracts and provision is **activity and demand led** with the expectation practices deliver courses of treatment with **recall intervals appropriate to clinical need** and manage their available commissioned capacity to best meet both local demand and the clinical needs of patients presenting to their practice.
- The contract regulations set out the contract currency which is measured in **units of dental activity (UDAs)** that are attributable to a **‘banded’ course of treatment prescribed under the regulations.**
- **NHS North East and North Cumbria Integrated Care Board (ICB) do not commission private dental services** but the NHS dental regulations do not prohibit the provision of private dentistry by NHS Dental Practices.
- The prolonged **COVID- 19 pandemic period** required NHS Dental Practices to follow strict Infection Prevention and Control (IPC) guidance which significantly restricted levels of access to dental care. As a result **backlog demand for dental care remains high with the urgency and increased complexity of patient clinical presentations** further impacting the ability for the NHS Dental Care system to return back to pre-COVID operational norms.

NHS Commissioned Capacity



North East and
North Cumbria

Commissioned general dental access @ 1 July 2023 Units of Dental Activity (UDAs)

NHS General Dental Service Contracts (Practices)	UDAs Commissioned
19 (22)	474,824

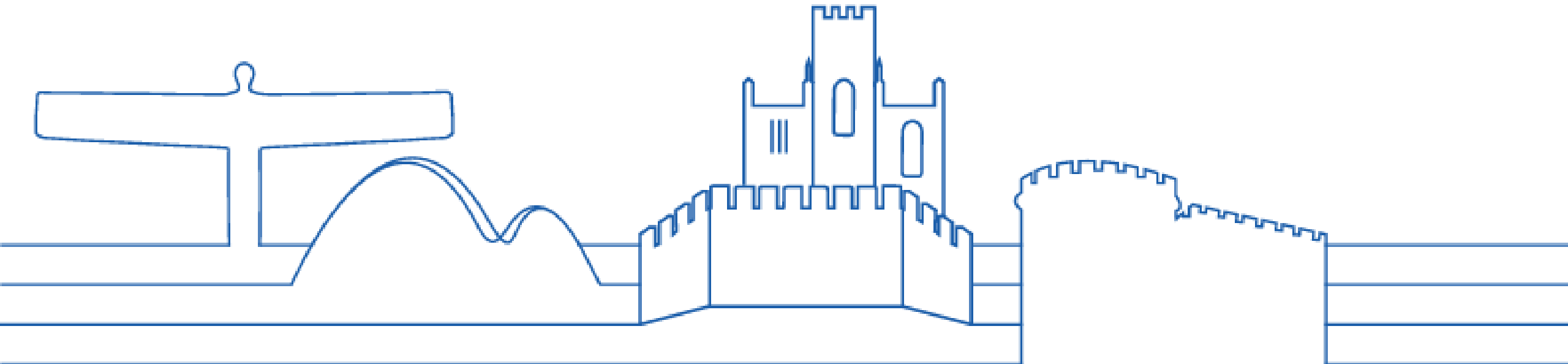
Recent changes to position since last report to the Committee:

- Mr G A Conlon (Washington) – 11,000 UDAs – NHS contract handed back wef 31.08.22 (9,237 UDAs re-commissioned)
- Silver and Charlton – UDA reduction 11,717 – wef 31.10.22
- Breeze Dental Practice (Ryhope) - 15,280 UDAs – NHS contract handed back wef 31.03.23
- BUPA Dental Care Ltd (Hylton Road) – 23,665 UDAs – NHS contract handed back wef 30.6.23

Other Primary Care Services

- Orthodontic Services - 2 specialist providers
- Urgent dental care services - in-hours and out of hours appointments via NHS111
- Community dental service – vulnerable patients with additional needs that cannot be met within high street practices
- Oral Surgery
- Domiciliary care

Pressures and Challenges



1. COVID-19 Impacts

- During the **first wave of the pandemic** in the interest of patient and dental staff safety, **routine dental services were paused in March 2020** and urgent dental care centres (UDCs) were established to provide access only to clinically confirmed urgent dental care.
- In **July 2020 all practices gradually re-opened for limited face to face care** in strict accordance with Nationally mandated COVID-19 NHS Dentistry Standard Operating Procedures and IPC constraints.
- As part of those arrangements practices were required to **prioritise patients based on clinical need and urgency into their significantly reduced safe operating capacity**, creating inevitable delays and backlogs over time for patients seeking non-clinically urgent and more routine dental care at that time.
- As part of those nationally mandated COVID-19 response arrangements practices were provided with **income protection** but also **mandated to operate at significantly reduced and safe levels of face to face access levels** throughout the prolonged COVID-19 Pandemic period as follows:

<ul style="list-style-type: none"> ○ 0% between March – July 2020 (remote triage only unless designated UDC) ○ 20% between July - December 2020 ○ 45% between January - March 2021 ○ 60% between April - September 2021 	<ul style="list-style-type: none"> ○ 65% between September - December 2021 ○ 85% between January - March 2022 ○ 95% between April 2022 – June 2022 ○ 100% from July 2022
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- All dental practices are now able to safely provide a full range of treatment however **demand for care remains extremely high** with dental practices having to **balance addressing the backlog of care with managing new patient demand**, whilst also facing **workforce recruitment and retention issues** which continues to mean a delay in meeting demand for more routine and non-urgent care.

2. Dental Workforce Recruitment and Retention

There are a number of factors relating to workforce recruitment and retention that are affecting the ability of NHS dental practices to deliver the full level of commissioned access, these include:

- **Younger generation and newly qualifying dentists** more often choosing not to pursue an NHS Dentistry career or where they do, they are seeking a work life balance that limits their working commitment to part time NHS Dentistry
- **More experienced dentists and increasing dental nurses** are choosing to retire early, move into private dentistry or pursue a different career path.
- General recruitment issues **attracting new dentists into NHS Dentistry** due to a range of issues including but not limited to; difficulties securing GDC and Performers List registration for overseas dentists, Dental Student and Foundation Dentistry Places being limited nationally and dentists not perceiving working within the current NHS Regulatory arrangements as being attractive in terms of pay, conditions, work life balance etc.

This creates difficulties for NHS Dental Practices locally and nationally to **maintain and/or replace the level of clinical workforce** they need in order to reliably deliver their full NHS Dentistry capacity as they continue to try to fully recover from COVID-19 Pandemic impacts.

3. NHS Dental Contract

- Current **NHS Dental Regulations/contract** was introduced in **2006**.
- **March 2021** the Department of Health requested that **NHS England lead on and develop national dental system reforms for England**.
- In **July 2022**, NHS England published a **national package of ‘initial reforms’** to the NHS dental regulatory contract.
- Awaiting publication of **National Dental Plan** and **further dental system reforms**.

Children and adults accessing NHS primary dental care

(NHS Digital 2022)

Area	Percentage of children (0-17 years) in 12 months before 31 March 2022	Percentage of Adults (18 years+) in 24 months before 31 March 2022
England	45.4%	34.6%
North East	45.8%	39.1%
Cumbria	48.3%	30.6%
Sunderland	43.0%	40.7%

What is being done about difficulties accessing NHS dental services?

- New reforms to the dental contract – the first in 16 years
- NHS dentists paid more for treating more complex cases, such as people who need three fillings or more.
- Dental therapist can accept patients for NHS treatments, providing fillings, sealants, preventative care for adults and children, which will free up dentists' time for urgent and more complex care.
- Dental practices are now contractually required to update the NHS website and directory of services to give greater visibility on the availability of dentist.
- Dental practices who have workforce available have opportunity with local commissioner agreement to increase their activity by a further 10% to see as many patients as possible.
- Acknowledged further reforms required – discussions taking place at national level to identify solutions to recruitment and retention pressures, and to understand and address the constraints of the current national NHS dental contract mechanisms.
- National Dental Plan.

Local actions

- **Additional funding** made available to all NHS dental practices who have the capacity to deliver **additional clinical sessions** to provide treatment to patients with **urgent dental care needs** as well as prioritisation of **looked after children** and unscheduled care patients with **dental complaints and complex high care needs** to help reduce oral health inequalities (Sunderland - 408 sessions in 2022-23 and 204 session April – June 2023).
- Increased local investment during 2022-23 into **specialist orthodontic service** to secure additional treatment capacity in order to help **reduce waiting times** for patients.
- Funding made available to **improve access to clinical triage** via NHS111, as well as **additional treatment capacity** in the dental out of hours treatment services.
- Funding of an advert in the British Dental Journal to try to **attract overseas dentists** and to support them through the process of getting on the National Dental Performers List which is required to enable them to delivery NHS dental care.
- Introduced a flexible commissioning arrangement that provides a **training grant** to support the **employment of overseas dentists**.
- **Re-commissioning of activity**, where possible, from NHS contracts that have been handed back with other local NHS dental providers.

Next Steps

- Plans being finalised for **formal procurement** process to try to **secure new market interest/NHS dental practices** to address gaps in provision from contract hand-backs.
- **Review of oral health and care** across the whole of the North East and North Cumbria – to be concluded by end October 2023 – views of our citizens and partnership and evaluation of current services – make recommendations aligned to ICB Better Health and Wellbeing for All Strategy
- **Continue to work with the local dental professional leads and wider partners** to explore all local opportunities to improve NHS Dentistry access for patients and influence the development of national system and workforce developments during 2023-24 and beyond.

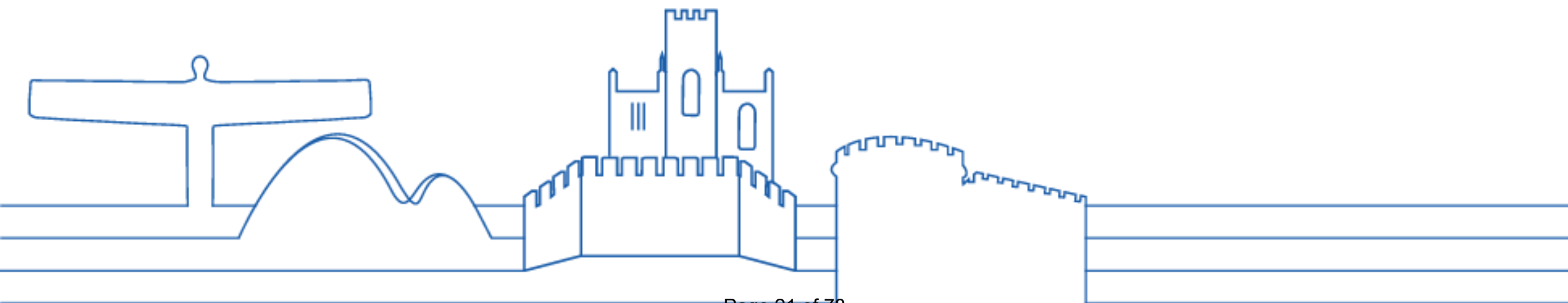
Advice for patients

- If your teeth and gums are healthy – a **check-up, or scale and polish may not be needed every 6 months.**
- **Stopping smoking** and **limiting alcohol intake** along with **reducing the amount of sugary drinks and food** can all be beneficial in keeping your teeth and gums healthy.
- **Every dental practice is working extremely hard to provide care to as many patients as possible,** if a routine appointment is not yet available, please be understanding of the challenges that practices are facing.
- Dental practices are being **encouraged to prioritise patients for treatment based on clinical need and urgency.**
- Appointments for some **routine treatments**, such as dental check up, may still be delayed.
- If you develop an **urgent dental issue** telephone your regular dental practice (or any NHS practice is you don't have a regular dentist) for advice on what to do next or visit www.111.nhs / ring 111.
- If the dentist decides the issue is not urgent, you may be given advice on how to self manage the dental problem until an appointment becomes available. You should be advised to make contact again if your situation changes/worsens.

Key messages

- You **do not need to register** with a dental practice like you do with a GP practice – you can contact any NHS dental practice to seek care. Dental practices manage their own appointment books and are best placed to advise on the availability of appointments.
- All dental practices are able to safely provide a full range of treatments however **demand for care remains extremely high** with dental practice having to balance addressing the backlog of care with managing new patient demand.
- **High treatment needs** for patients and **workforce recruitment and retention** issues continues to mean delay in practices being able to full meet the demand for more routine dental care, ie check-ups.
- **Children are identified as a priority group for recall**
- **NHS dental care for children is free.**
- **All opportunities are being explored** locally to:
 - Increase the number of appointments available and improve access for patients with priority for patients with greatest dental clinical need, ie those requiring urgent dental care and vulnerable/high risk groups such as children.
 - Support practices to recruit and retain dentists.

Thank you – Questions?



TASK AND FINISH WORKING GROUP: CHALLENGES IN ADULT SOCIAL CARE IN SUNDERLAND

Report of the Task and Finish Working Group

1. Purpose of Report

1.1 The purpose of the report is to present the findings of the task and finish working group looking at the adult social care market in Sunderland.

2. Background

2.1 The Health and Wellbeing Scrutiny Work Programming session held on 13 June 2022 provided Members, officers and partners with the opportunity to discuss a variety of scrutiny topics, compiling a shortlist of potential issues for task and finish work during the coming year.

2.2 The first of the topics selected to investigate was the state of adult social care in Sunderland following the Covid-19 pandemic. The task and finish working group set out to conduct a focused, clearly scoped, and time-limited piece of work with clear objectives.

Context to the Working Group

2.3 The Council currently operates a range of commissioning arrangements for the provision of adult care and support services. Within Sunderland there are different provider markets which support the health and social care agenda. These can be broken down into the following:

I. Accommodation based services for older people – Residential and Nursing Care; Extra Care Accommodation

II. Accommodation based services for people with disabilities – Residential Care; Independent Supported Schemes; Core and Cluster Schemes.

III. Accommodation based services for people with mental health needs – Residential Care; Independent Supported Living Schemes; Core and Cluster Schemes.

IV. Community services – Care and Support into people’s homes; Day Care/Opportunities; Preventative Services.

2.4 There are 50 older person’s care homes across the city, with an occupancy rate of around 88%, that deliver a mixture of general and dementia residential care, general and dementia nursing care, support for younger people with dementia and people with enduring mental health needs. There are also currently 12 Extra Care schemes in the city providing 848 apartments, of which 766 (90%) are currently occupied.

2.5 The Council currently has a framework in place with 39 providers who deliver home care having been accepted on to the framework, having successfully completed some quality and assurance checks and they more often than not, operate city wide. This includes 7 providers who are formally contracted to deliver care and support at home in zoned locality areas across the City. The framework providers are commissioned to provide care and support at home to all service user groups

including adults with complex needs. There are a small number of spot purchased providers who aren't on the framework but who have been directly commissioned by Adult Social Care following the completion of a number of quality assurance checks. These spot purchased arrangements are used mainly when there is an urgent need for support and the home care market has been unable to respond within the required timeframe.

- 2.6 Sunderland also commission a variety of other adult social care services including, independent and health complaints advocacy, support and accommodation for people with learning difficulties and mental health, short break services and day opportunities that are delivered in both a building and community setting.

3. The Aim and Terms of Reference of the Working Group

- 3.1 The working group was established with the specific aim looking at look at the challenges facing adult social care services in Sunderland post-Covid-19 pandemic and understand the impact that Covid-19 has had on the sector including the lessons learned and how this is driving improvement and innovation across social care.

- 3.2 The working group consisted of Cllrs Simon Ayre, Malcolm Bond, Michael Butler, Alison Chisnall and John Usher; the group selected Cllr Chisnall as the Chair.

- 3.3 The following Terms of Reference for the working group were agreed:-

- (a) To understand the adult social care sector in Sunderland;
- (b) To consider the impact of Covid-19 on adult social care services in Sunderland;
- (c) To look at how issues of sustainability and resilience are being addressed in the adult social care sector;
- (d) To consider the implications of new legislation on adult social care for commissioners, providers and
- (e) To explore areas of innovation and development in adult social care and how they can support the sector going forward.

4. Drafting the Report

- 4.1 The task and finish working group gathered evidence from a number of sources and this was coordinated, on behalf of Members, by the scrutiny officer. Members gathered evidence from the following:

- Desktop research;
- Use of Secondary Research;
- Evidence presented by Key Stakeholders;
- Site Visits.

- 4.2 Attached for Members information at **Appendix 1** is the draft report developed by the working group. The report covers a number of issues related to adult social care. Some of the key areas covered include:

- Relationships
- Attendance and Expectations
- Pre-Meetings

- Managing Disagreements.

5. Next Steps

- 5.1 Following discussion and agreement on the draft report by the Health and Wellbeing Scrutiny Committee it will be submitted to Cabinet for discussion, comment and to agree the recommendations contained in the report.

6. Recommendations

- 6.1 That the Scrutiny Coordinating Committee discuss and following any amendments agree the draft report.
- 6.2 That Members agree to the submission of the draft report to Cabinet.

Contact Officer: Nigel Cummings (0191 561 1006)
nigel.cummings@sunderland.gov.uk

Health and Wellbeing Scrutiny Committee Task and Finish Review 2022 – 2023

Challenges of Adult Social Care in Sunderland

Draft Report

**Health and Wellbeing Scrutiny Committee
Task and Finish Working Group 2022 – 2023**

Challenges of Adult Social Care in Sunderland

Draft Report

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1 Foreword from the Chair of the Health and Wellbeing Scrutiny Committee

We are not social workers. We are contemplatives in the heart of the world.

Mother Teresa

What do we think of when someone talks of social care? For many people it is not an easy thing to define or articulate, because for many they have had little or no involvement with social care. This is often in contrast to the NHS which we interact with at regular intervals during our lives. Social care is often only thought of at a point of crisis or when lifestyles need adjustment due to changes in an individual's health.

The fact is that adult social care is a vital resource covering a range of services and support to help people stay independent, safe and well so they can live the lives they want to. People who are frail, have disabilities or neurodiversity, mental health issues as well as the people who care for them can all benefit from adult social care services.

There are many preconceptions about social care, as often only the worst examples are highlighted in the media, when systems and services have failed the people they are set up to help. However, throughout this review the working group witnessed some truly fantastic services and dedicated employees who showed a genuine passion for the work they carried out. These are certainly things to be proud of in Sunderland and should be promoted as such.

Social care faces many challenges and we have highlighted a number of these throughout the report from the evidence gathered. These challenges are not unique to Sunderland and many issues require a national response. However, and not to be too clichéd, there is no magic wand to wave and fix everything, although we believe Sunderland is well placed and forward thinking in its approach to adult social care.

We also hope that this report and the recommendations that we have suggested support and promote adult social care in Sunderland by shining a light on the positive impact social care can have on individuals and their families so they are able to live their lives in the best possible way.

Cllr Alison Chisnall
Chair of the HWB Scrutiny Committee Working Group

2 Introduction

- 2.1 The Annual Scrutiny Workshop provided a variety of scrutiny issues for potential review during the coming year. The Health and Wellbeing Scrutiny Committee agreed to undertake a task and finish working group to look at adult social care in Sunderland.

3 Aim of the Review

- 3.1 To look at the challenges facing adult social care services in Sunderland post-Covid-19 pandemic and understand the impact that Covid-19 has had on the sector including the lessons learned and how this is driving improvement and innovation across social care.

4 Terms of Reference

- 4.1 The title of the review was agreed as 'The Challenges of Adult Social Care in Sunderland' and its terms of reference were agreed as:

- (a) To understand the adult social care sector in Sunderland;
- (b) To consider the impact of Covid-19 on adult social care services in Sunderland;
- (c) To look at how issues of sustainability and resilience are being addressed in the adult social care sector;
- (d) To consider the implications of new legislation on adult social care for commissioners, providers and
- (e) To explore areas of innovation and development in adult social care and how they can support the sector going forward.

5 Membership of the Working Group

- 5.1 The membership of the Task and Finish Working groups was as follows:

Cllr Alison Chisnall (Chair of the working group), Cllr Simon Ayre, Cllr Malcolm Bond, Cllr Michael Butler and Cllr John Usher.

6 Methods of Investigation

- 6.1 The approach to this work included a range of research methods namely:

- (a) Desktop Research;
- (b) Use of secondary research e.g. surveys, questionnaires;
- (c) Evidence presented by key stakeholders;
- (d) Evidence from members of the public at meetings or focus groups; and,
- (e) Site Visits.

- 6.2 Throughout the course of the review process the committee gathered evidence from a number of key witnesses including:

- (a) Graham King – Director of Adult Services, Sunderland City Council & Chief operating Officer Sunderland Care and Support;
- (b) Ann Dingwall – Head of Commissioning and Market Oversight, Sunderland City Council & Deputy Chief Operating Officer, Sunderland Care and Support
- (c) Julie Lynn – Head of Business Development, Sunderland City Council
- (d) Emma Anderson – Head of Therapies, Sunderland City Council & Deputy Chief Operating Officer, Sunderland Care and Support Ltd
- (e) David McGee – Housing21, Extra Care Service
- (f) Nicole Donoghue – Comfort Call, Home Care Agency
- (g) Sarah Cornell – Comfort Call, Home Care Agency
- (h) Philip Longmore – Thorncliffe Care, Home Care Agency
- (i) Coleen Purvis – Thorncliffe House, Older person’s Care Home
- (j) Ruth Pope – Azure, Adults with disabilities Care Home
- (k) Julie Coxon – Sunderland Care and Support Ltd
- (l) Peter Oliver – Sunderland Care and Support Ltd
- (m) Verity Burnett – Sunderland Care and Support Ltd
- (n) Derek Dance – Sunderland Care and Support Ltd
- (o) Faye Gregory-Smith –Sunderland Care and Support Ltd

6.3 Statements in this report are based on information from a variety of published sources and from individual witnesses. No guarantees can be given as to the accuracy or completeness of such information. Views and opinions expressed by individual witnesses may or may not be representative of the views of the majority but are worthy of consideration nevertheless.

7 Findings of the Review

Findings relate to the main themes raised during the committee's investigations and evidence gathering.

7.1 What is Social Care?

7.1.1 Social care is the provision of social work, personal care, protection or social support services to children or adults in need or at risk, or adults with needs arising from illness, disability, old age or poverty. The Care Act 2014 sets out in one place, local authorities' duties in relation to assessing people's needs and their eligibility for publicly funded care and support. Under the Care Act 2014, local authorities must:

- carry out an assessment of anyone who appears to require care and support, regardless of their likely eligibility for state-funded care
- focus the assessment on the person's needs and how they impact on their wellbeing, and the outcomes they want to achieve
- involve the person in the assessment and, where appropriate, their carer or someone else they nominate
- provide access to an independent advocate to support the person's involvement in the assessment if required
- consider other things besides care services that can contribute to the desired outcomes (e.g. preventive services, community support)
- use the national minimum threshold to judge eligibility for publicly funded care and support.

7.1.2 Social care provision may have one or more of the following aims: to protect people who use care services from abuse or neglect, to prevent deterioration of or promote physical or mental health, to promote independence and social inclusion, to improve opportunities and life chances, to strengthen families and to protect human rights in relation to people's social needs.

7.2 Adult Social Care in Sunderland

7.2.1 Adult social care covers a wide range of activities to help people who are older or living with disability or physical or mental illness live independently and stay well and safe. It can include personal care, such as support for washing, dressing, and getting out of bed in the morning, as well as wider support to help people stay active and engaged in their communities. Social care includes:

- Support in people's own homes (home care or domiciliary care)
- Support with day opportunities in the community or in a day centre
- Shared Lives schemes where people who need care and support are matched with an approved carer. The carer shares their family and community life and gives care and support to the person with care needs. Some people live with their Shared Lives carer, but other options are daytime support and overnight stays.
- Care provided by residential care homes and nursing care homes (this can be long term care or a short break arrangement); people who live in a nursing care home have an assessed nursing need
- Extra care schemes that provide housing via a tenancy and an onsite care team to meet the person's social care needs

- Supported Living services that support people with disabilities, mental health concerns and complex needs; people have their own tenancy and a care team that provides individualised support
- Reablement services to help people regain independence; providing aids and adaptations for people's homes; providing information and advice; and providing support for family carers; this support is provided on a short term basis following which a longer term care and support package may be required
- Employment of a Personal Assistant via a Direct Payment

7.2.2 Sunderland City Council currently operates a range of commissioning arrangements for the provision of adult social care and support services. The Council's preferred method of securing services is via a formal procurement process whereby the Council enters into a contractual arrangement with care and support providers. There are services that are commissioned that sit outside of a formal contracted arrangement whereby services have been arranged on an individual basis. Individuals are also able to commission services directly with providers via direct payment arrangements.

7.2.3 Local authorities are responsible for assessing people's needs and, if individuals are eligible, funding their care. In Sunderland a large proportion of the social care market is delivered by the independent sector. The providers are mainly for-profit companies but also include some voluntary sector organisations. Sunderland Care and Support Ltd is the largest provider of disability services in the city. Most people have their care organised and managed by the local authority, though some people directly employ individuals ('personal assistants') to provide their care and support.

7.2.4 In working with social care providers, the importance of good working relationships was highlighted. It was also important to emphasise that in Sunderland good relations existed with the care providers before, during and after the pandemic.

7.2.5 Members were informed that the local authority was dealing with an increasing number of poorly people living in a social care setting such as a nursing home, some of which would previously have been cared for in hospital. The importance of ensuring the correct support and interventions from health and social care was identified as essential to keeping people safe and well in the community.

7.2.6 There are 50 older person's care homes across the city, with an occupancy rate of approximately 94%, that deliver a mixture of general and dementia residential care, general and dementia nursing, support for younger people with dementia and people with enduring health needs. There are also currently 12 extra care schemes in the city providing 848 apartments, of which 766 (90%) are currently occupied.

7.2.7 The working group acknowledged that supporting people to move into a care home was not an option that was taken lightly, and other avenues of care would always be considered as part of the assessment process. There were times however, when a move into a care home was the right support option for someone where their needs and outcomes can be best met in a safe and person-centred way.

7.2.8 The Council also has a framework in place with 20 providers who deliver home care having been accepted on to the framework, through successful completion of quality and assurance checks. This includes seven providers who are formally contracted to deliver care and support at home in zoned locality areas across the

city. The framework providers are commissioned to deliver care and support at home to all service user groups including adults with complex needs. There are a small number of spot purchased providers who are not on the framework but who have been directly commissioned by adult social care following the completion of a number of quality assurance checks. These spot purchased arrangements are used mainly when there is an urgent need for support and the home care market has been unable to respond within the required timeframe.

7.2.9 Sunderland also commission a variety of other adult social care services including, independent and health complaints advocacy, support and accommodation for people with disabilities and complex needs, short break services and day opportunities that are delivered in both a building and community setting.

7.2.10 The working group visited a number of social care settings during their investigations and the evidence gathered is prevalent throughout this report. The full notes from these visits are attached as a set of appendices to this report.

7.3 Covid-19 Pandemic and Social Care

7.3.1 COVID-19 has had a major and sustained impact on social care in England and many of the issues, discussed throughout this review, have been impacted further by this. There have been 27,179 excess deaths among care home residents since 14 March 2020 (a 20% increase compared with recent years), and 9,571 excess deaths reported among people receiving domiciliary care since 11 April 2020 (a 62% increase). Social care staff have been at higher risk of dying from COVID-19 than others of the same age and sex. The wider health impacts – from reduced access to care, social isolation, increased burden on carers – are harder to measure but significant.

7.3.2 The Kings Fund reported on a number of significant factors and challenges that Covid-19 had exacerbated in adult social care generally. In summary, The Kings Fund reported that social care was emerging from the Covid-19 pandemic with:

- A sector, and those working in it, struggling to come to terms with excess deaths;
- Services trying to get back to some semblance of normality – or even just stay in business;
- Local authorities facing increased levels of demand but uncertain finances;
- Most likely wide local variations in demand, access and provision of care with little reliable data.

7.3.3 The Health and Wellbeing Scrutiny Committee were kept informed, throughout the pandemic, of the adult social care situation in Sunderland through updates to the Committee.

7.3.4 In discussing this with a number of providers it was acknowledged that the pandemic had led to the introduction of a raft of new policies and procedures that are now fully embedded in social care services around outbreak management and infection control. These procedures are now constantly being reviewed, assessed and updated.

- 7.3.5 Members also noted that providers informed the working group that there had been a lot of work undertaken during the pandemic in understanding and interpreting government guidance and putting this into practice in social care settings.
- 7.3.6 Providers also highlighted that during the pandemic social care workers did not feel valued in the work they did, as much of the focus throughout was on the NHS. Members recognised that providing social care, in any setting, was a skilled and challenging career route that provided vital support to meet the needs of customers and needed to be recognised in a similar way to those working in the NHS.
- 7.3.7 It was also noted during the evidence gathering sessions that the impact of the pandemic had not disappeared, and staff sickness, due to multiple reasons, remained an issue that created an extra burden for other staff. Members also acknowledged that the pandemic had made a lot of social care staff fall out of love with the job. The unique challenges of dealing with the effects of Covid-19 has had a lasting impact on staff, many have left their roles due to their own mental and physical wellbeing. Social care was not only a caring role, for many, but often created strong emotional links with people in receipt of support, and during the pandemic the impact on staff mental health had been immense. It was noted that there was also a considerable amount of work being undertaken with staff around wellness and mindfulness. Members agreed that it was testament to the staff that throughout the pandemic large numbers of staff had remained focused and dedicated across social care services.
- 7.3.8 This view is supported by those Members who visited Thorncliffe Care Home who were informed that the pandemic had been very hard for Thorncliffe which had seen the home operating on a skeleton staff due to infections and 10 resident deaths in 10 days. It was also noted that Thorncliffe had received good support from families and the Local Authority. However, the pandemic was a huge learning curve for care staff and new measures and procedures were now in place particularly around infection control.

7.4 Recruitment and Retention in Social Care

- 7.4.1 Throughout the review the working group heard from stakeholders of the challenges related to the recruitment and retention of staff. This situation has become more challenging in recent times due to events such as COVID-19, cost of living crisis and Brexit, with vacancy rates in the sector remain a challenge. Certainly, these are additional pressures for the sector, its workers, and users, with care providers relying, at times, on agency staff and also not being able to meet the demand for new customers.
- 7.4.2 During evidence gathering Members were informed that prior to the COVID-19 pandemic the sector, locally, had been relatively stable, but recruitment and retention had become challenging, for all sectors of social care, since the pandemic. Along with this there was also a real concern around the numbers of staff being lost in the sector to the NHS. This was linked to another major issue around the rates of pay which were often better in the NHS and also affected recruitment and retention of staff.
- 7.4.3 Members also acknowledged a further reflection from providers on recruitment and retention in relation to matching people's skillsets to what they want to do rather than just using staff to fill a generic vacancy. Members thought that it may be useful

to provide 'taster' sessions for care workers in the various roles to find out where individuals true vocation may lie, which could also help with retention issues. However, it was noted that the social care sector was heavily regulated and could be problematic for volunteering and taster sessions. Members were informed that there were already considerable delays with DBS checks for staff which had resulted in losing staff before they had even started.

- 7.4.4 The working group also noted the suggestion from providers that one thing that the Council could do to help with recruitment in the social care would be through some form of drive or push to promote the sector and the variety of jobs within it.
- 7.4.5 During the working group's discussions with providers around the retention of staff the subject of salaries was highlighted as a major issue especially now within the context of the cost-of-living crisis and rises in food, fuel and heating costs for both providers and employees. The rising cost of fuel was certainly highlighted as a major concern in domiciliary care where staff drive from client to client. Providers were now looking at postcode working in this area in an attempt to reduce staff travel costs between clients, but this can take time to coordinate. It was also noted that some providers offered incentives as a part of the recruitment process.
- 7.4.6 Interestingly during visits to various schemes in the city it was noted that agency staff were paid more than regular staff and this can be a barrier to some staff applying for full-time vacancies within the care and support service within the Council. Staff are trained and invested in, and it is important not to lose this experience, investment and valuable resource but it does remain a challenge. Sunderland City Council continues to be a real wage provider and were looking to implement this within the social care sector. Members agreed that it was important that the health and social care sector had this kind of commitment in going forward.
- 7.4.7 The Director of Adult Social Care also highlighted to members that different types of commissioning arrangements are being considered going forward and options such as paying providers via block payment arrangements are currently being explored.
- 7.4.8 During discussions Members also queried whether recruitment and retention could be enhanced by creating career pathways in social care in terms of qualifications and progression, the care provider Housing 21 acknowledged this and reported that enhancements were available for qualifications and that Housing 21 were establishing an academy with clear pathways of career progression.
- 7.4.9 It was also noted by Members that there was a lot of work being undertaken in regards to recruitment and retention in terms of a regional approach. Whilst it was acknowledged that there were different rates of pay across the region it was also noted that some staff had left to pursue other employment opportunities and had returned to Sunderland.
- 7.4.10 Sunderland Care and Support informed the working group that recruitment was always advertised locally and that they did receive a lot of applications from the local student population. However, it was acknowledged that it was difficult to recruit passionate younger people into a challenging but rewarding career mainly because of the rate of pay.

7.4.11 This was further recognised when Members visited Thorncliffe Residential Home and again in terms of recruitment and retention it was noted that NHS recruitment campaigns outshone social care campaigns. The NHS also often were able to offer more prospects, clear lines of development and advancement, higher salaries and more flexible hours as compared with social care.

7.5 Raising the Profile and Marketing of Social Care

7.5.1 Many of the challenges facing adult social care are highlighted throughout this report including an ageing population and the resulting complexity of needs, the cost of care and recruitment and retention of staff. As a result of this we have seen two pieces of legislation in the last decade with the objective of generating significant change in adult social care: the Care Act 2014 and the Health and Care Act 2022. In 2022, People at the Heart of Care Adult Social Reform White Paper (DHSC, December 2021) was published which sets out the ambition for a sustainable care market where care and support providers are paid a fair rate for care. However, despite these many aspects of social care remain largely hidden and overlooked by the public and Governments.

7.5.2 Members have touched on the profile of the NHS, which cares ‘from cradle to grave’, and adult social care which is often encountered at that moment of crisis in a person’s life and where that lifestyle is changing significantly. It was acknowledged throughout the review that the NHS is celebrated and spoken of with pride, and particularly so during the pandemic, whereas adult social care is not.

7.5.3 During the visits undertaken by the working group to a number of services and facilities across Sunderland it was evident that there is often a perception of social care that is not in keeping with the reality on the ground. The facilities visited were modern, welcoming and homely environments which were not only great places to live but also great places to work.

7.5.4 In terms of marketing, Members were informed that this was around raising the profile of care work as a vocation. During the working group’s session with care providers, it was acknowledged that there was an issue in terms of reputation and prestige when comparing the NHS and social care. Work needs to be done to build the reputation and kudos for social care. Promoting social care as a career and the diversity within the sector for progression and career pathways, this is not always promoted enough or well known. It was suggested that one thing that the Council could do to help would be around recruitment through some form of drive or push to promote the sector and the variety of jobs within it.

7.5.5 In relation to promoting adult social care the annual event that is social work week is a positive national campaign aimed at developing the conversation around social care and promote the sharing of ideas and positive change within the sector. Also the Scottish Government have recently launched a marketing campaign to support the recruitment of more adult social care workers – ‘there is more to care than caring.’ The aim of the campaign is to raise awareness of the career opportunities available in adult social care and encourage people to apply. Activities have included radio, outdoor and digital advertising, highlighting the important work done by adult social care workers.

7.5.6 Members through their evidence gathering also identified the North Tyneside Care Academy which, launched earlier this year, as a positive initiative to highlight the rewarding work that social care can offer. North Tyneside Council have joined with the NHS, social care providers, the voluntary sector and local schools and colleges to develop and launch their care academy. The care academy promotes the training and development opportunities as well as the career progression pathways available within social care. Alongside this a campaign has been launched across North Tyneside to encourage residents to consider a career in care. The working group suggested that this could be something that Sunderland could also look at to undertake and promote for future resourcing of the social care sector.

7.6 Accessing Social Care

7.6.1 Members discussed how people access social care and it was noted that this was through a number of routes including via hospital, through a police concern or the local authority's customer service network. It was also noted that often people wanted more information around available services and that the triage of people looking to access services could be improved.

7.6.2 This was further supported by providers who reported that one of the key issues for social care involved the initial access to care being difficult for people as they didn't understand how to navigate the system and were unsure as to what exactly they needed to do. It was acknowledged that there was more work to do with the awareness and accessibility of the 'front door' to adult social care.

7.6.3 As the report has identified already often people's first contact with adult social care is at a time of enforced change in their lifestyle or a time of crisis and is unplanned and unprepared for. Members highlighted that it was important that we get the first engagement opportunity right and that a well-functioning single point of access would reduce people becoming 'lost' in the system.

7.6.4 As well as accessing services the working group also heard of issues with the discharge of patients from hospital. How and when people are discharged from hospital is of crucial importance. Discharging people too early or without the necessary support in place can be unsafe and increase the risk of readmission. While a delayed discharge can run the increased risk of hospital-acquired infections.

7.6.5 Members were made aware, by providers, that there was a disconnect between social care and NHS discharge when making arrangements to get people back into their communities. Those present at the session acknowledged the need for a more centralised system with a single point of access between social care and the NHS. Carers informed the group that there was a lot of work involved in preparing care packages for discharging patients that was often wasted. Providers highlighted that improved coordination between the two sectors was essential.

7.6.6 Members were also made aware of these types of issues in relation to hospital discharges, from their visit to Farmborough Court, where patients were reported to arrive with medical discharge notes that were not an accurate assessment of their needs. It was further highlighted that there remained an issue with patients being wrongly assessed and discharged from a hospital setting that often required re-admittance to hospital.

7.6.7 Clearly this is an important part of the process and Members were informed that there was a fine line between good information sharing and hospital discharge, and that ongoing discussions were taking place about the information shared and the accuracy of this information. Currently there is a short-term fix of getting people out of hospital due to the pressure on beds. However, services are working towards a long-term strategy of bed modelling based on fact and turnover of beds.

7.7 Technology in Social Care

7.7.1 When we are considering digital technology there is no universal definition across health and social care. Some digital technologies are already proven, and embedded in the health and social care sector, including email or electronic record keeping. These technologies will continue to play an important role throughout the sector in the future but Members also looked at many of the technological innovations that are enabling social care in Sunderland.

7.7.2 Adult Social Care is facing many challenges as a result of a range of issues, some of which have already been highlighted, including the increased demand for support, complexity of service users needs, policy and legislation, recovery from the pandemic, recruitment and retention, cost of living, an ageing population and digital targets for providers.

7.7.3 Members noted that technology has a place in supporting adult social care to address some of these challenges, but this too comes with some issues that require careful consideration including connectivity, reliability, affordability, scalability, consent, skills and ability.

7.7.4 The working group heard from officers on how Sunderland was one of the leading authorities in terms of assistive technologies and the partnership with BAI through the Smart City Connectivity Programme would provide assurances around some of the key challenges related to connectivity and stability of the technology.

7.7.5 Members heard about the Lilli and Guardian Pilot Schemes which provide non-intrusive monitoring to identify changes in health conditions of individuals for carers, family and health practitioners to monitor. This will provide valuable data to learn from and look at how this technology can be used on a greater scale across the city. Members also heard of the potential to use Alexa devices to manage medication remotely through the management of behaviours and routines and this was currently being looked into.

7.7.6 Members were interested in this utilisation of Alexa devices and queried if these would be provided for service users either free of charge or at a reduced price and what the ongoing running costs would be? Also, would there be financial support to have broadband installed into the homes of service users who don't have it, or are unable to afford it?

7.7.7 Members were informed that the authority was looking at the costs around this and as equipment is provided free at the point of prescription it would be provided free if the customer did not have an Alexa of their own. There would also be a monthly fee of £9.50 for the basic Alexa package or £14.50 per month for the enhanced package which includes skills + wi-fi costs. The local authority was also looking at how to utilise Direct Payments for the installation of broadband and the monthly fee

for customers who do not have it and would struggle to afford it. The normal charging and financial assessment policy would apply in these cases.

- 7.7.8 RITA (Reminiscence Interactive Therapy Activities) has now been rolled out into 16 care homes across Sunderland, and Members saw this in use during their visits. Members asked how AI (artificial intelligence) could revolutionise this type of technology, and it was noted that the RITA programme already works in this way by learning a person's normal behaviour through interaction. This technology was to be rolled out to more care homes and user guides developed for participating homes. Also, the Leechmere Smart House was planned to be open in June 2023, with Members of the working group looking to visit the house once it is open.
- 7.7.9 The working group also noted that digital social care records were now live with the Great North Care Record in Sunderland, which looks to share the various health records with partners. The local authority was also looking at how to improve the use of the data it collects to better target resources and improve interventions for customers. Members also expressed some concern about the sharing of health records across various organisations and the variance in the quality and format (digital/paper etc.) of information available. Also, Government is encouraging all care homes to have digital social care records for residents, this remains a mixed bag and the local authority continues to support care homes across Sunderland to access funding to digitise its care records. Farmborough Court was also working with suppliers in integrating all of its systems to provide a single dashboard instead of having multiple dashboards for each system.
- 7.7.10 The local authority is also currently reviewing the advice and guidance offer across the city with user surveys going to all customers. As well as, looking to restructure the 'front door' for adult social care to provide a more multi-disciplinary team approach. Having customer and professional portals was acknowledged as a way of managing types of demand on the service. Although it was important to note that the portal did not accept anonymous referrals and there were other channels for this and also for safeguarding issues. The financial assessment portal had seen a 40% take-up in Sunderland. Through traditional methods it was possible to undertake around eight assessments a day but via the digital platform this could increase to around 20 a day. Although it was noted that it was not the intention to push every customer down a digital route and replace other methods. It was more about providing a digital option for those customers that it would suit.
- 7.7.11 The use of automated telephony apps was also being employed across Sunderland to support demand management, seek customer feedback and ensure safety. For instance, Members heard that community equipment customers receive a call every three months to see if the equipment is still required or can be collected and re-used. This also has saved Sunderland Care and Support approximately £200,000 in the first year of operation.
- 7.7.12 Members also enquired if service users would be able to access ongoing 24/7 support via low tech methods e.g., telephones with a real person on the other end. As customer service calls can often be complicated and protracted such as 'press a button to choose an option' with vague categories to select from, which can be challenging for many of our service users. Officers confirmed that this would be the case.

- 7.7.13 Following up on this Members also enquired as to what training plans there would be to instruct service users in new technologies, ensuring that no one is left behind or slips through the net. Also, will ongoing checks be made to ensure service users remain 'skilled up' as regard the technology used.
- 7.7.14 Members were informed that the local authority was engaging with a VCS organisation who specialised in training on the use of devices for those customers who would require support and this would be part of the installation process. All customers who were issued with equipment would receive an automated call every 3 months to check they still required the equipment/device, that it still worked, that it still met their needs. If a customer responds with a no to any of these checks they would then be contacted by adult social care to either pick up the equipment, resolve the issue or address any additional concerns.
- 7.7.15 The working group did seek further assurances around when people are asked if they understood something, people invariably respond with 'yes' even when they don't. What would be in place to ensure this does not happen? It was noted that there were a range of reports available from all devices and tech that supported officers and healthcare professionals to identify if there were any issues in the use of devices, sensors etc. This alongside the check-in calls and training would mitigate this situation. Importantly families were also engaged in the process and encouraged to support or report any issues as they arise.

7.8 Legislation and Funding of Adult Social Care

- 7.8.1 Publicly funded adult social care is mainly financed through local government revenue. Net local authority expenditure on adult social care in 2021/22 was £19 billion. It was also planned that £2.6 billion from the Better Care Fund would be spent on social care services in 2021/22.
- 7.8.2 There are many funding pressures on adult social care many of which have been outlined throughout this review including, an ageing population, pressures on local government finances, increases in the national living wage and increasingly complexed care needs. These funding pressures can contribute to a number of issues in adult social care including, un-met care needs, delays to accessing support and workforce pressures.
- 7.8.3 Further funding to the adult social care sector has been provided to the sector from 2016/17, in short-term ring-fenced grants. Funding has also been given through the improved Better Care Fund and local authorities have been given the power to raise additional revenue locally through council tax, known as the social care precept.
- 7.8.4 The Government also announced, in September 2021, that £5.4 billion revenue from a new Health and Social Care Levy would be used to fund adult social care reforms in England between 2022/23 and 2024/25. However, in September 2022, the Government announced the cancellation of the health and Social Care Levy and charging reforms would be delayed by two years.
- 7.8.5 In its Autumn Statement 2022, the Government pledged that it would make available up to £2.8 billion in 2023/24 and £4.7 billion in 2024/25 to help support adult social care and hospital discharge. This included new grant funding and permitting local authorities to increase their adult social care precept by up to 2% per year in 2023/24 and 2024/25.

- 7.8.6 Members in discussion with the Director of Adult Services noted that, as outlined above, in terms of legislation around social care that all major reforms have now been delayed and will next be considered during the next Parliament following the General Election. Members acknowledged that this does create an amount of uncertainty as any changes in the political make-up in Westminster will have implications for any forthcoming legislation. Therefore, the funding and reforms aspect of social care remain very uncertain at this time.
- 7.8.7 Members were also informed that the Adult Social Care Directorate of the Council would now be rated by the Care Quality Commission and receive a social care rating based on that inspection.

8 Conclusions

The Committee made the following overall conclusions: -

- 8.1 Adult social care is not easily defined purely because of the range of activities and support it encompasses. It is, though, of vital importance in providing support, independence and dignity to a wide range of people of differing ages and backgrounds. Also, in a society where the age of the population is increasing and care needs are rising in their complexity, social care is becoming more and more important as well as being in ever greater demand.
- 8.2 The Covid-19 pandemic has challenged every aspect of life not only in Sunderland or the U.K. but globally and this is especially so in the health and social care sectors. Life changed for everyone at the height of the pandemic, but it is fair to say that for some these effects were far greater. People from deprived areas, older or with a disability were certainly more vulnerable to infection, social isolation, poverty and generally poorer outcomes. The pandemic has certainly highlighted the value of the care sector and the challenges for those living and working within it.
- 8.3 Recruitment and retention of staff within the social care sector has been a significant issue for a number of years. The working group heard on numerous occasions of how recruitment and retention was the fundamental challenge in the sector, and this has only been compounded by the impacts of the Covid-19 pandemic and the current cost of living crisis. With rising costs for food, fuel and heating both employees and employers are experiencing challenges in the social care market. Sunderland City Council continues to be a living wage employer and remains comparable with the fees paid across the marketplace. There does however remain the constant financial challenge to be competitive in the marketplace and the local authority remains focused on ensuring its offer to social care employees is fair.
- 8.4 The social care sector can offer a wide and varied career pathway with differing roles and opportunities to forge a worthwhile career in. However, the majority of people are relatively unaware of the opportunities that exist. A positive regular recruitment drive, showcasing the variety of roles, opportunities and career progression within social care would help in terms of recruiting within Sunderland and would be welcomed by providers. As social care work can be rewarding and challenging in equal measure it does mean that not everyone is suited to work in this area. Therefore, in terms of ensuring a higher degree of retention it may also be

worth exploring the potential for providing 'taster sessions' that would help to match the skillsets of people to suitable roles.

- 8.5 There was a clear feeling when discussing social care work with providers that it was not seen in the same light as the NHS. Clearly the NHS is rightly held in high regard across the country and there are very few people who will not have had experiences of the NHS. This is perhaps not so with social care as it often encountered at a time of crisis, through a change in an individuals health or at an elderly age. There is perhaps an opportunity to redress and enhance this through regularly promoting positive experiences of social care in Sunderland through local authority media channels.
- 8.6 The perception of social care also ties heavily into this and clearly it is often only the extremes of social care that are reported in the news when things have gone wrong. Members during the various visits encountered services that were modern, vibrant and fit for purpose and certainly dismissed any pre-conceived notions about social care and living in supported accommodation. The opportunity to learn more about social care services across Sunderland for Elected Members could help to remove any misconceptions about social care and promote services further.
- 8.7 Promoting and fostering the care workforce in Sunderland is very important and the report highlights a number of initiatives including the development of a care academy In North Tyneside to promote the career prospects in social care. Members believed it would be useful to explore the possibilities of a similar care academy in Sunderland with the involvement of key organisations to further promote and develop the care workforce in Sunderland.
- 8.8 The working group also recognised the difficulties many people encounter in accessing and navigating the social care system. Unlike other health services which people are very familiar with, social care is often only required at a time of crisis or when health issues dictate. It is therefore important to consider how we can develop awareness and accessibility of the 'front door' to adult social care. Getting that initial engagement opportunity right is extremely important and this can be achieved through a well-functioning single point of access. This could also reduce the chances of people who need support and care from becoming 'lost' in the system.
- 8.9 Also in speaking with providers there still remains an issue with hospital discharges into social care and the information that comes with the individual. Members of the working group were informed that often the information was inaccurate and additional assessments were required to ensure the correct support was provided. While the working group acknowledges the pressures on hospital beds it is important that the handover of patients is seamless and that social care providers are given accurate information relating to the people who access their care. The working group did acknowledge that further work was being undertaken in terms of a long-term strategy and solution to this issue.
- 8.10 Sunderland City Council understands that technology has an important role to play in supporting individuals to make the right choices for their care. Technology can help social care professionals to see that people are accessing the right care and provide speedier access to medical records. Technology can complement, but not replace, personal care. It has the potential to transform people's lives, keep them independent for longer and achieve better value for money. Assisted technology

can also be put into homes to support people to live independently in their homes for longer.

- 8.11 It is difficult to predict with any degree of accuracy what will happen with forthcoming legislation as this will not come forward until the next parliament following a general election. Obviously dependent on who is in power will have a significant bearing on future adult social care legislation and any associated funding implications. Further legislation and action are required to tackle the issues around pay, affordable care, recruitment and retention. Whoever is in Government will need to address many of the challenges facing adult social care services both in the short-term and for the future.
- 8.12 Adult social care is of vital importance in society it allows people to live with independence and dignity. Members witnessed care workers who had immense pride in their work, and this was reflected throughout the services visited. Social care is not about keeping people locked away. It is about enabling those people to live their lives in the best way possible. Everyone has a part to play in making a community and Members experienced some amazing care schemes that resonate with this ideal. Social care has many challenges that only significant support from Government and legislation can hope to address. Sunderland strives to achieve all it can in social care within the current financial and legislative frameworks and remains focused on improvement for both service providers and users alike.

9 Recommendations

- 9.1 The Health and Wellbeing Scrutiny Committee has taken evidence from a variety of sources to assist in the formulation of a balanced range of recommendations. The Committee's recommendations to Cabinet are: -
- a) That the Council engages with regional colleagues to learn from their experiences of raising the profile of the social care workforce in order to enhance its own promotional activity in this area and in relation to careers in care. Links remain in place to regional and national approaches that are led by the Association of Directors of Adult Social Services (ADASS). As part of this work, the Council will actively promote good news stories, staffing opportunities and positive employee and service user experiences across the variety of its media outlets including social media channels and correspondence to local residents;
 - b) That the Council continues to develop and build relationships with educational partners such as Sunderland College to influence and target young people at the earliest opportunity, to promote careers in social care;
 - c) That the Council considers the health and wellbeing of the social care workforce in the same context as it does for adult social care staff who are directly employed by the Council.
 - d) That through the refreshed Area Arrangements stronger links are made with social care at a neighbourhood level. This will enable Members to become more familiar with the social care offer within their local communities and allow them the opportunity to become champions of the sector and promote the career opportunities that exist within their local provider markets; In addition members will be able to use their insight to inform future service developments.

- f) That work is progressed in relation to establishing the new Front Door to adult services and the implementation of the neighbourhood approach to social work. This will improve awareness of and accessibility to adult social care, including the provision of information and advice;
- g) That discussions and joint working with ICB colleagues continues in relation to reducing the number of people admitted to hospital and supporting those who do require a hospital stay, to return home on discharge with the appropriate care and support, if required;
- h) That the Council acknowledges the valued role that informal carers have in relation to those being cared for but also the wider positive impact they have on the health and social care system and successfully implements the vision and priorities as set out in the Council's Carers Strategy 2022-2027.
- i) That the Council fully embraces the Assistive Technology agenda in social care and actively grows areas of the social care market such as Shared Lives and the use of Direct Payments for Personal Assistants or other personalised support options. This will alleviate some pressure on the home care market and enable people to have choice over how their care and support needs are met.

10. Acknowledgements

10.1 The Committee is grateful to all those who have presented evidence during the course of our review. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from the below named individuals and organisations:

- a) Graham King – Director of Adult Services, Sunderland City Council & Chief operating Officer Sunderland Care and Support;
- b) Ann Dingwall – Head of Commissioning and Market Oversight, Sunderland City Council & Deputy Chief Operating Officer, Sunderland Care and Support
- c) Julie Lynn – Head of Business Development, Sunderland City Council
- d) Emma Anderson – Head of Therapies, Sunderland City Council & Deputy Chief Operating Officer, Sunderland Care and Support Ltd
- e) David McGee – Housing21, Extra Care Service
- f) Nicole Donoghue – Comfort Call, Home Care Agency
- g) Sarah Cornell – Comfort Call, Home Care Agency
- h) Philip Longmore – Thorncliffe Care, Home Care Agency
- i) Coleen Purvis – Thorncliffe House, Older person's Care Home
- j) Ruth Pope – Azure, Adults with disabilities Care Home
- k) Julie Coxon – Sunderland Care and Support Ltd
- l) Peter Oliver – Sunderland Care and Support Ltd
- m) Verity Burnett – Sunderland Care and Support Ltd
- n) Derek Dance – Sunderland Care and Support Ltd
- o) Faye Gregory-Smith – Sunderland Care and Support Ltd

10. Glossary of Terms

ADASS -	Association of Directors of Adult Social Services.
AI -	Artificial Intelligence.
Better Care Fund -	Supports local systems to deliver the integration of health and social care that supports person-centred care, sustainability and better outcomes for people and carers.
CQC -	Care Quality Commission.
DBS -	Disclosure and Barring Service.
DHSC -	Department of Health and Social Care.
Domiciliary Care -	a range of services provided to support a person in their own home.
LILLI Scheme -	Proactive monitoring technology that allows vulnerable people to live independently, safely and happily within their home.
NHS -	National Health Service.
RITA -	Rehabilitation and Interactive Therapy Activities.
Reablement -	Support to help people to retain or regain their skills and confidence so they can learn to manage again after a period of illness.
Shared Lives -	Offers people who require care and support the opportunity to live independently in the community and can be an alternative to living in a care home, housing with care or housing with support.
Supported Living -	Housing where support and/or care services are provided to help people to live as independently as possible.
VCS -	Voluntary and Community Sector

11. Background Papers

11.1 The following background papers were consulted or referred to in the preparation of this report:

Beyond Covid: New thinking on the future of adult social care – Social Care Institute for Excellence (September 2020)

Fractured and forgotten? The social care provider market in England – Natasha Curry and Camille Oung (The Nuffield Trust – April 2021)

Key Adult Social Care Legislation – Social Care Institute of Excellence (December 2020)

Quitting the social work register – Mithran Samuel (Community Care March 2023)

Raising the profile of good care – Karen Dooley (Department of Health and Social Care November 2013)

Recruitment and retention in adult social care; a qualitative study – Migration Advisory Committee (July 2022)

The ‘front door’ to adult social care – Auditor General for Wales (Social Care Institute for Excellence – 2019)

What is social care and how does it work – The Kings Fund (May 2017)

What's your problem, social care? The eight key areas for reform – Simon Bottery
(The Kings Fund November 2019)

Appendices

Health and Wellbeing Scrutiny Committee
Task and Finish Working Group: Challenges of Social Care in Sunderland
Visit to Sunderland Care and Support Services – 23 February 2023

In attendance: Cllrs Chisnall and Bond

Farmborough Court

Farmborough Court is an Intermediate Care Centre which provides accommodation for adults who are recovering from illness or injury and would benefit from a short period of rehabilitation to help them get back on their feet. The service is provided free of charge for a period of up to six weeks. During the stay, the Care Team, which could include Occupational Therapists, Physiotherapists, and Social Workers will work with the person to help them regain skills and confidence before supporting them to return home.

Admission to Farmborough Court can be arranged by a GP, Social Worker, Nurse, or Therapist in the hospital or the community.

Some of the key points highlighted during the visit were as follows:

There is a constant flow of professionals interacting with patients evaluating their wellbeing and developing their care package for returning home.

There are multi-disciplinary team meetings which assess all patients for their future care needs.

GP's who attend Farmborough Court are from the Bunnyhill Practice which the centre has a contract with, when the patient moves back home, they are put back in the care of their own GP with notes forwarded on.

There are sometimes issues with hospital discharges as patients arrive at the centre and their notes are not an accurate assessment of their needs.

Farmborough Court will build a picture of the patients' needs from their own in-house assessments. This is via weekly meetings, as outlined previously, which provides a plan of care aimed at the best outcomes for the patient.

There is a constant demand for this resource.

The centre has a 55-bed capacity and is currently working at around 50% - mostly down to staffing issues. It was noted that the centre changed its model of care during the height of the pandemic.

Recruitment is always advertised locally and do receive a lot of applications from student population. Although it was acknowledged that it was difficult to recruit good young people.

Training is approximately 25hrs in total and conducted at the Council's Leechmere site. Further training can be done on site with some staff also able to carry out training.

In terms of losing staff this had previously been around 70% to other care providers however this has now changed and most move to NHS or other professions outside of the care sector. Driving force is predominately financial.

The biggest barriers to recruitment and retention are pay and health and wellbeing.

The centre has approximately 55 staff members on a rota system.

At any given time, there is usually a team leader, senior staff (2) and support workers (2) on site.

It was also noted that the centre received patient referrals from outside of Sunderland mostly from Durham and Newcastle.

The centre is funded through the Council and ICB funding.

There remains an issue with patients being wrongly assessed and discharged from the hospital setting that often end up back in hospital.

The centre aims to be fully staffed and undertake a refurbishment of the various wings to a high-end standard.

Hepburn Grove and Cheshire Avenue

Both Hepburn Grove and Cheshire Avenue were examples of the Supported Living Services which aims to take a holistic approach to supporting adults with a learning disability, mental health need or physical disability to achieve and maintain community living independently within their own home or tenancy.

Working in partnership with registered social landlords and health professionals, Sunderland Care and Support have been able to design and provide a wide variety of supported living options across the City which meet the customer requirements.

Sunderland Care and Support are committed to working with each individual customer enabling individuals to access accommodation which is a genuine alternative to traditional residential care. Supported Living Services offer a wide range of support which is innovative, creative and personalised around their own identified needs.

Sunderland Care and Support offer a highly motivated, keen and dedicated team of support workers who via the designed individualised care pathway, assist customers with their day-to-day living promoting self-reliance, independence and personal wellbeing inspiring each person to reach their full potential and live their life in line with their own personal choices.

Both schemes were exceptionally well run and provided a stable environment for the residents. The Cheshire Avenue properties were of particular interest as they provided accommodation for clients who had effectively spent a large amount of time in hospital. The Transforming Care Fund had provided the opportunity to bring Sunderland residents back into the community from a long-term hospital setting.

Members were impressed with the service provided at both schemes visited and acknowledged the importance of such schemes to help support people to live in the community or help integrate people back into a community setting.

Health and Wellbeing Scrutiny Committee
Task and Finish Working Group: Challenges of Social Care in Sunderland
Visit to Housing21 – 2 March 2023
In attendance: Cllr Bond

Housing 21

Housing 21 are a leading non-profit-making housing and care provider for older people. Housing 21 were established in 1964 and they now own or manage over 19,000 retirement and extra care apartments and bungalows across England as well as being one of the largest providers of home care services. Housing 21 are a registered social landlord with charitable status.

Gildacre Fields & Bardolph Drive

Gildacre Fields is a 31 one bedroom and 69 two bedroom apartment building providing extra care living. Extra Care properties, allow residents to continue to live independently, but with on-site Care Workers to help if and when needed. Gildacre Fields also have a range of communal facilities, which included a café/bistro, lounge, hair salon and gardens. You may currently be living as a couple where only one of you requires care. Residents can also have pets.

Bardolph Drive comprises of 30 two bedroom bungalows and offers a retirement living opportunity to live independently within your own property but with the added benefit of an on-site Court Manager during the week. Residents enjoy the benefit of communal facilities, such as a shared lounge and gardens, and there is the chance to enjoy being part of a wider community with your neighbours. Again residents can live on their own or as a couple and bring pets too. A key element of the service is the on-site Court Manager who is there to ensure day to day life at the court runs smoothly.

Some of the key points highlighted during the visit were as follows:

Average age of residents is 70 and residents must be of a minimum of 55 years old to reside here.

Carers are on site 24/7.

Key pressures and challenges remain the rising utility costs which impact on residents service charges and the recruitment and retention of staff.

Gildacres Field has 4 communal lounges.

There are gardens which residents are welcome to look after and develop.

There are also laundry facilities, scooter store and also a guest room for visiting family and friends which is priced at £20 a night.

There are regular outings, trips and live entertainment during the week for residents.

Residents are allowed to smoke in their own homes but not in internal communal areas.

Housing21 also engage with residents before undertaking any major works.

There are regular residents meetings to allow residents to discuss issues and also for staff to keep residents informed of developments and news relating to the property and scheme.

Springtide Cove

A smaller property than Gildacre Fields and more typical of the properties that Housing21 operate.

Springtide Cove has 53 apartments over three floors with a mixture of one and two bedroom apartments.

There are 27 rented apartments and 26 leasehold apartments.

There is a communal lounge and communal garden and regular activities and outings in a similar vein to Springtide Cove.

There is a communal aerial system which allows apartments to sign up to satellite services if residents want to.

There is also a guest wi-fi located in the communal lounge.

Health and Wellbeing Scrutiny Committee
Task and Finish Working Group: Challenges of Social Care in Sunderland
Visit to Thorncliffe Care Home – 6 March 2023
In attendance: Cllr Ayre

Thorncliffe

Thorncliffe House provides a team with extensive experience of dealing with vulnerable elderly people with a range of different challenges. They provide 24-hour care in an environment that genuinely feels like a home.

Some of the key points highlighted during the visit were as follows:

Thorncliffe is aligned with Ashburn Medical Centre and all residents are seen every 2 weeks by GP's or nurse practitioners and they are part of the multi-disciplinary team at the home.

At Thorncliffe the Manager, Deputy Manager and Senior Lead are on call 24/7 and look to eliminate delays by being available to accept new residents.

All residents are 65years and over.

The home has 21 single occupancy bedrooms.

In terms of staff training this is often done in-house, and the home has champions for Oral Health and Infection Control.

The local NHS Trust provide the training, and this is provided free.

There are 27 E-Learning modules.

In terms of recruitment and retention it was noted that the home had lost staff because of standards required.

The home is currently full staffed.

Also, in terms of staff retention it was felt that NHS recruitment campaigns outshone social care campaigns.

NHS also often offer more prospects, more money and less hours as compared with social care.

In terms of what could improve the following was identified:

- Recognition for staff
- Recruitment Campaigns/Drives
- Better understanding in terms of the reality of the job
- Provide work experience to highlight the work environment
- Work placement opportunities for schools.

The pandemic was very hard for Thorncliffe which saw the home operating on a skeleton staff due to infections and saw 10 deaths in 10 days.

It was noted that Thorncliffe received good support from families and the Local Authority.

The pandemic was a huge learning curve for care staff and new measures are now in place particularly around infection control.

There is the possibility for staff progression to Senior Leads within the home.

It was also noted that Elected Members should see some of the excellent work done in the social care sphere.

Health and Wellbeing Scrutiny Committee
Task and Finish Working Group: Challenges of Social Care in Sunderland
Visit to Sunderland Care and Support Schemes – 21 March 2023
In attendance: Cllr Chisnall

Grindon Lane

Grindon Short Break Service is a purpose-built residential service providing short breaks (respite) for up to ten people with a range of different needs. The service specialises in the provision of services relating to accommodation for persons who require nursing or personal care, caring for children (0 - 18yrs) and physical disabilities.

Some of the key points highlighted during the visit were as follows:

The service is available for anyone aged 18 years and over. Although it was noted that they do offer a tailored transition service, in conjunction with TfC, too for those aged 16-17 years old. The service will work with TfC to identify those young people moving to adult social care and help to facilitate a seamless move.

Grindon Lane does attract a diverse range of people and age ranges, so the service does look to arrange similar age groups to be booked in at the same time.

The service operates with 10 bedrooms.

The service operates 365 days a year and currently has approximately 70 nights of capacity remaining. The majority of stays are for 5-7 nights but this is dependent on individual care packages.

Currently there are 130 people accessing the service and there is capacity for a further individual.

Staff training consists of mandatory courses, bespoke training specific to the needs of the service and training for staff development. Grindon Lane understands the value of staff and looks to invest in their development.

It was noted that staff supported people's social and emotional wellbeing and there was a joint approach to the planning of safe activities within the service and within the local community.

Also new people to the service were supported through a number of ways to phase them into using the service. This included tours of the building, coming for a meal etc.

Grindon Mews

Grindon Mews is a short break centre for respite care. People receive accommodation and nursing or personal care as a single package under one contractual agreement.

Grindon Mews accommodates up to six adults with complex physical and multiple learning disabilities in one purpose-built building.

There are no waiting lists for this facility.

It operates in a very similar manner to Grindon Lane.

The service will take people from outside of the Sunderland area but the priority remains to provide the service for residents of Sunderland.

Services are also available on a daily/hourly basis including sensory rooms and specialist bathing equipment.

St Clement's Court

St Clement's Court is a supported living scheme that provides a holistic approach to supporting adults with a learning disability, mental health need or physical disability to achieve and maintain community living independently within their own home tenancy.

St Clement's Court provides 17 self-contained apartments provided by Auckland Home Solutions.

The scheme has 15 staff members with a rota providing 24/7 support. Generally there are five members of staff on at any one time, apart from during the night when this reduces down to one.

Referral pathways are through the housing company and in conjunction with the local authority.

The site works with a mix of care and support staff employed by the local authority company and agency staff.

It was noted that agency staff are paid more than regular staff and this can be a barrier to some staff applying for full-time vacancies within the care and support team.

Staff are trained and invested in, and it is important not to lose this experience and investment but it does remain a challenge.

Villette Lodge

Villette Lodge is an assessment and re-enablement service. It provides care and support for up to 6 people with learning disabilities or autistic spectrum disorder.

The service has 24 staff providing 24/7 support.

Regular training was provided for staff to provide the required skills.

People at Villette Lodge were involved, with relatives, in the development of their own care plans which provided detailed information around the care they needed, and it was to be provided.

There was also access to various healthcare professionals including visits to their GP, dentist and opticians. In addition, people were also supported to attend any hospital or specialist appointments as required.

The aim was to provide a 6-week pathway but this was not always achievable with each individual case being treated on its own merits and people only being moved into the community once staff were satisfied with their progress.

The demand for this type of facility outweighed the capacity.

ANNUAL WORK PROGRAMME 2023/24**REPORT OF THE SCRUTINY AND MEMBERS' SUPPORT
COORDINATOR****1. Purpose of the Report**

- 1.1 The purpose of the report is to consider and agree a work programme for the Committee for the municipal year 2023/24.

2. Background

- 2.1 The work programme is designed to set out the key issues to be addressed by the Committee during the year and provide it with a timetable of work. The Committee itself is responsible for setting its own work programme, subject to the coordinating role of the Scrutiny Coordinating Committee.
- 2.2 To be most effective, the work programme should provide a basis and framework for the work of the Committee, while retaining sufficient flexibility to respond to any important issues that emerge during the course of the year. The work programme is therefore intended to be a working document that the Committee can develop and refer to throughout the year.
- 2.3 In order to ensure that the Committee is able to undertake all of its business and respond to emerging issues, there will be scope for additional meetings or visits not detailed in the work programme.
- 2.4 The remit of the Health and Wellbeing Scrutiny Committee covers the following:-
- Any matter relating to the service performance, service provision and the commissioning of health services for adults and children including adult social care, mental health services, public health, wellness, decent homes. To act as the designated scrutiny committee for statutory purposes for health.*
- 2.5 The work programme should reflect the remit of the Committee and the need to balance its responsibility for undertaking scrutiny, performance management and policy review (where necessary).
- 2.6 The work programme should also reflect and be aligned to the key priorities of the Council as set out in documents such as the City Plan and issues raised during the Health and Wellbeing development session held on 6 June 2023.

3. DETERMINING THE SCRUTINY WORK PROGRAMME

- 3.1 Topics for inclusion in the Scrutiny Work Programme will vary from single issue items for consideration such as policy and performance reports through to regular updates on issues where the committee have adopted a more focused monitoring role.

- 3.2 The table below summarises the relevant single item issues which are likely to be a regular feature of the work programme for 2023/24. The table also summarises a number of issues and topics that members of the committee have discussed at its recent development session. These items will be programmed into the work programme at relevant dates in discussion with the appropriate officers.

Regular Work Programme Items	
Health and Wellbeing Scrutiny Committee Work Programme <i>(Monthly)</i>	To receive the committee's work programme outlining future meetings of the committee and the items scheduled for those meetings.
28 Day Notice of Key Decisions <i>(Monthly)</i>	To consider the Council's 28 Day Notice of Key Decisions which contains matters which are likely to be the subject of a key decision to be taken by the executive, a committee of the executive, individual members of the executive, officers, area committees or under joint arrangements in the course of the discharge of an executive function during the period covered by the plan.
Single Item (Items to be scheduled when dates known)	
Director of Public Health Annual Report <i>(Sunderland City Council)</i>	The DPH Annual Report provides a good overview of key issues, challenges and achievements in terms of public health. Potential to provide further areas of interest for the committee.
Pharmaceutical Needs Assessment Update <i>(Sunderland City Council)</i>	To provide an update on the current situation in relation to pharmacies across Sunderland including accessibility and developments around guidance.
Suicide Prevention <i>(Sunderland City Council)</i>	Update on progress in relation to the Suicide Prevention Action Plan. Look to consider alongside MH Strategy Update from ICB.
Children and Young People's MH Services <i>(Sunderland ICB/CNTW)</i>	A look at waiting times across the service including in relation to access to neurodevelopmental services.
Winter Planning <i>(ATB/ICB)</i>	An overview of the plans and preparations being made for the coming winter period.
Elective & Diagnostic Backlogs <i>(NHS Foundation Trust)</i>	Progress on the recovery of elective surgery and diagnostic services including waiting times,

	patient numbers and staffing pressures.
NHS Foundation Trust CQC Inspection Action Plan (NHS Foundation Trust)	Following the recent CQC inspection and update on the work being done to address the key areas for improvement within the CQC inspection report.
Recruitment in the NHS (NHS Foundation Trust)	A look at the work being done with Sunderland College in relation to recruitment for the Foundation Trust.
Dental Services Update (NHS Improvement)	An update on the current situation in relation to dental services in Sunderland including access to NHS dentists.
New Health Legislation (Sunderland City Council)	To provide details on emerging health legislation including the implications for Health Scrutiny.
Sunderland Safeguarding Adults Board and Sunderland Care and Support Annual Reports (Sunderland City Council)	To receive the annual reports from both SSAB and Sunderland Care and Support at the appropriate juncture.
Substantial Variations to Health Services	Substantial variations to health services will be presented to the Committee as such issues emerge.
North East Ambulance Service – Update (NEAS)	An update from NEAS on overall performance of the service in North East and in particular Sunderland.
Alcohol Strategy (Sunderland City Council)	An update to map the progress and any changes that have taken place as a result of the Alcohol Strategy.
Oral Health Improvement (Sunderland City Council)	A look at the development of a new strategy in terms of oral health improvement for the City.
Potential Task and Finish Work Topics	
Teenage Pregnancy (Sunderland City Council)	Reducing teenage pregnancy rates has been a relative success in Sunderland over recent years, however rates are rising again. There is the opportunity for a working group to look more in-depth at this issue to understand the reasons and if the strategy needs to be updated to reflect any issues identified.

Integrated Services (<i>Sunderland City Council</i>)	To look at how to effectively integrate health, care, public health and housing services to provide a more holistic approach which focuses on the effective working at the neighbourhood level. This would include exploring discharge and admission prevention from hospitals that supports people with medical conditions.
Gambling Impacts	Following publication of the Director of Public Health's Annual Report there is an opportunity to further investigate gambling related harms in City and what work is being undertaken to support those most susceptible.
Trauma Informed City	To explore and understand what a Trauma Informed City is, the benefits to residents, communities and organisations.
Living Independently in Sunderland	To look at current how we support people to live independently in Sunderland. How do we move from a position of dependence on residential care and increase options for living independently.

3.3 A draft Scrutiny Work Programme for 2023/24 is attached as **Appendix 1**, which following discussions with the Committee and officers will see the work programme populated further.

3.4 It should be noted that the work programme is a 'living' document and can be amended throughout the course of the municipal year. Any Elected Member can add an item of business to an agenda for consideration (Protocol 1 within the Overview and Scrutiny Handbook outlines this process).

3.5 It should also be noted that in terms of task and finish working we will look to run groups successively to manage member and officer capacity and ensure that each working group is completed prior to starting any further groups.

4. Recommendations

4.1 That the Health and Wellbeing Scrutiny Committee consider the range of topics and issues in the development of the work programme for 2023/24, including task and finish topics, and incorporates emerging issues as and when they arise throughout the forthcoming year.

5. Background Papers

5.1 Scrutiny Agendas and Minutes

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HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME 2023-24

REASON FOR INCLUSION		4 JULY 23 D/L:23 JUNE 23	5 SEPTEMBER 23 D/L:25 AUGUST 23	3 OCTOBER 23 D/L: 22 SEPT 23	31 OCTOBER 23 D/L: 20 OCT 23	28 NOVEMBER 23 D/L: 17 NOV 23	16 JANUARY 24 D/L: 5 JAN 24	30 JANUARY 24 D/L: 19 JAN 24	27 FEBRUARY 24 D/L: 16 FEB 24	26 MARCH 24 D/L: 15 MAR 24
Policy Framework / Cabinet Referrals and Responses										
Scrutiny Business		Dental Services Update (NHS Improvement) Task and Finish Working Group Report (N Cummings) Determining the Scrutiny Work Programme (N Cummings)	Public Health – Annual Report (Gerry Taylor) South Tyneside & Sunderland NHS FT CQC Inspection Action Plan (NHS FT)	SSAB Annual Report (Sunderland Safeguarding Adults Board) Winter Planning (ATB/ICB)	ICB Sunderland Update (Scott Watson)	Elective and Diagnostic Backlog (NHS FT) Sunderland NHS FT work with college on recruitment in NHS (NHS FT)	MH Strategy Update incl. Community MH in the City (Sunderland ICB, Public Health) Suicide Prevention Update (Gerry Taylor)	Alcohol Strategy – Update also include Alcohol Care Team (Gerry Taylor, NHS FT) North East Ambulance Service Update (Mark Cotton)	Pharmaceutical Needs Assessment Update (Gerry Taylor) Oral Health Improvements – New Strategy (Gerry Taylor)	GP Access Update incl. pilot schemes (Sunderland ICB) Annual Report (Nigel Cummings)
Performance / Service Improvement										
Consultation/ Information & Awareness Raising		Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23

NOTICE OF KEY DECISIONS

REPORT OF THE SCRUTINY AND MEMBERS' SUPPORT COORDINATOR

1. PURPOSE OF THE REPORT

- 1.1 To provide Members with an opportunity to consider the items on the Executive's Notice of Key Decisions for the 28-day period from 14 June and 20 June 2023.

2. BACKGROUND INFORMATION

- 2.1 Holding the Executive to account is one of the main functions of Scrutiny. One of the ways that this can be achieved is by considering the forthcoming decisions of the Executive (as outlined in the Notice of Key Decisions) and deciding whether Scrutiny can add value in advance of the decision being made. This does not negate Non-Executive Members ability to call-in a decision after it has been made.
- 2.2 To this end, the most recent version of the Executive's Notice of Key Decisions is included on the agenda of this Committee. The Notice of Key Decisions for the 28-day period from 14 June and 20 June 2023 is attached marked **Appendix 1 & 2**.

3. CURRENT POSITION

- 3.1 In considering the Notice of Key Decisions, Members are asked to consider only those issues where the Scrutiny Committee could make a contribution which would add value prior to the decision being taken.
- 3.2 In the event of Members having any queries that cannot be dealt with directly in the meeting, a response will be sought from the relevant Directorate.

4. RECOMMENDATION

- 4.1 To consider the Executive's Notice of Key Decisions for the 28-day period from 14 June and 20 June 2023 at the Scrutiny Committee meeting.

5. BACKGROUND PAPERS

- Cabinet Agenda

Contact Officer : Nigel Cummings, Scrutiny Officer
07554 414 878
Nigel.cummings@sunderland.gov.uk

The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012

Notice is given of the following proposed Key Decisions (whether proposed to be taken in public or in private) and of Executive Decisions including key decisions) intended to be considered in a private meeting: -

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
221006/744	To approve in principle the establishment of a new police led Road Safety Partnership (Northumbria Road Safety Partnership) embracing the Northumbria Force Area.	Cabinet	Y	13 July 2023	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
230215/785	To approve the payment of financial assistance to a company in relation to the company's investment plans in Sunderland.	Cabinet	Y	13 July 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
210709/612	To authorise the Executive Director of City Development to deliver the Washington F-Pit Museum Heritage Visitor Centre and Albany Park Improvement project, including the procurement of consultants and contractors.	Cabinet	Y	13 July 2023	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
220207/690	To approve the sale of the former Alex Smiles site and to undertake required remedial works.	Cabinet	Y	13 July 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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220524/714	To agree to the grant of an option to sell property at Richmond Street, Sheepfolds, Sunderland.	Cabinet	Y	13 July 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
220712/722	To seek agreement to the proposed development strategy of the Council's Self and Custom Build Sites.	Cabinet	Y	13 July 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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220719/723	To seek approval for the acquisition of Property at Crowtree Road and to grant a lease of the former Crowtree Leisure Centre.	Cabinet	Y	7 September 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
221110/753	To seek approval for the Disposal of an Industrial Property in Washington.	Cabinet	Y	13 July 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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221130/756	To seek approval to procure a contractor and, enter into a build contract delivery of 55 nos. bungalows and apartments for over 55s at land at St Luke Road.	Cabinet	Y	13 July 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
230125/775	To receive a progress update in relation to the Housing Innovation and Construction Skills Academy and approve the proposed next steps.	Cabinet	Y	13 July 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
230130/777	To approve the Housing Delivery Investment Plan future strategic approach.	Cabinet	Y	13 July 2023	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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230130/778	To approve the funding arrangements for the New Sunderland Eye Infirmary on Riverside and the award of the agreements for the construction and letting of the scheme.	Cabinet	Y	13 July 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
230213/783	To make a decision relating to an exchange of land to facilitate to rebuild of St Patrick's RC Primary School (Ryhope).	Cabinet	Y	13 July 2023	N	Not applicable	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
230313/788	To seek approval of five Area Committee Area Plans for 2023-2026.	Cabinet	Y	13 July 2023	N	Not applicable	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
230428/799	To seek approval for Housing Strategy for Sunderland 2023 - 2030	Cabinet	Y	13 July 2023	N	N/A	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
230428/801	To agree proposals for partnership working with the Sunderland Voluntary Sector Alliance	Cabinet	Y	13 July 2023	N	N/A	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
230505/805	To seek approval to enter into a Development Funding Agreement (DFA) with Siglion Developments LLP ("Siglion") for the construction of a new play area, Lowry Rd, Seaburn	Cabinet	Y	13 July 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
230517/806	To agree the procurement of framework agreement(s) with Voluntary and Community Sector organisations for the delivery of household support and other services,	Cabinet	Y	13 July 2023	N	N/A	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
230518/807	To approve the Council contribution towards refurbishment works at Bowls Pavilion at King George V Playing Fields	Cabinet	Y	13 July 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
230522/808	To approve the adoption of revised Local Wildlife Site boundaries and designations	Cabinet	Y	September – December 2023	N	N/A	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
230522/809	To seek approval to award funding to Third Sector organisations providing social care related services.	Cabinet	Yes	13 July 2023	N	N/A	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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230522/810	To seek approval to vary the contract term of all contracts for the provision of Care and Support at Home for Adults aged 18 years and over by a period up to 24 months from the 30 th November 2023	Cabinet	Yes	13 July 2023	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 5 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
230523/811	To approve a scheme for Structural Maintenance of A182 Bridges (Phase 3).	Cabinet	Y	13 July 2023	N	N/A	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
230525/812	To agree to the extension of Public Health Services in Primary Care (Community Pharmacy)	Cabinet	Y	13 July 2023	N	N/A	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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230526/813	To commission the Child Vision Screening Programme	Cabinet	Y	13 July 2023	N	N/A	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
230531/814	Capital Programme First Review 2023/2024 (including Treasury Management)	Cabinet	Y	13 July 2023	N	N/A	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
230531/815	Revenue Budget First Review 2023/2024	Cabinet	Y	13 July 2023	N	N/A	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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230606/816	To approve the procurement of a contractor and award a contract to deliver bungalows to Cato Street	Cabinet	Y	13 July 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
230606/817	To approve the acquisition of the Sheiling to deliver five supported accommodation units	Cabinet	Y	13 July 2023	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
230608/818	To approve the commencement of a consultation process and the publication of statutory notices to increase Special Educational Needs school provision in Sunderland	Cabinet	Y	13 July 2023	N	NA	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
230608/819	Decision on the award of a grant to deliver additional play facilities	Cabinet	Y	13 July 2023	N	NA	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

Note; Some of the documents listed may not be available if they are subject to an exemption, prohibition or restriction on disclosure.

Further documents relevant to the matters to be decided can be submitted to the decision-maker. If you wish to request details of those documents (if any) as they become available, or to submit representations about a proposal to hold a meeting in private, you should contact Governance Services at the address below.

Subject to any prohibition or restriction on their disclosure, copies of documents submitted to the decision-maker can also be obtained from the Governance Services team City Hall, Plater Way, Sunderland, or by email to committees@sunderland.gov.uk

***Other documents relevant to the matter may be submitted to the decision maker and requests for details of these documents should be submitted to Governance Services at the address given above.**

Who will decide;

Councillor Graeme Miller – Leader; Councillor Claire Rowntree – Deputy Leader & Clean Green City; Councillor Paul Stewart - Cabinet Secretary; Councillor Kelly Chequer – Healthy City; Councillor Kevin Johnston – Dynamic City; Councillor John Price – Vibrant City; Councillor Linda Williams – Children, Education and Skills.

This is the membership of Cabinet as at the date of this notice. Any changes will be specified on a supplementary notice.

Elaine Waugh,
Assistant Director of Law and Governance

14 June 2023

28 day notice
Notice issued 20 June 2023

The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012

Notice is given of the following proposed Key Decisions (whether proposed to be taken in public or in private) and of Executive Decisions (including key decisions) intended to be considered in a private meeting:-

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
230620/820	Proposed award of call-off contract for the provision of a Social Care Case Management System	Director of Adult Services	Yes	Between 19 July 2023 – 28 July 2023	N	N/A	Report of the Director of Adult Services	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

Note; Some of the documents listed may not be available if they are subject to an exemption, prohibition or restriction on disclosure. Further documents relevant to the matters to be decided can be submitted to the decision-maker. If you wish to request details of those documents (if any) as they become available, or to submit representations about a proposal to hold a meeting in private, you should contact Governance Services at the address below.

Subject to any prohibition or restriction on their disclosure, copies of documents submitted to the decision-maker can also be obtained from the Governance Services team City Hall, Plater Way, Sunderland, SR1 3AA, or by email to committees@sunderland.gov.uk

Who will decide: Director of Adult Services

Elaine Waugh,
Assistant Director of Law and Governance

20 June 2023

PROPOSED PURCHASE OF A SOCIAL CARE CASE MANAGEMENT AND INFORMATION SYSTEM

20 June 2023

REPORT OF THE DIRECTOR OF ADULT SERVICES

1. Purpose of the Report

- 1.1 To seek approval for the proposed contract renewal of a Social Care Case Management and Information System.

2. Background and Proposal

- 2.1 In 2016, the Council appointed Liquidlogic to implement a Social Care Case Management and Information System. To support the functions across the Council, the following Liquidlogic systems have been implemented:
 - LCS (Children's Social Care System)
 - LAS (Adult's Social Care System)
 - EHM (Early Help Module)
 - ContrOCC (Social Care Finance)
- 2.2 Both LCS and LAS provide case management systems for local authorities, which support all aspects of social work for children and adults, which are crucial for the day-to-day operation within these business areas.
- 2.3 The original contract was for a period of 7 years, which is now due to expire on 30th June 2023.
- 2.4 It is intended that the forthcoming procurement exercise will be undertaken utilising the Yorkshire Purchasing Organisation (YPO) Software Application Solutions (1095) Framework, which allows the Council to undertake a direct call-off to renew the contract with Liquidlogic, in compliance with the Public Contract Regulations 2015, but without undertaking a new competitive procurement process.
- 2.5 It is intended the direct call-off procurement process will be completed and the contract awarded in mid-July. It is anticipated the contract value will be approximately £2,300,000 over a seven year-period (5-year initial period, with the option to extend for a further 2 x 12 months).
- 2.6 The rates provided by Liquidlogic for each of the components over the contract duration will be in-line with the published pricing structure of Lot 12 of the YPO Framework. The annual charge will increase each year in line with RPI, and Liquidlogic have confirmed that the RPI increase for years 2 – 5 will not exceed 7% i.e., should the published RPI be greater than 7%, then the contract price increase would be capped at 7%.

- 2.7 The cost of the contract will be funded through provision in the revenue budget within the ICT service.

3. Reasons for the Decision

As the current contract is due to expire and the above system support underpins the day-to-day functions within Adults and Children's Services, the proposed contract renewal with Liquidlogic is considered the most efficient and appropriate means of continuing to support the effective operation of these key Council services.

4. Alternative Decisions

The alternative options are:

- not to proceed with the renewal of the social care case management system. However, this option is not recommended as the existing system underpins the day-to-day-functions within Adults and Children's Services.
- complete a full procurement exercise for a new system. This option is not recommended given we are working successfully with the current solution, and the Council would incur significant costs associated with the procurement and implementation of a new system.

5. Recommendation

It is therefore recommended that the Director of Adult Services approves the renewal of the social care case management system via the proposed direct call-off procurement process, to ensure the continued use of the current Liquidlogic system.