

HEALTH AND WELLBEING SCRUTINY COMMITTEE

AGENDA

**Meeting to be held on Tuesday, 2nd July, 2024 at 5.30pm in
Committee Room 1, at City Hall, Plater Way, Sunderland, SR1 3AA**

Membership

Cllrs Ayre, Dagg, Donkin, Feeley, Heron, Hunter, McDonough, Miller (Vice-Chairman), D.E. Snowdon, Tobin, Usher (Chairman) and Walton

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

24 June 2024

Item 2

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in Committee Room 1 of the CITY HALL, SUNDERLAND on TUESDAY, 26 MARCH, 2024 at 5:30pm.

Present:-

Councillor Usher in the Chair

Councillors Bond, Butler, Graham-King, Heron, Hunter, Jones, Speding, Walton and M. Walker

Also in attendance:-

Mark Cotton – Assistant Director of Communications, North East Ambulance Service (NEAS)

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 and Members Support Coordinator, Sunderland City Council

Samantha Start – Public Health Lead, Sunderland City Council

Joanne Stewart - Principal Democratic Services Officer, Sunderland City Council

Gerry Taylor – Executive Director of Health, Housing and Communities, 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 submitted on behalf of Councillors Burnicle and Haque.

Minutes of the last meeting of the Committee held on 27 February, 2024

Councillor Jones referred to the paragraph at the top of page five of the minutes whereby it referred to Ms. Jones and commented that this should have been Ms. Johnson, and it was:-

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 30 January, 2024 (copy circulated) be confirmed and signed as a correct record, subject to the amendment as set out above.

Declarations of Interest (including Whipping Declarations)

Item 4 – South Tyneside and Sunderland NHS Foundation Trust, CQC Action Plan.

Councillor Jones made an open declaration as an employee of the North East & North Cumbria Integrated Care Board (NECIC) and in her role as a commissioner of services.

Change in Order of Business

The Chair advised that he would be taking item 6 on the agenda – Oral Health Promotion Update at this juncture to allow the presenting Officer to leave thereafter.

Oral Health Promotion Update

The Executive Director of Health, Housing and Communities submitted a report (copy circulated) which provided an update on the oral health promotion work following the publication of the Oral Health Strategy.

(for copy report – see original minutes)

Samantha Start, Public Health Lead, took Members through the report and addressed comments and questions thereon.

Councillor Bond referred to the National and Local Context slide of the presentation and the number of hospital admissions and commented that, as Sunderland did not add fluoride to their water, he could not believe that the rate was significantly lower than North East and England averages unless it was only relating to the hospital rather than referrals, and was therefore misleading. Ms. Start advised that she had been informed that Sunderland did not have consultants in the hospital so if there were issues with oral health then they would potentially have to go to an alternative hospital which may skew the figures.

In response to comments from Councillor Bond doubting the statement that 83.6% of adults received access to NHS dental services, Ms. Start explained that this was from a national data set but added that it did rely on self-reporting from patients. Councillor Bond asked that it be fed back that the figure would then be irrelevant as only those who had attended a dentist would have sight of the survey.

Councillor Butler asked how outcomes of the strategy were to be measured, whether short or long term, and was advised that there was an advisory group set up who would look at the strategy and pull together an action plan, with particular reference to the five key areas. She advised that the issue they would have was the lag in data collection but that the group would provide regular updates and report back.

Councillor Butler also referred to the fluoridation programme and work that had been undertaken in 2019 by the Committee, and commented that the Committee may want to refer back to that work and their findings. Ms. Taylor advised that there was now a live consultation on fluoridation in the Northeast which was the responsibility of the Department of Health and Social Care to take forward but Councils and individuals could respond.

In response to a follow up question, Ms. Taylor informed the Committee that in the past the responsibility had sat with the local authority but following work being paused during CoVid and the change in the Act, this was now the responsibility of the DHSC.

Councillor Speding referred to the family hubs across the city and asked what outreach, if any, would be provided from these? Ms. Start explained that they had teams of staff who would go into hubs and train staff, and then families who accessed the hubs would be given advice, support and information. In terms of the national strategy, this was more focussed on very early years and pregnant women, offering support with weaning, etc. before children got teeth and the damage having already be done.

Councillor Speding asked what happened to those families who could not access the hubs as they may not be in the most accessible areas of the city for vulnerable families and Ms. Start advised that staff were trained through commissioned services but there would also be access to oral health services through trained staff in nurseries and schools through the 0-19 years service.

Councillor Walton referred to signposting to local NHS dental services and commented how it was not always clear which practices had services available and asked how it worked in practice? He was informed that it was one of the areas that had been picked up at the advisory group and they had asked how best to get information out to residents. Currently they were being directed to the 111 service who could direct them to dentist services but this may change in the future with the dentistry plan. Councillor Bond advised that there was a website that could provide information on practices which were accepting NHS patients but this was not always up to date.

Mr. Watson advised they would direct patients to NHS.uk; but they would qualify that with that it was up to the practice to keep information up to date and that not all did. If there were urgent requirements for treatment, then the 111 service was the correct route as they would assess the patient and signpost them to the most appropriate service.

In response to comments from the Chairman regarding getting the message through schools when they had their own pressures with SEN and attendance, etc. Ms. Start commented that it could be tricky but they were trying to use as many platforms as possible to raise the profile of oral health and toothbrushing. They tended to visit schools and then pass any information back to Together for Children so that they were all giving the same, consistent message.

There being no further questions, the Chairman thanked the Officer for their report, and it was:-

2. RESOLVED that the information within the report be received and noted.

North East Ambulance Service – Update 2024

The Deputy Chief Executive and Assistant Director of Communication and Engagement, North East Ambulance Service (NEAS), submitted a report (copy

circulated) which attached a presentation for Members information, providing an overview of activity and performance for the NEAS.

(for copy report – see original minutes)

Mark Cotton took Members through the presentation which covered a wide range of issues including:-

- Demand and performance;
- Response times performance;
- Hospital performance; and
- Trust capacity.

(for copy presentation – see original minutes)

The Chairman thanked Mr. Cotton for his presentation and invited questions and comments from the Committee.

Councillor Jones asked what impact the NHS 111, 'press 2 for Mental Health', may have on the ambulance service and also the 'Right Care, Right Person' initiative by Northumbria Police and was informed that although the press 2 service was not yet up and running they had been filtering calls to give a measure of the volume of calls that may be received. This information had then been shared back with the two mental health trusts in the service area. They had undertaken a lot of work over the previous year to manage the impact so that the patient would get the best care.

With regards to the right care, right person initiative, Mr. Cotton advised that it was a nationwide scheme, and calls going into control rooms which were identified under the set criteria would then be redirected elsewhere. They had seen an increase in calls into the NEAS as a result which was being managed within the current capacity at the moment. He advised that two other forces, Durham and Cleveland, had not yet gone live and it would be important that they mirrored the system that was in Northumbria Police force so that there was no variation between areas they supported.

Councillor Butler referred to the ambulance sited at Marley Park and asked where they looked for other sites, and if the Council could support this in any way, and was advised that they were currently undertaking a review of all stations, to stock check what was available and in what state. After that they would then look at potential sites for placing ambulances, and in the future they could look to revisit the Committee and have that discussion with Members.

In response to a question regarding category 4 incidents, and if there was capacity for community responders to be utilised, Mr. Cotton advised that whilst category 4 cases may not be urgent they may still be complex, chronic conditions which needed a higher clinical skill than an alternative first responder may have.

Councillor Butler referred to third party ambulance services and asked if this suggested there was a recruitment and/or retention problem and was informed they did not have either. There were two university's who facilitated oversubscribed courses for new staff coming into the service and in terms of retention they had put into place a new clinical framework of progression for roles and also introduced specialist and practitioner roles, working with primary care providers.

In response to comments from Councillor Bond regarding the quality of care, and the findings of the CQC report, and why the management structure was still rated as inadequate? Mr. Cotton advised that the inadequate rating referred to the well led domain, which had not been re-inspected by the CQC after the 2022 report. A Section 29 notice had now been formally withdrawn, so the CQC were satisfied that the improvements made in the areas of concern had now been addressed. The CQC inspection process was also changing to look more at the patient journey, rather than the individual trust.

Mr. Cotton advised that a lot of improvements had been made, both in the management and some of the systems that had been highlighted; which included having a strong and robust development programme, teaming up with Northumbria Health Care Trust, as they were rated outstanding by the CQC, to provide a buddy and challenge support system. With regards to incident reporting, they recognised they needed to make the system more robust, and NHS England had also highlighted a new system in patient reporting which was due to come into effect in April, 2024.

Councillor Bond asked if the CQC element could be included in future reports to the Committee, which Mr. Cotton advised would not be an issue.

There being no further questions, the Chairman thanked Mr. Cotton for his detailed presentation, and it was:-

3. RESOLVED that the content of the report and presentation be received and noted.

Improving Access to General Practice

The North East and North Cumbria (NENC) Integrated Care Board (ICB) submitted a report (copy circulated) which detailed the work that had been undertaken within the OCB primary care team to improve access to general practice in Sunderland.

(for copy report – see original minutes)

Scott Watson and Wendy Thompson, presented the report advising that its purpose was to provide an update on the initiatives undertaken to support improved access and specifically how the Primary Care Access Recovery Plan (PCARP) was being implemented within Sunderland.

The Chairman thanked Mr Watson and Ms. Thompson for presenting the report and invited questions and comments from the Committee.

Councillor Butler commented on using the pharmacy first service himself and the brilliant treatment he had received, which he hoped would help relief pressures on other services in the future.

In response to a query from Councillor Bond regarding governance over the pharmacists prescribing, Ms. Thompson advised that they were all prescribers in their own right, but that they also prescribed under patient route directions which were national protocols which governed those individual pharmacies. They were

also looking at national statistics to identify any patients which may go back into general practice or emergency departments.

Councillor Jones asked if a breakdown could be included in future reports of the additional employees and which disciplines they may work in, which Ms. Thompson advised could be included.

The Chairman commented on co-ordinating data stored by GP's and the use of different systems and was advised that in Sunderland, all GP's used the same clinical system so that they could all 'talk' to each other.

Having no further questions or comments, it was:-

4. RESOLVED that the information within the report be received and noted and that the progress to date on different access initiatives be noted.

Annual Report 2023/24

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 2023/24.

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.

Mr. Cummings confirmed he would take on board all comments from Members and would look to circulate a second draft to all Members for information.

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

5. RESOLVED that the report be approved to be included in the Scrutiny Annual Report for 2023/24 subject to the amendments as discussed.

Work Programme 2023/24

The Scrutiny, Members and Mayoral Support Coordinator submitted a report (copy circulated) which briefed members on the development of the Committee's work programme for the municipal year 2023/24 and appended a copy of the programme for Members' consideration.

(for copy report – see original minutes)

Mr Nigel Cummings, Scrutiny Officer presented the report and briefed the Committee on the current position regarding those items that had been considered through the municipal year.

6. RESOLVED that the report be received and noted.

Notice of Key Decisions

The Scrutiny, Members and Mayoral Support Coordinator submitted a report (copy circulated) which provided Members with an opportunity to consider those items on the Executive's Notice of Key Decisions for the 28-day period from the 14th of February 2024.

(for copy report – see original minutes)

The Committee was advised that if Members had any issues to raise or required further detail on any of the items included in the notice, (that were within the purview of the Committee), they should contact Mr Cummings, Scrutiny Officer for initial assistance.

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

There being no further items of business, the Chairman closed the meeting having thanked members and officers for their attendance and contributions.

(Signed) J. USHER,
Chairman.

Item 4

HEALTH AND WELLBEING SCRUTINY COMMITTEE

2 JULY 2024

CHALLENGES OF ADULT SOCIAL CARE IN SUNDERLAND UPDATE REPORT – ADULT SERVICES DIRECTORATE

REPORT OF HEAD OF COMMISSIONING AND MARKET OVERSIGHT

1. PURPOSE OF THE REPORT

- 1.1 To provide the Health and Wellbeing Scrutiny Committee with an update on recommendations made in the Challenges of Adult Social Care in Sunderland Report.

2. BACKGROUND

- 2.1 The Health and Wellbeing Scrutiny Committee undertook a task and finish review in 2022 -2023 to look at the challenges faced by adult social care services in Sunderland post Covid 19, to understand the impact that Covid 19 had on the sector, including lessons learned and how these were driving improvement and innovation across social care.
- 2.2 A report was produced and a number of recommendations made, which is attached at **Appendix 1** of this report for reference.

3. CURRENT POSITION

- 3.1 A presentation will follow this report and provided a progress update on the recommendations made including:
- Raising the Profile and Marketing of Social Care
 - Recruitment and Retention in Social Care
 - Accessing Social Care and
 - Technology in Social Care
- 3.2 Representation from the Adult Social Care Commissioning Team will be in attendance at the meeting to provide the update and answer any questions that Members of the Committee may have.

4. RECOMMENDATION

- 4.1 The Health and Wellbeing Scrutiny Committee are asked to note and comment on the presentation.

Contact Officer: Nigel Cummings, Scrutiny Officer
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**Health and Wellbeing Scrutiny Committee
Task and Finish Review 2022 – 2023**

**Challenges of Adult Social Care in
Sunderland**

Final 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 Working Group

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 cliched, 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 the Council will consider the Real Living Wage when tendering new contracts for social care services.
- e) 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 Sunderland Integrated Care Board 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.
ICB -	Integrated Care Board.
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.

Item 5

SETTING THE ANNUAL WORK PROGRAMME 2024/25

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 2024/25.

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 4 June 2024.

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 2024/25. 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.
Joint OSC Update <i>(Quarterly)</i>	To provide the committee with an overview of the information presented at the Integrated Care Partnership Joint Overview and Scrutiny Committee.
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.
Healthy City Plan Refresh <i>(Sunderland City Council)</i>	To consider and comment on any changes to the Healthy City part of the City Plan.
Pharmaceutical Needs Assessment Update <i>(Sunderland City Council)</i>	To provide a progress update in terms of changes to pharmacy numbers and impacts on the PNA.
Suicide Prevention <i>(Sunderland City Council)</i>	A further update on suicide prevention with a particular focus on men's MH and more broadly MH promotion including positive MH.
Drug and Alcohol Services <i>(Sunderland City Council and</i>	Impact of alcohol is very significant on the city, current funding model will come to an end this

<i>South Tyneside and Sunderland NHS Foundation Trust</i>	year – what will be the impact on services if funding changes. To include an update from the Trust’s alcohol care team who work with patients.
Housing and Homelessness <i>(Sunderland City Council)</i>	What are the health implications of poor housing standards e.g. damp and mould, and homelessness – and what is currently being done to address any issues.
Dental Services Update <i>(Sunderland ICB - NHS Improvement)</i>	An update on the current situation in relation to dental services in Sunderland including access to NHS dentists.
ICB Performance Update <i>(Sunderland ICB)</i>	An update on the performance of Sunderland ICB and to include an evaluation of the impact of the Pharmacy First initiative.
Women’s Health <i>(Sunderland ICB and Sunderland City Council)</i>	A look at the pilot of a women’s health hub in Pallion including how awareness is raised in relation to women’s health e.g. menopause.
Primary Care Access <i>(Sunderland ICB)</i>	A further report on how patients access services, how effective access is and the variance that exists across practices in accessing GP services.
Migrant Health <i>(Sunderland ICB)</i>	With increases in BME population across Sunderland, mainly through university students and NHS Staff, committee to understand how health services are equitable.
General update on NHS Foundation Trust <i>(South Tyneside and Sunderland NHS FT)</i>	The Foundation Trust’s Chief Executive to provide an update to the Committee on the performance of the Trust in Sunderland including any important developments for Members information.
Lung Health Check Service <i>(South Tyneside and Sunderland NHS FT)</i>	A look at the lung health service from the Foundation Trust including its aims, objectives and current progress.
Nutrition and Hydration in Hospital <i>(South Tyneside and Sunderland NHS FT)</i>	A look at the work of the Nutrition and Hydration Team in the Foundation Trust and the work being undertaken with nursing staff around this issue.
Sunderland Safeguarding Adults	To receive the annual report from Sunderland

Board Annual Report (<i>Sunderland City Council</i>)	Safeguarding Adults Board.
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 (<i>NEAS</i>)	An update from NEAS on overall performance of the service in North East and in particular Sunderland.
Age Friendly City (<i>Sunderland City Council</i>)	To look at how dementia friendly the city is and the work being done to improve this issue.
Rise in Diabetes in Children (<i>Sunderland ICB</i>)	A look at the evidence around the rise in diabetes types 1 and 2 in children and the work being undertaken around this issue.
Water Quality	The Committee continues to look at the impacts of water quality on public health and will look to a further presentation from Northumbrian Water.
Potential Task and Finish Work Topics	
Integrated Services (<i>Sunderland City Council</i>)	To continue the Committee’s 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.
Supporting Carers	What is it like to be a carer in the city and what are the challenges and barriers to providing a caring role. Also, what support is available for carers in the City and how can this be improved upon.

- 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 the Committee will continue its work around integrated services that commenced in the previous municipal year. The working group will consist of 5 or 6 members of the Committee and will meet outside of the regular committee meetings.
- 3.6 The scoping paper for the working group is attached at **Appendix 2** of this report for information.

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.
- 4.2 That the Health and Wellbeing Scrutiny Committee nominates members for the task and finish working group looking at integrated care.

5. Background Papers

- 5.1 Scrutiny Agendas and Minutes

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HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME 2024-25

REASON FOR INCLUSION		2 JULY 24 D/L:21 JUNE 24	3 SEPTEMBER 24 D/L:23 AUGUST 24	1 OCTOBER 24 D/L: 20 SEPT 24	22 OCTOBER 24 D/L: 11 OCT 23	26 NOVEMBER 24 D/L: 15 NOV 24	7 JANUARY 25 D/L: 20 DEC 24	4 FEBRUARY 25 D/L: 24 JAN 25	4 MARCH 25 D/L: 21 FEB 25	8 APRIL 25 D/L: 28 MAR 25
Policy Framework / Cabinet Referrals and Responses										
Scrutiny Business		Challenges of Adult Social Care in Sunderland – Progress Report (A Dingwall) Setting the Work Programme (Nigel Cummings)	ICB Performance Update (Sunderland ICB) NHS Dental Update (Sunderland ICB) Lung Health Check (NHS FT) Joint OSC Update (N Cummings)	NHS Foundation Trust – General Update (NHS FT) Public Health Annual Report (Gerry Taylor)	SSAB Annual Report (Graham King) Housing and Homelessness (Graham Scanlon) Joint OSC Update (N Cummings)	Drug and Alcohol Services (Public Health & NHS FT) Women's Health (Public Health and Sunderland ICB) Primary Care Access Update (Sunderland ICB)	Nutrition and Hydration in Hospital (NHS FT) Dementia Friendly City (Graham King) Joint OSC Update (N Cummings)	Suicide Prevention Update (Public Health) Migrant Health (Sunderland ICB) Joint OSC Update (N Cummings)	Pharmaceutical Needs Assessment (Public Health) Healthy City Plan Refresh (Public Health)	Diabetes in Children (Sunderland ICB) Joint OSC Update (N Cummings) Annual Report (N Cummings)
Performance / Service Improvement										
Consultation/ Information & Awareness Raising		Notice of Key Decisions Work Programme 24-25	Notice of Key Decisions Work Programme 24-25	Notice of Key Decisions Work Programme 24-25	Notice of Key Decisions Work Programme 24-25	Notice of Key Decisions Work Programme 24-25	Notice of Key Decisions Work Programme 24-25	Notice of Key Decisions Work Programme 24-25	Notice of Key Decisions Work Programme 24-25	Notice of Key Decisions Work Programme 24-25

TASK AND FINISH WORKING GROUP: INTEGRATED CARE

1. Purpose of Report

1.1 The purpose of this report is to establish background information, set the scene and set out an approach for a task and finish group looking at integrated care in Sunderland.

2. Background

2.1 The Health and Wellbeing Scrutiny Work Programming session held on 6 June 2023 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 these topics will be to investigate the notion of a trauma informed city. The task and finish working group will aim to conduct a focused, clearly scoped, and time-limited piece of work with clear objectives.

3. Context to the Issues

Integrated Care

3.1 Integrated Care Systems (ICSs) have existed in one form or another since 2016, but for most of this time have operated as informal partnerships using soft power and influence to achieve their objectives. Following the passage of the 2022 Health and Care Act, ICSs were formalised as legal entities with statutory powers and responsibilities. Statutory ICSs comprise two key components:

- **integrated care boards (ICBs):** statutory bodies that are responsible for planning and funding most NHS services in the area
- **integrated care partnerships (ICPs):** statutory committees that bring together a broad set of system partners (including local government, the voluntary, community and social enterprise sector (VCSE), NHS organisations and others) to develop a health and care strategy for the area.

3.2 Integrated care has four main aims that are undertaken through integrated care boards and integrated care partnerships, as follows:

- improving outcomes in population health and health care
- tackling inequalities in outcomes, experience and access
- enhancing productivity and value for money
- helping the NHS to support broader social and economic development.

Integrated Care Boards

3.3 The primary function of ICB is to allocate the NHS budget and commission services for the population, taking over the role previously held by clinical commissioning groups (CCGs) and some of the direct commissioning functions of NHS England. The ICB is directly accountable to NHS England for NHS spend and performance within the system.

- 3.4 Each ICB must prepare a five-year system plan setting out how they will meet the health needs of their population. This plan must have regard to their partner ICP's integrated care strategy and be informed by the joint health and wellbeing strategies published by the health and wellbeing boards in their area.
- 3.5 The ICB operates as a unitary board, with membership including (at a minimum); a chair, chief executive officer, and at least three other members drawn from NHS trusts and foundation trusts, general practice and local authorities in the area. In addition, at least one member must have knowledge and expertise in mental health services. ICBs have discretion to decide on additional members locally. Each ICB must also ensure that patients and communities are involved in the planning and commissioning of services.
- 3.6 ICBs must not appoint any individuals to their board whose membership could reasonably be regarded as undermining the independence of the health service. This requirement is intended to ensure that private sector organisations do not exert undue influence and that their participation is to the benefit of the system, reflecting sensitivities around private sector involvement in the NHS.

Integrated Care Partnerships

- 3.7 The ICP is a statutory joint committee of the ICB and local authorities in the area. It brings together a broad set of system partners to support partnership working and develop an 'integrated care strategy', a plan to address the wider health care, public health and social care needs of the population. This strategy must build on local joint strategic needs assessments and health and wellbeing strategies and must be developed with the involvement of local communities and Healthwatch. As previously highlighted the ICB is required to have regard to this plan when making decisions.

The Principles of Integrated Care

- 3.8 The Local Government Association outlined six principles to integrated care outlining that working at national, regional, system, place or neighbourhood level, effective partnership working on health, care and wellbeing should have the following elements:
- collaborative leadership – developing a vision, culture and values to support transformation;
 - subsidiarity - decision-making as close to communities as possible;
 - building on existing, successful local arrangements – all areas should be enabled to develop their own neighbourhood, place and system level approaches according to what is appropriate for them;
 - a person-centred and co-productive approach – care and support planned and delivered with individuals;
 - a preventative, assets-based and population-health management approach – maximising health and wellbeing, independence, and self-care in or as close to people's homes as possible;
 - achieving best value - all partners working together to ensure that the delivery of care and support represents the best value.

What does delivering integrated care mean?

- 3.9 People benefit from care that is person-centred and co-ordinated within healthcare settings, across mental and physical health and across health and social care. For

care to be integrated, organisations and care professionals need to bring together all of the different elements of care that a person needs.

- 3.10 A person's care may be provided by several different health and social care professionals, across different providers. As a result people can experience health and social care services that are fragmented, difficult to access and not based around their (or their carers') needs. However, good integrated care can reduce:
- confusion
 - repetition
 - delay
 - duplication and gaps in service delivery
 - people getting lost in the system
- 3.11 Delivering integrated care is essential to improving outcomes for people who use health and social care services. Reducing gaps and inefficiencies in care should also be able to offer some opportunities for financial savings.

4. Title of the Working Group

- 4.1 The title of the review is suggested as 'Integrated Care in Sunderland'.

5. Overall Aim of the Working Group

- 5.1 To look at the effective integration of health care, public health and housing services in Sunderland and how this provides a more holistic approach which promotes effective working at a neighbourhood level.

6. Proposed Terms of Reference for the Working Group

- 6.1 The following Terms of Reference for the working group are proposed:-
- (a) To understand how integrated care operates across Sunderland including the roles of the Integrated Care Board, Health and Wellbeing Board, NHS Foundation Trust and Local Authority;
 - (b) To explore and confirm the best way for the Health and Wellbeing Scrutiny Committee to engage and add value to the ICB and local communities;
 - (c) To look at how integrated care works at the neighbourhood level and engages with communities and service users;
 - (d) To consider the challenges and barriers to integrated care in Sunderland; and
 - (e) To explore how integrated care supports discharge and admission prevention from the hospital setting.

7. Gathering the Evidence

- 7.1 The task and finish working group will gather evidence from a number of sources and this will be coordinated, on behalf of Members, by the scrutiny officer. Every

effort will be made to involve Members in the research, data collection techniques will include a combination of the following:

- Desktop research;
- Use of secondary research e.g. surveys, questionnaires;
- Evidence presented by key stakeholders;
- Evidence from members of the public at meetings or focus groups;
- Site visits.

7.2 The review will gather evidence from a variety of sources. The main evidence will come from information provided by council officers and external partners potentially to include, though not exhaustive, the following:

- (a) Relevant Cabinet Portfolio Holder(s);
- (b) Director of Adult Services and Chief Operating Officer Sunderland Care and Support;
- (c) Executive Director of Health, Housing and Communities;
- (d) NHS Foundation Trust;
- (e) Sunderland ICB;
- (f) Sunderland Health and Wellbeing Board;
- (g) .

8. Scope of the Review

8.1 The review will consider, as part of the review process, the following issues related to integrated care:

- What is integrated care?
- What are the benefits of integrated care?
- What services are covered by integrated care?
- How is integrated care operated across Sunderland?
- What is the effectiveness of an integrated care approach at the local level?
- How are new integrated care approaches benefitting service users?
- How is integrated care performance monitored?
- How do we ensure that the Health and Wellbeing Scrutiny Committee is engaging in the most effective way with the ICB to understand, support and develop integrated care across Sunderland?
- What challenges and barriers are there to this kind of approach?
- What impact does integrated care have on hospital discharge and admission prevention?

8.2 As the review investigation develops Members need to remain focused on the key terms of reference to ensure the review is conducted within the time constraints, as well as being robust and based on the evidence and research gathered.

9. Timescales

9.1 Attached for Members information is a draft timetable (**Appendix 1**) for the piece of work which outlines the focused process for this working group. Members of the working group will be invited to attend all the meetings. The timetable will be

developed and amended where appropriate, in line with the terms of reference, as the task and finish working group undertake the review.

10. Membership of the Working Group

- 10.1 In order to conduct the task and finish project it is suggested that the membership of the working group should consist of no more than 6 Members drawn from the Health and Wellbeing Scrutiny Committee.
- 10.2 The Chair of the working group can be decided by either the Health and Wellbeing Scrutiny Committee or be left to be determined by the Membership of the Working Group.

11. Recommendations

- 11.1 That the working group agrees the title of the review as 'Integrated Care in Sunderland'.
- 11.2 That Members agree the terms of reference for the task and finish working group.
- 11.3 That membership of the working group is agreed by the Committee and consideration given to the appointment of Chair for the working group.

12. Background Papers

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APPENDIX 1

Timeline	Review Task	Aims & Objectives	Methodology	Contributors
Session 1	Setting the Scene	To provide the working group with an overview and understanding of integrated care	Working Group Meeting	Representatives from Sunderland City Council and Sunderland ICB.
Session 2	The Neighbourhood Level	To investigate how the integrated care approach is being developed at the neighbourhood level with local services, communities and service users	Working Group Meeting	TBC
Session 3	Challenges and Barriers to Integrated Care	To explore the challenges and barriers to the effective integration of services as well as the opportunities and benefits to this approach.	Working Group Meeting	TBC
Session 4	Hospital Discharge and Admission Prevention	To look at how an integrated approach can support improvements in discharge and admission prevention and the work that is taking place currently.	Working Group Meeting	TBC
Session 5	Reflection of evidence and development of draft report and findings.	A look at all the evidence gathered and the development of a draft report	Working Group Meeting	Working Group Scrutiny Officer

Item 6

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 19 June 2024.

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 19 June 2024 is attached marked **Appendix 1**.

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 19 June 2024 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 seek agreement to enter into the Northumbria Road Safety Initiative Partnership and Collaboration Agreement.	Cabinet	Y	In the period 6 June – 30 September 2024	N	Not applicable.	Cabinet report	Democratic 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	18 July 2024	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	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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230428/799	To seek approval for Housing Strategy for Sunderland 2023 - 2030	Cabinet	Y	In the period 6 June – 31 July 2024	N	N/A	Cabinet Report	Democratic Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
240108/867	To approve the Community Asset Transfer Policy	Cabinet	N	18 July 2024	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
240328/890	To consider proposals in relation to the Government's Long-Term Plan for Towns Programme at Washington including the Council's role as accountable body and the establishment of the Board	Cabinet	Yes	18 July 2024	N	Not applicable	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
240419/891	To consider the Housing Services Annual Review	Cabinet	Yes	18 July 2024	N	Not applicable	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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240425/894	To seek approval of the Draft Internation Advanced Manufacturing Park Area Action Plan (IAMP AAP) for public consultation	Cabinet	Yes	In the period 6 June to 30 September 2024	N	Not applicable	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
240425/895	To seek approval of the Draft Wind Energy Supplementary Planning Document (SPD) for public consultation	Cabinet	Yes	In the period 6 June to 30 September 2024	N	Not applicable	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
240425/896	To seek approval of the Draft Biodiversity Supplementary Planning Document (SPD) for public consultation	Cabinet	Yes	In the period 1 July to 30 September 2024	N	Not applicable	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
240426/897	To seek approval to amend the Fixed Penalty Notice framework in respect of school attendance in line with impending changes in legislation with effect from 19 August 2024	Cabinet	Yes	18 July 2024	N	Not applicable	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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240507/903	To seek approval for amendments to, and implementation of, Cemetery and Crematorium Regulations as part of the Improvement of Bereavement Services	Cabinet	Yes	18 July 2024	N	Not applicable	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
240606/905	To seek approval for the procurement of works for the extension, remodelling and refurbishment of Sunderland's crematorium.	Cabinet	Yes	18 July 2024	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	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
240606/906	To seek approval to adopt the Active Sunderland Strategy 2024-2027 and Delivery Plan 2024-2025	Cabinet	Yes	18 July 2024	N	Not applicable	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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240611/907	To seek approval for the acquisition of land for Ecological Offset	Cabinet	Yes	18 July 2024	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	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
240611/908	To seek approval for the award of a new contract for the provision of 0-19 Public Health Services in Sunderland	Cabinet	Yes	18 July 2024	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 and 5 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) and/or information in respect of which a claim to legal professional privilege could be made in legal proceedings. The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Democratic 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
240612/909	To consider School Organisation proposals and procurement of capital works in relation to Special Educational Needs provision	Cabinet	Yes	18 July 2024	N	Not applicable	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
240614/910	To consider proposals for development land adjacent to the Northern Spire Bridge	Cabinet	Yes	18 July 2024	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	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
240618/911	Capital Programme First Review 2024/2025 (including Treasury Management)	Cabinet	Yes	18 July 2024	N	Not applicable	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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240618/912	Revenue Budget First Review 2024/2025	Cabinet	Yes	18 July 2024	N	Not applicable	Cabinet Report	Democratic 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 Democratic 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 Democratic 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 Democratic Services at the address given above.**

Who will decide;

Councillor Michael Mordey – Leader; Councillor Kelly Chequer – Deputy Leader & Health, Wellbeing and Safer Communities; Councillor Michael Butler – Children’s Services, Child Poverty and Skills; Councillor Beth Jones – Communities, Culture and Tourism; Councillor Alison Smith – Corporate Services and Equalities; Councillor Lindsey Leonard – Environment, Transport and Net Zero, Councillor Kevin Johnston – Housing, Regeneration and Business.

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

19 June 2024