

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

**Challenges of Adult Social Care in  
Sunderland**

**Draft Report**

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

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

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

Mother Teresa

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

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

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

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

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

Cllr Alison Chisnall  
Chair of the HWB Scrutiny Committee Working Group

## **2 Introduction**

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

## **3 Aim of the Review**

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

## **4 Terms of Reference**

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

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

## **5 Membership of the Working Group**

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

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

## **6 Methods of Investigation**

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

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

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

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

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

## **7 Findings of the Review**

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

### **7.1 What is Social Care?**

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

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

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

### **7.2 Adult Social Care in Sunderland**

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

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

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

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

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

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

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

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

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

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

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

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

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

### **7.3 Covid-19 Pandemic and Social Care**

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

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

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

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

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



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

#### **7.4 Recruitment and Retention in Social Care**

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

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

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

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

## **7.5 Raising the Profile and Marketing of Social Care**

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

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

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

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

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

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

## **7.6 Accessing Social Care**

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

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

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

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

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

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

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

## **7.7 Technology in Social Care**

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

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

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

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

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

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

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

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

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

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

## **7.8 Legislation and Funding of Adult Social Care**

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

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

## **8 Conclusions**

The Committee made the following overall conclusions: -

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



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

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

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

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

## **9 Recommendations**

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

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

## **10. Acknowledgements**

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

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

## 10. Glossary of Terms

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

## 11. Background Papers

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

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

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

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

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

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

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

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

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

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

# ***Appendices***

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

In attendance: Cllrs Chisnall and Bond

### **Farmborough Court**

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

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

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

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

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

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

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

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

There is a constant demand for this resource.

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

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

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

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

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

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

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

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

The centre is funded through the Council and ICB funding.

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

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

### **Hepburn Grove and Cheshire Avenue**

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

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

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

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

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

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



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

### **Housing 21**

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

### **Gildacre Fields & Bardolph Drive**

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

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

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

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

Carers are on site 24/7.

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

Gildacres Field has 4 communal lounges.

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

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

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

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

Housing21 also engage with residents before undertaking any major works.

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

### **Springtide Cove**

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

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

There are 27 rented apartments and 26 leasehold apartments.

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

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

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

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

### **Thorncliffe**

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

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

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

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

All residents are 65years and over.

The home has 21 single occupancy bedrooms.

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

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

There are 27 E-Learning modules.

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

The home is currently full staffed.

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

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

In terms of what could improve the following was identified:

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

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

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

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

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

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

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

### **Grindon Lane**

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

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

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

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

The service operates with 10 bedrooms.

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

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

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

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

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

### **Grindon Mews**

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

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

There are no waiting lists for this facility.

It operates in a very similar manner to Grindon Lane.

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

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

### **St Clement's Court**

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

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

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

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

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

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

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

### **Villette Lodge**

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

The service has 24 staff providing 24/7 support.

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

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

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

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

The demand for this type of facility outweighed the capacity.