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Caring Sub-Committee

Wednesday, 22 January 2025

Thursday, 30 January 2025 0.02 Chamber - Quadrant, The Silverlink North, Cobalt Business Park, North Tyneside, NE27 0BY **commencing at 6.00 pm**.

Agenda Item		Page
1.	**Apologies for Absence** To receive any apologies for absence.	
2.	**Appointment of Substitute Members** To be notified of the appointment of Substitute Members.	
3.	**Declarations of Interest or Dispensations** You are invited to declare any registerable and/or non registerable interests in matters appearing on the agenda, and the nature of that interest. You are also invited to disclose any dispensation in relation to any registerable and/or non-registerable interests that have been granted to you in respect of any matters appearing on the agenda. Please complete the Declarations of Interests card available at the meeting and return it to the Democratic Services Officer before leaving the meeting.	

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4.	**Minutes** To Confirm the minutes of the meeting held on 28 November 2024.	5 - 12
5.	**Disabled Facilities Grants** A report and presentation will be provided to overview the use of the Disabled Facilities Grant in North Tyneside.	13 - 20
6.	**Care Worker Conditions** A report and presentation will be provided to give an overview of the care conditions relating to members of staff employed by external care providers delivering social care services for vulnerable adults in North Tyneside.	21 - 36
7.	**Work Programme 2024 / 2025** To receive an update on the Work Programme and to consider items for future meetings.	37 - 40

Circulation overleaf …

Members of the Caring Sub-Committee

Councillor Jane Shaw (Chair)
Councillor James Webster (Deputy Chair)

Councillor Paul Bunyan
Councillor Sarah Burtenshaw
Councillor Andy Holdsworth
Councillor Joe Kirwin
Councillor Claire McGinty
Councillor Louise Marshall
Councillor Tricia Neira
Councillor Kristin Nott
Councillor Dr Olly Scargill
Councillor Andrew Spowart

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Caring Sub-Committee

Thursday, 28 November 2024

Present:	Councillor J Shaw (Chair) Councillors J Webster, A Holdsworth, J Kirwin, C McGinty, L Marshall, K Nott, A Spowart, J O'Shea and L Bones
In attendance	P Jones, Healthwatch North Tyneside
Apologies:	Councillors P Bunyan, S Burtenshaw, T Neira O Scargill, K Clark and J Hunter

C12/24 Appointment of Substitute Members

Pursuant to the Council's constitution the appointment of the following substitute members were made:

Councillor J O'Shea for Councillor P Bunyan
Councillor L Bones for Councillor O Scargill

C13/24 Declarations of Interest or Dispensations

Item 6. Breast Screening.
Councillor Claire McGinty, Registerable Personal, works for Newcastle Hospital Trust.

Item 6. Breast Screening.
Councillor Joe Kirwin, Registerable Personal, works for a cancer charity.

C14/24 Minutes

Resolved that the minutes of the meeting held on 26 September 2024 were agreed as a correct record

C15/24 GP Access

James Martin, Strategic Head of Primary Care (Northumberland and North Tyneside Delivery Team), NENC ICB attended the meeting to provide an overview of GP access in North Tyneside. Dr Shaun Lackey, GP, also attended the meeting.

The overview covered:
- information relating to the structure of a GP surgery
- what 'GP access' looks like in North Tyneside
- challenges that are impacting on access to GP services
- The Primary Care Access Recovery Plan and the local response to implementation of that plan
- Current levels of workforce in general practice

The Committee were informed that GP services are contracted by NHS commissioners to provide generalist medical services in a geographical population area. Some practices may be operated by an individual GP, some by provider organisations but most are ran by a GP partnership. Every individual or partnership of GPs must hold an NHS GP contract and GP partners are jointly responsible for meeting the requirements of the contract. The commissioning of primary care services, which includes GPs is the responsibility of NHS England however ICBs have taken on full delegation of these commissioning responsibilities.

It was noted that there are three different types of GP contract arrangements, of which core parts include:
- Agreeing a geographical or population area the practice will cover
- Maintaining a list of patients for the area and setting out specific circumstances a patient may be removed from it
- Provision of medical services to registered patients
- Standards for premises and workforce and requirements for inspection and oversight
- Expectations for public and patient involvement
- Key policy requirements, including indemnity, complaints, liability, insurance, clinical governance and contract termination conditions

GPs must provide services within core hours, being 8am to 6.30pm Monday to Friday, with the exception of Good Friday, Christmas Day or bank holidays and

they are funded through a global sum payment which is calculated based on an estimate of the practice patient workload.

It was highlighted that within North Tyneside there are 23 GP practices providing services from 32 surgery sites with a registered population of 227,761. The Committee were informed that this figure is higher than the resident population due to practices along the borders of North Tyneside supporting patients in Northumberland and Newcastle. The practices also range in size with the average practice list being 10,113 patients.

Information which has been gathered informs that the number of appointments per month is increasing year on year and that the North Tyneside appointment rate per 100,000 patients is broadly in line with the England average and below the ICB average. It was however explained that the data collection at present is not able to include PCN delivered activity in North Tyneside.

It was highlighted that there is a significant variation between the 23 practices within North Tyneside in the rate of appointments being provided. Within North Tyneside, the percentage of appointments that are face to face has been on a downward trend since September 2023. This reflects that it is in line with the encouraged shift towards modern GP delivery models that have an increased focus on clinical triage, often by phone or online services. It was however noted that the levels of face to face appointments remain above the England average and the highest level in the NENC ICB.

Regarding waiting times for appointments it was highlighted to the Committee that just over 40% of patients are seen on the same day that they book an appointment. The next largest category is two to seven days from booking. The profile of waiting times in North Tyneside is broadly the same as that of the ICB and England.

A GP patient survey, which is independently ran, is sent to over two million people across the UK and the results will provide data on how people feel about their GP practice. It was noted that 45% (which equates to just under half) of all patients surveyed find it difficult to contact their practice by telephone, 29% (one in three) patients are not satisfied with the time they are waiting for an appointment or describe their experience of contacting their GP as ‘not good’ and there is also significant variation between the experience of patients at local practices.

It was highlighted that there are a number of challenges that impact the level of GP access and include:

- Increased demand – the list size of practices in North Tyneside has continued to increase and there has also been an increase in age of the demographic profile with older populations having a greater prevalence of frailty and multiple long-term conditions
- Capacity – services are limited by the number of staff that can be employed
- Technology – outdated telephony symptoms have few lines in use and do not have queuing or call back functionality. Practice websites are often limited. The shift to tirage models often requires patients to contact their practice in a different way than they are used to
- Patient Expectations – it can be difficult for practices to meet the broad range of expectations of how patients feel health services should be delivered.

The Committee were informed that in response to recognising these challenges and the change in landscape following the Covid-19 pandemic a 'Delivery Plan for Recovering Access to Primary Care' was published in May 2023. The Plan has two overall key ambitions:

- To tackle the 8am rush and reduce the number of people struggling to contact their practice
- For patients to know on the day they contact their practice how their request will be managed

To support the ambitions the plan is divided into four key areas of delivery: empowering patients; modern GP access; building capacity; and cutting bureaucracy.

The actions within the plan are not the sole responsibility of general practice or PCNs. It was noted that within the ICB a systematic and coordinated approach is being taken.

In terms of progress within North Tyneside, the ICB has developed a system-level access improvement plan in response to the national recovery plan and this has been board approved. A number of actions or projects that have been delivered or are underway were outlined within the report along with the data for workforce capacity.

At the last meeting of the Sub Committee the ICB attended and provided a

presentation which included information around funding and reductions in budgets. A query was therefore raised in relation to funding and whether this was a challenge. It was advised that funding is an underlying theme in terms of increasing access to GPs, making practices more efficient, funding more staff and improving technology.

A query was made in relation to the location of GP practices and whether there can be any influence regarding their locations. The Committee were informed that scope to do so is limited as practices may have been in existence for long periods of time however where there could be opportunities to discuss his matter, for example as a result of possible new major housing developments, there are opportunities to look at current provision against the potential increase in patient numbers and possible locations.

A query was raised around the Darzi review and what impact the recommendations may have on GP access and patient care. It was noted that the challenge for GPs includes issues around contracts which are complex and more time will be needed to understand the outcomes from the review.

Due to the number of different roles held within GP practices, such as physician associates and paramedics it was queried how this information is communicated to members of the public so that they are aware of who they may meet when receiving help or treatment from their GP practice. The importance of communication was acknowledged and that it would be useful to consider how changes which are happening are explained to patients including the scope of each role.

Following comments in relation to the need for flexibility in any plans which are developed and also the need for continuance in healthcare advice the Committee were reminded of the delivery plan to improve and increase practice capacity. This will include technology improvements along with a triage model to allow better assessments to be undertaken so appointments can be given to people who have the greatest need.

Resolved That the comments of the Committee and the report and presentation be noted

C16/24 Breast Screening

Fergus Neilson, Screening and Immunisation Lead, NHS England North East and North Cumbria attended the meeting to provide an overview of the national breast screening programme within North Tyneside.

The committee were informed that NHS breast screening uses mammograms to look for cancers that are too small to see or feel. The programme offers screening once every three years to women in the age range of 50 to 71. After 71 it is possible to self-refer for an appointment every three years.

Breast cancer is the most common type of cancer in the UK with around 12,000 women who die from the disease each year. It was highlighted that survival is however improving over time with around 3 out of 4 women diagnosed are alive 10 years later. The risk of getting breast cancer increases with age and around 4 out of 5 breast cancers are found in women over 50 years old.

The Committee noted that the screening programme within North Tyneside is commissioned by NHS England and provided by the Newcastle upon Tyne Hospitals NHS Foundation Trust. The programme has a mixed model of delivery through static sites based in hospital locations and on mobile screening sites that are periodically moved to different community locations.

In terms of the Programme's offer, the Committee were informed that the screening service uses a fixed date and time model. Research has shown that this achieves higher uptake than an 'open' appointments model where women are asked to make contact to arrange an appointment. Following the Covid-19 pandemic, Newcastle Breast Screening Programme was an early adopter to return to the fixed appointment model to ensure that uptake recovered more quickly.

It was highlighted that there is continuous development of learning and building of an evidence base for what works in terms of improving uptake at local, regional and national levels.

From a health equity audit for breast screening, the key findings were:

- Uptake is lower in more deprived populations

- Uptake is lower in younger women and, in particular, for their first screening invite between ages 50-53
- There is variation by ethnicity
- Uptake is lower for people with learning disability

The Screening Programme has a dedicated breast screening health promotion officer to maintain and improve uptake. The service has also joined North Tyneside's cancer prevention network which features a range of stakeholders who work together on the cancer agenda.

The Committee were informed of a range of activities to increase screening uptake which include:

- Newcastle Breast Screening dedicated health promotion officer
- Work with partners in local authority and local NHS
- Targeted work younger women via social media
- Early return to "fixed" appointments
- Text reminders
- Multiple community engagements
- Learning disability "Quality Check" visit

and the report also highlighted details of 17 targeted community in-reach events, organised by North Tyneside Council which was also attended by the Breast Screening Service Health Promotion Officer.

(Councillors A Spowart and J Webster left the meeting at 7.20pm)

A query was raised regarding the age of the screening programme and whether this could be lowered and offered between the ages of 40 – 50. It was explained that the National Screening Committee take into account all relevant evidence/data relating to cancer and that at present it is considered that screening under the age of 50 does not outweigh possible risks/harm. It was noted that the Committee review screening progress and it is not unusual for programmes to be tweaked.

The Committee welcomed the promotion work undertaken but queried if any retrospective work was carried out to analyse its success. The Committee were informed that it is difficult to capture the effectiveness of each engagement session but any overall increase in uptake is a positive. The Committee were

reminded that any take up is a choice.

The siting of mobile screening vans and information for screening in Wallsend was queried along with suggested promotion via various social media platforms. The Committee were informed that this information would be clarified and provided following the meeting.

A query was made in relation to the screening uptake data and if it were possible to provide a breakdown per sub-population which clearly shows the uptake position of North Tyneside. The Committee were informed that this would be clarified and if possible, information provided following the meeting.

The Committee welcomed the work which is being undertaken but queried what patient care and public involvement has been undertaken to establish why the screening offer may not be taken up. It was confirmed that it would form part of the role of the Breast Screening Health Promotion Officer to have those conversations and to use this information with the aim of improving take up.

The Committee welcomed the information presented.

Resolved That the comments of the Committee and the content of the report and presentation be noted.

C17/24 Work Programme

The Committee considered the work programme report and the outline work programme topics for 2024/25.

Discussion took place regarding the topics and the most appropriate meeting dates for which they should come forward.,

Resolved that the work programme be updated to reflect the dates in which the agreed topics will be presented to future meetings of the Sub-Committee

Meeting: Caring Sub-Committee

Date: 30 January 2025

Title: Disabled Facilities Grants

Author: Sue Graham, Better Care Fund Manager

Service: Adult Social Care

Wards affected: All

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1. Purpose of Report

To provide an overview of the use of the Disabled Facilities Grant in North Tyneside.

2. Recommendations

Members of the Caring Sub-Committee are asked to note and comment on the information presented.

3. Information

3.1 The Authority receives the Disabled Facilities Grant (DFG) from the Government to provide adaptations to older and disabled persons living in homes which, without adaptation, make it difficult for them to undertake everyday tasks like washing and using the bathroom, cooking or getting out and about easily. The grant provides capital funding for the provision of home adaptations. The grant cannot be spent on revenue purposes for example it cannot be spent on ongoing provision of care or staffing costs other than for those staff directly involved in delivering the adaptations.

3.2 On 3 January 2025 the Government announced an increase of £0.280m to the current year's grant taking it to £2.319m. This should be spent by 31 March 2025 but the Authority can carry forward unspent grant to use in following years.

3.3 The grant value for 2025/26 is also £2.319m

Governance and Links to other Plans and Strategies

3.4 Disabled Facilities Grant forms part of the Better Care fund which aims to support an integrated approach to housing, health and social care in a local area. Our approach to using the Disabled facilities Grant is outlined in the Better Care Fund Plan which is agreed annually by Cabinet and the Health and Wellbeing Board and is developed jointly with the ICB. The Better Care Fund Plan is formalised into a s.75 (of the NHS Act 2006) pooled budget agreement signed by the Authority and the ICB following an assurance process carried out by NHS England.

3.5 The Better Care Fund Plan links to the following plans and strategies:-

- Equally Well
- Better Health for All
- Our North Tyneside Plan
- Adult Social Care Strategy
- Adult Social Care Prevention Strategy

Statutory Powers and Requirements

3.6 Local authorities have a statutory duty under the Housing Grants, Construction and Regeneration Act 1996 to provide adaptations for those who qualify for a Disabled Facilities Grant (DFG) and this piece of legislation outlines how DFG's are to be administered.

3.7 The Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 provides general powers for local housing authorities to provide assistance for housing renewal including home adaptations. This legislation allow authorities to provide discretionary elements funded by the DFG under a wider housing assistance policy. Our current DFG policy is written in line with the Regulatory Reform Order.

3.8 Local authorities have wide ranging powers and duties to meet the needs of disabled people living in their area who require care and support. The responsibilities of local authorities are set out as follows:-

- For adults in the Care Act 2014
- For children in Part 3 of the Children Act 1989 as well as section 2 of the Chronically Sick and Disabled Persons Act 1970

3.9 In 2022, the Government published delivery guidance for local authorities which brought together the various pieces of statutory guidance into one document.

Disabled Facilities Grant(DFG) delivery: Guidance for Local Authorities in England

Scope of the DFG

3.10 The DFG funds adaptations to privately owned or rented homes including homes rented from a housing association. It does not cover adaptations for council houses.

3.11 Adaptations for council houses are funded through the Housing Revenue Account (HRA) and an amount is identified in the Authority's Investment Plan for this purpose. In 2024/25 this amounts to £1.600m.

3.12 Within the Better Care Fund there is a carry forward of previously unspent DFG of £1.257m in 2024/25. This underspend arose over a number of years however the in-year grant has been fully spent in 2022/23 and 2023/24.

DFG Eligibility

3.13 Support is available to adults or children who have an eligible disability. This includes autistic people, those with a mental health condition, physical disabilities, learning disabilities, cognitive impairments like dementia and progressive conditions like Motor Neurone Disease. It also includes those with age related disabilities and can include people with a terminal illness.

3.14 An assessment is carried out by an Occupational Therapist who would assess the disabled person's needs and recommend **necessary and appropriate** adaptations to meet those needs.

3.15 A review of the property would also be undertaken to ensure that the proposed adaptations are **reasonable and practicable** considering the age and/or condition of the property.

3.16 The Authority would also consider value for money and may consider whether the person could move to a more suitable property or utilise rooms in the property differently.

DFG Purposes

3.17 The mandatory ways in the DFG can be used are laid down in law:-

- Access to the home or garden
- Making the premises safer
- Access to the principal family room or bedroom
- Access to a toilet
- Access to a bath or shower
- Access to a wash hand basin
- Facilitating the preparation and cooking of food
- Better heating
- Control of power light and heat
- Caring for others

3.18 An Authority may also include discretionary purposes in its DFG Policy in line with the Regulatory Reform Order. In North Tyneside we include:-

- A discretionary top up value to the mandatory grant maximum value
- Assistance to move to a more suitable property
- Provision of high-cost equipment
- Maintenance of equipment
- Removal of category 1 hazards

DFG Values and Means Testing

3.19 The Government lays down the maximum value of a mandatory DFG as £30,000. This value has been in place since 2008 with no annual uplift for inflation.

3.20 The Authority's Policy identifies a further amount of £14,100 (uplifted each year by RPI) of discretionary funding which may be made available to top up the mandatory grant limit.

3.21 Grants are means tested for adults who are owner-occupiers or tenants. Passporting benefits apply. Where the disabled person is not in receipt of a passporting benefit, the initial test is whether the household has saving in excess of £28,030 (uplifted each year by RPI).

3.22 Different rules apply if applicant is the landlord. A contribution from a landlord may be requested if the adaptation could increase the rent charged as a result of the works.

3.23 Adaptations for council houses funded through the HRA are not means tested.

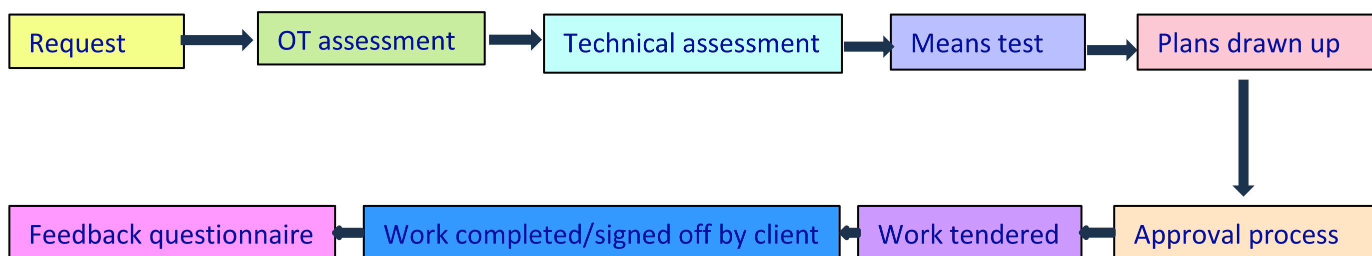
Application and Process Overview

3.24 Information and advice on DFGs is available on [MyCare.]()

3.25 Application for individuals is through our social care Gateway service which can be accessed via MyCare, by telephone (0191 643 2777) or by email childrenandadultscontactcentre@northtyneside.gov.uk

Professionals (for example Health professionals) can also refer a client for assessment which may lead to a DFG application.

3.26 An overview of the process is shown below:-



Performance Information

3.27 The following information relates to DFG funded adaptations (excluding HRA funded works on council houses).

	2021/22	2022/23	2023/24
By Age:-			
17 years and less	19	16	22
18-65 years	46	66	65
66 years plus	74	77	90
Total	139	159	177
By Value:-			
£999 and under	0	0	2
£1,000-£4,999	42	50	50
£5,000-£14,999	85	100	114
£15,000-29,999	9	8	9
£30,000 plus	3	1	2
Total	139	159	177
Grant Value	£1,869,024	£1,869,024	£2,032,115
Total spend	£1,769,384	£1,869,024	£2,032,115
(Under)/over spend	(£99,640)	0	0

3.28 In 2024/25 we expect to deliver approximately 160 adaptations and to fully spend the original DFG allocation of £2.039m. An additional £0.280m was announced on 3 January 2025 and the service is looking at the extent to which this can be spent in 2024/25. Any unspent funding can be carried forward to fund adaptations in future years.

3.29 Timescales for Q2 2024/25 are reported as follows:-

- Average time from request to approval is 95.25 days (Previous quarter 109.90 days)
- Average time from approval to completion is 78.78 days (Previous quarter 65.41 days)
- Average time from request to completion is 173.82 days (Previous quarter 175.31 days)
- Average time from assessment to completion is 194.13 days (Previous quarter 202.45 days)

3.30 We ensure clients are 'waiting well' through implementing temporary equipment/solutions where appropriate and by regular contact through the waiting period to monitor each individual's situation.

Customer Feedback

3.31 Feedback is monitored through a satisfaction survey for each completed job. There is a response rate of approximately 23% with high levels of satisfaction recorded – 96% satisfied or very satisfied.

3.32 Complaints and compliments are monitored on an ongoing basis to establish any lessons to be learnt. There have been three formal complaints in the last year, two disagreeing with assessments and one around the private renting of a stairlift when no DFG request was made.

Current and Future Trends

3.33 The following current and anticipated trends are noted:-

- Significant number of high cost children's cases are coming through
- Increasing number of cases relating to behaviours where it can be more challenging to assess long-term needs
- Overcrowding can be an issue in some cases – exacerbated by the national shortage of housing

- Costs of works have increased significantly in recent years - mandatory maximum of £30,000 has been in place since 2008
- Capacity of inhouse services to undertake this work is limited
- Shortage of external contractors to undertake this work
- Demand is expected to increase significantly in coming years due mainly to the growth in the numbers of older people (numbers of age 75+ expected to increase by 30.8% between 2020 and 2030), complexity in children's cases also increasing
- Government announced a review of social care in January 2025 – DFG will form part of this review.

3.34 We are reviewing our current policy in line with changing needs and anticipated demands.

Improvement Work Plan

3.35 A multi-agency working group has been established in North Tyneside to develop practice guidance and review the procedure for accessing DFGs. This will ensure resources are allocated to achieve positive outcomes for people, carers, and families and will ensure equity and transparency, embedding robust evidence-based practice and professional reasoning.

3.36 The terms of reference for this group is to establish a set of agreed principles for decision making and to develop practice guidance to support professional reasoning. For example issues are identified in the following areas:-

- Clarity regarding which Act or duties are being addressed
- Restrictive practice and Deprivation of Liberty (DoLs)
- Use of risk assessments and positive risk taking
- Demonstrating/trialling equipment at the equipment loan centre as part of assessment to ensure proposed solutions will deliver required outcomes
- Shared care arrangements and understanding the benefits of adaptations for adults or children's social care as well as for the individual or family
- Identifying overcrowding. Statutory overcrowding re floorspace and expectations around children sharing bedrooms
- Establishing an appeals process

3.37 A regional review of DFG best practice is also due to be carried out in 2025 led by North East Association of Directors of Adult Social Services (NE ADASS).

3.38 The local and regional work will inform a review of the current Housing Assistance Policy. Any revisions to the Policy will require public consultation and Cabinet approval.

3.39 Developments are also planned around data and intelligence. There is a need to improve collection of equalities data to support equalities impact assessment. Improvements in performance reporting are also in progress.

3.40 Funding issues are also being reviewed with concerns identified around the following issues:-

- Establishing hardship
- Use of discretion/alternative contributions/loans for shortfalls
- Legal charges
- Respite provision during works
- Top ups re choice

Timescales for our internal review is for completion by April 2025. We are awaiting confirmation of timescales for the regional work. We anticipate the development of proposals for a revised policy and procedures by the autumn of 2025.

The current DFG policy can be found here.

Meeting: Caring Sub-Committee

Date: 30 January 2025

Title: Care Worker Conditions

Author: Scott Woodhouse, Head of Commissioning

Service: Adult Social Care

Wards affected: All

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1. Purpose of Report

1.1 To provide an overview of the care conditions relating to members of staff employed by external care providers delivering social care services for vulnerable adults in North Tyneside.

1.2 The report will cover the following areas:

a) Our commissioning arrangements
b) Provider contracts and fees
c) Skills for Care dataset on care workers across North Tyneside
d) Quality of service provision and user satisfaction

2. Recommendations

2.1 Members of the Sub Committee members are asked to note the report and comment on the information presented.

3. Information

Context of Commissioned Services

3.1 Under the Care Act 2014, the Authority has a statutory duty to ensure there is a sufficient supply of social care services to meet the needs of the adult population of North Tyneside. This includes services and provision to not only

those people that have assessed and eligible needs under the Care Act, but also to the wider population. This will include self funders, ie those people responsible for finding and paying for services.

3.2 The services that the Authority commissions are set out below:

a) Residential care and nursing care – within North Tyneside and out of area
b) Home care
c) Extra care
d) Supported living and outreach services
e) Day services
f) Personal budget / direct payment funding, including for Personal Assistants
g) Individual service fund arrangements, this is a variation of a direct payment, where the budget is held and managed by the care provider

3.3 Each of the above is across various client group areas, ie older people, working age adults – learning disability, mental health, physical disability and also in relation to short term support and long term support.

3.4 The provision must also be sustainable, ie be available and of sufficient quality to meet needs now and in the future. Adult Social Care has recently undertaken and completed a range of market sustainability plans that look at the following service areas:

a) Care homes and home care for older people
b) Services to support people with a learning disability / complex needs / autism, and
c) Services to support people with a mental health problem (working age adults)

Each of these look at the current levels of demand and supply and any current market / provider issues that are prevalent and then an assessment of future market changes over the next two / three years, this is both in relation to demand, supply, challenges and opportunities. The final part of the plan is to address sustainability issues including fee rate issues where they are identified.

It should be noted that there is a difference between looking at sustainability of the market as a whole versus issues affecting an individual supplier / provider in that market.

3.5 There is significant gross spend associated with the above as set out in the table below, split by service type and client group type. A key component of the Adult Social Care budget is in relation to the income. This a critical part of the overall budget to ensure the net spend is in line with the budget.

	Budget £m
Commissioning - Expenditure	**£113.923**
Direct Payments	£6.453
Nursing - CCG Element	£3.318
Adult Family Placements	£0.440
Individual Service Fund	£8.745
Nursing Care (incl DMT)	£10.413
Residential Care (incl DMT)	£34.367
Respite Care	£0.860
Day Care	£2.116
Supported Living	£23.506
Homecare	£11.883
Extra Care	£7.922
Other Services	£3.901
Commissioning - Income	**(£59.389)**
Client Contributions	(£19.378)
NHS Recharges (FNC, S117, Shared Care)	(£13.183)
Grants & Other Income	(£26.828)
Commissioning - Net	**£54.534**

Commissioning	Budget £m
Older People & Physical Disability	£57.596
Learning Disability Services	£42.403
Mental Health Services	£10.377
Other Services	£3.548
Client Contributions	(£19.378)
NHS Funding	(£13.183)
Grants & Other Income	(£26.828)
Sub Total	**£54.534**

Contracts, Procurement and Fees

3.6 There are general clauses in all the social care contracts relating to the members of staff that are employed by the care providers. This includes specific requirements in relation to:

a) Providers meeting their statutory requirements in relation to service delivery, this will cover areas such as Health and Safety, CQC registration requirements, paying staff at least the National Minimum Wage and other areas such as sickness absence, pay etc.
b) Quality of service, with specific reference to the competence and capability of members of staff to deliver the specified service, this will also include ensuring there are sufficient staff to discharge their duties.
c) The staff will need to be suitably experienced, trained and qualified to deliver the specified service.
d) Safeguarding matters, such as enhanced DBS checks, training that is in line with the service and the requirements of the individual being supported or cared for, ie dementia training for staff working in a care home that supports older people with mental health / cognitive issues or working with a young adult with a learning disability and challenging

behaviour or someone with specific mobility and moving and handling requirements.

3.7 Within the fees that are paid to care providers, it is acknowledged that this will be different for each care provider and for each type of care setting, but that the following areas are generally included within any overall baseline cost:

a) Direct staff costs, wages
b) Indirect staff costs, NI, pension, sick pay, training
c) Direct service costs, operating costs to run the service
d) Premises related costs, primarily for care homes and day services
e) Return on capital, interest on loans
f) Return on investment, profit

This was information that was sourced from care homes and home care providers as part of the abandoned "Fair Cost of Care" work that was undertaken in 2022.

3.8 As we are considering annual fee increases, we will gather information from providers and the market generally on the cost pressures they are facing over the last year and an estimate over the year ahead. As part of this work, we will gauge the impact of costs in line with some of the headline information from the above work, and look at a breakdown of cost based on:

Care type	Cost Split – Employee : Other	Basis of Employee Cost
Care homes	70:30 *	National living wage
Home care / extra care	80:20	Real Living Wage
Supported living / outreach, day services	80:20	National Living Wage
	* under review	

As an Authority, we have been keen to ensure that appropriate cost pressures are identified and acknowledged and we have been able over the last 10 years to ensure that increases do keep track with changes to the National Living Wage and the Real Living Wage. Clearly, over the last couple of years, CPI has been at a much higher level and this has further impacted on provider costs and increases to services

Our Monitoring of Care Provision (focus on staff delivering services)

3.9 The main aspect of this relates to on-site quality monitoring visits to providers that have a contract and are delivering services in North Tyneside. This is part of a planned programme of visits to various care services operating across North Tyneside.

3.10 In advance of the visit there is a desktop exercise undertaken to review information received from each provider, this includes a range of policies and procedures alongside specific information. In relation to staff employed by the provider in the delivery of the service this is shown in appendix 1 (part A).

3.11 On the visit itself there is a more detailed monitoring tool that is used and this covers a range of areas of service delivery. In relation to staff employed in the delivery of the service, this is set out in Part B of the appendix. For each provider monitoring visit there will be two members of staff from the Commissioning Team, and for nursing homes there will generally be an additional member of staff from the Integrated Care Board, who will be looking at clinical aspect of service delivery.

3.12 This will include a review of a random sample of employee files to gather information as identified in the tool, as well as observation of staff (where this is possible to do) and interviews with care staff on the day of the monitoring visit.

3.13 For each aspect of the monitoring tool that is looked at there will be a score in place to show if it is fully met, partially met or not met at all. For areas that are not met, the provider will be expected to develop an action plan to improve that aspect.

3.14 At the end of the monitoring visit this is summarised into a report for the provider, this information is also summarised for all provision into a high level summary of service quality.

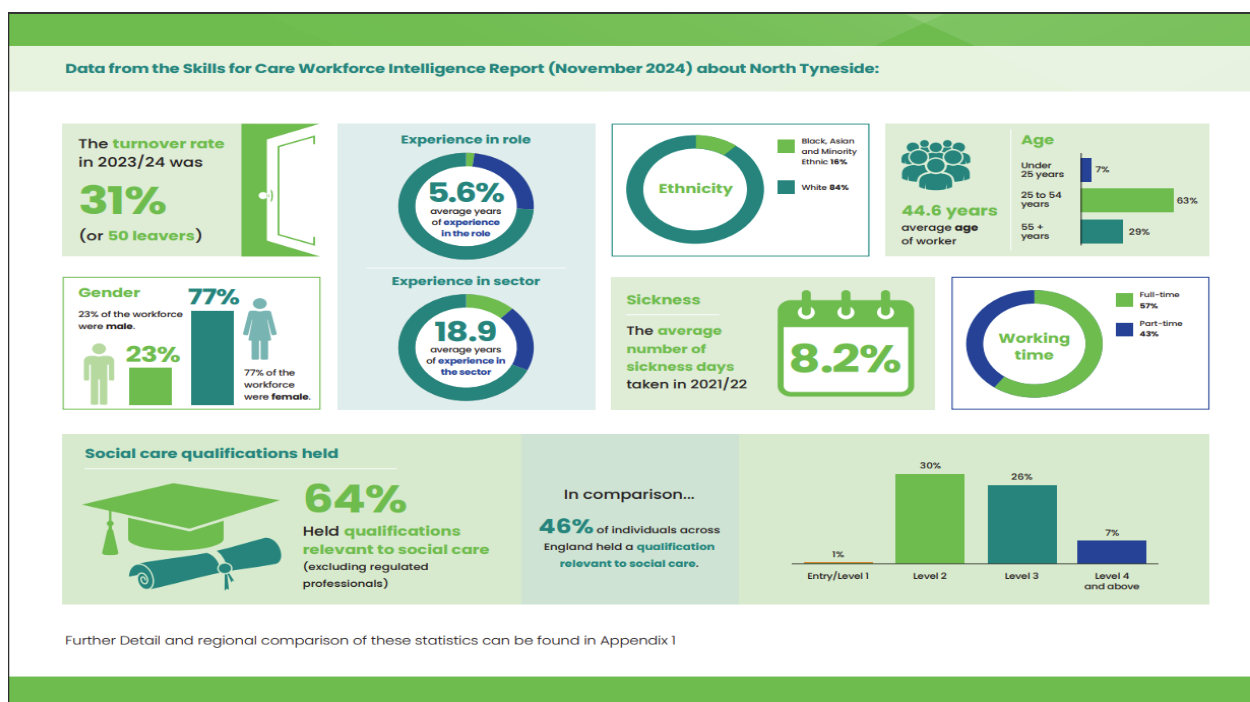
Skills for Care – Workforce Data

3.15 Skills for Care collect an annual dataset from the care market, this includes for local authority direct provision as well as from the external sector. In North Tyneside, this will be primarily for the external sector as we have limited internal direct provision by the Authority.

3.16 This dataset and collection covers a range of areas, including:

a) Size of workforce
b) Recruitment and retention
c) Demographics
d) Pay
e) Qualifications

3.17 A summary of this is in the infographic below:



3.18 With regards to average pay for direct care workers that are employed by external providers delivering care and support in North Tyneside, the following table shows the average hourly rate:

Hourly pay

Region	Local authority	
North East	Northumberland	£11.33
	Gateshead	£11.16
	North Tyneside	£11.13
	Middlesbrough	£11.06
	Durham	£11.03
	Darlington	£11.00
	Newcastle upon Tyne	£10.99
	Sunderland	£10.97
	South Tyneside	£10.96
	Hartlepool	£10.93
	Stockton on Tees	£10.88
	Redcar & Cleveland	£10.68

Note that this benchmarking was completed in 2023/24 from provider returns, when the National Living Wage was set at £10.42 per hour.

As can be seen, the average hourly rate for North Tyneside is reported at £11.33 per hour, which is £0.91 per hour above the National Living Wage – 8.7%.

Care Workers – Workforce Strategy 2025/26 and North Tyneside Care Academy

3.19 As stated earlier in this report, the quality of the provision of care and support to our most vulnerable adults is down to the quality of staff delivering the service. In a number of instances over the last few years we have seen specific concerns raised by providers in relation to recruitment and retention.

3.20 In order for the Authority to be assured about the sufficiency and sustainability of the market, we need to be assured that providers have access to enough care and support workers. This has been a real issue in the care sector in North Tyneside since 2022, equally this is an issue regionally and nationally.

3.21 In order to address this, the Authority has developed a new extended Workforce Strategy to include the external care market within it, and also established the North Tyneside Care Academy to grow and retain the social care workforce.

3.22 The key priorities within the Workforce Strategy are:

a) How we attract new people into social care, into a wide variety of roles delivered by different care providers, inspire people to work in social care
b) How the workforce is developed to deliver high quality services to our people
c) How we retain staff and value them and the work they do
d) And underpinning all of that, how we support the mental health and wellbeing of staff

3.23 The focus of the Care Academy over the coming 12 months is to:

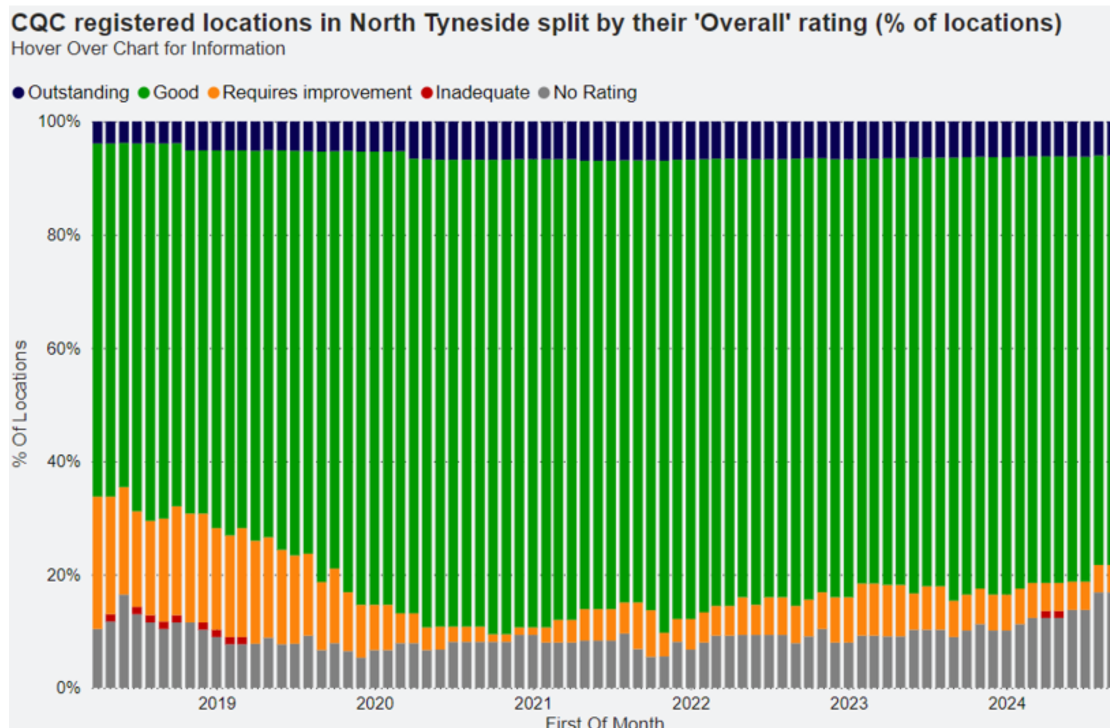
a) Develop the Care Academy website and promote job vacancies for care providers
b) Identify opportunities to promote social care as a career of choice
c) Ensure we have clear career pathways for workers in social care with appropriate access to training support

The Impact on Quality of Provision – CQC Ratings and Service user Feedback

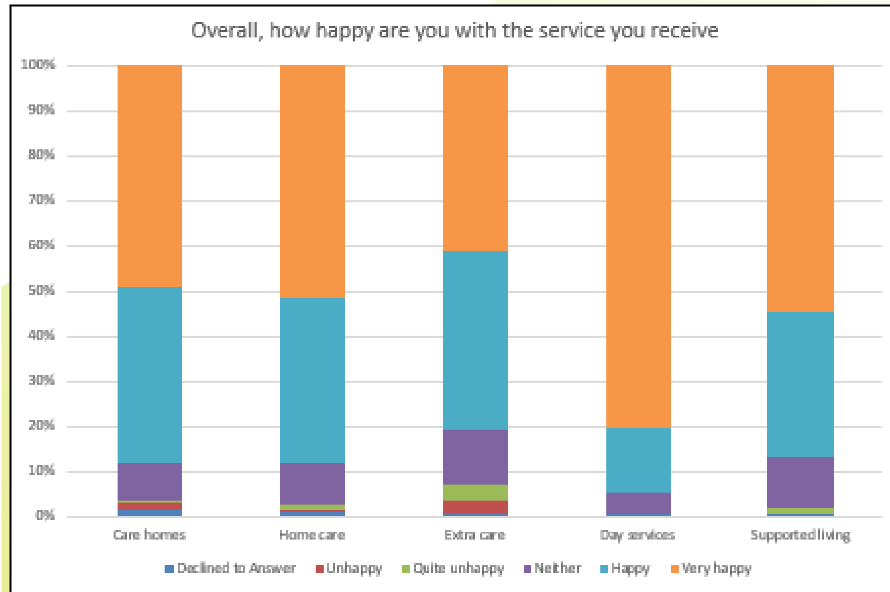
3.24 As stated previously in this report, the delivery of care and support is heavily impacted by the members of staff that are employed to undertake that work and deliver direct care and support to individuals. A key element of user feedback continues to be related to continuity of care and that is underpinned by this being delivered by the same member of staff or a relatively small staff team.

3.25 Overall, in North Tyneside we can demonstrate a good position in relation to both service user feedback and the proportion of services that are rated good or outstanding by the Care Quality Commission – the regulator of social care services.

In North Tyneside we have 94.1% of services that are good or outstanding (note this excludes those services that do not have a rating). This figure compares with an average of 90.7% across the North East and an average of 83% across England.



3.26 Service user feedback is similarly very positive with between 80% and 90% of people receiving services stating they were either happy or very happy with the service received, this came from an on-going survey linked to formal social work led reviews of over 1200 people in 2024



Appendix 1

Part A – Staff Information – pre visit requirements

1. Please provide details of the number (full time equivalent and headcount) of staff who have achieved the Care Certificate.
2. Please provide details of the number of staff with guaranteed hour and zero hour contracts. Where a provider uses zero hour contracts, this should be of benefit to Care Workers as well as the Provider and therefore the Provider should not use exclusivity clauses as part of its contracts for zero hours employees.
3. Please provide details of the system in place to ensure employees can speak, read and write English to an acceptable standard, have good communication skills and communicate well with Service Users of all backgrounds.
4. Please provide evidence of how Care staff salaries are calculated to ensure they are paid at least the National Living Wage. (The following relates to Home Care - Care staff shall be paid for travel time; required breaks; use of personal mobiles; parking costs; and the use of parking permits when required).
5. Please provide details of the rates of pay and any enhancements for Care Workers covering all age ranges including apprentices and evening enhanced rates, public holiday enhanced rates, (Home Care - mileage allowance) etc
6. Please provide details on annual leave entitlements for Care Workers? What is the annual basic and/or enhanced entitlement for a full time member of staff, i.e. 20 days basic, plus 8 public holidays. Staff with 5 years' service, 25 days basic, plus 8 public holidays, etc
7. Do you operate a staff referral scheme for new employees? If so, what is the referral reward? Please outline the terms and conditions of the referral scheme.

Part B – Areas covered by the Quality Monitoring Toolkit – example shows for residential / nursing care home

Effective Recruitment
1.2a. The home has a recruitment policy/procedure. Including Covid Specific recruitment procedures. A system in place as part of the interview process to ensure potential employees can speak, read and write English to an acceptable standard, have good communication skills and communicate well with Service Users of all backgrounds.
1.2b. Recruitment checks for staff and volunteers include two references, one of which should be from the current / most recent employer. All references are recorded and verified by the Manager. A satisfactory explanation for any gaps in employment are obtained.
1.2c. The competencies of nursing staff (permanent and agency) should form part of the recruitment checks.
1.2d. There is a process in place to check for any restrictions on NMC PIN registrations for all nursing staff (permanent and agency).
1.2e. There is a process in place to support Revalidation requirements.
1.2f. DBS's (Disclosure and Barring Service) are at an enhanced level or Enhanced for Regulated Activity and are obtained for all staff and volunteers and updated at least every three years (alternatively, a rolling programme is in place or yearly declarations may be evident).
1.2g. Where the Manager accepts staff into post who do not have a clear DBS, there is a clear process/policy to underpin this which should include discussion at interview and declaration on application forms. Any decision to employ is clearly recorded with supporting risk assessment documentation available. (Risk Assessments should cover these key areas: 1. Nature of Offences, 2. Seriousness, 3. Relevance, 4. Criminal Offence, 5. Pattern of Offending Behaviour, 6. Change in Circumstance, 7. Personal Qualities of Applicant).
1.2h. The working time directive is addressed with opt out forms held for each staff member, where applicable.
1.2i. Living wage is being paid.

Training
2.2c. All staff new to the health and social care sector have achieved competency in the 15 standards that make up the Care Certificate before working unsupervised. Providers are advised that all adult social care practitioners should complete the standards within 12 weeks of starting their job (consideration will be given to increased timescales for part time workers and other exceptions). The 15 Standards in the Care Certificate are: Standard 1 - Understand your role Standard 2 - Your personal development Standard 3 - Duty of care Standard 4 - Equality and diversity Standard 5 - Person centred values Standard 6 - Communication Standard 7 - Privacy and dignity Standard 8 - Fluids and nutrition Standard 9 - Mental health, dementia and learning disabilities Standard 10 - Safeguarding adults Standard 11 - Safeguarding children Standard 12 - Basic life support Standard 13 - Health and safety Standard 14 - Handling information Standard 15 - Infection prevention and control Should employees have the old style CIS, employers may, as good practice, ask them to complete the standards in the care certificate which weren't covered by CIS i.e. fluids and nutrition. Domestic and ancillary staff would not be expected to complete unless they also provide hands on care as part of their role.

2.2d Staff shall have undertaken mandatory training. This must be current and evidence when training expires which as a minimum must include: -Health and Safety, valid certificate - refreshed every 3 years -Moving and Handling, valid certificate - refreshed annually -Fire Training - every 3 years but evidence of regular evacuation procedures -First Aid Awareness -every 3 years -Emergency First Aid at Work (EFAW) - person on shift at all times with this - every 3 years -Basic Food Hygiene, valid certificate - refreshed every three years -infection prevention and control - refreshed annually -Safeguarding - initial awareness course and refreshed annually -Medication Safe Handling and Awareness (which includes homely remedies), valid certificate - refreshed every 3 years plus annual competency checks (if appropriate to role) -Nutrition and Hydration -Positive Risk Taking - Mental Capacity and DoL - Care Planning - Person Centred Care and Support - oral needs including not only dentures or teeth but also all mouth care.
2.2e. On completion of the Common Induction Standards staff should be offered the opportunity to achieve a recognised vocational qualification (Level 2 or 3 Diploma in Health and Social Care - formerly NVQ 2 or Degree) and for nursing staff to attend associated courses.
2.2f. Staff have been trained to understand the cultural and communication needs of individuals including where the person may be experiencing the effects of dementia associated with condition / age.
2.2g. Staff training is relevant, regular, updated and recorded with training hours being supported within rota. There are clear records of staff training including annual refresher courses delivered by professionals qualified to do so. There is evidence that annual competency checks are also carried out. (There should be a list of staff responsible for the administration of medication and all of those staff have received training in the safe handling of medication).
2.2h. The service can evidence an annual training matrix, this must clearly show when the person has completed training and subsequent expiry date along with details of who has delivered the training.
2.2i. The service can demonstrate that all staff have had their competence assessed against the National Safeguarding Competence Framework

2.2j. The initial induction programme is offered independently of rota hours. As a minimum it should include:
-Orientation of premises and introduction to service users
-Fire instruction on first day with further one within first six months
-Moving and Handling of persons and objects
-Introduction with on going training on policies and procedures
-Provision of staff handbook and discussion on all contents
-Safeguarding of Adults at Risk
-Dementia Awareness
-Falls Prevention Awareness
-Medication training appropriate to role
-Confidentiality and Data Protection
-Understanding of Human Rights Act and implications
-Equal Opportunities Policy to include discussion and instruction on all areas (as appropriate to the needs of the individual)
- Wound Management (Nursing Staff)
- Catheter Care and Insertion, Male and Female (Nursing Staff)
- End of Life Care
- PEG feeds (Nursing Staff)
- Stoma Care (Nursing Staff)
- MCA and DoL's
- Syringe Driver (Nursing Staff)
- Continence Assessment and Bowel Management (Nursing Staff)
- Hydration and Nutrition (Nursing Staff)
- Management of Long Term Conditions e.g. Diabetes (Nursing Staff
- Pressure area Care/Skin integrity
- Basic Life Support (Nursing)
- Equality and Diversity

2.2k Best practice would dictate that staff training is relevant to the needs of the service users. Examples include the following where appropriate: - epilepsy - autism - stroke awareness - diabetes - COPD - stoma care - Parkinson's disease - falls (prevention and management) - dementia - restraint, de-escalation techniques - continence care (urinary and bowel management) - catheterisation and catheter care (both male and female)(Nursing staff) - supra pubic catheter care (Nursing Staff) (not an exclusive list for training). - Nutrition - Tissue Viability There is evidence of up to date training and competencies for the administration of any specialist medication (where applicable) e.g. PEG, oxygen, insulin or rectal administration of medicines.
2.2l. Nursing staff have up to date training to administer subcutaneous fluids. The home follows the local Nutrition Pathway for referral to Community Dietetics service.
2.2m. All relevant staff groups have received appropriate pressure management training.
2.2n. Nursing staff have internal/external wound management training. (Do the Specialist Tissue Viability Team provide any of the training).
2.2o. Appropriate staff groups receive oral, enteral, parenteral, PEG and prescription nutrition training.
2.2p. The home has a system in place to ensure qualified nursing staff have an up to date NMC PIN. Evidence of revalidation for nurses should be clearly documented.
2.2q. Providers to evidence that staff first aid and CPR skills are up to date and ensure that all staff are aware of resident wishes around these matters.

Positive Staff Moral
5.1a. As a minimum, an annual staff satisfaction survey or alternative is carried out which results in an **action plan.**
5.1b. The Provider has a system (can be in a variety of forms) to encourage and reward good practice, loyalty to the service or innovation.

5.1c. Feedback from service users/carers and observations during the course of the monitoring visit indicate that the staff team have good morale.
5.1d Feedback from staff/service users and evidence from team minutes indicate good morale.
Staff Supported to Undertake their Duties
5.2a. The home can evidence that staff undertake regular supervision and there is an effective yearly appraisal system in place. This should identify an individual development plan. (The Registered Manager should also receive regular supervision).
5.2b. There is a Supervision Policy which reflects current guidance and good practice, has been reviewed / updated within the last 12 months and staff have signed to acknowledge they have read and understood the content.
5.2e. Regular staff meetings which cover all staff roles and shifts take place in working hours. Staff must sign to show evidence of their attendance or to acknowledge that minutes have been read.
5.2f. The home makes sure staff fully understand their role and what they are meant to do and provides clear guidance for staff on how to prioritise work demand in order to avoid feeling overwhelmed.
5.2g. There is an accountable member of staff with overall responsibility for clinical supervision at all times (Nursing Homes).
5.2h. Handovers at the beginning of each shift are included as part of rota hours. Staff sign to indicate handover information has been received. (Explore the possibility of sitting in on a handover as part of the visit).
5.2i. There is a system in place to ensure handovers are completed effectively and clearly identify who is lead for each shift and show shift responsibilities. The practice of agency staff handing over responsibility to agency staff is avoided where possible. Consider including additional handover evidence, such as safety huddles, mid shift updates, flash meetings etc. Is there evidence of recording handovers? To demonstrate those not in the handover are able to access the information.

Meeting:	**Caring Sub-Committee**
Date:	**30 January 2025**
Title:	**Work Programme 2024/25**

Author:	**Allison Mitchell, Head of Governance** **Sonia Stewart, Manager: Democratic Services**
Service:	**Governance**
Wards affected:	**All**

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1. Purpose of Report

1.1 At its meeting on 25 July 2024 the Sub-Committee endorsed its outline work programme topics for 2024/25. As discussed in that meeting, it is important that the work programme is kept under regular review and that this can be flexed by the Sub-Committee if appropriate during the year (for example, in response to emerging matters during the year which could not be foreseen at the time that the outline work programme was initially discussed). Accordingly the Work Programme will be included as a standard item of business on the agenda for each meeting of the Sub-Committee during 2024/25.

1.2 Appendix A sets out the work programme topics as they currently stand. The Sub-Committee is invited to review the work programme and to confirm those items of business to be considered at upcoming meetings of the Sub-Committee, in order that the relevant report authors can prepare the necessary information.

1.3 Should amendments to the work programme be proposed, it will be important for the Sub-Committee to set clear objectives for each proposed topic to ensure that the focus of all Scrutiny work is on strategic matters which are properly within the Sub-committee's remit and which will add value through the Scrutiny process.

2. Recommendations

2.1 The Sub-Committee is recommended to:

(a) Consider the current Work Programme, attached as Appendix A

(b) Confirm the items of business to be considered at the upcoming meetings of the Sub-Committee.

Suggested Policy Topics For Consideration by Caring Sub-Committee for 2024/25	
Integrated Care Board (ICB)	26 September 2024
Access to GPs	28 November 2024
Breast Screening	28 November 2024
Disabled Facilities Grant (DFG)	**30 January 2025**
Care Workers Conditions	**30 January 2025**
Winter Pressures – Including Discharges and Discharge Funding	19 March 2025
Care Quality Account	19 March 2025
How North Tyneside Council Works With The Community and Voluntary Sector	TBC
Drug and Alcohol Treatment	TBC
Innovative Technology to Improve Commissioning	TBC
Adult Social Care Complaints	TBC
Adult Social Care Strategy	TBC

Caring Sub-Committee Meetings 2024/25

25 July 2024	30 January 2025
26 September 2024	19 March 2025
28 November 2024	

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