



North Tyneside Council

Adult Social Care, Health and Wellbeing Sub-Committee

Wednesday, 6 July 2022

Thursday, 14 July 2022 0.01 Chamber - Quadrant, The Silverlink North, Cobalt Business Park, North Tyneside, NE27 0BY **commencing at 6.00 pm.**

Agenda Item	Page
<p>1. Apologies for Absence</p> <p>To receive apologies for absence from the meeting.</p>	
<p>2. Appointment of Substitute Members</p> <p>To be notified of the appointment of Substitute Members.</p>	
<p>3. Declarations of Interest</p> <p>You are invited to declare any registerable and/or non registerable interests in matters appearing on the agenda, and the nature of that interest.</p> <p>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.</p> <p>Please complete the Declarations of Interests card available at the meeting and return it to the Democratic Services Officer before leaving the meeting.</p>	
<p>4. Minutes</p> <p>To Confirm the minutes of the meeting held on 16 June 2022.</p>	5 - 8
<p>5. Briefing Note - Beaumont GP Surgery</p> <p>To consider a report from James Martin, Head of Commissioning (Primary Care), NHS North East and North Cumbria.</p>	9 - 14

Members of the public are entitled to attend this meeting and receive information about it. North Tyneside Council wants to make it easier for you to get hold of the information you need. We are able to provide our documents in alternative formats including Braille, audiotape, large print and alternative languages.

Agenda Item	Page
6. Cabinet Response to the Home Care Study Group Report	15 - 32
To consider the response of Cabinet to the recent report of the Home Care Study Group.	
7. Introduction To Healthwatch	
To receive a presentation from Paul Jones, Healthwatch North Tyneside, to provide an introduction on the work of Healthwatch and an update on current priorities and projects.	
8. Autism Strategy	
To receive a presentation on the Autism Strategy.	
9. Joint OSC for the NE&NC ICS and North and Central ICPs'	
To receive feedback from the meeting of the Regional Health Scrutiny Committee (Joint OSC for the NE and NC ICS and North and Central ICPs) which was held on 4 July 2022.	

Circulation overleaf ...

Members of the Adult Social Care, Health and Wellbeing Sub-Committee

Councillor Joe Kirwin (Chair)
Councillor Mrs Linda Arkley OBE
Councillor Jim Montague
Councillor Tommy Mulvenna
Councillor Rebecca O'Keefe
Councillor Olly Scargill

Councillor Michelle Fox (Deputy Chair)
Councillor Tracy Hallway
Councillor Josephine Mudzingwa
Councillor Tricia Neira
Councillor Paul Richardson
Councillor Jane Shaw

This page is intentionally left blank

Adult Social Care, Health and Wellbeing Sub-Committee

Thursday, 16 June 2022

Present: Councillor J Kirwin (Chair)
Councillors Michelle Fox, L Arkley, T Hallway,
J Montague, Mudzingwa, T Mulvenna, Neira,
Rebecca O'Keefe, J Shaw and J O'Shea

In attendance:
Councillors

Apologies: Councillors P Richardson

ASCH1/22 Appointment of Substitute Members

Pursuant to the Council's Constitution, the appointment of the following substitute members was reported.

Cllr J O'Shea for Cllr P Richardson

ASCH2/22 Declarations of Interest

There were no declarations of interest.

ASCH3/22 Minutes

In relation to the minutes, Cllr J Shaw indicated that she would like some additional information included in the minutes to reflect the robust discussion in relation to minute ASCH42/41.

The following amendments were put to the meeting:

para 7 – to add “Concern was expressed by members that evidence existed to suggest that current demand for mental health services provided by the Trust’s CAMHS service and the CNTW to patients attending the Trust’s hospitals, is effectively only available to individuals who are at risk of self-harm and/or suicide.

Para 9 – to be amended to read ‘Members welcomed the focus on staff wellbeing and addressing health inequalities in relation to staff, but also highlighted the need for the Trust’s management to support staff by e.g. ensuring they did not miss breaks or require them to work excessive hours’

To also record that Cllr J Shaw made a strong statement of concern regarding the overall state of the NHS at the present time during the discussion in this part of the meeting.

Cllr L Arkley stated that she did not recall all of these points being made and wished to have it recorded that she did not agree that the minutes be amended, but that these points be recorded as an addition to the minutes.

Following a vote it was resolved that the above amendments to the minutes be agreed.

Resolved:

That the minutes of the meeting held on 30 March 2022, as amended, be confirmed and signed by the Chair.

ASCH4/22 Covid Update: Health and Adult Social Care

The Director of Public Health provided a presentation which set out the current position in relation to Covid and also included an update on Monkey Pox.

It was noted that specific interventions for COVID-19 have now been replaced with general public health measures and guidance following the end of universal free testing and contact tracing. It was noted that protecting the vulnerable remains a priority with asymptomatic and symptomatic testing for NHS and care homes and home adult social care services, symptomatic testing for vulnerable individuals, access to treatments and a continued focus on vaccination. There is an expectation of an Autumn booster for over 65s and vulnerable people.

It was noted that there were early signs of a possible increase in the percentage of people testing positive for COVID-19, likely caused by increases in infections compatible with Omicron variants BA.1, BA.4 and BA.5. In England, the estimated number of people testing positive for COVID-19 equates to 1.46% of the population or around 1 in 70 people. The ONS Infection Survey provides data on a regional level, but unfortunately is not able to provide detailed data at local authority level. It was also noted that hospital admission data for the North East and Yorkshire is showing a small increase from a low level.

It was noted that the local authority has had a systems leadership role throughout the pandemic. It was noted that the specific COVID-19 Engagement Board has been stood down, but the COVID-19 Health Protection Board is continuing as a general health protection board with a full range of partners looking at surveillance, response and management of infectious disease generally across the borough, including COVID-19. There is a continued focus on the vulnerable, in particular work with care homes to manage and respond to outbreaks of infectious disease including COVID-19. Work is also continuing to promote vaccination uptake and to focus on tackling the inequalities that have been amplified by the pandemic.

There was some discussion about vaccination rates, and it was noted that vaccination rates in the borough are high but there are some large variations between wards reflecting wider health inequality issues. It was noted that the vaccination continued to be offered and the local authority had been ringing people to encourage take-up, but this had probably reached a saturation point. Members highlighted some of the positive actions taken to encourage vaccination in harder to reach groups and BME communities. It was noted that some of the lessons learned throughout the pandemic in encouraging vaccine take up were being adapted by other programmes such as breast screening.

Members raised some specific issues about access to the spring booster in some areas of

the borough, particularly in relation to older house-bound residents. The Sub-committee was advised that it was no longer sustainable to continue with extensive outreach work in relation to the booster vaccine as central government funding was no longer available to support this. However, it was hoped that the position for the Autumn booster would be improved with the vaccine offered via pharmacies and GP practices. This was noted, but Members did highlight that access could be uneven across the borough with some wards in a disadvantaged position, for example there are only two pharmacies in Chirton Ward. The Director of Public Health noted the concerns raised and agreed to feed the comments from the sub-committee into the ongoing work to address health inequalities.

Members asked about the ONS survey and noted that it was self-selecting and therefore may not be reflective of the population as a whole, although it was noted that the modelling techniques used to interpret the data will take account of variations.

Members asked whether data was now available to show how many people in North Tyneside died from Covid during the last two years and whether inequalities are reflected in this data. It was noted that around 565 people in the borough have died of Covid, but data is not yet available at a postcode level to allow more detailed analysis. The Director of Public Health highlighted that her Annual Report provided a detailed look over the last 2 years of the pandemic and asked that this be circulated to members of the sub-committee for information. She also stated that she would not have access to mortality data by ethnic group as this is not recorded on the death certificate.

In relation to Monkeypox, it was noted that Monkeypox has now been listed as a notifiable infectious disease in law. To date there have been 504 cases identified in the UK, with 4 cases in the North East but none in North Tyneside.

It was **AGREED** that the following information be circulated after the meeting:

- The presentation slides
- The link to the Director of Public Health's Annual report
- Data on vaccine take up by ethnic group.

ASCH5/22 Autism Strategy

The item was deferred to a future meeting.

ASCH6/22 Work Programme 2022-23

The Sub-committee considered the draft work programme for 2022-23 and the suggestions received for items to consider across the year.

The Sub-committee identified the following items as priority items:

- Access to Dentistry services in North Tyneside – NHS England to be invited to provide information from a commissioning perspective.
- Recruitment and Retention/Training and Support for Care Staff via the Care Academy – this may be something to consider on a cross committee basis.

It was agreed that the Work Programme be drafted based on the above priorities and the additional suggestions contained in the report.



North Tyneside Council

Briefing note

To: Adult Social Care, Health and Wellbeing Sub-committee

Author: James Martin, Head of Commissioning (Primary Care), NHS North East and North Cumbria

Date: 14 July 2022

Title of Briefing: Beaumont Park Surgery

1. Purpose of report

The purpose of this report is to provide information on the recent decision to agree to the closure of the Beaumont Park Surgery list to new patients for a period of six months and highlight the ongoing risks to delivery of service in that area.

2. Background information

List Closure application 2022

North Tyneside Clinical Commissioning Group (CCG) received an application on 30 May 2022 for Beaumont Park Surgery to temporarily close its list for six months.

Beaumont Park Surgery provides essential, additional, and enhanced services to 6,848 patients (6548.5 weighted) as of 1 April 2022 under a GMS contract from Hepscott Drive, Beaumont Park, Whitley Bay, NE25 9XJ. The practice has three GP partners (1.5 Whole Time Equivalent GPs) and is a member of Whitley Bay Primary Care Network.

The practice has a number of clinical staff vacancies. Employed GP workforce is down from 3 WTE GPs to 1.5 WTE GPs. The practice has secured a 0.5 WTE locum in addition to this but locums do not undertake all the tasks employed GP staff would complete.

The practice also has reduced nurse practitioner (NP) capacity, which is down from 1.2 WTE to 0.2 WTE, and has reduced healthcare assistant capacity, which is down from 1.5 WTE to 1 WTE.

When this is considered in respects to the number of patients per GP WTE and number of patients per GP and NP WTE (table 1), these figures are above well average in comparison to other practices in the local area.

Table 1 – Clinical staffing and GP WTE and GP and NP WTE patient ratios

	Practice	List Size (1 April 2022)	No of WTE GP*	Patients Per WTE GP	No of WTE NP	Patients Per WTE GP* and NP**
Current staff levels	Beaumont Park Surgery (A87008)	6,848	2	3,424	0.2	3,230
Average of local neighbouring practices				1,387		1,387

The practice states that it is struggling to manage its patient list as it needs a bigger premises and additional staff. At the moment, all rooms are being used for clinical purposes and on occasion staff must work from home to do administrative work to free up rooms for clinical work. The practice states that it can continue to provide a service to its current patients, and it has secured an additional locum to the 0.5 above over the summer months to support this. However, any increase in its patient list size would be unsustainable and lead to further increases in waiting times.

The practice has attempted to find new premises so that it can attract new staff and increase its clinical capacity whilst also increasing space, but the plans for a new build have recently fallen through due to the sale of land not being agreed.

The practice stated in its application that the reasons it wished to close its list on a temporary basis are:

- The practice has a very small building that is full to capacity. The practice states it needs more space to recruit additional staff so that it can manage its current list effectively. Closing the list will help the practice manage its capacity whilst it continues to seek a new premises.
- The practice highlights workforce issues. It currently has one full time GP who is on long term sick leave and is expected to start a phased return within the next three months. Another part time GP has recently resigned, and another full time GP wishes to reduce their sessions. The practice also has clinical vacancies that it is struggling to fill. Closing the list will help the practice manage its capacity whilst it tries to rectify these workforce issues.
- With these continued workforce, premises, and recruitment issues, the practice considers that it will be difficult for it to continue to manage its current patient list or any increase until these problems are rectified

The practice has tried to recruit to new and existing clinical posts to allow it to increase its capacity. They have had a job advert out with a one-month closing date and has approached all regular locums who have considered it, but it has never gone any further. There has been some interest in the vacancies, but the practice feels that the

restrictions with respects to the premises and the need for hot desking and vacating rooms at the end of a session is off putting to applicants.

Most staff have increased their hours already to deal with capacity issues and the practice has tried different ways of working such as remote working, but this is now proving harder due to the increasing requirement for face-to-face work.

The practice will continue to act on its workforce and premises issues, however closing the patient list will help the practice manage its capacity until a solution is found.

Based on the information provided by the practice and the need to ensure that service provision remains safe for existing patients on the list North Tyneside CCG Primary Care Committee agreed to the closure of the practice list for 6 months with the following exceptions:

- Continuation to register newborn babies and dependent children of existing patients
- Continuation to register patients from the practice's aligned care home

Allowing the practice to close its list would

- Allow the practice list to reduce to a manageable size.
- Relieve some pressure whilst the practice waits for staff on sick leave to return
- Allow the practice time to increase staff capacity by filling vacant posts
- Allow the practice to manage capacity whilst it seeks a new premises, however, it is unlikely the practice will be able to find a new premises and move within 6 months

List Closure application 2019/20

Beaumont Park Surgery applied to close their list in 2019/20. This was agreed and an action plan was put in place to mitigate the risks and move to a position where the practice could reopen the list to new patients. The main elements of that action plan focussed on the current practice premises.

The existing premises were developed in 1984 for a practice with a much smaller patient list size than the one it has now (the current patient list size is over 3½ times the size of the one that existed when the building was originally built).

The property comprises a single storey brick building with a pitched and hipped roof with a tile covering, and timber framed windows with single glazing which need upgrading along with the heating system. The premises are 70% undersized and are no longer fit for purpose or in line with current NHS design or space standards and are prohibitive to service delivery to the patients. The building layout is detrimental to confidentiality and there are access issues such as doors not able to accommodate wheelchairs or pushchairs.

There are a number of issues that make the building an unattractive place for new staff to choose to work. Many rooms are small and cramped and lack natural light. The existing building experiences major issues with heating due to the age of the heating system and lack of ventilation. Room temperatures in the summer can exceed 26°, in the winter months plug in heaters are needed in most rooms as radiators are old and single glazing exists throughout the building which is not in line with the NHS Green agenda.

Following the list closure in 2019/20 a review of the existing premises was undertaken to understand what opportunity there was to expand and improve the building to meet the needs of the local population. This review found that some internal reconfiguration of space could create a small amount of additional clinical space but increasing the overall floor space of the building had significant challenges:

- The structure of the existing premises would not take an additional storey being added to same without substantially demolishing the majority of the existing building which was not viable.
- The existing car parking is outside of the Title for the existing Practice premises and so is not something that could be reclaimed. Parking at the current site is a shared public space with no dedicated accessible spaces. The surgery has no allocated space for staff or patients
- Purchasing the existing premises from the current owner was not a viable option for the Partners in the Practice
- Purchasing adjacent (which are occupied/owned/tenanted) commercial property was also not a viable option for the Partners in the Practice
- Even if “money was no object” and it was an option to buy the existing premises, buy an adjacent property, utilise some of the existing car parking and re-configure the space, this would still not deliver a building sufficient in size for the Practice needs and one that would be in accordance with the NHS England measure (guidance on the size of premises for a Practice based on the patient list size)

Following the review, it was clear that the only viable long-term solution available to the practice to meet the current and future needs of the local population was to relocate. Some minor works were funded for the existing building to undertake the identified internal configuration and support the practice in the short term to reopen their patient list.

Practice relocation and risks to the reopening of the practice list

To support the delivery of the long-term solution for the practice a partner organisation was engaged to assist the practice in identifying potential opportunities for relocation. The practice, partner, and council officers worked together over an extensive period to identify and review 20 possible sites in the vicinity of the existing practice building but only one was found to be viable on a piece of land at Newsteads Drive.

As the land at the identified site is owned by North Tyneside council a number of processes needed to be followed before the sale of the land could be agreed. The Strategic Property Group confirmed its support for the disposal of the land at a meeting on 17 November 2021 but following external consultation with Ward members and members of the public the decision by the Cabinet was that the land should not be sold.

With no viable alternatives sites identified the relocation of the practice is now reliant on previously identified sites becoming viable or new sites becoming available for which there is no clear timeline. As a relocation is the identified long-term solution to the practice premises issues, which are the main cause of the list closure, this puts the practice's ability to safely reopen their list within a set timescale at significant risk as well as creating risks to the ongoing viability of the practice.

3. Recommendations

Adult Social Care, Health and Wellbeing Sub-committee Members are asked to note the contents of the report and the identified risks to the ongoing provision of services to patients in the area served by Beaumont Park Surgery

4. Appendices (if any)

N/A

This page is intentionally left blank

Meeting: Adult Social Care, Health and Wellbeing Sub-committee

Date: 16 July 2022

Title: Home Care Study Group

Author: Joanne Holmes, Democratic Services Officer

Tel: 0191 643 5315

Service: Law & Governance

Wards affected: All

1. Purpose of Report

To consider the Cabinet response to the recent report of the Home Care Study Group into the provision of home care services in the borough.

2. Recommendation(s)

The committee is recommended to note the response of Cabinet to the Home Care Study Group report which was approved at the Cabinet Meeting on 27 June 2022.

3. Details

- 3.1 In March 2022 this Sub-committee considered the report of the Home Care Study Group into the provision of home care services in North Tyneside. The report contained 14 recommendations.
- 3.2 The report was referred to Cabinet on 23 May 2022 and Cabinet's response to the report was submitted to the Cabinet meeting on 27 June 2022.
- 3.3 The Cabinet Member for Adult Social Care, Cllr Anthony McMullen, has been invited to the meeting to present the response to the report and to answer any questions from members.
- 3.4 A copy of the Cabinet report and the minutes from the Cabinet Meeting are attached to this report.

4. Appendices

- Appendix 1 – Report to Cabinet – Response to the Home Care Study Group report– 27 June 2022
 - Relevant section of the Minutes of the Cabinet Meeting – 27 June 2022

5. Background Information

The following documents have been used in the compilation of this report:

- Home Care Study Group report – March 2022

North Tyneside Council

Report to Cabinet

Date: 27 June 2022

Title: Cabinet Response to Overview and Scrutiny Home Care Study Group Report

Portfolio(s): Adult Social Care		Cabinet Member(s): Cllr A McMullen
Report from Service Area:	Health Education Care and Safeguarding	
Responsible Officer:	Jacqui Old, Director of Children’s and Adult Services	Tel: (0191) 643 7317
Wards affected:	All	

PART 1

1.1 Executive Summary:

This report sets out a proposed Cabinet response to the actions / recommendations identified by the Home Care Study Group, which undertook an in-depth review of home care provision in North Tyneside on behalf of the Adult Social Care, Health and Wellbeing Sub-Committee of the Overview, Scrutiny and Policy Committee.

The details of the proposed responses are set out in the Appendix to this report.

1.2 Recommendation(s):

It is recommended that Cabinet agrees the proposed response to the recommendations of the Home Care Study Group of the Adult Social Care, Health and Wellbeing Sub-Committee as set out in the Appendix to this report.

1.3 Forward Plan:

Twenty eight days' notice of this report has been given and it first appeared on the Forward Plan that was published on 29 April 2022.

1.4 Council Plan and Policy Framework

This report relates to the following priorities in the 2021-2025 Our North Tyneside Plan:

A caring North Tyneside

- We will provide great care to all who need it, with extra support available all the way through to the end of the pandemic

- We will work with the care provision sector to improve the working conditions of care workers; People will be cared for, protected and supported if they become vulnerable, including if they become homeless

1.5 Information:

- 1.5.1 The Adult Social Care, Health and Wellbeing Sub-Committee originally established the Home Care Study Group (the Study Group) in early 2020 to review home care provision in the Borough. The Study Group began the review, but the review was suspended at the beginning of the Covid 19 pandemic in March 2020. In July 2021, the Adult Social Care, Health and Wellbeing Sub-Committee agreed to re-establish the Study Group with a revised remit and membership, and the Study Group began meeting in early October 2021.
- 1.5.2 The remit of the Study Group was to review the current provision of home care in North Tyneside and monitor the introduction and progress of the Home Care Pilot, with a view to:
- Understanding whether the provision of Home Care in the borough is currently meeting the needs of residents;
 - Identifying those things that are working well and any areas of concern;
 - Monitoring the implementation of the Health and Care Pilot.
- 1.5.3 The Study Group received information from officers from the Commissioning Team and other teams within the Authority, as well as a range of interested parties including home care providers, front line staff, carers, North Tyneside Carers' Centre, North Tyneside Healthwatch, UNISON and the Cabinet Member for Adult Social Care.
- 1.5.4 A copy of the recommendations and the proposed response to each is set out in the Appendix to this report.

1.6 Decision options:

The following decision options are available for consideration by Cabinet:

Option 1

Cabinet agrees the response to the recommendations as set out in paragraph 1.2 above.

Option 2

Cabinet does not agree the response to the recommendations as set out in paragraph 1.2 above.

Option 1 is the recommended option as

1.7 Reasons for recommended option:

Option 1 is recommended for the following reasons:

Cabinet has a duty to provide a response to the report and the recommendations presented to it by the Home Care Study Group of the Adult Social Care, Health and Wellbeing Sub-Committee. The proposed response is a proportionate and considered response to the recommendations made by the Study Group in its report.

1.8 Appendices:

Appendix – Cabinet response to the recommendations of the home care study group.

1.9 Contact officers:

Scott Woodhouse, Strategic Commissioning Manager Adults, tel 0191 6437082
Claire Emmerson, Senior Manager Financial Strategy and Planning, tel 0191 643 8109

1.10 Background information:

The following background papers/information have been used in the compilation of this report and are available at the office of the author:

(1) [Home Care Study Group report – March 2022](#)

PART 2 – COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

2.1 Finance and other resources

This relates to the budget to deliver the provision of commissioned home care services across North Tyneside and the resources (staff) needed by the social care sector to deliver high quality services to meet the needs of people with eligible needs.

As part of the fee increase process from April 2022, Officers have considered options to ensure there is a sufficient increase to the market to meet additional and new cost pressures that providers are facing, including wage and other general running costs. These have historically been linked to the National Living Wage and Consumer Price Index.

Alongside this, there are capacity issues particularly within the home care sector with recruitment and retention. A number of initiatives are being considered and put in place to support providers and the market as a whole. In turn this will assist the wider health and social care system with capacity to support hospital discharge, reduced short term and longer-term care home placements. This includes a strategic priority to support providers to pay their staff a higher wage.

An increase to reflect this priority was put in place and agreed, under the scheme of delegations, by the Director of Childrens and Adult Services and the Director of Resources with the Lead Member for Adult Social Care and the Lead Member for Resources.

Notwithstanding this, it is not planned to implement this across the wider social care or Authority wide supply chain as this will have significant impacts for the Authority.

The action plan refers to fee increases in April 2022 to enable providers to pay their care and support staff at least the Real Living Wage, the cost of this will be met from within the Adult Social Care budget and forms part of the strategy to support recruitment and retention of staff to support vulnerable people.

In addition to this the Authority is required to undertake a “Fair Cost of Care” exercise with the local market and providers of home care services. This is to be undertaken over

the coming months and information from providers working in North Tyneside fed back to the Department of Health and Social Care by 14 October 2022. This will give us information on provider costs in line with the details of the agreed tool and will allow us to complete a market sustainability plan to ensure we have sufficiency of provision and that providers are viable and able to deliver high quality services in North Tyneside.

The increase to a Real Living Wage (RLW) for home care staff had not previously been anticipated when the 2022/23 Budget was agreed by Full Council in February 2022. A move to the RLW from April 2022 will cause a pressure within the Home Care budget. This will be monitored closely during the year and the impact of this reported to Cabinet as part of the bi-monthly budget monitoring reports. The outcome of the Fair Cost of Care exercise will form the basis of the Authority's 2023-2027 medium-term financial planning.

2.2 Legal

In accordance with section 9FE of the Local Government Act 2000, Cabinet is required to provide a response to the recommendations of the Overview and Scrutiny Report prepared by the Home Care Study Group of the Adult Social Care, Health and Wellbeing Sub-Committee. In providing its response Cabinet is required to indicate what (if any) action it proposes to take.

In undertaking all procurements, the Authority must comply with the Public Contracts Regulations 2015 and the Authority's Contract Standing Orders. Therefore, the Authority must observe these legislative requirements when considering issues related to the living wage in the procurement process.

The Authority endeavours to take account of price increases in its contracts for different social care commissioned services, including home care, extra care, care homes, supported living, day services etc. The contracts do not specify a rate of payment that providers must pay their staff in the delivery of services and the increase to support providers to pay staff at least the Real Living Wage is not an accreditation requirement linked to contract award or service delivery.

2.3 Consultation/community engagement

2.3.1 Internal Consultation

The Study Group met with officers from the Commissioning Team and other teams within the Authority, as well as some front-line staff from the Reablement Team and the Cabinet Member for Adult Social Care. Where actions that are set out in the Appendix are being implemented, consideration of further consultation will be made.

2.3.2 External Consultation/Engagement

The Study Group met with a range of interested parties from outside of the Authority, including home care providers, individual carers, North Tyneside Carers' Centre, North Tyneside Healthwatch, and UNISON. Where actions that are set out in the Appendix are being implemented, consideration of further consultation will be made.

2.4 Human rights

Cabinet's response to the Study Group has had regard to Article 8 of the Human Rights Act 1998 and a person's right to respect for their family and private life.

2.5 Equalities and diversity

Those in receipt of adult social care services may have protected characteristics under the Equality Act 2010 and those characteristics will be dealt with under the assessment and support planning arrangements.

2.6 Risk management

The capacity of home care services to meet the needs of vulnerable adults is identified and monitored in the Authority's risk register.

2.7 Crime and disorder

There are no crime and disorder issues arising directly from this report.

2.8 Environment and sustainability

There are no environment and sustainability issues arising directly from this report.

PART 3 - SIGN OFF

- Chief Executive ☐
- Director(s) of Service ☒
- Mayor/Cabinet Member(s) ☐
- Chief Finance Officer ☒
- Monitoring Officer ☒
- Assistant Chief Executive ☒

This page is intentionally left blank

Cabinet Response to Overview and Scrutiny Recommendations Completed Action Plan

Home Care Study Report

In accordance with Section 9FE of the Local Government Act 2000, Cabinet is required to provide a response to the recommendations of the Overview and Scrutiny Committee within 2 months. In providing this response Cabinet are asked to state whether or not it accepts each recommendation and the reasons for this decision. Cabinet must also indicate what action, if any, it proposes to take.

Overview and Scrutiny Recommendation	Officer Commentary	Cabinet Decision (Accept or Reject)	Action to be taken (if any) and timescale for completion
Recommendation 1 – Review the commissioning process to identify any areas where the allocation of care packages can be streamlined to be more efficient for providers and to allow packages to be put in place more quickly.	We are keen to ensure that the micro commissioning of individual packages of care is streamlined and offers providers an efficient run and delivery of homecare across the borough. We are working with providers and the market on this to identify gaps they may have and consider how these may be quickly filled by appropriate packages	Accept	Continued working with the market and consideration of ideas and other options that providers may have or that may be working well in other areas.
Recommendation 2 – Assess whether the budget for home care can be increased to allow the Authority to pay a higher rate to providers, and to link this to a requirement for providers to pay staff the Real Living Wage.	We have seen a number of workforce related issues over the last 12 months that have impacted on recruitment and retention of care and support workers. Whilst there are a number of factors to this, pay is clearly one when the wider employment market (retail, distribution, hospitality) is already paying higher rates to staff than the national minimum wage.	Accept, subject to understanding that this is not a Real Living Wage accreditation process	Monitor and review the impact of the fee increase and the capacity of the home care market and providers to accept new packages of care from the brokerage list, and also as part of hospital discharge arrangements.

Overview and Scrutiny Recommendation	Officer Commentary	Cabinet Decision (Accept or Reject)	Action to be taken (if any) and timescale for completion
	<p>In line with the Scheme of Delegations, from 1 April 2022, the service has agreed to increase rates by a higher percentage to support providers to be able to pay their staff the Real Living Wage of £9.90 per hour. Note this is not an accreditation process linked to contract award or service delivery.</p> <p>This is put in place as a direct result of and alongside other measures to deal with recruitment and retention across home care services. It is a priority for the service and the Authority to create capacity within home care to support people to remain independent and also to support hospital discharge.</p> <p>This is not being implemented across the wider Adult Social Care or Authority supply chain.</p>		
<p>Recommendation 3 – Integrate the following into the next commission/tender process which is due to take place in 2023:</p> <ul style="list-style-type: none"> Stronger requirements around 'quality of care' 	<p>The current home care contract / framework runs to 30 June 2023.</p> <p>As part of pre-procurement work the Commissioning Team will be reviewing the current service specification and contract requirement and receiving feedback from clients, carers,</p>	Accept	

Overview and Scrutiny Recommendation	Officer Commentary	Cabinet Decision (Accept or Reject)	Action to be taken (if any) and timescale for completion
<ul style="list-style-type: none"> the payment of an enhanced rate for providers who pay staff the Real Living Wage (subject to the outcome of recommendation 2). Support for the provision of specialist care services through an increased rate for these services, including a requirement for an increased rate for staff pay Support innovations in the use of enabling technologies to supplement and enhance in-person care services. 	<p>providers, partner agencies to inform the new contract / framework to be let from 1 July 2023.</p> <p>These areas will be considered as part of the process. The current enhanced / specialist element of the service relates to continuing health care packages which are funded by the Clinical Commissioning Group.</p> <p>We are keen to ensure that different forms of assistive technology are in place and form part of the solution to support people in their own homes.</p>		
<p>Recommendation 4 – Review innovations in other Local Authority areas to develop a longer-term plan for the commissioning of home care over the next 4-year procurement cycle. This should include re-visiting business models for alternative options for the delivery of home care services, including in-house provision, to consider whether any would now be viable.</p>	<p>See response to recommendation 3 in relation to innovation and review of options as part of the review work in advance of any procurement exercise.</p> <p>Work was undertaken in 2018 to look at the cost of internal delivery and if it was viable to set up an internal home care service. At this time the cost was not competitive and was not progressed.</p>	Accept	<p>Commissioning plan for home care to include innovation and a review of different models of service delivery.</p> <p>Review previous work on internal service delivery.</p>
<p>Recommendation 5 – Review training for social work teams to</p>	<p>There are different approaches in place for people funded by the</p>	Accept	

Overview and Scrutiny Recommendation	Officer Commentary	Cabinet Decision (Accept or Reject)	Action to be taken (if any) and timescale for completion
<p>ensure there is consistency across the commissioning process and on-going support and advice provided to clients and their families / informal carers.</p>	<p>Local Authority and for self-funded people supported by the Local Authority.</p> <p>We will ensure the advice and information is clear and accurate and that social work staff are sighted on this and can share the appropriate advice and information with clients and carers as appropriate.</p> <p>We will ensure staff are sighted on all options available to people funded through the Local Authority and also self-funding clients that request support from the Local Authority.</p>		
<p>Recommendation 6 – Review the impact of the current marketing campaign in support of recruitment to the Care Sector and to continue to review the support the Council is able to provide in this area.</p>	<p>The national social care recruitment campaign delivered by DHSC ran earlier this year and provided a range of materials and advertising to support recruitment and retention in social care.</p> <p>In addition to this, the Local Authority complimented the national campaign with local media and advertising. This was funded through the Workforce Recruitment and Retention Fund that was in place up to 31 March 2022.</p>	Accept	<p>Impact to be reviewed and options considered for further local campaign as part of Social Care Workforce Strategy.</p>

Overview and Scrutiny Recommendation	Officer Commentary	Cabinet Decision (Accept or Reject)	Action to be taken (if any) and timescale for completion
Recommendation 7 – Work with further education colleges, care providers and the North of Tyne Combined Authority to develop the Care Academy model to provide a route for trained and job-ready applicants to enter the care sector.	We have started work on the development of a local North Tyneside Social Care Academy to support recruitment and retention into social care work. Plan progressing to expand the Academy and interface with local providers of social care to identify new recruits.	Accept	Social Care Academy work is progressing, ensure this is linked to Social Care Workforce Strategy (see recommendation 8).
Recommendation 8 – Develop a longer- term work force strategy in support of the care sector.	A workforce strategy to support recruitment and retention in the social care sector is being developed in conjunction with social care providers	Accept	Social Care Workforce Strategy to be developed.
Recommendation 9 – Review the ‘My Care’ website to enhance the information available to families, particularly self-funders, to help them to navigate the system, including signposting information on private care providers.	We have started review of content to work on improving and enhancing information and advice content within My Care web pages. We plan to further develop content in line with changes to legislation and eligibility criteria, particularly in relation to white paper publication.	Accept	Improvement plan to support ongoing development and updates to my care web pages and content.
Recommendation 10 – Promote the ‘My Care’ website across the community and in clinical settings to raise the profile and increase awareness of the website.	We have recently launched a BSL introduction to my care video and have strengthened our links with interpreting under accessibility. Plans progressing to develop further videos to support internal	Accept	Improvement plan to support ongoing development and updates to my care web pages and content. We will continue to attend Living Well North Tyneside Strategic Group Meeting and identify further

Overview and Scrutiny Recommendation	Officer Commentary	Cabinet Decision (Accept or Reject)	Action to be taken (if any) and timescale for completion
	<p>and external staff and partners to promote Mycare.</p> <p>Linking in with Living Well launch programme and communications to promote Mycare.</p> <p>We have established membership at Living Well NT Strategic Group meeting to strengthen and develop links and content.</p>		<p>opportunities to promote and develop My Care.</p>
<p>Recommendation 11 – Improve the support and information that is made available to families about finances, costs and benefit entitlements at an early stage of the process.</p>	<p>We have undertaken a review of the adult social care factsheets and will provide this to clients and carers where it is appropriate to do so, this includes costs of services.</p> <p>Where a financial assessment is completed, they can be signposted to Department for Work and Pensions to apply (if there are potential benefits they may be entitled to)</p>	Accept	<p>The Authority will further review factsheet content and accessibility to them, having picked up on the findings of the Home Care Study Group.</p>
<p>Recommendation 12 – Promote the on-line training material provided by the North Tyneside Carers' Centre to all relevant council staff and social workers.</p>	<p>Improving the work with carers and reviews the Ways to Wellbeing model to include carers – ie Ways to Carers' Wellbeing.</p> <p>Factsheets to include a link to NT Carers Centre website.</p>	Accept	
<p>Recommendation 13 – Work with care providers to promote</p>	<p>North Tyneside Carers Centre to be invited to attend (various)</p>	Accept	<p>Attendance at Provider Forums</p>

Overview and Scrutiny Recommendation	Officer Commentary	Cabinet Decision (Accept or Reject)	Action to be taken (if any) and timescale for completion
information around the role of carers and provide access to the training developed by North Tyneside Carers' Centre.	Provider Forums to promote the work they do to support family carers and share information on access to training that they have developed		
Recommendation 14 – Review the availability of respite care for those who were eligible but unable to access respite care during the pandemic, but who may now need it.	Review arrangements for commissioning respite care in a care home setting to ensure sufficiency of supply. Continue to monitor the needs of carers and clients where respite has not been accessed due to the impact of COVID on the care home market.	Accept	

This page is intentionally left blank

Cabinet Minute – 27 June 2022

CAB17/22 Home Care Study Group

Cabinet considered a report seeking approval to the proposed response to the recommendations of the Adult Social Care, Health and Wellbeing Sub-committee's Home Care Study Group in relation to a review of the current provision of home care in North Tyneside.

The report and recommendations had been presented to Cabinet at its meeting on 23 May 2022 (Previous Minute CAB4/22).

The Adult Social Care, Health and Wellbeing Sub-Committee originally established the Home Care Study Group (the Study Group) in early 2020 to review home care provision in the Borough. The Study Group began the review, but the review was suspended at the beginning of the Covid 19 pandemic in March 2020. In July 2021, the Adult Social Care, Health and Wellbeing Sub-Committee agreed to re-establish the Study Group with a revised remit and membership, and the Study Group began meeting in early October 2021.

The remit of the Study Group was to review the current provision of home care in North Tyneside and monitor the introduction and progress of the Home Care Pilot, with a view to:

- Understanding whether the provision of Home Care in the borough is currently meeting the needs of residents;
- Identifying those things that are working well and any areas of concern;
- Monitoring the implementation of the Health and Care Pilot.

The Study Group received information from officers from the Commissioning Team and other teams within the Authority, as well as a range of interested parties including home care providers, front line staff, carers, North Tyneside Carers' Centre, North Tyneside Healthwatch, UNISON and the Cabinet Member for Adult Social Care.

The sub-group had made fourteen recommendations and the proposed response and action plan to those recommendations were set out at Appendix 1 to the report.

Cabinet considered the following decision options: to accept the recommendations set out in paragraph 1.2 of the report; or alternatively, to not accept the recommendations.

Resolved that the responses to the recommendations from the Home Care study group of the Adult Social Care, Health and Wellbeing Sub-committee in relation to its review of home care in North Tyneside, as set out in Appendix 1 to the report, be approved.

(Reason for decision: The proposed response is a proportionate and considered response to the recommendations made by the Home Care Study Group in its report.)

CAB18/22 Green Skills for Retrofit Jobs Sup-Group

Cabinet received a report from the Economic Prosperity Sub-Committee of the Overview, Scrutiny and Policy Development Committee on Green Skills for Retrofit Jobs on 23 May

This page is intentionally left blank