Next steps for adult social care in Northumberland

2024 - 2027

A position statement and invitation to a conversation

Northumberland County Council

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Foreword

This is a challenging time for adult social care services. The after-effects of the Covid pandemic have changed the context of care services in ways that we are still learning to understand, from new working practices to delays in NHS treatment and increased numbers of people reporting long-term health problems; workforce shortages are affecting most social care and health services; and the finances of public services are unpredictable, with some significant extra funding for social care in the period up to March 2025, but an uncertain longer term future following unprecedented levels of public spending during the pandemic.

This position statement describes what we see as the main issues which we need to address, and says what we are doing about each of them. It is intended as a starting point for a conversation in which we hope we will be joined by a wide range of individuals and organisations with a stake in improving care and support for adults. We have aimed to be clear and open about what we currently intend to do and why, but we would welcome challenges to our assumptions, and views about issues not covered here which we should be giving greater priority.

We have indicated in each section what issues we would particularly like to discuss further, but we would welcome comments on any issue.

The developments discussed in this position statement have been designed to further the objectives of the joint Health and Wellbeing Strategy for Northumberland, the North East and North Cumbria integrated care strategy, *Better health and wellbeing for all*, and the national strategy for adult social care *People at the Heart of Care*.

The Council's Corporate Plan sets out its broader priorities across all its services: achieving value for money, tackling inequalities, and driving economic growth. Adult social care is central to the Council's aim to tackle inequalities, for two reasons. People with a disability or disabling health condition are at particular risk of being excluded from opportunities which others take for granted; and also inequalities between communities are one factor which can make it more likely that people will experience poor health and need social care services. This position statement also sets out how we aim to deliver adult social care responsibilities in a way which uses public money effectively to improve the well-being of people with care and support needs. The County's economy will also benefit from measures to promote the independence of people with a disability or health condition.

If you would like to discuss further any issue discussed in this position statement, or want to tell us your comments on it, or if you want to know more about our current plans, please email us on asc-conversation@northumberland.gov.uk.

County Councillor Wendy Pattison, Cabinet Member for Caring for Adults

How we think we are doing

This position statement reflects our current assessment of how well we are doing at present, and what we need to focus on improving. We would welcome comments on this summary of our self-assessment.

What we think is positive

- We have a stable group of experienced and committed staff, and a strong track record of solid performance in most key areas under pressure.
- We have a long history of working closely together with local NHS organisations, so that organisational boundaries don't get in the way of arranging the services that ill or disabled people need.
- We have a good record of not overspending our budget. (This helps everyone, because it means we haven't had to make sudden decisions to cut funding for services because of financial problems.)
- Surveys suggest that both people who need care and support and unpaid carers have positive views about the support we give them.

Challenges that we think we need to address

- The care workforce is stretched. Home care[1] agencies in particular had unprecedented difficulties in recruiting and retaining care workers in the two years after the end of pandemic restrictions, and we can't yet be confident that the problems have passed.
- Many other services are stretched, including our own teams, and people working in them feel under pressure.
- In parts of rural Northumberland, the number of older people who may need care and support is increasing rapidly, but the number of local people available to provide care is not increasing.
- NHS services continue to be under a lot of pressure, though the health services in Northumberland are generally coping better than services in most other parts of the country.
- Changes to the way that the NHS is organised mean that some joint arrangements that have worked well in the past may need to be reconsidered.
- We need to be prepared for the possible implementation of national reforms to the way that adult social care for individuals is funded. These are currently scheduled for October 2025, though funding to meet the costs of the reforms has not yet been confirmed by the Government, so plans may change.

What we think we need to improve

- The way we work with people who need care and support is sometimes disjointed, with too many separate teams working with the same person.

[1] Underlined words and phrases are explained more fully in the Glossary. If reading this document electronically, they are clickable links to the Glossary entries.

- We don't think we are as good as we could be at connecting up what we do with local voluntary and community organisations across Northumberland.
- We are not as good as we want to be at helping people to take control of their own care and support arrangements. For instance we think more people could benefit from having control of the funding for their own care and support by getting a "direct payment", instead of us arranging services for them (though we know not everyone will want that).
- We have been aiming for a number of years to increase the number of housing options for older people. We know that people can find it harder to stay independent if they live in housing which has become physically hard for them to manage, or is in a location which cuts them off from services and social contacts. We want to make faster progress with this.
- We want to improve the way we protect people who can't make informed decisions themselves about 24-hour care arrangements – for instance older people with dementia who professionals or family members think need to move into a care home. Nationally, implementation of new legislation aimed at simplifying the arrangements for protecting people has been deferred, and we are considering what we can do instead to ensure that we focus effectively on investigating the relatively small number of situations where there is a real risk of decisions being taken which are not in people's best interests.
- We struggle at times to find appropriate services for the small group of older people with advanced dementia whose condition is causing them to behave in ways which create serious risks for themselves or others. We need to continue to work on finding better solutions.
- The law about how people's care needs should be assessed and met has become more complicated. The financial arrangements for care have also become more complicated. We need to keep trying to find better ways to explain how the system works. Sometimes even our own staff struggle to keep up with changes.

WHAT WE'RE NOT SURE ABOUT

- We think we may sometimes assume too quickly that the best way to support people to live the life they want is to provide them with care and support services, when it might be better to help them to explore other options.
- We think the forms that we use when we assess people's needs may be too complicated.
- We want to understand better how well we are doing at supporting carers (partners, family members and friends who support people without expecting to be paid). When we have surveyed carers in Northumberland, as part of a national programme of surveys, they have said mostly positive things about how well we involve them in assessments and care plans. But when we have audited our assessment documents we have found that we don't clearly record carers' needs in them, and we need to check whether that means we are failing to identify some carers' support needs.
- We are not always able to find productive ways of working with some adults who, for a variety of reasons, experience high levels of anxiety or distrust, or have poor impulse control, including some people who are neurodivergent. People in this category may seem to professionals to be asking for kinds of assistance which we can't reasonably

be expected to provide, but we may perhaps be failing to find the right way to help some seriously troubled people.

What we don't think we can change at present

- We know that the charges that many people have to pay for social care out of their pensions or benefits are unwelcome, and may cause some people to decide to do without care and support that they would benefit from. In theory the Council has the power to reduce these charges, but in practice it can't currently afford to do so, and may not be able to reduce them unless there is a national decision about that.
- We also know that some people have strong feelings about having to pay the full cost of their care and support because they have savings, or because they own a house and now need to live in a care home. Again, the Council can't currently afford to change this. In the case of people in care homes who have savings or a property, the Council doesn't even have a legal power to charge less than the full cost.

Background information

1. Care and support for adults in England

Adult social care is part of the system in England for providing adults with "care and support". Care and support is help provided to adults who need ongoing care or support from other people to enable them to do things which most adults need no help with except during brief periods of illness. There are many reasons why adults may need care and support, including long-term physical health or mental health conditions, learning disabilities or physical disabilities, and the physical or mental difficulties which people may develop in advanced older age.

Many adults who need care and support to live as they wish can call on partners, family members or friends ("unpaid carers") to provide some or all of the help they need. Others may make private arrangements to pay for care and support. There are non-means-tested disability benefits which can help with the cost of this[2].

At one time, the NHS provided long-term care and support for many people, in hospitals or other institutional settings. There were long-stay hospital wards for people with enduring mental health issues, people with a learning disability, and older people with health and care needs. From the 1960s onwards most of those long-stay wards have been closed. Early in the current century, varying local arrangements for NHS funding for people with care and support needs living outside hospitals began to be standardised, and in 2007 national rules were introduced for assessing eligibility for "NHS Continuing Health care" (CHC). Being an NHS service, CHC is free at the point of use.

Most adults who need care and support funded or arranged by the public sector to achieve ordinary outcomes in their daily lives are not eligible for CHC. The Council's adult social care service is responsible for ensuring that these needs are met. The Council also has broader responsibilities linked to care and support, and through a local partnership arrangement is responsible for arranging care and support services for people eligible for CHC funded by the NHS, though it is the NHS that makes the decision about who is eligible for CHC.

2. The Council's adult social care responsibilities

Arranging and/or funding ongoing care and support services is only one of the Council's responsibilities, though it is the largest element of the Council's adult social care service financially, and directly and substantially affects the largest number of people with care and support needs.

There are some important limitations to the care and support services which the Council is able to fund or arrange. We can usually only guarantee to provide services if they are necessary to avoid significant preventable risks or to achieve one or more of the outcomes

[2] Attendance Allowance for older people, and PIP (Personal Independence Payment) for younger adults. Some means-tested benefits also pay premium rates if people are eligible for one of these benefits.

listed in national eligibility criteria[3], which are focused on the basic activities of daily life. Ordinarily, people using care and support services arranged by the Council have to pay a contribution towards the cost, and if they can afford it they may have to pay the full cost of their services.

The Council's other adult social care responsibilities include:

- Arranging aftercare services for people who have been compulsorily detained in hospital for treatment of a mental health condition (this is a joint responsibility with the NHS, and no charges are made for any services arranged as part of an aftercare plan)
- "Market shaping" – the Council must aim to make sure that anyone with care and support needs has a choice of varied and high quality services, whether they are asking the Council to arrange their support or making private arrangements
- Information and advice – the Council must also aim to make sure that people in Northumberland can easily find out about the care and support services available
- Taking steps to prevent, reduce and delay the onset of care and support needs
- Investigating situations where an adult with care and support needs may be being abused or neglected

3. The current context

These are demanding times for adult social care. The Covid pandemic absorbed almost all of our attention for more than a year after March 2020, and left many social care services facing up to a difficult aftermath, which is only now becoming a less dominant issue. Care homes for older people were particularly seriously affected. In 49 of the 70 homes that were operating in Northumberland during the early waves of the pandemic, more than one resident died with Covid recorded as one of the causes of death, usually the main cause; during the first wave there were five homes in which ten or more residents died; in the second wave there were nine. Occupancy levels have only recently returned to something like their former levels. Home care services generally coped well during the pandemic itself, but had major problems recruiting and retaining care workers in the two years after Covid restrictions ended.

The Government announced in September 2021 an ambitious programme of social care reforms, with a particular focus on improved protection from the impact of social care charges for people with savings or assets. These changes would have had far-reaching consequences both for local authority adult social care responsibilities and for care services, particularly care homes for older people. It was announced in November 2022 that these reforms would be deferred from the original planned implementation date of October 2023 to at earliest October 2025. It currently appears unlikely that the reforms will go ahead in 2025, but no formal announcement has been made about that.

In social care as in a number of other areas of life, some long-term issues were made pressing by the impact of Covid. In Northumberland, we have known for a long time that the County's population is ageing, with higher proportions of people in the oldest age

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[3] These can be found at www.legislation.gov.uk/uksi/2015/313/contents/made. The Council will fund support to meet any one of the listed outcomes. This means that the Council's policy is theoretically rather more generous than the regulations require.

groups than elsewhere in the region, and faster predicted growth in those age groups. Demographic change is expected both to increase the need for care and support services for older people and in the rural areas of the county with the highest proportion of older people to reduce the number of people in the age groups likely to take up employment as care workers. In the period following the ending of the Covid restrictions, existing difficulties in care services resulting from these demographic changes became greater than ever before.

At the same time, there is a welcome but demanding increase in public expectations both about the options that should be available for older people with care needs and about the degree to which younger adults with a learning disability should be able to expect the support they need to have similar opportunities to the rest of the population. Northumberland has a substantial number of residents with a learning disability, and of services which make it an attractive place to live for families whose children have a learning disability, in part because of specialist services developed to replace the long-term hospitals which were once based in the County. The Council's net expenditure on adults with a learning disability is now about equal to its expenditure on all adults aged 65 and over who do not have a learning disability.

There are some exciting opportunities to improve adult social care services in Northumberland over the next few years, but there will also be real challenges.

Reducing the need for care and support

Few if any adults *want* to be dependent on care and support from others to be able to live their daily lives in dignity and safety. The Council's role is not only to make sure that people can get care and support services when they need them, but also to work to reduce the number of people who avoidably find themselves in a situation where they do need care and support to meet their basic needs[4]. This doesn't mean transferring responsibility for providing care and support to someone else (family members and friends, privately-purchased services, or volunteers). It means making it easier for people to live in ways that make it less likely that they will come to need care and support – in healthy environments, feeling part of a community and with easy access to the resources they need to stay in good physical and mental health.

There will always be some people who need long-term care and support, unless dramatic medical discoveries prevent or reverse health conditions and disabilities which there is currently no way to prevent, and which healthcare services can only help people to manage. But there are actions which the Council can take, in its own services and in partnership with others, which will reduce the number of people who develop health conditions and disabilities, and enable disabled people to live a safe and satisfying life without needing care services to help them overcome avoidable obstacles to that.

The council's corporate plan includes a commitment across all of the Council's services, from leisure services to transport, "to listen to what people with a disability or illness and their carers tell us about how we can best support them to live the life they choose". There are also specific programmes of work which are particularly relevant to this objective

4. Addressing inequalities and empowering communities

Some of the factors which make people more or less likely to develop care and support needs are best addressed by programmes designed to improve the physical and mental health of the whole population, and to strengthen local communities, particularly in areas where economic and social change have reduced their resilience. The Council's Director of Public Health, Stronger Communities and Inequalities leads work to achieve these objectives, working closely with adult care services.

A central issue is the link between care and support needs and the differing life opportunities available in different local areas in the County and to particular groups of people. These differences are starkly reflected in the gap between the most and least deprived parts of the County in the average number of years people can expect to live in good health (their "healthy life expectancy"). The Council and its partners adopted in 2022 an Inequalities Plan[5] which sets out how they aim to reduce the current gap in healthy life expectancy of 17 years between the least and most deprived wards in Northumberland. People in the most deprived areas are on average in poor health for a greater proportion of their lives, as well as on average living less long. Reducing inequalities should, in the long term, reduce people's need for care and support.

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[4] The Care Act 2014 describes this as a duty to prevent, reduce and delay the development of care and support needs.

[5] Available at www.tinyurl.com/Inequalities2022 (PDF document).

People are also more likely to come to need care and support if they do not feel integrated into their local community. Loneliness, the lack of a sense of purpose, and a feeling of being unable to contribute to the community may all contribute to poor mental and physical health and make it more likely that people will need care and support. Strong communities in which people know and look out for each other are likely to be communities in which people live longer without care and support needs, both because of informal neighbourly support and because of more organised community initiatives such as activity groups or events for older people. The Council's Communities First programme, which is being developed jointly by the Executive Director of Public Health and adult social care services, is intended to bring together the council's programmes of work designed to support community initiatives, with a particular focus on putting people at risk of isolation in contact with the community activities and services which can help them to remain independent.

The Communities First programme will build on the work of Northumberland Communities Together, a Council service set up early in the period of the Covid pandemic to coordinate the work of individual volunteers, voluntary groups and communities across the County, supporting people who were self-isolating or otherwise at risk. The resources that it can draw on include a team of "support planners" previously located in adult social care, who work to help people find sources of community support to help them with issues in their lives which might otherwise have led them to seek care and support services. The support planners also continue to act as a source of advice for adult care teams about the resources available in local communities. There are also workers employed by other public and voluntary sector bodies who have similar roles, such as the "social prescribers" working in primary care, who GPs refer patients to when some of their problems have non-medical origins such as loneliness. We think there will be benefits in bringing these roles together, to develop a more comprehensive network of sources of advice about local resources.

4.1 WHAT WE INTEND TO DO

- We will work to develop Communities First into an effective partnership between all of the community groups, voluntary organisations and public sector services which contribute to making local communities good places to live in for people with a disability or long-term health condition.

- We will explore in particular the scope for bringing closer together the workers employed by various public and voluntary sector bodies across the County whose role is to put people in touch with sources of community support.

4.2 WHAT WE WOULD MOST LIKE TO DISCUSS FURTHER

- We would welcome suggestions about the best ways in which the Council can promote the flourishing of local community initiatives, and make it easier for people with a disability or long-term health condition to find sources of support in their local community.

5. Housing options to support independent living

One crucial factor influencing whether people need care and support is where they live. Older people, in particular, can struggle to cope without care and support either because

of the physical demands placed on them by the house or flat that they live in or because the location where they live becomes isolating when their mobility declines – too far from shops, services and community activities, or too unsafe.

Some of these issues can arise in estates in towns and cities, but older people in rural Northumberland may face particular challenges, with shops and services further away and limited public transport if they can no longer drive. If they do come to need care and support services, it may not be easy to arrange that, if there are few people living locally who are interested in care work. In some parts of rural Northumberland, the number of residents in the oldest age groups is rapidly increasing while the number of adults of working age may be falling. Informal evidence suggests that there may be a significant number of older people living in relatively isolated villages and hamlets in rural Northumberland who would ideally wish to have attractive alternative housing options in market towns or other larger settlements, where they would have easier access to facilities that they need.

No single approach will be right for all older people or all rural communities. Older people in rural villages may have particularly strong social connections with the local community, and reliable sources of local support when they are in difficulties. Those older people who do want to move closer to shops and community facilities will have varying views about the kind of accommodation which would be attractive, and be in varying financial positions. There is no single model of housing scheme which will be the right option in every part of the County or for every older person who wishes to move. For some older people, the most appealing option may be an "extra care" scheme with some level of support available on site if they need it; for others it may be a flat or bungalow close to the town centre and in attractive surroundings, designed to remain accessible if they become less mobile.

The Council is keen to work with private developers and social landlords to ensure that the housing available across Northumberland, particularly but not only in rural towns and large villages, is designed with an awareness of the increasing proportion of the County's population in older age groups. In many cases, we think this is a market opportunity that is being underestimated, and that developments may not need financial subsidy from the public sector, but the Council has built up a fund which can be used to provide support for schemes which would clearly improve the options available to older people, and which would not otherwise be viable. In some cases the council will also wish to discuss the development of housing designed with older people in mind as part of larger developments. Our strategic intentions are explained more fully in our recently-updated Extra Care and Supported Living Strategy[6].

5.1 What we intend to do

- We will continue to work closely with planners and the Council's strategic housing service to encourage the development of attractive, accessible and well-situated housing schemes designed to be suitable for older people.

- We will discuss with developers options for the funding of any schemes which are not fully commercially viable, whether this takes the form of planning agreements as part of larger schemes or an element of Council subsidy.

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[6] Available at www.tinyurl.com/ExtraCare24

5.2 WHAT WE WOULD MOST LIKE TO DISCUSS FURTHER

- We would be particularly interested in any proposals to increase our information base about the numbers and locations of older people who would be interested in moving to more suitable housing, to assist us in discussions with developers and others.

6. Services that aim to reduce care and support needs

Some services provided by adult social care are specifically aimed at reducing or preventing care and support needs.

Care workers in the Council's **short-term support service (STSS)** support people for up to six weeks on a "reablement" model, in which the aim is to help people to recover their ability to carry out daily living tasks themselves, rather than to do those tasks for people.

Occupational therapists (OTs), some based in STSS and others in separate community occupational therapy teams, have specialist understanding of the physical and other obstacles which make daily living tasks difficult for people with different kinds of disability or disabling health condition, and can arrange equipment or adaptations to people's homes and give advice about the safest way to carry out tasks.

The Council's **telecare service** can provide monitoring equipment varying from standard pendant alarms though to sophisticated systems of sensors to raise an alert if someone has fallen, or turned on a gas ring without lighting it.

We are currently working on a pilot of the use of **digital communication devices** designed for people who would struggle to make use of mainstream Internet and smartphone technologies.

All of these services have the potential to enable people to overcome obstacles or risks in their daily lives without the need for ongoing care and support services. Each of them also has other benefits, in making life easier for the ill or disabled person and their unpaid carers, and reducing risks and anxieties. There is limited evidence that, if provided in isolation, they substantially reduce the need for formal care and support services[7], but each of them may also form part of a care and support plan, and may in that context significantly reduce the need for formal services – for instance by making it possible to manage risks to someone without having a care worker constantly present in their home, or frequently calling to check on their welfare, or by simplifying the tasks that care workers have to carry out.

One of the roles of our OneCall first point of contact, which includes a team of "enquiry and referral coordinators" to which call centre staff can pass on queries and requests for help, is to identify situations in which the best initial response to a request for help may be "signpost" callers to sources of support which might avoid the need for care and support services. Currently we are not sure that we are maximising the potential of this team. As part of our wider review of preventative services, we will be considering whether there are ways in which we could create an improved gateway into all the available sources of

[7] For instance a large-scale randomised trial of the effect of providing telecare equipment found no significant reduction in social care costs (www.tinyurl.com/telecareWSD).

support for people who may not need ongoing formal services. A key issue will be how to make sure that any such arrangement does not result in a more disjointed experience for people who do have long-term care and support needs. Where it is clear that a person will need a full assessment of their long-term needs, our aim will be to make our preventative services a more integral *part* of that needs assessment, so that the planning of formal care and support services is informed by an understanding of what resources other than formal services could form part of their plan.

6.1 WHAT WE INTEND TO DO

- We will complete a review of how all of our preventative services can best be linked together and with Communities First, to offer a comprehensive alternative to care and support services for people who do not need those, but may under current arrangements end up making use of them because alternatives have not been fully explored.
- We will test out through pilot schemes approaches to integrating the work of STSS and our occupational therapists more closely with needs assessments, in situations where the people they are working with *are* expected to have long-term care and support needs, to ensure that opportunities to reduce care and support needs are fully considered as part of the needs assessment, and that the lessons learned from working with people to help them recover daily living skills are fully reflected in assessments and care and support plans.
- We will complete our specific review of the Council's telecare service, to ensure that it is offering value for money.
- We will continue to explore the potential of alternative assistive technology solutions as means of improving people's independence and quality of life

6.2 WHAT WE WOULD MOST LIKE TO DISCUSS FURTHER

- We would welcome comments on how our preventative services could work more closely with other services, and on how effective they currently are.

Matching care needs to solutions

For more than a decade, the Council has not itself provided most kinds of care and support service, though it does still provide some learning disability services. In Northumberland as in most parts of the country, care and support services are usually commissioned from private and voluntary organisations. The primary role of most of the Council's own teams that work directly with people who have care and support needs is helping them to find ways of achieving the outcomes that matter to them in day-to-day life. Sometimes this means arranging services partly funded by the Council, or arranging direct payments which people can use to arrange their own services. It can also mean helping people to make arrangements privately, or helping them to deal with situations which are putting them at risk, such as being exploited or abused by others who are taking advantage of their disability or health condition.

In the formal language of social care legislation, our initial conversations with people about their care and support needs and the outcomes that they want us to help them to achieve are called "needs assessments", and the solutions that we develop with them are called "care and support plans". Our work with people who we think may be being abused or neglected is called "safeguarding enquiries".

7. Information and guidance

Whether people are planning to make private arrangements to meet their care and support needs or to ask the council to help them with the costs or the arrangements, the council has a duty to make sure they have the information that they need to understand what is available and to make choices.

Almost all general surveys and discussions with people who have experience of trying to get help with care and support needs, in Northumberland and elsewhere, confirm that one of their key frustrations is the difficulty of finding the information that they need. There is never likely to be a comprehensive solution to this, since the national system for supporting people with a disability or long-term health condition is complicated, involving multiple public bodies, funding streams and eligibility rules.

For many people it is always likely that their primary source of information about the services available and about what they are entitled to will come from health or social care professionals or from voluntary or community organisations that they in contact with. We think it helps that we have a partnership with the local NHS under which we arrange NHS continuing healthcare services as well as social care services, and a history of close working relationships with other NHS bodies, which means that our adult social care staff are generally able to give confident advice about most of the main forms of community-based health and social care support available.

But we do also have a key responsibility for making sure that more formal sources of reliable information are available, both for people who need care and support themselves and for anyone else who is asked to give advice.

We are not at present as good at this as we want to be, though results from the national survey of social care service users consistently show there being more people in Northumberland than average who say that finding information about support, services or benefits is "very" or "fairly" easy.

One of the things we know we need to improve is the information available on our website. We have done some work on that, but it is still not as easy to find information there as it should be, and the information which it holds is limited, and mainly focuses on explaining how our arrangements work rather than providing information about services.

There are also some specific kinds of information which we know are important to people with care and support needs but which continued to be less readily available from any source than they should be. One particular concern that we have is the limited public availability of information about costs for older people and their families who are planning to make private arrangements for care home accommodation. Despite national recommendations from the Competition and Markets Authority about the information which care home operators should provide on their websites, our most recent check on the websites of care homes in the County showed that many of them still do not publish clear information about the fees they charge or about the basis on which those fees may change during a resident's stay. We know that the decision to move into a care home on a private contract may often have to be taken rapidly following a health emergency, and that once someone who moved into a care home it may be hard to contemplate a further move. We will be considering what more we can do about this.

7.1 WHAT WE INTEND TO DO

- We will rethink what information should be available on our website, and how it should be organised, in discussion with people who have experience of trying to find information about care and support services and with professionals and organisations that get asked for advice about services.

- We will continue to monitor the information about private fees published by operators of care homes for older people in Northumberland, and will consider what further steps to take if informal discussions do not result in full compliance with the recommendations of the Competition and Markets Authority.

7.2 WHAT WE WOULD MOST LIKE TO DISCUSS FURTHER

- We would welcome general comments from individuals and organisations about what information is currently hardest to find, and about what would be the most effective way to make that information more readily available to the people who need it.

- We would also welcome contact from anyone interested in being involved in the improvement of our website and the printed information that we produce.

8. Coordinating care and support

We have often been told by people with care and support needs and carers how valuable it is for there to be someone who understands their situation and has clear responsibility for coordinating all of the care and support services that they may need, and who they can contact whenever there is an issue that they need help to resolve.

At one time, the Council aimed to organise all of its adult social care teams so that each person we helped to arrange care and support services had a named professional responsible for coordinating all aspects of their adult social care, with the expectation that the same professional would usually remain responsible whatever changes there might be

in the person's situation. In some cases, we had joint teams with NHS organisations in which the named person might be an NHS professional, and that whether they worked for the NHS or the Council they would be responsible for coordinating both health and social care community services.

Over the past two decades, national expectations about what community health and social care services should do became more demanding, and it became impossible to maintain that model of continuity and coordination. Specialist teams have been introduced responsible for coordinating particular parts of our support for people. We now have HomeSafe teams working in acute hospitals to make plans for any care and support that patients may need after discharge, safeguarding teams coordinating our response to situations where a person may be at risk of abuse or neglect, and a "deprivation of liberty safeguards" (DoLS) team carrying out statutory assessments of whether people in care homes or hospitals with limited mental capacity may be being subjected to more restrictions than necessary. Occupational therapists now work in separate teams from social workers, and we no longer have joint teams including social workers and community psychiatric nurses coordinating care and support for people with enduring mental health conditions. Initial discussions when people first contact us take place with a countywide team based alongside our call centre.

All of these arrangements, considered separately, have some clear benefits, which is why they were introduced. They provide peer support for workers dealing with similar issues, and allow workers to develop specialist expertise in particular aspects of social care. But we have become concerned that the overall effect may be a more disjointed experience for people who need care and support and their carers, with a risk that important information about what matters to a person may not be fully understood when responsibility is passed between different teams, or that people may find themselves having to explain the same issues to multiple professionals, or being unclear who they can ask to resolve problems.

At the time when Covid arrived, we were in the early stages of a programme of pilot schemes testing out how we could bring some of these functions closer together again, either in joint teams or through closer joint working arrangements. The pandemic slowed this down, but we did in 2022 make some significant changes, bringing back together into the same local teams the "care managers" who are the first point of contact for people with relatively straightforward care and support arrangements and the social workers who coordinate our response to people with more complex needs. We think that change has been a clear success; we are now looking at how we might test out other ways of reducing the number of different teams working to support the same person, or bringing those teams closer together.

We will also be continuing discussions with local NHS organisations about how we can improve coordination and continuity when people need support in the community from both health and social care services. In some cases we have joint statutory responsibility with the NHS, and we particularly need to make sure that our arrangements are closely coordinated. The primary example of this is the joint responsibility under section 117 of the Mental Health Act 1983 to provide after-care services for people who have been detained for treatment in hospital ("sectioned"). We think there is room to improve our current arrangements for ensuring that there are clear joint aftercare plans for people entitled to them, and we are in discussion with the ICB and CNTW about this.

8.1 What we intend to do

- We will explore in detail a sample of cases in which people with care and support needs have had contact with a number of different teams during a short period, and discuss with those people and their carers what has worked well for them and what has not.
- We will test through pilot schemes arrangements which bring further adult social care functions together in a single team which can offer a single contact point for each person they work with.
- We will agree with the ICB and CNTW an improved approach to Section 117 aftercare planning.

8.2 What we would most like to discuss further

- We will be arranging a programme of further discussions with individuals and organisations that have had contact with our teams about how well-coordinated they have found our response to be, and would welcome any contributions to those discussions.

9. How we discuss care and support needs with people

When social workers or other social care professionals discuss with people how disability or illness is affecting their lives, and how they can overcome difficulties, they need to balance two different aspects of their role. First of all, social care is about ensuring that people have control over their own lives, and working with them to help them achieve that. But also professionals are responsible for making recommendations about the best use of limited public funding.

The first role requires a conversation in which the role of the professional is to provide advice to people, drawing on their experience of what has worked for others, and their knowledge of what forms of support may be available, with a focus on how each person can build on their individual strengths and assets to achieve the outcomes that matter to them. The second role requires careful documentation of the reasons for a recommendation about what the local authority should pay for. There can be a tension between these two roles. We think that our current systems and processes may not always be getting the balance between them right.

Our most central statutory duty is to carry out tasks which are described by the Care Act as "assessments" of a person's care and support needs, deciding which of those needs are "eligible", preparing plans for meeting those needs, and making arrangements to implement those plans. The Act describes this process in a way which focuses on the duty of the local authority to make decisions about the support it will offer by following a process which complies with specified rules. There are some good reasons for this. Social care support is intended to be an entitlement which people have a right to if they need it, and there have to be clear procedures for making decisions about people's legal entitlements.

But social care is very different from some other kinds of legal entitlement, such as social security benefits or concessionary bus passes, where decisions are made by checking the

information on an application form. An assessment of care and support needs is a discussion about how someone can overcome obstacles to live their life in the way that they want to, and there are few specific rules about what kinds of support the local authority can arrange to make that possible. In effect, the role of adult social care is to fill the gaps in the support that is available from other public services, to ensure that people get the support that they need to enable them to have the same level of control and protection from risk that they could expect if they did not have a disability or disabling health condition.

Currently, we ask professionals to complete a detailed record in the standard form of every assessment and review, to comply with every requirement of the Care Act. In consultation with professionals, they often tell us that these forms are burdensome. In part this reflects limitations of our current computerised information system, which we expect will by the end of 2024 be replaced with a more modern and flexible system that will make most recording tasks simpler. At that point we will need to consider what other issues there may still be.

Our current practice is routinely to send full copies of the form recording the assessment and care and support plan to the person themselves or their representative. We think that this is in principle the right thing to do, since the objective is that assessments and plans should be "co-produced" with the person. However we have not in the past had systematic arrangements for getting feedback about how useful, accurate or comprehensible people find these documents, and we are working on ways to gather that.

9.1 What we intend to do

- We will pilot an approach in which the first record which professionals make of their initial discussion with a person is a full record of an open-ended conversation with that person about their lives and how those are affected by disability or illness, shared with the person, with formal assessment forms completed later if necessary, drawing on that initial conversation.
- We will work to develop a variety of methods of getting feedback from people who have recently experienced an assessment or a review, to understand better how positive an experience that has been, and how useful a record of our discussions with them our current documentation provides.
- As soon as possible after the implementation of our new computerised information system we will pilot giving people direct online access to our documentation of assessments and reviews, at a draft as well as final stage, aiming to make the documenting of people's needs and their plans a more explicitly joint process.
- Following the implementation of the new system, we will review whether the perceived burden of current recording requirements has been resolved by the use of less cumbersome technology, or whether there may be more fundamental issues about the balance between focusing on what matters to people with care and support needs and documenting full compliance with Care Act requirements.

9.2 What we would most like to discuss further

- We would welcome suggestions about how we can best improve our understanding of how people in different situations experience our current assessment, planning and review processes.

10. When people can't make decisions for themselves

Some people who need care and support services aren't fully able to participate in the assessment of their needs or decisions about their future care and support, because of cognitive impairments, for instance associated with dementia or with severe learning disability. We need to be particularly careful in that situation to make sure that we are listening to what they *are* able to tell us about what matters to them and what they like or dislike. We also need to make sure that the decisions which are taken are made in their best interests, and that we don't agree to arrangements that would impose unnecessary restrictions on the person.

We ask the professionals carrying out assessments to consider at the beginning of that process whether the person can, with support if necessary, tell us themselves about what they want and what concerns them. If not, we consider whether there are family members or friends who know the person well enough to be able to tell us what the person would want, and don't have conflicting interests – for instance we understand why family members who are frequently called on to help a confused older person may feel that they would be safest living in a care home, but we need to consider whether that makes it difficult for them to tell us from the perspective of the older person themselves how they might feel about that. In cases where there is some doubt about that, we have a duty to arrange an independent advocate, whose role is to tell us, so far as they can, what the person themselves would want to say if they could. Like many local authorities, we arrange advocates for fewer people than was expected when the Care Act introduced that duty. We are not sure whether that is because the expectations at that time were wrong, or whether we should be doing so more often.

The situation in which it is most important to ensure that these issues are considered is when proposed care arrangements for someone involve them living in a setting where they will be subject to continuous supervision and control and not be free to leave. For instance that may often be the situation where someone with severe dementia lives in a care home, and it may also be the case when someone with a learning disability lives in an independent supported living scheme, if they have 24-hour support and are only able to leave with a member of staff. A Supreme Court decision in 2014 clarified that special protections are needed in that situation, even if the person concerned is obviously happy where they are, and nobody involved in the arrangements has any concerns about that.

As a result of the Supreme Court decision, much larger numbers of people than originally expected came within the scope of a rather cumbersome scheme of legal protections called the "deprivation of liberty safeguards" (DoLS). Since the time of that judgement, many local authorities including Northumberland have struggled to carry out all of the assessments and reviews required to comply fully with the timescales in the legislation. Towards the end of 2023/24, we took advantage of Government grant targeted at reducing waiting lists, and funded a catch-up programme in which we commissioned an outside agency to carry out assessments of all the people living in care homes who were waiting for an assessment under the DoLS scheme. We are hoping that, with the waiting list cleared, we will be able to comply more closely with timescales in future.

In the longer term, a new system called the "liberty protection safeguards" is expected to be introduced. While legislation for this has passed through Parliament, we do not yet have an implementation date for it, and draft guidance about how the new system will operate was more confusing than we had expected. The aim of the new system as we

understand it is to move to a position in which, in cases where there is no reason to think that the person objects to the planned arrangements, or would object if they understood, the consideration of alternative options and of ways in which the constraints on the person's freedom can be minimised can take place as part of the normal care and support planning process rather than through a separate and rather bureaucratic series of assessments.

We intend to explore the possibility of moving towards a process that operates in that spirit ahead of the implementation of the new legislation. We think the key benefit of that would be a clearer focus on considering issues about protecting the person's freedom at the earliest possible stage in care planning, rather than after most of the planning has taken place.

10.1 WHAT WE INTEND TO DO

- We will pilot an approach at the point when plans are being made for a person to move into a care home who does not have the capacity to make that decision themselves which comes as close as possible under current legislation to the underlying intentions of the Liberty Protection Safeguards, with the issues about deprivation of liberty fully documented during the care planning process, and the formal approval under the DoLS legislation based as far as possible on using the care planning documentation as a prior assessment.

- We will carry out audits of how we have made decisions about whether to involve an advocate in the assessment and care planning when considering the admission to a care home of someone without mental capacity, in cases where there might reasonably be some doubt about whether the family is fully able to represent the person's best interests.

10.2 WHAT WE WOULD MOST LIKE TO DISCUSS FURTHER

- We would be grateful for feedback from anyone who has been involved in assessments and care planning for people with limited mental capacity about how effective our current arrangements are at ensuring that the person's best interests are at the centre of decisions.

11. How we agree with carers what they need

Formal care services, whether arranged by public bodies or privately, are for many people with care and support needs not the primary way in which those needs are met. Unpaid carers – partners, family members and friends – are often at least as important a source of support. The Care Act further strengthened the Council's existing duty to consider how providing that support affects the lives of the carers themselves, as well as the person they care for.

The requirements in the Act parallel those for people with care and support needs. Carers are entitled to an assessment of their own needs, and there are eligibility criteria to determine whether they are entitled to be supported by services, or to have a direct payment, in their own right.

There are two different ways in which these requirements could be met. One option would be to have a separate system of assessments of carers' needs, carried out separately from any assessment of the person who they care for. These assessments might even be carried out by a separate organisation under an arrangement with the Council. Discussions which we had with carers at the time when the Care Act was introduced confirmed our view that this was in most cases not likely to be the best way to ensure that carers' needs are met. Ordinarily, if the person who the carer is supporting has a care and support plan what matters most to the carer is whether that care and support plan reflects their choices about what kinds of support they want and are able to provide, and when they want and are able to provide it.

In most cases, the kinds of support which carers most value is care services for the person they look after that are arranged in a way that enables them to live their own lives in the way they choose to. Sometimes carers do need support provided directly for them – for instance the partner, parent, son or daughter of someone with a serious illness may be determined to provide them in person with as much as possible of the support that they need, but may as a result be concerned that they are neglecting practical aspects of their own lives. In such a situation, the right solution may be practical support to alleviate those concerns, rather than offering care and support services to substitute for the support that the carers providing (a "carer's service"). But ordinarily the outcome of considering a carer's needs is to ensure that former services for the person they care for are shaped by the needs of the carer as well as the person with care and support needs.

Consequently, our usual expectation is that the assessment of a carer's needs is carried out by the same professional who is assessing the needs of the person they care for, so that the care and support plan for that person is an outcome of both assessments. The design of our current assessment documentation makes it possible to record the discussion with the carer about their own needs as part of the assessment of the person they care for (a "joint assessment", in the language of the Care Act), with a separate document recording the carer's assessment only if one or both of the people involved want part of the discussion we have had with them not to be shared with the other.

Auditing of assessment documentation has made it clear that this is not working in the way that it was intended to. The section in the assessment documentation which is intended to record the discussion with a carer often does not do so. In some cases this is because that discussion is recorded elsewhere in the assessment, but overall we have a concern that we are not documenting as often as we should the discussions that we have had with carers about how their lives are affected. In some cases, it is recorded in assessment documentation that carers have *declined* a carer assessment, and we think that this may suggest that carers have been given the impression that they are being invited to complete an onerous form to apply for additional support rather than to have a discussion about any issues for them that they would like to talk through.

We are not sure whether this weakness in our documentation is a sign of a real failure to have discussions with carers about how caring is affecting them, or mainly an issue about how good we are at documenting that. In the most recent national survey of carers' views, responses to the question "Overall, how satisfied or dissatisfied are you with the support or services you and the person you care for have received from Social Services in the last 12

months?" were more positive than the national average, with a significantly higher proportion than average answering that they were "extremely" or "very" satisfied[8].

We will be working over the next year to understand better what this weakness in our recording means, and whether it calls for changes to our documentation and guidance, or for a more fundamental review of how we are ensuring that we support carers. As a first step, we have circulated updated advice to our teams about how to record assessments of carers' needs.

11.1 What we intend to do

- We will continue an enhanced programme of audits of how discussions with carers have been recorded during assessments.
- We will also consider options for simplifying the recording of discussions with carers, and for offering the option of self-assessment, in the more flexible electronic recording system that plan to be using from the end of 2024.
- We will seek to increase the involvement of carers in training programmes for professionals.

11.2 What we would most like to discuss further

- We would particularly welcome views from carers about their experience when we have assessed the needs of people who they support, or when they have asked us for help, and how well in practice they think we listen to them and make sure they have the support they need.

[8] www.tinyurl.com/carers2022

Care and support services

For most people with ongoing care and support needs who we work with, and most carers, the most important outcome of our discussions with them is the care and support services which they get, such as personal care provided by care workers visiting them in their own homes, services which provide care and accommodation together, or support to pursue social, leisure or occupational opportunities.

The Council has a duty under the Care Act to arrange care and support services for people who need them, but care and support arrangements are not usually technically complex services that need to be designed by experts. Ordinarily neither local government officers nor professionals know what is best for individual people with care and support needs. Wherever possible, people should be able to make their own decisions about how the resources available should be used to support them to live in the way they want to, and where cognitive impairments mean that people can't make all of those decisions, they should still have as much control as possible.

The Care Act provides for a system of "personal budgets" for people with care and support needs[9], which means that the Council is required to tell everyone whose services it is funding how much those services cost, so that they are in a position to make proposals about how that funding could be better used to support them in a different way. The Council also expect all assessments recommending services other than care home accommodation to include an "indicative personal budget", showing the minimum cost that we would expect the Council to agree to, as a starting point for discussing alternative proposals. (This indicative cost is not a limit to how much the Council is prepared to spend, but a starting point for discussion.)

With a few rare exceptions, anyone who is assessed as needing care and support services funded by the Council has the right to ask for a "direct payment" arrangement, under which the funding for the services they need is transferred to them so that they can manage it directly. We think we need to do better at helping people to consider this option, and this is discussed in section 12. But we also know that there will continue to be people who want the Council to make arrangements for the use of their personal budget, and the following sections discuss what we are doing to improve our arrangements for commissioning services for people.

12. Direct payments

Since the 1990s, one way in which people can take control of their own care and support arrangements has been to ask their local authority to let them manage the money for their services, and make the decisions that matter to them about how those services will be provided.

Direct payments can be used to support a variety of different kinds of care arrangement. These include:

- recruiting and employing a team of care workers (usually called "personal assistants");

[9] People whose services are funded by the NHS through the NHS Continuing Health Care scheme have an equivalent right to "Personal Health Budgets", and the Council follows the same arrangements for both kinds of personal budget, including direct payment arrangements.

- paying people who the person already knows – family members or friends – to provide care and support as the person's paid employees;
- paying a care provider for care and support services which it also provides to other people (which may include services that the Council also contracts for directly, such as home care);
- paying for things which aren't specifically care and support services, but which are a way to meet the person's care and support needs.

In each of these arrangements, the money is controlled by the person with care and support needs, or by someone (usually a family member) acting on their behalf. But the kinds of control that they offer are different. They are likely to suit different people, and to be chosen for different reasons. In some cases a high number of people opting to receive direct payment to pay providers such as home care agencies may even be evidence of a problem with the local authority's own commissioning arrangements.

That situation arose a few years ago in Northumberland. Before 2019 the Council's home care contract made it difficult for smaller home care providers to offer a service on any basis except a direct payment, even if there was no other provider with capacity available to meet the person's needs. Many people were being told that the only way they could get the support they needed was to accept a direct payment to employ one of these smaller providers. Direct payments used to pay a home care agency *can* have real benefits – for instance if a person's health condition fluctuates from week to week, it may work well for them to be able to negotiate directly with the care provider about what help they need. But in this case most of the people being given direct payments did not want that kind of control, so after the Council changed its arrangements in 2019 so that any registered home care provider could sign up to the contract, far fewer people opted for this kind of direct payment.

Comparative statistics show that in Northumberland a lower proportion of adults with long-term care and support needs manage their support through a direct payment than the national or regional averages. Unfortunately the available statistics don't distinguish the different kinds of direct payment arrangements, so we don't fully understand the reasons why the number of people with a direct payment in Northumberland is lower than in many other areas, though we do know that the main reason for a *reduction* in that number in recent years has been the change to our home care contract in 2019, so we don't think that we have been getting *worse* at achieving the real objectives of direct payments. But we are not satisfied that we are doing as well as we want to be.

We don't think that we have given all of our local teams a sufficiently clear understanding of how to have meaningful conversations about the option of a direct payment with all of the people who they work with. One of our key current priorities is to put that right. We don't see this as simply a matter of briefing professionals about procedural expectations; what is most needed is concrete examples of how direct payments have increased the control over their lives of people in similar positions to the people they are assessing, and that is the focus of our current programmes.

12.1 What we intend to do

- We will continue a recently enhanced programme of training with our local teams to develop their confidence about how to discuss direct payments whenever they assess

someone's needs – and where appropriate to start from the assumption that direct payments are the default approach.

- We will explore with local authorities elsewhere who report much higher numbers of people receiving direct payments what they are doing differently, and how we could learn from that.
- We will make better conversations about direct payments a central objective of the work on improving the way we assess people's needs and plan with them how to meet them.
- We will make the stimulation of new local options which can be purchased by people with care and support needs a central objective of the Communities First programme (see section 4 above)

12.2 WHAT WE WOULD MOST LIKE TO DISCUSS FURTHER

- We would be grateful for comments from anyone who has experience of arranging support with a direct payment in Northumberland, or experience of how our arrangements differ from arrangements elsewhere.

13. The care workforce

In the long term, on almost any assumption, the number of people working in the care sector and their skill levels will need to continue to increase, in response to demographic change and rising expectations. But in the months following the end of Covid restrictions in July 2021, the position began instead to deteriorate, and many care services across the country experienced serious problems with the recruitment and retention of care workers. For a variety of reasons, including higher levels of long-term sickness across the economy, many commercial and public sector employers had similar problems, also affecting sectors such as retail, hospitality and tourism.

When it became clear that these problems were not going to be a brief after-effect of the pandemic, the Council introduced a scheme across most of the care services which it commissioned under which care providers could sign up to a variation to their standard contract with the local authority under which they would commit to paying rates at least equal to a "Local Minimum Wage". The figure for this was set to match the "Real Living Wage", a figure set independently by the Real Living Wage Foundation based on research into the cost of achieving a standard of living which focus groups judged was the minimum that households should be able to expect. This arrangement was introduced from April 2022.

Most care providers in Northumberland eligible to participate in the scheme have signed up for it, though a few providers operating across multiple local authority areas have not felt able to because of the difficulty of paying different rates in different areas. It is difficult to be certain how much the scheme has contributed towards easing the workforce issues providers were experiencing, because there have been a number of other changes over the same period – we would welcome research into the effects of different initiatives. But we think in general that the position has improved.

In the two budgets since 2022, the Council has been able to maintain the link between the Local Minimum Wage and the Real Living Wage. Over the coming years, changes in the methodology for calculating the Real Living Wage mean that it is expected to rise by more than the increase in prices, so we will have to consider year by year whether the Council can afford to maintain this link, but it remains our view that care work is a skilled and demanding function, which plays a crucial role in the overall health and social care system and should be adequately rewarded.

One of the other new developments since Covid has been the growth in the number of care workers recruited through the care worker sponsorship scheme, which enables care providers to obtain visas for overseas workers. Sponsored workers now play a significant part in the care workforce in Northumberland and in many other areas of the country. As with many new developments, there have been positive and negative sides to the rapid growth of this arrangement. In some cases companies making use of the scheme have been poor employers, and have provided unsatisfactory services. In other cases, overseas workers have had good support from their employers and have made a highly valued contribution. We have already experienced one situation in which a company employing a largely sponsored workforce ceased to operate, and in which we have been able to support their former employees in transferring to other care providers who are able to offer a better experience and retain their skills.

13.1 WHAT WE INTEND TO DO

- We expect to continue for the foreseeable future our scheme supporting a "local minimum wage" for care workers, higher than the National Minimum Wage. If it remains realistic within available funding levels to set this at a level matching the "Real Living Wage", we expect to do so.

- We will look for further opportunities to discuss with sponsored overseas workers their experience of care work in Northumberland. If we become aware of further cases in which sponsored care workers are being poorly treated by their employers, we will offer them help to move to better care sector employers.

- We will also continue to support care providers with recruitment, training and retention of care workers in other ways. Our Market Position Statement provides some further details.

13.2 WHAT WE WOULD MOST LIKE TO DISCUSS FURTHER

- We would like to hear views from anyone in a position to comment on the experience in different sectors of the sponsored workers scheme. We would be particularly interested to hear from sponsored workers themselves.

- Some care providers have told us that they do not think it is appropriate for the local authority to make increases to their fees conditional on specific requirements about the terms and conditions of their employees, and that this reduces their ability to use their resources flexibly. So far we think this is a minority view, but we remain willing to discuss any evidence that our wage support scheme is having unintended consequences.

14. Care in people's homes

Around 2000 people at any one time are supported in their own homes by home care workers who visit them regularly to provide them with planned support, commissioned from private and voluntary sector providers under the Council's main home care contract. Many people would struggle to stay in their own homes without that support. In recent years, we have had unprecedented difficulty in sourcing enough home care to meet all needs, to the extent that this was listed as a key issue in the Council's corporate plan adopted in 2023. That immediate issue had by early 2024 become less pressing in most parts of the County, though difficulties continue in the most rural areas. So we are now in a position to focus more on broader questions about the experience of people supported through these services, while continuing to monitor closely the stability of a sector which still faces significant uncertainties.

Since 2019, we have had a contract for home care services which is open to any home care provider registered with the Care Quality Commission. This was a response to our previous experience during a period when the contracted home care providers operating in each area of the county were struggling to meet all requests for a service, and contract provisions requiring them to find alternative providers if they could not provide a service themselves had become unworkable. As a result, in a concerning number of cases the only way in which we could quickly arrange support for someone was to ask them to accept a direct payment to pay for a service from a provider not signed up to our contract.

Under the contract which has been in place since 2019, a preferred home care provider has been identified for each of ten areas within the County, and all requests for a service are initially made to them. If they are unable to confirm within four hours that they are able to meet the request, other providers who operate in the area and who we know are able to provide a high quality service are asked if they can fulfil the request. If they are also unable to do so, the request is opened up to any registered provider which has told us that it is able to provide services in that area, and accepts our contract terms.

By some measures, this new arrangement was very successful. Between April 2019 and March 2020, the number of hours of traditional home care delivered through short visits to people's homes increased by around 10%. During the exceptional circumstances of the Covid pandemic, there was a dip during the first lockdown when some home care users asked for visits to be suspended because of fear of infection, but numbers then increased further, boosted by an influx into home care services of workers previously employed in the hospitality and tourism sector whose employers had suspended their operations. Demand for home care was also higher, because people were particularly reluctant to move into care homes because of the severe impact of outbreaks in many homes and the more impoverished experience of care home life at a time when infection control precautions limited communal activities and human contact. By June 2021, the numbers of hours being provided were more than 20% higher than at the start of the new contract. But after "Freedom Day" in July 2021, when most Covid restrictions ended and alternative employers resumed operations, the position rapidly changed.

From autumn 2021 until spring 2023, there were usually around 200 people at any one time who had been assessed as needing home care, but for whom a service could not immediately be arranged under the home care contract. At the worst point, the number rose to over 250. In response, the Council has taken a number of further steps specifically to improve the employment arrangements of home care workers. From late 2022, we

funded the costs of improving the mileage rate paid to workers who drive to their visits to match the maximum rate allowed as expenses by HMRC. From July 2023, we introduced an improved wage support scheme specifically for home care workers, which initially supported pay rates 10% higher than the real living wage. During 2023 the situation gradually improved, partly because the care workforce was significantly boosted by sponsored overseas workers. From the start of 2024, the Council offered further additional funding to support improvements to other aspects of the terms and conditions of home care workers, including an entitlement to be paid for a guaranteed minimum number of hours each week, to provide security of income.

It is too early to be confident that recruitment and retention difficulties will not return, and changing national policies on the sponsorship of overseas workers add some further uncertainty. In the remotest rural areas in and around the National Park and the North Pennines Area of Outstanding Natural Beauty, there are still persistent difficulties, which may call for new solutions, including further exploration of whether there may be different models for providing care and support which would make better use of the strengths of village communities. The broader programme of increasing understanding of the potential of direct payments described in section 12 may also help people to find more flexible solutions – we are exploring experience in other rural areas, such as the "micro-provider" initiatives adopted in areas such as Somerset.

But we currently think it unlikely that alternative models will work for everyone, and we expect home care services and broadly the current model to remain a crucial part of the adult social care system. So an increasing priority will be making sure that we fully understand how well the current arrangements are working for the people using home care services and the care workers providing them. Key questions we want to explore are how responsive current home care services are to the individual preferences and circumstances of the people they support, and what care workers' experience is of working for the varying large and small providers working under our contract.

14.1 What we intend to do

- We will develop more systematic arrangements for collecting and analysing the views of people using home care services and their carers about their experience of the services they are receiving.

- We will test out ways to learn from care workers how they experience their work, and how effectively the commitments in the Northumberland Home Care Worker Guarantee are being met.

14.2 What we would most like to discuss further

- We now have a larger number of home care providers on our contract than ever before. We would appreciate views from everyone affected by current arrangements on what the positive and negative effects of that diversity (or perhaps fragmentation) are.

15. Accommodation with care

Some people need care and support to be available at all times, because of unpredictable risks, or because of the intensity of the support that they need. Decades ago, that level of

support was often provided in long-stay hospital wards. Particularly from the 1980s onwards, care homes increasingly became a preferred alternative. Some provided nursing care in less institutional surroundings than a hospital; others developed from retirement homes which initially provided an enhanced version of a hotel service, and came to accommodate people with increasing levels of care and support needs. In time, care homes too came to be seen as an institutional solution, and people who might once have accepted a move into a care home now want still to have accommodation of their own with their own front door.

The two largest groups of people who need care and support to be available for all or most of the day and night are older people with multiple health issues – particularly older people with advanced dementia – and people with a learning disability that substantially impairs their ability to manage daily live without support. Many people who need this level of care and support live with and get some of their support from a partner or family members, and need support from formal services only for part of the time, but there are also at any one time more than 2500 people who the Council is working with who need a formal service which can ensure that care is always available when they need it.

For older people in this situation, the main solution currently available is still moving into a care home. Where possible, we will always consider the option of supporting even older people with a very high level of care and support needs without them having to move from the ordinary home which they may have lived in for many years. But safely providing care and support throughout the day and night to someone living on their own with needs at that level is often unrealistic except for very short periods, and may require an unfeasibly-large team of care workers. "Live-in" care workers may in some cases be an option for older people with rather lower levels of need, but cannot realistically be expected to provide intensive support 24 hours a day.

We think that a variety of forms of extra care accommodation offer the most promising prospect of offering a realistic alternative to a care home to at least some older people with a high level of needs, either through a traditional extra care scheme in which older people live in a flat in a specially-designed building with care workers on site 24-hours a day, or through more dispersed housing arrangements, which would still need to be grouped closely together, in which care workers are reliably available when needed, perhaps with technology ensuring that they are alerted when someone urgently needs help. There are some very attractive (though also, unfortunately, expensive) models elsewhere, sometimes called "dementia villages".

One attraction of extra care schemes on any model is that they may be more likely than a care home to be able to accommodate couples, in which one person has severe dementia, and the other, though they may also have some age-related health conditions, does not themselves need a high level of care, but is not able to cope with all the urgent care and support needs that their partner may have, so needs that support to be readily available when necessary. Ideally, we would want to see developments which can accommodate single people and couples with varying levels of need and be able to adjust the level of support provided to them as their needs change. There may be no sharp distinction between schemes offering some of their residents the support of a 24-hour care team and the broader range of housing schemes designed for older people described in section 5 above. We are conscious that we still have only a limited range of options available in Northumberland, and that we need to learn lessons from other areas where there have been more ambitious programmes of promoting the development of extra care accommodation. We think there are likely to be both positive and negative lessons to

learn – some schemes elsewhere that we know of appear to us still to be closer than we would ideally hope to a traditional care home model.

For younger adults with a learning disability, the favoured model locally and nationally is now independent supported living schemes. These can take various forms. Some are developments including a number of individual flats or houses, with one person living in each and some staff support shared across the scheme, some are shared houses with a small number of people living together, a few accommodate one person whose needs require a care team supporting just that one person. The number of people living in schemes on one of these models has been expanding rapidly in recent years, and further schemes are in the pipeline, most of which involve groups of individual flats or bungalows.

15.1 WHAT WE INTEND TO DO

- We will aim to accelerate the pace of our work on identifying extra care models which could realistically provide alternatives for some people to care home accommodation, learning from experience elsewhere.

- We will continue to expand our range of independent supported living schemes, and explore extending the programme to groups of people for whom this option is currently not available.

15.2 WHAT WE WOULD MOST LIKE TO DISCUSS FURTHER

- Following the rapid expansion of our independent supported living schemes in recent years, we are keen to hear views about what has worked well in the development of that programme, and what we might be able to do better in future.

16. Other care and support services

The Care Act places few limits on the ways in which a local authority can meet someone's care and support needs – or on the ways in which they can make arrangements themselves to meet their needs using a direct payment from the local authority. Given the need to make the best use of available public funding, we do need to ensure that we are not spending social care budgets (or the NHS budgets that we manage on behalf of the ICB) on forms of support that people are entitled to receive in other ways, or on general living costs which are not directly related to their care and support needs, but within those limits we aim to be as flexible as possible about how people meet the needs which are eligible for social care support.

Flexibility is particularly desirable when arranging support for people to maintain family and personal relationships and to access their local community. At one time, the main form of support outside the home that Northumberland and many other local authorities offered was attendance at day care centres along with other disabled people. Over the past two decades the Council has been moving away from that towards more personalised approaches. The Council no longer directly provides day care centres for older people, and while it continues to operate day services across the County for people with a learning disability, these operate increasingly as a base from which people are supported to become more broadly engaged with the local community, and the same is true of many of the day services that we commission from other organisations, though some do still operate on a traditional day centre model. "Enabling" services offering support from a care

worker while people join ordinary activities in the community are now a common alternative. This is an area in which direct payments are particularly likely to be the best way to offer support, so that people are able to choose what kind of assistance would be most helpful to enable them to live in the way they wish to, since there are many more options available than for helping with defined personal care tasks in a person's own home.

Another flexible way of providing support, for people who do not have constant care needs but who do need the ongoing support of someone who understands what they find difficult, is the Council's Shared Lives scheme. Under this scheme, families (or single people) accommodate someone with a learning disability or mental health needs in their own home. They receive a payment, but this is not generally based on providing particular kinds of care at specified times, but on accepting the person as a member of their household, who needs support with some aspects of their life. In early 2024, there were 44 people living with Shared Lives carers. We are aiming to expand this scheme, and would welcome enquiries about joining it.

Our Market Position Statement[10] lists some of the other areas in which we would be keen to encourage the development of new kinds of service, which might be paid for either through a direct payment or by an arrangement with the Council.

16.1 What we intend to do

- We will explore the possibility of making direct payments the default option for people who need assistance to participate in community activities, and to provide personalised opportunities for people at times when their carers need to know they are safe so they can live their own lives.

- We will continue to expand our Shared Lives service.

16.2 What we would most like to discuss further

- We know that we are not always good at finding the best way to meet unusual needs. We would welcome suggestions about particular gaps in what is available in Northumberland, or in particular parts of the County (though we may never be able to make sure that there are local services available to meet all needs in all parts of the diverse and geographically large area which we are responsible for).

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[10] Available online at www.tinyurl.com/NCCMPS2022

A conversation about challenges and opportunities

This position statement sets out a challenging agenda. We know we can't achieve these changes on our own. We will need to work closely with our existing partners, and develop new partnerships, and we will need to discuss with partners what refinements to our plans may be called for to arrive at the best overall outcome for the people who we all exist to support.

We also know that our understanding of what changes we need to make, and how best to make them, will develop in the course of the further exploration of all of these issues that we intend to engage in with people with care and support needs, carers, and people working in our own services and the services that we commission.

We have tried in this position statement to provide a clear overview of what we are currently aiming to achieve, and what we currently think are the challenges in our current arrangements that we most need to address, as a fresh starting point for a collective conversation about how best to support people with a disability or disabling health condition to live the lives they choose. Nothing in this document is set in stone. We have set a three year timescale for the programme of work it describes, but during that period we expect that programme to evolve, as we learn and as the world changes around us. We expect to update our plans at least annually through that three-year period.

Whether you are an individual reader with lived experience of care and support needs and services, or working at whatever level in the collection of public, private, voluntary and community bodies which make up the system of support for adults with a disability or health condition, please let us know, now and as issues emerge, what you think we need to consider further and how we can work better together.

Glossary

Care Act	The Care Act 2014, which came into effect from April 2015, replaced most previous legislation setting out the adult social care duties of local authorities. Local authorities are also in general required to follow statutory guidance issued under the Act (though they can depart from it in some circumstances).
Care home	A care home is a place where personal care and accommodation are provided together, under a single arrangement. People living in a care home are not legally tenants or owners of the rooms they live in. Care homes are often referred to as "residential homes" or "nursing homes", though the official regulator, the Care Quality Commission, uses the terms "care home without nursing" and "care home with nursing".
Carer	The word "carer" is sometimes used to refer both to unpaid carers (most often partners or family members) and paid care workers. In this position statement, it always refers to unpaid carers.
CHC	NHS Continuing Health Care – a scheme under which the NHS pays the cost of care and support for adults whose are assessed as having a "Primary Health Need" – a need which is greater than local authorities can be expected to meet under their adult social care responsibilities. This assessment is based on the nature, intensity, complexity and unpredictability of their needs.
CNTW	The Cumbria, Northumberland Tyne and Wear NHS Foundation Trust – the NHS organisation which provides most community-based and hospital mental health and learning disability services for people in Northumberland, and a number of other specialist services
Extra care	"Extra care" housing is housing, usually for older people, designed on various models to offer levels of care and support greater than traditional sheltered housing. Where possible, schemes aim to have sufficient flexibility to be able to support people who would otherwise as their needs increase have needed to move into a care home.
Home care	Care and support, usually including personal care, provided in people's ordinary homes by care workers who visit them, usually on a regular schedule of visits, which typically last less than two hours (the commonest visit length is currently half an hour). The term "home care" is sometimes confused with "care homes".
ICB	Integrated Care Board. ICBs are the NHS organisations which since July 2022 have been responsible for coordinating NHS services across the areas they cover. The North East and North Cumbria (NENC) ICB is one of the largest in the country, covering the areas of all local authorities in the North East and parts of the areas of each of the two local authorities which have replaced Cumbria County Council.

ISL (independent supported living)	Independent supported living schemes are arrangements in which people who need care and support to be available 24 hours a day live as tenants, or sometimes even owner-occupiers, in their own right, with their own front doors, in accommodation where care and support workers are available when needed.
Northumbria Healthcare	Northumbria Healthcare NHS Foundation Trust – the NHS organisation which operates acute and community hospitals in Northumberland and North Tyneside, and which is responsible for community health services such as the district nursing service.
Personal care	Personal care is defined in legislation as physical assistance with eating or drinking, toileting, washing or bathing, dressing, oral care or the care of skin, hair and nails; or prompting and supervising a person to carry out any of these tasks if they can't otherwise do so.
STSS	The Council's Short-Term Support service, which includes care workers supporting people for up to six weeks on a "reablement" model, in which the aim is to help people to recover their ability to carry out daily living tasks themselves, rather than to do those tasks for people, and occupational therapists who can recommend rehabilitative programmes and arrange equipment. Physiotherapists working for Northumbria Healthcare work closely with STSS.