

GATESHEAD METROPOLITAN BOROUGH COUNCIL
CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE
MEETING

Monday, 5 February 2018

PRESENT: Councillor S Green (Chair)

Councillor(s): M Charlton, B Goldsworthy, M Goldsworthy, M Hood, I Patterson, J Wallace, A Wheeler, M Hall and J Lee

APOLOGIES: Councillor(s): C Bradley, W Dick, K Ferdinand, P Maughan, R Mullen, J Simpson, D Bradford and M Graham

CHW77 CASE STUDY - HEALTH AND SOCIAL CARE WORKFORCE

The OSC considered a report and received a presentation advising of the regional and local issues in respect of the Health and Social Care Workforce (many of which reflect the national workforce picture), and to advise the OSC of some of the initiatives that are being implemented, to address workforce recruitment and retention issues.

The national picture in respect of the health and social care workforce has been raised in profile over recent years and months, particularly in respect of issues which have attracted national media attention, such as winter pressures in the NHS and A&E waiting times, and collapse of some care sector businesses and some providers “handing back” social care contracts to Local Authorities.

Members of the OSC are well sighted on some of the specific issues that have faced Gateshead, in respect of GP recruitment and retention (leading to some surgery closures); challenges in recruiting to specialist medical functions (such as the stroke pathway); and issues of recruitment and retention within the social care provider market. The report and presentation, seeks to set some further context to the issues, and also to outline some of the innovative approaches that are developing in Gateshead and with regional partners.

The workforce in the context of the Gateshead/Newcastle population were outlined as follows:-

Population Demographics (total population estimate 498,070)

Workforce Demographics; NHS Secondary Care (total workforce estimate 996)

- Social Care Workforce Demographics (total workforce estimate 17,600)
- 81% Female, 19% Male
- Average Age: 44 (all job roles, both genders)

- Retirement Profile: 25% (aged 55+)
- Current data set (NMDS-SC) is limited in terms of reliable data for private/voluntary sectors and carer registration

Current combined state

- NHS Combined Workforce: 18,715 (estimate)
- 30% retirement profile
- Social Care Workforce: 17,600 (estimate)
- 25% retirement profile
- Total Population: 498,070
- 20% retired (65+)

The OSC were advised that the current service delivery models are struggling to meet the demographic challenge of people living longer, often with complex co-morbidities, and the increasing demands on the health and social care system.

The workforce currently encompasses four generations – Baby Boomers and Generations X, Y and Z all of whom having differing expectations of their working life. As the report and data demonstrate, as well as the well documented current workforce issues within health and social care, there are particular “pinch points” in respect of the age profile of the workforce, which mean that if appropriate action is not taken now, the system will be facing even greater pressures, especially in relation to retirement projections across both the health and social care.

The OSC were advised that it is recognised nationally that we are experiencing a multi-factorial workforce crisis, caused by challenges in recruitment, retention, lack of specialist skills, affordability, and a preference for shorter worktime commitments. There are a number of factors which create additional pressures within the workforce system. Within social care for example, it is known that the role of home care worker is not necessarily an attractive one.

In Cumbria and the North East, Health Education England, Foundation Trusts, CCGs and Local Authority social care are working hard to tackle these issues, but much of the current workforce planning is uncoordinated and based around professional siloes.

Workforce development funding has reduced significantly, with central funding allocated non-recurrently and to various agencies resulting in an uncoordinated and patchwork approach to investment. There has also been impact as a result of some national decisions, such as the end of nursing bursaries. In February 2017, the Royal College of Nursing reported a 23% reduction in applications for Nursing Degrees, which they associated with the decision to scrap the bursary.

In May 2017 the Kings Fund analysed the potential impact of Brexit on the Health and Social Care workforce nationally. Approximately 60,000 of the 1.2 million NHS workforce are from other EU countries, including more than 10,000 doctors and more than 20,000 nurses and health visitors (figures exclude those working in Primary Care or contracted out services). In adult social care, 90,000 of the 1.3 million workers employed by local authority and independent sector employers come from

elsewhere in the EU. The Kings Fund research identified that the number of EU nationals registering as nurses in the UK had fallen by 96% since the referendum, with just 46 EU nurses registering with the Nursery and Midwifery Council in April 2017. There had also been a fall in the number of EU nationals taking jobs in the social care sector.

The Committee were advised that Gateshead has an opportunity through the combined Cumbria and North East system arrangements, to develop a coordinated strategy to meet these challenges, ensuring that future workforce is planned on a whole systems basis, allowing for greater innovation and new models of care.

The presentation that the OSC received set out some of the new approaches that are taking place across health and social care, to try and address the short, medium and long term recruitment and retention of health and social care staff. Within these approaches are some key overarching themes, such as:

- a) understanding barriers to recruitment and retention
- b) understanding perverse incentives which may adversely impact on positive recruitment and retention
- c) considering the appropriate skill mix of teams, and upskilling allied professionals to work across traditional boundaries
- d) developing longer term career pathways and apprenticeship routes
- e) developing models of reward and investment

In terms of strategic aims, there are a number of key aims that are being developed locally and regionally:

- Focus on enablement, asset based approaches, and prevention, to address demand for health and social care services
- Delivery of care within communities and neighbourhoods, streamlining pathways and optimising the use of shared resources
- Developing career pathways into health and social care for the workforce of the future

- RESOLVED
- i) That the information be noted
 - ii) That the content of the case study be noted
 - iii) The Committee requested that further information be circulated after the meeting on the work of community link/practice navigators
 - iv) The Committee were satisfied with the approaches taken so far and the future plans outlined.

CHW78 GATESHEAD CARE PARTNERSHIP

The Committee received a report and presentation advising of progress to date in

respect of the Gateshead Care Partnership.

The ultimate aim of Gateshead Care Partnership is to bring together all the expert knowledge and resources into a single point of contact so that patients and families can navigate the health and social care system far more easily. The view is that a more joined up patient journey will mean fewer unnecessary (and unwanted) hospital admissions as well as better access to the right care, whether that's from a hospital, a family doctor or through social services.

By submitting a joint bid the Partnership was able to offer a system which:

- Focussed on Gateshead's needs
- Offers opportunity for prevention of ill health for all Gateshead population
- Provides one Journey – both clinically and personally
- There is no inclusion or exclusion criteria for Gateshead registered patients
- Removes professional boundaries
- Removes organisational boundaries
- Recognises the key role of GP practices in Primary Care
- Offers opportunity for 24/7 services where appropriate
- Provides value based, whole person care
- Has shared goals and vision
- Enables removal of duplication
- Provides seamless care for Gateshead residents

The Committee were advised that Council officers and Elected Members were involved in the development of the bid, and there are now a range of transformation projects which are being jointly delivered across the Trust, CBC and the Council, in order to transform and develop the health and social care community offer. Some of the work already underway in respect of the Intermediate Care review/redevelopment; improved hospital discharge processes and the development of a locally based approach has been incorporated work.

The Care Partnership has a Board which is chaired by Dr Bill Westwood, who is one of the CBC Board members and local GP. The LA has a number of seats on the board (usually taken by A Wiseman and S Downey), and the terms of reference detail decision making processes, voting rights etc. The Partnership does not exist as a company or organisation in its own right, and there are no financial or legal arrangements surrounding it, therefore no perceived risk for the Council.

- RESOLVED -
- i) That the information be noted
 - ii) The OSC were satisfied with the progress so far and the future plans in place in respect of the Gateshead Care Partnership

CHW79 DELAYED TRANSFERS OF CARE/ ENABLEMENT AND ACT TEAM

The OSC received a report and presentation advising them of progress to date to reduce hospital discharge delays, an update on the in house Enablement Service and the new Achieving Change Together team and its remit.

Three targets were set for the delayed transfers of care for Gateshead by the Government, they are:

- An overall transfer target that delays do not exceed an average more than 8.2 per day per 100,000
- NHS transfers do not exceed an average more than 5.6 per day per 100,000
- Social Care transfers do not exceed an average more than 2.6 per day per 100,000

The latest data available is as at November 2017; the data is published monthly but is always two months behind. The latest data shows considerable progress across all three targets, with each target being exceeded. Specifically the latest figures for:

- **All delays are 3.67 well below the target of 8.2.** This has improved significantly on the same point from last year (13.04)
- **NHS delays are 3.93, well below the target of 5.6.** This has improved on the same period last year (6.29)
- **Social Care delays are 1.24, well below the target of 2.6.** This is a significant improvement on the same period last year (6.42)

If this data is looked at in terms of being a number of people, the rates per 100,000 would equate to (rounded to the nearest whole number)

- **For overall delays; approximately 6 people on average per day.** The target requirement was fewer than (approximately) 13 people on average per day.
- **For NHS delays; approximately 4 people on average delayed per day.** The target requirement was fewer than (approximately) 9 people on average per day.
- **For Social Care delays; approximately 2 people on average delayed per day.** The target requirement was fewer than (approximately) 4 people on average per day.

The OSC were advised that the following key areas that have aided improvement in reducing delays are outlined as follows:-

Social care

A long established social work assessment team are based at the QE hospital, and in the last year the team structure and focus have been reviewed to ensure that resources are being used to their maximum benefit, with the team now only focussing on discharges.

Emergency Residential/Nursing Care Trusted Assessor

The OSC were advised that the Council does not have many problems in accessing Residential and Nursing Care homes beds at short notice and can normally get an admission, once assessed, within 48 hours.

At present, before an admission takes place, the registered manager or the responsible officer at the care home must carry out an assessment at the hospital. This is to ensure that the home can manage the persons' needs and have the right levels of staff available. However this can delay admission into the care home.

As part of the winter planning for 2018 it was highlighted that there may be a need at some point in the winter period to transfer people from hospital with a long term care need into a residential/nursing care within a very short timescale.

All thirty care homes were invited to be included in an emergency trusted assessor model, where at a time of crises, homes would accept referrals based on the assessment of the Council Officer and would agree to take the admission as soon as possible; with the aim of two hours if possible. Referrals can be made seven days per week including out of hours if required. A total of eighteen homes agreed to be included if required with these homes having around ninety vacancies that could be used as and when needed.

The OSC were advised, that there had not been a need to use this approach but it is available should it be required.

Bridging Service

The Committee were advised that one of the main reasons for delayed discharges was people waiting for a long term package of home care to start in the community. Due to the workforce issues the home care market is facing, not only in Gateshead but the rest of the country, providers don't always have the resources to enable packages to start as soon as someone is ready to leave hospital.

To enable people to leave hospital as soon as they were ready for discharge, it was agreed to pilot over a three month period a new approach with the independent sector providers. They agreed to have a small team of salaried staff who will deliver support to enable people with a long term care needs to be discharged and receive support for a short period of time whilst waiting a long term package of care.

The OSC were advised that the Pilot was evaluated and overall proved very successful. It enabled over 50 people to return home on the day they were fit to leave hospital. The overall satisfaction from service users and their families was really high with the vast majority rating the service good to excellent.

The Council agree that the service was required all year round and have commissioned the service with three providers (Clece Care, Comfort Call and Dale Care) from September 2017 to March 2019. Over 100 people have been supported within the first three months since the service has been reintroduced with the majority moving to a long term package within two weeks of receiving the bridging service.

The OSC also received an update on the Enablement service and the Achieving Change Together (ACT) team and on the joint work between CCG/Trust/Council has also assisted in reducing reported delays.

- RESOLVED -
- i) That the information be noted
 - ii) The OSC were satisfied with progress so far and the future plans in place to continue to work towards reducing Delayed Transfers of Care
 - iii) The OSC endorsed the continued work of Enablement including the new services being provided
 - iv) The OSC noted the development of the Achieving Change Together team

CHW80 EXTRA CARE HOUSING FOR OLDER PEOPLE

The OSC received a report advising of the current Extra Care provision in Gateshead and the planned expansion to meet the future needs.

The demand for Extra Care Services both in Gateshead and nationally is growing rapidly due to a number of reasons including:

- People living longer
- People being diagnosed with dementia at an early stage
- Cuts to Local Authority funding
- Reductions in Residential Care placements

There is currently a waiting list for people wanting to move into Extra Care schemes in Gateshead and demand is greater than what is available. Unfortunately there are occasions where there is no choice for someone to move into Residential Care as there are no vacancies within any of the six schemes.

Advances in technology are providing an alternative and often cheaper way to meet people's needs within the community. By balancing technology along with people providing care can prevent unnecessary admissions into long term care homes and keep people living in their own homes longer.

Technology is going to play a larger role in the future in particular to meet the challenges of the increasing number of people living with dementia.

The OSC were also advised that the Council is the current provider to deliver the Care and Support at both Angel and Callendar Court. A decision was made in 2016 for the Council to no longer deliver these services in the future and for this to be contracted to the independent sector.

A procurement exercise is currently underway for a provider to be appointed to deliver both services under one contract. It is expected that these responsibilities for these services will transfer in July 2018 with around 8 workers involved in

transferring under TUPE regulations. All other workers have taken up offers of other employment within the Council's other provision.

A further procurement process will take place in 2018/19 to look at a framework approach for both the remaining four schemes and future developments.

The OSC were advised that in order to meet the demands now and in the future, a range of new Extra Care Schemes will need to be developed across the borough. The Commissioning Team will be developing an Extra Care Strategy in 2018/19 that will sit alongside our Market Position Statement. The strategy will include projections for future demand and potential locations in Gateshead where the Council would be keen for future developments to take place.

The Commissioning Team are already working with colleagues for a new site to be developed in late 2019/20 and have met with a number of developers for discussions.

- RESOLVED - i) That the information be noted.
 ii) That further updates be provided in due course

CHW81 WORK PROGRAMME

The Committee were provided with the provisional work programme for 2017/18.

The appendix to the report set out the work programme as it currently stands and highlights proposed changes to the programme in bold and italics for ease of identification.

- RESOLVED - i) That the information be noted
 ii) Noted that any further reports will be brought to the Committee to identify any additional policy issues, which the Committee may be asked to consider.

Chair.....