

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

Tuesday, 7 March 2017

PRESENT: Councillor N Weatherley (Chair)

Councillor(s): M Charlton, C Bradley, D Davidson, W Dick,
K Ferdinand, M Goldsworthy, M Hood, J Kielty, R Mullen,
I Patterson, J Wallace, A Wheeler and D Bradford

APOLOGIES: Councillor(s): B Goldsworthy and J Simpson

CHW31 MINUTES OF LAST MEETING

RESOLVED – that the minutes of the last meeting held on 24 January 2017 were agreed as a correct record.

CHW32 MATTERS ARISING

The Chair reported that a reply had been received from the Secretary of State regarding the proposed additional £20,000 funding to encourage more GP's to enter the specialism.

Officers and partners are currently looking into this as the CCG were unaware about this proposed additional funding and an update will be provided to the Committee in due course.

RESOLVED - that the information be noted.

CHW33 CASE STUDY - DELAYED TRANSFERS OF CARE

The Committee received a report providing progress to date to reduce delayed transfers of care from hospital, and to improve the system and experience for people who require a multi-agency approach at the point of leaving hospital.

In conjunction with the report the Committee received presentations from Steph Downey, Service Director, Adult Social Care and Independent Living, Michael Laing, Associate Director, Community Services, Gateshead Care Partnership and Jean Kielty, Service Manager, Assessment and Support, Adult Social Care and Independent Living.

This OSC received a case study in respect of delayed transfers of care in 2012. The OSC agreed to include an updated case study on this issue in its 2016-17 work programmes as this had been identified as an area where performance needed to

improve. The focus of the case study has been the pressure on the health and social care system in respect of timely and safe transfers of care, and the work being undertaken jointly by the Local Authority, CCG and QE Trust to address the issue.

A delayed transfer of care occurs when a patient is ready for transfer from acute care but is still occupying a bed for such care. To achieve a safe discharge that the patient is ready to be discharged. These are not separate or sequential stages; all three should be addressed at the same time whenever possible. They are:-

- A clinical decision has been made that the patient is medically fit for discharge/transfer AND,
- A Multi-Disciplinary Team (MDT) decision has been made that the patient is ready for discharge/transfer AND,
- The patient is safe to discharge/transfer

Delays are measured in key areas, and reflect delays between NHS to NHS service, and NHS to Local Authority Services.

Another two key factors are the increasingly older population which is projected to increase a further 20% over the decade to 2024 and system pressures and the associated costs with delayed transfers of care.

The support for people who require support at the point of discharge from hospital are as unique as the needs of the people themselves. However, they broadly fall into the following categories:

- Equipment and adaptations
- Housing
- Reablement/intermediate care (bed based and community based)
- Planned packages of support (home care)
- District nursing interventions
- Residential or nursing care

Best practice is that where possible people should be supported to return home directly from hospital, and one of the areas most frequently identified as a pressure, in terms of arranging safe discharge from hospital, is the provision of packages of home care.

Therefore the CCG, the QE Hospital Trust and the Local Authority have worked with the independent sector providers to develop a new and innovative approach to facilitating hospital discharges for those people who require a planned package of care. These 'bridging' packages, which commenced in January 2017, have enabled independent home care providers to employ home care assistants on a salaried basis, thereby enabling them to provide a rapid response service, to facilitate timely discharge from hospital. Whilst the data for January 2017 has not yet been reported by NHS England, the feeling from colleagues working within the system is that the approach has been successful, to such an extent that the original pilot period has been extended further.

Building on a model developed in other areas, weekly “surge” meetings have been introduced, which provides the opportunity to bring together a range of health and social care professionals, to discuss more complex discharge issues, provide support to “unblock” problems, and enable system learning for future scenarios. These meetings are stepped up daily if and when required e.g. when the system is reporting significant pressures.

The transfer of community health services from South of Tyne Foundation Trust to the Gateshead Care Partnership (a joint approach led by Gateshead CBC, QE Trust and the Council), took place in October 2016. This Partnership bid was based on the intention to develop a new model of integration between the different sectors of the health service, and between health and social care.

Whilst the work over the winter period has rightly focused on the safe transfer and mobilisation of the workforce and service, going forward, all partners are committed to developing integrated ways of working, which will seek to reduce duplication and therefore improve the experience of people/patients. Even within the short timescale that the service has been delivered via the Partnership, there have been some positive examples which have demonstrated how the removal of organisational boundaries has improved the delivery of care.

The pilot of the “bridging packages” of care model is being evaluated, and as noted, data from NHS England should shortly be available, which should help to establish whether there is an improvement in delays reported to be associated with community packages of support. Officers are also aware of other areas piloting similar approaches, and some shared learning will be undertaken to identify whether there is a financial justification for the continuation of a longer term solution.

The surge meetings are now an established and successful process, and the intention is to continue with this approach. However, there is also the opportunity to review the other meetings and groups across health and social care, to be clear that the arrangements are lean, and do not lead to duplication of discussion.

Other areas for development planned include the role of “trusted assessor” and “discharge to assess” models, both of which seek to streamline the assessment process, and the provision of pharmacy and patient transport support, which are both crucial to the safe discharge of people with complex health needs, whilst by their very nature, more complicated to arrange for people with complex needs.

Across the system officers have taken the opportunity to explore models and ways of working in other areas, especially those that were identified as integration Vanguards. This has led to joint visits to Stockport and Sunderland with a plan to visit Salford as well. Whilst such visits cannot provide a “blue print” for integration, it is helpful to understand what has worked well, and what has worked less well in other areas.

A review of Intermediate Care has been undertaken in Gateshead, and the outcomes from this review are feeding into a combined scoping paper, looking at the potential future model of Intermediate Care in Gateshead.

A crucial element of integration across health and social care is the ability for professionals from different sectors to be able to access and read information across electronic systems, on a system of role based access. Across the North East the Great North Care Record and Connected Health Cities are working on solutions which will facilitate this access, in a way which is embedded within existing IT and data base solutions.

- RESOLVED -
- i) That the information be noted
 - ii) That the Committee were satisfied with the approaches taken so far and the future plans and would welcome further updates at a future meeting

CHW34 HEALTHWATCH GATESHEAD ACTIVITY REPORT SEPTEMBER 2016 TO MARCH 2017

Douglas Ball, chair of Healthwatch Gateshead provided the Committee with a report highlighting key aspects of Healthwatch Gateshead for the period September 2016 to March 2017.

The Committee were also advised that the current provider for Healthwatch Gateshead has not been recommissioned and its contract finishes at the end of March 2017.

Cabinet awarded the new contract to Tell Us North to commence on 1 April 2017. Tell Us North CIC is the social enterprise set up to run Healthwatch Newcastle.

RESOLVED - that the information be noted.

CHW35 REVIEW OF THE ROLE OF HOUSING IN IMPROVING HEALTH AND WELLBEING - INTERIM REPORT

The Committee received the interim report into the review of the role of housing in improving health and wellbeing. The review has been carried out over a six month period and has shown that many services across the council actively contribute towards the housing and health agenda. The review identified that all of these services were aware of key issues and challenges in ensuring that housing contributes positively to health in Gateshead.

The relationship between housing and health is generally well-appreciated amongst housing practitioners. Housing services were able to articulate how their activity contributed to health, and often saw securing, maintaining and improving health of their service users as central to their overall purpose.

Evidence submitted showed that activity under each of the three themes within the Council's Housing Strategy 2013-18 contributes to the health and wellbeing of Gateshead residents. Delivering the Housing Strategy through 2013-18 contributes to the health and wellbeing of Gateshead residents. Delivering the Housing Strategy through the implementation of the Housing Intervention Action Plan is therefore key to maximising the contribution of housing to improving health in Gateshead.

The review also showed that the Council faces significant challenges in realising its housing ambitions. These arise from ongoing changes to legislation, policy and funding arrangements.

The Committee were advised that the draft recommendations can be outlined as follows:-

- To review the actions set out in the Housing Intervention Action Plan, and, where appropriate, provide Public Health support to assist in maximising the benefits to health arising from delivering elements of the Plan. The evidence presented in the review identifies priority candidate elements with the greatest potential to improve health and wellbeing.
- To ensure that improving health and wellbeing is reflected in the production of local development plan documents (i.e. Making Spaces for Growing Places).
- Review how health and wellbeing is reflected in Council Letting Policies and TGHC support services (i.e. health criteria, preventative interventions).
- To assess the current range of Council private sector housing interventions to maximise their contribution to health and wellbeing (including energy efficiency programmes, private landlord accreditation, Selective Landlord Licensing, financial assistance programmes, falls prevention, Making Every Contact Count)
- To undertake actions to ensure that the greatest proportion of Council housing is maintained to a standard that secures the health and wellbeing of residents within the context of changes to revenue and capital funding.
- Determine the circumstances where the council seeks to ensure that high design and space standards are delivered, including accessibility.
- Determine the need for, location of and processes to deliver adequate levels of supported, specialist, and older persons housing

- RESOLVED -
- i) That the information be noted
 - ii) That the evidence presented and the outcomes from the recent focus groups will form the basis and preparation of the final report to be considered at its meeting on 25 April 2017

Chair.....