

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

Friday, 1 July 2016

PRESENT: Councillor N Weatherley (Chair)

Councillors: M Hood, D Davidson, C Bradley, M Charlton,
K Ferdinand, B Goldsworthy, J Wallace, R Mullen and
I Patterson

Co-opted Members: CooptedPresentShortList

IN ATTENDANCE: Councillors PublicInAttendanceShortList

APOLOGIES: Councillors M Goldsworthy, P McNally, J Simpson, J Kielty,
L Kirton and A Wheeler

CHW APOLOGIES FOR ABSENCE

1 Apologies for absence were received from Councillors Kielty, M Goldsworthy, Kirton, Simpson, McNally and Wheeler.

CHW CONSTITUTION

2 RESOLVED - That the constitution of the committee and the appointment of the Chair and Vice Chair as approved by the Council for the 2016/17 municipal year is noted.

CHW MINUTES OF LAST MEETING

3 RESOLVED

- i) That the minutes of the meeting held on 19 April 2016 were agreed as a correct record.
- ii) That the thanks of the Committee be placed on record to the outgoing chair and vice chair for all their hard work and dedication.
- iii) That the Committee were advised that the CCG decision had been announced that the location of the acute inpatient mental health services would be on the proposed site in Newcastle (formerly known as option N)
- iv) That the Committee were advised that NHS England had extended the contract at Blaydon GP Practice until June 2018 which gives some degree of stability and allows further work to be done to embed services and work on publicising the practice within the local area.

CHW 4 ROLE AND REMIT

- RESOLVED i) That the role and remit and terms of reference of the Committee are noted.

CHW 5 REVIEW OF WINTER 2015-2016

The Committee received a report and presentation from Marc Hopkinson from the Newcastle Gateshead Clinical Commissioning Group (CCG) which summarised the impact of the 2015/16 winter period on the Gateshead health economy.

The Committee were advised that whilst winter 2015/16 can be described as being 'mild' due to minimal disruptive weather (such as snow and ice) and without the level of norovirus outbreaks that have been experienced in previous years, all providers, in all settings and services experienced sustained pressures throughout the whole of the winter period.

This caused the whole system to be less operationally resilient than planned, particularly in the Emergency Care Centre (ECC) at the Queen Elizabeth Hospital, due to a number of determinants which impacted on the whole systems ability to effectively manage the level of demand placed upon it. This included patients' lack of rapid access to GPs, emergency beds, community and social care capacities; delayed discharges and demand for ambulances (with the North East Ambulance Service capacity and response significantly affected by handover delays at various hospitals across the region).

Whilst it must be acknowledged that there was a significant increase in the number of locally registered patients presenting to the ECC and Blaydon Walk in Centre which placed a strain on these services, increased and sustained pressures were also created by other Foundation Trusts across the region that were simply unable to effectively managed their own patient flow and therefore became reliant on Gateshead Health NHA Foundation Trust to assist them in meeting their demand for urgent care.

Several of these Foundation Trusts frequently had cause to divert patients away from their own hospital sites to Gateshead who despite being under significant, sustained pressure still provided mutual aid to these 'out of area patients'.

In the interest of patient safety, NEAS often felt it clinically necessary to transport patients away from their local or nearest hospital because of delays in handing over patients from ambulance crews to A&E staff. This caused not only increased demand on the Queen Elizabeth Hospital but then created repatriation problems when patients were later medically fit for discharge as NEAS struggled to provide a transfer or their local hospital was not able to provide a bed.

The number of Delayed Transfers of Care, that is adult inpatients in the Queen Elizabeth Hospital (children are excluded from this definition) who are ready to go home or move to a less acute stage of care but are prevented from doing so, also increased during this time for both Gateshead and out of area patients due to the

volume of patients needing support and complexity. Sometimes referred to in the media as 'bed-blocking', delayed transfers of care are a problem for the NHS as they reduce the number of beds available to other patients who need them, as well as causing unnecessary long stays in hospital for patients.

The Committee were advised that within the NHS there are three main indicators which are used to measure performance of the urgent and emergency healthcare system. These are:

1. The 4 hour A&E Standard

This standard is part of the NHS Constitution and is considered a crucial indicator of the overall success in the delivery of high quality health services to NHS patients. It is a requirement that 95% of all patients who present to the Accident and Emergency Department/Walk in Centres are seen, treated and discharged or admitted within 4 hours of arrival.

Gateshead Health NHS Foundation Trust struggled to achieve this target during the winter months in 2015/16. Analysis of annual activity has indicated that whilst there was a decrease in the overall number of ambulance arrivals in 2015/16 (although there was some increase in patients being conveyed from County Durham and Northumberland) there was a 7.6% increase in patients self-presenting to Gateshead urgent and emergency care services in 2015/16 (6,397 patients). Whilst two thirds of this growth was Gateshead residents (4098), there was a marked increase in patients presenting from South Tyneside (43%).

2. Ambulance Service – Category A Calls

The number of Category A calls – life threatening – resulting in an emergency response arriving at the scene of the incident within 8 minutes. There is a national target of 75% for ambulance services.

North East Ambulance Service (NEAS) managed to respond to 68% of these calls in 2015/16 within the specified timeframe.

3. Delayed Transfers of Care (DToC)

The number of days delayed involving Gateshead patients during 2015/16 was 24.5% above the trajectory of 3,330 days and 4% higher than 2014/15. The number of days delayed increased sharply in the second half of the year.

The Committee were advised that an evaluation event was held in early April which resulted in positive feedback on the schemes and ways of working, feeling that all had worked fairly well and were deemed to have made a material positive contribution to managing and assisting with pressures.

However, a number of issues were also highlighted which significantly impacted on the system. These include:

- Higher proportion of elderly attendances than in previous years.
- Acuity of patients severely impacted patient flows.

- Increased attendances added more pressure to the system not just A&E.
- Bed capacity, availability and access.
- Patient Transport Service capacity, delays and availability – due to high demand impacted on discharge flow.
- Out of area patients – issues with diverts to A&E and repatriation to other Foundation Trusts once medically fit for discharge caused delays and capacity issues.
- Access to step down beds caused significant flow problems.
- Patient expectation impacted on flow – particularly the choice agenda.
- Delays with complex discharged impacted on patient flow.

The outcomes of this evaluation process will influence the planning process as well as the reform programme for Urgent Care during 2016/17 which is currently being discussed with providers and the Gateshead System Resilience Group.

- RESOLVED -
- i) That the information be noted.
 - ii) That officers be asked to share the Committee's concerns with other NHS Trusts/Scrutiny Committees in the area about the issue of diverting patients from out of the area to the QE Hospital which is placing unnecessary pressure on the QE.
 - iii) That all steps necessary are taken to communicate that Blaydon is open to 10pm in order to try and encourage walk in patients to use this facility instead of the QE.
 - iv) That further updates are given in due course.

CHW 6 SAFEGUARDING ADULTS STRATEGIC PLAN 2016/19 AND ANNUAL BUSINESS PLAN 2016/17

The Committee received the Safeguarding Adults Strategic Plan 2016/19 and Annual Business Plan 2016/17.

The Committee were advised that the Safeguarding Adults Board held a development day in May 2016 to reflect upon progress during 2015/16 for the Annual Report and to ensure that the Annual Business Plan for 2016/17 would enable the Board to focus activity and assist in meeting the challenges identified within the Strategic Plan.

The key successes for the Board during 2015/16 were also outlined to the Committee and the Committee were advised that in 2015/16 there were 2034 Safeguarding Adult Concerns which led to 1638 Section 42 Safeguarding Enquiries. For a concern to progress to a Section 42 Enquiry it must meet the statutory criteria.

As this was the first year of the implementation of the Care Act so it is not possible to directly compare to previous years. It is helpful to note however that in 2014/15 there were 1844 Safeguarding initial alerts which does demonstrate that there has been an increase in Safeguarding Adult activity.

- RESOLVED -
- i) That the Strategic Plan and Annual Business Plan be noted and endorsed.
 - ii) That a breakdown of cases be provided to the Committee at a future meeting.

CHW 7 REVIEW OF THE ROLE OF HOUSING IN IMPROVING HEALTH AND WELLBEING

The Committee received a report setting out the proposed scope for the review in 2016-17, the role of housing in improving health and wellbeing and the process for taking it forward.

The Committee were advised that the relationship between poor housing and ill health is very clear, and acknowledged. Evidence suggests that living in poor housing can lead to an increased risk of cardiovascular and respiratory disease, as well as mental health problems such as anxiety and depression. Problems such as damp, excess cold, disrepair and structural defects, can present serious hazards to health.

The suggested scope of this review includes a consideration of factors influencing the ability of individuals and households to access and sustain a good quality home, suitable to their needs, and factors that impact upon the quality and suitability of homes. These factors include:

- availability, affordability and choice
- security of tenure
- property maintenance and management
- energy efficiency of properties (linked also to fuel poverty)
- design that helps meet the requirements of those with specialist needs
- the location and infrastructure of the neighbourhood
- the provision of supported accommodation and/or housing support services

The review would consider existing service activity and Council interventions aimed at: improving housing standards; increasing the supply of good quality homes that will meet the Borough's changing needs; and providing support to residents to enable them to access and sustain a safe and healthy home that meet their needs.

The Committee were advised that it is proposed that the above is considered in the context of:

- reaffirming the relationship between housing, health and health inequalities
- existing and anticipated demand for housing
- existing and anticipated demand for health and social care services
- demographic changes (especially the proportional increase in numbers of older people)
- national and local housing, health and social care policies

The process and timescale for the review is proposed to take place over an eleven month period from 21 June 2016 to 25 April 2017 and will involve the presentation of

expert evidence, research and site visits.

The first evidence gathering session will provide an overview of the relationship between health, housing and wellbeing and further refine an understanding of the issues to be addressed. Subsequent evidence gathering sessions will include presentations from internal services, external organisations and experts in their respective disciplines.

Evidence will be sought from Economic and Housing Growth, Development and Public Protection, Commissioning and Quality Assurance, Gateshead Public Health Team, Public Health England, NEA (National Energy Action) and leading academics. There will also be a number of site visits, including extra care housing, supported accommodation for people with learning disabilities, Dunston Staiths and other local housing developments.

- RESOLVED -
- i) That the information be noted.
 - ii) That the scope, process and timescale be agreed

CHW 8 THE COUNCIL PLAN - YEAR END ASSESSMENT OF PERFORMANCE AND DELIVERY 2015/2016

The Committee received a report outlining the year end assessment of performance for 2015/2016, providing an update on the performance and delivery of the Council Plan 2015-2020.

The new Council Plan 2015-2020, which was approved by Cabinet on 14 July 2015, enables the Council, along with partners to be better placed to achieve positive outcomes for the people of Gateshead and deliver the ambition of Vision 2030 over the next 5 years.

Gateshead's Sustainable Community Strategy Vision 2030 was also refreshed and approved by Cabinet on 3 November 2015.

Five year targets were set as part of the Council's Performance Management Framework, for the period 2015/2016 to 2019/2020 to enable performance to be monitored to ensure continuous improvement. These targets were approved by Cabinet on 14 July 2015.

The year end 2015/2016 assessment of performance report relates to the remit of the Care, Health and Wellbeing Overview and Scrutiny Committee and focuses on achievements, areas identified for improvement and future actions.

Progress as to how well the Council is performing in relation to the 2015/16 targets set and the equalities objectives where information is available at the year end stage was also reported to Committee.

- RESOLVED -
- i) That the information was noted.
 - ii) The Committee agreed that the activities undertaken at the year

end 2015/16 were achieving the desired outcomes in the Council Plan 2015-2020

- iii) That the report be referred to Cabinet on 12 July
- iv) That further information on the number of obesity related deaths in Gateshead be provided to Committee as a further update.

CHW 9 CORPORATE STRATEGIC TRACKER AND TARGET INDICATOR - 2020

The Committee were advised of the proposed service targets to be agreed for the period up to 2020.

The Committee were advised that the targets set express the planned level of performance and are based on a sound understanding of current and past performance and the likely influences over future performance. They will be used as a tool for driving continuous improvement and stretching performance against a particular measure over a given period of time and help set out what needs to be done to achieve improvement within an appropriate timescale. Committee was asked to consider these targets so that the Council's performance continually improves and contributes to the delivery of Vision 2030 and the Council Plan.

- RESOLVED -
- i) The Committee agreed that the proposed 2020 targets set for the corporate strategic indicators and the available benchmarked performance be agreed.
 - ii) That the report be submitted to Cabinet for approval.

Chair.....