

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

Tuesday, 25 October 2022

PRESENT: Councillor W Dick (Chair)

Councillor(s): B Goldsworthy, M Goldsworthy, R Mullen,
I Patterson, J Wallace, M Hall, J Gibson, P Diston, H Haran,
J McCoid, D Robson, J Green, S Potts, D Weatherley and
A Wintcher

CHW12 MINUTES OF LAST MEETING

The minutes of the last meeting held on 14 June 2022 were approved as a correct record.

CHW13 WORKFORCE AND DIGITAL INCLUSION PLACE BASED APPROACHES INCLUDING HEALTH AND CARE RECRUITMENT

Steph Downey, Service Director, Integrated Adults and Social Care, provided the OSC with an update on workforce and digital inclusion place - based approaches.

Steph advised that the NE&NC ICS has a population of approximately 3 million and a workforce of around 270,000. Within the ICS there are four sub – regional integrated care partnerships (ICPs) and Gateshead is part of the north ICP.

Steph explained that local authorities and partners within the ICS system have a number of shared priorities and carrying out work to develop an integrated workforce is one such priority.

Steph advised the OSC that currently there are a number of challenges across the NHS and Social care in terms of shortages in the workforces and significant recruitment challenges not just in relation to social care front line workers in care homes but also in relation to recruitment of social workers and doctors and nurses.

Steph explained that parts of the system have an ageing workforce who may leave the workforce in the not-too-distant future. This is set alongside increased levels of demand and need.

Steph advised that a further challenge is that of in sector recruitment and that social care jobs are currently not viewed as attractive There has also been a large exodus of staff from the care sector during the pandemic which has created a knock on

effect.

Steph advised that work had commenced pre-pandemic to try and address some of the workforce challenges but this had halted to focus on keeping people safe. This work had recommenced in the last three to four months and was looking at how a career in the health and social care sector. As part of this work there is a particular focus on developing career pathways.

Steph advised that there is a big emphasis on apprenticeships in Adult Social Care utilising the apprenticeship levy and similarly for OT's and the plan is to work with NHS colleagues to build a joint career path.

Steph advised that a particular area of challenge was workforce planning and data sets as social care has not had the same level of data analysis as the NHS. However, Steph advised that the LGA and Health Education England had been trialling some tools for such analysis in Gateshead with the aim of rolling this out nationally in the future.

Steph advised that work was also taking place in relation to health and social care shared career and job events with the local authority and NHS providing a joint offer.

Staff retention was another key area which was being looked at with a view to better integrating the training and wellbeing offer for staff.

There was also a focus on training leaders and developing a new course to help everyone think as a system.

The OSC queried whether recruitment efforts are being targeted towards people working in other fields who might be thinking of changing careers.

Steph stated that this was happening with recruitment events seeking to target different groups. There had been recruitment events taking place at the Metro Centre so this might attract individuals currently in the retail sector who might be thinking a career change. There had also been a focus individuals in the Shared Lives Scheme as they may be able to work from home.

The OSC queried the position in relation to Adult Social Care data sets as they had understood that there were national minimum data set requirements.

Steph clarified that the issue was not about the data sets themselves but rather a lack of tools / capacity to carry out robust analysis of the data sets. The focus now was around gaining additional capacity to ensure robust data.

Steph advised that the impetus for work in relation to digital inclusion had arisen from a review of all the joint work carried out during the pandemic when there had been a huge increase in digital access to health and social care services.

Steph stated that it was known that inequalities in Gateshead had worsened as a result of the pandemic and so it had been agreed that the health and social care system would work together to better understand digital exclusion.

Steph advised that there isn't a clear understanding of digital exclusion. Estimates don't allow a drilling down into local areas to identify pockets of exclusion so there is a need for a greater understanding of the situation as there is a risk of further inequalities amongst marginalised groups.

Further key concerns are that the cost of living crisis may lead to some people being unable to renew devices and cancelling broadband connectivity due to the costs as well as accessibility issues if individuals have language or disability needs and literacy levels, particularly health literacy, as this may prevent individuals from effectively navigating routes into services.

Steph stated that whilst an aim was to help the majority of individuals towards digital access to services eventually it was acknowledged that there would always be some individuals who would not be able to access services digitally. However, if the majority of individuals are able to access services digitally it will then release resources to support those who are unable to do so.

Steph advised that there is a GP practice in Gateshead which is inviting in patients to the practice to show them how to request a prescription on-line and use the e-consult platform.

Steph stated that there is a lot of good work going on within the Gateshead system and a Programme Manager's post has just been established in the voluntary and community sector through Connected Voice with a view to connecting up all groups working on digital inclusion so that learning and research is shared across the borough and applying for suitable pots of funding to progress work.

Steph stated that there will also be wider benefits to this type of work as if individuals are enabled to request prescriptions on line or make referrals on line for adult social care then they will also be able to seek employment on line and request assistance for housing on line etc.

The OSC thanked Steph for the information provided and asked how the success of the work being progressed was being measured.

Steph advised that a starting point was working with the Academic Health Science Unit to map the work that is taking place so that it can be counted and outcomes where a difference is being made can be identified.

Steph advised that in addition the intention was to have a funded research programme which would be able to demonstrate the impact of the work being progressed and a bid had been submitted with a view to achieving this.

The OSC stated that it was interesting to see that a GP practice in Gateshead was offering digital training to patients and it was queried whether this was being rolled out to other practices.

Steph advised that it was intended to evaluate the impact of the work progressed at the specific GP practice first and where it is demonstrated that this is working well

the aim will be to share across all practices.

Steph advised that as it was considered that recruiting into the Programme Manager post may be a challenge they had secured mentorship from two SME technical organisations so that the individual would be supported.

The OSC queried the timeframe for the post.

Steph advised that the Programme Manager job was for 18 months and the advert would be going out in the next few weeks.

The OSC queried whether there were any developments in relation to assisted healthcare.

Steph stated that this had been one of the levers into the work which was now being progressed. A lot of devices rely on broadband so another workstream was piloting new devices and they had just awarded a NEPO contract in relation to this and the first two lots had gone live and another two were due to go live in the near future. Steph advised that they are working with technical providers with a view to devising solutions to problems.

The OSC asked if they could have an update on this work going forwards

Steph advised that the OSC was due to receive a briefing in relation to assisted technology in due course and an update on this work would be included in that.

The OSC noted that there are social tariffs for broadband and queried whether there were significant advantages and whether the Council was making people aware of this via places such as foodbanks.

Steph advised that there are many warm spaces which are promoted by the Council in partnership with others that have digital connectivity and this another reason for people to use those spaces. Steph stated that they are looking at the Council, Trusts and University who are all spending a great deal on devices and connectivity and how they can use social value to influence BT etc to give low or very low cost internet.

The OSC noted that during Covid home visits to provide oxygen monitors were linked with mental health first aid to combat loneliness and it was queried whether this could also be progressed via this work as there are some individuals who are attending GP practices due to loneliness rather than medical issues.

Steph advised that the Council was working with Edberts House around social prescribing to pick up those individuals who are approaching GP practices for social reasons rather than medical. Steph also advised that they were working with Connected Voice who manage Our Gateshead to provide QR codes which can take individuals to the Our Gateshead website which details a wide range of support.

The OSC highlighted the issue of online scams as a potential reason for some individuals failing to use digital resources.

Steph acknowledged that this is an issue and that a key area is not just to teach people the skills to use technology but also how to stay safe on line so that they can use technology confidently.

RESOLVED That the views of the OSC be noted.

CHW14 ASC CQC ASSURANCE UPDATE

Steph Downey, Service Director, Integrated Adults and Social Care provided the OSC with an update on the preparation being undertaken for the new Adult Social Care (ASC) CQC Assurance Framework which is due to be implemented from April 2023.

The OSC noted that the Health and Social Care Bill gives CQC the power to assure/inspect Local Authorities in respect of their Adult Social Care duties, and the newly formed Integrated Care Systems.

It was noted that Gateshead Adult Social Care (ASC) was last inspected by CQC in 2010 and the Assurance framework being developed for implementation in April 2023 has the following 4 key themes

- Working with people - assessing needs (including unpaid carers), supporting people to live healthier lives, prevention, well-being, information and advice
- Providing support - markets (including commissioning), workforce equality, integration and partnership working
- Ensuring safety - safeguarding, safe systems and continuity of care
- Leadership and workforce - capable and compassionate leaders, learning, improvement, innovation

Each of the themes has several quality statements and 'I' statements within it which demonstrate expectations around the level/ quality of care. The draft framework is expected to be signed off soon and CQC is recruiting into roles to facilitate new duties and is procuring the web portal that will enable LA's to submit their evidence.

All 12 NE local authorities are completing a draft self – assessment and Gateshead's self -assessment was submitted a couple of weeks ago. Mini reviews are planned with an ex - Director of Adult Social Services and Gateshead's will take place tomorrow.

Regional working groups providing support network for LA's on inspection preparation

Steph explained that Gateshead has implemented the ADASS top tips for preparation for CQC assurance as per the report circulated to OSC which outlined the activity which had taken place so far aligned to the recommended areas. Policies and procedures are were also being updated.

In terms of next steps the Council would obtain feedback from the self- assessment and mini review and would then update the self - assessment and maintain and

update it on a quarterly basis. Improvement workstreams would be ongoing and there would be regular briefings to leaders, members and the workforce.

The OSC queried what the position was in relation to the “I” statements for those who might have cognitive impairments. Steph advised that CQC would adapt the approach dependent on individual’s cognitive needs and will also be looking at whether local authorities are providing information in easy read formats and whether information might be accessible to carers

The Vice Chair noted that at a recent OSC Steph had reported on the capacity pressures across the social care system and asked how CQC would apply their assurance as nationally most local authorities have significant waiting lists for assessments and packages of care.

Steph advised the OSC that CQC have to assess against the framework and can’t take account of the workforce crisis but will look at how local authorities are managing risks and will ask the Council about how its is risk rating those who are waiting for assessments so that CQC can be confident the local authority is managing those risks. However, there is a concern amongst local authorities that the impact of workforce challenges will have a negative impact on their CQC assessment.

The OSC noted that part of the new framework includes assessing needs including those of unpaid carers but that this relies on carers coming forward voluntarily for such assessments as there is no requirement for them to do so. In addition, many carers either aren’t aware that they are entitled to such assessments or do not see the benefits of having them. The OSC therefore queried how CQC would assess the Council on this area given these factors.

Steph advised that CQC would look at how the Council is advertising carers assessments to ensure that they understood the benefits. Steph stated that while the duty is on the Council to carry out carers assessments Gateshead has devolved such assessments to Gateshead Carers Association and this has helped increase the uptake of stand alone carers assessments. Steph stated that Gateshead Carers try and encourage carers, particularly where they have significant stress to have assessments. Gateshead Carers Association acts as a one stop shop understanding carers needs and the support that can be offered.

The Chair asked what areas of good practice and further development have been identified in terms of the self-assessment that the Council has completed.

Steph stated that an area of good practice would relate to workforce and the social work apprenticeships being taken forward. A webinar is taking place on these apprenticeships and there has been much interest across the region. The Council is also speaking to the Dept of Health and Social Care about its trainee Social Worker Model which is open to people in lower grade roles. Recently Gateshead advertised 6 trainee posts and had 89 applicants which is really positive.

The OSC was advised that an area for improvement was the process of updating IT from CareFirst to Mosaic. Performance data also needs to improve and the Council

is also an outlier in terms of spend on residential care compared to our neighbouring local authorities and statistical local neighbours.

RESOLVED That the OSC is satisfied with the progress to date and next steps outlined

CHW15 SOCIAL SERVICES ANNUAL REPORT ON COMPLAINTS AND REPRESENTATIONS - ADULTS

The OSC was advised that during 2021/22 55 complaints had been received regarding Adult Social Care Services which was a 34% increase on complaints received during 2020/21 (where there were 41). However, 74% (274) of representations made during 2021/22 were compliments and only 26% (97) were expressions of dissatisfaction.

The OSC noted that the majority of complaints related to assessment and personalisation and there were two key themes lack of service and quality. The OSC noted that this was the first time that there had been complaints relating to lack of service highlighting the challenges being faced in Adult Social Care.

OSC received information on the timeframes for dealing with complaints; Health and Social Care Joint Investigations; complaints referred to the Local Government and Social Care Ombudsman; Equalities monitoring and learning from complaints.

The OSC asked whether in terms of equalities monitoring, the Council has a common monitoring form for complaints.

Steph advised that she would check the position on this with the ASC Complaints manager and provide the OSC with this information in due course.

The OSC asked Steph how the Council gauges whether a complaint is vexatious.

Steph advised that all complaints are treated fairly and equally and given due consideration. However, there is a process in place should a complaint be taken to extremes.

RESOLVED (i) That the information in the 2021/22 annual report be noted.
(ii) That the OSC is satisfied with the performance of Children Adults and Families (now Integrated Adults and Social Care) in responding to complaints and ensuring that this results in continuous service improvement.

CHW16 ICS/GATESHEAD PLACE FOCUS

John Costello, Gateshead System Integration Manager, provided the OSC with an overview of the NENC Integrated Care Board (ICB), the NENC Integrated Care Partnership (ICP) and Area ICPs and the NENC Integrated Care System (ICS) and outlined how the ICB and ICP interfaces with the Gateshead Health and Care

System (Gateshead Cares).

The OSC queried whether the NE & NC ICS was too big. John advised that there were significant advantages in operating at scale such as in the areas of heart surgery, workforce and digital where it was more effective to work at a regional level. However, John acknowledged that operating at this scale also presents challenges in terms of communication and John stated that this is why the four area sub ICPs, although not statutory bodies, will play an important role in acting as a link to the statutory ICP. John stated that it is too early to say how well all the structures will knit together but if the ICB achieves a truly population health approach this would be a significant achievement.

John advised that there is a Joint OSC for the NE& NC ICS and North and Central ICPs which is chaired and hosted by Gateshead Council so there is regular scrutiny which includes updates on the ICB and ICP.

The OSC raised concerns that the needs/ priorities of Gateshead might be lost in the new structures.

John advised that the ICB/ ICP are committed to primacy of place and the Gateshead System has built good relationships with clinicians and the ICB is maintaining the teams that local authorities worked with when CCGs were still in existence. In addition, Gateshead has a councillor representative on the System Board to help ensure relationships are maintained and work for Gateshead.

Steph advised that the rationale around the size of the patch relates to patient flows. The size of the ICS has been raised by local authorities who have asked that it is recognised by the system that they have very different geographies.

Steph advised that one of the most challenging aspects is that the CQC will be inspecting local authorities and ICS and here we have one huge ICS with 13 local authority “places” and 8 provider trusts. However, in another area there is one local authority and two ICS so there is a mismatch.

RESOLVED That the information be noted.

CHW17 HEALTH AND WELLBEING BOARD UPDATE

John Costello, Gateshead System Integration Manager, provided the OSC with an update on the work of the Gateshead Health and Wellbeing Board during the six month period April to September 2022 which covered:-

- Development of an approach and plan for implementation of the Health and Wellbeing Strategy
- The NE& NC ICS development and implications for Place systems.

- Endorsement of the Climate Change Strategy for Gateshead
- Support for the Anti-Social Behaviour Review
- Support for the People@theHeartProgramme which is focusing on people with multiple and complex needs and how they can best be met across the system.
- Consultation on proposed changes to the Housing Allocations Policy and Tenancy Strategy
- Consultation on the Gateshead Pharmaceutical Needs Assessment for 2022
- Consideration of regular updates on the work of Gateshead Cares System Board

The OSC also noted that as part of the Board’s assurance role it had also :-

- Received regular updates on the Covid 19 response and the vaccine rollout in Gateshead /consideration of Gateshead’s Covid 19 Control Plan
- Considered the way Gateshead’s health protection system provides leadership and a co-ordinated/consistent approach to outbreak control/infection prevention and the treatment and management of disease.
- Considered the annual report of the Local Safeguarding Children Board (LSCB)
- Endorsed the Better Care Fund end of year return for 2021/22
- Considered the proposed arrangements for the CQC Assurance Framework
- Signed off the Children and Young People Local Transformation Plan refresh.

RESOLVED That the progress made by the Health and Wellbeing Board during April to September 2022 be noted.

CHW18 WORK PROGRAMME

The OSC received a report setting out changes to the provisional work programme for the municipal year 2022-23 as set out in the appendices to the report.

RESOLVED

- i) That the information be noted
- ii) That further reports on the work programme be brought to Committee to identify any additional policy issues which the Committee may be asked to consider.

Chair.....