

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

Tuesday, 13 June 2023

PRESENT: Councillor S Green (Chair)

Councillor(s): J Green, W Dick, P Diston, J Gibson,
B Goldsworthy, M Goldsworthy, M Hall, G Kasfikis,
D Robson, J Wallace and D Weatherley

IN ATTENDANCE: Councillor(s): B Oliphant

APOLOGIES: Councillor(s): I Patterson, S Potts and A Wintcher

CHW1 MINUTES OF LAST MEETING

RESOLVED - That the minutes of the meeting held on 10 May 2023 be approved as a correct record.

CHW2 CONSTITUTION

RESOLVED - That the Constitution of the Committee for the municipal year 2023-2024 be noted.

CHW3 ROLE AND REMIT

RESOLVED - That the role and remit of the Committee be noted.

CHW4 PERFORMANCE MANAGEMENT AND IMPROVEMENT FRAMEWORK - YEAR END PERFORMANCE 2022-23

The Committee received the year end performance report for the period April 2022 to March 2023.

A deep dive look into waiting lists in terms of Adult Social Care was previously requested and the Committee received a presentation on this area of performance.

ADASS benchmarking survey information was provided which looks at comparators both locally and nationally and with statistical neighbours. ADASS is looking at waiting lists across Adult Social Care and it was noted that there has been a significant increase since Covid, with people coming forward earlier into care.

In terms of those on the waiting list for an assessment there has been a slight reduction on last year's figure, however it remains relatively static. It was noted that the bulk of the list, 58%, is for Occupational Therapy (OT) assessments. There is no DoLS waiting list. It was reported that there has been a 50% increase from last year

of those waiting over 6 months for an assessment.

There has been a significant decrease in the numbers waiting for care and support, and it was acknowledged that now care can be accessed more easily the system will start moving.

The number of overdue reviews of care plans has reduced significantly following targeted work.

Waiting lists are a national concern and work has been ongoing in Gateshead to address this issue. There has been agreement for additional investment in OT trainees, which has worked well in terms of the Social Worker trainee model, with much higher levels of interest than for other posts. The additional capacity as a result of the trainees will be used to reduce waiting times.

There is additional investment in hospital discharge capacity and reablement capacity, with the new Promoting Independence Centre opening in the Autumn, which will increase bed capacity and avoid hospital admissions. Community reablement has been strengthened through the OT team, thus diverting people from assessments and long-term care packages. Consequently this will relieve the bottle neck in referrals for assessments and free up Social Worker capacity.

Work is ongoing to address sickness levels. In addition, caseload monitoring and tracking is underway. A pilot is also underway using assistive technology to inform assessments and therefore improve timescales.

It was reported that annually an NHS Digital Social Care survey is required. In terms of Gateshead, there has been an improvement across the board for all but one of the survey indicators; the proportion of people who use services who say that those services have made them feel safe and secure. Positively the indicator which measures the proportion of people who use services who feel safe has improved, therefore the indication is that other factors which make them feel safe, rather than the service specifically. Work is underway with Healthwatch and partners to improve the offer around health and advice. Overall satisfaction of people who use the service in Gateshead is at its highest level since 2017/18.

The Committee was provided with the PMIF Plan on a page which is a quarterly publication from the performance team outlining the indicators in relation to; people, prevention, practice, provision, pounds and partnership. This provides a balanced look at performance of Adult Social Care across the whole service.

It was reported that in terms of DoLS (liberty protection safeguards), this is the first time there has been a decrease in the number of applications received. It was noted that section 42 enquiries have increased since last year and are at the highest level in the past five years. In addition, the percentage of concerns which progressed to an enquiry has increased and is now at the highest level since 2018/19. In terms of safeguarding concerns, this figure has reduced therefore this shows there are less inappropriate referrals.

It was questioned as to why the number of people waiting over six months has

increased. It was noted that for some this is due to waits of OTs or Social Worker assessments. It was confirmed that prioritisation tools are used and there will be a number of people waiting for assessment who will be receiving temporary services. People are also triaged to ensure they understand when and who to contact.

The point was made that some authorities are looking at home care providers in respect of the Deprivation of Liberty Safeguards (DoLS). It was noted that there has also been an indefinite hold on the Liberty Protection Safeguards which were due to come in to replace DoLS because it was recognised some time ago by Government that the DoLS process is not fit for purpose. Therefore work is ongoing locally (an in conjunction with regional and national partners) to understand the implications of the Liberty Protection Safeguards delay.

It was questioned whether there are separate community services for different communities. It was confirmed that there is a specific ISL within the Jewish community in order to be culturally appropriate.

RESOLVED - That the Committee noted the Year End performance and recommended the report to Cabinet for consideration on 18 July 2023.

CHW5 WORK TO ATTRACT AND RETAIN A MULTI-PROFESSIONAL WORKFORCE AND ACCESS TO GP APPOINTMENTS

The Committee received a presentation from representatives of the NENC ICB giving a workforce update.

An overview of the Primary Care Network (PCN) structure was provided. In Gateshead there are 5 PCN's, with the largest in Central South which has 10 practices. The smallest PCN is Birtley and Central Gateshead, which has 3 practices. Central South PCN has 31.8% of Gateshead's patients and the lowest is East PCN which has 14%.

The last survey results to be published around patient data was in January 2022, 2023 results are due to be published next month. The results show that 10 practices in Gateshead do not have enough GPs, this is based on 1,800 patients per GP. It was noted that, despite high numbers in the GP training programme, many are moving abroad or into another part of the system upon completion of their training programme. It was acknowledged that this is a national issue. It was also recognised that the workforce is young and has different needs, many of them do not want to join partnerships but prefer to be a salaried GP or Locum which enables them to move between roles and build a portfolio of experience.

In order to support the issues raised a number of initiatives have been introduced. NHS England has made funding available to PCNS to grow capacity through Additional Roles Reimbursement Scheme (ARRS), in order to enhance a multi-disciplinary community offer. ARRS supports recruitment in roles including of Clinical Pharmacists, Social Prescribing Link Workers, Physician Associates, Physiotherapists, Paramedics and Mental Health Practitioners. Each PCN analysed

their need and created ARRS roles, which eased the pressure on GP appointments. In Gateshead 136 ARRS staff were in place as of May 2023.

In terms of GP appointments a snapshot of data from October 2022 was provided which showed that the majority of appointments were held face to face. PCNs will also provide extended access appointments for all patients between 6-8pm Monday – Friday and 8am – 5pm on a Saturday. It was noted that between October and March there were an additional 12749 appointments. A national framework from NHSE has just been published in relation to PCN Access Recovery, and health colleagues are working through it.

It was reported that recruitment issues continue to be a national problem, with a shortage of staff in all parts of the health and social care system. Gateshead Cares Workforce Partnership has identified issues impacting locally on the workforce and ways to overcome them;

- Recruitment from local community
- Training and career pathways
- Making Gateshead an attractive place to work
- Staff benefits and rates of pay

An analysis will also be conducted to identify where the biggest gaps in the workforce are.

It was reported that Health Education England (HEE) has commissioned a national programme for adults aged over 19 receiving work related benefits to support them into health and social care roles. So far 150 residents in Gateshead have engaged. In the first cohort, 6 gained employment across the sector, the second cohort is ready for placement. The programme is funded for 3 years but will continue after that as the funding received goes back into the programme.

In terms of career pathways, a Practice Development Nurse has been recruited to support work-based assessment, deliver training and promote Primary Care careers. The Gateshead Care Academy has been developed to offer in-house training for new employees and existing staff and looking at engaging those wanting a career change.

Gateshead Cares Summer School is continuing to be developed to engage pupils in year 9 and above into system-based careers. This may be with young people at risk of disengagement and inspire them through non-traditional routes into the sector. The GP Fellowships programme is due to relaunch for newly qualified GPs to primary care jobs. A Level 2 Medical Administrator apprenticeship has been developed with the Council's Learning and Skills.

A Flexible Workforce Hub is due to be launched this month which will offer flexible hub workers practice support to fill any workforce gaps and ensure there are no missed appointments. It is hoped this will be extended wider to support other parts of the system.

It was queried whether Government had delivered on its promise of more medical schools. It was confirmed that there are new schools, Sunderland is doing PCN work

for example, however, it is too early to see the impact on GP numbers as it takes 10 years to train a GP. It was also acknowledged that retention is the major issue in terms of GPs, however locally a lot of work is underway to retain GPs for example through fellowships programme.

It was questioned what the uptake is like in relation to the summer school offer. It was confirmed that there are 60 places and so far 25 have been filled. Work has taken place to link with schools in Gateshead and the Virtual School to identify those at risk of disengagement. The programme will focus on project-based work throughout the week, with visits to the QE, social prescribers as well as first aid work and mental health work. It is hoped this will open up those careers to young people and introduce fundamental skills, for example communication and teamwork. It was noted that in the future it is hoped that a separate summer school could be held for those young people with additional needs.

It was queried whether the PCN extended access appointments have taken away from the 9am-5pm appointments. It was confirmed that there has been no decrease in the 9-5 demand for appointments.

It was questioned whether there is any information in terms of health inequalities which relates to the PCN make up and size of practices. It was confirmed that these were set up on a geographical basis, it was recommended that each PCN should have between 30-50,000 patients, although Gateshead South has more than that. The health colleagues in attendance were not aware of specific health inequalities work in relation to the size of PCNs. However, it was acknowledged that a lot of the work undertaken by the PCNs outside contractual work will identify the needs of their community in order to tackle inequalities.

Committee requested timescales for the roll out of digital telephony in all practices.

It was questioned whether housing developments have been considered in relation to the increased population in certain areas and the impact on local practices. It was confirmed that two estate strategies have been undertaken which identifies all practices and what space they have to identify where the pressures are. New developments have been mapped out and potential pressures identified where there may be a shortage of provision in the future. Work is ongoing and discussions with the Council to look at other estates and utilise empty properties.

It was questioned whether there is any way of having named GPs for those people with complex needs in order to provide them with confidence in the system. It was acknowledged that it is very important to have a touchpoint and that this is around care planning and the need to develop continuity through for example nurse practitioners. The Care Home system has named GPs for example. It was recognised that it is important to build relationships and although the role of GPs is evolving there should always be that oversight and continuity in different ways.

RESOLVED - That the information presented be noted.

CHW6 PUBLIC HEALTH UPDATE ON £5M GRANT TO RESEARCH INEQUALITIES

The Committee received a presentation on the Health Determinants Research Collaboration (HDRC).

This is a five year programme and the outcome of this work is intended to be a long-term reduction in health inequalities across Gateshead and bridge gaps between communities to make a real difference.

Work currently is underway building a core central research team, working with Newcastle University developing research infrastructure. The team is looking to influence the culture of the Council by making research part of normal activity for all staff and helping teams plan and conduct research in order to make services the best for Gateshead residents.

The HDRC is Local Authority owned, funded for 5 years, focused on building the local evidence base and to engage communities in research to develop a lasting legacy, developing a local centre of research excellence. It was noted that the HDRC is not a funding source for research projects and cannot be used for interventions, initiatives or council services.

Committee was advised of progress to date and examples of potential research work.

It was questioned where this would end up unless there was a change in terms of government policy. It was acknowledged that this enables more innovative work, challenge and shaping programmes to meet local need instead of doing what has always been done.

RESOLVED - That the information presented be noted.

CHW7 WORK PROGRAMME

The Committee received a report on the work programme for the new municipal year 2023-24.

- RESOLVED -
- (i) That Committee noted the information contained in the annual work programme report.
 - (ii) That Committee endorsed the OSC's provisional work programme for 2023-24, subject to any amendments arising from consideration of appendix 2, and referred it to Council on 20 July 2023 for agreement.

- (iii) That Committee noted that further reports will be brought to the Committee to identify any additional issues which the Committee may be asked to consider.

Chair.....