GATESHEAD METROPOLITAN BOROUGH COUNCIL

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE MEETING

Tuesday, 19 October 2021

PRESENT: Councillor S Green (Chair)

Councillor(s): M Charlton, W Dick, K Ferdinand, B Goldsworthy, P McNally, M Hall, J Gibson, Diston, H Haran, K McClurey and J McCoid

APOLOGIES: Councillor(s): M Goldsworthy, R Mullen, I Patterson, A Wheeler and D Robson

CHW203 MINUTES OF LAST MEETING

The minutes of the last meetings held on 22 June 2021 and 24 June 2021 respectively were agreed as a correct record.

CHW204 SOCIAL PRESCRIBING TO SUPPORT AND HEALTH AND WELL-BEING - UPDATE ON THE CURRENT SERVICE AND FUTURE DEVELOPMENTS WITHIN THE SCHEME

Sarah Gorman, CEO Edbert's House gave the OSC a presentation on social prescribing to support health and well-being, with an update on the current service and future developments within the scheme.

The Committee received an update on the Community Linking Project with recruitment, management and supervision by Edberts House, who are skilled in community engagement and development through VCS knowledge. This provides improved community awareness and morale for practice staff working under the P&P of the surgery and Community Link Workers will complete blue stream and Public Health MECC training.

The Committee were advised that the scheme has been expanded across 29 surgeries across Gateshead with NO referral criteria, but it is not just case work, team training and development also focuses on mental health support, universal credit and PIP, alcohol awareness, health and wellbeing coaching, cancer support and borough wide links.

The Committee were informed that the scheme is part of the regional reading project with Public Health and Libraries funded by Ann Cleeves. Close working with the local authority shielding hubs with integrated service in East Gateshead and the Active at Home service with Gateshead Leisure Services and VRU funded secondment to the MAART to test new ways of working. The scheme will contribute

to academic research about the importance of social welfare support in limiting illness and work shadowing of social prescribing with GP's and close working with DWP.

Future work will include a housing referral pilot, money advice & pension service pilot for link workers, partnership working to improve awareness and access to domestic violence services. Health inequalities work with the PCN's and discussions with Palliative Care and cancer prevention, work with the Shipley Art Gallery to widen access and participation in cultural activities to improve health and wellbeing and the active through Football programme.

The Committee were advised that Gateshead were leading the way nationally by:-

- Learning and evaluation from the Edberts House Community Linking Project was instrumental in the national roll out of social prescribing.
- The programme is nationally recognised as an example of good practice
- Acted as consultants to establish 3 other schemes outside Gateshead
- Edberts House are employed by the NHSE national Social Prescribing team to support link workers and PCN's across the North East and North Cumbria, based on our experience in Gateshead and in this role colleagues have:
    - Attended and facilitated fortnightly NHS link worker webinars – 600+ attending
    - Provided regular online peer support sessions to link workers across NENC
    - Contributing to regional developments in personalised care across ICS

RESOLVED – That the information be noted.

CHW205 COVID -19 UPDATE

Edward O'Malley (Public Health Team) and Steph Downey provided the OSC with a presentation on COVID-19 from the Gateshead System.

The Committee received an update on Epidemiology and Vaccinations in Gateshead by date and age group.

The Committee were advised that the primary care system was :-

- Facing high pressure and high demands remains
- Media campaign having negative effect on morale
- Increase in complaints and abuse
- Sickness absence rates remain high across the system
- Surgeries are offering more face-to-face appointments
- Blood bottle shortage has eased allowing resumption of chronic disease care
- All 5 Gateshead PCNs signed up to the booster programme (2 of the 5 will subcontract delivery to CBC, CBC providing a staff bank for the remainder)
- PCNs collaborating on the following areas
    - Tackling Health inequalities

    - Improving access to General Practice
    - Expanding the workforce
- CBC changing its name to CBC Health Federation and is increasing support to practice

The Committee received an update on Mental Health services in Cumbria, Northumberland, Tyne and Wear NHS FT:

- Referrals into the Children and Young People's (CYPS) SPA are continuing to exponentially rise with particular pressure on the neurodevelopmental pathway. This may be due to schools, as a main referrer, returning full time
- Referrals into the Getting Help (CYPS) service have continued to increase and this has had an impact on waiting times for all providers
- Referrals into Working Age Adult Community Teams has remained high but static since end Qtr1, wait times remain low
- Referrals into Adult Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder services have risen year on year for the last 5 years. Referrals dipped at the beginning of the pandemic but have recently increased significantly.
- Referral rate into the Crisis Resolution and Home Treatment team has increased, throughout the pandemic the peak being in Qtr2 and Qtr3 where average telephone referrals of 176-184. Referrals currently in Qtr2 21/22 peak at 423.
- Referrals for Memory Protection services have remained static during Qtr2.
- All teams, across all age groups, are reporting an increase in the acuity and complexity of clients that are being referred into services.

The Committee also received an update on Social Care outlining :-
Significant pressures across the system:

    - Waiting lists for packages of care
    - Waiting lists for assessment services
    - Increased Provider Concerns and Organisational Safeguarding
- Despite the pressures across the community, the operational historical discharge process (jointly with QE) continues to work smoothly
- Due to the pressures elsewhere and diversion of the workforce, day services continue to operate at reduced numbers
- As at 11th October, 2 Older People's Care Homes experiencing COVID outbreaks and 2 Independent Supported Living Schemes

Workforce Issues

- Other sectors 'opening up' and proactively ("aggressively") recruiting
- Fatigue and burnout; sickness (covid/non covid)
- History of poor perception of social care jobs
- Indirect 'Brexit' Impact

RESOLVED – That the information be noted.

CHW206 QE UPDATE ON RECOVERY POST COVID

Joanne Baxter, Chief Operating Officer, Gateshead Health NHS FT, provided the OSC with an overview on what had worked well during the Trust's response to the

Covid 19 pandemic; how the Trust had developed new ways of working as a result of their Covid 19 experiences and how the Trust intended to deliver its recovery programme.

The following were highlighted as key areas which had worked well:-

- The Trust had established and demonstrated strong collective leadership from the early days of its response.
- The Trust developed an early understanding that consistent, coordinated internal and external communication was pivotal to the Trust's response and recovery
- Recognition that the health, well-being and welfare of the Trust's own staff was directly linked to ensuring the quality and safety of services for patients
- Quickly supporting GHNFT staff with equipment and technology, where appropriate, to work from home.
- Using established procedures, protocols, networks and relationships as a strong foundation to build the evolving collective COVID response.
- Being able to tap-in to the long-established Gateshead culture, that in time of crisis, individuals, teams, agencies and communities come together to work beyond their normal roles and remit, to support response

Joanne advised that during March 2020 the Trust had made changes to the provision of services to support the release of capacity to manage Covid presentations These included reduction of outpatients, diagnostics and routine elective work. Implementing these changes had supported:

- Provision of increased physical space
- Release of staff to critical areas & supporting new ways of working
- Management of increased sickness / absence / track & trace
- Reduced unnecessary attendances at the Trust

During this time patient safety remained paramount and staff health and wellbeing had played a vital role.

It was considered that staff at the Trust had done a remarkable job of managing the Covid-19 pandemic with significant limitations in staffing, beds, managing surge capacity, PPE, oxygen, and dealing with trauma.

As a result of the pandemic, new ways of working had been developed which included:-

- Recognition that all of the Trust's previous service provision now requires Infection Prevention and Control (IPC) considerations
- Enhancing a robust 24/7/365 Management On-Call procedure to ensure the Trust can support an agile response to surge and operational pressures
- Establishing a new, robust, Operational Pressure Escalation Level (OPEL) procedure to consistently assess risk and to anticipate impacts via coordinated and targeted mitigation.
- Embedding a single, flexible, Trust Command, Control and Coordination (C3) Escalation model, to bring together operational, tactical and strategic

resources to collaboratively make informed decisions in response.

- Setting-up a Support Cell Network to assess specific areas of COVID risk to provide key information and recommendations to facilitate management decision-making.

Joanne also highlighted that the Trust had led on a number of innovations including:-

- different ways of working, use of technology, provision of enhanced roles across the workforce and changes to clinical pathways.
- Streaming patients in the Emergency Department to manage safety
- Virtual telephone and triage
- Upskilling staff to support different clinical areas e.g. critical care
- Implementation of 7 day working across the Trust including corporate Information / OD People etc.
- Home working and use of technology at home
- Support and wellbeing for staff
- Volunteers supporting 'remote' visiting on the wards using i.pads

The Trust plans to deliver recovery through implementation of a new operating model whereby the Trust

- has re-based the hospital bed foot-print and workforce requirements matching capacity to demand.
- Is protecting elective beds in support of reducing waiting lists.
- Is implementing Same Day Emergency Care with a view to reducing avoidable admissions.
- Is integrating Urgent & Emergency Care in the Emergency Department to maximise patient pathways.

The Committee was advised that elective referrals into the hospital were around pre-covid levels. However, urgent and cancer referrals currently exceed pre-covid levels.

Despite reduced inhouse capacity the Trust is striving to deliver as much elective capacity as possible to reduce patient backlogs in waiting times and is using the independent sector where appropriate.

Joanne highlighted that the Trust continues to face challenges and further risks of Covid waves, track & trace etc. Joanne also noted that footfall through the emergency department is not at pre-covid levels and the Trust still faces IPC constraints/social distancing measures front of house.

Joanne indicated that the Trust is prioritising its urgent and cancer patients first and aims to eradicate its long waits by March 2022.

The Committee thanked Joanne for the update and expressed its thanks to all the Trust's staff for the tremendous work they had carried out during the pandemic and congratulated the Trust on continuing to make some improvements to the provision of services for the benefit of patients during this time.

RESOLVED

i) That the information be noted.
ii) That the Committee place on record its thanks to all the Trust's staff for the tremendous work they had carried out during the pandemic and continuing to make improvements to the provision of service for the benefit of patients during this time.

CHW207 GATESHEAD HEALTH & CARE SYSTEM ALLIANCE AGREEMENT - UPDATE ON PROGRESS DURING 2021/22

John Costello, Health and Wellbeing Programme Manager, Children Adults and Families, provided the OSC with a presentation setting out the background to "Gateshead Cares" in its formative years and the implementation of the Alliance Agreement and an update on each of the five programme areas covered by the agreement as set out below plus an update on the enablers of integration eg workforce and digital:-

- Children & Young People Best Start in Life – SEND (including transition to adulthood).
- Older People - Older Persons Care Home Model - now Adult Care Homes.
- Older People - Frailty (Strength & Balance).
- Mental Health Transformation.
- Development of Primary Care Networks.

The OSC was also advised that looking ahead the Gateshead Cares Alliance:-

- Was building on the foundations already in place through the Alliance Agreement.
- Preparing for changes arising from the NHS White Paper (and Health & Care Bill) from April 2022:
- Had reviewed and updated its Principles on ways of working.
- Considered a range of questions arising from NHSE/I guidance on the development of place-based partnerships.
- Was ensuring continued clinical leadership and engagement with health and care professionals.
- Was focusing on ensuring that decision-making is as close to communities as possible, addressing local needs and priorities.

The OSC noted the importance of additional staffing in mental health services as there were cases of local people experiencing long waits to access services such as counselling.

John advised that one of the impacts of Covid had been a high demand for such services and work was taking place within Primary Care Networks and across GP's in their patches to inform a system response to tackle such issues.

The OSC considered that it would be important to consider terminology when sharing information on the changes taking place in relation to the ICS with local people in Gateshead so there is a real understanding of what this will mean in

practice.

The OSC was very pleased that a SEND review was being jointly commissioned and that it appeared to be a holistic and broad review as the OSC considered that early intervention is key. However, there was also room to streamline process and reduce the number of professionals involved in families lives.

The OSC also queried around the process for ensuring that the local voluntary sector are made aware of all the relevant NHS funding opportunities and how the Alliance was maximising communication in relation to this.

Steph Downey advised that Connected Voice was the umbrella organisation for sharing such information and this was an area which was developing and growing. Work was taking place to commission a needs analysis of VCS organisations digital technology skills and gaps and the Council has a funding pot which the VCS can bid for to assist them in becoming better connected. Steph stated that if the sector could be upskilled this would assist in helping share information between micro - organisations. Connected Voice would assist voluntary organisations to write bids for the funding.

Steph also advised that work was also taking place in relation to the Council's Apprenticeship Levy to see if Connected Voice and Healthwatch might engage.

The OSC queried what was known about the health of the voluntary sector in Gateshead and Steph advised that the Chair of Connected Voice could be invited to attend a future meeting of the OSC to share information on this.

RESOLVED

i) That the information be noted.
ii) That the Chair of Connected Voice be invited to attend a future meeting of the OSC to share information on the health of the voluntary sector in Gateshead.

CHW208 WORK PROGRAMME

The OSC noted the provisional work programme for the municipal year 2021-22 as it stood currently.

The OSC also requested that the proposed update on Dental Health Services for Adults scheduled for the meeting in February 2022 included a update on specialist services for people with dementia.

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…….……..