

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING OSC

At the meeting of the **Health and Wellbeing OSC** held at Council Chamber - County Hall on Tuesday, 4 April 2023 at 1 p.m.

PRESENT

MEMBERS

Bowman, L.
Dodd, R.

Hardy, C.
Hunter, I.

ALSO IN ATTENDANCE

Angus, C.	Scrutiny Officer
Blair, A.	Executive Medical Director (NHCFT)
Bradley, N.	Executive Director: Adults, Ageing and Wellbeing
Cotton, M.	Assistant Director of Communications (NEAS)
Mitcheson, R.	NHS North East and North Cumbria Integrated Care Board Northumberland
Nugent, D.	Northumberland Healthwatch
Pattison, W.	Cabinet Member for Adult Wellbeing
Phelps, P.	NHS North East and North Cumbria Integrated Care Board
Todd, A.	Democratic Services Officer

1 member of the press was also in attendance

67 ELECTION OF CHAIR

RESOLVED that Councillor R. Dodd be elected as Chair for this meeting in the absence of the Chair and Vice-Chair.

Councillor R. Dodd, Chair in the Chair

68 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors V. Jones, K. Nisbet, E. Chicken, C. Humphrey and R. Wilczek.

69 MINUTES

RESOLVED that the minutes of the meetings of the Health & Wellbeing Overview

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& Scrutiny Committee held on 7 March 2023, as circulated, be confirmed as a true record and signed by the Chair.

70 FORWARD PLAN

The Committee considered the Forward Plan of key decisions (a copy of the Forward Plan has been filed with the signed minutes).

RESOLVED that the report be noted.

71 NORTH EAST AMBULANCE SERVICE - QUALITY ACCOUNTS

M. Cotton, NEAS Assistant Director of Communications gave a presentation to the Committee on the 2022/23 Quality Report from the North East Ambulance Services NEAT (a copy of the powerpoint slides have been filed with the signed minutes).

The presentation covered the following:

- Overview of Quality Report requirements. It was noted that providers must upload their final Quality Report onto their website by 30 June.
- Current position and performance including the response rates for all categories.
- Data of the demand on services.
- Category 1 response times were the fastest in the country at the end of January 2023.
- Category 2 response times were improving after moving away from winter pressures however, there was still room to improve.
- Category 3 response times had further improved since January.
- Data on the number of 111 calls offered and average time to answer were presented.
- Patience experience was very positive.
- Information on how the Trust identified priorities was described.
- An update on 2022/23 quality priorities including what had been achieved and what was still in relation to the following:
 - Patient Safety. Working with systems partners to reduce handover delays. Lessons learnt from incidents and preparation for the Patient Safety Incident Response Framework (PSIRF).
 - Clinical Effectiveness. Use of resources as efficiently as possible by making better use of our clinical model.
 - Patience experience by involving patients and communities to improve care.
- Proposed 2023/24 quality priorities:
 - Patient Safety. To continue working with system partners to reduce handover delays. Respond to patient safety incidents in a way that leads to service improvements and safer care for all patients.
 - Clinical Effectiveness. It was reported that this priority was still to be confirmed. However, it as anticipated the focus would be on improving see and treat rates or reducing category 2 delays or improving mental health care access.
 - Patience Experience. To increase service user involvement in patient safety and patient satisfaction activities.

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The following questions and comments were made by Members:

- A request was made for a breakdown of the data by geographical area to enable all to identify any patterns or issues across different sections of the county, particularly in the more rural areas.
- It was queried whether there were any statistics on how many patients had been advised to make their own way to hospital instead of waiting for an ambulance to arrive.
- A query if there had been any deaths caused by delays.
- Although the response rates looked good there were still accounts of people having to wait long periods for an ambulance to arrive.
- A query as to how response rates were recorded if two ambulances attended.
- It was queried whether the delays with response times were due to a problem with recruitment and retention of staff.
- It was asked if the rise in the number of calls being received was due to patients not being able to access GP appointments.
- The category 2 response times could be approved upon but how was this going to be addressed.
- The issue of response times and ambulance delays was not a new issue.
- Although response times were very important it was about getting the right resource and appropriate care to the patient as quickly as possible.
- A member commented on the compassion and professionalism of NEAS when they attended to a member of public in his ward.

In response Members were advised:

- NEAS only measured data based on what was commissioned. The request would be taken back to the NEAS Team to see if a breakdown of data was possible by geographical area.
- Confirmation that recruitment and retention of staff had been very successful. There had been recent strong campaigns that had been productive. The workforce had also increased and widened to improve the clinical model at NEAS.
- Handover delays was a system wide issue. A thematic review of handover delays had been completed and shared with Acute Trusts. Work was continuing with system partners to consider ways to further improve effectiveness across all parts of the process to reduce these delays.
- Overall, the number of people accessing primary care, needing an ambulance, and presenting at hospitals was increasing. This increase in demand was also being seen across other authority areas.
- The priority for NEAS would always be to category 1 patients as these were those with life threatening conditions. Category 2 covered a larger range of possible cases which sometimes made it more difficult. However, one of the proposed priorities for 2023/24 was to increase the focus on reducing category 2 delays.
- Improving mental health care access was one aspect that was being piloted. The outcomes of this pilot were still to be reported but it was envisaged that this would also be a priority for 2023/24.
- NEAS was focused on improvement. The 2023/24 priorities would hopefully improve handover delays, response times, efficiencies in the organisation and encourage different skill sets within the workforce.

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- The final Quality Report would be shared with the Scrutiny Officer once complete for circulation to the committee.

Members thanked M. Cotton for the presentation.

RESOLVED that:

- (a) the presentation and comments made be noted, and
- (b) the Committee agree to submit a formal response to the Quality Accounts before the deadline.

72 **NORTHUMBRIA HEATHCARE NHS FOUNDATION TRUST - QUALITY ACCOUNTS**

Dr. A. Blair, Executive Medical Director presented the Annual Plan and Quality Account from Northumbria Healthcare NHS Foundation Trust. (A copy of the presentation slides has been filed with the signed minutes).

The presentation briefed Members on the following issues:

- The Vision. To be the leader in providing high quality, safe and caring health and care services and to lead collectively, with partners, to deliver system wide healthcare.
- Annual Planning Process.
- Service Pressures. It was reported that this had been one of the hardest December/January periods that had been seen locally and across the region.
- Quality Account 2022/23.
- Safety, quality and improvement priorities for 2022/23, which were:
- Ambulance handover. The most significant improvement was demonstrated in the target to eliminate under 60 minutes. The handover performance was relative to the pressures seem within the system and would require a whole system approach change.
- Cancer pathway – urology. Multiple improvements were being made to ensure there were no holdups during a patient’s pathway.
- Medical devices in maternity.
 - Medication errors in community. To learn from errors.
 - Patient experience.
 - Staff experience.
 - Seven possible quality improvements had been identified for 2023/24. Some of the priorities would build on previous improvement work and others were priorities aligned to the wider Patient Safety Strategy. The priorities identified were:
 - Improving flow – reducing ambulance handover delays.
 - Medication errors – timeliness of critical medications (Parkinson’s Disease). It was hoped to reduce delayed doses of critical mediation.
 - Improving Cancer pathway standards.
 - Deteriorating patient – Community News.
 - Improving delirium – assessment and management.
 - Involving people in the development and improvement of Trust services. The aim was to improve the experience of patients by developing approaches that evidence effective involvement and co-design practice with patients and the wider community in quality improvement and patient

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safety projects and initiatives.

- Developing a collaborative approach to improving staff experience. The aim was to improve staff experience by working in partnership with colleagues from Human Resources, Communications, Public Health, Freedom to Speak, Organisational Development and Occupational Health.

The following comments were made:

- Some patients found it difficult to use digital systems and required face to face appointments. In reply, it was reported that there was a new digital patient system. However, it was important to get the correct tool for the right population and sometimes it was more beneficial to ring patients especially those harder to reach communities.
- Those patients in more rural parts of the county often struggled with transport issues. There were times when a local option was not offered, or the patient was not aware that there was an option. Members were informed that where possible patients should be offered local care. However, sometimes when the patient needed to be seen quickly it might not be possible.
- The positives of technology in helping to remind patients of appointments, repeat prescriptions and general notifications.
- A question as to whether the COVID-19 vaccination booster was to be rolled out again this year. Members were informed that it was envisaged that there would be a spring booster for those over 75 and at risk groups. It was thought this could become an annual booster along with the flu vaccination.
- The misinformation about COVID-19 vaccinations which could result in less take up of future boosters.
- What was the expected take up of the COVID-19 booster. In response it was believed uptake would be high as it would be those in the high risk group that would be eligible.
- Within the presentation there was no mention of procurement or value for money aspect. In response it was reported that the quality account would not normally include those aspects. The Trust was committed to ensure best value for money. The Trust was also externally audited by an independent body.

Members thanked Dr. A. Blair for the presentation.

RESOLVED that:

- (a) the presentation and comments made be noted, and
- (b) the Committee agree to submit a formal response to the Quality Accounts before the deadline.

73 **MARKET SUSTAINABILITY PLAN FOR ADULT SOCIAL CARE**

Adult Social Care Market Sustainability Plan

N. Bradley, Executive Director of Adults, Ageing and Wellbeing reported that following changes to DHSC guidance, the Adult Social Care Market Sustainability Plan had been amended. The Committee was asked to examine and comment on these changes. (A copy of the report has been filed with the signed minutes).

Members were advised that the Council was required to submit a Market

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Sustainability Plan to the Department of Health and Social Care (DHSC) as a condition attached to a grant received during 2023/24. The Council submitted a draft market sustainability plan in October 2022, as required by the grant guidance. A revised template and guidance for the final version of the Market Sustainability Plan was published only on 1 February 2023, with a deadline for submission to DHSC of 27 March.

The draft plan focused on the potential implications of the government's charging reforms for the care home sector, explaining the reasons for concern about how the reforms might destabilise a sector in which the business models of many care home operators assume a mix of publicly funded and private contract residents.

In late December, DHSC issued revised advice, and the draft plan and the survey analysis had been available on the Council's website since early January. All providers of home care and of care homes for older people in Northumberland had been invited to comment on the draft plan.

It was noted that Care North East, a regional association whose membership was said to include the operators of 23 of the 71 care homes for older people in Northumberland, had expressed disagreement with the contents of the draft market sustainability plan and the Council's analysis of the "fair cost of care" survey returns. The association believed that the Council's fees were inadequate to sustain the market, and that adjustments made to the figures submitted in the survey returns were unreasonable. Officers' advice was that, while a variety of different assumptions could have been made when analysing the survey returns, the adjustments made still appeared reasonable. DHSC had not raised any queries about the Council's submission.

In response to Members questions the following information was provided:

- The view continued to be that there was currently sufficient capacity in the care home market. However, there were concerns about the availability of nursing care, particularly for people with dementia.
- There had been two homes in the past two years that had decided to cease providing nursing care. This had raised concerns but there were contingency measures in place to deal with such issues.
- There was a recent new care home built in Alnwick.
- During 2023/24 all care home operators were being consulted about the changes they would wish to see in the new contract to begin in April 2024. Along with a number of broad issues to be consulted about it would also be explored whether the inflation provisions in the contract for non-staffing costs should in future be based on a care home specific basket of inflation indices.
- There was a serious gap between needs and capacity in domiciliary care.
- There was often spare capacity in care homes.
- The aspiration to want a local care home sometimes made it more difficult when trying to place patients.
- The number of smaller providers had increased.
- Care homes particularly in the more rural areas of the county were sought after. Attracting more providers to Northumberland could only benefit the service.
- There was a difficulty in finding suitable placements for older people whose dementia was associated with challenging behaviour of a kind that could

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not be managed in a normal care home setting. There had been an invitation to tender to provide a specialist service in this area but there had been no interest.

- Staff recruitment and retention remained a concern across the whole sector.

RESOLVED that the Health and Wellbeing OSC note the decision of Cabinet made on 14 March to:

(a) to approve the draft Market Sustainability Plan included as an appendix to this report for submission to the Department of Health and Social Care, and

(b) to authorise the Executive Director of Adults, Ageing and Wellbeing, in consultation with the Cabinet member for Adult Wellbeing and the Leader, to make any final revisions to the Plan which appear to be necessary or desirable before submission, after considering any submissions received from care providers after this report was finalised and any comments made at this meeting.

74 **HEALTH AND WELLBEING OSC WORK PROGRAMME**

Health and Wellbeing OSC Work Programme

The Committee reviewed its work programme for the 2022/23 council year. (A copy of the work programme has been filed with the signed minutes).

Members suggested that as part of their work programme they could undertake a review of domiciliary care as the previous report highlighted a number of issues in this sector. It was also suggested that a report be drafted to inform Members on the contingency arrangements for when there were changes within the adult social care market.

RESOLVED that the work programme and comments made be noted.

75 **DATE OF NEXT MEETING**

RESOLVED that the next meeting of the Health and Wellbeing Overview and Scrutiny Committee be held on Tuesday, 2 May 2023 at 1.00 p.m.

CHAIR.....

DATE.....

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