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# Adult Social Care, Health and Wellbeing Sub-Committee

North Tyneside Council

Wednesday, 4 March 2020

**Thursday, 12 March 2020** 0.01 Chamber - Quadrant, The Silverlink North, Cobalt Business Park, North Tyneside, NE27 0BY **commencing at 6.00 pm**.

#### Agenda Item

Page

## 1. Apologies for Absence

To receive apologies for absence from the meeting.

## 2. Appointment of Substitute Members

To be notified of the appointment of Substitute Members.

## 3. **Declarations of Interest**

You are invited to declare any registerable and/or non registerable interests in matters appearing on the agenda, and the nature of that interest.

You are also invited to disclose any dispensation in relation to any registerable and/or non-registerable interests that have been granted to you in respect of any matters appearing on the agenda.

Please complete the Declarations of Interests card available at the meeting and return it to the Democratic Services Officer before leaving the meeting.

## 4. Minutes

5 - 8

To Confirm the minutes of the meeting held on 29 January 2020.

# 5. Northumbria Healthcare NHS Foundation Trust: Quality Account 9 - 32 2019/20

To consider NHCFT priorities and Quality Account for 2019/20.

Members of the public are entitled to attend this meeting and receive information about it. North Tyneside Council wants to make it easier for you to get hold of the information you need. We are able to provide our documents in alternative formats including Braille, audiotape, large print and alternative languages.



### 6. Autism Strategy - update

To receive an update on the development of an Autism Strategy.

Presentation to follow.

# 7. Health, Wellbeing and Social Care Commissioning Intentions 33 - 34 2020/21

To consider any formal recommendations/comments arising from the earlier joint workshop on Health, Wellbeing and Social Care Commissioning Intentions 2020-21.

Presentation slides to follow.

Circulation overleaf ...

## Members of the Adult Social Care, Health and Wellbeing Sub-Committee

Councillor Trish Brady Councillor Karen Clark (Chair) Councillor Joe Kirwin (Deputy Chair) Councillor Tommy Mulvenna Councillor Les Miller Councillor Paul Richardson Councillor Joanne Cassidy Councillor Muriel Green Councillor Nigel Huscroft Councillor Cath Davis Councillor Alan Percy vacancy This page is intentionally left blank

# Agenda Item 4

## Adult Social Care, Health and Wellbeing Sub-Committee

## Wednesday, 29 January 2020

Present: Councillor J Kirwin (Chair) Councillors M Green, N Huscroft, T Mulvenna, M Reynolds, C Davis, A Percy and P Richardson

Apologies: Councillors K Clark

## ASCH38/19 Appointment of Substitute Members

There were no substitute members.

## ASCH39/19 Declarations of Interest

There were no declarations of interest.

### ASCH40/19 Minutes

**Resolved:** That the minutes of the meeting held on 7 November 2019 be confirmed and signed by the Chair.

## ASCH41/19 Safeguarding Adults Board Annual Report 2018/19

The Sub-committee considered the report of the Safeguarding Adults Board Annual Report 2018/19.

It was noted that the Safeguarding Adults Board is a joint Board between Northumberland and North Tyneside and as such the report has been published on both the Northumberland and North Tyneside Council websites. Unfortunately, due to timing issues, it has not been possible to submit the report to the Scrutiny Committee ahead of publication.

Some members expressed concern that they had been unable to see the report in advance of publication and asked officers to ensure that time was built into the timetable for the coming year to ensure this does not happen in future.

It was noted that this was the third year that the Board had been operating as a joint board and this was proving to be a good arrangement with a high attendance rate of partner agencies. It was highlighted that two lay members had been appointed to the Board which had been helpful in adding additional perspective to the work of the Board. It was noted that it was the responsibility of the Board to ensure that all the potentially vulnerable people living in North Tyneside and Northumberland are kept as safe as possible from abuse or neglect, whether they are a hospital patient, a care home resident or living in their own home.

There was some discussion about the frameworks in place for officers in dealing with people who do not have the capacity to consent to assistance or who have fluctuating capacity, for example due to substance misuse or mental health issues. It was noted that the law provides the framework under which officers act.

The sub-committee noted some of the statistics in relation to safeguarding referrals, including that 49% of abuse relates to abuse within the home, 28% in a residential or nursing home and 84% involves someone known to the victim.

It was noted that the priorities identified by the Board for next year are:

- Transitional Safeguarding arrangements;
- Early identification and prevention of domestic abuse;
- Criminal exploitation, including County Lines;
- Making Safeguarding personal.

It was noted that officers had taken on board comments made by the Scrutiny Committee last year and were preparing an easy read version of the report.

Members asked for more detailed information on the ward distribution of cases. It was noted that around half of enguiries are linked to care homes and this will impact on location data. Officers agreed to provide members with more detailed breakdown of the number of enquires by ward.

There was some discussion about prevention and how lessons learned from safeguarding cases could be fed into a cycle of improvement.

The Chair thanked officers for an informative report.

It was **agreed** that more detailed information on the number of enguires by ward by provided and circulated to Members of the Sub-committee.

#### ASCH42/19 Joint OSC for the North East and North Cumbria

In the absence of the Chair of the Sub-committee, Cllr Mulvenna provided feedback from the last two meetings of the Joint Scrutiny Committee as he had been in attendance at these meetings.

It was noted that there was a focus on prevention and helping individuals to stay out of hospital where possible.

There was some concern raised by Members that they did not feel they understood the changing structures around the Integrated Care System and the implications for the local area, and also had concerns about accountability.

It was noted that the Health and Wellbeing Board had recently received a presentation from the Council's Chief Executive and other partners about the structure of the Integrated Care System and the Integrated Care Partnerships and how organisations were working together across North Tyneside.

It was agreed that:

- 1. The slides from the recent presentation to the Health and Wellbeing Board be circulated to members of the Sub-committee as background information.
- 2. That a presentation be requested for the first meeting of the new municipal year, setting out the background to the new structures, and what the implementation of the ICS and ICPs will mean for services in North Tyneside.

## ASCH43/19 Healthwatch North Tyneside: Progress Update

The Sub-committee received an update from Healthwatch North Tyneside on progress made since their last report in November 2019.

The Sub-committee noted:

- Healthwatch have updated their 'Mental Health in North Tyneside' leaflet, and have also funded a self-help guide for young people, produced by young people in the borough, and this has been well received;
- Healthwatch will be publishing a report in the near future on Dementia Services in the Borough based on discussions with 70 service users;
- Healthwatch will be publishing a report following research around 'where people go when they are feeling ill'.
- Emerging issues for Healthwatch include transport issues and prescriptions.

There was some discussion about the impact the work of Healthwatch has on health services. It was noted that Healthwatch are improving follow-up activity to assess the impact of their recommendations. It was highlighted that there have been some clear successes such as action by the CCG to introduce improvements to the mental health crisis service, but some improvements are more subtle and harder to quantify.

The Chair thanked Healthwatch for the informative report.

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# Meeting: Adult Social Care, Health and Wellbeing Sub-committee

## Date: 12 March 2020

# Title: Northumbria Healthcare NHS Foundation Trust – Quality Account

Author: Democratic Services

Service: Law and Governance

Wards affected: All

### 1. Purpose of Report

- (1) Jeremy Rushmer, Executive Medical Director, Northumbria Healthcare Foundation Trust (NHCFT) will attend the meeting to present and facilitate discussion in relation to the Trust's Annual Plan and Quality Account.
- (2) To seek the views of Sub-committee members.

#### 2. Recommendations

That the Sub-committee:-

- (i) Considers the presentation and considers any views and comments on the information presented, to be included in the Sub-committee's statement to the Trust.
- (ii) Agrees to set up a working group to finalise the Sub-committee's statement in response to the Trust's Quality Account and/or delegates the finalisation of the Sub-committee's statement to the Chair.

## 3. Background Information

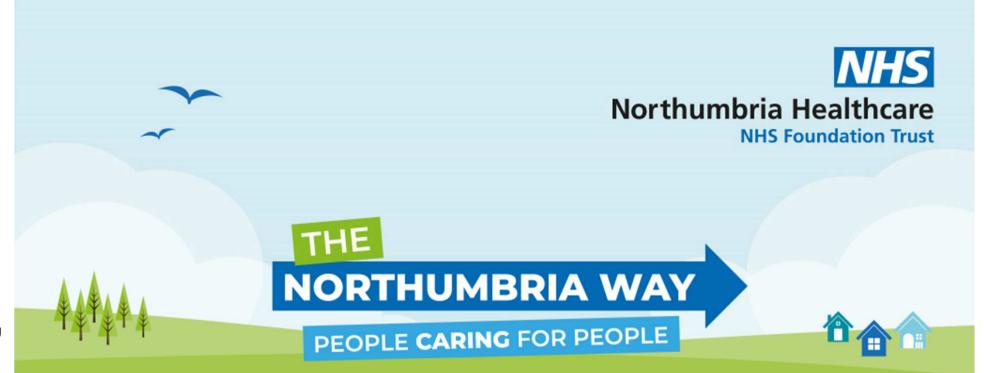
The Health Act 2009 requires all providers of NHS services in England (except those who have fewer than 50 full-time employees and provide under £130,000 of NHS services), including the independent sector to produce a Quality Account.

A Quality Account is a report about the quality of services provided by an NHS healthcare provider. Providers must send their Quality Account to the relevant Overview & Scrutiny Committee by 30 April each year, in North Tyneside this is the Adult Social Care, Health and Wellbeing Sub-committee.

Providers are required to ask for comments on their draft quality accounts from NHS England or relevant clinical commissioning groups, Overview and Scrutiny committees and local Healthwatch. Comments received from these stakeholders must be included in the final published quality accounts which are submitted to the Department of Health by 30 June each year.

## 4. Appendices (if any)

None



# Annual plan and quality account Jeremy Rushmer, Executive Medical Director

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# Our five year strategy...





# **Our 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

# As part of our work to achieve this:

- Every year we produce a quality account to demonstrate how well we are performing as a trust on measures of quality including; patient safety, clinical effectiveness and patient experience
- Continuing to improve quality is our absolute priority and this means making sure our patients get the best possible outcome and experience every time they need our care



# Annual planning process

- Five year strategic plan (2018 2023) overall direction, what we are about
- Annual plan 2020/21 linked to five year strategy and development of clinical strategy
- Quality strategy
- Quality account covering 2019/20 statutory requirement to inform public of delivery of safety and quality priorities
- Safety and quality objectives agreed for 2020/21
- Annual report and corporate governance statement
- Engagement with key stakeholders



# Safety and quality priorities 2019/20



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# Safety and quality objectives – 2019/20

- **Frailty** continue to provide the best healthcare for older people with particular focus on our frail elderly patients by:
  - increasing the number of comprehensive geriatric assessments
  - reducing the amount of in-hospital transfers
  - lowering the number of frail elderly patients who are readmitted within 30 days of leaving hospital
- **Flow** ensuring appropriate care / enhanced care plans are in place for people who attend the emergency department regularly and are admitted to hospital frequently
- **Deteriorating patient** increasing screening rates for sepsis and acute kidney injury, both of which indicate that a patient is deteriorating
- **Staff experience** a comprehensive measurement programme for staff experience that will match the deep understanding we have about patient care



# Safety and quality objectives – 2019/20

- **Cancer** looking in detail at specific cancer pathways, starting with colorectal, to map the patient journey so we can improve both outcomes and experience
- **Bereavement** learning and improving the care that we provide at end of life, which includes introducing our own medical examiners
- **Maternity** to further improve the care and experience especially in light of increased birth rates
- Every contact counts (prevention and public health) working to improve self-care among the population via initiatives such as social prescribing, care and support planning, and connecting people to community and social networks and initiatives



# **S&Q priorities - Q3 performance**

Priority	Standard by March 2020	Context	Q3 position	
Flow	130	Reduction in extended stay patients (>21 days)	<b>129.4</b> (Average no. beds occupied as at 29 <sup>th</sup> Dec 2019)	
	95%	Emergency dept 4 hour standard	Q3 = 93.6%	
		Reduction in attendances in top 20 emergency dept high impact users	27% reduction in attendances for patient cohort	
Deteriorating patients	90%	IV antibiotics within 1 hr of suspected sepsis	83%	
	TBC Base line to be determined	30 day acute kidney injury (AKI) mortality – measured in arrears	<b>37.8%</b> (based on Oct19 and Nov19 as Dec19 data not yet available)	
Cancer (Dec19 data provisional)	85%	Delivery of 62 day GP referral to treatment (RTT) standard	Q3 90%	
	85%	Colorectal cancer pathway	Q3 83%	
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# **S&Q priorities - Q3 performance**

Priority	Standard by March 2020	Context	Q3 position
Frailty	4.3	Sustained reduction in falls (falls rate (per 1000 bed days +1))	4.3
	0.11	Falls rate moderate or above harm (per 1000 bed days +1)	0.10
	1.4%	Ward stays - % spells with 3+ ward stays	1.1%
	6%	30 day emergency readmissions (75yrs+) Including discharge follow up call pilot	<b>5.7%</b> (based on Oct19 and Nov19 as Dec19 data not yet available)



# **S&Q priorities – Q3 performance**

# Bereavement

- Bereavement work medical examiners appointed, move to involvement in high proportion of deaths
- Quality improvement methods in use to improve the death certification process

# Maternity

- Development of a continuity of carer team
- Six midwives will look after a group of 200 women through the antenatal, intrapartum and postnatal period offering enhanced care

# **Every Contact Counts**

- On track to achieve the Making Every Contact Count CQUIN to train 80% of staff working in immunisation and screening programmes
- Hospital smoke free in reach team is established and CQUINs achieved for reducing harm from tobacco and alcohol for 2018/19. On track for 2019/20
- Recruitment of health coaches underway



# Safety and quality priorities 2020/21



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# **Safety and quality priorities**

- Part of a wider annual planning process
- All linked with five year strategy (clinical and business)
- SMART objectives:
  - Specific

Page 24

- Measurable
- Achievable
- Relevant
- Timebound



# Safety and quality objectives – 2020/21

- Key areas discussed and agreed at the Trust's clinical policy group
- Linked explicitly to the Trust's quality strategy
- Objectives supported by governors and stakeholders
- A number of objectives build on 2019/20 priorities, embedding changes others are new



# Safety and quality priorities - 2020/21

- 2019/20 cancer and maternity work mainstreamed as 'business as usual'
- Flow focus this year on the 'back-door':
  - Medical fitness for discharge and reducing length of stay thereafter (cross-system factors)
  - Ensuring accurately and timely data to support proactive management by ward and community staff
  - Note: bed occupancy a national key performance indicator
- Deteriorating patients and observation:
  - Improving timeliness of observations of medically unwell patients
  - Continued work on Acute Kidney Injury, sepsis and antibiotics via Deteriorating Patient Board
- Medicines management:
  - Considering best use of Patient Group Directions (PGDs)
  - Training of non-medical prescribers especially in community settings



# Safety and quality priorities - 2020/21

- Mental health:
  - Responsiveness to children and young people with emotional wellbeing and mental health difficulties
  - Improving child and adolescent mental health (CAMHS) pathways
  - Reducing waiting times for access to specialist input and support
- End of life care:
  - Consolidation of bereavement and Medical Examiner work
  - Ensuring learning through systematic clinical team review of cases
  - Aligned to end of life strategy work with commissioners
- Patient experience:
  - John's Campaign supporting those with dementia whilst inpatient
  - Improving assessment and management of pain for those with learning disabilities in the emergency department
- Staff experience:
  - Strong link between staff and patient experience
  - Continued development of this leading-edge work
  - Sharing approach with wider NHS



# Quality Account 2019/20



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# **Quality account 2019/20**

- Look back at safety and quality priorities for 2019/20 and focus for 2020/21
- Standard requirements for all trusts to report
- Written in line with annual reporting guidance
- Key measures and phrases used that are auditable
- Includes information on mortality and preventable deaths, areas of achievement
- As per the Quality Account guidance the two indicators that will be required for limited assurance opinion by KPMG are;
  - A&E four hour target
  - 18 week incomplete pathways
- **Staff experience** agreed as the governor selected local indicator to be external audited



# Quality Account 2019/20

- Process underway
- Draft account ready mid April 2020
- Circulated to stakeholders for formal opinion end April
- Final, including stakeholder comments, submitted to NHS Improvement and Parliament end of May
- Upload to NHS Choices by end June 2020



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# Meeting: Adult Social Care, Health and Wellbeing Sub-committee

## Date: 12 March 2020

Title: Health, Wellbeing and Social Care Commissioning Intentions 2020/21

Author: Democratic Services

Service: Law and Governance

Wards affected: All

### 1. Purpose of Report

To agree any comments or recommendations on the Health, Wellbeing and Social Care Commissioning Intentions 2020/21 which were presented at the joint meeting held earlier today with members of the Health and Wellbeing Board.

#### 2. Recommendations

That the Sub-committee:

- (i) Reflect on the joint event held for members of the Adult Social Care, Health and Wellbeing Sub-committee and the Health and Wellbeing Board on 12 March 2020 to consider the Council and Clinical Commissioning Group's commissioning intentions for 2020/21.
- (ii) Formally agree any comments or recommendations that the Sub-committee wish to make in relation to the plans.

#### 3. Information

On an annual basis North Tyneside Council and North Tyneside Clinical Commissioning Group (CCG) present to the Sub-Committee their respective commissioning intentions for the year ahead. Over recent years, to avoid duplication, the intentions have been presented and considered jointly with the Health and Wellbeing Board.

A joint event was held earlier today, 12 March 2020. A copy of the slides to be presented to this event are attached to this report.

This event was an opportunity for members of both bodies to examine the proposals and ask any questions and comment on the proposals. It should be noted that the two bodies have different, but complementary roles as follows:

• The Sub-Committee, in exercising its scrutiny functions, will have considered the commissioning intentions and the impact these will have on services. The Sub-Committee may make recommendations to the Elected Mayor, Cabinet and Page 33

partner organisations to support them in developing their future plans, strategies and decision making.

• The Health and Wellbeing Board have a lawful power to consider whether the commissioning intentions take proper account of the Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment and it may give its opinion to the CCG and Council if it so wishes.

As the joint event was not a formal meeting of the Sub-committee, any comments or recommendations on the information received should be formally agreed at this meeting and referred to the Elected Mayor, Cabinet or partner organisations as appropriate.

## 4. Appendices (if any)

Presentation Slides – Annual Presentation of Commissioning Intentions 2020-21