

Adult Social Care, Health and Wellbeing Sub-Committee

Wednesday, 30 March 2022

Present: Councillor J Kirwin (Chair)
Councillors J Montague, L Arkley, T Brady, M Hall,
P McIntyre, T Mulvenna, P Richardson, J Shaw and
J O'Shea

Apologies: Councillors J Cassidy

ASCH38/21 Appointment of Substitute Members

Pursuant to the Council's Constitution, the appointment of the following substitute member was reported.

Cllr J O'Shea for Cllr J Cassidy

ASCH39/21 Declarations of Interest

Councillor L Arkley declared a personal interest in relation to Item 5 as a family member is in receipt of home care services.

ASCH40/21 Minutes

Resolved: That the minutes of the meeting held on 26 January 2022 be confirmed and signed by the Chair.

ASCH41/21 Report of the Home Care Study Group

Councillor John O'Shea presented the report which outlined the findings and conclusions of the review of Home Care which had been undertaken by the Home Care Study Group.

It was noted that the Study Group had been established by this Sub-committee in July 2021 and six members had joined the Group. The Group had met with a range of officers as well as external organisations, including representatives of private home care providers, front line staff, Unison, Healthwatch, North Tyneside Carers' Centre and individual carers.

The Study Group had concluded that there are concerns about the current situation with home care in the borough which mirrors the national situation, and that currently services are not able to meet the increased demands for home care. This is resulting in many people waiting on the brokerage list for care packages to be put in place. One of the major problems contributing to issues with home care is staff retention and recruitment.

The report set out 15 recommendations, the majority for Cabinet.

Cllr O'Shea thanked those who had contributed to the work of the Study Group, and also the officers who had supported the work of the Group, including Scott Woodhouse, Leanne Fairbairn and Joanne Holmes.

The Sub-committee was asked to consider and agree the following recommendation that was within the remit of the Sub-committee (recommendation 15):

That the Adult Social Care, Health and Wellbeing Sub-committee:

- Continues to receive updates on the development of the Health and Care Pilot;
- Requests updates from Northumbria Healthcare Trust on the home care service they are developing outside of the pilot.

The Sub-committee was also asked to approve the report and its recommendations for submission to Cabinet in May, subject to authorisation from the Chair and Deputy Chair of the Overview, Scrutiny and Policy Development Committee.

The Chair thanked Cllr O'Shea and members of the Study Group for the report.

Resolved:

- That the report and recommendations be approved for submission to Cabinet;
- That recommendation 15 as set out above be approved by the Sub-committee.

ASCH42/21 Tackling Health Inequalities: The role of the NHS

The Sub-committee received a presentation from Jonathan Pearson-Stuttard, Chair of the Health Inequalities Programme Board, Jill Harland, Consultant, Public Health and Alistair Blair, Medical Director, who were from Northumbria Healthcare NHS Foundation Trust. The presentation set out the approach of the Trust to embed a health inequalities approach across the Trust and with partners.

The presentation included information on the work of the Health Inequalities programme Board which aims to be a centre of health inequalities work across the trust and to facilitate and spread good practice. This is taking a data analytical approach to identify and measure health inequalities and to take action to address those that are within the locus of control of the Trust. The initial strategic priorities are smoking, lung cancer, health while waiting for treatment, DNSs – colposcopy, workforce wellbeing, Local Health Index and the community promise.

The presentation also set out how the Trust is addressing inequalities through their public health programme through the integration of public health analysis across business units. The presentation set out some of the priority work streams, including smoking in pregnancy, healthy weight, maternal mental health Covid 19, treating tobacco dependency, active hospitals and staff health and wellbeing. The Trust is also promoting the 'Make Every Contact Count' approach to encourage changes in behaviour that have a positive effect on health and wellbeing.

The Sub-committee was provided with information on some of the targeted approaches to addressing inequalities. In particular, the work to analyse inequalities in lung cancer referrals and diagnoses and the introduction of a case finding pilot aimed at high-risk patients. This had been successful in picking up a much higher proportion of lung cancer cases at an early stage in the targeted group and plans are in place to roll the pilot out to a wider area.

It was noted that the Trust is working in partnership with Local Authorities and other agencies, including education, in recognition of the complex factors impacting on health inequalities.

Members highlighted the current cost of living crisis and the concern that increasing numbers of people are likely to be facing increased financial hardship and the additional pressure this will place on health services and the likely impact on health inequalities. It was highlighted that the work of the Health Inequalities Programme Board was focusing on action within the Trust's control and influence, both within the Trust and working through partners in the community. The Trust will also be looking at how it can target resources to address inequalities.

Members questioned whether there was enough resource put into preventative public health measures. They highlighted a need for resources for mental health treatment. The Trust highlighted that the value of preventative action is recognised and that prevention can be better and usually cheaper than cure, and they work with partners in relation to this. However, decisions on funding are made at a government level.

There was some discussion about the work of the Trust in relation to smoking interventions and the detailed programme to identify all patients with tobacco dependency and offer specialist interventions for all in-patients. It was noted that additional funding had been available to recruit additional specialist public health staff to support this work.

Members highlighted the need to support staff and welcomed the focus on staff wellbeing and addressing health inequalities in relation to staff health and wellbeing. There was also some discussion about whether the Trust would be extending this approach to commissioned services and contractors. It was agreed that this would be raised with the relevant Director and that there may be a way to increase promotion of staff health and wellbeing with commissioned services via the Better Health at Work Award.

Members highlighted the importance of considering new forms of inequality and in particular the digital divide and inequalities in accessing digital healthcare. It was highlighted that this is something that is important to consider and that the Trust are aware of. However it has also been the case that increased use of technology has been beneficial for some people have found it easier to access healthcare through increased use of technology, such as the self-employed and those without easy access to transport.

Members thanked the representatives of Northumbria Healthcare Trust for attending the meeting and for the informative presentation.

ASCH43/21 Quality Account - Northumbria Healthcare NHS Foundation Trust

Jeremy Rushmer, Executive Medical Director and Rachel Carter, Director of Patient Safety, Northumbria Healthcare Trust, attended the meeting to present information about the Quality Account.

It was highlighted that not all targets have been achieved this year due to a combination of factors, primarily Covid but also an increase in referrals. It was noted that the Quality Account was being aligned with the wider patient safety strategy.

It was noted that the eight safety and quality priorities for 2021-22 had been: Access Standards, Outpatients, Deteriorating Patient, Delirium, Patient Group Directives, Child and Adolescent Mental Health Services, Patient Experience and Staff Experience.

Six priorities have been identified for 2021-22 and will be set out in the Quality Account. These are: Ambulance Handover, Medication Errors – Community, Cancer Pathway – Urology, Maternity – Medical Devices Training/E-quip, Patient Experience, Staff Experience.

It was noted that the Trust had achieved well against national performance statistics, and in particular the national staff survey where staff satisfaction was highest in the country.

A question was raised about how lessons from the success of the Trust in terms of patient experience could be disseminated across the wider ICS area.

A Member raised a question about considering patient experience at a macro and micro level, and that although overall patient experience was good, there is a lot that can be learnt from individual cases where patients have not had a good experience. This was accepted by the Trust.

It was noted that the Quality Account would be circulated in early May with the Sub-committee requested to submit a response in May with the final Quality Account published at the end of June.

The Chair thanked officers for attending the meeting and for the informative presentation.

Agreed:

That the presentation be noted and the Chair of the Sub-committee to agree a submission to the Trust on the Quality Account in May 2022.

ASCH44/21 Update from the Joint OSC for the North East and North Cumbria ICS and North and Central ICPs

Cllr Brady gave an update from the recent meeting of the joint regional health scrutiny committee.

It was noted that the new chief executive of the ICS, Sam Allan, had attended the meeting and the Committee were provided with more information about the development of the ICS, including recent senior appointments.