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Adult Social Care, Health and Wellbeing Sub-Committee

North Tyneside Council

Tuesday, 22 March 2022

Wednesday, 30 March 2022 0.02 Chamber - Quadrant, The Silverlink North, Cobalt Business Park, North Tyneside, NE27 0BY **commencing at 6.00 pm**.

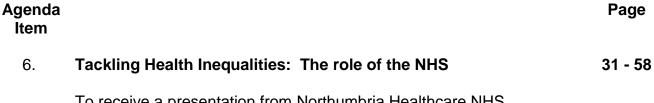| **Agenda Item**		**Page**
1.	**Apologies for Absence**	
	To receive apologies for absence from the meeting.	
2.	**Appointment of Substitute Members**	
	To be notified of the appointment of Substitute Members.	
3.	**Declarations of Interest**	
	You are invited to declare any registerable and/or non 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 26 January 2022.	
5.	**Report of the Home Care Study Group**	**9 - 30**
	To consider the report of the Home Care Study Group.	

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Circulation overleaf …

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

Councillor Joe Kirwin (Chair)

Councillor Jim Montague (Deputy Chair)

Councillor Jim Allan

Councillor Mrs Linda Arkley OBE

Councillor Trish Brady

Councillor Joanne Cassidy

Councillor Margaret Hall

Councillor Maureen Madden

Councillor Pam McIntyre

Councillor Tommy Mulvenna

Councillor Paul Richardson

Councillor Jane Shaw

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Adult Social Care, Health and Wellbeing Sub-Committee

Wednesday, 26 January 2022

Present: Councillor J Montague (Chair)
Councillors L Arkley, M Hall, T Mulvenna, P Richardson and J Shaw

Apologies: Councillors J Kirwin and J Cassidy

ASCH32/21   Appointment of Substitute Members

There were no substitute members.

ASCH33/21   Declarations of Interest

Councillor M Hall declared the following personal interests in relation to Item 5:
− That she is the local authority appointed member of the Board of Governors of Northumbria Healthcare Trust
− That her daughter is involved in the establishment of a new care facility in North Tyneside.

ASCH34/21   Minutes

Resolved: That the minutes of the meeting held on 4 November 2021 be confirmed and signed by the Chair.

ASCH35/21   Covid-19 Update: Public Health and Adult Social Care

The Sub-committee received a Covid-19 update covering Public Health and Adult Social Care.

It was noted that Covid rates in the North East are currently higher than the England average due to a delay in the spread of Omicron cases to the North East. NHS pressures are reducing nationally but are still significant in the North East due to workforce absences and demand issues.

In North Tyneside rates are declining across all ages. In previous weeks rates in the under 9s had been increasing following the return to school but these now look to be dropping. This has impacted on primary school staff and pupils. There have been less issues in secondary schools due to the impact of the vaccine in the over 12 age groups.

Rates in North Tyneside are currently below the North East average. It was noted that a change would be made to the published national data on covid infections from Monday to include re-infections outside of a 90 day period. This is likely to lead to an increase in the numbers of positive cases recorded from Monday.

It was noted that a pop-up vaccine centre had been held at Shiremoor School as a way of targeting an area which has a lower take up of the vaccine and booster. Councillor Mulvenna stated that the pop-up centre had been advertised in local shops and venues but turn out had been a bit disappointing. However, it was noted that all additional vaccines given is a positive step and further initiatives will be taken forward to increase take up in areas with lower vaccine rates.

In relation to Adult Social Care, it was noted that 23 out of 31 care homes currently were in an outbreak situation, and although this is high it has reduced over the last few weeks.

Demand for home care continues to be high with a large number of people on the brokerage list, with more people going onto the list than coming off. Some people have been moved into short term care placements as home care is not currently available.

There was some discussion about the Social Care Academy which is an initiative working with the Employment Support Team in the Council and Job Centre Plus to increase employment in the adult social care sector. Work is underway to publicise the Social Care Academy and also to work with local providers to post information about existing job vacancies. It was noted that this was currently being funded through the Council's Employment Support Team and with Covid recruitment and retention funding.

There was some discussion about the initiative from Northumbria Healthcare Trust to employ home care staff which had recently appeared in the press and whether this was part of the home care pilot with the Council. It was noted that this was separate from the pilot. The Council is currently working with the Trust to ensure the initiative does not de-stabilise the market by taking staff from existing providers. There is a need to bring new staff into the sector. There was also some discussion about intermediatory care and the proposals by Northumbria to provide some care home provision to support hospital discharge. It was noted that there is currently pressure throughout the whole system and the Council continues to work with the Trust to ensure the partnership works and to support the current care market.

Agreed:

That the update be noted.

ASCH36/21   Better Care Fund

The Sub-committee considered the report which provided an update on the Better Care Fund (BCF).

The BCF is a component of government policy to improve integration between health and social care and has been in place for 6 years.

The arrangements for the BCF and its component parts are set out annually by the NHS in its BCF Planning Guidance. Given the on-going pressures in the system there are minimal changes to the BCF from 2020/21 to 2021/22.

The current arrangements and BCF planning framework operates to 31 March 2022. Operational planning guidance for 2022/23 has not been issued yet by NHS England,

though it is understood there is a continued commitment towards the BCF beyond the end of this financial year.

There was some discussion about the implications from the change to CCGs once the ICS is in place. It was noted that it is not expected the BCF will come to an end as the BDF is arranged on an annual basis. The arrangements going forward are not yet clear.

Agreed:

That the report be noted.

ASCH37/21   Update from the recent Joint OSC for the NE&NC ICS and North and Central ICPs

Councillor Mulvenna provided an update from the regional health scrutiny meeting which was held as an informal remote meeting on 24 January 2022.

It was noted that there had been two presentations at the meeting. The first covered Clinical winter pressures. The second set out plans for the membership of the Integrated Care Board and of the Integrated Care Partnership (ICP).

Cllr Muvenna highlighted concerns about the extent of local authority and Member involvement in the ICS and how local areas would be represented, given that the ICS will cover 13 local authority areas. It was likely there would be 4 local authority representatives on the overall ICS Board, and one representative from each authority on the ICP. Although there will also be a sub-regional ICP covering North of Tyne and Gateshead which would meet on a more regular basis.

Agreed:

That copies of the presentations from the meeting be circulated to members of the sub-committee.

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

Date: 30 March 2022

Title: Home Care Study Group

Author: Joanne Holmes, Democratic Services Officer   Tel: 0191 643 5315

Service: Law & Governance

Wards affected: All

1.   **Purpose of Report**

To consider the report produced by the Home Care Study Group.

2.   **Recommendation(s)**

The committee is recommended to approve the report and its recommendations for submission to Cabinet.

3.   **Details**

3.1   In June 2021 the Adult Social Care, Health and Wellbeing Sub-committee agreed to establish a study group to undertake a review of Home Care in the borough.

3.2   The remit of the study group was to review the current provision of home care in North Tyneside and monitor the introduction and progress of the Health and Care Pilot, with a view to:

- Understanding whether the provision of Home Care in the borough is currently meeting the needs of residents;
- Identifying those things that are working well and areas of concern;
- Monitoring the implementation of the Health and Care Pilot.

3.3   The study group has completed the review and has produced the attached report and recommendations.

3.3   The chair of the study group, Councillor John O'Shea will present the findings and recommendations on behalf of the study group.

3.4   Once the report and recommendations are agreed by the Sub-committee, authorisation will be sought from the Chair and Deputy Chair of the Overview, Scrutiny and Policy Development Committee to agree the submission of the report to the next Cabinet meeting.

4.   Appendices

Appendix 1 - Report of the Home Care Study Group

5.   Background Information

The following documents have been used in the compilation of this report:

- Minutes of the Adult Social Care, Health and Wellbeing Sub-committee – July 2021
- Background Reports and notes of meetings of the Home Care Study Group

Overview and Scrutiny Report

Home Care Study Group

March 2022

Summary and Recommendations

The Home Care Study Group has undertaken a review of home care in the borough, including a review of progress with the joint pilot with Northumbria Healthcare NHS Trust.

On the basis of the information it has received, the Study Group has significant concerns about the current situation with home care in the borough, which mirrors the nationwide situation, and which appears to be at a point of crisis. Providers are not able to meet the current level of demand for care, and the number of people on the brokerage list waiting for a care package has doubled from pre-pandemic levels. This is resulting in many people being without adequate care for a significant period of time and is putting unsustainable pressure on families and carers.

The Study Group recognise that one of the key issues facing the sector is retention and recruitment of staff. Neither home care providers, or the Local Authority, are easily able to expand services to meet unmet demand given current staffing difficulties. The situation is likely to deteriorate further due to the rising cost of living and increases to the price of petrol which is putting additional pressures on low paid care staff.

The Study Group recognises that many of the problems with home care are reflected on a national level and are complex issues that require root and branch reform. Although increased funding for the care sector is crucial, increased resources on their own will not address these many issues. In addition, actions by the Local Authority at a local level, within current constraints, can only have a limited impact.

The Study Group is aware of forthcoming changes set out by the Government in the recent Social Care White Paper - People at the Heart of Care (published December 2021). The White Paper sets out a number of proposed reforms to adult social care and importantly the role that families and friends have in caring for and supporting each other. Specifically in relation to home care delivery, the White Paper includes:

- Use of technology to support people to remain independent;
- Workforce initiatives to recognise the role of the social care workforce, ensure staff have the right training and qualifications and that staff feel valued;
- Support for family and other unpaid carers;
- Requirement for local authorities to undertake a fair cost of care exercise to understand the cost of delivery of home care (and other services) locally and that a sustainability plan is in place to secure local provision

The Study Group has identified a number of recommendations for Cabinet and the Adult Social Care, Health and Wellbeing Sub-committee. These relate to the commissioning process, future commissioning, support for training and recruitment to the care sector, and improved support for those seeking care and their family and carers.

The Study Group notes that the relationship between the Council and home care providers is generally good, with systems in place for sharing information and agreeing care packages. The Study Group also notes that the Council is working with providers

and other agencies to find ways to support recruitment and retention via the Care Academy.

The Study Group also reviewed the development of the Health and Care Pilot with Northumbria Healthcare Trust. The Study Group welcomed progress with the Pilot to date and the plans to improve the coordination and quality of health and social care services for those involved in the Pilot.

Recommendations:

It is recommended that Cabinet:

Commissioning	
1	Review the commissioning process to identify any areas where the allocation of care packages can be streamlined to be more efficient for providers and to allow packages to be put in place more quickly.
2	Assess whether the budget for home care can be increased to allow the Authority to pay a higher rate to providers, and to link this to a requirement for providers to pay staff the Real Living Wage.
3	Integrate the following into the next commission/tender process which is due to take place in 2023: - Stronger requirements around 'quality of care' - the payment of an enhanced rate for providers who pay staff the Real Living Wage (subject to the outcome of recommendation 2). - Support for the provision of specialist care services through an increased rate for these services, including a requirement for an increased rate for staff pay - Support innovations in the use of enabling technologies to supplement and enhance in-person care services.
4	Review innovations in other Local Authority areas to develop a longer-term plan for the commissioning of home care over the next 4-year procurement cycle. This should include re-visiting business models for alternative options for the delivery of home care services, including in-house provision, to consider whether any would now be viable.
5	Review training for social work teams to ensure there is consistency across the commissioning process and on-going support and advice provided to clients and their families/ informal carers.
Support for Recruitment, Retention and Training	
6	Review the impact of the current marketing campaign in support of recruitment to the Care Sector and to continue to review the support the Council is able to provide in this area.
7	Work with further education colleges, care providers and the North of Tyne Combined Authority to develop the Care Academy model to provide a route for trained and job-ready applicants to enter the care sector.
8	Develop a longer- term work force strategy in support of the care sector.

	Support for those in receipt of Home Care
9	Review the 'My Care' website to enhance the information available to families, particularly self-funders, to help them to navigate the system, including signposting information on private care providers.
10	Promote the 'My Care' website across the community and in clinical settings to raise the profile and increase awareness of the website.
11	Improve the support and information that is made available to families about finances, costs and benefit entitlements at an early stage of the process.
	Support for carers
12	Promote the on-line training material provided by the North Tyneside Carers' Centre to all relevant council staff and social workers.
13	Work with care providers to promote information around the role of carers and provide access to the training developed by North Tyneside Carers' Centre.
14	Review the availability of respite care for those who were eligible but unable to access respite care during the pandemic, but who may now need it.

It is recommended that the Adult Social Care, Health and Wellbeing Sub-committee:

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

1. Reason for the Study

1.1 The Adult Social Care, Health and Wellbeing Sub-committee originally established a study group in early 2020 to review home care provision in the Borough. The Study Group began the review, but this was put on hold at the beginning of the Covid pandemic. In July 2021, the Sub-committee agreed to re-establish the Study Group with a revised remit and membership, and the Study Group began meeting in early October 2021.

1.2 The remit of the Study Group was agreed as follows:

1.3 To review the current provision of home care in North Tyneside and monitor the introduction and progress of the Home Care Pilot, with a view to:

- Understanding whether the provision of Home Care in the borough is currently meeting the needs of residents;
- Identifying those things that are working well and areas of concern;
- Monitoring the implementation of the Health and Care Pilot.

2. Methodology

2.1 Members of the Adult Social Care, Health and Wellbeing Sub-committee were invited to express an interest in joining this group. In addition, Cllr O'Shea requested to remain as a member of the Study Group as he was part of the original group. The following Members volunteered to take part and were appointed to the Study Group:

Cllr Jim Allan
Cllr Trish Brady
Cllr Maureen Madden
Cllr Tommy Mulvenna
Cllr John O'Shea
Cllr Jane Shaw

2.2 The Study Group has met on ten occasions.

2.3 The Sub-group received information from officers from the Commissioning Team and other teams within the Council, as well as a range of interested parties including home care providers, front line staff, carers, North Tyneside Carers' Centre, North Tyneside Healthwatch, UNISON and the Cabinet Member for Adult Social Care.

3.   **Findings and Evidence**

3.1   The summary of the information gathered by the Study Group is set out below.

Commissioning, Quality Assurance and Support for Providers

3.2   As background to the review, the Sub-group received information from officers on Home Care in the Borough, including commissioning arrangements and quality assurance processes.

Commissioning Services

3.3   The Study Group was provided with background information on how home care services are commissioned. It was noted that all long-term care packages are commissioned from external providers, with the re-ablement function the only internal provision provided by the local authority. During the time of the review the Authority has recruited a number of additional internal staff to address growing demand for home care services that are not being met by the market. The Council has also brought back a contract from a private provider who was unable to deliver the contract.

3.4   It was noted that the Council is currently in the third year of a four-year contract period with providers. The current contract had been designed to provide more flexibility and incorporates some changes to the previous arrangements, including the introduction of time slots for care, a higher payment in the northwest of the Borough to address increased travel requirements, an accreditation process to bring in new providers, and the introduction of assistive technology.

3.5   The Study Group was advised that the average unit cost paid in North Tyneside was slightly below the average when compared to other authorities in the region.

Current Demand for Services

3.6   The Study Group was advised that in March 2020 the impact of the Covid-19 pandemic led to a reduction in demand for care packages as many families sought to reduce contacts with external carers and took on more care due to lock down and furlough arrangements. However, since April 2021, there has been a large increase in demand for services and there is now a significant brokerage list with many people waiting for home care packages to be put in place. Although care providers are continually picking up new packages, more people have been joining the list than leaving, leading to net increases. At the time of the report there are around 170 people on the brokerage list seeking care packages.

3.7   For all people on the brokerage waiting list there will be regular contact with them to assess any additional or increasing risk factors and to support people with some temporary alternative arrangements where this is needed.

3.8   It was noted that the Authority offers a service to commission home care services on behalf of self-funding customers via the brokerage list, and therefore at the local authority rate. This was introduced in response to the Care Act, although it is not the approach taken by all authorities. A fee of £260 is charged for this service. The local authority rate for services is lower than the private rate.

Understanding Quality and Quality Improvement

3.9   The Study Group was advised that there are a range of processes that feed into the Council's assessment of quality in relation to home care providers, including accreditation/contract award assessments, monitoring of delivery, safeguarding issues and CQC ratings.

3.10   The Study Group was advised that, as part of the tender process for contracts or framework agreements, there is an evaluation quality, which includes an evaluation of responses in the method statement covering health and safety, financial viability, insurances, complaints, safeguarding and social value. For the current homecare contract the Council set the rates and so cost was not included as part of the evaluation.

3.11   As part of the contract providers are required to meet all statutory requirements, including national living wage requirements, although the Council is unable to impose terms and conditions on providers via the contract as part of the public procurement regulations. The funding level paid by the Council is set at a level which is intended to cover travel costs and travel time for staff.

3.12   It was noted that the Council undertakes annual quality monitoring visits/assessments which involve a provider self-assessment and a review against the contract specifications/standards in relation to the following areas: Well-led; Caring; Responsive; Safe; and Effective.   Additional quality assurance measures also feed into the system of monitoring.

Recruitment and Retention of care Staff

3.13   The Study Group was advised that there are issues with the recruitment and retention of care staff in the Borough. This is a national problem impacting on all areas of the care sector and was highlighted as an issue by Council officers and also in the meeting with home care providers.

3.14   The Study Group was advised that care work is skilled work, but is low paid and undervalued, and lacks an obvious career path to higher level roles. Care workers are first responders who are often called upon to deal with difficult situations, including health emergencies and death, and the work can be both physically and emotionally challenging. Recruitment is made more difficult by alternative employment options available in other sectors such as hospitality and retail. In addition, some staff who joined the sector during the pandemic

have returned to previous employment roles as restrictions have eased or have left the sector due to burn-out.

3.15 Although recruitment and retention of staff has been an issue for a number of years, this has escalated in recent months across all areas of the care market. Providers are now reporting more incidences where they are not getting any response to recruitment advertisements or where individuals have accepted jobs but have not then taken them up. This is costly for providers who are already running on tight margins. In some instances, providers have returned packages as they are unable to staff them.

3.16 Recruitment problems have been exacerbated by delays to Disclosure and Barring Service (DBS) checks. These are currently taking longer than usual to complete and this has led to delays in getting staff in place and in some cases losing staff to alternative employment while waiting for the outcome of checks. A fast-track service is in place, but this is not always practical for home care staff who often have to work alone and unsupervised and are visiting vulnerable people in their own homes.

3.17 Wage levels were identified as key factor in recruitment and retention problems. The Study Group was advised that providers are limited in the amount they can pay care staff by the rates paid by local authorities. Increases to the National Living Wage (NLW) will be coming in this year and will be introduced earlier for care workers, but any increase to the NLW will also apply in other sectors such as hospitality where wages will also rise in line with this increase. In addition, wage increases will have a budget impact on the Council by increasing rates for care. Any increase in average rates of pay for care staff would have a significant impact on Council budgets.

Workforce Planning in support of the Care Sector

3.18 The Study Group was advised by officers that the council had provided support to providers during the pandemic, and it was part of the Council's role to support the sector, including with recruitment and retention issues.

3.19 Officers provided information to the Study Group on analysis that had been undertaken on the local labour market, including gaps and recruitment issues in relation to care services. As well as issues highlighted above, the analysis identified a number of factors contributing to recruitment problems in the care sector, including the impact of Brexit on EU workers in the care sector, requirements to be able to drive/ have access to a car, travel costs, shift patterns that are difficult for those with children or other caring responsibilities, unclear work patterns, the need for up to date references that can be difficult for those who have been out of work for some time or have never had employment, and the level and expectations of training comparative to pay.

3.20 The Council is working across Adult Social Care and other areas of the Council and with other agencies to look at action that could be taken to address recruitment and retention issues in the medium and longer term. This includes

looking at a plan covering areas such as training and market supplements, but this will not address immediate issues.

3.21   The Council has recently been engaged with a national marketing campaign to highlight the care sector and encourage recruitment into the sector. Alongside this and to compliment the national campaign the Council has put in place a local strategy during February and March 2022 to encourage people into jobs in North Tyneside.

3.22   The Council has developed the Social Care Academy to help social care providers to develop a valued and skilled adult social care workforce. There is an increasing need for adult social care services as people are living longer, and so we need to work with our local providers to help them to recruit and train staff to be able to respond to that.

3.23   The Social Care Academy will act as an interface between employers and potential employees and aims to support more people to enter social care workforce and also support existing carers as part of training, development and potential career progression / pathways

3.24   The Social Care Academy will be for both existing and potential workforce.

3.25   For the potential workforce there is a routeway into adult social care which is a short training programme that gives people more information about people working in social care, some training that's related to the care certificate and, also at the end of the programme they would have a guaranteed interview with a local care provider.

3.26   For the existing workforce, there are lots of training and development opportunities for members of staff delivering a range of different care and support services and at different levels within their organisation.

Evidence from Home Care Providers

3.27   The Study Group approached home care providers who provide services in the Borough to ask if they would be willing to meet with the Study Group. A number of providers initially expressed an interest in attending a meeting, and representatives of Castrian Group and Pinnacle Cares attended a meeting with Members via Teams.

3.28   Members sought the views of providers on what they felt was working well and not so well and how the Council could improve how they work with providers. In addition to issues about recruitment and retention, they highlighted the following:

3.29   The relationship between the Council and providers is generally good and many areas of the commissioning process work well, including the review process and the sharing of information on brokerage lists via the brokerage team. There may be some areas where the process for awarding packages could be

streamlined and where there could be more consistency across social work teams. A suggestion put forward by providers would be to allow the brokerage team to finalise packages without final approval from a social worker as this would speed up the process. Providers also highlighted that there can be delays in finding out whether an offer for a package has been successful and this impacts on efficiency as holding time for a package means providers can't take on others in the meantime.

3.30   Both providers highlighted that there are complex structural problems within the care system that need addressing on a national level, and that everyone is working hard within this difficult context. Providers are currently finding it difficult to grow their business due to funding rates and recruitment and retention issues, and this impacts on the ability of the market to meet current need. The hourly rate paid by local authorities does not allow providers to increase pay rates as margins are already low. Providers also raised concerns about the commissioning services offered by the Council which reduces the number of people paying the higher private rate.

3.31   In relation to the tendering of care services, it was the view of the providers that the commissioning system should reward good performance, and therefore quality and performance related conditions should be built into the evaluation system. Providers would also like to see a greater partnership arrangement between the local authority and providers to support a healthy market over the longer term.

3.32   In relation to care workers, it was highlighted that many tasks undertaken by care teams would, in the recent past, have been undertaken by district nursing teams on higher rates of pay, eg. peg feeding and catheter care. While there is an enhanced rate to reflect higher skilled tasks; it was felt that it would be helpful to have a clearer requirement when this should be paid and that there should be a route to higher rates of pay for more specialist services requiring higher skill levels.

3.33   Providers also raised issues about the availability of training in the local areas in support of care work. In particular, that local colleges do not offer longer level 2 and 3 courses for health and social care workers, although shorter courses of 12 weeks and under can be accessed by providers for free. It was also felt that there is a need for more apprenticeship type courses to encourage staff to enter the sector.

Evidence from Front Line Carers (The Reablement Service)

3.34   The Study Group met with Sandra Luke and Kath Burns who are front line staff from the Reablement Service and who volunteered to meet with the Study Group. They were accompanied by Elayn Miller from UNISON. The study group had also sought to meet with front line carers from private sector providers but were unable to arrange this as part of the review.

3.35 It was noted that the reablement team receives referrals from a range of agencies including GPs and hospitals. The aim of the service is to support people as they move out of hospital into the home environment in order to help them towards independence. Reablement support is generally available for up to six weeks, with the aim that individuals will gain the necessary confidence to enable them to manage independently at the end of this period, without a need for further support. If more support is needed at the end of the reablement period this will be reported back to social work teams to consider needs for ongoing home care.

3.36 It was noted that there has been a change in the clients coming through the reablement team in recent years, with the number of clients requiring follow on care services increasing, with around 80% now needing follow on home care services. There are a number of reasons for this, including more clients coming through to the reablement service who have previously had care packages prior to a stay in hospital, and more clients being referred to reablement on discharge from hospital, even though there may not be a realistic chance of reablement. It was also noted that recently the reablement team has had a longer involvement in some cases, sometimes for as long as 6 months, and this can have a knock-on effect on the capacity within the service to take on more clients. Reablement have also been asked to take on more crisis care and carers relief due to capacity issues and availability of carers in the private sector.

3.37 Come concerns were raised that follow-on home care services did not always meet the needs of clients and that, when undertaking 3-month reviews, clients were sometimes found to have cancelled home care services if they don't feel services have been meeting their needs. They may then be struggling to manage without help.

3.38 The care workers outlined their experience of working for the Reablement Service and highlighted that feedback from clients is very good, with many people grateful for the service that has helped them to stay independent and in their own home. Staff highlighted that prior to 2012 the Reablement Service also provided home care and many staff have years of experience to draw on. They were of the view that the terms and conditions of care workers in the public sector were generally better than in the private care sector, and that in the private sector there can be issues over payment of travel time, travel expenses, uniforms, mobile phones etc. Staff were also of the view that the training available to the reablement team and the management of services was of a high quality and this fed into better quality services for clients.

3.39 The UNISON representative highlighted that the crisis in care services is not new. She highlighted that UNISON had introduced an Ethical Care Charter in 2015 which they asked Councils to adopt. North Tyneside Council has not signed up to the charter. She highlighted that there are a number of problems facing the sector including lack of succession planning, low status of care workers, difficulties with recruitment and retention and an ageing workforce. It was stated that UNISON believes that care services are best provided via the public sector and that it is difficult for local authorities to ensure high standards

via tender processes given the large number of providers in the sector and current capacity issues.

Evidence from North Tyneside Carers' Centre

3.40   Julie King from the North Tyneside Carers Centre attended a meeting to provide information on home care from the perspective of carers' experiences of the system.

3.41   She highlighted the following issues facing carers:

- The biggest issue is capacity and many people are waiting a significant time for care arrangements to be put in place and this puts additional pressure on unpaid carers. This is particularly an issue for mental health services.
- Many unpaid carers have taken on more responsibility during the pandemic and are struggling to get help now they need it.
- The experience of carers is patchy – some are valued and can access support but others have not had a good experience.
- Confidentiality issues can be an issue if carers are unable to access information or be consulted properly on behalf of those they care for.

3.42   It was noted that when a package of support is found many people have a positive experience of the package delivered. However, this is not always the case. Some of the issues experienced by carers are:

- Communication and continuity of staff - where there are lots of different and changing staff there can be trust issues and this can be particularly difficult for those with dementia. Staff continuity is becoming more of an issue due to the retention and recruitment issues in the sector.
- Timing of care – people may not get care when they need it eg. visits that are too early in the evening or too late in the morning so they are unable to go to bed or get up at a time that they want to.
- Inconsistencies of service - this can particularly impact on those who are working carers.
- There is a shortage of respite care in support of carers, and those who had stopped respite during the pandemic are finding it difficult to have it reinstated.
- Some people who self-finance their care can be reluctant to pay for respite care and this can be difficult for carers who are then unable to get a break.
- Direct Payments can offer more flexibility but not everybody wants to take on the responsibility of employing staff and managing the whole process.
- Many people prefer the Council to commission service on their behalf as they pay a cheaper rate and that can mean they receive more hours of care than if they pay the private rate.

3.43 The following suggestions to improve services from the perspective of Carers.

- To introduce a wellbeing approach to the arrangement of care packages which looks holistically at the life of an individual and is creative in working alongside the carer. Carers should be given an opportunity to have their say from their perspective.
- To increase the understanding of the role of carers among social workers, care staff and other professionals and ensure carers are included in the process.
- The Carers' Centre have provided on-line training material that is available to council staff via learning pool and they would also be happy to come in to the Council to provide training.
- More support could be provided to families to help them to navigate the system and how to get support, particularly for those who are self-funders.
- Provision of more benefit advice services as this is a gap in the system.

Other issues:

3.44 In conclusion, from the perspective of the Carers' Centre:

- Issues with Home Care are similar on a national level. In the north-east there are specific issues linked to the proportion of people with life limiting illnesses and reduced levels of Council Tax income.
- Services are doing their best but there are big gaps at the moment. Overall, would say that Home Care services are not meeting all needs, but it is difficult to know how the issues could be resolved.
- Individual families are on their knees waiting for a package of support that hasn't materialised. This is particularly an issue for working carers and is an increasing problem.
- It is a worrying picture – there are a lot of big and difficult issues that are not easy to resolve.

Evidence from North Tyneside HealthWatch

3.45 Paul Jones from North Tyneside Healthwatch attended a meeting with the Study Group and highlighted the following based on feedback and research of Healthwatch into care services:

- Feedback on the reablement service is always positive and the team are in a unique position as part of the assessment team but also working towards helping people to improve and move forward.

- Most feedback to Healthwatch comes from family and carers of those in receipt of care, rather than those receiving care directly.
- There is a mixed view of home care – a lot depends on relationships with carers.
- Where relationships are good, views are more positive.
- Sometimes relationships aren't good and that can lead to issues.
- There can also be teething issues when care arrangements are first put in place.
- People are reluctant to continue with a service if they are not happy with it – unless they have no alternative.
- People are often reluctant to complaint or criticise home care workers as they feel vulnerable. They may also feel that a bad service is better than no service and may therefore be fearful of complaining.
- Many people are happy with the service they receive.

What is working well?

- Where there is the involvement of an active social worker this can help to resolve any issues at an early stage
- District nurses can also fill this care coordination gap.
- There can be problems for self-funders who don't have support of a social worker.

- Care tends to work best if there is good communication between the family, client and the provider, but this is not always the case.
- There may be some inconsistencies between social work teams.

What could be improved?

- Resolving uncertainty about money/costs at an early stage so clients and their family have clarity about how much they will be expected to contribute as this can be a cause of a lot of anxiety.
- Greater clarity about what people can do if things aren't going well – possibly through an individual advocacy service similar to PALS in the Health Service. At the moment there is no similar service for adult social care to help resolve issues at an early stage.
- More help to assist people in navigating providers when setting up care privately;
- Need for a care coordination role to check arrangements are working and to sort out problems, especially for those who don't have family and friends coming in and to ensure care is still meeting needs.
- Ensuring that care packages meet the needs of the client.

- There may be scope for some elements to be taken out of care packages and met through other services eg. help with befriending, picking up medications and with shopping.

Is Home Care in North Tyneside meeting needs?

- It is for some people and many people are happy with the service they receive.
- There are clear issues at the moment around capacity with many people waiting for packages to be put in place.
- Have heard from some that they have had problems in accessing specialist care services eg for dementia or feeding issues. There may be scope to provide more training and support to providers for more advanced care needs.

Evidence from Carers with experience of Home Care

3.46   The Chair was pleased to welcome Lesley Laws and Ken Palmer to the meeting to share their experiences of home care from their perspective as carers of those in receipt of home care.

3.47   Ken and Lesley provided detailed information about their experiences Home Care. As a result of the information provided Members noted the following issues:

- There are capacity issues within the system with some individuals waiting unacceptable periods of time for a care package to be put in place. This is placing undue pressure on carers, and, as was evident in the meeting, can mean that carers are unable to continue their ordinary paid employment.
- Families are under pressure to find their own care through the private system while remaining on the brokerage list and are struggling to find advice and guidance on how to do this;
- Information on private providers is not easily available;
- There is an option to consider employing carers via the direct payments system but this is a daunting process and not everybody is willing to take on the responsibility of becoming an employer, while also trying to undertake caring responsibilities;
- Financial assessments aren't always carried out, especially where it is assumed that people will be self-funding.

- Experience of the care offered by private providers is not always good and issues have been experienced with basic care around eating, drinking and hygiene.
- Carers often feel that they have to highlight issues and instigate improvements with care providers themselves and there are concerns for those who don't have family and friends to raise issues on their behalf.
- Experience of care staff not having basic skills and knowledge to successfully care for older people with dementia. There are some quite simple techniques that can and should be taught to care staff that would make big improvements in the service provided and the care received.

Health and Care Pilot – North Tyneside Council and Northumbria Healthcare Trust

3.48   The remit of the Study Group included a role in monitoring the implementation of the Health anc Care Pilot between North Tyneside and Northumbria Healthcare Trust.

3.49   The pilot is a public sector led project aimed at providing an improved service for clients through a more coordinated approach to health and social care visits. The pilot is starting small but will develop over time.

3.50   The pilot began in November 2021 and staff recruitment to the pilot is now underway. The Study Group was informed that 5.6 FTE staff will be in place by the end of February 2022 and remaining posts are being re-advertised. Posts are offered on public sector terms and condition, with training provided primarily by the Trust. Services for individuals taking part in the pilot are commissioned by the Council in the same way as other homecare services. There is no additional cost to the Council for the service, with health aspects funded from the Trust budget.

3.51   The pilot also aims to manage some of the instability and fragility in the home care market by complimenting and supporting the private sector home care market at a challenging time when the market is struggling to meet need.

3.52   Potential clients are currently being identified from a review of the brokerage list. Only those who have a mix of regular (at least weekly) health care need and up to 7 days of social care need will be eligible for the pilot. The pilot is creating capacity for district nurse staff to undertake some care elements that they are already doing and will also help to capture and relay information on client needs.

3.53   Members welcomed the development of the pilot which is currently at an early stage. The Study Group was advised that the Authority and Trust have worked well together on the pilot and the pilot is improving the quality of service while reducing issues of handover between agencies. It was noted that an officer working group has been established and will undertake a 3-month evaluation of the pilot as it develops. There are plans to expand the pilot over time, but any expansion will be based on an assessment of how the care sector develops and how the pilot fits within the market in order to ensure demand is met.

4.0   Background Information

- Minutes of the Adult Social Care, Health and Wellbeing Sub-committee – July 2021
- Background Reports and notes of meetings of the Home Care Study Group

5.0   Acknowledgements
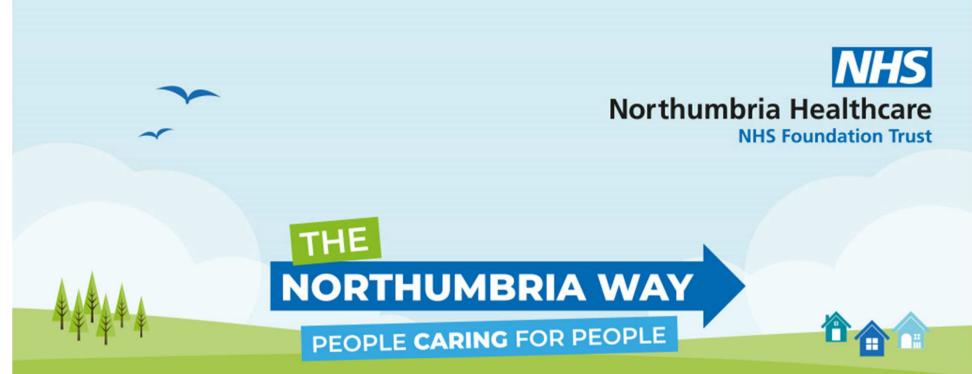
5.1   The Study Group would like to thank the following officers and volunteers who provided information to the Study Group:

Scott Woodhouse – Strategic Commissioning Manager Adults
Leanne Fairbairn - Commissioning Manager
Mark Longstaff – Director of Commissioning and Asset Management
Alison Tombs - Assistant Director Wellbeing and Assessment
Eleanor Binks - Assistant Director for Service Integration
Cllr Anthony McMullen – Cabinet Member for Adult Social Care
Lisa Johnstone – Northumbria HealthCare NHS Trust
Sandra Luke – Reablement Service
Kath Burns – Reablement Service
Elayn Miller - UNISON
Kerry Graham - Castrian Group
David Ferguson - Pinnacle Cares.
Julie King – North Tyneside Carers' Centre
Paul Jones – North Tyneside Healthwatch
Lesley Laws – Carer
Ken Palmer – Carer

Further information

For further information about this review please contact:

Democratic Support Officer: Joanne Holmes
Tel: 191 643 5315
Email: joanne.holmes@northtyneside.gov.uk

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Programme board objectives

Our objectives

To transparently and objectively quantify, characterise and report on inequalities in the Trust's population's health according to access, outcomes, experience and drivers of health.

To normalise and standardise reporting on HI across the Trust's activities

To bring together all existing initiatives regarding health inequalities and to identify, enable and support priority areas for interventions

To work with local partners to drive coordinated approaches to reducing health inequalities including through development of data-driven collaborative approaches

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Programme board function

- To be a repository of health inequalities work across the Trust to help document and facilitate spread of good practice and to publish an annual report on inequalities in the Trust's patient population and what the Trust is doing about it

- Empower and enable colleagues across the Trust, Northumberland and North Tyneside through characterising and quantifying inequalities within the Trust's sphere of control and influence

- To coordinate, champion and support implementation of interventions to reduce inequalities. To support evaluation, dissemination (including publishing) and spreading of pilots and interventions

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Domains of inequalities

Inequalities in access, outcomes, experience and drivers of health across three 'domains of inequalities' within our direct control (#1) and sphere of influence (#2 and 3):

1. Within the Trust's operations and care (including workforce)

2. Across the Trust's population (including primary care, local authorities etc)

3. Regional/ICS population including other NHS Trusts, ICS, VCSO etc
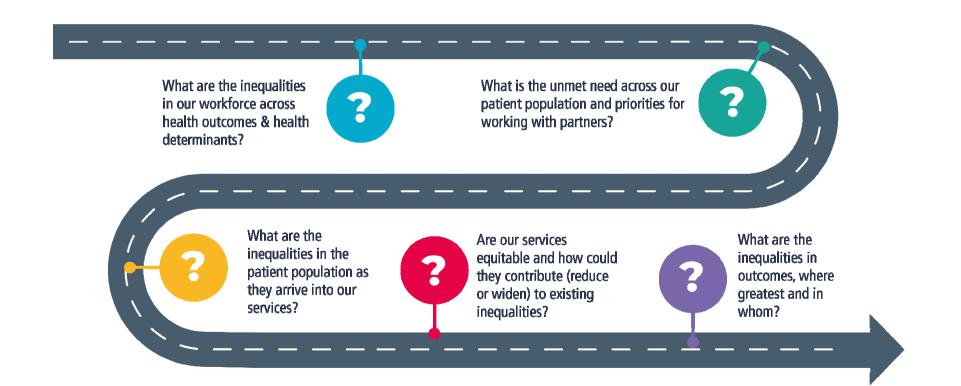
How should we measure inequalities?

- Part of usual performance reporting
- Useful, rather than just interesting
- Consistent and standardised

![NHS Northumbria Healthcare NHS Foundation Trust]

Questions to answer in shaping our work

What are the inequalities in our workforce across health outcomes & health determinants?

?

What is the unmet need across our patient population and priorities for working with partners?

?

What are the inequalities in the patient population as they arrive into our services?

?

Are our services equitable and how could they contribute (reduce or widen) to existing inequalities?

?

What are the inequalities in outcomes, where greatest and in whom?

?

Initial strategic priority areas

- Smoking (and in pregnancy)
- Lung cancer case finding
- Health while waiting
- DNAs – colposcopy
- Workforce wellbeing
- Local Health Index
- Community Promise

We found equal waiting times across RTT populations but unequal health while waiting

Mean waiting time in days for all open pathways
March 31, 2021
Northumbria Healthcare NHS Foundation Trust

Trust average

Average pre-op EQ5D
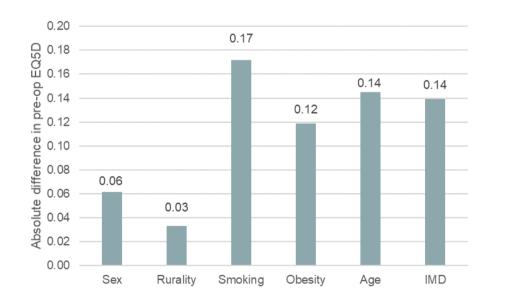
IMD 1	IMD 2	IMD 3	IMD 4	IMD 5	IMD 6	IMD 7	IMD 8	IMD 9	IMD 10
0.32	0.31	0.31	0.33	0.40	0.39	0.39	0.42	0.42	0.48

Clear modifiable drivers of inequality in health while waiting
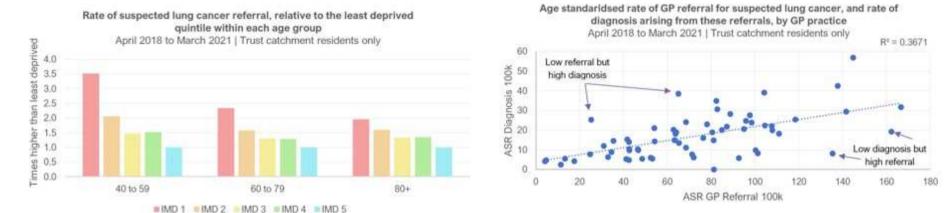
- Smoking and obesity big drivers of (ill)health while waiting

- Pilot -> targeted weight management, smoking cessation and mental health support while on waiting list & afterwards

- Close collaboration with local authorities

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Lung cancer case finding
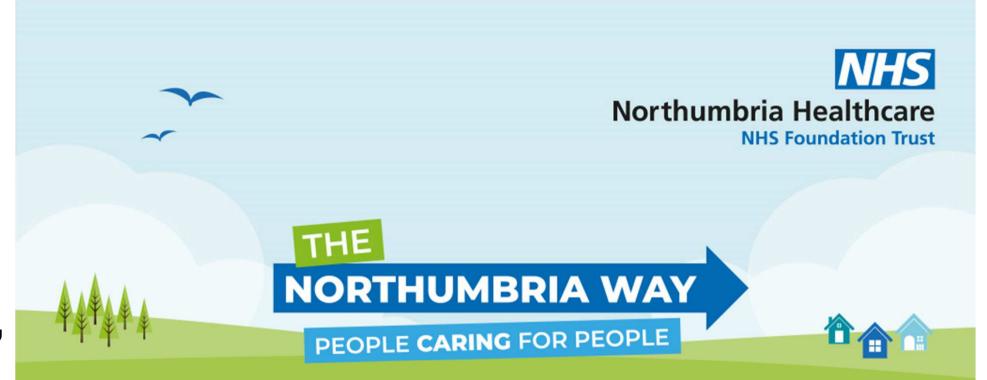
In house analysis of inequalities in lung cancer referrals, diagnoses, stage at diagnosis, pathway and survival

Rate of suspected lung cancer referral, relative to the least deprived quintile within each age group
April 2018 to March 2021 | Trust catchment residents only

Age standaridsed rate of GP referral for suspected lung cancer, and rate of diagnosis arising from these referrals, by GP practice
April 2018 to March 2021 | Trust catchment residents only

Case finding pilot -> expansion

- 1,000 high risk (COPD + smoking) patients invited (ongoing) for screening from high risk North Tyneside areas

- ~2/3^{rds} attended

- To date 450 scans -> 3.8% pick up of CA

- >80% early stage -> curative treatment

- Expand across other high risk North Tyneside AND Northumberland with local authority, cancer alliance and third sector

Addressing Health Inequalities through our Public Health Programme

Jill Harland, Consultant – Public Health

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Embedding a health inequalities approach

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MECC

More Than Medicine

Staff HWB Programme

CSR

Interventions to address risk factors

Research & Evaluation

Best Start In Life

Analytical Capacity

PH capacity Building

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Northumbria Healthcare
NHS Foundation Trust

Northumbria Public Health
Five Year Strategy 2021-2026

VISION

To transform the health and wellbeing of our population by becoming an exemplar at promoting good health - alongside our consistent delivery of outstanding healthcare.

MISSION

To improve population health, promote healthier lifestyles, and reduce health inequalities across the life course.

To work with our communities and partners to address the root causes of ill health and improve the conditions in which people live, learn, work and age.

KEY OBJECTIVES

Our Priorities

- Promote a culture of health and wellbeing with our staff and the communities we serve
- Tackle inequalities in how our communities access our services
- Accelerate preventative programmes and target those most at risk of poor health outcomes
- Reduce demand for avoidable healthcare interventions
- Continuously improve and innovate to meet local health needs and system priorities.

Key actions

- Co-ordinate action on population health and health inequalities across the organisation
- Build our analytic capacity to manage our population's health
- Target those most at risk of poor health outcomes
- Develop a workforce that has the skills, enthusiasm and tools to implement Public Health initiatives across the whole of our population
- Embed the MECC at scale programme
- Innovate and embrace new technology
- Contribute to an evidence-based culture: evaluate, learn and share

KEY ENABLERS

- Implementation of Five Year Strategy
- Consistently feature in all Business Unit Annual Plans
- Strategic Leadership
- Research & Innovation
- Data Intelligence & Performance Metrics
- Communication & Engagement
- Information Technology
- Finance

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Building analytical capacity to monitor health inequalities, assessing performance and providing assurance

- Investment in public health data analyst roles and embedding approach

- Health inequalities indicators being incorporated into existing reporting and assurance mechanisms

- Data dashboards to understand access, experience and outcomes from a health inequalities lens (outpatients, waiting lists)

- Input to the Health Inequalities Programme Board and work areas

- Integrate public health analysis across business units

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Best Start in Life

NHS
Northumbria Healthcare Trust

Priority workstreams

Smoking in Pregnancy	Healthy Weight	Reproductive Health	Maternal Mental Health	COVID-19	Ethnic Minority women
• SiP Steering Group • NHS LTP TDP Maternity pathway implementation • SiP mandatory training for all maternity staff • CNST Maternity Safety Action compliance reporting/monitoring (reported to OGGB) • CDOP report response	• Maternal Healthy Weight Steering Group • Health Coach Obesity Clinic • Healthy weight mandatory training for all maternity staff • Active Hospitals pilot area • Development /monitoring of community based interventions • CDOP report response	• Implementation of postnatal contraception offer • Co-ordination of training/competency for staff • Development of antenatal and postnatal pathway	• Monitoring of mandatory MMH training for all maternity staff • Embedding Northumbria MMH pathway into care • Emotional Eating Group to commence • Research support to Psychology team (participants/recruitment)	• Development /operationalise Trust COVID vaccination programme for pregnant women • Staff training • Patient Comms	• Response to NHSE/CQC/Ockenden • reports • Implementation of EM pathway (including additional appointment) • EM mandatory training for all maternity staff • Focus groups with service users

Ongoing workstreams

Immunisations
Flu – new pathway to be developed
NIVS
Pertussis

→

Alcohol use
Monitoring of pathway
CDOP report response and plan
Patient comms

→

Parentcraft sessions development/delivery
Maternity social media management
Maternity Staff Wellbeing project

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Treating tobacco dependency

NHS Northumbria Healthcare
NHS Foundation Trust

Many long term illnesses and deaths are entirely avoidable by stopping smoking. An estimated 1 in 4 patients in acute hospital beds in England are smokers and around 60% of these want to stop smoking.

By consistently offering treatment and support to patients who use our services, in Northumbria we could prevent 480 deaths in 1 year, reduce all cause readmission by 940 in 1 year, save £1,500,000 on readmissions, and result in 12 extra beds per day.

We have a treating tobacco dependency team who can provide behavioural support to inpatients and can signpost outpatients to most appropriate services for them.

Treating tobacco dependency – Everyone has a role.

- Ensure very brief advice (VBA) on smoking is embedded in patient pathways and procedures.

- Ask smoking status, advice that support and treatment is available, act by giving nicotine replacement therapy on admission and refer for support.

- For inpatients ensure NRT is offered within 2 hours of admission.

- Outpatients refer for support, this offers best chance of a successful quit attempt.

- Smoke free estate

How to refer

- ICE – find patient and click on referral tab or Smokefree intranet page – blue button

For information – Smokefree intranet page or https://www.northumbria.nhs.uk/stopsmoking/

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Active hospitals

One of only four secondary care providers

Co-create and test a model of care that promotes physical activity in pilot pathways

Training programme to increase HCPs knowledge, skills and confidence

Have more conversations about PA

Develop the hospital environment to prompt and enable PA

Pilot pathways include oncology, active ward, Parkinson's Disease, diabetes, maternity, PA messaging as part of Comms, staff well being support

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Healthy Weight Declaration

Committed to NHS Healthy Weight Declaration jointly with North Tyneside Council – co-ordinated by Food Active charity

Part of our strategic, system wide commitment to promote healthier weight, good overall health and wellbeing and reduce health inequalities for the benefit of staff, patients and the wider community.

Due to launch later this year

Training for HCPs to have supportive and effective conversations about healthier weight

Weight stigma and bias / language

MECC at scale – in house and regional programme

- As well as our own in house MECC training, the public health team also host the regional MECC at scale programme – building MECC capacity across the region.

- MECC - An approach to behaviour change that utilises the day to day interactions that organisations and people have with other people to encourage changes in behaviour that have a positive effect on the health and wellbeing.

New Developments:
  - Website
  - Trainer Zone
  - Trainer App

Future Work:
  - Bespoke training for sectors i.e. Housing, Social Care and Screening

More than Medicine

'Its all about you' postcards are available to help promote the health coach service and to act as a conversation starter with patients.
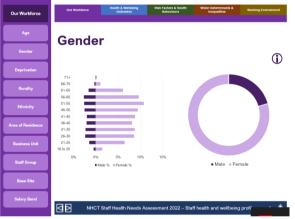
Staff Health & Wellbeing

- Our vision is to provide a working environment in which staff are able to enhance and maintain their physical, mental and social Health & Wellbeing
- The H&WB Steering Group maintains an action plan that feeds into the overall H&WB Strategy
- A team of trained Health Advocates from across the trust promote wellbeing with their colleagues
- A Wellbeing portal houses information about what staff can access to support their wellbeing
- A comprehensive HNA is shaping the approach to ensure that it reflects staff need and addresses health inequalities
- Activities offered to staff include Couch to 5K groups, mini health checks, Weight management groups and seasonal campaigns
- Wellbeing Conversations are being offered to all staff as part of the NHS People Plan with a full set of resources, training and support for line managers

Workforce health and wellbeing needs assessment

"a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities."

1. Developing a **profile of workforce health and wellbeing** drawing on a range of data sources and information:
   - demographics, health and wellbeing outcomes, risk factors, wider influences on health, employment and health

2. Recognition of areas of need and inequalities based on evidence

3. Working collaboratively with internal partners to identify **'unmet needs'** and prioritise those issues to be addressed

4. Developing recommendations to improve workforce health and wellbeing;
   Prioritising actions to achieve optimum impact on improving health and reducing inequalities

NIHR Research for Social Care – Mental health research in Northern England

WP1 - Profile of health and social needs

- Needs of individuals experiencing homelessness presenting at ED (Northumberland, N Tyneside)

WP2 – Mapping support across system

- Map health, social, housing, police, voluntary sector to identify gaps & opportunities in support

WP3 – Co-develop multi-agency pathway

- Pathway for holistic wraparound support for individuals experiencing homelessness

WP4 – Trauma-informed approach in multi-agency pathway

- Feasibility, opportunities and barriers for adopting trauma-informed approach in pathway

WP5 – Trauma-informed training in multi-agency pathway

- Assessing trauma-informed training across the multi-agency pathway
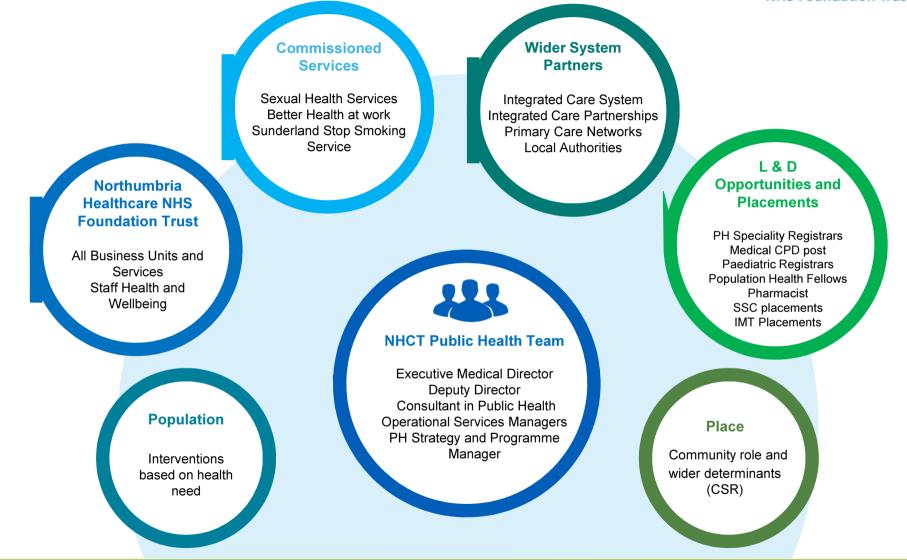
Quality Improvement

- **Aim:** To gain qualitative data to better understand why women don't attend colposcopy and how the service can be improved to facilitate attendance

- **How:** obtain data from four groups:
    - 1) *Non-attendees* – Weekly phone calls to patients who did not attend colposcopy
    - 2) *Attendees* – Speaking to patients in colposcopy clinic
        - As well as specific questions added to patient survey regarding colposcopy service
    - 3) *Cancellations* – Patients who call to cancel appointments asked why unable to attend
    - 4) *Service Providers* – Brief interviews with Colposcopy Staff

- **Timescale:** 24 January 2021 – 22 April 2021 (12 week period)

- **Qualitative Analysis** as to why women do not attend

- Propose **Service Improvement** and/or **further research**

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Health Inequalities – Collaborative Action & Capacity Building

NHS Northumbria Healthcare
NHS Foundation Trust

Commissioned Services

Sexual Health Services
Better Health at work
Sunderland Stop Smoking
Service

Wider System Partners

Integrated Care System
Integrated Care Partnerships
Primary Care Networks
Local Authorities

Northumbria Healthcare NHS Foundation Trust

All Business Units and
Services
Staff Health and
Wellbeing

L & D Opportunities and Placements

PH Speciality Registrars
Medical CPD post
Paediatric Registrars
Population Health Fellows
Pharmacist
SSC placements
IMT Placements

NHCT Public Health Team

Executive Medical Director
Deputy Director
Consultant in Public Health
Operational Services Managers
PH Strategy and Programme
Manager

Population

Interventions
based on health
need

Place

Community role and
wider determinants
(CSR)

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Any questions?
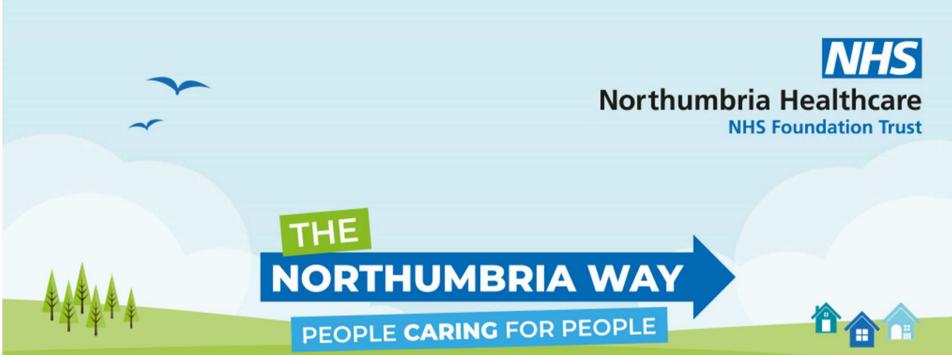
Thank you

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Annual plan and Quality Account

Jeremy Rushmer, Executive Medical Director

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OUR FIVE YEAR STRATEGY 2021/22

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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.

OUR MISSION

We will transform the traditional hospital-based model to ensure people are true partners in determining their own health provision alongside maintaining, and where possible, diversifying our business model to secure a sustainable future.

BIG SIGNALS

Helping our staff, patients and our local communities to recover from Covid-19 and do this with a relentless focus on supporting economic growth, tackling inequalities and climate change.

We will drive innovation in healthcare be it corporate and/or clinical innovation.

We will be the best place to work and train and will continue to diversify our workforce to ensure the best possible care for patients is delivered.

To continue along our digital journey with a relentless focus on technology enabled improvement for our staff and patients.

We will transform our estate creating the best environment for patients and staff.

Play a leading role developing new ways of working across the health and care system locally, regionally and nationally with emphasis on strong partnerships.

Be proud of our performance (financial, operational and clinical) and constantly strive for improvement for the benefits of patients and staff.

KEY ENABLERS

IT

FINANCE

HUMAN RESOURCES AND ORGANISATIONAL DEVELOPMENT

COMMUNICATIONS AND ENGAGEMENT

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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

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Annual planning process

- Five year strategic plan (2018 – 2023) – overall direction, what we are about
- Annual plan 2022/23 – linked to five year strategy and development of clinical strategy
- Quality strategy
- Quality Account covering 2021/22 – statutory requirement to inform public of delivery of safety and quality priorities
- Safety and quality objectives agreed for 2022/23
- Annual report and corporate governance statement
- Engagement with key stakeholders

Context of the impact of Covid in 2021/22

- Covid has continued to have a massive impact on the ability of the Trust to deliver services to patients - between March 2021 and March 2022 the Trust has cared for 2,799 Covid positive cases

- Our colleagues having Covid and being absent from work has also had a huge impact on our ability to deliver services and treatment as usual (9.43% absence rate in January 2022.) This has put real pressure on clinical teams, and leads to reduced efficiency

- The number of Covid patients we've had to care for, combined with Covid related staff absences has had a detrimental impact on the volume of activity that has been undertaken, which in turn has impacted on the Trust's ability to achieve the usual high levels of performance, e.g. RTT at 86.6% in February 2022 compared to 92%+ in February 2020

- This is all set against a backdrop of increasing referral rates, with the Trust receiving 115% of 2019/20 level of referrals in 2021/22

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Quality Account 2021/22

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Quality Account 2021/22

- Look back at safety and quality priorities for 2021/22 and focus for 2022/23
- 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
- Following the guidance issued in January 2021, which stated that foundation trusts do not need to instruct external audit firms to conduct assurance work on the Quality Account, no indicators will be tested again this year
- The council of governors will therefore not be required to select an additional indicator to be audited

Quality Account 2021/22

- Process underway

- Draft account ready end April 2022

- Circulated to stakeholders for formal opinion May 2022

- Final, including stakeholder comments, submitted to NHS Improvement end of June 2022

- Upload to NHS Choices by end June 2022

- Date for submission to Parliament still to be confirmed

Safety and quality priorities 2021/22

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Our 2021/22 eight safety and quality priorities

1. **Access standards** – regaining the standards for patient access

2. **Outpatients** – embedding the changes in delivering outpatient appointments

3. **Deteriorating patient** – to continue to improve the management of acutely unwell patients in both hospital and community settings

4. **Delirium** – improvement of the detection of patients with delirium and the training of staff to improve early detection

The eight priorities contd.

5. **Patient Group Directives** (PGDs) – continue to improve how we supply and administer PGDs to patients

6. **Child & Adolescent Mental Health Services** (CAMHS) – build on the work undertaken this year to improve the timely access to the full range of CAMHS services

7. **Patient experience** – intention is to get the patient experience back to pre-Covid levels

8. **Staff experience** – again to build on the successful staff experience programme with the introduction of real time staff experience reporting

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Performance on our safety and quality priorities 2021/22

Priority	Objective	Q3 Performance	Progress to date
Access to services	**Referral to Treatment** – target at end of Q3 is for 92% of patients treated within 18 weeks of referral	Target at end of Q3 is for 92% of patients treated within 18 weeks of referral; end of Q3 = 87.7%	Target missed
	Diagnostics – target is for 99% of patients to have test within 6 weeks of referral	Q3 performance = 95.9%	Target missed
	Cancer – 21/22 target = 9 out of 12 months at 85% or above	Q3 performance = zero months at 85% YTD = 1 month out of 9	Target missed
	Emergency Department – 21/22 target = routinely meet 95% of patients seen & admitted within 4 hours of arrival	Q3 performance = 90.7%	Target missed
Management of acutely unwell patient	Improve timeliness of observations - Q3 & Q4 target = combination of 70-90% on various wards at NSECH and base sites	Q3 performance = 3 target wards at NSECH & NTGH not met Q3 – Q4 target in Q3. Strong performance on other NSECH and base site wards.	Partially met
Supply and administration of medicines	Implementation of Q-Pulse system into all areas -Q3 target = full roll out of Q-Pulse system and audit undertaken	Q3 performance = roll out completed, audit underway	Partially met
Children & young people's emotional well-being & mental health	Improving access times into the service - Q3 target = 70% of referrals seen by day 35	Q3 performance = 64.8%	Target missed
	Check with patients changes improve the service	To be completed in Q4	Not intended to have started

Performance on our safety and quality priorities 2021/22

Outpatients	Increase percentage of virtual outpatient appointments - Q3 target = 29% of all outpatient appointments	Q3 performance = 30.7%	On target
	Decrease response times for Advice & Guidance requests – Q3 target = 79% of requests responded to within 3 days of receipt	Q3 performance = 76.9%	Target missed
	Pilot measures to reduce health inequalities in a selected specialty	Ongoing analysis, interventions based on analysis being planned	On target
Delirium	Embed the use of the 4AT on inpatient wards – Q3 target = 77.5% of all admissions screened within 12 hours of admission	Q3 performance = 74.0%	Target missed
	Roll out of "PINCH ME" training programme	Training delivered to 2 additional wards and 2 services in Q3. Training moved to on-line in response to Covid situation.	On target

Performance on our safety and quality priorities 2021/22

Patient experience	Reinstate real time measurement of patient experience	Realtime measurement has now been re-instated across the Trust.	On target
	Understand the impacts of remote consultations on patient experience	Work has commenced on this measure.	On target
	Improve accessibility of service for people who are deaf or hard of hearing	Work has commenced on a number of strands of this workstream, with the aim to complete all by March 2022.	On target
Staff experience	Maintain our cycle of quarterly staff experience audit	Regular staff engagement survey in place, with robust PDSA cycle in place to ensure action is taken on areas of concern.	On target

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Safety and quality priorities 2022/23

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Background

- Every year the Trust in collaboration with business units, governors and other stakeholders identify a number of safety and quality priorities

- For next year, we have identified six possible quality improvements

- Some of these priorities build on previous improvement work and others are new priorities aligned to the wider Patient Safety Strategy

- It should be noted that business units will be working on many other safety and quality initiatives which form part of their annual plans

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The six proposed priorities

1. Ambulance handover

- Eliminate over 60 minute waits
- 95% of all handovers within 30 minutes
- 65% of all handovers within 15 minutes

2. Medication errors – community

- Reduce medication errors in community nursing
- Establish 'Datix Hubs' in all Primary Care Networks (PCN)
- Implement learning logs and evaluate the impact on staff

The six proposed priorities

3. Cancer pathway – urology

- Complex pathway – multiple stakeholders
- Aim to achieve:
  - 93% of patients seen on two week wait pathway
  - 75% target for 28 day faster diagnosis pathway
  - 85% of patients seen and receiving first treatment by 62 days referral from GP

4. Maternity – medical devices training / E-quip

- Medical device training currently recorded on paper
- Implement an electronic database system
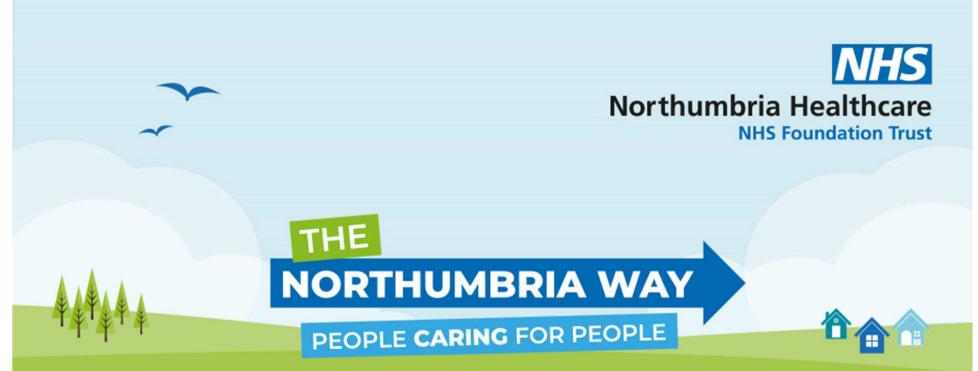- Development of medical devices portfolio, associated training and competency assessments

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The six proposed priorities

5. Patient experience
- Robotic Assisted Surgery (RAS)
- Re-design Real Time programme
- Improve access for D/deaf patients

6. Staff experience
- Three 'Pulse' surveys and National Staff Survey
- Scale-up staff experience programme
- Successful roll out of R3P programme (recovery, readjustment and reintegration programme)
- Impact of poverty, cost of living and quality of life for staff
- Staff experience in Northumbria Healthcare Facilities Management (NHFM)

Any questions?

Thank you