Adult Social Care, Health and Wellbeing Sub-Committee

8 October 2015

Present: Councillor P Brooks (Chair)
Councillors G Bell, J Cassidy, K Clark (Deputy Chair), C Davis, M Green, W Lott, A McMullen, L Miller, S Mortimer, A Percy, M Reynolds

Also Present: Councillor A Waggott-Fairley, Cabinet Member for Adult Social Care

ASCHW23/10/15 Apologies

Apologies for absence were received from Councillors K Barrie and D McMeekan.

ASCHW24/10/15 Substitute Members

Pursuant to the Council's constitution the appointment of the following substitute Members were reported:-

Councillor S Mortimer for Councillor K Barrie
Councillor A McMullen for Councillor D McMeekan

ASCHW25/10/15 Declarations of Interest and Dispensations

The following declaration of interest was made:

Councillor L Miller declared a registerable personal interest in item 7 – Urgent Care in North Tyneside as he was a Practice Manager of a GP surgery.

ASCHW26/10/15 Minutes

The minutes of the meeting held on 10 September 2015 were confirmed.

ASCHW 27/10/15 Better Care Fund update

The sub-committee received an update report on the Better Care Fund. The Programme Manager, Adult Social Care introduced the report and gave an update on progress against the key outcomes outlined in Appendix 1 of the report.

Members were informed that performance was very similar last month, which was partly due to performance data being collected on a quarterly basis.

Although the level of emergency hospital admissions are higher than last year, both June and July showed a reduction compared to the same months last year. This was understood to be linked to the opening of the Northumbria Specialist Emergency Care Hospital in mid-June.

In relation to the pay-for-performance measure, emergency hospital admissions, it was noted that the reduction of 3.5% target had not been met in the first or second quarters and therefore the quarterly BCF pay-for-performance element will be retained by North

Tyneside Clinical Commissioning Group (NTCCG). This does not impact on the funding of BCF services because the plan does not require the payment –for –performance element to fund the existing level of services.

During questioning, the sub-committee asked a range of questions which were responded to appropriately.

A Member expressed concern regarding the low percentage of clients reporting a 'better' outcome following reablement, specifically in relation to pain/discomfort. The sub-committee asked the Programme Manager to provide supplementary information about what the issues were in relation to this.

In relation to the nationally-specified metrics which are outlined in the outcome report, a Member requested that targets for all of the metrics be included in future reports.

The sub-committee discussed in some detail the new falls service provided by Northumbria Healthcare Foundation Trust, a community based service for people at risk of falls which aims to reduce the number of recurring falls. Members were informed that the service is currently under performing and it was important that pro-active work with GPs was carried out to get them to refer to the service. It was clarified that there is also a pathway to the community falls service from A&E. It was explained that the first falls service had been established in Shiremoor and that there are plans to open a one in Wallsend, it is hoped to eventually expand the service across the borough, however is very much dependant on demand.

Members sought clarification in relation to the pay-for-performance measure and queried why the funding is given to the CCG regardless of whether the target is achieved or not. It was explained that this decision was made jointly between the local authority and CCG. If the target isn't achieved the funding is retained by the CCG to cover the costs associated with emergency hospital admissions. The sub-committee were assured that not receiving the pay-for-performance payment would not create any immediate financial problems as the spend hasn't been planned.

The Commissioning Manager, North Tyneside Clinical Commissioning Group and the GP Clinical Director, Northumbria Healthcare Foundation Trust attended the meeting to give a presentation on the proactive care service, which is an important element of the BCF.

The presentation outlined what proactive care was; why it was needed; the main aims; the priorities and actions; and the process.

The sub-committee noted that there are two parts to the process:

1 Directed Enhanced Service
    - GPs are invited to participate in delivering a Directed Enhanced Service titled 'Avoiding unplanned admissions'.
    - This includes risk profiling, care coordination and care management for 2% of the population.

2 Increased resource support
    - Community Matrons to ensure that nurses are involved in actively planning and delivering patient care.

- Screening patients to identify specific areas of risk (falls, anxiety, cognitive and nutrition).
- Specialist support from geriatricians, pharmacists and social care

It was stressed that the success of the service is dependent on GPs identifying 2% of the population at risk and establishing a risk register. Members were pleased to hear that to date there has been good take- up by GP practices, however expressed concern regarding the continuation of the service once NHS England funding ends. The sub-committee were informed that by then it is hoped that the process will be systematic and embedded, and that GPs will seeing the benefits of the service for patients. Offices also emphasised the need to have a multi-agency approach to ensure all of the professionals with the right skills are involved in planning patient care.

Although Members were pleased to hear that patient care plans were being rationalised and better co-ordinated, it was stressed that it was crucial that they were regularly reviewed and maintained. There was also some discussion about the importance of ensuring that care plans are co-ordinated better cross borders i.e. between North Tyneside and Newcastle.

As part of the BCF monitoring, the sub-committee requested that officers bring further updates on the proactive care service as it develops.

The Chair thanked the Programme Manager, Adult Social Care, the Commissioning Manager, North Tyneside Clinical Commissioning Group and the GP Clinical Director, Northumbria Healthcare Foundation Trust for attending the meeting.

It was **agreed** that the supplementary information requested by the sub-committee as described above be circulated to members of the sub-committee

ASCHW 28/10/15 Healthwatch North Tyneside update

The Director of Healthwatch presented an update on the work of Healthwatch North Tyneside (HWNT). The presentation outlined the highlights so far in 2015; the process which HWNT use to categorise issues; and the current issues which they are working on at present.

It was explained that when issues are identified by HWNT they go through a process using criteria to determine which category the issue falls in. If an issue is categorised as level 3, a small review team will be established to carry out pro-active engagement; and if categorised as level 4, it will be major project. The issues which HWNT are currently working on include:

Mental Health (Level 4)
Carers (Level 3)
Urgent Care and Northumbria Emergency Specialist Care Hospital (Level 3)
Hospital food (Level 3)
Residential care (Level 3)
Day services (Level 3)
Attention Deficit Hyperactivity Disorder (Level 3)

The sub-committee discussed in some detail the 'enter and view' work which HWNT are carrying out in relation to hospital food at North Tyneside General Hospital. It was explained that HWNT will give the Trust 20 days notice before they carry out this work. Members raised a number of concerns in relation to the quality of hospital food and the lack of time nurses have to assist patients with feeding, in particularly the elderly. It was also mentioned that it seemed to be at the discretion of the ward sister as to whether family

members were allowed to visit over lunchtime to help with feeding. The Director of Healthwatch confirmed that as part of the review they would be looking at the policy for family members support, and encouraged Members to contact her directly with any other concerns or information which may assist the Healthwatch review into hospital food.

The Cabinet member for Adult Social Care congratulated HWNT for the work they had done in engaging with the public since April this year.

The Chair thanked the Director of Healthwatch for attending the meeting.

ASCHW 29/10/15 Urgent Care in North Tyneside

The sub-committee received a briefing and the consultation material in relation to the future of urgent care in North Tyneside. Representatives from North Tyneside Clinical Commissioning Group and North East Commissioning Support attended the meeting to present the briefing.

Basically urgent care means any form of medical attention that you need quickly but is not serious enough for a visit to hospital. This could include injuries, an illness (ailment) or any other medical condition where you seek advice from a GP, pharmacist, NHS 111, a walk-in c entre or the out of hours GP service when your local doctor's surgery is closed.

The briefing covered why the consultation is happening; a summary of what was found during the listening and engagement exercise; how the plans were developed; and the scenarios for change.

The sub-committee heard that members of the Urgent Care Working Group and other stakeholder had developed four scenarios on what urgent care in North Tyneside could look like, these are:

1. A single North Tyneside Urgent Care Centre based at the existing North Tyneside General Hospital site.
2. A single North Tyneside Urgent Care Centre based at the existing Battle Hill Walk-in Centre site.
3. A single urgent care hub supported by locally based minor ailments services (urgent care hub located at the existing North Tyneside General Hospital site).
4. A single urgent care hub supported by locally based minor ailments services (urgent care hub located at the existing Battle Hill Walk-in Centre site).

Members noted that the formal consultation period on the scenarios for change had started on 7 October 2015 and will run until the 21 January 2016. During this period engagement with the public and stakeholders will take place, through a range of methods, such as drop-in sessions, focus groups, surveys and road shows in shopping centres etc.

In relation to the listening and engagement exercise which took place between May-July 2015, the sub-committee noted that a feedback report had been produced and a map which shows the spread of responses across the borough. Officers agreed to provide the map to share with the sub-committee.

During questioning, the sub-committee asked a range of questions which were responded to appropriately.

In relation to the current difficulties in getting a GP appointment, a Member asked if there was any scope to introduce a centralised appointment system which would direct patients to any available GP in the locality. It was explained that this is basically the hub and spoke model which is described in scenarios above. This would mean that the patient would contact a central point and then be referred to the right place for treatment.

There was some discussion in relation to the skill mix of provision, which for example could be a single GP working alongside 3 or 4 nurse practitioners. In light of the current issues in recruiting GPs nationally and regionally, it was really important to get the skill mix right so that GPs could concentrate on patients with more complex health needs. As part of this it was also stressed that we need to raise the profile and use of pharmacies.

A Member queried how deliverable scenarios 3 and 4 outlined above would be considering they were given an amber rating for affordability and viability in the consultation material. It was explained that they would be possible but that it may need to be a triaged service, start small and expand as demand grows. It was clarified for the sub-committee that whichever model is implemented, it will be new service starting from scratch, providing integration and continuous service on one site and open 7 days a week 24 hours a day. All existing services such as GP out of hours, Battle Hill Walk-in Centre and Rake Lane will cease to operate.

In relation to cross border issues it was explained that Newcastle are also currently reviewing walk-in services. Work related to the vanguard project will look at standardising provision in walk-in centres to ensure that the level of service will be consistent wherever you access it. Members were informed that more information about the different scenarios can be found in the Case for Change document which also includes information about other areas outside of North Tyneside.

The Chair thanked the representatives from North Tyneside Clinical Commissioning Group and North East Commissioning Support for attending the meeting.

It was **agreed** that the supplementary information requested by the sub-committee as described above be circulated to members of the sub-committee

ASCHW 30/10/15 Safeguarding Adults Board

The sub-committee were presented with a report prepared by the Senior Manager Quality and Safety, which provided an overview of the work undertaken by the Safeguarding Adults Board during the past year. The report aimed to assure the sub-committee that the Safeguarding Adults Board (SAB) is an effective strategic body working across North Tyneside for the benefit of individuals at risk of harm or abuse.

The implementation of the Care Act 2014 had brought about a significant change in the legal framework for Safeguarding Adults. The legislation sets out the requirement for Safeguarding Adults processes; the requirement to have a SAB; and the duty to

commission Safeguarding Adults Reviews if certain criteria are met. Members noted that North Tyneside has had a SAB in place for many years.

Members were informed about SAFE week, which was taking place week beginning 1 November, the aim of SAFE week is to raise public awareness in relation to safeguarding adults.

The Chair thanked the Senior Manager Quality and Safety for the report.

It was **agreed** to note the Safeguarding Adults Annual Report 2014/15; the data contained in the Safeguarding Adults Return 2014/15; and the Safeguarding Adults Board Annual Plan 2015/16.