

Adult Social Care, Health and Wellbeing Sub-Committee

7 January 2016

Present: Councillor P Brooks (Chair)
Councillors J Cassidy, K Clark (Deputy Chair),
C Davis, M Green, W Lott, D McMeekan, A McMullen, L Miller,
A Percy

ASCHW39/01/16 Apologies

Apologies for absence were received from Councillors L Bell and M Reynolds.

ASCHW40/01/16 Substitute Members

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

Councillor A McMullen for Councillor L Bell

ASCHW41/01/16 Declarations of Interest and Dispensations

Councillor L Miller declared a registerable personal interest in Item 5 – Commissioning Intentions 2016/17 as he was a Practice Manager of a GP surgery.

ASCHW42/01/16 Minutes

The minutes of the meeting held on 5 November 2015 were confirmed.

ASCHW43/01/16 Commissioning Intentions 2016/17

The Chair of the Adult Social Care, Health and Wellbeing Sub-committee explained that this was a joint meeting with the Health and Wellbeing Board to consider the commissioning intentions in relation to health, social care and wellbeing for 2016/17 and that the two bodies would do so with different, but complementary, objectives in mind.

Representatives of the Council and North Tyneside Clinical Commissioning Group (NTCCG) gave a presentation which outlined the financial picture for NTCCG and the Council's care and wellbeing services; and gave an overview of the priorities, budget and service changes planned for 2016/17 in relation to health services commissioned by NTCCG, Children, Young People and Family services, Adult Social Care and Public Health.

The presentation highlighted the key issues in relation to health and wellbeing and the health inequalities which exist in the borough. There are a number of challenging issues for the borough, such as, the healthy life expectancy rate for men and women not increasing at the same rate as the average life expectancy. Members were also reminded that Chirton and Riverside wards continue to have the poorest health indicators in the borough.

The key challenges and drivers for the Council included financial pressures, increasing demand for services and the legal duties arising from the Care Act 2014. Details of how the Council planned to approach these challenges and the commissioning principals were explained. The presentation then went on to summarise the main actions in relation to:

- Cared for and safeguarded
- Ready for school, work and life
- Improving health and wellbeing

The key challenges and drivers for the NTCCG were also outlined; these were similar to those for the Council mentioned above i.e. financial pressures and increasing demand for services. The CCG were also required to revise their 5 year plan by June 2016 and it was explained that this would need to be a cost saving and system wide plan. A key message from the national guidance on producing the revised plan was that we need to move further, faster and to focus on closing three gaps; preventative health, quality of care and finance. Members were made aware of how these challenges would be met, which included the roll out of new Models of Care, development of a 'Place Based System of Care – Sustainability and Transformational Plan', the development of an Accountable Care Organisation, utilising the opportunities available through the Urgent and Emergency Care Vanguard, the development of an Urgent Care Model for North Tyneside, NHS Right Care first wave pilot site and the use of contract opportunities to identify system efficiencies.

In relation to the Better Care Fund (BCF) members were informed that further details are awaited on the conditions which BCF plans must meet in 2016/17, any mandated elements and the minimum value of the fund.

The Cabinet Member for Public Health expressed concern regarding the wording used under the 'Ready for school, work and life' theme relating to a new integrated model for Children and Young People services, which stated that the Council would be moving away from direct nursery provision. It was requested that it is made clear that we are moving away from being a direct provider of childcare provision and not nursery provision, and that although we won't be providing direct childcare provision we will ensure that we have sufficient places available in the borough.

Concern was raised over the delivery of family centred holistic support in locality hubs, particularly the recording and ability of the different social care and health services to share information with each other. It was explained that data sharing protocols are already set up with the Department of Work and Pensions through the 'Troubled Families' programme, and that the learning from this can be transferred to help partners in the locality hubs set up systems and look at solutions to integrate information where possible.

In light of the health and social care devolution in Greater Manchester, it was stressed that we need to ensure that we can deliver health and social care in the changing landscape and that the possibility of devolution needs to be considered. It was explained that devolution is about strong relationships with our partners which we continue to build and strengthen. It was also mentioned that through the Accountable Care Organisation (ACO) we are working with our regional neighbours. Members were given a brief explanation on the role of the ACO which was a different way of working, bringing together key partners to think about the best way to spend the health and social care £, and the emphasis would be on outcome based commissioning contracts, rather than footfall.

Concerns were raised regarding the promotion of E cigarettes to reduce harm and it was asked if this could be replacing one evil with another. It was explained that recent evidence shows that moving to E cigarettes can reduce harm by 90%. Currently there is one licensed brand which is available on prescription.

In relation to the commissioning intentions for 2016/17, assurance was given that any decisions to de-commission services would be shared with residents and stakeholders at an early stage; the urgent care consultation/public engagement which is currently in progress was cited as a good example of recent public engagement. The CCG also confirmed that there would be early discussions with the Council regarding any potential funding cuts to council services.

As the health risks associated with loneliness was now comparable to smoking, alcohol and obesity, it was suggested that this was explicitly included in the revised 5 year plan. The Cabinet Member for Public Health explained that the issue of loneliness was being addressed by the Council's Care and Connect service through co-ordinating good neighbour schemes and knit and natter clubs etc. It was requested that key performance indicators (KPIs) are included in any emerging plans to aid the Adult Social Care, Health and Wellbeing Sub-committee and the Health and Wellbeing Board in their respective roles.

There was detailed discussion in relation to the importance of accessing and maximising the amount of Section 106 funding received to improve health outcomes for local people and improve health infrastructure.

Members stressed that providing good housing was an important aspect of health and wellbeing. It was explained that Adult Social Care are working closely with Housing and that there is a focus on providing good supported housing for various groups of people, and that it is crucial that we get it right, for example ensuring that it isn't too big that it becomes institutionalised.

It was **agreed** to note the commissioning intentions 2016/17.