

Adult Social Care, Health and Wellbeing Sub-Committee

11 February 2016

Present: Councillor K Clark (Chair)
Councillors L Bell, W Lott, D McMeekan, A Percy, M Reynolds,
Cllr J O'Shea (Sub), Cllr F Lott (Sub), Cllr G Bell (Sub)

ASCHW44/02/16 Apologies

Apologies for absence were received from Councillors K Barrie, P Brooks, J Cassidy, C Davis, M Green and L Miller.

ASCHW45/02/16 Substitute Members

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

Councillor F Lott for Councillor M Green
Councillor J O'Shea for Councillor J Cassidy
Councillor G Bell for Councillor C Davis

ASCHW46/02/16 Declarations of Interest and Dispensations

Councillor L Bell declared a registerable personal interest in Item 5 – Care Quality Commission (CQC), as she works at the Percy Hedley Foundation Day Centre which is inspected by the CQC.

ASCHW47/02/16 Minutes

The minutes of the meeting held on 7 January 2016 were confirmed.

ASCHW48/02/16 Care Quality Commission (CQC)

Sarah Drew, Regional Inspection Manager for Adult Social Care from the CQC attended the meeting to provide a presentation on inspection ratings across local authority areas in the North East.

The Sub-committee noted that a new methodology for the inspection of Adult Social Care had been introduced by the CQC in 2014. The new approach focussed on five key areas which were rated during the inspection. These are: Safe, Effective, Caring, Responsive, and Well-led. The new methodology also included a more tailored inspection team and more comprehensive reports and ratings.

The Sub-committee noted that the presentation set out a summary of ratings for each local authority area based on inspections carried out to date under the new system. The Sub-committee was concerned to see that North Tyneside was showing as the worst performing authority in the region, with over 50% of providers rated as requiring improvement. The Sub-committee was also concerned that the presentation also showed that on re-inspection 20% of settings in the region had deteriorated which was higher than the national average of 15%.

Members questioned whether there was anyone accountable for insuring improvements where implemented and whether Councillors are able to influence anyone in relation to this. It was noted that the CQC provides a detailed report and feedback to providers following an inspection and it was the providers' responsibility to take action to improve.

The Sub-committee requested information on which settings in the borough were in need of improvement. It was noted that this information is public and the CQC publishes all inspection reports on its website. The CQC would be able to provide information on these providers to the Sub-committee. It was also suggested that the Council's Adult Social Care service be invited to attend the next meeting to discuss this issue, and to explore any action the Council can take to influence improvements through the commissioning of services.

It was noted that Domiciliary Care provision was rated better than residential homes, with north Tyneside having the highest proportion of good day care provision in the North East.

There was some discussion about inspection visits. It was noted that the CQC was committed to inspecting and rating all services under the new system by Sept 2016. Any follow up activity would depend on any breeches identified, with those rated inadequate being re-inspected within 6 months, with the re-inspection times being dependant on the risk identified. It was noted that the CQC does have some enforcement powers including requiring a suspension of new admissions, imposing conditions on registration, or in extreme cases closure, although this is rare. It is also able to issue fixed penalty fines.

The sub-committee thanked Sarah Drew for attending the meeting.

It was **AGREED** that the information be noted and:

1. The CQC be asked to provide a list of all providers in North Tyneside that have been rated as 'requiring improvement' or lower;
2. That officers from the Council's Adult Social Care service be asked to attend the next meeting to discuss the situation in North Tyneside.

ASCHW49/02/16 Better Care Fund and the Falls Prevention Pathway

Kevin Allan, Programme Manager, Integrated Care for Older People, attended the meeting to provide an update on the Better Care Fund.

It was noted that the target for hospital admissions had been met with fewer admissions in the second part of the year following the opening of the new hospital in Cramlington.

It was noted that the rate of delayed transfers in north Tyneside was within target and is one of the lowest 25% of Health and Well-being Boards.

It was noted that there had been a change in the indicator for permanent admissions to residential care and this would now include all admissions and not just council funded admissions. Data is currently unavailable for this metric and will be reported at the next meeting, but is likely to show an increase of 25%.

It was reported that discussions about future funding for the BCF are ongoing, with the aim by 2020-21 of having fully integrated health and social care.

There was some discussion about the way targets are set. It was highlighted by Members that some targets seem high. For example the target for 'delayed transfer of care' for 2015/16 was a lot higher than the 2015/16 achievement level. The sub-group was informed that in this particular case the target had been set before up to date information for the last year was available, so the target was based on data for the previous year which had been higher. The aim is to set targets that are challenging but achievable. The Members asked whether Councillors have an opportunity to consider and challenge targets before the plan is set. The Sub-group was informed that the targets are considered and signed off by the Health and Well-being Board.

Tom Dunkerton, Commissioning Manager at North Tyneside Clinical Commissioning Group, attended the meeting to give a presentation on the Falls Prevention Pathway. It was noted that falls had been identified as a significant issue for the over 65s and this was a rising trend with significant costs. Following a review of the issues it was highlighted that it was possible to identify people who were at risk of a fall, but no early interventions were available. To address this, the community based falls pathway has been developed.

It was noted that the aim had been to undertake 22 assessments per week in the first year. So far the number achieved was only around 6-7 per week. It was acknowledged there was a need to promote the pathway with GPs to encourage an uptake in referrals. However, of those referred for assessment 56% of patients required a follow up hospital based service to address issues that are risk factors to falls, such as cardio vascular, neurological and general frailty issues. It was noted that there are multiple entry points to the pathway including referrals from GPs, A&E and district nurses.

It was noted that there had been a general downward trend in emergency admissions due to falls since the pathway had been introduced and it was expected that this would continue as the pathway became more established. The service is currently on target with saving £600,000.

There was some discussion about the cause of falls in the over 65s and whether retirement was a risk factor. It was noted that there were a combination of factors that increased the risk of falls including medical issues related to age, and environmental factors such as risks in the home.

It was highlighted that GPs have a key role in identifying those who are at risk. The aim of the referral service is to assist the time pressures on GPs by allowing them to refer at risk patients for assessment. Further work is needed to understand why the referral process is not being used as much as anticipated.

The Sub-committee **AGREED** to note the report

ASCHW50/02/16 Director of Public Health

The Sub-committee received a presentation from Wendy Burke, Acting Director of Public Health, setting out her Annual Report.

The presentation highlighted some of the key developments, changes and improvements in public health since the 1970s, when local government were last responsible for public health, and the key challenges that remained.

It was noted that although life expectancy has increased the challenge was to focus on how people can live longer in good health. It was noted that some of the leading risk factors for poor health in older age are mental health factors as a result of isolation, and joint problems. It was suggested that living environment and lifestyle contributes to 80% of health.

There was some discussion about increasing rates of STIs and whether this could be linked to the big reduction in youth services as a result of funding cuts. It was noted that there were a combination of factors including riskier behaviour, better detection and easy treatment, and that young people are more willing to come forward to be tested.

There was some discussion about the ongoing issue of health inequality and the big difference in health between different wards in the borough linked to poverty. Members highlighted the need to tackle the underlying causes of health inequalities, including unemployment, housing and family support.

It was noted that employment is a factor in good health, but lots of people are not in employment because of ill health.

It was noted that the local authority now have responsibility for public health but the budget was being reduced by £3 million.

The Sub-committee thanked Wendy Burke for the interesting and engaging presentation.

The sub-committee **AGREED** to note the report.

ASCHW51/02/16 Suicide Prevention

Wendy Burke, Acting Director of Public Health, gave an update on the ongoing work in North Tyneside with regard to suicide prevention.

It was noted that the suicide rate in North Tyneside has decreased and the rate is now similar to the North East and England average. North Tyneside is therefore no longer an outlier. There have been 65 deaths from suicide over a three year period.

The Sub-committee noted that an audit of suicides has been undertaken by the multi agency Suicide Prevention Task Group. This audit will be updated on an annual basis. An action plan is in place and training has been taking place, with a focus on targeting groups who work with young men.

There was some discussion about the causal factors and links between suicide and chaotic lifestyles. It was noted that there appeared to be some correlation to unemployment, contact with mental health services and alcohol. However only 30% of cases over the last 3 years had previously been known to mental health services.

There was some discussion about ex-service personnel, but it was noted that this was not a factor in North Tyneside and none of the cases over the last 3 years had involved ex service personnel.

The sub-committee raised concern that some people appeared to be falling through the net and may have other issue but are not being referred to mental health services.

The Sub-group **AGREED** to note the report.

Signed:

Date: 10 March 2016