

# **Adult Social Care, Health and Wellbeing Sub-Committee**

**10 March 2016**

Present: Councillor P Brooks (Chair)  
Councillors L Bell, J Cassidy, K Clark, M Green, D McMeekan,  
L Miller, M Reynolds, Cllr J O'Shea (Sub)

## **ASCHW52/03/16 Apologies**

Apologies for absence were received from Councillors C Davis, W Lott and A Percy.

## **ASCHW53/03/16 Substitute Members**

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

Councillor J O'Shea for Councillor C Davis

## **ASCHW54/03/16 Declarations of Interest and Dispensations**

Councillor L Bell declared a registerable personal interest in Item 8 - Residential Respite Services for People with a Learning Disability and Item 9 – Care Quality Commission Inspection, as she works at the Percy Hedley Foundation and works with service users who use respite and day centres inspected by the CQC.

Councillor M Green declared a registerable personal interest in Item 7 – Northumbria Healthcare NHS Foundation Trust's Annual Plan and Quality Account, as she is the Council's co-opted member on Northumbria Healthcare Foundation NHS Trust's board of governors.

## **ASCHW55/03/16 Minutes**

The minutes of the meeting held on 11 February 2016 were confirmed.

## **ASCHW56/03/16 Better Care Fund**

The Programme Manager, Integrated Care for Older People, attended the meeting to provide an end of year summary of the outcomes of the Better Care Fund (BCF) and achievement against the metrics.

It was noted that the BCF target for emergency hospital admissions was 3.5%, and as at the end of December this had been achieved with the difference between December 2014 and December 2015 equating to 3.8%.

In relation to the number of days delayed transfer of care, the actual levels of delay was lower than the 2015/16 target (i.e. better performance). However it was explained that the 2015/16 target was set before all of the data for the preceding year was available, resulting in the target not being as stretching as it might have been. The sub-committee noted that the majority of delays for North Tyneside patients related to Newcastle hospitals and had increased from 1887 delays in 2014 to 2350 delays in 2015. A comprehensive action plan for the reduction of delayed transfers will be developed as part of the 2016/17 BCF.

Members heard that the metric relating to service integration, which is drawn from the national GP-Patient Survey and measures support for management of long-term conditions, had declined in the last two survey rounds and hence the BCF target of 71% positive response has not been met.

The sub-committee were informed that the Chancellor's Statement confirmed that the BCF would continue in 2016/17, as a transitional step towards full integration of health and social care by 2020. The Council is working with NHS North Tyneside CCG to agree the content of the BCF for 2016/17. The national timetable calls for Health and Wellbeing Boards to agree a plan by 25 April 2016.

There was some discussion in relation to the seven day service across health and social care, and whether this may impact on the delayed transfer of care / discharge metric. It was explained that although discharge rates are lower at weekends and bank holidays, social workers do work at these times and carry out assessments in order to get patients discharged.

A member queried if there was a policy in place for people to have a named social worker. It was explained that there wasn't such a policy, however people who have a high level of need (2% of the population) are assigned to a care coordinator. Also every patient over the age of 75 years old now has a named GP.

The sub-committee noted that the numbers permanently admitted to residential care had increased and sought assurance that this wasn't linked to the inability to provide the right care in the home. It was explained that in relation to homecare, a number of initiatives had been put in place, including a new joint contract with the CCG which includes higher rates of pay for homecare staff. This should make it easier to recruit good quality workers and retain them, resulting in better capacity in the system.

It was **agreed** to note the end of year summary of the outcomes of the Better Care Fund.

### **ASCHW57/03/16    Emergency Care Feedback**

The Director, Healthwatch North Tyneside, attended the meeting to inform the sub-committee of the feedback from a consultation exercise carried out by Healthwatch, which gathered the views and experiences of local people in relation to the new Northumbria Specialist Emergency Care Hospital (NSECH).

The sub-committee were taken through the notes from the public meeting in detail, which highlighted the main questions raised, along with the responses which had been received from Northumbria Healthcare Foundation Trust (NHCFT).

Members were informed that questions were themed under the following sub-headings; Quality of care; Hospital environment; Information about services; and Transport and were in relation to:

- Waiting times
- Admissions
- Transfer to other hospitals
- Discharge
- Maternity care
- People with learning disabilities
- People with sensory disabilities
- Cardiac care

- Hospital environment – accessibility
- Communication with the public
- Ambulance response times
- Public transport
- Private taxis
- Shuttle bus
- Parking at the hospital

The Trust informed the sub-committee that they had seen a 24% increase in people presenting to A&E in January 2016, which had impacted on waiting times. Up until the end of quarter 3 the Trust had met the 95% of patients seen within 4 hours target, however in January this fell to 90% which is just above the national average. The Trust now have new rolling news screens at Northumbria and Wansbeck Hospitals to publicise waiting times.

Members were informed that Healthwatch had shared the information from the consultation exercise with the Care Quality Commission (CQC), who are currently conducting a comprehensive inspection of NHCFT's services.

The sub-committee congratulated NHCFT for being named the most open and transparent organisation in the NHS in England by the Health Secretary. It was also acknowledged that the Trust had done remarkably well during such a challenging time in opening the new hospital, and that they had done a good job in getting information out to members of the public about where they needed to go for treatment.

There was some discussion in relation to transport issues and access to NSECH. Members were made aware that some parts of the borough are less well served by public transport than other areas to get public transport to NSECH, and that some people had to travel into Newcastle and then get a bus to Cramlington. Members expressed concern about the cost of public transport, especially for those on low incomes and were informed about a Government scheme to refund travel costs to those on low incomes. It was suggested that information about this scheme was publicised more widely, for example in the Council's resident's newsletter. The Trust also said they would ensure this information was promoted.

The sub-committee were pleased to hear that the Trust were working with East Coast taxis to provide a fixed rate fare, and suggested that other taxi firms should be approached to see if they could also offer fixed rate fares.

In connection to the free shuttle bus operating from North Tyneside Hospital, members were informed that usage has been quite low and that the Trust are continuing to monitor the service to see how viable it is to continue it.

A member sought clarification on whether carers are informed when the person they care for is discharged from hospital. It was explained that the hospital to home team liaises with the carer throughout the discharge process. However the importance of having the right processes in place for when a carer goes into hospital was equally important, and work around this currently underway.

The sub-committee expressed concerns about North East Ambulance Service (NEAS) being pushed to the limit, often with inappropriate calls, but also about the problems they are encountering recruiting paramedics and retaining them. Healthwatch informed members that the Care Quality Commission will be carrying out a comprehensive inspection of NEAS, and that it is due to start in April 2016. It was suggested that the sub-

committee consider including NEAS as a potential topic on the sub-committee's work programme 2016/17.

In relation to bed occupancy rates, the sub-committee were informed that occupancy rates during the winter had averaged 85%, and a representative of North Tyneside Clinical Commissioning Group gave assurance that there were no plans to de-commission any beds.

It was mentioned that Healthwatch have monthly meetings with the Trust and that they will continue to monitor the issues raised in the public consultation exercise. Healthwatch will also continue to gather feedback and pass it onto the Trust and CQC.

Healthwatch had identified some areas which the sub-committee may wish to consider as part of its work programme in 2016/17, these were:

- North East Ambulance Service, covering ambulance response times and handover times at NSECH.
- The bigger picture around urgent care changes and how this will impact on emergency care.
- Evaluation of the new emergency care model which is being carried out by NHCFT (the sub-committee could feed into the process).

It was **agreed** to (1) note the feedback from the consultation exercise carried out by Healthwatch in relation to the new Northumbria Specialist Emergency Care Hospital; and (2) consider including NEAS as a potential topic on the sub-committee's work programme 2016/17.

### **ASCHW58/03/16 Northumbria Healthcare NHS Foundation Trust's Annual Plan and Quality Account**

The Medical Director, Northumbria Healthcare Foundation Trust (NHCFT) presented the Trust's Annual Plan and Quality Account. He explained that the Trust managed hospital, community health and adult social care services in Northumberland and hospital and community health services in North Tyneside. The Trust had a budget of around £400m which was used to provide care for over half a million people.

Members noted the annual planning process for the Trust, which included the statutory requirement to produce a quality account 2015/16 to inform the public of the delivery of safety and quality priorities. The sub-committee were also made aware of the national and local requirements.

A number of safety and quality objectives had been identified, these were;

- C.difficile / MRSA / orthopaedic surgical site infection
- Sepsis
- Elderly trauma pathway
- Discharge / flow
- Falls and pressure ulcers
- Check list for minimally invasive procedures
- Medicine optimisation
- Electronic prescribing roll out
- Electronic track and trigger tool
- Dementia care pathway

- Patient experience – including kindness and compassion measure
- Mortality case note reviews – nationally mandated

The sub-committee were informed that acute trusts are required to be audited against two of the following indicators; they are listed below in order of preference for the Trust:

- 18 weeks referral treatment
- A&E four hour 95% target
- Maximum waiting time of 62 days from urgent GP referral to first treatment of all cancers
- 28 day readmission rates

Overall the Trust's performance on its priorities in 2015/16 had been very good with only two priorities performing below target. These were:

- Medicine optimisation in hospital (medicine reconciliation). It was explained that the introduction of e-prescribing will help to improve performance with this measure.
- Management of acute kidney injury in line with national guidance.

Members noted that both of the priorities mentioned above will be carried over into 2016/17.

The sub-committee sought clarification on how priorities were agreed and targets set. It was explained that some priorities and targets are set locally, however some are nationally set, such as, identification and early treatment of sepsis, management of acute kidney injury and hospital acquired infections. The delivery of a 7 day endoscopy service was a local measure, however due to lack of demand for this service on a Sunday it was reverting back to a 6 day service, it is not planned to carry this priority over to 2016/17.

Members were pleased to hear that for the first time there had been a reduction in falls and pressure ulcers and that the Trust would be keeping a close eye on this during 2016/17 to ensure that they remain within national benchmark.

In relation to the next steps, the sub-committee were informed that the draft quality account will be ready mid April 2016, at which stage it will be circulated to stakeholders for their comments.

It was **agreed** to note the Trust's Annual Plan and Quality Account.

### **ASCHW59/03/16 Residential Respite Services for People with a Learning Disability**

The Strategic Commissioning Manager, Whole Life Disability attended the meeting to update the sub-committee on residential respite services for people with a learning disability. Members were reminded that the service had been reviewed in 2012/13 and was changing from a 13 bed accommodation across 3 units to a single 6 bed provision. The commissioned service provider was Flexible Support Options.

In relation to current activity, it was explained that there is on average 75-80% occupancy with 46 people using the service. Allocations range from 14 – 56 nights per annum and staffing levels are flexible and responsive to the needs of those in the service.

The sub-committee heard that the new purpose built service is based at the Somervyl site in Longbenton, and that the building will be complete in March 2016 with service transition scheduled for April 2016.

There had been a number of service quality improvements, which included; a review of booking and usage, improved communications with parents, a consistent manager in post, and issues identified in previous monitoring action plans have now been dealt with. The sub-committee were informed that fewer issues were now being raised and complaints have reduced dramatically.

In relation to the next steps, support will be given to individuals transferring to the new location and there will be a review of the service mid 2016.

The sub-committee sought clarification on the numbers using the service and the anticipated projections. It was explained that numbers generally remain static however on occasions can go up to 50, and the service was primarily for people living with family members in order to provide respite. It was also mentioned that there was advantage in having some spare capacity in the system to assist with emergency care.

It was mentioned that a coffee morning is being planned for the opening of the new building and that sub-committee members were welcome to attend to see the new facilities. The Democratic Services officer agreed to circulate details of the coffee morning to members.

It was **agreed** to (1) note the update on residential respite services for people with a learning disability; and  
(2) circulate information about the coffee morning at the new facilities to sub-committee members.

#### **ASCHW60/03/16 Care Quality Commission Inspections (previous minute ASCHW48/02/16)**

At its meeting on the 11 February 2016, the Adult Social Care, Health and Wellbeing Sub-committee, requested that officer/s from the Council's Adult Social Care, were invited to this meeting to discuss the Council's approach to working with social care providers rated as requiring improvement.

The Strategic Commissioning Manager, Adults and Older People attended the meeting to provide members with an overview of the CQC inspection process; how we monitor the quality of social care services in North Tyneside and how we work with providers to secure improvement.

In relation to the CQC inspection process, the sub-committee were made aware of what the CQC use to inform their judgement, these were:

- Ongoing local feedback and concerns
- Pre-inspection information gathering
- On-site inspection
- Speaking with people who use services, their families and carers, staff and other professionals

After gathering all of the information above, the CQC applies a rating to five separate areas which are; safe, effective, caring, responsive and well-led. There are four ratings that are given which are; outstanding, good, requires improvement and inadequate.

The sub-committee were informed about the anomalies with the rating system and were shown some examples of how services had been rated.

Overall in North Tyneside we have a contract with 111 services, 22 of the services have been rated as 'requires improvement', 25 rated as 'good' and one rated as 'outstanding'. There are 63 inspections still to be carried out. It was explained that as the CQC tend to inspect services which have identified issues, it is likely that as more inspections are completed, more of our services will be rated as good or above.

The sub-committee heard that the Council have a team of Commissioning and Monitoring Officers and that they work closely with the CQC to work with providers where there are issues, and that this includes:

- Undertaking annual monitoring visits
- Undertaking ad-hoc visits in response to issues / concerns
- Keeping a master tracking sheet for CQC inspections
- Using action planning where improvements are required
- Where appropriate involving other professionals / agencies

There was some discussion about the difficulty in getting qualified nurses to take up positions in nursing homes and concerns about the increased use of agency staff. It was explained that this is a big challenge for nursing homes and things were happening to try and encourage nurses to take up places in these settings, for example working with universities to encourage student nurses to do their placements in nursing homes. Members noted that there is also a community matron for nursing homes, whose role is to maintain standards.

It was pointed out that the main reason for the closure Cleveland Park was because they couldn't guarantee continuity of nursing. The sub-committee praised the Council for reacting so quickly in relation to the closure of the Cleveland Park and in ensuring a quick transition for residents of the home.

It was **agreed** to note the Council's approach to working with social care providers rated as requiring improvement.