

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

**2 June 2016**

Present: Councillor K Clark (Chair)  
Councillors G Bell, L Bell, J Cassidy, M Huscroft, W Lott,  
A Percy, M Reynolds, L Spillard

Also Present: Councillor M Hall,  
Cabinet Member for Public Health and Health and Wellbeing  
Councillor A Waggott-Fairley,  
Cabinet Member for Adult Social Care

### **ASCHW01/06/16 Apologies**

Apologies for absence were received from Councillors P Brooks, K Lee.

### **ASCHW02/06/16 Substitute Members**

There were no substitute members.

### **ASCHW03/06/16 Declarations of Interest and Dispensations**

Councillor M Hall declared a non-registerable personal interest in Item 6 – Better Care Fund as her daughter works for NTCCG and was involved with this piece of work.

Councillor M Huscroft declared a non-registerable personal interest in Item 7 – Carers' Support and Respite Provision Report as she is a joint carer of an elderly person with Alzheimer's.

Councillor A Waggott- Fairley declared a registerable personal interest in Item 7 – Carers' Support and Respite Provision Report as she is Chair of North Tyneside Carers Centre.

### **ASCHW04/06/16 Minutes**

The minutes of the meeting held on 10 March 2016 were confirmed.

### **ASCHW05/06/16 Urgent care update on the public consultation exercise**

Representatives of North Tyneside Clinical Commissioning Group (CCG) attended the meeting to provide an update on the public consultation into the future of urgent care services in North Tyneside, and give a presentation. The consultation, which was led by North Tyneside CCG, asked people to have their say about existing services and consider a range of different ways in which urgent care services could be arranged in the future.

Formal consultation was conducted over a three-month period, between 7 October 2015 to 21 January 2016, in which local people were invited to provide their views, experiences and ideas about urgent care services across North Tyneside.

Members were reminded of the definition for urgent care, which is any form of medical attention that is needed quickly but is not serious enough for a visit to hospital. This could include injuries, an illness or any other medical condition where you seek advice from a GP, pharmacist, NHS 111, a walk-in centre or the out of hours GP service when your local doctor's surgery is closed.

Following feedback from local people about their experiences of urgent care in the borough during May-June 2015, four scenarios which outlined how future urgent care services could be delivered, these were:

- **Scenario 1:** A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital (Rake Lane)
- **Scenario 2:** A single North Tyneside Urgent Care Centre based at Battle Hill
- **Scenario 3:** A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital (Rake Lane), supported by locality-based minor ailments services in three other areas (Killingworth, Wallsend, Whitley Bay)
- **Scenario 4:** A single North Tyneside Urgent Care Centre based at Battle Hill, supported by locality-based minor ailments services in three other areas (Killingworth, Wallsend, Whitley Bay)

The sub-committee were presented with a summary of findings. In total 768 individuals responded to the consultation, as well as a number of key stakeholders and providers, of these, 628 (82%) provided a response to a number of set questions about the proposals.

The presentation highlighted the key findings which included:

- 79% indicated that the proposal for an Urgent Care Centre met their needs
- 69% indicated that scenarios 1 and 2 would meet their needs
- 60% indicated that scenarios 3 and 4 would meet their needs
- 65% indicated a preference for the Urgent Care Centre to be located at North Tyneside General Hospital (Rake Lane)
- 23% indicated a preference for the Urgent Care Centre to be located a Battle Hill

Members were made aware of the perceived benefits and challenges of having a single Urgent Care Centre at Rake Lane or Battle Hill; and also of having a single Urgent Care Centre at Rake Lane or Battle Hill, supported by a locality-based minor ailment service.

It was highlighted that although findings from the public strongly support the service to be located at Rake Lane, opposing opinions were found among key stakeholders and providers. For example, Northumbria Healthcare NHS Foundation Trust stressed the importance of having the service located at Rake Lane, due to the communications and engagement activity that has been carried out to date following the recent changes to urgent and emergency care. Whilst, Newcastle upon Tyne Hospitals NHS Foundation Trust and Freeman Clinics Limited expressed strong preferences for the service to be located at Battle Hill. Reasons put forth in support of this location included:

- Concern over the increased demand that will be placed on Newcastle services if the service is located at Rake Lane
- The suitability of the Battle Hill location
- The excellent reputation and efficiency of the current service in being able to treat the majority of Walk-in Centre attendances (only 6.21% being referred to A&E).

Members were notified of the next steps:

- |                      |  |
|----------------------|--|
| <b>May-June 2016</b> | CCG governing body and Council of Practices (made up of GP practices) review the information received. |
| <b>22 June 2016</b>  | North Tyneside CCG completes the full 'business case'  |
| <b>6 July 2016</b>   | Council or Practices meet to review business case and makes decision                                   |
| <b>26 July 2016</b>  | Governing Body in public approves decision and it's communicated to people                             |

It was explained that the sub-committee had until Wednesday 22 June 2016 to make representations which would still be considered as part of the engagement process.

Given the challenges that residents, particularly from the south west of the borough, have accessing one site, a member was surprised that such a high number of respondents indicated their preference for a single NT Urgent Care Centre. It was mentioned that many residents from the south west of the borough currently use Newcastle hospitals and it was believed that having a single site at Rake Lane or Battle Hill would mean that this would continue. A representative of the Clinical Commissioning Group explained that respondents perceived a single site would reduce confusion on where to go for care and avoid people going to the wrong place. Members were assured that North Tyneside resident's accessibility to services in Newcastle would not change as a result of this review.

A member stressed the importance of clearly defining urgent care as there was still confusion about where to go for treatment, for example, where people suffering from stress related issues should access urgent treatment. Also when the emergency hospital at Cramlington first opened members were informed it would be for blue-light emergencies, however there was some concern that it now seems to be turning more into a walk in centre and the waiting times getting longer. A representative of the Trust informed members that communication campaigns are still going on to help people understand where they should be going for treatment. It was also stressed that the emergency hospital at Cramlington had been through a bad winter which had seen a 10% increase in the system, this is now under control. A representative of the Clinical Commissioning Group explained that appointments for urgent care centres will also be available and facilitated by NHS 111. It was stressed that any new model of urgent care needs to ensure that the right medical people are on site at the right times.

A member expressed concerned about parking at Rake Lane, especially the additional pressure on parking if it was to be selected as the single urgent care site in North Tyneside. A representative of the Trust explained that they are reviewing car parking and how it can be improved, for example through buying additional spaces off site and reviewing staff parking

The Chair thanked the representatives of NHS North Tyneside Clinical Commissioning Group for attending the meeting and for their comprehensive presentation.

It was **agreed** to (1) note the feedback on the urgent care consultation to date; (2) note the feedback that has been given from members of the public for urgent care within North Tyneside; and (3) note the next steps of the consultation.

## **ASCHW06/06/16 Better Care Fund**

The Programme Manager, Integrated Care for Older People, gave a presentation on the Better Care Fund (BCF) 2016/17.

It was explained that the BCF will continue in 2016/17 as a stepping stone towards integration of health and social care by 2020/21. The NHS planning guidance states;

“Achieve better integration of health and social care in every area of the country ....areas will graduate from the Better Care Fund programme management once they can demonstrate they have moved beyond its requirements, meeting the government’s key criteria for devolution. “

It was explained that the BCF 2016/17 builds on the previous year and the key features will include CarePoint which aims to bring together reablement, hospital social work, and admission avoidance teams; CarePlus which is co-ordinated care for frail elderly patients; and intermediate care to improve access to step up beds and implement a ‘discharge- to-assess’ model.

Members heard about the changes in value of the BCF between 2015/16 and 2016/17 and that it had slightly increased from £16,597m to £16,773m. Members were reminded that in 2015/16 there had been a pay for performance-related element in the BCF relating to reductions in emergency hospital admissions. This reduction had been achieved, however as the funding of the agreed BCF services did not require the use of these funds, this had resulted in an underspend in the BCF of £1.485m. In 2016/17 there is no national requirement to include a pay for performance-related element, hence all of the BCF will be committed up-front to service provision, with no contingency held back.

Members were informed about the national BCF metrics which included historical performance, current performance and targets for 2016/17.

It was explained that the BCF plan would be considered by Cabinet at it’s meeting on the 13 June 2016, and that the Section 75 Agreement would be concluded by the end of June 2016.

A member expressed concern about the ability to achieve continually tougher targets which are being set for the BCF metrics, particularly in light of the expanding elderly population, which will ultimately put pressure on the system.

Councillor Hall, Cabinet Member for Public Health and Health and Wellbeing, declared an interest in this item, as her daughter worked for NTCCG and had been involved in this piece of work.

It was **agreed** to note the Better Care Fund 2016/17 report.

## **ASCHW07/06/16 Carers’ Support and Respite Provision**

The sub-committee received the report of the Carer’s Support and Respite Provision sub-group.

Members were reminded that it had been agreed to carry out this study as part of the sub-committee’s work programme 2015/16, and that a sub-group had been established. The main focus of the study was to assess support and respite provision for adult carers and

parent carers of disabled children, to ensure that they have access to good quality support, advice and information; and respite care.

The sub-group initially met with the Strategic Commissioning Manager, Whole Life Disability and Principal Manager, 0-25 Integrated Disability and Additional Needs Service who assisted with the scoping of the review; they also provided continuous support and advice to the sub-group throughout the study.

The sub-group held a series of evidence gathering meetings with expert witnesses and service users between October 2015 and April 2016, including meetings with adult carers of children with learning disabilities and parent carers of disabled children; service providers, a range of officers of the council, North Tyneside Carers Centre and Newcastle City Council.

In total the sub-group made 19 recommendations in relation to four areas:

- Identifying carers and assessments
- Information, advice and training
- Respite provision and short breaks
- Performance and contract management

The majority of the recommendations were directed to the Council; however there were also some direct to NHS North Tyneside Clinical Commissioning Group.

The Cabinet Member for Adult Social Care welcomed the report, especially as she is the Council's Carers' Champion. She was however concerned that the report highlighted two Adult Social Care Outcomes Framework (ASCOF) performance measures which were deteriorating; the proportion of carers who reported that they have been included or consulted in discussion about the person they care for; and the proportion of carers who find it easy to find information about services, and said she would investigate these further. The Cabinet Member also mentioned that the Council had been one of nine authorities successful in gaining funding to support carers to maintain employment alongside their caring role.

A member raised a concern in relation to carers' assessments, access to respite provision and direct payments, particularly when the cared for person has sufficient finances to pay for their respite care. It was agreed to include this topic for further investigation on the sub-committee's work programme 2016/17.

The sub-committee agreed to forward the report to Overview, Scrutiny and Policy Development Committee for referral to Cabinet. It was explained that after the report has been received by Cabinet, they have 2 months to respond stating whether or not the recommendations are accepted and indicating what action they propose to take.

It was **agreed** to (1) forward the report to Overview, Scrutiny and Policy Development Committee for referral to Cabinet; and (2) include carers' assessments and direct payments as a topic on the sub-committee's work programme 2016/17.

#### **ASCHW08/06/16 Work Programme 2016/17**

The Chair presented a report which informed members of the proposed Adult Social Care, Health and Wellbeing Sub-committee work programme 2016/17.

It was explained that Appendix A of the report included a full list of topics for consideration at future sub-committee meetings. Also following consultation, two in-depth studies had been identified, draft scopes produced and prioritised in the following order:

- (1) Older Person's Mental Health
- (2) End of Life Care

It was noted that the work programme 2016/17 would need to be flexible and may change if higher priority topics emerged during the year. The Chair asked members to forward any other topics which they would like to be considered as part of the work programme 2016/17 to the Democratic Services Officer.

The sub-committee agreed to establish a sub-group to carry out an in-depth study into older person's mental health. It was noted that Councillor Cassidy would be willing to serve on the sub-group and the Democratic Services Officer agreed to send an email to all members of the Adult Social Care, Health and Wellbeing Sub-committee to seek further volunteers.

It was **agreed** (1) to proceed with the work programme 2016/17 as set out in the report; (2) that Members would forward any other topics for consideration as part of the subcommittee's work programme 2016/17; (3) to establish a sub-group to carry out an in-depth study into older person's mental health; and (4) that the Democratic Services Officer would email all members of the Adult Social Care, Health and Wellbeing Sub-committee to seek further volunteers.

#### **ASCHW 09/06/16 Time and date of meetings**

The sub-committee gave consideration to the dates and start times of meetings in the 2016/17 Municipal Year. Members agreed that the dates stay as they are and the meetings continue to commence at 6.00pm for the remainder of the Adult Social Care, Health and Wellbeing Sub-committee meetings in the 2016/17 Municipal Year.

It was **agreed** that the dates and start times stay the same as they are for the remainder of the sub-committee meetings in the 2016/17 Municipal Year.