Adult Social Care, Health and Wellbeing Sub-Committee

6 October 2016

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

ASCHW25/10/16 Apologies

Apologies for absence were received from Councillors K Barrie, P Brooks, K Lee and M Reynolds.

ASCHW26/10/16 Substitute Members

There were no substitute members.

ASCHW27/10/16 Declarations of Interest and Dispensations

There were no declarations of interest.

ASCHW28/10/16 Minutes

The minutes of the meeting held on 8 September 2016 were confirmed.

ASCHW29/10/16 Accountable Care Organisation and North Tyneside Clinical Commissioning Group Financial Position update

The Interim Chief Operating Officer, North Tyneside Clinical Commissioning Group (NTCCG) attended the meeting to present a report which gave an update on the Accountable Care Organisation (ACO) and the NTCCG Financial Position.

In relation to the ACO it was explained that during 2015, NTCCG reviewed the possible options to identify the best way to commission affordable, sustainable and quality healthcare that would meet future needs for patients in the borough. In November 2015, it was concluded that an ACO was the best option, with the aim of achieving full ACO operation from April 2017.

The CCG were also required to implement the legal directions from NHS England which were to stabilise the financial and management position of the CCG so that its commissioning capacity could be strengthened in North Tyneside.

In order to achieve this, key partners entered into a 'Memorandum of Understanding' and committed themselves to undertaking a substantial amount of work to achieve and reach an agreement on the proposed model and future ways of working.

Despite significant progress and meeting the programme milestones, the CCG and its ACO partners concluded that the work on the ACO model would pause. It had become apparent that the ambition of establishing a full ACO operation from April 2017 was not realistic.

However, all ACO partner organisations remained committed to place based commissioning which would integrate mental health, physical health and social care services. It was explained that the ACO model would be given further consideration by January 2017.

In relation to the financial outlook and service implications, the sub-committee were informed that in 2015/16 North Tyneside CCG recorded a deficit of £19.3m. NHS England rules required this deficit to be repaid by top-slicing £19.3m from the CCG's 2016/17 financial allocation and a financial control target of £19.3m deficit was set for this year. This meant that the CCG effectively had to deliver an in-year break-even position in 2016/17.

This control target had been reinforced by the imposition of legal directions which obliged the CCG to take whatever actions were necessary to secure this outturn.

In order to achieve this level of financial recovery, the CCG had identified a £20.3m savings programme – also known as the Quality, Innovation, Prevention and Productivity (QIPP) programme. The full programme broken down by service area and savings was outlined in the report.

The CCG estimated that approximately 80% of its QIPP was on track to be delivered. Combined with other mitigations, the CCG were still forecasting achievement of its overall financial control target. Members were informed that savings fall broadly in to three categories:

- Avoidance of unnecessary hospital care. The savings associated with most schemes were achieved by delivering care in more cost effective settings or avoiding the need for hospitals care altogether (e.g. end of life care, proactive management of complex patients, New Models of Care, primary care demand management).
- The second category of savings were service efficiencies and cost reductions. Examples include Learning Disability / Mental Health / Community Services, joint commissioning contracting where specific areas of cost reduction have been identified. Medicines management and prescribing, continuing health care, respiratory care and system-wide pathway redesign were other examples of care being delivered more cost effectively.
- The third category included transactional or administrative costs and adjustments to budgets where excess provision had been identified.

Collaboration with the CCG's key providers and commissioning partners had successfully identified ways of delivering care more cost effectively. Key service changes included:

- Adjustments to intermediate care services, including the decommissioning of the Cedars Care Home and a reduction in the investment in hospital beds in favour of a growth in investment in community and home-based intermediate care services.
- Changes to community nursing to consolidate teams in support of GP Practice localities and dovetailing with the New Models of Care arrangements.
- Decommissioning of ineffective elderly assessment services and consolidation around other access points to support older people.

Members sought clarification on whether staff from the Cedars Care Home would be involved in the training of staff in private care homes commissioned to deliver intermediate care in the future. It was explained that staff with the right skills would be retained as part of the community team and would help to support the independent sector deliver intermediate care. The sub-committee also received assurance that following the closure of the Cedars there would be enough beds for intermediate care, this would include 24 beds at Princess Court and a number of other beds provided by Northumbria Healthcare Foundation Trust, which would be staffed by hospital clinicians.

The sub-committee were informed that although elderly assessment units provide a holistic assessment service backed by a multi-disciplinary team, take up in North Tyneside had not been as great as expected and other services could provide a similar response. Therefore this service would be de-commissioned and consideration given to how pathways for the elderly could be improved.

The sub-committee asked what consequences there would be if the CCG did not break-even by the end of 2016/17. It was explained that it remains uncertain; however on the positive side if the predicted savings were made then there maybe an underlying surplus in 2017/18. However there would inevitably be more savings to make.

Members expressed their concern about the huge savings needed to be made regionally through the 5 year Sustainable and Transformation Plan (STP) and whether there would be enough funding to keep health services at an acceptable level.

In relation to the high numbers and fast turnover of interim senior officers at NTCCG, there was a need to provide a continuous and stable leadership. The sub-committee heard that options for NTCCG to partner with Newcastle and Gateshead CCG were being considered. This would be more efficient as the Chief Officer and Chief Financial Officer would work across both organisations.

The Chair thanked the Interim Chief Operating Officer for the report.

It was **agreed** to note the update in relation to the Accountable Care Organisation and the NTCCG financial outlook.

ASCHW30/10/16 Urgent Care update

The Interim Chief Operating Officer, North Tyneside Clinical Commissioning Group (NTCCG) provided the sub-committee with a verbal update regarding the urgent care review in North Tyneside.

It was explained that the formal consultation had ended in January 2016. Following the analysis of the findings, it had been identified that the preferred option was a single site urgent care unit in North Tyneside and a business case was developed.

Members were informed that there has been a delay in making the decision and the business case was currently being looked at by NHS England at both the regional and local level. It had passed the first stage at the local level and would be going to the regional level next week. It was hoped that the final decision would be made at the CCG Governing Body meeting on the 25 October, and if this deadline was met it was anticipated that a new provider would be identified and it would be up and running by October 2017.

The sub-committee were given assurance that any new consolidated model of urgent care in North Tyneside would meet the 4 hour waiting time. It was also explained that some people would continue to use Newcastle RVI or NSECH and although these would be relatively small numbers they had been factored into the new model.

It was **agreed** to note the update in relation to the urgent care review in North Tyneside.

ASCHW31/10/16 Safeguarding Adults Board Annual Report 2015-16 and Annual Plan 2016-17

The Senior Manager Safeguarding and Quality attended the meeting to provide an overview of the work undertook by the Safeguarding Adults Board (SAB) during the past year and provided assurance that the SAB was a strategic body working across North Tyneside for the benefit of individuals at risk of harm and abuse.

In relation to the SAB Annual Report 2015-16 the sub-committee were informed that the implementation of the Care Act 2014 enshrined adult safeguarding in law for the first time. The Care Act also made it a statutory duty to have an effective multi agency Safeguarding Adults Board. North Tyneside has had a SAB in place for many years; however the formal recognition of this was welcomed by all partner agencies.

The SAB in North Tyneside had good representation from key partner agencies; Local Authority, Police, CCG, Health Trusts etc.

The aim of the SAB was to improve the experience of those adults at risk of harm in North Tyneside with a particular focus on preventing abuse and protecting the most vulnerable in our society.

The SAB had, for several years, been very well supported by North Tyneside's Elected Members. Members had taken a keen interest in the issue of safeguarding, and recognised the importance of this work to protect the most vulnerable in our society. This was important to demonstrate the leadership from the Local Authority at the highest level.

North Tyneside SAB had an independent Chair, who had been the Chair for the past 4 years; she would be stepping down as Chair in 2016. This decision had led to a review of the Board and consideration given to its future. Discussions had taken place with neighbouring authority Northumberland and also with current SAB members. The plan now was to join the North Tyneside SAB with Northumberland, creating one SAB across the two areas. This would provide greater transparency between the two areas and also a more efficient process, in particular for partner agencies that have had to attend many similar meetings.

2015-16 was the last year of the SAB's 3 year strategic plan which had been in place from 2013-16. This identified four key priorities areas for improvement in the strategic plan: Outcomes; Leadership; Service Delivery and Working Together.

The SAB Annual Plan for 2015-16 had fourteen key actions. Of these, eleven had been fully completed and three had been identified as ongoing pieces of work. These had been carried forward into the plan for the coming year to ensure these actions were completed.

The report outlined the main focus of the Annual Plan 2015-16, in relation to outcomes, leadership, service delivery and working together with partners.

In relation to the Safeguarding Adults Return 2015-16, the key messages from the data included:

- The number of referrals remained broadly in line with those from the previous year; there was a slight increase in reporting of lower level concerns. However the number of cases taken forward into Section 42 Enquiry remained at a similar level to the previous year.
- The three main types of abuse were neglect or act of omission, followed closely by physical abuse and financial abuse. These types of abuse had remained the highest recorded type of abuse. These types of abuse include medication errors and moving and handling issues.
- The location of abuse continued to be in individuals own home. This trend reflected the aim for people to continue to live independently in their own home for longer. However residential and nursing home combined make up the second highest location.
- The trend of individuals' vulnerabilities continues in a similar pattern to previous years with people with physical disabilities experiencing the most harm. This included older people with physical or mobility issues so were linked to the higher number of people over 65.
- 88% of cases had recorded an outcome of action taken and risk removed or reduced at the end of the safeguarding process. This highlighted the positive impact that safeguarding can have on an individuals' life or situation. Only 11% of concerns had an outcome of risk remaining at the end of the process. This often related to cases where capacitated individuals had made decisions to continue to live with a level of risk, which they feel was acceptable for them. This was in line with the Making Safeguarding Personal principle.

Members were made aware of the Safeguarding Adults Board Annual Plan 2016-17. The SAB had adopted the key principles from the Care Act 2014 which underpin Safeguarding Adults, for it's Business Plan for 2016-19. These were Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability.

The Annual Plan 2016-17 had a particular focus on; sexual exploitation, modern slavery, making safeguarding personal, data analysis, raising awareness, effective training and Quality Assurance Framework.

The sub-committee expressed admiration for the hard work carried out by the Chair of the SAB and requested that a letter was sent from the Adult Social Care, Health and Wellbeing Sub-committee thanking her for her hard work and commitment.

The Chair thanked the Senior Manager Safeguarding and Quality for the detailed report for this broad area of work.

It was **agreed** to note the (1) Safeguarding Adults Annual Report 2015-16;
(2) data contained in the Safeguarding Adults Return 201516; and
(3) Safeguarding Adults Board Annual Plan 2016-17.