Adult Social Care, Health and Wellbeing Sub-Committee

10 November 2016

Present: Councillor K Clark (Chair)
Councillors K Barrie, L Bell, J Cassidy, M Huscroft, K Lee, L Spillard

ASCHW32/11/16 Apologies

Apologies for absence were received from Councillors G Bell, P Brooks, W Lott, A Percy and M Reynolds.

ASCHW33/11/16 Substitute Members

There were no substitute members.

ASCHW34/11/16 Declarations of Interest and Dispensations

There were no declarations of interest.

ASCHW35/11/16 Minutes

The minutes of the meeting held on 6 October 2016 were confirmed.

ASCHW36/11/16 Urgent Care in North Tyneside (Previous minutes ASCHW05/06/16 and ASCHW30/10/16)

Consideration was given to a presentation in relation to the future of urgent care in North Tyneside and the decision made by the Governing Body of the North Tyneside Clinical Commissioning (NTCCG). Mathew Crowther, Commissioning Manager, NTCCG attended the meeting to make the presentation and answer any questions.

The Sub-Committee had previously received information relating to the review of urgent care and the public consultation exercise at its meetings on 2 June and 6 October 2016.

The presentation outlined the background and reasons for reviewing urgent care in North Tyneside.

It was explained that a public consultation exercise had been carried out based on four possible scenarios which had been developed in line with stakeholders. The public consultation exercise had concluded that:

- The public wanted a simpler urgent care system with fewer access points which was more directive in nature.
- Location was perceived to be the most important issue and preference was often determined by proximity to one of the proposed sites.
- The perceived accessibility of the site was also an important factor in determining preference.

It was emphasized that the outcome of the consultation had to be considered in conjunction with other evidence before a decision was made and that the consultation process had been audited by the Consultation Institute and found to be consistent with recognised standards of best practice.

Members learned that a single integrated Urgent Care Centre would:-

- Open 24/7 (although opening times may be subject to further review)
- GP-led service providing care for minor injuries and minor ailments
- Triage on arrival will result in streaming to service or referral to primary care
- Bookable appointments via NHS 111
- Provide access to appropriate diagnostics

The presentation detailed how the service would fit into the wider healthcare system, specifically in relation to A&E admissions for seriously ill patients, children's emergencies, patients with mental health needs and same-day appointments with GPs for minor ailments.

The majority of people who responded to the consultation had opted for a service based at North Tyneside General Hospital. However it was explained that the CCG must follow procurement regulations which stipulated that suitable providers should not be excluded from bidding to deliver the service and that failure to do this may result in the decision being overturned. As Northumbria Healthcare Foundation Trust had declined to allow the CCG to run a competitive procurement for a service based at North Tyneside General Hospital, the CCG would have to allow other providers to suggest alternative sites they have access to and the location of the site would depend on which provider won the contract.

It was anticipated that bringing urgent care all to one site would reduce the number of urgent care attendances by around 20%. Some activity may be need to be absorbed back into primary care and depending on the location of the service, there may be a small increase in the number of North Tyneside patients accessing A&E service and / or urgent care services in Newcastle.

The CCG had set the affordability envelope for the new service at £3.3m; this would secure a minimum financial saving of £0.2m on the forecast financial position at the start of 2017/18. The service would be commissioned on a block contract of two and half years.

The existing urgent care services at North Tyneside General Hospital, Battle Hill, Shiremoor Health Centre and the GP Out of Hours service would be decommissioned from 30 September 2016, and the new Urgent Care Centre would be commissioned from the 1 October 2017.

Members queried whether the new Urgent Care Centre would be able to maintain a 24 hour diagnostic service for x-rays, bloods etc. The Commissioning Manager explained that as small numbers of patients access the Urgent Care Centre during the night and they are mainly for minor ailments, the cost of maintaining full diagnostics for 24 hours may not be justified.

The Sub-Committee expressed concern that the short tendering period (January-February 2017) may disadvantage some providers, especially as they would have to identity a suitable site.

In relation to location which was perceived by the public to be the most important issue, the Sub-Committee raised concerns that about Rake Lane not being accessible to many residents in who live in the Borough and that if the Urgent Care Service was based there many residents would probably use the RVI.

In light of the fact that many people continued to attend the wrong place for treatment, such as A&E at NSECH when they should go to an urgent care centre; Members highlighted the importance of continuing to get the message out to residents about what urgent care actually means and where the most appropriate place is for them to get treatment.

The Chair of Healthwatch North Tyneside stressed that urgent care shouldn't be reviewed in isolation but should be considered along side primary care and emergency care, particularly in light of the problems residents encounter in getting a GP appointment and the increased numbers attending A&E at NSECH. The Commissioning Manager explained that the emergency site at NSECH had deviated from what it was originally intended for and these issues were being addressed. The system needed to be designed in such away that if patients went at the wrong place for treatment, they were re-directed to the right place. Members were also informed that the CCG were currently developing a primary care strategy.

The Chair thanked the Commissioning Manager for his report.

ASCHW37/11/16 Safe Places

The Sub-Committee received a presentation in relation to Safe Places. The Safe Places Project Officer attended the meeting to make the presentation and answer any questions.

A Safe Place was any building in the community, such as a shop, a bank, a community centre or a church that displayed the Safe Place logo on their window. Members of staff in these places had been trained on how to help members of the Safe Place scheme.

The Safe Place scheme was aimed at individuals who may feel unsafe or vulnerable when they are out and about, for example people living with dementia, learning disabilities or mental health issues.

As a member of the Safe Place scheme, the individual would receive an information card and key ring. If an individual became anxious, afraid or upset when they were out, they would look for a place that displayed the Safe Place window sticker or use a mobile App which was currently being developed.

There were currently 91 Safe Place venues with more venues planned. Thirty Safe Places are located in North Tyneside Council Buildings, which showed the commitment the Council had made to the project.

Seventy one individuals had signed up to use a Safe Place in the past 2 months. It was anticipated the number of individuals would increase rapidly following a wide distribution of the information leaflets through various organisations as well as the Project Officer visiting organisations.

The Sub-Committee welcomed the Safe Place scheme, especially as the scheme gave vulnerable people the confidence to go out and about in the local area, and gave their families some peace of mind.

It was recommended that all Councillors received information about the Safe Place initiative so that they could raise awareness of the initiative and also to ask Councillors to suggest places in their respective wards which could be potentially used as a Safe Place.

The Chair thanked the Project Officer for his report.

It was **agreed** to (1) note the implementation progress of the Safe Place initiative in North Tyneside; and (2) inform all Councillors about the Safe Place initiative and ask Councillors to suggest places in their respective wards which could be used as a Safe Place.

ASCHW38/11/16 Advice and Information offer for care and support in North Tyneside

The Sub-Committee received a presentation on advice and information to prevent or delay the need for care and support in North Tyneside. Officers from Adult Social Care attended the meeting to make the presentation and answer any questions.

Following the launch of the Care Act in April 2015, the Adult Social Care service had been testing and developing the advice and information offer further to ensure it was suitable and met the needs of residents, professionals and partners. The presentation provided a summary of this work as well as future developments.

The advice and information offer ranged from self serve to more intensive support and included:

- Information –self serve – direct access to help online
- Information and Signposting – telephone and face to face information
- Advisors – advice and support on specialist areas
- Connectors and Resilience – help to access local/universal services
- Care Planning – advice and information as part of the core offer

The Adult Social Care service would continue to test this approach; however there were some areas which they wanted to develop further including:

- A new adult social care web based portal (My Care)
- Self Assessment and Financial Assessment calculators
- The SIGN Information System (service directory)
- Live Web Chat
- Personalised Information Prescription
- E-marketplace
- Real time appointment booking system

Officers emphasised that advice and information is a legal duty / requirement, and that it wasn't just relating to social care but about wider care and support, and as such was the responsibility of all organisations and not just the Council.

The Sub-Committee believed that the on-line self assessment would be a positive tool, particularly as the introduction of the Care Act had given more people the right to an assessment.

The Chair thanked officers for the report.

It was **agreed** to note the advice and information offer within North Tyneside.

ASCHW39/11/16 Better Care Fund update

Due to the Better Care Fund Programme Manager being unable to attend the meeting the Sub-Committee agreed to defer this item

ASCHW40/11/16 CARE Point

The Sub-Committee received a report which provided information about the present status of the CARE Point Service and plans for the future.

The Better Care Fund had set out a framework for existing Health and Social Care funding to be invested as a financial incentive for joint working to improve the outcomes and experience of those accessing services.

Local areas were tasked with using funding to:-

- Deliver care that was centred on individual needs.
- Acting earlier to ensure that people could stay at home safely and independently without the need for a hospital admission.
- Share data and outcomes.
- Provide an overall improvement of continuity of care.

Across Health and Social Care there were a number of initiatives which focused upon improving hospital discharge and preventing unnecessary admission to hospital. Stakeholders had mentioned they were unsure of which team to refer to and who would best to meet the needs of the patient either in hospital or their own home and often a hospital admission was easier than referring to one of the teams. Using the resources available it was agreed that the health and social care teams would be brought together to provide a single point of access for rapid assessment and appropriate short term support/rehabilitation packages.

The teams based on the North Tyneside General Hospital site and create the CARE Point Service were:-

- Administration Staff – Health and Social Care
- Reablement Discharge Team (Hospital Social Work Team) – Social Care
- Reablement Home Support Team – Social Care
- Hospital to Home Team – Health
- AART (Avoiding Admission Resource Team) – Health
- Nurse Practitioners – Health

By consolidating the resources the team would consist of social workers, social service officers, nurse practitioners, nurses, occupational therapists, physiotherapists, locality leads, support staff and administration staff. Representatives of the teams had taken part in process mapping days to identify duplication of tasks and to streamline the referral pathway via one administration function. This work had enabled the teams to understand demand and plan effectively for crisis and short term interventions.

An Operational Service Manager had been appointed to oversee the delivery of the service; the teams continued to practice within their professional boundaries and had direct supervision and line management accountability from their relevant clinical lead or line manager.

The CARE Point team would provide a proactive and rapid response usually within two hours of the referral. The care and support interventions would be provided by the member of the team most appropriately skilled to the meet the needs of the patient. Additionally, the team would have access to health and social care resources and the ability to deploy support staff 24/7 to prevent an avoidable admission and facilitate early discharge. The team would also have access to loan equipment and Care Call community alarm and assistive technology solutions to keep the person safe and able to summon help if needed during the rehabilitation period.

As well as developing CARE Point a pilot of Discharge to Assess was currently taking place. The rationale behind this was to fast track patients from the ward to their home via the CARE Point team who would assess the patient whilst they were at home. This enabled an earlier discharge from hospital by applying a multidisciplinary approach to the assessment outside of the hospital setting.

Work was in progress to identify a location within the hospital setting which would bring the teams together. Due to the closure of the Cedars Intermediate Care Resource Centre in December, a small Community Rehabilitation Team would be developed to enhance the rehabilitation pathway from hospital to home using the skills of the health and social care staff that had worked within a proactive multi-disciplinary team and had significant rehabilitation experience. This team would join CARE Point and be accessed via the single point of access. Patients on hospital wards, in Princes Court intermediate care beds and those in short term placements would be supported to maximise their independence and shorten the length of stay using this element of CARE Point.

Work was underway to look at the customer journey through the various pathways of which CARE Point would be part. The trusted assessor approach to assessment would be tested via this service. This meant that it would be the professional leading the customers care and support who goes on to plan discharge, aftercare and support rather than passing the patient from one professional to another.

The Senior Manager, Integrated Services advised that at this stage it was difficult to say what the Care Point service structure would be as it was currently under consultation, however she would be willing to provide an update once the new structures are in place.

The Chair thanked the Senior Manager, Integrated Services for her report, and looked forward to hearing more as the service progressed.

It was **agreed** to note the progress made in developing and implementing the CARE Point service.