

Adult Social Care, Health and Wellbeing Sub-Committee

12 January 2017

Present: Councillor P Brooks (Chair)
Councillors G Bell, L Bell, J Cassidy,
M Huscroft, W Lott, D McMeekan and
A Percy

Also present:
Members of the Health & Wellbeing Board

ASCHW41/01/17 Apologies

Apologies for absence were received from Councillors K Clark, K Lee and L Spillard.

ASCHW42/01/17 Substitute Members

Pursuant to the Council's Constitution, the appointment of the following substitute members was reported:

Councillor D McMeekan for Councillor K Clark.

ASCHW43/01/17 Declarations of Interest and Dispensations

There were no Declarations of Interest or Dispensations reported.

ASCHW44/01/17 Minutes

Resolved that the minutes of the meeting held on 10 November 2016 be confirmed and signed by the Chair.

ASCHW45/01/17 Healthwatch North Tyneside

The sub-committee received a report from Healthwatch North Tyneside which set out its key work areas over the past 18 months and provided a record of concerns relating to health and social services received from residents of North Tyneside. The report was intended to help the sub-committee and the Health & Wellbeing Board in judging the extent to which resident's views had helped shape, and been addressed by, the health, wellbeing and social care commissioning intentions for 2017/18.

Healthwatch's focus was to understand the needs, experiences and concerns of people of all ages who use services and ensure that local decision makers and health and care services put the experiences of people at the heart of their agenda. The sub-committee were presented with a detailed list of concerns received from residents of North Tyneside during the past 18 months together with a summary of the concerns as they related to the priorities set out in the Joint Health & Wellbeing Strategy.

The sub-committee explored in more detail how Healthwatch referred feedback, both positive and negative, to service commissioners and providers and how Healthwatch engaged young people. Particular consideration was given to those areas of concern that had emerged during the past year, including those in relation to mental health, support for carers and services for Attention Deficit Hyperactivity Disorder (ADHD). Northumberland, Tyne & Wear NHS Trust undertook to work as partners within the health economy of North Tyneside to take account of the views and comments of users in shaping service delivery.

It was **agreed** that the report from Healthwatch North Tyneside setting out the concerns of residents of North Tyneside relating to health and social services be noted.

ASCHW46/01/17 Health, Wellbeing and Social Care Commissioning Intentions 2017/18

The sub-committee received a joint presentation from officers of the Council and North Tyneside Clinical Commissioning Group (CCG) in relation to their commissioning intentions for health, social care and wellbeing in 2017/18. In order to avoid duplication, the intentions were presented and considered jointly with the Health & Wellbeing Board (Minute HW40/01/17).

The sub-committee were presented with details of the current drivers for the CCG and Council in terms of commissioning health, wellbeing and care services. These included the objectives and priorities contained in the Joint Health & Wellbeing Strategy, financial pressures, increasing demands on services and greater emphasis on planning and delivery within the NHS across the Northumberland, Tyne & Wear footprint.

Within this context, officers provided an overview of the Council and CCG's priorities, budget and service changes planned for 2017 / 2018 in relation to adult social care, children, young people and family services, public health and the NHS locally. These were presented with reference to how they contributed to the delivery of the priorities contained within the Joint Health and Wellbeing Strategy.

The commissioning intentions would be subject to further consultation, refinement and approval by the Council and the CCG. Over the course of the next year the Joint Health and Wellbeing Strategy and integrated working arrangements would be reviewed with a view to developing a more integrated approach to commissioning intentions for January 2018.

In examining the commissioning intentions the sub-committee, together with Members of the Health and Wellbeing Board, discussed the:

- a) need to recruit sufficient general practitioners to ensure that primary care has the necessary capacity to reduce reliance on hospital based services;
- b) effectiveness of the NHS 111 telephone service in directing callers to the most appropriate urgent or emergency care service;
- c) potential for the role of pharmacies to be enhanced and promoted to help relieve the pressures on primary care appointments;
- d) the strand of work to be undertaken as part of the Tripartite Primary Care Strategy to improve access to care;
- e) importance of working in schools to prevent young people from smoking;
- f) challenges faced by partners in reducing the harm caused by alcohol;
- g) the benefits of early intervention in treating mental health issues in terms of minimising the longer term consequences for both users and services;

- h) desirability of future commissioning intentions being clearly referenced to integrated key performance indicators and quality standards;
- i) absence of reference to the needs of carers in the presentation; and
- j) opportunities for co-production, to give a greater commitment to work with service users to find solutions to the challenges facing the health and social care system.

It was **agreed** that the Health, Wellbeing and Social Care Commissioning Intentions 2017/18 be noted.

(At the conclusion of the above item, members of the Health and Wellbeing Board left the meeting.)

ASCHW46/01/17 Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan

John Wicks, Interim Chief Operating Officer of the North Tyneside Clinical Commissioning Group (CCG), presented with the latest version of the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan (STP). The STP was built upon established programmes of work within each of the local health and social care economy areas that make up the footprint, as well as additional new proposals for prevention over the next five years with common priorities being delivered across the area. The STP sought to address three gaps; in the health and wellbeing of the population, the care and quality of services and in funding and finance.

It had been projected that if the NHS continued to provide the same of level of services there would be a £641m shortfall in funding by 2021. The STP provided for £241m of provider efficiencies, which meant doing the same but more efficiently, and £105m of CCG efficiencies. It also indicated that between £74m and £89m of hospital costs could be saved if more could be done in the community. A figure of between £7m and £39m of savings from acute hospital consolidation was included but in view of the recent opening of the Northumbria Emergency Care Hospital it was not envisaged that there would be significant proposals affecting North Tyneside.

The STP contained a section which set out plan in 2016/17 and 2017/18 for the local health economies of Northumberland and Tyne & Wear. It included reference to the development of a primary and acute services or accountable care organisation model, the use of Right Care, a benchmarking service used to drive efficiencies, and new models of care to support the most vulnerable frail elderly population through targeted support.

No partner organisation had formally 'signed off' the draft plan because there was no requirement to do so. A public engagement process would take place over the next several months beginning with consultation on the current draft STP between November and Friday 20 January 2017. This period of engagement would inform the next version of the STP. This updated version would then be formally consulted upon as a draft strategic plan for the region.

Statutory organisations such as the sub-committee were being asked to consider the content of the STP and to feedback their views on the following key questions:-

1. What do you think about the STP vision for our area? Is there anything missing or more we should aim for?
2. What do you think about our ambitions for what health, well-being and services should look like by 2021? Is there anything missing or more we should aim for?

3. The Five Year Forward View identifies three main gaps – health and wellbeing, care and quality, funding – what do you think about the proposed actions to address those gaps locally? Is there anything missing or other actions we should take?
4. What do you think about the scale of the challenge facing us in making significant improvements to health and well being, services and efficiencies? Are there any other actions we could take to make these changes or speed up the rate of improvement?

The sub-committee examined options for the development of an accountable care organisation and the potential for the Council to act as host authority. Clarification was provided that the aims and purpose of the North of Tyne Estates Strategy was to provide a coherent approach to the management of NHS property and assets. The STP would not be delivered through a new organisation. Existing governance structures across the footprint would be expected to work more strategically and collaboratively with support from NHS England.

The Chair thanked John Wicks for presenting the STP and she invited members of the sub-committee to submit any comments in response to the consultation questions set out above to Sharon Ranadé to pass onto the CCG.