

Adult Social Care, Health and Wellbeing Sub-Committee

9 February 2017

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

ASCHW47/02/17 Apologies

Apologies for absence were received from Councillors P Brooks and M Huscroft.

ASCHW48/02/17 Substitute Members

There were no substitute members.

ASCHW49/02/17 Declarations of Interest and Dispensations

There were no Declarations of Interest or Dispensations reported.

ASCHW50/02/17 Minutes

Resolved that the minutes of the meeting held on 12 January 2017 be confirmed and signed by the Chair.

ASCHW51/02/17 Progress against the North Tyneside Commitment to Carers'

North Tyneside Commitment to Carers' was launched in November 2015. The Commitment was developed in partnership with North Tyneside Clinical Commissioning Group; North Tyneside Carers' Centre; North Tyneside Council; Carers' Voluntary Sector Forum and Healthwatch North Tyneside.

The North Tyneside Commitment to Carers' – Action Plan was attached at Appendix 2 to the report and provided a progress update at November 2016. Some of the actions were cross referenced with the recommendations made by the sub-committee following its review of Carers' Support and Respite Provisions, as there were some similar actions identified.

Susan Meins, Commissioning Manager, Adults and Older People provided a report, gave a presentation and answered member's questions.

The presentation outlined the key achievements over the past year which included:

- An updated Carers' Centre Newsletter and website – resulting in improved information available for carers and professionals.
- A SIGN app had been launched - to improve signposting and information.
- Carers' Centre had produced a 'Key to Support' tool, which had been distributed to GP Surgeries.
- Healthwatch North Tyneside and the Citizens Advice Bureau had developed a carer assessment awareness raising poster and leaflet.
- A pilot had been introduced for direct transfer of carers from Adult Social Care to the Carers' Centre where appropriate - quicker access to emotional support; also

a lower level assessment had been introduced; and impact of interventions were now being measured.

- A new training package for social care staff had been developed.
- The number of Carer's Assessments had doubled in the last year.
- A quality assurance process for reviewing the quality of the assessments had been implemented.
- Carers in Employment project was now successfully working with 13 large employers in NT, this provided information to carers on their rights and had supported 229 individual working carers.
- Some good data about carers was being produced, to help us understand the picture more.
- A process for identifying and assessing young carers had been agreed.
- Early Help Assessment now included 3 prompt questions to identify young carers and a Young Carers Assessment had been developed.
- Additional actions had been agreed to support the roll out of young carer's assessments.

Priorities to progress in 2017 were:

- Young carer awareness – identification and assessment by all.
- Carers and hospital discharge processes.
- Carers' views of the current system (including Healthwatch findings).
- Assistive technology to support carers and the use of the Jointly App.
- Support for carers of people with mental health problems.
- Review the use of the of the Carers' Charter.
- Clinical Commissioning Group's own priorities.
- Launch of the new National Carers' Strategy.

There was some discussion in relation to young carers and links with schools. It was explained that secondary schools were the most engaging and a number of schools were actively engaged in supporting young carers. Work was also being carried out by the School Improvement Team and the team ensured that the Young Carers' Charter was on their checklist for discussion when they visited schools.

The sub-committee were given assurance that carers coming through the system received benefits advice; however officers stressed the importance of getting this information across to carers who don't come through the system.

There was some discussion about the Jointly App, an innovative mobile and online app designed to support carers by making communication and coordination between those who share the care as easy as a text message. Members thought this was a very helpful app however were concerned that take up had been low. This was currently being addressed and officers were looking at new ways of promoting the app. The Commissioning Manager, agreed to send more information about the app for circulation to the sub-committee.

The Chair thanked the Commissioning Manager for the presentation.

It was **agreed** to note the progress that had been made in relation to the North Tyneside Commitment to Carers' action plan.

ASCHW52/02/17 Commissioning for Carers' Principles Self-Assessment

Tom Dunkerton, Commissioning Manager of the North Tyneside Clinical Commissioning Group (CCG) presented a report which updated the sub-committee on the work undertaken by the CCG in relation to improving the carer's experience.

The sub-committee at its meeting on 7 July 2016 were presented a paper showing the findings following the completion of a Carers' Self-Assessment Framework (previous Minute ASCHW16/07/16). The Self-Assessment Framework was based on NHS England's 10 Principles with a set of tailored questions asking the commissioner to rank themselves in terms of red, amber and green. The CCG reported that it had ranked green for three of the questions, sixteen amber questions and nine red.

Following the completion of the Self-Assessment Framework, North Tyneside CCG worked in collaboration with Adult Social Care and the North Tyneside Carers' Centre to develop a programme for the "Your Say on Carers Rights Day" which was held on 25 November 2016.

The programme had included a presentation to carers detailing the background and findings of the Self-Assessment Framework along with three key themes which had been identified by the CCG where the input of carers was needed, the three themes were:

1. As a carer, what is your experience of GPs and other healthcare professionals?
2. What is your experience of hospital discharge?
3. What can health service professionals do to recognise, support and signpost carers to the right service?

Carers worked in facilitated groups to discuss each theme and were asked to make suggestions on what could be done to improve the carer's experience. Appendix 2 to the report included a list of all comments recorded.

In addition groups were asked to rank the CCG using a RAG rating in relation to three themes, these along with the RAG ratings were detailed in the report.

Overall, the feedback from carers was positive and constructive and had helped CCG representatives to better understand the experiences and challenges faced by carers in accessing the right information and support they needed from healthcare providers.

However it was clear that the experience of being a carer and accessing the right support and help in the healthcare system indicated more could be done by providers to ensure appropriate and timely engagement with carers along with clear and explicit information about accessing the right help and support. In particular the involvement of carers in the discharge planning process was of particular concern, with many carers feeling alienated from the discharge process either by not being kept informed and updated or in some cases not being involved at all.

To conclude the group discussions, carers were asked to identify action points for the CCG to consider, these included:

- Ensuring information in GP surgeries was up to date.
- Providing guidance to health professionals on the importance of explaining to carers what was happening and ensure the Carer was informed on which other professionals were or would be involved in the persons care.

- Providing advice and guidance and training specifically of GP practice staff on helping carers to access the right support. This may include regular use of the 'Carers' Key' which was currently being rolled out to practices.
- Ensuring providers adhere to their discharge policies and involve family carers and main carers in the discharge planning process. In addition, provide the opportunity to speak to carers confidentially.
- Encouraging GP Practices to inform a person when they had been named as the main carer.

Work had already begun in response to the above actions with North Tyneside CCG agreeing to joint fund an initiative to support young carers. In addition, preliminary discussions had begun with the North Tyneside Carers' Centre to provide education, advice and information materials in to primary care. This work would progress through this year.

It was planned to meet with local providers to share the feedback from the Carers' event and discuss ways in which access to support for carers could be approved.

There would also be another self-assessment carried out in the summer to check progress against the Red, Amber and Green ratings.

It was acknowledged that although some GP surgeries were doing very good work in relation to identifying and recording carers and ensuring that they receive the practical advice and information, there was still a lot to do. It was suggested that the locality GP hubs were used to progress the carers' agenda and share best practice, and that carers were invited to locality GP hub meetings so they could speak directly to GPs to share their experiences. The Commissioning Manager thought this was a good idea and would explore this further.

Members expressed concern about the amount of work in relation to carers being given to the Carers' Centre and whether they had the appropriate level of resources to carry out the work. Officers explained that unfortunately funding for carers had reduced and although there was some Better Care Funding to invest in carers, we needed to think creatively on how we used the limited resources and how we utilised other resources, such as 'Care n Connect' and in relation to young carers, schools.

Members were informed that respite care in North Tyneside was generally quite good. In relation to young carers, respite was aimed at reducing their caring responsibility, this was currently arranged through Adult Social Care.

The Chair thanked the Commissioning Manager for his report.

It was **agreed** that the report be noted.

ASCHW53/02/17 Carers' Support and Respite Provision Study update

The sub-committee considered a report which provided an update on the implementation and recommendations made by the Carers' Support and Respite Provision Sub-Group. Scott Woodhouse, Strategic Commissioning Manager, attended the meeting and presented the report.

As part of the sub-committee's work programme 2015/16, members had agreed to establish a sub-group to carry out a study of carers' support and respite provision in North Tyneside.

It had been agreed that the main focus of the study would be to assess support and respite provision in North Tyneside for adult carers and parent carers of disabled children; to ensure that they had access to good quality support, advice and information and respite care.

This work resulted in a detailed report and the identification of 19 recommendations, 14 related to the Local Authority, 2 related to the Clinical Commissioning Group and 3 were joint between the Local Authority and the Clinical Commissioning Group.

The action plan which included progress against the Council actions as at 9 February 2017 was attached at Appendix A to the report.

The sub-committee welcomed Recommendation 17 which related to developing a set of local performance indicators to monitor the success of the Carers' Charter. The Strategic Commissioning Manager explained that measures were being developed to monitor interventions with carers and also monitor carers support. Work was also taking place with providers to develop measures in relation to capacity/market and to gain a wider understanding of what they offer.

In relation to Recommendation 11 regarding the exploration of the potential and benefits of a different model of care, such as a Hub and Spoke model for Heatherfield Mews. It was explained that the Disability Transformation Model was looking at a Hub and Spoke approach to maximise early identification, assessment and intervention with disabled children. However we also needed to be more innovative and encourage people to use direct payments, increase independence and support parents to facilitate this.

The Chair thanked the Strategic Commissioning Manager for the report.

It was **agreed** to note the progress that had been made.

ASCHW54/02/17 Adult Social Care Budget Proposals

At a joint meeting with the Health and Wellbeing Board on the 12 January 2017 the sub-committee considered the Council's and North Tyneside Clinical Commissioning Group's commissioning intentions for health, social care and wellbeing in 2017/18 (previous Minute ASCHW46/01/17).

Haley Hudson, Senior Manager and Scott Woodhouse, Strategic Commissioning Manager presented details of the five business cases which impacted on Adult Social Care (ASC) and highlighted the aim of the of each business case and a summary of what was involved. The five business cases were:

- Cared for (1) – Assess at home
- Cared for (2) - Value for money tested social care
- Fit for purpose (1) – Community development
- Fit for purpose (2) – Deprivation of Liberty
- Great place – adult and children - Develop specialist housing

The full business cases were attached at Appendix A to the report and outlined the financial savings, financial implications, staffing implications, the delivery plan, the risks and outcomes of each business case.

During discussion, members raised concern in relation to older and more vulnerable people having the ability to self-serve and navigate the system to get the advice and information they need. Officers didn't under estimate how big this cultural/societal

change would be and explained that the Creating a Brighter Future Programme provided detail on how the Council would be helping people with this change.

In relation to hospital discharges, the sub-committee sought assurance that there was enough provision and support for people to be discharged from hospital safely. Officers explained that the development of CARE Point should effectively help and improve the hospital discharge process. It was also stressed that as we had limited resources we needed to think of how we work differently and more creatively with the resources available.

The Senior Manager suggested that the sub-committee review the Assess at Home programme as part of its work programme 2017/18.

The Chair thanked officers for the presentation.