Adult Social Care, Health and Wellbeing Sub-Committee

9 March 2017

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

ASCHW55/03/17 Apologies

Apologies for absence were received from Councillor P Brooks, Councillor K Lee and P Kenrick (Healthwatch North Tyneside).

ASCHW56/03/17 Substitute Members

There were no substitute members.

ASCHW57/03/17 Declarations of Interest and Dispensations

Councillor K Clark declared a registerable personal interest in item 6 – Director of Public Health's Annual Report, as she was a Director of Justice Prince and that they were involved in a health related project in the Longbenton area.

ASCHW58/03/17 Minutes

Resolved that the minutes of the meeting held on 9 February 2017 be confirmed and signed by the Chair.

ASCHW59/03/17 Northumbria Healthcare NHS Foundation Trust Quality Account

Dr Jeremy Rushmer, Executive Medical Director, Northumbria Healthcare Foundation Trust (NHCFT) presented the Trust's Annual Plan and Quality Account. He explained that the Trust managed hospital, community health and adult social care services in Northumberland and hospital and community health services in North Tyneside. The Trust had a budget of around £400m which was used to provide care for over half a million people.

Members were informed of the annual planning process for the Trust, which included the statutory requirement to produce a Quality Account 2016/17 to inform the public of the delivery of safety and quality priorities.

The presentation highlighted the safety and quality objectives that had been identified, these were:

- To drive improvements in the quality of care and services provided for patients suffering from breathlessness
- To improve the quality of care and services for older people
- To continue to improve the management of sepsis in hospital and community settings
- To implement the flow project to reduce delays in the system

- To improve the timeliness and quality of treatment for patients who visit us with abdominal pain

Acute trusts were required to be audited against two of the following indicators; they are listed below in order of preference for the Trust:

- 18 weeks referral to treatment
- A&E four hour 95% target
- Maximum waiting time of 62 days from urgent GP referral to first treatment of all cancers
- 28 day readmission rates

Overall the Trust's performance on its priorities in 2016/17 had been good, out of 18 performance measures, 9 were better than target and 9 were as expected.

In relation to the performance measure ratings, a member sought clarification on the definition of 'as expected'. Dr Rushmer explained that this meant that the Trust had either achieved what it had wanted to achieve or had held its position from the previous year. For some measures it was a qualitative judgement, for example in relation to reducing hospital acquired infections the Trust had done well in relation to MRSA but not so well in Cdiff, which resulted in an 'as expected' rating overall.

Birju Bartoli informed the sub-committee that there were new national requirements in relation to preventative deaths, including the requirement to report the measure on a quarterly basis, however this was a complex measure and narrative would be provided to explain the measure and its anomalies. There was also a requirement to ask family members and carers if they would like to engage in the process of understanding what went wrong.

In relation to the next steps the sub-committee were informed that the draft Quality Account would be circulated to stakeholders including the sub-committee at the end of April 2017 for comments. The final Quality Account, including stakeholder comments, would be submitted to NHS Improvement and Parliament by the end of May.

It was agreed to form a small working group to review the Quality Account when it became available and to formulate a response on behalf of the sub-committee. The Democratic Services Officer was asked to email the sub-committee with further details and to seek volunteers.

The Chair thanked the representatives of NHCFT for the presentation.

It was **agreed** to set up a working group to finalise the sub-committee's response to the Trust's Quality Account and to delegate the finalisation of the response to the Chair of the sub-committee.

ASCHW60/03/17 Director of Public Health's Annual Report

The sub-committee received a presentation from Wendy Burke, Director of Public Health, setting out her Annual Report.

The presentation which was titled 'Fit for our own futures?' highlighted the importance of healthy ageing and enabling residents not only to live longer but more importantly to live longer in good health and enjoy a good quality of life.

Life expectancy in North Tyneside was increasing but not evenly across the borough. The main causes of premature deaths were cancer (30%), circulatory issues (25%), respiratory issues (14%), mental and behavioural (10%), digestive (5%) and external (5%). However in the most deprived areas there were 761 excess deaths across these categories.

The presentation explained the risk factors and why they matter as we age, including that:

- Many of the diseases, conditions and disabilities that people associate with old age and that impact upon years lived in good health are not caused by ageing.
- Lifestyle and environmental factors increase the exposure to certain risk factors.
- The longer a person has lived, the longer they will have been exposed and the greater chance they have of getting a disease or condition.
- Only a proportion of diseases are a result of the ageing process.
- From the age of 50 half the population has at least 1 chronic condition.

The importance of behaviour and lifestyle was also highlighted, including that:

- The effects of lifestyle and health behaviour accumulates over our lifetime and particularly impacts in older age.
- Maintaining healthy behaviours can increase the years lived, reduce risk of life-threatening conditions such as stroke, keep us mentally well, protect us against accidental injury such as broken bones from falls and some infectious diseases .
- Key healthy behaviours include not smoking, being physically active, modest alcohol consumption and eating a healthy diet
- There is a complex relationship between socio-economic factors and behaviour.

The sub-committee heard that there were four NHS population screening programmes in England for the over 50's including, abdominal aortic aneurysm, bowel cancer screening, breast screening and cervical cancer screening. There were also three key diseases that can be prevented by immunisation for older people including influenza, pneumococcal and shingles.

In relation to mental health and ageing, the presentation highlighted that there maybe as many as 14,500 people in North Tyneside 50 years and over you feel anxious or depressed and was highest in the 50-59 age group and the over 80's.

Social inclusion and access to social networks was a known protective factor for health and wellbeing particularly as we age. Older people who have close connections and relationships not only live longer, but also cope better with health problems and are less likely to experience depression.

At this stage Councillor K Clark declared an interest as she was a Director of Justice Prince and involved in a health related project in the Longbenton area.

There was some discussion in relation to social isolation and the impact that this has on a person's mental health, and the importance of enabling people to socialise. The link between mental health and physical health and vice versa was also discussed.

The Director of Public Health informed the sub-committee that the final report would include a number of recommendations. This would be available after the full Council meeting in March. The Democratic Services Officer agreed to circulate the link to the final report to the sub-committee when it became available.

The Chair thanked the Director of Public Health for the interesting presentation.

It was **agreed** to note the Director of Public Health's annual report presentation.

ASCHW61/03/17 Better Care Fund

Kevin Allan, Programme Manager, Integrated Care for Older People, attended the meeting to provide an update on the Better Care Fund (BCF).

The BCF plan had called for a reduction of 376 (or 1.8%) in emergency admissions, in Apr-Dec 2016 compared to the same period in 2015. The actual reduction was 306 (or 1.5%); hence the target was partially achieved but not totally achieved.

Government had announced that the next round of BCF planning will cover two years, 2017/18 and 2018/19. The national BCF planning guidance had not been published, which meant that it was not yet possible to produce a draft plan.

Eleanor Binks, Adult Social Care and Maureen Grieveson, CCG gave a presentation regarding Delayed Transfers of Care.

Whilst North Tyneside's Delayed Transfer of Care rate was in the lowest 10% of English Health and Wellbeing Boards in 2015/16, the volume of delays in April-December 2016 was 9.2% higher than the same period in 2015. This referred to the number of days of delay, not the number of patients. The report showed the reasons for delay, the most common cause was 'waiting for further non-acute NHS care'.

A number of initiatives were in place to address Delayed Transfers of Care, which included:

- Care Point
- Discharge to assess – carrying out the assessment in the home/residential home
- Community Alarm and Crisis Response – assistive technology through Care Call
- 7 day social work – which was being funded through the BCF
- Rapid Team – a fairly new service to facilitate discharge at the end of life
- Ward 23 transition ward – since the closure of the Cedars community beds had been commissioned at North Tyneside General Hospital
- Royal Quays intermediate care
- Community Rehabilitation Team – this was a fairly new service (January 2017)
- Reablement home support

A member queried if data was available in relation to the numbers using the Rapid Team. Maureen Grieveson explained that this service was currently being evaluated and that she would forward relevant data for circulation to the sub-committee.

In response to a members questions regarding Ward 23, the sub-committee were advised that the staff from the Cedar's had been re-deployed to Ward 23 and their reablement/rehabilitation skills were being utilised. In relation to how Ward 23 compared with the old service at the Cedar's, Maureen Grieveson explained that it was too early to do an evaluation and suggested that the sub-committee received an update in six months time.

Eleanor Binks and Georgia Douglas, ASC then went on to give a presentation regarding Permanent Admissions to Residential Care.

Permanent Admissions to Residential Care was increasing. The BCF trajectory was a rate per 100,000 persons aged 65+, of 741, which equated to 296 admissions. In April-Sept 2016 there were 155 admissions, 7 more than the half-year target.

The presentation highlighted a number of actions that were in place to monitor placements.

The pressures and risks were broken down into two categories; Lack of Providers and Dependency and included:

- Pressure in community capacity
- Short term placements becoming permanent
- Individuals losing skills
- Families becoming risk averse

The Chair thanked officers for the presentation.