



North Tyneside Council

Adult Social Care, Health and Wellbeing Sub-Committee

7 June 2017

Thursday, 15 June 2017 in Room 0.02, Ground Floor, Quadrant, The Silverlink North, Cobalt Business Park, North Tyneside commencing at **6.00pm**.

Agenda Item	Page
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1. **Apologies for Absence**

To receive apologies for absence from the meeting.

2. **Appointment of Substitute Members**

To be notified of the appointment of any Substitute Members.

3. **Declarations of Interest**

You are invited to declare any registerable and/or non-registerable interests in matters appearing on the agenda, and the nature of that interest.

You are also invited to disclose any dispensations in relation to any registerable and/or non-registerable interests that have been granted to you in respect of any matters appearing on the agenda.

Please complete the Declarations of Interests card available at the meeting and return it to the Democratic Services Officer before leaving the meeting.

Members of the public are entitled to attend this meeting and receive information about it.

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To confirm the minutes of the meeting held on 9 March 2017	
5. Healthwatch North Tyneside 6 Month Activity Report	9
To receive and consider the Healthwatch North Tyneside 6 Month Activity Report - October 2016 to March 2017 (15 minutes)	
6. North Tyneside Health and Wellbeing Board Update	
To receive a verbal update on the work of the Health and Wellbeing Board (15 minutes)	
7. Older Person’s Mental Health Sub-group Report	25
To receive the Older Person’s Mental Health Sub-group report (15 minutes)	
8. Battle Hill GP Services Consultation	34
To receive information relating the consultation exercise and contract for GP services provided at Battle Hill Health Centre (10 minutes)	
9. Work Programme 2017/18	40
To give consideration to the Sub-committee’s proposed work programme for the Municipal Year 2017/18 (15 minutes)	

Members of the Adult Social Care, Health and Wellbeing Sub-Committee

Councillor Ken Barrie
Councillor Gary Bell (Chair)
Councillor Linda Bell
Councillor Pamela Brooks
Councillor Joanne Cassidy
Councillor Karen Clark (Deputy Chair)

Councillor Marian Huscroft
Councillor David McGarr
Councillor Alan Percy
Councillor Margaret Reynolds
Councillor Lesley Spillard
Councillor Joan Walker

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 Cdif, 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.

**Meeting: Adult Social Care, Health and Wellbeing
Sub-committee**

Date: 15 June 2017

**Title: Healthwatch North Tyneside 6 Month Activity
Report**

Author: Jenny McAteer – Director Tel: 0191 2635321

Organisation: Healthwatch North Tyneside

Wards affected: All Wards

1. Purpose:

To consider the Healthwatch North Tyneside 6 Month Activity Report - October 2016 to March 2017.

2. Recommendation(s):

The sub-committee is recommended to consider and note the report.

3. Background:

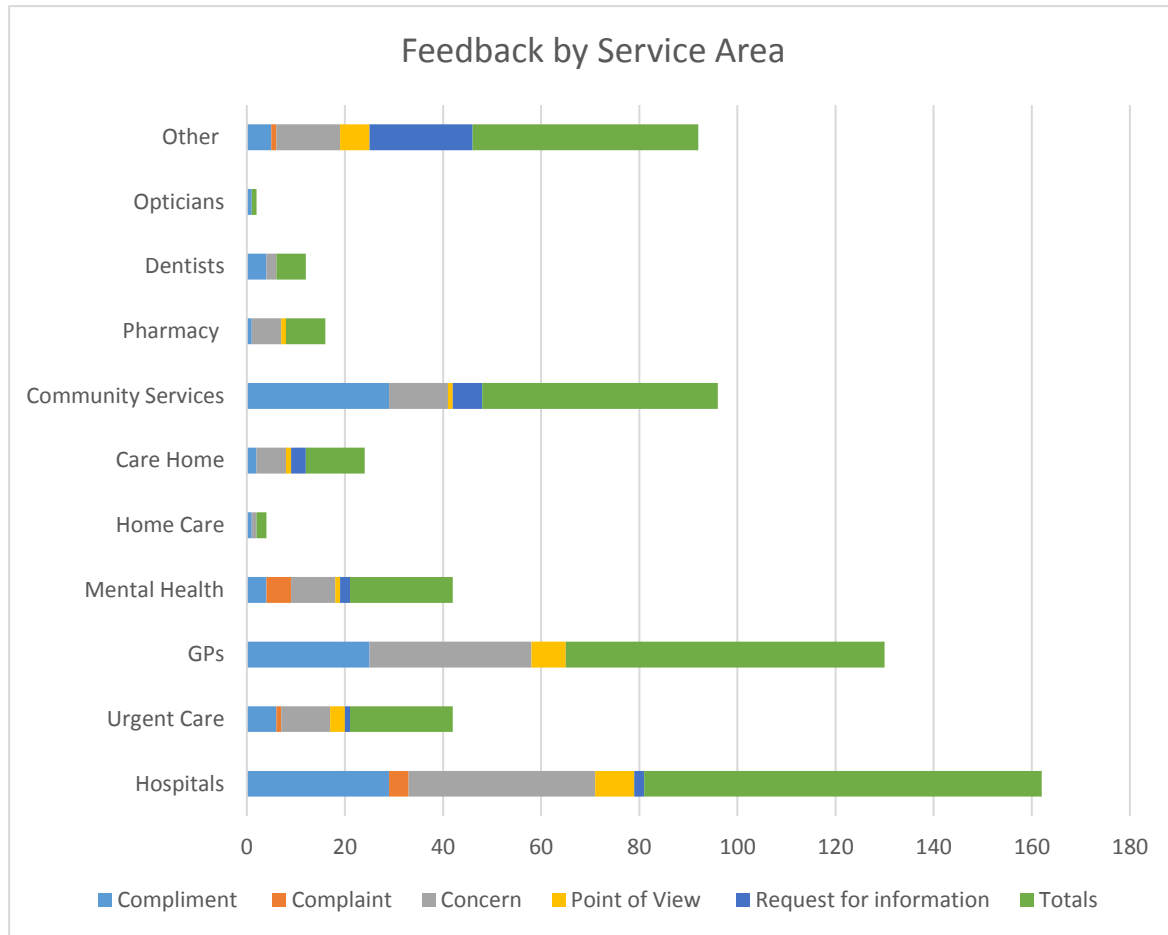
Jenny McAteer, Director of Healthwatch North Tyneside will attend the meeting to present the report and answer member's questions.

4. Appendices:

Healthwatch North Tyneside 6 Month Activity Report - October 2016 to March 2017

Healthwatch North Tyneside 6 Month Activity Report October 2016 to March 2017

A. Local voices- What local people told us



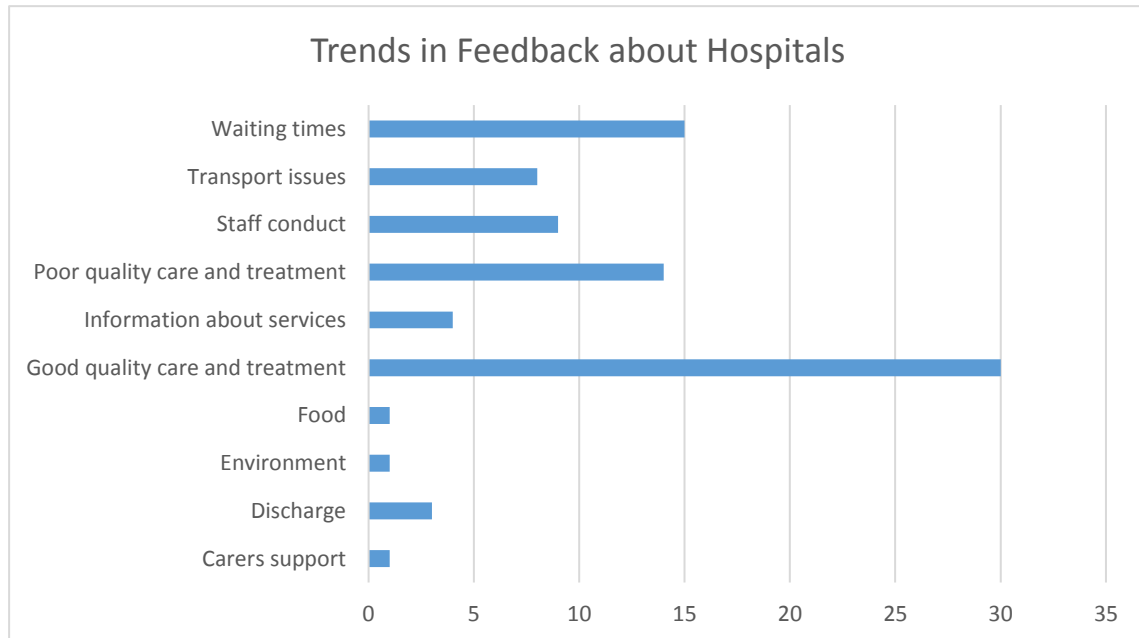
Please note this does not include all data for thematic work (for example surveys) which is included in thematic reports. The data trends may be biased by events in the period (for example upcoming CQC inspections or thematic work).

Top 5 Service Areas for Comments

1. **Hospitals** - During the period the majority of comments (81) related to hospitals. Of these the majority were concerns (47%) followed by compliments (36%).
2. **GPs** - GPs received a total of 65 comments of which the majority were concerns (51%) followed by compliments (39%)
3. **Community services** - Community services received 48 comments of which 25% were concerns and 60% were compliments.
4. **Mental health**- Mental Health services received 21 comments of which 43% were concerns, 24% were complaints (the largest of any service area), 19% compliments
5. **Urgent care** - urgent care services received 21 comments of which 48% were concerns and 29% were compliments.

The key trends¹ in the issues raised with HWNT in this period are outlined below under each service area. Please note this does not include information gathered as part of thematic work which is reported through more detailed thematic reports published on the website.

Hospitals



The majority of feedback about hospitals related to people being satisfied with the level of care and treatment received with comments relating to standard of staff, speed of treatment and good standard or treatment. These comments relate to all trusts and hospital sites.

The next largest group of feedback related to people feeling dissatisfied with the length of time it takes to access diagnostics and treatment. This relates to the wait for appointments following referral with a trend in particular for those waiting for scans (CT and MRI). People also reported long delays in waiting to be seen in particular in A&E. Finally there were reported delays in waiting for results of diagnostic tests results again in particular relating to scan results.

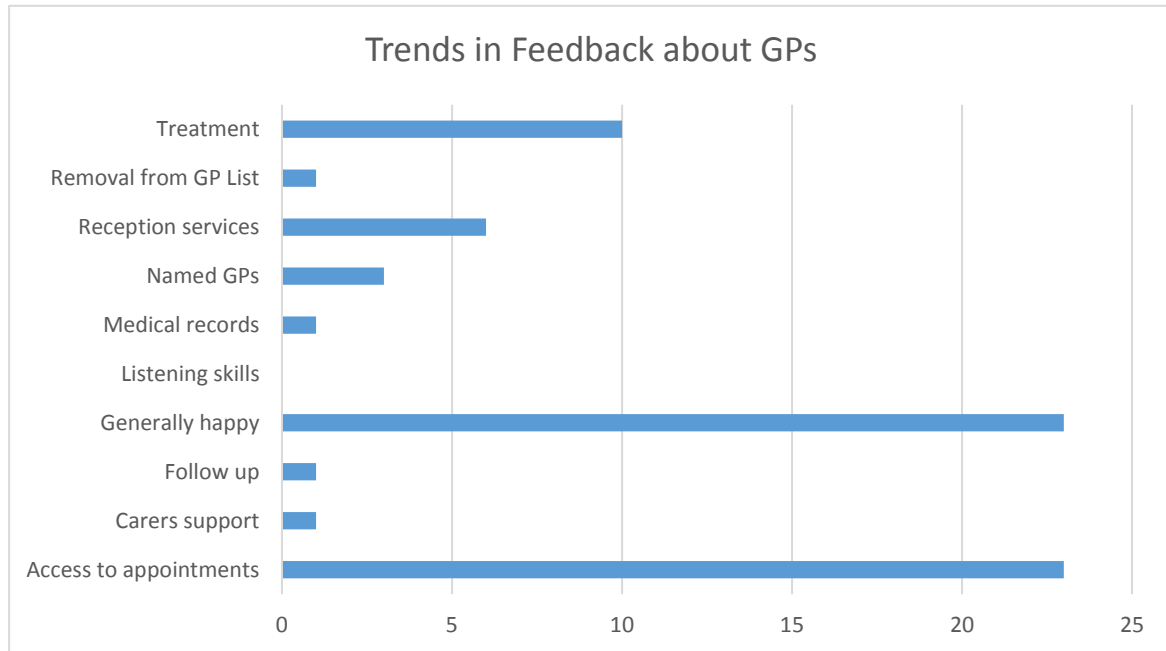
Poor quality care and treatment was the next largest trend in feedback. The majority of this feedback are accounts of patients who feel that there was a poor outcome as a result of their treatment (for example ongoing symptoms or arising from complications during procedures).

There was a number of people who reported poor experience in relation to how staff behaved towards them during their care and treatment. This mainly related to how patients were spoken to by staff members or how patients were spoken about to family members. There are a small number of comments that relate to an impersonal approach to care and treatment.

¹ HWNT are reporting as trends issues which have been raised by more than 5 people during the period.

There continue to be a number of people who report difficulties with accessing public or hospital transport to NSECH and difficulty parking and North Tyneside General Hospital.

GPs



The majority of feedback about GPs was in relation to people being generally happy about the services received (for example great GP, staff and access to appointments).

However this was equalled by the number of people who commented that access to appointments was not as it should be.

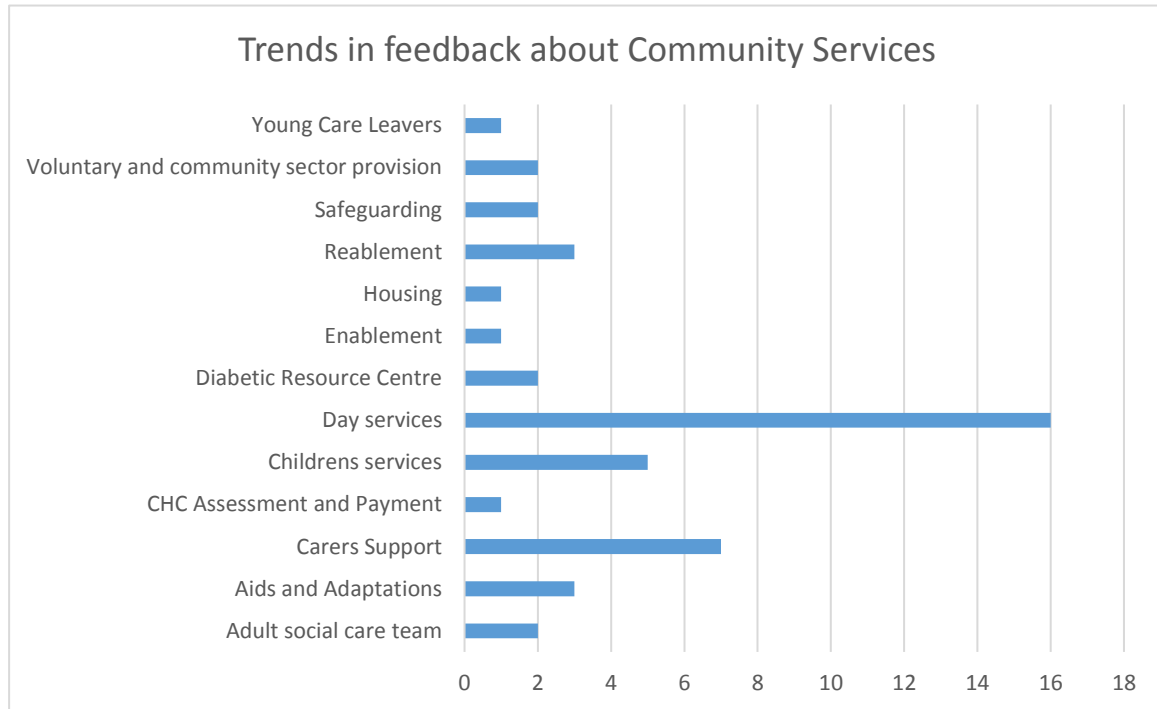
Although a small number of people reported positive experiences, many people were dissatisfied with the service. People reported difficulties with booking systems being a barrier to access appointments. This related to a requirement to call early in the morning, which is difficult for people who are in employment and use of online systems being challenging.

Many people reported dissatisfaction with the length of time that they have to wait for appointments with many waiting weeks to be seen by a GP. This is worsened if they wish to see a named GP for continuity of service. Others reported a challenge with booking advance appointments within a week. They report that appointments can be booked weeks in advance or urgent appointments to be seen on the day, but there doesn't appear to be the capacity to accommodate those who wish to book a few days in advance.

People have also reported challenges with receiving treatment. This relate to misdiagnosis, difficulties arising from lack of shared decision making (for example being sent to hospital when they don't feel it is necessary) and delays in referrals to secondary services arising from the referral management service and miscommunications between GPs and NHS Trusts.

The majority of comments in relation to reception services relate to poor customer service experience of patients who feel that reception has inappropriately acted as a gatekeeper to the GP or failed to behave in a professional or courteous manner.

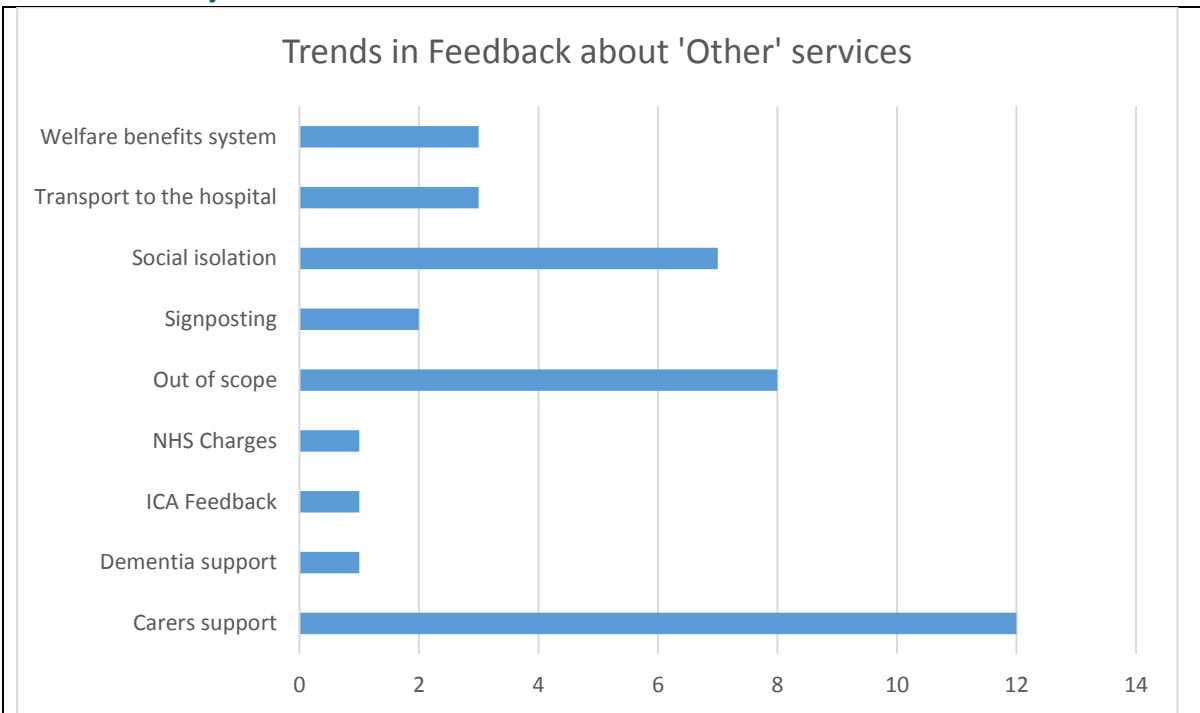
Community services



Feedback about community services was mostly about one particular day centre where people who used the centre unanimously praised the services received. This service had distributed our feedback forms to their service users who responded on mass and these have been uploaded to our system.

The next largest amount of feedback relates to carers support where carers explain that they require more support in their caring role and increased access to information particularly in relation financial matters and respite care.

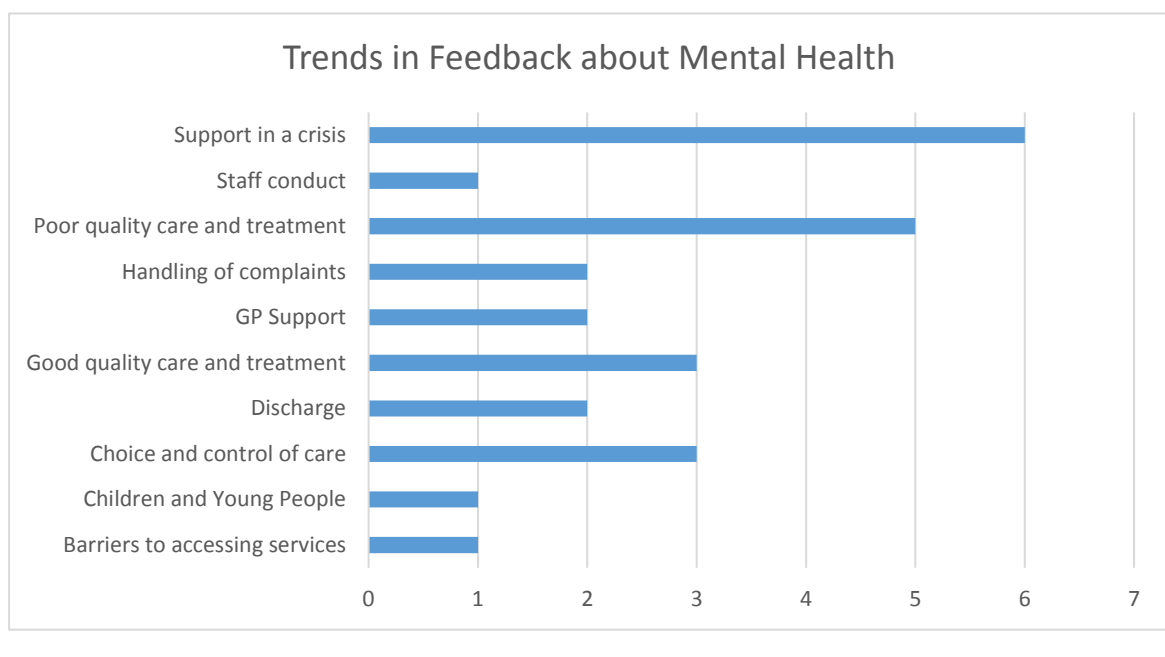
Other



Feedback about services categorised as ‘other’ primarily relate to carers support. Carers are again telling us that they need better access to support and information. Carers are also stating that services need to work better to identify them in their systems as carers to enable them to be more proactive in supporting them and in involving them in the decision making about the person they are caring for in particular, where there is a cognitive impairment.

There were a number of people who reported that they (or the person they cared for) need access to support in the community to address risk of social isolation.

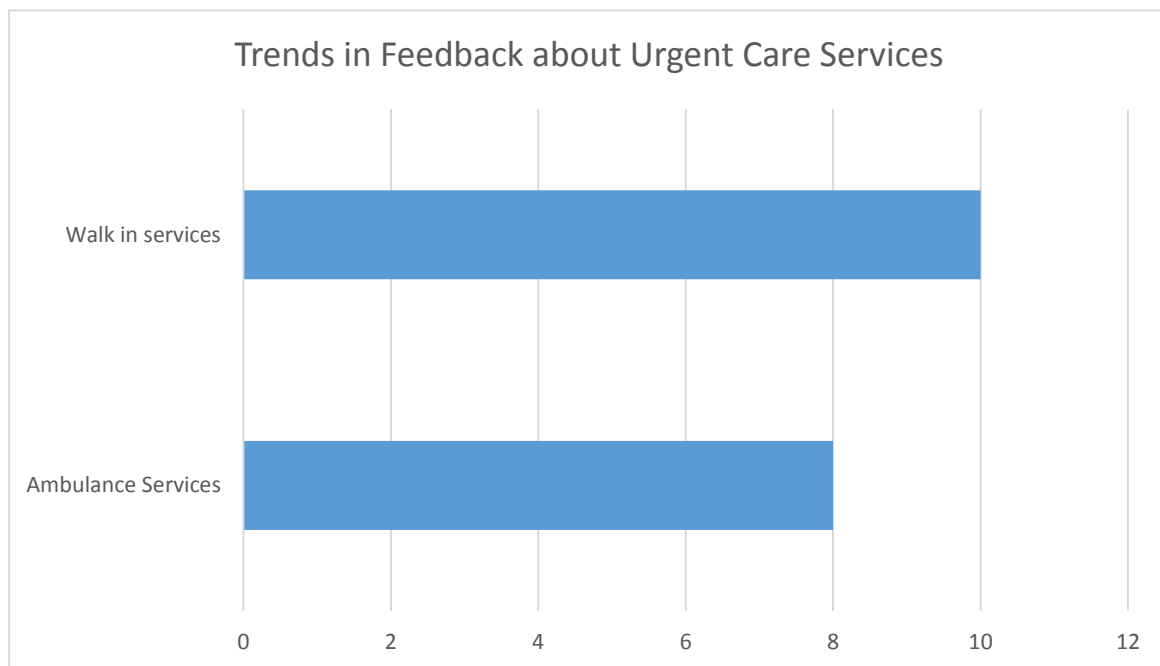
Mental health services



The majority of feedback about mental health services relates to concerns that people have about the support they have been offered in a crisis. This includes the length of time that people have had to wait to get help when a crisis happens being too long in some cases over 7 hours. People also are concerned about the quality of support given in particular how people are supported when they feel suicidal but have not acted upon it or where diagnosis (such as autism/ADHD) acts as a barrier to accessing support for a mental health crisis.

Other trends relate to concerns about the quality of service received in relation to the prescribing of medication and the quality of treatment.

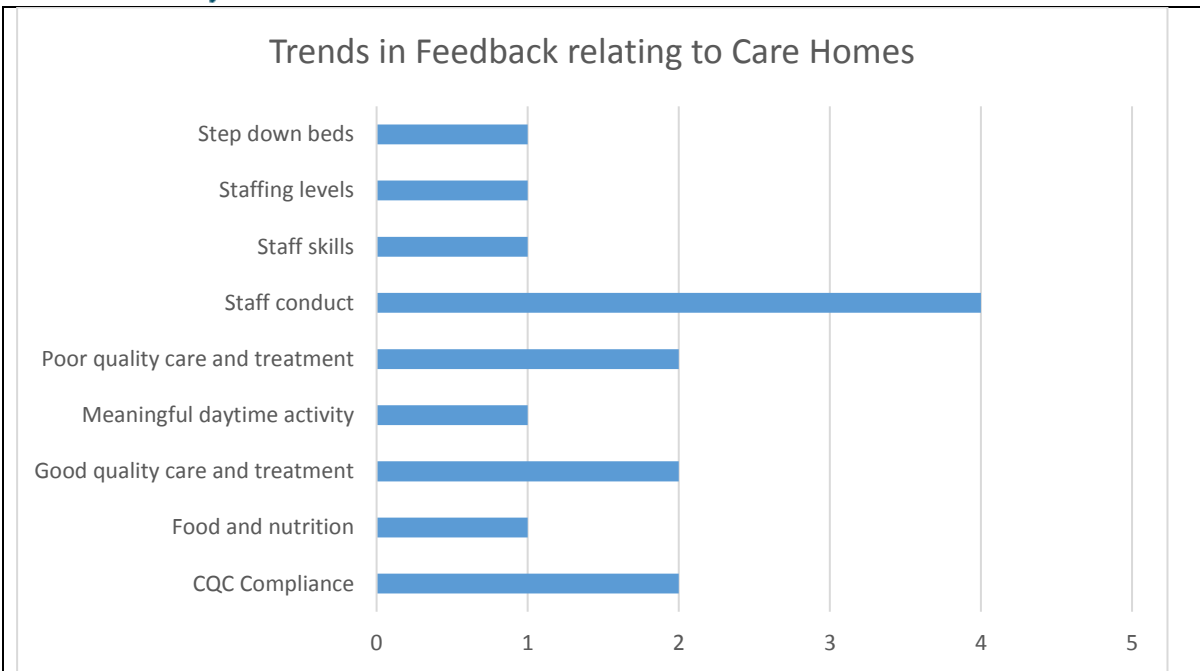
Urgent care



Feedback about urgent care services understandably (given the proposed and actual changes in provision) focused primarily on the walk-in centres. People gave accounts of the excellent service received at walk-in centres, the confusion that surrounds where someone should go following the closure of North Tyneside General Hospital after 8pm. By far the largest level of concern was expressed in relation to the proposed closure of both walk ins at Battle Hill and North Tyneside General Hospital.

Ambulance services also received a number of concerns. Whilst there were a small number of comments acknowledging the excellent care and treatment by paramedics, the majority of comments relate to the length of waiting times for an ambulance to attend.

Care homes



There are no categories of feedback about Care Homes which meet the threshold to be considered a trend during this period. The analysis is included in the chart for reference.

Pharmacy

Whilst some people acknowledge good customer service at pharmacies, almost all of the feedback given about pharmacy was concern about the stock levels within pharmacies and the length of time people were required to wait for medication to be dispensed.

Dentists

Almost all of the feedback about dentists was positive acknowledgement of good care and treatment.

B. Organisational update

Healthwatch North Tyneside said goodbye to Helen Bedford Engagement Worker in December 2016. Our apprentice Tiegan Scott completed her apprenticeship in January 2017 and left the organisation. Finally Wendy Hodgson completed her temporary maternity cover contract in March 2017 when our Director Jenny McAteer returned to work.

The organisation welcomed Jo Brown as a Research Officer in March 2017 and recruitment to the role of volunteer coordinator is ongoing.

C. Update on thematic priorities

Children and young people's experiences of services

HWNT continued to gather the views of young people about the health and social care services they access as follows:

- An engagement event with young people on 17 October 2017 in collaboration with North Tyneside Council Participation Team.
- Links with the National Citizenship service
- Workshops at Norham college year 7
- Targeted engagements throughout February and March

Plans for the next 6 months:

HWNT will compile a report on the views of children and young people in North Tyneside to present to the board and a decision will be taken on the thematic focus for a deeper dive into one key trend.

Mental health

Providers and commissioners have commented on the mental health report. Unfortunately due to administrative failure, NTW has yet to comment on the report.

The work with Tyne and Wear Museums on the video documenting experiences of mental health service users has completed filming and is currently being edited.

Plans for the next 6 months:

HWNT will publish the report and hope to launch the video during MH awareness week.

HWNT will begin the scoping for a deep dive into the support available to people during mental health crisis. This will include engagement with users of services, commissioners and providers in the design of the project.

Carers

HWNT in partnership with NT CAB developed a distributed posters and leaflets raising awareness of carers rights to carers assessments across North Tyneside.

Engagement with carers has taken place throughout the period in support of the research into carers awareness of experiences of carers assessment, support and information. A survey was promoted across the borough.

Plans for the next 6 months:

HWNT will publish the report and make recommendations to the Council and providers for response. It is hoped we can communicate findings during Carers Week 2017.

Hospital food

HWNT report into hospital food at North Tyneside General Hospital was sent to providers and commissioners with recommendations for response. Responses were received and a Northumbria NHS Trust established a working group to develop an action plan against the recommendation.

Residential care homes

HWNT continues to work with activity coordinators to embed the recommendations from our report for improvement in the provision of meaningful daytime activity in care homes through the support and facilitation of an activity coordinators forum. This work was in partnership with the Tyne and Wear Care Alliance but unfortunately due to staff capacity they withdrew and HWNT has continued in their absence to support this work.

The project researching the experience of food and drink in care homes has neared completion during this period. All enter and view visits to the care homes have been completed and reports of findings on individual homes performance have been sent to homes for comments. The analysis of trends across homes has been undertaken.

Plans for the next 6 months

HWNT will continue to support the activity coordinators forum and hope to secure funds to develop a tool kit which looks at the 'whole home approach' to activity in care homes.

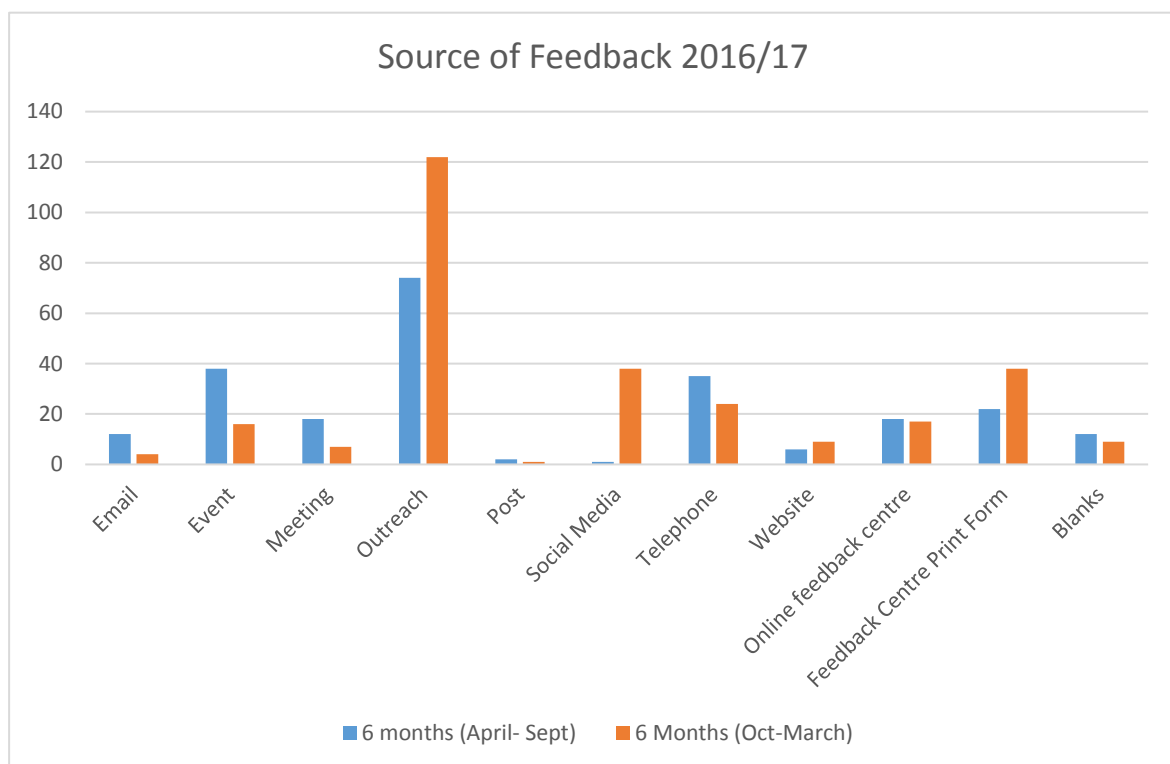
HWNT will complete the report on food and drink in care homes and make recommendations to commissioners and providers for response. This will be published and distributed.

D. Feedback received during the period

HWNT received 268 instances of feedback between October and March which is an increase on the previous 6 months period. Staff spent 44 hours in the recording and following up of issues arising from the feedback given.

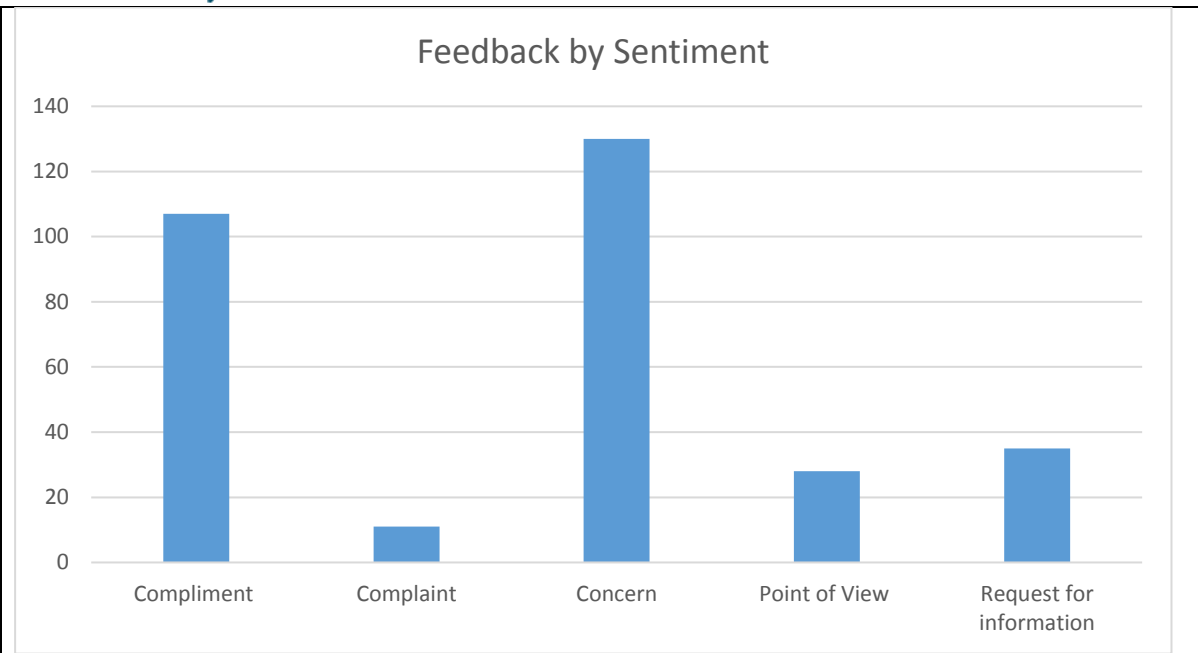
The majority of issues (122) were gathered during outreach activities. The second most popular method of reaching HWNT was via print feedback forms (38) which were uploaded to the online feedback centre. The feedback centre has generated 55 pieces of feedback in the past 6 months.

There is a significant increase in feedback obtained through outreach, social media and through the feedback centre online in the past 6 months compared to the previous 6 months.



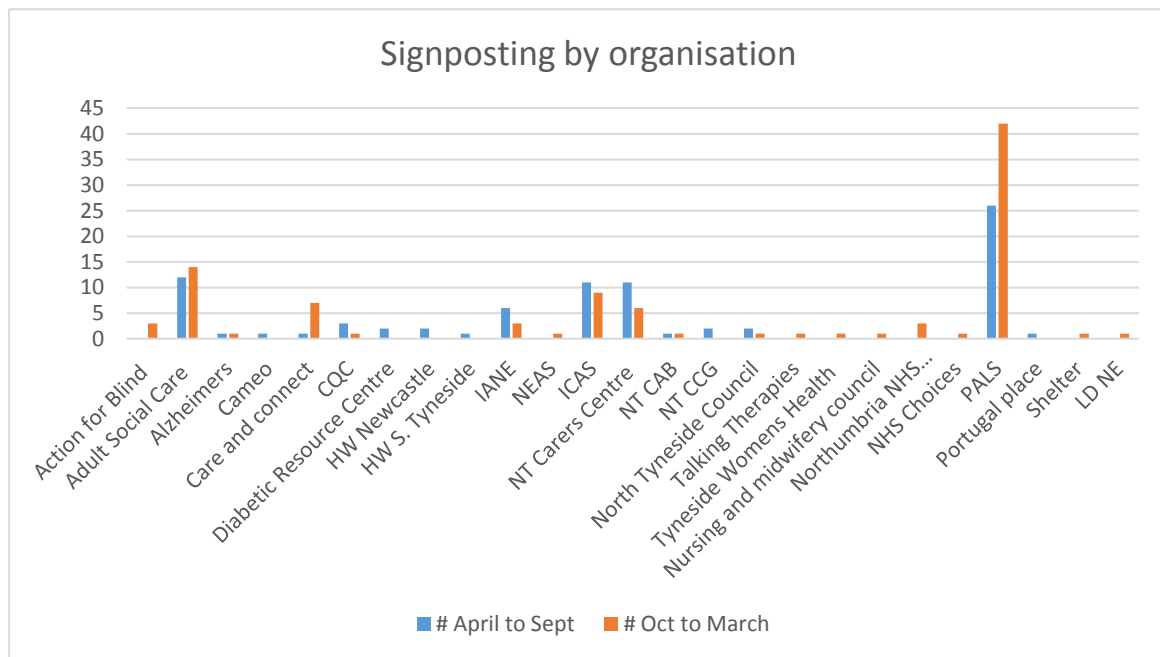
Comments by nature

The majority of issues raised in general engagement with Healthwatch North Tyneside are concerns followed by compliments.



Signposting activities

Healthwatch North Tyneside signposts members of the public to other organisations to assist them to gain further information or to discuss their concerns or needs further. In the past 6 months, HWNT signposted people on 93 occasions.



HWNT continue to demonstrate a trend of most regularly signposting people to PALS, Independent Complaints Advocacy, Adult Social Care and North Tyneside Carers' Centre.

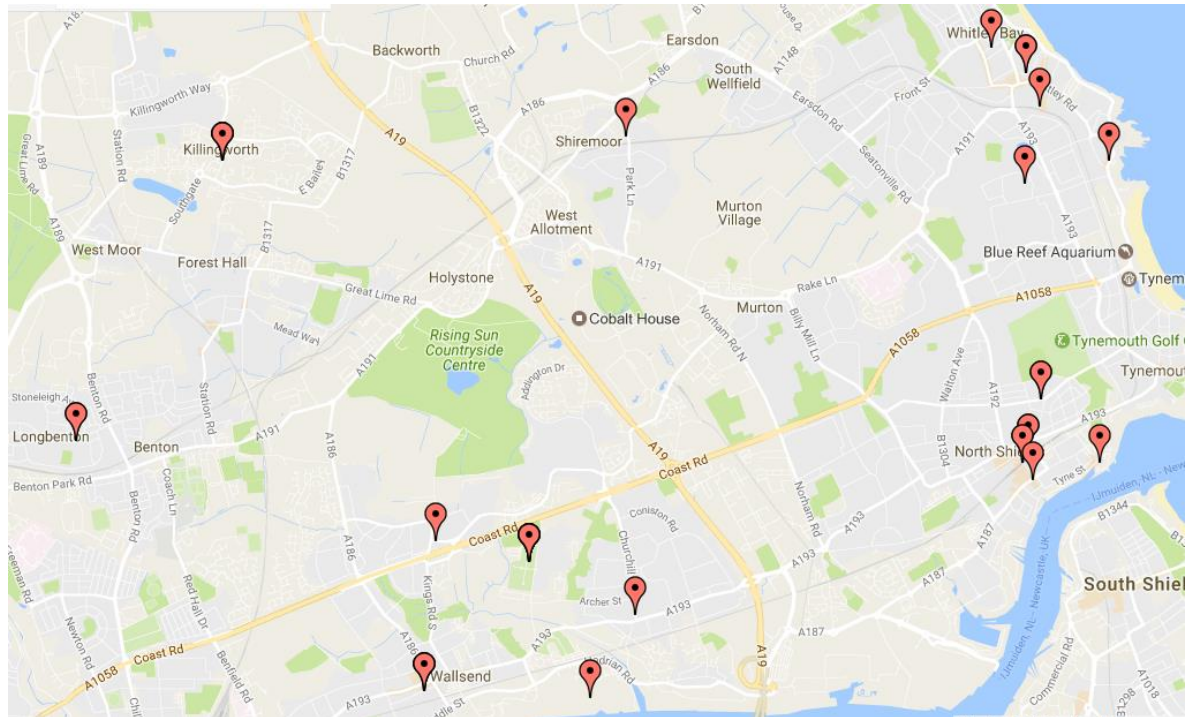
E. Engagement and outreach activity

There have been 40 outreach and engagement activities delivered in this six month period.

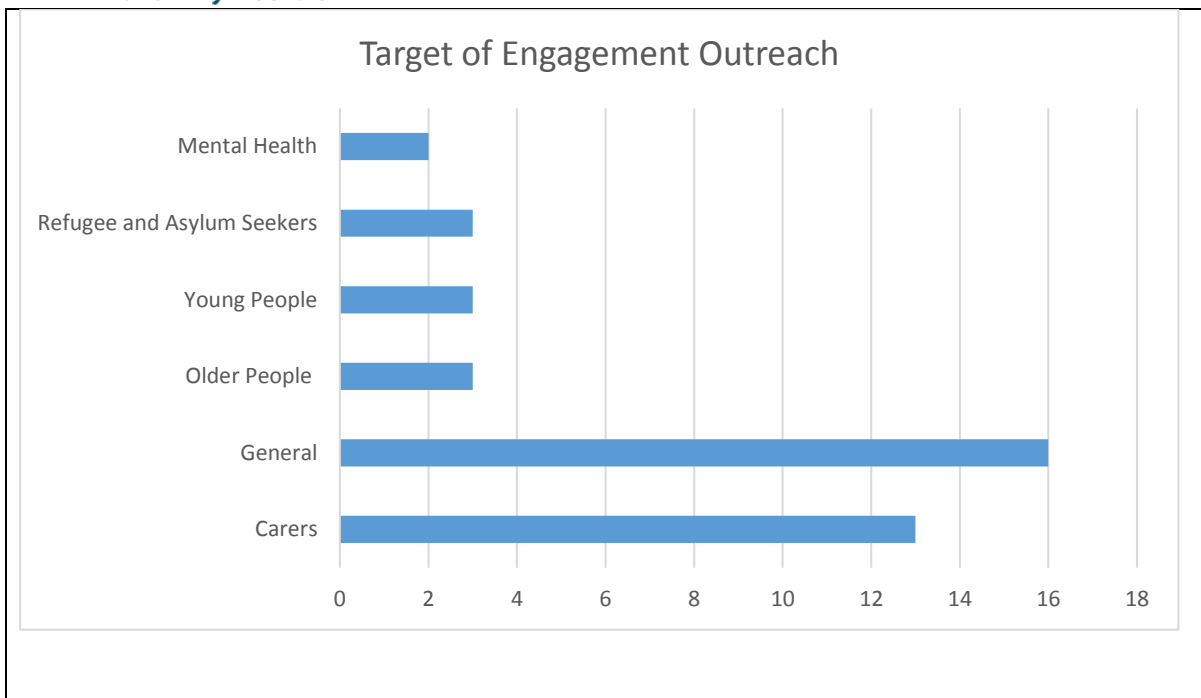
5115 minutes of staff time (85 hours) were spent in the delivery of this outreach and engagement.

635 people have been engaged with through this method.

This map illustrates HWNT engagement and outreach across the borough.



The majority of the engagement and outreach was targeted at the general public. There has been a significant push on engagement with carers in relation to the carers project which is ongoing.



F. Healthwatch North Tyneside events

HWNT have facilitated 6 public events in the area within the period. The list below illustrates regular board meetings (which are held bi-monthly) and regular volunteer meetings. We also facilitated meetings focused around some of our thematic projects.

Event date	Focus
15 September 2016	Board Meeting
17 October 2016	Young people's views of health and social care
7 November 2016	Board Meeting
6 December 2016	Volunteer meeting
9 January 2017	Board Meeting
6 March 2017	Board Meeting

G. Work with the Care Quality Commission

Healthwatch North Tyneside have worked closely with the Care Quality Commission during the period as follows:

Adult social care:

- Attendance at the Information Sharing Meetings regarding adult social care providers.
- Submission of evidence in relation to residential care homes and domiciliary care providers in advance of inspections (including IOS reports).
- Sharing of intelligence in relation to providers where concerns have been raised locally.

General Practice:

- Sharing of intelligence about General Practice in advance of inspections

H. Work with Local Healthwatch and Healthwatch England

HWNT continue to attend the Local Healthwatch Network meetings for the North East.

HWNT is represented on the HWE communications group and CRM stakeholder group.

In addition the Chair has also attended meetings with other Healthwatch Chairs in Tyne and Wear, Northumberland and Durham. Discussions have included the North East Health and Social Care Commission; Sustainability and Transformation Plans, and common issues facing Healthwatch in the Region.

I. Use of enter and view powers

HWNT continued to use enter and view powers in this period to carry our independent observer scheme (IOS) visits in care homes.

J. Volunteer update

HWNT has 13 enter and view volunteers and 12 have been active in the period.

HWNT volunteers have supported us in the following ways during this period:

- IOS visits to 31 Care Homes
- Supporting the development of
- Engagement with carers for the Carers project
- Attendance at meetings
- Contributing issues through volunteer meetings
- Supported the planning and delivery of Activity Coordinator Forum meetings

K. Communications

General update on communications activities

During this period, outside of maintaining HWNT usual communications channels, HWNT has delivered the following communications outputs:

Healthwatch North Tyneside audience

As at 1 October 2016 HWNT had 546 registered on the mailing list:

- 434 newsletter subscribers
- 6 large print subscribers
- 9 audio cd or tape subscribers
- 97 mailing by post subscribers

Social media

HWNT Twitter profile now has 923 followers. We have 'tweeted' on average 33 times per month, are mentioned by other an average of 14 times per month and receive an average of 589 profile visits per month.

HWNT Facebook page has 179 'likes' and has a reach of on average 61 people per day and has received 142 post likes in the period.

Staff regularly use social media to share information about HWNT, to share information on behalf of partners, and to engage with followers live from events we are attending.

Healthwatch North Tyneside newsletters

During the period, HWNT has delivered 9 newsletters. The open rate ranged from 31.7% to 41.2% with click through ranging from 8.6% to 17.9%. Where there are lower open rates, this is attributed to newsletters sent about a single issue.

We published a printed newsletter in November 2016 which was sent to the mailing by post and large print mailing lists and electronically to enews subscribers. The printed newsletter is also distributed at engagements events.

Website

The average number of visitors to the website per month was 4567.

The monthly number of visitors ranges from 588 (October 2016) to 1067 (February 2017).

Over the six month period visitors reached our website by:

- 58% by organic search (using search engines and searching for any words that pick up our site, this could be Healthwatch or simply Tyneside or a health or social care term or issue)
- 25.1% direct to www.healthwatchnorthtyneside.co.uk
- 12.7% by referral from other websites, primarily North Tyneside Council and Healthwatch England
- 4.2% by referral through social media

the Mental Health Services for Older People Service and Northumberland, Tyne & Wear NHS Foundation Trust (NTW). NHCT provides services to most of the borough except for the North West area which, instead, is covered by NTW Trust.

3. Background to the study

- 3.1 At its meeting on the 2 June 2016, the Adult Social Care, Health and Wellbeing Subcommittee considered topics for in-depth study and agreed to establish a sub-group to carry out a study into older person's mental health.
- 3.2 Realising the importance of ensuring that people with dementia, their families and carers receive the appropriate services and level of support to enable them to have a good quality of life and to live at home, the main aim of the study was to review services and support available in North Tyneside to ascertain what works well, where there were any gaps and where improvements could be made.
- 3.3 The Members of the sub-group included:
- Councillor Pamela Brooks (Chair)
 - Councillor Joanne Cassidy
 - Councillor Marian Huscroft
 - Councillor Alan Percy
 - Councillor Lesley Spillard
- 3.4 The sub-group was supported by:
- Susan Meins, Commissioning Manager, People Based Commissioning - Whole Life Disability, North Tyneside Council
 - Sheila Watson, Strategic Commissioning Manager, North Tyneside Council
 - Anya Paradis, Commissioning Manager, North Tyneside Clinical Commissioning Group
 - Sharon Ranadé, Democratic Services

4. Scope of the study and subsequent issues

- 4.1 The sub-group initially met with the Council's Strategic Commissioning Manager and Commissioning Manager - People Based Commissioning as well as the Commissioning Manager from North Tyneside Clinical Commissioning Group (NTCCG), who assisted with the scoping of the review.
- 4.2 The sub-group were informed that the Memory Support Service (MSS), provided by Northumberland, Tyne and Wear Trust (NTW), was based in Wallsend and available to any North Tyneside resident who has a diagnosis of dementia or has a memory problem. MSS also provided support to family members and carers looking after a person with dementia. The MSS contract was due to expire on 31 March 2017 and due to be re-commissioned, in light of this a new service specification was being prepared. Taking this into account it was agreed that the main objective of the study would be to add value to the work which was taking place in relation to the review of the MSS and the new service specification which was being developed.
- 4.3 Another main objective of the review was to add value and contribute towards the development of an Older Person's Mental Health Strategy for North Tyneside. Specifically the sub-group would provide feedback in relation to the action plans linked to the strategy.

5. Work carried out by the sub-group and findings

5.1 Following the initial scoping meeting the sub-group held a series of evidence gathering meetings with expert witnesses, people with dementia and their carers.

Consultation sessions with people with dementia and their carers

5.2 During August 2016 sub-group Members attended a number of consultation sessions with established groups and heard first hand the views and experiences of people with dementia and their carers in relation to the MSS and other services and support that was available in North Tyneside.

5.3 The consultation sessions took place at various locations across the Borough including Age UK in North Shields, the Carers Centre Group at the White Swan Centre, Killingworth, Alzheimer's Society – Singing for the Brain Group in North Shields and the MSS Dementia Cafe in the Comrades Club in Whitley Bay. There was a wide range of consultees including people with dementia or memory problems, their families and carers; as well as health and social care professionals.

5.4 Feedback from the user consultation was circulated to Members. Across the Borough there was a range of experiences, some of the key findings/issues are listed below:

- There is a gap in relation to services and support for younger people with dementia, who have different needs to older people with dementia.
- Activities on offer are more in the form of day services to cater for a wider group rather than individualised.
- Although there is a lot of services and support available, often service users didn't know about them or how to access them.
- There is some duplication of services or the same activity is described in a number of different ways e.g. Peer Support Groups/Dementia Cafes/ Dementia Drop Ins which all do the same or similar things.
- Consultation with all the existing dementia groups proved the value of a range of support. Depending on the group visited, the positive feedback on the service was greater e.g. Age UK groups have natural brand loyalty to Age UK; Carers' Centre groups couldn't do without the Carers Centre etc.
- The Council's Gateway service needs to be promoted more.
- In the North West area, feedback was less positive in relation to health and social care services.
- Singing for the Brain sessions stood out as being an excellent and well attended service. Currently there are two of these groups in the Borough run by the Alzheimer's Society.
- Future support needs to include a range of memory problems, not solely dementia.

Changes to the scope due to issues arising

5.5 At the beginning of September 2016 the sub-group were informed that NTCCG were not able to fund the provision of a MSS in North Tyneside after 31 March 2017 due to considerable financial challenges they were facing. Although NTCCG had withdrawn funding of £70,000, Members were informed that there was still approximately £46,000 available via the Adult Social Care budget for dementia services and support. The sub-group agreed to re-focus and revised the scope of the review to consider how best to provide services and support to people with dementia and their carers with the reduced amount of funding.

- 5.6 Although the information gathered at the consultation sessions, mentioned above, was originally going to be used to develop the new MSS in North Tyneside, the sub-group believed that the information would still be useful in the planning of any future provision of services and support for people with dementia and their carers.

Meeting with the Memory Support Service – Northumberland, Tyne and Wear Foundation Trust

- 5.7 On the 20 September 2016 the sub-group met with representatives of MSS. Although the sub-group acknowledged that it was unlikely that MSS would continue in its current form after 31 March 2017, they were keen to speak to MSS to tap into their experience and to ascertain their views about how services could be delivered in future.

- 5.8 The sub-group learned that the MSS covered three key areas:

- Information/advice/support
- Facilitation of peer support networks
- Emotional support for people with memory problems and their carers

- 5.9 Members of the sub-group were impressed with MSS and the support that they offered to people with dementia and their carers. Below is a summary of the key services and support they offered:

- MSS take self-referrals as well as receiving referrals from care professionals. They support and provide advice to people who are worried about their memory as well as people who have had a diagnosis of dementia.
- The service employs 3 qualified psychiatric nurses (2 FTE), this makes them unique as no other service currently employs psychiatric nurses. Psychiatric nurses can offer clinical advice as well as identify the signs of stress and anxiety, which means they can ensure that people with dementia and their carers are signposted to the most appropriate service.
- MSS remain neutral as they are not linked to a specific organisation. As a result they have a wealth of knowledge about the services in North Tyneside and Newcastle and ensure that service users are signposted to the service most appropriate to meet their needs.
- They support the development of short-term peer support groups and invite speakers to discuss various topics such as mindfulness, stress management etc. They run a carers support group – once a month.
- They provide a flexible service. The length of time people with dementia and their carers stay with MSS will vary; as does the reason for using the service, for example some just want practical advice, whereas others need more in-depth and on-going support. The aim of the service is to help people with memory problems move on, however because they are not formally discharged they always have the opportunity to dip in and out of the service as they feel necessary.
- They provide tailor made information packs for service users, so as not to overload users with too much information. They also raise awareness in relation to financial and legal advice and signpost people to the right services to get this specialist advice.
- Case finding work, for example visiting sheltered housing to identify people with memory problem issues and to provide the right advice and support.
- Offer personal support to people with memory problems who don't have any family, for example by accompanying to hospital appointments etc.

- 5.10 Members heard that people with dementia and their carers are often referred to a number of different organisations which causes confusion. MSS believe that there is a need for an effective single entry access point to ensure that people with dementia and their carers get the right service at the right time and also to avoid duplication and confusion.
- 5.11 MSS opening hours were Monday-Friday 9.00am–5.00pm. The sub-group thought that it would be beneficial to have an extended out of hour crisis service but acknowledged that this would be difficult in light of the reduced resources available. The sub-group suggested that providing this service through the third sector could be explored but understood that this option would still have a cost implication.

Meeting with the Memory Clinic - Northumbria Healthcare Foundation Trust

- 5.12 On the 30 September 2016, Members of the sub-group met with Dr Grieg Ramsey, Head of Mental Health Services for Older People, Northumbria Healthcare Foundation Trust (NHCFT).
- 5.13 Dr Ramsey informed the sub-group that the Memory Clinic is managed by NHCFT and based in the Priory Day Hospital, Hawkeys Lane, North Shields. This Memory Clinic serves most of North Tyneside apart from the North West of the Borough which is served by a Memory Clinic managed by Northumberland, Tyne and Wear Foundation Trust. The meeting with Dr Ramsey was in relation to the Memory Clinic based in North Shields.
- 5.14 Usually people were referred to the Memory Clinic via a GP; although referrals could come from elsewhere or through self-referrals. GP involvement is always needed for the medical records and patient history. Current waiting times is two weeks to see a nurse to have initial medical tests and memory test, and it usually takes 6-8 weeks after this to get the results of the tests, diagnosis and treatment plan. There are two community teams, one covering Whitley Bay and Tynemouth and the other Wallsend and North Shields, these teams visit people with dementia, in their homes. Post diagnosis sessions are provided to signpost people with dementia to the right organisations and services for support. Sessions are also provided for carers of people with dementia.
- 5.15 One of the main issues discussed with Dr Ramsey, is that the majority of resources are used in relation to diagnosis and ensuring that people are discharged with the right treatment/medication. At present the Memory Clinic doesn't have the resources to monitor patients once they are discharged, and as this is a progressive illness, patients often deteriorate quickly. This causes stress for the patient and their carer and often for the need to be re-referred to the service. Dr Ramsey feels it would be better not to discharge patients but to employ trained healthcare staff to provide monitoring and ongoing assessment of patients, to check their wellbeing. This would have a positive knock on affect, as it would alleviate pressure on other health care services, GPs and reduce admissions to residential care homes.

The Self Care and Prevention Board and recommendations made by the Sub-group

- 5.16 At the end of October 2016 the sub-group were informed that the Self Care and Prevention Board was going to look at the future of support for people with dementia and their carers and consider how the remaining budget of approximately £46,000 could be used effectively. It was explained that the Board is a multi-agency board comprising of representatives of Public Health, the Community Voluntary Sector, North Tyneside Clinical Commissioning Group, the Fire Service, Council officers etc., and reports to the Health and Wellbeing Board.

- 5.17 The first meeting of the Self Care and Prevention Board was scheduled for the beginning of December 2016. Due to the tight timescale the sub-group met with the Council's Commissioning Manager to discuss the findings of the review so far and request that the sub-group's recommendations were fed back to the Board for them to consider when reviewing future services for people with dementia and their carers. The Chair of Overview, Scrutiny and Policy Development Committee was informed and agreed to this approach.
- 5.18 The sub-group stressed the need to have good and accessible services and support for people with dementia and memory problems and their carers, to ensure that the right care at the right time was available and to alleviate pressure from other health professionals and services.
- 5.19 The recommendations fed back to the Self Care and Prevention Board is listed below:
- To keep specialist provision for people with dementia of all age groups (including younger people with dementia), which is not just referral based but offers walk-in access; and ensures that the specialist services currently provided by the Memory Support Service is carried on in some form.
 - To provide some sort of 24 hour crisis service for carers of people with dementia.
 - To ensure that the right level of medical expertise was available (however this didn't necessarily mean having a high-banded nurse or psychiatric nurse).
 - Ensure a single entry access point to services is established to avoid duplication of services and make it easier for people with dementia and their carers access the right service at the right time.
 - To ensure that all types of specialist advice was available, including raising awareness of financial and legal advice and signposting people to the right services to get this specialist advice.
 - To include services for a wide range of memory problems and not solely for dementia.

The future for services for people with dementia and their carers

- 5.20 On the 21 March 2017, the Council's Commissioning Manager met with the sub-group to update them on progress and inform them about what the new services for people with dementia and their carers may look like after 1 April 2017.
- 5.21 All of the recommendations put forward to the Self Care and Prevention Board except for the 24 hour crisis care were accepted and are being carried forward in some form, either to be delivered by the third sector or the Council. In relation to the 24 hours crisis care service, the sub-group understood that we can't afford this service at present but informed officers that they would like it kept on the table for future consideration.
- 5.22 It had also been agreed by the Self Care and Prevention Board to keep dementia services as a separate service from other preventative services. The likelihood was that any new services would be piloted for 12 months before formally commissioning a service.
- 5.23 The sub-group were informed that various options for delivering future services were being considered. However in the current economic climate and with the reduced funding available, officers believed that it would be more effective to strengthen relationships with the community and third sector as they already had established services and were in a good position to attract further charitable funding.

5.24 There are several organisations providing dementia services in North Tyneside including:

Age UKNT

5.25 Age UKNT will accept anyone with dementia (including younger people). Cases are triaged and then sent to the most appropriate part of the service, for example the Dementia Support Assistant or Admiral Nurse.

5.26 The main services/support provided includes:

- 3 Admiral Nurses (from 1 April 2017) - these are registered specialist dementia nurses who give expert practical, clinical and emotional support to families living with dementia to help them cope and stay in their home for longer. The band 7 nurse will also have a training and raising awareness role
- 2 Dementia Support Assistants – provide advice and information and one to one support where needed
- Memory Cafes - at various locations across the Borough
- Craft Clubs
- Peer Support Group
- Time Travellers – this is a partnership with Tyne and Wear Museum and a project for people with dementia to look back in time at local history.

Dementia Care

5.27 Also employ an Admiral Nurse, however they mainly work in the Newcastle area but will cover the North West of the Borough. They work with Age UKNT to co-ordinate referrals.

North Tyneside Carers' Centre

5.28 The NT Carers Centre provide a support group for carers at the White Swan Centre in Killingworth; and Caring with Confidence sessions which are specifically designed for carers of people with dementia. When funding is available they will offer other time limited sessions, for example mindfulness sessions.

Alzheimer's Society ® – Singing for the Brain

5.29 There are currently two Alzheimer's Society - Singing for the Brain groups in the Borough. During the consultation these sessions were greatly praised and were well attended. The Council is funding Alzheimer's Society up to August 2017 to continue to deliver Singing for the Brain sessions.

Community Navigator

5.30 Members were informed that it had been identified that what was missing was a specialist dementia navigator role – a key professional who could be sighted on the many support systems that are available in this area and who could support people to access these services where needed.

5.31 Therefore a Community Navigator (memory support) post has been developed using funding through Adult Social Care. The skills required for this role have been mapped against the Community Navigators who work as part of Care and Connect and there is significant overlap, however the person may require additional training regarding dementia.

- 5.32 The aim is for this person to develop expertise in this area; map out the current provision to ensure we have an accurate picture of what is available; and also to provide time limited support to people with dementia and their carers to access appropriate community services. It is hoped that this will strengthen the current offer for people with dementia and memory problems and their carers.
- 5.33 The sub-group welcomed the Community Navigator post and believed that this would provide the much needed single point of contact which had been identified by the sub-group, as an area which needed to be strengthened. They were also pleased to hear that it would cover all types of memory support and not just dementia. The sub-group stressed the importance of recording outcomes, numbers and data for people accessing this new post to provide evidence in future that the service is needed.

Future opportunities

- 5.34 There are also some additional initiatives that are being considered should funding become available in the future; a couple of examples are set out below:
- Groundworks – This project aims to deliver a programme of gardening and natural art craft activities for people with dementia or memory loss and their carers.
 - Virtual Dementia Tour Bus – This is a virtual reality experience and gives people an idea of what having dementia might be like. It is envisaged that this could be aimed to front line employees such as those working in libraries.

Developing the Preventative Offer

- 5.35 Adult Social Care is currently developing a new Customer Pathway and is re-designing the way the service is delivered. Alongside this, a pilot has been agreed to test out how we can work more closely in partnership with the Community and Voluntary Sector, to develop a new preventative 'offer' to residents in North Tyneside. The following organisations have agreed to participate in the Pilot:
- Age UKNT (Social Prescribing Service and Enabling and Befriending)
 - Tyneside and Northumberland MIND (Social Prescribing)
 - VODA (Good Neighbours Project)

The services will be open to all residents who may benefit, including those with memory problems, dementia and also their carers and will work closely with the newly appointed Community Navigator (memory support). The offer includes:

1. Support for residents by providing practical support to vulnerable people. Build community capacity by linking people together and identifying volunteers who can support them.
2. Befriending for people who are socially isolated (telephone and face to face)
3. Time limited 'enabling' to support people to access community services – this could be through a volunteer or a paid employee.
4. More intensive 1-1 and longer term support where needed by trained professionals (broadly time limited)
5. Building community capacity – opportunities to support the development of new groups where a need is identified.

6. Next Steps

- 6.1 The sub-group requested that the Adult Social Care, Health and Wellbeing Sub-committee as part of its work programme 2017/18, receive six-monthly updates on the re-configuration of services and support for people with dementia or memory problems and their carers, so that they can evaluate how successful the changes have been and if necessary make recommendations. In light of this Members stressed the importance of the Council and the third party organisations keeping a record of their outcomes and performance data for future evidence.
- 6.2 In relation to the Older Person's Mental Health Strategy which is currently being produced, the sub-group requested that when the action plans are being formed that they are presented to the Adult Social Care, Health and Wellbeing Sub-committee for their input/feedback.

7. Conclusion

- 7.1 The sub-group commended the third sector organisations who were delivering dementia services across the Borough; and understood that in the current economic climate that the third sector was a good way forward in delivering these much needed services and support for people with dementia and their carers; not only because of the vast experience they have in providing dementia services but also because they can access additional charitable funding independently for the development of dementia services where there has been a need identified. The sub-group did however express concern about totally relying on the third sector as there was no guarantee they would continue to get the same level of funding they currently get, and also that the Council would lose some level of control and accountability of these services.
- 7.2 Although the sub-group had to re-focus and revise the scope of the study due to the withdrawal of funding for the MSS by NTCCG, the detailed work carried out by the sub-group has still been beneficial and influential in shaping the development of dementia services in the future. The sub-groups views and comments have been considered in any decisions relating to dementia services that have been made by officers or the Self Care and Prevention Board; and they have strengthened the offer for people not only with dementia but also with memory problems and their carers in the Borough.

8. Acknowledgments

- 8.1 The sub-group would like to place on record their thanks to the following for the information, support and advice they have provided:

Sue Brotherton, Karen Sells, Karen Robson and Andrea Hart – Memory Support Service
Dr Grieg Ramsay – NHCFT Memory Clinic
Susan Meins – People Based Commissioning, North Tyneside Council
Sheila Watson - People Based Commissioning, North Tyneside Council
Anya Paradis - North Tyneside Clinical Commissioning Group
Sharon Ranadé - Democratic Services, North Tyneside Council

Meeting: Adult Social Care, Health and Wellbeing
Sub-committee

Date: 15 June 2017

Title: Battle Hill GP Services Consultation

Author: Democratic Services Tel: 0191 2635614

Organisation: Law and Governance

Wards affected: All Wards

1. Purpose:

To receive information in relation to GP services provided at Battle Hill Health Centre (attached as appendices). The current contract for the GP service is due to end on 30 September, 2017.

2. Recommendation(s):

The sub-committee is recommended to note consider the information

3. Appendices:

- Battle Hill Health Centre: briefing note May 2017
- Patient information – Battle Hill Health Centre GP Practice May 2017
- Letter to patients

Battle Hill Health Centre: briefing note
May 2017

Background

We are writing with important information in relation to GP services provided at Battle Hill Health Centre. The current contract for the GP service is due to end on 30 September, 2017.

We are therefore working hard to keep the GP service at Battle Hill open, and intend to make it a branch surgery of another local practice. Making it a branch surgery would ensure that GP services continue to be provided within Battle Hill. As a result of this change you would also have a choice of more than one site to attend to access services.

We will invite local practices to put themselves forward to provide this service, and at this stage we do not know which practice will take on the service. Communication is currently taking place with patients and staff, both to reassure patients that services will not change and to listen to any views/comments that patients wish to make about the practice and the proposal.

All patients' comments will be considered by the review. Every household with registered patient(s) will receive a letter this week outlining the proposal, and an invitation to share any comments. Once a decision is made, patients will be notified of the outcome and any next steps. **In the meantime, patients can continue to use the service in the normal way.**

The benefits of this approach are outlined below:

Benefits

- This would maintain a service within Battle Hill
- The branch would be an extension of a current provider in the area and therefore patients would have a choice of site to attend
- It would create a larger practice which is in line with the national direction of travel to ensure sustainability of services

As a key stakeholder, your views are important, and it would be helpful to receive any comments on the proposals by Tuesday 13 June.

Patient engagement: from now until Tuesday 13 June 2017



Patients registered with the practice are being notified of the proposed changes in writing. A patient information leaflet is being sent along with a short survey to get the views of all patients. The survey is also available online at <https://www.surveymonkey.co.uk/battlehill>.

Drop-in sessions are being offered, so that patients can find out more and ask questions.

Engagement

The engagement includes:

- Letter to patients
- Survey, available online or hard copy
- Patient information sheet – direct mail with letter
- Poster – for display around the Battle Hill Health Centre
- Drop-in events

Enclosures:

For further information, the letter and patient information sheet are enclosed.

Information is being offered in different formats and languages. Patients who may find it difficult to complete a survey or understand the information will be identified by the practice and offered support.

For more information about this engagement exercise, please contact Ben Landon, Senior Communications Officer, on 0191 217 2670 or by emailing ben.landon@nhs.net.

**Patient information – Battle Hill Health Centre GP Practice
May 2017**

Why are changes being made?

The current contract for the GP service at Battle Hill is due to end on 30 September, 2017.

We are working hard to keep your GP service open and intend to make it a branch surgery of another local practice. This would mean that the GP practice at Battle Hill may become part of another practice in the area so you would have a choice of site to attend.

At the moment we don't know who will be taking over the services, as we need to work through a legal process of inviting practices to bid. This decision will be made in July and we will write to you again to let you know what is happening.

Until that point you do not need to take any action, and can carry on using the current service in the normal way.

It's important to note that in a separate change, urgent care services in North Tyneside including the Battle Hill walk-in centre, and North Tyneside General Hospital are being reviewed with plans to provide a single new 24/7 urgent care centre for the whole borough from 1 October 2017.

How can I have a say?

You can have your say about the GP service you currently receive, and the things that are important to you about the future service, by completing the survey enclosed with the letter, or fill it in online at <https://www.surveymonkey.co.uk/r/battlehill> **Please note the closing date is Tuesday 13 June.**

You can also come along to a drop-in session at Battle Hill Health Centre on Tuesday 6th June 1.30 – 2.30pm or 6 – 7pm. If you would like to attend, please register by calling 0191 217 2803 or email NECSU.comms@nhs.net. Please let us know if you have any special requirements.

Additional support to ensure everyone can have their say

If you or someone you know needs any support to find out more or complete the survey, we can help. Just email NECSU.comms@nhs.net (please clearly state Battle Hill Health Centre in the subject line) or call 0191 217 2803.

Independent advice – Healthwatch North Tyneside

If you have any concerns and would like to discuss these changes with an independent organisation, you may want to contact Healthwatch North Tyneside, which listens to, advises and speaks up for users of health and social care services.

Call 0191 263 5321, email info@healthwatchnorthtyneside.co.uk or go to healthwatchnorthtyneside.co.uk.

What happens next?

NHS North Tyneside Clinical Commissioning Group and NHS England will review patient feedback, financial information and the bids received to make a decision about which GP practice will take over from 1 October 2017. We will write to you with details of the decision and next steps in July.

May 2017

Dear Sir / Madam

Important information about your GP practice

I am writing to you as a patient or householder who is registered for GP services with Battle Hill Health Centre, to update you on important information in relation to the practice. **Please make sure you share this with everyone in your home who uses the practice.**

The current contract for the GP service at Battle Hill is due to end on 30 September, 2017.

We are therefore working hard to keep your GP service open and intend to make it a branch surgery of another local practice. Making it a branch surgery would ensure that GP services continue to be provided within Battle Hill. As a result of this change you would also have a choice of more than one site to attend to access services.

We will invite local practices to put themselves forward to provide this service, and at this stage we do not know which practice will take on the service. **We will keep you informed as this work progresses, but in the meantime you can continue to use the service in the normal way.**

We are keen to hear your views about the GP service you currently receive, and we would be grateful if you can complete the enclosed survey (also available online at <https://www.surveymonkey.co.uk/r/battlehill>). You would also be welcome to attend a drop-in session to have your say (details are in the enclosed information sheet).

Your comments will help us to plan the best possible service under the new arrangements. We will contact you again over the summer to let you know which practice will be providing the service from 1 October.

Yours sincerely



Dr John Matthews
Chair, North Tyneside Clinical Commissioning Group (CCG)

Meeting: Adult Social Care, Health & Wellbeing Sub-committee

Date: 15 June 2017

Title: Overview and Scrutiny Work Programme 2017/18

Author: Democratic Services

Service: Law and Governance

Wards affected: All

1. Purpose of Report

The purpose of the report is to inform the Sub-committee of its work programme for the 2017/18 municipal year.

2. Recommendations

The Sub-committee is recommended to note the work programme for 2017/18.

3. Details

Background

- 3.1 The process of establishing the 2017/18 overview and scrutiny work programme began in February 2017 with an email to all Members and Tier 1, 2 and 3 managers, seeking topics for scrutiny. It was explained with this request that, as in previous years, the focus of overview and scrutiny would be on contributing to policy development.
- 3.2 A press release was issued on 7 February 2017 seeking the views of members of the public as to what services would be important for scrutiny to focus on.
- 3.3 The Senior Leadership Team also discussed the work programme and were looking to identify key policy areas for scrutiny to focus on. The work programme process and suggestions received to date was also discussed at a meeting of scrutiny chairs and deputies.
- 3.4 In addition to asking senior staff and Members to put forward ideas, an article was also placed on the Authority web site and communication platforms inviting members of the public to raise issues that they thought would be suitable for scrutiny to investigate.

Topics

3.5 Following discussions with the Chair and Deputy Chair of Adult Social Care, Health and Wellbeing Sub-committee, the topics below have been identified as priority areas for the Sub-committee to consider over the coming year.

3.6 Sub-committee meetings will be focussed around four main themes, these are:

- Better Care Fund and associated project updates
- Sustainable Transformation Plan
- Mental Health
- Health Inequalities

3.7 Topics identified include:

Better Care Fund:

- Delayed transfer of care update
- The role of assistive technology update
- Falls prevention

Mental Health Topics

- North Tyneside's Suicide Strategy and initiatives in place to reduce suicide rates
- Older Persons Mental Health Strategy
- Dementia Services update
- Loneliness and Isolation update
- Transforming Care Programme in relation to mental health and the Crisis Concordat
- Veterans Mental Health

Health Inequalities Topics:

- Overview of health inequalities in North Tyneside, issues and initiatives
- A Smoke Free North Tyneside
- Director of Public Health's Annual Report
- Extending working life, managing long term conditions and tackling the fitness gap over 50's

Other topics:

- North Tyneside Clinical Commissioning Group's Operational Plan
- Continuing Healthcare Assessments
- Redesign of Adult Social Care Customer Journey
- Safeguarding Adults Board Annual Report and Action Plan
- Modern Slavery
- Health, Wellbeing and Social Care Commissioning Intentions 2018/19

3.8 In order to manage the Sub-committee's work programme effectively members will also receive information reports on various topics. These can be used to determine whether there are any specific areas that the Sub-committee would like to consider further.

3.9 During the meeting, members will have the opportunity to raise any others topics relevant to the remit of the Sub-committee for inclusion on the work programme, these topics will

be scheduled accordingly in consultation with the Chair and the Deputy Chair of the Sub-committee.

In-depth studies

- 3.10 As has been practice in previous years, the Sub-committee may set up a sub-group (of around 4/5 members) to carry out any topics that have been identified for in-depth investigation. The sub-groups operate in a more informal way and can consult with a wide range of witnesses in various settings, including service users, often over a shorter period of time. When dealing with a specific topic, this focused way of working is often more productive than trying to achieve the same in a formal committee setting

Health Scrutiny

- 3.11 In North Tyneside, Health Overview and Scrutiny is carried out by the Adult Social Care, Health and Wellbeing Sub-committee, therefore Members need to be mindful that in accordance with current regulations the Sub-committee can:-
- Review and scrutinise any matter relating to the planning, provision and operation of the health service in its local area and to make reports and recommendations on such issues.
 - Consider and make recommendations on proposals from a local NHS body for a substantial development or substantial variation in health services in North Tyneside, and if the Sub-committee have significant concerns with any proposals can refer contested service changes to the Secretary of State for Health.
- 3.12 As discussed above, NHS bodies and commissioners are required to consult the Adult Social Care, Health and Wellbeing Sub-committee on substantial developments or significant variations to local health services. Therefore the Sub-committee will need to allow flexibility in their work programme to consider these as they emerge.

4. Appendices

None