

Adult Social Care, Health and Wellbeing Sub-Committee

7 September 2017

Present: Councillor G Bell (Chair)
Councillors K Barrie, L Bell, J Cassidy, K Clark, M Huscroft,
T Mulvenna, J O'Shea, M Reynolds, A Percy, A Waggott-
Fairley

ASCHW18/09/17 Apologies

Apologies for absence were received from Councillors P Brooks, D McGarr, L Spillard.

ASCHW19/09/17 Substitute Members

Pursuant to the Council's constitution the appointment of the following substitute Members were reported:-

Councillor T Mulvenna for Councillor L Spillard
Councillor J O'Shea for Councillor P Brooks

ASCHW20/09/17 Declarations of Interest and Dispensations

There were no declarations of interest or Dispensations reported.

ASCHW21/09/17 Minutes

Resolved that the minutes of the meeting held on 6 July 2017 be confirmed and signed by the Chair.

ASCHW22/09/17 If U Care Share

Shirley Smith, founder of If U Care Share Foundation gave a presentation on the work of the Foundation. As part of the presentation a short video was played, titled 'Mathew's Story'.

If U Care Share Foundation (IUCSF) had started as a campaign in 2005 after the loss of Daniel to suicide, he was aged 19. It was registered as a charity in 2011 and covered suicide prevention, intervention and support after suicide. IUCFS received lottery funding but that this was due to end in November 2017. On 12 June 2017 IUCFS received its 900th referral to the Support After Suicide Service.

IUCSF had close links with Durham Constabulary through the suicide early alert system (CID27). Following a sudden or unexpected death, through CID27, a whole system suicide response was triggered by the information provided through the real time alert system. The final question asked through CID27 was if the next of Kin would like to be in touch with support service, if they answered yes their information was provided to the North of England Commissioning Support and then passed onto Public Health and a referral made to IUCSF. IUCSF would be in contact the next of Kin within 48 hours but it was usually much sooner.

IUCSF also work at a national and international level and contributed to the Health Select Committee on Suicide Prevention. They are also members of a number of national and international organisations/groups.

Deaths by suicide in the UK had risen slightly from 6,122 in 2014 to 6,188 in 2015. It is anticipated that this figure was likely to be much higher due to coroner conclusions, for example the data doesn't include open verdicts or death by alcohol or drugs.

In North Tyneside there were 25 suicides in 2015, if the national costs per suicide to the local economy at a rate of £1.7m per suicide were applied this would equate to a cost of £42.5m in North Tyneside. Suicide rates in North Tyneside were just above the national average; and the North East region had the highest suicide rates in the country (Public Health 2013-15).

Shirley said she would send through the business case for North Tyneside to be shared with members. This provided more detailed information relating to North Tyneside and case for investment.

The presentation also detailed user satisfaction data received about the services provided by IUCSF, which included 100% of respondents rating the service received as 'very good' (28%) or 'excellent' (72%). Also 50% of people returned to work sooner than expected after traumatic loss and 85% said they would have accessed statutory services more frequently if IUCSF had not provided support.

The sub-committee were informed that Worldwide Suicide Prevention Day was on 10 September this year and IUCSF would be running their 'inside out' award winning campaign to raise awareness.

The Chair asked that the North Tyneside's Suicide Prevention Strategy be presented to at a future meeting of the sub-committee.

Jenny McAteer of Healthwatch North Tyneside (HWNT) informed members that HWNT would be starting a piece of work in relation to mental health, particularly about accessing services in a crisis and what happens afterwards. The first meeting to scope the crisis pathway review was due to be held in September. Jenny offered to update the sub-committee on this piece of work at its meeting in October or November.

Hugo Minnie of Tyne Health stressed the importance of making mental health services both more accessible and timely; and also that services should be person-person.

The Chair thanked Shirley Smith of IUCSF for the presentation and commended her for the excellent work carried out by the organisation.

ASCHW23/09/17 Redesign of the Adult Social Care Customer Journey

Alison Tombs, Assistant Director Wellbeing and Assessment, Adult Social Care gave a presentation which provided an update on the Redesign of the Adult Social Care (ASC) Customer Journey.

The original business case for the redesign of the ASC customer journey had set out an efficiency savings target of £684k in 2017/18 and a further £200k in 2018/19. To date £831k of permanent savings had been achieved; this left £53k still to be found.

The presentation was appended to the report and provided detailed information relating to 4 main areas:

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1. Community and individual capital
2. Creative and proportionate solutions
3. Collaborative problem solving
4. Reflective and safe practice

Residents were encouraged first of all to access information on the Authority's website. The presentation provided an overview of the online service 'My Care North Tyneside'. The website provided information and advice, signposting and a service directory for residents and professionals; online appointments; an online tool to help residents identify their care needs; and an online calculator to calculate how much they may be asked to contribute towards their care.

Gateway was the first port of call for new customers, children and adults. Customers would be dealt with by experienced decision makers, and if assessed as high risk would be referred to the Multi Agency Safeguarding Hub (MASH).

There would be four locality teams based around the individual and community, however they were not physically located in their areas yet. There would be a Lead Practitioner and multi-skilled teams assigned to each locality with access to enable service.

The presentation showed an overview of the new model; and how the redesigned ASC customer journey linked to the Authority's Target Operating Model. The approach was based on the 'onion model' which was basically a person centred approach, determining what the person could do for themselves, what support they had available and what level of support they required.

A member asked if the redesign of the ASC customer journey had changed the out-of-hours arrangements in the Borough. The sub-committee were informed that there was still an out-of-hours service based at 'Care Call' for both children and adults. It was emphasised that this was not a planned service but a crisis response.

Alison Tombs provided clarification regarding the criteria for triggering stage four intervention for children and adults when professionals used the online service rather than Gateway.

The Chair thanked Alison Tombs, Assistant Director Wellbeing and Assessment for the update.

ASCHW24/07/17 Health Inequalities

The Chair gave a verbal update regarding the health inequality topics which had been identified as part of the sub-committee's work programme 2017/18. Two topics had been identified, these were:

- A Smoke Free North Tyneside – to seek assurance about the plans that were in place across partners in North Tyneside to reduce smoking prevalence
- Extended Working Life – to look at extending working life, managing long term conditions and tackling the fitness gap over 50

Councillor Waggott-Fairley informed the sub-committee that the Women Against State Pension Inequality (WASPI) campaign had been a motion at full Council at the end of 2016; and proposed that this topic was included on the work programme. The sub-

committee could investigate whether there had been any detrimental impact on this cohort of women in terms of health, mental health, financial status etc. It was agreed that the Democratic Services Officer would make some initial enquiries to ascertain whether socio-economic data, broken down by ward, was available for this cohort of women.

A member suggested that the sub-committee could look at dementia, particularly in relation to being a Dementia Friendly Employer and Community. As the sub-committee would be considering the Older Person's Mental Health Strategy at its next meeting it was suggested that this could be covered then.

The Chair asked members to contact the Democratic Services Officer if they had any other suggestions for health inequality topics to be included on the sub-committee's work programme 2017/18.

ASCHW25/09/17 Northumberland, Tyne and Wear, North Durham Sustainable Transformation Plan

Members considered a report seeking the sub-committee's support to establish a Joint Health Scrutiny Committee, under the provisions of the Health and Social Care Act 2012, to scrutinise the development of the Northumberland, Tyne and Wear and North Durham Sustainable Transformation Plan and any major service changes that cut across local authority boundaries.

The report provided detailed information about the establishment of the Joint Committee and the draft protocol and terms of reference were appended to the report.

Resolved that (1) the establishment of a Joint Health Scrutiny Committee, as set out in the report, be endorsed;
(2) the proposed draft protocol and terms of reference of the proposed Joint Health Scrutiny Committee, as set out in Appendix A to the report, be endorsed; and
(3) the proposal be submitted to Council, to approve the establishment of the Joint Health Scrutiny Committee; and also to appoint three representative to the Joint Committee and three named substitutes, be approved.