

Adult Social Care, Health and Wellbeing Sub-Committee

5 October 2017

Present: Councillor K Clark (Chair)
Councillors K Barrie, L Bell, P Brooks, J Cassidy, M Huscroft,
T Mulvenna, A Percy, M Reynolds, L Spillard

Also Present: Councillor G Bell, Cabinet Member for Adult Social Care

ASCHW26/10/17 Apologies

Apologies for absence were received from Councillor A Waggott-Fairley.

ASCHW27/10/17 Substitute Members

Pursuant to the Council's constitution the appointment of the following substitute Member was reported:-

Councillor T Mulvenna for Councillor A Waggott-Fairley

ASCHW28/10/17 Declarations of Interest and Dispensations

There were no declarations of interest or Dispensations reported.

ASCHW29/10/17 Minutes

Resolved that the minutes of the meeting held on 7 September 2017 be confirmed and signed by the Chair.

ASCHW30/10/17 Northumbria Healthcare Foundation Trust - Nursing

Debbie Reape, Interim Director of Nursing at Northumbria Healthcare Foundation Trust gave a presentation which provided an update on nursing and midwifery at Northumbria Healthcare Foundation Trust (the Trust).

Plans were underway and a working group had been established for the production of a new Nursing and Midwifery Strategy 2018-2020. Staff engagement was key to the development of a new strategy and the Trust had used its Nursing Conferences as away to gather views 'live data'.

The Trust had a number of ways to check what was happening in its clinical areas including; a daily monitoring process was place to monitor - staffing levels, patient numbers and acuity; clear escalation processes were in place and incident reporting; chief matron overview and matron rounds; 15 steps programme covering acute and community; and patient experience.

A huge amount of work had taken place in relation to recruitment including the use of social media, press, journals, job fairs and Trust open days. There was also a new campaign which targeted elderly care.

Although there was a national shortage of nurses, the Trust had one of the highest retention rates in the UK with a stability factor of 91%. Presently the Trust had 4% registered nursing and midwifery vacancies. There were 82 new registrants commencing in October 2017 this was much higher than the normal average of 30.

The Trust carried out regular Nursing surveys to ascertain what was important to nurses; some of the key things were teamwork, access to training, work life balance and staff health and wellbeing.

The Trust had also put in place a number of new retention strategies; during the presentation these were described in more detail.

The Trust were also growing their own and providing opportunities for staff through different access routes to nurse training. During the presentation these were described in more detail.

Members heard about the digital care programme. This was a clinically led programme to enhance how the Trust used technology, with the objective to better support the patients, clinicians, nurses, therapists, pharmacists and the wider teams who provided care.

A member was concerned that as nursing had become more professional in recent years some of the patient priorities such as good personal care, help with feeding, medication etc maybe left to lower banded nurses . Debbie Reape agreed that these were important issues however didn't envisage the need to employ greater number of registered nurses but to look instead at what other roles could be established to supplement nursing. To alleviate pressure from registered nurses she mentioned that ward medicine assistants (band 3) were now employed to work between the pharmacy and the wards.

The Chair thanked Debbie Reape, for the presentation.

ASCHW31/10/17 Better Care Fund

Kevin Allan, Programme Manager for Integration Care Older People, presented a report which provided an update on the Better Care Fund (BCF).

Mark Adams, Anya Paradis, Lesley Young-Murphy of the North Tyneside Clinical Commissioning Group (CCG) and Jacqui Old the Council's Head of Health, Education, Care and Safeguarding (HECS) attended the meeting to respond to members questions.

The Better Care Fund was now in its third year of operation. The current planning cycle covered two years, 2017/18 and 2018/19.

The national planning requirements for the BCF were published by the Department of Health, Department of Communities and Local Government, and NHS England on 4 July 2017.

The planning requirements had set out the following national conditions:

1. That plans be jointly agreed by the Authority and CCG, and signed off by the Health and Wellbeing Board
2. The NHS contribution to social care must be maintained in line with inflation
3. Agreement to invest in NHS-commissioned out-of-hospital services

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4. Implementation of the High Impact Change Model for reducing delayed transfers of care

The deadline for submission of plans to the national bodies was 11 September 2017; however the CCG and the Authority were unable to agree a plan. The CCG had submitted a plan which had not been agreed by the Authority.

Because the plan had not been agreed, it could not be approved, and would be considered by a national escalation panel scheduled for 19 October 2017. The terms of reference and working methods of the escalation panel were set out in Appendix 1 to the report.

A table illustrating the required amounts of social care expenditure, together with the proposals made by the CCG was included in the report. The amount proposed by the CCG was over £2m less than the required amount.

Prior to escalation, the BCF national support team had appointed an independent facilitator to work with both parties to attempt to seek agreement on the content of the plan. The facilitator was an experienced manager who has had recent experience in assisting the parties in another Health and Wellbeing Board area to reach agreement on their BCF plan. He was currently carrying out discussions with officers of both North Tyneside Council and North Tyneside CCG.

In the interim, the CCG had continued to make payments to the Authority at the levels agreed in the previous year, and those services continue to operate as normal. The services which were funded by the BCF in 2016/17 were summarised in Appendix 2 to the report.

In examining the Better Care Fund the sub-committee asked a range of questions which were responded to appropriately, including:

Why were the CCG proposing to reduce the BCF by £2m when national guidance clearly stated that contribution must be maintained in line with inflation and could not be less than the amount paid in 2016/17?

The CCG explained that the funding would be used in a slightly different way and that this had been discussed between the CCG and Council over the last couple of years. At the sub-committee's request Mark Adams of the CCG agreed to circulate a paper which explained why the CCG were proposing £2m less to the Council, what the intentions were for the money and what changes would be made to the services currently funded through the BCF.

What impact would a reduction of £2m income for social care have on Council services, employees and local residents?

The Head of HECS explained that the CCG had not given any explicit detail in relation to what services would be de-commissioned. If the Council were not to get the £2m funding the CCG would have to work up specifications for what they wanted to commission, this would take time especially if there was a need to plan for redundancies. She expressed concern that the funding loss would have a significant impact on preventing hospital admissions, hospital discharge and transfer of care. The CCG explained that they had a statutory duty to spend public money wisely and that any de-commissioning of services would be subject to an impact assessment. They stressed that the CCG and the Council had a collective roll to work together to make informed decisions.

How had the savings made from the closure of The Cedars been used?

The Head of HECS informed the sub-committee that some of the savings had been re-invested in rehabilitation services and some had helped to make savings for the CCG. She also clarified that the savings had totalled £1.041m and were in addition to the £2m reduction in BCF.

What was the Council Tax precept for social care used for?

The Head of HECS explained that funds raised through the precept had gone into the adults social care budget and had been used mainly to offset increased demand for services and the introduction of the living wage.

What was the Improved Better Care Fund (IBCF) and how was this funding being used?

The Head of HECS explained that the IBCF is a direct grant paid to the Council for social care. The three main criteria were to provide social care, facilitate hospital discharges and avoid admissions and winter pressures. The IBCF funding totalled approximately £5m in 2017/18 and needed to be used to alleviate pressures relating to the minimum wage and increase capacity in the system. The CCG mentioned that it was a requirement that they signed off the IBCF plans and that this had not yet happened.

When was it anticipated that the CCG would make savings on beds at North Tyneside General Hospital (NTGH) in order to develop intermediate care - as stated in a report to the sub-committee on 6 October 2016 (Previous Minute ASCHW 29/10/16)?

The CCG explained that a number of beds at NTGH were not being utilised and in line with the Older Persons Plan would be de-commissioned from the site. The CCG were considering how the savings could be used differently but the main aim would be to get people home from hospital quicker. A need had been identified for step up and step down beds as an alternative to hospital admission. The CCG were working with Northumbria Healthcare Foundation Trust on this matter.

When did communications about the £2m reduction and potential changes to services start?

The CCG informed the sub-committee that discussions had started between the CCG and the Council in 2015; and reiterated the importance of working together on how to spend the BCF and how things could be done differently.

What were the implications for the CCG if they were told to pay the Council the £2m?

The CCG explained that it would cause them significant difficulties as they were still under legal directions; and potentially this may send them back into special measures. They still had a financial deficit and some of the savings would be put into the recovery plan.

There was some discussion about the reduced capacity within the independent sector, and the sub-committee expressed concern that this could lead to people staying in hospital longer than needed because of delays in getting domiciliary care. The CCG said that a block of money was available for the independent sector and that they would be looking what investment to make in this area. The Head of HECS agreed that the sustainability of the independent sector was important; and that there was planned investment via the IBCF in relation to the minimum wage to help increase capacity within the sector.

The sub-committee heard that the CCG, Council and the facilitator would be meeting before the escalation panel meeting on the 19 October 2017. They were advised that this may not be the end of the process as the escalation panel may recommend that all parties get back together again with the facilitator to reach an agreement.

The Chair thanked officers for attending the meeting and stressed the importance of retaining positive working relationships.

It was **agreed** that the CCG would circulate a paper which explained why the CCG were proposing £2m less to the Council, what the intentions were for the money and what changes would be made to the services currently funded through the BCF.

ASCHW32/10/17 North Tyneside's approach to improving mental health in children, young people and working age adults

The Director of Public Health introduced the section relating to children and young people's mental health; and Anya Paradis of the CCG and Scott Woodhouse, the Council's People Based Commissioning introduced the section relating to working age adults.

North Tyneside had two key mental health strategies:

- North Tyneside Children and Young People's Mental Health and Emotional Wellbeing Strategy 2016 - 2021
- North Tyneside Joint Adult's Mental Health and Wellbeing Strategy 2016-21

The report provided a detailed update on key progress in relation to Children and Young Peoples mental health. This was broken down into four areas; promoting resilience, prevention and early intervention; improving access to support; services for high risk and vulnerable groups; and developing the workforce.

The report also provided details on the progress to date in relation to Working Age Adults. This was broken down into six areas; improving health and wellbeing; prevention and early intervention; access (helping people to get the right support at the right time) including a crisis; personalisation (ensuring the right services are in place and are responsive to the needs of the individual); integration (doing things collaboratively and together, public bodies and community/voluntary sector); and support recovery (helping people to get better and be less reliant on care and support services).

In relation to developing the workforce; resources had been committed for motivational interviewing and Cognitive Behaviour Therapy training for around 100 staff working with children and young people across the workforce last year. A member asked how many people who had received the training were still with the workforce. The Director of Public Health believed that the majority of staff who had received training were still with the workforce and that this could be monitored.

A member mentioned that the youth council were very interested in young people's mental health issues and asked if they had been involved in the development of the resource pack for schools. The Director of Public Health confirmed that they had been involved and were active members of the strategy group, they had also been part of the launch event.

The Chair thanked officers for the report.

ASCHW33/10/17 Older Person's Mental Health

Susan Meins of the Council's People Based Commissioning Team, informed the sub-committee about the draft Mental Wellbeing in Later Life North Tyneside Joint Strategy 2017-2022.

The final draft Strategy would be presented to the Mental Health Integration Board for approval in November 2017. Following this the draft Strategy would then be circulated for wider consultation in December and January.

An action plan was currently being developed to take forward the issues identified as part of this work.

It was anticipated that the Mental Wellbeing in Later Life Strategy and Action Plan would be published early 2018.

Susan Meins ask members not to share the draft Strategy as this stage, as it required more work before it was circulated for wider consultation. She also offered to come back to a future sub-committee to talk about the Strategy and provide an update.

In response to a members query, Susan Meins said she would be happy to receive comments on the draft Strategy by email.

The Chair thanked Susan Meins for the report.

ASCHW34/10/17 Northumberland, Tyne and Wear, North Durham Sustainable Transformation Plan

The Chair gave a verbal update on the establishment of the Northumberland, Tyne and Wear, North Durham Sustainable Transformation Plan Joint Health Scrutiny Committee.

Councillors Gary Bell, Ian Grayson and Margaret Hall had been appointed the Authority's three representatives on the Joint Committee; and Councillors Karen Clark, Naomi Craven, Mathew Thirlaway were appointed as the named substitutes.

The first meeting of the Joint Committee would be hosted by Gateshead Council at Gateshead Civic Centre; no date had been set but it was likely to be around the middle of November 2017.