

Adult Social Care, Health and Wellbeing Sub-Committee

9 November 2017

Present: Councillor K Clark (Chair)
Councillors L Bell, J Cassidy, M Green,
M Huscroft, A Percy, L Spillard, A Waggott-Fairley

Also Present: Councillor G Bell, Cabinet Member for Adult Social Care
Councillor M Hall, Cabinet Member for Public Health and
Wellbeing

ASCHW35/11/17 Apologies

Apologies for absence were received from Councillors K Barrie, P Brooks and D McGarr and M Reynolds.

ASCHW36/11/17 Substitute Members

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

Councillor M Green for Councillor P Brooks

ASCHW37/11/17 Declarations of Interest and Dispensations

Councillor Waggott-Fairley declared a registerable personal interest in item 9 Feedback from the meeting with Carers Representatives (ASCHW43/11/17), as she was Chair of the North Tyneside Carers Centre.

ASCHW38/11/17 Minutes

Resolved that the minutes of the meeting held on 5 October 2017 be confirmed and signed by the Chair.

ASCHW39/11/17 Urgent Care

The Chair asked for this item to be deferred to a future meeting due to confusion around the wording of the recommendations as detailed in the report. The Chair had understood that the sub-committee were being consulted on the proposals relating to urgent care; however the wording of the recommendations sought the sub-committee's approval of the continued suspension of overnight access to walk-in services at Rake Lane Hospital; and of the Clinical Commissioning Group's plans to commission a new single integrated urgent care service for North Tyneside, the Chair explained that this was not the role of the sub-committee. The Chair also felt it would be helpful to receive the feedback from the public consultation exercise to ascertain the views of residents before the sub-committee responded to the consultation.

ASCHW40/11/17 Better Care Fund (Previous Minute ASCHW31/10/17)

Kevin Allan, Programme Manager for Integration Care Older People, presented a report which provided an update on the Better Care Fund (BCF) plan 2017/18 and 2018/19.

At the last meeting of the sub-committee, members had heard that the Clinical Commissioning Group (CCG) and the Authority had been unable to agree to a plan prior to the deadline for submission of plans to the national bodies on 11 September 2017. Since that date, the CCG and the Authority had reached agreement at officer level. The proposed BCF plan had been resubmitted to the BCF assurance process, subject to the agreement of the Health and Wellbeing Board, which would consider the plan on 16 November 2017.

The report detailed the key points of the BCF plan, information on the Improved Better Care Fund (IBCF) and also outlined the changes which had been made to the BCF plan. The Better Care Fund plan was appended as Annex 1 to the report.

The Cabinet Member for Adult Social Care sought clarification regarding mental health funding which was still under discussion between the CCG and the Authority. Kevin Allan explained that this was not in the scope of the BCF but that the Authority would be pursuing this with the CCG.

ASCHW41/11/17 A Smoke Free North Tyneside

Heidi Douglas of the Authority's Public Health team and Judith Stonebridge of Northumbria Healthcare Foundation Trust attended the meeting to present a report and give a presentation titled "Treating Tobacco Dependency in North Tyneside - Achieving a Smokefree Generation 2025".

Members heard that North Tyneside had made considerable progress over the last decade in reducing smoking rates from 27.5% (2006-08) to 16.4% (2016/17). Whilst this progress was positive, smoking still remained the key driver for health inequalities with around half of the difference in life expectancy between the most and least affluent due to smoking.

Smoking remained the single largest cause of premature death, and accounted for half of the health gap between the poorest and the most affluent people in our populations.

The tobacco control plan for England sets out the national ambition to achieve a smokefree generation; which was defined as a smoking prevalence rate of 5% or below. In order to achieve a smokefree generation a number of targets had been set, these were outlined in detail in the report.

The national plan sets out some challenging targets, in particular the 5% prevalence rate. At present (2016) there were around 27,400 regular smokers in North Tyneside, in order to achieve a 5% prevalence rate 19,000 current smokers would need to quit and uptake amongst young people would need to fall to 3%.

Members heard that a whole system response was needed and that North Tyneside Council, North Tyneside Clinical Commissioning Group, Primary Care and Northumbria Healthcare Foundation Trust were committed to work collaboratively to establish a system wide model of stop smoking support. The actions that would be taken by each organisation to achieve a smokefree generation were outlined in the report and Appendix 1 to the report.

The Chair welcomed the whole system approach and the commitment from all partners, but appreciated that this would not be simple to put into practice.

In examining a smokefree generation and the associated actions, the sub-committee asked questions and sought clarification on:

- Why the smoking prevalence target related to 15 year olds who regularly smoke and not all young people. Heidi Douglas explained that all young people were being targeted to not start smoking however the prevalence rate amongst 15 year olds was the performance measure being used.
- The interventions used to support people to stop smoking. Heidi Douglas explained interventions included, medication, behavioural support therapy and nicotine replacement therapy. Following national feedback, e-cigarettes were also being piloted as an alternative and life long substitute to smoking. Heidi offered to come back to a future meeting to provide an update on e-cigarettes.
- Judith Stonebridge explained that the Trust would be allowing patients and staff to use e-cigarettes in the hospital grounds but not in the hospital.
- What the CCG's contribution would be in relation to primary care now that it was a whole system approach and historically the Authority's Public Health had funded all stop smoking services. Anya Paradis explained that the CCG would need to build a business case and would not be able to say what their contribution would be until the results of the business case were known. As for training front line staff, all GP's had received brief intervention training and there had been a number of education events.
- Whether the Public Health funding would be sufficient. Heidi Douglas explained that stop smoking services was not a mandated public health function; however it continued to be a priority for public health in terms of funding. Public Health used it's resources well but acknowledged there was more to do, including work with the community.
- How the Trust would police hospital sites so they are smokefree. Judith Stonebridge explained that the Trust worked on the basis of compliance and support rather than enforcement. Health Champions regularly waked around the hospital site and grounds and when necessary asked people to not smoke; also information about the Trust's smoking policy was sent to patients prior to their admission to hospital.

The Chair thanked officers for the presentation and report.

It was **agreed** to (1) support the Local Authority, the Clinical Commissioning Group, Primary Care and Secondary Care in achieving a smokefree generation in North Tyneside by 2025; and

(2) endorse the actions for North Tyneside Council, North Tyneside Clinical Commissioning Group, Northumbria Healthcare Foundation Trust and the North Tyneside Smokefree Alliance, as outlined in the report.

ASCHW42/11/17 Safeguarding Adults Board Annual Report 2016-17 and Action Plan 2017-18

Ellie Anderson, Assistant Director Business Assurance, attended the meeting to provide an overview of the work undertaken by the Safeguarding Adults Board (SAB) during the past year and to provide assurance that the SAB was an effective strategic body working across North Tyneside for the benefit of individuals at risk of harm and abuse.

In relation to the Safeguarding Adults Board Annual Report 2016-17 and action plan 2017-18 the sub-committee were informed that the introduction of the Care Act in 2014 enshrined Adult Safeguarding in law for the first time. The main element of this was the duty to carry out Section 42 Enquiries into concerns and allegations of abuse for adults

at risk of harm. The Care Act also made it a statutory duty to have an effective multi agency Safeguarding Adults Board (SAB). North Tyneside has had a SAB in place for many years; however the formal recognition of this was welcomed by all partner agencies.

The aim of the SAB was to improve the experience of those adults at risk of harm in North Tyneside with a particular focus on preventing abuse and protecting the most vulnerable in our society.

The SAB annual report, demonstrated how agencies worked together and were formally held to account to make sure the whole safeguarding system was operating effectively to protect vulnerable people. SAB ensured that agencies had effective safeguarding arrangements in place that were working well and improving. Safeguarding required a joined-up, multi-agency approach and rigorous governance was essential. The Board provided this quality assurance, oversight and scrutiny.

During 2016-17, both North Tyneside and Northumberland Safeguarding Adults Boards had taken the decision to join together and establish a single board. This arrangement was the rational next step following a track record of successful joint working within combined sub-committees. At the same time it was recognised that partners worked seamlessly with communities, crossing local authority boundaries, and joining the Boards into one meant that all partners make the most of streamlined limited resources.

The SAB has, for several years, been very well supported by North Tyneside's Elected Members. Members had taken a keen interest in the issue of safeguarding, recognising the importance of this work to protect the most vulnerable in our society. This was important to demonstrate the leadership from the Local Authority at the highest level.

The joint SAB has an independent chair who took up this position in 2016-17.

The SAB had developed an Annual Plan which covered the period 2016 – 2019 and sets out the business objectives for the Board in this period. The six key principles to the work of the Board and outcomes was outlined in the report.

In relation to the Safeguarding Adults Return 2016-17, the key messages from the data were:

- The number of referrals remained broadly in line with those from the previous year; there was a slight increase in reporting of lower level concerns. The number of cases taken forward into Section 42 Enquiries increased by 11.64% over the year although in quarter 4 there had been a significant decrease (23%) suggesting the efficacy of training provided for staff was high.
- The main type of abuse was neglect or act of omission, followed closely by financial or material abuse, then physical abuse. These types of abuse had remained the highest recorded type of abuse and included medication errors and moving and handling issues.
- The main location of abuse (70% of cases) continued to be in individuals own home. This trend reflected the aim for people to continue to live independently in their own home for longer. However residential and nursing home combined made up the second highest location (25%).
- The trend of individuals' vulnerabilities continued in a similar pattern to previous years with people with physical disabilities experiencing the most harm. This included older people with physical or mobility issues, so was linked to the higher number of people over 65.

- 85% of cases had recorded an outcome of action taken and risk removed or reduced at the end of the safeguarding process. This highlighted the positive impact that safeguarding could have on an individuals' life or situation. Only 15% of concerns had an outcome of risk remaining at the end of the process. This often related to cases where capacitated individuals had made decisions to continue to live with a level of risk, which they felt was acceptable to them.

Members were made aware of the Safeguarding Adults Board Annual Plan. For its 2016-19 Business Plan, the SAB had adopted the key principles from The Care Act 2014 which underpinned Safeguarding Adults.

In relation to the increase in number of cases taken forward into a Section 42 Enquiry it was explained that this was possibly due to the Care Act 2014 embedding and settling down. Although there had been an increase in 2016/17 it was pointed out that there had been a significant decrease in quarter 4 which may be due to effective staff training.

There was some discussion relating to abuse in the home which accounted for 70% of abuse cases and it was explained that although a large part of this would be domestic abuse it would also include other types of abuse such as financial.

The Chair thanked the Assistant Director Business Assurance for the report.

ASCHW43/11/17 Feedback from meeting with Carers Representatives

The Cabinet Member for Adult Social Care informed the sub-committee that he and the Chair had met with carers' representatives to discuss their views and concerns relating services; they were particularly keen to find out if services had improved following the recommendations made by the sub-committee in April 2016 following a review of carers support and respite provision.

A number of issues were raised, including concerns around the procurement of the new respite contract next year; the OT equipment process; caseworker continuity; and generally a lack of communication from officers not getting back in touch with service users. Service users were often frustrated about the little things which wouldn't cost much to resolve.

The Cabinet Member for Adult Social Care informed the sub-committee he would be attending a carer's forum meeting in the New Year.

A member mentioned that out of 29 GP practices in North Tyneside she was aware that only 9 had a data base to record carers. Hugo Minney of TyneHealth, was asked to raise this issue with the GP federation.

The sub-committee agreed that it was important to invite groups and service users to sub-committees meetings to share their views and experiences.