

Adult Social Care, Health and Wellbeing Sub-Committee

5 July 2018

Present: Councillor N Craven (Chair)
Councillors L Bell, T Brady, J Cassidy, K Clark, M Green,
J Kirwin, L Spillard

ASCHW01/07/18 Apologies

Apologies were received from Cllr K Lee and A Percy.

ASCHW02/07/18 Substitute Members

There were no substitute members.

ASCHW03/07/18 Declarations of Interest and Dispensations

There were no declarations of interest.

ASCHW04/07/18 Minutes

Resolved that the minutes of the meeting held on 8 March 2018 be confirmed and signed by the Chair.

ASCHW05/07/18 Mental Health Transforming Community Pathways

The Sub-committee received a presentation from Dr Kedar Kale, Consultant Psychiatrist, North Tyneside/Group Medical Director, North Locality which provided an overview of mental health services provided to North Tyneside residents by Northumberland, Tyne and Wear Mental Health Foundation Trust. Elaine Fletcher, Associate Director for Neurological and Specialist Services and Sue Wood, Assistant Director, Disability and Mental Health, North Tyneside Council also contributed to this presentation.

The presentation provided information on the organisation of:

- Adult Urgent and Emergency Care Pathways;
- Adult Mental Health Community Pathways;
- Section 12 Doctors;
- Access to inpatient beds;
- Eating disorder service provision – Adults and Young People; and
- New care models.

It was noted that the service covers a population of 1.4 million and that the CQC has rated the Trust as outstanding.

It was highlighted that there have been delays in relation to Mental Health Act Assessments due to a shortage of Section 12 doctors and this is a national issue. Section 12 doctors have appropriate training in relation to the Mental Health Act and are approved to undertake these assessments. Officers reported that consideration was being given to how to improve this situation and to allow quicker access to doctors from the approved list as needed. It was also highlighted that the change in case law in relation to deprivation of liberty safeguards had placed additional pressure on the availability of Section 12 doctors.

There was some discussion about waiting times for accessing services. It was noted that the waiting times for assessment are around 4 weeks from referral but there may be waiting lists for specific treatments.

There was some discussion about services in relation to eating disorders. Members highlighted anecdotal evidence of problems in accessing beds and difficulties caused by the service being located in Teesside. It was highlighted that there are 15 beds in Teesside and 5 in the RVI in Newcastle. However there are also intensive day services in Newcastle.

It was highlighted that there had been a year on year increase in referral rates to mental health services. Since 2011 referrals had increased from 571 per year to 1705 in 2017, and were likely to be around 1800/1900 in 2018. Unfortunately resources have not increased in line with this increase in referrals. The CCG also highlighted that this increase can be a good thing as it signifies more openness around mental health and more people coming forward for help. However, there is a need to look at how resources are deployed, with children's services being a key area. It was also highlighted that preventative measures are also important to help support people to build resilience and improve mental well-being as a way of reducing referrals going forward.

Members raised an issue about repeat patients and whether a pressure to discharge patients was leading to increased readmission rates. Officers were unable to provide information on this at the meeting but agreed to provide further information following the meeting.

There was some discussion about resources and whether any additional funding had been provided by government to support mental health services. It was noted that there was an allocation for the CCG centrally but there was nothing additional for mental health services in North Tyneside.

There was a query about mental health training. Some recent training initiatives were highlighted. This included a partnership with NTW to provide a fast track programme for social workers into mental health. Officers suggested that this had made a big difference in terms of the creative use of resources.

Members asked about services for children and teenagers in North Tyneside. It was noted that mental health services to children and young people would, in general, be provided by Northumbria healthcare, with NTW providing more specialist services.

The Chair thanked officers for attending the meeting and providing the report and presentation.

ASCHW06/07/18 NHS North Tyneside CCG Service Plans 2018/19

The Director of Contracting and Commissioning at the CCG, Anya Paradis, presented a report which set out an overview of NHS North Tyneside CCG's planning and commissioning intentions for 2018/19.

It was highlighted that the CCG has successfully implemented its financial recovery plan, and that over the last three years, has delivered savings of around £39m. This work has put the CCG in recurrent financial balance and it has started to replay the deficit it accumulated. The deficit peaked at £19.3m and is £12.2m at the start of 2018/19. The CCG is no longer under special measures or legal directions and is now in a good position.

It was highlighted that many of the CCG's plans are based on the Future Care Programme which brings together existing strands of work to deliver sustainable care closer to home, with hospital by exception. A central component is the development of a new model of community and primary care provision to support a move in resources from acute to primary and community services, as well as working in four localities to support local delivery where appropriate.

In relation to efficiencies, although it will be difficult to identify significant efficiencies, the focus will be in the areas of:

- Medicine optimisation;
- Urgent care services,
- Rightcare – using comparative information to identify savings opportunities;
- Health and well-being - supporting people to address their common health problems through self management and low intensity solutions.

Members raised a query about the 111 service and whether specific training will be given to staff in the service in relation to new ways of working. It was highlighted that the 111 service is commissioned at a regional level and there are moves to provide a clinical advisory services as part of the 111 service, with more access to talk directly to clinicians.

There was some discussion about physical resources and equipment in the borough and whether this was being stretched too thinly. Officers were unable to provide information on equipment at the meeting but agreed to find out more information on this.

Members raised the issue of commissioning with the voluntary and community sector. It was acknowledged that this was an untapped resource and that the CCG was working with VODA to look at ways that they could work with the voluntary sector.

A member highlighted that in relation to the STP priorities the report makes reference to a £641m potential funding shortfall by 2020/21 if nothing changes. Clarification was requested on the impact of this on the CCG plan. It was highlighted

that this figure refers to the whole of the STP area and was a worst case scenario, The development of Integrated Care Systems was aimed at addressing this issue with a move to a more sustainable way of working.

A member highlighted an issue in relation to the closure of the Battle Hill Walk-in Centre and a reduction in the hours of the GP practice from 84 to 30 and whether this was an indication of hidden cuts that will impact on patients. Officers highlighted that the situation at Battle Hill was part of a particular contract, but that they were not aware of the reduction in GP hours and would look into this further.

The Chair thanked the Officer from the CCG for attending the meeting.

ASCHW07/07/18 Better Care Fund Update

The Sub-committee considered the report which set out an overview of the Better Care Fund.

It was noted that the Better Care Fund (BCF) is a component of government policy to improve integration between health and social care. It creates a pooled fund, operated jointly by local authorities and NHS Clinical Commissioning Groups. It was noted that in the first two years of operation from 2015/16 the fund was largely comprised of existing allocations redirected into the BCF. From 2017/18 the Improved Better Care Fund (iBCF) increased the available funds. This funding is paid directly to local authorities and must be spent on any or all of the following:

- Meeting adult social care needs;
- Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready;
- Ensuring that the local social care provider market is supported.

The value of the iBCF for North Tyneside was £5.043m in 2017/18 and £6.773m in 2018/19.

The report highlighted that the actual increases in costs of social care provision, were £7.508m higher in 2017/18 than in 2015/16, and therefore the iBCF made a substantial contribution towards the growth in costs, but did not totally cover the cost growth.

It was noted that the future of the iBCF is not certain. The current policy framework will last until March 2019. It is expected that the BCF will continue beyond 2019/20 but information about this or any changes in the operation of the BCF is not yet known.

Members asked about the impact of the introduction of Extra Care Schemes in the Borough in assisting with transfers from hospital. It was noted that schemes such as Crossgates have been hugely successful but that these are a long term model and are only suitable for patients looking for a permanent change of home.

The Chair thanked officers for the report.

ASCHW08/07/18 Presentation from Councillor Gary Bell, Cabinet Member for Adult Social Care

Cllr Gary Bell, Cabinet Member for Adult Social Care was in attendance and provided a presentation setting out the Council's offer in relation to Adult Social Care.

It was requested that a copy of the presentation slides be circulated to members of the Sub-committee after the meeting.

Members noted the information set out in the slides. An issue was raised over contracts for home care and whether the Council could be certain that care workers received the National Living Wage and were paid for travel time. It was highlighted that the Council was working with the market on this and that the Council can't specify pay levels in contracts but providers would be required to pay the National Living Wage.

The Chair thanked Cllr Bell for his presentation.

ASCHW09/07/18 Healthwatch

The Chair welcomed Sokhijinder Morgan, Interim Chair, and Paul Jones, Director of Healthwatch to the meeting and invited them to provide an update to the Sub-committee on the work programme for Healthwatch over the coming year.

The Healthwatch representatives outlined changes to the structure and work of Healthwatch since the retender of the service this year, and the subsequent appointment of Paul Jones as Director on a four day a week basis.

It was highlighted that Healthwatch's priorities going forward would include:

- Developing a critical friend relationship with commissioners and health service providers;
- Plans to recruit volunteers to assist in collecting information on residents' experience of health services;
- Consulting with service users, particularly in relation to mental health;
- Seeking to influence decision makers before services are commissioned.

It was highlighted that staff would be meeting next week to set priorities for the year ahead, but that likely areas of interest would include:

- Access to GPs
- Hospital discharges
- Engaging with young people

It was highlighted that Healthwatch were keen to share information with the sub-committee as the work progresses.

Members noted that Peter Kenderick had now stood down as Chair of Healthwatch and it was agreed that the Chair would write, on behalf of the sub-committee, to thank him for his service to Healthwatch.

ASCHW10/07/18 Work Programme

The Sub-committee considered the report which set out potential topics for inclusion in the work programme for 2018/19.

It was agreed that members would consider the information in the report and email the DSO with any priorities or additional topics to be added to the work programme.

It was suggested that an update on the Equipment Service could be provided to a future meeting of the sub-committee.

ASCHW11/07/18 Update from STP Joint Health Scrutiny Committee

In relation to the recent meeting of the STP Joint Health Scrutiny Committee, it was highlighted that none of the nominated members or substitutes had been able to attend the meeting but a copy of the presentations from the meeting had been circulated to all members of the Sub-committee.