

Adult Social Care, Health and Wellbeing Sub-Committee

6 September 2018

Present: Councillor L Spillard (Chair)
Councillors A Austin, L Bell, T Brady, J Cassidy, M Green,
J Kirwin, A Percy

ASCHW12/09/18 Apologies

Apologies were received from Cllrs S Brockbank, N Craven, K Clark and K Lee.

ASCHW13/09/18 Substitute Members

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

Cllr J O'Shea for Cllr K Clark.

ASCHW14/09/18 Declarations of Interest and Dispensations

There were no declarations of interest.

ASCHW15/09/18 Minutes

Cllr Spillard welcomed Members to the meeting and indicated there would be a change to the order of the agenda with the first two items being the reports on Modern Slavery and Continuing Healthcare Assessments and Funding.

Resolved that the minutes of the meeting held on 5 July 2018 be confirmed and signed by the Chair.

ASCHW16//09/18 Modern Slavery

Members considered the report on Modern Slavery which provided an update on how the local authority is complying with the Modern Slavery Act 2015.

The sub-committee noted that the Modern Slavery Act came into effect in March 2015 and is designed to tackle slavery in the UK. It was noted that Modern Slavery is an umbrella term covering the offences of trafficking and slavery, servitude and force or compulsory labour. The report set out some examples of types of slavery, signs of slavery and reasons why people might not disclose that they are being exploited.

Members considered the picture in North Tyneside and noted that 2 cases have been identified; one relating to a man working in a factory in Washington and another relating to a potential 'county lines' case. It was highlighted that it was important for agencies to work together to disrupt practices.

Members asked about action in North Tyneside to help people recognise when they may be victims. It was noted that there were a number of initiatives around safeguarding in general. Work is on-going to develop internal flow charts and to target resources around raising awareness. For example, in relation to Child Sexual Exploitation (CSE) the Council is working with door staff and hotels to raise awareness.

There was some discussion about practical issues or what somebody should do if they come across something they have concerns about. It was noted that if there is an immediate risk of harm Members should call the police, but other concerns can be raised through MASH or via the 101 number.

It was noted that Modern Slavery has not been identified as a major issue in the borough to date but that is not to say it is not happening. The Council has procedures in place and is confident that it can provide a response to any incidents that arise.

Members noted that action had been taken to raise awareness of this issue with staff, but suggested that it would be helpful to raise awareness of the issue with the public and perhaps this could be done through the Residents magazine. For example highlighting signs to watch out for and highlighting industries that have been identified with modern slavery nationally such as car washes and nail bars.

It was **agreed** that the report be noted.

ASCHW17/09/18 Continuing Healthcare Assessments and Funding

Dr Lesley Young-Murphy and Maureen Grieveson of the NTCCG attended the meeting to present the report on Continuing Healthcare.

It was noted that NHS Continuing Healthcare (CHC) means a package of ongoing care that is arranged and funded solely by the NHS where the individual has been found to have a 'primary health need'. Care is provided to an individual aged 18 or over, to meet needs that have arisen as a result of disability, accident or illness.

It was noted that a multi-disciplinary team (MDT) is responsible for making recommendations on eligibility for CHC on the basis of a primary health need and using a national decision support tool. Recommendations are considered by a joint CHC Panel, who meet weekly, and who's role is to ensure that recommendations are 'sound' and supported by evidence, good documentation and information in order to ensure consistency and equity. Officers were confident that the processes in place are working and these have been subject to audit. In addition, they highlighted that there have been 24 appeals since May 2016 and of these 8 were upheld, and 16 had the original decision confirmed.

It was noted that the views of the individual and the family are taken into account as part of the assessment process.

Members requested a copy of the decision support tool and checklist for information.

There was some discussion about what happens if the MDT cannot come to an agreement or if there is a disagreement with the views of the family. It was noted that the MDT is expected to come to an agreement. The documentation allows any disagreements with the family to be documented and this will be considered by the panel.

It was noted that CHC is based on need and it can be a relatively small package of care. It was highlighted that universally commissioned services were not included in CHC which is about additionality.

Members raised concern about support and guidance to help people understand a complicated process. It was noted that families are kept informed of the process and are provided with literature to explain the process and the CCG has developed its own simplified guidance to aid families through the process.

There was some discussion about end of life support and it was noted that more people are dying at home or in a care home through choice, rather than in hospital, and CHC is an enabler of this. There has been increased commissioning of rapid response and work with care homes to raise confidence in this area.

It was **agreed** that:

- a. the CHC provide copies of the decision support tool and checklist to be circulated to members of the sub-committee;
- b. the report be noted.

ASCHW18/09/18 Feedback on Consultations for Review of Charges and Financial Contributions Business Case

The Sub-committee considered the report which provided an overview of the consultation process and responses received in relation to the business case regarding the review of charges and financial contributions within Adult Social Care.

The business case covered three separate factors within charges:

1. Court of Protection – charges for carrying out work to manage money on service users behalf;
2. Charging Policy for non-residential Services – bringing the financial buffer in line with Department of Health Guidance from 25% to 18%;
3. Changes to the way we pay Direct Payments – increasing Personal Assistant's rates and retaining money for contingencies e.g. redundancy by the Council and only paid if it is needed.

The Sub-committee was asked to note the comments that had been raised through the consultation before the business cases are presented to Cabinet in October.

The Sub-committee noted that the first two items were quite technical issues that would apply going forward and the response to the consultations had unfortunately

been low. The Sub-committee sort assurance that, given the low response rates, that the Council had got things right in terms of targeting the consultation. It was noted that attempts had been made to target the consultation through a number of methods, but there were difficulties in encouraging responses, particularly as many of the changes would only affect new customers coming into the service.

In relation to Item 3 – changes to direct payments to increase the personal assistant rate but retaining money for contingencies. It was noted that these changes were aimed at simplifying the process by taking away some of the responsibilities of being an employer in relation to direct payments.

It was noted that the response to the consultation had been mixed with some people positive about the changes and others concerned that it reduced flexibility, particularly where they may have agreed to pay a higher rate to personal assistants and were using contingency money to pay this. However, there is a concern that in such cases contingency money is not being used appropriately.

Some members felt there may be an issue in relation to those with complex needs who feel that they need to pay a higher rate to recruit and retain the right assistants and this change could be detrimental in such cases. It was noted that where there is clear evidence of difficulty in recruiting at the standard rate in complex cases this would have to be discussed with care managers and addressed on an individual basis.

It was **agreed** that the report be noted.

ASCHW19/09/18 Local System Reviews

The Sub-committee received a presentation which provided background information on Local System Reviews.

It was noted that these reviews have been undertaken by the CQC and look at commissioning across the interface of health and social care; look specifically at how people move between health and social care, including delayed transfers of care; and focus on 65s and over and the experiences of people living with dementia as they move through the system. It was highlighted that 20 targeted reviews have taken place so far and the CQC has published a report on these reviews which includes individual examples of good practice. It was agreed that a link to this report would be circulated to members of the sub-committee for information.

It was noted that the future of Local System Reviews was unclear, but it had recently been announced that 3 more reviews will be undertaken this year. In this context, North Tyneside is taking forward preparations with Northumberland Council on the basis that these reviews will continue and that the reviews are based on best practice that we want to see across health and social care in the borough. There are plans to complete a self-assessment document in the future and once this happens it would be brought back to this sub-committee for consideration.

It was noted that the reviews are based on a 14 week process with a specific focus on health and wellbeing boards.

Healthwatch North Tyneside indicated a willingness to be involved in the project and highlighted that they were currently undertaking their own project looking at issues around hospital discharges.

The Sub-committee highlighted that it would welcome a peer review/external person to consider how to move forward to integrate services in the future.

It was **agreed** that the report be noted.