



North Tyneside Council

# Adult Social Care, Health and Wellbeing Sub-Committee

Wednesday, 28 August 2019

**Thursday, 5 September 2019** 0.01 Chamber - Quadrant, The Silverlink North, Cobalt Business Park, North Tyneside, NE27 0BY **commencing at 6.00 pm.**

Agenda Item		Page
1.	<p><b>Apologies for Absence</b></p> <p>To receive any apologies for absence from the meeting.</p>	
2.	<p><b>Appointment of Substitute Members</b></p> <p>To be notified of the appointment of any Substitute Members.</p>	
3.	<p><b>Declarations of Interest</b></p> <p>You are invited to declare any registerable and/or non-registerable interests in matters appearing on the agenda, and the nature of that interest.</p> <p>You are also invited to disclose any dispensations in relation to any registerable and/or non-registerable interests that have been granted to you in respect of any matters appearing on the agenda.</p> <p>Please complete the Declarations of Interests card available at the meeting and return it to the Democratic Services Officer before leaving the meeting.</p>	
4.	<p><b>Minutes</b></p> <p>To Confirm the minutes of the meeting held on 4 July 2019.</p>	5 - 6
5.	<p><b>Primary Care Networks</b></p> <p>To receive a presentation from the CCG on the development of Primary Care Networks</p>	7 - 28

Members of the public are entitled to attend this meeting and receive information about it. North Tyneside Council wants to make it easier for you to get hold of the information you need. We are able to provide our documents in alternative formats including Braille, audiotape, large print and alternative languages.

Agenda Item		Page
6.	<p><b>Mental Wellbeing in Later Life and Dementia Services</b></p> <p>To receive a report on the Mental Wellbeing in Later Life Board Action Plan, incorporating an update on Dementia Services</p>	<b>29 - 42</b>
7.	<p><b>Exclusion Resolution</b></p> <p>The Sub-Committee is requested to pass the following resolution:</p> <p>Resolved that under Section 100A(4) of the Local Government Act 1972 (as amended) and having applied a public interest test as defined in Part 2 of Schedule 12A of the Act, the press and public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A to the Act.</p>	
8.	<p><b>Social Care - Direct Provision of Services</b></p> <p>To receive further information as requested by the Sub-committee on options related to the direct provision of social care services.</p>	<b>43 - 58</b>

**Circulation overleaf ...**

## **Members of the Adult Social Care, Health and Wellbeing Sub-Committee**

Councillor Trish Brady  
Councillor Karen Clark (Chair)  
Councillor Muriel Green  
Councillor Nigel Huscroft  
Councillor Margaret Reynolds  
Councillor Alan Percy

Councillor Joanne Cassidy  
Councillor Cath Davis  
Councillor Joe Kirwin (Deputy Chair)  
Councillor Tommy Mulvenna  
Councillor Les Miller  
Councillor Paul Richardson

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## Adult Social Care, Health and Wellbeing Sub-Committee

**Thursday, 4 July 2019**

Present: Councillor K Clark (Chair)  
Councillors J Kirwin, J Cassidy, C Davis, M Green,  
N Huscroft, L Miller, T Mulvenna, A Percy, P Richardson  
and J Mole

Apologies: Councillors T Brady

### **ASCH10/19 Apologies**

Apologies were received from Councillor T Brady.

### **ASCH11/19 Appointment of Substitute Members**

Pursuant to the Council's Constitution, the appointment of the following substitute members was reported:

Councillor J Mole for Councillor T Brady

### **ASCH12/19 Declarations of Interest**

There were no declarations of interest or dispensations.

### **ASCH13/19 Minutes**

**Resolved** that the minutes of the meeting held on 6 June 2019 be confirmed and signed by the chair.

### **ASCH14/19 Autism Self-Assessment - North Tyneside update**

The Sub-committee considered a presentation which set out background information on the Autism Self-Assessment national exercise which intended to review progress around the country in implementing the Government's Autism Strategy 'Think Autism'.

North Tyneside submitted a self-assessment to NHS England as the coordinators of the exercise. The North Tyneside submission will also be used as the basis for the development of the Autism Strategy which will be brought back to this sub-committee in the Autumn.

It was noted that on the basis of national statistical information it is estimated that around 1% of the population are autistic. On this basis there are likely to be around 1500 adults with autism in the North Tyneside population. At the moment estimates around number of children are not known. It was noted that health organisations may be able to provide more

information on numbers of people who have a diagnosis. It was noted that many people are not diagnosed with autism until later in life.

The Council currently has contact with 86 people who are identified as being autistic. These people have an allocated social worker and will have annual assessments to check that their needs are being met and that identified outcomes are being achieved. However, it was noted that there is a wide spectrum of individuals with some high functioning individuals may not need local authority help.

The development of the Autism Strategy is still at an early stage. It was noted that a task and finish group was being established and this will include representatives who are autistic as well as representatives from relevant organisations and relevant professionals.

The strategy will be wide ranging and will involve a number of partners not just the local authority. It was noted that this will include a number of actions including improving autism awareness among all staff. The strategy may look at other issues such as signposting information, working with voluntary organisations, and identifying gaps in services around housing money and job opportunities.

It was noted that, at the moment, there aren't specific social workers who are specialised in working with people with autism and that may be an area to look at.

The Chair thanked Scott Woodhouse for the interesting presentation and noted that a further report will be brought back to the sub-committee once more work has been undertaken on the Autism Strategy.

### **ASCH15/19 Joint STP Scrutiny Committee**

The Chair provided feedback on the recent Joint STP Scrutiny Committee which was held on 17 June 2019.

It was noted that a lot of the information provided was in connection with organisational changes linked to the move to the Integrated Care System. Members stated that they were not clear about the role of the joint committee and that, although the presentations were informative, there appears to be limited opportunity for members of the joint committee to contribute or scrutinise arrangements.

The Sub-committee noted the information provided.

### **ASCH16/19 Ambulatory Care Unit**

The Sub-committee had an opportunity to view a short video introducing the new Ambulatory Care Unit at Northumbria Hospital which opened on 2 July 2019.



North Tyneside  
Clinical Commissioning Group

# Primary Care Networks North Tyneside

Adult Social care, Health and  
Wellbeing Sub-committee  
Thursday 5 September 2019

Dr Ruth Evans, Medical Director

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Agenda Item 5



Working together to maximise the health and wellbeing of North Tyneside communities by making the best use of resources.

# Primary Care Networks

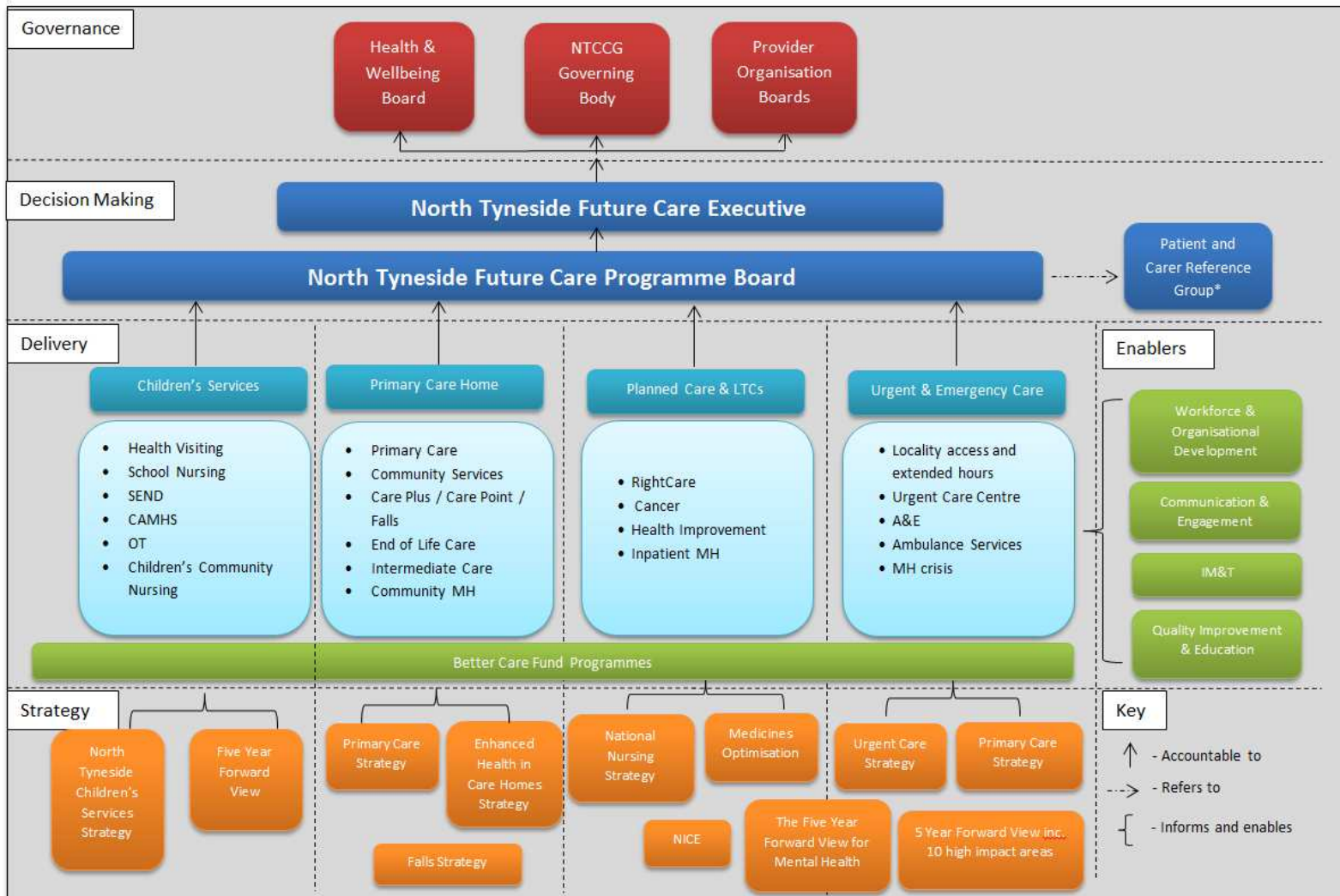
- NHS North Tyneside place based: Future Care
- Locality journey so far
- Primary Care Networks in North Tyneside
- How they fit with our vision of Primary Care Home
- How all this will benefit patients





# North Tyneside place based working

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Working together to maximise the health and wellbeing of North Tyneside communities by making the best use of resources.

# North Tyneside

## Place Based: *Future Care*

- Providers working together (*Northumbria, NTW, Newcastle, primary care, community services, third sector, local authority*)
- Strengthening primary/ community services
- Hospital by Exception



# Primary Care Networks

- North Tyneside place based: Future Care
- **Locality journey so far**
- Primary Care Networks in North Tyneside
- How they fit with our vision of Primary Care Home
- How all this will benefit patients



# North Tyneside

26 GP Practices

4 Established GP Localities



North Tyneside  
Commissioning Group

## North West

- 24% of population
- 64% access NUTH
- Less deprived (IMD 20.1)
- Higher life expectancy

## Wallsend

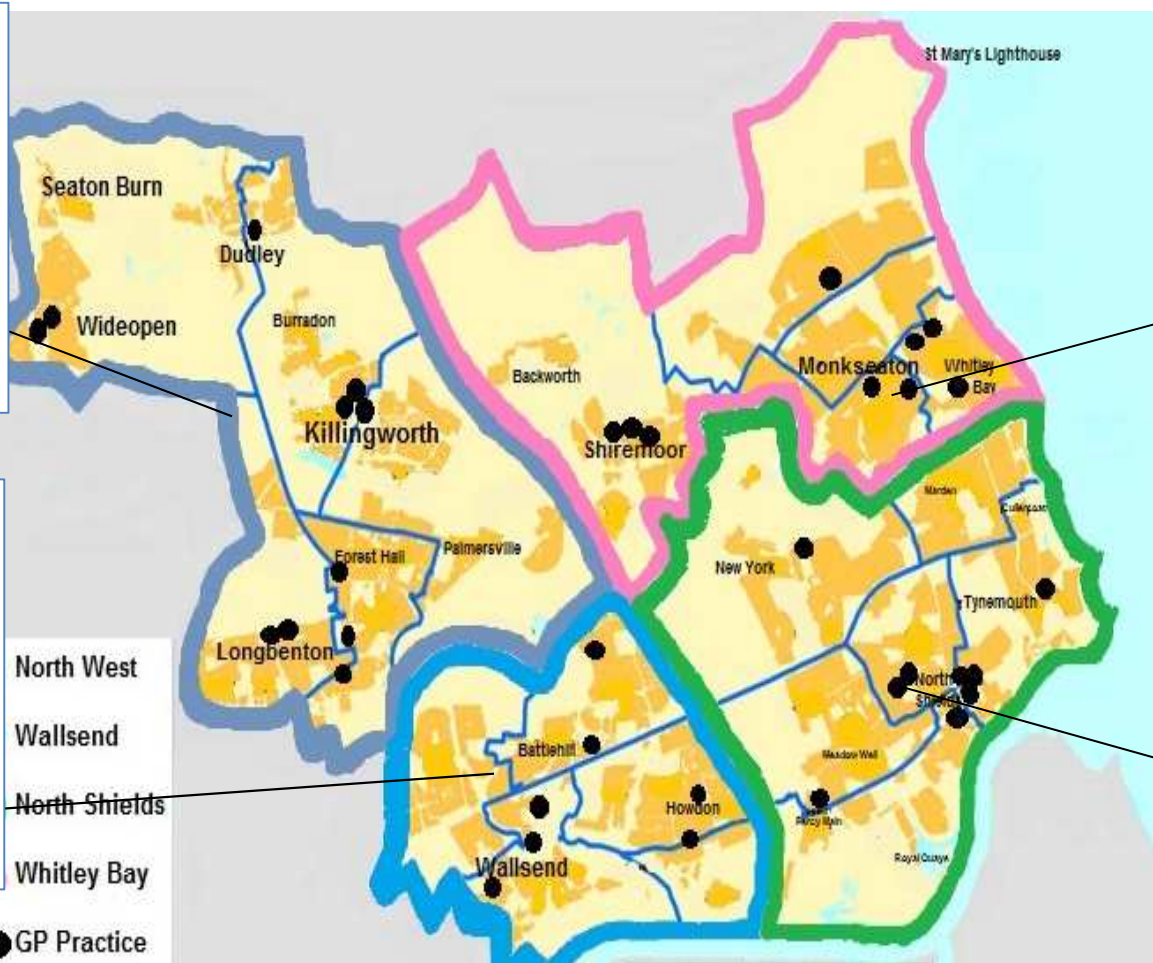
- 22% of population
- 63% access NHCFT
- More deprived (IMD 27.4)
- Lower life expectancy

## Whitley Bay

- 28% of population
- 78% access NHCFT
- Least deprived (IMD 14.4)
- Highest life expectancy

## North Shields

- 26% of population
- 75% access NHCFT
- Most deprived (IMD 28.4)
- Lowest life expectancy



**On 7 January 2019, the ' NHS long-term plan' was published  
setting out key ambitions for the NHS over the next 10 years.**



1.9. The **£4.5 billion** of new investment will fund expanded community multidisciplinary teams aligned with new **primary care networks** based on neighbouring GP practices that work together typically covering 30-50,000 people.

NHS Long Term Plan 2019, Page 14



# What are Primary Care Networks? (PCNs)

- Groups of Practices commissioned to provide primary care services at scale
- 30-50,000 patients
- Delivered and Funded via a DES Direct Enhanced Service (*contract between the CCG and the Network*)



# Network Contract DES

- Offered to all practices as an extension of their core GP contract and live from 1<sup>st</sup> July 2019
- **Network Agreement:** *governance, financial structure, roles and responsibilities of each practice.*
- **DES Specification:** *outlines the full requirements of the Direct Enhanced Service.*





# What will Primary Care Networks do?

2019/20 there are 3 areas for the DES:

## 1. Access

*July 2019 Extended Access*

## 2. Clinical Pharmacy

*Additional WTE in each network to work across practices*

## 3. Social prescribing

*Building on experience of previous schemes*



# Primary Care Network Workforce

- Network Director
- Administration support staff
- Additional Roles:

2019/20 – *Social Prescribing Link workers*

2019/20 – *Clinical Pharmacists*

2020/21 – *First Contact Physiotherapists*

2020/21 – *Physicians Associates*

2021/22 – *First contact community paramedics (TBC)*



## Primary Care Networks

- North Tyneside place based: Future Care
- Locality journey so far
- **Primary Care Networks in North Tyneside**
- How they fit with our vision of Primary Care Home
- How all this will benefit patients

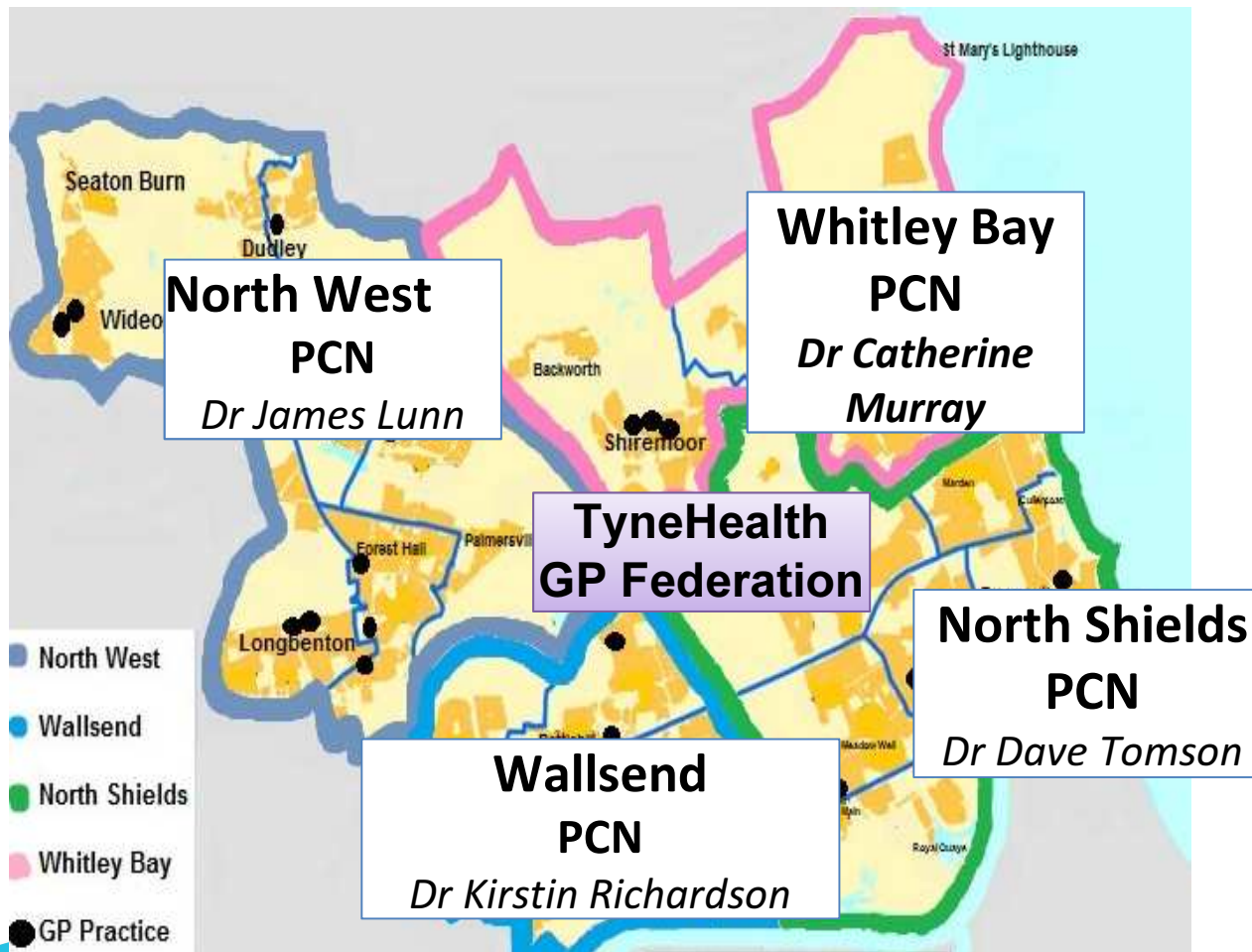


## We asked our GPs about PCNs

- Current Locality Footprint?
- PCN Director Role?
- Delivery Mechanism for the Network?



# 4 Primary Care Networks North Tyneside



## Where are we now?

Each of our 4 Primary Care Networks :

- is based on its historic locality footprint (*2 exceptions*)
- meets national requirements for size and format
- has identified a Network Director
- has signed the Mandatory Network Agreement
- has submitted the Registration Documents

This means that 100% of NT patients are registered with a practice in a Primary Care Network.



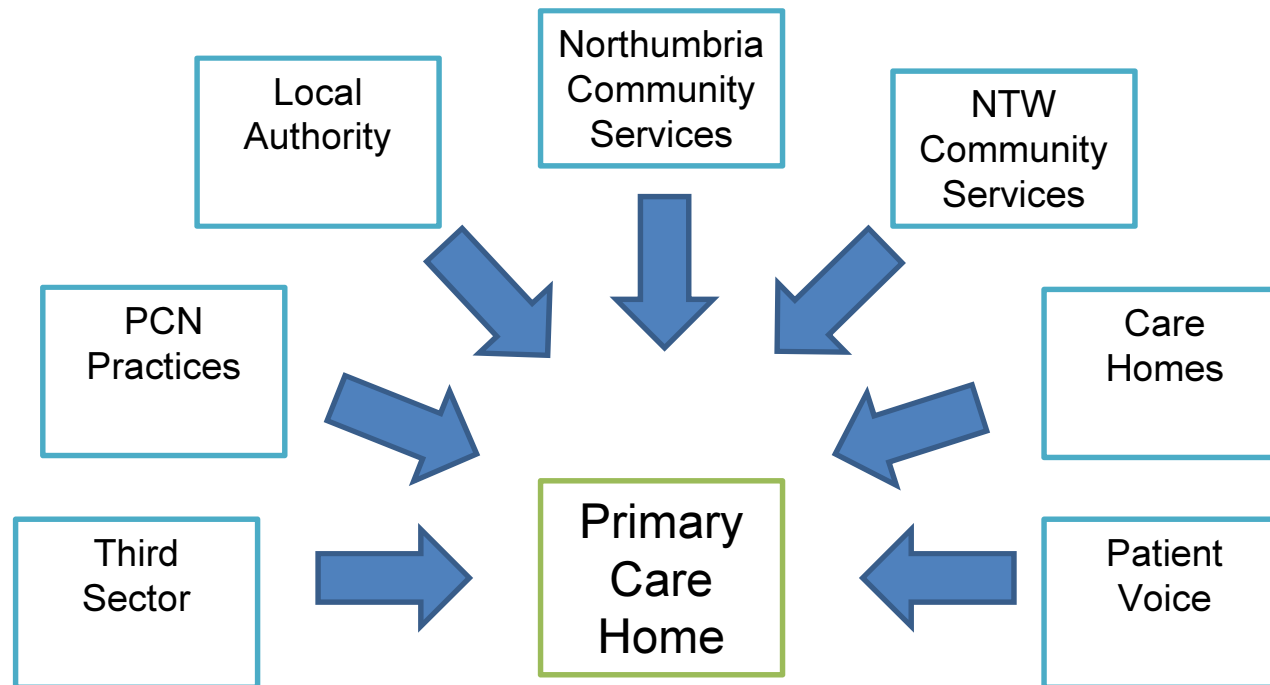
## Primary Care Networks

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- **How they fit with our vision of Primary Care Home**
- How all this will benefit patients



# Primary Care Home

- *Primary Care Home brings PCNs together with other providers to co-produce primary care and community services for their local population*





## Primary Care Networks

- NHS North Tyneside place based: Future Care
- Locality journey so far
- Primary Care Networks in North Tyneside
- How they fit with our vision of Primary Care Home
- **How all this will benefit patients**



## Benefits for Patients?

- Better access to NHS services: GP access, management of ongoing illness, specialist care closer to home
- More joined up care: *GP practices, community services, hospital specialists, social care, third sector*
- More health promotion/ self care
- Hospital by exception



# Primary Care Networks

Questions/ comments/ ideas?



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**Meeting:** Adult Social Care Health and Wellbeing Sub-committee

**Date:** 5<sup>th</sup> September 2019

**Title:** Mental Wellbeing in Later Life and Dementia Services

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**Author:** Susan Meins  
Commissioning Manger Tel: 0191 643 7940

**Service:** People Based Commissioning

**Wards affected:** All

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## 1. Purpose of Report

To update the Adult Social Care Health and Wellbeing Sub-committee on the work of the Mental Wellbeing in Later Life Board and also provide an update on Dementia Services.

## 2. Recommendations

The Adult Social Care Health and Wellbeing Sub-committee are requested to:

- a) Note the current provision of support and developments for older people with mental health problems and dementia and their carers in North Tyneside; and
- b) Discuss and agree how the Sub Committee would like to be involved the Dementia Friendly Community work in the future.

## 3. Details

### 3.1 Mental Wellbeing in Later Life

Good physical and mental health are both areas that are essential to the wellbeing of the population of North Tyneside, no matter what age. There is an assumption that mental health problems are a 'normal' aspect of ageing, but most older people don't develop mental health problems and if they do they can be helped. Dementia and/or depression are often associated with getting older but they are not an inevitable part of ageing.

The Mental Wellbeing in Later Life Strategy 2018-2023 was developed to improve mental health and dementia services and support for older people and carers. We want to ensure that there is targeted prevention for people at risk of mental ill health and early intervention for older people with symptoms of mental illness.

Last year the Health and Wellbeing Board agreed that a Mental Wellbeing in Later Life Board (MWLLB) be established, to oversee the Mental Wellbeing in Later Life Strategy. This was to ensure that the particular needs of older people were being considered.

We know that many of the services currently commissioned are designed to support people of all ages but we also know that there are a number of issues that particularly affect older people. It is also recognised that an older person is likely to have a range of co-morbidities and that complexity increases with age.

Some of the actions identified as part of this work are also relevant to the following Health and Wellbeing Board objectives:

- Number 5 - An integrated approach to identifying and meeting carer health and wellbeing needs
- Number 8 - Reduce social isolation and increase cultural engagement across the population of North Tyneside to improve health and wellbeing

Unfortunately there was a delay in establishing the MWLLB; the board is currently chaired by the chief executive of Age UK North Tyneside and attendance to date has mainly been from clinicians and practitioners. The attendees have been able to provide some very invaluable insights into older people's mental health services and this information has enabled us to establish some key actions for the board to take forward.

It has recently been identified that some of the actions identified by the MWLLB are potentially duplicated by work being undertaken as part of the Future Care Board. With this in mind, we are now reviewing how best to progress this work and we are also reviewing the board membership and governance arrangements for older people's mental health.

### **3.2 Work undertaken by the Mental Wellbeing in Later Life Board**

A mapping of services had been undertaken when the Mental Wellbeing in Later Life Strategy had been developed therefore the Board agreed that it had a good understanding of what services are currently provided locally.

Healthwatch North Tyneside had already conducted research with service users and carers on the mental health pathway. This work was reviewed and although there was limited feedback specifically in relation to older people, the information is still useful to the Board.

Other work undertaken included:

- Consultation with older peoples residential and nursing care providers to understand the support available in that sector for residents with mental health problems and any issues that they have identified.
- Links have been established with local groups which support carers of people with dementia and mental health problems to ensure their views are represented.
- A review of NICE Guidance in relation to Dementia: assessment, management and support for people living with dementia and their carers – this will be used to progress future work.

- A themed workshop with clinicians working in older peoples mental health services was held to gather their views on current services.

### **3.3 Information gathered to date**

- General feedback was received from clinicians and supported by the CCG, that current services do not necessarily support our aspirations for older people's mental health services and changes are needed particularly in relation to an out of hours response.
- There is a gap in relation to people with mental health problems living in the community. Carers need to be supported appropriately before crisis is reached (this work is also linked to work the Carers Partnership Board is undertaking)
- Issues were identified in relation to older people aged 65+ with a new presentation of mental illness who have not previously been supported in Adult Mental Health Services – sometimes there is difficulty in accessing the correct pathway.
- There is a general lack of data collected in relation to older people's mental health (locally and nationally).
- NICE guidelines indicate that people with dementia should have a named care co-ordinator – how is this being addressed locally? The board was unable to verify that this is happening systematically.
- Post diagnostic support for people with dementia in the community - concern about the impact of the loss of the Age UK North Tyneside grant funded Dementia/Admiral Nurse Service when funding expires 31 March 2020. (Note: North Tyneside CCG has committed funding for one Admiral Nurse post)

### **3.4 Priorities identified for 2019-20**

It is recognised that that the subject area is massive, as supporting older people to live well spans a whole range of services including health, social care, housing, community facilities and support provided by the community and voluntary sector.

As many of the actions identified are already being undertaken by the respective organisations individually, it was agreed that the Board should look for ways that the organisations can work together to add value. It was also agreed that we use more recent feedback obtained from clinicians, practitioners, service users and carers, to identify a few key pieces of work for the Board to focus on this year.

The following priorities have been identified by the Board for 2019 – 20:

1. Explore opportunities for a service which appropriately manages people in the community. New pathways need to be wider than just a psychiatric model of care – need to include physical health and social care.
2. CCG to review crisis support for older people outside of normal operating hours; supported by Healthwatch North Tyneside.
3. The North Tyneside Talking Therapies Services is open to all adults, irrespective of age. However, the older population are low users of the service – improve access to Psychological Therapies (IAPT) by older people.

4. Review of post diagnostic support for people with dementia and their carers.
5. Better support for carers; including older carers, which also links in with priority 4.
6. Currently, there are two NHS providers for older people's mental health services. The CCG will be working with both services during 2019/20 to develop a single model of service ensuring parity of access in terms of times and also the type of services available. This work will be supported by a review of the current services by Healthwatch North Tyneside.

Adult Mental Health Services will offer support to people aged over 65 years where this is appropriate to meet their mental health needs. Equally, the Mental Health Service for Older People will support people aged less than 65 years if this is the correct service for them. To support this, a protocol has been agreed between NTW Trust and Northumbria Healthcare Trust to this effect. However, this is just the first step in developing a seamless service and further work will be undertaken when developing the single service model for older people's mental health.

### **3.5 Dementia Friendly Communities (DFC)**

Dementia is a growing challenge. As the population ages and people live for longer, it has become one of the most important health and care issues facing the world.

Dementia mainly affects older people, and after the age of 65, the likelihood of developing dementia roughly doubles every five years. However, for some dementia can develop earlier, presenting different issues for the person affected their carer and their family.

Currently in North Tyneside around 7% of people aged over 65 and 24% of people aged over 85 have dementia.

Alzheimer's Society is committed to creating a society where people living with dementia continue to feel included and encourage cities and towns to become dementia friendly places to live and grow old. The Alzheimer's Society dementia-friendly communities programme encourages everyone to share responsibility for ensuring that people with dementia feel understood, valued and able to contribute to their community.

In North Tyneside we have tried to rise to this challenge a number of times. Through a small amount of funding NTC worked with Age UK to introduce this concept into the Borough. Wallsend was the first town to be registered in North Tyneside and Whitley Bay was working toward registration. In order to retain the DFC registration an annual assessment is required to be submitted to the Alzheimer's Society. The Alzheimer's Society contacted us recently to advise that due to inactivity in Wallsend and because no further progress has been made they are looking to de-register the area.

Following presentation of this information to the Health and Wellbeing Board, in June 2019 the Board agreed that DFC was something that they wanted to commit to and agreed that a plan for taking this forward should be explored further and a proposal to undertake this work be presented to them.



We are proposing to hold a workshop in October with Board representatives to scope out what is needed and how we might take this initiative forward. The workshop will be supported by the Alzheimer's Society who will present some models that work elsewhere and how this might be funded collectively by partners. This plan would include the need to ensure that however we proceed, our approach would need to be sustainable after two years and the funding would cease.

### **3.6 Service information**

#### **3.6.1 NHS Services**

NHS Services continue to be delivered by Northumberland Tyne & Wear NHS Foundation Trust and Northumbria Healthcare NHS Foundation Trust.

**Northumberland Tyne & Wear NHS Foundation Trust** offers a Memory Assessment Management Service (MAMS) which provides memory assessment and diagnosis of people with dementia to people who live in the North West area of North Tyneside and is based at the Campus for Ageing and Vitality. The Service also offers a range of short courses intended to help people with memory problems and their relatives and carers.

There is an early onset dementia service provided by Northumberland Tyne and Wear Foundation Trust and overseen by a Community Psychiatric Nurse.

**Northumbria Healthcare NHS Foundation Trust** provides the Mental Health Service for Older People (MHSOP) in North Tyneside includes a variety of services that are responsive to emotional, physical and social needs of people in later life. The service offers specialist assessment and intervention for individuals and families to promote recovery in spite of chronic and complex mental health difficulties.

Community services include Community Mental Health Teams, Nursing Home Support Team, Memory Clinic and an Early Onset Dementia Service. Acute services include Liaison Psychiatry and inpatient facilities for Mental Health and Dementia.

Community teams provide post-diagnostic or specialist care for people living with dementia who have concurrent mental health needs or more complex difficulties.

#### **New developments**

Northumbria has introduced a new role of Dementia Lead Nurse. The last 6 months have been spent scoping out the current position in the Trust and exploring how dementia care is provided.

A new Dementia Steering Group has been established which feeds into the Quality and Safety Board/ Frailty Board. A Dementia dashboard is being developed to collect data on admission/ discharges/ length of stay/ ward moves.

The Trusts Dementia Strategy is being updated; the work includes the following work streams:

- **Dementia Training** - developing new training for all staff. A Dementia Friends session will now be delivered as part of induction.

- **Patient experience** – a new observation tool called Dementia Care Mapping is being trialled on care of the elderly wards. The tool helps staff to experience care through the eyes of the person with Dementia.
- **Carer experience:**
  - Producing a carers policy, looking at developing a carers passport, Johns Campaign etc.
  - Focus groups on Ward 12 NTGH helping to understand what support carers need when their loved one is in hospital
  - Using already established carer groups to get feedback e.g. Making Waves Group North Tyneside
  - North of Tyne PALS now sends the Dementia Lead a quarterly report
- **Environments** – Introduced audits of ward and patient environments, to explore how to make them more Dementia friendly
- **Delirium** - work underway to improve diagnosing and treating delirium (Ward 9 NSECH)

During Dementia Action Week wards across all sites delivered activities to raise awareness. Wag & Co visited patients/ Dementia choir/ offered haircuts and nail painting for patients. A Fish and Chip afternoon/ movie nights were held.

Dementia Friends training was delivered to the executive board.

### **Primary Care**

Work is a being undertaken to employ primary care mental health workers in GP Practices. This is currently being piloted in the North Shields and Wallsend GP Network areas. It is expected that this will increase the offer of support for people with mental health needs and ensure timely and appropriate referrals/signposting to other services.

### **3.6.2 Local Authority**

Older people living with a dementia or other mental health issues are assessed for social care eligibility through a wellbeing assessment. The person's health needs would also be assessed and best practice would be for a joint health and social care assessment to be completed, involving the person and their representative or carer as appropriate.

If eligible for social care, the person could be supported by a range of services including home care, care home services (dementia and dementia nursing) and services provided by the Voluntary, Community and Social Enterprise sector in their local community. Day activities and services would also be available, according to need and interest, to stimulate cognitive ability and reduce social isolation. Most on-going care and support for older people is commissioned, rather than provided through a direct payment. If the person is not eligible for social care, advice and information would still be given and signposting to appropriate services would be offered.

Following admission to hospital, mental health discharge support can be provided for up to six weeks to help the person to recover and regain and/ or maximise their ability for self-care.

Any older person, who has been assessed under the Mental Health Act and subsequently detained in hospital, will be eligible for the range of hospital and community services on discharge, including s.117 (Mental Health Act) aftercare services, which are jointly funded by the Clinical Commissioning Group and social care.

Carers are offered a Carers Wellbeing Assessment to identify if they also need support.

The Authority continues to provide and commission a range of services to support people with dementia to live independently, this including building based day services including specialist provision for people with dementia; home care services; a range of housing options including sheltered accommodation and extra care; and care homes which offer accommodation and personal care for people who may not be able to live independently.

### **Community Navigator for Dementia and Memory Loss**

The Community Navigator for Dementia and Memory Loss who is part of the Authority's Care and Connect Team provides dedicated support to people with dementia, memory loss and their carers.

The Navigator continues to run a singing group for people with dementia from Crossgates Extra Care scheme which is well attended and a second scheme is planned from September at Weetslade Extra Care Scheme.

The Navigator supports people to access support and services where needed and also; obtain their council tax reduction; and with applications for benefits (DLA/PIP/Attendance allowance). She estimates that around 80% of the people she has supported are not claiming attendance allowance. People are encouraged to register for the Northumbria Police scheme - the Herbert Protocol which is a national scheme introduced by the police in partnership with other agencies which encourages carers to record useful information which could be used in the event of a vulnerable person going missing.

Carers are registered for the Carers Emergency Card which activates a contingency plan should the carer be taken ill or not be able to return home.

The Navigator also contributes to Dementia Friendly Communities work and is trained to deliver Dementia Friends sessions.

### **New developments**

#### **Backworth Extra Care Scheme**

Northumberland Estates has planning permission to build an accommodation and care development in Backworth, within an area of wider new general needs housing. Northumberland Estates and Age UKNT have come together to develop the site into a dementia focused extra care / supported living service.

Age UK has entered into a three month exclusivity agreement with Northumberland Estates which ends in September 2019, during which, time is being spent to further scope out the model. If they do enter into a contract, it will be on the basis that Age UK will be both landlord and care provider of the service.

The service will provide dementia focused extra care / supported living service for 40 people and would include:

- 2 bungalows, each for six people with higher level needs = 12 people
- 28 one bedroom apartments, which will allow for couples as well as singles

### **Social Prescribing Service in North Tyneside**

Recognising that people's health is determined primarily by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health. Social prescribing is a means of enabling health and social care professionals to refer people to a range of local, non-clinical services.

The Social Prescribing '*prescription*' can involve a variety of activities which are typically provided by voluntary and community sector organisations. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports. Local Authority leisure and cultural opportunities are also included.

First Contact Clinical provides the Local Authority commissioned Social Prescribing Service in North Tyneside. The team of Link Workers take time to explore what's important to individuals and support them to identify issues and challenges they would like to address.

The service will support people to improve their health and wellbeing and to make positive life changes in areas such as:

- Housing, benefits, financial and advice
- Employment, training and volunteering
- Education and learning
- Healthy lifestyle and physical activity
- Arts, gardening, creative activities
- Befriending, counselling and groups

To access the service a person must be a resident of North Tyneside or be registered with a North Tyneside GP Practice; and 18 years of age or over.

### **Primary Care Network Link Workers**

NHS England has recently provided funding to every Primary Care Network (PCN) to provide a social prescribing link worker who will be embedded within their multi-disciplinary team.

PCNs in North Tyneside have agreed to contract a social prescribing link worker service from First Contact Clinical.

The PCN Link Workers will have a higher degree of competency (Psychosocial Practitioners equivalent) and use a proactive case finding approach within primary care. The roles will complement the Local Authority Social Prescribing Service.

### **Sunshine and Showers Tool - pilot**

The "Sunshine and Showers Tool" has been developed by the older people's work-stream of the North East and North Cumbria Integrated Care System (ICS) and is designed to prompt a conversation with the aim of identifying and helping older people who may have low mood or depression. The original idea came from someone who had used this type of approach with their mother as an alternative to "how are you feeling" or

“are you ok?” which usually received the response “fine” or “yes”, even when they weren’t.

The purpose of the tool is to find a method of working that can identify potential loneliness and isolation, or people who have low mood or depression early and make an intervention to address it. By doing so we hope to improve the lives of the individuals involved and also make better use of resources. Preventing a person getting to a crisis point can avoid the use of more expensive interventions. We think this tool might support an alternative way of working that ‘allows’ the person to discuss the way they are feeling; and more importantly provides an opportunity to jointly identify a solution.

Regionally the tool is being tested out in a number of settings e.g. secondary care; with carers etc. It is hoped that we can gather enough evidence about its usefulness (or otherwise) which we can take back to the regional working group.

Care and Connect offered to be part of the regional pilot and we have already tested out the tool with some people who have accessed the service. The team has fed back about its use positively; therefore we are currently extending the use of the tool in Adult Social Care where it will be used as part of assessment and review. It clearly isn’t appropriate for everyone and there are some situations when it wouldn’t be used for example in a crisis; but we feel it may work particularly well for others, particularly older people who are in residential care as part of their review. We will be gathering feedback over the next few months and including our comments in the regional pilot.

See Appendix 2

### **3.6.3 Age UK North Tyneside**

Age UK provide a comprehensive dementia support service, led by their experienced team of Admiral Nurses. The service incorporates a wide number of activities to help assist people along every step of their dementia journey.

Their specialist Admiral Nurse Team provides expert practical, clinical and emotional support and expert advice to families living with dementia. People can self-refer or be referred through a health or social care professional, who feel they will benefit from the service which can also help with more complex issues including loss and bereavement.

From 2017/18 North Tyneside CCG has provided grant funding for the Senior Admiral Nurse post which is now commissioned on an annual rolling contract.

The Authority provides funding for the provision of two singing groups for people with dementia and their carers. The groups are operated by Age UKNT from St. Columbas Church in North Shields and Springfield Community Centre in Forest Hall.

The groups meet weekly and provide valuable opportunities for people to socialise and participate in singing based activity, either alone or with their carers. The groups also provide opportunities to provide information and signposting to other forms of support and local activities, which people may find useful.

### **3.6.4 North Tyneside Carers’ Centre**

Dementia and mental health support continue to be the highest requested service carers access through North Tyneside Carers’ Centre. The Carers Wellbeing workers who

provide one to one support for carers following a Wellbeing Assessment support more carers of people with dementia than those with any other condition.

The Centre provides a specific caring with confidence course for carers of people with dementia and also a range of other support services that benefit carers.

### **3.6.5 Summary**

This report provides a flavour of work that is happening to support older people and those with dementia; however the list of services described is by no means exhaustive. Work continues from prevention at a population level through to the provision of specialist mental health support for individuals.

The CCG have been rated as “outstanding” for mental health provision and as “good” for dementia provision which provides evidence of a local system that is moving in the right direction, with clear identified areas for where we also need to make improvements.

## **4. Appendices**

Appendix 1: Useful information

Appendix 2: Sunshine and Showers

## **5. Background Information**

The following documents have been used in the compilation of this report and may be inspected at the offices of the author.

Mental Wellbeing in Later Life Strategy 2018-2023.

## Useful information

### North Tyneside Carers' Centre

North Tyneside Carers' Centre is a local independent charity which was established in 1994. They are the only generic carer support service in the borough providing support to both young and adult carers. They are a network member of Carers Trust.

Call 0191 643 2298

Email [enquiries@ntcarers.co.uk](mailto:enquiries@ntcarers.co.uk)

<https://www.northtynesidecarers.org.uk/>

### Age UK North Tyneside Dementia Services Team

Open to residents of North Tyneside call 0191 280 8484.

### Admiral Nurse Dementia Helpline

The Admiral Nurse Dementia Helpline is for anyone with a question or concern about dementia and Alzheimer's disease.

National helpline: 0800 888 6678 from 9:00am to 9:00pm Monday to Friday and 9:00am to 5:00pm on Saturday and Sunday.

[Dementia UK - Admiral Nurse Service](#)

### First Contact Clinical – Social Prescribing Service

Social prescribing can help people with different social, emotional or practical needs to find the right support and improve their health and wellbeing.

You can make a referral via [fcc.ntsps@nhs.net](mailto:fcc.ntsps@nhs.net) or by calling 0191 4324829

You can get in touch with by emailing [ntsps@firstcontactclinical.co.uk](mailto:ntsps@firstcontactclinical.co.uk)

[First Contact Clinical](#)

**Talking Point** is a helpful online community where anyone who is affected by dementia can receive valuable support. It's free, open day or night, and can be accessed online.

For more information and to register visit: <https://forum.alzheimers.org.uk/>

The **Herbert Protocol** is a national scheme introduced by the police in partnership with other agencies which encourages carers to record useful information which could be used in the event of a vulnerable person going missing.

Carers, family members and friends can complete in advance, The Herbert Protocol form recording all vital details, such as medication required, mobile numbers, places previously located, a photograph etc.

In the event of a family member or friend going missing, the form can be easily handed to the police to reduce the time taken in gathering this information.

This form could make a real difference. It could help reduce the amount of time a vulnerable person is missing, bringing them to safety even quicker.

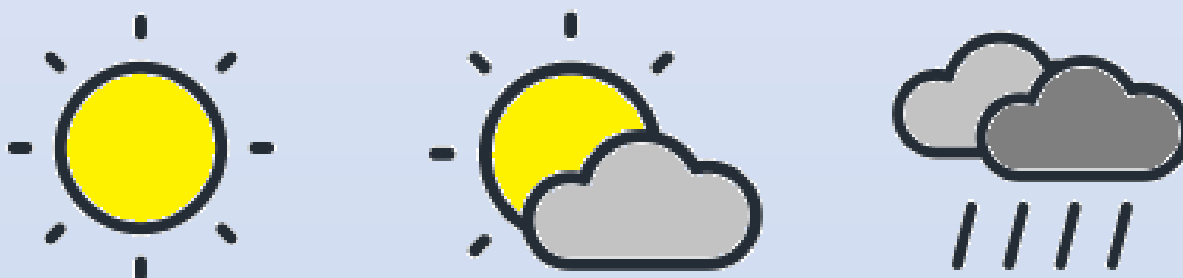
<https://beta.northumbria.police.uk/advice-and-info/personal-safety/missing-persons/>

### **Alzheimer's Society Dementia Friendly Communities**

The Alzheimer's Society dementia-friendly communities programme encourages everyone to share responsibility for ensuring that people with dementia feel understood, valued and able to contribute to their community. Find out more at:

<https://www.alzheimers.org.uk/get-involved/dementia-friendly-communities>





# Is it more of a Sunshine or Showers day today?

Feeling under a cloud? What would make it better?

Low mood and depression can present differently in people's lives, for example:

- Sadness or feelings of despair
- Unexplained or aggravated aches and pains
- Loss of interest in socialising or hobbies
- Weight loss or loss of appetite
- Feelings of hopelessness or helplessness
- Lack of motivation and energy
- Sleep disturbances (difficulty sleeping, oversleeping, or daytime sleepiness)
- Loss of self-worth (worries about being a burden, feelings of worthlessness or self-loathing)
- Slowed movement or speech
- Increased use of alcohol or other drugs
- Fixation on death; thoughts of suicide
- Memory problems
- Neglecting personal care (skipping meals, forgetting meds, neglecting personal hygiene)

What can we do?

**Join our Journey**

North East and North Cumbria

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