



North Tyneside Council

Adult Social Care, Health and Wellbeing Sub-Committee

Wednesday, 30 October 2019

Thursday, 7 November 2019 Quadrant, The Silverlink North, Cobalt Business Park,
NE27 0BY commencing at 6.00 pm.

Agenda Item		Page
1.	<p>Apologies for Absence</p> <p>To receive apologies for absence from the meeting.</p>	
2.	<p>Appointment of Substitute Members</p> <p>To be notified of the appointment of Substitute Members.</p>	
3.	<p>Declarations of Interest</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 dispensation 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>Minutes</p> <p>To Confirm the minutes of the meeting held on 3 October 2019.</p>	5 - 8
5.	<p>Better Care Fund</p> <p>To receive an update report on the Better Care Fund.</p>	9 - 14

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>Developing Wellbeing Services</p> <p>To receive an update on the development of community hubs around well-being services.</p>	
7.	<p>Adult Social Care Strategic Needs</p> <p>To consider a presentation on development work in relation to Adult Social Care Strategic Needs.</p>	
8.	<p>Dementia Friendly Communities</p> <p>Councillor Joe Kirwin to provide feedback to the Sub-committee on the recent workshop on Dementia Friendly Communities</p>	
9.	<p>STP Joint Scrutiny Committee</p> <p>The Chair to provide an update on the last STP Joint Scrutiny Committee meeting held on 23 September 2019.</p>	

Circulation overleaf ...

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

Councillor Trish Brady
Councillor Karen Clark (Chair)
Councillor Joe Kirwin (Deputy Chair)
Councillor Tommy Mulvenna
Councillor Cath Davis
Councillor Alan Percy

Councillor Joanne Cassidy
Councillor Muriel Green
Councillor Nigel Huscroft
Councillor Margaret Reynolds
Councillor Les Miller
Councillor Paul Richardson

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Adult Social Care, Health and Wellbeing Sub-Committee

Thursday, 3 October 2019

Present:

Councillors T Brady, J Cassidy, M Green, J Kirwin,
N Huscroft, T Mulvenna, C Davis and P Richardson

In attendance:

Councillors G Bell

Apologies:

Councillors K Clark, M Reynolds, L Miller and A Percy

ASCH24/19 Appointment of Substitute Members

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

Cllr J O'Shea for Cllr K Clark.

ASCH25/19 Declarations of Interest

There were no declarations of interest or dispensations.

ASCH26/19 Minutes

Resolved that the minutes of the meeting held on 5 September 2019 be confirmed and signed by the Chair.

ASCH27/19 Armed Forces Covenant

The Sub-committee considered the report, requested by the Sub-committee, providing an update on how the Council is meeting its commitments under the armed forces covenant in relation to healthcare and safeguarding.

It was noted that the North Tyneside Armed Forces Covenant had been updated in October 2018. The covenant is agreed by the North Tyneside Strategic Partnership and the North Tyneside Armed Forces Forum. The purpose of the covenant is to ensure that those who serve or who have served in the Armed Forces, and their families, face no disadvantage compared to other citizens in the provision of public and commercial services.

It was noted that in August 2019 the Council had received a Gold Covenant Award from the Ministry of Defence. This is the highest award possible in recognition of the support received by current and ex-members of the armed forces and their families.

An issue was raised about Remembrance Day Events within communities and the difficulty of funding road closures in support of these events. Whilst sympathetic to this issue it was acknowledged that this issue was outside of the scope of this committee.

The Chair thanked Cllr Bell and officers for this report.

ASCH28/19 Northumbria Healthcare Foundation Trust

Representatives from Northumbria Healthcare Foundation Trust attended the meeting to provide information on three areas. This had been requested by the Sub-committee as a follow up on information provided as part of the recent presentation on the Quality Account:

1. Realistic Medicine

Members considered a presentation which set out the developing approach to 'realistic medicine' at the Trust. This approach was aimed at prioritising the health and wellbeing of the patient, rather than taking a primarily medical approach, particularly in relation to end of life care.

Members were generally positive about the presentation and the approach being advocated.

Members raised a number of points including:

- The extent the Trust is working with care homes and training for care home staff;
- The need to address loneliness and isolation, and the benefits of social prescribing;
- Developing connections with the voluntary sector and issues around the impact of cuts on this sector;

2. Bereavement Services

Members considered a presentation which set out new arrangements that are being piloted in relation to the medical examiner role which aims to provide more support to junior doctors and families in relation to death certificates and referrals to the coroner.

Members welcomed the new arrangements which appeared to be offering a better support service to both patients and junior doctors.

The Sub-committee noted the presentation

3. Freedom to Speak Up Initiative

The Trust outlined developments in relation to the 'Freedom to speak up' initiative which had been put in place as a result of the inquiry into Mid Staffordshire Hospital. The initiative is aimed at creating a culture of openness.

Members asked about training for staff in relation to this. It was noted that the initiative was based on a collective leadership approach and that training had been provided to all managers and also to staff. Staff, including doctors, are trained to report any concerns through the normal mechanisms.

The Chair thanked officers from the Trust for the interesting and informative presentations.

ASCH29/19 Drug Related Deaths

The Sub-committee considered a report and presentation which provided an overview of drug related deaths in North Tyneside, and provided an update on progress to prevent future drug related deaths.

The Sub-committee was advised that the data in the report reflected 'drug poisonings' which include both controlled and non-controlled drugs, prescription medication (either prescribed or obtained by other means) and over-the-counter medications.

It was noted that ONS data for 2018 record the highest number and highest annual increase in drug poisoning deaths nationally since the time series began in 1993. In North Tyneside, the number of drug poisonings is at its highest for the reporting period.

It was noted that the North East has a significantly higher rate of deaths relating to drug misuse compared to all other English regions. Over the last decade the rate of drug misuse has more than doubled in the north east. Although North Tyneside has a lower rate of drug misuse deaths than other areas of the North East, it has a high rate compared with the national figure.

The Sub-committee noted some of the action that was being taken in North Tyneside to address and prevent drug related deaths, including a multi-agency recording and review process for drug related deaths, and outreach work in the community aimed at prevention

It was noted that national policy is lacking in this area and the NHS Long Term Plan and the recent Prevention Green Paper don't address drug misuse.

Members raised some questions about the extent that drug related deaths are underestimated. It was noted that decisions on how deaths are recorded are made by the coroner and there can be variations between different coroners' offices.

The Chair thanked officers for the interesting report.

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Meeting: Adult Social Care, Health and Wellbeing Sub-Committee of the Overview and Scrutiny Committee

Date: 7th November 2019

Title: Better Care Fund update

Author: Kevin Allan

Service: Health, Education, Care & Safeguarding

Wards affected: ALL

1. Purpose of Report

1.1 This report provides an update on the activity of the Better Care Fund.

2. Introduction

2.1 What is the Better Care Fund ?

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 Group. The BCF commenced in 2015/16.

3. Details

3.1 A report to the Committee on 5th July noted that “the North Tyneside BCF plan identified that the CCG and the Authority will work in collaboration to review and rebase existing schemes within the BCF document, ensuring value for money and positive quality outcomes, identifying opportunities to include (where appropriate) system and service changes, working within the current financial envelope. Any changes to services provided will take effect from April 2018 for 2018/19, or later as agreed between the two organisations. Any changes must ensure that the North Tyneside BCF plan continues to comply with the BCF national requirements. Both organisations will work together to ensure that the residents of North Tyneside get the best return for investment in the BCF.

Accordingly, a review of BCF schemes was carried out and considered by the BCF Partnership Board. The review identified many examples of good practice, and some ways in which the services could improve their coordination with each other.

Following the review, work is underway to consider how the work of services related to the frail elderly population work together most effectively. This particularly relates to Carepoint, CarePlus, and Intermediate Care.

4. Future Developments

On a national level, the current policy framework lasts only until March 2019..

As noted in the July 2018 report, the Secretary of State for Health and Social Care stated in the House of Commons on 18th June 2018 .

“For our most vulnerable citizens with both health and care needs, we also recognise that NHS and social care provision are two sides of the same coin. It is not possible to have a plan for one sector without having a plan for the other. Indeed, we have been clear with the NHS that a key plank of its plan must be the full integration of the two services. As part of the NHS plan, we will review the current functioning and structure of the Better Care Fund to make sure that it supports that. While the long-term funding profile of the social care system will not be settled until the spending review, we will publish the social care Green Paper ahead of that. However, because we want to integrate plans for social care with the new NHS plan, it does not make sense to publish it before the NHS plan has even been drafted, so we now intend to publish the social care Green Paper in the autumn around the same time as the NHS plan.”¹

Hence we can expect the BCF to continue beyond 2019/20 but there may be changes in the operation of the BCF. At the time of writing, no further information has been received from Government on future arrangements for the BCF.

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.

Better Care Fund Narrative Plan 2017-18-19

6. Appendices

Appendix 1 – BCF metrics

¹ <https://hansard.parliament.uk/commons/2018-06-18/debates/6FAA6047-F74C-40ED-9C01-CE7313E8B740/NHSLong-TermPlan>

Appendix 1 – BCF metrics

The BCF Policy Framework identifies four metrics that are monitored centrally; these are emergency hospital admissions; delayed transfers of care; the effectiveness of reablement; and permanent admissions to residential care.

Emergency Hospital Admissions

Figure 1 below shows the actual number of emergency hospital admissions and the planned number, since April 2018. The planned number of admissions increased from April 2019, because ambulatory care attendances were included in the data from this date. The actual number of admissions.

So far in this financial year (April-August 2019) the actual number of admissions has been 0.7% below the planned number.

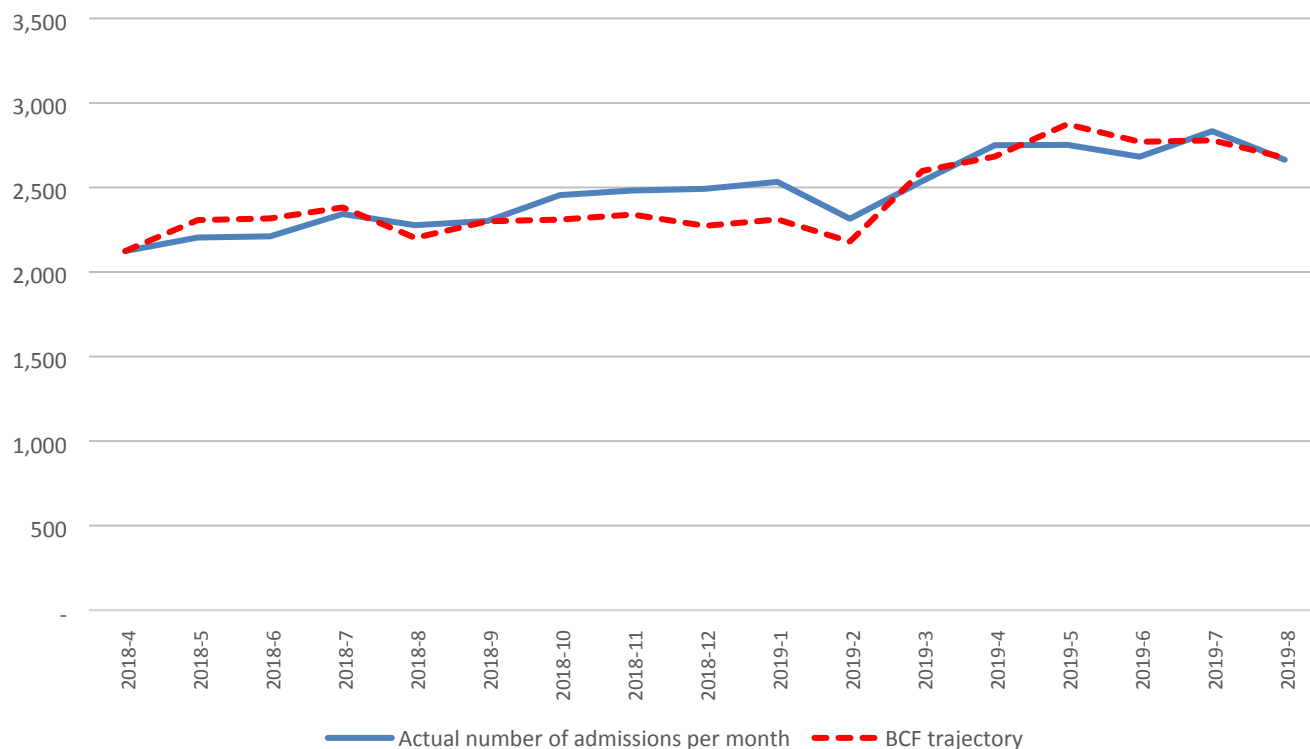


Figure 1 – Emergency hospital admissions April 2018 – August 2019

Delayed transfers of care (DTOCs)

The Department of Health and Social Care have set targets for reductions in the levels of delay. These targets are expressed in delayed days per 100,000 patients aged 18+; the target for North Tyneside is 7.6 days per 100,000 patients.

The actual number of delayed days from April-August 2019 was 521 days, which equates to an average of 2.1 days per 100,000 patients, well below the target level and the average for England.

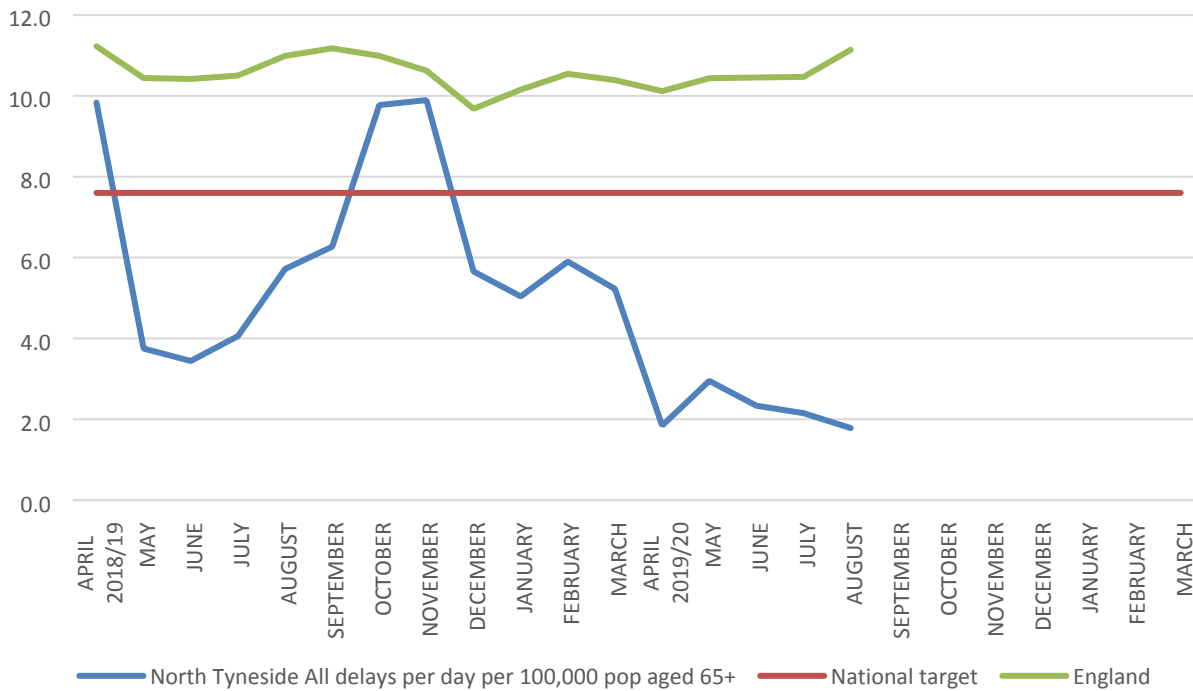


Figure 2: Delayed transfers of care: rate per 100,000 persons aged 18+

Figure 2 above shows that the North Tyneside rate of delayed days has been:

- Well below the target level throughout 2019/20.
- Declining since November 2018.
- Well below the average level for England

Figure 3 below shown the numbers of delays for each local NHS provider. The increase in delays reported by NTW in Autumn 2018 has largely subsided.

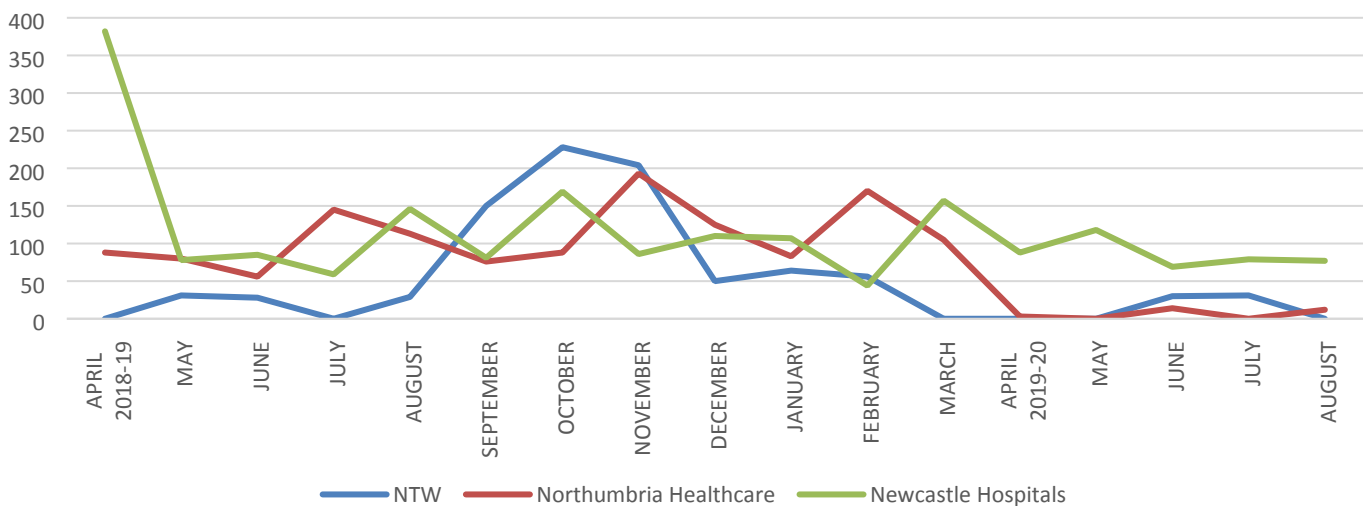


Figure 3: Delayed transfer of care by originating NHS provider

Effectiveness of reablement

The target for the number of patients at home 91 days after discharge from hospital to reablement remains at 93.1%. Current performance is above target at 94%, compared to an England average of 82%.

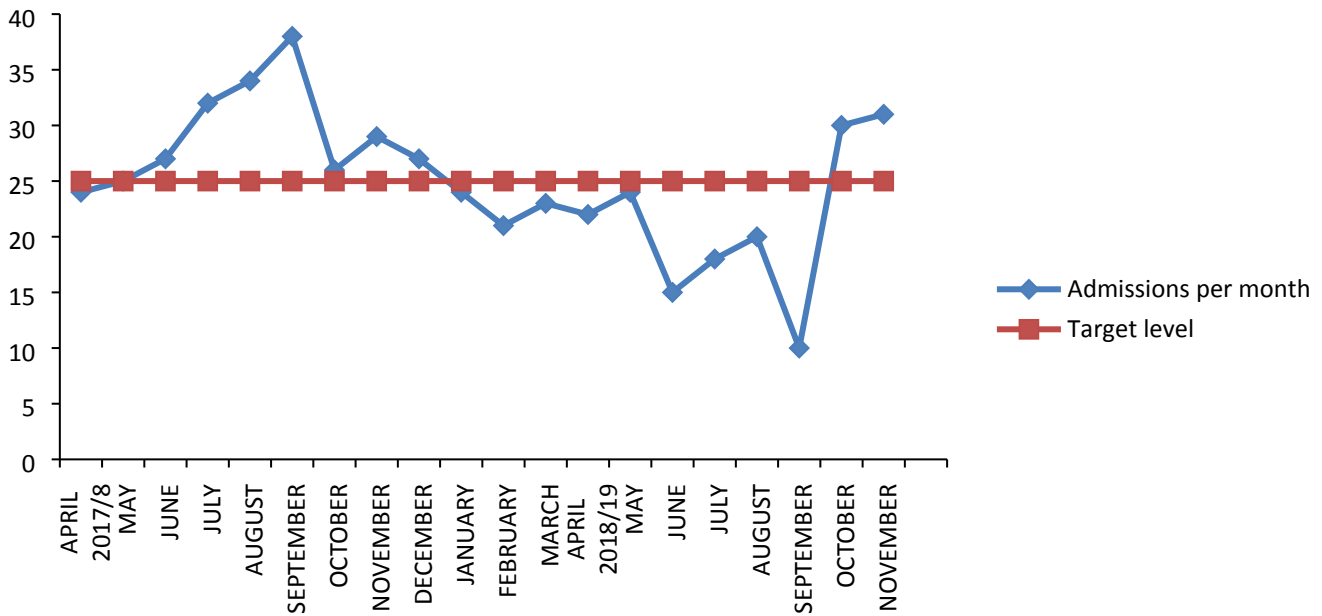
Permanent admissions to residential care

As shown in Figure 4 below, in the first two months of 2018/19, the number of admissions has declined during the past 12 months, being below the target level for nine out of twelve months.

There has been an increase in October and November but it is too early to establish a trend.

Figure 4

Permanent admissions to residential care



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