

Caring Sub-Committee

Thursday, 25 July 2024

Present: Councillor J Webster, Deputy Chair (in the chair)
Councillors P Bunyan, J Kirwin, C McGinty,
L Marshall, T Neira, K Nott, O Scargill, A Spowart and
J O'Shea

In attendance: Councillor K Clark (Cabinet Member for Public
Health, Safety and Wellbeing), W Burke (Director of
Public Health), C Woodcock (Deputy Director of
Public Health), L Nicholson (Head of Assessment
and Prevention, Adult Social Care), and
S Woodhouse, Head of Commissioning, Adult
Social Care

Apologies: Councillors J Shaw (Chair), S Burtenshaw,
A Holdsworth and J Hunter (Cabinet Member for
Adult Social Care) and E Binks (Director of Adult
Social Care)

C1/24 Appointment of Substitute Members

Pursuant to the Council's constitution the appointment of the following substitute member was made:

Councillor J O'Shea for Councillor A Holdsworth.

C2/24 Declarations of Interest or Dispensations

Councillor K Clark declared a registerable personal interest in agenda Item 5: Overview of Strategic Priorities for Public Health and Adult Social Care (C4/2024), as she was a Director and Employee at Justice Prince CIC which had contracts with North Tyneside Council and received funding from the Authority.

Councillor J Kirwin declared a non-registerable personal interest in Item 5:

Overview of Strategic Priorities for Public Health and Adult Social Care (C4/2024), as he was employed by a 3rd sector charity organisation.

C3/24 Minutes

Resolved: that the minutes of the previous meeting held on 28 March 2024 be agreed as a correct record and signed by the Chair.

C4/24 Overview of Strategic Priorities for Public Health and Adult Social Care

The Sub-committee received an overview of the Strategic Priorities for Public Health and Adult Social Care.

Wendy Burke, Director of Public Health, and Chris Woodcock, Deputy Director of Public Health, attended the meeting and presented the sub-committee with an overview of ‘what is public health?’

It was explained that The Faculty of Public Health used: *the art and science of preventing disease, prolonging life and promoting health through the organised efforts of society*. Ultimately, it was about helping people to stay healthy.

There were three main areas of Public Health:

1. Helping people to stay well
2. Managing infections/hazards
3. It was about helping people to stay healthy

Throughout all of this, they also aimed to reduce inequalities. In a “public health approach” – they used data and evidence to determine: what does our population need; What could work; Who could we work with; and Has it worked?

Traditionally, doctors had worked treated individuals when they had fallen ill and dealt with the medical consequences of that illness. Public health focused on preventing people from getting ill and keeping them well – and also worked at a population level. They wanted to stop people falling in the river or help them upstream where the waters were less choppy, rather than waiting for them to reach the rapids.

Wider determinants of health was linked to the conditions in which we were born, grow up, live, work and age. Health was not just linked to how the NHS functioned. Some of the most effective interventions had been at a policy level. The development of a national vaccination programme had almost wiped out a lot of the diseases e.g. measles. Other key examples were seatbelt legislation, water fluoridation, smoking ban, food standards, sugar tax. The challenge – state vs individual responsibility – “the nanny state”.

Inequalities was unfair and avoidable differences between groups in society. In North Tyneside 36.2% of children were living in poverty in our most deprived areas compared with 2.6% in less deprived areas. The proportion of children with decayed, missing or filled teeth ranged from 7% in the least deprived areas to 47% in the more deprived areas. Nearly one in four (24.6%) residents who had a LTC or disability lived in less affluent areas, down to less than 1 in 6 (14.3%) in the most affluent.

North Tyneside Council’s public health responsibilities like all areas had finite resources, so where should the Authority focus its efforts? It had a number of statutory responsibilities for example NHS health checks and advice to NHS commissioners. Also, discretionary functions such as stop smoking services, health at work, events and campaigns.

The Authority’s areas of focus linked to the refreshed Council Plan and supported the vision of a ‘thriving, family-friendly, secure and caring North Tyneside. In addition, the North Tyneside Health and Wellbeing Board was responsible for the Equally Well: A healthier, fairer future for North Tyneside 2021–2025 Strategy, which had been developed by its representative partners and would shape and inform plans for commissioning and providing services that addressed the wider determinants of health and reduce inequalities.

In summary, Public Health’ was about working to improve the health of our population – they wanted to keep people well as well as helping them to get better when they were ill. Local Authority public health teams cannot do this on their own and worked with others e.g. ICBs, NHS acute trusts, GPs, the voluntary and community sector, schools, workplaces/businesses. Public health used data and evidence to understand what the population needed and what could make a difference, they also looked for evidence to see if they had made a difference.

In response to a query with regard to the contributions of other service providers e.g. Environment Agency, Culture & Leisure services; it was explained that public health worked with colleagues in these areas, and all did contribute to the Authority's delivering of its services.

Lisa Nicholson, Head of Assessment and Prevention, and Scott Woodcock, Head of Commissioning, Adult Social Care, attended the meeting and presented the sub-committee with an overview on 'what Adult Social Care do'.

It was explained that North Tyneside Council's Adult Social Care provided the following services:

- Personal Care: – Assistance with daily activities such as bathing, dressing, eating, and mobility;
- Practical Support: – Help with household tasks, shopping, and managing finances;
- Health Care: – Support for managing health conditions, medication administration, and accessing medical care;
- Social Support: – Services to reduce isolation, such as day centres, social activities, and companionship;
- Residential Care: – Long-term; and
- Respite Care: – Temporary care to provide relief for primary caregivers; and Community Services – Access to local resources and services like transport, advocacy, and social groups.

The Authority's responsibilities included assessment and eligibility, funding and budgeting of services, service provision & commissioning, quality assurance and regulation, safeguarding, support for caregivers, promoting independence, information and advice, community engagement, integration with health services, legal duties and ethical practices.

Adult Social Care supported the residents of North Tyneside a total population of 210,487, of which 168,393 were adults. 508 staff worked in adult social care services. Over 5,500 adults supported by Adult Social Care services, over 3,400 of these received longer term support provided by the Authority's community wellbeing, mental health or learning disability teams. 1,212 clients (May 2024) received residential and nursing care, of which: 902 clients received residential care, and 310 clients received nursing care. 978 clients were receiving 12,508

hours of home care per week.

A summary of the way in which services were delivered was given regarding adults' finance, the adults gateway & emergency duty team, car point and integrated care services, community wellbeing and assessment terms, whole life disability, mental health services, business assurance, and commissioning.

Adult Social Care priorities in line with the Our North Tyneside Plan 2021-2025 (A caring North Tyneside), were to:

- Prevent or reduce the need for long term care to maximise independence
- Provide right support in the right place at the right time
- Ensure safety from abuse or neglect
- Creating resilient, caring and inclusive communities and services
- Develop a standard and skilled workforce
- Review/produce Business As Usual (BAU) Equality Impact Assessments

In response to a query regarding the 987 clients receiving care and the number of providers; it was explained that there were 30 plus providers but there was a potential issue of capacity, however, through the new Home Care contract from next year with a smaller number of providers, care would be quality and efficiency related.

With regard to a query on medical health/ physical health provision and whether it was anticipated the Authority would provide these NHS services; it was explained that some eligibility in terms of carers and emotional wellbeing needs.

In response to query regarding the role of the voluntary sector; it was explained that for example - VODA worked to support and develop the voluntary and community sector by providing a wide range of support services and by representing the views of the sector to government and policy makers on a local and national level; AGE UK (North Tyneside) were a local charity working in the community to support older people, their families and carers.

In relation to the demands on services, clarification was sought on how workstreams were managed; it was explained that in terms of managing existing demands and outcomes of what people expected over a period of time, work was being done to sign-post to voluntary sector organisations, where appropriate.

In relation to query on the 5000 adults being supported and whether the figures per Ward were available; it was explained that a report on these figures re: postcodes could be provided, if requested.

With regard to socio-health for women, clarification was sought on the support in place; it was explained that a multi-agency safeguarding hub 'MASH' and triage facilities via the Police and health care providers were in place and available for those in need of support.

In relation to whether Safety Community Assessments would be carried out in the future; it was confirmed that this would be done, and details were available on the Authority's website.

On behalf of the sub-committee the Chair thanked officers for their respective and informative presentations on Public Health and Adult Social Care.

It was **agreed** to note the presentations and the important work being carried out by the Public Health and Adult Social Care teams on behalf of the Authority.

C5/24 Work Programme 2024/25

A report was received which set out a proposed approach to the work planning for the Caring Sub-committee 2024-25, together with an initial information base which the sub-committee could utilise in considering and deciding on its outline work programme for 2024-25.

The Authority's Scrutiny arrangements were reviewed by the Centre for Governance and Scrutiny (CfGS) in 2023/24. The CfGS was a national body which specialised in promoting governance excellence within local authorities.

The CfGS recommended the following as good practice in Scrutiny work planning:

- (a) Involvement of all Committee members in work planning: – the CfGS highlighted that work planning was key to ensuring that Scrutiny stayed focussed on strategic issues where it can make an impact, whilst making the best use of time and resources. Accordingly, all members of each scrutiny sub-committee should have a chance to influence that sub-committee's work programme; and further, sub-committee members

should lead development of their committee's work plan, in order to have influence and ownership over committee activity.

- (b) Sufficient flexibility: – the CfGS noted that work planning was an on-going process and not just a one-off event. Whilst identification of a list of topics and priorities was sensible there would need to be flexibility in the work plan and time set aside to regularly revisit the relevance of topics in meetings as the local context changes.
- (c) Involvement of Cabinet Members, and Senior Officer Support: – in their 2023/24 review, the CfGS commended the desire of the Elected Mayor and Chief Executive to fully support the scrutiny process. As part of that commitment, a link Cabinet Member, and a lead SLT officer, had been nominated to support each Scrutiny sub-committee.
- (d) 'Less is More': – the CfGS stated that "there is evidence that when scrutiny focuses on fewer things of greater importance, more is achieved". This would be worthwhile to consider when developing the scrutiny work plan. The CfGS also recommended considering the introduction of selection criteria to identify appropriate topics for the work plan, and bringing discussion of the work plan to the beginning of meetings, so emerging or changing priorities can benefit from considered discussion.

Scrutiny tended to be most successful when it set clear objectives for its work, and when it focused on strategic matters which were likely to make a real difference. Taking these Ideas forward, the Caring Sub-committee's remit, agreed by Council on 16 May 2024, was attached as Appendix A.

An extract from the Our North Tyneside Plan 2021-25, showing the priorities under 'A Caring North Tyneside' theme of that Plan, was included at Appendix B.

It must be emphasised that it was for the caring sub-committee to determine its work programme. However, to aid the sub-committee in this process, some initial activity to identify potential work plan topics had been undertaken, as outlined below.

For each Scrutiny Committee the links with lead Cabinet portfolios and Directorates of the Authority had been identified. These links were summarised in

the diagram of Scrutiny Support Arrangements attached as Appendix C. For the Caring Sub-committee, the Cabinet Member responsible for Adult Social, and the Cabinet Member responsible for Public Health and Wellbeing would be the link Cabinet Members. The Director of Adult Social Care (supported by the Director of Public Health) would be the link Senior Leadership Team officers to provide ongoing and regular officer support to the sub-committee.

These Cabinet members and SLT officers would meet regularly throughout the year with the Chair of the sub-committee to provide information and suggestions on policy topics which the sub-committee may wish to consider when planning and revising its programme of work for 2024/25. At the request of the Chair, information on potential work topics had been sent separately to sub-committee members ahead of the meeting.

The Chair invited Members of the sub-committee to suggest and discuss potential items of business for the work plan.

During discussion, Members put forward the following items (in addition to those listed in Appendix D) as potential topics for consideration in the 2024-25 work plan:

- a) Supporting the conditions of Care workers in order to retain staff, to ensure the quality and continuity of services and any gaps are managed.
- b) Great care for all was needed in terms of commissioning with regard what the local (North Tyneside Council) priorities are i.e. Innovation/Technology, including the strategic direction of Cabinet and Cabinet Member(s).
- c) How we 'the Authority' work with the community and voluntary sector to ensure all areas of the Borough are properly supported (noting the North West area as an example).

Reason(s) Improving the quality of Care in communities in line with the Our North Tyneside Plan 2021-2025 (A caring North Tyneside).

The Chair thanked Members of the sub-committee for their suggestions as potential topics for inclusion in the work plan.

It was **agreed** to (1) note the remit of the Scrutiny Sub-Committee, as agreed at the Annual Council meeting on 16 May 2024, set out at Appendix A to the report; and the extract from the agreed Our North Tyneside Plan 2021-25, relating to the 'A Caring North Tyneside' theme, set out at Appendix B to the report;

(2) note the information set out in this report regarding Scrutiny work planning (including good practice guidance from the Centre for Governance and Scrutiny) and that Scrutiny tended to be most successful when it set clear strategic objectives for its work;

(3) note that a link Cabinet member and a lead Senior Leadership Team officer had been identified to actively support the work and information needs of the Caring Sub-Committee in the coming year, summarised at Appendix C to the report; and

(4) note that the views of Sub-Committee members were sought to decide an outline work programme for the year; and agree that work programming would be included as a standard agenda item at each future meeting of the Sub-committee in order that the work programme can be flexed as necessary in response to emerging policy matters as the year progressed, and so that all Sub-committee members can be involved in development of the work programme. However, an indicative menu of potential topics for discussion was included at Appendix D to the report.

C6/24 Date and time of next meeting

6.00pm on 26 September 2024.