

Adult Social Care, Health and Wellbeing Sub-Committee

8 November 2018

Present: Councillor N Craven (Chair)
Councillors T Brady, S Brockbank, J Cassidy, M Green,
J Kirwin, K Lee, M Reynolds (Sub), J O'Shea (Sub), and
L Spillard

ASCHW29/11/18 Apologies

Apologies were received from Cllrs A Austin, L Bell, K Clark, and A Percy.

ASCHW30/11/18 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
Cllr M Reynolds for Cllr A Percy

ASCHW31/11/18 Declarations of Interest and Dispensations

Cllr R Brady declared a personal interest in relation to Item 6 as an associate of a company, Advancing Potential, which provides consultancy services to businesses in the care sector.

ASCHW32/11/18 Minutes

Resolved that the minutes of the meeting held on 4 October 2018 be confirmed and signed by the Chair.

ASCHW33/11/18 Smokefree NHS and Tackling Nicotine Dependency

Judith Stonebridge, Consultant Public Health, Northumbria Healthcare NHS Foundation Trust, attended the meeting to present the report and outline the work within the Trust to implement national guidance in relation to tackling nicotine dependence, reducing smoking prevalence and achieving smokefree status.

The Sub-committee noted that the Trust is working in partnership with the Council and the CCG to help support patients in relation to smoking once they leave hospital.

It was highlighted that smoking has a big impact on social care costs and contributes to a number of long term conditions which can lead to people living in ill health for longer. In addition it is also a factor in lost productivity to organisations due to staff smoking.

It was highlighted that the Trust had a particular focus on smoking and pregnancy, as reducing smoking in this target group can have a big impact for both mother and baby.

The sub-committee noted that the Trust was the first in the region to introduce the initiative in March 2018. Most Trust's are looking to begin in March 2019, and Northumbria has been offering best practice assistance to other organisations.

The initiative is focussed on asking people about their smoking status at every contact and offering brief interventions aimed at supporting patients to stop. Staff are being trained to do this and the recording of smoking status is currently 85%, with 85% offered intervention/advice. The Trust has found that only around 10 % of patients do not want any help and 66% are receptive to nicotine replacement help.

Members asked if monitoring takes place to follow up those who take up therapy and whether it is having a long term impact. It was noted that this was the case, with the aim of patients being asked about smoking status at every contact.

There was some discussion about the decline in rates of young people taking up smoking. It was noted that this is in decline but is also something that needs to be continually monitored. It was highlighted that one of the biggest influence on smoking rates of young people is seeing adults smoke, so reducing the prevalence of adult smoking has a positive impact here.

There was some discussion about the role of GPs and whether they are offering the same advice. It was noted that patients tend to be referred to the community pharmacy for smoking cessation advice but that the Trust is working with GPs to encourage interventions as part of the consultation as this is likely to have more impact.

The Sub-committee noted the report and thanked Judith Stonebridge for her report.

ASCHW34/11/18 Safeguarding Adults Board Annual Report

Ellie Anderson, Assistant Director Business Assurance, attended the meeting to present the report which set out an overview of the work of the Safeguarding Adults Board (SAB), including the Board's Annual Report 2017-18 and Annual Plan 2018-19.

It was noted that the Board is a joint board with Northumberland, chaired by an independent chair, and that this year a joint Annual Report has been developed. Officers advised that it had proved successful to operate a joint board as it reduced duplication.

It was highlighted that the SAB has developed an annual plan which covers the period 2016-2019 and sets out the business objectives for the Board in this period. The plan is refreshed annually. The plan sets out the 6 key principles of the work of the board which are:

- Empowerment
- Prevention
- Proportionality
- Protection

- Partnership
- Accountability
- Outcomes

The Sub-committee noted that there had been a significant increase in the number of safeguarding concerns, although a high proportion of these are low level concerns. The number of cases taken forward into a Section 42 enquiry decreased by 9%. This reduction in the escalation of cases has been linked to the change in the service delivery model in Adult Social Care and the allocation of an allocated worker to all customers. This has allowed prompt interventions to be provided if things start to go wrong.

It was noted that the main type of abuse is neglect or act of omission, followed closely by financial or material abuse, then physical abuse. The main location of abuse continues to be in individuals own home (52%). However residential and nursing home combined make up the second highest location (25%).

There was some discussion about the change in the delivery model in Adult Social Care and how often an allocated social worker would see each person. It was noted that all those with a long term care package would have an annual review, but the social worker could pick up any issues that arose between reviews without the need for an individual to go back through the Gateway system. The impact on social worker workload hasn't changed as, although case loads are higher, a high proportion of cases are inactive. Social Workers are now managing around 25-32 active cases which is comparable with the previous system. But psychologically there has been a change, as caseloads are now 60 – 65 cases, with around 60 % inactive.

A member asked about Domestic Abuse and whether more numbers were being reported. It was highlighted that not all cases of Domestic Abuse would go to Safeguarding. There are a number of ways of working with people experiencing Domestic violence/abuse and there is a risk based approach to decide the correct forum.

A councillor highlighted a recent case she had become aware of in her constituency of financial abuse involving door-step lending to vulnerable people living in the community. She was concerned that this could be a wider problem and asked whether this was an issue that the SAB was aware of. Officers acknowledged that this may be something that was happening and could be quite hidden as people may not recognise themselves as vulnerable and may not ask for help. It was something that could be raised with the Board to consider any action that could be taken.

There was some discussion about what is done if a vulnerable person refuses all help. It was noted that a range of ways of helping people and some agencies may be more acceptable to individuals than others. In occasional cases, where there is a high level of concern, non-consent action may be considered, although it is important to demonstrate the decision making around this kind of action.

There was some discussion about the format of the Annual Report. Some members felt that it was quite long and it may be beneficial to produce a summary or 'easy read' version to ensure the document is more accessible to those who may have an interest. It was agreed that this could be considered once the report is published.

A question was raised about specific training or awareness raising around coercive control. It was noted that there is no specific training on coercive control but this would be part of other training modules and eLearning. A question was raised about providing training to the public. Officers noted that this was something to think about but may be more about raising awareness with the public rather than training.

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

ASCHW35/11/18 Adult Social Care Provider Market

The Sub-committee received a presentation which set out information on the Adult Social Care Provider Market in North Tyneside, including overall spending, commissioning arrangements, market provision and capacity, quality and CQC scores, and challenges going forward.

In the light of recent news coverage about financial difficulties in relation to a specific home care provider there were some questions about the Council's contingency planning in relation to this. It was noted that this particular provider represents 500 hours of support per week in North Tyneside out of an overall of 1100 hours. The Council is working closely with the CQC across the region and the wider market to monitor the situation.

It was highlighted that the Adult Social Care market is a fragile market. The ability of the Council to support the market in any financial way is limited due to financial pressures, but the Council is looking to support in other ways by providing training and supporting retention and recruitment of staff.

It was noted that the current framework agreement is under review and the Council will be commissioning new arrangement from 1 April 2019. This will be looking to introduce more flexibility to allow providers to work more smartly. For example, there may be scope to have fewer providers working in an area with visits coordinated across a small area to reduce travel costs and time.

There was some discussion about commissioning terms and conditions and whether the Council's fee level covers the travel costs of care workers. A member highlighted an issue about younger care workers where the wage rates are less than the national living wage and this could be impacting on the retention of staff. It was highlighted that younger people only make up around 10 – 15% of the care work force in the borough and that a bigger percentage are in the 45-55 and 55+ age range and this could be an issue in terms of an ageing workforce moving forward.

There was an issue raised about access to sheltered housing and whether there were eligibility criteria in place related to equity. Officers agreed to provide a response on this.

There was some discussion about the role of Healthwatch in relation to social care and the engagement of volunteers to feedback on the quality of social care provision. Paul Jones from Healthwatch was in attendance and stated that the organisation is no longer commissioned to undertake social care activity. There has therefore been less of a focus on social care this year as it is not one of the Board's agreed priorities and there isn't capacity within the contract. Ministers expressed disappointment that this was no longer part of this contract and felt that this was another check on the system that is no longer in place.

There was some discussion about the quality of nursing home provision. It was noted that 46% were rated as inadequate or requiring improvement but things are moving in the right direction. Over the last month 31% are now rated as requiring improvement and none were rated as inadequate. Members asked about regional comparators and it was noted that North Tyneside was 2nd or 3rd bottom in the region last year in relation to services requiring improvement, but this has now changed with the borough now rated around the mid-point. There will be a challenge over the next 12 months to prevent providers from slipping back.

The sub-committee was provided with an overview of the Council's assessment of the viability of providing care services directly. The Sub-committee was advised that the assessment concluded that this was not a financially viable option for a number of factors, including infrastructure and set up costs and risks around equal pay, even if using the trading company. It was noted that some authorities that had gone down that route are now putting services back out to the private sector.

Members stated that they would like to see a more detailed report at the next meeting on this matter to include detailed financial information setting out the assessment that has been undertaken.

It was agreed that:

- i. A report be considered at the next meeting setting out detailed financial information and data in relation the assessment of the viability of direct provision of care services.
- ii. That information be provided in response to the query about financial eligibility criteria and sheltered housing.

Signed By: -----

Date: -----

Cllr N Craven, Chair of the Adult Social Care, Health and Wellbeing Sub-committee

