Adult Social Care, Health and Wellbeing Sub-Committee

8 February 2018

Present: Councillor K Clark (Chair)
Councillors L Bell, M Huscroft, T Mulvenna, A Percy, M Reynolds, L Spillard, A Waggott-Fairley

ASCHW56/02/18 Apologies

Apologies for absence were received from Councillor J Cassidy.

ASCHW57/02/18 Substitute Members

There were no substitute members.

ASCHW58/02/18 Declarations of Interest and Dispensations

There were no declarations of interest or Dispensations reported.

ASCHW59/02/18 Minutes

Resolved that the minutes of the meeting held 11 January 2018 be confirmed and signed by the Chair.

ASCHW60/02/18 Mental Health Crisis Pathway Review

Janet Arris, North Tyneside Clinical Commissioning Group (CCG) and Jo Brown, Healthwatch North Tyneside presented a report on the review into mental health crisis pathways.

The review had been instigated by the CCG and Healthwatch. Both organisations had been receiving information about access to crisis mental health services and it appeared that some people were not able to access appropriate services within an appropriate timeframe.

Specifically, a series of Serious Incidents had been reported by North Tyneside Talking Therapies service, about people who were being referred or were self-referring to its service but who were unable to engage in therapy because of their mental health. Some of these patients displayed behaviours which were of high risk to either themselves or staff.

The Serious Incident Framework detailed how serious incidents should be investigated and described the role of providers and commissioners in that process. It detailed the process and procedures to help ensure Serious Incidents were identified correctly, investigated thoroughly and, most importantly, learned from to prevent the likelihood of similar incidents happening again.

It was acknowledged that the number of Serious Incidents were very small (4 during 2017) but this was unusual in the Talking Therapies service which was a primary care level service offering therapies for low level depression and anxiety. It was highlighted that the Talking Therapies service were not actively involved in some of the cases.

The CCG considered that, due to the unusual level of Serious Incidents and the severity of the incidents that a review into the mental health crisis pathways was necessary.

Healthwatch had also raised that patients had contacted them who appeared to be experiencing a mental health crisis but did not know what service to access. This had also arose during the Healthwatch report into mental health provision in 2016.

As Healthwatch was considering undertaking a more focussed piece of work on this issue, it made sense for both organisations to join forces. This would allow Healthwatch to be fully involved in the discussion on the pathways, understand the issues and challenges as well as what was working well. The CCG's work would benefit from having the direct patient input and, through the work of Healthwatch, would be able to feed the patient experience and voice into the review.

In relation to the review, the CCG convened a pathways review workshop with key stakeholders and organisations. An intensive mapping exercise was undertaken which involved input from all organisations. This was based on a fictional experience of a male child experiencing particular mental health needs through the pathway into adulthood and then as an older person. Each organisation described the input, scaffolding and transitions involved in that pathway.

The CCG's Transformation Team had visited some of the individual services to follow up on the information that was provided at the mapping exercise to gain more detail about some of the issues and challenges raised.

At the workshop Healthwatch described the research work it was to carry out and how it would link into and influence the pathways work. Healthwatch had formed a steering group involving service users, carers and staff to develop the methodology. Healthwatch were using a mixed method approach to reach a wide range of local people.

One of the key methodologies of the Healthwatch research was a survey which was aimed at adults who had experienced crisis, carers and staff who work with crisis. This survey was anonymous and was intended to help understand how well services were currently working and identify any recommended improvements.

Healthwatch were also running a number of focus groups with service users in partnership with local VCS groups

Healthwatch used their Enter and View powers to gather real time experiences of people using the Crisis Resolution and Home Treatment Team and the Psychiatric Liaison Team.

Another event has been arranged in April 2018 to review the outcomes from the first mapping event and from Healthwatch's survey. It was intended that an Action Plan would be developed based on these outcomes.

This new joint way of working between the CCG and Healthwatch has been gaining national attention. Healthwatch had been contacted by both Healthwatch England and by NHS England for further details as it was being recognised that this way of working was something that could potentially be recommended as good practice throughout the country.

In response to member's questions:

- Janet Arris explained that the role of the Talking Therapies service was to treat low level depression and anxiety but that complex anxiety presentations were referred to statutory services provided by Northumberland, Tyne and Wear Foundation Trust (NTW). She also informed the sub-committee that the number of in-patient beds were proving to be a challenge and that NTW were currently doing a piece work on the discharge process and how beds were used.
- She also confirmed that there were no private providers of mental health services and that service were provided either through NTW or Northumbria Healthcare Foundation Trust (NHCFT).
- Jo Brown, Healthwatch explained that the research carried out did not look at a specific age range, and that sometimes age groups overlapped, for example during transition from child to adult services

It was suggested that NTW be invited to a future meeting to discuss the issues/solutions relating to the shortage of in-patient beds and access to the mental health crisis team.

The Chair thanked officers for the report and requested that they report back to the sub-committee once the analysis was complete.

It was **agreed** to note the report.

ASCHW61/02/18 North Tyneside Mental Health Crisis Care Concordat

Janet Arris, CCG presented a report which provided an update on the North Tyneside Mental Health Crisis Care Concordat.

The Mental Health Crisis Care Concordat was a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations would work together better to make sure that people get the help they needed when they were having a mental health crisis.

The Concordat focuses on four main areas which were detailed in the report.

Following signature of the national level concordat, it was expected that each local area would agree and sign a local Declaration outlining the principles by which we would work together to implement the national Concordat. The North Tyneside Declaration was signed in December 2014.

Following this an Action Plan was developed involving the partners to the Declaration. This had to be submitted to the national team for scrutiny and oversight. The North Tyneside Action Plan was submitted within the timescales of March 2015 and was approved.

Since then the North Tyneside Crisis Concordat Group had met bi-monthly to ensure that the actions were progressing within the given timescales and also to consider new actions.

A copy of the current Action Plan was appended to the report. Both positive and challenging areas were detailed within the report.

The CCG had brought together a group, primarily consisting of Concordat group representatives, to review mental health crisis pathways to identify and evidence what gaps had been created, as discussed in the previous minute ASCHW61/02/18.

Following the pathway mapping, an Action Plan would be developed which would inform future commissioning. The Action Plan ensured that it reflected new issues that may have arisen or new developments in service areas. It also provided an opportunity to consider developments in other areas of the country which could potentially be implemented in North Tyneside or across a wider regional/STP footprint.

The work of the North Tyneside Crisis Concordat reported into the Mental Health Integration Board and to the Health & Well-Being Board. Several of the specific action points on the Concordat were reflected in the joint action plan for Adult Mental Health. This provided robust governance for the Crisis Concordat Action Plan.

Members expressed concern about the reducing bed base across the North East and requested data in relation to the number of beds available, occupancy rates and percentage reduction in beds. Janet Arris agreed to forward this information for circulation.

There was discussion about the shift to treat people with mental health problems in the community and that to ensure this worked it was crucial to have the right level of support, particularly to deal with mental health crisis, available in the community.

The Chair thanked Janet Arris for the report and looked forward to receiving future updates.

It was **agreed** to note the report.

ASCHW62/02/18 Accountable Care Organisation

Birju Bartoli, Northumbria Healthcare Foundation Trust (NHCFT), gave a presentation on the development of the Northumberland Accountable Care System (ACS).

The presentation outlined the main features of the Northumberland ACS and place based integrated care (PBIC) which included being based around a natural geographical footprint; and also being co-terminous with Council, and partnership agreement and the Clinical Commissioning Group. Members heard that it was a light local and tactical commissioning function which moved away from traditional contractual discussions and aimed to significantly reduce commissioning costs. All partners in the PBIC agree a vehicle of how money is managed, local priorities, ownership of system issues and solutions based on CCG allocations. It also connected with the Regional ACS on broader strategy issues. The features of the regional ACS were also outlined in the presentation as well as the issues/tensions relating to both the local and regional ACS's.

The presentation informed members of the principle of 'subsidiarity', and the importance of ensuring that where appropriate things were dealt with at a local level rather than regionally.

Although the ACS in North Tyneside was currently on hold, the presentation outlined the opportunities the establishment of ACS could bring to North Tyneside. These included an opportunity to expand the PBIC model to include North Tyneside; the opportunity for closer working; learning from first phase of ACS's, collective responsibility and being clever about how health and social care funding is used; and the ability to enact change before it is imposed on us.

The sub-committee expressed concern about ACS's as they believed that they essentially led to privatisation of health and social care services. Birju Bartoli assured

members that they had no intention to privatise services through the ACS. A member asked about the connection between the Trust and a Spanish company whose logo appeared on the Trust's website. Birju Bartoli assured members that this was purely an affiliation and that the Trust also had affiliations with other companies, she also stressed that none of these companies ran services for the Trust.

A member sought clarification on the process North Tyneside GPs had to follow when referring patients to the Trust. Hugo Minney of TyneHealth explained that a Referral Management System had been put in place in North Tyneside to manage referrals to the Trust and to reduce inappropriate referrals. He also mentioned that GPs use Consultant Connect which enabled GPs to speak directly to an appropriate specialist about a patient to gain advice and guidance; this also helped to reduce the number of inappropriate referrals.

Although the Chair had heard at the last Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan Joint Scrutiny Committee meeting that the North Tyneside Clinical Commissioning Group (CCG) were planning to present an alternative model to Government not in favour of privatisation; at this stage there didn't appear to be a clear vision. During general discussion at the meeting it became evident that discussions were beginning to take place about the North Tyneside ACS and in light of this the Chair emphasised the need to have this as a standing item on the sub-committee's work programme and for the CCG to keep the sub-committee informed and consulted on developments as they happen.

Jenny McAteer of Healthwatch mentioned that when we establish systems such as ACR's we forget about people and stressed the importance of patient engagement from the outset and to examine how needs are being met locally. Birju Bartoli informed members that local accountability would be through PBIC and that it that it was important that the principle of 'subsidiarity' was considered to ensure that where appropriate things were dealt with at the local level.

The Chair thanked Birju Bartoli for the presentation.

For information the sub-committee watched a YouTube video which had been produced by the Kings Fund titled 'An alternative guide to the new NHS in England' this gave members an understanding of what was happening at the national level.

ASCHW63/02/18 Better Care Fund

Kevin Allan, Programme Manager for Integration Care Older People, presented a report which provided an update on the Better Care Fund (BCF).

The sub-committee at its meeting on 9 November 2017 received a report on the BCF which outlined the proposed content of the BCF plan and the associated expenditure. The BCF plan was subsequently approved by Cabinet on 13 November 2017, the Health and Wellbeing Board on 16 November 2017, and the Governing Body of NHS North Tyneside Clinical Commissioning Group (CCG) on 28 November 2017.

The BCF plan had been submitted to the BCF national assurance process, which was managed by the Department of Health, Department of Communities and Local Government, and NHS England. The plan was not approved nationally, on the grounds that the amount of expenditure on social care from the CCG minimum was less than the required baseline.

The Chief Executive of the Authority and the Accountable Officer of the CCG confirmed to the national assurance panel that the level of social care expenditure was linked to the previously-agreed decision to decommission The Cedars.

Nevertheless, the Authority and the CCG were obliged to increase the level of social care expenditure from the CCG minimum in order to secure national approval of the BCF.

The Authority and the CCG had agreed to modify the above plans as follows:

- An additional service had been added to the BCF expenditure plan, named "Community Falls Service." This service was currently commissioned by the CCG, and provided by the Authority, but had not hitherto been included in the BCF. The current funding period would be extended to 31 March 2019 and the amount of investment would be £125k in 2018/19. . The source of funding would be the CCG minimum contribution and the "area of spend" would be "social care"
- The amount of expenditure on the Community Rehabilitation Service would be increased in 2018/19 from £429,417 to £747,059, an increase of £317,642. This service was provided by the Authority. This would enable the Authority to increase the capacity of the service in order to avoid hospital admissions and facilitate discharges from hospitals and from the Royal Quays Intermediate Care centre. The source of funding would be the CCG minimum contribution and the "area of spend" would be "social care".
- The effect of the two points above was to increase the planned social care expenditure from the CCG minimum, in 2018/19, from £9,643,221 to £10,085,863, an increase of £442,642. The figure of £10,085,863 would form the social care baseline in later years.
- The amount of the investment by the CCG in "CarePlus", which was counted within the BCF, would reduce in 2018/19 by £442,642.
- There were no changes to the investment plan previously submitted for 2017/18.

All services funded through the BCF were already operating. As a consequence of the increased investment outlined above, the size of the Community Rehabilitation Service would increase in 2018/19.

The BCF Partnership Board continued to review and evaluate BCF services.

The report outlined the latest available information with regard to the national BCF metrics in relation to hospital admissions; delayed transfers of care; permanent admissions to residential care; and effectiveness of reablement.

A member queried why patient/family choice was a significant reason in causing delayed transfers of care and if any action could take place to improve this. Kevin Allan suggested that it was possibly due to a number of factors including relatives finding it difficult to find the time to view potential residential homes, not knowing where to get information or understanding the process. Members were informed that there was a lot of information about the process and residential home ratings on the Council's 'My Care' website and the Care Quality Commission (CQC) website. It was explained that the CCQ and the Council carried out residential home inspections and compared ratings; however unfortunately inspections couldn't predict what is going to happen and ratings could rapidly change. It was suggested that the sub-committee may be interested in receiving the reports produced by the Council which outlined the residential home ratings.

Members sought clarification as to why delayed transfers of care were significantly higher in Newcastle Hospitals as opposed to Northumbria Healthcare Foundation Trust. Kevin Allan explained that it was due to a mixture of reasons but the main reason related to the counting method used. At part of the this discussion members were also informed that due to commissioning arrangements Princes Court don't accept discharges from Newcastle Hospitals. The CCG was asked to provide clarification on the commissioning arrangements for Princes Court.

ASCHW64/02/18 Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan Joint Scrutiny Committee

The Chair gave a summary of what was discussed at the last joint committee meeting held on 15 January 2018.

Members of the joint committee had received a progress update on the Prevention Workstream and closing the gap. A Prevention Board had been established across the region which would include voluntary sector representation. The Prevention Board would build on existing commitments in relation to reducing smoking and workforce health.

Newcastle Healthwatch had raised concerns about the voice of the patient not being heard in relation to the whole Sustainable Transformation Plan/Accountable Care Organisation process. How it is planned to engage with and involve communities in the whole process will form part of the joint committee's work programme.

Mark Adams, Joint Lead for combined Cumbria and North East STP provided a verbal update on the role of Accountable Care Organisations (ACOs) and emphasised what was needed in order for partnerships to work. He was aware that there was a lot of concern around the establishment of ACOs and privatisation. There would be an update on the Cumbrian and Northumberland ACO's at the next meeting.

Future topics on the joint committee's work programme included:

- Urgent and Emergency Care update
- Accountable Care Organisation update (ongoing)
- Community Empowerment Approach
- Workforce Workstream update