

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Health and Wellbeing Overview and Scrutiny Committee** held in Committee Room 1, County Hall, Morpeth on Tuesday, 6 November 2018 at 1.00pm

PRESENT

Councillor Watson, J.
(Chair, in the Chair)

COUNCILLORS

Cessford, T.
Dungworth, S.
Moore, R.

Nisbet, K.
Seymour, C.
Simpson, E.

COUNCILLORS ALSO PRESENT

Flux, B. (part)

Jones, V.

OFFICERS

V. Bainbridge
M. Bird
S. Corlett
K. Wright

Executive Director of Adult Care
Senior Democratic Services Officer
Senior Manager (Policy)
Strategic Safeguarding Manager

ALSO IN ATTENDANCE

J. Coe
D. Nugent

Northumbria NHS Foundation Trust
Healthwatch Northumberland
NHS Northumberland Clinical
Commissioning Group
Independent Chair, Adult Safeguarding
Board
NHS Northumberland Clinical
Commissioning Group
NHS Northumberland Clinical
Commissioning Group

Six members of the public and one member of the press were also in attendance.

40. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Foster, Homer, Horncastle and Rickerby.

41. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing OSC held on 4 September 2018, as circulated, be approved as a true record and signed by the Chair.

At this point in the meeting, a member raised that she had not received clarification yet to her previous query about Attendance Allowance (minute number 35 refers). This would be followed up and the answer provided after the meeting. Reference was also made to the accuracy of the minute about the new hospital due to be built in Berwick; the Chair advised that although the position was now different to what had been discussed/ agreed at the last meeting on 4 September, the minutes were a correct record of what had been discussed then at that meeting, and could not reflect what changes had since taken place.

42. FORWARD PLAN OF KEY DECISIONS

Members received the latest Forward Plan of key decisions (enclosed with the official minutes as Appendix A). There were no items included that were due for pre-scrutiny by this committee.

RESOLVED that the information be noted.

REPORTS FOR CONSIDERATION BY SCRUTINY

43. REPORTS OF THE EXECUTIVE DIRECTOR OF WELLBEING AND COMMUNITY HEALTH SERVICES

43.1 Charges for Care and Support Services – Consultation

Members were advised that consultation had recently begun about proposed changes to the Council's charging policy for non-residential adult social care services. The report and consultation documentation, which had been sent to all service users who might be affected by the changes, was attached to the agenda (filed with the official minutes of the meeting as Appendix B). The committee's views were requested on the proposed changes.

The Cabinet member for Adult Wellbeing and Public Health firstly explained that the proposal to consult about charges had been included in the Medium Term Financial Plan adopted by the Council in February, and that adult care spending attributed for 30% of the Council budget, so that it would be hard for the Council to make the overall savings required from its budget without a significant contribution from adult care. If members had further technical questions after the discussion, they could receive written answers following the meeting.

Mr Corlett, Senior Manager (Policy), explained each element of the proposals being consulted on, with reference to the summary document included as Appendix 2 in the report, which included three categories of suggested changes: proposed changes to how the Council assessed what people could afford to pay; proposed

changes to charges for particular services; and proposed changes to discounts and administrative charges.

It was confirmed that residents eligible for NHS continuing healthcare would still not be charged for their services; these proposals would not affect them.

A member asked what support was being provided for service users who might be made anxious by receiving the consultation documentation, and find it difficult to Understand. It was confirmed that a number of steps were being taken to provide Support. A helpline was in operation, operated by finance staff who had access to residents' financial assessment records and could explain how the proposed changes might affect them personally. The timing of the mailing of consultation documents had been designed to minimise the risk that people would receive them at a weekend when they would not immediately be able to contact the helpline. Care managers had been given information about the consultation, and asked to offer support to people they were working with. Officers acknowledged that the consultation materials were complex; this was hard to avoid because of the complexity of the charging rules and the specific requirements about what had to be covered during consultation set out in the statutory guidance.

A member welcomed assurance that care managers would be supporting people concerned by the consultation; it was important that the proposals were not only communicated by letter.

In discussing the proposed changes to the charges for home care, members noted that historically the Council was able to average out the cost of the service across all recipients, who then paid the same hourly rate up to what they could afford. Under the Care Act, people could now only be charged up to but not more than what the service cost the Council to provide to them individually. At present, charges were based on the costs of providing home care to people in the urban south east of the county, and people elsewhere were being subsidised. The proposal was to charge most people on the basis of the actual cost to the Council of their home care service, but with protection for people in the most remote rural areas of the county, where costs were much higher than elsewhere. Service users in those areas would be asked to pay charges calculated on the basis of what their service would have cost if they lived in a less remote part of rural Northumberland. Fees paid by the Council for home care were currently being reviewed, because of current pressures on providers, particularly in rural areas. It was likely that this would result in charges from April 2019 being higher than the illustrative figures for the current year set out in the consultation document, particularly where care plans involved a number of short visits, which were expensive to provide because of travel costs.

Members further noted that changes to day care charges would particularly affect users of some working age mental health day services which were currently not charged for, mainly for historical reasons. Officers were in discussion with the provider of those services, and would be making special arrangements to consult with the service users and help them to understand the proposals. There was also an intention to correct anomalies which meant that charges for some other day services were below full cost. This was not strictly a change to the existing charging policy, but was being progressed alongside the consultation. Only a small number

of people were thought to be likely to see significant changes to their charges as a result of this.

Other key points raised/answered included:

- in response to whether a phased increase in charges could be organised to manage the impact, this would be looked at after the consultation phase
- the changes would lead to significant changes in the charges which some people are asked to pay. For instance the combined effect of changes to standard allowances for people getting the highest rates of benefit and changes to the treatment of couples could for some people lead to increases in charges of the order of £50 per week
- national rules specified the minimum income that people must be left with after paying charges, unless they have savings over £23,250. People also had an entitlement to have other costs associated with their disability taken into account in the financial assessment, though many people prefer not to supply detailed information about their expenditure, which was why the Council provides the option of having standard allowances made without requiring evidence.
- as well as being entitled to have their expenditure on disability-related costs considered, people would continue to be able to ask for a review of charges if they believe they cannot afford them for other reasons (such as debts). Decisions about waiving charges in these cases were made by the Executive Director, on advice from care management and financial officers. Members welcomed the reassurance that these safeguards are in place to ensure people are not asked to pay more than they could afford
- there was a dedicated and experienced team in Adult Services who carry out financial assessments, so that individuals did not need to complete complex financial forms themselves
- people would not have to pay the proposed administrative fee if they had less than £23,250 in savings
- currently it was in some circumstances cheaper for people to ask the Council to arrange home care than to make private arrangements, because charges did not fully reflect the cost of providing the service. Anticipated changes to the fees paid to providers were expected to make this less likely, for instance by reflecting more closely the higher cost per minute of short visits, because of travel time.

A member queried the impact of removing the Direct Debit discount, which would save £200,000, as could there be any impact on the collection of costs if people did not pay on time, for example if delayed due to ill health? Officers' view was that, while it was possible that some people would choose not to pay by Direct Debit if there was no discount, it was thought unlikely that many of the people who currently choose to pay by Direct Debit would choose to switch to payment by invoice. Members suggested that a phased approach might be desirable.

To conclude, members were reminded that if they had any further detailed/technical questions about the consultation, they should email the Senior Manager (Policy), Stephen.Corlett@northumbria.nhs.uk.

RESOLVED that

- (1) the committee's comments on the proposals currently being consulted on be forwarded as a consultation response; and
- (2) it be noted that the final decision about any changes to the charging policy will be taken by full Council as part of its budget setting meeting in February 2019.

43.2 Safeguarding Adults Annual Report 2017/18

The report provided an overview of the work carried out under the multi-agency arrangements for safeguarding adults in 2017/18. (Copy of report enclosed with the official minutes as Appendix C.) The report was further introduced by the independent chair of the Safeguarding Adults Board Paula Mead, who added further key points including details of how the safeguarding work was undertaken as a partnership, that one safeguarding adult review had been commissioned during 2017/18, a strategic annual plan for 2018/19 was now in place, two learning reviews had also been concluded, there was ongoing work taking place in relation to modern day slavery, and also to address the learning from the Newcastle Joint Serious Case Review.

Members then questioned officers, firstly regarding whether the decrease in police referrals leading to a safeguarding investigation reducing from 83% to 27% was actually a cause for concern, it was clarified that previously the police had referred a greater number of concerns, when in fact many did not meet the safeguarding adults criteria. Through the work of the Multi Agency Safeguarding Hub (MASH) and improved partnership working, the police now made more appropriate, and thus fewer referrals which led to a higher proportion progressing to a Section 42 investigation. Frontline staff were knowledgeable about whether issues were safeguarding matters or not; as some might be welfare rather than safeguarding issues, and these would be addressed through different avenues of support. The arrangements had been improved to ensure that the right referral went to the right place at the right time.

The limited safeguarding resource was thus being better targeted than before. A smaller number of cases were being looked at, but were ones that actually needed investigating. Through appropriate training with stakeholders and work with the police and hospitals, the referral routes were now much clearer and effective.

RESOLVED that the report be noted.

44. HEALTHWATCH UPDATE

Members received an presentation/update from Healthwatch Northumberland Project Co-ordinator Derry Nugent about Healthwatch's highlights of the past year, themes and trends in current feedback from communities in Northumberland about health and social care services. (Copy of presentation enclosed with the signed minutes of the meeting.)

Copies of Healthwatch Northumberland's 2018 annual survey were also circulated at the meeting. (Copy enclosed with the signed minutes of the meeting.)

The key details of the presentation were:

- the top four priorities for Healthwatch Northumberland identified for 2018/19 were: (1) Mental health; (2) GP services; (3) access to services; (4) home care/dementia care
- details of markets and roadshows; work with community groups, parish councils, GPs and Patient Participation Groups; specific issue engagement surveys and the annual survey
- what Northumberland was saying: 65% of respondents said their experience of health and social care was good or excellent over the past 12 months and issues were with other services around it - transport, administration and coordination. Comments about dentists, hospitals and ambulances were generally more positive. GPs received more favourable comments but lost confidence when it came to booking appointments. Other issues included how finding out about mental health services for young people was difficult and timely information was needed when changes were being made
- other work being undertaken on primary services, secondary services, mental health, home care and accessible information standards.

Discussion followed of which the key details were:

- the issues raised about GP appointments all related to the Collingwood Practice in Blyth. Healthwatch had attended a listening event and also liaised with the Clinical Commissioning Group about it
- the national GP survey included 10,000 responses in Northumberland, of which 87% of respondents rated primary care as good, which was above the national rate of 84%
- this presentation given was good - could it also be presented at other meetings/forums - perhaps Local Area Councils and/or full Council? Options would be considered after the meeting
- Healthwatch would continue to monitor the situation regarding Berwick residents needing to travel for certain appointments. Residents should inform Healthwatch if they continued to have such concerns. Members were also advised that following feedback provided by Healthwatch, Northumbria Healthcare were giving consideration to why this happened and how to avoid any such unnecessary travel. Further engagement would take place when the site for the new Berwick hospital was confirmed
- regarding concerns about whether all current inpatient and outpatient services would continue to be provided at the future Berwick hospital, the Chair referred to the minutes of the committee's previous meeting at which it had been clarified that there would be no reduction of services
- Healthwatch continued to be a 'critical friend' of the Clinical Commissioning Group; they, along with Northumbria Healthcare, helped with engagement work and contacting hard to reach groups. Views received through the Patient Voice channel were reported to the Clinical Commissioning Group and then fed back to this committee.

Ms Nugent was thanked for her presentation and it was:

RESOLVED that

- (1) the information be noted; and
- (2) consideration be given to other possible means for presenting/circulating information about Healthwatch.

45. HADSTON / AMBLE AND ROTHBURY DENTAL SERVICES

Members received a briefing note (enclosed with the official minutes as Appendix D) which provided an update from NHS England about proposed arrangements for dental services in the Hadston/Amble and Rothbury areas. The Chair expressed concern that an NHS England officer had not been able to attend this meeting to provide an update, however the report provided was comprehensive and the decision on who would be awarded the contract would not be known until December. It was therefore appropriate that a further update would be presented at the committee's next meeting on 8 January, when an NHS England officer would definitely attend.

A member questioned why it would take six months between the awarding of the contract in December and the new service beginning in June. Clarification would be requested from NHS England.

RESOLVED that

- (1) the report be noted;
- (2) A further update be provided to the committee's next meeting on 8 January 2019; and
- (3) NHS England be asked to explain the six month gap between the award of the contract and it beginning in June 2019.

46. REPORTS OF THE SENIOR DEMOCRATIC SERVICES OFFICER

46.1 Improving Health/Leisure And Fitness Scrutiny Working Group

Members were requested to agree to undertake themed scrutiny to review how Active Northumberland is contributing to improving health and wellbeing of residents in Northumberland. It was recommended that the committee appointed members to a task and finish group, with a political balance of 2:1:1, to be chaired by the Vice-chair of the Health and Wellbeing OSC. As usually the Chair of the OSC would be a member of such groups, two more representatives were required to be nominated; one Labour and one Conservative. The task and finish group was expected to meet twice, in January and February 2019, and their findings would then be reported to the Health and Wellbeing OSC in Spring 2019 and a report produced for Cabinet to consider scrutiny's recommendations after that.

It was noted that the Labour representative on the task and finish group would be confirmed after this meeting. The other Conservative representative was confirmed as Councillor Moore.

RESOLVED that

- (1) the scrutiny review be agreed as proposed; and
- (2) Democratic Services follow up the arrangements

46.2 Health and Wellbeing OSC Work Programme

Members considered the work programme for the Health and Wellbeing OSC. (Work programme enclosed with the official minutes as Appendix D.)

Members noted some recent changes to the work programme: the Joint Health and Wellbeing Strategy would be considered at January's meeting, as would also the further update due on dentistry in Hadston/Amble/Coquetdale. A review of health services over the winter period would be presented to the committee's 5 March meeting. Members were reminded that there was an additional meeting in March this year in order to only consider Quality Account reports; other regular scrutiny business would be considered at the 5 March meeting.

RESOLVED that the updated work programme be noted.

47. INFORMATION REPORTS

Policy Digest

Members were advised of the availability of the latest policy briefings, government announcements and ministerial speeches which might be of interest to members, which was available on the Council's website.

RESOLVED that the information be noted.

48. FUTURE MEETINGS

Members were reminded that the committee's next meetings would take place on 8 January, 5 March and 26 March 2019, all beginning at 1.00pm.

CHAIR _____

DATE _____