

Adult Social Care and Health Select Committee

A meeting of Adult Social Care and Health Select Committee was held on Tuesday, 11th April, 2017.

Present: Cllr Lisa Grainge(Chairman), Cllr Lauriane Povey (Vice-Chairman), Cllr Kevin Faulks, Cllr Lynn Hall, Cllr Mohammed Javed, Cllr Allan Mitchell, Cllr Carol Clark (Vice Cllr Cunningham)

Officers: Peter Mennear, Gary Woods, Jenna McDonald, Annette Sotheby (DCE)

Also in attendance: Cllr Jim Beall, Cllr Nigel Cooke, George Irving (Adults & Health), Sue Greaves (Clinical Commissioning Group), Lesley Wharton, Janet Alderton, Keith Wheldon (North Tees NHS Foundation Trust)

Apologies: Cllr Evaline Cunningham, Cllr Mrs Sylvia Walmsley, Cllr John Gardner

ASH 1/17

Evacuation Procedure

The evacuation procedure was noted.

ASH 2/17

Declarations of Interest

There were no interests declared.

ASH 3/17

Minutes for Signature - 13th December 2016 and 10th January 2017.

Minutes for Signature – 13th December 2016 and 10th January 2017

The minutes of the meetings held on 13th December 2016 and 10th January 2017 were signed by the Chairman as a correct record.

ASH 4/17

Review of Tithebarn Registered Patient GP Service

Members were presented with information from CCG, including the following:-

The previous contract for Tithebarn GP services was due to end on 31st March 2017

During two procurement processes in 2016, no applications were received from local practices to provide the branch surgery on a full time basis.

The CCG extended the existing service for a further 3 months, with Elm Tree GP practice providing full-time services from 1st April until 30th June 2017.

The temporary contract extension would allow time to engage with patients to gain their views and ascertain how a part-time branch service would best meet their needs. Closure was seen by the CCG as the worst case scenario.

A patient information session was held, but only one patient attended. Members had discussed how to encourage more people to attend to give their views. Another event was arranged for 26th April and had been put on Facebook.

Members were asked following the meeting, to do all they could to publicise the

next event to try to get people engaged in this consultation.

A letter and survey was sent to patients aged 16 years or over who were registered at the Tithebarn practice. 120 completed surveys had been received to date, however this number was lower than expected. Members noted that the local community may feel disempowered and may not engage in the standard ways provided, but this should not be mistaken for lack of strength of feeling if the service closed.

Patients, councillors and the Committee recognised that reduced opening hours would be better than none. Suggested opening times could be Monday, Wednesday and Friday (the beginning, middle and end of the week).

Members asked if patients registered at the branch service would be able to use the services of the main practice, on the days the surgery was closed, and this was confirmed.

The Cabinet Member for Adult Services and Health, and a ward councillor, were also present for the item.

The Cabinet Member noted that as a non-voting member of the CCG's Primary Care Commissioning Committee he had been able to follow the issues closely and had provided local knowledge to the discussions.

Discussion took place around Hardwick and Salters Lane Ward, one of the most deprived areas in the borough, where access to local GP services was vital and essential for people with significant health needs. GP services seemed to be operated as a business, revolving around numbers and treating people as numbers rather than by need.

Members asked why a bid for the service had not been forthcoming and if anything further could be done to assist in this. It was reported that there had been expressions of interest to run the practice on a full time basis in 2016 but these had not progressed into formal bids. On looking more closely at hours, staffing and finances, the potential bidders had said it would not be a viable proposition. The new contract would not be on as favourable terms as the version that had just ended, which was a time limited APMS contract with higher funding per patient compared to the more standard contracts.

It was noted that many people used the walk-in element of the service, but had not registered to the Practice, even though they had been eligible. These additional patients would make the practice more attractive in financial terms, although it was recognised that patients had choice in their GP and may register elsewhere for other reasons such as work.

There was not an opportunity to balance the list across the Borough, due to the nature of patient choice of GPs, which themselves were independent businesses to a large extent.

There had been a conscious decision to site the Practice in Tithebarn originally to try and prevent non-urgent attendance at the adjacent A and E. If the service closed, the new Integrated Urgent Care Service may experience additional usage.

Members asked about the cost comparison between attending Accident & Emergency vs GP practice. It was noted that patients would be triaged (A & E, Integrated Urgent Care Centre or to their own GP) and hopefully this would help to educate patients.

People sometimes had to wait 2-3 weeks to see a GP in certain areas, and dispersal of the list would create pressures elsewhere in the Borough.

There were plans to build houses in the area and although this could increase patient numbers, it was recognised that some people stayed with their own GP after moving house. However the Committee believed that there was potential for the amount of registered patients to increase over time.

A new branch surgery would receive the same funding per patient whether open part-time or full-time. There are 2,085 patients currently registered and if numbers did increase this would become more economically viable for future providers.

It was noted that a practice list of around 5000 was now the minimum needed to ensure a standalone practice was viable.

If there was no further information forthcoming from engagement with the community in terms of opening hour preference, CCG would ask the provider to consult on opening hours which would best serve the needs of the community should a new provider be secured.

Members asked if there had been any interest in running the surgery on a part time basis. It was noted that although no official bids had been made yet, there had been some interest shown.

Discussion took place around the implications of a part-time branch surgery and although this was not preferable compared to the previous full time service, it was agreed that the biggest impact would be if there was no service at all. Therefore the Committee agreed any changes to the service would be viewed as a substantial variation to local services.

Whilst empathy was felt for CCG in finding an adequate solution, it was recognised by members that closure of the practice could have a detrimental effect on the community in that area.

AGREED:

1. That any changes to this service would be considered to be a 'substantial variation' to local health services under the Local Authority (Public Health, Health and Wellbeing Boards, and Health Scrutiny) Regulations 2013;
2. That a consultation response be prepared on behalf of the Council;
3. That a draft response be circulated to the Committee with agreement of the final version delegated to the Chair and Vice-Chair, prior to consideration for agreement by Council;
4. That a further update from the CCG be considered in due course

The Committee were requested to consider the draft Quality Account of North Tees and Hartlepool NHS Foundation Trust (NTHFT), and comment as appropriate to assist with the production of a statement of assurance for inclusion in the published version.

Quality Accounts were a key method of demonstrating how local NHS services are performing and they contain a range of important indicators.

The April to March 2016/17 draft report had been circulated to all stakeholders who had an interest in the organisation. Additional information was provided at the meeting in relation to:

- Suspected stroke scanning performance
- C. diff infection control action plan
- progress on improvements in the Discharge Lounge
- Trust assessment against the CQC report recommendations on 'Not Seen, Not Heard - A review of the arrangements for child safeguarding and health care for looked after children in England'

Members welcomed the improvement in performance for strokes and CT scans. This had been queried by the Committee at the meeting in November.

Members welcomed the proposed actions in relation to infection control. Discussion took place on cleaning performance, with more cleaning now being carried out. The Trust had invested heavily in cleaning although when hospitals were under pressure, this remained challenging in terms of when the Trust was able to decant wards for cleaning.

Members asked for clarification on Discharge Lounge procedures as the Committee had previously heard some patients were not receiving their medication, so could not be discharged in a timely manner. It was noted that during winter a Trust vehicle could deliver medication to patients at home where appropriate, and that volunteer drivers were in the process of being recruited to deliver prescriptions to improve the process. Volunteers in the Discharge Lounge were providing an emergency pack to patients going home, and work was ongoing with Age Concern and the Salvation Army to provide clothes.

Members expressed concern that some elderly people had been discharged without basic foodstuffs in their fridge. This was worrying until their care plan was put in place as there was a risk of the elderly, frail and vulnerable being sent home without the help they needed.

It was reported that the food bank was working very well with staff continuing to feed back.

Mortality rates had been a concern in the past and at one point the 2nd highest in the country, but had improved significantly. Values were now 'as expected'.

There had been a lot of work done on this issue, with a focus on the quality of care, and improvements to data being secondary.

There was ongoing clinical work in relation to reviewing existing conditions, and the impact of sepsis and kidney injuries. Sepsis identification is a national issue - getting patients into hospital at the right time and improved identification of symptoms was key.

There needed to be more work on ensuring patients receiving palliative care were able to reach their chosen place of death where possible.

Much had been learned from reviewing patient records. Identifying what other regional teams had been doing and sharing of information had also been carried out.

Following the Trust's CQC inspection, a comprehensive action plan was discussed with the CQC who were happy with the work being done. Notification had not yet been received for a repeat visit which could happen at any time. The Trust was continuing to ensure that staff knew what has been done and what is expected.

Discussion took place around children who were not taken to appointments by their parents. Children's Safeguarding were looking at this to ensure identification and follow up for those children.

In relation to the Quality Priorities for 2017/18, these had been chosen by stakeholders and were broadly the same as recent years. Stakeholders had an opportunity to attend an engagement event in December to put their views forward. Members questioned if priorities would differ if not decided by stakeholders but by clinicians, and wanted reassurance that nothing urgent was being missed – it was noted that priorities would be broadly similar if chosen by clinicians.

AGREED that a draft statement of assurance be circulated following the meeting, with final approval delegated to the Chair.

**ASH
6/17**

National Review of Congenital Heart Surgery - Consultation Update

NHS England had undertaken a new national review of children and adults congenital heart disease, including surgery, and had put forward a range of proposals for consultation.

Newcastle Hospitals Trust did not currently meet the proposed standards, but Commissioners had given a time limited exemption in order to work towards being able to meet them.

The Regional Joint Health Committee was responding to the consultation on behalf of the region, and a report was discussed which outlined the key areas to consider in the response.

Members asked if most people from Stockton attended Newcastle for treatment, and detail on patient flows would be confirmed.

AGREED:

1. that the update on the new national review be noted.
2. that the Committee re-confirm that any changes to this service would be considered to be a 'substantial variation' to health services;
3. that the draft regional response will be considered by Council on 3 May.
4. that the information on patient flows from Stockton Borough be provided.

**ASH
7/17** **Quarterly Inspections Update**

Information was presented on the quality of care homes and their ratings from four judgement categories - there were 10 adult and 3 primary care services inspection outcomes. Those that remained in the 'requires improvement' category were being closely monitored to ensure that appropriate care was received.

Action Plans were in place for providers with Requires Improvement or Inadequate results.

In relation to one care provider, the Council's contract with them had ended, and clients who chose to use their personal budgets to purchase care from that provider were being monitored via the Personalisation Team.

In relation to one home care provider, the latest report saw a Good rating after several negative reports, and commissioners would look to see a trend of positive reports in future for that provider.

Members asked about the recurring issue of medication problems and were advised that the CCG and Council were continuing to look at this area jointly as this is still a concern, and the Council's own Quality Standards Framework was refreshed as necessary regarding the section on medication based on learning at a local level.

Updated information on all released inspection results was distributed to all council members on a weekly basis.

AGREED that the update be noted.

**ASH
8/17** **Better Health Programme Update**

An update from the latest meetings of the Joint Scrutiny Committee was provided in the papers.

AGREED: that the update be noted.

**ASH
9/17** **Regional Health Scrutiny Update**

An update from the latest meetings of the regional committees was provided in the papers.

AGREED: that the update be noted.

ASH Work Programme 2017-18

10/17

AGREED – That the work programme be noted.

ASH Chair's Update

11/17

There was no further update.