Adult Social Care and Health Select Committee

A meeting of Adult Social Care and Health Select Committee was held on Tuesday, 10th October, 2017.

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

Officers: Peter Mennear, Annette Sotheby (DCE), Tanja Braun (Public Health)

Also in attendance: Cllr Jim Beall (Cabinet Member), Ruth Dixon, Carl Swift, Lisa Hall (CQC), Sue Greaves, Karen Hawkins (NHS Clinical Commissioning Group)

Apologies: Cllr Mrs Sylvia Walmsley, Cllr Allan Mitchell, Cllr John Gardner

ASH 48/17 Evacuation plan

The evacuation procedure was noted.

ASH 49/17 Declarations of Interest

Councillor Hall declared an interest in Agenda Item 3 as a patient of Queens Park practice.

ASH 50/17 Scrutiny Review of Defibrillators

The Scrutiny Officer asked Members to agree the final report before Cabinet in November following discussions and suggested recommendations from the previous meeting.

Members asked for further detail on how public awareness would be promoted on this subject. The Scrutiny Officer advised that the action plan would be brought back to the next meeting for Members and other relevant departments to put forward proposals to achieve the recommendation.

Members asked that Stockton Police Station be asked to house their defibrillator on an outside wall in a locked box, as other stations do in the Tees Valley. It was noted that partners with existing defibrillators would be asked to make them more publicly accessible as part of the recommendations.

Councillor Beall thanked the Committee for their work, and drew attention to a new defibrillator at the River Tees Watersports Centre housed outside in a public place and linked to the ambulance service. Members were advised that, should Cabinet agree, public health officers had been asked to identify areas for CPR training and community engagement, and to identify a modest budget to give an injection to implement the recommendations of the Committee.

AGREED – that the final report on Defibrillators be agreed and sent to Cabinet for consideration.

ASH 51/17 Stockton Health Centre (Tithebarn) Registered Patient GP Service

An update was given from the CCG, key points as follows:-

- All patients had been advised by letter that the practice closing date would be 31st October 2017 and were asked to register with another practice. Seven other Practices had Tithebarn within their boundary. There was concern that patients would use Urgent Care service rather than register with a new GP. Work was ongoing with the local Foundation Trust so that when patients presented with no GP, they would be supported through the registration process.

- To ensure continuity of care, all vulnerable patients not yet registered by 31 October (as defined by the QOF Register including mental health, child protection, learning disability and palliative end of life care) would be advised that they had been allocated a new practice. The majority of the patients registered at this Practice fell under this category.
At the time of the meeting, 25% of the Practice population had registered with another Practice. Should patients who were not defined as vulnerable remain unregistered with a new Practice by 31st, the CCG would also seek to allocate them to a new Practice. As this was outside the normal framework of the Regulations, permission would need to be sought for this from NHS England, Primary Care commissioning decisions were made by the CCG under functions delegated from NHS England.

- The CCG would await feedback and update Committee accordingly.

- Two practices had indicated their willingness to accept with additional numbers of vulnerable patients if necessary.

Members expressed concern that in an already deprived area, patients may not get the care they needed, and asked if any practices had refused new patients. It was noted that none had and all lists were currently open, although some felt they did not have the capacity to take large numbers in one day. Some practices reported registering over 40 patients in one day, with one practice temporarily providing patients with a form and asking patients to return later.

Members were concerned that some patients would have to travel further to attend appointments which could cause difficulty, particularly for patients with disabilities, dementia or the elderly. It was noted that vulnerable patients had been allocated on a fair share basis where possible, which had meant some practices had taken on large numbers. Assurance was given that this would not be detrimental to the patients already registered at those practices.

Members questioned what would happen if a patient attended the Urgent Care Service at North Tees Hospital but did not require urgent care. It was noted that they would be given advice on how to register with a GP. Unnecessary attendances at the hospital was as recognised financial risk to the CCG, and would be detrimental to continuity of patient care.

Data could be provided on numbers accessing urgent care services.

Members asked if patients could go to an alternative practice if preferred. It was noted that under GMS regulations, practice boundaries had been defined

and set, therefore registration could only take place with one of the recognised 7 Stockton practices.

Members were advised that practices could apply to extend their boundaries, but none had done so. The Chairman asked if all practices were aware of this and, in response, it was noted that all 7 practices had been informed.

Members commented that this Committee had expressed concerns in the past regarding the surgery and moving the walk-in to Urgent Care at North Tees, and expressed disappointment that this had now materialised.

Members felt that patients should not miss out on receiving the flu vaccine if maximum take-up was reached. It was noted that all patients had been checked in the last 6 months and could receive the vaccine before surgery closure end-October, and there would be further opportunities through flu clinics to vaccinate more patients.

The Cabinet Member expressed surprise at the low number of registrations to date and was concerned that some people may not register until they were ill. Although two practices suggested they had capacity to deal with significant additional numbers, it was of concern that they could take on too much, and the possible impact on their current patients. The CCG were asked to monitor this.

The Chairman reiterated disappointment about the closure and although empathy was felt, it was crucial that vulnerable patients received continuity of care. Some Tithebarn patients had complained to the Chairman that they could not access services and were told that practices were not taking on patients. It was noted that if people were turned down for registration, this would constitute a contractual breach and would be investigated. The Chairman would ascertain with those concerned if this had been a temporary problem and was now resolved, and whether those families concerned had now registered with a practice.

Discussion took place around winter primary care funding so that practices could manage capacity.

The CCG stated that all local Practices and partners had worked well together to manage the situation, and the process had led to some benefits in terms of joint working and greater understanding of the issues across the local area.

The Chairman expressed concern about the procurement process and funding in relation to Tithebarn, asking if Members felt a letter should be written to the Secretary of State, drawing attention to Committee concerns and NHS resources. Members agreed that although they did not agree that a formal referral to the Secretary of State would be appropriate in this instance, a letter should be sent outlining concerns at the reduction in access to primary care within a deprived area, and the national system of commissioning such services.

The CCG felt it would be helpful to be advised if a letter was to be sent, and asked, in light of transparency and joint working, if they could be sent a copy, as they would be asked to provide more evidence as a direct outcome. This request was agreed by Committee, who felt that CCG may benefit from such

correspondence.

The CCG reported that the government were already addressing a number of areas in their 5-year forward view for primary care – for example, sustainability, workforce and enhancing primary care for the future. Working at scale and with sustainable list sizes would remain key drivers for future service delivery.

AGREED -

1. That the information be noted.
2. An update on patient registration be provided to the Committee in November once the Tithebarn Practice had closed.
3. A letter be sent to the Secretary of State and NHS England in order to express the Council's dissatisfaction with the closure of the Practice in a deprived area, and to call for greater flexibility in commissioning of primary care.

ASH 52/17 **Update from Care Quality Commission**

Representatives of the CQC gave a presentation to Members in relation to their regulation of hospital services and adult care services as part of their annual update to Committee.

Key points as follows:-

- Role of CQC

- Current ratings for local hospital services

- Summary of local GP Practice inspections

- Regional concerns were outlined, including workforce and staffing, delayed transfer of care, healthcare associated infections, maternity services and winter planning. It was predicted to be a tough winter for health services.

- Update on the CQC's revised approach to assessment. Unannounced inspections would be undertaken on core service areas. There would be an annual review of the Well-led domain, with more focus on leadership, including joint working with NHS Improvement, NHS England and local authorities.

- There would be an aim to meet a timeline of 33 weeks for the whole inspection phase from provider information request being issued to the Trust, to report completion. Historically, there were delays in reports being published, one reason being that internal processes required improvement.

Members asked whether inspection frequency was dependant on rating and were advised that areas requiring improvement would be re-inspected more frequently.

Areas that were good would also be inspected to ensure standards did not slip but providers were aware that the focus would be on key areas of improvement.

Members were concerned about delays in the ambulance service in the Stockton area which is affected by delays in Darlington caused by their

discharge process. It was noted that if an ambulance was going to A&E for example, turnaround time, patient handover and discharge service would be looked at. Any inspection of the ambulance service would take account of delays at a relevant A and E/hospital.

Members asked if statistics could trigger an inspection and noted that this was the case.

Members enquired how soon Council would be made aware of any concerns found after inspection, so that more responsive action could be taken. Following past inspections, details could only be shared if the information had been published, which had caused delays. Information was now shared quickly and regularly with NHS England and NHS Improvement, particularly any risk-based information with possible patient impact. It was noted that Council's concerns had been particularly with Adult Social Care reports.

The Cabinet Member questioned why he had not been invited as Chairman of the local Health and Wellbeing Board to the Quality Summit meeting following the full inspection of North Tees Trust in 2015. CQC agreed to ensure that the Trust would be advised for future meetings.

The presentation in relation to Adult Care covered the following key points:

- Tees Valley team have 7 inspectors (currently increasing to 8), and more resources would be drawn upon if any urgent action was required.

- Commissioning and safeguarding officers were contacted before inspection, although the date was not specified, and would be notified of any provisional concerns from an inspection on the same day.

- Stockton services (77 registered locations) compared well with other local authority areas and the national picture as there were no inadequate services at the time of the meeting.

- The current number of current enforcement actions in Stockton was outlined:-

Warning notices were the most serious breach and there was a tight timeframe provided for improvement to be made. If there was a lesser level of risk and full enforcement was not needed, Requirement notices may be issued, and an action plan for improvement made. Fixed Penalty Notices could be issued for specific issues such as no registered manager in place.

In addition, local authorities could impose their own sanctions including an embargo on admissions.

- Issues arising from inspections and subsequent action. CQC had issued guidance in relation to medicines management as it was clear that some services did not understand their responsibilities.

- Recent guidance had been published on medicine management for domicilliary care agencies, as more patients now remain in the home.

- Agency nurses were often providing full time cover in nursing homes - this was also a national issue.

- Providers in the Tees Valley were generally receptive to engagement.

- The next phase of regulation.

Members were concerned at the length of time in between inspections when a service required improvement. It was noted that re-inspections were usually 12 months, or sooner if breach of regulations or a warning notice had been issued. Services with such a rating would also have a breach of regulation and would be monitored. After re-inspection, if a service was complying with regulations, further sustained improvement would be required before it was rated good. If a provider regularly failed to make improvements, more enforcement action could be taken.

Each situation was considered individually. Where possible CQC would aim to support a service to make improvements, especially where clients were living at the service and happy with levels of care, to avoid disruption, where possible.

A track record of not making improvements would be of concern to the CQC and local authority.

It was noted by the Cabinet Member that although local authorities could not remove registrations, they monitored the care provided by commissioned services and the Cabinet Member saw monthly RAG ratings, and CQC ratings. There was a need to shape the market and encourage new and successful providers to thrive.

Members asked for clarification around corporate leadership and whether a new provider would retain the rating of the previous. There was a lot of churn in the market, and ratings may remain with the service with new owners, dependent on circumstances.

The Cabinet Member asked if registration was ever removed following a poor service. It was noted that if this did happen there would be a right to representation/appeal to tribunal, particularly if a manager had to be removed.

Members asked how whistle blowing was dealt with in care homes. It was noted that inspectors would be notified and this would be a top priority. Depending on the circumstances, information shared with safeguarding and the local authority.

Complaints were not considered individually but were systematically reviewed by CQC.

AGREED – that the information be noted.

ASH 53/17 **Quarterly Care Quality Commission Inspections Update**

The Scrutiny Officer drew Members attention to the quarterly round up figures - 12 reports had been published between April and June.

Agreed – that the information be noted.

ASH 54/17 **Regional Health Scrutiny Update**

Tees Valley Committee had not met since previous Committee, although a meeting would take place on the following day to update on the ambulance service.

AGREED – that the information be noted.

ASH 55/17 **Work Programme**

Agreed - that the Work Programme be noted.

ASH 56/17 **Chair's Update**

The Chair had nothing further to report.