

## **Adult Social Care and Health Select Committee**

A meeting of Adult Social Care and Health Select Committee was held on Tuesday, 14th November, 2017.

**Present:** Cllr Lisa Grainge (Chairman), Cllr Evaline Cunningham, Cllr Lynn Hall, Cllr Mohammed Javed, Cllr Lauriane Povey

**Officers:** Ann Workman (DAH); N.Hart, P.Mennear (DCE).

**Also in attendance:** Karen Hawkins (HAST CCG); Lindsey Robertson, Keith Wheldon (NTHFT).

**Apologies:** Councillors Faulks, Gardner and Walmsley.

### **ASH 57/17 Evacuation Procedure**

The Evacuation Procedure was noted.

### **ASH 58/17 Declarations of Interest**

There were no Declarations of Interest recorded.

### **ASH 59/17 Draft Minutes of 16th May and 13th June 2017 - for Approval/Signature**

AGREED that the minutes of the meetings held on 16th May and 13th June 2017 be agreed and signed as a correct record.

### **ASH 60/17 Stockton Health Centre (Tithebarn) Registered Patient GP Service**

Members received a presentation from Karen Hawkins, Director of Commissioning & Transformation, providing a formal update on the closure of Stockton Health Centre (Tithebarn) Registered Patient G.P. Service. This followed a request for an update by this Committee at its last meeting when members requested further information on how the dispersal had been managed and the patients registered elsewhere within the town.

Since this time, the NHSE had agreed with the Primary Care Committee's recommendation that all patients remaining on the SHC register at 31st October 2017 would be classed as 'vulnerable' and could therefore be allocated to an alternative practice.

There were 7 G.P. Practices with Hardwick & Roseworth Wards within their practice boundary and consequently it was with those practices that discussions had been held alongside the local Medical Committee regarding how the 1,928 patients dispersal would be managed and their new G.P. registration obtained elsewhere across the town.

All 7 practices had agreed to continue to register new patients during the period when all of the affected patients were informed that the Tithebarn practice was to close at the end of October. Some practices had expressed concern about delays in their funding reimbursement however, these had thankfully been addressed by the C.C.G via pump-prime funding so that those practices were able to sustain their Primary Care services and to allocate resource to ensuring

the registration of new patients. Additional Medicines Optimisation support was also offered to each of the 7 practices during the period of change.

Members noted from the patient dispersal list that despite each being notified and extensive consultation, only 43% of patients had self registered with another practice prior to closure. It was also evident that had the NHSE not agreed to class all of the patients as vulnerable, only 79 patients would have been identified as vulnerable along with 79 family members and therefore have been allocated to practices. This would have left 943 patients (49%) who would still be seeking registration but who may have ended up with no G.P. registration. Thankfully, following agreement with NHS England, all of these payments had been managed and had moved across to other practices.

Members noted the patient allocation within the 7 practices of those patients who had registered prior to closure (827) with Tennant Street (33%) and Alma (27%) G.P. practices absorbing the most patients. The remaining patients and families (1,101) were allocated as follows with each of these G.P. practices having indicated that they had the capacity to cater for additional numbers:-

- Alma Medical - 367;
- Riverside - 365;
- Tennant Street 369.

Each of the above had also been advised that they could still choose to register within any of the other practices within the Hardwick & Roseworth Wards.

Members were therefore reassured to note that all patients had now been allocated an alternative G.P. practice and that each would receive an invite from their new practice for a new patient registration.

Members thanked HAST C.C.G. for their response to the Committee's concerns. The Committee had previously recorded a general concern on the strain placed on G.P.'s nationally, and their lack of numbers, and therefore it was questioned what impact the allocation of additional patients on them had had in this case and how they had been able to cope with the influx. Members were advised that practices had been able to achieve this in different ways, with some having been able to recruit additional G.P.'s, and others having reviewed their skills mix so that other health care professionals such as nurse practitioners and pharmacists were seeing patients, rather than G.P.'s. The C.C.G. had also managed capacity so as to provide additional support. All of this had seen the practices looking to work together more in the future, examining how they could jointly procure resources and services and manage patients better with the availability of extended access. The Patient Experience Survey would also be reviewed to ensure that patients views could be captured recording their experience of the transition.

The Director of Commissioning & Transformation suggested that Primary Care would need to look at its future ways of working too alongside the G.P. Federation regards future workforce planning, recruitment, training and different ways of G.P. working. There had been some benefits identified following the recent process, for example Practices recognising the benefits of sharing information ahead of crises developing in individual practices.

In conclusion, the Chair referred to the letter agreed at the last meeting to be sent to the Secretary of State noting the Committee's concerns regarding the closure of Tithebarn. The Director of Commissioning & Transformation advised that they would respond to this correspondence if requested to do so by the Secretary of State.

Members noted that at their recent visit to North Tees Urgent Care Service they had queried whether there had been any impact following the announcement of the closure of the Practice. There had not been any to date but this would continue to be monitored.

AGREED that the information received from the H&SCCG be noted and welcomed .

**ASH  
61/17**      **North Tees and Hartlepool NHS Foundation Trust Quality Account 2017-18**

Members received a presentation from the Deputy Director of Nursing, Patient Safety and Quality and the Safety & Quality Performance Manager (NT&HFT) regarding current and next years priorities for the Trust as defined within their Quality Accounts 2017-18.

The presentation outlined their key priorities as follows:-

i) Patient Safety:-

- Mortality;
- Dementia Care;
- Safeguarding (Adults & Children);
- Infections.

(ii) Effectiveness of Care:-

- Safety Thermometer;
- Discharge processes;
- Safety, Quality and Infections Dashboard;
- Learning from Deaths

(iii) Patient experience:-

- Palliative Care & Care for the Dying Patient;
- Is our care good? (patient experience surveys);
- Friends & Family recommendation.

Members comments on the presentation were summarised as follows:-

-It was noted that mortality rates had reduced however it was questioned whether there was any specific causes of death to be aware of. Members were advised that the majority of the data captured was based on what the patient was initially diagnosed and treated for, as opposed to what may eventually be attributed as a cause of death. Notification was however received from an

alternative source of any 'outliers' that the Trust needed to be made aware of. It was requested that this information be provided to the Committee, along with details of any deaths that had required further investigation.

It was suggested that it would be useful to hold a session with the Committee to look in more detail at case examples and examples of alerts generated following any concerns over particular conditions.

There was ongoing work with medical staff to ensure the correct coding was used when recording patient conditions.

- Regards infection control, it was questioned whether the planned 'deep clean' of wards to combat outbreaks of C diff had been undertaken? It was noted that these take place over the Summer period and take place over the year, and ward areas would continue to be decanted to the Resilience Ward during cleaning so long as this was available. Reference was made to the fact that many of the hospital buildings were very old with places within that were quite inaccessible making thorough cleaning difficult. A Capital and Services programme was in place to assist overcoming any difficulties caused by the nature of the buildings themselves and a new Energy Centre had also been completed.

-Members noted the invitation offered by NT&HFT for them to present to the Committee at some future date more in-depth analysis of the work being done recently within the Trust around the Safety, Quality and Infections Dashboard which entailed encouraging greater understanding within the organisation of the data produced and specific indicators requiring improvement. This was used to engage with and support matrons to enable improvement in specific wards.

The Committee was also advised of the number of complaints received (574) as of end of September 2017, the mechanics of the CQC Inspection Regime, as well as given an insight into how the new CQC Inspection Regime operated with the annual Well-led inspection due to take place between 19-21 December. A draft version of the 2017-18 Quality Accounts would be shared with this Committee in March 18 following completion of the consultation with stakeholders and subsequent publication in June 18.

Members were also advised of the significant increase in DoLS related work for staff, as well as the constant efforts undertaken to review discharge processes and monitor the number of patients who return to hospital within a short period of discharge. There had been good staff engagement on the 100 Day NESTA challenge that focused on discharge.

In conclusion, Members queried the latest position regarding recruitment and retention of staff. It was noted that within the care side, there were currently 50 FTE nursing vacancies. This was despite the ongoing partnership arrangement with the Phillipines which had seen the recruitment of 50 level 7 nurses. Regards pre-registered nursing, it was noted that the Trust had formed a partnership with Sunderland University which had seen 25 student nurses commencing employment. Help would be provided with their fees in an effort to encourage their retention.

Regards recruitment of doctors/medics, junior doctors were hard to recruit,

particularly within the specialisms of haematology and rheumatology. There were no figures to hand regarding actual vacancies at present, however these would be provided to the Committee, along with the details of any initial affects of the decision to relocate Durham University from the Stockton faculty.

The Trust had made progress in relation to reducing costs of temporary staff.

The Director of Adults and Health commented on progress in relation to domestic abuse. There was a merged team now providing a Vulnerability Unit at the Trust. CCG funding for Harbour support work had ended, but the Trust stated that they had been able to upskill staff to absorb this work.

AGREED that:-

1. The content of the Quality Accounts 2017-18 presentation be noted.
2. A session be held with the Committee and Trust to look in more detail at mortality case examples and alerts, and to examine the Safety Quality and Infections Dashboard.
3. The information on doctor vacancies be provided.
4. A draft version of the 2017-18 Quality Accounts be shared with this Committee in March 2018 following completion of the consultation with stakeholders.

**ASH  
62/17**

### **Review of NHS Commissioned Respite and Short Break Services**

Members noted the latest update regarding the Hartlepool and Stockton on Tees and South Tees CCG's 10 week public consultation in relation to NHS Commissioned Learning Disability, Complex Needs and/or Autism Respite Services which had ended on the 10th November.

A statutory Joint Committee had been formed with the other affected local Councils, with 3 members of this Committee represented, including the Chair who was also Chair of the Joint Committee.

The Joint Committee would now look at the response arising from the public consultation. Details of the Frequently Asked Questions produced for the consultation exercise, were noted.

AGREED that the update be noted.

**ASH  
63/17**

### **Regional Health Scrutiny Update**

The Committee received an update on the work of the Tees Valley and Regional Joint Health Scrutiny Committee.

It was noted that the scheduled meeting of the Regional Committee in November had however now been cancelled due to a lack of business.

AGREED that the update be noted.

**ASH  
64/17**      **Work Programme 2017-18**

Consideration was given to the latest Work Programme.

AGREED that the Work Programme be noted.

**ASH  
65/17**      **Chair's Update**

There was nothing to update from the Chair.

NOTED