

Adult Social Care and Health Select Committee

A meeting of Adult Social Care and Health Select Committee was held on Tuesday, 2nd October, 2018.

Present: Cllr Lisa Grainge (Chairman), Cllr Evaline Cunningham, Cllr Kevin Faulks, Cllr Lynn Hall, Cllr Mohammed Javed, Cllr Norma Stephenson (substitute for Cllr Lauriane Povey) Cllr Mrs Sylvia Walmsley, Cllr Barry Woodhouse

Officers: Peter Mennear, Michael Henderson (DCE)

Also in attendance: Cllr Jim Beall (Cabinet Member for Adult Social Care and Health), Karen Hawkins (CCG)

Apologies: Cllr John Gardner, Cllr Lauriane Povey

ASH 37/18 Evacuation Procedure, Audio Recording & Housekeeping

Members noted the Evacuation Procedure, Audio Recording advice and Housekeeping details

ASH 38/18 Declarations of Interest

Cllr Beall declared a personal interest in item 5 'Birchtree Practice' as he had a family member who was employed by CGL.

Cllr Stephenson declared a personal interest in item 5 'Birchtree Practice' as she had two family members employed by CGL. Also she was Chair of the Cleveland Police and Crime Panel, which scrutinized decisions made by the Cleveland Police and Crime Commissioner. She understood that the Commissioner commissioned some services from CGL.

ASH 39/18 Reporting- in Review of Food Hygiene

Members received a report from the Council's Environmental Health Unit to assist in its review of Food Hygiene Services.

Discussion:

- members noted that numbers of premises food inspections were maintained to a high level by all officers, with appropriate competencies, across the service, undertaking inspections when required. In addition, a contractor had been commissioned to undertake some of the lower level, minimal risk, food premises inspections.

- it was explained that officers who had been on maternity leave would be returning to work soon and a small restructure that would come into effect in the New Year would assist with the resilience of the food premises inspection service going forward.

- in terms of the food handling ratings it was explained that those premises receiving low scores, which subsequently made improvements would still need to wait a minimum period before a re-inspection and, potentially, receive an improved score. However, this process of reinspection and scoring could be shortened if the premises paid for the reinspection.

- there was no legal requirement for a premises to display its food hygiene rating. The Council continued to be proactive in highlighting the scheme to members of the public, so that they can make an informed choice.

- the Committee raised the issue of food allergy labelling, in the light of a recent high profile case where inadequate labelling had led to the tragic death of a young woman. Members noted that it was a legal requirement for food producers to label food correctly for a wide range of allergies. It was hoped that the Government and Food Standards Agency increased requirements and provided adequate resources to police those requirements.

- the Council undertook the investigation of communicable diseases, including interviews with people affected. The Council did not have facilities to test samples and this was undertaken by Public Health England laboratories. If the Council was able to trace a disease back to a premises in the Borough then it would be able to take appropriate legal and enforcement action.

- it was noted that part of any food premises inspection included an assessment of the cleanliness of staff handling food, what facilities they had to maintain their cleanliness and the training they had received. If a member of the public made a complaint about the cleanliness of a member of staff of a premise, then this would be investigated.

- approximately 50 employers had been engaged with, through the Better Health at Work scheme. Employers were able to highlight their achievements through the scheme on their letter head. e.g silver award, gold award.

RESOLVED that the information and discussion be noted.

**ASH
40/18**

Birchtree Practice

Members received a presentation relating to Medical Services at Birchtree (Lawson Street) Practice in Stockton.

Members were informed that a jointly commissioned, combined service had been located at the Birchtree Practice. The service included a Specialist Allocation scheme and substance misuse services.

The Committee was provided with background to procurement model operating, and services available, at the Birchtree Practice.

It was noted that, previously, a jointly commissioned, combined service had been available at the Practice. This service included primary medical services, Violent Patient Scheme (now Specialist Allocation Scheme - SAS) and substance misuse. In February 2016 the Joint Primary Care Co-commissioning Committee (PCCC) agreed to the separation of the services following contract expiry at the end of September 2016. However, in 2016, because of financial difficulties being experienced by the provider of the combined services, the contract was terminated. Subsequently, the Council appointed Change Grow Live to deliver substance misuse services and the CCG made emergency arrangements for GP services and the SAS.

Members noted that since 2016 Birchtree had operated closed list and any new substance misuse patients had registered with mainstream general practices. The CCG now planned to disperse Birchtree patients to other practices in a planned and managed way, providing additional resources to practices and choice to patients.

Patients had been informed of the dispersal plans on 1st October and engagement events were planned for the middle of the month. Dispersal would be complete by 31st March 2019, at which time the Birchtree contract would expire and the practice would close.

Discussion:

- Members noted that the Specialist Allocation Scheme (SAS) provided medical services to patients who had particular behaviours that were not conducive to a mainstream General Practice. Following a process such patients could be removed from a practice's list and placed with a practice operating the SAS. As well as providing general medical services, that practice would attempt to work with patients to potentially reintroduce them into their local practice again. There were currently 42 such patients across the CCG area.

- members recognized that patients accessing SAS services were not necessarily the same patients accessing drugs misuse services. The two services were separate and were not directly linked.

- any practice providing the SAS would receive enhanced support and resources.

- members recognized the vulnerability of the patients at Birchtree and had concerns that the changes would have a negative affect on their recovery. Members received assurances that the patients' transfer would be undertaken in a managed way and additional engagement and support would be in place and every effort to mitigate any detrimental impact would be taken. Patients would have access to advocacy services.

- it was explained that transfer to practices would be undertaken under mutual consent, however, regulations did provide that allocations to practices could be enforced.

- if any savings were realised from the changes, this would be reinvested into primary care.

- Members noted the convenience that co location of general medical services and drugs misuse services at Birchtree had afforded patients and there was a concern that the separation and re-provision of these would lead to a reduction in engagement by this cohort of patients. Given these concerns, the Committee asked that it receive updates on how the transfer of patients was proceeding.

Updates to include:

- how responsive GP were to taking patients from Birchtree?

- had any enforced allocations been necessary?

RESOLVED that the update and discussion be noted and regular updates on the transfer of patients be provided to the Committee.

**ASH
41/18** **Committee Work Programme**

Members considered its work programme.

**ASH
42/18** **Chair's Update**

There was no update from the Chair.