

## **ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE**

A meeting of Adult Social Care and Health Select Committee was held on Tuesday 19 December 2023.

**Present:** Cllr Marc Besford (Chair), Cllr Nathan Gale (Vice-Chair), Cllr Carol Clark, Cllr John Coulson, Cllr Lynn Hall, Cllr Susan Scott, Cllr Vanessa Sewell and Cllr Paul Weston.

**Officers:** Emma Champley (A,H&W) and Gary Woods (CS).

**Also in attendance:** Fiona Adamson, Carl Gowland (Hartlepool & Stockton Health) and Emma Joyeux (North East and North Cumbria Integrated Care Board)

**Apologies:** Cllr Ray Godwin.

### **ASCH/35/23 Evacuation Procedure**

The evacuation procedure was noted.

### **ASCH/36/23 Declarations of Interest**

There were no interests declared.

### **ASCH/37/23 Minutes**

Consideration was given to the minutes from the Committee meeting held on 21 November 2023.

The Committee Chair referred to the current situation regarding the Care Quality Commission (CQC) State of Care Annual Report 2022-2023 item. An attempt was being made to discuss future contributions to the Committee's work programme with local CQC representatives and further updates on any developments would be provided when available.

AGREED that the minutes of the meeting on 21 November 2023 be approved as a correct record and signed by the Chair.

### **ASCH/38/23 Scrutiny Review of Access to GPs and Primary Medical Care**

The third evidence-gathering session for the Committee's review of Access to GPs and Primary Medical Care involved a submission from Hartlepool & Stockton Health (H&SH) GP Federation. Introduced by the H&SH Chief Executive Officer, and supported by the H&SH Head of Operations and Service Delivery, a presentation was given which covered the following:

- Who we are – structure and purpose
- Our services
- 7Day Enhanced Access – locations
- 7Day Enhanced Access – typical month
- Our services – workforce
- Our services – supporting access

Formed in 2016, H&SH was a traditional GP Federation set-up based upon the former Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) footprint. Some of its services were Stockton-on-Tees-specific, whilst others served the Tees Valley as a whole. Elected (bi-annually) by peers, three of its (minimum of) six Board Directors need to be GPs, and one must be a general practice manager. H&SH received no statutory funding, nor financial support from practices (all of which were members) – any funds it created were invested back into services / practices.

Holding itself to account to ensure it adds value rather than acts as a burden to the overarching health system, the vision of H&SH was to improve the health and wellbeing of local people. Key missions included the championing of general practice and supporting Primary Care Networks (PCNs) to continue their development – engagement as a trusted partner (via local NHS Trusts and Health and Wellbeing Boards) was also an important duty. In terms of its goals, H&SH was limited in its ability to pay high remuneration rates to its staff – the organisation therefore focused on staff wellbeing and creating a positive culture in which to work, thus aiding recruitment and retention.

Several services were provided as part of the overall H&SH offer, a key element of which was the 7Day Enhanced Access to general practice (contributing 217.5 hours-per-week and more than 32,000 appointments per annum across Stockton-on-Tees) – indeed, this was a crucial driver behind the original formation of H&SH as practices did not want private companies providing out-of-hours access. Commissioned by PCNs (previously this was done through the CCG) who all engaged with H&SH, 7Day Enhanced Access had been operating since 2017 – within the Borough, the ‘core’ locations were Tennant Street Medical Practice and Woodbridge Medical Practice, with further weekend / evening access available at Abbey Health Centre, Eaglescliffe Medical Practice, and Norton Medical Centre.

Data showing the number of appointments for various health reasons / types across a typical month for the 7Day Enhanced Access offer was listed, as well as corresponding ‘did not attend’ (DNA) cases for each element. Access to see a GP was comfortably the highest (1,081, with 100 DNAs), followed by appointments for a treatment room (628) and a complex treatment room (459). The recent addition of a menopause clinic was highlighted (this was in response to PCNs being unable to cope with the level of demand for menopause support and was proving very popular), and it was noted that H&SH worked with PCNs to establish pressure points (e.g. there was significant demand for complex wound care). With regards DNAs, H&SH was relatively comfortable with current rates, though did try to identify specific sites where this was occurring and whether the way in which an appointment was booked impacted upon attendance (e.g. appointments booked too far in advance often resulted in more DNAs – the window to be able to book had therefore been reduced). It was also acknowledged that those accessing weekend / evening appointments would likely be attending a practice which was not normally their own.

H&SH was also responsible for / involved in a number of other services, including Footsteps (a nationally rare teen health one-stop-shop which was based within Eaglescliffe Medical Practice), the Integrated Urgent Care Service (GP-led from both Hartlepool and Stockton sites and currently up for recommissioning), and COVID vaccination services / clinics and oximetry@home. The Outreach Nursing Service (Public Health) was able to support those who found it difficult to engage with practices (H&SH aimed to build on the current model and had recently acquired a bus

to assist in taking healthcare into the community), and PCNs were supported with regards human resources and any background work in relation to the numerous roles practices could appoint to.

In terms of workforce, H&SH oversaw a digital staffing pool which comprised a bank of professionals (all of whom were checked / audited) that practices could access if required – this assisted around 5-10 practices per month and was particularly useful if there was any planned care. GP and Nurse Fellowships (career start schemes) were also highlighted, involving education, projects to run, peer support, and learning from older, more experienced practitioners – features designed to make the locality a great place in which to work. Other workforce initiatives included a GP retention scheme (Tees Valley RISE), PCN personalised care teams (for those without a clinical need), a primary care training hub, and delivery of healthcare apprenticeships (in particular, senior healthcare support workers).

Further to the digital staffing pool, H&SH supported access to GP services through the OPEL framework, a mechanism by which practices rated themselves as to the level of pressure they were under, potentially leading to them being signposted to H&SH for assistance. The organisation had also put on extra appointments during the winter period (which it paid for itself on behalf of local practices), and a respiratory-specific service would be operating from Ingleby Barwick this year for a 10-week block (seven days-a-week) – this would provide 130 appointments per week, would be GP-led alongside a nurse, and was expected to support a high number of children. Access to services on Sundays had existed since 2017 and it was hoped that next year would see an increase in provision on this day of the week. A new contract for 7Day Enhanced Access was due to start in April 2024, though a key issue remained around the lack of places to put in additional services due to limits on space and funding.

The Committee directed its opening questions towards the existing, and future, workforce situation and heard that any GPs working locally had the option to support H&SH service provision (though had to go through rigorous checks). H&SH created opportunities for local practices to take on weekend / evening work and gave employment possibilities for medical students (e.g. shadowing work within the Urgent Care Centres in their final year), allowing the building of local relationships which may assist with them remaining within the area once they formally qualify.

Members asked what had been learnt from the recent vaccine rollout which had resulted in challenges around the availability and administration of the COVID and flu jabs during the same appointment (thereby impacting on the need to access services more than once). H&SH stated that the infrastructure / booking system behind the national NHS England vaccination programme was problematic and that, whilst most PCNs had opted-in to offering both vaccines at the same appointment, there had been issues in getting enough doses to the right places at the right times (particularly the COVID vaccine which had to be stored and handled differently). Assurance was given that most care home / housebound residents got both vaccines at the same time, and that views had been fed back to national bodies to ensure a more efficient process next year – indeed, the new vaccination strategy gave more opportunity for decisions on future rollout to be directed by local agencies, and the Enhanced Health in Care Homes (EHCH) framework provided further avenues to support the delivery of healthcare within care home settings.

Attention turned to the younger population and the unusual, yet highly valued, Footsteps service. The Committee heard that this was the idea of a local GP who was

seeing an increase in eating disorder and anxiety cases among teenagers. An outreach 'council' for young people was created which had since won an award, and the service was accessible to any teenager within the Borough.

Referring to the 7Day Enhanced Access appointment data, Members highlighted the 'diabetes review' numbers and noted that some people had gone without a review since the emergence of COVID. H&SH confirmed that nursing numbers gave a particular cause of concern as it was this element of the workforce which serviced many of the populations day-to-day needs rather than GPs. The desire was for more specialist-trained long-term condition nurses, though ensuring sufficient workforce capacity and expertise was complicated by the forthcoming end to the PCNs first five-year contract in March 2024 – it was therefore hoped that future workforce arrangements could be more firmly planned once post-March 2024 PCN funding was established.

Discussion ensued around phlebotomy services and the feedback of results if bloods were taken in a setting outside a person's normal practice. The North East and North Cumbria Integrated Care Board (NENC ICB) representative in attendance stated that results should go back to whoever requested the blood test (unless a shared care arrangement was in place).

The Committee concluded the session by praising H&SHs digital staffing pool and asking if there was any way in which this could support local services more. H&SH advised that practices were able to request the use of this pool at any time and that communications were sent out to practices reminding them of this option.

AGREED that the Hartlepool & Stockton Health submission be noted.

### **ASCH/39/23 SBC Director of Public Health Annual Report 2022**

Consideration was due to be given to the SBC Director of Public Health Annual Report 2022. However, as the relevant officer was unable to be in attendance due to unforeseen circumstances, it was agreed that this item would need to be deferred to the next Committee meeting in January 2024.

AGREED that consideration of the SBC Director of Public Health Annual Report 2022 be deferred to the next Committee meeting in January 2024.

### **ASCH/40/23 Winter Planning Update**

Consideration was due to be given to a Winter Planning Update report detailing winter planning across SBC in conjunction with partners. However, due to staff sickness / unavailability, and because the contents of the report reflected work taking place (and impacting) across the whole Council, it was suggested, and subsequently agreed, that this item should be referred to the Executive Scrutiny Committee for consideration at its next meeting in January 2024.

AGREED that the Winter Planning Update report be referred to the SBC Executive Scrutiny Committee for consideration at its next meeting in January 2024.

### **ASCH/41/23 Chair's Update and Select Committee Work Programme 2023-2024**

## Chair's Update

The Chair had no further updates.

## Work Programme 2023-2024

Consideration was given to the Committee's current work programme. The next meeting was due to take place on 23 January 2024, with anticipated items including the Teeswide Safeguarding Adults Board (TSAB) Annual Report 2022-2023, analysis of safeguarding concerns (including Deprivation of Liberty Safeguards (DoLS) activity), and further evidence-gathering in relation to the ongoing Access to GPs and Primary Medical Care review. The deferred SBC Director of Public Health Annual Report 2022 would also be added to the agenda.

A brief verbal summary of the business considered at last week's (15 December 2023) Tees Valley Joint Health Scrutiny Committee meeting was provided which would be incorporated within the latest regional health scrutiny update paper that would be included on the agenda for the January 2024 meeting.

AGREED that the Chair's Update and Adult Social Care and Health Select Committee Work Programme 2023-2024 be noted.