

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

A meeting of Adult Social Care and Health Select Committee was held on Tuesday 23 January 2024.

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

Officers: Carolyn Nice, Sarah Bowman-Abouna (A,H&W) and Gary Woods (CS).

Also in attendance: Dr Judith Donkin, Felicity Brown (Billingham & Norton PCN), Dr Nick Steele, Daniel Hallsworth (BYTES PCN), Dr Barnaby Morgan (North Stockton PCN), Dr Dhirendra Darg, Ian Forrest (Stockton PCN), Emma Joyeux and Rebecca Warden (North East and North Cumbria Integrated Care Board)

Apologies: Cllr Ray Godwin.

ASCH/42/23 Evacuation Procedure

The evacuation procedure was noted.

ASCH/43/23 Declarations of Interest

There were no interests declared.

ASCH/44/23 Minutes

Consideration was given to the minutes from the Committee meeting held on 19 December 2023.

AGREED that the minutes of the meeting on 19 December 2023 be approved as a correct record and signed by the Chair.

ASCH/45/23 Scrutiny Review of Access to GPs and Primary Medical Care

The fourth evidence-gathering session for the Committee's review of Access to GPs and Primary Medical Care focused on contributions from the Borough's four Primary Care Networks (PCNs). Clinical Directors and / or Operational Leads for each PCN were in attendance to discuss their responses to the following key lines of enquiry:

- Awareness of any access issues within your PCN area: Several elements were having an impact on GP access – these included a post-pandemic backlog (for both physical and mental health problems), long waits for secondary care which was resulting in patients contacting primary care providers for support in the interim, and the loss of experienced staff and the subsequent lag in training new staff to fill this void (who, in the short-term at least, were unable to work at the level of those older professionals who had left general practice). That said, PCN representatives also acknowledged improvements to access, some of which had come as a result of COVID-19 and the need to work in different ways – innovation, particularly through the use of technology, had led to the emergence of alternative pathways regarding access

to services, though this in turn further increased demand which was very challenging to meet given the lack of an uplift in resources. As such, waiting times were further compromised.

Further to a Committee query, it was confirmed that all PCN areas used the OPEL system to monitor pressures which individual practices were under – this enabled any critical needs to be identified, something which the Hartlepool & Stockton Health (H&SH) GP Federation could assist with in terms of its digital staffing pool (it was noted that H&SH did not charge more for these staff to provide assistance). Members subsequently noted the focus on shortages of nursing staff.

Reflecting on the various access options outlined within the combined PCN submission, Members welcomed the range of mechanisms available, though also drew attention to the challenges faced by those who were not as technologically minded when it came to online services. Regarding waiting times, the Committee was reminded that this was a national issue, and efforts to mitigate the impact of delayed contact with health providers had resulted in the 'Waiting Well' initiative (a programme offering targeted support to certain groups of patients waiting for treatment).

Reference was made to a previous evidence session where Members were informed about the difficulties in attracting professionals to the Tees Valley area. One of the PCN Clinical Directors present, who was also a GP trainer, spoke of the challenges of getting practitioners with the right qualities into the region and noted that the training scheme was not overly appealing / rewarding (as such, it was stated that there had been a period when training places were undersubscribed). The Committee heard that those people who had qualified were not always staying in the area, hence the need to look further afield for the skills required – it was subsequently reported that there was a higher level of international graduates in the North East than in other regions across the country.

Members highlighted the services provided by pharmacies and the impact of this on general practices – there was, however, little mention of this in the PCNs responses to the questions posed by the Committee. PCN representatives gave assurance that practices worked closely with pharmacists as part of their clinical teams, and that pharmacies were very much embedded within the primary care offer. The Committee welcomed this assurance and pointed to the opportunities pharmacies provided to relieve pressure on the overall health system (particularly those based outside town centres), with Members encouraging all practices to value each one equally. In response, it was stated that a number of pharmacies were operating under great strain at present, and that caution was needed around the expectation that they would address access issues – this may lead to unintended consequences.

- Management of patient contact (systems, prioritisation, triage): PCNs highlighted a variety of in-person, telephone and digital tools / systems which were used to manage patient contact. The need to ensure (as far as possible) continuity of care was emphasised as this led to a more efficient service, with patients saved from having to repeat their story time and again to different professionals – key to this was administrative / reception staff within practices who develop knowledge of / rapport with patients. Whilst electronic options had evolved to further enable contact with practices, PCNs acknowledged that it was important to avoid digital exclusion, particularly in the context of an ageing population and the critical need to ensure access for all. In related matters, it was also vital that those who chose to use digital /

online mechanisms were not prioritised over those who preferred alternative, non-electronic methods of communication.

Members welcomed the continued focus on providing different forms of contact opportunities for patients, as well as the desire to keep phonelines open (an important factor for elderly residents) – the call-back feature which had been introduced by a number of practices was also praised. Previous complications in achieving the dual rollout of COVID and flu vaccines within practices was noted – Members were reminded that these vaccines were commissioned and stored differently, hence the challenges in them being administered during the same appointment. However, health bodies would try to ensure future rollout was as streamlined as possible.

The Committee noted the recent national rise in reported cases of measles and asked if this was translating into increased contact with local practices. It was stated that, although there were yet to be any significant outbreaks of measles across Teesside, discussions had taken place at the Stockton-on-Tees Health and Wellbeing Board, and a UK-wide vaccination catch-up campaign was in the pipeline. One of the main issues was a lack of vaccination uptake within inner-cities, as well as the usual lower inoculation rates in areas of greater deprivation.

- Mechanisms for the public to raise concerns about access issues and how this is communicated / managed / responded to: Again, multiple opportunities for patients to raise issues were outlined via written, verbal or online means. Patient Participation Groups (PPGs) within each practice were also highlighted. One PCN area had recently undertaken work to identify the best route for providing comments on practices – this was resulting in enhanced options for digital feedback, though not at the expense of more traditional ways.

Difficulties in being able to liaise with a Practice Manager was flagged by the Committee, though it was cautioned that getting involved in individual cases would be very time-consuming for these professionals and would add to the significant pressure they were already under. Assurance was given that practices tried to absorb feedback from as many sources as they can, including annual surveys (which are usually circulated to a small sample of patients), suggestion boxes, the Friends and Family Test, and PPGs. It was also emphasised that practices do not have to wait for negative feedback to take action in order to improve services.

One of the North East and North Cumbria Integrated Care Board (NENC ICB) representatives in attendance drew attention to the requirement to improve patient experience and contact within the national capacity and access improvement plans previously shared with the Committee – Members were informed that all practices continued to work on this. PCN representatives also confirmed that comments in relation to practices were available on publicly accessible platforms (e.g. Google reviews).

- Do practices seek feedback around access and how has this informed arrangements?: All PCNs outlined the proactive measures in place to capture views from patients, and examples were given as to how this had led to changes in service delivery, including improvements to telephony systems and clarity around out-of-hours access provision.

The issue of patients failing to attend their appointment was raised by the Committee, as were the difficulties that individuals could encounter when trying to cancel an

appointment. The merits of following-up with those patients who do not attend was discussed – some practices did make contact, though it was also noted that this could be quite stressful for the patient and a decision to follow-up may need careful consideration based on an individual’s case history. NENC ICB personnel added that many practices sent text message reminders prior to appointments which included cancellation options – however, did not attend (DNA) rates remained high.

Continuing the theme of non-attendance, it was felt that the ability to book appointments a long way in advance had the potential to lead to patients forgetting. Some practices were also placing more emphasis on providing positive statistics (i.e. the percentage of those who had attended as opposed to those who had not) within their waiting areas in the hope that this would further encourage attendance.

- Summary of any planned changes within PCN practices to improve access or improve patient experience: A range of developments were taking place across all PCN areas to further improve access and, crucially, the overall patient experience. Technological advances in terms of cloud-based telephony systems, eConsultations and website strengthening were highlighted, as were considerations around triage, recruitment and estate expansion.

Drawing the session to a close, the Committee Chair thanked all PCN representatives for their contributions.

Looking ahead to the next Committee meeting in February 2024, a final evidence-gathering session for this review was intended and would focus on patient / public views around the issue of access to GPs. A key aspect of this was the proposed engagement with Patient Participation Groups (PPGs) that existed within each of the Borough’s general practices, and suggested questions for the PPGs were tabled and subsequently agreed. A flavour of the feedback received would be provided at the February 2024 meeting, though more detail would be given as part of the Committee’s informal ‘summary of evidence’ session which was due to take place in March 2024.

AGREED that:

- 1) the submissions from the Stockton-on-Tees Primary Care Networks (PCNs) be noted.

- 2) the questions for the Patient Participation Groups (PPGs) within each of the Borough’s general practices be circulated as proposed (no changes required).

ASCH/46/23 SBC Director of Public Health Annual Report 2022

Consideration was given to the SBC Director of Public Health Annual Report 2022. Introduced by the SBC Director of Public Health, the report contained the following:

- Foreword (SBC Cabinet Member for Health, Leisure and Culture)
- Introduction (SBC Director of Public Health)
- Covid-19 in Stockton-on-Tees
- Supporting our residents
- Living with Covid-19
- Looking Ahead
- Progress in 2022/23

The Committee was informed that, under the Health and Social Care Act (2012), the Director of Public Health had a duty to prepare an independent annual report. As a consequence of COVID-19, production of this yearly requirement had been interrupted as the Council sought to manage the impact of the pandemic. This 2022 report aimed to capture an overview of key activity from a public health perspective since COVID-19 emerged. It also sought to summarise the learning from this period from a public health perspective and describe some of the activity since (in response to this learning).

Members commended the structure and content of the report, though felt it would have been useful to include a specific section detailing the impact of COVID on young adults with a learning disability and acknowledging the support provided to help these individuals during this time.

Mindful that this latest version was marked '2022', the Committee looked forward to considering the next annual account in the early part of the next (2024-2025) municipal year.

AGREED that the SBC Director of Public Health Annual Report 2022 be noted.

ASCH/47/23 Regional Health Scrutiny Update

Consideration was given to the latest Regional Health Scrutiny Update report summarising developments regarding the Tees Valley Joint Health Scrutiny Committee, the Sustainability and Transformation Plan (STP) / Integrated Care System (ICS) Joint Health Scrutiny Committee, and the North East Regional Health Scrutiny Committee. Attention was drawn to the following:

- Tees Valley Joint Health Scrutiny Committee: The last meeting was held on 15 December 2023 (note: the meeting was not quorate for some of the items considered) and included a presentation on community water fluoridation plans, a NHS dentistry update, non-surgical oncology outpatient transformation proposals, and a Tees Valley winter planning update.

During consideration of the work programme for the remainder of the 2023-2024 municipal year, the Committee requested an informal briefing on Tees, Esk and Wear Valleys NHS Foundation Trust's (TEWV) use of restraint, a source of previous Member concern – this was likely to be arranged for late-February / early-March 2024.

The emergence of details of a proposed 'Partnership Agreement' as part of the ongoing development of the 'Group' model between North Tees and Hartlepool NHS Foundation Trust (NTHFT) and South Tees Hospitals NHS Foundation Trust (STHFT) led to an informal (remote) Committee meeting being hastily arranged. This took place on 2 November 2023 to allow Members to consider and comment on these developments / proposals – a statement on behalf of the Committee was then submitted back to the 'Group' for consideration by the Joint Partnership Board as part of its final ratification of the 'Partnership Agreement' (which was due to be agreed on 15 November 2023).

- Sustainability and Transformation Plan (STP) / Integrated Care System (ICS) Joint Health Scrutiny Committee: No further developments regarding this Joint Committee since the previous update in October 2023. In related matters, North East and North Cumbria Integrated Care Board (NENC ICB) guidance on staying well and assisting

services during the current cold season, information on a festive safe sleeping for babies campaign, and details regarding NTHFT leading an initiative to promote careers in health and social care were relayed.

- **Changes to Health Scrutiny Arrangements:** Attention was drawn to the impending introduction of new health scrutiny arrangements would come into force from 31 January 2024. The main focus of the changes was the removal of the power of health overview and scrutiny committees (HOSCs) to formally refer matters of concern relating to major service reconfiguration to the Secretary of State. Instead, the Secretary of State may act proactively, further to a request that he or she may receive from anyone – although such action would be subject to consultation with the HOSC, amongst others. Guidance had been produced summarising these changes and was included within the papers for this meeting.

AGREED that the Regional Health Scrutiny Update report be noted.

ASCH/48/23 Chair's Update and Select Committee Work Programme 2023-2024

Chair's Update

The Chair reminded Members about the need to familiarise themselves with the forthcoming changes to health scrutiny arrangements (as outlined within the previous Regional Health Scrutiny Update item).

Work Programme 2023-2024

Consideration was given to the Committee's current work programme. The next meeting was due to take place on 20 February 2024 and was scheduled to feature the Teeswide Safeguarding Adults Board (TSAB) Annual Report 2022-2023, a related SBC safeguarding report, the latest CQC / PAMMS quarterly update (Q3 2023-2024), and the next evidence-gathering session for the ongoing Access to GPs and Primary Medical Care review.

Reference was made to the recent request for suggestions for Committee visits to frontline services – Members were encouraged to forward any proposals by the end of the week (26 January 2024).

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