

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 5 February 2019.

PRESENT: Councillors E Dryden (Chair), S Biswas, A Hellaoui, J McGee and M Walters and J A Walker.

ALSO IN ATTENDANCE: Craig Blair - Director of Strategic Planning and Performance, STCCG
Caroline Breheny- Democratic Services Officer
Hannah - Project Officer, STCCG

APOLOGIES FOR ABSENCE Councillor L McGloin.

1 **MINUTES - HEALTH SCRUTINY PANEL - 8 JANUARY 2019**

The minutes of the Health Scrutiny Panel held on 8 January 2019 were approved as a correct record.

2 **URGENT CARE UPDATE**

The Director of Strategic Planning and Performance at STCCG was in attendance to provide an update to the panel in respect of urgent care. The panel was reminded that on 1 April 2017, following extensive public consultation, a new urgent model of care had been introduced. This had involved the closure of the two Walk-in Centres at North Ormesby and Eston, the introduction of four extended hours GP centres across South Tees, an Out of hours (OOS) service open from 9.30pm to 8am 7 days a week, the Redcar Minor Injuries Unit (MIU), nurse navigation at A&E and the MIU, changes to local pharmacy opening hours.

It was acknowledged that initially there had been a number of key issues and challenges which included CQC inspections and actions, workforce pressures and the need to relocate the hub based at Onelife to the Bluebell Medical Practice in order to address staff and patient safety issues, as well as the introduction of direct booking. It was emphasised that processes and policies put in place to address issues had been effective and ELM Alliance was fully able to fill rotas and there were no issues with providing the right clinical support. The service had also been fully staffed over the Christmas period.

Members made reference to the decision to relocate the hub based at Onelife to the Bluebell Medical Practice and expressed repeated concerns that access to this provision had effectively moved from one of most deprived areas to one of the least deprived parts of town. Reference was made to the previous offer for transport to be provided to ensure that those without transport who needed to access the provision were able to do so. It was advised that this offer had been taken up and Members requested that further information be provided. It was requested that a postcode analysis be undertaken to ensure that people from central Middlesbrough were still accessing the service despite the relocation of the hub.

The panel was advised that a follow-up CQC inspection for urgent care services was imminent, although no formal notification from the CQC had yet been received. In terms of the impact the remodelled service had had on navigation it was advised that there had been a significant and sustained impact at Redcar & Cleveland Minor Injury Unit (MIU). However, the impact at James Cook University Hospital (JCUH) A&E site had been minimal. The figures for the MIU had increased from a monthly average of 570 in 2017/18 to 619 in 2018/19.

In contrast the figures at A&E had increased from a monthly average of 103 in 2017/18 to 166 in 2018/19. In effect approximately 600 patients per month were being diverted from the MIU at Redcar & Cleveland to GP appointments, with an assurance that the person would be seen. In contrast only an average of 103 people had been able to be navigated away from A&E. The point was made that there was no co-location of a GP surgery at JCUH whereas there was co-located GP services at the Redcar & Cleveland MIU. Further work was underway to understand the causal factors.

In terms of GP practice use of additional slots these had increased from 3391 in May 2017 to

4401 in May 2018 and all GP practices in Middlesbrough were making use of the additional provision. The panel heard that overall there had been a 6 per cent increase in the number of attendances at A&E across the Trust. However, the introduction of the Extended Hours and Out of Hours provision had stemmed the increase that would have been seen had the new model of urgent care provision not been introduced. The key now was to encourage people to make use of the Extended Hours and Out of Hours service provision prior to attending A&E.

The point was made that the media had an important role to play in promoting the availability of such provision and communication and engagement remained key. Reference was made to the initial launch of the service, which had involved a leaflet drop to every household, an online media campaign with the Gazette and bus shelter advertisements throughout the town. The campaign was really high impact at the time, however, those messages drifted away once that level of media approach could no longer be sustained. The view was expressed that young people were particularly effective in retaining and promoting information relating to new services and that STCCG should consider undertaking a campaign in partnership with the college and schools to increase awareness amongst young people about the out of hours GP appointments available.

The Director of Strategic Planning and Performance at STCCG concluded that:-

- There had been significant improvements to the extended hours and out of hour's service; including the introduction of NHS 111 booking and releasing more appointments to primary care.
- There has been some increase in A&E activity since April 2017, however this was in line with regional and national trends and was lower than expected levels modelled through scenario planning had forecast.
- Navigation away from A&E had not had the anticipated impact
- Due to limitations in the availability of primary care data it had not been possible to determine the impact of the new model on in-hours access to primary care, however anecdotal feedback from GP colleagues was positive
- Work to improve, and enhance integration, of Mental Health crisis services was ongoing.

In terms of the work undertaken in respect of crisis mental health services it was advised a review of service provision had been undertaken. The review had identified that there was potential to redesign street triage, in an effort to improve integration into the wider mental health pathway. In addition work had been undertaken between Crisis and Liaison psychiatry services to improve joint working and avoid duplication (particularly in relation to assessment) in order to achieve alignment with the Core 24 initiative, as outlined in the Mental Health Five Year Forward View (FYMHFV). It was acknowledged that there was a need to ensure there was wider pathway integration between Crisis and Liaison psychiatry, Primary care and intervention/prevention services.

AGREED that:-

- 1) A postcode analysis exercise be undertaken by STCCG to ensure that people from central Middlesbrough continued to access the extended hours GP centre following its relocation from Onelife to the Bluebell Medical Practice.
- 2) Following the growth in e-consultations nationally STCCG provide the panel with figures on the number of e-consultations that have taken place in GP practices across Middlesbrough in 2018/19, broken down by GP practice.
- 3) STCCG give consideration to undertaking a specific piece of work with Middlesbrough College, the sixth form colleges and schools to inform young people on how best to access extended hours and out of hours' appointments.
- 4) A copy of the Mental Health Crisis Review report be provided to the panel including the report's recommendations.

The Democratic Services advised that unfortunately the Tees, Esk and Wear Valley NHS Foundation Trust's Annual Stakeholder event was taking place at the same time as the Health Scrutiny Panel's meeting today and therefore a representative from the Trust was unable to attend. The Director of Operations (Teesside) had, however, advised that he would be in attendance at the panel's March meeting to respond to any queries from the panel in respect of the performance information.

A copy of the stakeholder presentation, as prepared by Tees, Esk and Wear Valley NHS Foundation Trust, had also been provided and the Chair requested that a copy of the presentation be forwarded to all Members of the panel.

The Chair also made reference to the concerns raised about the care provided at West Lane Hospital and emphasised that although this remained an active, ongoing investigation it was reasonable for the panel to find out how services at the site had been affected and when it was anticipated that normality would resume.

AGREED that a copy of the Tees, Esk and Wear Valley NHS Foundation Trust's presentation be forwarded to all members of the panel.

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VULNERABLE AND FRAGILE HEALTH SERVICES – FURTHER INFORMATION

The Chair advised that two representatives had attended the 'Join our Journey – Shaping Health and Social Care', hosted by Professor Chris Gray, Medical Director NHS England (Cumbria and the North East – CNE) at the Riverside Stadium on 30 January 2019 on behalf of the panel. The event had been organised by the Academic Health Science Network North East and North Cumbria on behalf of NHS England. The purpose of the event was to enable a wide range of participants from the NHS, Local Authorities and the Voluntary Sector working at grass roots level to review the high level Health & Care Strategy for the Cumbria and North East Integrated Care System. In terms of the proposed ICS it was highlighted that:-

- The intention was to form a North East and North Cumbria ICS
- Covering 3.3 million people
- The region was currently in the 'aspirant' ICS Programme
- There was the potential for the CNE ICS to formally come into being in April 2019
- The CNE ICS would be comprised of 4 Integrated Care Partnerships, similar model to Lancashire and South Cumbria

A number of presentations were given at the event including 'Delivering the changes we need' by Professor Stephen Singleton (Cumbria Learning and Improvement Collaborative) and CNE Solutions for Radiology by Drs Elizabeth Loney and Anne Anstee. The Members in attendance at the event on behalf of the panel provided an overview of the information provided and it was highlighted that:-

- The key challenges in CNE included the fact that despite having very high performing health services there remained massive inequalities in terms of health outcomes.
- The gap in life expectancy between the most affluent and most deprived areas had increased from a 12 year gap to a 14 year gap and overall life expectancy rates were also decreasing.
- There was a real need to increase the disease free length of life for people in our region.

It was also highlighted in research undertaken by the Kings Fund and highlighted in its report entitled 'A year of integrated care systems – Reviewing the journey so far' that in terms of an overview:-

- Integrated care systems (ICSs) had been proposed as the future model for the health and care system in England. Their development represented a fundamental and far-reaching change in how the NHS worked across different services and with external partners.
- ICSs' development had been locally led and there was no national blueprint.
- The systems varied widely in their size and complexity.

- Most ICSs were making progress in developing their capabilities to work as systems, and organisations were working more collaboratively to manage finance and performance in a way that had not been happening previously.
- There were some early signs of progress in delivering service changes, particularly in relation to strengthening primary care, developing integrated care teams and reviewing how specialist services were delivered.

The report also highlights that activity had been identified at three main levels: neighbourhoods, places and systems. There was broad agreement that all were important in making progress on integration. Current ICSs vary widely in their size and complexity, and therefore in the level at which they were operating. In future, they were likely to evolve to take on system-level functions, such as strategic planning, aligning commissioning and providing overall system leadership.

The Chair emphasised the need in light of the significant changes currently taking place across health and social care that any cost shifting between the NHS and Local Authorities be avoided. There was also a need to remain vigilant in respect of any proposed changes to the location of service provision people could rightly expect to access at their local hospital.

AGREED that the information be noted in the context of the panel's current review on the topic of vulnerable and fragile health services.

5 **OVERVIEW AND SCRUTINY BOARD UPDATE**

The Chair provided an update in respect of the matters considered by the Overview and Scrutiny Board on 8 and 15 January 2019.