

SOUTH TEES HEALTH SCRUTINY JOINT COMMITTEE

A meeting of the South Tees Health Scrutiny Joint Committee was held on 10 June 2016.

PRESENT: Councillors E Dryden (Chair), Councillors R Goddard, S Holyoake, J McGee, N O'Brien, S Turner and J A Walker and A Watts.

ALSO IN ATTENDANCE: C Blair, Associate Director, Commissioning, South Tees Clinical Commissioning Group
J Evans, Redcar & Cleveland Council
A Robinson, NHS North of England Commissioning Support
J Stevens, Commissioning and Delivery Manager, South Tees Clinical Commissioning Group
Dr A Tanasabi, South Tees Clinical Commissioning Group
J Walker, Chair, South Tees Clinical Commissioning Group

OFFICERS: C Lunn and E Pout.

APOLOGIES FOR ABSENCE Councillors T Lawton and D Rooney.

DECLARATIONS OF INTERESTS

There were no declarations of interest made at this point of the meeting.

16/1 APPOINTMENT OF THE CHAIR.

Nominations were sought for the appointment of Chair of the South Tees Health Scrutiny Joint Committee. It was proposed, seconded and agreed that Councillor Goddard be appointed as the Chair of the South Tees Health Scrutiny Joint Committee for the Municipal Year 2016-2017.

AGREED that Councillor Goddard be appointed as Chair of the South Tees Health Scrutiny Joint Committee for the Municipal Year 2016-2017.

16/2 APPOINTMENT OF THE VICE-CHAIR.

As per the Committee's Terms of Reference, nominations were sought for the appointment of two Vice Chairs for the South Tees Health Scrutiny Joint Committee. It was proposed, seconded and agreed that Councillor Dryden (Middlesbrough Council) and Councillor O'Brien (Redcar & Cleveland Council) be appointed as Vice Chairs of the South Tees Health Scrutiny Joint Committee for the Municipal Year 2016-2017.

AGREED that Councillors Dryden and O'Brien be appointed as Vice Chairs of the South Tees Health Scrutiny Joint Committee for the Municipal Year 2016-2017.

16/3 MINUTES - SOUTH TEES HEALTH SCRUTINY JOINT COMMITTEE - 7 MARCH 2016.

The minutes of the meeting held on 7 March 2016 were submitted and approved as a correct record.

16/4 DRAFT PROTOCOL.

The draft protocol for the South Tees Health Scrutiny Joint Committee was submitted and approved.

AGREED that the protocol for the South Tees Health Scrutiny Joint Committee be approved.

16/5 DEVELOPING LOCAL URGENT CARE SERVICES: MAKING HEALTH SIMPLE -

PURPOSE OF MEETING.

The Scrutiny Support Officer submitted a report which outlined the purpose of the meeting. The South Tees Clinical Commissioning Group (CCG) had been undertaking a review on the development of their urgent care services. The meeting had been arranged to give Members an opportunity to ask any final questions with regard to the review, and to receive the final information from the CCG on the results of the public consultation. It was noted that a response from the Committee was required by 24 June 2016.

The Scrutiny Support Officer drew Members' attention to the questions from the Committee which had been submitted to the CCG; the response was shown at appendix 2 of the report.

Julie Stevens, the Commissioning and Delivery Manager for the South Tees CCG, delivered a presentation concerning the additional work that the CCG had been undertaking following the closure of the consultation process. The work had involved activity modelling, and had included deprivation mapping, an estate review and further work with James Cook clinicians to review the A&E GP model.

Members heard about the criteria that the CCG had used to assess the suitability of the GP practices that were being proposed for use as the location of the GP hubs. It included such criteria as accessibility, parking, access to public transport, and capacity issues, for example in relation to future expansion and patient numbers, and financial issues such as rent and value for money.

The Committee was advised that, in order to be chosen as a suitable facility, the proposed GP hubs required a number of pre-requisites as a minimum standard. For example: adequate facilities for young and old patients, privacy, modern primary care facilities and the appropriate connections to accommodate new IT systems.

The Committee was presented with a list of the final 16 potential properties for the location of the GP hub.

From the feedback received at the public consultation meetings, the CCG was acutely aware of the importance of accessibility of the hubs to service users, particularly with regard to the area's low car ownership and the rural nature of some of the locations in East Cleveland. A travel plan had been created to ensure that each location that had been identified as a potential hub had been reviewed to assess:

- Drive time;
- On-site parking;
- Off-site parking;
- Pedestrian catchment areas;
- Cycling catchment areas;
- Pedestrian and cycle facilities;
- Public transport services;
- Facilities; and
- Access for disabled.

A combination of qualitative and quantitative assessment had been conducted across the factors and each property scored, ranked and added to the stage 3 estate review. It was indicated that sites with an ambulance bay at the location had received a higher score.

A discussion took place regarding the proposals that were outlined. Such matters as GP recruitment, the STAR scheme, transport issues and the under representation of responses to the consultation from people in East Cleveland were considered.

Councillor Watts submitted additional information which she asked to be included in the final report.

Throughout the course of the pre-consultation and consultation, Members had expressed concern in relation to a number of areas that echoed the comments arising from the

consultation process, which were as follows:

Location/Accessibility

- Members were very concerned about the unintended consequences of the proposals and the effect that the closure of the walk-in centres may have had in adding to the current pressures on numbers attending A&E at James Cook University Hospital. The Committee sought assurances that clearly planned and alternative provision would be put in place to deal with the demand before the walk in centres were closed.
- There was some support from Members for a GP in A&E; others thought it would be confusing. The Committee agreed that there needed to be a clear message given to the public that A&E was not for minor complaints.
- Members had serious concerns about the public's access to venues and, in particular, the accessibility of the GP centres in terms of their location, the availability of parking and the provision of public transport, especially out of hours and from the more rural locations.
- Members agreed that the location of the hubs was vital and that the location of the services should be equitable across the South Tees area. Members were especially interested in the detailed activity modelling that had been undertaken to predict where patients were most likely to migrate to.

Resources - Personnel

- Members had concerns over the GP workforce, in an area where there were known GP shortages, where it was difficult to attract GPs and where older GPs were due to retire. Members were concerned that there would be a burden on GPs to cover more hours.
- Anecdotal evidence provided to the Committee outlined how some people continued to face difficulties in seeing their own GP.

Resources - Finance

- At the time the review commenced, pre the General Practice Forward View announcement, the Committee was concerned that there was no additional funding to accompany the proposals, and that there was a danger that some GP practices were running at full capacity and would not be able to absorb any further work.
- With regards to the improvements to the 111 service, Members had concerns about the freedom GP practices had to run their own appointment systems and if GP practices would be required to take part in the proposed booking system.
- Members were keen to see fully collaborative working between commissioners to ensure an integrated urgent care system, notably pharmacy, dental care and primary care. The Committee also recognised the importance of joint working with Public Health to promote prevention and self-care.

The Committee had the opportunity to present questions based on the concerns above to the CCG, to which responses were provided.

As a result of all the information received by the Committee, Members supported the general direction of travel, recognising that both locally and nationally the pressures on the health and social care systems meant that no change was not an option. The changes were part of the wider political will and initiatives that were being implemented nationally, such as the 7 day working and extended opening hours. Whilst supporting the proposals, the Committee agreed that there was still some work to do to achieve the primary aim, which was to 'make it simple' for the public. The Committee agreed that it would not refer the matter to the Secretary of State for Health, but that a number of recommendations would be made.

The Committee wanted to see improvements that would result in improved outcomes and

reduced health inequalities for people who used the service, and asked the CCG to maintain regular contact throughout the implementation of the proposals and beyond and as such, the Committee put forward a number of recommendations for the CCG.

The CCG's Governing Body was to make a decision regarding the proposals at their Board meeting on 6 July 2016.

The Committee made the following recommendations:

a) The CCG would return to the Committee to inform Members on a number of issues, including:

- How the proposals would be implemented;
- What the services would look like;
- The locations of the extended hours GP practices (and how those locations were determined);
- Further details on the Travel Plan; and
- The implications and implementation of the General Practice Forward View.

b) In addition to a) above, that, post implementation, the CCG return to the Committee on an annual basis to provide information and analysis to enable the Committee to monitor the effects of the proposals and specifically the siting of a GP in front of house in A&E.

c) That clearly planned and alternative provision must be put in place to deal with the demand across the South Tees before the walk-in centres were closed.

d) That when the changes to the urgent care system were put in place that this was well publicised and clear communication was given to the public so they understood what services were available and when and how they accessed them.

e) As a result of work that Middlesbrough Council's Health Scrutiny Panel had been involved in relation to cancer screening, the Committee would like to have recommended that the availability of screening services should have been included in the services provided by the extended hours GP hubs.

AGREED that:

1. The Committee supported the general direction of the proposals and agreed that the matter would not require referral to the Secretary of State for Health.

2. The Committee would submit their formal response to the consultation incorporating comments from Members at this meeting by 24 June 2016.

3. The information, as presented, be noted.

16/6

DEVELOPING LOCAL URGENT CARE SERVICES: MAKING HEALTH SIMPLE - RESULTS FROM THE CONSULTATION.

Andrew Robinson, Senior Involvement Officer, detailed the results of the findings from the public consultation exercise. Independent validation of the consultation had taken place at the mid-term review and feedback had been very positive. The consultation had been well publicised and a variety of people and organisations had been given the opportunity to participate. Specific focus had been on minority, marginalised and disadvantaged groups and there had been the opportunity to discuss and respond to concerns raised by the public.

Over 2,000 people had participated and 1,925 surveys had been received. The CCG had used the services of Groundwork to ensure that the consultation targeted minority groups and 136 groups and communities engaged. The Committee was presented with information on the distribution of the survey responses, the age group of the people who took part and feedback from the public on the questions contained within the survey, including responses to each of the options that were presented.

The conclusion was that the majority of the public had agreed that change was necessary; the proposals reflected feedback from the pre-consultation engagement; and the proposals would provide the best urgent care services to meet the needs of the South Tees population both now and into the future.

AGREED that the information, as presented, be noted.

16/7

WORK PROGRAMME 2016/2017.

Members discussed potential suggestions for topics for inclusion in the Committee's 2016-2017 Work Programme.

Members suggested that the Committee investigate the following topics:

- The provision of Radiology services in the South Tees area - due to difficulties in recruitment and retention of Radiologists in the area;
- Updates on the implementation and the delivery of the Urgent Care programme; and
- Guisborough Hospital.

AGREED that the work programme be noted.