

SOUTH TEES HEALTH SCRUTINY JOINT COMMITTEE

A meeting of the South Tees Health Scrutiny Joint Committee was held on 13 September 2019.

PRESENT: Councillors A Hellaoui (Chair), D Rooney (Vice Chair), L Westbury (Vice Chair), S Holyoake, C Jackson and P Storey and G Wilson

OFFICERS: Craig Blair - Director of Commissioning, Strategy and Delivery, South Tees CCG
 Caroline Breheny - Democratic Services Officer, Middlesbrough Borough Council
 Gill Hunt - Director of Nursing, South Tees NHS FT
 Edward Kunonga, Director of Public Health South Tees
 Alison Pearson - Governance Manager, Redcar and Cleveland Borough Council
 Kathryn Warnock - South Tees Integration Programme Manager

APOLOGIES FOR ABSENCE Councillor L Quartermain and S Smith.

DECLARATIONS OF INTERESTS

Name of Member	Type of Interest	Item/Nature of Interest
Councillor C Jackson	Non Pecuniary	Lead Dentist and Clinical Director of Hartlepool Dental and Implant Centre

19/10 **MINUTES - SOUTH TEES HEALTH SCRUTINY JOINT COMMITTEE MEETING - 12 JULY 2019**

The minutes of the South Tees Joint Health Scrutiny Committee meeting on 12 July 2019 were submitted and approved as a correct record.

19/11 **SOUTH TEES HOSPITALS NHS FOUNDATION TRUST - UPDATE**

The Director of Nursing at South Tees NHS FT was in attendance to provide the Committee with an update in respect of the findings of the recently published CQC report in relation to the Trust. It was confirmed that a detailed CQC inspection had taken place during the winter of 2019 and the Trust's overall rating had decreased from 'Good' to 'Requires Improvement'. The CQC's report was published in July 2019 and a number of key issues were highlighted including concerns in relation to Critical Care and the associated staffing levels, diagnostic imaging, lack of electronic patient records and no dedicated Children's A&E Department.

Elements of good practice had been highlighted in relation to patient feedback, Deprivation of Liberty Standards (DOLS) being appropriately completed and the effective use of 400 volunteers. In response to the report an action plan had been completed and submitted to the CQC on 24 July 2019.

Improvements had been made to the staff survey and whereas the last staff survey had been sent to only 400 members of staff, the recent survey had gone to 8500. A Board to Ward governance processes review had been commissioned and immediate action had been taken in relation to the delivery of Critical Care services. The Trust was reporting to the CQC on a weekly basis and outcomes for patients were good despite the demand and the pressures. It was confirmed that a Critical Care service was no longer provided at the Friarage.

In response to concerns raised by the CQC regarding there being no children's A&E department at JCUH additional lock down security had been installed. However, that was not a long term solution. The concern regarding ligature risk in A&E was removed at the time of the inspection.

In terms of the issues raised in relation to elective demand this was now being managed more effectively and a Co-Ordinator had been appointed to anticipate non-elective demand and ensure staffing was appropriate. Since March 2019 it was confirmed that all new staff at the Trust also received 3 days of mandatory training to ensure that mandatory training was provided and additional pharmacy colleagues also were due to join the organisation.

During discussion the following points were raised:-

- In terms of responding to people presenting with mental health issues at A&E it was advised that access to specialist support was available. Tees, Esk and Wear Valley NHS FT worked closely with the acute Trust and expert mental health support was available 24/7. All front level A&E staff had received general awareness mental health training and an enhanced acute liaison service had also been commissioned.
- Demand in A &E was increasing and the challenge of how to manage that demand remained. Capital funding bids had previously been submitted to the Department of Health to develop a distinct paediatric waiting area at JCUH. However, those bids had been unsuccessful.
- Reassurances were offered that children at JCUH A&E department were safely and appropriately cared for in a designated area, which now required swipe card access.
- The A&E Department at JCUH was built to accommodate an attendance figure of 75,000 patients annually, the current attendance figure was 125,000. Physically there was no more space to build on the JCUH site.
- In relation to diagnostic imaging, which the CQC had highlighted as an area that required improvement it was advised that prior to the inspection the Trust was aware of the issues. For example, in relation to demand, workforce capacity, breaching the standards and kit break down. There were already very strong plans already in place to address these issues, which included the training of Radiographers and non-medics, however it would take time.
- It was advised that there were 32 Critical Care beds at JCUH and these were flexed between level 2 (high dependency) and level 3 intensive care. That figure also included 10 cardio-thoracic beds and 8 neurosurgical bed, as well as regional spinal injury beds.
- It was acknowledged that the pressure ulcer rate in Critical Care was higher than the Trust would have wanted.
- Traditionally the Trust had not operated electronic patient records and it was acknowledged that it was behind in terms of switching to digital. The reason for this was attributed to the fact that there was no single overarching system that could be adopted and there was also a significant financial cost involved.
- The Director of Public Health for South Tees advised that collectively as a system we needed to provide support to the acute Trust. There was currently work happening behind the scene to ensure as a system we turn around that CQC inspection.
- It was advised that from the Trust's perspective the report was clearly disappointing and a lot of reflection on the findings had been undertaken by senior management. There was a need for the Trust to drive through and improve.
- Management were ensuring that all staff had received their appraisal and it was acknowledged that improvements in respect of staff engagement was needed. A summer survey had been commissioned, which went out to all staff anonymously, and would provide a multi-professional response.
- It was explained that the Trust had a duty of candour to open and honest with patients and their families when there was any incident of moderate or severe harm. During the CQC inspection an incident had been highlighted where although the verbal conversation had taken place there had been no written follow up. In relation to this issue it was advised that the Trust was generally 100 per cent compliant.
- It was acknowledged that freedom to speak up guardians / champions were very important and staff needed to be able to raise any issues freely.

The Chair expressed the view that following publication of the CQC report and the information presented concerns remained in relation to the safe delivery of Critical Care Services at JCUH. Understandably the Committee did not wish to see any reds on the CQC scorecard and where areas of significant concern were highlighted these needed to be understood in more detail. It was proposed that Critical Care colleagues be invited to attend the next meeting of the Committee and provide further detail on the specific actions taken in response to the issues raised in the CQC report.

AGREED that an invite be extended to South Tees NHS FT to attend the next meeting to present on the Trust's response to the issues raised by the CQC in respect of the delivery of

Critical Care services.

19/12

COMMUNITY MODEL AND EMERGING PRIORITIES – PRIMARY CARE NETWORKS

The Director of Commissioning, Strategy and Delivery at South Tees CCG was in attendance to provide Members with a presentation on the development of Primary Care Networks (PCN's) in South Tees.

The Committee was advised that the establishment of PCN's was a contractual requirement, as outlined in NHS England and the British Medical Association's (BMA) 5 year Framework for GP Contract reform to implement the NHS Long Term Plan. General practice was to take the leading role in every primary care network (PCN) under the Network Contract Directed Enhanced Service (DES).

All GP practices were required to sign up to the 5 year Framework. Year 1 of the Framework came into effect as of 1 April 2019 and PCNs were intended to be about the provision of services. The core characteristics of a PCN were defined as partnerships of practices working together with other local health and care providers, they were not a legal entity or organisation.

PCN's were more than a collection of practices:

- Typically, a defined patient population of at least 30,000 to 50,000.
- Providing care in different ways to match different people's needs
- Focusing on prevention of illness and personalised care
- Assess population health needs, making best use of collective resources
- Greater resilience, more sustainable workload

The Director of Public Health for South Tees supported the view expressed and advised that the PCN's would consider how resources were used, with a view to focusing on prevention and putting people on the front foot to be able to better manage their own health.

In the Tees Valley there were 80 GP Practices, with 3 PCN's established in Middlesbrough and 3 PCN's established in Redcar and Cleveland. The geographies that they were covered were highlighted in the presentation. It was explained that the PCN's had evolved and had not been put together by the CCG. It was confirmed that all practices across South Tees were signed up to a network and there would be strong benefits for patients resulting from the commonality of need.

A number of key deliverable and associated guidance had been published. A key benefit of the establishment of PCN's was that additional roles would be funded to support the key deliverables. Nationally over the next 3 years 20,000 additional staff would be recruited, funding would be allocated on a per capita basis and the funding would be for new, and not existing, posts. The five qualifying posts would include: Clinical Pharmacists, Social Prescribing Link Workers, Physician Associates, First Contact Physiotherapists and First Contact Community Paramedics. A number of constraints and conditions were associated with the funding and posts would not be reimbursed 100 per cent. With the exception of Prescribing Link Workers General Practices would have to contribute 30 per cent.

A Member of the Committee queried how many Prescribing Link Workers and other qualifying posts we could expect to see appointed across South Tees in 2019/20, as well as over the next 3 years. It was advised that appointments would be entirely up to each network but that some networks were already starting to appoint staff. It was requested that a projection on these figures be provided to the Committee. It was advised that the PCNs would be responsible for communicating the additional services out to patients and there was no single message to be given to the GPs. It was confirmed that a lot of very positive work was already taking place in our communities in respect of this agenda.

AGREED as follows:-

a) That information be provided to the Committee on the number of new posts / additional

posts that have been appointed across South Tees, including Clinical Pharmacists and Social Prescribers, as a result of the additional funding received.

b) That the Children's Lead at STCCG be invited to attend a future meeting of the Committee to update Members on the work being undertaken in respect of the future models of care for children's service.

19/13

LIVE WELL SOUTH TEES HEALTH AND WELLBEING BOARD (HWBB)

The South Tees Integration Manager was in attendance to provide the Committee with an update in respect of the items that were due to be considered at the Live Well South Tees Health and WellBeing Board, as scheduled to be held on 26 September 2019.

It was advised that the following items were due to be considered by the Board:-

- Refreshed Terms of Reference
- Cumbria and North East Integrated Care System
- Opportunities for integrated delivery, commissioning and intelligence - place based model of care
- HealthWatch South Tees- Annual Report and Forward Work Programme
- Live Well South Tees - Annual Report 2018/19
- Health and Wellbeing Executive Chair's report
- Forward Work Programme

An LGA Peer Review was currently being undertaken on Early Transfers of Care.

AGREED as follows:-

a) That the outcome of the LGA Peer Review on Early Transfers of Care be reported to a future meeting of the Committee.

b) That a copy of HealthWatch South Tees' annual report be circulated to all Members of the Committee and an invitation extended to HealthWatch to attend a future meeting.

19/14

ADVANCING OUR HEALTH: PREVENTION IN THE 2020'S - CONSULTATION DOCUMENT

The South Tees Integrated Care Manager advised the Committee that a facilitated workshop on the government's Advancing our health: prevention in the 2020's - consultation document had been organised for Members of the Live Well South Tees HWBB for 20 September 2019, in order for a local discussion to take place. An invitation was extended to representatives of the South Tees Health Scrutiny Joint Committee to attend the workshop and contribute to the discussion

AGREED that representatives from the Committee attend the planned workshop on 20 September 2019 and the relevant details be circulated.

19/15

REGIONAL HEALTH SCRUTINY - UPDATE

The Chair advised Members that the Tees Valley Health Scrutiny Joint Committee met on 2 September 2019 in Hartlepool and considered the following items:-

- Tees Hospitals NHS Foundation Trust - CQC Inspection Report Update
- Teesside Rehabilitation Services Developments - TEWV
- Care Quality Commission Inspection Results - West Lane Hospital
- Presentation - Respite and Short Breaks Update/Monitoring
- Recommissioning of Improving Access to Psychological Therapies (IAPT) Services - Contract Award
- Update - Direct Access to Hearing Services - Contract Award
- Local and Regional Health Scrutiny Work Programmes

AGREED that a copy of the minutes from the Tees Valley Health Scrutiny Joint Committee meeting be forwarded to all Members of the Committee in due course.