

**HEALTH SCRUTINY PANEL**

A meeting of the Health Scrutiny Panel was held on Tuesday 17 January 2023.

**PRESENT:** Councillors D Jones (Chair), C McIntyre (Vice-Chair), A Bell, A Hellaoui, T Mawston, D Rooney and P Storey.

**ALSO IN ATTENDANCE:** C Blair (Director - North East and North Cumbria Integrated Care Board).

**OFFICERS:** S Bonner and C Lunn.

**APOLOGIES FOR ABSENCE:** Councillors D Davison and M Storey.

21/141 **DECLARATIONS OF INTEREST**

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

21/142 **MINUTES - HEALTH SCRUTINY PANEL - 13 DECEMBER 2022**

The minutes of the Health Scrutiny Panel meeting held on 13 December 2022 were submitted and approved as a correct record.

21/143 **FOUNDATIONS - HARRIS STREET GP PRACTICE - UPDATE**

E Joyeaux, representative from the North East and North Cumbria Integrated Care Board (NENC ICB), provided Members with an update regarding the Foundations Harris Street GP Practice contract; the following points were made:

- This update was provided from the perspective of the NENC ICB; unfortunately, practice partners were unavailable to attend today's meeting.
- Reference was made to the stakeholder letter circulated with the agenda.
- As per the terms and conditions of the primary care contract, notice could be served at any time with standard six months' notice.
- 1,756 patients would be affected by the closure, which had been a very difficult decision to make. The reasons for the decision could not be disclosed by the representative.
- Usually, GP practices had in the region of 7,000 patients registered in order to make the practice financially viable. This was therefore a very small practice.
- The majority of the patients registered were non-English speaking and therefore, as a vulnerable cohort, each would be allocated an alternative practice and have registration completed on their behalf. This would help ensure that gaps in service provision were avoided as far as possible. Patients would be contacted via letter again by the end of February 2023 with details of the practice they had been registered to. The alternative practice would be the closest to their home address.
- In acknowledging the current difficulties being experienced by GP practices across Middlesbrough, it was explained that work was being undertaken to support affected practices in coping with the additional pressure of potentially taking on an extra 200 patients. Financial resource would be provided to, for example, employ additional reception staff.
- The information had been conveyed to patients in seven different languages via letters, text message and posters, the latter of which had been displayed at such venues as the International Centre and Citizen's Advice Bureau.

During the discussion that followed, Members raised several points with the representative; the following information was provided in response:

- In terms of the number of affected patients that were asylum seekers, and the measures put in place to ensure access to translators during the 12-month transition period, it was explained that, nationally, the NHS had contracted Language Empire to supply interpretation services. All GP practices had access to these services.

- Regarding the services that would be lost following amalgamation, and the replication of these, it was explained that the services being lost were standard General Medical Services (GMSs) for primary medical care; Harris Street had become a 'specialist' enhanced service for asylum seekers. The service was separate from the core, but would be rolled out and linked back to migrant health services. Reference was made to GP practices being independent businesses, and the different operating methods that they utilised, for example: some triaged, some offered specific times for appointments, and some offered online consultations. The support package being offered would be in the form of a one-off payment for practices to assist with the transition. Work would be undertaken with partners, such as the Strategic Cohesion and Migration Team, to ensure that new asylum seekers had opportunity to enroll. Proposals regarding the enhanced service would be submitted to the ICB Governance Board in due course.
- It was confirmed that the ICB had not been made aware of the intended closure prior to the official notice being received.
- In terms of monitoring the successful transition to other providers, this would be carried out and performance reported back to the Health Scrutiny Panel in the autumn. It was commented that, theoretically, no patient would drop off the system as, owing to classification as a vulnerable group, all would be physically registered. A Member queried how patients could find out which practice they were registered to if, for example, they moved home. In response, it was explained that Healthwatch could usually signpost to practices; the NHS contact centre could assist with registration. If patients were removed from one register due to a house move, for example, they would automatically be registered elsewhere and their records transferred, therefore there would be no gap in care.
- It was explained that, owing to the patient list size and a subsequent lack of viability, there had not been any interest from other GPs. Different contracting options had also been looked at prior to the termination of the contract, but again, this had not been a viable option for providers.

The Chair thanked the representative for the information presented.

## NOTED

21/144

## **INTEGRATED URGENT CARE IN SOUTH TEES - OUTCOME OF PATIENT/STAKEHOLDER ENGAGEMENT**

C Blair, representative from the North East and North Cumbria Integrated Care Board (NENC ICB), delivered a presentation to Members regarding the outcome of the integrated urgent care in South Tees patient/stakeholder engagement work. The presentation covered the following topics:

- Background – a reminder of what was being proposed for the populations of Middlesbrough and Redcar & Cleveland, i.e. a new model of Integrated Urgent Care (IUC).
- Engagement work that had been carried out over an 11-week period from 1 August 2022 to 16 October 2022.
- Methods of engagement, which included: surveys; public events; and targeted engagement with people from protected characteristic groups (responses in this regard had been very good, with 120 being received).
- Survey results, which referred to demographics; patients' experiences of accessing urgent treatment out of hours; ease of access to urgent treatment; patient transport methods; support for the proposals; and whether relocating facilities would cause any potential access issues.
- Additional responses from individuals/groups, including: Middlesbrough Primary Care Network (PCN); Tees Valley wide PCN; Meeting of the Tees Valley Joint Health Scrutiny Committee; PCN Clinical Director; Local MPs; Members of the Public; and comments on social media.
- Summary, which highlighted, through the engagement work, the high level of support for the proposals.

During the discussion that followed, Members queried several points with the representative - the following information was provided in response:

- Regarding the issue of mental health, this had often been raised during the engagement process. It was indicated that further work around mental health matters was required, but would be heavily supported.
- 83% of respondents supported the proposals; concerns had been raised in relation to access/transport to services from East Cleveland. These had been acknowledged and were currently being looked at.
- During the pandemic, out of hours services at North Ormesby Health Centre were temporarily suspended in order to deliver Covid-19 support. The out of hours service had since resumed for those patients that, following contact with 111, needed to attend.
- Regarding the availability of physical space on the James Cook University Hospital site, it was explained that this posed significant challenge because, although there was space, it was being fully utilised at present. If the decision was taken to implement the proposals, these would need to be phased in as the estate may need to be changed.
- It was difficult to provide an indication of how much capacity would be freed up in GP practices through the proposals, as GP data sets were not as readily accessible as A&E data sets. Members heard that it was same day appointments that posed constraint.
- It was highlighted that the proposals would be submitted to the ICB Executive with a view to proceed with a phased implementation. The representative would provide the Health Scrutiny Panel with an update later in the year.
- Consideration was given to transport issues that had been experienced in East Cleveland. It was explained that, owing to a lack in footfall, it would not be feasible to build a new urgent treatment centre in the area. Further work would be undertaken to look at potential ways of improving accessibility.
- In terms of cost implications, it was explained that current services and resources would be reutilised. Exploratory work would be carried out to look at capital investment support for the James Cook University Hospital site. In response to a comment made regarding additional costs equating to additional services, it was explained that there was, but there was a need to look at existing resources and a skill mixing model to determine favourable options. Examination of facilities in other localities had been undertaken to identify what worked well. It was indicated that there was a need to look at A&E and urgency support.

Following the formal presentation, a Member made reference to the slides and commented that these did not feature an image representative of Middlesbrough. In response, it was agreed that images were important to ensure inclusion; this would be looked at.

The Chair thanked the representative for the information presented.

## **NOTED**

21/145

### **CHAIR'S OSB UPDATE**

The Chair provided a verbal update on the matters that were considered at the Overview and Scrutiny Board meeting held on 12 January 2023.

## **NOTED**

21/146

### **ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.**

#### Letters - Heroin-Assisted Treatment (HAT) Programme

Following a request by the panel, letters had been drafted for the Secretary of State for Health and Social Care and the Cleveland Police and Crime Commissioner in relation to the HAT Programme. The Members reviewed the letters and agreed that they could now be forwarded to the respective recipients.

**AGREED that the letters pertaining to the HAT Programme be distributed as required.**

Councillor Hellaoui – Attendance at Tees Valley Joint Health Scrutiny Committee

Following attendance at the 16 December 2022 meeting of the Tees Valley Health Scrutiny Committee, Councillor Hellaoui provided an update on business that had been considered. This comprised the following:

- Winter Planning, Integrated Urgent Care Engagement, Vaccination and Primary Care Access – Update;
- North East Ambulance Service Performance Update;
- Tees, Esk, and Wear Valley NHS Foundation Trust – Quality Account Q2 Update;
- Tees, Esk and Wear Valley NHS Foundation Trust – CQC Inspection Update; and
- Work Programme.

**NOTED**