

# **Adult Social Care, Health and Wellbeing Sub-Committee**

**11 January 2018**

Present: Councillor K Clark (Chair)  
Councillors L Bell, P Brooks, T Mulvenna, A Percy,  
M Reynolds, L Spillard, A Waggott-Fairley

## **ASCHW48/01/18 Apologies**

Apologies for absence were received from Councillors J Cassidy and M Huscroft

## **ASCHW49/01/18 Substitute Members**

There were no substitute members.

## **ASCHW50/01/18 Declarations of Interest and Dispensations**

Councillor Waggott-Fairley declared a non-registerable personal interest in item (7) Earsdon Park Medical Practice (ASCHW54/01/18), as her husband was a patient at Earsdon Park Medical Practice.

## **ASCHW51/01/18 Minutes**

**Resolved** that the minutes of the meetings held on 9 November 2017 (Ordinary meeting) and 30 November 2017 (Extraordinary meeting) be confirmed and signed by the Chair.

## **ASCHW52/01/18 North Tyneside Joint Health and Wellbeing Strategy and Development of the Health and Wellbeing Board Work Programme 2018/19**

The sub-committee received information on the review of the Joint Health and Wellbeing Strategy 2013-2023 and the proposed Health and Wellbeing Board's work plan for 2018-2020.

The Health and Wellbeing Board had responsibility to prepare a Joint Health and Wellbeing Strategy to improve the health and wellbeing of the local community and reduce inequalities for all ages, based on a continuous process of strategic assessment and planning. The North Tyneside strategy had been published in 2013. During 2017 the Health and Wellbeing Board had decided to review the strategy. This had involved two events with a range of stakeholders from across the health and social care sectors. A task and finish group had been established to reflect on the outcomes from the events, review the strategy and develop a work plan for the Health and Wellbeing Board.

The process had drawn the following conclusions about the current strategy:

- The policy context had changed since 2013 and there were new and significant policy drivers.
- The health and social care needs of the population had not changed significantly but the Joint Strategic Needs Assessment had been updated.
- The vision and the values of the strategy were broad enough to remain relevant.

- The objectives were broad enough to remain current but there were too many objectives that were similar and they were not 'SMART' (specific, measurable, attainable, realistic, timescales).
- There were no specific deliverable actions and measures.
- There was no responsibility and accountability for delivering aspects of the strategy.
- There should be a clear focus on prevention with action across the life course.
- Emotional and mental wellbeing should be a priority.
- Governance arrangements should be leaner and the Integration Board was no longer required.

Members were presented with a review of the strategy which highlighted the progress made to date and reflected on the strategic context and key system drivers to be faced now and over the next 5 years. The review proposed five refreshed strategic goals that would support the delivery of the vision set out in the strategy:

- To focus on outcomes for the population in terms of measurable improvements in health and wellbeing.
- To reduce the difference in life expectancy and healthy life expectancy between the most affluent and most deprived areas of the borough.
- To shift investment to focus on evidence based prevention and early intervention wherever possible.
- To engage with and listen to local communities on a regular basis to ensure that their needs are considered and wherever possible addressed.
- To build resilience in local services and communities through a whole system approach across statutory and non-statutory interventions, to deliver better outcomes for the public and better use of public money.

Members were also presented with a work plan for the Health and Wellbeing Board covering the period 2018-2020. It contained nine challenging objectives to support delivery of the strategic goals set out in the strategy. These objectives were deemed sufficiently challenging to support meaningful change and impact, were measurable and could only be successfully achieved through true partnership working by Board members and their respective organisations. The nine objectives were:

- To tackle childhood accidents
- To reduce the use of tobacco across the life course
- To tackle obesity across the life course
- To improve the mental health and emotional resilience of the of North Tyneside population
- An integrated approach to identifying and meeting carer health and wellbeing needs (all ages)
- To reduce alcohol misuse
- Comprehensive support for people with dementia
- Reduce social isolation and increase cultural engagement across the population of North Tyneside to improve health and wellbeing
- To reduce falls and fractures risk and ensure effective treatment, rehabilitation and secondary prevention for those who have fallen.

It was proposed that an accountable body would be responsible for each of nine objectives set in the work plan. The plan identified an existing partnership board to take responsibility for delivery of 7 of the 9 objectives. As there was no existing appropriate body to take responsibility for the two remaining objectives, relating to carers needs and social isolation, it was proposed that a new board be established for this purpose. It was acknowledged that this new board would have to involve the community and voluntary sector in recognition of its increasing role in providing services to tackle social isolation.

It would also be important to involve carers in the work of the board but expectations would have to be carefully managed in the light of the current financial pressures.

## **ASCHW53/01/18 Health, Wellbeing and Social Care Commissioning Intentions 2018/19**

The sub-committee received a joint presentation from officers of the Council and North Tyneside Clinical Commissioning Group (CCG) in relation to their commissioning intentions for health, social care and wellbeing in 2018/19. In order to avoid duplication, the intentions were presented and considered jointly with the Health and Wellbeing Board (Minute HW33/01/18).

The sub-committee were presented with contextual data and details of the current drivers for the Council and CCG in terms of commissioning health, social care and wellbeing services. These included the gaps in the Northumberland, Tyne and Wear and North Durham Sustainable Transformation Plan which needed to be addressed, those services and issues where progress had been good and those where improvement was required, financial pressures and increasing demand on services.

Within this context, officers provided an overview of the Council and CCG's priorities 2018/19 in relation to adult social care, children and young people, public health and the NHS locally. These were presented with reference to how they contributed towards the five refreshed strategic goals contained within the Joint Health and Wellbeing Strategy.

The commissioning intentions and budgets for the Council and CCG would be subject to consultation and further review. Some specific service changes may require further consultation throughout the year. The Council's detailed service plans were also due to be subject to further examination by the Council's relevant scrutiny sub-committees in due course.

In examining the commissioning intentions members of the Adult Social Care, Health and Wellbeing Sub-Committee, together with members of the Health and Wellbeing Board discussed the following key points:

- The possibility of producing a guide on social prescribing services and for the guide to be made available to all councillors.
- As the commissioning intentions were framed in the context of financial constraints, clarification was sought on whether any services would not be procured going forward. It was explained that rather than stopping services the main aim was to look at how services could be re-designed to be more efficient and effective. It would be important to continue investing in and retaining early preventative services as they offered the biggest cost benefit.
- There was potential for the Tyne and Wear Fire and Rescue Service to signpost and promote the 'My Care North Tyneside' service through its preventative programmes in the community.
- To date there had been a soft launch of 'My Care North Tyneside' but plans were in place to promote it further. It was suggested that details of the 'My Care North Tyneside' service be reported to the Board at an appropriate time to monitor its progress.
- The annual planning guidance issued to the CCG had been delayed and so there were potential further changes to the commissioning intentions. The Board asked that any such further changes be fed back.

- A key objective of the Joint Health and Wellbeing Strategy was to engage with and listen to local communities. In light of this the Board stressed that all partners should reflect this in its commissioning intentions.
- Reference was made to gaps in mental health services for adults and older people identified by Healthwatch North Tyneside but not addressed in the presentation. The Board heard that Healthwatch wished to support further work in this area in conjunction with the CCG and the Council and report the outcomes to the Board. In response officers explained that the presentation had been focussed on the specific services to be commissioned over the next year and so there were many other services which would continue to be delivered as usual during this period.
- The sub-committee would have the opportunity to review the Council's and CCG's service plans 2018/19 in more detail at its meeting on the 8 March 2018.

The Chair thanked officers for the comprehensive presentation.

It was **agreed** that the Council's and North Tyneside Clinical Commissioning Group's commissioning intentions for health, social care and wellbeing 2018/19 be noted.

(At the conclusion of the above item, members of the Health and Wellbeing Board left the meeting.)

#### **ASCHW54/01/18 Earsdon Park Medical Practice**

James Martin of the North Tyneside Clinical Commissioning Group (CCG) and Jenny Long and Leanne Douglas of NHS England attended the meeting to provide an update on progress towards the closure of Earsdon Park Surgery.

The current contract for the practice ended on 31 March 2018, and after careful consideration North Tyneside Clinical Commissioning Group (CCG) had taken the decision to close the practice.

The CCG had considered the full range of options when making this decision, including procurement of like-for-like contracts. The practice had a relatively small number of registered patients using two sites which were more than five miles apart, and the current provider was unable to continue to provide the contract. These factors alongside the nature of the National Contract for this practice meant that the CCG reluctantly concluded that in the current climate it was extremely unlikely that it would be able to secure a new provider willing to take the practice on. Unfortunately, a number of other practices across the North East with this type of contract had also resulted in a practice closure.

Given the number of practices in close proximity it was agreed that patient needs could best be met by registering with other local practices. This direction of travel was also in line with the local Primary Care Strategy, where smaller practices were coming together to deliver a wider range of services to patients and working productively together.

As a result, the practice would close on 31 March 2018, and patients would need to register with another GP practice instead. There were five other GP practices with open lists within 1.5 miles of Shiremoor Resource Centre, including two GP practices within the same building, and over six within 1.5 miles of the Oxford Centre.

The CCG had written to every household affected by this change, explaining the situation and providing practical information to help them register with another practice.

There was also a process to identify vulnerable patients registered with the practice and actively look to support them through this change.

Two drop in sessions for patients had been held at both practice sites on the 5th December and 6th December. The CCG, NHS England, and Healthwatch were available to answer questions that patients had, listen to their concerns, and offer advice and help with choosing a practice to register with or the registration process. Around 80 patients attended over the two sessions.

The CCG and NHS England had set up regular meetings with the practice and a Dispersal plan had been developed in line with the regional List Dispersal Policy. This plan sets out the actions to be completed to ensure the safe closure of the practice. This included further communication to patients yet to reregister, transfer or storage of patient records, prescriptions and repeat medication, and the identification of at risk patients and steps to ensure continuity of care or immediately necessary care. The GPs at Earsdon Park had also offered to do a verbal handover for patients or answer questions that the receiving practice may have relating to their care.

There were safeguards in place to monitor the number of patients that had moved to a new practice. To date 969 patients had registered with a new practice in the local area, and 397 had a planned registration date for their new practice. Patients that hadn't moved would get reminded that they needed to register with a new practice. There was also processes in place to either allocate any patients who still remained registered at Earsdon Park at the end of March to a new practice, or store their records until they registered with a new practice.

The CCG had met with all neighbouring practices to both the Shiremoor and Oxford centre sites to see what additional support they needed to help manage the registration of new patients and minimise the impact on existing patients. This had included some up front financial support, prescribing management resource, and estates support. One practice, Bridge Medical had requested a closure of its patient list due to concerns over the ongoing ability to safely provide services for existing patients based on the current workforce. This had been supported by the CCG for six months with additional help for the practice to recruit to vacant roles.

Following discussions with neighbouring practices the CCG remained confident that there was capacity in neighbouring practices to register and care for the patients of Earsdon Park Surgery.

In examining the closure of the Earsdon Park Medical Practice the sub-committee sought clarification on a number of issues, including:

- The significance of the type of contract the Earsdon Park Medical Practice had which was an Alternative Provider Medical Services (APMS) and how this type of contract differed to other contracts such as the General Medical Services (GMS) contract. James Martin explained that an APMS contract was time limited for 5 years however if appropriate and possible it could be extended beyond this period. GMS contracts were usually held by a partnership made up of a number of GPs and were held in perpetuity; this type of contract couldn't be broken unless there was a serious safety risk. It was confirmed that the GP practice at the Battle Hill Health Centre also had an APMS contract but it had recently been extended for five years as a new provider had been identified and was willing to take it on.
- The sub-committee queried why Battle Hill GP practice was not on the list of GP practices that were close to the Shiremoor centre as it was closer than the Hadrian Park practice which was on the list. James Martin explained that the distances had

measured using google maps which measured the distance as the crow flies. In hindsight if a different method had been used it may have been picked up that other surgeries such as the GP practice in Battle Hill and some in the Seaton Delaval area were closer.

- The sub-committee expressed concern about the closure of GP surgeries in the Shiremoor and Longbenton areas, especially in light of the huge new housing developments which were currently happening or planned in surrounding areas. These developments would greatly increase the local population and families moving into the area. James Martin explained that in real terms there would not be a reduction in GPs as they would be employed in larger practices with the facilities to deliver a wider range of services to residents. The CCG would be offering support and funding to GPs to upsize their practices and believed that clinicians were keen to do this.
- In relation to future housing developments, the sub-committee stressed the need to maximise the use of Section 106 funding to ensure that there were sufficient health facilities and GP practices to meet the future needs of the expanding population. James Martin gave assurance that Section 106 funding would be sought for the provision of health facilities which was evidenced in the plans for Murton Gap and Killingworth Moor. He reiterated that this didn't need to be a new build surgery but could be an expansion of existing GP practices.
- In response to a member's query about whether checks had been carried out to see if a new provider could be found for the Earsdon Park Medical Practice, James Martin explained that off the record the CCG had approached a number of providers about taking on the practice but there had been very limited interest as it wasn't seen as a viable business. This had been an issue in other parts of the region where providers were unwilling to take on practices with less than 6,000 patients.
- The sub-committee expressed concern about the capacity of the surrounding GP practices on the list and the potential impact on waiting times for existing patients if huge numbers started to register at these practices. Members were especially concerned about the possible time lapse between the end of March when the practice closed and the time needed to recruit more GPs. James Martin explained that the CCG didn't hold capacity figures for GP practices, but they could intervene if there were concerns about the quality and safety of service. At this point in time only the Bridges Medical Practice had closed its registration list. The remaining practices on the list seemed to have reasonable capacity however the CCG would closely monitor this and if any practices started to have an issue in terms of numbers they would work with the practice to come up with solutions.
- The sub-committee expressed concern and disappointment for patients directly affected by the closure of the Earsdon Park Medical Practice, in particular older patients who had built up good relationships with their GP and were worried about registering with a new GP. Members also pointed out that many residents did not own a car and would find it difficult to walk to or get public transport to some of the GP practices that were on the list. In light of this the sub-committee stressed the need for the CCG to support vulnerable residents.

Jenny McAteer of North Tyneside Healthwatch informed the sub-committee that Healthwatch had forwarded a letter to the CCG which outlined the main feedback received from patients about the closure of the Earsdon Park Medical Practice and that they had subsequently received a response from the CCG. Jenny McAteer forwarded this to the Democratic Services Officer for circulation to sub-committee members.

Whilst it was appreciated it would be difficult to get a provider to take on the Earsdon Park Medical Practice the Chair expressed disappointment on behalf of the residents and people who felt there had not been enough consultation, and stressed the need to

manage the process effectively for everyone involved. She also reiterated the need to ensure that there was adequate health provision and services to meet the increasing demand as a result of future housing developments in the area.

The Chair thanked officers for the update and requested that they attend a future meeting to provide a further update.

It was **agreed** that the Democratic Services Officer forward the key points/concerns from the discussion to the North Tyneside Clinical Commissioning Group.

**ASCHW55/01/18 Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan Joint Scrutiny Committee**

The Chair provided verbal feedback on the first meeting of the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan (STP) Joint Scrutiny Committee, which had taken place on 13 November 2017.

The main topic on the agenda had been the outcome of the STP engagement exercise. The draft STP had identified a number of gaps which included prevention work and the need to work collaboratively to improve the quality of care. The need to close the financial gap had also been identified as a key priority. One of the main issues raised was that key stakeholders felt that to date they had not been involved as much as they should have been in the process.

The Joint Committee had identified that it would be useful to have updates on Prevention, Urgent Care and Workforce at future meetings as well as information about the role of Accountable Care Organisations.

It had recently come to light that legislation did not allow the appointment of members of an Authority's executive onto a joint overview and scrutiny committee, therefore our three appointed members Councillors Gary Bell, Margaret Hall and Iain Grayson could no longer continue to be appointed to the Joint Committee and the membership would need to be re-confirmed.

Jenny McAteer informed the sub-committee that Healthwatch had also raised concerns about STP engagement exercise and the lack of meaningful consultation to date. Healthwatch were representatives on the workstreams but had not yet been invited to any meetings.