

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

**30 November 2017**

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

## **ASCHW44/11/17 Apologies**

Apologies for absence were received from Councillors L Bell, J Cassidy and A Percy.

## **ASCHW45/11/17 Substitute Members**

There were no substitute members.

## **ASCHW46/11/17 Declarations of Interest and Dispensations**

There were no declarations of interest or dispensations reported.

## **ASCHW47/11/17 North Tyneside Integrated Urgent Care Service**

The sub-committee considered a report and received a presentation in relation to the future of urgent care services in North Tyneside from Dr Shaun Lackey and Mathew Crowther of North Tyneside Clinical Commissioning Group and Ben Landon of North East Commissioning Support.

The report outlined the engagement exercise that North Tyneside CCG had carried out in order to provide local people and stakeholder groups with an opportunity to comment on proposed changes to the CCG's urgent care commissioning plans and the continued suspension of walk-in access to the urgent care centre at North Tyneside General Hospital ('Rake Lane') between midnight and 8am.

This engagement period ran from 23 October 2017 to 17 November 2017. It followed an earlier and very detailed consultation process during 2016 which had gathered local people's views about a range of possible scenarios for future provision of urgent care services in North Tyneside. Following this process, the CCG's Governing Body considered all these options and had agreed a recommendation to replace the existing urgent care facilities with a single, 24-hour urgent care service with effect from 1 October 2017.

The CCG moved to procure a new Integrated Urgent Care Service for the whole of North Tyneside in January this year, but were unable to identify a provider capable of delivering the service as specified. The CCG remained clear that the need for reform had not gone away, and that a single, integrated urgent care service was the best way to meet the borough's urgent care needs. The proposed new model remained very close to the model on which the CCG had consulted last year and therefore they did not wish to create confusion by reopening previous discussions which had already been concluded.

The new proposal did however include some differences. Whilst the overall urgent care service would continue to meet people's needs on a 24/7 basis, the new plan was for

the walk-in service to operate from 8am to 10pm, with the limited number of patients needing urgent care at night having their needs met through NHS 111 and the GP out of hours service.

The CCG recognised that this was a significant change, but it did not change the fundamentals of its model, and therefore had carried out an engagement exercise that was proportionate to the change in the model and in line with requirements to consult. The approach had been shaped by further discussions with The Consultation Institute, an expert, not-for-profit, organisation which aimed to raise the standard of engagement and consultation exercises across the public sector.

The engagement period had lasted for 4 weeks, as opposed to the minimum 2 weeks required by statute, and the CCG had taken steps to advertise it widely and maximise the range of opportunities to take part.

The presentation outlined details of the engagement process such as how it was promoted and the numbers of people who had participated. It also provided details of the main themes and comments that had arisen during the engagement period along with appropriate CCG actions, these included:

- 8% of the pooled survey sample felt they would feel a great impact from night-time closure of walk-in service
- Some concerns about which service to access which was slightly higher among community group respondents  
*(Marketing campaign to coincide with the new service starting – this could include specific targeting of community and voluntary groups where concern expressed)*
- Some concern about increased demand for health services from residential developments  
*(CCG monitored demand and had plans in place – could take steps to reassure people)*
- Some concern people didn't know about NHS 111 – or didn't know it had GP/clinical input  
*(Potential to promote NHS 111 more and explain how it's improving)*
- Confusion over terminology – urgent vs emergency care  
*(Ongoing campaign but CCG could also review the language it used)*

In terms of the next steps the sub-committee were informed that the CCG Governing Body would consider the findings at its meeting on 5 December 2017. This would include considering all comments, concerns and themes, and any actions the CCG could take to address them; and also deciding whether to start a new procurement process. If a new procurement process was started, the CCG aimed to have the new system in place for 1 October 2018.

In response to the CCG's comment that no concerns had been raised by Healthwatch in relation to the overnight closure to the urgent care walk-in centre at Rake Lane; the Director of North Tyneside Healthwatch clarified that although not a lot of people had raised concerns regarding the closure, this question had not been specifically asked. She informed members of other concerns that had been raised relating to the NHS111 service, access to and waiting times at Northumbria Specialist Emergency Care Hospital (NSECH) and confusion over where to go for urgent care treatment. Healthwatch had also raised concerns about the consultation process and why it had not been as comprehensive. Healthwatch planned to review the outcomes of the proposals and then make a formal response to the CCG.

In examining the proposals for urgent care in North Tyneside the sub-committee made the following key points:

- Before NSECH opened the sub-committee were informed that NSECH would be for critical care (blue light only) and Rake Lane for urgent care (walk in) but in practice this never happened.
- In relation to the initial service model which was consulted on in 2016, the sub-committee understood that residents had preferred the hub and spoke model as opposed to a single site urgent care.
- It would have been helpful if the public engagement/consultation for the new service model had been framed in the context of budget cuts, as residents needed to understand the full picture. The sub-committee would like to see a stronger emphasis on this in any future public consultation/exercises.
- Many residents were still unsure where to go for urgent care treatment and the sub-committee reflected the views of Healthwatch; and thought that this needed to be addressed through clear publicity campaigns, firstly to inform people of where to go for urgent care between now and the commencement of the new contract; and secondly where to go following the implementation of the new contract.
- There remained to be a great deal of confusion about the definition of urgent care which wasn't helped by the service constantly changing its name, i.e. now known as an Urgent Treatment Centre. Any publicity should make clear the definition of urgent care.
- Many residents viewed the NHS as one organisation rather than being made up of many contracts and sub-contracts; this needed to be clearly communicated to the public so they fully understood the situation.
- The sub-committee welcomed the introduction of the extra 1,000 GP appointments but stressed that this needed to be sustained if the proposed service model was to be successful. It would also be beneficial to have 2 or 3 GPs in each locality.
- CCG proposals seemed to rely heavily on the NHS111 service for the new service model to work; therefore it was crucial that it was fit for purpose. Members mentioned that they were aware of many issues with the service including residents being directed to the wrong service.
- Members expressed concern about the urgent care walk in centre at Rake Lane closing between 10pm - 8am, especially as they had heard numerous stories from residents who had been directed to NSECH for treatment during the night and then had to walk home. Access and public transport links to NSECH continues to be a concern for the sub-committee. It was also suggested that remaining open until 12 midnight rather than 10pm would be better option e.g. closing between 12 midnight - 8am.
- The way in which the operation of the urgent treatment centre was described indicated that whilst the centre would not be open for 'walk in', staff would actually be based on site during the night, It was therefore suggested that it could be open for walk in and CCG were asked to give this further consideration
- To conclude, whilst the sub-committee appreciated the financial constraints and the need for efficiency savings, they could not support cuts and wanted to retain high quality services in the Borough.

The Chair thanked the officers for their presentation.

Resolved **that** the Democratic Services Officer forward to the CCG the key points raised by the sub-committee for consideration by the CCG Governing Board at its meeting on 5 December 2017.