

Adult Social Care, Health and Wellbeing Sub-Committee

8 September 2016

Present: Councillor P Brooks (Chair)
Councillors G Bell, L Bell, J Cassidy, K Clark, M Huscroft,
K Lee, W Lott, A Percy.

ASCHW17/09/16 Apologies

Apologies for absence were received from Councillors M Reynolds and L Spillard.

ASCHW18/09/16 Substitute Members

There were no substitute members.

ASCHW19/09/16 Declarations of Interest and Dispensations

There were no declarations of interest.

ASCHW20/09/16 Minutes

The minutes of the meeting held on 7 July 2016 were confirmed.

ASCHW21/09/16 GP Recruitment and Waiting Times

At the Scrutiny Chairs and Deputies meeting on 12 July 2016, GP recruitment and waiting times had been identified as a topic for the sub-committee to consider. Representatives of NHS England and North Tyneside Clinical Commissioning Group (CCG) attended the meeting to give a presentation which provided context and outlined the national and local initiatives in place to tackle issues in relation to GP access and recruitment.

The presentation set out the local and national average satisfaction rates in relation to:

- Ease of getting through to your GP surgery on the phone
- Success in getting an appointment (to see or speak to someone)
- Convenience of the appointment
- Overall experience of making an appointment

For all performance measures, North Tyneside performed above the national average and well within the local clinical commissioning group range.

It was explained that there was an increase in demand for GP services due to a number of issues which included an increasing and ageing population; more patients with long term conditions; reduced funding across health and social care; and government policy which pledged that all patients would have access to 7 day GP care by 2020. There was also reduced capacity in terms of GP training places unfilled and a high proportion of newly trained GPs choosing to locum or work for Out of Hours providers.

Members were informed of the national General Practice Forward View, which sets out a plan, backed by a multi-billion pound investment, to stabilise and transform general practice. It would commit to invest nationally a further £2.4 billion a year by 2020/21 into general practice services. This investment would be supplemented by a five-year £500 million national sustainability and transformation package to support GP practices, including additional funds from local clinical commissioning groups. The presentation outlined in more detail how the funding would be used in terms of the workforce, GP workload and practice infrastructure.

The sub-committee heard about the Tripartite Primary Care Strategy. This was a collaboration between TyneHealth GP Federation, Newcastle and North Tyneside LMC and North Tyneside CCG and would focus on 4 workstreams including:

1. Redesigning Access to Primary Care
2. Extended Primary Care Team
3. Integrating Specialist Support
4. Prevention and self-management

Members were informed about the Care Plus project which was being piloted in the Whitley bay area. This would provide a patient centered approach for the top percent of frail elderly patients.

The presentation outlined a number of local CCG Transformation Team projects which were either underway or had been completed. The main aim of these projects were to improve appointment and administration processes in local GP surgeries and ultimately free up GP time.

There was in-depth discussion in relation to patients' expectations, particularly patients who request to see a GP rather than another appropriate professional such as a nurse practitioner. It was explained to the sub-committee that this was not a unique issue and expanded across the whole system. This was being addressed in the General Practice Forward View, through a greater use of skill mix in GP practices, reception staff signposting patients correctly to other professionals and managing long-term conditions more effectively.

The sub-committee were informed that other initiatives were also being looked at to free up GP time which included encouraging self-care, social prescribing, offering other forms of GP consultation through new technology (face time, skyping and internet consultations). Although Members could see the benefits and advantages of using new technology, they also expressed concern about this not being suitable for everyone, particularly elderly patients. Members were given assurance that there would be a range of options and patients would not be forced down the new technology route if they were not comfortable with this.

In light of the finite resources available in the health service, a Member expressed concern about the amount of additional money available through the national programme to fund practice manager development which included training receptionists (£6m nationally). It was explained that the funding would be used to redefine the receptionists role and ensure they received the right training to carry out their role effectively for example signposting patients to other professionals.

There was some discussion in relation to GP telephone consultations. The sub-committee were informed that there was no data available in relation to how telephone consultations were working, for example the number of patients misdiagnosed and who end up presenting at A&E. It was however stressed that GPs would be monitoring this as they were required to review any patients who present to A&E. It was also explained that GPs were good at managing risks and reading the signals and if there was any doubt about a patient's health during a telephone consultation they would make an appointment for the patient to attend the surgery for a face-face consultation.

A Member mentioned that she had been informed by a number of residents that they regularly have see a locum GP, however for continuity and accountability reasons would prefer to see the same GP. In terms of accountability and quality it was explained that all locum GPs were required to be registered on NHS England list of GPs and have the same accountability as normal GPs. It had been identified that one of the bigger issues to tackle was around continuity and the need to have a stable workforce.

The sub-committee questioned whether North Tyneside had a problem in recruiting and retaining GPs. Ms Johnson said that she didn't think that North Tyneside stood out as a problem area in terms of recruiting and retaining GPs but would check and confirm that this was correct. There was however a national issue and a problem in some rural areas. The General Practice Forward View aimed to address the issues related to GP recruitment and retention, such as making the role more varied and flexible which in turn should encourage medical students to go down the GP route rather than the specialist route.

The Chair thanked the officers for their presentation and asked if they would come back to a future meeting to give a progress update on the General Practice Forward View.

It was **agreed** to note the content of the presentation.

ASCHW22/09/16 Better Care Fund

The Programme Manager, Integrated Care for Older People, attended the meeting to give a progress report in relation to the Better Care Fund (BCF) metrics at the end of quarter 1 (April-June 2016).

A Member asked why the increase in emergency admissions during quarter 1 was higher than planned. It was explained that although this was slightly above plan (actual was 6,488 and plan was 6,334) it was lower than the same period if 2015/16 and it was expected that it will reduce even lower during the year.

The Senior Manager, Integrated Care and the Service Manager, Care Call attended the meeting to update the sub-committee on Telecare Assistive Technology which was partly funded through the Better Care Fund. It was explained that a range of Telecare solutions were being deployed across the Borough supporting residents to remain in their own homes safe in the knowledge they can summon help when needed. Additionally they can be monitored via lifestyle monitoring equipment to improve their wellbeing and support their assessment of need.

There were approximately 3,300 paying customers living in the community with equipment to which Care Call will monitor or respond. There were three levels of support from the mainstream service that a customer could opt for, all of which carry a charge. There was a

weekly increase to this number depending upon hospital discharges and demand for temporary equipment which was funded by Better Care Fund.

The Better Care Fund had provided the opportunity to use Assistive Technology to support those who were discharged from hospital, feel vulnerable and may require a call or visit in the absence of a carer or family. The equipment could also determine what level of support a person required or tell us when they were most at risk. On discharge from hospital the customer received the equipment free of charge for the period of their reablement which offered security and mitigated risk. There had been a number of successes whereby the customer had gone on to become independent without the need for a care package, however they had signed up to become a customer of care call for piece of mind.

It was explained that the Care Call Community Alarm call centre was based in North Tyneside and 98.72% of alarm calls were answered within 60 seconds which met the Telecare Standards for response. A mobile response would usually be within a maximum 45 minutes.

A range of high tech equipment were brought to the meeting and were demonstrated to Members, which included a lifestyle monitoring unit which was a passive infra red movement unit which monitors a persons 24 hour cycle of movement through out the home, the information gathered helps to understand if the persons sleeping patterns were affected or if there were any unusual amounts of time spent in any particular area. This information can also be used to support assessment decisions.

It was explained that commissioning in North Tyneside was forward thinking, and we were not linked to just one provider which means that we can get the best products and the latest technology.

The sub-committee were informed that Care Call was universally accessible and can be purchased privately. There were three cost levels ranging from £3.83 for the monitoring service, £6.00 for a responsive service and £9.00 for a larger range of equipment.

A Member queried if the advances in technology had impacted on staff, in particular if more night staff were needed. It was explained that Care Call staff need to respond to crisis calls and also planned calls, and more night staff had been employed through the Better Care Fund. The service was a preventative service and had helped to prevent and reduce emergency admissions. Although it was hard to quantify, the service had also saved money for other health services.

A Member mentioned that she had personally experience the service and that it had been excellent however stressed that it was important that the service was easy to access, especially for families new to the system, that the service was not bureaucratic and it offered value for money. It was explained that the service were working with the Commercial Service and Business Redesign Team to get advice on how to market the service. They were also looking at how they can deliver the service on behalf of other local authorities.

The Chair asked if officers would attend a future meeting and share a couple of case studies and also discuss how the sub-committee can support the work of this service.

The sub-committee thanked officers for their presentation and commended them for providing a magnificent service.

It was **agreed** that (1) the Better Care Fund, Quarter 1 progress report be noted; and (2) that the information presented in relation to the Telecare Assistive Technology project be noted.

ASCHW23/09/16 Response to the Carers' Support and Respite Provision

The sub-committee received a report which provided an update on the response received from Cabinet in relation to the recommendations made by the Carers' Support and Respite Provision Sub-group and the future monitoring arrangements.

The Chair said it had been good news that all of the 19 recommendations had been accepted, 14 of these were directed to the Authority, 2 to North Tyneside Clinical Commissioning Group and 3 were joint between the Authority and North Tyneside Clinical Commissioning Group.

The implementation of the Authority's actions would be regularly monitored by the Head of Health, Education and Safeguarding. It was agreed that a progress report on the implementation of the actions plans would be presented to the sub-committee at its meeting in March 2017 by the Authority and the CCG.

It was **agreed** that (1) the Cabinet and North Tyneside Clinical Commissioning Group response to the recommendations of the Carers' Support and Respite Provision Sub-group be noted; and (2) a progress report on the implementation of the action plans be presented to the sub-committee at its meeting on the 9 March 2017.

ASCHW24/09/16 Older People's Mental Health Study

The sub-committee received a report which provided an update on the work of the Older People's Mental Health study.

It was explained that since the report had been written the sub-group had been informed that the CCG were not able to fund the Memory Support Service after the 31 March 2017. This was due to considerable financial challenges faced by the CCG.

Although the CCG funding had been withdrawn, there was still funding available from the Authority for 2017/18, it was suggested that the scope of the review was revised and that the sub-group now focussed on the future service delivery of people with dementia and their carers.

It was mentioned that the sub-group still planned to meet with providers including the Memory Support Service to find out what the key services were for people with dementia, what works well and where there were gaps in service.

Members were asked to contact the Democratic Services Officer if they were interested in volunteering to serve on the sub-group.

It was **agreed** that progress report be noted.