

GATESHEAD METROPOLITAN BOROUGH COUNCIL
CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE
MEETING

Tuesday, 19 January 2016

PRESENT:	Councillor
	Councillors: M Hood, B Coates, D Davidson, M Goldsworthy, C Bradley, M Charlton, W Dick, Ferdinand, B Goldsworthy, F Hindle and J Simpson
IN ATTENDANCE:	Councillors
APOLOGIES:	Councillors

CHW APOLOGIES FOR ABSENCE
30

There were no apologies for absence received.

CHW MINUTES
OSC
31

The minutes from the meeting held on 1 December 2015 were agreed as a correct record.

CHW DECIDING TOGETHER CONSULTATION
OSC
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The Committee received a presentation from Chris Piercy, Executive Director of Nursing, Patient Safety & Quality, Newcastle/Gateshead CCG, which set out the current position in relation to the Deciding Together Consultation process and a report which outlined the Committee's involvement / role in the formal consultation.

The Committee noted that there had been an extensive engagement process prior to the formal consultation during which the OSC had received information and updates regarding the process and had been afforded the opportunity to feed in its views.

The Committee had also been made aware of engagement events during the formal public consultation period.

However, the OSC was concerned that a) the formal consultation document lacked sufficient detail regarding all three proposed scenarios for change for adult acute, assessment and treatment and rehabilitation services and b) key issues raised during engagement events were not being effectively highlighted in the formal public consultation to ensure full and proper consideration of all the issues and gain an effective response.

The Committee noted that a member of the Committee had, at a recent engagement event, questioned why there was no reference in the consultation document to the importance of developing relationships / increased joint working between community based services and hospital staff to ensure effective community based provision going forwards and had been advised by those running the exercise that this was a key issue and an omission. The OSC was concerned that, in spite of the issue having been raised and acknowledged as an omission, it did not appear to have been subsequently picked up in the consultation document.

The Committee was also particularly concerned regarding the level of detail provided on pages 58 and 59 of the consultation document which sets out the three possible locations for adult acute assessment, treatment and rehabilitation services. The Committee noted that options T and N both specified locations whereby services could be provided in the future whereas option G, the Gateshead based scenario, states “a location to be identified”. The OSC considered that not highlighting a location for the Gateshead option was a real flaw and the OSC questioned how the public could meaningfully respond to the options in the consultation without such key information. The OSC also noted that had option G referred to a “central location” within Gateshead, this would have gone some way in assisting respondents to complete the consultation survey.

The Committee also expressed serious concern that the options outlined in the consultation document, which require Gateshead service users, families and carers to travel further from their local community to access acute inpatient facilities (particularly option T) would have a detrimental impact and fail to meet their overall health and wellbeing needs.

The Committee had raised its concerns regarding the adverse impact of Gateshead service users, families and carers having to travel further to access facilities since the earlier engagement process and whilst it acknowledged that, as part of the formal public consultation exercise, an absolute commitment had been given to support travel for any of the scenarios progressed, it had received evidence that in spite of this there would still be a detrimental impact on some of the most vulnerable members of the community who might be in crisis and their families.

The Committee noted that whilst individuals assessed as being in crisis and needing to access acute services would be provided with transport via ambulance to access appropriate acute adult inpatient services, the length of time they would have to wait to access such transport at a time of emotional distress was a significant issue. The Committee cited the example of a resident who had to be admitted to St Georges Hospital after initially seeking help at the Queen Elizabeth Hospital in Gateshead. The Committee noted that this individual ended up being transported by family to St Georges via car due to the length of time already spent in the Queen Elizabeth and the fact that to access transport via ambulance to St Georges would have meant waiting several more hours at a time when the individual was seriously unwell and distressed.

The Committee noted that it had received feedback from individuals who have previously accessed acute services that they feel unsafe travelling in the community and therefore travelling further to access such services is a real issue of concern.

Carers had also indicated that many visit on a drop in basis, and have real concerns that their travel needs can be adequately met if services are out of borough.

The Committee considered that the impact of travel on service users, families and carers in Gateshead was a significant issue/ area of concern and expressed its disappointment that ten weeks into the formal consultation process the Independent Travel impact survey had still not been made publicly available.

The Committee were concerned to understand whether, if a patient from Gateshead was accommodated at Morpeth or Sunderland and the family wished to visit every day, funding would be provided to facilitate this and whether it be available for the whole length of the patients stay.

The Committee currently considered that insufficient evidence had been provided regarding the potential benefits for Gateshead service users, carers and families who might have to access acute inpatient provision arising from scenarios T and N. Linked to this were concerns that financial considerations were the overriding factor driving the case for change.

In light of the above, the Committee favours an option which supports its residents accessing acute inpatient services as close to home as possible and therefore sought reassurances that option G was an option which was being meaningfully considered as part of the public consultation process. The OSC also sought further information around the type of site which would be required to progress option G.

The Committee asked the CCG if they would be prepared to provide a new build facility if an appropriate site in Gateshead could be found. The Committee were advised that if an appropriate site could be found it would be considered as part of the consultation process. The CCG also reported that they had the necessary finance in place for a new build but not the land.

On a positive note, the OSC was reassured to receive a commitment from NewcastleGateshead CCG that whichever scenario is progressed following the conclusion of the consultation process, acute in-patient beds will not be reduced until appropriate community infrastructure is in place as keeping individuals safe is a priority.

The OSC was also pleased to note that there would be a transition period during which time services might operate in tandem whilst community provision was developed and this could last as long as three years.

In addition, whilst the OSC had initial concerns that the cost of travel for service users, families and carers was not part of the financial considerations in respect of the three scenarios, it was reassured to learn that this was due to the fact that the cost of travel would be financed separately by NTW NHS Foundation Trust from ward based budgets whichever option was progressed. However, the OSC did not consider that this information had been clearly articulated during the engagement period and the public consultation process to date.

The Committee expressed concern regarding the consultation timetable as they

considered that there were many unanswered questions. The Committee noted that the Governing Body of the CCG are making their decision in relation to the option progressed at a public meeting on 24 May 2016.

The Committee was concerned that research which highlights the need for reductions in inpatient beds was not taken into account when the Hopewood Park facility was built. The Committee was also concerned about whether Hopewood Park would have the capacity to accommodate patients from potentially Gateshead, Newcastle, South Tyneside, North Tyneside and Sunderland.

RESOLVED - a) The initial view of the Committee was that the proposals as outlined in the consultation document were not beneficial to the people of Gateshead and place Gateshead residents at a disadvantage and would in turn be detrimental to mental health recovery.

residents

Together b) that the formal response in relation to the Deciding consultation proposals would be made via the Joint Gateshead/Newcastle OSC at the meeting scheduled for 26 January 2016.

**CHW
OSC
33**

BLAYDON GP PRACTICE - PROGRESS UPDATE

The Committee received an update from Matt Brown, Head of Primary Care NHS England.

The Committee were advised that no bids had been forthcoming through the procurement process for the Blaydon Primary Care site.

The current position being looked at is a branch surgery with reduced hours and this scenario is currently out for consultation/engagement with the public.

The Committee expressed concern that patient details have been reported as lost and councillors who reside in the west of the borough had not received any information or consultation documents.

This would be looked into as a matter of urgency.

RESOLVED - i) that the information be noted.
ii) that further updates be provided as soon as practicable

**CHW
OSC
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REVIEW OF GP ACCESS - EVIDENCE GATHERING

The Committee received a report and presentation as part of the third evidence gathering session of the review which is being jointly led by the Council, NHS England and Newcastle Gateshead NHS CCG with input from Healthwatch Gateshead.

Jane Mulholland, Director of Delivery and Transformation, Newcastle Gateshead CCG and Helen Lumley, Chief Executive of Community Based Care provided the Committee with a presentation which set out the national context arising from the Forward View and recent NHS Planning Guidance as well as the local context from the CCG's Primary Care Strategy for High Quality and Sustainable General Practice 2016-19. Consideration was then given to the following issues and how they impact on access to GP services and the quality of care:

- IT
- Workforce
- Estates
- 7 Day Services
- Prime Ministers Challenge Fund
- Inter-practice referrals and other initiatives being taken forward through Gateshead Community Based Care Ltd

Following on from the two site visits already undertaken to Trinity Square Health Centre and Oxford Terrace practices, arrangements are being made for the two remaining site visits to:

- CCG headquarters at Riverside House, Newburn in order to be taken through the CCG's 'Visibility Wall' which has been developed to provide an overview of its work in improving the quality care. As part of the visit links will be made with the committee's review topic.
- A GP practice to observe a patient engagement forum meeting.

Dates will be circulated in due course.

The Committee has already had a presentation from Healthwatch Gateshead on the findings of its own survey on GP Access and Out of Hours Provision at the first evidence gathering session on 20 October 2015. This report was subsequently provided to the Committee and was attached to the agenda papers.

RESOLVED - That the information be noted.

CHW MULTI AGENCY SAFEGUARDING HUB (MASH) UPDATE AND CASE STUDY

OSC

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The Committee received a report providing an update in relation to Multi Agency Safeguarding Hub (MASH) that has been established by Gateshead Council, in collaboration with a range of partner agencies, in order to support and protect vulnerable adults within the Borough. The report also provided a brief update in relation to Operation Encompass as well as a detailed case study of a recent case in order to demonstrate the type of positive work that is being carried out by agencies involved within the MASH and an update on the Serial Victims Project.

The initial phase of the MASH commenced in November 2014 and the secondment of two Police Officers onto the Safer Communities team – and was enhanced further in January 2015 (with the commissioning of support services).

The MASH has been extended until March 2017, as a result of the successful Home Office Innovation Fund Bid, and will include a greater focus on the identification and support offered to protect serial victims of domestic abuse. As a result, MASH is comprised of: a dedicated MASH Business Manager and Partnership Support Officer as well as 2 Police Officers. A range of specialist staff have also been commissioned including: 3 x Support Workers (from Oasis Aquila, Victim Support and Northumbria Community Rehabilitation Company), 2 Serial Victims Domestic Abuse Workers (from Oasis Aquila and Barnardos) and 1 x Mental Health Worker (from NTW); whilst decisions have also been undertaken with STFT and Evolve.

The MASH continues to meet twice-weekly and is now receiving all 'lower-level' concerns from Northumbria Police and the North East Ambulance Service. All referrals are inputted into CareFirst, so we can ensure information is captured, and monitored, using a standardised and consistent format. This also enables the MASH to identify in a timelier manner, if individuals are already and/or were previously known to services within Gateshead Council.

Since April 2015, there have been a total of 333 separate referrals received into the MASH. As expected, Northumbria Police continue to submit a higher proportion of referrals followed by the North East Ambulance Service.

On average, the MASH received approximately 30 to 40 referrals per calendar month, with the most referrals received in November 2015 at 65 – and is due to the change in referral process (i.e. referrals of all lower level concerns).

The Committee also received an update on Operation Encompass performance. This is the initiative that has been established to share information with schools to be able to support children who are affected following a domestic abuse incident. Since the inception of Operation Encompass in April 2015 to 4 January 2016, the following referrals have been received:

- 529 separate domestic abuse incidents reported – of which, a total of 1,185 children were involved.
- Average age of the child involved, 9 years
- 172 Incidents were open/opened to Children's Services
- 132 Repeat incidents recorded
- 58 incidents were both repeat incidents and open to Children's Services
- 73% of incidents involved households where two children reside

The Serial Victims Project is funded through the Home Office Innovation Fund until March 2017. The project is currently developing with the Serial Victims Domestic Abuse workers in post from Oasis Aquila and Barnardos.

The analyst for the MASH create a list based upon Northumbria Police data which is refreshed on a monthly basis, ensuring that those clients with the most serial victims will receive support at the earliest stage. To date 21 serial victims have been allocated to workers.

A draft process and toolkit is currently being developed by the Domestic Abuse Workers to highlight what services can be delivered to each client, although each

client will receive a tailored service depending on their needs.

- RESOLVED -
- i) that the information be noted
 - ii) that the Committee agreed to receive regular updates in relation to MASH

Copies of all reports and appendices referred to in these minutes are available online and in the minute file. Please note access restrictions apply for exempt business as defined by the Access to Information Act.

Chair.....

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