

CARE HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

15 September 2015

PRESENT: Councillor S Green (Chair)

Councillors: M Hood, D Davidson, W Dick, F Hindle, P McNally,
J Simpson

IN ATTENDANCE: Councillor M Brain

CHW10. APOLOGIES FOR ABSENCE

Apologies were received from Councillors C Bradley, M Charlton, B Coates and P Ronan.

CHW11. MINUTES

The minutes from the meeting held on 23 June 2015 were agreed as a correct record.

CHW12. UPDATE ON CQC INSPECTIONS AND BLAYDON GP PRACTICE

The Committee were advised on the current situation with regards the High Spen and Metro Interchange practices as a result of the recent CQC inspections. Unfortunately the High Spen practice has now closed and the Metro Interchange practice is currently working through the recommendations from CQC, and it is hoped that improvements will be reported to Committee in due course.

The Committee were also advised that the Blaydon GP practice is currently being delivered as an emergency provision, because of the engagement exercise which had been halted, to see if a service could be secured. CBC currently provide the service and the list size is currently 1454 as of 1 July 2015, at the same time last year the list size was 1440; so it has grown only slightly.

It was reported that NHS England had previously expressed concern about the clinical and financial viability of the practice and undertook a procurement process to see if it was possible to get a local provider who would be interested in delivering the service as a branch surgery. There were subsequently two applicants but one was not eligible and the other did not meet the minimum requirements necessary to proceed.

NHS England then went out to the open market and this included an improved offer and some transitional funding. However, no bids were received.

Feedback received as part of the process was that there were those who might be interested

The feedback received as part of the process was that there were those who might be interested in delivering the service but not on the model which is there currently as there are issues of clinical and financial viability. The main feedback was that there may be interest if there could be reduced opening hours or if the service could be truly run as a branch surgery rather than a full set of services.

As a result, discussions have been held with the CCG regarding the future of Blaydon and the aim is to try and secure some form of service.

The Committee were advised that the current position is there until January and discussions will take place with CBC, the current provider, to extend this out so that there can be more detailed discussions around what is possible in terms of providing a service and to explore more models. Once this has been established they will look at the impact this may have for patients and stakeholder engagement.

Further feedback will be given to members of the Committee once discussions have been held with the current provider.

Councillors wished to place on record their thanks to the staff who have worked so hard, and continue to do so on trying to resolve this issue and requested that as much as possible should still be done to try and fully utilise the building.

RESOLVED - that the information be noted.

CHW13. DECIDING TOGETHER – MENTAL HEALTH SERVICES FOR GATESHEAD AND NEWCASTLE

The Committee were provided with an update on progress being made around the deciding together process – transforming specialist mental health services in Gateshead and Newcastle – and an outline of the plans in place for formal consultation to start in October 2015.

The formal consultation will commence on 14 October 2015 and will close on 13 January 2016. A timetable of public meetings was also timetabled for information and it is likely that the Committee will formally consider the proposed options at its meeting on 1 December 2015.

The Committee requested that as much as possible should be done to inform the public about the importance of this consultation exercise, and that information should be as widely disseminated as possible and not just restricted to social media.

The Committee also requested that travel to and from any proposed venues be looked at as a high priority; as this can be crucial for patients and family members alike.

RESOLVED - that the information be noted and the CCG requested to take the views of the Committee into account.

CHW14. MENTAL HEALTH REVIEW – 6 MONTH UPDATE

The Committee received an update on the review of mental health and wellbeing, which sets out initial progress and headline findings made on each of the Recommendations from the OSC'S Review.

The Committee were reminded that in Gateshead, the percentages of those diagnosed with mental health conditions are significantly higher than national averages. This could be due to a number of local factors, including higher detection and diagnosis of these illnesses. However local partnership work has also suggested that austerity and Welfare Reform is impacting negatively on the mental health and wellbeing of affected residents.

The Committee were informed that the rates of hospital admission for self-harm and unintentional injury for both under 18s and adults are significantly higher than national averages. The recovery rate for those people being treated by the Improving Access to Psychological Therapies (IAPT) is lower than the national average.

The Committee were advised that the Gateshead suicide rate is similar to the national average, but small numbers annually means that looking at the rate for a single year must be viewed with caution. A suicide audit will be completed in 2015 which will clarify the current position.

Most people are given treatment with anti-depressant medicines and some are offered 'talking therapies' through the IAPT service.

The Committee requested an update on the work of the Gateshead Housing Company mental health workers and the work of the homelessness team. Officers agreed to arrange for this in the near future.

RESOLVED -

- i) that the information be noted.
- ii) that the Committee was satisfied with the progress outlined.
- iii) that further updates be brought back to Committee in the near future.

CHW15. REVIEW OF GP ACCESS

The Committee have agreed that the focus of its review in 2015/16 will be GP Access. The Committee received a report setting out the proposed scope of the review and the process for taking it forward.

Key issues which have already been identified by the Committee include:

Access to GP appointments: ease of making appointments, timescales, patient satisfaction etc.

Access to quality primary care services: Patient experience of care, how this varies across different areas of Gateshead and work that is taking place to address issues linked to the quality of care provided

It is proposed that the scope of the review will therefore incorporate:

Access to GP appointments

This would include:

- Ease of making contact with local GP (phone/online)
- Ease of getting an appointment, waiting times and convenience of appointment with local GP
- Ease of ordering repeat prescriptions from GP
- On-line services provided by GP and ease of navigation
- Patient satisfaction with opening hours
- Patient views on additional opening times
- Out-of-hours services: ease of contact, timeliness of care provided and experience of care.

Quality of Care

This would include whether patients feel that:

- They are given enough time by their GP/Practice Nurse
- They have been listened to
- Tests and treatments are explained well
- They are involved in decisions about their care
- They have been treated with care and concern
- They have confidence and trust in their GP/Practice Nurse
- They have a good experience of care provided by the GP surgery.

In considering these issues, the Committee will have regard to:

- The physical and socio-demographic characteristics of Gateshead (rural and urban dimensions, levels of deprivation and health inequality across Gateshead etc.)
- The GP Patient Survey and other sources of information in patient views and experiences of care such as the recent survey undertaken by Healthwatch Gateshead
- CQC Inspection findings regarding access to and quality of GP services in Gateshead and action plans to address issues raised
- Current issues relating to the provision of GP services e.g. GP provision in the west of Gateshead – Blaydon/High Spenn
- Initiatives underway locally to enhance access/quality of GP services, spread good practice etc.
- National agenda around GP access and implications locally e.g. 7 day services, Prime Minister's Challenge Fund, extended opening hours etc.
- Other aspects of the quality of care such as quality indicators etc.

In agreeing the 'Review of GP Access' as its topic for 2015/16, the Committee also felt that it was timely to consider this issue in the light of the move towards co-commissioning of primary care.

The Review is being jointly led by the Council, NHS England and Newcastle Gateshead NHS CCG with input from Healthwatch Gateshead and any other partner organisations as may be required.

The Review will take place over the period September 2015 to April 2016 and will involve national and local research, presentations and site visits.

In advance of its meeting on 20 October 2015, OSC will be invited to visit a GP practice to see its backroom telephone and appointments system in operation. Also, as part of the visit to the practice to look at opportunities and challenges linked to GP premises.

In advance of its meeting on 1 December 2015, OSC will be invited to visit 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.

In advance of its meeting on 19 January 2016, OSC will be invited to observe a patient engagement forum meeting at a GP practice.

The Committee requested that as part of the evidence process it would be helpful for a breakdown of each practice with statistics relating to the practice size and how many staff they employ (full time equivalents) and also if possible on average how many doctors were on site on a daily basis.

The Committee also requested that a breakdown of GP provision be provided on a ward by ward basis.

- RESOLVED -
- i) that the scope, process and timescale for the review be agreed.
 - ii) that further information as requested by members of Committee be provided and brought to a future meeting for consideration.

CHW16. ANNUAL REPORT ON ADULT COMPLAINTS, COMPLIMENTS AND REPRESENTATIONS 2014-2015

The Committee received the Adult Services Annual Report on Complaints, Compliments and Representations for April 2014 – March 2015. Cabinet considered the report on 23 June 2015 and referred it to this Committee.

The Health & Social Care (Community Health and Standards) Act 2003 requires that Councils with Social Services responsibilities produce an annual report of their Statutory Adults Services Complaints Procedure. The report sets out details of the complaints and representations made during the period April 2014 – March 2015.

The Adults Care Complaints Process procedure has two stages:

- Local Resolution by a Team or Service Manager
- External Consideration by the Local Government Ombudsman

In 2014/15 there were 64 statutory complaints. 7 complaints were graded as green complaints (low level issues, small risk either to the service user or the Council). 56

complaints were graded as amber complaints (moderate issues with medium risk to the service user or the council). 1 complaint was graded as a red complaint (serious issues which are high risk for either the service user or the Council).

The Committee were provided with the following points of interest:

- 80%, (51) of complaints were around the quality of services received and remains the greatest cause for complaint
- Quality of service involved alleged failure of service delivery, for example:
 - Home carers not turning up;
 - Non return of telephone calls;
 - Late or missed social work visits;
 - Poor response after a request for service
- 41% (23) of complaints were not upheld after investigation
- 47% of complaints were either fully to partially upheld
- 29 working days was the average time to investigate complaints
- The Council expects all complaints to be completed within 30 working days and this timescale has again been achieved.

The Committee were advised that during 2014/15:

- 34% of compliments (313), received focused on the care provided by the Council's Promoting Independence Centres.
- 20% (182), were regarding Council Domiciliary Care
- 91% of Council Domiciliary Care compliments were about the START service. (The START Service is a short term re-ablement team who concentrate on providing service users with the skills to remain at home. This service can help prevent the need for larger or more long term packages of care.
- 2% (16) of compliments received were from families of service users who were at the end of their life. These compliments expressed the gratitude of family members for the services or individuals involved in their care.
- 80% (916) of all representations received during 2014/15 were compliments.

RESOLVED - that the effectiveness of Adult Social Care Complaints and Compliments Procedures is satisfactory.