



Telford & Wrekin
C O U N C I L

Addenbrooke House Ironmasters Way Telford TF3 4NT

HEALTH & ADULT CARE SCRUTINY COMMITTEE

Date	Wednesday, 7 August 2019	Time	10.00 am
Venue	The Wakes, Limes Walk, Oakengates, TF2 6EP		

Enquiries Regarding this Agenda

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<u>Committee Membership:</u>	Councillors D R W White (Chair), M Boylan, S P Burrell, V A Fletcher, J Loveridge, K Middleton, L A Murray, J M Seymour and P Watling, Co-optees J Gulliver, C Henniker, H Knight and D Saunders
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AGENDA

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HEALTH AND ADULT CARE SCRUTINY COMMITTEE

**Minutes of the meeting of the Health & Adult Care Scrutiny Committee
held on 26 February 2019 at 2.00pm in Meeting Rooms G3-G4, Addenbrooke House,
Ironmasters Way, Telford, TF3 4NT**

Present: Cllrs A J Burford (Chair), M Boylan, E A Clare, V A Fletcher, L A Murray, T J Nelson and RJ Sloan; Co-optees C Henniker, H Knight and D Saunders

In Attendance: S Bass, Commissioning, Procurement & Brokerage Service Delivery Manager; J Eatough, Assistant Director: Governance, Procurement & Commissioning; C Jones, Director of Children and Adult Services; R Pervis, Team Leader, Projects, Policy & Quality; S Worthington, Senior Democratic and Scrutiny Services Officer.

HACSC-23 Apologies for Absence

Councillors S P Burrell and N A Dugmore and Co-optee J Gulliver

HACSC-24 Declarations of Interest

None.

HACSC-25 Minutes

It was noted that in respect of Neighbourhood Working, the sentence 'local GPs who ran the neighbourhood areas' should read 'local GPs who led the neighbourhood areas'.

Resolved – that the minutes of the meeting of the Health & Adult Care Scrutiny Committee held on 18 December 2018 be confirmed and signed by the Chairman, with the above amendment.

HACSC- 26 Adult Social Care & Commissioning Improvement Plan 2018

The Assistant Director: Governance, Procurement & Commissioning explained that the report provided an explanation of the role of commissioning in the improvement plan. The service was as flexible as possible and it was vital that the important role of carers was never forgotten. The report highlighted the challenges that were to be faced in the future, including an increased number of residents with dementia and a significant increase in the demand for domiciliary care.

A discussion took place and Members asked the following questions.

It was noted that Telford had the second lowest rates in the West Midlands of residents in residential care. This was excellent if there was support for people to live at home, was this the case?

The Commissioning, Procurement & Brokerage Service Delivery Manager advised that a high number of residents accessed domiciliary care and that the aim of the service was to keep people well at home. Some residents were also moving out of residential care into supported living accommodation.

Did other Local Authorities' in the West Midlands ask for strategies used in Telford and Wrekin?

It was confirmed there was a commissioners group for the West Midlands where good practice was shared.

Although it was positive that good rates were being sourced by the Council for residential beds, did this have a knock on effect on rates for self-funders?

The Assistant Director: Governance, Procurement & Commissioning stated that this was comparing different markets, Authorities did have buying power that enabled them to secure lower rates than self-funders could.

There was a concern that the Council was 'chasing targets' for keeping people out of residential settings, rather than listening to their needs.

It was confirmed that there were no targets and it was important that residents accessed the right care. Assessments are completed on an assets based approach. There are occasions where a resident had five calls a day, which far outweighed the cost of a residential bed in the Borough, however, this was the best choice for that person.

The move to smaller units for people with dementia was welcomed. It was noted that it was vital that as well as the commissioners, the Committee needed to hear from providers and service users.

Could an explanation be provided on the 'zones'.

In the Vale of Glamorgan, it was noted that there were a huge number of providers working within very small areas, a tender was put out for a provider to cover one area covering all service users within that area. The scheme worked very well and it was being rolled out to other areas and other Councils. Local providers were very keen to do this. There were over 20 active providers in the Borough.

In regards to recruitment, was local training being expanded? There needed to be a shift in attitudes for the skills of care workers.

The Department of Health and Social Care had recently launched a national recruitment campaign and the Council are linking into this to support a local campaign. The Council was working with the skills team and Telford College, who had recently established a Virtual Reality training area. There were a number of different training approaches used in the Borough, as well as across Shropshire and the wider West Midlands. It was noted that the care market did not conform to Local Authority boundaries and many providers were shared with Shropshire and Staffordshire. The Council were working with the local University and SaTH to provide a career pathway for domiciliary care workers to become state registered nurses and noted that care workers were skilled professionals in their own right.

A discussion was held regarding care packages on discharge from hospital. Members shared their own positive and negative experiences of this process.

The Council worked with the hospital to ensure patient flow and there was a dedicated team

supporting this.

The Attendance Allowance form was incredibly complex, was there supported offered to complete this form?

Age UK offered volunteers to help with this and officers from the Council's Financial Case Management Team were also available to assist.

HACSC- 27 Unmet Needs Report

The Chair welcomed the report of Healthwatch. The Committee received a presentation from Healthwatch.

A discussion took place and the following questions were asked.

Was there a list available off all organisations were residents could get help? Could this list be provided in places across the Borough, and not just online?

Care navigators were present in each GP practice who could signpost to services. A new service, Live Well Telford, would soon be launched which would be accessible across the Borough and available to professionals and Members. This would be a Wikipedia type site where the community could update and populate the site to ensure it remained up to date.

As part of their license, all taxi and PHV drivers in the Borough accessed dementia training, however, this did not seem to be working and some drivers refused to take Zimmer frames. What more could be done.

Taxi and PHV drivers who operated in the Borough could be licensed outside of the Borough, such as in Shropshire or Wolverhampton. Ongoing liaison was taking place with other Local Authorities on these issues.

A concern was expressed regarding the turnover of Social Workers.

The Service had worked hard to reduce turnover of Social Workers and this had been successful. There was a comprehensive records system in place in the service area.

Where there long waiting times to access services, such as occupational therapists.

Community hubs were being developed with bookable appointments available at locations across the Borough. Waiting times for assessments with occupational therapists had decreased.

Although there was not enough data to form a conclusion, a member of the review group advised that from the surveys, it was users who had older responses who had more negative experience, people with more recent experiences tended to have a more positive experience.

A member shared experiences of residents who had issues accessing more complex items

from occupational therapists. Minor adaptations were sourced very quickly but there was a very long wait for more complex areas.

The Director of Children's and Adults Services advised that this would be investigated and bought back to Scrutiny.

The report seemed to focus on users of the My Choice service who would therefore be aware of My Choice.

The questionnaires were sent to people outside My Choice, as well as those who had accessed the service, around half were completed by users of Day Centres.

The question of unmet needs in wider society was not answered.

This survey was only a small sample and was not intended to answer a wider question. This report was to inform areas for further work and in-depth review. It was noted that there were almost no other reports on this subject.

HACSC- 28 Neighbourhood Working

The Chair welcomed the report of the Director of Children's and Adult Services. The report provided a chronology of events and it was noted that neighbourhood work had not been given the priority it needed within the STP. It was noted that it was important to retain Telford's identity as an area separate to the rest of Shropshire.

The Chair advised that it was heartening to see this report. The JHOSC had been clear that without staffing and resources being put into neighbourhood work, then Future Fit could not work.

In respect of GPs perspectives on neighbourhood working, the GPs interviewed were clear that the work they have done was not in relation to this programme but was good practice.

The Committee had previously heard good news stories where work done through the neighbourhoods programme had changed people's lives. Experiences were shared of the Fit for All Falls clinic and dementia services.

Members considered that preventative work was key. Members considered that there was too much focus on the acute sector.

HACSC- 29 Chairs Update

The Chair noted that this was the Committee's last meeting before the Council's Borough Elections in May 2019. The Chair thanked the Members of the Committee for their work during the cycle.

Members were advised that the CCG had recently cut funding for the dementia drop in centres in the Borough. The Chair agreed to write to the CCG in regard to this.

The meeting ended at 16.04pm.

Signed:

Date:

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Teldoc Patient Engagement Meeting 24/07/2019

Improving Patient Access Proposal

Summary of the Discussions held

Q I had not received a letter about the closures. Why?

A The letters were sent to all patients who had registered their preference as one of the three sites that are proposed for closure.

By preferred it means not that you had appointments there but what had been registered on notes as your preferred site. We had written personally to over 1,800 patients.

Q Where had the patient engagement meeting been advertised?

A We communicated this in several ways:

- Large A3 posters have been displayed at every surgery
- We have worked very closely with our Patient Participation Group, if you would like to join please contact christinechoudhary@hotmail.co.uk
- Details regarding our plans and patient engagement meeting on the Teldoc website www.teldoc.org
- We have worked in conjunction with Healthwatch and they have placed details on their website <https://www.healthwatchtelfordandwrekin.co.uk/>
- Telford and Wrekin CCG website <https://www.telfordccg.nhs.uk/news/665-teldoc-seeking-views-on-plans-for-more-staff-more-appointments-more-clinical-rooms-and-improved-call-handling>
- Telford and Wrekin CCG website Get Involved section under current involvement activity: <https://www.telfordccg.nhs.uk/get-involved/current-involvement-activity/teldoc-feedback-on-plans-to-improve-services>
- Front page of the Shropshire star <https://www.shropshirestar.com/news/health/2017/01/10/nine-telford-gp-surgeries-set-to-join-forces-as-new-super-practice/>
- Several social media platforms

Q Will the new call centre be local or outsourced to people who don't know the geography of Telford?

A The proposed new care navigation centre will remain local. No location has been agreed because we are still in the engagement phase of our proposal.

We would like to assure you that the staff that will be answering the calls and helping direct patients to the most appropriate type of appointment will be the existing Teldoc staff. We are continuing to recruit more staff and all staff are being supported with new training programmes to ensure our patients receive the best service in a timely manner.

Q Will there be redundancies as a consequence of the changes?

A No, there are no planned redundancies. We are actively recruiting a range of professionals such as Doctors, Advanced Nurse practitioners and Therapists and Clinical Pharmacists to increase the number of appointments we offer.

We have appointed 7 new call handlers in the last 6 months, and are continuing to appoint for some shifts where estate capacity allows. However due to the estate limitations we are unable to appoint the number of staff required to meet the needs of our patients. Therefore we do need the proposed plans to go ahead so that we can improve patient access and reduce patient call wait times because in the new care navigation centre we will have additional capacity to support the needs of our patients and service.

Q The population at Lightmoor Extra care village are older and have difficulties getting out to see the doctor. What have you considered for this patient group?

A Lightmoor is only open for a short period of time, Tuesday and Wednesday mornings only and does not offer the full range of services such as blood tests or ECGs that patients with more complex medical problems need. This is due to the premises being unable to accommodate the level of service required and so it is not currently used for appointments for that patient group.

Therefore any patient who using the Lightmoor surgery has no choice but to go to another surgery for nursing, HCA, ANP or blood test appointments anyway. Patients who are housebound due to medical conditions will continue to be able to use the home visiting service. Teldoc is different to other surgeries in that it has a home visiting team who work across the whole day 8.30am to 6pm rather than just doing home visits traditionally between morning and afternoon clinics.

Q Lawley's population is expanding, it is difficult to get an appointment now, will that be made worse by other patients from closing sites, having to access Lawley as well?

A Originally, Lawley site was a practice that was to provide services to 6,000 patients, the population in the local area grew and an extension to the site allowed for a further 1,000 patients however by the time the extension was complete the population was already 9,500. Lawley is in excess of this at 11,000 and will continue to grow for the foreseeable future. Estimates are in the region of 20,000 patients, Lawley surgery is clearly not adequate facility for the expanding population.

Patients have feedback that they feel the Practice provided a better service before it merged with Teldoc. Now patients have to go to other surgeries. However the service could not have coped with the increased demand due to the growing population and therefore merging with Teldoc has enabled it to have a sustainable future but in order to now make improvements, we need our patients to understand the challenges we are facing in delivering the services we wish to deliver to you and support us with our proposal.

We know that patients have issues accessing appointments; our limiting factor is call answering volumes and clinical rooms to deliver care from.

The proposal we are suggesting will allow us to centralise the call handling function. Currently we are unable to migrate patient calls from Lawley to our main Teldoc phone number and call centre. This is due to the telephony infrastructure at Aqueduct which is unable to manage more calls. If a new call centre facility was approved, we could remove call handling from Lawley site and this will improve patient access and those that have to personally visit the site because they are unable to get through on the phones.

So there will be more flexibility at peak times such as a Monday morning. Equally by freeing up rooms in the remaining practice by moving the admin staff to the central care navigation centre will allow us to create more appointments. For example as part of the restructuring we would be able to create a minimum of 4 more clinical rooms in Lawley. As we said previously we are recruiting more professionals to assist us delivering this care and the staff who previously lone worked at the smaller sites will have more support and access to a wider range of colleagues to help deliver care to the patients.

We know access is a real issue and we have considered our patient feedback and complaints received to actively consider how we can best manage this for our patient, which is why we have been working with the CCG and our Patient Participation Group (PPG) to develop a solution.

Q PPGs are held in the evening, this means people like me who work can't access them

A The chair of the PPG was present at the meeting and offered for the individual to feed in via email and also that the PPG was willing to look at alternating meetings and she would take that back to the group. The Doctors present who also support the group said they would be willing to have some flexibility and stay behind after work to attend the groups on a rotational basis because they value the input of patients into their plans.

Q Does the creation of a care navigation centre mean that there will no longer be anyone on reception and everything will become automated at the front of house?

A No, we plan to keep all receptionists, across all our sites. There will always be patients who need to come in person and will be attending appointments, which will be increasing with the proposed plans and therefore we don't want to lose that personalised service and will continue to have reception staff at all sites.

Q Is making things available electronically, bookable appointments and such part of the plan?

A Yes that is part of Teldoc's overall plan. We are also launching the online consult later this year, please lookout for this on our website www.teldoc.org and for further details across all our sites (noticeboards and information screens).

Q What are the timescales for these plans?

A It will be dependent on the outcome of the engagement period; this period ends the 16th August 2019. We will hold dialogue with CCG, NHS England, Healthwatch, local stakeholders and Councillors. We have a meeting arranged with Council members of the Health and Overview Scrutiny Committee on the 7th August 2019 and a CCG meeting being arranged in September 2019.

Q What do you plan to do about the post change evaluation?

A We would want to work with our patient to see if there was a change in feeling about how easy access is and whether people are satisfied with the service they are getting. We would welcome your offer to communicate with patients in our communities, Teldoc really values patient feedback, we want to improve the service for our patients.

Q Will Teldoc make savings as a result of closing sites, is that a motivational factor to do it?

A No, it is in-fact the opposite. The plans are cost neutral to the local NHS. Teldoc partners will invest their own monies into some of the changes because without this investment we will be unable to improve and service and meet our patients needs. We have to change not only to improve access but also because the sites we are closing are not fit for the future. Two of the sites have no parking, Aqueduct's clinical space is unsuitable, rooms have small windows and not well ventilated, this is not acceptable working conditions for our staff, nor our patients to visit.

Q So if these changes go ahead will you guarantee that there will be an end to having a 3 week wait to see a doctor?

A We will most certainly improve patient access with the changes, but there will be a period of transition when introducing the changes and converting admin rooms to clinical rooms.

Once these changes have been made we will further continue to plan and look at ensuring we are directing patients to the most appropriate health care professional, so that those who do need to see a doctor are not waiting excessive times. We are currently appointing a Clinical Rota Assistant to support our Rota Lead to manage the extra workload we currently have in preparation for the improvements we endeavour to make. We want to actively do this in our current state and this is regardless of whether the plans are approved. We want to improve appointment availability and room utilisation and clinician availability across our 9 sites is crucial to our patients to ensure they receive the most appropriate care in an efficient and timely manner.

Clinical pharmacists can be much more appropriate if someone has a complex medication query. We are working with existing staff to provide extra training so people can be navigated to the correct clinician.

Q Can I ask a question why you have chosen care navigation centre as the name for your new call centre. There are care navigator roles out there already and it might confuse patients?

A For patients, we shall not be advertising the phone number as care navigation, just the number to call when they want to speak about getting an appointment or advice. This will remain to be the same phone number they currently call to ring Teldoc. The only

number that will change is for patients that call the Lawley site and they will be required to call the main Teldoc phone number.

In terms of the name for the centre, we did think of others like care co-ordination centre but we know that this has already in use by another health provider. We will discuss again whether there are any alternative names that would be more appropriate.

Q Will the changes see an end to the long queues that form here at Malinslee on Monday morning at 8.30am?

A We know many people are turning up in person to try to book appointments because they are having problems getting through on our phonelines. It will take some time for the message to spread if our plans are approved. If these plans are approved, when changes have been introduced we would welcome our patients support in getting that message out and we would anticipate this will result in reduced queues at sites.