

Public Board Meeting
30 October 2019, 10.00 am - 12 noon
Hebburn Central

Present:

Peter Bower	Co-Chair	Sheila Scott HW Team Manager
Sue Taylor	Co-Chair	Sarann Valentine (Minute Taker)
Joy Curry	Director	
Margaret Adams	Director	
Shobha Srivastava	Director	
Marylin Stidolph	Director	

In Attendance:

Dr John Tose - Clinical Director of South Tyneside CCG

Agenda Item		Action
1	<p>Welcome and Apologies</p> <p>Peter opened the meeting and welcomed Dr John Tose.</p> <p>Apologies for Absence</p> <p>Apologies for absence were received for Paula Lowson</p> <p>Declarations of Interest</p> <p>Margaret Adams, Governor of NTW</p>	
2	<p>Presentation by Dr John Tose Clinical Director of South Tyneside CCG</p> <p>Responsible for;</p> <ul style="list-style-type: none"> • Planned Care • Primary Care • Frailty • End of Life/Palliative care • Prescribing • Cancer <p>John gave a presentation which covered the brief provided by HWST and the relevant current work. A copy of the slides had already been circulated to the Board. The main points are detailed below;</p>	

Groups of Practices

John explained that individual practices often work well as a group. This increases the breadth of expertise and strengthens the relationship between staff.

Network Structure

John explained the CCG was divided into 3 Primary Care Networks (PCNs) and gave the reasons for this configuration.

Marilyn asked if all GP practices had signed up to the network. John said South Tyneside had made above average progress in building their network.

The example of the network participants benefiting from social media via a WhatsApp group was given as a way of adding momentum to the progress that had been made.

Patient Surveys

Surveys recorded that the South Tyneside results are better, on average, than the national picture. It is felt that the problem-based learning sessions helped achieve this result.

Other Primary Care Highlights in South Tyneside

- Careers start schemes for young GPs and trainee nurses
- GP to Pharmacy Scheme whereby the receptionist may arrange appointments for patients with the pharmacist
- <https://www accurx.com/> is now currently being implemented to allow patients to access the results of diagnostic tests

Both Margaret and Shobha expressed concerns that the Pharmacy Scheme may not be working as well the CCG had previously thought. John said that now there are more pharmacists in South Tyneside, it was back on track.

Palliative Care

The National Palliative Care Register shows that South Tyneside is well above the country average for listening to families.

Shobha requested clarification about whether a person would know if they are automatically placed on the NPCR. John replied that you must request a placement on it personally.

- With regards to listening to the public around a patients preferred place of death it was considered that the CCG in South Tyneside

- were one of the best in the country;
- John also felt that living wills may improve the situation as they become more popular;
 - Events such as Clervo set up by the Palliative Alliance network, CCG, Adult Social Care, hospitals and organisations such as NEAS are helping to think through issues in a comprehensive way;
 - An Improved the fast track process and the carefully put together information leaflet also helped;
 - The Co-design work is being synthesised to provide a new model of palliative and end of life care for the borough.

Strategic Themes

Issues of: capacity, skills mix, confidence of handling End of Life care, the importance of good social care, and the need to talk about End of Life in a suitable setting were discussed.

Spoke and Hub Model

The new service will be based on a “spoke and hub” model with an appropriately sized specialist unit. It is recognised that there is a need for a holistic approach to the service provided; especially the range of complementary therapies. An implementation group has been established; HWST has been invited to attend.

Questions/comments from the Board

Sue - What are the timescales for the plans?

John replied:

- The “Spoke” has already benefited from an additional 8 nurses
- Adult Social Care Directorate is currently working to improve domiciliary support
- The “Hub” will take longer to provide due to capacity and capital issues.

Shobha - Would it be possible to change the word from Palliative care to End of life or Long-Term Condition Care? Shobha added texting is not appropriate for everyone.

Shobha’s question led to a discussion about setting up a death café in South Tyneside so that residents had an opportunity to express their views about this often-avoided subject. Joy and Marilyn also agreed with Shobha that community staff may also lose the personal contact with people,

	<p>leading to a lack of face to face contact which helps assess a person's well-being.</p> <p>Peter asked for John's view on why more people in South Tyneside are currently dying in hospital than at home.</p> <p>Johns answer: People become concerned about the need for professional support when nearing the end of their life so they feel they would be better looked after in a setting specifically designed and set up to care and treat a person at the end of life.</p> <p>Joy - Can you clarify the difference between residential and nursing homes? This led to a discussion to clarify the difference.</p> <p>Margaret - Could we maybe put relevant End of Life information into brochures within nursing homes?</p> <p>It may be possible to put this into the care plan in future.</p>	
<p>3</p>	<p>Minutes of Previous Meeting and Matters Arising</p> <p>Minutes of meeting held 26 June 2019 were agreed as a correct record.</p> <p>Breast Screening - Sue is to look at the low figures produced by the screening.</p> <p><u>Palliative and End of Life Care</u> A report had been circulated to the Board. As recorded earlier it was agreed that HWST would join the co-design implementation group.</p> <p>All recommendations in the report were approved by the Board.</p> <p><u>Path to Excellence Phase 2</u> A report had already been circulated to the Board.</p> <p>The reports recommendations were agreed. HWST would write a formal letter to the CCG CEO's across the partnership requesting that they consider lay membership of the Clinical Services Review Group.</p>	<p>ST</p> <p>PB</p>
<p>4</p>	<p>Any Other Business</p> <p>Peter and Sue had a very positive meeting with Paul Cuskin and Jane Leighton and it has been agreed that Sheila will attend the Patients Reference Group.</p>	

5	Date and Time of Next Public Board Meeting 26 February 2020	
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