

NORTHUMBERLAND COUNTY COUNCIL

CARE AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Care and Well-being Overview and Scrutiny Committee** held in Committee Room 1, County Hall, Morpeth on Tuesday, 28 March 2017 at 10.00am

PRESENT

Councillor A Wallace
(Chair)

MEMBERS

D Campbell
EI Hunter
K Nisbet

HGH Sanderson (part)
A Sharp

OFFICERS

V Bainbridge

MD Bird
L Hindhaugh

Director of Adult and Community Care
Services
Senior Democratic Services Officer
Communications Officer

ALSO IN ATTENDANCE

S Brown - Northumberland Clinical Commissioning Group
M Cotton - North East Ambulance Service NHS Foundation Trust
P Dunn - Northumbria Healthcare NHS Foundation Trust
A Foster - Northumberland, Tyne and Wear NHS Foundation Trust
M Gordon - North East Ambulance Service NHS Foundation Trust
A Richardson - Northumbria Healthcare NHS Foundation Trust
J Rushmer - Northumbria Healthcare NHS Foundation Trust
S Young - Northumberland Clinical Commissioning Group

56. CHAIR'S OPENING COMMENTS

The Chair firstly referred to how this was the committee's last meeting within the current council election term and thanked all the committee members for their input and officers for their help and wished them all well for the future.

57. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Dale, Dungworth and Fearon.

Ch.'s Initials.....

58. MINUTES

RESOLVED that the minutes of the meeting of Care and Well-being Overview and Scrutiny Committee held on Tuesday, 28 February 2017, as circulated, be confirmed as a true record and signed by the Chair.

At this point in the meeting, regarding minute 51, the Chair confirmed that the further report due on food banks would be presented to the committee's next meeting early in the 2017/18 council year as it had not been possible to attain all the required data in time for this meeting.

59. FORWARD PLAN OF KEY DECISIONS

The committee received the Forward Plan of key decisions for April to July 2017 (filed with the signed minutes as Appendix A). Members were advised that since the agenda for this meeting had been published, three further items had been added to the Forward Plan: loan to Alnwick Garden Trust/loan to Alnwick Town Council/loan to North East Equality and Diversity Ltd, but none of the issues were within this committee's remit.

RESOLVED that the information be noted.

REPORTS PREVIOUSLY CONSIDERED BY THE CABINET

60. REPORTS OF THE DEPUTY CHIEF EXECUTIVE

- (a) Partnership Agreements with NHS Bodies**
- (b) Strategic Commissioning and the Accountable Care Organisation**

The Cabinet at their meeting on 7 March 2017 considered a report of the Care and Wellbeing Overview and Scrutiny Committee regarding their pre-scrutiny of the two reports. An extract from the minutes of the Cabinet meeting was also presented (both attached to the official minutes as Appendix B).

RESOLVED that the decisions made at Cabinet be noted.

REPORTS FOR CONSIDERATION BY SCRUTINY

61. NORTHUMBRIA NHS FOUNDATION TRUST ANNUAL PLAN AND QUALITY ACCOUNT 2016/2017

A presentation was provided by Dr Jeremy Rushmer, Executive Medical Director, Northumbria Healthcare NHS Foundation Trust. (Copy attached to the filed official minutes of the meeting.)

The key details of the presentation included the Trust's vision to be the leader in providing high quality, caring and safe health and care services. Dr Rushmer outlined their annual planning process, safety and quality objectives for 2017/18, quality account for 2016/17 and their performance on their priorities for 2016/17. Their draft quality account was due to be ready by mid April 2017, for circulation to stakeholders for formal opinion at the end of April. The final version, including stakeholder comments, would be submitted to NHS Improvement and Parliament at the end of May 2017. It would be uploaded to NHS Choices by the end of June 2017.

Further key points in the presentation included details of work on Sepsis; the national audit on laparotomy; details on mandatory and locally selected targets, including the targets of 18 weeks from referral to treatment; and updates on Hexham Hospital, intensive care, the nationally mandated dementia requirements and the better than expected performance on the learning disabilities care bundle.

A member welcomed the plans and positive news, given that frequently news coverage about the NHS was negative. A regular worry amongst residents was access to appointments to see their GP. There was also breaking news regarding NHS England's plans to stop prescriptions for lower value medicines. Some news coverage described the NHS at breaking point, when in Northumberland it was meeting targets. Dr Rushmer responded that the Trust were as busy and treating more people than ever. Patient experience ratings were however at a high level.

Another member welcomed the high percentage of 'green' categories of targets being met, and how there were no targets categorised as 'red' for not being met. Members congratulated the Trust for making the best of the budget available to them. Another member welcomed and thanked Dr Rushmer for his presentation and responses, and stressed that the NHS should not be misused as a 'political football'.

Dr Rusher was further thanked for his presentation and it was:

RESOLVED that

- (1) the information be noted;
- (2) the committee's views on the quality account be confirmed in writing to Northumbria NHS Foundation Trust; and
- (3) an update on ECIP (the Emergency Care Improvement Programme) be provided for the committee at a future meeting in 2017.

62. NORTH EAST AMBULANCE SERVICE FUTURE PRIORITIES AND QUALITY ACCOUNT 2016/2017

A presentation was provided by Mark Cotton, Assistant Director of Communications and Engagement, and Maureen Gordon, Head of Clinical Care and Patient Safety from the North East Ambulance Service. (Copy attached to the filed official minutes of the meeting.)

Mr Cotton and Ms Gordon provided details including how their CQC (Care Quality Commission) rating was 'good'; the ratings for the North East Ambulance Service; response performance for both Red 1 and Red 2 calls, with comparative data for both the current and previous year. National benchmarking details were also provided for Red 1 and Red 2 calls, as were statistics for STEMI (ST-Elevation Myocardial Infarction heart attack) care and stroke care bundles.

Their Priority 1, within the clinical effectiveness category, was to improve the early recognition of Sepsis. Priority 2, patient safety, was to reduce avoidable harm through their commitment to 'Sign up to Safety'. Priority 3, patient safety, was to work more closely with partners to help improve and promote falls prevention. Priority 4, patient experience, was to enhance the care provided to patients who were at the end of their life and require transport to their preferred place to die. Priority 5, patient experience, was to continue to improve the number of patients who could be safely and appropriately treated and cared for at, or closer to home. Their aim was to keep a further 5,000 – 8,000 patients from needing to visit an emergency department.

Priority setting for 2017/18 was (1) continue to improve on the early recognition of sepsis, for clinical effectiveness; (2) reduce the time taken for a response to arrive for those experiencing the longest waits, for patient experience; (3) improve clinical outcomes for patients in cardiac arrest, for clinical effectiveness; and (4) enhance the quality and effectiveness of care provided to under two's not conveyed, for patient safety. There would then be consultation and engagement on the draft report from early April 2017.

In response to a question it was confirmed that people requiring STEMI treatment had to be transferred to either the Freeman Hospital or James Cook Hospital.

A member referred to ongoing concerns about ambulance response times in rural areas and asked if the closure of the urgent care centre at Wansbeck Hospital had impacted on NEAS ambulance turnaround? Mr Cotton advised that ambulance response times were not down to a single factor. The Trust had always worked to get people to the appropriate medical care in a timely manner. Many rural areas, including Haltwhistle, Wooler and Rothbury now had some of the fastest ambulance response times due to dedicated local community paramedic backup resources. A member acknowledged that the Wooler back up assisted at Berwick when required, and this resource reassured people.

Dr Rushmer then advised members also of the review of urgent care services and the

decision and reasons for temporarily extending the time that the reduced hours at Wansbeck, Hexham and North Tyneside hospitals would be in place.

A member acknowledged the improvement in response time statistics and performance but questioned whether the changes to urgent care hours at Ashington, Hexham and North Tyneside were ever likely to return to what they had been. Members referred to the impact of travelling times following the opening of the new emergency hospital concerns about the misuse of ambulances by patients whose conditions were not emergencies or were able to access hospital themselves. It was also asked if the increased performance was a result of reaching a full staffing establishment. Members were advised that there was a full establishment in the north of Tyne area, and the south of Tyne area was currently back below this level so resources were directed south when demand required it. There was now greater access to GPs to call upon to assist with diagnoses when responding to 999 and 111 calls. More paramedics were due to be recruited. A member complimented NEAS staff for the service they delivered and for the message to be passed on that they were much appreciated.

A member referred to her own experience recently with emergency services. She did have concerns about the waiting times to transfer to treatment in hospitals, but was very impressed by all the staff especially paramedics, who showed passion, commitment and dedication to their roles, and expressed her thanks. Members were advised that an update on handovers would be provided to a future meeting.

Two further topics were identified for future updates to the committee; following reference to a care home no lift policy in the presentation, it was noted that this linked with the County Council's care home work and could be addressed through contractual arrangements. Much work took place with the Trust and Marie Curie on palliative care, and attaining regional figures would assist the future agenda item.

RESOLVED that

- (1) the information be noted;
- (2) the committee's views on the quality account be confirmed in writing to the North East Ambulance Service NHS Foundation Trust; and
- (3) updates on care home no lift policy and palliative care be added to the committee's work programme.

63. NORTHUMBERLAND, TYNE & WEAR NHS FOUNDATION TRUST FUTURE PRIORITIES AND QUALITY ACCOUNT 2016/2017

A presentation was provided by Anna Foster, Deputy Director of Commissioning & Quality Assurance, Northumberland from the Tyne and Wear NHS Foundation Trust.

Details included: the Trust's highlights for 2016/17; their mission to improve the wellbeing of everyone they served through delivering services that match the

best in the world. Regarding the Quality Account consultation, the first draft of the 2016-17 Quality Account would be available from 13 April 2017 with a launch event that day. The County Council were invited to provide a statement for inclusion within the Quality Account by 12 May 2017. The final version would be published in June 2017.

Each year new quality priorities were set to help achieve their long term quality goals. This year they had engaged with service users, carers, staff and partners in developing their quality priorities through two surveys and a quality workshop. They had also developed ideas for quality priorities by considering how to learn from serious incidents, from complaints and from other quality sources such as CQC findings. Progress against 2016-17 quality priorities included success with suicide risk training, transitions, triangle of care and outcomes measures. Further work was required on waiting times and training regarding the risk of harm to others. The Trust had also been recognised as having the most influential mental health trust chief executive in the country.

New quality priorities for 2017/18 included: embedding the Positive & Safe Strategy in 2017-18, co-production & personalisation of care plans, and MHA (Mental Health Act) reading of patients' rights. The 2017-18 Quality Priorities carried forward from 2016-17 included work monitoring their waiting times closely. They remained committed to their 18 week quality priority for community mental health services and would continue to monitor and quarterly report progress to the Board of Directors and Council of Governors. The Council of Governors Quality Scrutiny Group closely monitored the progress of each quality priority. A quarterly newsletter highlighting progress had also been implemented.

They were working towards delivering the national access and waiting times standards as set out in the Five Year Forward View for Mental Health. CQUIN (Commissioning for Quality and Innovation) schemes were in place covering physical health, transitions, staff health & wellbeing among others. They were continuing to develop their service user and carer experience feedback mechanisms.

Members welcomed the presentation and reference was made to the highly valued staff and clinical support provided. A future agenda item was suggested to provide an update on the learning disabilities transformation agenda.

RESOLVED that

- (1) the information be noted;
- (2) the committee's views on the quality account be confirmed in writing to the Northumberland, Tyne and Wear NHS Foundation Trust; and
- (3) the committee receive an update on the learning disabilities transformation agenda at a future meeting.

64. REPORTS OF THE NORTHUMBERLAND CLINICAL COMMISSIONING GROUP

63.1 Northumberland Vanguard

A presentation about progress on the Northumberland primary and acute care system (PACS) Vanguard was provided by Siobhan Brown of the Northumberland Clinical Commissioning Group. Key details included the evaluation of the work to date, a statistical analysis plan for the Improvements Analytic Unit, how the local evaluation focused on the patient, carer and user experience of the models of care, how engagement and codesign was embedded in all the work undertaken, and the focus on prevention and empowering communities.

Case studies included the Bondgate practice, using new access models. Using the model at Bondgate had resulted in 300 more people being seen per week. The new access model would enable an overall extra 200,000 extra contacts per year overall. It was considered that 70% of appointments could be conducted over the telephone. Another case study was the Corbridge practice, regarding frequent attenders. A new intervention aimed to assist frequent attenders to discuss their needs would reduce the number of appointments made, especially when it was estimated that 5% of the population accounted for 25% of resources. Other cases included Northumbria Primary Care centralised telephony scheme and optimising medication for complex patients with pharmacists becoming more involved in clinics and visits to patients. Work on IT requirements continued.

A member referred to residents who unnecessarily frequently visited their GP and why this had not been addressed to date. Members were advised that the scheme addressed this issue and considered why the needs of such residents were not being met, and enabled an opportunity for these residents to discuss their concerns with practitioners.

Members made points about residents visiting pharmacists for assistance rather than their GP, and by removing some lower level medicine being provided on prescription, funding could be better allocated elsewhere. Reference was also made to issues with repeat prescriptions, as some recipients might have underlying problems which instead needed to be addressed; members were advised that protocols existed about such matters. A member also queried any difference between the take up of repeat prescriptions between those who did and didn't have to pay for them. It was also stressed that visiting pharmacists instead for advice could free up time for GPs.

Ms Brown was thanked for her presentation and it was:

RESOLVED that the information be noted.

63.2 An Evaluation of Winter and System Resilience Actions

The Northumberland Health and Social Care system, through Local A&E Delivery Boards, was required to provide assurance that local providers had made adequate

plans for winter and periods of surge within their respective local health economy. The report (attached to the official minutes as Appendix C) provided a summary of the actions taken to identify and address the issues associated with delivery a resilient system for Northumberland.

Further details were provided about a recent decrease in A&E admittance rate from 95 - 93%, although the national average was under 90%. Further work was taking place about considering urgent GP referrals, the flow of people through hospitals and a focus on how people should only attend A&E if urgent.

RESOLVED that the following be noted:

- (1) the contents of the report evaluating system resilience and performance during winter; and
- (2) the system-wide actions to mitigate risk.

THEMED SCRUTINY

65. Alcohol Consumption in Northumberland

Members were presented with a summary report and recommendations from the committee's Alcohol Consumption in Northumberland Task and Finish Group. The committee requested in September 2016 to undertake themed scrutiny on alcohol consumption in Northumberland. The Task and Finish Group was established at the committee's November meeting and it met twice, in January and February 2017 (covering report and notes of meetings attached to the official minutes as Appendix E).

A number of recommendations were presented for this committee to consider supporting and thus referring to Cabinet for agreement.

Members appreciated how much work had gone into this project and thanks were expressed to the four members of the Task and Finish Group for their participation. It was agreed that it had been a very interesting subject. The proposals were supported.

RESOLVED that Cabinet be recommended to agree the following:

- (1) Provide leadership in the drive to encourage responsible drinking by deploying creative and multidisciplinary advertising techniques that enable the public to discern for themselves the truths about alcohol and to make informed decisions about its consumption;
- (2) Embed routine and systematic alcohol screening and brief interventions across health and social care services and also recognise and explore the role that other services, eg criminal justice, can play in delivering alcohol screening and brief interventions;
- (3) Note the conclusion of Public Health England that price controls such as a combination of sales tax and minimum unit pricing can be effective (following progress of the related draft Scottish legislation);

- (4) Recognise published support for pricing policies which address high strength, low cost alcohol, specifically white ciders that are more likely to be consumed by the vulnerable such as children and young people and dependent drinkers, for whom the local authority has a duty of care;
- (5) Recognise the impact of the reduction in drink drive limits in Scotland, also that England has the second highest drink drive limit in Europe;
- (6) Continue to invest in good quality community substance misuse services for those requiring specialist support;
- (7) Call for a more robust system to regulate alcohol advertising to replace the alcohol industry self regulated scheme currently in place; and
- (8) Further work:
 - issues concerning children and young people specifically
 - consider using PHE Alcohol Learning Resources: CLear Self-Assessment Tool

<https://www.alcohollearningcentre.org.uk/Topics/Browse/CLear/> to review leadership and governance and other issues related to Northumberland's strategic approach to alcohol harm reduction.

66. REPORT OF THE PRIMARY CARE APPLICATIONS WORKING PARTY

Members were asked to note a report which updated on recent primary care applications in Northumberland (attached to the official minutes as Appendix E). It was noted that a further meeting of the Working Party was due to take place on Thursday 30 March, and any further updates arising from that meeting would be reported to this committee's next meeting. It was noted that the updates provided were very specific to individual GP practices, and there was the wider issue of the extended hours programme, for which an update would be provided for a future meeting of this committee.

RESOLVED that

- (1) the update be noted; and
- (2) the extended hours programme be added to the work programme as a future agenda item.

INFORMATION REPORT

67. POLICY DIGEST

The report, available on the Council's website, gave details of the latest policy briefing, government announcements and ministerial speeches which might be of interest to members.

RESOLVED that the report be noted.

CHAIR.....

DATE.....

Ch.'s Initials.....

Care and Wellbeing Overview and Scrutiny Committee, 28 March 2017