NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Health and Well-being Overview and Scrutiny Committee** held in Committee Room 1, County Hall, Morpeth on Tuesday, 27 June 2017 at 11.00am

PRESENT

Councillor J Watson
(Chair)

MEMBERS

R Lawrie	J Seymour
R Moore	E Simpson
L Rickerby	I Swithenbank

ALSO PRESENT

B Flux

OFFICERS

V Bainbridge	Director of Adult and Community Care Services
MD Bird	Senior Democratic Services Officer
L Morgan	Interim Director of Public Health

ALSO IN ATTENDANCE

Dr A Blair - Northumberland Clinical Commissioning Group
D Nugent - HealthWatch Northumberland
C Riley - Northumbria Healthcare NHS Foundation Trust
A Wright - Northumbria Healthcare NHS Foundation Trust
S Young - Northumberland Clinical Commissioning Group

Residents (7)

01. MEMBERSHIP AND TERMS OF REFERENCE

RESOLVED that the membership and terms of reference of the committee, as agreed by County Council on 24 May 2017, be noted.

02. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Dungworth and Foster.

03. MINUTES

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

04. FORWARD PLAN OF KEY DECISIONS

The committee received the Forward Plan of key decisions for July to October 2017 (filed with the signed minutes as Appendix A). Members were advised that none of the items listed were within this committee's remit, but if future items were and also due to be considered by Cabinet in due course, they would automatically be presented to this committee for pre-scrutiny first.

RESOLVED that the information be noted.

REPORTS FOR CONSIDERATION BY SCRUTINY

05. REPORT OF THE NORTHUMBERLAND CLINICAL COMMISSIONING GROUP

Rothbury Community Hospital Consultation

The Chair explained that a presentation about consultation on Rothbury Hospital was to be given by Dr Alistair Blair, Clinical Lead, and Stephen Young, Strategic Head of Corporate Affairs, both of the NHS Northumberland Clinical Commissioning Group. The Chair explained that he had given permission for Katie Scott, coordinator of the Save Rothbury Hospital Campaign group, to address the meeting.

Ms Scott addressed the meeting by firstly referring to the first two items in the committee's terms of reference. The key details of her presentation were as follows:

Ms Scott referred to an elderly resident who now had to be treated at Cramlington and Wansbeck hospitals many times since September, when the community hospital ward was closed. Each admission had weakened him and he arrived home more frail each time. His neighbour, a retired GP, said his suffering was very clear and community hospital admission would have been entirely appropriate.

The Campaign Group was formed in September, following the suspension of the 12 beds at the Community Hospital. Their petition calling for the ward to be reopened had been signed by well over 5000 people and they spoke on behalf of the residents of Coquetdale, including the resident described. They spoke for the elderly and

vulnerable and for their loved ones, some of whom lived far away and worried about their parents/grandparents living in Coquetdale.

Ms Scott said that the committee had no meaningful consultation with the CCG since September and how their community believed the process had been defective. Ms Scott queried if the CCG had kept the committee informed of the major changes they intended to make, plus the new rules on bed closures introduced by Simon Stevens, which came into force in April, and had the CCG plans taken account of this ruling?

The main points the group wished to make the committee aware of were:

1. Failure of the CCG to identify emerging problems at the hospital which resulted in their panic action of suspending the beds,
2. Failure to cost accurately alleged savings by using only round figure estimates,
3. Failure to consider the restructuring of the PFI financing of the hospital,
4. Failure to carry out a demographic survey and to identify the catchment area properly,
5. Failure to carry out the promised transport survey,
6. Failure to carry out an Equality Impact Assessment - as it is obliged to do,
7. Failure to comply with the new NHS rules relating to bed closure which came into operation on 1 April 2017; and
8. Failure to carry out an independent 3 E's test as required.

The Campaign Group had an alternative vision/option for the hospital and were requesting that the committee recommended to the NHS Northumberland Clinical Commissioning Group be recommended to withdraw its proposal to close permanently the twelve inpatient beds and if this was not done, to carry out a public consultation on both its proposal and that of the Save Rothbury Community Hospital Campaign Group as set out in its written Statement dated April 2017, so residents could see a tangible process *(copies of the full statement were circulated at the meeting, copy attached to the official minutes).* To conclude, Ms Scott explained how residents were unhappy that the only option offered was to close the ward, and expressed her thanks for the opportunity to tell members about their ideas.

Dr Alistair Blair then addressed the committee by firstly explaining that his presentation would address many of the points raised by Ms Scott (*copy of presentation attached to the official minutes of the meeting)*. He acknowledged that it was an emotive issue and the proposal was not about any deprivation of the provision of care, but how to get the maximum use out of the building.

Members were advised that the bed usage had decreased year on year. In response to a question about whether there had been any discouragement of the beds from being used, a block contract was in place, so from a pure commissioning point of view every opportunity to fill the beds with patients whose clinical needs could be addressed in that environment would have been taken; otherwise the commissioners would need to pay for beds elsewhere to be used.

The suspension of services was a decision by the NHS providers, not the commissioners. A service review had subsequently been undertaken and engagement

events organised; figures and occupancy levels had been considered.

Due to medical advances, many treatments were now completed within 24 hours that might have previously taken several weeks. Very significant financial pressures were faced and there were issues with staffing cover. Only half of the 12 beds in the unit had been occupied during 2015/16 with a reduction from 65% to 52% that year, and this had dropped during early 2016/17 to an estimated 48%, leading to the suspension of service in September 2016. A small number of residents had subsequently gone into care homes, but there had been no impact on accident and emergency times following the suspension of services.

There had been a total of six options, including reopening the service; some were not possible, for reasons of finance, inappropriateness of sharing a ward between patients with different conditions, for example dementia and end of life care.

No final decision had been taken; the CCG's Executive Board would be considering an update at its meeting on 28 June, then a final decision making case would be considered in September 2017. The Board would be considering a number of issues including patients' feedback, cost effectiveness, implementation times, and how proposals might fit in with strategies.

Mr Young then provided an overview of the consultation process, including how it adhered to the three 'E's test (economy, efficiency and effectiveness) and compliance with the four tests of: strong patient and public engagement, patient choice, clear clinical evidence base, and support from commissioners and GPs. The new test identified by Simon Stevens was announced during the consultation period and would be considered by the Board in September. Both an Equality Impact Assessment and a Quality Impact Assessment had been undertaken. Consultation had taken place from 31 January to 25 April 2017. A full suite of consultation documents had been circulated locally, and a briefing sent to all stakeholders and to all attendees at the public meeting in November who had provided their email addresses. Over 2,000 information cards had been made available in GP surgeries in Rothbury and Longframlington. There had been adverts daily in the Northumberland Gazette webpages and three printed adverts in March, five press releases about how to get involved, details on the CCG webpages, a short video on the CCG's Youtube channel, 50 dedicated tweets, two public meetings, four drop in sessions, plus an independent survey had been commissioned. People could comment in a number of ways; complete consultation documents on paper copy and online, email, write to or phone the CCG, and attend one of the meetings or drop in session.

A comprehensive response had been sent by the Save Rothbury Hospital group. A petition of 5,000 signatures had been received; 80% of those who signed lived in Northumberland, 43% in Rothbury ward. The local MP had requested an adjournment debate. The local county councillor and six local parish councils responded, none of whom supported the proposal. Work had taken place with HealthWatch Northumberland. 376 responses had been received by the CGG independent survey, 291 online, 85 electronic. 49% lived in the local area and 38% within the Rothbury catchment area. 85% had read the consultation document and 98% were aware of the

proposal and 91% saw it as negative or very negative. The independent research company had said that with a 5% error rate in such consultations, the responses thus represented local views. Three key emerging themes were travel, rurality and distance.

Dr Blair further advised that the cost savings from the proposal would be £500,000. If kept open under current arrangements, the ward would account for £1 out of every £5 of costs for this service in the local area. As the commissioners did not choose the landlord, they could not have a say on the PFI matter. However, any potential savings on this would be additional.

In response to a question, Dr Blair advised that the arrangement for block payments had pre-existed the creation of the Clinical Commissioning Group and was nothing to do with the current Chair or Chief Executive of the NHS Foundation Trust; the block contracts were considered a way to keep community hospitals going.

A member further queried if there had been any further discussion about returning to a payment by results, to which Dr Blair responded that there was a clinical case for the proposal as clinicians felt that the 12 beds were not used enough and the NHS could not run services that did not meet needs. There had been no discussion regarding returning to pay per use. There would be significant pressures created by trying to run a 24 hour service with no doctor support; pay per use would not work in these circumstances. The proposal was thus mostly based on a clinical and safety model. A member expressed concern about any move to shutting community hospitals in Northumberland, to which Dr Blair further advised of the clinical model as Rothbury's bed useage was so low, and was not low in other areas in Northumberland.

Members were advised by Ms Wright of Northumbria Healthcare that an attempt had been made to try to make Rothbury more viable by offering respite care there, but few patients took this option up. In response to a member's concern about any attempts to send people elsewhere, it was noted that audits had been organised to consider whether other people could have used the Rothbury beds, but people had not taken this up either.

In response to a question about whether the situation resulted from a decrease in demand or if people were being treated elsewhere, members were advised that most people were now treated either at the Northumbria Specialist Emergency Care Hospital or Newcastle and were now in and out of hospital quicker than previously. It was also confirmed that longer term stays in hospital were not recommended for older people and hospital should only be used when it was really needed.

A member referred to the importance of patients being treated locally as much as possible, to which Dr Blair agreed should be so for outpatients, but emergency care could not be provided at Rothbury. Very good results were however achieved at Cramlington and Newcastle. It was essential that consultant expertise was not lost, and it could not be provided at local hospitals. Members were further advised that there had been a big increase in community led services and home level support

through reprovision in service delivery. The clinical model focused on getting treated by a consultant at a major hospital.

In response to a member's point about patients wanting to know their doctor, Dr Blair advised that GP access was fundamental, but in relation to these circumstances, if people were very ill they should not be visiting their GP. Supporting people through their GP was different to treatment at hospital.

Another member acknowledged that it was an emotive situation, but this committee was considering through the scrutiny process whether everything had been done in order that Rothbury residents understood and for it to be clear about what services would be provided there in future, but this was not clear for residents. Dr Blair added that part of the consultation had been to listen to people's views about what other services could be provided at the hospital; for example possibly mental health services. Work would follow and engagement on any decision taken and ensure that services were used to the fullest degree.

In response to a query that it appeared that questions 2 - 8 in the Save Rothbury Hospital Campaign's submission had actually all been actioned by the CCG, why were the responses not known, including the three 'Es' test? Mr Young advised that the three Es test was publicly available, and the Equality Impact Assessment and Quality Impact Assessment would all be in the public domain for the final decision. It was added that the CCG Board would be the decision maker and the CCG were regulated by NHS England. All evidence had to be submitted into the public domain.

A member queried the position regarding transport issues and the rural nature of the catchment area and any consultation undertaken on both. Members were advised that there was a concurrent consultation and the Executive Board would be advised of it when they took their decision, however it would not necessarily be included in the consultation.

In response to a question about how the proposed £500,000 saving was calculated and whether the PFI contract would be looked at again, members were advised that the CCG did not own the buildings and the Trust would consider any PFI matters. There would be other ancillary costs as well as staffing costs. It was also confirmed that there was no other particular equipment set up for the beds. Members were also advised that the Simon Stevens test was directed more at large scale bed reductions, but this proposal would have little impact on bed levels in the area, and thus not a change that the NHS were likely to flag up.

A member queried whether patients were aware of the option to be placed in hospitals nearer to home, to which members were advised that the CCG were committed to providing outpatient services in community hospitals. However specialist services could not be provided in community hospitals as there weren't enough patients locally, the only other option was undertaking some appointments by video.

Members were further advised that Northumbria Healthcare were always looking at their funding arrangements and how to better utilise them and review to get the best

deals. It was suggested that a programme for committee members be organised, especially as many committee members were new to the committee, to see some of their sites and receive information about models of care; this was welcomed by members and would be followed up.

To conclude, the Chair referred to the report's recommendation. He added that the questions and answers given at the meeting should be taken into account in the process and it was:

RESOLVED that the report and information be noted.

06. REPORT OF THE INTERIM CHIEF EXECUTIVE

The purpose of the report was to present the Director of Public Health's Annual Report 2016 (report attached to the official minutes as Appendix C).

Interim Director of Public Health Liz Morgan further explained how the report covered the emerging public health approach to improving health and wellbeing outcomes and addressing inequalities in Northumberland which increased the focus on asset-based community approaches. Quantitative data and statistics about the wider social determinants of health affecting people in Northumberland were included in the report and further health data was accessible. Reference was also made to how over 70 projects had benefitted from the micro grant scheme and the positive work it delivered in communities.

Members congratulated officers and welcomed the report and the overarching approach. Members welcomed the micro grant amount of £100 and supported the reason given that the amount was set at a level that would help people start but not too high a level that could be put people off the due to the level of paperwork involved. Members agreed that it was a very interesting subject with a lot of information available and also noted the comment that lifestyle was estimated to contribute around 30-40% to people's health.

RESOLVED that

(1) the report be noted;
(2) support be expressed for the embedding of asset based community development approaches as a means of increasing social capital, improving health and wellbeing and reducing inequalities across the Northumberland; and
(3) support be expressed for the micro grants service.

07. REPORT OF THE PRIMARY CARE APPLICATIONS WORKING PARTY

Members received the notes of the Primary Care Applications Working Party meeting that took place on 30 March 2017. (Attached to the official minutes as Appendix D.)

Members were further advised that the terms of reference of the group were to consider applications for primary care. The Working Party was a subgroup of the committee, and its membership was four members drawn from the 10 members of the committee, which automatically included the Chair and Vice-chair. Members were advised that two more members were required to be appointed, and for political balance, it needed one more Conservative member and one Labour member.

Councillor Moore volunteered to join the group. The Labour members would discuss after the meeting who their nomination would be.

RESOLVED that the information be noted

REPORTS OF THE SCRUTINY OFFICER

08. 08.1 Quality Account Responses

Members were advised that the three NHS Foundation Trusts responsible for the area, Northumbria Healthcare, the North East Ambulance Service and Northumberland, Tyne and Wear had all given presentations to the Care and Wellbeing OSC meeting on 28 March 2017 about their Quality Accounts for 2016/17 and their future priorities. The committee had responded by sending written responses to each Trust. Copies of each response were attached to the agenda for members' information (attached as Appendix E to the official minutes).

In response to a question, members were advised that this was an annual process. Previously the Quality Accounts had been presented when available, but since March 2016 a new format had been agreed whereby all three Quality Accounts were now presented to the same meeting of this committee.

RESOLVED that the information be noted.

08.2 Health and Wellbeing OSC Work Programme

Members received the committee's latest work programme. Members were advised that some items would be added to the work programme for pre-scrutiny if they also needed a Cabinet decision, but other items could be requested by members to be added to the work programme. If members wished to suggest possible agenda items, they could raise them with the Chair, the Director of Adult and Community Care Services or the Senior Democratic Services Officer. Any items would subsequently need to be agreed for inclusion on agendas by the Business Chair.

RESOLVED that the work programme be noted.

INFORMATION REPORT

09. 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.

10. FUTURE MEETINGS

Members were advised that the next two dates of the committee might need to be changed; this would be discussed further after the meeting. Details of any rearranged dates would be circulated electronically to committee members.

CHAIR……..

DATE…….