

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, 25 July 2017 at 10.00am

PRESENT

Councillor J Watson
(Chair)

MEMBERS

S Dungworth
R Lawrie
R Moore

K Nisbet
L Rickerby
C Seymour

ALSO PRESENT

G Roughead

OFFICERS

V Bainbridge

Director of Adult and Community Care
Services

M Bird

Senior Democratic Services Officer

S Corlett

Senior Manager (Policy)

A Curry

Senior Manager - Commissioning

J Young

Head of Care Management

ALSO IN ATTENDANCE

P Dunn - Northumbria Healthcare NHS Foundation Trust

K Obrien - Northumberland Clinical Commissioning Group

D Nugent - HealthWatch Northumberland

A Richardson - Northumbria Healthcare NHS Foundation Trust

L Lui - Northumbria Healthcare NHS Foundation Trust

S Young - Northumberland Clinical Commissioning Group

11. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Foster and Simpson. It was also noted at this point in the meeting that Councillor Nisbet had replaced Councillor Swithenbank as a member of the committee.

12. MINUTES

RESOLVED that the minutes of the meeting of Health and Well-being Overview and Scrutiny Committee held on Tuesday, 27 June 2017, as circulated, be confirmed as a true record and signed by the Chair.

13. DECLARATIONS OF MEMBERS' INTERESTS

Councillors Jones and Rickerby both declared personal interests in relation to the 'Transforming Care for People with Learning Disabilities and/or Autism' agenda item, both of which were already declared on their register of interests forms.

14. 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 one additional item had been added to the Forward Plan since the agenda was published, but it was not within this committee's remit. 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.

15. HEALTH AND WELLBEING BOARD - MINUTES

Members had received a copy of the minutes of the Health and Wellbeing Board meeting that took place on 9 February 2017. (Copy enclosed with the official minutes as Appendix B.)

Clarification was provided that the minutes were presented for the scrutiny of any issues discussed at the Health and Wellbeing Board meeting, this committee was not responsible for agreeing any accuracy of the minutes.

RESOLVED that the information be noted.

REPORTS FOR CONSIDERATION BY SCRUTINY

16. REPORTS OF THE NORTHUMBERLAND CLINICAL COMMISSIONING GROUP

16.1 Extended Access to General Practice

With the agreement of the Chair, the agenda was reordered to firstly receive a presentation from Pamela Leveny, Head of Unplanned Care and Primary Care Development, Northumberland Clinical Commissioning Group (CCG). (Copy of

presentation and the report circulated with the agenda enclosed with the official minutes as Appendix D.)

Key details of the presentation included reference to details of the Primary Care Strategy 2015-20 and how maintaining a strong primary care service in Northumberland was critical to future success and a key focus of the vanguard had been to increase and refine in-hours access to GP services. All GP practices in Northumberland had been involved in a capacity and demand analysis in order to understand how their practices managed their workloads during the in-hours period of 8am - 6.30pm.

37 of the GP practices in Northumberland operated a direct booking access scheme. Key findings of a previous Vanguard consultation included that 93% of people were willing to see another GP, but expected to be seen the same day.

Details were provided of the Extended Access National Requirements: 45 minutes per 1,000 population; additional 1.5 hours per day; some weekend provision; bookable and same day appointments; delivery at scale across practices; ease of access; advertised to patients; effective connection to other system services: the aim was to meet the requirements by October 2017.

Potential implementation details were provided for the revised service which included seven clusters of services in the county: west Northumberland, south north Northumberland, Morpeth; Wansbeck; Cramlington, Seaton Valley and NPC; Blyth; north north Northumberland; and the Valens Group. This resulted in 243 hours of additional appointments, and increasing access seven days per week, Monday - Friday until 8pm.

Discussion followed of which the key details of questions from members and answers from officers were as follows:

- there were currently 42 GP practices in Northumberland; this had decreased from 46 in 2015 due to some mergers
- this work was about the extension of General Practice rather than walk-in services; the intention was to promote primary care as the principal intervention rather than accident and emergency walk-in, but A&E was still the right place for any urgent treatment
- some people attended A&E when they had long term conditions and they were thus not seeing their regular GP. Consideration was being given to people's attendance at A&E
- the proposals needed to be utilised by at least 75% otherwise they would not be value for money
- IT interoperability was very important so that clinicians could access patients' records, with permission, given the multiple accesses that people could use including A&E and out of hours services
- regarding a resident being advised that they needed to call back for an appointment on the day they wanted an appointment rather than booking one days in advance, members were advised that some practices had changed their access models. Some used the 'Doctor First' system or a mixture; the

doctor could call back to see if an appointment was needed or whether the patient should instead seek other support such as seeing a pharmacist

- a member expressed concern about one GP practice at which people had reported calling multiple times but been unable to get through by telephone, then by the time they got through were advised that no appointments were available that day and were asked to call back the next day. It was agreed that it would be helpful for members to receive a report detailing what GP practices were in their local area and the booking systems they operated
- a member referred to his local practice's change to a doctor call back system which had led to an increase in the number of patients being seen. Members were advised that some practices had chosen this format but it was not for the CCG to impose a particular model on each practice. the survey in which 93% of respondents said they'd see another GP had received a big response rate with 3300 people across the county participating. Many residents had acknowledged that if they wanted to see a particular GP, they might need to wait longer
- regarding arrangements for advertising and implementation, it was a tight timescale, with three months to plan and start by October, which included testing the system and discussions with patient groups. Over 30 practices in the county would be providing an extra 30 minutes appointments per 1,000 people, across seven clusters
- reference was made to the impact of missed appointments. Members were advised that a 'did not attend' (DNA) analysis would provide additional information; members were welcomed to suggest any information which they thought should be included in a future survey
- the difficulty in recruiting GPs to Northumberland might be affected by both the out of hours programme and other recruitment issues. Hopefully training programmes would assist; reference was made to recruit a further 10 GPs internationally
- a member suggested that recruitment would benefit from more promotion of Northumberland as a good place to live and work. It was noted that Northumberland had an older workforce and there was a common preference for being salaried GP rather than a partner with the associated liabilities
- with regards to promotion in universities of Northumberland as a place to work, reference was made to links with universities and a quota of funding available for addressing workforce issues. It was suggested to members that the report agreed to follow on the 42 GP practices could also include details about the recruitment and retention of GPs
- regarding whether any links could be arranged with the Scottish Borders, members were reminded that this was not possible as the Scottish NHS had different arrangements and contract requirements.

To conclude, the Chair thanked Ms Leveny for her presentation and it was:

RESOLVED that

- (1) the report and information be noted; and
- (2) a report be produced for a future meeting on details of the 42 GP practices in the county, what booking systems they operated, and information about GP recruitment and retention.

16.2 Transforming Care for People with Learning Disabilities and/or Autism

A presentation was provided by Kate O'Brien, Head of Commissioning, Learning Disability and Mental Health, NHS Northumberland Clinical Commissioning Group (CCG). (Copy of presentation and the report circulated with the agenda enclosed with the official minutes as Appendix D.) Alan Curry and John Young were also in attendance to contribute and answer questions.

Ms O'Brien referred to how Sir Simon Stevens had reported in 2015 on the lives of people who remained in hospital long term, leading to two publications, 'Building the right support' and 'Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition'. The focus was on avoiding possibly years in hospitals when patients could instead receive the right support in the community.

Nationally, six fast track area collaborations of CCGs, local authorities and NHS England specialised commissioners had been established in 2015. They had been provided with additional support to help them plan and implement change at greater speed in strengthening community services and reducing the reliance on inpatient beds. The North East and Cumbria were looking at a reduction of 50% of CCG commissioned beds and low secure beds and 25% of medium secure beds by 2020.

Previously, a greater number of children were resident in Northgate Hospital, which had much reduced. Currently, four people in Northumberland were in CCG assessment and treatment beds. Three young people had been in and out of hospital after demonstrating challenging behaviour, but following a programme they were now able to live in a community, making a huge impact on their lives. The young people had received good care over the years but had not been part of a community until recently, which had greatly assisted their quality of life.

In response to a question about the patients, it was confirmed that the service providers were CQC registered, so there was a risk assessment every time the individuals undertook visits. Their placements were regularly inspected. The patients' behaviour had worsened as a result of being inpatients, and their conditions and behaviour had improved through the right support being provided.

Members were advised that since 2015, only two people in Northumberland had gone into inpatient treatment, and all others were treated in communities using an enhanced community model. The CCG was one of few to identify routes for all patients due for discharge in the current year. Historically, there had been a large bed provision, but this was now down to 12 in Northumberland.

Members were further advised of work to recruit new care providers and the expertise that would be brought in through this process and expanding the current service. Members were advised of how the work had strengthened leading to all but two of the patients having short stays in hospital. There had been success with work on new

clinical need and positive behavioural support, and caseloads were being reduced where possible.

A member considered it was an excellent report but asked where any problems were and what gaps needed attention? Members were advised that challenges were being considered and mitigated and a report being taken to the regional health scrutiny committee about current gaps. A key challenge was to support people after their treatment and help them settle back into Northumberland.

Regarding the costs incurred from the service, members were advised that if interventions were undertaken early enough, it could reduce challenging behaviour and result in less funding to be required on subsequent support. The community support option was 50% cheaper than the inpatient facility.

In response to a query about any areas in which the County Council could help, members were advised that the services were fully integrated and no areas needed more support. There was a strong history of working together, and consideration could be given next to how other services like education, planning and housing could link in. Other areas had acknowledged how well the local authority and NHS worked together in Northumberland.

A member suggested that it would be helpful to receive a further report on children in transition and what to expect going forward, plus it was important to be an autistic friendly county being reflected in policies and procedures.

In response to a question, it was advised that if members had specific questions about the support for individual residents, they should raise them with officers outside of the meeting.

RESOLVED that

- (1) the information be noted; and
- (2) a further report on learning disability funding be requested for a future meeting.

17. REPORT OF THE INTERIM CHIEF EXECUTIVE

Northumberland, Tyne and Wear and North Durham STP Joint Health Scrutiny Committee

The purpose of the report was to ask members to consider the establishment of a Joint Health Scrutiny Committee involving all local authorities affected by the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan (STP) and any associated review proposals. (Report attached to the official minutes as Appendix E.)

Senior Manager (Policy) Stephen Corlett further introduced the report with reference to the scale of the STP, and the context, which included the need to make major changes to NHS services to achieve objectives which included challenging financial

targets. He noted that NHS planning arrangements were in a fluid state, and that it was possible that the current geographical “footprint” of the STP would be superseded by different arrangements.

A member indicated that she did not object in principle but as there was already a regional scrutiny committee, could such work not instead be arranged through that rather than creating a further layer of bureaucracy? Members were advised that this point had been raised but that other local authorities in the STP area were proposing to establish this new joint committee, and that if that was happening, the Council might wish to be part of it. The proviso had been included in the report that the Joint Committee would not be responsible for responding to developments which substantially affected only NHS services for people in Northumberland.

It was queried whether HealthWatch organisations might be able to play a part in such regional discussions? It was suggested that this could be raised by members when the Joint Committee first met.

In response to another question it was confirmed that bordering Scottish local authorities would not be included because the NHS in Scotland is a devolved function, and was not involved in the English STP process.

It was further clarified that each of the participating local authorities was taking a report on this matter through its respective overview and scrutiny committee in July, with a view to getting approval by each full Council in September, followed by the first meeting of the Joint Committee being anticipated to take place in October. Each local authority would nominate three members to sit on the Joint Committee. It was also noted that recommendations 1 - 3 also required ratification by full Council in September 2017.

RESOLVED that

- (1) agreement be given to the establishment of a Northumberland, Tyne and Wear and North Durham Joint Overview and Scrutiny Committee under the terms of the Health and Social Care Act 2012 to scrutinise the Northumberland, Tyne and Wear and North Durham (NTWND) STP and associated consultation and engagement plans, as set out in this report;
- (2) the proposed protocol, terms of reference and membership of the Joint Committee, as appended to this report; be agreed;
- (3) it be clarified that the powers of this committee will only be delegated to the Joint Committee in the case of proposals for changes to NHS services which would otherwise require NHS bodies to consult with more than one local authority, and that scrutiny of any proposals which materially affect only services in Northumberland are not delegated, even if they are included in the NTWND STP; and
- (4) Council be recommended to approve the above recommendations.

REPORTS OF THE SCRUTINY OFFICER

Ch.'s Initials.....

Health and Wellbeing Overview and Scrutiny Committee, 25 July 2017

18. Health and Wellbeing OSC Work Programme

Members received the committee's latest work programme. (Enclosed with the official minutes as Appendix F.)

Members were advised of recent changes to the work programme, including a proposal to hold a special, one item meeting on Tuesday 17 October at 10am to consider the final decision making report for proposed changes at Rothbury Community Hospital. The CCG's Executive Board would be considering the final business case at its meeting on 27 September, so the timing of the meeting on 17 October was proposed to enable all the necessary information to be ready in time for despatch with the agenda for the meeting. Further procedural and legal advice was being sought, but members were advised that if attending, they would need to commit to being able to stay for the whole meeting. Councillor Dungworth then submitted her apologies for this meeting as she had a conflict of interest.

Members were reminded that two additional agenda items had been requested earlier in the meeting to be added to the work programme.

Members were also reminded of the request at the previous meeting for some visits to be arranged to Northumbria Healthcare premises. It was suggested that these visits should take in community services, accident and emergency, care of the elderly, and maternity services. The logistics for the arrangements were currently being considered, and details would be circulated in due course.

RESOLVED that additional meeting date and changes to the work programme be agreed.

INFORMATION REPORT

19. 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.....

Health and Wellbeing Overview and Scrutiny Committee, 25 July 2017