

## **NORTHUMBERLAND COUNTY COUNCIL**

### **HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE**

At a meeting of the **Health and Wellbeing Overview and Scrutiny Committee** held in the Council Chamber, County Hall, Morpeth on Tuesday, 17 October 2017 at 10.00 a.m.

#### **PRESENT**

Councillor J. Watson  
(Chairman, in the Chair)

#### **COUNCILLORS**

Foster, J. D.  
Lawrie, R.  
Moore, R.  
Nisbet, K.

Rickerby, L.J.  
Seymour, C.  
Simpson, E.

#### **OFFICERS**

L. Henry  
J. Roll  
S. Nicholson

Legal Services Manager  
Democratic Services Manager  
Scrutiny Co-ordinator

#### **ALSO IN ATTENDANCE**

A. Blair	Clinical Chair, NHS Northumberland Clinical Commissioning Group
S. Young	NHS Northumberland Clinical Commissioning Group
K. Scott	Save Rothbury Community Hospital Campaign Group
S. Bridgett	Local Councillor: Rothbury
D. Edwards	Northumbria Healthcare NHS Trust
S. Holmes	Northumbria Healthcare NHS Trust
J. Rushmer	Northumbria Healthcare NHS Trust
M. Elliott	Healthwatch
D. Thompson	Healthwatch

Approximately 60 members of the press and public were also in attendance.

#### **27. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors S. Dungworth and C. Horncastle.

## 28. ROTHBURY COMMUNITY HOSPITAL

The Chairman welcomed those present and advised that the Committee would consider a report from the Democratic Services Manager which clarified the role of the Committee in scrutinising the decision NHS Northumberland Clinical Commissioning Group (“the CCG) taken at its Joint Locality Executive Board meeting on the 27th September 2017, taking into consideration the background information and evidence, the results of the consultation and the financial and operational implications. The decision, to permanently close the 12 bed inpatient ward at Rothbury Community Hospital and shape existing services around a Health and Wellbeing Centre on the hospital site, was regarded by the CCG as a ‘substantial variation’ to the provision of health services within the county of Northumberland, (Report enclosed with the signed minutes as Appendix A). The following documents had also been circulated to the Committee for their consideration:

- (1) Draft Minutes of the Public Joint Local Executive Board Meeting held on Wednesday, 27 September 2017. (Copy enclosed with the signed minutes as Appendix B).
- (2) Proposed Changes at Rothbury Community Hospital - Decision Making Report from the NHS Northumberland Clinical Commissioning Group. (Copy enclosed with the signed minutes as Appendix C).
- (3) Save Rothbury Community Hospital Campaign Group - Response to the proposed changes at Rothbury Community Hospital. (Copy enclosed with the signed minutes as Appendix D).

In addition, the Chairman reported that he had agreed to a request from the Save Rothbury Hospital Campaign Group to include an additional redacted document for members consideration, which provided the Group’s analysis of the Decision Making Report from the NHS Northumberland Clinical Commissioning Group. (Copy enclosed with the signed minutes).

The Chairman set out the process for determining the issue at the meeting as follows:

- Presentation and address Katie Scott, coordinator of the Save Rothbury Hospital Campaign Group
- Address by Councillor Steven Bridgett Local Member
- Presentation from Northumberland Clinical Commissioning Group
- Questions from Committee Members to the CCG
- Points of clarification from the speakers (Mrs Scott and Councillor Bridget)
- Consideration of the Report of the Democratic Services Manager
- Discussion and consideration of evidence presented by members of the committee
- Vote and decision

Katie Scott, Save Rothbury Community Hospital Campaign Group gave a presentation to the Committee in response to the proposed changes at the hospital. A copy of the presentation is included with the minutes as Appendix 1.

The Committee received the presentation without seeking to clarify any of the points made in it.

Councillor Steven Bridgett gave a presentation to the Committee in support of referring the matter to the Secretary of State for Health. A copy of the presentation is included with the minutes as Appendix 2.

He stated that he hoped that no deals or agreements had been reached behind closed doors and that the senior political leadership of all parties had not encouraged or directed their members to follow a path supporting the NHS Northumberland CCG. The Chairman assured him that members had a free vote based on the evidence presented to them at the meeting.

The Committee received the presentation without seeking to clarify any of the points made in it.

Dr Alistair Blair and Stephen Young, NHS Northumberland CCG gave a PowerPoint presentation outlining the proposed changes at Rothbury Community Hospital following public consultation. A copy of the presentation is enclosed with the signed minutes.

The presentation set out the reasons why change was initially considered; sequence of key events; consultation and assurance; evidence for change; financial decision; future proofing; impact on other services; potential winter impact, and the Health and Wellbeing Centre. The financial pressures facing the NHS and the national direction of travel of providing more care at home through Sustainability and Transformation Partnerships were essential considerations in proposing the changes.

At the completion of the presentation, members asked questions and sought clarification on a number of issues arising from it. The main points were:

- In response to a question seeking an assurance that the Health and Wellbeing Centre would come to fruition, Dr Blair confirmed that there was a firm commitment from the NHS Northumberland CCG that the proposed Health and Wellbeing Centre would be developed on the Rothbury Community Hospital site. Services would develop over time and the views of the local people would be sought, but it was envisaged that it would become a hub for health services including the relocation of GPs to the site and an IT infrastructure which would enable the provision of Virtual Clinics. Discussions were also ongoing regarding the provision of a Macmillan nurse who would be located at the centre.
- A member asked why there had been no consultation on the temporary suspension of the 12 beds in September 2016, Dr Blair confirmed that that

was an operational decision by the NHS providers and as such, would not normally be subject to consultation.

- With regard to members' concerns that the Committee were not consulted prior to the commencement of the consultation on the permanent removal of the 12 beds, Mr Young responded that there was no meeting of the Committee in December, the Overview and Scrutiny Committee did not meet on its scheduled date in January 2017 and he reported the position as soon as he was able to do so when the Committee met on 28 February 2017. He confirmed that the Committee were not involved in determining the preferred option for consultation. He also advised the Committee that the CCG had not detailed the planned facilities at the proposed Health and Wellbeing Centre in the consultation document as they wished to seek the views of local people, but confirmed that its potential use was a key part of that exercise. Dr Blair confirmed that had he been able to come to the Committee earlier, he would not have been in a position to provide any more information to the members than he did in February and therefore he felt it would not have changed the outcome of the consultation.
- In response to a question asking why members were not given details regarding the Health and Wellbeing Centre at the Committee on 27 June 2017 when this issue was discussed, Dr Blair reported that that information was not available as no decisions on its use had been made at that time. Indeed, the operation of the centre had still to be fully defined. This would be developed over a period of years, but he was keen that the site would continue as a health facility. Changes would depend on the needs of the population in the area.
- A member referred to the consultation on "option 5" and asked why it did not include the four other options. The Committee were advised that the CCG did not consider the other options viable and sought to make clear in the consultation that option 5 was the preferred and viable option, making the exercise open and fair.
- The Chairman noted that the outcomes of the comprehensive survey revealed that the majority of respondents were not in favour of the proposals and asked how the decision was then made to remove the 12 beds. He was advised that the Joint Locality Executive Board which was made up of GPs (locality Directors), health care professionals and finance and management officers in Northumberland from the North, West, Central and Blyth took account of the fact that the proposals did not have public support but determined that the proposal was in the best interests of health care services in Northumberland given the financial constraints facing the NHS. The decision was taken unanimously on the totality of the evidence without political pressure.
- A member referred to the figure given in the presentation that 8.4% of people over the age of 65 in Rothbury were in bad or very bad health and asked whether that actually represented residents of Rothbury or if it included those living in the surrounding areas. She further suggested that it would have been clearer to use actual numbers of residents rather than a percentage

given the relatively small community compared to other areas of the county. She also noted that the figures were from 2011 and wondered whether more recent figures were available. Dr Blair reported that he was unable to confirm whether the figure referred to Rothbury or included the surrounding area, but reported that the data was the most up to date available provided by Public Health England.

- Dr Blair confirmed that respite care was not funded by the NHS, although some respite care was provided at Rothbury Community Hospital by Northumbria NHS Healthcare Trust, it was privately funded. However, end of life care which required daily medical treatments would be provided, but this was not classified as respite.
- A member asked about the impact on other health services in Northumberland since the 12 beds at Rothbury had been withdrawn. Dr Blair confirmed that he would have anticipated an increase on resources at Cramlington Hospital or on the community nursing service, but reported that there had been no such impact. He further reported that he had received no complaints from service users during that period.
- A member referred to a study undertaken by the University of Leeds on Community Hospitals. Dr Blair stated that the report had not yet been published, however he had spoken to the lead author who had indicated that their findings suggested that the community hospital model had shown to be successful, although the larger community hospitals had been more successful than the smaller facilities. The study focused on a wide range of bed base of up to 249 beds with an average of 30 beds.
- A member asked about nursing home provision in the Rothbury area. Dr Blair reported that the NHS did not fund nursing homes, but confirmed that there was no such provision in the Coquet Valley. Private providers did not consider such a provision commercially viable in that area, citing the need to have between 50 and 70 beds to be so. He stated that the nearest nursing home to Rothbury was located in Alnwick. There was capacity for respite care at that home.
- A member referred to Katie Scott's assertion that, although the NHS Northumberland CCG decision making report refers to respite provision being available at Rothbury House no enquiries had been made with the management there. Mr Holmes, Northumbria Healthcare NHS Trust advised the Committee that enquiries had been made regarding the availability of respite care at Rothbury House by the County Council's Commissioning Team and confirmed that private provision was available there.
- A member referred to the draft minutes of the JLEB meeting (Appendix B in the committee papers) which stated that a funding application would be made to secure Macmillan funding for the first three years, if the inpatient ward was to close permanently and asked what would happen if the funding was not granted. Dr Blair gave a commitment that that funding would be provided in either event.

- A member asked about the involvement of Healthwatch in the process. Mr. Young reported that Healthwatch were an independent body and had been consulted on the proposals and had attended meetings of this Committee when the issue had been discussed. They had been fully engaged from the outset, had hosted focus groups and carried out their own survey. Their report formed part of the feedback report.

On the completion of the presentations, the Democratic Services Manager presented her report (Appendix A in the committee papers) and outlined the key issues which members needed to consider prior to determining the recommendations contained therein and the options open to the Committee, commenting that should a referral be made to the Secretary of State, substantial and robust reasons had to be provided.

The Chairman sought assurance that the Committee had had the opportunity to consider all the evidence provided to them regarding the NHS Northumberland CCG's decision to permanently close the 12 beds at Rothbury Community Hospital and to shape services around a Health and Wellbeing Centre on the hospital site. He was reassured that that members had considered the engagement and consultation process and feedback, the key findings from the decision making report produced by the CCG and the analysis provided by the Save Rothbury Community Hospital Campaign. He then referred to the documentation provided, the presentations given and the responses to members questions and asked the Committee to confirm that they had received enough information from the speakers to make their decision. They confirmed that they had.

He then requested that the Committee vote on the following:

- (a) **Are you satisfied that consultation with this Committee in relation to the proposed changes at Rothbury Hospital has been adequate in relation to the content and the time allowed?**

The Committee voted as follows:

Yes: 2 votes

No: 5 votes

Abstention 1

- (b) **Do you consider that this proposal would be in the best interests of the health services within Northumberland?**

The Committee voted as follows:

Yes: 2 votes

No: 5 votes

Abstention 1

The Chairman stated that if the matter was to be referred to the Secretary of State for Health, the Committee had to state their reasons for doing so.

With regard to (a) above, members stated that the Committee should have been consulted on all the options prior to the public consultation, which began on 31 January 2017, but not reported to the Committee until 28 February 2017. This would have made the whole exercise more transparent, particularly as the Committee would have been involved in the process of rejecting, or otherwise, the options which were not included in the consultation. They also noted that three members of the Committee were not elected to the Council during the consultation period (the County Council elections being held on 6 May 2017), so could not have been involved in that process, giving them little time to consider all the issues.

With regard to (b) above, members stated that they did not have enough information regarding the service offer at the proposed Health and Wellbeing Centre on the hospital site, to make an assessment on whether it would benefit the whole of Northumberland. Members also referred to the general health figures of the over 65 population of Rothbury, contained in the NHS Northumberland CCG presentation, and expressed concern that they were from 2011, therefore making it difficult to assess future needs. Overall, they believed that the data provided by the NHS Northumberland CCG in their presentation was not robust enough to persuade them that the proposals would not have a detrimental impact on health services in Northumberland.

The Committee then voted on whether to refer the proposals to the Secretary of State as follows:

Yes: 5 votes  
No: 2 votes  
Abstention 1

**RESOLVED** that, for the reasons stated above, the proposals be referred to the Secretary of State for Health on behalf of the Council.

Chairman \_\_\_\_\_

Date \_\_\_\_\_





### **Statement made to the Committee by Katie Scott, Save Rothbury Community Hospital Campaign Group**

Thank you for allowing me to speak this morning.

From what I understand of this meeting your Committee will be scrutinising two things.

**Firstly**, whether the proposal to close our beds has been properly processed by the CCG, and

**Secondly**, whether it is in best health interests of the public.

#### **I'd like to begin by talking about the CCG's Consultation with the Scrutiny Committee**

The CCG did not consult your Committee before 2<sup>nd</sup> September 2016 when it suspended the use of the beds. This suspension was a 'substantial variation' of the health services in the area.

In **December** the CCG decided to consult the public on the permanent closure; this is another 'substantial variation', **but again the CCG did not consult this Committee.**

Public consultation began in January for three months, **the CCG did not formally consult this Committee before or throughout that period.**

The law seems clear. Surely at all of these stages the Scrutiny Committee should have been consulted? It seems to us that you have been ignored.

On June 27<sup>th</sup> the CCG asked this Committee merely **to note** that public consultation had taken place. No scrutiny.

I believe that today is the first opportunity in over 14 months for you to fully examine the proposal to take away our beds.

#### **So, what exactly was the basis upon which the CCG went to public consultation?**

The CCG said:

- It would save £500,000 a year in nursing staff salaries,
- Only fifty percent of the 12 beds were in use, and
- There is a national drive to treat more patients at home.

I'd like to talk about these claims.

- **The alleged saving of £500,000.**

Only days before the consultation document was issued the CCG's Board received a financial report which showed that the maximum saving would be £310,000.

**In fact, the Campaign Team has established that the saving would actually be little or nothing.**

In June the £500,000 was described as *the overall cost of running the hospital*. **This too was untrue.** The January report showed that to be £680,000, **not counting** the annual PFI payment.

Now it is claimed that, if the beds are closed, the CCG will be able to transfer £500,000 out of its annual deficit.

This transfer was actually done **before** the final decision was taken by the Board to close the beds.

- **CCG's statistics about bed use.**

The BMA states that community hospitals run most efficiently with an average bed use of 85%.

Therefore, on average, 10 of the 12 beds at Rothbury should be in use.

2014/15	66%	8 beds in use
2015/16	53%	7 beds in use
2016/17	CCG figures based on 5 months before autumn and winter. Plus FOI reveals the beds were being run down.	

The future of our beds is, then, to be decided on an underuse of only about two or three beds.

**Is such an underuse for only two years in the 113-year history of the hospital a sufficient reason to close all of the beds - forever?**

The Campaign Team **know** that some patients were refused admittance to Rothbury either because

of unawareness of its existence by staff elsewhere, and/or

because of restrictive admission criteria.

Once the GPs are there they will be better able to supervise the admissions and running of the ward.

- **National drive to treat patients at home.**

Of course, we agree that many people would rather be at home than in a hospital bed. We are sure that in many cases this **is** the most appropriate and healthier place. People, with a strong and healthy partner and have children to help care for them would agree. Most people, with good nursing care assistance and quality carers also. And clearly it can be a better alternative to a rehabilitation bed.

For some. Sometimes. But not always.

What about the many, often frail and elderly, people who live alone?

Who live in a very isolated area?

Or those who have elderly partners who may not be in the best of health themselves?

What about those nearing the end of their life, such as a dearly loved and highly respected Rothbury resident who is – right now - stuck miles away in another hospital for his end-of-life care? His partner suffering ill health, memory issues, cannot drive, cannot visit him. She is despairing.

So what about our vulnerable people?

And – it has to be asked - why has the national drive to treat patients at home not affected the other community hospitals in Northumberland? They are all overstretched!

### **The consultation itself.**

Our Campaign has established that the process was defective in a number of ways.

There are NHS rules on ward closures, one of them is that the public has a say. The new 5<sup>th</sup> rule states that, before underused wards can be closed, a CCG **must prepare a credible plan to improve performance without affecting patient care**. Northumberland CCG has not prepared any plan at all or produced any estimates of cost.

An Equality Impact Assessment should have been prepared **before the start of consultation**. The CCG produced theirs on 11th September this year. **Equality issues were never considered at any stage of the development of the proposal.**

A **Travel Analysis** was promised during the consultation period, but was not produced until July.

Because these essential aspects of consultation have been left to the last minute, **and produced after the consultation period**, the public have had no opportunity to comment on them.

Important Board meetings have been held but minutes not made public. It has been a real struggle to get information and we have had to resort to making numerous Freedom of Information requests.

The Decision-Making report may look impressive but it is full of inaccuracies. For example, it has raised the diversion of respite care and stated that Rothbury House is available.

We know, however, that **no enquiries were even made with the management there.**

Had they been, it would have learnt that the facilities there are primarily for RAF and other service personnel and also that they do not include nursing care. Similarly the comment about the Getabout service – this is primarily for people who need to get to a health related appointment. Not for hospital visitors.

**Does the Committee feel that the proposal to close the beds would be in the best interests of the health service in Northumberland?**

The Campaign Team believe that nobody gains from the proposal to close the beds. But the patients lose, the community of Coquetdale loses, the loved ones living away, believing their parents and grandparents live in a caring community lose - not only for now, **but for ever**.

But the CCG is not concerned about the future. It has ignored the fact that future development in Alnwick, Morpeth, Amble and Rothbury will increase health demands. It has also ignored the projected increase in the aging population

**Let us consider what we have, and what we could be about to lose.**

The hospital provides excellent patient accommodation and care.

Each patient has a single room with en suite facilities. This provides privacy where a patient can rest, recover, and sleep undisturbed. All really very important to the wellbeing of the patient. And – so importantly – for end of life care.

Risk of infection is low, unlike open wards.

It is better for patients to be in familiar surroundings and near to their families and friends. Loved ones can easily and frequently call. If people are church goers, their own priests, chaplains and vicars can visit, at whatever time they are needed.

Hospital **is** often the best place for rehabilitation. Our ward is particularly suited to end-of-life care.

Look – we have a fabulous opportunity now to make a fully integrated facility in our wonderful hospital building - with a GP surgery, 12 'Homeward Bound' beds and palliative care Rooms for community nurses, a paramedic, and social services and the continuation of existing clinics.

We hope upon hope that this will be the outcome today.

We want the members of the CCG to change their minds and agree to **make our hospital the best community hospital in not just the North East – but in the whole of England. Why it could be a beacon for an understanding and caring NHS!**

However, if we are to be disappointed by the CCG again, then we ask that the Scrutiny Committee will agree that the CCG's proposal is NOT in the best interests of the of the health service in Northumberland. And that the Scrutiny Committee HAS NOT been adequately consulted.

We also ask you to refer the matter to the Secretary of State and the Independent Reconfiguration Panel.

We ask that you consider actioning Judicial Review proceedings against the CCG.

Thank you, Cllr Watson, and all of the members of the Scrutiny Committee.

Thank you for allowing the Save Rothbury Community Hospital Campaign Team the time to make our arguments known to you.



### **Statement made to the Committee by Stephen Bridgett, Local County Councillor: Rothbury**

Mr Chairman, members of the Health Overview Scrutiny Committee, thank you for this opportunity to address you all here today regarding the closure of Rothbury Community Hospital.

It was a struggle to write what I wanted to say today. Neither of the two earlier drafts of this speech felt right.

They did contain the facts and figures that Katie has already eloquently presented, and I will talk about these later on, but first I wanted to come here today and try to get across to you all how passionate myself and my community are about Rothbury Community Hospital and its future.

I realised I could only do this by talking about something that I have not talked about for five years and by talking about someone very close to my heart.

People who know me well know that I very rarely talk openly about family and, when it comes to conveying emotion, I tend to avoid public displays.

So please bear with me as this is not going to be easy for me. This will be the most difficult speech I have given but the future of Rothbury Community Hospital is worth it.

Like so many of the people I represent, I have a personal connection to Rothbury Community Hospital.

Quite ironically, five years ago this very week, I lost one of the most important and influential people in my life.

My grandmother, the woman who brought me up, quietly and peacefully passed away in Rothbury Community Hospital on the 20th of October 2012.

My Gran had been slowly deteriorating with age over several years. We could have pursued the easy option of putting her into a nursing home but my family, collectively, took the decision that she had cared for all of us over many decades and that it was only right that we cared and looked after her now that she was unable to look after herself.

So, in consultation and with the support of our local doctors and district nurses, my Mam and aunties took it in turns to care for her. They did a remarkable and first class job! We could not have done it, however, without the support of all of the staff at Rothbury Community Hospital.

Had it not been for their assistance and support over the years and through her various illnesses, we would have lost Gran much sooner.

I hated seeing my Gran ill, mainly because I was powerless to do anything about it. There is no worse a feeling in my view than the helplessness of being incapable of making your

loved ones well again.

Thankfully, the highly skilled team at Rothbury Community Hospital could do what we could not. They worked tirelessly to make her feel better, or at the very least, to make her comfortable when little else could be done.

During the latter stages of her life, Gran spent time at several of the larger hospitals in our region. Whilst her stays there, and the care she received, was to a good standard, there were always instances where things were overlooked, such as the time she was sent home with the cannula needle still in her arm. No great fault of the staff but you did come to appreciate just how overworked our nurses and doctors are, when the pressure could easily have been relieved by our community hospitals.

We never had any issues like that at Rothbury. Gran would be so well looked after and cared for, you would sometimes forget that she was 91 and had so much of her body failing her.

It came to a point, however, where Gran could not go on. Her body had failed her and, even with the support of our doctors and district nurses, we could no longer give Gran the care she needed at home as her life came to end. It is quite ironic that the Alistair Blairs of this world now think, with no extra staffing and no extra funding, that this type of care can be offered in the home. I can state from experience that this is unequivocally wrong.

I don't know if any of you have spent time caring for a loved one whose life is coming to an end but it is a 24 hour job and, contrary to what Alistair Blair and his CCG team espouses, cannot be just done during the hours of 9 to 5.

My Gran went into Rothbury Community Hospital for what would be the last time. Her organs had begun shutting down and we knew she had reached a point where all that could be done was to make her comfortable and pain free.

She was placed on the Liverpool Care Pathway, following advice and recommendations from our doctors and the staff at Rothbury Community Hospital.

I can remember the day she passed away vividly, a mild Saturday, the leaves dropping from the trees and the fresh smell of Autumn in the air that cools the back of your throat when you breathe in.

I didn't like visiting Gran in the Hospital. I didn't like seeing the woman who had been such an influential part of my life unable to speak and barely able to communicate with her family and loved ones.

I had to go though as I knew it would be the last time I would get to see her. I went into Rothbury Hospital that day at around 3pm. The staff, who knew me as this was our community hospital, knew I wasn't my usual talkative self; they didn't say a word, they just left me to go in and see her.

I caught a glimpse of her and had to stand at the door for a few moments to gather myself. I sat next to her bed and whispered in her ear that I was there. She squeezed my hand. I spent the afternoon with her. It meant a huge amount to me that she was being cared for by the staff at Rothbury Community Hospital who knew us all so well. At 25, I'd been lucky.



I'd never experienced the death of someone so close before. Losing my Gran was one of the most difficult times of my life and something I still have difficulty talking about now. It would have been so much more difficult to deal with had we had to lose her in a place and amongst people who did not know us at all.

I say to you all now with certainty that, had it not been for the care and dedication of the staff at Rothbury Community Hospital, I truly believe that we would not have had those extra years with Gran and her loss would have been something I would have had to manage at a much younger age.

My Gran's story is one of so many stories of how Rothbury Community Hospital has been at the heart of our community for more than 100 years. The hospital has helped and supported thousands of families.

It is this type of care and dedication that seems totally lost on the managers of the Clinical Commissioning Group and the Northumbria Healthcare Trust.

They don't appreciate it. I truly believe that they no longer have the ability to see the magnificent respite and end of life care that this hospital and its staff have offered the people and the families that I have the privilege of representing.

We are no more than numbers on paper to the CCG and the budgetary headings with accompanying figures that can only be described as dubious at best.

I know how this system works. I've been on this council for nearly ten years. I've seen how the game is played; I've played it myself on more than one occasion.

I would like to believe that every member of the committee sat here today has a free vote on this matter. It is my hope that no deals or agreements have been reached behind closed doors and that the senior political leadership of all parties has not encouraged or directed their members to follow a path supporting the CCG here today.

As councillors, you all know that we are so often criticised for the decisions to cut services that are made within County Hall. So often the ordinary member of the public fails to realise that we are having to make these cuts as a direct result of decisions that are taken by central government to cut funding or cut certain programmes.

More often than not, we are powerless to stop or prevent those cuts and loss of services. And we very rarely get the opportunity to refer something back to the decision makers at central government who initiated those cuts in the first place.

This committee has that power! You have that power!

You could choose today to support and ratify the decision of the Northumberland Clinical Commissioning Group and remove the 12 beds from Rothbury Hospital. A decision that has been taken contrary to more than 5,000 residents, not just from the Rothbury Division but from Longhorsley, Otterburn, Alnwick, Longframlington and Shilbottle.

In a consultation that only ever really proposed or considered the one option of removal and did so based on figures and statistics that have been proven to have been engineered

for the purposes of justifying closure.

Or, you can choose to put this decision back in the hands of the government, Jeremy Hunt and our MP, Anne-Marie Trevelyan.

Make no mistake, Rothbury is only the beginning. Ask yourselves why The Clinical Commissioning Group and Northumbria Healthcare Trust are already a month behind in reporting back to the residents of Berwick on the options regarding the new Berwick Hospital and its future.

Ask yourselves why a ward closure has already taken place at Blyth Hospital and why further cuts are being considered.

Why are high profile meetings already taking place with senior staff regarding the future options for services at Alnwick Infirmary?

The CCG don't want you to be aware of this just yet, at least not until they can reach a conclusion on Rothbury, because that is how you devour a whale - one bite at a time. It is far easier for the CCG to pick off services in each of our communities one by one than to take all of our communities on collectively.

As members of this committee, you have an opportunity here today to do the right thing. You have the opportunity to potentially correct a bad and ill-informed decision that will remove yet another service from my community.

After the meeting here today, I will also be writing to the chair of our audit committee and requesting an investigation and, if necessary, the external auditing of the figures contained within CCG closure report. The CCG figures are not based on any discernible data within their report nor do many of the figures add up which I believe was the intention.

The Save Rothbury Community Hospital Campaign Group has provided you with a very comprehensive and fully researched report into many of the claims made by the Northumberland Clinical Commissioning Group. Not only have they clearly proven that many of the claims made by the CCG are false but, with the limited data that the CCG has been prepared to provide via a Freedom of Information Request, they have been able to bring into question many of the figures that have been asserted by the CCG.

The report before you is very clear. It sets out the options for referral of this decision to the Secretary of State and I believe you have been provided with sufficient data and information to challenge the assertions of the CCG on several of the referral criteria set out within Appendix A.

I implore you all to defend our NHS and stand up for Rothbury Community Hospital, otherwise this will not be the last time the closure of healthcare services will be in front of this committee, only next time it could very well be in one of your communities.

I urge referral of this decision to The Secretary of State.

Thank you for your time today.