

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Health and Wellbeing Overview and Scrutiny Committee** held in Committee Room 1, County Hall, Morpeth on Tuesday, 15 May 2018 at 2.00 pm.

PRESENT

Councillor Watson J.
(Chair, in the Chair)

COUNCILLORS

Dungworth SE
Nisbet K

Simpson E
Seymour C

OFFICERS

Little L
Morgan E
Robinson E

Democratic Services Officer
Director of Public Health
Senior Public Health Manager

ALSO IN ATTENDANCE

Coe J
Fletcher P
Gillvarry E

Hill G
Landes D
Majid N
Orange M

Patton R

Robson T
Young S

Northumbria NHS Foundation Trust
NHS England
Northumberland, Tyne & Wear NHS
Foundation Trust
Northumberland County Councillor
Public Health England
NHS England
Northumberland, Tyne & Wear NHS
Foundation Trust
Northumberland, Tyne & Wear NHS
Foundation Trust
NHS England
NHS Northumberland Clinical
Commissioning Group

Press/Public : 2

1. MEMBERSHIP AND TERMS OF REFERENCE

Details were provided of the Membership and Terms of Reference which had been agreed by Council at their meeting on 2 May 2018.

RESOLVED that the information be noted.

2. APOLOGIES FOR ABSENCE

The Chair advised that unfortunately there was a meeting clash between this Committee and another Council meeting. Apologies were received from Councillors Cessford, Foster, Horncastle, Rickerby and Jones.

3. MINUTES

RESOLVED that the meeting of the Health and Wellbeing OSC held on 16 January 2018, as circulated, be approved as a true record and signed by the Chair with the following amendments:-

Page 3 references to Mr Neil should read Mr Neilson.

Page 11 - reference to County Orders should be deleted and replaced with Community Treatment Orders.

A sentence to be included stating that Committee Members had not been consulted on the change to the timing of the meetings.

4. FORWARD PLAN OF KEY DECISIONS

Members received the latest Forward Plan of key decisions (enclosed with the official minutes as Appendix A) and were advised that this Committee would consider the Accommodation with Support Strategy on 5 June 2018 and not 15 May as stated.

RESOLVED that the information be noted.

5. HEALTH AND WELLBEING BOARD - MINUTES

The minutes of the Health and Wellbeing Board meeting held on 8 March 2018 were presented for the scrutiny of any issues discussed at those meetings. (Copies enclosed with the official minutes as Appendix B.)

RESOLVED that the information be noted.

REPORTS FOR CONSIDERATION BY SCRUTINY

6. RE-PROCUREMENT OF PRIMARY CARE SPECIALIST ORTHODONTIC PROVISION

A presentation on the re-procurement of primary care specialist orthodontic provision was provided by T Robson, P Fletcher and N Majid from NHS England and D Landes, Public Health. A copy of the presentation would be filed with the signed minutes. The background to the decision to re-procure the provision was outlined and how inequalities in access across the North East and Cumbria would be reduced to ensure that each of the Local Authorities across the area had a local provision of orthodontic services based on need rather than historical provision. The Committee was advised

that the re-procurement exercise was only in relation to existing time limited contracts and other provision would continue. The methodology of assessing need was outlined and Members advised that the proposal was to procure two contracts within Northumberland, one for Central Northumberland (e.g. Ashington) and the other in East Northumberland (e.g. Alnwick) with a North Northumberland outreach (e.g. Berwick). No change was proposed to the existing orthodontic provision, GDS contracts would remain in Morpeth, Amble, Blyth, Alnwick, Ashington and Hexham with Northumberland patients also able to access the service within Cumbria if they lived on the border.

In response to a question in connection with the level of after-school appointments that would be available the Committee was advised that there would be a requirement included in the tender documentation to deliver a certain level of out of school hours appointments which providers would need to comply with these. Balancing the level of need with accessibility for patients was a challenge in rural areas like Northumberland however the provider would need to ensure that premises were in a suitable location which was accessible by various means of transport at an affordable cost.

It was clarified that a good level of oral hygiene was required before orthodontic treatment could be carried out due to the increased oral hygiene regime associated with this kind of treatment, however treatment could be offered at a later date if the level of oral hygiene improved. It was acknowledged that information provided to patients on possible ongoing costs associated with orthodontic treatment should be made clear at the outset as the orthodontic provider was only responsible for the aftercare for 12 months following the cessation of the treatment. In respect of the difference between the current patient capacity commissioned for Northumberland highlighted on the table and the proposed it was clarified that the current figure included GDP patients and further figures would be provided on the breakdown to ensure clarity for Members.

RESOLVED that the information be noted.

7. DENTAL SERVICES IN COQUETDALE

A briefing note (attached to the signed minutes as Appendix C) had been provided to update the Committee on the progress with the engagement process being undertaken to inform the future provision of dental services within the Coquetdale area. In respect of the patient letter and survey it was reported that 780 responses had been received. It was confirmed that a further update would be provided at the meeting on 5 June.

RESOLVED that the information be noted.

8. ENGAGEMENT ABOUT A POSSIBLE INTEGRATED HOSPITAL AND LEISURE DEVELOPMENT FOR BERWICK

Stephen Young from NHS Northumberland Clinical Commissioning Group provided a presentation (copy attached to the signed minutes) giving an initial

overview of the feedback received during the recent engagement in Berwick. The background to the current situation was provided including the reasons why proposals were paused, the scope of the engagement, the proposals for an integrated model and site options. The key themes that had emerged from the engagement were:-

- Services - it was considered that some services in Berwick had been lost since the opening of the Specialist Emergency Care Hospital in Cramlington.
- Increasing Services at Berwick - i.e. diagnostic/screening
- Transport - the lack of bus services from communities to the different sites and the difficulties encountered in travelling to Cramlington/Newcastle for outpatient appointments early in the day.
- Cost of development - the availability of the original budget was questioned.
- Site Options - following engagement a further possible site had been identified at Seaton Hall.

A full feedback report would be made public once it had been considered by the Clinical Commissioning Group's Governing Body.

Councillor Hill read a statement from a member of public which advised of concerns over the engagement's promotion; the way in which data had been collected; the sites offered and the lack of an option to have a stand alone hospital on the current site; the lack of reasons given for the delay; and that the loan provided for the previously approved stand alone hospital should not be used to subsidise leisure facilities. A full copy of the statement would be filed with the signed minutes.

Councillor Hill acknowledged that there was a difference in the opinions of residents, dependent on the area in which they lived, where the new facility should be provided and that some communities were not in favour of a joint facility. She advised that this was a big issue for residents due to the travel times for residents in the area having to attend appointments at Cramlington or Newcastle just to get results and there were also concerns regarding the timing of patients being discharged.

Mr. Young clarified that the current site of the hospital had been a site option given to residents during the engagement process.

Members of the Committee considered that joint facilities were the way forward as there was a correlation between activity and health and more preventative work should be done to encourage general health and wellbeing. They also commented that the engagement process had been extensive and well delivered with the community being aware of events which had been well attended.

RESOLVED that the information be noted.

**9. JOINT REPORT OF THE DIRECTOR OF PUBLIC HEALTH,
NORTHUMBERLAND COUNTY COUNCIL AND DEPUTY CHIEF
OPERATING OFFICER, NORTHUMBERLAND TYNE AND WEAR NHS
FOUNDATION TRUST**

Further to a Member question at Council on 3 January 2018 it had been agreed that a report would be provided to this Committee about issues related to methadone prescription, specifically in relation to the length of time people were kept on methadone; whether methadone had been linked to suicide; and the commercial interests of companies by continuing to have people kept on methadone. The report (attached as Appendix D) to the signed minutes also provided information regarding the evidence related to opiate substitute therapy (OST) and clinical guidance about this; the approach taken to this therapy; and the wider treatment and recovery support and benefits provided by the specialist substance misuse service in Northumberland. A powerpoint presentation was also provided a copy of which would be filed with the signed minutes.

Councillor Hill addressed the Committee stating that whilst she appreciated the work that had been carried out in providing the report, it did not allay her concerns that the wide use of methadone was benefitting pharmaceutical companies rather than the users who should be at the centre of any treatment programme. She advised she had met with a group of service users of the Northumberland Recovery Partnership (NRP) in Berwick with their concerns being reported as follows:-

- They felt they were being kept on a methadone treatment programme for longer than was necessary with titration being exceptionally slow.
- If they were both drug and alcohol dependant then they had to choose which addiction would be treated.
- They considered there was a lack of psycho-social intervention and were unhappy at the lack of emotional challenge from professionals as this type of intervention was previously available face to face four days per week from Escape Family Support, as well as via a Clinical Psychologist prior to NRP taking over the contract.
- The April timetable for activities at NRP advised that the centre was only open for sessions on two days per week – Wednesday and Friday with the Recovery Centre closed on Monday, Tuesday and Thursday.
- The sessions offered on the two open days were a 1.5 hour mutual aid meeting on Wednesday and on Friday there was a community lunch, walking group and weekend recovery. These group activities were problematic for a number of service users due to contact with peers which often undermined the individual's desire to move away from old/existing friendships in order to make a fresh start with less temptation.
- There was often a lone working issue whereby there was no access for clients if there was only one person working in the centre and the provision of telephone support was not adequate.

Members were advised that whilst direct contact by the group had been made to Councillor Hill, Officers had also met with them and would take some points back to the Northumberland Recovery Partnership (NRP). It was also clarified that the timetable only showed the group sessions and that one to one and telephone support was available five days a week.

In response to a question regarding referral to the service it was confirmed that there were a number of ways to be referred to the service including self-referral. The Committee was informed that it was important that the correct therapeutic dose was given for each person, titration was a quick process and that many service users whilst on methadone continue to have jobs and work successfully. It was not possible to report on the average length of time patients were on a methadone prescription as data was not collected in this way due to the number of treatment episodes/relapses and it was of no clinical benefit. In relation to any link between methadone usage and suicide, Members were advised that a review into the number of deaths of patients receiving methadone treatment had shown that most were due to an accidental overdose of drugs and were not suicide.

Members advised that they welcomed and commended the report provided on the methadone programme and were satisfied with the commissioning of the service by Public Health on behalf of the Council. In line with the terms of reference for the Committee and in order to allow monitoring of the programme it was requested that an annual report be brought to this Committee.

RESOLVED that the information be noted and an annual report be brought to this Committee on Substance Misuse (inclusive of services commissioned).

11. PRIMARY CARE APPLICATIONS WORKING PARTY

The Terms of Reference of the Primary Care Applications Working Party were attached as Appendix E to the signed minutes. Membership of the Working Party would be the Chair and Vice-Chair of the Health and Wellbeing Overview and Scrutiny Committee with Councillor S Dungworth also volunteering. A request would be made for one other Conservative Member to join.

RESOLVED that the information be noted.

12. HEALTH AND WELLBEING OSC WORK PROGRAMME

The Health and Wellbeing OSC Work Programme was attached to the signed minutes as Appendix F.

RESOLVED that the information be noted.

13. POLICY DIGEST

Members were advised of the availability of the latest policy briefings, government announcements and ministerial speeches which might be of interest to Members, which was available on the Council's website.

14. FUTURE MEETINGS

The dates of future meetings of the Committee was provided for information. It was noted that two additional meetings had been included in the timetable following agreement of dates by Council.

CHAIR _____

DATE _____