

## **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 Wednesday, 26 March 2019 at 1.00pm

#### **PRESENT**

Councillor Watson, J.  
(Chair, in the Chair)

#### **COUNCILLORS**

Armstrong, E.  
Cessford, T.  
Dungworth, S.

Hutchison, I.  
Moore, R.  
Simpson, E.

#### **COUNCILLORS ALSO PRESENT**

Hill, G.

#### **OFFICERS**

M. Bird  
C. McEvoy-Carr

Senior Democratic Services Officer  
Executive Director of Adult Social Care  
and Children's Services

#### **ALSO IN ATTENDANCE**

V. Bainbridge

M. Cotton

D. Nugent

L. Quinn

H. Ray

C. Riley

D. Stephen

S. Young

NHS Northumberland Clinical  
Commissioning Group

North East Ambulance Service NHS  
Foundation Trust

Healthwatch Northumberland  
Northumberland, Tyne and Wear NHS  
Foundation Trust

Northumbria NHS Foundation Trust

Northumbria NHS Foundation Trust

North East Ambulance Service NHS  
Foundation Trust

NHS Northumberland Clinical  
Commissioning Group

17 members of the public and one member of the press were also in attendance.

## **70. MEMBERSHIP**

At the invitation of the Chair, members and officers introduced themselves. It was then noted that Councillor Hutchinson had replaced Councillor Seymour on the committee. It was also Councillor Armstrong's first meeting since being reappointed to the committee.

## **71. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors Jones, Nisbet and Rickerby.

## **72. MINUTES**

**RESOLVED** that the minutes of the Health and Wellbeing OSC held on 5 March 2019, as circulated, be approved as a correct record and signed by the Chair.

## **73. FORWARD PLAN OF KEY DECISIONS**

Members received the latest Forward Plan of key decisions (enclosed with the official minutes as Appendix A). No items listed were due for pre-scrutiny by this committee; clarification was provided about the items listed in the document and which overview and scrutiny committees would be considering each one.

**RESOLVED** that the information be noted.

## **REPORTS FOR CONSIDERATION BY SCRUTINY**

### **74. WHALTON UNIT - UPDATE**

A presentation was provided by Helen Ray, Chief Operating Officer of Northumbria NHS Foundation Trust. Key details included how the Whalton Unit had temporarily relocated as a unit to ward 8 at Wansbeck General Hospital on 19 December 2018. The move was to ensure adequate staffing to cope with the expected increase in demand over the winter months as the unit had faced significant recruitment issues for both nurses and doctors. Being based within Wansbeck helped the Trust provide a stronger level of cross-cover and support to the Whalton team making the workforce more resilient and flexible. It was easier for inpatients to access other hospital services such as diagnostic tests. A transport solution was in place for relatives who found it difficult to get to Wansbeck.

Teams had settled in very well and the recruitment situation was improving. Staff experience session with the ward team in February for emotion mapping to identify how staff were feeling about the temporary move. Healthwatch and the local campaign group had observed this session. Early on the Trust had recognised further work was needed to ensure the environment for patient care was developed further to improve access specifically to gym and multi-disciplinary meeting facilities – they were committed to doing this and worked closely with the ward team

throughout. Family and friends of Morpeth patients were using the transport scheme although numbers were low; the ward team was organising this. Details of real time patient experience were also provided at the meeting. For the next steps, an internal review was underway to look at staff and patient satisfaction, travel time for relatives, staffing and finance. The Trust's board would discuss this review at the end of March 2019.

Members then raised a number of issues for which the key details and points from responses were:

- copies of such presentations should preferably be received by members in advance of meetings
- some residents had expressed concerns about the transparency of the process through which the Trust appeared to making changes, with reference to decisions relating to Morpeth, Berwick and Blyth
- clarification was required about the Trust's approach to this development; a previous update to this committee had covered how the Whalton Unit temporarily relocated due to staff shortages and safety requirements, whereas part of this presentation focused on a new way of working? Was it thus driven by an operational need or to provide better care elsewhere?

Members were advised that this presentation was to provide an interim update on the temporary move to Wansbeck, as had been requested. The update focused on the reasons for the move and any findings about the operation so far at Wansbeck. Officers did not know what the Trust's board would decide shortly about the future of the unit, which had to be considered through proper governance channels. Furthermore, the Clinical Commissioning Group (CCG) had not yet been advised of any proposals by the Trust; it would not simply be the case of a decision being taken at the end of the month. The presentation also covered the feedback received from staff and patients so far.

In response to other questions members were advised of the following:

- the impact on Rothbury residents, who would have to travel further to Ashington than they would to Morpeth, would be taken into account. The impact on all areas, not just Morpeth, would be considered in the travel analysis
- a full range of options was being considered; any such decision making had to go through a CCG process
- it was incorrect to refer to the temporary move as a 'closure'; it was a temporary relocation which closed no beds, so was different to the Rothbury case. It was using a ward at Wansbeck which had previously been empty
- regarding the recent recruitment of three qualified staff to the temporarily relocated base, they would be based wherever the unit was located. Replying to whether the new staff would be prepared to relocate, members were advised that the staff might not have been recruited without the current move, but retaining them was a separate issue. The Whalton Unit at Morpeth had been small and didn't provide much opportunity for staff. There was a regular staff turnover
- if the Trust decided to make a permanent change, they would need to write to the CCG proposing details of their next steps, after which a broader discussion would be required

- the Whalton Unit had always had bed vacancies; if it did move back to Morpeth, the Wansbeck ward would close, but the same number of beds would be retained wherever the service continued
- 50% of the bed usage was by people from the Morpeth area
- regarding whether dignity/noise was an issue in the open ward at Wansbeck compared to the individual rooms used at Morpeth, members were advised that some patients had indicated that they preferred not to be in single rooms. Staff helped the ward enjoy a quiet environment
- patients had reported that they felt engaged with the care package provided. Staff clearly explained matters
- taxis were provided for people who needed such transport
- regarding why staff experience was considered better through being employed to work at a different unit, staff had reported feeling safer at Wansbeck as they had more back up support from other medical staff. If a patient's condition deteriorated at night time, staff could easily get a doctor to attend the ward. This helped with safety requirements for registered nurses.

The Chair thanked Mrs Ray and Mrs Riley for their attendance. He confirmed that if another fuller report was required in due course, the committee would undertake further appropriate scrutiny.

**RESOLVED** that the update be noted.

## 75. QUALITY ACCOUNTS

Members were advised that a Quality Account was a report about the quality of services offered by an NHS health care provider. Northumberland's practice in recent years had been for Health Overview and Scrutiny Committee to receive presentations at its March meeting annually on the Quality Accounts/Future Priorities of local NHS Foundation Trusts. This year, representatives of Northumbria NHS Foundation Trust and Newcastle Hospitals NHS Foundation Trust had attended the committee's previous meeting on 5 March 2019, and representatives of North East Ambulance Foundation Trust and Northumberland, Tyne and Wear NHS Foundation Trust were presenting to this meeting.

The committee was requested to receive and comment on the presentations from each Trust and also agree to submit a formal response to each Trust following the meeting based on members' views.

### **(a) North East Ambulance Service NHS Foundation Trust Quality Priorities 2018/19 Update and 2019/20 Proposals**

A presentation was provided by Debra Stephen, Deputy Director of Quality and Safety of the North East Ambulance Service. (Copy of presentation enclosed with the official minutes of the meeting.) Key headlines and details of the presentation included:

2018/19 Priorities Update:

- Priority 1 - Early recognition of treatment of sepsis: activities included staff training, details of tools used by the Trust, compliance with national early warning scores, sepsis audit results
- Priority 2 - Cardiac arrest: improving survival rates, the availability and use of Community Public Access Defibrillators (CPADs), the rates for the return of spontaneous circulation, improving response to patients over 65 years of age with non-injury falls, the falls pilot at North Tyneside, Community First Responders
- Priority 3 - Falls: to lead an event with key stakeholders to look at how to develop a regional approach to patients over 65 who fell without obvious injury to improve patient experience
- Priority 4 - Mental health: introducing a three year mental health education programme, a mental health strategy and mental health screening tool.

#### 2019/20 Priorities:

- Cardiac arrest - continue to build on this work
- Frailty - raise awareness with staff and review frailty assessment in the pre-hospital setting
- Mental health - continue with developing the strategy and education programme
- Patient safety - keeping improving through the Just Culture programme
- Care of patients with dementia - continue to improve by implementing their strategy and patient and carer engagement in shaping 'always events'
- End of life care work - continue to improve, look at the dedicated transport service, data and conveyance.

Detailed discussion followed of which the key details of questions from members and answers from Ms Stephen and Mr Cotton were:

- the numbers of defibrillators in communities mentioned were those that the Trust had been advised about, which they logged in their records
- clarification would be provided to committee members by email after the meeting about the number and location of defibrillators in County Hall
- the Trust's advice to private business was to locate defibrillators outside of their buildings to ensure easier access for Trust staff
- regarding why ambulance response times had not been covered in the presentation, especially given that the Trust had given many updates to the committee in the past, members were advised that these were mandated targets. The priorities detailed at this meeting were the ones which the Trust had the freedom to choose. The Trust had undertaken modelling into what needed to be done to meet the new standards. The Trust was the only one in the country meeting its C1 targets - visiting the scene on average within seven minutes and achieving 90% for attending within 15 minutes. Rotas were being reviewed and staff continued to be recruited; hopefully the full establishment of staff would be achieved by summer 2019. The Trust needed the share of paramedic to non-paramedic staff to move from the current 50 - 50 split to nearer 60 - 40
- in reference to why national communications had been released that stated that strokes were not considered an emergency, Mr Cotton advised that he had raised these concerns at a national level, and other overview and scrutiny committees had also raised with NHS England, who set the standards. The Chair welcomed that NEAS also shared these concerns, and

asked that a letter be sent to NHS England about the committee's view that strokes should be upgraded in their classification. Members were advised that NHS England did advise to act fast when somebody was suffering a stroke, but the ambulance response had to be proportionate, for example a cardiac arrest was more serious. The new standards from 2022 would require the target for a patient was delivered into a specialist stroke unit within 150 minutes, not just the time for the ambulance to arrive at the scene, which focused more on the treatment of the patient as well as the speed of response

- members were advised that the CCG continued to monitor ambulance response times monthly by the Clinical Management Board, which would raise any concerns with the CCG governing body
- in connection why the Trust set local sepsis targets if the Trust was judged on national targets, members were advised that this year was the first occasion that local targets had been assessed. Work took place with all acute trusts to identify patients with sepsis. The national early warning score was 7, but the regional threshold was level 5, which also took into account patients' symptoms of confusion. It helped re-alert hospitals and led to a higher level of data as more people were referred
- a member noted that no alternative response teams were based in Northumberland, but they would have value as Northumberland had many isolated communities. NEAS were happy to look into how this could be organised, and also detailed the investment in Community First Responders
- noting that some issues had local targets, others would not be appropriate, such as C1 calls
- following a request for details, the 16 new Community First Responders were trained in basic assessment skills and equipment to help people up off the floor whilst a call was made for further help
- replying to a question for information about the recruitment of ambulance drivers, training for staff was one of the Trust's priorities. The Trust had improved from a 25% vacancy rate to having one of the lowest in the country. The Trust had missed its recruitment target by six paramedics, but the overall recruitment levels were on track and due to be met by early summer 2019
- ambulance response times were now measured differently; extra staff were needed to help achieve the required targets. Targets were now categorised from 1 to 4 and were all national standards. Targets could be challenging for rural areas due to the distances involved, but ambulances called to rural areas were also less likely to be diverted to more urgent cases than in urban areas due to the sparser population in rural areas. The CCG had also requested comparable data but it was difficult to provide this yet. The CCG had not however identified any correlation between the improvement in response times and extra staff resources
- members were advised that the fire service's trialling as first responders had not continued due a national situation regarding a legal challenge from the Fire Brigade Union
- members would welcome the receipt of additional information about the increase in Community Public Access Defibrillators (CPADs) across the county as this could be provided by postcode; details would be circulated after the meeting

- members welcomed efforts made to encourage people to not call 999 when a visit to a pharmacist would suffice
- the volume of repeat hoax callers was low. People who did call regularly were identified and work took place with the police, GPs, mental health and social services to assist. Liaison also took place with the police regarding any abusive callers
- NEAS had been involved in a national project to identify common issues and make improvements. Similar themes had often arisen, and best practice was shared.

A member drew attention to two emergency visits that she had been involved with for a family member recently and thanked NEAS for their timeliness and excellent support on both occasions.

Ms Stephen and Mr Cotton were thanked for their attendance and it was:

**RESOLVED** that the information be noted and the committee's views on the Quality Account be confirmed in writing to the North East Ambulance NHS Foundation Trust.

#### **(b) Northumberland, Tyne and Wear NHS Foundation Trust Quality Account 2018/19**

A presentation was provided by Lisa Quinn, Executive Director of Commissioning and Quality Assurance, Northumberland, Tyne and Wear NHS Foundation Trust. (Copy of presentation enclosed with the official minutes of the meeting.) Key headlines and details of the presentation included details of progress made on priorities:

Progress against the 2018/19 quality priorities:

1. Improving the inpatient experience
2. Improving waiting times
3. Embedding the principles of Triangle of Care
4. Embedding Trust values.

Priorities for 2019/20:

1. Improving the inpatient experience (to continue as a quality priority)
2. Equality, diversity and inclusion
3. Evaluating the impact of staff sickness on quality
4. Improving waiting times (to continue as a quality priority).

Members welcomed the content of the presentation including the proposed priorities. Ms Quinn was thanked for her attendance. Reference was made to the work and assistance that NEAS had contributed through their work addressing sickness absence. It was also confirmed that two Northumberland representatives would be attending NTW's full launch event for their Quality Account on 11 April.

Following this it was:

**RESOLVED** that the information be noted and the committee's views on the Quality

Account be confirmed in writing to the North East Ambulance NHS Foundation Trust.

Ms Quinn was thanked for her attendance. Following this it was:

**RESOLVED** that written responses be sent to the North East Ambulance NHS Foundation Trust and Northumberland, Tyne and Wear NHS Foundation Trust about the committee's views on their quality accounts and future priorities.

## **76. REPORT OF THE SENIOR DEMOCRATIC SERVICES OFFICER**

### **Health and Wellbeing OSC Work Programme**

Members considered the latest version of the committee's work programme. (Work programme enclosed with the official minutes as Appendix C.)

As it was coming to the end of the council year, members were requested to draw attention to any issues that they considered not fully addressed during 2018/19. Some issues would need to continue to be addressed during 2019/20, including dentistry in Coquetdale and Hadston, Rothbury Hospital, Berwick Hospital and the themed scrutiny review about organisations contributing to health and wellbeing in Northumberland.

One additional item to add to the 30 April meeting was a debrief on NHS services during winter 2018/19.

The work programme for 2019/20 would be presented to the next meeting on 30 April. Items would include the regular annual updates on complaints/compliments, welfare rights, the annual report of the Director of Public Health and safeguarding adults. Updates would also be provided on issues including end of life care and specialist substance misuse services.

**RESOLVED** that the updated work programme be noted.

## **77. INFORMATION REPORTS**

### **Policy Digest**

The report gave details of the latest policy briefings, government announcements and ministerial speeches which might be of interest to members. It was available on the service finder element of County Council's website at [www.northumberland.gov.uk](http://www.northumberland.gov.uk).

**RESOLVED** that the information be noted.

## **78. URGENT BUSINESS (if any)**

### **Berwick Hospital**



The Chair explained that he was allowing some urgent business. He explained that currently the committee had no reports to scrutinise on either the Whalton Unit, Berwick or Rothbury hospitals. When updates became available and Northumbria Trust produced reports the committee would scrutinise them. This committee did not have the power to open or close hospitals, but could refer some matters to the Secretary of State if necessary.

Claire Riley, Director of Communications and Corporate Affairs for Northumbria Trust had provided an update about the Berwick hospital situation to the committee's last meeting and then written a very clear update to the campaign group about the next steps; copies of this letter had been circulated to all members of this committee. However this could not be debated fully until the Trust provided a full report. However the Chair had agreed to a request from a local Berwick county councillor to provide an urgent update about further information about the Berwick situation. He would not however be allowing any debate at this point.

The member then spoke about how the committee should not pre-empt any future services, but that a report should be provided and robust scrutiny undertaken into all aspects of the healthcare provided and the previous consultation undertaken. Members were aware that it had previously been agreed to develop a joint hospital/leisure development which was then dropped due to the scale of public opinion against it. The Trust was retaining responsibility for the development in house. Residents were supportive of building a new development on the current site, but had been told that it was not suitable. However the alternative site identified, Seton Hall, had now been taken out of consideration due to sewerage matters. Concerns were felt that such u-turns would lead to suspicion, delay or even the amount allocated not being spent on Berwick. Concern was expressed that funding had instead been spent on cladding replacement, and the campaign group needed an urgent update to be provided.

Mrs Riley then responded to clarify that the statement about Seton Hall was incorrect. The statement about cladding was also not true; remedial work had been undertaken on the walls. The amount of funding announced for Berwick would only be spent on the new hospital development due to be built there. A broader discussion about the development would follow but a number of other processes needed to be completed first. Mr Young added that whilst the process was currently ongoing, it couldn't be debated until the committee received details of all the facts involved.

The Chair added that Healthwatch would continue to keep a watch on feedback received from residents about his issue.

**RESOLVED** that the update be noted.

**CHAIR** \_\_\_\_\_

**DATE** \_\_\_\_\_

