

Minutes of the Public Joint Locality Executive Board Meeting
Wednesday 27 September 2017, 11.00am
Corn Exchange, Morpeth Town Hall, Morpeth

Present

Vanessa Bainbridge (VB)	Accountable Officer (Chair)
Alistair Blair (AB)	Clinical Chair
Siobhan Brown (SB)	Chief Operating Officer
Hilary Brown (HB)	Locality Director - North
Frances Naylor (FN)	Locality Director - Blyth
David Shovlin (DS)	Locality Director - West
John Warrington (JW)	Locality Director - Central
Mike Robson (MR)	Chief Finance Officer
Annie Topping (AT)	Director of Nursing, Quality and Patient Safety
John Wicks (JWi)	Transformation Director

In Attendance

Janet Guy (JG)	Lay Member - Chair
Karen Bower (KB)	Lay Member - Patient and Public Involvement
Steve Brazier (SBr)	Lay Member - Audit Committee
Paul Crook (PC)	Governing Body Secondary Care Doctor
John Unsworth (JU)	Governing Body Nurse
Rachel Mitcheson (RM)	Head of Commissioning – Community Services
Stephen Young (SY)	Strategic Head of Corporate Affairs
Melody Price (MP)	Business Support (minutes)

VB welcomed members of the public to the NHS Northumberland Clinical Commissioning Group (CCG) Joint Locality Executive Board (JLEB) formal decision making meeting regarding proposed changes at Rothbury Community Hospital. VB explained that the CCG fully recognised that this was an emotive issue for local community and that Rothbury Community Hospital was valued. VB explained that the meeting was being held in public but was not a public meeting, so there would be no opportunity for questions from the public. VB stated that Katie Scott (KS) would give a brief presentation on behalf of the Save Rothbury Hospital Campaign Group.

VB explained that JLEB were the voting members of the meeting and that the Governing Body (GB) members were present to provide additional scrutiny and assurance to the CCG's process. Introductions were made.

JLEB/17/138 Agenda Item 1.1 Apologies

There were no apologies.

JLEB/17/139 Agenda Item 1.2 Declarations of Conflicts of Interest

There were no declarations of interest

JLEB/17/140 Agenda Item 1.3 Quoracy

The meeting was quorate.

JLEB/17/141 Agenda Item 2 Rothbury Community Hospital

SY and RM presented the key aspects of the Rothbury Community Hospital decision making report, published in September 2017. SY explained that JLEB and GB members had been involved prior to and throughout the consultation process.

After previously deciding to consult on 'Option 5 The permanent closure of the 12 inpatient beds and shape existing services around a Health and Wellbeing Centre on the hospital site' SY asked JLEB to now consider and decide on one of the following courses of action:

- Re-open the inpatient ward at Rothbury Community Hospital
- Re-open the inpatient ward at Rothbury Community Hospital and develop a Health and Wellbeing Centre on the hospital site ('Coquetdale Cares – The Community's Vision' submitted by the Save Rothbury Hospital Campaign Group during the consultation)
- Permanently close the inpatient ward at Rothbury Community Hospital and shape existing services around a Health and Wellbeing Centre on the hospital site at Rothbury

SY explained that no final announcement would be made until after Northumberland County Council's Health and Well Being Overview and Scrutiny Community had considered the CCG's decision today at a meeting, held in public, on 17 October 2017.

KS thanked JLEB for the opportunity to speak at the meeting and addressed the meeting on behalf of the Save Rothbury Hospital Campaign Group. A full transcript of KS's address is in Appendix 1.

VB stated that JLEB and GB needed to be satisfied and assured by all the facts presented, and consider the impact of the proposals on the local and wider healthcare economy in Northumberland before making a decision. She then invited questions from JLEB and GB

JW asked if the inpatient ward had been used as extensively as it could have been before the closure. AB stated Northumbria Healthcare NHS Foundation Trust (NHCFT) and all GP practices had used the inpatient ward when appropriate but that only a certain level of care was available at the hospital and therefore other hospitals, with enhanced levels of care, were used when clinically appropriate. The inpatient ward had been used to care for a very small numbers of patients and due to medical advances there was now less of a requirement for the level of care that had been provided by the inpatient ward, as much of this was now being provided in the community.

PC stated that when he had visited Rothbury, his impression was that the model of care in the community was different to what was provided in other areas. PC asked if a model of care that is successful in other community hospitals (i.e. Haltwhistle War Memorial Hospital) could be used in Rothbury. AB explained that Haltwhistle War Memorial Hospital had a larger NHS bed base (fifteen beds) on the first floor with private flats on the ground floor which were supported by social services if required. The model was successful as it served a larger

DRAFT – To be ratified by the Joint Locality Executive Board on 25 October 2017

population catchment area. AB stated that Alnwick Community Hospital also served a bigger population, ran regular clinics, had consultant presence, and provided day surgery services. AB further explained that the Rothbury population catchment area was not large enough to provide the levels of care similar to Haltwhistle and Alnwick.

JG stated that JLEB needed to be assured that they fully understood if there had been any significant health consequences as a result of the closure of the inpatient ward. AB explained that all GP practices in the North had been contacted about the impact of the closure and had confirmed that they were unaware of any adverse health consequences. There has been no evidence of increased admissions/re-admissions to the Northumbria Specialist Emergency Care Hospital (NSECH) and NHCFT continue to monitor. Community and Social Services and the North East Ambulance Service (NEAS) were unaware of any significant health consequences and continue to monitor. AB stated that no complaints had been received, no Serious Incidents (SIs) or Significant Learning Events had been reported, and no issues identified from the Friends and Family and PALS data. AB acknowledged that the closure of the ward could have resulted in some individual families having to travel further to visit patients in other hospitals, but no adverse clinical consequences had been identified.

FN stated that equity of access to healthcare services across Northumberland was important and highlighted that other localities, such as Cramlington, did not have a community hospital. FN explained that transport is not just a rural issue but was pleased that the report had acknowledged and responded to the issue. FN stated that she was pleased that access to respite care beds was being provided by Rothbury House as well as the proposed expansion of the Macmillan specialist nurse team to support community nurses, if the inpatient ward was to close permanently. FN stated that she was concerned about the availability of Macmillan nurses across Northumberland. AB agreed that equity of access to healthcare services was important for both rural and deprived areas in the county but explained that at times services varied due to the particular nature of the environment they operated in.

HB asked if JLEB felt assured about the provision of end of life care in the community for Rothbury and the surrounding areas had that the temporary suspension had not adversely affected the capacity of community services. AB explained that he had received feedback from NHCFT's Community Managers that there had been no adverse impact on the district nurses/community teams since the closure of the ward, due to the low numbers of people previously receiving palliative care at the hospital.

JU stated that the CCG had in previous years decommissioned palliative care beds at Charlotte Straker in Corbridge and asked why the beds had been decommissioned, and were there any lessons to be learnt? DS explained there was a national drive to support people to die at home and that palliative care was now predominately provided in the community. DS stated that the 4 palliative care beds at Charlotte Straker were decommissioned in 2015 following only 50% occupancy. DS stated that there had been no increase in people dying in an acute setting and only a slight increase in number of people being cared for in their own homes at end of life. No adverse consequences for patients have been reported as a result. DS explained that there was therefore local evidence that appropriate levels of community based end of life care in a rural setting can be delivered after inpatient palliative care services have been stopped. AB stated that, due to the low numbers of patients requiring end of life care in Rothbury and the surrounding area, it would be extremely difficult to try and secure third party provision in the area.

KB asked if the cost of the proposed additional Macmillian nurse (£48k) would be taken out of the £500k saving. MR stated that the block contract with NHSFT had been reduced by £500k

DRAFT – To be ratified by the Joint Locality Executive Board on 25 October 2017

for 2017/18 following the temporary suspension of inpatient services and that the £48k would reduce the level of potential savings in future years. However a funding application would be made to secure Macmillan funding for the first three years if the inpatient ward was to close permanently.

MR stated that, while the block contract had been reduced, the cost saving could not be realised in recurrent terms whilst the inpatient beds were suspended awaiting a decision on the future of the ward. MR explained that the CCG was in special measures due to its financial position and that every investment decision was being closely scrutinised by NHS England (NHSE).

SB stated that, while the CCG was in special measures due to its financial situation, it was important that JLEB remembered that the Northumberland health economy had providers rated 'outstanding' by the Care Quality Commission, and that primary care provision had recently been ranked the 5th out of over 200 CCG's nationally. While JLEB needed to be ever mindful of the financial situation, as a clinically led organisation, it should be assured that the right decisions are being made for Northumberland patients and that, whenever possible, services are designed with input from local people.

HB asked how the proposed Health and Wellbeing Centre would be developed if approved? RM explained that the Health and Wellbeing Centre would build on existing services in a staged approach. A multi-agency working group, including the local community, would be established. VB stated that the CCG would want local people to co-design the centre with a focus on reshaping services to deliver a holistic approach to care that served more local people, and reduced both the need to travel to services further away and future hospital admissions.

JW stated that the consultation feedback report said that people wanted more physiotherapy appointments at Rothbury Community Hospital but that it had not been mentioned in the decision making report. AB explained that the physiotherapy sessions at Rothbury were not currently fully utilised but NHCFT were planning to increase physiotherapy activity until all the sessions are full, and then consider expanding to additional days.

SB asked for an update regarding the Leeds study into the effectiveness and efficiency of intermediate care. AB stated that the Leeds study was due to be published shortly, possibly in the British Medical Journal, and that he had not received the final report. AB explained that the study was a wide ranging analysis of 13,500 community hospital beds across 450 provider units, average size of 30 beds. AB stated that in terms of optimal size, the initial results indicated economies of scale, suggesting that larger units are more efficient than smaller units.

DS asked if JLEB could be assured that the closure of the inpatient ward would not have a negative impact on the system during a winter flu outbreak? AB explained that if a patient was acutely unwell it would not be appropriate to treat them in a community hospital. AB said that the number of beds that could be made available, and the levels of care that could be delivered in Rothbury, meant that reopening would have little or no overall effect in times of winter surge.

AT confirmed that there had been no complaints, SIs, Significant Learning Events or issues identified from the Friends and Family and PALS data regarding quality of care as a result of the closure of the inpatient ward. AT asked if any other information regarding quality of care (clinical or non-clinical) needed to be considered. VB stated that extensive investigation into

DRAFT – To be ratified by the Joint Locality Executive Board on 25 October 2017

any significant health consequences had been undertaken during the last 12 months with all providers, which had provided JLEB with assurance throughout the process. AT asked about the possible impact on social care. AB stated that social care considerations need to be set in the county-wide context and noted that large areas of rural Northumberland do not have community hospital inpatient beds. He further said that social care provision had not experienced any noticeable additional pressure since the temporary closure.

JG asked if the CCG had the resources to facilitate the proposed Health and Wellbeing Centre multi-agency working group? MR stated that the working group would effectively be normal business for the CCG and would be delivered within current resource. VB explained that a project manager would be appointed and NHCFT were committed to providing nursing and operational management support. FN expressed concern about developing a substantial project in Rothbury that could then not be rolled out to other areas. AB explained that this was about reshaping current services to meet the local needs and that, at times, local variations were required, depending on local needs. SB explained that the CCG was seeking to deliver system transformation across the health economy in Northumberland.

JU noted that the report outlined a number of alternative dispositions. JU stated that he would like assurance that JLEB would adhere to Principle 4 of the NHS constitution 'The NHS aspires to put patients at the heart of everything it does', whilst considering the proposed options. AB stated that JLEB had considered Principle 4 of the NHS constitution in the consultation and decision making process, but noted that the NHS constitution focused on planned care. AB explained that there was a difference between emergency care and planned care but also that a key consideration is the delivery of care that is the most clinically appropriate for the individual.

AB stated that JLEB needed to remember that they were making a decision on an issue in one community, and that the CCG was responsible for balancing resources across the whole health economy in Northumberland. AB highlighted the ongoing workforce issues within the whole health economy and the importance of providing safe affordable care.

VB reminded JLEB that each member only had one vote to cast (10 votes in total) and asked JLEB to vote on one of the following courses of action:

- Re-open the inpatient ward at Rothbury Community Hospital. SY confirmed no votes received
- Re-open the inpatient ward at Rothbury Community Hospital and develop a Health and Wellbeing Centre on the hospital site ('Coquetdale Cares – The Community's Vision'). SY confirmed no votes received
- Permanently close the inpatient ward at Rothbury Community Hospital and shape existing services around a Health and Wellbeing Centre on the hospital site at Rothbury. SY confirmed 10 votes received

Decision JLEB/17/141/01: JLEB unanimously agreed to permanently close the inpatient ward at Rothbury Community Hospital and shape existing services around a Health and Wellbeing Centre on the hospital site at Rothbury.

VB stated that no final announcement would be made regarding Rothbury Community Hospital until Northumberland County Council's Health and Well Being Overview and Scrutiny Community had considered the CCG's decision at a meeting held in public on 17 October 2017.

DRAFT – To be ratified by the Joint Locality Executive Board on 25 October 2017

JLEB/17/142 Agenda Item 3 Any other business

There were no items for discussion.

JLEB/17/143 Agenda Item 4 Date and time of next meeting

25 October 2017, 0900, County Hall, Morpeth.

Appendix 1: Katie Scott, Save Rothbury Hospital Campaign Group, address transcript.

DRAFT

Save Rothbury Hospital's words to the Joint Locality Executive Board at the decision making meeting on Wednesday 27th September 2017, Morpeth Town Hall.

Thank you for giving me the opportunity to speak. As you know, I am speaking on behalf of virtually the whole of Coquetdale. I am speaking on behalf of the well over 5000 people who have signed the petition asking you to reopen the ward.

Every person who responded to your consultation was against the closure. *Every single response you received.* Coquetdale is absolutely united in our desire for the beds to be reopened. We need the ward for end-of-life care and for rehabilitation.

We have had several meetings with you over the last year. At the beginning, you in particular, Alistair, seemed to listen and take on board our concerns. You appeared to be genuinely seeking a solution that would satisfy us all.

But something changed, didn't it? Your stance hardened.

In the meantime, up and down the country, the headlines screamed – *Community Bed Closures, A&E Closures, Maternity Provision closures..* on and on. We joined in with many other campaigns and heard the same stories over and over. Not the story you tell us – the one that everyone wants to die at home or in a hospice – not the story that care in the community is infinitely better. The stories we hear from the people fighting closures are all about lack of credible evidence and manipulated statistics.

But we want to believe that you are honourable men and women and that you genuinely do want to do the best for the healthcare of people in North Northumberland and Coquetdale. As you know, we have had meetings with NHS Improvement and NHS England who very kindly gave us a lot of time and information. We note that Tim Kelsey, National Director of Patients and Information at NHS England says "*We must put citizen and patient voices at the heart of every decision we take in purchasing, commissioning and providing services*".

And so, we see from your decision document, that there are now to be **three** alternatives for the vote today. (Yet the community was only given the one option – the permanent closure of the ward).

The Team met to discuss your document and we decided to read this opening out of options as a very positive move. We became very optimistic.

We now feel this must mean that you have really listened to the Community, you **have** taken note of all the responses you received, and you have come to the belief that there really IS a future for our in-patient ward.

We are delighted that you appear to be taking note of Principle 4 of the NHS Constitution:

NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers. Patients, with their families and carers where appropriate, will be involved in and consulted on all decisions about their care and treatment. The NHS will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services.

The people of Coquetdale have told you what they want for their care. We need a local facility for inpatient services. We await your decision to re-open the beds immediately.

You would not be the first CCG in recent weeks to reverse your decision to close wards – and we are quite sure you won't be the last.

We will work with you to ensure that it works for the benefit of all – for the CCG, the NHS, the Community, the nurses, the doctors, the paramedics, the hospital staff, and most of all, for the patients. We look forward very much to the opportunity to work together for the benefit of everyone.

Thank you.

Katie Scott

Co-ordinator, Save Rothbury Community Hospital Campaign