

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, 21 November 2017 at 10.00am.

PRESENT

Councillor J. Watson
(Chair, in the Chair)

COUNCILLORS

Dungworth, S.E.
Foster, J. D.
Horncastle, C.W.
Lawrie, R.

Moore, R.
Nisbet, K.
Rickerby, L.J.
Seymour, C.

ALSO PRESENT

Jones, V.

Roughead, G.

OFFICERS

V. Bainbridge

Director of Adult and Community Care
Services

M. Bird

Senior Democratic Services Officer

ALSO IN ATTENDANCE

J. Coe

Northumbria Healthcare NHS Trust

D. Edwards

Northumbria Healthcare NHS Trust

K. O'Brien

NHS Northumberland Clinical
Commissioning Group

D. Nugent

Healthwatch

R. Patton

Northumberland, Tyne and Wear NHS
Foundation Trust

M. Taylor

NHS Northumberland Clinical
Commissioning Group

S. Young

Northumberland Clinical Commissioning
Group

Two members of the public were also in attendance.

29. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Simpson.

30. MINUTES

RESOLVED that the following meetings of the Health and Wellbeing OSC, as circulated, be approved as a true record and signed by the Chair:

- (a) 3 October 2017: subject to being amended to include Councillor Seymour's apologies, which had been submitted for the meeting;
- (b) 17 October 2017: subject to the deletion of two typographical errors on pages 3 and 6.

31. FORWARD PLAN OF KEY DECISIONS

Members received the latest Forward Plan of key decisions (enclosed with the official minutes as Appendix A).

Members were advised that two additional reports had been added to the Forward Plan since the agenda for this meeting was published, but neither issue was within this committee's remit.

RESOLVED that the information be noted.

32. HEALTH AND WELLBEING BOARD - MINUTES

The minutes of the Health and Wellbeing Board held on 14 September 2017 were presented for the scrutiny of any issues discussed at that meeting (enclosed with the official minutes as Appendix B).

RESOLVED that the information be noted.

REPORTS FOR CONSIDERATION BY SCRUTINY

33. REPORTS OF THE NORTHUMBERLAND CLINICAL COMMISSIONING GROUP

33.1 Mental Health Transformation Programme

Kate O'Brien from the NHS Northumberland Clinical Commissioning Group (CCG) and Russell Patton, Northumberland, Tyne and Wear NHS Foundation Trust (NTW) were in attendance to update the Committee on Northumberland's Mental Health Transformational Programme and challenges for children, adults and older people's mental health services. (Report and copy of presentation enclosed with the official minutes as Appendix C.)

Ms O'Brien introduced the report and continued with the presentation which also detailed the key success of the dementia care pathway. The demographics of people detained under the Mental Health Act with dementia had been assessed. Work took place to support people at home and also provide care closer to their home. Hospital admissions would not be required unless essential, and the Five Year Plan targeted a 50% reduction in hospital admissions. Key issues included the early identification and management of behaviour.

Discussion followed of which the key questions/points from members and officers' responses were as follows:

- a key aim was to reduce the number of beds for patients with more minor mental health conditions, to focus on people who had more complex needs, including Mental Health Act detainees who needed more after care arrangements
- services provided by Northumberland, Tyne and Wear NHS, Northumbria Healthcare, Children's Services and the Learning Disability Service had been rated as outstanding by the Care Quality Commission. Key areas for supporting the future of the service included workforce requirements, healthcare inequalities and the prevention agenda
- regarding a query about any logging of calls to the ambulance service made by people with dementia, members were advised that this work concerned people at a more developed stage of dementia who might not be able to make calls. Enquiries would be made to attaining the figures requested
- the enhanced community offer was welcomed, and the balance between nursing home/ care home support was queried with regards to whether there were sufficient resources for nursing care in the county. Members were advised of Cabinet's recent agreed investment into care homes; adequate numbers of beds were available, and consideration was given to the requirements for the smaller numbers of specialist beds required. Very few people with mental health conditions actually needed hospital bed provision
- regarding engagement and raising awareness for children and young people and carers about how to access the system, work was planned to disseminate information to schools and on to families, including signposting to online support
- much evaluation had taken place nationally and locally about best forms of engagement. Various public sector and user groups had good networks to access hard to reach groups. Training professionals at the lower end of the pathways was essential
- reference was made to the Recovery Partnership Model work; further information would be provided to HealthWatch via NTW
- regarding the importance of the provision of support also for carers, especially those operating in a home environment, members were advised that the Five Year Plan provided a strategic focus, but work had to be pragmatic within the budgets available. 97.5% of people with mental health conditions received care in the community. Carers were essential to the health and social care system, and much support was provided; satisfaction rates were high. The Ageing Well programme picked up many dementia requirements and the Ageing Well Allies programme had been rolled out widely. Many towns in the county had dementia friendly status

- it was reassuring to note the support provided for care homes, including some care homes with a specialism in dementia and a specialist provision of beds for people who needed them
- regarding the clinicians required, some tasks could only be carried out by certain professions, and much collaborative work took place to find solutions
- to manage requirements, the transformational approach used helped to take a creative approach. Investing in community alternatives to bed provision was essential and the changes needed to happen
- regular updates were provided on this work and would continue to be.

RESOLVED that

- (1) the information be noted;
- (2) further updates be provided in due course.

33.2 Winter Planning and Resilience

Maureen Taylor, NHS Northumberland Clinical Commissioning Group (CCG) and Debbie Edwards, Northumbria Healthcare NHS Foundation Trust delivered a joint presentation to update the committee on the approach and arrangements in place to monitor performance and assess whole system resilience over winter. (Report and copy of presentation enclosed with the official minutes as Appendix D.)

Key areas covered included demand management plans; transport and alternatives to hospital; use of GPs at front of hospital for vital triaging; rota arrangements; site management arrangements; constant communication to review work; and consideration of all this work by the local Accident and Emergency Delivery Board.

Discussion followed of which the key questions/points from members and officers' responses were as follows:

- winter was very challenging as there was a constant surge; people were more likely to suffer from respiratory problems and people with long term chronic conditions were more susceptible, and more accidents were possible through icy road conditions
- the extended access to GPs was a national requirement; GPs had formed hubs to cover the required hours, which were open to the whole population of Northumberland
- there was a number of reasons for the peak times in hospitals during 4 - 8pm, including GPs' home visit time, staff and shift changes
- regarding the high numbers of residents attending the Cramlington hospital, a wide range of publicity was issued to advise residents what facility they should visit depending on their needs, with reference to services available. People were referred on to other services once assessed when needed
- in response to a question about whether services at Cramlington were more pressured whilst Wansbeck's 12 - 8am overnight closures were in place, members were advised that there had not been a material impact on Cramlington, but statistics would be provided
- 111 response times were performing well; the NHS pathways system enabled the identification of the right level of care needed
- a member expressed concern about the provision of the flu vaccination for her daughter as she had not been able to receive it away at university as she was registered at a practice at home. This was a concern for students

generally in case they missed out on the vaccination depending on where they were registered. It was agreed that this should be looked into, as it had implications for both Northumberland students based elsewhere and students coming into Northumberland

- it was noted that the flu jab was available from pharmacists, but that certain groups were entitled to receive it for free
- a member queried the level of flu vaccination uptake, as some residents doubted its effectiveness, and what could be done differently get the message out more about its benefits. The Public Health team had a role in explaining the benefits of vaccination; it was important to differentiate between actual flu and a head cold, plus it was acknowledged that people might have been becoming ill before having the jab. Full statistics about the uptake could be provided at the end of the winter period
- a question would be forwarded to Public Health about any alternative to needle injection for the flu jab
- members were advised that the pharmacy network was included in the 111 triage. For minor illnesses, people could be booked an appointment for a consultation at a community pharmacy. It was important that people understood the appropriate place to go to depending on their symptoms, whether hospital, GP, pharmacies. Information about this was targeted, particularly on social media. Much work took place through the Emergency Care Network in the Northeast region in which consideration was given to what was the most effective means of communication, including work with local sporting clubs to get messages circulated through their networks.

Ms Edward and Ms Taylor were thanked for their presentation and it was:

RESOLVED that

- (1) the report and information be noted; and
- (2) further information be provided by Public Health about the flu vaccination take up level and any alternative provision of it, and concerns about students' access to health services.

REPORT OF THE SCRUTINY OFFICER

34. Health and Wellbeing OSC Work Programme

Members considered the work programme for the Health and Wellbeing OSC. (Work programme enclosed with the official minutes as Appendix E).

It was advised that the format of the work programme had been revised to firstly list items due to be considered in future months, and also provided a summary of what items had been considered previously, what the outcome was and details of any further actions. It enabled members to monitor the committee's work, and they should raise any queries for updates with Democratic Services. A summary of forthcoming agreed agenda items was also provided.

Further to the discussion under the previous agenda item, it was requested that a report be provided about the programme of vaccinations provided throughout

people's lifetimes, and also an update about the position regarding the inoculation of children against meningitis.

The Vice-chair referred to a recent meeting of the Primary Care Applications Working Party which had supported the relocation of Rothbury GP practice into the Rothbury Hospital as the practice's current building was not fit for Disability Discrimination Act purposes.

It was also agreed that a presentation be provided by NHS England at the committee's meeting on 16 January about dental services provision in the Coquetdale area.

RESOLVED that the additional items identified be added to the work programme.

35. INFORMATION REPORTS

Policy Digest

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

CHAIR _____

DATE _____