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, 16 January 2018 at 10.00am.

PRESENT

Councillor Rickerby, L.J.
(Vice-chair, in the Chair)

COUNCILLORS

Dungworth, S.E.	Nisbet, K. (part)
Moore, R.	Seymour, C.

ALSO PRESENT

Bridgett, S.C. (part)	Jones, V. (part)

OFFICERS

V. Bainbridge	Executive Director of Adult Social Care and Strategic Health Commissioning
M. Bird	Senior Democratic Services Officer

ALSO IN ATTENDANCE

A. Blair	Northumbria Healthcare NHS Trust
S. Brown	NHS Northumberland Clinical Commissioning Group
R. Chapman	NHS England
M. Cotton	North East Ambulance Service
B. Dews	North East Ambulance Service
D. Edwards	Northumbria Healthcare NHS Trust
P. Fletcher	NHS England
P. Leveny	NHS Northumberland Clinical Commissioning Group
D. Nugent	Healthwatch
B. Scott	Northumbria Healthcare NHS Trust
M. Walsh	North East Ambulance Service
S. Young	Northumberland Clinical Commissioning Group

One member of the press was in attendance.

36. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Horncastle, Foster, Simpson and Watson. It was noted that Councillor Lawrie was no longer a member of the committee.

The Vice-chair explained that the Chair was absent as a result of having an operation and wished him a speedy recovery.

37. MINUTES

RESOLVED that the meeting of the Health and Wellbeing OSC held on 21 November 2017, as circulated, be approved as a true record and signed by the Vice-chair.

38. FORWARD PLAN OF KEY DECISIONS

Members received the latest Forward Plan of key decisions (enclosed with the official minutes as Appendix A). It was noted that there were currently no items listed within this committee's remit.

RESOLVED that the information be noted.

39. HEALTH AND WELLBEING BOARD - MINUTES

The minutes of the Health and Wellbeing Board held on 12 October 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

40. AMBULANCE SERVICE AND HOSPITAL INTERFACE

A detailed joint presentation was provided by Pamela Leveny of NHS Northumberland Clinical Commissioning Group (CCG), Mark Cotton of the North East Ambulance Trust and Barbara Scott of Northumbria NHS Foundation Trust.

The presentations (copies attached to the official minutes of the meeting) were split into three sections, of which the following key details were covered in each section:

Clinical Commissioning Group:

- ambulance challenges to meet continuing demand from the public
- reducing unnecessary attendance at hospital
- full engagement in a programme of local developments
- programme heightened through winter surge
- new workforce models and reshaping of how care was transferred, with a focus on patient experience

- standardising handover processes: local > regional process since September 2017
- the CCG was working closely with providers, supporting interface and improvements
- details of the Local A&E Delivery Board (LADB)
- details of the System Transformation Board.

North East Ambulance Service:

- details of pressures across the health sector
- the initiatives to help address those pressures, including handover delays
- alternatives to conveyance to hospital
- ideas being explored across the health sector
- increased volume of calls to 999 and 111
- increased referrals through 111
- backdrop of increased demand for services, although there had been 3,618 ambulances arriving at hospital recently compared to 4,011 for the same period the previous year, and fewer hours had been lost this year
- actions being put in place; increase in patients being able to see a GP which released pressure elsewhere in the system
- handover delays at accident and emergency (A&E) departments
- lack of alternative dispositions.

Northumbria NHS Foundation Trust:

- details of A&E services Trustwide
- ambulance arrivals Trustwide
- emergency admissions Trustwide, including a 25% increase in ambulatory care provision
- details of long stay patients (14 days or more); numbers were reducing
- percentage of bed occupancy, in medical wards, specialist and other ringfenced areas
- handovers within 15 minutes and ambulance arrivals per week
- challenges with attendances at Northumbria Specialist Emergency Care Hospital (NSECH), with one patient arriving every four minutes
- lessons learned and key actions to date, including aiming to increase the 15 minute turnaround from 45% to 60-70%, profiling staff duty arrangements and the need to fill nursing vacancies, which took time.

Detailed discussion firstly took place about referrals to GP appointments through the 111 service. GP appointment slots were allocated to the 111 service proportionally based on the number of patients registered at each respective GP practice. Some practices had given up more of their slots to the 111 service, resulting in some patients being seen by a GP locally rather than having to seek their health care need at a higher level. All but five GP practices in the county were involved with this scheme, and engagement was taking place with those five. The graph in the presentation represented the number of people who had been able to book a GP appointment as a result of calling 111.

The utilisation of appointments in areas was constantly being monitored. There was a 31% take up across the North East region, and 36% in Northumberland. It was hoped to increase the level to 40-50%. One challenge was that ringfenced

appointments to 111 were then not available for the public, and it was essential to ensure that the appointments were used.

In response to concern about any underutilisation of appointments if not taken up through the 111 service, members were advised that the average GP practice had 5,000 patients on its list, resulting in each having two or three appointments available. If any practices underwent a particular demand, they could draw more appointments from the 111 service.

Statistics for the numbers of appointments used were being compiled. The current demand for appointments through 111 was 600 per month, but there were 2000 available. Consideration was being given to the technology available to assist.

There had been a big increase in hear and treat/see and treat services. More clinicians were now based in the call room, so the range of specialities available was growing. There was a reduction in the number of ambulances taking patients to hospital and instead enabling people get treated by other means. The 'fit to sit' assessment also reviewed whether patients required a stretcher or chair for transportation.

Further detailed discussion followed of which the key points from members and responses from presenters were:

- a member congratulated the North East Ambulance Service on the improvements made; it was not an easy situation, with national pressures being felt locally
- regarding GP surgeries working together to share appointments when available, reference was made to a previous presentation to the committee about extended access and practices working together to cover evening and weekend appointments. The member explained that her example referred to a daytime appointment when her local practice had contacted another to see if they had an appointment available, which they did. This was welcomed, and further consideration was being given to how practices could work together and patients be referred to the right place for treatment
- regarding peaks in calls around 2pm and 8pm, members were advised that this was considered to be particularly calls from care homes in early afternoon, plus around 8pm for people who had finished their working day but felt it essential to get an appointment before the next day
- details were provided about bed occupancy figures; figures were linked to efficiency and flow. Patients would be moved when appropriate for new patients to come in. Some wards had to remain in the green category of less than 80% as they might be, for example, restricted to children only
- regarding the impact of alcohol related admissions, members were advised that accidents were not classified as such. For example, a fall, although if alcohol induced, would be recorded as an injury. The police and paramedics did however work together as some situations could be volatile, and the safe havens used in Newcastle helped by reducing hospital admissions. It was difficult to quantify the extent of this problem in Northumberland as compared to areas with a high concentration of public houses, but information could be sought, perhaps in conjunction with the Community Safety Team. Another issue to consider could be the frequency for which some people attended hospital relating to alcohol problems; related work had previously taken place

- in response to a query it was confirmed that ambulance queues at hospitals increased with fewer entry points; Northumbria Specialist Emergency Care Hospital (NSECH) for example only had one
- if patients lived on council borders or in areas equidistant between different hospitals, ambulance staff would consider the condition of the patient, and if life threatening, would decide on the closest point of care for them. If the patient had a long term condition, they would more likely be taken to the hospital at which their notes were retained
- a member considered that the graphs provided had not presented their information in a clearly understandable format. It was agreed that when organising the receipt of presentations, Democratic Services would ask presenters to include explanatory paragraphs/notes.

RESOLVED that

(1) the information be noted;
(2) information be provided on studies on alcohol consumption and the impact of alcohol on A&E services in the county;
(3) an update be provided on treatment pathways; and
(4) a further update on ambulance and hospital interface be provided before summer 2018, to include a full overview of the winter period and the preparations for the summer period.

41. DENTAL SERVICES IN COQUETDALE

The Vice-chair explained that she had requested the attendance of NHS England to provide an update on the provision of dental services in Coquetdale, following the provision of an update on this issue at the Primary Care Applications Working Party meeting in November 2017 (details included in Appendix D of the agenda).

It was noted that local members whose electoral divisions affected, Councillors Bridgett and Dickinson, had been invited. Councillor Dickinson was unable to attend but had submitted some comments by email, which had been emailed to committee members and paper copies were circulated at the meeting. Councillor Bridgett was present to comment and ask questions.

The item was introduced by Pauline Fletcher, who was accompanied by Rachel Chapman, both of NHS England. Ms Fletcher provided a detailed verbal overview of the situation, as follows:

NHS England previously commissioned an NHS Contract to deliver dental services within Rothbury and Hadston – operating three days per week in Rothbury and two days in Hadston (Broomhill Health Centre). NHS England believed it was fair to say that delivering a small contract across two sites was a challenge for a single-handed dentist. However, NHS England had worked with the provider over an extended period in an attempt to maintain continuity of services for patients.

Unfortunately due to falling patient numbers, health issues and significant underperformance on the contract, the provider felt that it was no longer viable for him to continue to deliver the service across two sites.This led to the proposal to close the service at Broomhill and concentrate service delivery from the Rothbury

practice. Letters were sent out to patients and other stakeholders on 12 June 2017 to let them know of the provider's intentions and to seek views prior to a final decision being made. Unfortunately, the provider's personal circumstances prevented the plans being pursued and led to the subsequent closure of the practice. The provider's personal circumstances were such that he was unable to give the usual three months period of notice. NHS England received formal notice from the provider on 9 October 2017 that the practice would close on 13 October 2017. On receipt of the notice they took immediate action to ensure that patients were notified as quickly as possible and to let them know about the alternative NHS provision available. 12 October 2017 was the earliest they were able to get the letters out to patients, which unfortunately did mean that some patients would have received them following closure of the practice. There were a small number of patients who the provider had not been able to complete their treatment plan, however, arrangements were made for this to be completed by another dental provider.

In terms of access to ongoing NHS dental care, NHS England contacted all practices in the surrounding area to confirm the capacity available. This highlighted that there was sufficient capacity available to accommodate the patients who had previously attended the Coquetdale practice. However, it was acknowledged that this would involve increased travel for many patients.

Northumberland Healthwatch had been very helpful in supporting the signposting of patients and recent feedback has highlighted only a small number of issues/concern from patients. Feedback from the practices themselves had indicated that a large number of patients have accessed the service, and that there was still capacity to take on additional patients. Genix, the practice with the highest capacity, had made arrangements for reduced return taxi rates for patients travelling to their Alnwick practice from Rothbury or Hadston for a £12 round trip.

Since the closure of the practice, NHS England had been working with their procurement colleagues on market engagement to understand whether there was interest in delivering an NHS contract in the Rothbury and Hadston areas. A request for information (RFI) was issued on 28 November 2017, with a quick turnaround time of 12 December 2017, for responses. Three responses were received and further discussions would be taking place as we need to explore in more detail the information they had provided.

One to one meetings were scheduled to take place in the week commencing 10 January 2018 but unfortunately had to be cancelled at the request of the respondents. They were in the process of rescheduling these to take place as soon as possible. Running in parallel they had also been working with their consultant in dental public health to review the current access and level of need within the area to inform the size of the contract(s) that would be required. They hoped to have this needs assessment completed by the end of February.

The intention was to undertake market engagement to feed into this review and we intend to use Citizen Space, which was the NHS England online survey platform to seek feedback on the level of demand. Information with links to the survey would be sent out to the patients who previously accessed Coquetdale Dental Practice as well as being made available more widely to residents within Amble as well as

Rothbury and Druridge Bay. They would be enlisting the support of Healthwatch and local GP practices to publicise the survey and would be happy to share the proposed questionnaire for comments and would also welcome a view from the committee on what would be considered a reasonable timescale for responses, perhaps six weeks? Information from the market and patient engagement would then need to be considered to inform next steps, so that they could be confident they would be able to commission a viable and sustainable contract.

They intended to complete market and patient engagement by the end of February, subject to feedback from the committee as to whether that is sufficient time for patients to respond, collate and review feedback in March, again subject to feedback from the committee on the above for presentation of a situation report in April to our Senior Management Team to inform their commissioning intentions going forward.

The Vice-chair considered the timescale reasonable and invited Councillor Bridgett to address the meeting.

Councillor Bridgett then spoke, of which his key points were:

- after hearing the update he was not confident about the future provision of dental services in his area
- many residents were suspicious of some NHS proposals following recent situations at Rothbury Hospital and Harbottle
- Healthwatch was not widely known about, so referral numbers might have been low as a result
- what would the proposed £12 return taxi journey cover? It could not possibly cover the cost for residents who lived in the Upper Coquet Valley
- there was a lack of understanding about the Coquet Valley area and the wishes of residents; the area was rural and sparsely populated
- three months after the letters had gone out, he thought there would be a fuller update and details by now about who could provide a service
- Rothbury did not have good transport links; many residents were elderly and did not drive. Access to Alnwick and Morpeth might be easier for younger people but not all residents. Access across the Alnwick Moors could become blocked in inclement weather
- online consultation was not suitable for all residents, especially as some areas in the Coquet Valley did not even have mains electricity. NHS England should write to all affected residents
- he had no objection to the inclusion of Hadston residents but was concerned about also including the Amble practice in this process
- he considered that the previous practice had not received enough support from NHS England
- he could not currently reassure his constituents about what service would be provided in future.

In response Ms Fletcher explained that NHS England had written to all patients and included Healthwatch's telephone number, email and a point of contact. Further details would be requested about how the taxi proposal would operate. Through market engagement they could understand the market and what needed to be commissioned. NHS England would work to provide access as far as possible within the contact's ability to deliver the service. Dentists could however pick and

choose their location and a single site with one dentist was not popular. Consideration could be given to exploring possible retention incentives. Nothing could however be done locally about the charging scheme for dental costs.

A member shared Councillor Bridgett's concerns and issues regarding affordability and accessibility of NHS dental services, which could affect some of the poorest and most isolated communities. She suggested that commissioning could consider measures for possible subsidies and incentives for practitioners to provide the service in more remote areas.

Members were advised that it was difficult to provide services in remote areas, as had been the example at Harbottle. It would be useful if all members could help promote the availability of the survey.

Another member stressed the need for the survey to be available in more formats and suggested the possibility of a workshop. Ms Fletcher advised that other formats would be considered but the process would take longer to complete.

Mr Young confirmed that the CCG had contact details of stakeholders from the Rothbury consultation which could be provided. A multichannel approach could be used, for example information could be placed in locations such as local post offices.

Ms Nugent of Healthwatch welcomed comments made and confirmed that they had contributed to the process. Healthwatch would also welcomed other means of collating views rather than just the online option. They could also assist in the process, and had had discussions with Harbottle Parish Council.

A member also stressed the importance of prevention in dental services, and whether any check ups could be organised through outreach services as it would not require a large amount of equipment.

RESOLVED that

(1) the information be noted;
(2) NHS England consider and take account of the committee's views and feedback; and
(3) further information be provided to a future meeting of the committee including details about the next phase in the provision of dental services in Coquetdale.

42. REPORT OF THE NORTHUMBERLAND CLINICAL COMMISSIONING GROUP

General Practice Access - Northumberland

The presentation was provided by Ms Leveny (copy of presentation attached to official minutes, and report attached to the official minutes as Appendix D). Key details of the presentation were:

- the types of access model: Standard model/Nurse triage model/Telephone consulting 1 (TC1)/Telephone consulting 2 (TC2)/Hybrid DoctorFirst/ DoctorFirst

- the models used by the GP practices in each of the north, west, Blyth Valley and central localities
- percentage of the population helped, by percentage change to baseline to latest period, by practice
- feedback on overall experience of GP surgeries during 2017
- details of the Vanguard Access Survey: Online patient survey findings: satisfaction with ease of access to appointments – a mean rate of 6.6 out of 10; the main driver for dissatisfaction was difficulties in getting an appointment/long waiting times/speed of getting an appointment. Key themes for making it easier for patients to get an appointment/ friendly helpful staff/being able to get an appointment that suits/speed of getting an appointment
- next steps: work to date did not identify patterns; further work was needed at practice level: patient engagement/what were the different factors in each practice/times appointments are released/practice specific processes/ opportunity during 2018/19 to continue this work.

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

A member welcomed the progress made but expressed concern about the inability of many patients to get through on the telephone to her local practice. Many residents called repeatedly without being answered before eventually getting through and being told that there were no appointments left. It was essential that people with long term health conditions were entitled to appointments as much as others. The member also referred to another occasion when two patients' records had been mixed up and asked that these issues be looked into. It was agreed that these matters would be raised directly with the practice concerned.

In response to a question it was confirmed that one of the graphs presented demonstrated how the changes had led to an increase in patients being seen. Some practices did have issues to address. Patient engagement was essential in this process.

A member acknowledged wished to praise the excellent services provided by district nurses. In response it was noted that the role of district nurses had not been requested within the remit of this presentation, but was a vital service.

It was noted that the graph presented was anonymised to show the overall improvements made. However results could still be provided by areas in the county such as north, west, south.

Members were also advised that if issues were being raised by constituents, they could be raised directly with the CCG.

RESOLVED that

(1) the report and information be noted;

(2) a further report be provided at an appropriate time detailing the uptake of the service.

43. PRIMARY CARE APPLICATIONS WORKING PARTY

Members received the notes of the two meetings of the Primary Care Applications Working Party that took place in November and December 2017 (notes enclosed with the official minutes as Appendix D).

RESOLVED that the notes of the meetings be noted.

44. REPORT OF THE SENIOR DEMOCRATIC SERVICES OFFICER

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).

RESOLVED that the programme be noted.

45. 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 _____