

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, 4 September 2018 at 1.00pm

PRESENT

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

COUNCILLORS

Cessford, T.	Nisbet, K.
Dungworth, S. (part)	Rickerby, L.
Horncastle, C. (part)	Seymour, C.
Moore, R.	

COUNCILLORS ALSO PRESENT

Hill, G. (part)	Roughead, G. (part)
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OFFICERS

V. Bainbridge	Executive Director of Adult Care
M. Bird	Senior Democratic Services Officer
L. Henry	Legal Services Manager
S. Holmes	Service Lead District Nursing and Palliative Care
D. Lally	Chief Executive
C. Malone	Communications Business Partner
J. Roll	Democratic Services Manager

ALSO IN ATTENDANCE

M. Bird	Senior Democratic Services Officer
S. Brown	NHS Northumberland Clinical Commissioning Group
Dr M. Clarke	Newcastle upon Tyne Hospitals NHS Foundation Trust
J. Coe	Northumbria NHS Foundation Trust
Dr C. Doig	Northumbria NHS Foundation Trust
D. Thompson	Healthwatch Northumberland
R. Mitcheson	NHS Northumberland Clinical Commissioning Group
C. Riley	Northumbria NHS Foundation Trust
J. Turner	NHS England
S. Young	NHS Northumberland Clinical Commissioning Group

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

33. CHAIR'S OPENING COMMENTS

The Chair welcomed everybody and explained the format for the meeting, which was open to the public but there were no provision for public speaking. Councillor Hill would be addressing the committee on the Berwick item as she had sought and received advance permission from the Chair to speak.

34. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Foster, Jones and Simpson.

35. MINUTES

RESOLVED that the meeting of the Health and Wellbeing OSC held on 3 July 2018, as circulated, be approved as a true record and signed by the Chair.

At this point in the meeting a member queried the reference on page four to £1,500 for each older person receiving Attendance Allowance and how this amount was provided. Clarification would be provided after the meeting. Clarification was also provided in response to a query about the reference on page seven to concern previously expressed by a member about the change to the committee's start time.

36. 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 the one item within this committee's remit was included later on the agenda for pre-scrutiny.

RESOLVED that the information be noted.

REPORTS FOR CONSIDERATION BY SCRUTINY

37. 37.1 Proposed Integrated Hospital, Care and Leisure Complex in Berwick

Members considered NHS Northumberland Clinical Commissioning Group (CCG) and Northumbria Healthcare NHS Foundation Trust's (NHCFT) proposal to develop an integrated hospital, care and leisure complex on the Swan Centre site and provide comment. (Report enclosed with the official minutes as Appendix B.) A detailed presentation was provided by Stephen Young and Rachel Mitcheson of the CCG. (Copy of presentation attached to the official minutes of the meeting.)

Mr Young advised members had to consider three key issues: whether the engagement process had been robust; whether the proposal could be considered to

be a substantial variation to health services and whether the proposal fitted the health needs of Berwick residents.

As background, in 2009 NHS North of Tyne released the results of the 'Building a Caring Future' which included the re-building of Berwick Infirmary. Discussions between the Trust and Berwick people had been ongoing since that time. In August 2016 the CCG asked the Trust to pause the redevelopment plans to further consider local, regional and national healthcare strategies. The CCG then worked closely with the Trust to review the plans. At this time the possibility of an integrated development emerged, an outline business case was considered and it was decided that further work should be undertaken including a period of engagement with local people. In July both the CCG and Trust boards considered the options and the engagement feedback report, and after carefully considering all information and options decided to pursue the integrated option.

For the engagement process, the CCG board asked for a further period of engagement with local people. A listening exercise was undertaken between February and May 2018. The primary aims of this engagement were to gain local people's views on the idea of an integrated development and where such a development would be sited. Engagement activities included five drop in sessions in different venues, discussions at the Trusts 'Join our Trailer' at Berwick, Belford and Wooler, eight meetings with specific community groups by Heathwatch: Carers Northumberland, Voluntary Forum, Warm Hub, Alzheimer's Café, Berwick Youth Project, Over 50's group and Parents with SEND children. A public meeting had taken place at Berwick Town Hall. Discussions at meetings included Berwick Regeneration Commission, Northumberland Local Area Council, Health and Wellbeing OSC and local NHS staff. This also took into account the online survey conducted by Berwick Deserves Better, 427 comments at pages 49 to 71 of the engagement feedback report; the Berwick Deserves Better 110 facebook page comments at pages 72 to 86 of the engagement feedback report; comments on the CCG's website, and emails to the CCG.

The engagement widely had been widely publicised in the local press, social media, CCG website, My NHS, a key stakeholder brief, and local councillors shared information. Approximately 350 people attended the meetings, which provided the opportunity to discuss concerns but also the opportunity to place a marker on the site they considered most suitable for an integrated development. The Swan Centre proved the most popular by some margin (58 in support) for the integrated development, and although the current site also proved popular (44 in support) although people were told that this would not be big enough to site an integrated development.

Initial feedback was provided to the 15 May 2018 Health and Wellbeing OSC meeting. The engagement process was outlined regarding discussions around the integrated proposal and potential sites, and key themes were services to be provided at the new hospital; transport, travel and distance; the level of investment in an integrated development; and sites. The minutes of the meeting stated "... The Committee considered that joint facilities were the way forward as there was a correlation between activity and health..." and "... the engagement process had been extensive and well delivered with the community being aware of events..."

Given all the circumstances already outlined the CCG considered it had given the people of Berwick every opportunity to discuss the proposals and had taken account of all independently produced feedback. In summary, there were mixed views on both integration and sites; some people were absolutely against the idea of an integrated development and thought that, despite the issues associated with building on the existing site, a standalone hospital would be best, but many specify why apart from privacy and dignity issues, which could be addressed in the design and development phase. Also, many who attended the drop in sessions actually thought it was a good idea – including 44% of the Healthwatch engagement responding positively compared to 17% responding negatively – although 52% wanted the development to be on the existing site. There were negative comments about integration: 427 Berwick Deserves Better survey responses predominantly negative and 65 people who attended the public meeting were predominantly negative. The CCG was still monitoring opinion even though the official engagement was complete and would continue to do so as they moved forward, so were aware that on the Better Hospital for Berwick Facebook page, with 2105 members, 864 answered no and 62 answered yes to the question “Do the people of Berwick agree with the proposed plans for a new hospital/leisure Centre”. However the response rate of people who had opposed the proposal who could use the hospital was equivalent to 11.25% of the population of Berwick.

Both the CCG and NHCFT’s board met in July 2018 to consider all the options. Together with all other option appraisal information they considered the comprehensive 90 page engagement feedback report so were therefore fully aware of local opinion. They considered the opposing views in particular and considered that many could be addressed by working with local people throughout the design and development phase. They noted public opinion on the siting and for the reasons outlined in the covering OSC paper chose the Swan Centre as the most appropriate site. After considering the potential benefits for the health and wellbeing of the people of Berwick both boards opted to pursue an integrated development.

Ms Mitcheson provided details of service changes and benefits; there had been a 75.8% average occupancy since 2016, so 16 beds would be sufficient to comfortably meet demand. Future care models would further reduce lengths of stay and therefore free up additional bed capacity. Future bed use profiling would allow for spare capacity in times of surge.

Recent demand for endoscopy services from the Berwick population had dropped significantly, which was linked to improved clinical assessments and referral processes, and reduced from 119 cases in 2015/16 to 30 cases in 2017/18. The Berwick service had been suspended in 2017 due to equipment decommissioning. There had been no increases in waiting times and all patients moved to Alnwick or Wansbeck General Hospital (WGH) based on patient choice. Pre-assessments for colonoscopy would continue in Berwick, complex patients would only be able to access the procedure at WGH. Alnwick provided a full pathway resulting in one appointment and procedure rather than two and closer proximity to other services if required. A current review of options was taking place for people where transport was a challenge, as appointments took place at early times.

Benefits of the proposal included a modern innovative design, flexible and efficient use of space; design principles including colour schemes to support visual impaired

and ensure dementia friendly approach; a new building enabled the use of virtual / digital clinics to be further developed following the success of virtual fracture clinic; and increasing the number of pre assessment clinics; integrated development; physical activity benefits people's health and well being and reduced risk of falls, heart disease, type 2 diabetes, breast and colon cancer, depression and anxiety. Patients were maybe more likely to use facilities supported by hospital staff, and staff might use services.

In summary, it was a new investment for Berwick, providing an innovative and sustainable model of healthcare. All services currently provided would continue to be provided, so there was no significant service variation. In addition one primary care practice had indicated that they would like to move into the new development. The development would have a positive impact on recruitment and retention of staff. An integrated model enabled economies of scale, back office/corporate services which allowed more investment in frontline services.

Mr Young concluded that it was the CCG's (and NHCFTs) view that they do not represent 'significant variation in current service provision', and NHS England, had agreed with this, as detailed in the letter attached as Appendix 2 of the report, but it was for the OSC to decide whether or not it agreed with this.

A member enquired about how often there had been demand for more than the 16 beds available and if patients had ever needed to attend other hospitals instead? Members were advised that such statistics were not available at this meeting; there had been a busy winter but the 75.8% bed occupancy figure was an average level. The information would be provided after the meeting. Members were also advised that it would be unusual for beds not to be available at Berwick. Getting patients back to hospitals nearer their homes after treatment was a priority.

A member asked if the current hospital site was big enough for an integrated facility and whether the proposal for one had been the first consideration. Members were advised that the current site could not accommodate an integrated development and it would be difficult to try to build a new hospital alongside the new one. There had always been support for moving off the current site.

A member queried the recent increase in bed occupancy, and queried whether 16 beds would be sufficient when planning for future usage? Members were advised that the number of beds provided at Berwick had been reduced previously to provide patients with more privacy, dignity and space. The occupancy percentage rate was up as a result of there now being fewer beds in the hospital; there were actually now fewer people in fewer beds for shorter lengths of stay.

A member questioned the reduction in endoscopy cases from 119 to 30; was this due to patients choosing to attend Alnwick or Wansbeck hospitals instead and how was this measured? Members were informed that the figures related to the appropriate use of guidelines and underlying needs. There were two types of service: screening and therapeutic. The Berwick service had been decommissioned in 2017. Alnwick had an excellent service so it was better to focus resources there. Residents with Berwick postcodes were given the choice to be referred either to Alnwick or Wansbeck Hospitals; some might choose to attend Wansbeck as for

example as Saturday morning appointments were available there. A holistic service was provided at Alnwick.

A member welcomed the proposed resources to be invested in Berwick but raised that only 350 or so out of 13,500 local residents had engaged, and most respondents objected to the proposed joint facility. She also queried if engagement work would continue with residents. Members were informed that engagement work would continue and the Clinical Commissioning Group could only publicise the engagement as best as they could using various mediums to encourage people to participate. Further engagement would take place when moving to the next stage for the more detailed design for the building and it was hoped that more hard to reach groups would participate in the process.

A member queried if there would be a greater emphasis on the local ageing population's needs and if there would be GP services provided in the Berwick North area. Members were advised that GP coverage would be provided for the area and the commissioners would work with GP practices to ensure the necessary geographical coverage. Berwick had a sizeable number of older residents as a percentage of its population and size, and a number of strategies were in place to support older people including extra care with supported housing policy, hospice care provision, self care, Health and Wellbeing Strategy and others. Once the site progressed hopefully there would be provision included for older people and people with disabilities; members agreed that the Haltwhistle facility worked very well.

A member queried the engagements with service users and what work was undertaken with GP practices; had there been an easy way for people to submit their views at surgeries? Members were informed that work had been undertaken including weekly bulletins to all 42 Northumberland practices and patient participation groups. If the scheme was approved, engagement work would increase and a further update could be provided for this committee as it developed.

A member referred to concerns expressed about possible infection crossover between the different parts of a joint facility and what could be done to reassure people? Members were advised that there was the potential for transmission but it was straightforward to isolate affected areas and educate the public on standard and specific healthcare measures to avoid it.

Councillor Georgina Hill then addressed the committee as a Berwick county councillor. Her key points included

- public engagement measures undertaken were often limited; sometimes the results of opinion polls reflected the views of whom asked the questions
- the £45m proposed investment was welcomed and reversed years of non-delivery for Berwick. Berwick residents wanted to get the hospital right however, and the methodology used was flawed and lacked independence
- the public understood financial limitations, the size of the town, the lack of an A&E department and the economic climate but the absence of honest dialogue in the process was not acceptable
- the case had not been made for an integrated facility in Berwick; a lack of information had led to a vacuum and misinformation. Engagement undertaken showed that residents were not supportive of the proposal

- there remained issues regarding insufficient space for future expansion and transport links to the proposed site, and residents had to travel to Cramlington for some basic results
- the committee should recommend a standalone hospital as that was what residents wanted.

The Chair added that some issues raised were outwith the remit of this committee; the Corporate Services and Economic Growth Overview and Scrutiny Committee had made recommendations about the leisure element of the development at its meeting on 3 September. He referred to advice received from NHS England that the proposal did not represent a substantial variation, and asked the committee's views on that, plus whether the proposal met local health needs and if the engagement undertaken had been robust, which were the relevant considerations for this committee.

Members received further advice that as part of their deliberations they could consider whether health and wellbeing needs of the population would be met by the proposal.

A member added that the report contained a summary of the responses. It contained a mixture of views, which demonstrated the lengths to which the engagement process had gone to. A member received reassurance that negative comments had not been attributed names and addresses and anonymised deliberately to maintain people's privacy. It was also agreed that the proposed £45m would meet the needs of the local population. To conclude, it was then:

RESOLVED that

- (1) the committee's views are as follows:
 - a) the proposal is not considered to be a substantial variation to health services;
 - b) the engagement process had been robust;
 - c) the proposal would fit the health needs of the local population; and
- (2) the report and members' comments be noted.

37.2 Specialised Vascular Services in the North East

This item provided an overview of a review of vascular services in the North East and the proposal to reduce the current four centre model of Durham, Sunderland, Newcastle and Middlesbrough to a three centre model, for which NHS England had given reassurance that there should be no impact upon Northumberland residents. (Briefing note enclosed with the official minutes as Appendix C.)

A presentation was provided by Julie Turner of NHS England and Dr Mike Clarke of Newcastle upon Tyne Hospitals NHS Foundation Trust. (Copy of presentation attached to the official minutes of the meeting.) The presentation covered details about the background to North East vascular services, the key clinical drivers for change, benefits of a centralised service, recommendations from the case for change, the independent review carried out in 2015 and its outcomes; the proposed reconfiguration, communication and engagement work undertaken/ ongoing and the next steps.

In response to a question about any impact on Northumberland residents, the new arrangements would improve access for urgent patients, enabling quicker decisions which would lead to more effective treatment. The situation at Gateshead was not considered concerning as vascular work currently accounted for around 50% of the three surgeons' working time. It was hoped that clinics would be delivered at the Wansbeck and Northumbria Specialist Emergency Care Hospitals resulting from the increase in consultant numbers at Freeman Hospital, although this wasn't itself part of the proposal for reconfiguration.

A member acknowledged the reasons for change but queried a possible impact on waiting times for Northumberland residents if patients from Durham chose to go to Newcastle instead of Sunderland? Members were advised that patient choice had existed to date anyway. Durham County Council's Health Overview and Scrutiny Committee would be discussing this issue at their meeting on 7 September 2018.

RESOLVED that

- (1) the information be noted; and
- (2) the proposals be endorsed.

38. 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 D.)

Members noted some recent changes to the work programme and that a decision on the committee's referral of Rothbury Community Hospital to the Secretary of State for Health was still awaited.

RESOLVED that the work programme be noted.

39. INFORMATION REPORTS

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.

RESOLVED that the information be noted.

CHAIR _____

DATE _____