

## **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 June 2019 at 1.00pm

#### **PRESENT**

Councillor R Moore  
(Temporary Chair, in the Chair)

#### **COUNCILLORS**

Armstrong, E.	Hutchison, I
Bowman, L.	Nisbet, K.
Cessford, T.	Simpson, E.
Dungworth, S.	

#### **COUNCILLORS ALSO PRESENT**

Hill, G.	Seymour, S.
Jones, V.	

#### **OFFICERS**

M. Bird	Senior Democratic Services Officer
S. Cain	Service Development Manager
S. Corlett	Senior Manager (Policy)
C. Malone	Communications Business Partner
E. Morgan	Director of Public Health

#### **ALSO IN ATTENDANCE**

S. Brown	NHS Northumberland Clinical Commissioning Group
M. Cotton	North East Ambulance Service
P. Fletcher	NHS England
R. Goode	NHS England
R. Mitcheson	NHS Northumberland Clinical Commissioning Group
D. Nugent	Healthwatch Northumberland
C. Riley	Northumbria NHS Foundation Trust

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

#### **01. ELECTION OF TEMPORARY CHAIR**

It was advised that as both the Chair and Vice-chair had submitted their apologies, a temporary chair needed to be elected for the duration of the meeting. It was then moved by Councillor Cessford that Councillor Moore be elected chair for the duration of the meeting, which was seconded by Councillor Hutchinson, following which it was:

**RESOLVED** that Councillor Moore be appointed chair for the duration of this meeting.

## **02. MEMBERSHIP AND TERMS OF REFERENCE**

Members received the membership and terms of reference of the committee as agreed by County Council on 1 May 2019. The Chair welcomed Councillor Bowman to his first meeting of the committee.

The Chair also gave notice that he had agreed to the consideration of some urgent business later on the agenda regarding dentistry services in Hadston and Coquetdale.

**RESOLVED** that the information be noted.

## **03. PRIMARY CARE APPLICATIONS WORKING PARTY**

The Health and Wellbeing OSC was asked to reconfirm the terms of reference and reappoint the members to the Primary Care Applications Working Party, whose role was to scrutinise and comment upon applications for variations to primary care services as consultee on behalf of the Health and Wellbeing Overview and Scrutiny Committee. This included acting as consultee for applications referred to the Council by Northumberland Clinical Commissioning Group (CCG), NHS England, Northumbria Healthcare, Northumberland county councillors, or directly by members of the public; receiving advice from CCG and officers; gathering evidence from applicants; reaching consensus on responses to applications; and reporting back to the Health & Wellbeing Overview and Scrutiny Committee.

Meetings would be convened as and when business arose. Local members from areas affected by applications, as well as officers and applicants or their representatives, would be invited to attend meetings as appropriate for business on the agenda. The membership would consist of four members of the Health & Wellbeing Overview and Scrutiny Committee, including the Chair and Vice-chair.

**RESOLVED** that the terms of reference be agreed and the membership of Councillors Moore, Nisbet, Rickerby and Watson be confirmed for 2019/20.

## **04. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors Rickerby and Watson.

## **05. MINUTES**

**RESOLVED** that the minutes of the Health and Wellbeing OSC held on 30 April 2019, as circulated, be approved as a correct record and signed by the Chair.

## **06. 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.

**RESOLVED** that the information be noted.

## **REPORTS FOR CONSIDERATION BY SCRUTINY**

### **07. REPORT OF THE EXECUTIVE DIRECTOR OF ADULT AND CHILDREN'S SERVICES Adult Services Market Position Statement**

The Cabinet member for Adult Services introduced the item and how the duties covered were a statutory requirement, after which Sandra Cain, Service Development Manager, presented the Adult Services Market Position Statement (MPS) for Care and Support, which had been revised following public consultation. The committee was asked to pre-scrutinise the report and consider whether to recommend Cabinet to ratify the revised Market Position Statement and agree to its publication.

Following the presentation, members sought clarification about the County Council and Northumbria Healthcare's exploration of the use of Trusted Assessors with care home providers with reference to the Lincolnshire model mentioned in the report. Members were advised this model proposed the use of people trained within care homes, rather than social workers, to assess service users' needs. Northumberland County Council were reviewing and piloting this format, which would be a change in working culture. It was important to release resources within adult social care where possible to reduce pressures in the system.

**RESOLVED** that Cabinet be recommended to ratify the revised Market Position Statement and agree to its publication.

## **REPORTS FOR CONSIDERATION BY SCRUTINY**

### **08. PROGRESS UPDATE - ROTHBURY COMMUNITY HOSPITAL**

Siobhan Brown and Rachael Mitcheson of the Northumberland Clinical Commissioning Group (CCG) updated members on the progress being made with the new Rothbury Engagement Group. (Copy of presentation attached to the official minutes of the meeting).

The Rothbury Engagement Group had been set up to build a partnership between the people who used health services in Coquetdale and the agencies which bought and delivered those services. The group's goals were to design a process that helps to shape the future of Rothbury Community Hospital; understand the service needs in the area; explore possible future service models; consider the perspectives and concerns of all key

stakeholders involved, and understand what any proposed changes would mean to local people. Representatives from the following sat on the group: Save Rothbury Hospital Campaign Group; Rothbury Practice Patient Participation Group; county and parish councillors; Healthwatch; Northumbria Healthcare Foundation Trust and the Northumberland Clinical Commissioning Group.

Two meetings had been held to date. Meetings took place on a monthly basis. The first meeting had agreed an independent chair for the group and established a set of principles to work by and a programme of work areas to explore. The second meeting had focused on data, including a refresh on data used and agreement on other data to explore.

Further actions were planned in the proposed work programme: data would be shared, further discussed and explored with the group; a presentation of independent data review from Price Waterhouse Coopers; a clinical audit feedback from independent consultant; a presentation of local health and wellbeing provision in Rothbury; and to explore possible service models based on the findings of these actions.

A member welcomed the formation of the group and involvement of the organisations that made up its membership, but stressed the need for more details and answers to questions raised including possible service models. He also asked if all options were still on the table. Ms Brown advised that all options were still being considered, but it was still early in the process, as proposals were being designed with the group and data continued to be investigated. It was not appropriate for any decisions to be taken by the CCG without the involvement of the interested groups. It was hoped that the group would be in a position to look at options by the autumn 2019. The member welcomed these responses.

A member queried the impact of the timescale involved, as in the meantime could some health services that could possibly be provided in Rothbury have to locate elsewhere whilst uncertainty remained about the future of the hospital building? Mrs Riley, Northumbria NHS Trust's director of communications, expressed concern about misinformation spread and clarified that residents had preferred for the new dental service to be located on the High Street rather than in the hospital building; the procurement of the dental service was NHS England's responsibility, not the CCG's. The Save Rothbury Hospital campaign group had shared a lot of important information with the Trust and their discussions had been very positive. It had been a difficult three years but she was very hopeful about the process going forward.

Following further requests about the timeframe for the next update to be provided and the importance of having a proposed model of care ready before that update was provided, it was then:

**RESOLVED** that

- (1) the information be noted; and
- (2) a further update be provided in autumn 2019, possibly in September.

## **09. AMBULANCE RESPONSE TIME PERFORMANCE UPDATE**

Members received a presentation from Mark Cotton, Assistant Director of

Communications, North East Ambulance NHS Foundation Trust. (Copy of presentation attached to the official minutes of the meeting.) Key details of the presentation included:

- details of the four new categories of ambulance performance standards and performance statistics for response times from 1 April 2018 to 31 March 2019
- the volume of incidents attended in the Northumberland Clinical Commissioning Group (CCG) area
- statistics for patients treated and discharged at the scene (see and treat)
- statistics for patients conveyed to emergency department within the Northumberland CCG area
- statistics for categories 1, 2, 3 and 4 from 1 April 2018 to 31 March 2019
- the scope of the capacity and demand review, which aimed to determine the underlying capacity required to deliver ambulance response time performance across the North East Ambulance operational area, designed to meet the new national ambulance targets
- details of what resources were needed to bridge the gap to meet the new performance standards, plus investment received and funding to meet the new standards
- future ambulance resourcing in Northumberland, for both vehicles and staffing, including net changes, and details of current shifts with existing resources
- updates on Community Public Access Defibrillators and Community First Responders.

In response to information about the Mending Broken Hearts campaign, which had identified five postcode areas in the county as missing necessary Community Public Access Defibrillator provision (Blanchland/Allensford, Ellingham to Beadnell, Riding Mill/Broomhaugh, Seaton Sluice/Old Hartley and Blyth), a member pointed out that seven Community Public Access Defibrillators were available in the Seaton Sluice area. Training for their usage had definitely taken place. She also expected that these defibrillators were registered with the North East Ambulance. Mr Cotton would discuss this further with Councillor Dungworth after the meeting.

A member enquired about that timescale expected for the provision of 107 extra paramedics; members were advised that the Trust were five or six staff short of their target for the current year, but hopefully the whole workforce plan would be achieved by the next year. It was intended that the currently skill mix of paramedic to non-paramedic staff of 50-50 would change to 60-40.

A member referred to a blood kit used for addressing injuries and whether their availability could be rolled out more widely than their use in the West Midlands. It was also queried whether this was a police rather than an ambulance resource, but Mr Cotton would find out more and send a response to Democratic Services, who would pass this on to committee members.

Mr Cotton answered a request by explaining that Community First Responders advised the Trust when they were available to be on duty. They were then signed on in the control room, where staff could locate and then deploy them to where they were needed. They would not however be deployed to situations where they were not qualified to treat the condition of patients. Community First Responders were despatched as well as and not instead of ambulances. A member asked how Community First Responders attended accident scenes; members were advised that they used their own transport, but regular road regulations applied to them, not blue light exemptions. Their mileage costs were

repaid. A larger number of staff based at RAF Boulmer were currently being trained. Mr Cotton would investigate a further question about what vehicle insurance was arranged for Community First Responders and send a response back via Democratic Services.

A member requested access to the Trust's list of the locations of Community Public Access Defibrillators throughout Northumberland. Mr Cotton responded that it was important that the Trust were advised of the location of all such facilities and although it incurred an extra cost, defibrillators should be located on the outside of buildings as far as possible to enable 24 hour access. The Trust's list of the locations of all defibrillators they were aware of would be sent to Democratic Services, who would then forward it to all members of Council.

Replying to a request for further information about the new response standards, Mr Cotton provided a number of key points:

- the previous 40 year old system classifying calls into Red 1, Red 2, Green 1, Green 2, Green 3 and Green 4 had been replaced in October 2017. Under this system, ambulances had been despatched within the 60 second target without certain clarification being attained about the condition of the patient
- now, ambulances were despatched within 30 seconds when identified as category 1 calls, whereas now for categories 2 - 4, more time was allowed to enable a diagnosis of the patient's condition
- previously, once a Community First Responder arrived with the scene with the patient, the timing clock stopped. Now, the clock would only be stopped when a minimum level of paramedic support became available at the scene. For example, a stroke patient would need a scan; rapid response vehicles could assess but could not provide such treatment; the clock would stop once suitable treatment was provided - for example in a double crewed ambulance
- NHS England had ran a pilot of the new standards in three areas - Yorkshire, West Midlands and the South West. Sheffield University had undertaken a detailed independent assessment of the findings, and the new standards were then agreed in summer 2017, which gave all ambulance trusts three months' notice. This was the reason why ambulance data had not been able to be provided for some time whilst the changes to the old system became operational.

Mr Cotton was thanked for his presentation and it was:

**RESOLVED** that

- (1) that the information be noted; and
- (2) responses be provided to the committee's questions about blood kits, vehicle insurance arrangements for Community First Responders and a list of the locations of all defibrillators.

## **10. END OF LIFE CARE - UPDATE**

At the committee's meeting on 8 January, it was suggested that the committee could undertake a themed review of palliative care arrangements in Northumberland. The meeting considered a copy of the report of the review of end of life care carried out by the precursor of this committee in 2012, and a covering report summarising progress since 2012 (both the covering report and the original 2012 report both filed with the official minutes as Appendix C). The Senior Manager (Policy) introduced the report, explaining

that the purpose of the report was to provide background to assist the committee in making a decision about what new investigations of this topic it wished to carry out, rather than to support a substantive discussion about end of life services.

Differing views were expressed about the best way forward. On the one hand, the view was expressed that the committee now had sufficient information to decide to establish a working group which would hold a small number of meetings seeking to agree recommendations based on views in the communities represented by members about end of life services. On the other hand, it was suggested that the committee should receive a more detailed presentation about current services before making a decision about how to proceed.

In discussion about potential scope of a further presentation, it was confirmed that Northumbria Healthcare would be able to arrange for expert clinicians to inform the committee about current NHS services and plans, and it was also suggested that the committee might wish to hear information about the wider review of the local health and care system which the System Transformation Board was undertaking, based on the model being used by the Care Quality Commission in their local system reviews.

The alternative view was expressed that the role of the committee was to represent patients' and communities' views, to ensure that these were taken into account in NHS planning processes and in the work of the System Transformation Board, rather than beginning from the views of professionals.

In further discussion, the view was expressed that there had been many changes since 2012, and that the committee needed to receive a fuller presentation about these before making a decision about establishing a working group. It was suggested that Healthwatch would be able to contribute information about patients' views.

**RESOLVED** that

- (1) the report be noted;
- (2) a presentation be organised for the committee's meeting on 3 September to involve Northumbria NHS Trust, the CCG and Healthwatch; and
- (3) consideration about creating a task and finish group be deferred until after the presentation is received on 3 September 2019.

**11. REPORT OF THE VICE-CHAIR, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE**

**Recommendations from Themed Scrutiny Review: Improving Health and Fitness in Northumberland**

Members were advised that a review had been organised as a themed scrutiny review into how Active Northumberland was benefitting the health and wellbeing of Northumberland residents. The subgroup had met on 16 January, 27 February and 15 May 2019. Members were to consider the recommendations in the report (filed with the official minutes as Appendix D); if supported, the committee should recommend that Cabinet agree it at their meeting on 9 July 2019.

Members of the subgroup welcomed the review; members were pleased that Active Northumberland was not just focussing on purely fitness and swimming pool/gym membership numbers and income generated from that but instead wider health and wellbeing, inequalities and social exclusion considerations. This was a welcome return to how some leisure organisations had previously operated. It was also important that this scrutiny work remained with a health and wellbeing focus within this committee's remit; retaining an oversight of how Active Northumberland's activities was very important. Praise was also expressed for work undertaken on the Exercise on Referral scheme and to Mark Tweedie, the new chief executive of Active Northumberland for his excellent work and approach; he had been a very positive appointment and was determined to deliver for Active Northumberland.

Reference was also made to the report's request to continue monitoring actions detailed in the review and support was expressed for the continuation of the subgroup to look at this. Members were advised that any feedback from Cabinet's consideration of the recommendations from the review would be reported back to this committee's meeting on 4 September, at which point the committee could confirm any revisions to the subgroup's terms of reference going forward.

**RESOLVED** that

- (1) the report be welcomed and forwarded to Cabinet to consider on 9 July 2019 and consider adopting the recommendations of the review; and
- (2) the subgroup continue with a monitoring role and its membership remain as Councillors Dungworth, Moore, Rickerby and Watson.

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

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

Members considered the work programme/monitoring report for the Health and Wellbeing OSC for 2019/20 (filed with the official minutes as Appendix E). Members noted items scheduled for forthcoming meetings. The dental services in Hadston and Coquetdale item would be removed from the programme for 2 July as it would be considered under urgent business later at this meeting. Updates for other ongoing issues including Rothbury hospital, Berwick hospital and the Whalton Unit would be presented in due course. The additional end of life care agenda item agreed would be added to September's meeting.

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

## **13. NEXT MEETING**

It was noted that the next meeting would take place on Tuesday, 2 July 2019 at 1.00pm.

## **14. INFORMATION ITEMS**

### **(a) Press Release - New Berwick Hospital**



For information only, a copy of a press release from Northumbria Healthcare announcing the site of the new Berwick hospital was presented (filed with the official minutes as Appendix F).

Mrs Riley advised that there was no further update to report; as the proposal included existing services and bed provision, it was not a significant variation in service. She acknowledged information handed out at the meeting by the A Better Hospital for Berwick group (copy filed with the official minutes of the meeting) which was helpful; the Trust continued to listen and try to understand residents' concerns. Information gathered by the Trust could be shared with the campaign group. The Trust was undertaking a listening exercise; it was not a formal consultation. Discussion was also taking place with Newcastle upon Tyne Hospitals NHS Trust about the possibility of some other services returning as clinics in Berwick.

In response to a question, members were advised that a fuller update would be presented to this committee once available. Discussions continued to take place with architects for the scheme, covering for example what details from the previous proposed scheme might be incorporated. The proposed investment was guaranteed and the Trust was committed to the development.

**RESOLVED** that the information be noted.

#### **(b) Policy Digest**

This report gave details of the latest policy briefings, government announcements and ministerial speeches which may be of interest to members, and was available on the Council's website.

### **15. URGENT BUSINESS (IF ANY)**

#### **Dental Services in Coquetdale and Hadston**

With the agreement of the temporary chair, an update was provided on the provision of dental services in Coquetdale and Hadston. This update had been due for the committee's meeting on 2 July, but was considered urgent to be considered at this meeting as a decision on the contract had been taken, the relevant NHS England officers were not available to attend on 2 July, and they had advised that no further information about this matter was likely to arise before the next meeting. A copy of a briefing note from NHS England about the contract was circulated (copy filed with the official minutes as Appendix G).

Members were advised that the contract had to be sufficiently large to be viable. A small number of bids had been received that had been independently evaluated with the contract awarded to Northumbria Dental Care Limited. The service will be delivered from two locations, one in Rothbury and one in Amble. The Rothbury site was subject to planning permission being granted. The old Hadston health centre venue was no longer operational as a dental practice as all the relevant dental equipment had been taken out when the last dental provider left and it would incur a cost to put it back in. The Amble practice was open five days a week, with early and late appointments available and it also opened one Saturday each month. It was acknowledged that this would require

some travel for Hadston patients, but domiciliary services were commissioned across the whole county and available for those patients who were unable to travel independently to a dental practice. It was proposed that the service would be provided two days a week at Rothbury. The start date of the new contract would be 1 December 2019. The contract would last for seven years, with an option to be extended for a further three.

In response to a question, Ms Nugent of Healthwatch confirmed that feedback had been received about the issue. Domiciliary dental services were also being looked at. Replying to further questions, Mrs Fletcher confirmed that NHS England had fulfilled the necessary patient engagement requirements requested by the committee, had taken advice from Healthwatch and organised some drop in sessions. Feedback had shown some Hadston patients as able to travel to the service at Amble, however at that time the practice did not have the capacity to take on additional patients. Patients would be able to access the Amble practice from December 2019. Although some residents might struggle with the travel, Amble was just three miles away from Hadston, and contracts in rural areas were often not considered by many dental providers as being financially viable.

A member expressed concern in case any reduction in dental treatment take up followed as a result of this situation. Members were advised that service levels would be monitored. NHS England had access to information about where patients accessing a dental practice lived. The service provider would be flexible to meet the balance of the demands between the Amble and Rothbury sites. Until this new contract was in place, some residents needed to travel up to 10 miles to receive treatment.

Members then made further comments, of which key points included:

- it was not realistic that there could be dental practice provision locally all across the county; for example there were no dentistry practice in Haltwhistle and some residents in the Gilsland area had to travel up to 20 miles to their nearest dentist
- hopefully the new contract would be successful; the new provider was wished well
- members needed to keep pushing to get as good a dental service locally as possible. It was concerning that school dental visits had stopped, as early years were a very important time for children's teeth; could they not be reinstated? There were correlations between poverty rates and good dental health; having these services in schools would ensure that all families received the service
- other areas also suffered from a lack of provision - there were no dentists in Seaton Valley, so residents had to travel to Blyth or North Tyneside. Having to travel could neglect some people's treatment; consideration should always be given to the impact of having to travel.

Members were further advised that work was taking place about how to improve the uptake in dental checks for children through the national 'Dental Checks by One' campaign. Children had good attendance rates but they could still be improved; early dental checks could avoid the chance of dental diseases and also result in less frequent check ups being required later in life.

Ms Goode and Mrs Fletcher were thanked for their attendance and it was:

**RESOLVED** that the update be noted.

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

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