

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Health and Wellbeing Overview and Scrutiny Committee** held in the Council Chamber, County Hall, Morpeth on Tuesday, 3 September 2019 at 12.30pm

PRESENT

Councillor J Watson
(Chair, in the Chair)

COUNCILLORS

Bowman, L.
Cessford, T.
Dungworth, S.
Hutchinson, I.

Moore, R.
Rickerby, L.
Simpson, E.

COUNCILLORS ALSO PRESENT

Beynon, J.
Bridgett, S.
Dodd, R.
Hill, G.

Jones, V.
Seymour, S.
Thorne, T.
Wearmouth, R.

OFFICERS

M. Bird
C. McEvoy-Carr

E. Morgan
S. Nicholson

Senior Democratic Services Officer
Executive Director of Adult Social Care
and Children's Services
Director of Public Health
Scrutiny Co-ordinator

ALSO IN ATTENDANCE

M. Adams

S. Brown

J. Coe

M. Dickson

J. Mackey

L. Prudhoe

R. Mitcheson

C. Riley

B. Scott

NHS Northumberland Clinical
Commissioning Group

NHS Northumberland Clinical
Commissioning Group

Northumbria NHS Foundation Trust

Northumbria NHS Foundation Trust

Northumbria NHS Foundation Trust

Healthwatch Northumberland

NHS Northumberland Clinical
Commissioning Group

Northumbria NHS Foundation Trust

Northumbria NHS Foundation Trust

Approximately 40 members of the public and one member of the press were also in

attendance.

26. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Armstrong and Nisbet.

27. MINUTES

RESOLVED that the minutes of the Health and Wellbeing OSC held on 2 July 2019, as circulated, be approved as a correct record and signed by the Chair.

28. FORWARD PLAN OF KEY DECISIONS

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

RESOLVED that the information be noted.

REPORTS CONSIDERED BY CABINET

29. HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE - IMPROVING HEALTH AND FITNESS TASK AND FINISH GROUP

Members received an extract from the minutes of the Cabinet meeting held on 9 July when the recommendations of this committee's themed scrutiny task and finish group were considered. An extract from the minutes of this committee's meeting on 4 June, which proposed the recommendations, were also provided. (Summaries attached to the official minutes as Appendix B.)

The Vice-chair, who chaired the review, referred to the work undertaken and the improvements, increased customer service focus and staff satisfaction levels since Active Northumberland's new chief executive started. The scrutiny subgroup would continue to monitor progress, beginning with a meeting scheduled to take place on 1 October 2019.

RESOLVED that the information be noted.

REPORTS FOR CONSIDERATION BY SCRUTINY

30. REPORT OF NORTHUMBRIA NHS FOUNDATION TRUST

Update about the new Community Hospital in Berwick

Marion Dickson, Executive Director of Nursing, Northumbria Healthcare provided a progress update about the new hospital planned for Berwick. (Briefing note and presentation attached to the official minutes as Appendix C.) Key points included local residents' support for the proposed site, the retention of all current services and the

addition of endoscopy services. The next steps would be to agree a build partner and a timeline for the development. Further discussions with staff and public and engagement about the plans would also follow.

Discussion then followed of which the key details of questions from members and responses were:

- it was intended that a timeline for the development would be confirmed by the end of 2019
- it was a good opportunity to assess all internal systems and make improvements where possible
- the clinical lead was happy for the Trust to progress with its endoscopy services proposal. Patients would continue to be pre-assessed first, after which treatment would be provided in Berwick where possible and safe to do so
- the level of services provided would be either equal to or better than currently provided
- engagement had included the Fire and Ambulance Services so far; views were being sought on which services could be involved. The engagement would build on work undertaken previously, include regular engagement with the local community, ensure that links were maintained. It would be compatible with the expected timeline.

Ms Dickson was thanked for her attendance and it was:

RESOLVED that the information be noted and a further update be provided for the committee in either November or December 2019.

31. REPORTS OF THE NORTHUMBERLAND CLINICAL COMMISSIONING GROUP

31.1 Whalton Unit - Update

The report (copy attached to the official minutes as Appendix D) updated members about the Whalton Unit. Siobhan Brown, Chief Operating Officer of Northumberland Clinical Commissioning Group (CCG) presented the item. Key points included details about the background to the temporary move of the Whalton Unit from Morpeth to Wansbeck General Hospital and the monitoring of patients' experiences since. The CCG had duties under the NHS Act 2006 and Equalities Act 2010 to actively involve and engage about changes; details were provided about ongoing work including the setting up of an engagement group, and a further update was proposed to be presented to this committee's meeting due on 5 November 2019.

Ms Brown also referred to a petition from the Whalton campaign group which had been submitted to the CCG prior to the start of this meeting. It would be considered during the engagement process.

Discussion then followed of which the key details of questions from members and responses were:

- regarding the definition of what a 'temporary closure' could cover, members were advised that such closures were temporary up until becoming permanent once the CCG took a final decision, with the OSC's input. 'Temporary' was not measured in terms of a particular/maximum length of time

- when the CCG took a final decision on the future of the unit in due course, this committee would be further consulted and asked to consider whether they considered any change be a substantial variation in services or not
- the CCG would respond directly to the lead petitioner; it was hoped that representatives from the campaign group would join the engagement group
- a member welcomed the CCG's actions to date on public engagement, research and other activities, and hoped that they continued such activities as proposed.

Ms Brown was thanked for her presentation and it was:

RESOLVED that

- (1) the information be noted; and
- (2) an update on the Whalton Unit be provided to the committee in November 2019.

31.2 Rothbury Hospital - Update

Members received a presentation at the meeting, in addition to the briefing notes previously circulated. (Copy of briefing note and presentation attached to the official minutes of the meeting.)

Details were provided by the Chief Operating Officer of the CCG and Chief Executive of Northumbria Healthcare NHS Foundation Trust. Ms Brown referred to the recommendations of the Independent Reconfiguration Panel following its ruling about flaws in the original engagement and consultation process, and work undertaken this year including the creation of the Rothbury Engagement Group. Advice had been received from The Consultation Institute. Consideration had been given to all local community assets and a wide range of data analysed.

Mr Mackey then provided a detailed overview of the model proposed for the Rothbury Hospital, which was a new approach considering the 'art of the possible'. It included step up and down care, a new model of care and a flexible staffing model. It was expected to be a sustainable resource once it went live from April 2020. Protocols were currently being developed. There had been an excellent engagement process to reach the current stage. It was seen as an innovative new approach which did not have any equivalents elsewhere.

Discussion then followed of which the key details of questions from members and responses were:

- regarding the staffing arrangements, members were advised that as they were new, details would be considered including arrangements for safe staffing. Staff would be recruited and protocols developed. It was currently not possible to confirm the exact numbers of staff who would work there
- in connection with how overnight staffing provision would operate, members were informed that a number of care pathways would be examined, during which consideration would be given to relevant case studies
- replying to a question about what had changed in the three years since the beds had closed, the previous model was not sustainable or justifiable, but elements of it had been taken forward and challenge to develop new innovative staffing models/practices and avoiding centralisation. An extra £100,000 funding had been allocated. Unfortunately there was not a local nursing home to link with, but work

had taken place with the RAFA (Royal Air Force Association) run Rothbury House residential care home about possible service provision options

- members considered that the proposal's sustainability relied on successful recruitment; members were advised that subject to agreement by the CCG and support from this committee for the proposal, recruitment measures would then begin and the committee were assured posts were expected to be attractive enough to generate interest
- referring to Northumberland's mostly rural nature and how it would be managed if other villages/areas asked for their own hospital/facilities, the Trust considered that communities were served comprehensively in local rural areas, but there was always room for further improvement through more engagement and identifying any gaps in service. The Trust looked to achieve solutions to suit local circumstances
- the Trust were confident of recruiting the required staff. An update would be provided to the committee in either December or January as it would be clear by then whether the proposal would be successful. Making this proposal successful was the main focus but there would be a 'plan b' if required; arrangements would not be introduced if they were judged not to be sustainable
- in response to a member's query about why the hospital could not be a decanting facility, most of the previous bed occupancy had been palliative, whereas now much need would be for people with a defined rehabilitative pathway, and consideration could be given to how to help somebody to be in Rothbury rather than for example Wansbeck General Hospital
- replying to concerns about the possible impact on patients being discharged too soon from Northumbria Specialist Emergency Care Hospital (NSECH) when they could benefit from being decanted to local community hospitals such as Rothbury, members were advised that the numbers decanted were not high enough and evidence showed that length of hospital stays were shorter and elsewhere and work continued to improve this rate
- consideration was being given to the skill mix required for recruiting nursing associates and opportunities for using the local community. The Trust operated a blended workforce model
- a member agreed it was an innovative new model, but what were the experiences of Trusts in other similar counties/rural areas when faced with these situations and had any discussion taken place with them? Members were informed that the Trust were involved in networks which included around 30 other providers who were responsible for similar geographic areas; when faced with similar situations other such Trusts had just closed their equivalent community provision en masse. This Trust had instead reflected on what had happened in Rothbury, learnt from it and worked on meeting the challenge/aims as detailed
- in response to a member's surprise at the figures showing that the closure of Rothbury's beds had little impact elsewhere, members were advised that it was a subjective assessment as if a bed became/remained available, it would be filled despite occasions when the patient might have been better returning home. Over the past three years, the Trust's care models had changed, including an enhanced community service provision; orthopaedics was now a day service and ambulatory care had not existed three years ago. Many services were now completed within hours at NSECH which had previously taken days
- members were reassured that the proposals would not be against the best practice/ interests of Northumberland. Mr Mackey was personally legally

responsible; the arrangements had to be both safe and not have any impact as to dilute any resources elsewhere in the county.

Committee members also made other key points:

- the proposals were a potential solution to an arrangement that was previously unacceptable. Credit should be given for the Trust's open and honest look at the process. Such risks were needed otherwise there would be no facility in Rothbury and face being back to the beginning. The proposal should be welcomed and supported
- the engagement undertaken was welcomed. It was frustrating how long these processes could take, and the committee would need further reassurance that the proposals would be doable, workable and up and running by April 2020.

The Chair then allowed three other interested parties the opportunity to address the committee.

Councillor Steven Bridgett, local county councillor for Rothbury, spoke by firstly stating that the committee's referral to the Secretary of State was the right action and he thanked committee members who had proposed and pushed for it, and gave thanks for the watching brief that had been maintained. He referred also to the involvement of Councillor Thorne and the Save Rothbury Hospital Campaign's Katie Scott. They all agreed that the proposal provided a pragmatic solution for the area; the staffing model was key to its success, and the committee needed to actively monitor it. He agreed with a committee member's point that if somebody was released by NSECH and if it was not possible for them to be cared for at home, there should be a step down opportunity at Rothbury. The engagement group would continue to meet. Residents had indicated that they were happy not to require a full consultation route, and that efforts should instead focus on making these proposals successful.

Councillor Thorne, county councillor for the neighbouring Shilbottle electoral division, welcomed that the CCG had listened, acted and developed a unique and intelligent model. It would help the older population; the Coquet Valley was a large area and this would reduce people's travel. A large number of new houses had been built in north Northumberland, many of whose occupants were older, it was important that these health services were available locally for residents. He considered that the North East Rural Sparse would be impressed with the proposals and asked the committee to support them.

Katie Scott of the Save Rothbury Hospital campaign group expressed sadness at the many cases of hardship heard over the past three years and each death that should have happened peacefully in the ward, but had vowed to look forward with positivity. The group was delighted to hear the new clinics and services planned and the development of the 'flexible beds model'. They had known and demonstrated that hospital beds were necessary locally. The closure of the inpatient beds had led to this campaign, which would end when the beds returned. The group would continue to offer suggestions and monitor progress. The campaign team wished to thank members for agreeing to it and the Trust and CCG, especially Jim Mackey and Claire Riley for making and committing the plan to work. Their greatest thanks went to the community of Coquetdale and beyond, who supported the campaign from the start and encouraged it to continue.

The Chair was pleased that the local community had engaged so well and congratulated

everybody involved. He summarised the next steps and asked members to consider a number of requirements, which were then voted on and agreed unanimously, as follows:

RESOLVED that it be agreed that:

- (1) sufficient time has been provided to the committee to consider and comment on the proposals before the final decision on approving a recommended proposal is made by the CCG;
- (2) the information provided in the appendix to the report demonstrate that the recommendations to date from the Secretary of State and Independent Reconfiguration Panel have been appropriately considered and either met or form part of the ongoing process;
- (3) there is satisfaction that the model is in the best interests of healthcare provision in the area and the proposal does not constitute a substantial variation in service nor require any further consultation;
- (4) the committee's views be sent to the Secretary of State for Health and Social Care; and
- (5) an update be provided to the committee in either December 2019 or January 2020.

31.3 Joint Musculoskeletal and Pain Service (JSK) - Update

The presentation (copy attached to the official minutes as Appendix E) updated members about the Joint Musculoskeletal and Pain Service, following the urgent business considered at the committee's last meeting. Ms Brown of the Clinical Commissioning Group presented the update, with reference to progress with work to ensure access for 100% of residents and to get prompt support at a nearby location where needed. All 5,037 transition patients, those already receiving treatment for new patients prior to 1 July 2019, had been registered by 26 July 2019. A further 3,728 new referrals had been received since 1 July 2019. Clinics at all the sites would have gone ahead by 3 September 2019.

Discussion then followed of which the key details of questions from members and responses were:

- regarding the waiting times, patients should receive an appointment within 15 days of being referred by their GP. Patients were triaged through the system, so some could progress faster when needed to be seen quicker
- a member commented that he had used the service and the whole process had taken 10 days in total - it was a fast and local service that worked as described
- patients would be seen within 15 days, ideally at their location of choice, but might have to wait slightly longer on occasions for their preferred venue depending on availability at that time
- members were reassured that there had been no staff redundancies as a result of these changes. There had been changes to working patterns and hours, but some of the physios also needed to work on wards also
- it was noted that the IT upgrade required for the Seahouses site was likely to be completed within the next couple of weeks and not considered expensive
- concern was expressed that this issue had arisen for the committee's attention following issues being raised by an elected member. It was important that CCGs/Trusts issued communications as soon as possible to both clarify and avoid any misunderstandings generated by such changes, even if there were no statutory requirements. Members were reassured that the issues raised about this

service had been addressed and that arrangements would be made to ensure early updates were provided for the committee.

The Chair thanked Ms Brown for her update and the committee agreed that no further update needed to be scheduled about this issue.

RESOLVED that the information be noted.

33. REPORT OF THE DIRECTOR OF PUBLIC HEALTH

Report of the Director of Public Health

The purpose of the report was to present the Director of Public Health (DPH) Annual Report for 2018 which this year focused on mental health and wellbeing across the life course (copy attached to the official minutes as Appendix F).

The report was introduced by the Cabinet member for adult services and wellbeing, who congratulated the Director of Public Health and her team for another excellent, very detailed report. It contained much important information about mental health, including statistics about the contribution of poor mental health to early deaths and information about the impact of mental health during childhood.

The Director of Public Health then provided further details of the report, with reference to the importance of mental health as it was an area with significant inequalities and differences across Northumberland; the report focused on tangible, specific actions; the impact of toxic stress during childhood also on physical health and the importance of good early education and support; opportunities to promote this in schools; how mental health and musculoskeletal problems were the two main causes of sickness absence from work; and the positive impact of activities such as volunteering and caring. The report proposed a whole system approach to mental health, promoting it in the workplace, and signing up to the Concordat for Mental Health; Councillor Cessford was the councillor champion for mental health.

Discussion then followed of which the key details of questions from members and responses were:

- regarding whether support could be provided for young people who struggled with exam stress and achievement pressure, it was acknowledged that pressure on young people had changed and it was both important to identify young people who struggled to cope and take action to help build up their resilience
- a member referred to the impact upon young people who also had family carers roles at home and recognising any resulting impact on this upon their school attendance/performance. Members were advised that in the last biannual questionnaire for young people, about one in 20 had been identified as having some type of caring responsibility; work was currently taking place to look at how to further support young carers
- reference was made to the benefit to young people from a mentor; evidence demonstrated that a big difference was provided for young people by knowing they had a trusted adult
- mental health for boys and men was very important - boys should be encouraged to be able to talk about and share their concerns

- great benefits came from projects that included peer mentoring schemes and other skills and benefits - an example was provided about the work of the Blyth Offshore Fund - but there was insufficient funding to fully support them; such organisations had to compete for financial support
- replying to a question about supporting children through interventions to help new parents in socially deprived areas, members were advised that there was a universal offer to all new parents from health visitors, and other services including Sure Start centres, courses and other support. A parenting programme was also available through a referral process
- in response to a question about strategies to address loneliness, members were advised of work ongoing to create sustainable networks and identify people who would benefit from becoming more socially connected, and also recognise and try to reduce the impact from people becoming disconnected and losing confidence. Reference was made to the benefits that organisations like Active Northumberland could contribute and how GPs could direct people to get support
- it was essential that means were in place for people to seek support when experiencing mental health difficulties - an example was provided of an attempted suicide later in life following on from early trauma experiences and the impact from the GP involved who was able to provide support and help.

Members agreed that it was an excellent report and it was:

RESOLVED that the

- (1) content of the report be noted; and
- (2) recommendations be accepted and supported.

34. REPORT OF THE SENIOR DEMOCRATIC SERVICES OFFICER

Health and Wellbeing OSC Work Programme

Members considered the work programme/monitoring report for 2019-20 (enclosed with the official minutes as Appendix G).

Members were reminded that the business due at the next meeting on 1 October had been postponed from this meeting to make space for the Berwick, Whalton Unit and Rothbury updates. As agreed earlier in the meeting, the work programme would need to be updated to include an update on the Whalton Unit in November 2019 and updates on Berwick in either November or December 2019 and Rothbury in either December 2019 or January 2020.

RESOLVED that the work programme and additional items added be agreed.

35. NEXT MEETING

It was noted that the next meeting would take place on Tuesday, 1 October 2019 at 1.00pm.

36. INFORMATION ITEMS

Policy Digest

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

RESOLVED that the information be noted.

CHAIR _____

DATE _____