



Northumberland County Council

Rt Hon Matt Hancock MP
Secretary of State for Health and Social Care
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Your ref:
Our ref: HWBOSC270919
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Date: 27 September 2019

Dear Mr Hancock,

UPDATE FROM NORTHUMBERLAND COUNTY COUNCIL'S HEALTH AND WELLBEING OVERVIEW AND SCRUTINY ABOUT THE FUTURE OF ROTHBURY COMMUNITY HOSPITAL FOLLOWING THE REFERRAL TO THE SECRETARY OF STATE

You will recall that in my letter to you of 31 January 2019, I advised of progress to date regarding the above, including plans for future public engagement. However, it was acknowledged by all parties that proper evaluation and meaningful engagement with interested parties through an Engagement Group would take time and the CCG would need until summer 2019 to carry out this work and for me to provide you with a full response.

Our Health and Wellbeing Overview and Scrutiny Committee have received regular progress reports since then. On 4 June 2019, Members received an interim update about the work of the Rothbury Engagement Group and an extract from that meeting is attached.

The Committee then received a detailed presentation on 3 September 2019 from the CCG and the Chief Executive of Northumbria Healthcare NHS Trust outlining their work to date and their proposals for the future of the hospital, details of which are attached. Whilst the method and extent of the consultation was welcomed, the proposals were vigorously challenged and questioned by the Committee as evidenced by the attached draft minutes, particularly regarding staff recruitment, skill mix and retention, patient safety and the sustainability of the model. It was noted that the Engagement Group would continue to meet and the Committee asked for further progress reports towards the end of the year to provide reassurance that the proposals would be deliverable by April 2020.



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At that meeting, the opportunity to address Members was afforded to the local councillor for Rothbury, the local councillor for the adjoining Shilbottle ward and Katie Scott representing the Save Rothbury Hospital Campaign who were all supportive of the proposals.

The Committee agreed that sufficient time has been provided to members to comment on the proposals before a final decision is taken by the CCG and that the recommendations set out by yourself and the Reconfiguration Panel had been appropriately considered and either met or would form part of the ongoing process. They supported the view that the proposed model would be in the best interests of healthcare provision in the area. Finally, they agreed that the proposal did not constitute a substantial variation in service requiring further formal consultation.

I understand the CCG are sending you a separate response.

Yours sincerely

Councillor Jeff Watson
Chair, Health and Wellbeing Overview and Scrutiny Committee
Northumberland County Council

**EXTRACT FROM THE CONFIRMED MINUTES OF THE HEALTH AND WELLBEING
OVERVIEW AND SCRUTINY COMMITTEE HELD ON 4 JUNE 2019**

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 reprocurement 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.

EXTRACT FROM THE DRAFT MINUTES OF THE HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE HELD ON 3 SEPTEMBER 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.