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, 1 October 2019 at 1.00pm

PRESENT

Councillor J Watson
(Chair, in the Chair)

COUNCILLORS

Armstrong, E.	Dungworth, S.
Bowman, L.	Nisbet, K.

OFFICERS

M. Bird	Senior Democratic Services Officer
L. Dixon	Apprentice
C. Malone	Communications Business Partner
E. Morgan	Director of Public Health

ALSO IN ATTENDANCE

S. Brown	NHS Northumberland Clinical Commissioning Group
Dr R. Hudson	NHS Northumberland Clinical Commissioning Group
A. Kennedy	Northumbria NHS Foundation Trust
G. Matthewson	Northumbria NHS Foundation Trust
R. Mitcheson	NHS Northumberland Clinical Commissioning Group
A. Nokes	NHS Northumberland Clinical Commissioning Group
C. Riley	Northumbria NHS Foundation Trust
Dr E. Sykes	Northumbria NHS Foundation Trust

One member of the press was in attendance.

37. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Cessford, Hutchinson, Jones, Moore, Rickerby and Simpson.

38. MINUTES

RESOLVED that the minutes of the Health and Wellbeing OSC held on 3 September 2019, as circulated, be approved as a correct record and signed by the Chair.

39. 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.

40. HEALTH AND WELLBEING BOARD

The minutes of the Health and Wellbeing Board meetings held in June and August 2019 were presented for the scrutiny of any issues considered/agreed there.

RESOLVED that the information be noted.

REPORTS FOR CONSIDERATION BY SCRUTINY

41. REPORT OF NORTHUMBERLAND CLINICAL COMMISSIONING GROUP

Cancer Performance - Update

The committee had considered a presentation on 5 March 2019 from Northumbria NHS Foundation Trust about their latest Quality Account. During this presentation, members raised a number of questions about cancer treatment/statistics for Northumberland. The purpose of the report (enclosed with the official minutes as Appendix C) was to update the committee on current performance for cancer in Northumberland and provide an overview of the collaborative actions implemented to improve outcomes for residents.

A joint presentation was provided by Dr Robin Hudson of the CCG and Graeme Mathewson of Northumbria NHS Trust (copy enclosed with the official minutes of the meeting) of which the key details were:

- the vision of the Northumberland Cancer Strategy 2018-23
- current incidence rates of cancer
- the 10 most common sites of cancer - 2016 figures
- the most common sites for cancer mortalities
- contributing factors to cancer rates
- prevention rates: progress during 2018-19 and 2019-20
- early diagnosis details
- variations in prevalence across practices
- early diagnosis - progress to date
- CCG performance against national targets
- cancer performance - 62 day GP referral performance
- six month performance - 62 day GP referral
- Numbers of full breaches
- urology performance

- colorectal performance by 62 day GP referral
- clinical support improvements - diagnostics
- future developments
- living with and beyond cancer

Northumbria NHS Trust summary: cancer performance continued to be a challenge due to a number of a variety of complex factors. Many opportunities existed and were being explored to improve the efficiency of each of the eight tumour sites the Trust managed. Work was underway across all tumour sites to unpick each pathway with an overall aim of improving the current systems and processes. All ongoing work was detailed and comprehensive to ensure that any patient referred into Northumbria Healthcare on a cancer pathway received the best care and experience possible.

CCG summary: Northumberland cancer patients gave an average of nine on a scale of zero (very poor) to ten (very good) in the 2018 national cancer patient experience survey. Cross system working was in place to address underperformance against national targets and the underlying causes. A significant amount of work was being undertaken in secondary care to reduce the days within the pathway for diagnosis and treatment. The CCG had a focus on population health and health inequalities. The CCG would continue to focus on improving the rate of diagnosis at stage 1 or 2 and address variations between practices.

Debate followed, of which the key details of the main points and responses were:

- the recommended weekly maximum alcohol intake was now 14 units per week for both men and women. 26% of adults were estimated to drink more than this
- a query was raised about any linkage between prostate cancer and high levels of sodium nitrate intake; this would be followed up after the meeting
- the figures presented were the latest version but could change once details of further recent treatments were uploaded
- the Trust's referral rates were performing well but some Northumberland residents had to be referred to other Trusts for certain treatments, for example to Newcastle for prostate cancer. There were greater pressures on and some delays at tertiary centres such as Newcastle because they were responsible for also treating patients from the wider area
- 'breaches' were when gaps in referrals happened without any reasons given for the delays. Upon investigation, evidence showed that often MRI reports had often been completed within 3 - 5 days but not reviewed for a further 7 - 10 days. This had been attributed to inefficiencies in administrative arrangements; since identifying this cause, action had been taken and performance rates improved
- performance rates for breaches for breaches had greatly improved; this was down to four in September, whereas they had regularly been 12 per month beforehand
- the increase in colorectal referrals from 200 - 550 could result from a number of factors including increased public awareness and GP behaviours. Requests had been raised regionally and nationally querying findings to explain the increase. Between 6 - 8% of those screened were diagnosed with colorectal cancer
- in response to whether the diagnosis of six cancer cases out of 100 referrals could mean that too many referrals were being undertaken, members were advised that this was being considered, with GPs, about what constituted appropriate referrals. It was however a complex pathway
- no cancer referral rates were deteriorating; all referral times had shortened. Some patients referred for tests for one type of cancer might subsequently be diagnosed

with another cancer so it was important that the appropriate tests were done at the right times
- members welcomed the results but asked what areas needed attention, and were advised that the position had been different relatively recently when for 14 - 15 months targets were not being met. Much work had been undertaken to address this; there would be no letting up in maintaining current standards
- in care communications were currently at the diagnostic stage. A member expressed concern about the circumstances in which patients could be seen at different hospitals without the hospitals sharing information with each other, which required rediagnoses throughout the process. Members were reassured that work was taking place to develop this so that the transfer of information between trusts was better; the new developing interface should assist
- a member welcomed the new arrangement for giving patients the date of their next appointment after being seen by the doctor
- a member stressed the importance of screening and increasing awareness for people especially for cancers which could develop significantly without symptoms. It was noted that the number of residents asking for tests often spiked following publicity about celebrities who were diagnosed with cancers.

Dr Hudson and Mr Matthewson were thanked for their presentation, and the Chair referred to the importance of this committee scrutinising this issue.

RESOLVED that the information be noted.

42. REPORT OF NORTHUMBRIA NHS HEALTHCARE FOUNDATION TRUST

Sepsis Performance - Update

Following the 5 March 2019 from Northumbria NHS Foundation Trust about their latest Quality Account, an update presentation was provided by Dr Elliott Sykes about sepsis treatment/statistics (copy enclosed with the official minutes of the meeting) of which the key details were:

- defining sepsis - “sepsis should be defined as life threatening organ dysfunction due to a dysregulated host response to infection”
- 35,000 people were affected each year - the equivalent of the number of runners in each year’s London Marathon
- the ‘sepsis six’ requirements within an hour: oxygen/blood cultures/check lactate/intravenous antibiotics/fluid resus/fluid balance
- key statistics: of 7021 patients screened for sepsis, 158 lives were estimated to have been saved, leading to a 21% relative reduction in mortality saving and estimated 1339 bed days in intensive care units, and the aim to reduce sepsis mortality by 30% over two years
- sepsis screening rates and rates for providing antibiotics within one hour and bundle compliance within one hour
- sepsis objectives 2019/20
- support for deteriorating patients
- collaborative events and awareness
- case studies about a nurse who’d treated sepsis and a sepsis patient.

In response to a question, members were advised that the trigger/diagnosis of sepsis had changed but the main concern was the suspicion that a patient had an infection and was deteriorating physiologically. It was essential that cases were recognised/ identified in a timely manner. The approach taken had saved an estimated 158 lives in the first two years, providing a 21% reduction in cases following screening arrangements. It was essential that bundle compliance was achieved within one hour including the prescribing of antibiotics.

To clarify the statistic of 7021 patients being screened resulting in 158 lives saved, this was amongst people considered to have had a lower risk, so the 158 had been saved through the screening as otherwise their symptoms might not have been acted on in time.

Members were further advised that this pathway had been referred to during the quality account presentation given to the committee in March 2019 and it was important that this work was part of a priority going forward.

Dr Sykes was thanked for his presentation.

RESOLVED that the information be noted.

43. REPORT OF NORTHUMBRIA NHS HEALTHCARE FOUNDATION TRUST AND NORTHUMBERLAND CLINICAL COMMISSIONING GROUP

End of Life Care - Update

The committee had considered an update report about end of life care at their meeting on 4 June 2019. This report provided an update on actions undertaken since a scrutiny review of end of life care was completed in 2012. A presentation was provided by Rachel Mitcheson of the CCG (copy enclosed with the official minutes of the meeting).

Key details included how the strategy required further updating and to be more reflective of the NHS and Social Care System, including voluntary/charitable groups. It needed to engage further the local population including hard to reach groups and encompass care in hospital, out in the community and within peoples homes. It was an area that required time, attention and engagement across health, social care, voluntary sector and within communities.

All organisations invited had agreed to participate in and help to create an integrated approach. The next step was to create a system-wide task and finish group to support the overall creation of the strategy and manage the activity to do so. Partners would include voluntary and charitable organisations, social care, primary care, secondary care, community services, Healthwatch, and report into the Northumberland Transformation Board. Work would commence in the current year, with an expectation to bring a revised and updated strategy in April 2020.

A member then expressed concern that a final report might come to this committee, perhaps to their meeting on 4 May 2020, without giving members any earlier opportunity to input into and shape its content. Members discussed a range of other options including appointing a member/s of this committee to sit on the task and finish group or to receive

an interim update in perhaps January or February 2020 before the final report was presented in May.

Members agreed that further consideration should be given so it was:

RESOLVED that

(1) the update be noted;

(2) Democratic Services follow up options for arrangements for the further scrutiny of this issue and report back.

44. REPORT OF THE NORTHUMBERLAND CLINICAL COMMISSIONING GROUP

Urgent Care Update: Developing the Strategic Direction for Urgent Care in Northumberland

This paper (enclosed with the official minutes as Appendix D) provided committee members with an update on work being undertaken by the CCG and partners to develop a Strategic Direction for Urgent Care (UC) in Northumberland. The CCG would develop and implement its UC Strategic Direction by working jointly with its system stakeholders. Within this definition the CCG were referring to individuals and organisations who might be affected by changes which might emerge from the implementation of this strategy; including patients and professionals working in health and social care across the county. The report was introduced at the meeting by Ailsa Nokes, Director of Commissioning, Northumberland CCG.

Members were further advised that Healthwatch could not attend this meeting but had passed on their comments about this report: they *"welcome the opportunity to be involved with shaping the engagement on this. We have valuable feedback from our work at NSECH and urgent care report in 2017 and from Healthwatch nationally about the key issues for communities."*

At this point a member questioned the CCG about the introduction of £5 charges for the delivery of prescriptions from pharmacies for people for whom it used to be free. It was noted that this was not a CCG responsibility as NHS England commissioned pharmacies, but a written answer would be organised for all members of the committee.

A member expressed concern about situations when residents were referred between GPs, pharmacies and the 111 service; it would help if some kind of hub/NHS shop could provide services. Members were advised that such extended access considerations would be addressed during this process and the engagement to be undertaken.

A member considered that there was sufficient information in place about the services available in pharmacies, but there was an underlying culture through which people foremost trusted and expected to see GPs about medical issues. It was key to build trust in pharmacies, perhaps to ask GPs to advise more about what residents could get from pharmacies. Members were advised that there might be behavioural patterns about why people relied on doctors and this could vary by age, experience, background and other factors; the engagement process would try to pick up on these concerns. A member referred to reluctance amongst many people to visit their GP, and concerns about GP

booking systems, as on occasions people contacted their GP, were informed there were no appointments, went instead to the pharmacist, who referred them back to their GP.

Members were reassured that the issues they had raised would be addressed as part of this review.

RESOLVED that
(1) the report be noted;
(2) issues raised by the committee be considered as part of the consultation; and
(3) a further report be presented to the committee in February 2020.

45. REPORTS OF THE SENIOR DEMOCRATIC SERVICES OFFICER

(1) Primary Care Applications Working Party

Members had received a copy of the draft notes of the Primary Care Applications Working Party notes meeting which took place on 23 September 2019. (Copy attached to the official minutes of the meeting.)

An application had been considered for the change in premises of a dental practice from Tweedmouth to Berwick town centre. The panel had supported the move, as had two Berwick county councillors who had sent in their support in writing. Healthwatch had commented *"the dental practice contacted us and we were happy with plans to engage and have had no additional feedback from patients."*

RESOLVED that the information be noted.

(2) 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 noted that there were four substantial items due at the next meeting on 5 November, so it had been agreed to put back the specialist substance misuse service item back to the following meeting on 3 December.

Reference was made to correspondence sent from a resident to members about the Whalton Unit and how the CCG had responded. An update on the Whalton Unit would be presented to the next meeting, as well as the six monthly update from Healthwatch and an item about winter preparedness.

Reference was made to the updates due about Berwick and Rothbury in January 2020. Copies of a letter sent to the Secretary of State for Health and Social Care on 27 September 2019 giving an update on this committee's considerations had been sent to members (copy attached to official minutes of the meeting). Healthwatch had commented: *"We welcome developments in Rothbury and will have a keen in interest how population in Coquet Valley are engaged in the development of the new service."*

A written answer about prescription delivery charges would be provided, rather than an

agenda item.

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

46. NEXT MEETING

It was noted that the next meeting would take place on Tuesday, 5 November 2019 at 1.00pm.

47. 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 _____