

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, 5 November 2019 at 1.00pm

PRESENT

Councillor J Watson
(Chair, in the Chair)

COUNCILLORS

L Bowman
T Cessford

K Nisbet
E Simpson

ALSO PRESENT

V Jones - Cabinet Member for Adult Wellbeing and Health

OFFICERS

C Angus
C McEvoy-Carr

S Nicholson
K Norris

Scrutiny Officer
Executive Director of Adult Social Care
and Children's Services
Scrutiny Coordinator
Democratic Services Officer

ALSO IN ATTENDANCE

A Blair
M Dickson
B Bartoli
R Mitcheson

C Malone
A Nokes

D Nugent
A Raine
C Riley
B Scott

Northumbria NHS Foundation Trust
Northumbria NHS Foundation Trust
Northumbria NHS Foundation Trust
NHS Northumberland Clinical
Commissioning Group
Communications Lead
NHS Northumberland Clinical
Commissioning Group
Healthwatch Northumberland
Northumbria NHS Foundation Trust
Northumbria NHS Foundation Trust
Northumbria NHS Foundation Trust

Councillors J Beynon, R Wearmouth (observers)

One member of the press and 9 members of the public were also in attendance.

48. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Armstrong, Dungworth, Hutchinson, Rickerby and Moore.

49. MINUTES

RESOLVED that the minutes of the Health and Wellbeing OSC held on 1 October 2019, as circulated, be approved as a correct record and signed by the Chair.

50. 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 FOR CONSIDERATION BY SCRUTINY

51. REPORT OF NORTHUMBERLAND CLINICAL COMMISSIONING GROUP

Relocation of the Whalton Unit to Wansbeck General Hospital

The purpose of the report (attached to the signed minutes as Appendix B) was to provide an update on the review which investigated the impact of the relocation of the Whalton unit to Wansbeck General Hospital, share the findings from the public engagement and inform the Health and Wellbeing Overview and Scrutiny Committee (OSC) of the decision made by Northumberland Clinical Commissioning Group (NCCG) on 23 October 2019.

The Executive Director of Adult Social Care and Children's Services provided some background information stating that the Whalton Unit had been temporarily relocated from Morpeth to Wansbeck Hospital on 19 December 2018. That decision was reviewed in April 2019 and an extension to the temporary relocation was agreed pending further information. The Health and Wellbeing OSC had been kept informed at its meetings on 8 January 2019, 26 March 2019 and 3 September 2019.

Members were advised that the reports and presentations would cover the case for change that the NHS organisations had collated and findings from recent engagement with the local population. Mrs Barbara Ross would also present her case to the committee. It was noted that a petition against the closure had been received by the NCCG and that letters signed by around 500 people had been placed in the Members' lounge last week. A further letter was sent to the committee members by Mrs Ross two days ago.

The committee was being asked to determine whether the move of the Whalton Unit to Wansbeck District General Hospital was, in the committee's opinion, a substantial

variation of service or not. Further consideration would only be required if the committee deemed that change of service was a substantial variation.

It was stated that there was no firm definition of a substantial variation however:

- The key feature of a substantial variation was that there was a 'major' change to services experienced by patients and future patients. That would include changes to accessibility, impact on the wider community and other services, the number of patients affected (a small impact could still be substantial variation) and also method of service delivery.
- Local engagement with the community should take place from an early stage on the options developed.
- In considering substantial variation proposals, the committee must recognise the resources within which the NHS operated and should therefore take into account the effect of the proposals on sustainability of services as well as their quality and safety.

The Chair said he had been informed by the Morpeth Councillors that they were fully up to date with the situation. He then introduced Mrs Barbara Ross who addressed the committee and her comments included the following key points:

- The Campaign Group wished to emphasise that the removal of the Whalton Unit from Morpeth was a substantial and significant change for the people of Morpeth and surrounding areas.
- Over 2,000 people had signed a petition asking for a full public consultation and over 500 people living in the NE61 postcode area had written to their County Councillor asking for support.
- There had been a high level of engagement from the public, the result of which had shown that visitors would be affected by inconvenience, travelling to Wansbeck hospital, loss of privacy and dignity and the loss of palliative care in communities.
- Ward 8 could not deliver effective palliative care as there were only 3 side rooms therefore the removal of the Whalton Unit from Morpeth was a substantial variation to service.
- The loss of 30 individual bedrooms for Palliative Care was a significant loss for the whole of Northumberland as there were only 17 beds in the palliative care ward at Wansbeck Hospital. There was a waiting list for these so no guarantee of privacy or dignity for dying patients and their families.
- Not everyone wanted to die at home. The loss of 30 beds in the Whalton unit would mean increasing numbers of people would die in a ward behind a curtain and this had already happened on Ward 8.
- The Campaign Group had serious misgivings about the way the public engagement was run and asked members for their support to have a full public consultation to remedy the weakness of the engagement process.
- Healthwatch had expressed their own concerns about the engagement process.
- It was not clear who had carried out the engagement. Representatives of the Trust and the NCCG were interviewing the public and that did not give the impression of impartiality.
- The Campaign Group was concerned about the lack of training of interviewers at the public engagement events. There was a lack of consistency between different interviewers and between different venues.

- There were no questions about palliative care in the online questionnaire and at some of the venues and it was felt this was an attempt to minimise the importance of the Whalton Unit as a base for palliative care. Despite feedback to the NCCG this was not remedied in the second phase of the engagement.
- Too little time was taken to promote the drop-ins in advance and it was felt the process was rushed.
- There were not sufficient opportunities for working people to get involved in the drop-ins. Only two were held at a time when full time workers may have been available resulting in most respondents being over 65.
- There was an inconsistency between the venues used for engagement. The number of researchers varied meaning waiting times differed, there was often no attempt to make respondents comfortable and a lack of privacy.
- Some members of the public said their opinions had been challenged which was not expected in a fair and independent process.
- Following feedback half way through the process, it was acknowledged that extra sessions were provided but these did not mitigate the weakness of the process or undo what had already taken place.
- The Campaign Group was calling for a full public consultation and were asking Healthwatch to work with the NCCG to help them plan a process to address all of the concerns raised.
- The scrutiny committee was asked to recognise that Rothbury Cottage Hospital was granted a full public consultation. There were similar circumstances, beds were being lost, people would have to travel further and people in rural surrounding areas would suffer.

Rachel Mitcheson, NHS NCCG and Barbara Scott, Northumbria Healthcare NHS Foundation Trust then provided a joint presentation (copy enclosed with the official minutes of the meeting).

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

- Complaints had been received about the lack of information provided about free travel available to Wansbeck General Hospital for families and carers. This was being addressed and contact details for free taxis would be shared. There was a commitment that this service would stay in place.
- Although the Whalton Unit had 30 beds in single rooms, not all of them were utilised as some were so remote staff did not feel they were safe to use.
- Currently the unit was using 24 to 27 beds, as and when required. The aim was to use 24 where possible.
- Some patients preferred to be on a ward so there needed to be a mix of options. The ward was geared up for rehabilitation and it was not recommended to have all single rooms for safety reasons.
- In the last 16 months, there had only been 6 patients with a Morpeth postcode admitted to the Whalton Unit for palliative care. However, it was acknowledged that the lack of single rooms at Wansbeck, some of which were used for infection control, meant the situation was a challenge to manage which was why a palliative care bed model in nursing homes was being developed.
- After receiving feedback about not having enough public engagement in the evenings, another evening drop-in had been provided, however, it was not well attended and numbers after 5:00pm were few.

- In terms of the engagement, a question was raised as to whether people were made aware that the Whalton unit in Morpeth was to close or if they thought it was a temporary move to Wansbeck. In response it was stated that respondents were informed through conversation. They knew it had moved, they were asked about the impact and invited to make comments, some of which had been very helpful moving forward.
- In response to comments about why the Whalton unit was being closed if there was a waiting list for beds on the palliative care ward in Wansbeck, it was emphasised that it was not being closed, it was being moved. There were now 27 beds at Wansbeck which had not been there previously, there was no closure, the Whalton unit was simply operating at a different site.
- With regard to feedback and if it would be addressed, members were advised that in terms of ward environment, a new space had been identified for use which had a slightly bigger footprint. At the end of the space there was an old, unused gym and there were plans to develop this and make it larger.
- There was no commitment to add any single rooms. The unit was mainly used for rehabilitation and in response to the feedback, a gym and additional space for relatives would be provided. The NCCG had committed to look into the provision of extra beds, in single rooms in care homes in order to provide some balance.
- In response to comments that there was a lack of confidence in the way data was collected, it was stated that NCCG had learned a lot through the Rothbury process and had sought to understand the views of the local population. The point of engagement was to start that process and they had been open and honest about what had been collated. They felt they had identified the main concerns.
- Healthwatch had been invited to come along but it was not a formal consultation process in which Healthwatch would have a role to play.

At that point the Chair invited Derry Nugent from Healthwatch to comment.

Ms Nugent said the main concern of Healthwatch, at all times, was if patients had been listened to. They had looked at feedback around the temporary transfer and some individual concerns about technical aspects. In terms of the engagement, Healthwatch was happy with the numbers and pleased to see that the campaigners had been involved. With regard to feedback, Healthwatch had asked for assurances that everything people had said was written down and she felt that had been reflected in the report.

Like all engagement it was about bringing up issues significant to the respondents and it was clear that the impact on travel and, particularly on palliative care, were the most significant to them.

Going forward her main issues were the timescale and that those most affected would continue to be included in developing services.

Further questions were raised and responses were as follows:

- With regard to feedback, 241 people had been spoken to directly, 500 independent questionnaires had been issued online and 200 postcard sized information cards were distributed.
- From a medical point of view, mixed wards were better to observe patients. At Wansbeck General Hospital, the clinical model was safer, there were fewer falls

and the out of hours period in the Whalton unit at Wansbeck was covered by hospital medical staff rather than on call GPs.

In response to a member's comments about on-going dialogue and checks in place for commitments detailed in the report, the Scrutiny Co-ordinator confirmed that the Work Programme would be updated accordingly to provide the committee with updates.

Details discussion ensued and further comments/concerns were raised:

- Wider engagement with the public was needed and people from Morpeth should be given the same consideration as those from Rothbury.
- There should be more single rooms for palliative care and privacy was vital.
- People preferred to be as close to home as possible for palliative care.
- Parking at Wansbeck Hospital was extremely difficult.

In summary the Chair said the number of beds in the Whalton Unit had not changed, travel issues had been addressed and the location was helpful to people from more deprived areas. Although many people would live further away from Wansbeck General Hospital, many would live closer and there was an equal balance. A commitment had been given to look at palliative care in single rooms within care homes and there would be investment for new car parking spaces and additional disabled spaces.

Upon being put to the vote some members considered that the engagement process should have included those within the Wansbeck area, however, following further clarification they agreed this was not a substantial variation in service.

This was acknowledged by the NCCG and it was stated that comments had been taken on board. Further updates would be provided to the scrutiny committee at future meetings.

RESOLVED that the decision made by the NCCG to relocate the Whalton Unit to Wansbeck General Hospital was not a substantial change in service delivery.

(Councillor Nisbet left the meeting at 2:50pm)

52. REPORT OF NORTHUMBRIA NHS HEALTHCARE FOUNDATION TRUST

Winter Planning Update

Northumbria Healthcare and Northumberland Clinical Commissioning Group had been asked to brief committee members on the robust and extensive plans in place for healthcare across Northumberland during winter 2019.

Members received a joint presentation from Ailsa Nokes, NCCG and Alyson Raine, Northumbria NHS Foundation Trust covering the extensive planning that took place across the system to ensure operational resilience and maintain patient flows for the winter period. (A Copy of the presentation is filed with the signed minutes of the meeting.)

It was stated that in general attendances at emergency and urgent care centres were up by 10% from last year and preparations were being made for extra beds in the winter months. Additional staffing needs had been identified and information was provided

about Winter BAU preparation, including focus on flu vaccinations and robust infection control measures.

In response to a question it was confirmed that doctors and nurses were being recruited and had a choice of where they wanted to work.

NHS 111 appointments were booked into Hexham and Wansbeck UCCs and there had been no complaints about Hexham General Hospital being closed overnight. Community Paramedics were working in the Berwick area which had reduced the need for patient travel.

Information was also provided about the protocol for discharge, primary care, further system actions and major surge.

(Councillor Bowman left the meeting at 3:15pm)

In response to questions the following information was provided:

- There was a 20% increased chance of accessing a GP appointment with extended access and, although the benefits of promoting that were acknowledged, it was stated that if there was too much publicity GP's could be inundated and a cautious approach was recommended in getting the message across.
- The Northumbria NHS Foundation Trust came third best in the Country last month and working with partners had demonstrated system wide success.
- Work had been done over the summer to get the message across about the use of urgent care centres and how to promote the use of minor injury units. NSEC had an excellent reputation but the public needed to be aware that they could also access excellent services elsewhere.
- It would be a difficult winter but lessons were learnt every year and plans were in place.

RESOLVED that the information be noted.

53. REPORTS OF HEALTHWATCH

Healthwatch Northumberland - Six Month Update

Derry Nugent referred to the presentation which had been provided to members in advance of the meeting (enclosed with the official minutes as Appendix C), the engagement report from Healthwatch about the North East NHS Long Term Plan (enclosed with the official minutes as Appendix D) and the quarterly report from Healthwatch (also attached to the official minutes).

She advised members that reports would be produced more frequently as Healthwatch had a new member of staff. They would be attending the Local Area Council meetings so members would have an opportunity to discuss local issues.

Members praised Healthwatch for the excellent service it provided.

RESOLVED that the information be noted.

54. REPORT OF THE SCRUTINY COORDINATOR

Health and Wellbeing OSC Work Programme

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

The Scrutiny Co-ordinator advised members to contact Chris Angus, the new Scrutiny Officer, if they had any issues. A review of the winter services would be programmed and it was confirmed that an update on the Whalton Unit would also be scheduled at an appropriate time.

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

55. NEXT MEETING

It was noted that the next meeting would take place on Tuesday, 3 December 2019 at 1.00pm.

CHAIR _____

DATE _____