

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, 7 January 2020 at 1.00pm

PRESENT

Councillor J Watson
(Chair, in the Chair)

COUNCILLORS

T Cessford
S Dungworth
I Hutchinson
K Nisbet

W Pattison
L Rickerby
E Simpson

OFFICERS

M Bird
C Malone
C McEvoy-Carr

S Nicholson

Senior Democratic Services Officer
Communications Business Partner
Executive Director of Adult Social Care
and Children's Services
Scrutiny Coordinator

ALSO IN ATTENDANCE

S Brown	NHS Northumberland Clinical Commissioning Group
T Creighton	Northumbria Healthcare NHS Foundation Trust
S Elliott	NHS England
P Gray	NHS England
D Henderson	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
J Milne	Northumbria Healthcare NHS Foundation Trust
R Mitcheson	NHS Northumberland Clinical Commissioning Group
D Nugent	Healthwatch Northumberland
K O'Brien	NHS Northumberland Clinical Commissioning Group
C Platton	Northumbria Healthcare NHS Foundation Trust
T Railton	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
C Riley	Northumbria Healthcare NHS Foundation

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

64. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Armstrong and Bowman. The Chair welcomed Councillor Pattison to her first meeting of this committee; she had replaced Councillor Moore, who had been elected as an MP.

65. MINUTES

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

66. FORWARD PLAN OF KEY DECISIONS

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

The Scrutiny Coordinator advised that all members of all the Council's four overview and scrutiny committees would be invited to the Corporate Services and Economic Growth OSC meeting on 10 February to pre-scrutinise the Budget 2020-21 and Medium Term Financial Plan 2020-23 report before it was considered by Cabinet on 11 February.

RESOLVED that the information be noted.

REPORTS FOR CONSIDERATION BY SCRUTINY

67. REPORT OF THE NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST

Rothbury Community Hospital

Following the last update to the committee in September 2019, Jeanette Milne of Northumbria Healthcare NHS Foundation Trust updated members (copy of presentation filed with the official minutes of the meeting) which provided a further update on the next steps for services at Rothbury Community Hospital. Key details included:

- ambitions for the facility to implement an integrated nurse / therapist led 24 hour community care facility, operational from April 2020. The team would be separate and additional to the current teams who provided care for the local population, and patient care would be interchangeable either in their home or in a hospital bed depending on clinical need
- a wide 'clinical family' involvement including nurses, occupational therapy, physiotherapy, elderly care physicians, social care professionals, specialists in

palliative care, general practitioners, North East Ambulance Service, and other partners

- aims and objectives: to avoid acute hospital admissions; a 24 hour team dedicated community care either in the patients own home or in six inpatient beds; proactive focus on patients with long term conditions; a hub for public health support; providing interface support to residential care homes; establishing the use of telemedicine to support patients; create outreach clinics; and collecting outcome data
- the long term goal for step up / step down support, rehabilitation support, fully integrated model with a public health facility and education for relatives to support the delivery of care
- the current situation: continuing the conversation with the local community; setting up a project board to oversee the implementation of the model of care; operational working group in place which will report to the project board; and the appointment of the lead nurse post
- challenges to be faced including recruitment, timescales, and the communication and understanding of the new model of care
- next steps: the first project board meeting would be later in January 2020; to continue recruitment; maintain open communications; get agreement from Northumberland Clinical Commissioning Group on 22 January 2020; finalise finances; and ensure contractual partnership arrangements were in place.

The Chair welcomed the proposals, which were good news. He requested that a further update be provided in due course to consider the new facility once it was fully operational. This was supported and promised, so it was thus:

RESOLVED that

- (1) the information be noted; and
- (2) a further update be organised in due course, provisionally for late 2020.

68. REPORT OF CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

CEDAR Programme

Tony Railton, of Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust provided a presentation (copy of briefing note and presentation filed with the official minutes of the meeting as Appendix B) which included background information and an overview of proposals, activities and progress with Cumbria, Northumberland Tyne and Wear NHS Foundation Trust's CEDAR (Care, Environment, Development, and Reprovision) programme. The presentation covered details of the creation of a new integrated mental health and learning disability medium secure centre of excellence at Northgate Hospital, Morpeth and the reconfiguration of the award winning children and young peoples' mental health/learning disability Ferndene Unit at Prudhoe, to improve existing accommodation and establish medium secure facilities for children and young people. Mr Railton advised that the other part of the programme, for the reconfiguration and reprovision of mental health adult acute in-patient services for Newcastle and Gateshead at the St Nicholas Hospital Bamburgh Clinic in Gosforth, had been separately considered by Newcastle and Gateshead Councils' overview and scrutiny committees.

Key headlines during the presentation included:

- details of links to national and local care models
- the New Care Models Partnership Board was a regional governance structure to ensure effective commissioning alignment which supported the CEDAR Programme and monitored the programme assumptions, issues and risk log
- the National Transforming Care Programme improved services for people with learning disabilities and autism; by providing more choice for people and their families; more care in the community; increased individual support; greater flexibilities for personal budgets; reduced dependence on in-patient beds, reinvesting resources into alternative community services; and hospital care only for as long as required
- CEDAR's fundamental focus on improving patient and staff safety; improving quality of treatment and care in fit for purpose accommodation / patient-focused facilities, co-location and concentration of clinical expertise, common standards of treatment, care, support and best practice provided seven days per week, and addressing insurmountable environmental limitations and risks in existing facilities
- it would bring greater patient choice and access - increasing low and medium secure adult inpatient capacity for the northern region; sustainable in-patient provision of facilities for children and young people; improved access for families and friends; less travelling to distant services; greater patient access to outdoor space; and greater patient access to sports and gym facilities
- engagement work undertaken so far, including staff and clinicians currently working in services; patient, family and carer focus groups; Patient Recovery College events; local community information events and ongoing dialogue; Local Authority engagement; Morpeth Forum/ Strategic Planning events; Hebron Parish and Prudhoe Town Councils; NHS England and the NCM Partnership Board
- capital costs and affordability: the full £71.9m cost of CEDAR would be partially met by £54.2m in Public Dividend Capital, plus sources and cost distribution
- the proposed bed model, including a net increase for adult medium and long term beds at Northgate of 15 and decrease of five bed provision for children and young people.

Discussion followed of which the key points from members and responses included:

- it was not necessary for this committee to hear about exact details for the buildings on the site as that was subject to a planning application due to be considered by the Strategic Planning Committee later at 4.00pm that afternoon. This committee was focused on NHS service provision
- members were advised that the bed reduction proposal aligned to the national Transforming Care programme shift of resources to alternatives to hospital based care by investing in communities instead. Each region had their own targets based on their population size. Investment in community teams had been very successful
- a member was very pleased to hear the proposals for greater access for patients to outdoor space as this had not historically happened
- clarification was provided about engagement about the provision of medium secure service was different as it was a national and regional service, so needed to be treated differently to consultation locally
- the transition of people from young people to adult units was rigorously planned and took place over several months

- in response to concerns about the provision of support locally for patients once they left secure units, members were advised that statistically very few people stayed locally; most returned to their home areas
- it was estimated that there would be an increase from around 650 staff currently at Northgate to around 860 once the proposed changes took effect. This was a full time equivalent rate of between 500 - 600 staff. Staff would be moved from St. Nicholas' Hospital - those supporting young people to the Prudhoe site, and adult staff to the Northgate site
- Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust had a good reputation in recruiting and retaining staff.

The Chair welcomed the news and the investment proposed, adding that it was important to provide modern facilities. He asked that an update also be provided on this in due course.

RESOLVED that

- (1) the information be noted; and
- (2) a further update be organised in due course, provisionally for early 2021.

69. 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).

Members were advised that an additional item was being added to February's meeting - post scrutiny of a Cabinet report about Partnerships with NHS Bodies. Both March meetings were busy and the 3 March meeting needed an item adding about the oral health strategy.

RESOLVED that the revised work programme be noted.

70. NEXT MEETING

It was noted that the next meeting would take place on Tuesday, 4 February 2020; the Chair reminded members of the revised time for that meeting of 10.00am.

CHAIR _____

DATE _____