

## **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, 4 February 2020 at 1.00pm

#### **PRESENT**

Councillor J Watson  
(Chair, in the Chair)

#### **COUNCILLORS**

Armstrong, E  
Bowman, L  
Cessford, T  
Dungworth, S  
Hutchinson, I

Nisbet, K  
Pattison, W  
Rickerby, L  
Simpson, E

#### **ALSO PRESENT**

Jones, V

#### **OFFICERS**

Angus, C  
Bird, M  
McEvoy-Carr, C

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

#### **ALSO IN ATTENDANCE**

Brown, S

Hudson, R

Nugent, D  
Phelps, P

Riley, C

NHS Northumberland Clinical  
Commissioning Group  
NHS Northumberland Clinical  
Commissioning Group  
Healthwatch Northumberland  
NHS Northumberland Clinical  
Commissioning Group  
Northumbria Healthcare NHS Foundation  
Trust

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

#### **71. MINUTES**

**RESOLVED** that the minutes of the Health and Wellbeing OSC held on 7 January 2020, as circulated, be approved as a correct record and signed by the Chair.

## **72. 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.

## **73. HEALTH AND WELLBEING BOARD - MINUTES**

The minutes of the Health and Wellbeing Board meeting held on 14 November were presented for the scrutiny of any issues considered/agreed there (enclosed with the signed minutes as Appendix B).

**RESOLVED** that the information be noted.

## **REPORTS PREVIOUSLY CONSIDERED BY CABINET**

### **74. REPORT OF THE CHIEF EXECUTIVE**

#### **Partnerships with NHS Bodies**

The report detailed developments affecting partnership working with the NHS and proposed updated partnership agreements between the Council and Northumbria Healthcare NHS Foundation Trust, and between the Council and Northumberland Clinical Commissioning Group (enclosed with the signed minutes as Appendix C). The report had been considered by Cabinet in December 2019 and was presented for post-decision scrutiny.

**RESOLVED** that the report be noted.

## **REPORTS FOR CONSIDERATION BY SCRUTINY**

### **75. REPORTS OF THE NORTHUMBERLAND CLINICAL COMMISSIONING GROUP**

#### **Northumberland Primary Care Strategy and Associated Developments**

Members were informed about the current context, challenges and opportunities for primary care, including the strategic direction and what this meant for the shape of future care for the people of Northumberland, including details of both the challenges and opportunities that existed within primary care (briefing note enclosed with the signed minutes as Appendix D.)

A presentation (copy attached to the signed minutes) was provided by Dr Robin Hudson and Pamela Phelps of the Northumberland Clinical Commissioning Group, of which the key headlines were:

- setting the scene about the context of primary care across Northumberland

- the 'ask': what do patients and primary care want?
- challenges to be faced
- statistics: the workforce age profile, skills mix and retirement profile of GPs as of June 2019
- key components of sustaining primary care
- the CCG's ambitions: developing primary care networks, increasing investment, solutions to GP workload and patient access
- ideas in early development for the workforce and proposed solutions for estates
- digital and IT infrastructure considerations
- a vision for population health - King's Fund
- a new culture for system change
- summary - a clear ambition for sustaining primary care and continuously improving the services provided; the finalisation of a new model of engagement and communication with the public; some challenges and changes within primary care including Riversdale GP practice at Wylam and Berwick Hospital, for which engagement with patients continued.

Detailed discussion followed of which the key details were:

Regarding how Northumberland residents visited their GP on average five times each year, members were advised that this rate had increased and reflected demand but included all visits including long term conditions and disease management, plus also included telephone consultations with patients.

A member drew attention to how some patients often came into contact with different local NHS trusts during their treatment and the importance of how different NHS bodies kept track of patients' records.

A member raised how there appeared to be less capacity anymore for GPs to keep in touch with patients about their long term conditions. Members were informed that whilst there might no longer be the capacity for maintaining that specific doctor/ patient relationship, other measures were in place for example emergency homecare planning. Continuity of care was a very important issue and a key thread through this strategy.

Clarification was provided that it was the age profile of the county's population that was ageing more in comparison to other areas. It was clarified that Ponteland and surrounding rural areas were listed under the 'west' area.

A member queried if the increasing use of advanced nurse practitioners was a deliberate measure to fill a gap in the lack of GPs? Members were advised that the number of GPs still met required rates favourably, but a large number of medical conditions could be assessed by nurses. This helped free up GPs for more complex cases plus also helped nurses develop and gain more autonomy.

A member referred to an incident in which a resident had been referred to a nurse then had to be referred back again to see a doctor. Details of the GP practice in question would be attained and the matter looked into following this meeting.

A member considered it would be helpful if an estimate about be provided about the percentage of appointments which did not require a GP to make a diagnosis, which could assist with assessing how much more nurses could be utilised.

In response to queries about digitising records, members were informed that GP practices still had to hold Lloyd George Patient Notes, but were also increasing able to digitise records to free up physical space. A member asked about data protection arrangements in place - how were records kept safe, did any protocols specify who could access them, and what data sharing arrangements were in place with private healthcare providers? Members were briefed that strict rules were in place and adhered to; confidential information could only be accessed by staff at the practice concerned, which was responsible for records. Patients could choose whether to give their consent or not to share their personal data.

In response to a question members were advised that the average age of GPs was 45, which for many might represent around halfway through their career, but this was skewed by many GPs either retiring early, reducing their hours or moving to other areas of medical work. The recruitment and retention of GPs were both important issues. Some academic centres promoted options for becoming GPs rather than specialising in particular medicinal areas. Many medical graduates chose to specialise and be based in hospitals; that was where they undertook the bulk of their training.

In response to a question about benefits from clustering GP practices, members were advised that this enabled shared access to services such as pharmacies, physiotherapy and other services, plus helped improve collaboration. The geography of Northumberland would however always be a challenge for service provision.

A member questioned what would incentivise more doctors to become GPs; members were told about Sunderland University's 'career start' programme to incentivise the GP option. It was hoped this could be undertaken also in Northumberland. A member also added points about public perception; residents needed to acknowledge that healthcare practices had changed and not expect to always see the same doctor.

Dr Hudson and Ms Phelps were thanked for their presentation and it was:

**RESOLVED** that the presentation be noted

## **76. REPORT OF THE SENIOR DEMOCRATIC SERVICES OFFICER**

### **Primary Care Applications Working Party**

The committee were asked to both note the revised terms of reference for and appoint another Conservative member of the OSC to the Primary Care Applications Working Party to replace Councillor Moore, and also receive an update about the business discussed at the Primary Care Applications Working Party meeting held on 24 January 2020 about Riversdale Surgery in Wylam.

In addition to Councillor Hutchinson being nominated to replace Councillor Moore on the Working Party, it was also agreed that Councillor Bowman would replace Councillor Nisbet with immediate effect. It was noted that the membership of the Working Party represented a good urban/rural split.

The Vice-chair referred to the meeting held on 24 January 2020; a copy of the draft notes were circulated (copy filed with the official minutes of this meeting). Reference was made to concerns expressed by residents about travel implications from the change, but the existing of service would continue. The local member had submitted her views by email. Councillors Bowman and Hutchinson were both thanked for attending the meeting as substitutes.

Ms Phelps provided a further update; the CCG had received the formal application for the proposed change on 31 January, and had a comprehensive report about local public engagement undertaken; a copy of this would be sent to Democratic Services to circulate this to committee members. Discussions had taken place with the service users group; some residents had expressed concern, and a further meeting would take place on 6 February to assess the impact on the rural area. All required processes had been undertaken. A final decision would be taken by the Northumberland Primary Care Commissioning Committee on 12 February, which would be held in public.

Derry Nugent, Healthwatch Coordinator, was pleased to hear about the progress being made, welcomed that consideration had been given to Healthwatch's 2018 report about transport and access to services for Wylam residents, and welcomed that more engagement had been undertaken.

The Chair added that there did not appear to be other options, and stressed the need was to get the best services for local patients. The Vice-chair added that concerns about travelling the 2.5 mile journey between the two practices was the main concern raised by residents.

**RESOLVED** that

- (1) the revised terms of reference be noted;
- (2) the membership of the Working Party now consist of Councillors Bowman, Hutchinson, Rickerby and Watson, with other members able to attend as substitutes when required; and
- (3) the notes of the meeting held on 24 January 2020 be noted and feedback be reported to the Northumberland Primary Care Commissioning Committee meeting on 12 February.

## **77. REPORT OF THE SCRUTINY OFFICER**

### **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 the next meeting on 3 March 2020 would include Quality Account presentations from both Northumbria and Newcastle NHS Foundation Trusts, an item about the Oral Health Strategy and an update on Berwick Hospital.

It was also clarified that the urgent care update due from the CCG had been deferred to the meeting on 5 May 2020.

**RESOLVED** that the revised work programme be noted.

**78. NEXT MEETING**

It was noted that the next meeting would take place on Tuesday, 3 March 2020 at 1.00pm.

**CHAIR** \_\_\_\_\_

**DATE** \_\_\_\_\_