At a meeting of the Care and Well-being Overview & Scrutiny Committee held at Committee Room 1, County Hall, Morpeth on Wednesday, 27th November, 2013 at 2.00 p.m.

**PRESENT**

M E Richards (Chair)

A Dale, EJ Hunter, T Johnstone, K Parry, E Simpson

**OFFICERS**

D P Allen Scrutiny Officer
H Fox Democratic Services Officer
D Lally Corporate Director of Adult Services, Housing and Community Health

**ALSO PRESENT**

S Dungworth – Policy Board Member

J Armstrong – Northumbria Healthcare – NHS Foundation Trust
S Brown - Northumberland Clinical Commissioning Group
S Edusei-Basra - Northumberland Clinical Commissioning Group
M Cotton – North East Ambulance Service – NHS Foundation Trust
P Leveny – Northumberland Clinical Commissioning Group
P Liversidge – North East Ambulance Service – NHS Foundation Trust
C Riley – Northumbria Healthcare NHS Foundation Trust
J Ross – Northumberland Clinical Commissioning Group

**PART I**

42. **Apologies for Absence**

Apologies for absence were received from Councillors Armstrong, Cessford, Flux and Sharp.

43. **Minutes**

RESOLVED - that the minutes of the last meeting held on 23 October, as circulated, be approved as a correct record and signed by the Chair with the amendment of ‘medicine’ to ‘lifestyle measures’ at minute number 34, paragraph 2.

Ch.’s Initials........
44. **Forward Plan of Key Decisions**

The latest Forward Plan of key decisions for December – March 2014 was presented to the committee (attached to the official minutes as Appendix A).

RESOLVED - that the information be noted.

**REPORTS FOR CONSIDERATION BY SCRUTINY**

45. **North East Ambulance Service – Service Review and Update on Response Times**

A presentation was given by Mark Cotton, North East Ambulance Service – NHS Foundation Trust to give an update on where the service was placed nationally in relation to response times. (A copy of the presentation is filed with the signed minutes.)

Mr Cotton explained that a number of different standards were required from each operator on receipt of a 999 call with every 999 call going through an initial assessment.

The most serious calls were red calls and divided into red 1 and red 2. Both had performance standards to be responded within 8 minutes in 75% of all incidents across the NEAS area.

Red 1 – cardiac arrest
Red 2 – every other life threatening call
The lower calls were green calls.

Green 2 - response required within 30 minutes, but with no local or national standards set
Green 3 – 1 hour, but with no local or national standards set
Green 4 – no ambulance dispatched, but the patient treated in an alternative way

Mr Cotton advised Members that the A & E review scheduled for April 2013 had not yet been implemented as it had been decided to review the demand for each service and make slight amendments.

There would continue to be an increase of resources across the country to maintain the target with an extra rapid response vehicle in Ashington, Alnwick and Blyth. The urgent care vehicle originally scheduled to move from Hexham to Ashington would remain in Hexham and it was hoped the new arrangements would be in place by April 2014.

Because of the rural geography of Northumberland, the Commission had raised the response time to 71% with the response teams working towards that. There had been a slight dip in the response times in December last year across the whole North East region due to the challenging winter but within Northumberland

Ch.'s Initials.........
response times to Red calls had moved above 71% at the beginning of the year apart from July which had probably been due to the great influx of tourists due to the hot summer. There had been very little variation response times through July, August and September with the majority of patients receiving an ambulance response between 3 and 6 minutes.

Mr Cotton referred to a separate national standard that 95% of Red calls must receive a response within 19 minutes. In Northumberland NEAS was exceeding that target with a response rate of 95.11%.

He referred to July, August and September months (quarter 2 data) and advised that 158 patients had waited longer than 19 minutes for an ambulance, which represented 3.64% of incidents. He said no patients waited longer than an hour for an emergency response.

Mr Cotton also referred to GP urgent calls and highlighted that ambulance responses to doctors’ requests for an ambulance in one hour, two hours and four hours had improved since October 2012.

Mr Cotton referred to claims by the Police Federation in the media that the ambulance service failed to attend when by requested by the Police leaving the Police Officers to transport patients themselves. Mr Cotton advised that there had been no evidence that police had ever conveyed a patient with a life threatening condition. He further advised that due to the problems experienced last winter in handing patients over to hospital, there had been circumstances where the Police had taken people to hospital themselves.

Mr Cotton stated that ambulance services were commissioned to respond to a patient’s clinical need; and that was measured as a target to achieve a response within eight minutes to 75% of all potentially life-threatening incidents within the ambulance service area. He added ambulances prioritised calls on the patients’ need, not on who was making the call and that included the police.

Work had been carried out across all 3 Police areas within NEAS to examine response times to police calls. He advised where the Police had identified a life threatening call, the NEAS response was eight minutes or faster in more than 80% of all Red incidents; and 30 minutes or faster in more than 78% of all Green incidents. However, he added that systems and had been reviewed and help cards issued to all police officers to support them when they needed to call for an ambulance.

As a result of this, across all police areas, the number of red calls was beginning to increase which ensured a faster response from NEAS and performance standards had not dropped below the 75% national standard.

Following the presentation, Members raised queries and comments.

Ch.’s Initials........
• A Member thanked Mr Cotton for the presentation and referred to the proportion of ‘hear and treat’, ‘see and treat’ and ‘see and convey’ and queried the comparison of services per ambulance trust;
• Some injuries were deemed more necessary in the north east to the south west. Were there different standards?
• The response time in Berwick;
• A Member requested information concerning a case in Riding Mill;
• Benchmarking and the sharing of information;
• A Member queried the number of people who left before receiving treatment;
• How would the hospital at Cramlington manage?
• Were other services in the country better prepared for the winter?

Mr Liversidge advised that it was difficult to compare services. However, in the north east, 999 calls had reduced and 111 calls increased with clinicians dealing with calls in the contact centre. With reference to the See and Treat, the knowledge and skill of paramedics had been increased.

Mr Liversidge stated that there was a greater reliance in the north east to seek acute care when an injury took place rather than visit a General Practitioner. In relation to the comment regarding Berwick, Mr Liversidge advised that discussion had taken place and the issue was being tackled locally. He advised that the travelling distance would be of a greater proportion but in performance terms, performance had been better than ever before.

It was added that information could not be provided by Ward regarding individual cases.

In response to the query regarding benchmarking, Mr Liversidge advised that there was no formal data for rural performances.

It was advised that the 276 people who left hospital without receiving treatment, chose to leave. With the reference made to Cramlington hospital, it was further advised that there had been discussion from the outset and Personnel had engaged with a Manager from Northumbria Healthcare.

Mr Liversidge advised that every single year, services planned, prepared and learnt from the previous year and identified weaknesses for the winter months. Mr Cotton extended an invitation to Members to visit the NEAS control centre in February.

RESOLVED – that the information be noted.

46. Commissioning Plan Priorities

Stephanie Edusei-Basra, Strategic Head of Corporate Affairs, NHS Northumberland Clinical Commissioning Group introduced the report which outlined the commissioning strategy for the next three years.

Ch.’s Initials........
In July 2013 NHS England published ‘The NHS belongs to the people – a call to action’ which highlighted key challenges faced in the provision of healthcare which were outlined in the report. (Report enclosed with the signed Minutes).

Mrs Edusei-Basra then continued with a presentation.

Following the presentation, Members raised comments and queries as follows:

- An invitation was extended to Mrs Edusei-Basra to attend a Community Group for older people;
- Mental health issues;
- Was the practice activity scheme for maximising referrals a new scheme?

Mrs Edusei-Basra advised that proper diagnosis was required for those people mental health problems.

She continued that it was probably that GPs examined if a referral to hospital was appropriate or if another service or treatment plan would be better for the patient. The quantities of referrals had levelled off and patients were being referred where they should. She was hopeful that the levels would be roughly the same amount as last year.

The Policy Board Member queried whether any PSA (Prostate Specific Antigen) monitoring was carried out referred to the problem of hospitals not sharing information and the lack of consistency across GP services.

Mrs Edusei-Basra explained that detailed monitoring was set out for all services and any problems that could be taken up with providers. There was a responsibility to make sure good practice was carried out. She further explained that the sharing of information between organisations had been a challenge which used to be shared readily.

In response to a query from the Chair regarding ‘bed blocking’, it was advised that community matrons were linked to nursing homes in Northumberland to give clinical support to the care homes.

RESOLVED – that the information be noted.

47. **Update on Volunteers in Care Services**

Daljit Lally, Corporate Director of Adult Services, Housing and Community Health Services advised that Members of work carried out on day services in Northumberland. A briefing note would be brought to a future committee to seek the Committee’s views.

Mrs Lally continued that day centres and day services were not required to be registered with the Care Quality Commission. Adult Services therefore, operated an accreditation scheme which applied to all independently provided day services to look after vulnerable people.

Ch.’s Initials........
Members were asked if they would like to be involved in the process and the Chair together with Councillors Parry and Simpson agreed to take part. A meeting would be held with those Members to share the returns from the services and to discuss any further action that might need to be taken.

RESOLVED – that the information be noted.

REPORTS OF THE SCRUTINY OFFICER

48. Care and Well-being OSC Work Programme

The Scrutiny Officer informed the Committee that the meeting scheduled for January would involve a visit to St Georges Park. The Quality Accounts scheduled for March would be brought forward to February.

Brockwell Medical Group was in the process of conducting engagement with patients and a report would be brought to Committee. The Allendale/Haydon and Allen Valleys Medical Practice merger would be taken off the Work Programme.

A visit to the new Palliative Care Unit at Wansbeck hospital would be arranged for March/April 2014.

The Berwick Patient Care Task Group to be chaired by the Vice-Chairman to commence in January 2014. Membership still to be confirmed and Officer support to be nominated with additional support from Healthwatch.

RESOLVED - that the information be noted.

INFORMATION REPORTS

49. Policy Digest

The report, available on the Council’s website, provided details of policy developments that might be of interest to members. RESOLVED - that the information be noted.

50. Chair’s Closing Comments

The Chair invited Committee Members to make any Christmas donations via herself to the Salvation Army.

The meeting ended at 4:06 pm.

CHAIR

DATE