P. I. Apologies for Absence

Apologies for absence were received from Councillors Hunter, Lindley, Richards and Sharp.

92. Vice-chairman's opening comments

At this point in the meeting the vice-chairman expressed thanks and presented flowers on behalf of the committee to Rachel Chapman, NHS North of Tyne, for all her support provided to the committee over the years, and wished her luck in her future role.
93. Minutes

RESOLVED - that the minutes of the previous meeting held on 21 February, as circulated, be approved as a correct record and signed by the vice-chairman.

94. Forward Plan of Executive Key Decisions

Members received the latest version of the Forward Plan of key decisions for April - June 2013. (Summary sheets attached to official minutes as Appendix A.) Members were advised that the 'Proposals for part of the Haydon Bridge Partnership' report had been deferred until June’s Executive meeting.

RESOLVED - that the information be noted.

REPORTS FOR CONSIDERATION BY SCRUTINY

95. Dementia Services – Presentation

Jane Bowie, Associate Director Strategic Commissioning and Safeguarding, Adult Services and Housing, provided a detailed presentation about developing dementia care and support in Northumberland (copy attached to the official minutes).

Key details of the presentation included the national challenge that dementia brought and details of the future projections of numbers of people likely to be affected. Locally, there was a higher than the national average population of people over 65 in Northumberland. This totalled 67,000 in 2012, 11,000 more residents aged 65 years or above as compared to the average area of similar population. 30% of the male and female population in Northumberland was expected to be aged 65 years and above compared to 21% nationally. There was much planning work for the future for dementia care.

Initiatives included: National Dementia Strategy, which had 17 objectives; developing clinical practice and environments; improving care in care homes; NICE (National Institute for Health and Clinical Excellence) quality standards; information for carers; Housing LIN (Learning and Improving Network)’s models of accommodation.


Key issues raised by the local Dementia Forums in Northumberland included: understandable information that people could access easily as and when they need it; giving up driving; staying active and involved; carers wanting information and support to manage changes in behaviour at home; and information about making home a safer and better place to live.
Further work included: Primary Care Dementia Pathway; Local Dementia Information Pack with the Alzheimer’s Society; Dementia, Delirium & Depression training for acute staff; Dementia awareness training - induction, e-learning and workbook; dementia awareness leaflet and poster campaign to all Northumbria staff; dementia environment audit underway in key wards in our hospitals; the development of considered use of antipsychotic medication within general hospitals by use of non-pharmacological approaches and appropriate documentation; developing dementia awareness training for bus drivers; the Challenging Behaviour Team attending Forums, and working in partnership to support carers - Carers Wellbeing Check, Emergency Card and Telecare; developing local dementia information on the Northumbria website and NHS North East Dementia portal; easy read information about dementia; piloting alternatives to anti-psychotic medication; improving dementia friendly design with our hospitals; Keeping Safe Plans; supporting planning for the future; exploring social prescribing opportunities – Taking Part Workshops; expanding community based activities and offering training to those who provided them.

Further key actions included completing the Joint Dementia Strategy for Northumberland 2013-16 and reviewing the Joint Action Plan; reviewing services currently in place; establishing how services work/could work together; and assessing if there were any gaps to be addressed.

Discussion then followed, in which key points and responses included:

- it would be helpful to receive a further breakdown on the problems Northumberland had with dementia, to include the numbers of people living at home, what care they were receiving, how carers were being supported, and the numbers of people with dementia in either residential care or warden scheme care. A key need was for people to live at home as long as possible; it was important that services were delivered at the right levels. Ms Bowie agreed that getting such information was important and the Health and Wellbeing Shadow Board had considered this issue. Whilst not wanting to dilute the importance and value of clinical input and interventions, they did not necessarily always have to be done at hospitals
- in response to whether dementia awareness could be rolled out further to train taxi drivers, members were advised that the funding received for training bus drivers with this requirement had been a successful example of bidding for regional money, and it had helped the drivers’ understanding. Hopefully this work could also be rolled out to other people
- a member referred to how the Berwick-upon-Tweed area was estimated to undergo a 148% increase in dementia amongst its residents from 2010 to 2030 and asked if extra resources should be put into the area. He also expressed concern about the reduction in welfare benefits for their impact on the area. He questioned why there was not a Dementia Forum in the Berwick area. He also referred to some good practice in the Borders area for bus drivers assisting people with dementia. Ms Bowie responded that work was taking place to understand current levels of provision and support and to identify any gaps in needs. There could be differences between market towns and rural areas. Details needed to be attained
before the service could be remodelled. If there was the demand for a Dementia Forum in Berwick a groups to link in with it this could be explored. The dementia training for bus drivers had been successful and there had been joint work with the council’s sustainable transport service. This was one part of a new process and dialogue considering transport needs in Northumberland

- in response to who would be assessing the current provision, what needed to be spent and where to go, members were advised that Ann Brown in Adult Services had undertaken work to develop these initiatives. The data and information needed to be compiled and assessed firstly. Members were advised that good support was in place for people whose dementia had been diagnosed early, and further consideration was being given to having effective strategies. It was important to have clear, important strategies and provide support so people with dementia could enjoy a good quality of life and be supported in doing so
- members were advised that a range of research was carried out into what caused dementia and how this was published and put into practice by practitioners
- in response to a question members were informed that more women suffered from dementia than men because on average women lived longer.

Ms Bowie was thanked for her presentation and it was:

RESOLVED - that the presentation be noted and a further update be provided for the committee in six months' time.

96. Report of the Health Inequalities Working Group

Gerald Tompkins, Public Health Specialty Registrar introduced the report. (Report attached to official minutes as Appendix C.) He explained how a working group of the Care & Wellbeing and Families & Children’s Services Overview & Scrutiny Committees has been undertaking a piece of work focussed on health inequalities. This work examined the strategic implications of health inequalities and how the priorities of various stakeholders look to address the issues around the main determinants of health inequalities, and focused on Marmot Policy Objective B – “Enable all children, young people and adults to maximise their capabilities and have control over their lives”.

The recommendations of the group were as follows:

1. The Council should aim to enable all children, young people and adults to maximise their capabilities and have control over their lives, and should take account of this aim in all key decisions
2. The Council support the further implementation of the developing “Connected Northumberland” work across the family & children’s workforce. The potential expansion of this approach across the life course should be considered
3. The Family Nurse Partnership Advisory Board and Family & Children’s Trust Board should receive regular reports on the progress of the pilot, and there should be an early decision on the model of service for when it passes back to the Council in 2015
4. Work be developed with professionals and the public to improve the understanding of mental ill health to de-stigmatise mental ill health and encourage timely access to services. The council needs to continue its work with NHS partners to review the existing CAMHS model to ensure there is timely and appropriate access to Tier 1, 2 and 3 services for those in need of them. The Review should be completed and an action plan agreed by the Families &

5. That the Council puts in place a programme of training and awareness raising with Governors on their responsibilities for narrowing gaps in attainment and the use of the pupil premium to facilitate this. Given the widening gaps in attainment between vulnerable and other groups at KS2 and KS4, and that it no longer has the formal levers of influence such as the control of funding, the Council should consider whether it needs to review the leadership and challenge it provides to schools in relation to this

6. That the Employability and Skills Service reviews its reach into communities with the greatest level of needs to ensure that its services, such as apprenticeship programmes, are being accessed by those in greatest need including adults with disabilities. Particularly consideration should be given to identify initiatives to facilitate participation of more employers

7. The well-established and effective partnership working arrangements should be continued and developed. These include operational and strategic partnerships, across services and agencies, and between the statutory services and communities, and involving Councillors, staff, parents and children and young people. This also includes new arrangements such as the Health and Wellbeing Board.

Members then asked questions, including a query about support for young people in their teens and 20s who had problems with alcohol. Members were advised by Prof. Milner that alcohol was a key priority for the Health and Wellbeing Shadow Board and would be included in the Joint Health and Wellbeing Strategy, as identified by the Joint Strategic Needs Assessment. The Alcohol Strategy was being refreshed, and the Minimum Unit Price would be a key strategy to reduce alcohol consumption. Resources were being increased for primary prevention, and a new integrated addiction service had been procured, to cover both alcohol and drugs.

Following this it was:

RESOLVED - that the seven recommendations be endorsed and the Executive be asked to agree them.

97. **North East Ambulance Service**

The vice-chairman introduced the item by explaining that it was for information only as public consultation and planning applications might follow.

Mr Gary Mulloy of the North East Ambulance Service updated the committee by explaining that a number of locations in south east Northumberland continued to be looked at for possible ambulance stations. This was part of work to improve the performance of the Trust. Options were being considered, including a possible
permanent site at Blyth.

RESOLVED - that the update be noted, and further updates be presented in due course if required.

98. **111 Service**

Ms A Paradis of NHS North of Tyne provided an update on the introduction of the 111 telephone service. A briefing note had also been circulated to members with the agenda. (Report attached to official minutes as Appendix B.) Key points of Ms Paradis’ update were:

- a clinical governance submission had been sent to the Department of Health; good feedback had been received, and a response was due by 27 March
- work had taken place to develop feedback systems for both professionals and patients
- the 111 service had been tested with all GP practices and had been successful as part of readiness testing
- all required information had been brought up to date and was now as accurate as possible.

Ms Paradis was asked about the publicity issued to date, and how people could act differently when panicked. Ms Paradis advised that the Department of Health did not want publicity and leaflets issued yet to allow time to see if the system worked, with a view to a robust communications strategy then following. People would start to use the service; they would hear a message that they should dial 999 if an emergency or 111 if a less serious situation. It was intended to be sure that the service would be ready being formally launched. In response to a further question, Ms Paradis responded that multiple methods of communication would be explored to publicise the service as widely as possible in due course.

Ms Paradis was thanked for her presentation and best wishes were expressed for the smooth introduction of the system.

RESOLVED - that the update be noted.

99. **Northern Doctors UK: Out of Hours Doctors Service**

Ms Karen Taylor, Head of Governance, Northern Doctors UK, gave an overview about the service. She referred to the recent visit by members to their busy call centre, and how the 111 service would begin on 2 April. Further key details in her update included:

- Northern Doctors UK had started in 1996 as a GP cooperative to provide cross cover for between GP practices’ out of hours services
- the service had developed over the past few years and was registered with the Care Quality Commission
- the 111 service would be operated using a lay officers operating a pathways
system, as had it had been previously

- for urgent cases, callers would be seen by an out of hour GP within two hours, or six hours for less urgent cases. If they displayed urgent symptoms such as chest pains, such calls would be upgraded to 999
- the local centres would continue to be Berwick, Alnwick, Ashington, Hexham, North Tyneside, the RVI and Longbenton
- there was a contract with the Patient Transport Service but it was a limited resource
- the service had access to special patient notes, so additional information could be accessed from GPs' practices; all but one practice in the area participated with this
- in the last year 1055 cases had been dealt with, of which 66 complaints had been received, and half of the complaints were upheld. Complaints tended to be about perception, for example a patient might not have qualified for a home visit, or the attitude of a call handler/GP, for which training was implemented
- 95% of patients were seen within the required timescale
- the service continued to look to develop further initiatives.

Discussion followed; Ms Taylor was thanked for her reassuring presentation and impressive record with their targets. A member questioned the distance that a resident might have to travel or time waiting for a visit, if for example they lived in Berwick and the practice open was at Longbenton. Another member praised the recent visit to the Northern Doctors UK headquarters and how they worked very well together with the North East Ambulance Service. In response to a question about them winning another contract when the current one was up, Ms Taylor responded that they would have another year and tenders were not due until October onwards. Pamela Leveny, Head of Commissioning for Unplanned Care, Northumberland Clinical Commissioning Group, added that it was a legal requirement to procure services. The Clinical Commissioning Group's main perspective was the quality of service, and local requirements were top of the agenda. The procurement process would follow in due course.

RESOLVED - that the update be noted.

100. Public Health Transition - 1 April 2013

Prof. Sue Milner provided a verbal update. The new structure would go live from 1 April 2013; there had been a virtually seamless transition from the Care Trust to Northumberland County Council. There was little detail to add to last month’s update, barring how some clarification being received about elements of health protection for the changeover. Work continued for Public Health England, who were continuing to recruit to senior posts. Technical and transactional changes had gone well. Updates would continue to be provided.

RESOLVED - that the update be noted.

101. Care and Well-being Quarter 3 Performance

Members received the figures for quarter three of the care and well-being
scorecard. (Report attached to official minutes as Appendix D.)

RESOLVED - that the report be noted.

REPORTS OF THE SCRUTINITY OFFICER

102. Care and Well-being Overview and Scrutiny Work Programme

Members considered the latest version of the committee's work programme. (Report attached to official minutes as Appendix E.)

Members were advised that there were no changes to report, although some discussion followed about the committee's work over the previous year and the importance of highlighting what it had looked at and what it would consider next. Members were advised that the annual scrutiny report contained such details; the report for 2012/13 would be considered by County Council on 3 April 2013. Discussions about items to be considered in 2013/14 would be arranged to take place with the chairman and vice-chairman in the next municipal year.

RESOLVED - that the report be noted.

INFORMATION REPORTS

103. Policy Digest

This report, which detailed the latest policy briefings which might have been of interest to members, was available on the council’s website.

RESOLVED – that the information be noted.

The meeting ended at 3.30pm.

______________________________
CHAIRMAN

______________________________
DATE