

NORTHUMBERLAND COUNTY COUNCIL

CARE AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Care and Well-being Overview and Scrutiny Committee** held in Committee Room 1, County Hall, Morpeth on Tuesday, 29 November 2016 at 10.00am

PRESENT

Councillor A Wallace
(Chair)

MEMBERS

D Campbell
PAM Dale
EI Hunter

J A Lang
K Nisbet
A Sharp

OFFICERS

DP Allen
V Bainbridge

Scrutiny Officer, Democratic Services
Director of Adult and Community Care
Services
Democratic Services Officer

HA Bowers

ALSO PRESENT

Councillor S Dungworth

ALSO IN ATTENDANCE

S Brown - Director of Transformation, Northumbria Healthcare NHS Foundation Trust
M Cotton - Assistant Director of Communications and Engagement, NEAS
K Gardner - North East Ambulance Services
A Kennedy - Northumbria Healthcare NHS Foundation Trust
P Liversedge - Northumbria Healthcare NHS Foundation Trust
Y Ormeston - North East Ambulance Services
L Prudhoe - HealthWatch Northumberland
C Riley - Northumbria Healthcare NHS Foundation Trust
Dr J Rushmer - Northumbria NHS Healthcare Trust

35. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Fearon and Sanderson.

Ch.'s Initials.....

36. MINUTES

RESOLVED that the minutes of the meeting of Care and Well-being Overview and Scrutiny Committee held on Tuesday, 27 September 2016, as circulated, be confirmed as a true record and signed by the Chair.

37. FORWARD PLAN OF KEY DECISIONS

The committee received the Forward Plan of key decisions for December 2016 to March 2017 (filed with the signed minutes as Appendix A).

RESOLVED that the information be noted.

REPORTS PREVIOUSLY CONSIDERED BY THE CABINET

38. REPORTS OF THE DEPUTY CHIEF EXECUTIVE

- (i) Recommissioning Public Health Services**
- (ii) Procurement Framework for Care and Support for Adults and Disabled Children**

The Committee were informed that the above reports (filed with the signed minutes as Appendices B and C) were considered at the Cabinet meeting of 27 September 2016 and the Committee's comments and recommendations were outlined in the report.

RESOLVED that the information be noted.

REPORTS FOR CONSIDERATION BY SCRUTINY

39. Ambulance Handovers and Patient Flow at the Northumbria Hospital, Cramlington

39.1 A presentation (copy attached to the official minutes) from the North East Ambulance Service on ambulance handovers at The Northumbria Hospital, Cramlington was provided by Mark Cotton, Assistant Director of Communications and Engagement. Karen Gardner was also in attendance to answer any questions.

The key points/details of the presentation included:

- ambulance transfers between NSEC, Hexham, Wansbeck and North Tyneside hospitals pre NSEC and post NSEC;
- Incident and call volumes generated from 999 and 111 calls;

- The average daily number of red incidents received had increased by 20% between October 2016 and October 2013;
- The average job cycle times;
- The time it took crews to complete a job had increased by 19% between August 2013 and August 2016. Crews spent on average 11 minutes longer on each job. Based on 380,000 incidents last year, this equated to 2902 days, or an extra 16 shifts a day for a year;
- The impact of the increase in red incidents; The number of incidents met within the 8 minute target for Red1 and Red2 had remained static for the last 3 years, with around 370 incidents per day being reached within 8 minutes which had meant that a target rate of 75% had been reached;
- The ambulance service was about 60 seconds away from achieving target;
- The increase in arrivals and handover time from July 2015 to July 2016;
- The increase of red calls from healthcare professionals to pick up or drop off at NSECH, Hexham, Wansbeck and North Tyneside General;
- Pressures and demand due to the increase in handover times;
- Time lost to handovers - if the handover time could be reduced to 5 minutes that could deliver an increase in Red calls performance of 4.2%;
- Overall there had been an increase in volume of calls of 999 and 111 together which had improved the Hear & Treat, See & Treat, See & Convey Rates;
- The NEAS had worked closely with the NHS to identify the best service and assessment for a patient by using a pathfinder which had brought the conveyance rate down;
- It was hoped to improve performance by reducing demand, increasing efficiency, maximising capacity and improving outcomes;
- The CQC inspection had rated the service as good which was better than any ambulance service had done before

Vanessa Bainbridge, Head of Adult and Community Care Services thanked both the NEAS and Northumbria Healthcare for working together on the ambulance handovers and patient flow and referred to the 'good' rating of NEAS by the CQC.

Dr Jeremy Rushmer referred to the pressures of NEAS alluded to in the presentation and advised of the different pressures that each service was under.

Members' questions/discussion followed of which the key details were:

- Lack of information, people were unsure of who to ask and where to go for information. There should be a better way forward, working with one framework. The NHS provided information every winter as a signpost for patients in the promotion of 111 and were trying to streamline everything under 111 as a gateway to services;
- Now that Wansbeck, Hexham and North Tyneside were closed in the evenings, had this put extra pressure on NSECH? Although there would be an increase in travelling time, the activity was relatively low in the evening for those sites;
- The misuse of health services and lack of funding;
- Thanks were conveyed to both services from a member;
- Concerns were shared about the misuse and abuse of services;

- The number of referrals by health professionals
- The decision to close Hexham hospital without any consultation;
- Recruitment of paramedics and methods of assessment: 100 students in the system would spend 3 years training; the increase in job cycle times and more complex patient needs; paramedics able to spend time on the scene treating patients

Liz Prudhoe advised that Healthwatch Northumberland received more positive than negative feedback about the ambulance service. In general, people's fears about problems with the service were not borne out by their actual experience. She suggested that a positive message should be promoted, for example as indicated in the NEAS presentation, much of the reported deviation from the 8 minute target was small, less than one minute.

Mr Cotton and Ms Gardner were thanked for the presentation.

RESOLVED that the information be noted.

39.2 A presentation (copy attached to the official minutes) from Northumbria Healthcare on patient flow and ambulance handovers at The Northumbria hospital, Cramlington was provided by Dr Jeremy Rushmer. Claire Riley and Anne Kennedy were also in attendance to answer any questions.

The key points/details of the presentation included:

- The Northumbria model which included the new model of care system and separation of acute/elective;
- Urgent and emergency care usage;
- The reduction in emergency hospital admissions and long stay patients;
- Sustained A & E performance;
- Patient experience - nearly 4000 patients had given their feedback with the majority of patients recommending the service;
- Significant change to the working pathways of all partner care organisations and continuous improvement through 'Flo' (simple name for Telehealth, an easy to use service designed by professionals inside the NHS to provide support and advice for a patient to manage their own health condition);
- The Northumbria was now the region's largest emergency hospital;
- Hospital challenges - ambulance handovers difficult to achieve; flow out of emergency department, triage personnel, volumes and shifting of work into evening and night. The recent work to improve the flow of patients was starting to have a noticeable impact in reducing queues and time taken to handover care;
- Actions taken were provision of direct access for paramedics and a dedicated telephone number for ambulance services to allow access to services;

- Updated Directory of Service so ambulance could take patients where appropriate to the urgent care centres rather than The Northumbria;
- Allocated dedicated waiting space;
- Contract with ERS had been extended to provide a service for the care of elderly patients;
- Initial positive feedback following recent ECIP visit;
- An organisational resilience and capacity plan had been put in place for winter 2016/17 to include:
 - prevention and protection - staff flu vaccination campaign
 - preparation and planning - strategies for increasing capacity
 - response and recovery - trigger points, command and control arrangements;
- Risks had been identified within the plan, e.g. bed capacity, outbreaks and staff absence. To provide assurance risk, treatments had been identified;
- Escalation plans which contained detailed escalation information on a range of services;
- Winter reporting which included daily reporting and a regional daily conference to NECS. From 2 December 2016 NEEP would become OPEL - Operational Pressures Escalation Plan;

Key discussion/questions from members included:-

- In response to a member's comment, the Director of Adult and Community Care Services advised that nationally, there had been an increase in A&E attendances. Dr Rushmer added that, while the complexity of people's illness when attending Northumbria was on the increase, a high proportion of that group could be safely treated at other facilities. Access to faster diagnostics was planned under the STP
- Many people attended A&E because they could not get an appointment with a GP, and the answer was to provide more GP appointments
- Working together with NEAS and diverting 2 patients per day to a different location would have a positive effect. There was a new process whereby using dedicated ambulance triage rooms and making simple changes would cause less stress to visitors, e.g., parking tickets being transferable between hospitals;
- Many people were unaware that attending at The Northumbria could involve a six hour wait for treatment, when attending at Wansbeck General Hospital, for example, could reduce the wait to two hours.
- Was there a notice board at NSECH informing walk in patients how long the waiting was and how long it would be at alternative hospitals? A notice was displayed which was updated showing waiting times;
- Would the closure of North Tyneside/Wansbeck and Hexham at night time create a longer waiting time? The number of people who visited A&E from 12.00 am to 8.00 am was very low so would not have an impact;
- What were the most important issues between the services? NHCT, NEAS and the CCG worked together on an ongoing basis, for example an emergency care support visit had been carried out the previous week,

leading to a number of recommendations that would result in a joint action plan.

The Director of Adult and Community Services recognised there were system issues with both organisations and noted that the separate presentations had provided a large amount of data. She suggested that as this was a partnership approach, a joint presentation be brought back to the committee once the Emergency Care Improvement Programme (ECIP) report was available. This was agreed, and it was suggested that primary and social care should also be involved.

RESOLVED that the information be noted and a joint presentation be brought back to committee.

40. Sustainability and Transformation Plan

A presentation (attached as Appendix E to the official minutes) was provided on the Northumberland Tyne and Wear and North Durham (NTWND) Sustainability and Transformation Plan (STP) by Dr Jeremy Rushmer and Siobhan Brown, Director of Transformation.

Members were referred to Appendix F - Advice for statutory boards or committees and it was noted that any responses from the committee would be welcome.

The key points/details of the presentation included:

- The optimum use of the hospital sites;
- Northumberland had some of the highest performing providers in the country with six Vanguard pioneer programmes;
- The STP had received a lot of publicity as to whether it would actually be delivered;
- The STP would cover three Local Health Economies (LHEs)
 - Newcastle Gateshead
 - Northumberland and North Tyneside
 - South Tyneside, Sunderland and North Durham
- The STP delivery priorities for the 3 transformation areas were:
 - Upscaling Prevention, Health and Wellbeing
 - Out of hospital collaboration
 - Optimal use of the acute sector
 - Mental health
- The Governance structure and information would be shared
- The engagement on the current draft commenced formally on 23 November.

Following the presentation, key discussion/questions from members included:-

- Growing age population; work was currently being carried out on the upscaling of primary care along with community care in order to create more value for money;

- Systems issue - develop new ways of working to deliver the right care at the right time by working collaboratively and sharing resources;
- Healthwatch Northumberland had been involved at regional level and the message was that Northumberland was well placed to make a success of the proposed new ways of working;
- The Public Health agenda;

Dr Rushmer and Ms Brown were thanked for their presentation.

The Director of Adult and Community Services noted that the engagement strategy for the STP was in progress and that Healthwatch Northumberland and the CCG had been asked to arrange a number of engagement events.

It was noted that a more detailed report on strategic commissioning and the Northumberland Accountable Care Organisation would be presented to the committee on 31 January 2017. Also, as the STP and ACO evolved, further reports would be brought back to the committee.

RESOLVED that the information be noted.

THEMED SCRUTINY

41. Alcohol Consumption in Northumberland - Task and Finish Group

Members were informed that the Task and Finish Group would consist of 4 members of the Care and Wellbeing Overview and Scrutiny Committee including the Chairman and Vice-Chairman and Councillors Dale and Hunter.

The Terms of Reference were enclosed as Appendix H.

RESOLVED That the draft Scoping Report and draft Terms of Reference be approved.

42. Primary Care Applications Working Party

Members considered the report of the Primary Care Applications Working Party (attached to the official minutes as Appendix I) and it was,

RESOLVED that the report be noted.

REPORT OF THE SCRUTINY OFFICER

43. Care and Well-being OSC Work Programme 2016-17

Members had received the committee's work programme with the agenda for the meeting (attached to the official minutes as Appendix J).

Members were referred to Issues to be Scheduled on page 2 of the Work Programme and were advised that:

- the Procurement Framework for Learning Disability, Mental Health and Autism Services - Statistical Update item would be presented at the 28 March 2017 meeting
- the New Models of Care - Vanguard item would be presented to the Health and Wellbeing Board on 8 December 2016 and to the Committee on 28 March 2017.

It was noted further that the Chairmen's Group had referred an item on Food Banks to the Committee, and that a report would be received at the 31 January 2017 meeting.

Also for the 31 January 2017, subject to confirmation from the Chairmen's Group, the committee would receive an update from Active Northumberland regarding the leisure centre changes and the effect on health and well-being.

A Member requested an update on the Community Pharmacy Review. This would be investigated and a briefing would be provided.

RESOLVED that the work programme be noted.

INFORMATION REPORT

44. POLICY DIGEST

The report, available on the Council's website, gave details of the latest policy briefing, government announcements and ministerial speeches which might be of interest to members.

RESOLVED that the report be noted.

45. URGENT BUSINESS

With the agreement of the Chair, a member expressed his concern regarding the amount of business on agendas since the committee's meetings had been scheduled on a bi-monthly basis, and suggested a return to monthly meetings.

RESOLVED that the information be noted.

CHAIR.....

DATE.....

Ch.'s Initials.....

Care and Wellbeing Overview and Scrutiny Committee, 29 November 2016

Ch.'s Initials.....

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