

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Health and Wellbeing Overview and Scrutiny Committee** held in the Council Chamber, County Hall, Morpeth on Wednesday, 23 January 2019 at 1.00pm

PRESENT

Councillor Watson, J.
(Chair, in the Chair)

COUNCILLORS

Cessford, T.	Rickerby, L.
Dungworth, S.	Seymour, C.
Horncastle, C. (part)	Simpson, E.
Moore, R.	

COUNCILLORS ALSO PRESENT

Bridgett, S.	Dunbar, C.
Dickinson, S	Hill, G.
Dodd, R.	Jones, V.

OFFICERS

M. Bird	Senior Democratic Services Officer
J. Bolland	Web and Social Media Business Partner
L. Coulson	Administrative Assistant
N. Bradley	Service Director - Strategic Commissioning and Finance
L. Henry	Legal Services Manager
D. Lally	Chief Executive
C. McAvoy-Carr	Executive Director of Adult Social Care and Children's Services
K. Owen	Digital and Social Media Officer
J. Roll	Democratic Services Manager
N. Turnbull	Democratic Services Officer
A. Ward	Communications Business Partner

ALSO IN ATTENDANCE

V. Bainbridge	NHS Northumberland Clinical Commissioning Group
D. Nugent	Healthwatch Northumberland
R. Mitcheson	NHS Northumberland Clinical Commissioning Group
H. Ray	Northumbria NHS Foundation Trust

C. Riley
S. Young

Northumbria NHS Foundation Trust
NHS Northumberland Clinical
Commissioning Group

Approximately 80 members of the public and four members of the press were also in attendance.

59. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Foster and Nisbet.

REPORTS FOR CONSIDERATION BY SCRUTINY

60. UPDATE ON ROTHBURY COMMUNITY HOSPITAL

Members had received information about the work of the Health and Wellbeing Overview and Scrutiny Committee (Rothbury Hospital Referral) Review Group (Appendix A, attached to the official minutes of the meeting). The Chair advised that members would recall that the basis for the referral of the matter to the Secretary of State was this Overview and Scrutiny Committee was not satisfied with the adequacy of content of the consultation with the committee and the time allowed and considered that the proposal would not be in the interests of health service provision in the area.

The Independent Reconfiguration Panel (IRP) accepted the referral and reported to the Secretary of State, who then accepted the IRP's recommendations. The letter from the Secretary of State and the report of the IRP were received on 14 November 2018. Members had copies of both. There was no instruction in the report to re-run the consultation or to re-open the beds but further action was required locally to agree and implement the health and wellbeing centre. Inpatient beds were to be considered as part of that work and the wider development of services at the hospital and in the local community.

In order to address these recommendations, the Health and Wellbeing OSC (Rothbury Hospital) Review Group was established. Membership of the group was sought from the Health and Wellbeing Overview and Scrutiny Committee. The cross-party membership comprised Councillors Cessford, Dungworth, Moore, Rickerby, and Watson together with a representative from Healthwatch Northumberland to be involved throughout the process as an independent voice. Councillors Watson and Rickerby were appointed chair and vice-chair respectively.

As with any scrutiny review, the Review Group met in private on 4 December to scope out the work by considering the letter from the Secretary of State and the IRP report and agreeing areas requiring further evidence or investigation. Members agreed the terms of reference as follows:

To consider the findings of the Independent Reconfiguration Panel, as accepted by the Secretary of State and work with Healthwatch to challenge parties in order to reach a balanced response, and provide an update to the Secretary of State by the

end of January 2019 as requested, noting that work will be ongoing after that which OSC will need to monitor and review.

The Review Group would test and give a view on the proposals and evidence put forward but it was not in their remit to determine the outcome. They agreed a list of questions covering the areas requiring evidence and investigation, copies of which were circulated to members of the public and press present at a second meeting of the Group, held in public on 10 December. The purpose of that meeting was to formally present the questions to the CCG and Trust representatives who were asked to provide a response by 11 January 2019.

A meeting of the Review Group was then held in private on 16 January to allow members to focus on those responses and decide whether there were any further areas to review or any further information was required in order to report back to the Health and Wellbeing Overview and Scrutiny Committee on 23 January, prior to responding to the Secretary of State by the end of January. The minutes of all three meetings of the Group had been circulated and were in the public domain.

Following the meeting on 16 December, copies of the responses to the questions provided by the CCG and Trust were circulated to the Scrutiny Committee, Councillor Steven Bridgett, the local member and Katie Scott, co-ordinator of the Save Rothbury Hospital Campaign Group. An opportunity was offered to Councillor Bridgett and a representative of the campaign group to address this meeting.

This meeting was to be conducted in public but was not a public meeting and members of the audience were asked to respect this. Councillor Steven Bridgett and Katie Scott would however speak on the responses of the CCG and Trust to the questions set.

The running order of the meeting would be as follows:

- address of up to 10 minutes by Katie Scott, coordinator of the Save Rothbury Hospital Campaign Group
- address by Councillor Steven Bridgett, local member of up to 10 minutes
- feedback from Healthwatch Northumberland
- presentation from Northumberland Clinical Commissioning Group
- questions from Committee Members to the CCG/Trust
- members to seek any points of clarification from the speakers (Mrs Scott and Councillor Bridget)
- committee members' discussion and consideration of the evidence presented to them
- following the reports from the review group and the discussion at this meeting, the committee needed to agree a way forward on three issues:
 1. how it wants to be involved in the development of plans for the health and wellbeing centre in Rothbury
 2. what more the CCG needed to do in response to the Independent Reconfiguration Panel's criticism of their consultation on the inpatient beds
 3. the update which the Secretary of State had asked for by the end of January 2019.

Mrs Katie Scott, Coordinator of the Save Rothbury Hospital Campaign, then addressed the meeting; she was grateful of the opportunity to speak on behalf of the Save Rothbury Community Hospital Campaign and people of Coquetdale who had asked her to. She referred to recently published research published by Birmingham University. One of the authors, Jon Glasby, Professor of Health and Social Care, concluded that ‘... community hospitals represent a significant community asset, with a strong sense of community ownership. Their provision of local, accessible health and social care services, has important practical and symbolic significance, particularly in more isolated rural communities. ...policy makers need to take into account a broader notion of value, focusing equally the ‘value’ to the patients and communities as on the money.’ She hoped that the NHS and CCG would read this and think about the community as much as about money.

The campaign had only recently received some documents from the CCG produced in response to the Council's wide-ranging questions. These would take time to analyse so the campaign was not ready to comment on them at this meeting. The CCG had advised her on 22 January that they were going to be presenting more data and information at this meeting, so they could not comment before hearing and seeing what new they were going to say.

Besides the issue of the new information, the ten minutes allowed to address all of the issues regarding the continued suspension of the use of all of the beds at Rothbury Hospital was not enough time. Moreover, they and those they represented were disappointed in how they felt treated and it was in the interest of natural justice that the campaign team had the same access to information as the committee did. The campaign group and residents’ desire was to help and support the committee and get the best outcome for themselves, loved ones, friends and neighbours throughout Coquetdale. The beds needed to be reinstated.

Regarding engagement, in a letter of 12 November, 2018, sent to the committee’s chair and the CCG, the Secretary of State for Health and Social Care required this committee "to engage fully with the Community". He also ordered that the committee and local stakeholders including Healthwatch "should be involved in the evaluation leading to CCG consideration of the case for whether or not to reopen these beds". The CCG had already accepted that both the campaign and Healthwatch were separate local Stakeholders. The campaign group considered that addressing this committee for a maximum of ten minutes could not be described as "engaging fully" or being "involved in the evaluation".

The campaign group was anxious and very willing to talk in detail to the full membership of this committee so they could obtain a thorough and accurate understanding of the views of the campaign, whose views were based on factual evidence. The Minister's requirement was for the full committee, not just some members of it, to engage with the community of Coquetdale. The Chair was asked to consider permitting the campaign team to make a detailed informal presentation to this committee at a mutually convenient date in Rothbury to enable members to view the very fine facilities at the hospital. She guaranteed that the presentation would be made in a respectful and courteous way by two or three members of the campaign group and could be without any public or officer attendance, apart from a County Council officer to make a note of the meeting. They wished to share the wealth of factual information we have collated.

The campaign had already been invited to discuss these issues directly and separately with the CCG and had agreed to do so. They hoped that the chair and

full committee would attend a presentation and agree it was a helpful and constructive way forward. They were sure all members of the committee wanted the best of outcomes for the people of north Northumberland and also ensure the process for achieving this was fair, transparent and honest.

Councillor Steven Bridgett, local member for Rothbury, then also addressed the meeting. He firstly added that in future, in addition to consulting the local member, other local members who represented neighbouring electoral divisions should also be included such as Councillors Riddle, Sanderson, Thorne and Pattison as local residents in those areas could also be affected by any proposals and benefit from any updates.

He had responded to the CCG but this was now out of date as new information had since been provided. He expressed concern about the granted level of involvement in the process as the letter to the committee chair from the Secretary of State said that the committee, local stakeholders including Healthwatch should be involved in evaluating the CCG's case, but that local stakeholders were not limited to Healthwatch. The Council chose to just select Healthwatch as the only other stakeholder to sit on the Review Group. A freedom of information request he submitted clarified that an officer of the Council had drafted the terms of reference of the review and only included Healthwatch as any non-Council representative on the Review Group following instructions received.

Regarding the report from the IRP, he had hoped that the Council would set a bar and standard for consultation, however the CCG and Northumbria Trust had the opportunity to engage with local stakeholders but did not involve either the campaign group or residents in the Review Group. He was not able to attend the Review Group meetings as local member but the CCG and Northumbria Trust had. The notes of the Review Group meeting held on 16 January and information considered at it had only been published on the council web pages earlier on the morning of 23 January.

He expressed shock at how the process had carried out and said bias towards the CCG and Northumbria Trust was clear to himself and residents. This committee could take steps to rectify this situation and help residents get represented. Residents could request that somebody should be co-opted onto the Review Group, as any decision on that was at the committee's discretion. He could not instruct the committee but referred to the Secretary of State's advice, and supported enabling residents to be represented on the Review Group.

Regarding the CCG's responses about actions taken in the intervening period since the closure, the GP practice's relocation to the ground floor of the hospital building over a year previously had been a long term aim. The CCG and Northumbria Trust had not introduced any new services. If members got the chance, they should ask the community nursing teams about their views on the current situation and how under stretched they were, and the move of the Whalton Unit had impacted.

The fifth question to be addressed asked why this committee had not been consulted at an early stage; the IRP had said that if permanent closure would represent a substantial variation in service, then the temporary closure in September 2016 should have been treated as substantial and this committee should have been involved then too. If this committee arrived at the same conclusions as the CCG and Northumbria Healthcare, it would be based on fundamentally flawed evidence; in future affected residents needed to be engaged.

Any mistakes by the CCG should not be replicated by this committee.

The area had poor transport links. The committee needed to call a meeting in the most affected areas, to take place in an evening which would be suitable for more residents to attend. The chair of this committee had commented that there had been an intention to hold a meeting in Rothbury once information had been received to give a full opportunity to do so. Councillor Bridgett thanked the committee for the opportunity to speak.

In response to Councillor Bridgett, the Chair explained that the remit for the review had been prepared by an officer, after which members discussed and agreed it. Councillor Bridgett added that the terms of reference had been drafted by an officer and approved by the Review Group, not this committee. The Chair responded that this was the usual format for agreeing the subject matter for such work.

A member stated that his understanding of the process was that this committee had considered evidence put to it and its role was to scrutinise the consultation process. The committee considered that the consultation process was flawed and the Secretary of State had then agreed. Going forward, the process was for this committee to consider what additional plans and measures the CCG and Northumbria Trust were taking and to reassure members with enough information about the situation. The Legal Services Manager confirmed this was correct.

The Chair explained that Healthwatch had a remit in the process to act as an independent voice for the local community, following a request from the Secretary of State.

Derry Nugent, Healthwatch Northumberland, then spoke about Healthwatch Northumberland findings, of which the details were:

- Healthwatch's role was to be the independent champion for people who used health and social care services. Their sole purpose was to understand the needs, experiences and concerns of people who used health and social care services and ensure that these experiences were heard by those in authority and that those authorities provided a proper, reasoned and transparent response to the issues raised. Healthwatch was not a decision maker nor a campaign group; they would continue to make the case, based in the evidence of people using services, for effective public engagement in decision making about these services and get services right for the future
- thanks were expressed to people had submitted their views. Healthwatch had collated views of people in Rothbury and the Coquetdale area. Between 10 December 2018 and 21 January 2019, 18 emails were received from members of the public in the Coquetdale area and two from local Women's Institute branches. Heathwatch met with representatives of parish councils in the upper valley and with the Save Rothbury Hospital Campaign
- there had been three themes to emerge from the feedback:
 - (a) **effective public involvement in decision making about services:** it was key that such concerns were taken into account; reference had been made to the tone of the debate and feedback received that because of the length of time had had elapsed and a perception of a decision already made, finding common grounds would be difficult and would require the CCG and Northumbria trust to demonstrate listening, undertake early and meaningful communication, and recognise the role of the wider community

- (b) future service provision:** people said they were worried, concerned and sad expressing uncertainty about the future and a sense of loss of something of value to them in the proposals: people still did not understand the rationale of closing the inpatient beds, and there remained an overwhelming belief that the patient experience was not being taken seriously or considered in enough detail. There was support for a health and wellbeing centre but more detail was wanted about how this would work in practice before there was confidence in it. Concern had also been expressed by a project working group of Coquetdale carers, who had ongoing concerns about the home care service offer which formed an integral part of the proposed system to replace the inpatient beds
- (c) accessing services:** being able to access services was an issue of fairness and equity for people with particular concerns for those on fixed incomes or did not drive and where distances and weather could have an effect. There were well known issues regarding the practicalities of public transport, which could impact on the patient experience of health and social care services. Statistics from the Department for Transport showed the percentages of each age group that had a driving licence, which needed to be looked at further, as this concerned the impact of people able to access services.

To conclude, all opinion in Coquetdale communities needed to be listened to. Healthwatch had raised this issue at the Review Group and with the Save Rothbury Hospital Campaign and with decision makers. Addressing these issues could help rebuild relationships.

Questions to Healthwatch

A member praised the work of Healthwatch, adding there was no argument that there had been issues during the consultation process, and asked Healthwatch's opinion on the CCG's role and whether they had identified any lack of due process. Ms Nugent advised that following feedback received both during the original consultation and further views received over time, they had reported some concerns. Two aspects regarded residents being listened to, both saying and receiving. Residents were looking to see how their views would affect the proposals going forward.

In response to transport concerns for both patients and visitors, this case was not unique to Rothbury but like any transport issue regarding how people travelled to receive such health services, it depended on the local transport infrastructure and what effect it had on access plus how relatives and friends visited people receiving treatment.

A member acknowledged Healthwatch concerns about the consultation to date, and having said that residents wanted more communication, had they seen any improvement in the response from the CCG and Northumbria Trust to the needs of Coquetdale residents? Ms Nugent replied that it was difficult to say yet, but Healthwatch considered that the process would only work if people were all willing to engage. There was an intention to do so which would be assessed going forward.

A member stressed that it could be difficult for people to feel properly listened to during consultation; people expected to be, even if they would not necessarily get

what they wanted. Ms Nugent responded that any changes were not likely to get universal favour and agreed that people needed to be listened to seriously. Even if they did not get everything they wanted, they should be able to see the impact of their influence.

In response to a question about what services residents had told Healthwatch they would like to see, details in Healthwatch's response included information about some services that could be applicable. Clarification was also needed about how the services requested might be able to be brought forward as a whole.

Rachel Mitcheson, Senior Commissioning Manager of Northumberland the Clinical Commissioning Group, then provided a detailed presentation (copy attached to the official minutes of the meeting). Details included:

- **the future of the site:** the first floor of the building remained unchanged, the GP practice had moved to the ground floor enabling a colocation with community services and included a new specialist palliative care nurse; new technology used in outpatient consultations was progressing well and positively reviewed by patients; ongoing audits and monitoring of length of stay, improving patients flow and enabling some assessments to be carried out in patients' own homes, which reduced delays in hospital; and a new multidisciplinary approach to community services enabling a more proactive response to patients
- **review of the data:** bed occupancy showed no significant variation in the mean midnight occupancy in both Alnwick Infirmary and the Whalton Unit between April 2016 to November 2018; finished appointments and visits between 1 April 2014 - 31 December 2018 for the Rothbury caseload for Northumberland District Nursing (quarterly statistics); average care plan acuity per whole time equivalent per month from October 2016 to September 2017 and from October 2017 to December 2018; short term support service referrals; the numbers of Homecare clients; the number of people residing in a care home throughout each financial year from 2013/14 to the estimate for the full 2018/19 year;
- **the content of the wellbeing centre:** with current consideration of potential engagement and co-design methods, to include the campaign group, Healthwatch and the wider community. Other areas of best practice were being explored
- **the impact of the temporary closure on patients, families and carers:** impact on travel; the updated travel impact analysis
- **the challenge against the fifth test within the NHS England - Planning assurance and delivering service change for patients guidance:** the inpatient ward was temporarily suspended in September 2016 and NHS England announced three new conditions in March 2017, which were not included in the initial considerations but included within the decision making report in September 2017; the impact continued to be monitored across community services/primary care/community hospitals; Wansbeck and the Northumbria/social care and the ambulance service; a review of complaints, incidents and serious untoward incidents had been recorded, providing more care within people's own homes remained a national priority, and the north locality was part of a new approach in community care
- **the evidence of an equality impact assessment, completed prior to the public consultation:** one was completed ahead of the consultation report,

the greatest impact was on some older people accessing the inpatient beds, and it included steps to reduce the impact

- **the issue in relation to the OSC not being consulted on the temporary closure of beds in advance of the decision:** the initial suspension was temporary and an operational decision, there was no formal requirement to inform the OSC, the CCG did discuss it informally with the chair of the time, and the Secretary of State's letter highlighted that communication between the CCG, Trust and OSC could be improved, and a protocol about each organisation's expectations and responsibilities could be developed
- **the financial justification of closure of inpatient beds:** the block contract had reduced by £500,00, the cost reflected direct staff costs, and the saving could not be recurrent whilst awaiting the outcome.

Questions to the Clinical Commissioning Group and Northumbria Trust:

The Chair referred to length of time taken for the process; the reference to the original discussion with the chair in December 2016 had been with the committee's previous chair. The response from the Secretary of State had taken a further five months to be received; could the process be sped up or it be made clearer sooner to residents what services would be provided? Members were advised that NHS England had given advice about the timescale; proper evaluation and meaningful engagement took time. The CCG thus needed until summer 2019, when a decision would be taken in public.

Regarding what negotiation would take place with interested parties to work towards a solution, the CCG wished to work with participation groups, Councillor Bridgett, parish councils, Healthwatch and the Save Rothbury Hospital Campaign group. They needed time to do so. Discussion would follow about arranging a group to bring the required information together and assess what needed doing.

Members were also advised that the Macmillan nurse referred to in the presentation was now in post.

A member said that arranging community transport would be good if possible, but also tenuous as the NHS would not have control over the services and if they were devising services based upon other partners being able to provide such support, what was their fallback plan? Members were advised that this would be addressed in the travel analysis; the community option was good but its longevity depended on their tenure of the contract. Consideration could also be given to patient transport options too. When patients were admitted, staff looked at mitigation factors. The member welcomed this response but was concerned that any transport plans could be dependent on being run by either the voluntary/community sector or the County Council, when they were also both faced with financial pressures. Given the overall aim to save money, there would thus be another cost to whoever provided the transport service. This issue would be reported back to the CCG.

A member referred to the information provided about residential care as the numbers in care and home care clients had reasonably significantly increased; was this a direct result of the closure or other factors? Members were informed that there had been an increase but this could be either a general increase across the county or could include some people who otherwise would have gone to Rothbury Hospital.

A member expressed concern about some of the data presented; it had to be clear in its purpose and relevant to the topic. Members were briefed that the information included was a relevant data set that had been used elsewhere.

A member questioned whether staffing shortages continued to be an issue, as it had been the basis of the original decision to close the ward. Members were advised that staffing continued to be a challenge for the Trust but was also a regional and national problem. The member added that homecare could be tenuous as it was important to not make assumptions about services until they were funded and staff recruited to provide them.

A member asked about the impact on travel given other recent developments including the moving of the Whalton Unit from Morpeth to Ashington? Members were informed that the travel analysis would be updated to reflect this change, and travelling from Rothbury to Ashington rather than to Morpeth would add about 10 minutes to a car journey, but more by bus.

A member asked if such changes were likely to affect their plans; members were advised that consideration would be given feedback from engagement work, staffing, environmental issues, an Equality Impact Assessment, then a decision taken. Data would be considered and a decision taken by the CCG governing body.

Regarding a question about the experience of families and carers, Healthwatch had been involved from the beginning of the process; views had been gathered and would continue to be amongst other information also received.

A member referred to the Secretary of State's points about financial balances; for 2017/18, the CCG's deficit and the Trust's surplus were around the same amount and how was this taken into account when deciding how to save money? Members were told that a full written answer would be needed to explain the financial position; this would be organised after the meeting. The Trust was regulated by NHS Improvement, and NHS England regulated CCGs. Not all of the Trust's income came from within Northumberland, so it was not possible to equate the respective deficit and surplus to result in a zero balance. The Trust also had an experience rating programme, which provided an evidence base.

Regarding the increase in the short term support service by 35 referrals since 2016, this was due to the demographic changes in Northumberland and Rothbury.

A member pointed out that the Rothbury area had more average care plans at the lowest two rated levels (3 and 4) than Alnwick, Amble or Berwick, and how was this taken into account? Members were informed that the levels of data to be interpreted; the growth in activity against a growth in services would be further analysed.

A member stressed the importance of engaging with residents about the best outcomes for them, pointed out that no progress had yet been made on the closed ward on the first floor of the building, and good use had not been made of people who could have assisted this process. Residents needed to hear details of how changes could be of benefit? Members were informed that the detail in the Patient Experience Programme would be considered, and its director would be able to provide information.

Following a query, it was confirmed that the beds at the RAF Centre in Rothbury were provided on an individual case basis when a respite need had been identified.

The beds were not used every day, and nor could GPs or hospitals refer patients in to them.

The Chair referred to how 62 patients within the Rothbury area had received palliative care within the past 42 months. It was a small number but it was very important to patients to receive care in a proper manner, and the Chair understood that there had been no clinical complaints, which was confirmed. Members received information that a palliative care officer was in post and the Trust provided a very good service enabling people to die comfortably. Some patient might have attended tertiary services, died in either their own home or care home or at Alnwick during that time. It was vital that good and active engagement took place with the patient their family and carer to respect the wishes of that person, and the Trust always endeavoured to meet their needs.

A member asked for details of the number of district nurses operating in the Rothbury area. This figure would be confirmed after the meeting. Even if bed provision changed, there would always still be both a district nursing service and palliative care service, and the Macmillan nurse appointed was an additional post introduced to help the service.

It was also confirmed a higher number of people had died in care homes since the closure, but this could also be a general trend. Their needs had all been met.

A member questioned when the development of ideas for a health and wellbeing centre would be formulated. Clarification was given that the hospital building did have some services in place; the GP practice move had been planned before the consultation had taken place. The Trust was already providing an increased and improved offer. The other services to be provided would evolve; it was meant to be community led so would include community coordination work.

A member referred to how the initial decision for a temporary closure did not require this committee to be formally informed, but if there were to be any closures, a form of consultation with this committee would be good at the outcome? Members were further advised that there was no formal requirement to consult in such cases, but regarding how long 'temporary' might be, an example was provided about the Whalton Unit's temporary move. Both parties had agreed to the change; the current arrangements would be reviewed, then a decision taken. If the closure became permanent, this committee would be formally consulted and wider consultation would be organised if the committee felt it was required. The operational team had agreed to make changes at Rothbury for the reasons given, and the previous chair of the committee had been consulted, after which the formal process had followed.

A member referred to the Secretary of State's point about the option to reopen the beds, as residents wished to know if this was a possibility? Members were informed that all options remained open, including reopening the beds. Information would be gathered, followed by engagement, then a decision taken by the CCG's governing body.

A member referred to the delays to date; some were understandable but some health needs had been identified as not to be met if matters were not taken forward. Furthermore, the IRP letter had mentioned the fractious tone of much of the correspondence; reassurance was sought that new engagement would be different? Members were informed that lessons had been learned from methods tried last time which had not satisfied all people. The intention going forward was to focus on smaller groups with focused efforts on the subject matter in question.

Consideration was being given to data previously gathered from large groups. Northumbria Trust would work with the CCG and other partners going forward to engage meaningfully. Other work could not be done as the referral had went to the Secretary of State, and the CCG could not have preempted what the decision of the IRP would be.

A member further stressed the importance of ensuring that residents' views were listened to and that they felt happy that the issue had been fully looked at. Members were reassured that the CCG's governing body was very committed to this requirement.

A member pointed to changes at the national level for the NHS, including the NHS Long Term Plan. Was that being taken into account as it included an aim about supporting people to age well, and members wanted reassurance that the CCG were helping with this; could an update be provided in due course? Members were given notice that a decision by the CCG governing body was due in summer 2019, after which they would write to the committee, although members indicated they would prefer an update at an earlier stage.

To conclude, the Chair acknowledged that the CCG had given the committee members further information about the issues raised by the Independent Reconfiguration Panel. There had been mistakes in the way that consultation was carried out, and he hoped that lessons had been learned from that. He was sure the CCG would provide further explanations about what went wrong. The final issue was the Secretary of State's request for an update by the end of January 2019. He proposed that an update be reported to this committee in due course, and to ask officers of the Council to draft an agreed update based on the outcome of this meeting, which he would circulate to members of the committee for factual accuracy, then sign. A copy of the letter would also be sent to the local member and Save Rothbury Campaign Group. He looked forward to hearing more about how to make best use of the hospital building and provide residents with the opportunity to create something special.

RESOLVED that

- (1) an update be scheduled for a meeting of this committee in due course; and
- (2) officers of the Council draft an agreed update based on the outcome of this meeting, to be circulated to members of the committee for factual accuracy before being sent to the Secretary of State.

61. REPORT OF THE SENIOR DEMOCRATIC SERVICES OFFICER

Health and Wellbeing OSC Work Programme

Members considered the work programme for the Health and Wellbeing OSC. (Work programme enclosed with the official minutes.)

Members were reminded of their request at their last meeting to look into the possibility of undertaking themed scrutiny about end of life care in Northumberland about the possible timescale for beginning this work. A copy of a scrutiny review completed in 2012 had been circulated to committee members afterwards. It was proposed that officers sought updates on the progress made on each

recommendation firstly, with a view to themed scrutiny beginning in the next council year.

Members were also advised that information had been handed to Democratic Services shortly before the meeting about public engagement work undertaken about the future Berwick hospital. As this item was not on the agenda for the meeting, copies would be handed out to committee members at the end of the meeting and discussion would take place with the Chair about any further action on/follow up on this issue.

RESOLVED that the updated work programme be noted and arrangements for possible end of life care themed scrutiny be investigated.

CHAIR _____

DATE _____