

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, 8 January 2019 at 1.00pm

PRESENT

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

COUNCILLORS

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

COUNCILLORS ALSO PRESENT

Dodd, R (part)	Jones, V
Flux, B. (part)	

OFFICERS

M. Bird	Senior Democratic Services Officer
C. McEvoy-Carr	Executive Director of Adult Social Care and Children's Services
E. Morgan	Director of Public Health

ALSO IN ATTENDANCE

S. Brown	NHS Northumberland Clinical Commissioning Group
J. Coe	Northumbria NHS Foundation Trust
P. Fletcher	NHS England
R. Goode	NHS England
D. Nugent	Healthwatch Northumberland
H. Ray	Northumbria NHS Foundation Trust
S. Young	NHS Northumberland Clinical Commissioning Group

Five members of the public and one member of the press were also in attendance.

49. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Cessford and Foster.

50. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing OSC held on 6 November 2018, as circulated, be approved as a true record and signed by the Chair.

51. FORWARD PLAN OF KEY DECISIONS

Members received the latest Forward Plan of key decisions (enclosed with the official minutes as Appendix A). No items listed were due for pre-scrutiny by this committee.

RESOLVED that the information be noted.

REPORTS FOR CONSIDERATION BY SCRUTINY

52. WINTER PLANNING UPDATE

Helen Ray, Northumbria Healthcare NHS Foundation Trust and Siobhan Brown, Northumberland Clinical Commissioning Group provided an update on system-wide winter planning and delivery (briefing note and copy of presentation attached to the official minutes of the meeting).

Key details of the presentation were:

- the current state of readiness and testing: the local plan had been written and signed off by the Trust board, the system plan had been written, reviewed and well received, and details of lessons learned during the recent period of performance dips
- the reset days on 12 - 13 December and two full weeks in January
- quarterly performance rates and accident and emergency attendance levels during 2016/17, 2017/18 and 2018/19
- risks and mitigations
- the three 'gears' for short term planning during 2018/19
- the current position with Hexham's urgent care centre; a temporary suspension of overnight care took effect in November 2018, but on average, fewer than two people on average had attended the department overnight. The centre continued to operate as a walk in centre between 8am to 10pm
- the temporary relocation of the Whalton Unit to ward 8 at Wansbeck Hospital on 19 December: this had improved access for inpatients to other hospital services, transport arrangements were in place, and a review of the longer term operation was to be undertaken in March 2019
- the use of the GP Extended Access Service over Christmas and New Year, and appointment utilisation
- future planning for urgent and emergency care, and navigation to Primary Care.

Debate followed of which the key details were:

- in response to a question, members were advised that the 95% target referred to related to the number of patients waiting for four hours or less.

Patients needed to be either seen and discharged or transferred to another admission within four hours of their arrival being logged. The quarterly figures demonstrated improvements made over a three year period. The thresholds for patient transfer times were being reviewed

- regarding whether significant difficulties in some centres was down to staff numbers and budgets, members were informed that the requirement was to have sufficient numbers of practitioners who could operate at a junior doctor level. However there were insufficient junior doctors in post and it was not appropriate to place consultants in those roles. The necessary funding was available but turnover affected their staffing numbers
- it was not currently possible to confirm a date for the reopening of overnight hours at the Hexham urgent care centre. Consideration was currently being given to the profile of the county's urgent care centres and workforce statistics in order to provide the best service for residents
- if subsequently it was considered that the Hexham urgent care centre needed to close permanently overnight, an update would be presented to this committee. As part of this the level of variation would be assessed as would whether any such change trigger the necessary engagement activities. It was acknowledged that this was concerning for some residents but resources had to be allocated where they benefited the greater number of residents
- regarding transport arrangements for patients in the Whalton Unit, taxi services were provided for people who were not able to access Wansbeck Hospital by public or family transportation. Proactive work took place to advise visitors to new patients about the availability of the service. 24 patients were currently in the Whalton Unit, and all were comfortable with the travel arrangements in place. The budget provided sufficiently for current patients, and the situation would need to be further considered if the current arrangement became longer term. The Whalton Unit had seven qualified nurses, which was a 50% vacancy rate, despite six rounds of recruitment being undertaken
- in relation to progress made on the Trust's workforce strategy and concerns about a resource impact on rural areas as urban areas had more allocated due to their bigger populations, significant work had been undertaken lead by the Director of Human Resources to consider the challenge for staffing and impact upon rural areas and understanding growth patterns in the population. A national taskforce was considering rurality issues. Comparable areas included Cumbria and Cornwall, although Cornwall's issues mostly related to challenges resulting from busy summer months. Officers were confident that Northumberland was in a stronger position than many other rural areas
- the graph in the presentation that detailed the Whalton Unit percentage of midnight bed occupancy rates between April to November 2018 showed the numbers going up and down between 70 - 95%: this was as a result of bed availability reductions in the event of insufficient staffing. The Whalton Unit had never had a 100% occupancy level
- in addition to the issues regarding recruitment for the Whalton Unit, it was important for patients and carers' experiences to be taken account of
- it was clarified that the 41 GP practices in Northumberland were clustered into five hubs. The five hub centres provided appointments during evenings and weekends all year round and also included extra slots where the demand required it. Patients could make an appointment at a hub centre that

their GP practice was part of. Practices within a hub could either share the additional hours between them or have one central practice where all the evening and weekend appointments were available. People could call either their GP practice or 111 to get an appointment. Examples were provided about when a patient could not get an out of hours appointment at their local practice but were offered one within the local hub. It was important to note that more appointments existed in local practices than the hubs. Services were offered at the point of need.

To conclude, Ms Ray and Ms Brown were thanked for their presentations, and it was noted that if members had particular queries, they should contact either J Coe or H Ray.

RESOLVED that the information be noted.

53. HADSTON/AMBLE AND ROTHBURY DENTAL SERVICES

Members received a further update from Pauline Fletcher and Ros Goode of NHS England about the position regarding a contract for dental services in Hadston, Amble and Rothbury, following the last update given to the committee on 6 November 2018. (Briefing note attached to the official minutes.)

Members were further advised that a new provider had not been selected as the bids received were non-compliant against one or more of the published criteria. Bidders had been informed of this in writing with detailed feedback about their bids. NHS England shared an indicative timetable for re-commencing the procurement which involved going back out to tender in February with a deadline for bids in March, aimed to award the contract in May, with a proposed contract start date in December 2019, as six months was needed to mobilise all arrangements for the contract. The delay was not ideal but work continued to ensure that other practices had the capacity to take on patients from the Hadston, Amble and Rothbury areas. Patients were redirected to the other providers.

In response to why filling the contract had been problematic, members were advised that the bids were assessed against the published criteria which was aimed at ensuring that providers had the capacity and capability to deliver the service. Advice had been received from NHS England's procurement service that disclosing any information about any of the bids would open them up to challenge, for example on the basis of commercial confidentiality. Detailed feedback had however been sent directly to the bidders so they could address what had made them non-compliant with the requirements.

A member questioned whether current providers' existing contractual commitments could be endangered by taking on the additional patients if capacity challenges arose, to which it was confirmed that NHS England were monitoring the situation closely and would work with providers to address any possible impact on the current contracts as it was essential that they were delivered. NHS England were keen to ensure that a new provider would be able to deliver the service in the longer term and they had to be confident that the new provider could provide all the services required.

It was confirmed that the contractual criteria was published in advance of bids being invited and NHS England were very clear about what information bidders were required to provide. NHS England could only assess the content of the bids received. In reply to a question about what the level of interaction was with bidders to assist them with the application process, members were informed that extensive market engagement had taken place with providers across Cumbria and the North East.

It was questioned whether NHS England were able to monitor the impact of the delay of the service, for example if residents were not able to travel to the alternative provider, and had any alternative provision, for example a mobile service, been considered to address needs? Members were advised that such information was not provided on an individual patient level, however, all practices submit monthly return advising on access.

Concern was raised about the possibility of any wider health impact resulting from a gap in local service provision. Members were informed that the situation was monitored very closely and if there were opportunities for more services locally, they would be pursued. Access to services in rural areas was a common theme. In response to a question it was confirmed that Healthwatch had not received any formal complaints about the delay in service, but feedback had not yet been received about the non awarding of the contract. Engagement work had taken place with the Hadston, Amble and Rothbury patients; most had found an alternative practice and 75% of people who responded had said that they were happy with the current arrangement/service.

Members were further advised that the Clinical Commissioning Group did not have a responsibility for dentistry, as it was commissioned by NHS England, but they supported the need to ensure that providers could meet the required standards. Members were reassured that the bar for any service standards would not be lowered; quality standards continued to need to be required for all health services provided.

Ms Fletcher and Ms Goode were thanked for their update and it was:

RESOLVED that:

- (1) the update be noted; and
- (2) a further update on the contract be provided in due course.

54. REPORT OF THE EXECUTIVE DIRECTOR OF ADULT SOCIAL CARE AND CHILDREN'S SERVICES

Northumberland Joint Health and Wellbeing Strategy

Members received a presentation from the Director of Public Health about the responsibilities of the Health and Wellbeing Board with respect to the Joint Health and Wellbeing Strategy; how the Joint Health and Wellbeing Strategy had been developed and its overarching themes, priorities and outcomes; and the governance mechanism to monitor and challenge progress (copy of presentation attached to the official minutes of the meeting).

Key details of the presentation were:

- the statutory responsibility of the strategy
- the strategy's aim to improve the health and wellbeing of Northumberland residents and reduce inequalities, with a focus on four themes
 - (a) giving every child and young person the best start in life
 - (b) taking a whole system approach to improving health and care
 - (c) addressing some of the wider determinants
 - (d) empowering people and communities
- success would be measured in life expectancy and healthy life expectancy, and reducing inequalities in both
- for the next steps, the Health and Wellbeing Board would be asked to approve the strategy on 17 January, thematic action plans would be presented to the Health and Wellbeing Board, progress would be monitored and a mid term review undertaken during 2023.

A member praised the strategy and welcomed the assurances that its aims were workable rather than aspirational. In response to her query about why the Special Educational Needs and Disability (SEND) indicator had been withdrawn following the recent inspection, members were advised that an indicator had been proposed about the proportion of children with SEND who had an education care plan, but the issue of concern actually concerned the quality of the education care reports. The indicator had been changed but the alternative had not been confirmed yet.

A member queried why there was no reference to transitions in the strategy; young people's transition to adulthood was a significant point in their lives and often young people at that age dropped out of activities and were not tracked when they left school. Members were advised that this was discussed in the SEND inspection and was clearly detailed in the Children and Young People's Strategic Partnership action plan. Transitions to adulthood was a key issue across a number of plans, which linked together. Further discussions could take place between Cabinet member for Children's Services Councillor Daley and the Executive Director of Adult Social Care and Children's Services.

A member further stressed the importance of sufficient resources being put into preventative measures in addition to hospital and other care treatment. Members were advised that the Trust employed a Public Health Consultant who was leading on Public Health issues within the Trust. It was important to challenge growing public expectations about what services could be delivered in light of reducing resources; it was important that the public understood the wider determinants of what affected their health. Public health was written throughout the Corporate Plan, so linked with all council actions.

A member referred to the youth project he had been involved with for many years, which did not stop people attending once they turned 18, so they did not suddenly stop getting support.

Members were also advised that engagement would continue as it was a 10 year strategy.

Members congratulated the Director of Public Health on the strategy and:

RESOLVED that

- (1) the information be noted;
- (2) the contents of the strategy be supported
- (3) members' comments be considered in the finalisation of the strategy.

55. REPORTS OF THE SENIOR DEMOCRATIC SERVICES OFFICER

55.1 Improving Health/Leisure And Fitness Scrutiny Working Group

Members were reminded that themed scrutiny of how Active Northumberland and other key partners were contributing to the health and wellbeing of residents would begin with a task and finish group meeting on 16 January. Four members had been appointed to this group: Councillors Watson, Rickerby, Dungworth and Moore. A further meeting would take place on 27 February, and some findings/recommendations will then be reported back to this OSC for members' consideration at this committee's meeting on 26 March.

55.2 Rothbury Hospital Referral Review Group

The review group had met twice so far, on 4 & 10 December. Five committee members sat on the group, plus Healthwatch. Questions had been asked for Northumbria Healthcare NHS Foundation Trust and the Clinical Commissioning Group to answer regarding issues raised by the Secretary of State. Their responses would be provided and considered by the review group on 16 January. A special meeting of this committee had been arranged for Wednesday 23 January 2019 to agree on the update required to be sent to the Secretary of State for Health by the end of the month.

55.3 Health and Wellbeing OSC Work Programme

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

Members were advised of some recent changes to the work programme. To avoid too much business being due at one meeting, the Northumbria NHS Foundation Trust and Newcastle NHS Foundation Trust's Quality Account presentations would be provided at the committee's meeting on 5 March, and the North East Ambulance Service and Northumberland Tyne and Wear NHS Foundation Trust's presentations on 26 March. It was also anticipated that any recommendations/findings from the improving health and fitness themed scrutiny would be reported to the 26 March meeting.

It was suggested that members might look into the possibility of undertaking some themed scrutiny about palliative care in Northumberland. This could look into access to hospices, for example residents in south east Northumberland had to go to Tyneside for a hospice. Reference was also made to the hospices in Alnwick and Berwick and their funding as charitable organisations. Members were also advised that some themed scrutiny work about palliative care had been undertaken around six years ago about this and some new work could perhaps refresh or follow up

what had been previously agreed. Democratic Services would follow this request up and provide an update to the next meeting about the possible timescale for beginning this work.

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

56. INFORMATION REPORTS

Policy Digest

Members were advised of the availability of the latest policy briefings, government announcements and ministerial speeches which might be of interest to members, which was available on the Council's website.

RESOLVED that the information be noted.

57. FUTURE MEETINGS

Members were reminded that the committee's next meetings would take place on 23 January, 5 March, 26 March and 30 April 2019, all beginning at 1.00pm.

58. URGENT BUSINESS (if any)

Members asked for an update on the reallocation of patients previously registered at Collingwood GP practice in Blyth to other practices. Collingwood had closed on 30 November 2018 and all vulnerable patients had been allocated to other practices. Almost 1000 patients were still to re register however; they continued to be reminded about this but if they did not register elsewhere, they would be automatically enrolled. Work had taken place with drug and alcohol services, mental health services, plus discussions with the Local Medical Committee about the lessons learned from the process. The local member added that she was happy with how the process had been handled.

CHAIR _____

DATE _____