



North Tyneside Council

Adult Social Care, Health and Wellbeing Sub-Committee

30 August 2017

Thursday, 7 September 2017 in Room 0.02, Ground Floor, Quadrant, The Silverlink North, Cobalt Business Park, North Tyneside commencing at **6.00pm**.

| Agenda Item | Page |
|------------------------|-------------|
|------------------------|-------------|

1. **Apologies for Absence**

To receive apologies for absence from the meeting.

2. **Appointment of Substitute Members**

To be notified of the appointment of any Substitute Members.

3. **Declarations of Interest**

You are invited to declare any registerable and/or non-registerable interests in matters appearing on the agenda, and the nature of that interest.

You are also invited to disclose any dispensations in relation to any registerable and/or non-registerable interests that have been granted to you in respect of any matters appearing on the agenda.

Please complete the Declarations of Interests card available at the meeting and return it to the Democratic Services Officer before leaving the meeting.

Members of the public are entitled to attend this meeting and receive information about it.

North Tyneside Council wants to make it easier for you to get hold of the information you need. We are able to provide our documents in alternative formats including Braille, audiotape, large print and alternative languages.

For further information please call 0191 643 5614.

4. **Minutes**

To confirm the minutes of the meeting held on 6 July 2017.

5. **Mental Health Topic – If U Care Share**

To receive a presentation on the work of the If U Care Share Foundation.

(20 minutes)

6. **Redesign of the Adult Social Care Customer Journey**

To receive a presentation on the redesign of the Adult Social Care Customer Journey.

(20 minutes)

7. **Health Inequalities**

To receive a verbal update and consider any potential health inequality topics for future sub-committee meetings.

(5 minutes)

8. **Northumberland, Tyne and Wear, North Durham Sustainable Transformation Plan**

To discuss and endorse the proposal to establish a joint committee to oversee the development of the STP and any associated proposals for substantial development and variation to health services.

(10 minutes)

The following items are for information only and will not be presented to the Sub-committee.

9. **Dementia Services**

To receive an information report providing an update on services for people with dementia.

10. **Ambulance handover times at The Northumbria Hospital**

To receive for information a press release outlining feedback from the Emergency Care Improvement Programme Team's visit to The Northumbria Hospital to support improvements in patient flow.

Members of the Adult Social Care, Health and Wellbeing Sub-Committee

Councillor Ken Barrie
Councillor Gary Bell (Chair)
Councillor Linda Bell
Councillor Pamela Brooks
Councillor Joanne Cassidy
Councillor Karen Clark (Deputy Chair)

Councillor Marian Huscroft
Councillor David McGarr
Councillor Alan Percy
Councillor Margaret Reynolds
Councillor Lesley Spillard
Councillor Alison Waggott-Fairley

Adult Social Care, Health and Wellbeing Sub-Committee

6 July 2017

Present: Councillor G Bell (Chair)
Councillors P Brooks, J Cassidy, K Clark, E Hodson,
A Percy, L Spillard

ASCHW10/07/17 Apologies

Apologies for absence were received from Councillors K Barrie, L Bell and M Reynolds.

ASCHW11/07/17 Substitute Members

Pursuant to the Council's constitution the appointment of the following substitute Member was reported:-

Councillor E Hodson for Councillor K Barrie

ASCHW12/07/17 Declarations of Interest and Dispensations

There were no declarations of interest or Dispensations reported.

ASCHW13/07/17 Minutes

Resolved that the minutes of the meeting held on 15 June 2017 be confirmed and signed by the Chair.

ASCHW14/07/17 Royal College of Nursing

The Senior Regional Officer of the Royal College of Nursing gave a presentation on the work of the Royal College of Nursing (RCN).

The RCN was the world's largest nursing-specific trade union and professional body with over 435,000 members, including 38,000 student nurses and midwives.

The sub-committee heard about issues facing nurses and were informed that around half of nurses feel worse off than 5 years ago and less than half of nurses would recommend nursing as a career.

The RCN represented the professional interests of nursing staff working in the public, private and voluntary sectors and were not affiliated to any political party. They also had an influencing and lobbying role and were currently involved in a number of active campaigns. Detailed information about the work of the RCN was outlined in the presentation.

The sub-committee were informed that the RCN had assisted in the transfer of school nurses and health visitors from the NHS to North Tyneside Council, and this had gone well.

The Director of Public Health explained that the Council aimed to be an exemplar employer and had recently advertised 10 school nurse posts and received 30 applications. This was a good response and down to the good terms and conditions offered by the Council.

A member sought clarification on the role of the RCN legal team. The Senior Regional Officer explained that the team advised on employment issues, unfair dismissals; and also investigated medical negligence cases on behalf its members.

The sub-committee expressed concern about the percentage of nurses not belonging to a pension scheme and asked why this was the case. The Senior Regional Officer explained that one reason was that younger nurses were opting out of the pension scheme because they needed their money now; it was also in part due to nurses wages not increasing.

Members heard that there were currently more than 40,000 nursing vacancies across the country. In light of this members asked questions in relation to the reduction in student nurses and nurses generally. It was explained that the reduction in student nurses was partly due to the impact of ending the bursary scheme for student nurses. Student nurses now had to apply for a student loan to pay course fees and could accrue debt of up to £57,000. This was putting off a lot of people from going into nursing, including mature students with young families who would previously considered nursing as a career. There was no longer a basic entry level for nursing and you now needed to have A levels or a Degree to enter nursing. The sub-committee were also informed that the numbers of qualified nurses coming from abroad to work in the NHS was reducing due to the uncertainty surrounding Brexit.

Jen Coe of Northumbria Healthcare Foundation Trust (NHCFT) informed the sub-committee that there was a lot of positive work happening in relation to training and supporting nurses who work at NHCFT and offered to ask the Executive Director of Nursing to provide an update on this at a future sub-committee meeting.

The Chair thanked the Senior Regional Officer for the presentation.

It was **agreed** to include an update on the support and training offered to nurses employed by NHCFT on the sub-committees work programme 2017/18.

ASCHW15/07/17 Health Inequalities

The Director of Public Health gave a presentation on health inequalities in North Tyneside.

The presentation started by explaining that:

- Health was not just the outcome of genetic or biological processes but was dependant upon the social and economic conditions, in which we are born, grow, work, live and age.
- The unequal social and economic conditions and influences, often beyond an individual's control, gave rise to unequal health status and health outcomes for different social groups.
- Health inequalities were avoidable they do not occur randomly or by chance, but they were socially determined by circumstances largely beyond an individual's control. These circumstances disadvantaged people and accumulated across the life course limiting the chance to live longer, healthier lives.

The sub-committee were informed that a child born today in the most deprived part of the Borough would live 10 years less than a child born in the least deprived part of the Borough. People in poorer areas and in other certain groups such as mental illness not only die earlier but spend more of their shorter lives with a disability and in poor health. A graph which highlighted the percentage contribution that the broad causes of death made to the gap in life expectancy in North Tyneside; showed that for males the biggest cause of death was cancer and for females it was circulatory problems. Another graph showed that there were a total of 761 additional deaths due to these broad causes in the less affluent areas of the Borough.

The presentation outlined the key risks factors in relation to health inequalities. Smoking was the single biggest contributing risk factor and accounted for around half the gap in life expectancy. Other lifestyle risk factors included alcohol, poor diet, physical inactivity and these risks were unequally distributed in the population driven by social circumstances.

The causes of health inequalities were inherently complex and we needed to determine and tackle the background causes. The presentation outlined how we were aiming to tackle health inequalities in North Tyneside through 'proportionate universalism'. It was stressed that there needed to be action from across every aspect of society and not just the Council to combat health inequalities.

The presentation detailed the targeted work which was happening in Chirton and Riverside Wards in relation to education, employment, housing and health.

A member queried if industrial diseases was still an issue in North Tyneside. The Director of Public Health explained that although not specifically an industrial disease, cancer, particularly lung cancer was high in men and that this may be a compounded problem due to the high prevalence of smoking amongst routine factory workers and people who had jobs in the industry sector.

A member queried why smoking prevalence was higher for women than men. The Director of Public Health pointed out that smoking prevalence wasn't much higher in women, however amongst young people more women than men were starting to smoke; one reason for this was that young women believed smoking helped to control their weight.

In relation to smoking a member asked if this contributed to poor air quality. The Director of Public Health explained that air quality in North Tyneside was generally good and that we had two stations which continuously monitored the quality of air in North Tyneside. The number of deaths attributable to air quality was fortunately relatively low in North Tyneside. Ill health due to poor air quality was very difficult to quantify and we weren't able to do this.

A member mentioned that she was aware of an on-going air quality problem in East Howdon area due to a nearby water treatment plant. Unfortunately the majority of people who lived in this area had little choice about where they lived. Although there had been some action it continued to be an issue and a health risk to local residents.

The Director of Public Health explained that although the health inequalities gap hadn't reduced in North Tyneside, there had been some improvement overall as everyone was living longer and living healthy longer, also the gap hadn't widened.

The Chair thanked the Director of Public Health for the presentation.

ASCHW16/07/17 Suicide Prevention

The sub-committee considered a report which provided an update on suicide prevention in North Tyneside.

A whole system approach was required to address suicide, with local government, primary care, health and criminal justice services, voluntary organisations and local people affected by suicide having a role to play.

Under the leadership of the Director of Public Health a suicide prevention task group was established in 2014 with representation from relevant organisations. The task and finish group had carried out a number of pieces of work including a Suicide Health Needs Assessment; a local Suicide Audit (2012-2015) utilising coroners files and an audit of current services and gaps in provision. All this work ensured that we understood local suicide rates, groups at greater risk and trends over time. It meant that we could respond to any emerging themes and take action in a timely manner.

The current focus of the group was to have clear proposals for the additional investment which would come to CCGs for suicide prevention work in 2018.

Statistically, between 2007-12, the North Tyneside rates had been significantly higher than the England rate. However, the latest national data showed that North Tyneside's suicide rate per 100,000 general population had reduced since 2013 (11 suicides per 100,000) and we are now not statistically significantly different to the England rate.

Working with the local coroner an in-depth suicide audit was completed by analysing all 92 cases of suicide in over 18s from 2012-15. Although the circumstances of every death were unique, there are some common factors across cases. The main key findings from the audit were outlined in the report.

The numbers of young people North of Tyne (Northumberland, Newcastle and North Tyneside) who die by suicide were thankfully small and vary on a yearly basis. 15 cases were identified as suicide or deliberate self harm from 2008 – 2016 in young people under the age of 18 and were examined for the audit.

The under 18s audit described the circumstances that young people may be facing prior to taking their lives. The key findings were that most of the young people in the audit had experienced longstanding difficult circumstances including parental substance misuse, history of mental illness in the family, abuse or witnessing domestic violence.

In addition, substance misuse and previous self harm were commonly seen in the young person's past history, particularly in females. Self harm was strongly associated with an increased risk of future suicide, therefore access to services for self-harm was crucial to addressing suicide risk.

The refreshed North Tyneside suicide action plan attached at Appendix 1 to the report, was based on national guidance and covered the six key areas identified in the Governments Strategy for suicide prevention. However, taking into account our local intelligence a whole system approach for short term action was detailed in the action plan for 2017-18 and focussed on:

- Reducing risk in men
- Preventing and responding to self harm

- Improving mental health of children and young people
- Treatment of depression in primary care
- Ensuring safe acute mental health care
- Reducing isolation
- Monitoring locations of suicide
- Providing bereavement support.

All partners were signed up to the refreshed action plan.

Progress on the key actions from the 2015-16 action plan included:

- The public health team had commissioned suicide awareness training for 45 frontline staff specifically aimed at services that came into contact with men (the key at risk group). The training had been well attended and positively evaluated.
- North Tyneside's Mental Health Crisis Concordant was agreed across a wide range of partners which focused on improving the response to individuals experiencing mental health crisis.
- Street triage pilots were funded locally. These were collaborations between the police and mental health professionals to ensure the police were informed of when somebody was mentally ill and those people received appropriate care and support. The street triage pilots were being positively evaluated.
- The CCG introduced liaison psychiatry services in North Tyneside, based at A&E and also in the older people's and rehabilitation wards.
- The public health team led an awareness-raising campaign for suicide prevention day (2015 and 2016) by working in partnership with sports and leisure services, licensing and the local Pubwatch scheme. Venues where men were known to frequent were targeted to raise awareness of support available; for example by displaying Samaritan's posters in men's toilet cubicles.
- Council staff and partners were also involved in supporting regional work around suicide prevention. A stakeholder workshop of local experts to explore key themes around suicide risk factors and themes took place in 2016. The regional group continued to meet to identify and share good practice and to identify areas for collaboration.

In response to member's questions, the Director of Public Health informed the sub-committee that:

- Training had taken place with the Council's revenue and benefits team to raise awareness of suicide and the signs to watch out for.
- Although it could be more than one thing that tipped someone over the edge, it was what was recorded by the police at time of death; we often don't get the full picture.
- To address issues relating to men not sharing their feelings and being unwilling to talk to someone when they feel suicidal; the public health team had commissioned training specifically aimed at services that come into contact with men. Posters had also been put up in men's toilets to encourage them to talk to someone.
- Although we don't currently work with schools at exam times, we could consider doing this in future.
- In relation to how people at risk of suicide were identified it was a mixed picture; some people don't display any warning signs and others do for example they may have attempted several times to commit suicide or had self harmed.
- We had to be very careful about how we raised awareness and how much publicity was given so that it didn't result in more suicides.

A member expressed concern about people who fell between different services and was aware of someone with serious mental health problems and an addiction problem; he was passed from one service to the next and unfortunately did commit suicide. The Director of Public Health explained that if a person was known to the drug and alcohol service, as this was delivered by Northumberland, Tyne and Wear Trust they would be supported by trained mental health workers.

The Chair informed the sub-committee that he had invited a representative of 'If U Care Share' to give a presentation at the next sub-committee meeting.

The Chair thanked the Director of Public Health for the report.

ASCHW17/07/17 Sustainable Transformation Plan

The Democratic Services Officer informed the sub-committee about the proposals to establish a Joint Health Scrutiny Committee to scrutinise the development of the Northumberland, Tyne and Wear and Durham Sustainable Transformation Plan (NTWDSTP) and any subsequent major service changes particularly when they cut across local authority boundaries.

Six out of seven of the affected local authorities were willing to work towards the establishment of the Joint Scrutiny Committee and would be taking the proposals to establish a Joint Scrutiny Committee through their own Council processes to seek approval.

A fuller report including the draft protocol and terms of reference for the Joint Committee would be presented at the next sub-committee on the 7 September. The report would include a recommendation that the establishment of a Northumberland, Tyne and Wear, North Durham Joint Health Overview and Scrutiny Committee was referred to Council on 28 September 2017 for approval. Council would also be requested to appoint three representatives onto the Joint Committee. It was envisaged that the first meeting of the Joint Committee would be at the beginning of October.

The Chair expressed concern that the sub-committee were not getting the detailed information needed in relation to the NTWDSTP and the impact changes may have on local health services and hoped that the establishment of a Joint Committee would strengthen scrutiny of the plan.

Councillor Spillard asked for it to be noted that she would be interested in being on the Joint Scrutiny Committee.

Meeting: Adult Social Care, Health and Wellbeing
Sub-committee

Date: 7 September 2017

Title: Redesign of the Adult Social Care Customer
Journey

Author: Democratic Services Tel: 0191 2635614

Organisation: Law and Governance

Wards affected: All Wards

1. Purpose:

To receive a presentation on the redesign of the Adult Social Care customer journey.

Alison Tombs, Assistant Director – Health and Wellbeing, will attend the meeting to give the presentation and answer member’s questions, the PowerPoint presentation is attached to this report.

2. Recommendation(s):

To consider the information presented and provide feedback.

3. Appendices:

PowerPoint – Adult Social Care - A new Asset Based Customer Journey

Adult Social Care

A new Asset Based Customer Journey (Remodelling Adult Social Care)

ASC, H&WB Sub-committee

Thursday 7 September 2017

Alison Tombs



ASC Customer Journey

Business Case

- Original savings target 17/18 was £684K
- A further £200K from 18/19 target was added into this financial year as a stretch

Current Position

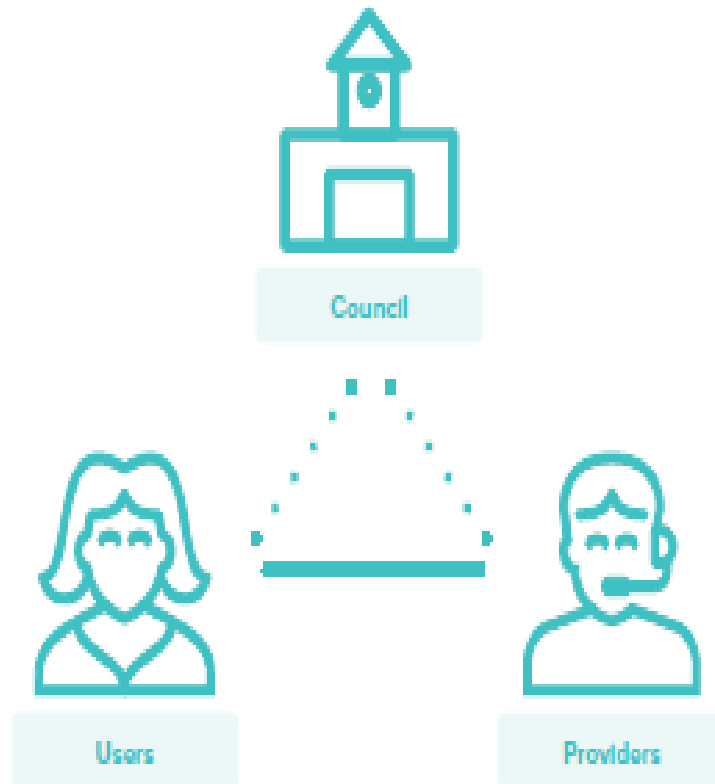
- To date we have achieved £831K of permanent saving e.g. the original £684K and £147K of the stretch
- We need to find an additional £53k



North Tyneside Council

1. Community and individual capital

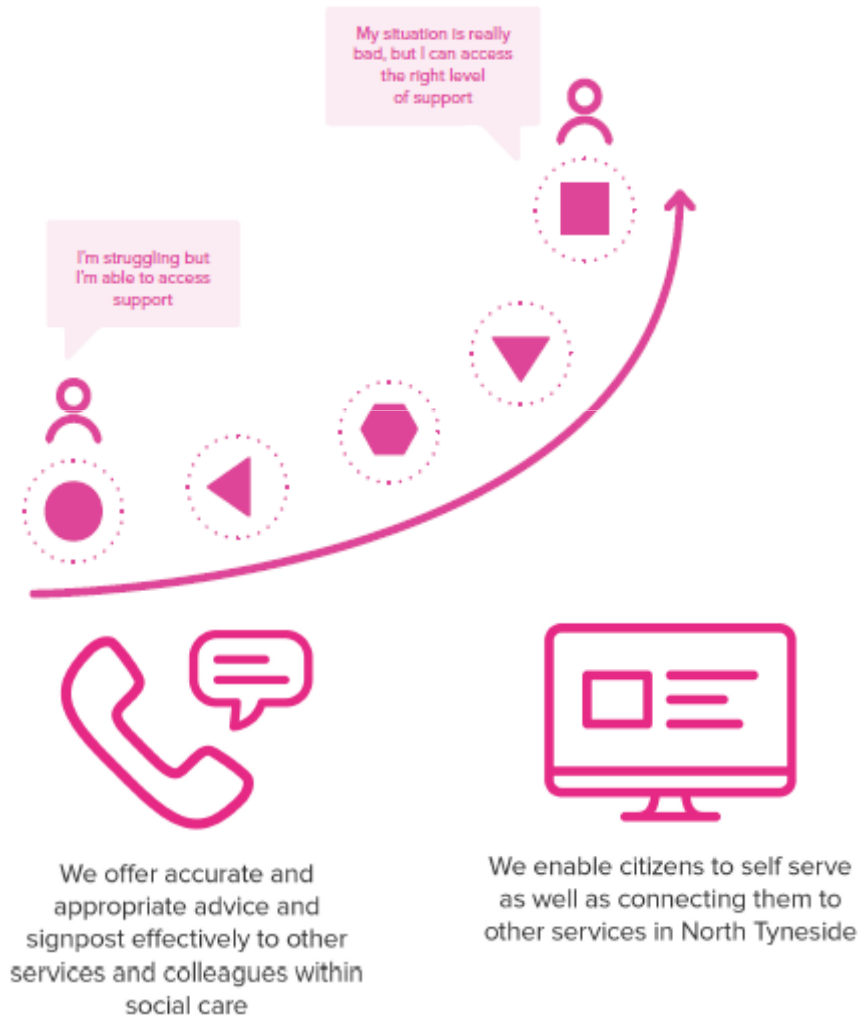
Growing individual and community resources and using them



- **Developing and making use of universal services**
- **Identifying gaps and addressing them:**
 - Not the domain of commissioning alone
- **Community working:**
 - Connecting with local services
- **Knowledge hub:**
 - A central point for all activity
 - Whole system resource – not just social care

2. Creative and proportionate solutions

Making use of practical interventions that make sense to us and our customers



- Removing the cliff edge of support – something for everyone
- Good advice and information IS an appropriate way of meeting needs, when done properly
- Move away from ‘formal’ assessment – conversations and direct interventions
- Continuity of involvement
- Customers coming to us v us to them

3. Collaborative problem solving

Enabling the right people to work together

Collaborative approaches to solving problems means users needs are met more effectively and failure demand is reduced.



- We alone are not always the solution
- Partner involvement early on – ‘helping partners help’
- Dedicated expert roles guiding decision making
- Sharing expertise
- Best use of technology to aid communication

4. Reflective and safe practice

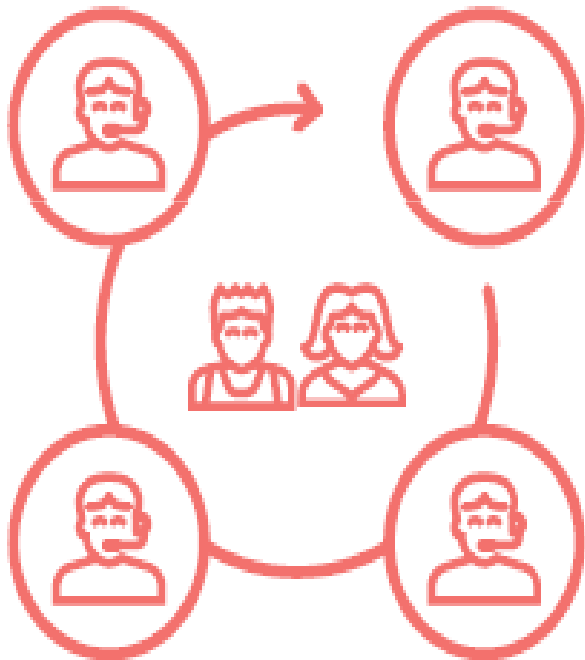
Real time learning from what we do – continuous development as the norm

- Prototyping for change – no big bang

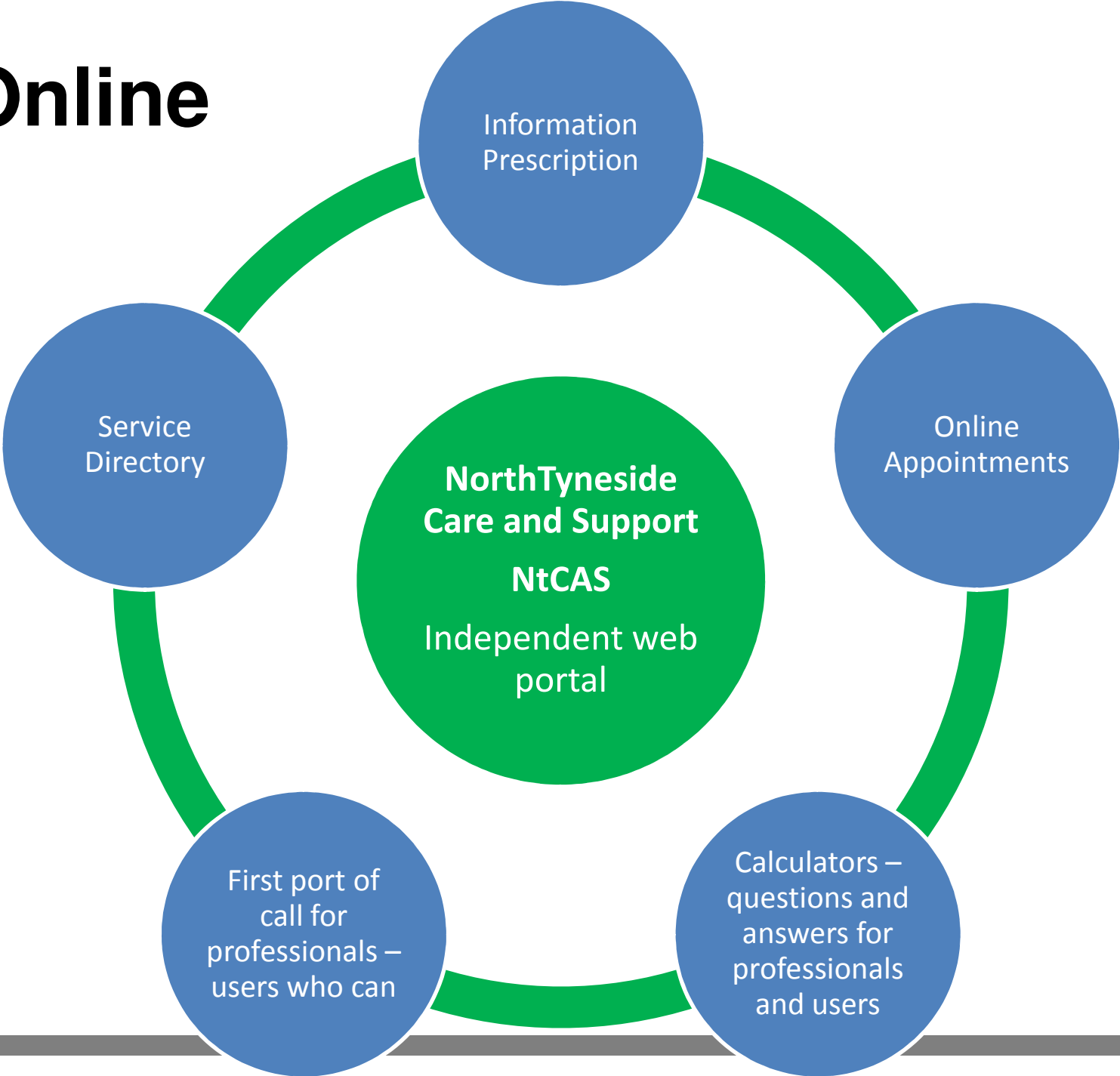
- Ability to adapt and intervene, not fill out new forms

- Live feedback - flexibility and control in local teams

- Ownership of processes and systems



Online



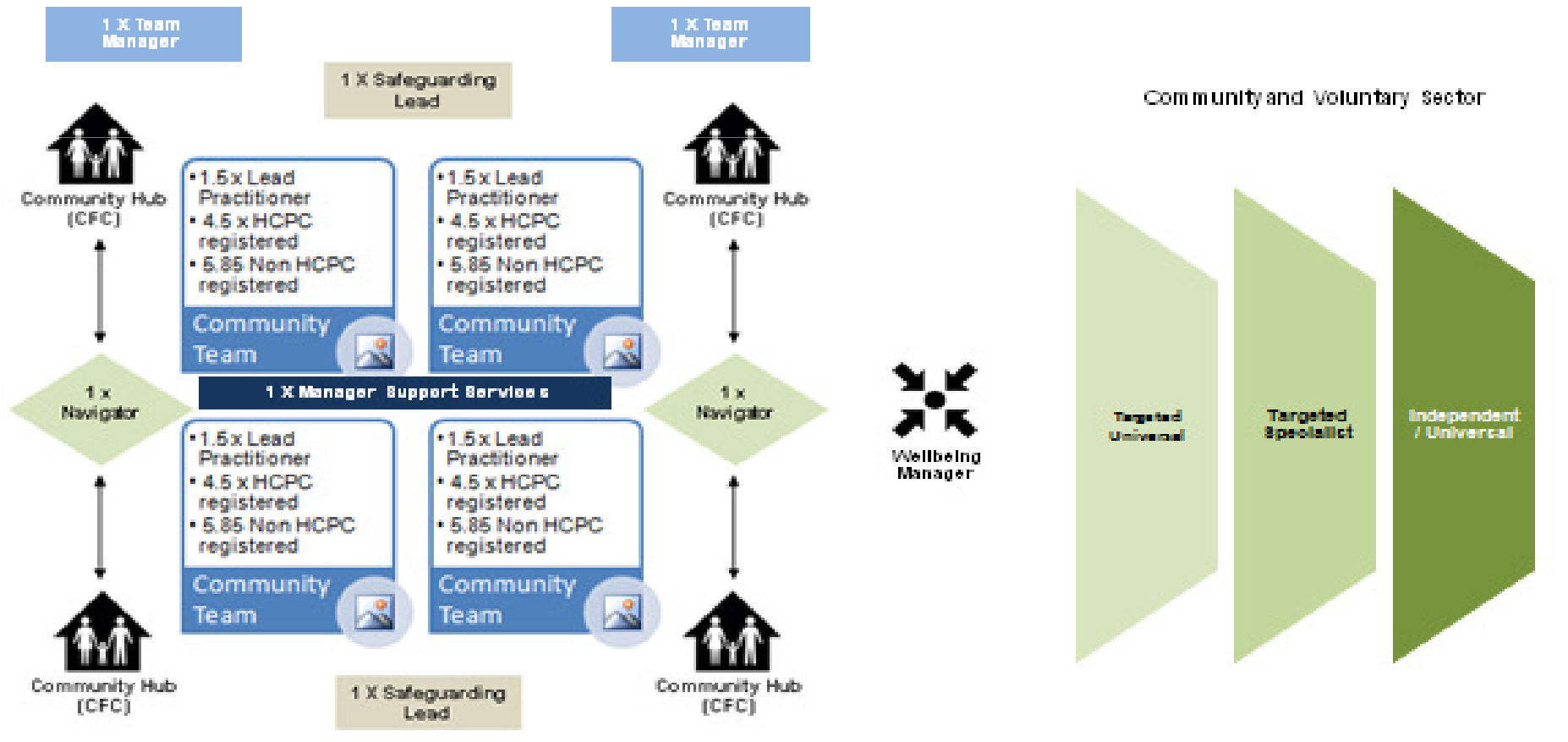
Gateway



Local teams

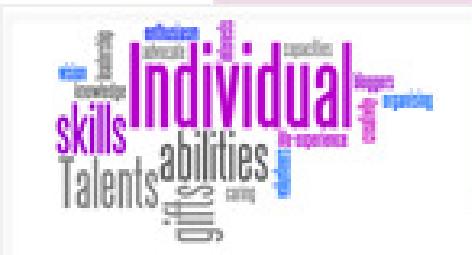


The Model

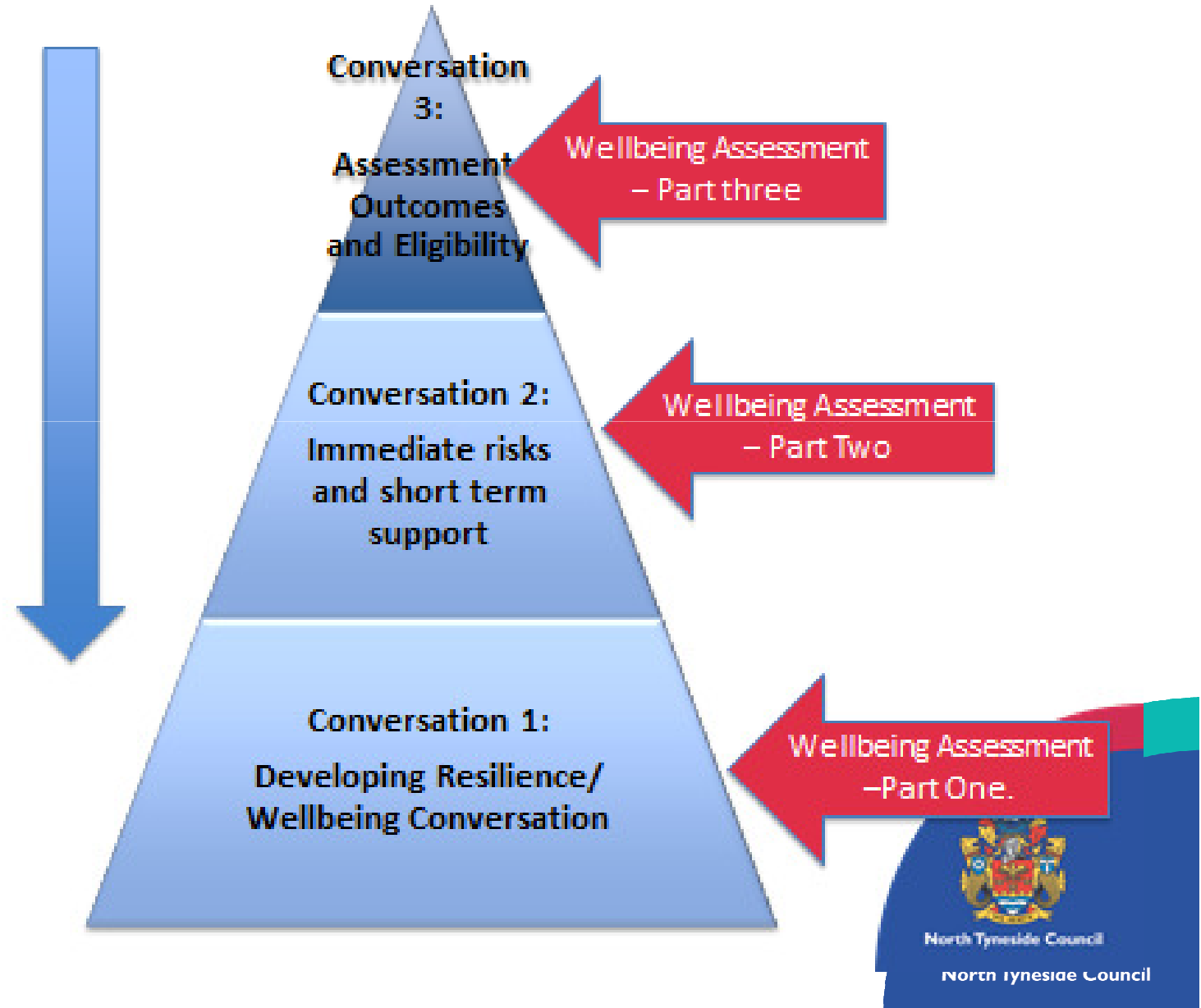




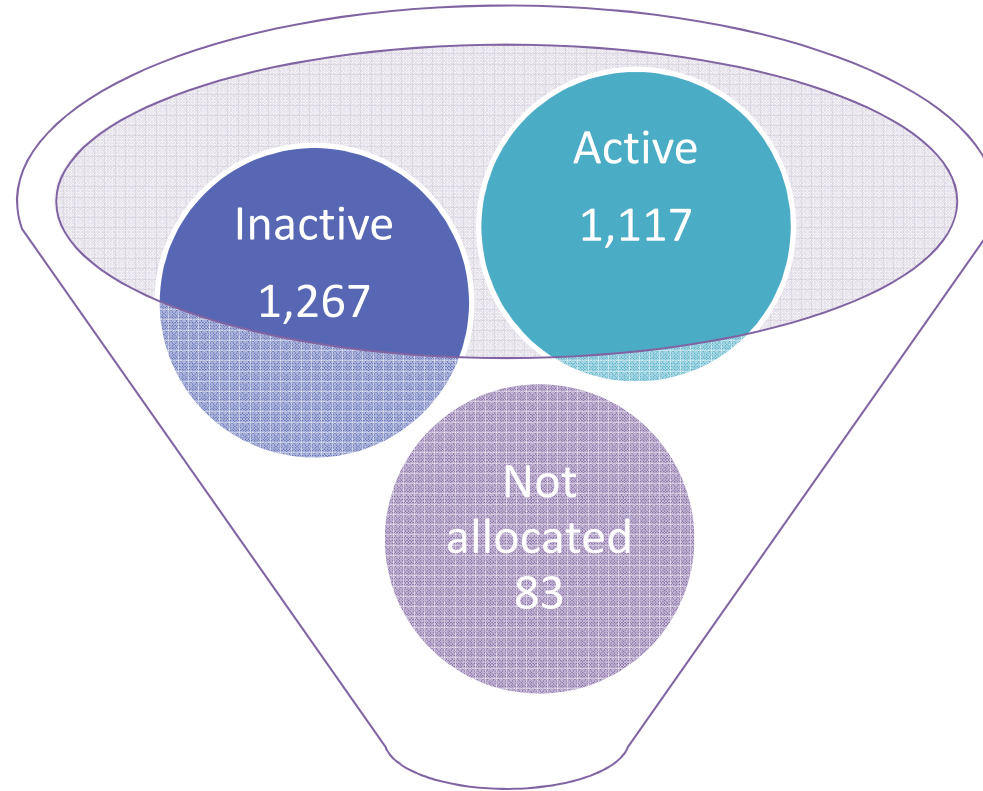
KEY:
 Black Arrows = Increasing Need
 Pink Arrows = Decreasing Need



Link to Target Operating Model



Case Load Information



2467 cases



Meeting: Adult Social Care, Health & Wellbeing Sub-committee

Date: 7 September 2017

**Title: Northumberland, Tyne and Wear and North Durham
STP Joint Health Scrutiny Committee**

Author: Sharon Ranadé, Democratic Services Officer

Service: Law and Governance

Wards affected: All

1. Purpose of Report

1.1 This report invites members to consider the establishment of a Joint Committee under the provisions of the Health and Social Care Act 2012, involving all authorities affected by the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan, and any associated service review proposals.

2. Recommendations

2.1 The Sub-committee is requested to:

- (1) Endorse the establishment of a Joint Health Scrutiny Committee, as set out in this report.
- (2) Endorse the proposed draft protocol and terms of reference of the proposed Joint Health Scrutiny Committee, as set out at Appendix A.
- (3) Agree to submit the proposal to Council to approve the establishment of the Joint Health Scrutiny Committee; and also to appoint 3 representatives to the Joint Committee and three named substitutes.

3. Details

Background

3.1 In December 2015, the NHS shared planning guidance 2016/17 – 2020/21 outlined a new approach to help ensure that health and care services were built around the needs of local populations. To do this, every health and care system in England, involving local organisations such as NHS providers, commissioners, and local authorities, were asked to produce a multi-year

Sustainability and Transformation Plan (STP), showing how local services would evolve and become sustainable over the next five years – ultimately delivering the NHS Five Year Forward View vision of better health, better patient care and improved NHS efficiency.

3.2 The region is covered by two separate STPs. One covers Northumberland, Tyne and Wear and North Durham and a southern STP covering Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby.

3.3 The two draft STPs were published in November 2016.

Establishment of a Northumberland, Tyne and Wear and North Durham STP Joint Health Scrutiny Committee

3.4 The local authorities affected by the Northumberland, Tyne and Wear and North Durham STP have agreed in principle to establish a Joint Committee to oversee the development of the STP and any associated proposals for substantial development and variation to health services contained therein or resulting therefrom .

3.5 In accordance with the regulations, detailed below in paragraph 3.12, the new Joint Committee will be the vehicle through which the respective Local Authorities will respond to any consultation in relation to proposals for substantial developments and variations to health services.

3.6 The protocol and terms of reference for the proposed Joint Committee have been drafted by democratic services / scrutiny officers across the respective local authorities setting out the updated role and function of the Joint Committee as well as the proposed representation required from each Council. The draft protocol and terms of reference are attached at Appendix A.

3.7 In relation to point 10 of the protocol, attached at Appendix A, nominations for a Chair and Vice-Chair of the Joint Committee will be invited and the appointment to those positions will be made by members of the Joint Committee at the first meeting.

3.8 On-going secretariat support for the Joint Committee will be provided by an officer from the same local authority as the Chair.

3.9 In relation to point 12 of the protocol, attached at Appendix A. This relates to consideration of substantial developments and variations to health services which does not affect all member local authorities of the Joint Committee, for example it may only affect two or three authorities. In this instance, after consideration of the information from the relevant health service provider, it will be up to each individual authority to decide the impact the substantial variation will have on its residents and whether to be part of the consultation. Only local authorities who feel they are affected will be required to meet and a Chair from one of the affected local authorities will be appointed.

- 3.10 It is proposed that the Council appoint three representatives to the Joint Committee and three named substitutes. Under the Local Government Act 2000 provisions, Overview and Scrutiny Committees must generally reflect the make up of full Council. Consequently when establishing a Joint Health Scrutiny Committee, each participating local authority should ensure that those councillors it nominates reflects its own political balance, unless all the participating local authorities agree to waive that requirement. Accordingly the appointment of three Labour Group Members to the Joint Committee would reflect North Tyneside Council's current political balance.
- 3.11 The first meeting on the Joint Committee is expected to take place mid October 2017. As well as appointing the Chair and reviewing the protocol and terms of reference at this meeting, it would also look at the outcome/feedback from the engagement exercise carried out in relation to the high level STP and the proposed next steps for formal consultation. Following this it is anticipated that the Joint Committee will meet as and when necessary, as the STP progresses.

Provisions for consultation and engagement of scrutiny committees

- 3.12 The Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013 require the formation of a joint scrutiny arrangement, where an NHS body or relevant health service provider consults more than one local authority on proposals to make substantial variations or developments to services. They provide that all the local authorities whose residents receive such services must participate in the joint scrutiny arrangement for the purpose of responding to the consultation, using the method most appropriate to the areas and issues being considered.
- 3.13 A local authority can opt-out if, having considered the information provided by the NHS body or relevant health service provider proposing the service change, they determine that the proposal is not "substantial" for their residents. Where a local authority opts out in this way, they will relinquish the power to refer the proposed change to the Secretary of State for the purposes of that particular consultation.
- 3.14 Only the Joint Committee may require the organisation proposing the change to provide information to them, or attend before them to answer questions. That organisation is under a duty to comply with these requirements. If a local authority has opted out of the joint arrangement, they may not request information or attendance from the NHS body or relevant health service provider proposing the change. Failure to provide information requested by a local authority does not constitute a failure to consult that authority and is therefore not a valid reason for a referral to be made to Secretary of State.
- 3.15 A local authority that has opted out may not participate further in the joint scrutiny arrangements, unless changes occur during the development of proposals that make the impact substantial for residents in the local authority's area. The local authority, in these cases, should not expect to revisit any matters that the Joint Committee has already considered.

- 3.16 In scrutinising the proposals, the Joint Committee should aim to consider the proposal from the perspectives of all those affected or potentially affected by that proposal.
- 3.17 Only the Joint Committee can make a report and recommendations back to the organisation proposing the change.
- 3.18 The power to refer to Secretary of State should only be exercised once the NHS body or relevant health service provider proposing the service change has responded to the comments of the Joint Committee and all forms of local resolution have been exhausted. However, this power can only be exercised by the constituent local authorities originally consulted. In North Tyneside, this power of referral is held by the Adult Social Care, Health and Wellbeing Sub-committee and cannot be delegated.

4. Background papers

Health and Social Care Act 2012

NHS shared planning guidance 2016/17 – 2020/21

Sustainable Transformation Plan for Northumberland, Tyne and Wear and North Durham

5. Appendices

Appendix A – Northumberland, Tyne & Wear and North Durham STP Joint Health Scrutiny Committee – Draft Protocol and Terms of Reference

Protocol for a Joint Health Scrutiny Committee

Northumberland, Tyne and Wear and North Durham STP

1. This protocol provides a framework under the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013 for considering and providing a formal consultation response in relation to the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan and any associated proposals for substantial development and variation to health services contained therein or resulting therefrom. The proposals affect the Northumberland CCG, Tyne and Wear CCGs and the North Durham CCG area of County Durham. They are being proposed by the following:
 - Newcastle Gateshead CCG
 - North Durham CCG
 - North Tyneside CCG
 - Northumberland CCG
 - South Tyneside CCG
 - Sunderland CCG
2. The terms of reference of the Joint Health Scrutiny Committee are set out at **Appendix 1**.
3. A Joint Health Scrutiny Committee (“the Joint Committee”) comprising Durham County Council; Gateshead Council; Newcastle City Council; North Tyneside Council; Northumberland County Council; South Tyneside Council and Sunderland City Council (“the constituent authorities”) is to be established in accordance with the Regulations for the purposes of formal consultation by the relevant NHS Bodies in relation to the matters referred to at paragraph 1. In particular in order to be able to:-
 - (a) respond to the draft STP consultation and any associated proposals for substantial development and variation to health services contained therein or resulting therefrom;
 - (b) require the relevant NHS Bodies to provide information about the proposals;
 - (c) require members/employees of the relevant NHS Bodies to attend before it to answer questions in connection with the consultation.
4. The Joint Committee formed for the purpose of the consultation outlined at paragraph 1 will, following approval of this protocol and terms of reference at its first meeting, circulate copies of the same to:-

Local Authorities

Durham County Council; Gateshead Council; Newcastle City Council; North Tyneside Council; Northumberland County Council; South Tyneside Council and Sunderland City Council;

Clinical Commissioning Groups

Newcastle Gateshead CCG
North Durham CCG
North Tyneside CCG

Northumberland CCG
South Tyneside CCG
Sunderland CCG

NHS Foundation Trusts

City Hospitals Sunderland NHS Foundation Trust
County Durham and Darlington NHS Foundation Trust
Gateshead Health NHS Foundation Trust
Newcastle-upon-Tyne Hospitals NHS Foundation Trust
Northumbria Healthcare NHS Foundation Trust
South Tyneside NHS Foundation Trust
Northumberland, Tyne and Wear NHS Foundation Trust
Tees, Esk and Wear Valleys NHS Foundation Trust
North East Ambulance Foundation Trust

Membership

5. The Joint Committee will consist of equal representation, with three representatives to be appointed by each of the constituent authorities.
6. The term of office for representatives will be for the period from the date of their appointment by their constituent authorities until their relevant authority's next annual council meeting. If a representative ceases to be a Councillor, or wishes to resign from the Joint Committee, the relevant council shall inform the joint committee secretariat and the replacement representative shall serve for the remainder of the original representative's term of office.
7. To ensure that the operation of the Joint Committee is consistent with the Constitutions of all the constituent authorities, those authorities operating a substitution system shall be entitled to nominate substitutes.
8. The Joint Committee may ask individuals to assist it (in a non-voting capacity) and may ask independent professionals to advise it for the purposes of the consultation process.
9. The quorum for meetings of the Joint Committee shall be a minimum of one member representative from each of the constituent authorities.

Chair and Vice-Chair

10. For the purposes of the consideration of the Sustainability and Transformation Plan (Draft and Final) the Chair of the Joint Committee will be a Member representative from [XXXX] and the Vice-Chair will be a Member representative from [XXXX]. The Chair will not have a second or casting vote.
11. If the agreed Chair and Vice-Chair are absent from a meeting, the Joint Committee shall appoint a member to chair that meeting from the representatives present who are members of the same constituent Council as the Chair.
12. For the purposes of the consideration of any proposals for substantial development and variation to health services contained within or resulting from the Sustainability and Transformation Plan (Draft and Final), the Committee will be chaired from one of the affected local authority areas.

Terms of Reference

12. The Joint Committee will be the formal consultee under the Regulations and the Directions for the purposes of the consultation by the relevant NHS Bodies concerning those matters outlined at paragraph 1. Terms of reference are set out at Appendix 1.

Administration

13. Meetings shall be held at the times, dates and places determined by the Chair in consultation with each of the constituent authorities.
14. Agendas for meetings shall be determined by the secretariat in consultation with the Chair.
15. Notice of meetings of the Joint Committee will be sent to each member of the Joint Committee at least 5 clear working days before the date of the meeting and also to the Chairs of the constituent authorities' relevant overview and scrutiny committees (for information). Notices of meetings will include the agenda and papers for meetings. Papers "to follow" should be avoided where possible.
16. Minutes of meetings will be supplied to each member of the Joint Committee and to the Chairs of the constituent authorities' relevant overview and scrutiny committees (for information) and shall be confirmed at the next meeting of the Joint Committee.

Final Report and Consultation Response

17. The relevant NHS body is required to notify the Joint Committee of the date by which its consultation response is required, and the date by which it intends to make a decision. The Guidance highlights that it is sensible for the Joint Committee to be able to consider the outcome of public consultation before it makes its consultation response.
17. The Joint Committee is independent of its constituent councils, executives and political groups and this independence should not be compromised by any member, officer or relevant NHS bodies. The Joint Committee will send copies of its final report and formal consultation response to the relevant NHS Bodies and the constituent authorities.
18. The primary objectives of the Joint Committee will be to reach consensus, but where there are any aspects of the consultation as regards which there is no consensus, the Joint Committee's final report and formal consultation response will include, in full, the views of all of the constituent authorities, with the specific reasons for those views, regarding those areas where there is no consensus, as well as the constituent authorities' views in relation to those matters where there is a consensus.

Following the Consultation

19. Any next steps following the initial consultation response will be taken with due reference to the 'Local Authority Health Scrutiny: Guidance to support Local Authorities and their partners to deliver effective health scrutiny' (Department of Health; June 2014).

Principles for joint health scrutiny

20. In scrutinising the proposals, the joint committee will aim to consider the proposal from the perspectives of all those affected or potentially affected by that proposal.
21. The constituent authorities and the relevant NHS Bodies will be willing to share knowledge, respond to requests for information and carry out their duties in an atmosphere of courtesy and respect in accordance with their codes of conduct. Personal and prejudicial and/or disclosable pecuniary interests will be declared in all cases in accordance with the code of conduct and Localism Act 2011.
22. The Joint Committee's procedures will be open and transparent in accordance with the Local Government Act 1972 and the Access to Information Act 1985 and meetings will be held in public. Only information that is expressly defined in regulations to be confidential or exempt from publication will be able to be considered in private. Papers of the Joint Committee may be posted on the websites of the constituent authorities as determined by them.
23. Communication with the media in connection with the Joint Committee's views will be handled in conjunction with each of the constituent local authorities' press officers.

DRAFT

Joint Health Scrutiny Committee

Northumberland, Tyne and Wear and North Durham STP

Terms of Reference

1. To consider the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan (hereafter called STP)
2. To consider proposals for substantial development and variation to health services as contained in and/ or developed from the STP and as proposed by the following:
 - Newcastle Gateshead CCG
 - North Durham CCG
 - North Tyneside CCG
 - Northumberland CCG
 - South Tyneside CCG
 - Sunderland CCG
3. To consider the following in advance of the formal public consultation:
 - The aims and objectives of the STP;
 - The plans and proposals for public and stakeholder consultation and engagement;
 - Any options for service change identified as part of the STP including those considerations made as part of any associated options appraisal process.
4. To consider the STP's substantive proposals during the period of formal public consultation, and produce a formal consultation response, in accordance with the protocol for the Joint Health Scrutiny Committee and the consultation timetable established by the relevant NHS Bodies.
5. In order to be able to formulate and provide views to the relevant NHS bodies on the matters outlined above, the Joint Committee may:-
 - a) require the relevant NHS Bodies to provide information about the proposals the subject of the consultation with the constituent local authorities and the Joint Committee; and
 - b) require an officer of the relevant NHS Bodies to attend meetings of the Joint Committee, in order to answer such questions as appear to them to be necessary for the discharge of their functions in connection with the consultation.
6. To ensure the formal consultation response of the Joint Committee includes, in full, the views of all of the constituent authorities, with the specific reasons for those views, regarding those areas where there is no consensus, as well as the constituent authorities' views in relation to those matters where there is a consensus.
7. To oversee the implementation of any proposed service changes agreed as part of the STP process.
8. The Joint Committee does not have the power of referral to the Secretary of State.

Meeting: Adult Social Care, Health and Wellbeing
Sub-committee

Date: 7 September 2017

Title: Support for people with Dementia - update

Author: Democratic Services Tel: 0191 2635614

Organisation: Law and Governance

Wards affected: All Wards

1. Purpose:

The attached briefing note produced by Susan Meins, Commissioning Manager, People Based Commissioning Team, gives an update on services for people with dementia.

2. Recommendation(s):

The sub-committee is recommended to consider the report and forward any comments or questions to the Democratic Services Officer so they can be forwarded to Susan Meins, Commissioning Manager of the People Based Commissioning Team for a response.

3. Appendices:

Briefing Note - Support for people with Dementia - update



North Tyneside Council

Quadrant,
The Silverlink North, Cobalt Business Park,
North Tyneside, NE27 0BY
Tel: 0191 643 7940

Briefing note

To: Adult Social Care, Health and Wellbeing Sub-committee

Author: Susan Meins

Date: 22 August 2017

Title of Briefing: Support for people with Dementia - update

1. Purpose

The Older Persons Mental Health Sub-Group requested that the Adult Social Care, Health and Wellbeing Sub-committee as part of its work programme 2017/18, receive six-monthly updates on the re-configuration of services and support for people with dementia or memory problems and their carers, so that they can evaluate how successful planned changes have been and if necessary make additional recommendations.

This report outlines the progress made to date and the current support available for people with dementia or memory problems and their carers in North Tyneside.

2. Dementia Diagnosis and GP Support

North Tyneside has a very good rate of early diagnosis of dementia and the CCG is continuing to work with GPs to retain and improve this.

The 16/17 'Rating for Dementia' has indicated to the CCG that more work is needed with GP practices to improve the number of people who have had a dementia care plan review within the last 12 months, therefore the CCG will be working with GPs to effect this improvement.

3. Community Navigator for Dementia and Memory Loss

A Community Navigator for Dementia and Memory Loss is now in post. The Sub-Group was keen that this person was not identified only for people with dementia and therefore we have incorporated memory loss into the title to ensure all people who might benefit can access support.

The Navigator works as part of the Care and Connect team however she provides dedicated support to people with dementia, memory loss and their carers.

The role includes the following key aspects:

- Work into the community to support developments and build community capacity for people with dementia or memory loss and their carers;
- Offer unbiased advice and information;
- Provide assisted signposting;
- Reduce loneliness and isolation by empowering local communities to develop their own solutions; and
- care and support planning for adults if needed.

She is actively encouraging the person living with dementia or memory loss and their families/carers to develop 'circles of support' in their community and so enhance their quality of life.

Additional work she has been tasked with, is to contribute to the development of a map of dementia support and services which are available in North Tyneside. Stockton has a well developed interactive resource which they have agreed we can use and adapt to meet our needs, so people have easier access to identifying all forms of support available locally.

For more information about what we are trying to achieve with a local resource you can access the [Stockton resource here](#).

The Navigator will also contribute to the Dementia Friendly Communities work that is underway in the Borough and is now trained to deliver Dementia Friends sessions.

The Community Navigator for Dementia and Memory Loss post is proving very successful. Access to a trained worker who is not attached to any particular service or provider and who has a good understanding of what is available locally appears to be beneficial. We are monitoring the progress of this approach with the aim of a permanent post being included in the Adult Social Care structure in the future, subject to available funding.

The Navigator has produced a two month report on her progress which I have included in **Appendix 1** so you can see the full range of the activity she has been involved in, including some case studies she has produced.

4. Singing for the Brain® Alzheimer's Society

Alzheimer's Society (AS) has been delivering Singing for the Brain® sessions in North Tyneside for a number of years. North Tyneside Council has funded the service for the last few years as part of a wider offer from the Society, where they have delivered this service alongside some other development work we requested by working with people with dementia and their carers to encourage them to participate in physical activity.

The activity is based around the principles of music therapy and singing. The group sessions use music to encourage communication and participation from all. Specifically, the service is designed to help people with dementia to feel part of society where they have a right to artistic and social stimulation.

There are currently 2 sessions per week delivered from St Columbas Church in North Shields and also Springfield Community Centre in Forest Hall. The sessions are run by an

AS worker and supported by volunteers. The feedback is excellent from those that attend, however the funding for the current project is due to end on 31st August 2017.

We have been preparing for the end of the contract and trying to secure funding to continue with this activity or something similar. To prevent the Council being open to challenge with regard to funding arrangements and also to ensure that we are offering funding in a fair and equitable way, we intend seeking quotes for the delivery of a structured singing activity from November 2017, from organisations that have experience in delivering similar activities for people with dementia and memory problems. We intend to extend arrangements with the AS until the end of October to allow us time to award the new contract and prevent any disruption to the people attending the sessions.

5. Age UKNT

Age UKNT continue to be the main provider of post diagnostic support for people with dementia in North Tyneside.

Their specialist Admiral Nurse Team provides expert practical, clinical and emotional support to families living with dementia.

North Tyneside CCG has commissioned an Admiral Nurse from Age UKNT and there are two additional Admiral Nurses which Age UKNT has acquired funding for. The service operates from Cedar Grove Wellbeing Centre in Wallsend; people can self refer or be referred through a health or social care professional, who feel they will benefit from the service.

The service provides one-to-one practical, clinical and emotional support and expert advice for people living with dementia and their families, dealing with more complex issues including loss and bereavement.

The Lead Admiral Nurse also provides consultancy, liaison and specialist dementia education to professionals to improve dementia care in a variety of settings.

The Dementia Service also offers one to one support through additional dementia workers, offering advice and support to people with dementia and their carers to help them navigate services and put practical measures in place to help them cope with the disease.

Age UKNT provide two Memory Cafés giving people with dementia and their carers the opportunity to meet socially in an informal environment and to receive advice and support.

There is also a range of specialist dementia activities provided by Age UK, including a Craft Group, Peer Support Group and Local History Groups. A member of the Craft Group and her daughter recently commented - "the Craft Group is relaxing and gives a sense of escapism; it's like time-out' for each of us. It gives us time to share our stories and history with new friends and family at home. By coming to the different groups offered by Age UK North Tyneside, we have made great friends and now feel a sense of purpose with the groups we attend."

6. North Tyneside Carers' Centre

North Tyneside Carers' Centre continues to provide support to any carer in North Tyneside; this includes a range of support groups specifically for people with dementia:

- Male Carers - North Tyneside Carers' Centre on the first Wednesday of every month, at 1:30pm
- A support group for carers of someone with dementia is held at the on the second Tuesday of every month, between 10:30am - 12:00pm at the White Swan Centre, Killingworth
- A support group for carers of someone with Dementia is held at on the second Wednesday of every month, between 1:00pm and 3:00pm at North Tyneside Carers' Centre
- A support group for carers of someone with Early Onset Dementia is held at North Tyneside Carers' Centre on the last Tuesday every month, between 1:30pm - 3:00pm

The Carers' Centre also offers carers training free of charge on a range of topics. The courses are designed to give carers the skills and knowledge to cope confidently in their caring role and include specific training for carers of people with dementia.

7. Support for older people and people with low to moderate mental health problems

A pilot is currently underway to test out how we can work more closely in partnership with the Community and Voluntary Sector, to develop a new preventative 'offer' to residents in North Tyneside. The following organisations are part of the Pilot:

- Age UKNT
- Tyneside and Northumberland MIND
- VODA

The services are open to all residents who may benefit, including those with memory problems, dementia and also their carers.

The offer includes:

1. Support for residents by providing practical support to vulnerable people. Build community capacity by linking people together and identifying volunteers who can support them.
2. Befriending for people who are very socially isolated
3. Time limited 'enabling' to support people to access community services – this could be through a volunteer or a paid employee.
4. More intensive 1-1 and longer term support where needed by trained professionals (broadly time limited)
5. Building community capacity – opportunities to support the development of new groups where a need is identified.

Additional information that may be of interest:

The Alzheimer's Society has recently received charitable funding amounting to £1m from Malcolm Joyce. Half of the funding is to be spent on research and half is to be spent in the North of England on the development of services to support people with dementia. Some of this funding will be used in North Tyneside to support local people.

Summary

I hope that this information reassures you that there continues to be a wide range of support available for people with dementia, memory problems and their families and carers. The list provided is by no means exhaustive and there are many other groups and community activities currently available.

The Mental Wellbeing in Later Life Strategy is currently in draft form and dementia support is included as a priority area. The draft will be circulated for comment in the autumn and we would be very pleased to receive comments from the Adult Social Care, Health and Wellbeing Sub-committee and the Older Persons Mental Health Sub-Group.

If you require any additional details regarding any of the information provided, please do not hesitate to contact me.

Appendix 1

Update Report from Lynne Gibson Mitchell Community Navigator for Dementia and Memory Loss (August 2017)

Over the past two months I have been networking with a wide range of other professionals to identify what services are already available and what needs to be developed.

I have introduced myself to Linda the nurse at the memory clinic at Hawkey's Lane informing her of my role. I have given the clinic a bundle of our Care & Connect leaflets with my mobile number and where I can be contacted. I suggested giving just the one leaflet to the patient and carer, by doing this it will stop information overload.

Together with the Linda we discussed groups that are already being delivered within North Tyneside and it is clear to see that nearly all of the activities ran by Age UK are within the central and coastal area.

I have also made links with Newcastle General Castleside Day Hospital and memory clinic and met with social worker, John Davison. It is very clear that the information with regards to what is available for patients and carers in the North West could be improved.

Training

After completing a full days training I am now a Dementia Champion. My intention is to provide information sessions within groups that are already being delivered, making them a dementia friendly group.

Age UKNT

Age UK have MDT meetings weekly at the Bradbury Centre which I am attending. This is proven to be very beneficial, sharing information between North Tyneside Council and Age UK. Age UK is delivering a group called Time Travellers at three locations throughout the coastal and central area which is funded by Tyne and Wear Archives, Live Well Project. I have suggested rolling this group out into the North West locality, this will enable attendance by new service users which is what Tyne and Wear Archives want. A venue is to be arranged.

The Dementia Hub in Stockton on Tees

I met with Peter Otter who is the coordinator of the Dementia Hub in Stockton. We had a discussion about the Community Dementia Service Map that they have available. The map is a fantastic asset. Peter was quite happy to share the Dementia map as a power point so we can duplicate the same type with own information.

Alzheimer's Society

At the present time there are two Singing for the Brain sessions being delivered, one in North Shields and the other in Forest Hall. The North Shields session is very busy with about 20 people attending each week. Forest Hall has very poor numbers this may also be due to that people from the Forest Hall area attend the memory clinic in Newcastle. My intention along with the Alzheimer's Society is to share information about this service into the North West locality.

Community development

Throughout the North West locality there are a number of community rooms which are under-used. I have contacted patch managers at Palmersville and Forest Hall and they are more than happy for any groups to use these venues. Suggested groups are Brain-er-size, Sing-along's, coffee mornings and afternoons, peer support groups for carers, etc. Ground Works have approached the Council to identify if there is funding for some kind of gardening activity. I am in the process of finding a community area which has sufficient space for a polly tunnel.

I have approached a day nursery and discussed the possibility of some intergenerational work; they are very keen to be involved with this.

The local Community Vine Cafe on Tynemouth Road Howdon has a lovely garden to the rear. I have attended committee meetings and expressed an interest to make the garden a dementia friendly place. Three volunteers have been working in the garden; another volunteer is going to paint a mural on one of the brick walls. I've discussed with people who attend the cafe and about their thoughts, a few people suggested a small area for a memorial garden. This has been taken forward and a local gardener is going to do this. Northumberland Police have offered funding for us to buy new garden furniture.

I have made links with Earsdon Grange Care home who welcome both residents and non residents to their activities.

During the past two months I have also picked up a case load of clients, at present I have eight. These are being referred to me via, Gateway, Memory Clinic, self referrals and colleagues within Care & Connect.

Case Study 1

Mr W was diagnosed with Dementia 5 years ago; he had 18 months intervention at the Castleside Day Hospital, and then discharged. Upon discharge Mr W was prescribed 2 types of medication. Mrs W is his sole carer 24-7 as there is no family. Mrs W got my number through the Care & Connect leaflet. It was very clear whilst having our first conversation on the telephone that Mrs W was very upset. I arranged a home visit for the next afternoon.

During our conversation Mrs W stated that she just felt 'left' she didn't know of any services that were available in the area (Forest Hall) and she felt very lonely and isolated. Mr W attends Peary House as he is partially sited after a stroke a few years ago.

I mentioned to Mr and Mrs W about Singing for the Brain which is at Springfield Park on a Tuesday, Mrs W said 'oh yes I'd like that!' to which Mrs W said, 'now when I mentioned going there he didn't have a good thing to say about it.'

We arranged that we would meet the following Tuesday at Springfield Park. Both Mr and Mrs W and myself sat in a circle, the three of us not knowing what to expect. The theme was cowboys, Mrs W told me she felt a bit uncomfortable, however Mr W went with the flow. The singing session lasted for one hour and then teas and coffee. I asked if Mr W would like to come back and he nodded his head and said yes. As we chatted Mrs W told me that her husband used to be a very good artist, I mentioned about the art club at Wallsend Library on a Wednesday. Mrs W stated that she tried to get him back into

painting but he had lost his 'mojo' and couldn't be bothered. I suggested I could take them both to the group, Mr W could attend the art class and Mrs W could have some time to herself. Both were keen to give it a go. I arranged to pick them up the following Wednesday. On my arrival at the house Mr W called me into the living room; he had three framed pictures on the settee. Mrs W said he has been so excited about going to the group today he got all his art equipment out of the loft and he wanted to show me some of the work he done.

Mr W settled into the group talking to some of the other gentleman, Mrs W sat for while just to make sure Mr W was ok, she then told her husband that she was just going to nip down to the shops.

Mrs W was able to do her shopping at Iceland and organise to get delivered. She looked so happy.

I followed up the next day with a telephone call and Mrs W said her husband had never stopped talking about. I organised to take them the following week. Mrs W has looked at the bus times and they are going to make their own way to the group next week.

This went very well, and once again Mrs W went off shopping.

Week four Mrs W put her husband on the bus and the gentleman who has befriended Mr W met him in the lobby. The art session last for 3 hours therefore Mrs W had 4 hours to herself. Week 5 Whilst Mr W is at the group, Mrs W went to the hairdressers, which is the first time in such a long time

Case Study 2

I received a referral to follow up a gentleman who was in receipt of community meals. Had an initial conversation on the telephone, Mr C explained to me that he didn't get meals-on-wheels. According to his ASC case notes the warden had cancelled them as requested by Mr C, as he said he didn't like them and he was restricted to the times for delivery.

I then arranged a home visit so we could chat face to face. During my visit Mr C said that he hasn't been in the bungalow very long stating that is very big and dark inside. I informed Mr C about the North Shields Live at Home Scheme and the groups he could go to. We arranged for me to pick him up for a visit. The group Mr C wanted to attend was the puzzle and quiz group. Upon our arrival Mr C was made very welcome, however on this occasion the group had been changed, and they had guest singers from the local church. We stayed to the end; however Mr C wasn't very keen on going back.

On our return to his bungalow his neighbour was returning to his bungalow and waved and said good afternoon to us both. We began chatting and I explained where we had been, his neighbour stated that he goes there for a Friday for a fish and chip lunch. Mr C stated he would like that. I organised the transport through the Live at Home scheme and now every Friday Mr C and his neighbour go together. Mr C now attends a cooking group once per week which is teaching him very basic cooking skills to make meals at home. He also told me that he likes to swim; he now has an Ease Card and is going to go to the pool.

As Mr C first interest was going to a puzzle group, I have now organised a Brain-er-size puzzle group at Wallsend Library which is going to be facilitated by a volunteer. This group is due to start in September.

Meeting: Adult Social Care, Health and Wellbeing
Sub-committee

Date: 7 September 2017

Title: Update on ambulance handover time at the
Northumbria Hospital

Author: Democratic Services Tel: 0191 2635614

Organisation: Law and Governance

Wards affected: All Wards

1. Purpose:

The attached Northumbria Healthcare Foundation Trust (NHCFT) press release provides Members of the Sub-committee with feedback from the national 'Emergency Care Improvement Programme' (ECIP) following a visit from the ECIP team in November 2016.

The ECIP team were invited to see work taking place, across the whole system, to address the challenges experienced with delayed ambulance handovers at the Northumbria Hospital.

The press release includes some of the key findings of the ECIP team. It also highlighted evidence of best practice and made a number of recommendations to build on work already undertaken to improve flow of patients both into and out of hospital.

2. Recommendation(s):

The sub-committee is recommended to consider the report and forward any comments or questions to the Democratic Services Officer so they can be forwarded to NHCFT for a response.

3. Appendices:

Press Release – Monday 27 March 2017 – Local NHS welcomes feedback on Northumbria's pioneering new model of emergency care.

PRESS RELEASE - Monday 27 March 2017

Local NHS welcomes feedback on Northumbria's pioneering new model of emergency care

Leaders at Northumbria Healthcare NHS Foundation Trust and North East Ambulance Service NHS Foundation Trust have welcomed feedback from the national 'emergency care improvement programme' (ECIP) following a visit last November to help support improvements in patient flow.

Part of NHS Improvement, the national body responsible for supporting NHS providers and sharing good practice, the ECIP team were invited to see work taking place, across the whole system, to address the challenges experienced with delayed ambulance handovers at The Northumbria hospital.

The ECIP team spent a week with a variety of staff at The Northumbria hospital and in the Emergency Operations Centre (EOC) at the ambulance service. During the visit they had the opportunity to discuss work taking place to improve and support proactive patient flow throughout the whole system.

In a report presented to the local A&E delivery board in February and shared publicly today, the ECIP team praised the 'commitment of staff to provide first class patient care' which it described as 'exceptional' and 'epitomised all that is right about care in the NHS'.

Some of the key findings, acknowledged by the ECIP team, include:

- clear evidence that the new model of emergency care introduced by Northumbria has directly benefitted patient care with good 'front-end senior decision making and clinical pathways' - principles which should now be shared across the wider NHS

- the fact that long ambulance handover delays are not a permanent feature at The Northumbria hospital, but do follow a predictable pattern from early afternoon to evening when a high number of GP referrals arrive
- the shared view that these ambulance handover issues are a symptom of wider challenges to efficient patient flow across the whole health and care system
- a high ambulance conveyance rate to hospital in the North East which is over 10 per cent higher than the national average due to complex issues
- an unprecedented rise in demand for urgent and emergency care services across the NHS nationally which has continued since The Northumbria hospital opened in summer 2015
- challenges that are to be expected with large-scale change and a culture focussed on improvement and a clear commitment from clinical and leadership teams to provide safer, faster and better patient care.

The ECIP team also highlighted evidence of best practice and made a number of further recommendations to build on work already underway to improve flow of patients both into and out of hospital. Further improvement work underway includes:

- reducing the number of less serious attendances at The Northumbria hospital by streaming patients into more appropriate care settings – this includes implementation of ‘front-door’ streaming announced by the Secretary of State for Health following the recent budget
- ensuring appropriate ‘clinical challenge’ before patients arrive at hospital and on arrival to increase knowledge of alternative pathways amongst ambulance crews and thereby ensure patients are conveyed to hospital only when this is clinically necessary

- ensuring consistency between local providers of the NHS 111 service and increase the number of calls receiving clinical assessment so that only patients who genuinely need to attend the emergency department are advised to do this
- ensuring better use of ambulances for patient transport to ensure GP referred patients are brought into hospital earlier in the day in order to prevent current predictable peaks in demand in the emergency department
- expanding the 'rapid assessment and treatment' (RAT) with the emergency department with more staffing now in place and increased designated triage space
- improving bed management across the system which a new digital care solution already being implemented across Northumbria Healthcare which will show live bed data at any point in time
- expanding the opening hours of the current seven day service already offered by the multidisciplinary 'Hospital2Home team' to support discharge processes into the early evening
- expanding the 'full hospital protocol' which is already in place to help 'decongest' the emergency department at two points of the day in order to encourage better patient flow from hospital into the community
- developing a clearer criteria around the use of beds at general hospitals and community sites to ensure consistency of use and improve processes so that discharges happen earlier in the day
- improving patient flow between The Northumbria hospital, where there is a very short length of stay thanks to the speed of treatment, and general hospitals / community sites where length of stay is much longer

- constantly asking the question “*what are we doing for this patient which cannot be done elsewhere*” and ensuring patients are not kept in hospital for any longer than necessary.

A spokesperson for NHS Improvement said: “We have welcomed the opportunity to look in detail at such a high performing part of the NHS where pioneering work has already taken place, ahead of the rest of the country, to transform emergency care.

“The positive impact on patient care is already very clear but with any transformational change of this scale, there will always be challenges to overcome. Our visit last year enabled us to learn about the improvement work taking place locally and we are now able to share this learning more widely for the benefit of patient care in other more challenged parts of the NHS across the country.

“We would like to thank all staff for their time and commitment during our visit to the region and were very impressed with the collaborative and committed approach across all parts of the system.”

Mr David Evans, chief executive of Northumbria Healthcare NHS Foundation Trust, said: “We wholeheartedly welcome the feedback from the ECIP team and continue to work closely with all partners to collectively plan for the increasing and unprecedented demand placed on all parts of our health and care system from people living longer and with more complex health problems.

“It is always reassuring to read such encouraging independent feedback about the changes we have made to our emergency care model and the positive impact on patient care which all staff and everyone living in Northumberland and North Tyneside should feel proud of.

“The ECIP team rightly recognise that delivering large scale change in the NHS is not easy. It is really important, however, that we continue to innovate and change the way we do things, together with our partners, in the very best interests of safe and high quality patient care.”

Paul Liversidge, chief operating officer at North East Ambulance Service NHS Foundation Trust, said: "Hospital handover delays are a system-wide issue and we continue to work closely with Northumbria Healthcare, the clinical commissioning group and community health services to tackle the range of factors that contribute to ambulance handover delays."

Dr Stewart Findlay, Chair of the North East and North Cumbria Urgent and Emergency Care Network, said: "The Northumbria hospital has brought a major stride forward in quality of care, and NHS organisations across the region are working closely together to address some highly complex issues around the way patients flow through the system."

"Our network has supported The Northumbria hospital and other North East hospitals with a number of steps to improve patient flow and reduce pressures. That has included bringing in specialist advisors to carry out a detailed analysis of the problem and its underlying causes, and helping to introduce the Full Capacity Protocol, which helps to ease the pressure within A&E at the busiest times of day."

"We have invested in additional clinical advice and support for 999 and 111 call handlers, to ensure patients are referred to the right place first time and emergency departments can concentrate on the people who need them most."

"Everyone can do their bit to help, by taking a moment to consider the best service for their needs, as many patients with common problems can get the help they need from a pharmacist, GP or local urgent care centre."

Siobhan Brown, director of transformation at NHS Northumberland Clinical Commissioning Group (CCG), said: "This is our chance to address the complex issues in urgent and emergency care as a whole system and NHS Northumberland Clinical Commissioning Group recognises that no one organisation can do this alone."

"Primary, community, social care and mental health services are fundamental parts of the solution alongside Northumbria Healthcare NHS Foundation Trust and North

East Ambulance Service NHS Foundation Trust. To deliver a whole system solution, an independent chair from the ECIP team will challenge and support all partners to reset the Northumberland and North Tyneside system for the benefit of local people.”

ENDS

Media contact: Jaclyn Curry 0191 203 1654 / jaclyn.curry@northumbria.nhs.uk

Notes to editors:

To view a copy of the ECIP report visit <https://www.northumbria.nhs.uk/sites/default/files/images/ECIP%20Review.pdf> . The chief executive of Northumbria Healthcare NHS Foundation Trust, Mr David Evans, will feature on BBC Inside Out in the North East and Cumbria on BBC One at 7.30pm on Friday 31 March.