

NORTH EAST JOINT HEALTH SCRUTINY COMMITTEE

MINUTES

2nd March 2017

The meeting commenced at 10.00am in the Civic Centre, Hartlepool

Present:

Chair: Councillor Martin-Wells, Hartlepool Borough Council
Councillor Robinson, Durham County Council
Councillor Weatherley, Gateshead Borough Council
Councillor Taylor, Newcastle County Council
Councillor Brady, South Tyneside Borough Council
Councillor Dixon, Sunderland County Council
Councillor Javed, Stockton on Tees Borough Council

Also Present: Mark Cotton, North East Ambulance Service
Peter Dixon, NHS England
Maureen Gordon, North East Ambulance Service
Rachel Lonsdale, Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTH)
Angie Martin, Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTH)
Robert Ornell, NHS England
Ben Parker, NHS England
Louise Robson, Newcastle Upon Tyne Hospital Trust

Officers: Stephen Gwilym, Durham County Council
Angela Frisby, Gateshead Borough Council
Karen Christon, Newcastle County Council
Paul Baldasera, South Tyneside Council
Peter Mennear, Stockton Borough Council
Nigel Cummings, Sunderland County Council
Joan Stevens, Scrutiny Manager (HBC)
Laura Stones, Scrutiny Officer (HBC)
Jo Stubbs, Democratic Services Officer (HBC)

31. Apologies for Absence

Apologies were submitted by Councillor Brooks (North Tyneside Borough Council) and Councillor Kay (Redcar and Cleveland Borough Council)

32. Declarations of Interest

Councillor Taylor declared a personal interest in item 6 (Proposals to Implement Standards for Congenital Heart Disease Services for Children and Adults in England) as an employee of Newcastle Hospital NHS Trust.

33. Minutes of the meeting held on 3rd November 2016

The minutes were approved

34. Expressions of interest for Chair/Vice-Chair – 2017/18

Expressions of interest were sought for the positions of Chair and Vice-Chair for the 2017/18 municipal year. It was agreed that Councillor Ray Martin-Wells continue as Chair of the Committee and Councillor Robinson continue as Vice-Chair (subject to his successful re-election in May). It was noted that the Committee constitution allowed for 2 Vice-Chairs. The Chair asked that anyone interested in taking on the second Vice-Chair role contact the Scrutiny Manager.

35. Proposals to Implement Standards for Congenital Heart Disease Services for Children and Adults in England

Representatives from NHS England and Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTH) were in attendance to provide an update on the current consultation on the future commissioning of Congenital Heart Disease (CHD) services. In 2016 NHS England had published a set proposed national safety service standards which all hospitals carrying out CHD services would be expected to adhere to. Of 283 standards 3 were relevant to the proposals:

- a) Surgeon working requirements – that there be teams of at least 3 surgeons now and 4 by April 2021. Surgeons must carry out at least 125 congenital heart operations a year averaged over a 3 year period.
- b) Service interdependence or co-location – specialist children’s cardiac services must be delivered where a wider range of other specialist children’s services are within a 30 minute bedside call.
- c) Interventional cardiology – that they work in teams of 3 presently and 4 by April 2017, carrying out a minimum of 100 procedures a year (lead cardiologist) or 50 for non-lead.

A number of proposals were listed within the consultation document

detailing which should and should not provide these services based on these criteria. Included in these was a proposal that Newcastle Upon Tyne Hospitals NHS Foundation Trust should continue to provide surgery and interventional cardiology for adults and children. This was despite the fact that they were unlikely to meet standards a) and b) within the required timescales. However it was felt that given their unique strategic position and their status as the only level 1 provider delivering heart transplantation services in a CHD setting a time-limited exception should be made in their case. However changes in terms of surgeon working requirements and co-location would need to be made at some point in the future. Representatives from NHS England highlighted that current outcomes for the Newcastle Trust were in the top 5 across the world and there were no concerns regarding their current service or delivery. Services were currently provided on 2 sites approximately 10 minutes drive away and decisions would be made as to whether services should be moved around the existing sites or a completely new building commissioned. Local consultation would be carried out in Newcastle and staff and patients would be fully involved.

The Chair queried how long Newcastle would be given to make the changes. The NHS Representative advised that no decisions of this nature would be made until the consultation was completed at the beginning of June but they would hope to formulate a time frame in the Autumn. The Chair requested an update to the Committee at that time.

A member asked whether any consideration had been given to James Cook Hospital being given Level 2 provider status. The NHS Representative indicated that they had not expressed an interest in becoming a Level 2 provider and therefore had not been selected. Should they express any interest in the future they could apply for assessment.

A member asked whether consultation would be carried out South of Newcastle. The NHS Representative confirmed they would be happy to carry out consultation events in the Teesside and North Yorkshire area and engage with patient groups and other interested parties.

A member queried whether current outcomes at Newcastle Trust were as good as they would want them to be. The NHS Representative reported good results at Newcastle and excellent standards. This process was about defining a set of standards for the future. In terms of the standards which were currently not being met it was felt that the minimum number of consultants would not be a problem but the number of patients per consultant could be more challenging. Co-location was also an obvious issue.

A member referred to public concern that these changes were cost driven and asked for assurance that these changes would lead to a period of stability. The NHS Representative advised that the proposals were based on clinical consensus and would hopefully lead to some stability depending on clinical procedure changes. All the centres providing these services had

been assessed based on the proposed standards with no limit on the number of sites.

A member asked for an assessment of the costs of the various co-location options. A representative from the Newcastle Hospital Trust acknowledged that it would be costly and complicated. All options from moving between sites to a new build would be considered however her preferred option would be the movement of Cardiothoracic to the Royal Victoria Infirmary with other elective based services going to the Freeman. A member acknowledged current problems around consultants visiting patients across the 2 sites and felt co-location would make a big difference.

The Chair referred to Newcastle Trust's world class status in this field and asked whether these changes were necessary as they were already delivering the best outcomes they could. Millions could be spent to make improvements to a service which did not require improvement. The NHS Representative believed that the new standard would make the service more stable and resilient and provide even better outcomes.

A member asked whether consideration had been given to the impact an increase in patients at Newcastle would have on other Level 1 centres. The NHS Representative indicated that there was an element of choice based on service quality and Newcastle saw patients from across the UK and worldwide. It should not be seen as a local centre.

The Scrutiny Manager asked all members present to formulate individual responses for inclusion in the Joint Committee response based on today's discussions. She asked that these responses be forwarded to her for central co-ordination. She also asked whether the Committee would wish to receive a further update before finalisation of the co-location plans.

Recommendation

- 1) That the information presented be noted
- 2) That views and comments expressed at the meeting be included within the Committee's response
- 3) That all Local Authorities provide a comment for inclusion in the Committee's response
- 4) That a further update be brought to Committee prior to finalisation of the co-location plans

36. North East Ambulance Service NHS Foundation Trust – Quality Account 2016/17

The Assistant Director, Communications and Engagement from NEAS provided the Committee with a detailed and comprehensive presentation

which included a review of performance for 2016/17, future service developments, demands on the service and the priorities for the service for 2015/16. He noted that by April approximately 550 paramedics would be employed by the service, the target being 600. Future priorities included improvement in early recognition of Sepsis, promotion of falls prevention and enhancement of end of life transport.

The Chair declared a personal interest in this item as a member of the Cleveland Fire Authority. He congratulated them on almost reaching their target number of paramedics and their efforts in improving care for patients at the end of their lives.

The Chair referred to an ongoing pilot scheme whereby fire appliances were being used for emergency calls. He asked what impact this had had on performance and queried whether funding would be made available to enable the fire authority to invest in more appropriate vehicles should the decision be taken to continue the service. The Assistant Director felt that the trial had been successful thus far with the final results due for evaluation upon completion. Any decision to continue the initiative would require discussions between the NEAS, Fire Authority and Trade Unions and cost would clearly be an issue. Performance targets had not been massively impacted but the initiative had been about getting the best care for patients rather than figures.

A member requested an update on misuse of the ambulance service and what measures were being taken to reduce unnecessary call outs. The Assistant Director referred to the use of the NHS pathway system during the initial call which was designed to effectively evaluate whether an ambulance and /or hospital admission were needed. However the symptoms being presented by the patient might be beyond the capabilities of the paramedic in attendance necessitating hospital admission whereas a different paramedic might be more skilled. The numbers of actual hoax calls made were miniscule in comparison.

Decision

- 1) That the presentation be noted
- 2) That a response be formulated based on views and comments expressed, for inclusion in the Third Party Declaration.
- 3) That final approval of the Third Party Declaration be delegated to the Chair and Vice-Chair, in conjunction with the Scrutiny Manager.

37. Verbal Update on the Better Health Programme

Councillor Robinson, as Chair of the Better Health Programme Joint Health Scrutiny Committee, and Stephen Gwilym from Durham County Council

gave a detailed and comprehensive update on the work of the Better Health Programme, including issues considered at the previous meetings. Future meetings would be scheduled after the elections.

Decision

That the update be noted.

38. Chairman's Urgent Items

None

39. Any other business

The Chair wished all those members standing for election the best of luck on 4th May.

40. Date and time of next meeting

To be arranged

The meeting concluded 12:10pm

CHAIR