ITEM NO 3

TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE
11 October 2017

PRESENT -

Representing Darlington Borough Council:
Councillors Newall (in the Chair), J Taylor and L Tostevin.

Representing Hartlepool Borough Council:
Councillor Cook.

Representing Middlesbrough Borough Council:
Councillors E Dryden and J McGee.

Representing Redcar and Cleveland Council:
Councillor I Jeffrey.

Representing Stockton-on-Tees Borough Council:
Councillors E Cunningham, L Grainge and L Hall.

APOLOGIES – Councillor B Harrison (Hartlepool Borough Council) and Councillor D Rooney (Middlesbrough Council)

OFFICERS IN ATTENDANCE – K Graves (Darlington Borough Council), L Stones (Hartlepool Borough Council), C Breheny (Middlesbrough Borough Council), A Pearson (Redcar and Cleveland Borough Council), P Mennear (Stockton-On-Tees Borough Council).

EXTERNAL REPRESENTATIVES –

Middlesbrough Borough Council –
J Chidanyika, Public Health Advanced Practitioner.

North East Ambulance Service (NEAS) –
M Cotton, Director of Communications and Engagement.

Tees Esk and Wear Valley Foundation Trust –
David Brown, Director of Operations for Teesside.

12. DECLARATIONS OF INTEREST – There were no declarations of interest reported at the meeting.

13. MINUTES – Submitted – The Minutes (previously circulated) of the meeting of the Tees Valley Health Scrutiny Joint Committee held on 20 July 2017.

RESOLVED – That, with the addition of Joint Work of the Prison Service and TEWV in relation to the Mental Health of Prisoners to the Work Programme, the Minutes be approved as a correct record.

14. MATTERS ARISING – There were no matters arising.

15. SUICIDE PREVENTION PLANS WITHIN THE TEES VALLEY – Joe Chidanyika, Public Health Advanced Practitioner, Middlesbrough Borough Council gave a PowerPoint presentation outlining both the Tees Suicide Prevention Strategic Plan 2016/17 to 2020/21 and Darlington's Suicide Prevention Plan and, in doing so, advised Members that suicides were not only due to poor emotional health but were complex often having many factors including social and health inequalities with people often being reluctant to access services due to the stigma involved.

Multi-agency working was key to preventing suicides and the Tees Suicide Prevention Taskforce currently has 43 active Task Force members from 20 organisations on Teesside including, Fire Brigade, Police, Prisons and Cruse Bereavement Care.

The projected cost to the North East economy of suicide in 2012 was £410.8 million, £1.67m per case, with many cases being preventable. The Preventing Suicide in England: a cross government Strategy to save lives is a national, all age prevention Strategy that identifies six key areas, to support the overall objective of the Strategy, to reduce the suicide rate and provide better support for those bereaved or affected by suicide.

Details were provided on how Teesside was addressing the key areas of the Strategy which are to reduce the risk of suicide in key high-risk groups; tailor approaches to improve mental health in specific groups; reduce access to the means of suicide; provide better information and support to those bereaved or affected by suicide; support the media in delivering sensitive approaches to suicide and suicidal behaviour; and support research, data collection and monitoring.

It was highlighted that groups at high risk of suicide comprised young men between 20 and 59 years of age and specific occupational groups including doctors, nurses, farmers and armed forces. The Tees Mental Health Training Hub offered a range of accredited mental health training to organisations or groups working with members of the public across Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton-on-Tees to raise mental health awareness and ensure employers become more proactive and sign post their employees to services.

The approach to improve public mental health needs to be applied across the life course, starting from pre-birth all the way to the older age groups and should include a blended approach that combines universal with targeted approaches especially for high risk and vulnerable groups. It was reported that 40 per cent of people who take their own lives were not previously known to Agencies; that the number of people with long term conditions in Tees Valley was high; and that the BME community presented its own challenges. The key point was to get people to talk, ensure a referral to the correct services and break the cycle of regular presenting at A&E Departments.

One of the most effective ways to prevent suicide is to reduce access to high-lethality means of suicide and it was reported that the methods most amenable to intervention include hanging and strangulation, self-poisoning, high risk locations and those on the rail and underground networks. Work is ongoing with the Samaritans, British Transport Police and Network Rail to reduce suicide on railways; local hotspots are being identified using the suicide prevention audit and early alert system; and pharmacy leads are encouraging the return of unused medication.

Bereavement support is key for family and friends bereaved by a suicide as they are at increased risk of mental health and emotional problems and may be at higher risk of suicide themselves. In the Tees Valley an early alert system will be re-established to allow the suicide prevention taskforce to monitor patterns of suicide and instigate prevention and early intervention at the earliest opportunity. Consideration also needs to be given to children who may need help from an early age which will help to prevent issues as the child gets older. It was stated that there was no longer an 18 month delay of information from the Coroner relating to suicide and as such support can be quickly put in place to help the family bereaved by a suicide.

Particular reference was made to the media's influence on behaviour and attitudes and to compelling evidence that media reporting and portrayals of suicide can lead to copycat behaviour, especially among young people and those already at risk. With the increasing popularity of social media further work needs to be done to make this safer especially for young people who can easily be influenced or affected by information communicated through these channels. The stigma of mental health had a negative impact on a person who was feeling suicidal and work has been undertaken with the media to ensure sensible reporting and promotion of mental health services.

The National Strategy supports research, data collection and monitoring and intelligence and surveillance of suicides. Self-harm and mental health are the foundations of suicide prevention efforts and across the Crisis Concordat all data is shared. There are a number of agencies that collect self-harm data with Tees admissions for self-harm being among some of the highest in the Country and further analysis is required to help inform targeted preventative action.

It was reported that the Police take away people attempting suicide but they actually need support, James Cook A&E Department had 52 presenters who had attempted suicide with trends changing and people getting younger. It was acknowledged that self-harmers could lead to suicide if the correct help and support was not provided. Bullying was also an issue for young people with three recent suicides in Stockton being attributed to bullying. The cases treated at James Cook were approximately 50 per cent male and 50 per cent female, which was different to the overall data that showed deaths from suicide were 2.8 male deaths for every female death and this indicated more analysis of the data would be useful.

Details of the suicide prevention governance arrangements across the Tees Valley were provided and Members were informed that the Teesside Suicide Prevention Partnership Network was being actively built and included lollipop ladies and hairdressers.

It was queried whether there was any protocol for people who have attended or provided traumatic services and it was reported that it was now standard to have an auto-referral to the Psychosis Team. It was again reiterated that there was a stigma around mental health and some professionals thought it could be looked upon badly if they had suicidal thoughts. Work was ongoing with Cleveland Police who were trained in Talk Down and it was recognised that first responders to a traumatic situation needed support.

Concerns were expressed that GP's couldn't sleep due to possible mistakes made and that three of the high risk suicide locations were in Redcar. Reference was also made to the Marmot Review in relation to austerity, the difficulties faced by some people and to life expectancy in Redcar getting worse. Concerns were also voiced that benefits had been capped, Universal Credit had added to debt worries and that suicide rates in prisons were alarming. In relation to young women, body image was a material factor in self-harming with suicide rates in Universities and schools being high especially during April and May exam time.

Clarification was sought on how the £1.67m cost per suicide case was calculated; how a suicide impulse would pass and why the strategic plan made reference to this; how mental health issues could be addressed in a growing ethnically diverse population; and whether further controls would deter cyber bullying.

Committee also requested more up to date statistics on means of suicides with a gender split, how some key risk groups were disproportionately affected locally such as farm workers, doctors and nurses, an updated response regarding the local picture around impact of austerity and welfare reforms on suicide.

David Brown of Tees, Esk and Wear Valleys Foundation Trust reported that re-energising the Task Force had been fantastic and whilst there was better information now than there had ever been there were huge numbers of self-harmers and it was difficult to identify potential suicides. He also reported that there was a real commitment to train people to highlight suicides and multi-agencies were now used to engage with individuals to ensure support can be provided. Members also noted that 40 per cent of children now start school without having reached development milestones and this could cause problems later in life.

RESOLVED (a) That the thanks of this Scrutiny Committee be extended to Joe Chidanyika for his interesting and informative presentation.

(b) That the work of the Suicide Prevention Taskforces be supported.

(c) That the wider determinants and their impacts relating to suicide be addressed by the Taskforces.

(d) That the Teesside Suicide Prevention Action Plan be submitted to a meeting of this Scrutiny Committee in twelve months.

16. NEAS QUARTERLY REPORT, UPDATE FROM CQC REVIEW AND IMPLEMENTATION OF NEW AMBULANCE STANDARDS – The Assistant Director of Communications and Engagement provided Scrutiny Committee with a PowerPoint presentation outlining Progress and Improvements in NEAS, Challenges Still to Overcome, Performance and New Ambulance Response Standards.

It was reported that since 2013/14 Hear and Treat callouts had increased by 96 per cent; See and Treat had increased by 15 per cent; See Treat and Convey had decreased by 25 per cent; and See and Convey to an Emergency Department had decreased by four per cent. Overall the number of serious calls was not much greater, increases had occurred in relation to long term conditions and the complexity of patients and although a patient was not necessarily taken to an A&E Department there was a need to support patients no matter what service was requested.

In relation to NHS 111 calls being referred to an Emergency Department, Committee was informed that investment from Commissioners had resulted in an assessment service with nurses in the 111 Control Room and specialists on call who could provide help, for example, on a weekend, pain relief could be given for a dental problem with an appointment being made with a Dentist for Monday. Currently being piloted was a Dental Hub although this was reliant on Dentist availability.

Since October 2014 to June 2017 the number of staff that would recommend NEAS as a place to work had increased from over 20 per cent to over 80 percent, a clear indication that morale amongst staff had vastly improved.

Due to funding of £3.4m from Commissioners, an additional £1.50 per head of North East population, the workforce numbers had increased by 42 additional paramedics, 42 additional Emergency Care Technicians, an expanded Integrated Urgent Care Hub with specialist staff including GP's and additional Advanced Practitioners. These measures would also provide an extra seven ambulances. It was further reported that benchmarking relating to staff turnover was very low and the vacancy rate was now coming down.

In order to reduce sickness absence rates, support mechanisms had been introduced with an objective to achieve five per cent target. The two main reasons for sickness absence were stress and musculoskeletal, however, investments had been made into an in-house Occupational Health Team and Counselling Services for paramedics attending traumatic incidents and NEAS was working with Trade Unions to address sickness absence.

Members noted the handover delays at the regional Trusts and, following a question by Councillor Dryden, Committee was reassured that there had never been an issue at James Cook Hospital and although there had been possible spike days of between nine and twelve ambulances queuing this was not a regular occurrence.

The Committee was advised that an inspection by the CQC had been undertaken in November 2016 and NEAS had received a 'Good' rating. CQC had stated that NEAS had a lot of to be proud of and there were clearly many areas of good practice.

Inspectors also found a general culture of passion and enthusiasm at the Trust and it was clear that everyone's first priority was the patient.

In relation to reference costs which indicate the cost-effectiveness of an NHS Service Members noted that, although NEAS operated at the lowest funding of £89 during 2015/16, it had received a rating of 'Good'. The North East also had the lowest urgent and emergency income per head of population of £27.7 whilst on the South East Coast income was £36.6 per head. If NEAS received additional funding it would be able to provide more ambulances and paramedics.

Current response time standards for Red 1 and 2 (funded) and Green 1 to 4 (non-funded) calls were highlighted and, following a question, it was confirmed that Redcar and Cleveland were struggling although rural areas were worse as they received fewer calls and the response rates would not be able to meet the standard.

Ambulance performance standards have not changed for over forty years and have always measured response time and not clinical outcome of the patient which has led to the inefficient use of ambulances and the knock-on effect of 'hidden waits'. The new standards will ensure that the best clinical outcome for patients is the most appropriate response and not the fastest response. These standards are significant especially as 999 call volumes have increased by 60 per cent nationally in the past decade.

During Quarter 1 of 2017/18 there had been 29,922 red incidents which had been responded to within eight minutes and the rise in red incidents, serious non-breathing patients, gave NEAS concerns.

Councillor Jeffrey queried whether obesity had an impact on the service and was advised that patients presented with various conditions including diabetes, cancer and COPD and any one of those conditions could be exacerbated but not necessarily due to obesity.

All North East CCG's performed better on Red 1 than the National Average of 75 per cent, Darlington 80 per cent, Hartlepool 87 per cent, Middlesbrough 82 per cent, Stockton-on-Tees 82 per cent and Redcar and Cleveland 70 per cent. Although still above the NEAS Trust wide average, Red 2 performance was declining with last month's performance being Darlington at 69 per cent, Hartlepool 67 per cent, Middlesbrough 62 per cent, Redcar and Cleveland 53 per cent and Stockton-on-Tees 65 per cent.

Under the new system of Ambulance Performance Standards call handlers will have more time, in minute segments up to four minutes, to determine the need of the caller. It is expected that the new system will provide early identification of life-threatening conditions, particularly cardiac arrest, and also free up more vehicles and staff to respond to emergencies. Clinicians have developed a set of Questions to determine the Nature of Call and this is being piloted in some, not all, services. Formal performance monitoring by the regulators of new standards will be from April 2018.

New Standards now specify that every case counts and there are no targets. The average response time is seven minutes although this could be anywhere between four and ten minutes. Rural areas will still have a longer response time but these will

become the exception. Scrutiny was advised that NEAS will never achieve 100 per cent but 90 per cent was achievable.

A detailed description was given of all new Ambulance Standards Call Type Category together with call definition, time to take a decision and at what point the clock was stopped.

At 82 per cent, NEAS was above the national average of 74 per cent of the number of patients who have suffered a specific type of heart attack and required a 'stent' fitted to free a blockage in their heart within two and a half hours of their 999 call. It was stressed that the service relied on patients to make the call early to ensure they had the best chance.

At 49 per cent, NEAS was below the national average of 52 per cent of the number of patients who have suffered a confirmed stroke and eligible for treatment with a clot-busting drug within 60 minutes of a 999 call.

The Director of Communications and Engagement stated that NEAS was working to ensure that it had the best model for its patients, looking at its data for 999 calls and establishing what response was needed to ensure the standards were met. The data also indicated the vehicle and staff needs for the service and in this regard a report was to be prepared around Christmas with a view to meeting with Commissioners. The Director of Communications and Engagement said that while there were no national standards for staffing levels in the ambulance service, NEAS believed that the current staffing mix needed to change from 55 per cent paramedics and 45 per cent non-paramedics to a ratio closer to 70 per cent paramedics and 30 per cent non-paramedics.

New standards were beginning to be implemented and NEAS had been given dispensation to fully implement up to March 2018, however, it was believed that more time was required as it takes two years to get paramedics and nine months to build an Ambulance.

Following a question from the Chair it was confirmed that St. John's Ambulances, trained to technician level, were still operating on a reduced level although were still part of the Trusts plans for surge periods.

It was clarified that the paramedic profession had changed, a Foundation Degree was now required and the profession attracted special status especially in relation to immigration. Collaboration with the Fire Service commenced a year ago as a co-responder if a defibrillator was required and that service was closer to the patient. This support was withdrawn for all of England following Union concerns although as the Cleveland Fire Service have been following this procedure for ten years they have continued.

During Holiday periods (Christmas and New Year), demand is high and all staff, including Managers, are fully on board, rotas are kept at 100 per cent although on New Year's Day this is 110 percent but demand will still exceed. Some regions also attract tourists and seasonal demands will fluctuate.

It was confirmed that the NEAS contract was shared between the eight CCG's that cover the North East region with four lead commissioners and that it was important to have conversations with all individual commissioners. NHS England was exploring a Single Operating Model for the commissioning of ambulance services but more details were required.

RESOLVED – (a) That the thanks of this Scrutiny Committee be extended to the Director of Communications and Engagement for his informative and interesting presentation.

(b) That a further report be submitted to a future meeting of this Scrutiny Committee once the new Ambulance Standards are embedded.