

North East Joint Health Scrutiny Committee



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Minutes of meeting held on 7 September 2018 at South Shields Town Hall

Present:

Councillors: McCabe (Chair) (South Tyneside), Grainge (Stockton), Green (Gateshead), Loynes (Hartlepool), Mendelson (Newcastle), Snowdon (Sunderland), Spillard (North Tyneside), Watson (Northumberland) and Watts (Redcar)

Also in attendance:

Paul Baldasera (South Tyneside), Mike Bird (Northumberland), Caroline Breheny (Middlesbrough), Karen Christon (Newcastle), Nigel Cummings (Sunderland), Angela Frisby (Gateshead), Peter Mennear (Stockton), Alison Pearson (Redcar), Joan Stevens (Hartlepool) and Brian Springthorpe (South Tyneside),

Mark Cotton (NEAS), Philip Kerr (North East Independent Complaints Advocacy Service), Dawn Marshall (Becoming Visible)

1 member of the Press and public

1. Apologies

Cllr Dryden (Middlesbrough), Stephen Gwilym (Durham)

2. Minutes of the last meeting

The Committee approved the minutes of the last meeting held on 21 June 2018 as a true record.

3. North East Ambulance Service

Mark Cotton, Assistant Director of Communications and Engagement, North East Ambulance Service, gave the Committee a presentation on ambulance performance standards.

The presentation covered:

- Current performance standards for each category of call;

- Average response times achieved and reducing the tail of 'hidden waits';
- New response performance standards;
- Specialist heart centre targets and performance;
- Stroke centre targets and performance;
- Unscheduled care response times and benchmarking data;
- Number of calls received by the Operation Centre;
- See and Treat/convey and handover data;
- Workforce issues including sickness, turnover and vacancies;
- Introduction of new staff rota;
- Recent service improvements, See and Treat performance, Clinical Assessment Service and other developments.

Councillor Watson noted that the tail of 'hidden waits' was longer in Northumberland due to its geography and questioned how need was assessed. The Committee was advised that the clinical pathways determined the category of call and the required response.

Councillor Watts raised the issue of A&E closure due to winter issues and the difficulties faced by some residents. The Committee was advised that the bad weather experienced in February/March had led hospitals to cancel elective surgery. Demand for ambulances had dropped during the period and the service coped during the severe weather, although response times had not been met.

Councillor Grainge raised the issue of how response times were measured and available staff and ambulance resources. It was confirmed that the clock was reset on each occasion a call was re-categorised. There were a few examples where there had been a mismatch of staff and vehicles due to a variety of reasons which included shift changes, breakdowns and sickness absence.

Councillor Loynes highlighted the Air Ambulance service. The Air Ambulance service received the same 999 information and had the option to offer assistance or dispatch themselves in response to an incident. NEAS could also request Air Ambulance support if required.

Councillor Spillard raised the issue of the speed of response required in stroke cases. The Committee was advised that specialist centres were the preferred method of treatment to provide the best patient outcomes for stroke as well as for heart attacks and trauma incidents. In such call-outs patients would be taken directly to a specialist centre.

Councillor Snowdon asked for information on how call handlers advised patients regarding the time it would take an ambulance to arrive. It was noted that a script had been developed with NHS England to assist call handlers manage expectations of patients.

Councillor Grainge highlighted issues of staff turnover and recruitment. The Committee was advised that previously no career progression was available to staff. This had now been put in place. Work continued with Sunderland and Teesside universities. Recruitment also took place from overseas including the European Union. NEAS had been voted in the top 100 employers for LGBT awareness by Stonewall.

Councillor Green asked about the work done with the Armed Forces community. The Committee was advised that NEAS was looking at the Armed Forces Covenant. A number of NEAS staff were reservists and had previously been deployed on active service. Their skills were recognised by NEAS.

Councillor McCabe recognised the service improvements and performance of NEAS and asked if it had enough financial resources to operate in the years ahead. The Committee was advised that resources were a key challenge to be faced by NEAS.

Agreed: (a) That the presentation be noted, (b) that a visit to a Control Room would be arranged for a later date and (c) that the Committee would be kept informed of NEAS performance and how it intended to meet the challenges ahead.

4. North East NHS Independent Complaints Advisory Service

Philip Kerr, Contracts Manager North East NHS Independent Complaints Advocacy, gave a presentation which covered:

- History of the organisation;
- Consortia of 10 North East local authority areas;
- Provision of free, confidential and independent advocacy support for residents to complain about NHS care or treatment;
- Available resources and staffing;
- Range of support available;
- Limits of available support;
- Partnership working;
- Sources of complaints and numbers of clients;
- Type of complaints.

Councillor Green highlighted that he had been unaware that Gateshead Council acted as lead local authority. Phillip Kerr confirmed that Gateshead Council had acted as lead authority since 2013 and that monthly statistics were provided to it for circulation to all local authorities. Meetings such as this provided a good opportunity to raise awareness and promote the service with elected Members.

Councillor Mendelson asked how the service was promoted. It was confirmed that the service was well known to all agencies and organisations within the wider health care system and referrals were received directly from members of the public, from the NHS itself and from organisations such as Healthwatch. Numbers of referrals had increased by approximately 25% year-on-year and there were 1,000 active client cases.

Councillor Spillard highlighted that local authorities picked up the costs for providing social care resulting from residents being discharged from hospital to avoid bed blocking.

It was noted that Northumberland was not part of the consortium; however, the service supported clients from Newcastle and North Tyneside who had used the Accident and Emergency hospital at Cramlington.

Agreed: That the presentation be noted.

5. Translation and Interpretation Service

Dawn Marshall, from Becoming Visible, explained the role of the organisation and highlighted issues affecting the deaf community. Becoming Visible was based at Mea House in Newcastle and had six members of staff. The staff provided a British Sign Language interpreting service to residents and groups. It took years of training to become an effective interpreter and was a skilled job.

There were approximately 40 BSL interpreters for the North East to support a community of 5,000 deaf people. Deaf people often felt very isolated in the community and often relied on interpreting services to communicate with organisations and service providers. Deaf residents often felt forgotten about by organisations.

The Committee was advised that locally, the procurement of translation and interpretation services changed in March 2018 without consultation with the deaf community, with a Lancashire based company being awarded the contract. It was felt that the new service was detrimental to the needs of residents with no choice of interpreter being available. It was stressed that a deaf client needed to have confidence in their interpreter.

NHS complaints processes were slow and cumbersome and not suited to dealing with deaf residents and deaf residents relied heavily on the support of the Independent Complaints Advisory Service.

Concerns were expressed over the lack of consultation over the service, the change in provider, the impact this had on deaf residents and the value for money and effectiveness of the contract.

During discussion, Councillor Spillard advised that the North Tyneside deaf community had mixed feelings over the issue. It was clear that choice was very important to deaf residents and there was a concern that residents may drop out of the system putting their health at risk as a result.

Councillor Watts highlighted concerns over confidentiality. Dawn Marshall advised that the new service provided a qualified interpreter; however, not one necessarily experienced with the issue at hand.

Paul Baldasera confirmed that the service was commissioned regionally by the NHS and suggested that the commissioners be invited to a future meeting to discuss the issue in greater depth to establish how the quality of the service was maintained.

Agreed: (a) That the report be noted and (b) to invite the commissioners to a future meeting to discuss the issue.

6. Work Programme

Paul Baldasera advised that the Newcastle Council work programme would be added to the list. Councillor Watt highlighted Breast Screening services as a future item which would have a wide ranging impact.

Discussion took place on a range of issues affecting the Tees Valley area and it was recognised that those issues should initially be considered locally.

Councillor Green raised the issues of support for members of the Armed Services and the impact of improvements made to pharmacy services in the Gateshead area. The Chairman advised that some pharmacists were allowed to prescribe although this service had not been commissioned in South Tyneside.

7. Any Other Business

There was no any other business.

8. Date and time next meeting.

It was agreed that the next meeting would be arranged at a mutually convenient date.