

# North East Joint Health Scrutiny Committee



**Meeting on 15 February 2018 at 10am in the Council Chamber, Civic Centre, Hartlepool**

---

## Agenda

1. Chairman's Welcome
2. Apologies for absence
3. To receive any Declarations of Interest by Members
4. Minutes of the meeting held on 27 September 2017
5. Specialist Services Update (Vascular Services Review and Neonatal Intensive Care) – *Presentation by North Region Specialised Commissioning Team*
6. Community Pharmacies / Use of Pharmacies for Minor Ailments and Other Services – Covering Report – *Statutory Scrutiny Officer/Chair of a Local Professional Network for Pharmacies/Chair of the Pharmaceutical Services Negotiating Committee*
7. NEAS NHS Foundation Trust – Quality Account 2017/18 – Covering Report – *Scrutiny Manager/Assistant Director of Communications and Engagement, North East Ambulance Service*
8. Expressions of Interest for Chair/Vice Chair – 2018/19 – *Statutory Scrutiny Officer*
9. Chairman's urgent items
10. Any other business
11. Date and time of next meeting

To be confirmed

# **NORTH EAST JOINT HEALTH SCRUTINY COMMITTEE**

## **MINUTES**

27 SEPTEMBER 2017

The meeting commenced at 11.00 am in the Civic Centre, Hartlepool

### **Present:**

Chair: Councillor Ray Martin-Wells, Hartlepool Borough Council

Darlington Borough Council: Councillor Newall

Gateshead Borough Council: Councillor Green

Newcastle City Council: Councillor Mendelson

Redcar and Cleveland Borough Council: Councillor Watts

Stockton Borough Council: Councillor Povey

Also Present: Mark Cotton and Caroline Thirlbeck, North East Ambulance Service

Officers:

- Karen Christon, Newcastle City Council
- Peter Mennear, Stockton-on-Tees Borough Council
- Stephen Gwilym, Durham County Council
- Angela Frisby, Gateshead Borough Council
- Alison Pearson, Redcar and Cleveland Borough Council
- Joan Stevens, Scrutiny Manager (HBC)
- Angela Armstrong, Principal Democratic Services (HBC)

### **50. Apologies for Absence**

Durham County Council: Councillor Robinson

Newcastle City Council: Councillor Taylor

Stockton Borough Council: Councillor Grainge

### **51. Declarations of Interest**

None.

### **52. Minutes of the meeting held on 28 June 2017**

Confirmed.

### **53. NEAS – Performance Update including the New National Ambulance Response Times – Presentation by representatives from the North East Ambulance Service**

The representatives from the North East Ambulance Service (NEAS) gave a presentation to the Committee reviewing the past year's performance of the service. The presentation included the following key points –

- There was now integrated 111 and 999 call handling. This allowed a speedier transition between the two call types when necessary. Some staff were trained to deal with both calls while others had chosen to stay with their own specialist area.
- The service was integrating emergency care and transport services. This would mean, for example, a stroke victim that doesn't need a paramedic attendance would be transported to hospital by other staff that that could administer oxygen and reassurance.
- There was wider access to health experts in the control room, including mental health professionals.
- The service had seen an increase of 94% in the number of patients that were cared for without sending an ambulance.
- Calls referred to the Emergency Department decreasing.
- This was the only region where the ambulance service call handlers can make bookings direct into a GP surgery. Presently, there was access to 90% of GP practices across the region. For the remaining 10% they were either on different IT systems or those that don't want to be involved. NEAS has been recognised and nominated for an award for this service.
- NEAS has a new Chief Executive and new directors appointed to the board to guide NEAS through the transformation of the service.
- NEAS has made a commitment to staff on health and wellbeing. Psychological and physiotherapy services were both available to staff.
- NEAS was to hold its first annual award ceremony at Hardwick Hall later in the year.
- The Board had acknowledged the concerns about the moral of staff and a recent 'friends and family' test survey showed that 80% of staff recommended it as good place to work.
- There had been a restructuring of management, particularly around the call centres and there were now managers working a 24/7 rota system to support staff.
- NEAS were seeing a decrease in numbers of patients going into hospital as a result of a call – this was against national trends.
- The past problems of vacancies had been addressed although a gap now exists as the service had an additional £3.9m for staff allocated by government. The service was phasing that budget in as does take time to increase the establishment of paramedics. There were currently 44 vacancies, 42 of which were the 'new' posts. NEAS was looking to be at full establishment by April 2019.

- There was now a low turnover of staff. This supports the separate independent evidence through the staff survey.
- It was not all good news – NEAS has highest sickness absence rate of an ambulance service in country at 6.9%. The two main reasons for sickness were muscular-skeletal and stress.
- The results of the ‘friends and families’ test showed that 93% rated 111 service as good.
- A clinical assessment had shown that integrating the 111 and 999 services will improve performance and efficiency.
- NEAS was working with local universities on the training of new paramedics. The service had recently employed an additional 23 paramedics from Poland to assist with the shortfall in numbers. 102 paramedics had been employed from the courses at Teesside and Sunderland Universities.
- The issues around handover delays had improved. Currently NEAS had had national team in to review processes in this regard.
- The recent CQC rating was ‘Good’ – NEAS was only 1 of 3 ambulance trusts with that rating.
- Funding remained an issue. NEAS was allocated £10 less per patient than some services in south. If funded to same level, an additional £26m would be allocated on top of the current £110m annual funding.
- NEAS currently had one of the lowest ratios of paramedics. The increased funding would give the service the ability to have a more paramedics on ambulances.

The representative from Redcar and Cleveland Borough Council commented that there were issues with the time first responders were getting to calls in the rural areas of East Cleveland. Local media had reported that NEAS was failing to respond within the national targets. This was now likely to be affected further with the ending of the trial of using fire fighters as first responders. The NEAS representative stated that the targets were measured across the whole Trust area and rural areas did present a significant challenge. NEAS did work with other agencies to provide first responders to patients. There had been an arrangement with the Fire Brigade to be community first responders but that had come to an end following a challenge by the Fire Brigade Union. That trial had never been about performance targets but patient service. Arrangements in the rural areas of East Cleveland would remain.

NEAS was concerned that the new national standards would have an impact on rural areas. Response rates in rural areas were invariably longer; roads were often more challenging reducing speeds. There were also simply fewer people living there which statistically meant fewer incidents. This had an effect because if there were 20 incidents in rural communities in a month, each was worth ‘more’ in terms of the statistics over 20 calls in an urban area where it was much easier to meet the targets and there were many more calls. There had been a review into response times between urban and rural areas that showed that while in rural areas the 7 minute target was not being met, the 90 minute average was, as rural calls were much less likely to be diverted than urban calls.

The Chair referred to the Fire Brigade pilot and asked when 'did the clock stop' on a call attended by fire fighters as first responders; when they arrived or when the ambulance arrived. The NEAS representatives stated that it was when the first responder arrived. The Chair indicated that he had written to the Chief Executive of NEAS when the news of the ending of the trial with the Fire Brigade had come out. The Chair stated that he did not wish to apportion any blame for the ending of the Fire Brigade pilot but did want to know what contingency there was in place of fire fighters as first responders. The Chair had indicated that he had supported the pilot not because of response times but because of the improved outcomes for patients. Cleveland Fire Brigade staff had attended over 2000 incidents and must have had some effect on outcomes; some lives must have been saved.

The NEAS representatives stated that they recognised the service that the Fire Brigade had provided. There were to be further meetings on this issue in the forthcoming week. Fire Brigade resources were never dispatched without there being a follow-up ambulance. NEAS was looking to increase the number of community first responders it had and was looking at Northumberland initially before moving on down through the area. The service was also looking to its own staff to be community first responders, where appropriate, and a number were receiving appropriate training.

The Chair stated that he wished to record his congratulations to NEAS on nearly achieving the full staffing compliment of paramedics just before the additional finance had been provided. The Chair was concerned at the loss of the Fire Brigade Pilot and the lack of a backup plan within NEAS. The NEAS representative stated that the Trust's main focus for some time had been reaching a full complement of staff. The service would be looking towards discussing the potential of retained fire fighters being first responders and increasing the number of volunteer first responders within rural communities. The service was also undertaking some modelling work to ensure its fleet was optimally deployed. The new standards were also going to have a significant effect but there had been a national issue on the guidance around the new targets.

The Newcastle City Council representative commented on the increasing deployment of defibrillators in the community and the lack of any concise list of where they were. Newcastle was doing some work on mapping those available within the city which may be valuable to link in with NEAS in the future. In relation to 111 and 99 calls being integrated, the representative questioned whether that could lead to a delay in a call being referred as a 999 call. Also, was there a link into the online patient records within the NEAS call centre.

In relation to patient records the NEAS representative stated that where permission had been granted by the patient, they could access summary health records. The records were quite limited but there were processes in place to extend that and the North East was quite advanced in that work.

All NEAS call handlers started as 111 handlers and were then trained for 999 calls if they wished to do both. This gave an advantage of an increased number of 999 call handlers in emergency situations. NEAS believed that the approach did allow calls to the wrong service to be dealt with much more seamlessly.

In relation to defibrillators, NEAS had a record of all those in public buildings but not those in private buildings. If someone needed a defibrillator in an emergency, call handlers could direct people to the nearest unit they had record of but the incident may be outside a bank or in a shopping centre that had a unit which the service did not know about. If there was a legal requirement to register them, that would help.

The Chair referred to the access to 90% of GP surgeries in the North East that NEAS had to make direct appointments for callers and was concerned at the 10% that weren't 'signed up' and suggested that support from this Committee may assist and indicated that he would be happy to write on behalf of the Committee to those other GPs to seek their support. This was supported unanimously by the Members present.

The issue of response times was pursued further by the Committee with concern expressed at the response times across Durham County. Reference had been made to new modelling of services and locations of ambulances and paramedics and there was concern that response times could deteriorate until the new model was implemented. The NEAS representatives indicated that they did not anticipate any patient harm prior to the completion of the new service model. The 'clock stopped' on emergency calls once the most appropriate responder arrived at an incident, not the first. What was not known was whether the service had sufficient responders. NHS England was allowing a period of grace until the end of March to implement and bed in the new service model but NEAS did not believe that it would be completed by then; if more paramedics were required for example, they took two years to train.

A Member questioned further the use of defibrillators in the community and their use by untrained members of the public; could harm be caused by their use on a patient with a pacemaker for example. The NEAS representative indicated that the machines had written instructions but also gave verbal instructions. The machine would read the patients vital statistics and would not 'shock' them if it read a sustained heartbeat for example. Members of the public could also use manual heart massage until emergency services arrived.

### **Decision**

1. That the performance update be noted.
2. That the Chair write on behalf of the Committee to those GP Surgeries across the north east that had not allowed NEAS access to their patient records and patient booking systems to reconsider their position in light of the benefits to patients of doing so.

## **54. Update on the Establishment of a Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan Joint Health Scrutiny Committee**

The representative from Gateshead Borough Council updated the Joint Committee on the process of the Service Transformation Plan (STP) consultation exercise. There was to be a joint scrutiny committee to review the STP as there were likely to be some significant service changes arising from its proposals. This would be a cross boundary joint committee and it was understood that in the south of the STP area, the joint scrutiny committee would build upon the existing Better Health Programme Joint Committee. It was anticipated that the first meeting would be held in around a month's time.

The Chair noted the update and indicated that this Committee would retain the right to refer any changes to the Secretary of State should that be required.

### **Decision**

That the report be noted.

## **55. Any Other Business**

The Chair indicated that he had been informed of two additional matters.

### **1. Premature Births**

The Statutory Scrutiny Officer reported that all babies born at under 27 weeks gestation in the North Tees and Hartlepool and South Tees NHS Trust areas would now be cared for at James Cook University Hospital in Middlesbrough. The Trust had agreed that this would be in the best interests of patients. This would affect around 20 babies a year and a view was sought from Committee as to whether an implementation plan was required and progressed monitored.

The Chair suggested that service change should be supported and the numbers monitored and reported to the Joint Committee.

### **2. Congenital Heart Disease**

The Statutory Scrutiny Officer reported that NHS England had recently completed a consultation exercise on Congenital Heart Disease services. NHS England was still awaiting some information from provider Trusts before it could submit its final recommendations to their Public Board meeting in late November. It had been hoped that a report would have come to the Joint Committee meeting in November but would now be reported to the February meeting.

The meeting noted the report.

Date and time of next meeting:

23 November 2017 at 10.00 am, Hartlepool Civic Centre

The meeting closed at 12.40 pm.

CHAIR



# **NORTH EAST JOINT HEALTH SCRUTINY COMMITTEE**

15 February 2018

**Report of:** STATUTORY SCRUTINY OFFICER

**Subject:** COMMUNITY PHARMACIES / USE OF  
PHARMACIES FOR MINOR AILMENTS AND OTHER  
SERVICES – COVERING REPORT

---

## **1. PURPOSE OF REPORT**

- 1.1 To introduce representatives from the Local Professional Network for Pharmacies and the Pharmaceutical Services Negotiating Committee who will be in attendance at today's meeting to provide information to the Committee in relation to Community Pharmacies.

## **2. BACKGROUND INFORMATION**

- 2.1 The Joint Committee agreed as part of its work programme for the 2017/18 Municipal Year to receive information regarding community pharmacies and the use of pharmacies for minor ailments and other services.
- 2.2 Subsequently, Andre Yeung (Chair of a Local Professional Network for Pharmacies) and Mark Burdon (Chairman of the Pharmaceutical Services Negotiating Committee) will be in attendance at today's meeting to provide the requested information.

## **3. RECOMMENDATIONS**

- (i) That the North East Joint Health Scrutiny Committee consider the information, seeking clarification on any issues from the representatives present at today's meeting

**Contact Officer:-** Joan Stevens – Statutory Scrutiny Officer  
Chief Executive's Department – Legal Services  
Hartlepool Borough Council  
Tel: 01429 284142  
Email: joan.stevens@hartlepool.gov.uk

## **BACKGROUND PAPERS**

The following background paper was used in the preparation of this report:-

- (a) Minutes of the North East Joint Health Scrutiny Committee – 28 June 2017

# **NORTH EAST JOINT HEALTH SCRUTINY COMMITTEE**

15 February 2018

**Report of:** SCRUTINY MANAGER

**Subject:** NORTH EAST AMBULANCE SERVICE NHS  
FOUNDATION TRUST – QUALITY ACCOUNT  
2017/18 – COVERING REPORT

---

## **1. PURPOSE OF REPORT**

### **1.1 To:**

- i) Introduce representatives from the North East Ambulance Service NHS Foundation Trust who will be in attendance at today's meeting to assist and inform discussions in relation to the Trust's Quality Accounts for 2017/18; and
- ii) Seek views / comments from the North East Joint Health Scrutiny Committee on the Quality Accounts to be included within the Committee's third party declaration.

## **2. BACKGROUND INFORMATION**

- 2.1 The Health Act 2009 (Part 1/Chapter 2/Section 8) requires that all providers of NHS healthcare services produce an annual Quality Account, containing prescribed information relevant to the quality of the services they provide.
- 2.2 The North East Ambulance Service NHS Foundation Trust's Quality Accounts have been considered annually by the North East Joint Health Scrutiny Committee, as the Joint Committee covers a large proportion of the population served by the Trust.
- 2.3 A presentation will be given at today's meeting by representatives from the North East Ambulance Service NHS Foundation Trust. The representatives present at today's meeting will be available to provide clarification and assistance, as required, and in considering the information provided, the Committee is asked to formulate views and comments which will be utilised in conjunction with the draft version of the Quality Accounts (2017/18), timetabled for April 2018, to be included within the third party declaration being prepared by the Committee.

- 2.4 Given the timescale for the development and submission of the declaration, following today's presentation approval is sought for the finalisation of the Committee's views and comments to be delegated to the Chair of the Committee in consultation with the Statutory Scrutiny Officer.

### **3. RECOMMENDATIONS**

- 3.1 That the North East Joint Health Scrutiny Committee:-

- (i) Consider the presentation, seeking clarification on any issues from the representatives from the North East Ambulance Service NHS Foundation Trust present at today's meeting;
- (ii) Formulate views and comments on the information presented at today's meeting, which will be included within the third party declaration; and
- (iii) Delegate finalisation of the views and comments to the Chair of the Committee in consultation with the Scrutiny Manager

**Contact Officer:-** Joan Stevens – Statutory Scrutiny Officer  
Chief Executive's Department – Legal Services  
Hartlepool Borough Council  
Tel: 01429 284142  
Email: joan.stevens@hartlepool.gov.uk

### **BACKGROUND PAPERS**

No background papers were used in the preparation of this report.

# **NORTH EAST JOINT HEALTH SCRUTINY COMMITTEE**

15 February 2018

**Report of:** Statutory Scrutiny Officer

**Subject:** Expressions of interest for Chair/Vice-Chair -  
2018/19

---

## **1. PURPOSE OF REPORT**

- 1.1 To seek expressions of interest for the position of Chair and Vice-Chair of the Committee for the 2018/19 Municipal Year.

## **2. BACKGROUND INFORMATION**

- 2.1 The current Chair and Vice-Chair's term of office is due to come to an end in June 2018. Therefore, this report seeks expressions of interest for the position of Chair and Vice-Chair for the 2018/19 Municipal Year.
- 2.2 Formal appointment of both positions will be at the June meeting of the Committee, date to be confirmed.

## **3. RECOMMENDATIONS**

- 3.1 The Joint Committee seek expressions of interest for the position of Chair and Vice-Chair of the Committee for the 2018/19 Municipal Year.

**Contact Officer:-** Joan Stevens – Statutory Scrutiny Officer  
Chief Executive's Department – Legal Division  
Hartlepool Borough Council  
Tel: 01429 284142  
Email: joan.stevens@hartlepool.gov.uk