

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a remote meeting of the **Health and Wellbeing Overview and Scrutiny Committee** held on Tuesday, 2 June 2020 at 1.00pm

PRESENT

Councillor J. Watson
(Chair, in the Chair)

COUNCILLORS

Armstrong, E.
Bowman, L.
Cessford, T.
Dungworth, S.
Hutchinson, I.

Nisbet, K.
Pattison, W.
Rickerby, L.J.
Simpson, E.

ALSO PRESENT

Angus, C.
Bradley, N.
Hadfield, K.
McEvoy-Carr, C.
Morgan, L.

Scrutiny Officer
Services Director: Strategic
Commissioning and Finance
Democratic and Electoral Services
Manager
Executive Director Adult Social Care and
Children's Services
Director of Public Health

ALSO IN ATTENDANCE

Hudson, R.
Phelps, P.
Riley, C.
Turner, P.

NHS Northumberland CCG
NHS Northumberland CCG
Northumbria Healthcare NHS Trust
NHS Northumberland CCG

88. MINUTES

RESOLVED that the minutes of the Health and Wellbeing OSC held on 3 March 2020, as circulated, be approved as a correct record and signed by the Chair.

Members noted that the engagement exercise had now finished on Berwick Hospital and plans were moving forward.

89. FORWARD PLAN OF KEY DECISIONS

Members received the latest Forward Plan of key decisions (copy attached to the signed minutes as Appendix A).

Councillor Dungworth advised that the End of Life Care Working Group was unlikely to report in September given the current situation. Mrs McEvoy-Carr confirmed she would discuss this with Councillor Dungworth to agree an appropriate timeframe for reporting back.

RESOLVED that the information be noted.

REPORTS FOR CONSIDERATION BY SCRUTINY

90. REPORT OF THE SCRUTINY OFFICER

Health and Wellbeing OSC Work Programme

The Committee was asked to consider the work programme/monitoring report for the Health and Wellbeing OSC for 2019/20 (copy attached to the signed minutes as Appendix B).

Members noted that this was likely to change.

RESOLVED that the work programme and monitoring report be noted.

91. NEXT MEETING

The next meeting would take place on Tuesday, 7 July 2020 at 1.00 pm.

92. URGENT BUSINESS

The Chair advised that he had agreed to three items of urgent business. Two of these matters would be dealt with under Part 1 of the agenda, and one under Part 2.

92.1 Report of the Executive Director of Children's Services and Adult Social Care (Urgent Business)

Update on COVID 19

The report updated the Health and Wellbeing Overview and Scrutiny Committee on the current situation with respect to NHS Test and Trace; testing processes nationally, regionally and locally; and the development of the council's outbreak management plans (copy attached to the signed minutes).

Councillor Jones referred to the track and trace system which would allow information from a wide range of sources to be collated and hotspots to be identified. More was to be done on communication to make sure that the right messages got out and people knew what they could do.

Liz Morgan, Director of Public Health, highlighted a number of issues including:-

- This continued to be a rapidly evolving situation and there remained a lot of uncertainty. Science was emerging all of the time.
- Recent spike in Northumberland cases - Saturday - 938, Sunday - 1006 which seemed to be a staggering increase given the number of cases in Northumberland overall. However, this was a data anomaly due to a data dump, and it was unclear whether these were actually new cases. The data was being interrogated by PHE to find out what the issue was.
- Regarding the spread of the disease locally, this was similar to the national picture though the north east did have the highest regional rate of positive cases and the highest R-0 value which could be due to a number of factors.
- The ONS were doing regular surveys in the community and it appeared that 1 in 400 people were positive at any one time. Antibody testing showed that about 1 in 15 people had been affected, though this differed according to the types of workers tested.
- She highlighted an error in the figures in paragraph 6. As of 29 May, 286 deaths had been registered in Northumberland which was 29% of the total deaths from all causes in the same period. Death registrations had peaked on w/c 20 April with 45 deaths registered. 13 deaths had been registered last week.
- The national strategy on testing - Pillar 1 was all those done through the NHS testing for those with a medical need and the most critical key workers and Pillar 2 was all other testing done through the regional and mobile units. The regional testing strategy group had been important in developing some guidance on how testing should operate across the region and how the tests were interpreted.
- The Authority had no control over the mobile testing sites, but did have some input into their location. However, data was needed to be able to point them in the right direction and this wasn't currently being made available. In order for the Council to fulfil its responsibilities in planning and managing, it was critical to have sufficient information.
- All of the issues which had been experienced with testing had been raised through various routes and had been acknowledged, but the whole issue of testing was critical to being able to manage the pandemic appropriately.
- Contact tracing had been set up very recently. The local team would be dealing with the complex cases and high consequence cases which fell out of NHS test and trace. There were very good links with PHE but it was important that the Council ensured that the secure workplace guidance was implemented.
- NHS test and trace remained a work in progress but it was critical for the Authority to get the data flow going to get a better understanding of what the infection looked like across the County as this information was limited at the moment.
- Councils were being supported to develop their outbreak control plans by a national group. Eleven beacon local authorities would share best practice. Newcastle was one of these and this would be a North of Tyne arrangement. It would be important to develop a Covid-19 surveillance dashboard.
- Regarding the R number and concerns about a second wave, the key thing was for everyone to stick to the rules. An outbreak engagement board would be set up

and would be critical in ensuring that the right messages were sent out to the public.

Members raised a number of issues:-

- Councillor Hutchinson raised concerns regarding the mobile testing site which had appeared without anyone knowing at Haltwhistle. The directions to the site had included a postcode which took them to the old entrance of the industrial estate which was closed so people had had to stop and ask directions. People from Cumbria were also coming to this site to get tested and he felt this could distort the figures. He felt there should have been more liaison with the local authority before it had been set up. Liz Morgan agreed that the situation had been frustrating. The site had been set up to support the West Cumbrian LRF and the Council had only been informed at the last minute. However, the Council was now receiving a weekly forecast of where these sites were to be set up and was gaining a better understanding of how they worked.
- Councillor Dungworth supported Councillor Hutchinson's comments and felt there had been a real problem with the Government making decisions without any discussion with the local authority. She was particularly concerned about the proposals for the blanket Year 6 return to school because in her area it was Year 4 that needed to go back, and she felt that local discretion should have been allowed. Announcements being made overnight and instructions issued over a weekend was not the way to respond to a major public health issue. She queried with the Director whether the new test and trace system was working smoothly as she was getting reports that it wasn't. Liz Morgan agreed it was a work in progress but PHE were working incredibly hard to make it effective.
- Councillor Dungworth queried whether there was a risk in lifting lockdown restrictions before the test and trace system was working effectively, and whether it made more sense to let shielded people out before the general population. Liz Morgan responded that there had always been processes in place to identify and manage high risk settings even before test and trace had been up and running. The aim was to avoid a second wave of infection and if people stuck to the rules then the risk of this would be minimised.
- Councillor Dungworth sought reassurance that other patient treatments such as cancer care and planned surgeries were not being forgotten about. Liz Morgan advised that the NHS did have a plan about how to switch services back on and whilst cancer care had continued, she did believe that there would be an increase in cancer referrals that the Trust would need to deal with. Claire Riley confirmed that patients had continued to be treated. The pipeline for planned care had begun to open up, more people were accessing it and had felt comfortable about coming into hospital for their treatment.
- Councillor Nisbet queried whether a breakdown of the data was available and whether the report could be sent out to members. Liz Morgan advised that she was waiting for a breakdown of the data below local authority level which would provide information about the distribution of infection, and getting this information from PHE or the new biosecurity centre would be very important.
- Councillor Rickerby endorsed the comments made so far, and queried how the public could be reassured that things would get back to normal. She was concerned about people not accessing help for other health problems via their GP etc because of fears of contracting the virus and queried how public confidence in the NHS could be got back. Liz Morgan agreed that communication and engagement would be important to improving public confidence. Admissions for heart attacks and strokes had fallen, and the fear was that people were dying from these conditions because they were not seeking medical help. There were a number of unintended consequences of the pandemic and some regional work would need to be done to identify and quantify them so mitigation

measures could be put in place. Claire Riley commented that as well as this, there were also concerns about the longer term impact on mental health and there was evidence of this already.

- In response to Councillor Nisbet's earlier comment regarding the circulation of the report, Councillor Jones advised that the report had already been sent to members. Regarding the point about mental health impact, the greatest impact was being felt by those who were obeying the guidelines and were really suffering, as opposed to those flouting them.
- Councillor Bowman raised concerns about inability to access dental care and sought reassurances that this would be available soon. Liz Morgan agreed that dental services had been significantly constrained. If people needed advice they could ring their dentist, or if the situation was urgent, there were mechanisms to get support. If there was a real need for a face to face appointment then these were available, but there were risks with dental interventions and she did not know when dentistry would re-start.
- Claire Riley commented that, with regard to the communications and engagement board, there was a need to ensure a consistency of message between the different statutory organisations involved who each had their own responsibilities. The longer term behavioural changes could only be brought about through consistency of message.
- Councillor Dungworth commented that Northumbria and Newcastle Trusts had been a lot better than others in continuing with care and this needed to be recognised. Also, she felt that those people who felt more vulnerable were frightened to go out even though they were being told they could, because it was getting busy, and potentially a whole range of other mental health concerns would emerge. Northumberland had been excellent in its clear communications to residents, and she hoped this would not be watered down. Liz Morgan agreed and felt this was something that could be carried out across the North of Tyne footprint. There were concerns about a bow wave of mental health problems coming and work was ongoing on an impact assessment to deal with this. Councillor Jones advised that the plan was very much to reinforce the messages which were sent out and to make them consistent. The easing of restrictions was not a concern as long as people still obeyed the guidelines.

RESOLVED that:-

- (a) the two tests available and the various processes for testing nationally, regionally and locally be noted;
- (b) the implications for control of transmission in high risk settings arising from issues with the current mechanisms and processes for testing and the difficulties in influencing national processes be acknowledged;
- (c) the new NHS Test and Trace model and implications for the Council be noted; and
- (d) the plans for the development and governance of the council's Outbreak Control Plan be noted.

92.2 Letter from the Chief Executive to the Minister of State for Care regarding the Care Home Support Plan (Urgent Business)

Councillor Jones introduced the item (copy attached to the signed minutes), which provided a picture of activity in the last few months. There had been some initial problems around PPE and discharges from hospital and it had been a learning experience, but many things had been done very well. A lot of money had been spent to source PPE which had been very difficult, a lot of support had been provided to care homes and health care providers, day care centres had been closed to those working age adults with physical and mental issues for safety reasons but they had still been supported. She reassured members that there had been no reductions in assessments and it had been business as usual.

Cath McEvoy-Carr advised members that the letter was the result of a culmination of significant concerns raised nationally about care homes and the spread of Covid-19. The Government had requested that each local authority area do three things:

- complete a template to detail what support had been offered to which care homes on infection control, funding arrangements and clinical support
- Explain what the authority was doing to help support care homes
- Give an understanding of the financial support provided to care homes in the last 8-10 weeks.

The government had allocated a £600m infection control fund for local authorities to allocate to care homes, with 75% of this to spend specifically on infection control. The letter had had to be submitted last Friday to provide an overview of what the Council was doing. This was published on the Council's website, along with the template containing the information about the financial support provided. The care plans were now subject to regional review and would provide the Government with an understanding of what was happening in care homes alongside the capacity tracker that care homes and care providers had to be signed up to.

Councillor Dungworth paid tribute to both Council staff and care providers who had been working in extremely difficult circumstances in the last three months and had done an amazing job. She welcomed proposals for mental health support for these workers going forward. She acknowledged hindsight was easy but felt that the discharge from hospitals into care homes without testing had been a significant error of judgement. Hospitals had been protected at the expense of care homes which had only shifted the problem and made it harder to treat. She asked what plans there were to build up confidence in getting admissions to care homes back to a normal level. Cath McEvoy-Carr agreed that there had been a reduction in numbers resident in care homes as well as a reduction in those requesting admission. She advised this would be part of the recovery planning process, and would have to take into account both the national and regional agenda. There were very early plans about how to stimulate the market going forward and about how to ensure that those people who needed care home support could receive it.

Councillor Watson asked whether it was correct that 29 out of 69 elderly care homes had had coronavirus reported but none of the other care homes had had it? Cath McEvoy Carr advised that this was due to the availability of tests for those homes.

RESOLVED that the information be noted.

93. EXCLUSION OF PRESS AND PUBLIC

RESOLVED

- (a) That under Section 100A (4) of the Local Government Act 1972, the press and public be excluded from the meeting during consideration of the following item on the Agenda as it involves the likely disclosure of exempt information as defined in Part I of Schedule 12A of the 1972 Act, and
- (b) That the public interest in maintaining the exemption outweighs the public interest in disclosure for the following reasons:-

Agenda Item	Paragraph of Part I of Schedule 12A
9	3 - Information relating to (the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining the exemption outweighs the interest in disclosure because of the importance of ensuring that the Council is able to make use of commercially sensitive information shared by care providers, and because of the need to ensure that the fairness of the forthcoming procurement process is not compromised.

94. Operation Apollo - Confidential Briefing (Urgent Business)

The Committee received a confidential briefing from Paul Turner, Director of Communication at Northumberland CCG regarding patient safety and quality issues at a GP practice in the County, and proposed action by the CCG to terminate the practice's contract (copy attached to the signed minutes, coloured pink and marked "Not for Publication"). The briefing note contained exempt information of the description in paragraph of Part I of Schedule 12A - Information relating to (the financial or business affairs of any particular person (including the authority holding that information)).

Members asked a number of questions around how the current position had been reached and why assistance measures had not improved matters, capacity at other GP surgeries in the area to deal with the numbers of patients and whether any patients had been at risk. Questions were answered by Mr Turner who took on board the points which members had raised.

RESOLVED that the information be noted.

REPORT FOR CONSIDERATION BY CABINET

95. REPORT OF THE EXECUTIVE DIRECTOR OF ADULT SOCIAL CARE AND CHILDREN'S SERVICES

Procurement of Specialist Adult Care and Support Services

This report sought approval to commence a procurement exercise for specialist providers of services for people with learning disabilities, autism or a mental health condition, in line with the NCC's finance and procurement rules. It described the rationale for this, including a need to increase the number of specialist providers for people with the most complex needs (copy attached to the signed minutes as Appendix C, coloured pink and marked "Not for Publication").

The report was presented by Neil Bradley, who drew members' attention to the main points of the report.

Members asked a number of questions which were responded to by Mr Bradley.

RESOLVED that recommendations 1-5 in the Report of the Executive Director of Adult Social Care and Children's Services be approved.

CHAIR _____

DATE _____