

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, 14 July 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.

CABINET MEMBER

Dodd, R.
Jones, V.
Oliver, N.

Business Chair
Adult Wellbeing & Health
Corporate Services

ALSO PRESENT

Angus, C.
Bennett, L.M.
Hunter, P.
Lally, D.
McEvoy-Carr, C.

Morgan, L.

Scrutiny Officer
Senior Democratic Services Officer
Service Director
Chief Executive
Executive Director Adult Social Care and
Children's Services
Director of Public Health

ALSO IN ATTENDANCE

Blair, A.
Brown, S.
Mackey, J.
Nugent, D.
O'Brien, K.
Richardson, A.
Riley, C.
Rushmer, J.

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

96. MINUTES

RESOLVED that the minutes of the Health and Wellbeing OSC held on 2 June 2020, as circulated, be approved as a correct record and signed by the Chair.

It was noted that Councillor V. Jones had been in attendance..

97. DISCLOSURE OF MEMBERS' INTERESTS

Councillor T. Cessord stated that he was Treasurer of a club which had received a COVID-19 grant. Councillor S.. Dungworth stated that she was a Council representative on an organisation which had also received a COVID-19 grant. In these instances there was no personal or prejudicial interest to declare.

REPORTS FOR CONSIDERATION BY SCRUTINY

The following two reports were taken together.

98. COVID-19 Northumberland County Council Response and Recovery Planning

The Chief Executive gave a brief overview of the reports. She paid tribute to the staff who were working at home, were shielded and who were out working in the community. It was a very difficult time and there was still no end in sight.

The following points were made:-

Response

- The Covid Executive Team (Gold (strategic) Command) and Business Interruption Management Team were the local authority's emergency planning arrangements.
- These worked alongside the Local Resilience Form establishing civil and emergency response structures, partnerships and cross partner working across the region.
- Networks ensured good flow of information to and from the government.
- All actions underpinned by understanding of public health from the Director of Public Health, Public Health England and national government.
- There were four priority areas:
 - Establishing new structures and delivery
 - Delivering essential services
 - Safety and wellbeing of the staff
 - Recovery
- Community Hub (Northumberland Communities Together) provided support for the most vulnerable and particularly the 'shielded' residents. There were over 18,000 shielded residents and over 13,000 received some support or contact from the hub. Over 8,000 calls were made to vulnerable residents to check on their welfare and needs. Over 1,000 residents volunteered to support their communities,
- Business Hub processed applications for grants for local businesses and £86 million had been paid out to over 7,650 Northumberland businesses. 99.7% of applications had been processed.

- As part of the North of Tyne Combined Authority, £1.5 million to support business into recovery had been secured.
- Adult Social Care - new operating model established, including supporting hospital discharge, working differently so older and vulnerable residents did not need to go to day centres, providing front line support where required and supporting providers with funding, PPE supplies and recruitment of staff.
- A wide range of critical services continued, some in a different form including
 - Child care for key workers and support for vulnerable children
 - Refuse collection, recycling and refuse centres, and ground maintenance
 - Corporate services such as communications and customer services.

Recovery

- Regarding economic recovery an operational group had been put in place and town centres were reopening.
- Planning committees had been recommenced and were being held virtually. It was possible that the Local Area Councils may also return virtually.
- At this difficult time, the Executive Directors had all been taking a lead along with the Director of Public Health.
- Front line staff continued to deliver services.
- A lot of work needed to be done to support local businesses in tourism, caring and rural development etc. Seeking funding for a clear and prosperous future.
- Support vulnerable and unemployed, community groups, food banks. Important one to one support available. Delivery plan based around community needs.

Public Health

Liz Morgan, Director of Public Health, made the following comments:-

- Nationally cases of COVID-19 and admissions to hospital were reducing and appeared to be plateauing. Admissions to hospital continued to fall along with numbers on respiratory support as were deaths.
- Locally, 1,577 tested positive. Last 3 weeks rates of positive tests 2.81 per 100,000 to 3.43 per 100,000 which worked out at 9 - 11 people per week.
- Up to 3 July, 275 had died with COVID-19 mentioned on the death certificate. Over the last 3 weeks only 1 - 2 deaths per week. It was acknowledged that it was positive that they were falling, but tragedy for families involved.
- It was hoped that postcode data would become available on a daily rather than weekly basis and this would enable a more sophisticated and reasonable picture over the country as a whole.
- Testing had changed particularly regarding care homes who would be offered more regular testing every month.
- The COVID-19 Prevention and Control Plan was now in place and would be overseen by the Health & Wellbeing Board.
- The situation was relatively stable at present but could change very quickly. It was very important to follow guidance, maintain social distancing of two metres, continue handwashing and be alert to the symptoms, self isolating if necessary.
- It was not expected that anything would change this year without a vaccine or cure being found.

Councillor Veronica Jones, Cabinet Member Adult Wellbeing and Health, made the following comments:-

- These were unprecedented times and the report outlined the robust and comprehensive response to the pandemic.
- The Council's priorities were to respond rapidly to the evolving situation, maintain essential services, look after the staff, think about recovery.
- The Cabinet and all councillors had remained in close contact during the crisis.
- Officers had done a fantastic job in identifying PPE supplies, adapting working practices such as in adult and children's care and setting up the Community and Business Hubs.
- Over 13,000 shielded residents had been provided with support and many volunteers in the community had come forward.
- There was now an emphasis on economic recovery.
- The care sector was being monitored closely both for adults and children.

Members asked questions and the following responses were made

- The Council had been able to secure supplies of PPE and had secured arrangements for supply through to this time next year. Northumberland County Council also had a supply of buffs which would be distributed to members and staff.
- The Chief Executive was delegated to act throughout the crisis, but would always consult with Cabinet where necessary.
- There would not be a full Council meeting in September unless there was vital business.
- Meetings were ongoing on a virtual basis.
- Some visits to adults and children had been carried out virtually but there was now a move to direct visits for a high proportion. Risk assessments would be carried out regarding vulnerable adults if they were not happy to accept a direct visit.
- Face to face contact with children had been suspended but was gradually being reintroduced. Child Protection enquiries were being held face to face.
- There were no young people on remand in Northumberland.
- ECHPs continued to be assessed and educational psychologists had been very active during this time.
- Regarding two/three tier schooling this had not been a DfE priority as a higher proportion of the country was two tier. Focus had been on the educational transition points where testing would take place. There had been regular lobbying of the DfE to ensure that these schools were not left out of the equation. There was a response following the opening up of schools which was tested with small year groups. The DfE had allowed some flexibility to allow places to children who may not be in Reception, year 6 and year 10.
- There would be no wholesale testing of schools unless there was a complex outbreak. Currently transmission rates were very low and children were unlikely to be the first to get infected in their household. If there was a positive test in a school, it was unlikely that the whole school would have to isolate unless it was a very small school.
- Staff would consult with the Executive team if there was a need for a site visit with members. If a member had a specific query this would be looked at and facilitated if possible.
- As part of the recovery process it was important to consider manufacturing and food processing businesses as well as tourism and there should be some emphasis on

the small business in the south east of the county. A lot of work and discussions were ongoing with North of Tyne, Borderlands, the CBI, and Northumberland Chamber of Trade.

- Public safety was paramount and would be taken into account in considering the availability of public car parks and facilities. It was noted that the lack of facilities could prevent visitors to towns, villages and beauty spots.
- It was difficult to predict whether there would be a second wave of the virus. The worst case scenario would be that it coincided with normal winter pressures. There would be a major focus on the flu vaccine this year. Any return to lockdown measures would be driven by central government. It was important to prepare for every eventuality

RESOLVED that the reports on Northumberland County Council's response and recovery be received.

99. SERVICE CHANGES AS A RESULT OF COVID-19

Members received a presentation from the Northumberland Clinical Commissioning Group and the Northumbria Healthcare NHS Foundation Trust. Both presentations are filed with the signed minutes.

Clinical Commissioning Group - Siobhan Brown and Kate O'Brien

- Primary care response - key messages
- There were 41 practices in Northumberland which were all part of primary care networks and COVID-19 had created the opportunity to work in networks together and have strong business continuity and manage issues. Population sizes of 30,000 up to 80,000. In the primary care teams, were social care, volunteers, social prescribing, multidisciplinary teams plus health services.
- Care home support - wraparound support, training, infection control, GP alignment, 12 new services commissioned. Volumes, March - April sign drop in contact with primary care, 30% down, face to face dropped, but telephone and digital increased. Future learning, big area, Volumes already increasing, returning to normal. Pick up all those who did not present during COVID-19.
- Getting ready for year ahead.
- Mental Health - there had been an increase in use of digital technology for group work and appointments.
- A digital platform, Kooth, had been commissioned for children and young people. Low level support was offered including counselling or information about common mental health issues. 76 children had used it and been well received.
- Emotional and wellbeing support was available to care home staff through MIND and there had been a good response.
- Additional counselling support pathways had been made available for adults and children. There was currently no waiting list for children
- Rapid triaging hub set up for children with concerns about returning to school.
- A children and young people specialist would be available 24/7. 61 children and young people had accessed this pathway since its introduction.
- Two safe havens commissioned to provide 24 hour care to individuals in a crisis with learning disability, autism or both.

- Annual Health Checks were now completed virtually by community learning disability teams.
- Prevention of inappropriate admissions to hospitals and supporting timely discharges.

Northumbria Healthcare NHS Foundation Trust - Jeremy Rushmore

- The first objective of any public health incident was to prevent health services from being over-run.
- NHS England had set out formally the following actions:
 - Free up the maximum possible inpatient and critical care capacity
 - Prepare for, and respond to, the anticipated large numbers of COVID-19 Patients who would need respiratory support
 - Support staff and maximise their availability
 - Support the wider population measures newly announced by Government
 - Stress-test operation readiness
 - Remove routine burdens such as cancelling routine Care Quality Commission inspections.
- Local and regional preparations.
- Details of the following figures were provided for the period 18 March - 5 July 2020
 - Admissions and critical care admissions, current in patients and discharges
 - NSECH admissions, current inpatients and discharges
 - COVID-19 positive patients - daily bed occupancy at 8am and length of stay.
 - Current inpatients with confirmed COVID-19 Trust wide for the period 20 March - 6 July 2020
 - A&E attendances Trust wide for the period 1 April - 6 July 2020.
 - The number of in hospital deaths in April-July 2019 in comparison to the same period in 2020
- Major shift towards digital communications and telephone clinics for outpatients
- Nursing/Care Homes - 1,100 discharges 168 15% to care homes, most had been in hospital for 2 weeks.
- Risk groups for mortality, age major risk, hit deprived populations Blyth, Cramlington, Wallsend.
- Northumberland mirrored England's pattern with 2020 Pre COVID-19 figures being less than average, with seven weeks of excess deaths with COVID-19 mentioned on death certificates. Rates were now below average again
- Hospital death perspective, only slightly worse than with flu.
- Comparisons with North Tyneside, Newcastle and Sunderland
- There had been a major increase in digital and telephone communications resulting in a considerable drop in the number of miles travelled by patients.
- Tensions in the system were around modelling for the future, the science, reduced access to attendances and admissions, concerns for those not accessing services, PPE, testing and confusion leading to a lack of confidence and anxiety.
- Most of those admitted had gone home well and there were 3-5 positive cases per day currently.
- Cancer diagnostics and urgent operations have continued throughout and the Trust was reaching out to those who had been afraid or unwilling to come in.
- There had been many successes and the North East had done relatively well compared to other regions.
- This stood Northumbria in good stead for whatever happened during next winter.

- Massive transformation has been taken on by staff.
- Maintained ED performance
- Been addressing staff concerns.
- Recovery and restoration and back to normal. Working with partners and maintaining access to testing and PPE availability. Getting ready for ED attendance and to get through winters, may never get back to wideopen front doors prior to pandemic.
- Test and Trace supported, help manage flare ups, care homes, infection control and joint communications with others.
- Staff had been magnificent, very flexible and it was a privilege to work with them. Public support for local NHS held up and grown. There was a real sense of community.
- Opportunities to learn from this and build.
- Try to return to normal access to those who need it but respond in whatever way can when needed.

The following comments were made in response to questions raised by members

- Regarding Rothbury hospital, an assessment had been carried out with a view to the potential second wave of COVID-19 and the forthcoming winter months. In terms of the flexible bed model, it had been agreed, with the backing of the campaign group, to take a break over the winter to manage COVID-19.
- There had been some confusion amongst shielded and vulnerable people. Every practice had looked at their most vulnerable clients including those not on shielded list. If it was thought that they were vulnerable but not on the shielding list, they would be approached. Tended to be nursing long term conditions which were managed by nurses. Move towards long term management of conditions.
- Regarding inequalities moving forward, the System Transformation Board needed to look at reversing the findings of the Marmot report. Do risk assessment for clinical priorities and create a system to care for the most affected and vulnerable and create pathways for them as soon as possible.
- Pillar 2 testing and pop up access and postal access was working well. Hospital capacity had not been stretched. At the moment rates were low, home testing may be right way forward. Look at again if rates pick up.
- Northumberland County Council had some control over the location of mobile testing units. Public Health England would be asked to provide further data on testing results to help identify where there was an unmet need.
- Digital communication and appointments did not suit everyone and it was important to consider the needs of everyone.

RESOLVED that the presentations be received.

100. HEALTHWATCH NORTHUMBERLAND SIX MONTHLY UPDATE

Members received a presentation from Derry Nugent of Healthwatch. Presentation attached to the signed minutes.

The following comments were made:

- Pre-lockdown work
 - it was business as usual with work going ahead on the annual survey. There were 800 responses which was more diverse in terms of locality and demographic. Report to be published shortly.
 - Your Voice Fund - small grants scheme. Very pleased that the project was up and running and it had paid dividends helped engagement with ethnic communities
- During lockdown
 - Moved to remote working and worked continually throughout lockdown. Healthwatch was a statutory activity and this was taken very seriously.
 - Signposting and information service and dedicated resources. COVID-19 related questions about shielding and how to get help.
 - Really important that services communicate widely with clear messages to the public. Only used verified sources were used.
 - Worked with the County Blind Association on befriending and support services to people who were feeling isolated. This work had just finished.
 - Set up 'Tell us your Story',
 - Launched online forums in June as people were starting to talk about different issues and experience and gave opportunities to do that. Other agencies had been supportive of the forums with useful discussions.
- Lockdown and beyond
 - No face to face meetings, but when start to do this it will be risk assessed. There will be more online communication but won't 'dash to digital'. Some people don't feel it is for them. Nationally there is a campaign, 'Because we care', regarding what is wanted for the future. Pleased to hear good and bad experiences.
 - Will struggle with Enter and View' which was a statutory requirement but will look at doing it in a different way.
 - Worked with engagement and CCG regarding closure of Laburnum surgery.
 - Had a board meeting and set priorities for the next year.
 - Mental health services looking at gaps, what coming in and planned and use feedback from forums. Community and low level services
 - Experiences with COVID-19
 - Look at the localities which we hear from less often and will try to focus engagement in those areas.

RESOLVED that the presentation be received.

101. NEXT MEETING

To be arranged.

CHAIR _____

DATE _____