

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, 6 October 2020 at 1.00pm

PRESENT

Councillor J. Beynon
(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

Jones, V.

Adults Wellbeing

ALSO PRESENT

Angus, C.
Bowers, H. A.
McEvoy-Carr, C.

Morgan, L.

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

ALSO IN ATTENDANCE

Bartoli, B.
Nugent, D
Quinn, L.

Riley, C.

Robson, L.

Northumbria Healthcare NHS Trust
Healthwatch
Cumbria, Northumberland and Tyne and
Wear Healthcare NHS Trust
Cumbria, Northumberland and Tyne and
Wear Healthcare NHS Trust
Northumbria Healthcare NHS Trust

111. MEMBERSHIP

The Chair welcomed everyone to the meeting and thanked Councillor J Watson the outgoing Chair for the work he had done.

He referred members to the following changes in membership:-

Councillor J.A. Beynon (Chairman)
Councillor R.M.G. Lawrie

Replacing Councillors J.G. Watson and W. Pattison

RESOLVED that the changes to the membership of the Committee be noted.

112. FORWARD PLAN

Members received the latest Forward Plan of key decisions (enclosed with the official minutes as Appendix A).

RESOLVED that the information be noted.

REPORTS FOR CONSIDERATION BY SCRUTINY

113. COVID-19 UPDATE

Liz Morgan, Director of Public Health gave an update on the present COVID-19 situation.

The following points were made:-

- Over the last 7 days, there had been 542 confirmed positive cases, which was the highest 7-day number
- There had been an error with data transfer of 16,000 cases which had not been accounted for and currently there were 207 cases to be added to our area
- There was concern about the number of cases and the transmission into the community.
- About 40% of cases were in the 33-64 age group; 40% in the 18-30 age group and approximately 8-10% in the under 18 age group and over 65s. Numbers were increasing across all age groups
- The number of cases was largely in south east Northumberland with an increasing number of cases in the Alnwick and Amble areas and along the A69 corridor and into rural communities
- There had been a small number of outbreaks in care homes in patients and staff
- As we were entering the winter season, there would be outbreaks of diarrhoea and vomiting and other influenza symptoms
 - Over 60 school children largely in central and south east of the county had tested positive, with large numbers of children self-isolating at home. This had had a significant impact on schools
 - Some enforcement work with businesses had been carried out over the weekend with some visits to Ashington which had gone well

- The hospitality business in the region had been quiet at the weekend due to the wet weather
- Northumberland Communities Together had carried out an event in Manor Walks, Cramlington and had contacted over 400 people and identified some individuals who would benefit from help from the team
- With the introduction of the new regulations, there had been some issues of how to interpret the guidance in relation to some areas, e.g. gym classes. We needed to make sure that messages were consistent
- The NHS had seen an increase in the number of admissions, both nationally and locally of people with covid 19. Admissions were up by about a third and the impact on the NHS was predicted to be significant
- There would be direct and indirect effects on the NHS and pressure on our own workforce because of childcare etc.
- The restrictions had come with significant financial requests for support and the Government was being pursued about this

RESOLVED that the information be noted.

The following agenda item was brought forward.

114. NHS WINTER PLANNING UPDATE

Members received a presentation from Birju Bartoli, Northumbria Healthcare and Laurie Robson, Northumberland Clinical Commissioning Group. (Presentation attached to the signed minutes).

Laurie Robson, Northumberland Clinical Commissioning Group

- There had been a significant focus on partnership working with acute providers and all partners to have a robust plan across the region
- Each stakeholder had shared plans in June/July to identify any gaps
- A winter escalation plan had been prepared as best as possible, to recognise the difference between a COVID winter – a winter plan with social distancing; COVID surge – a surge in COVID case numbers and a COVID surge winter which was a combination of both of the above
- Primary care was working together to monitor the impact of COVID more robustly
- Telephone communication was to be maintained for digitally disadvantaged access
- Appointments would be extended to support the delivery of the Flu vaccine
- To ensure PPE stocks were available for ensure efficiency of services
- Focus would continue on vulnerable patients and shielding appointments prioritised
- Robust measures would be put in place for face to face appointments
- Colleagues had worked closely with the Northumberland Flu Collaborative Programme with a focus on uptake on new and previous patients
- Community Pharmacy Business Continuity Plans would be strengthened across providers
- NHS 111 patients would be signposted to the correct location and how to access urgent medication
- Appointment rotas and capacity would be maintained

Birju Bartoli, Northumbria Healthcare

- A & E attendances were back up pre COVID as these had decreased during March and April. A & E performance would continue to be monitored to protect from overcrowding to avoid the risk of infection
- Bed base and discharge arrangements needed to be maintained
- Over the next 6 months the winter plan would be fine-tuned and added pressures to the workforce would be monitored to support the plan through track and trace
- Elective work would be continued
- Infection control measures would be in place in relation to diarrhoea and vomiting, norovirus and flu as well as COVID
- The primary focus was to maintain patient safety
- Stage 1 – strong focus on length of stay with a good system in place to either move patients back to own homes or back to additional care. Escalation bed at the Bluebell unit (East Riding) to help support discharge to assess programme
- During a COVID winter, the orthopaedic ward would switch to a medical ward, this model had been used previously during the COVID peak which had proved effective. In the event of a COVID surge, the model would be flipped, with surgery and the orthopaedic ward being transferred from NSECH to Wansbeck to create more bed capacity. In the event of a COVID surge, two additional wards could be opened on the NSECH site. To accommodate this, additional building work was taking place and the discharge lounge relocated to create space on Ward 9
- The four stages outlined would be worked through depending how serious pressures were
- Staff sickness would be tracked through the track and trace
- The talk before you walk campaign had been introduced to encourage patients to call NHS 111 rather than heading to A & E
- Further system actions would be put in place and pilots evaluated in discharge around the Berwick model for ambulance arrivals
- In conclusion, the plan would be refined over time to reflect what had been learnt during the COVID period, which was very much dependent on system partners
- There would be a big push with comms messaging over the next few weeks which would go out locally to get the message out to the public, to 'do their bit'

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

- Regarding flu vaccine shortages, appointments being cancelled and if there was a plan to administer to the most vulnerable at home. The target was to ensure 100% of staff were vaccinated. There had been a good take up generally. Work was taking place with primary care colleagues with the most vulnerable to give vaccinations in their own home. The key question regarding vulnerable patients would be taken back the Northumberland Flu Programme. Regarding access, a significant amount of work had taken place at a local and regional level for access to appointments and that information could be brought back to a future committee or circulated.
- In relation to shortages at pharmacies, there was a new way of reporting to practices, which would hopefully prevent patients turning up expecting a vaccination
- Regarding discharge and plan of action, the Infection Control Team worked closely with care homes in Northumberland. During the height of COVID a number of

Webinars had been carried out to help with infection control practices. If a patient was returning to a care home who was COVID positive and medically fit, discussion would take place with the care home to see whether they were able to return back to the home and isolate for 14 days, or if unable to accommodate, an interim placement would be found before being placed back at the home

- Regarding the increase in A & E and the talk before you walk campaign – it was hoped to ensure that patients were signposted to the right place in the first instance. The talk before you walk scheme had been done as a pilot scheme in the north east and would be advertised more widely from 19 October through the media
- Regarding discharge to care homes, infection control and the standard of nursing care, reassurance was provided that there would be a full hand over from discharge to the care home. Further reassurance was provided by Cath McEvoy-Carr, Director of Adult and Children's Services that there was regular communication regarding the best way to discharge patients. If a patient was not medically fit, they would not be discharged. In addition, some care homes had facilities to isolate whereas others did not. It was further added that no patients would be discharged who were deemed unwell with symptoms.

The officers were thanked for their informative presentation.

RESOLVED that the presentation be received.

115. **CNTW – QUALITY ACCOUNT PRESENTATION**

Members received a presentation from Lisa Quinn, Executive Director of Commissioning and Quality Assurance. (Presentation attached as **APPENDIX B**).

- The presentation covered the launch of this year's Quality Account and shared the priorities for 2021
- The draft accounts had been published on the website and could be sent out separately. Any comments should be received by 30 October
- On 1 October 2019, Mental Health and Learning Disability Services for Cumbria had transferred from Cumbria Partnership NHSFT to Cumbria, Northumberland and Tyne & Wear Foundation Trust
- On transfer there were several outstanding actions from the CQC, and the Trust Board had agreed to accept those actions together with outstanding issues
- Four priorities had been set for the next three years:
 - Continue to monitor inappropriate out of area treatment
 - Continue to monitor bed occupancy on adult and older people's mental health wards
 - Implement reporting average patient days receiving out of area treatment with CNTW
 - Continue to monitor service user feedback
- The Trust were continuing to reduce out of area placements, overall, it was a pleasing picture. The Trust had experienced an increase in out of area beds during December 19 and 20 but this had improved. The Trust's ambition was to aim for a target of zero for next year.
- There had been a reduction in pressure over the last 4 quarters in the Adult and Older People Services

- Monitoring satisfaction – there had been a pleasing increase in satisfaction over the period of monitoring. Nationally, friends and family test scores had been paused during COVID but had restarted
- The second priority of improving waiting times – at the end of March 61 people had waited more than 18 weeks across the whole of the Trust. As of to date there was 1 person waiting more than 18 weeks but that was a mutual decision
- Since 30 June 2019, no young people apart from one in December had waited more than 18 weeks, but the current position was that no young people were waiting over 6 weeks in Northumberland and the average wait for a young person was 2 weeks.
- Third priority was the impact of sickness on quality – however, results had not given any correlation between sickness and quality
- Equality diversity and inclusion had been partially met, and work would continue into next year with a real focus on human rights
- Next year the Trust would continue to improve on inpatient experience, out of area treatment and improve waiting times
- A new priority focused on human rights and partners and stakeholders had been invited to a series of events. The general feedback had been that people wanted to feel listened to and communicated to with requested regular events
- The initiative was hugely ambitious with different issues for different areas with appropriate actions with engagement with service users.

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

- A member congratulated the Trust on reducing the waiting times for young people and asked what lessons had been learned. It was stated that the Trust wanted to continue to monitor access. In terms of young people, progress had been made with Young People's Services, lots of lessons and good practice learnt together with partnership working with primary care, understanding referrals, being clear about expectation with families that the young person will be supported and assessed with treatment provided and a Recovery Model. There were very long waiting lists in other Trusts and learning from the progress made in Northumberland
- Regarding emergency beds situation – this was the focus of the first priority. We are trying to ensure when that bed is needed it is accessed locally, as soon as possible. There were pressures at the moment due to COVID and was being assessed through patient pathways. Across the whole of the Trust there were 2 people presently placed out of the area.
- Regarding human rights advocates – a group had not yet been determined. There was a number of staff champions already and keen and enthusiastic service users who wanted to be involved. People's experience of human rights was different, and it was hoped that people with different settings and background would be interested. The Medical Director was leading and continued to work on the topic.

Ms Quinn was thanked for her presentation

RESOLVED that the presentations be received.

116. WORK PROGRAMME

Members considered the work programme/monitoring report for the Health and Wellbeing OSC for 2019/20. (Report attached to the signed minutes as Appendix C.)

Members were informed that reports on Newcastle Hospital Quality Accounts and COVID-19 would be presented at the meeting in November.

RESOLVED that the work programme be noted.

117. NEXT MEETING

The next meeting would take place on Tuesday 3 November at 1:00 pm.

CHAIR _____

DATE _____