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Northumberland County Council

Your ref:

Our ref:

Enquiries to: Lesley Bennett

Email: lesley.bennett@northumberland.gov.uk

Tel direct: 01670 622613

Date: Date Not Specified

Dear Sir or Madam,

Your attendance is requested at a virtual meeting of the **HEALTH AND WELLBEING OSC** to be held on **TUESDAY, 2 FEBRUARY 2021** at **1.00 PM**.

Please note this will be a “virtual meeting” that will be streamed live on our Youtube channel at [youtube.com/NorthumberlandTV](https://www.youtube.com/NorthumberlandTV)

Yours faithfully

Daljit Lally
Chief Executive

To Health and Wellbeing OSC members as follows:-

J Beynon (Chair), Rickerby (Vice-Chair), E Armstrong, T Cessford, Hutchinson, S Dungworth, Nisbet, L Bowman, E Simpson and Lawrie

Any member of the press or public may view the proceedings of this virtual meeting live on our YouTube channel at <https://www.youtube.com/NorthumberlandTV>. Members of the press and public may tweet, blog etc during the live broadcast as they would be able to during a regular Committee meeting. However, the only participants in the virtual meeting will be the Councillors concerned and the officers advising the Committee.



Daljit Lally, Chief Executive
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AGENDA

PART I

It is expected that the matters included in this part of the agenda will be dealt with in public.

1. APOLOGIES FOR ABSENCE

2. DISCLOSURE OF MEMBERS' INTERESTS

Unless already entered in the Council's Register of Members' interests, members are required to disclose any personal interest (which includes any disclosable pecuniary interest) they may have in any of the items included on the agenda for the meeting in accordance with the Code of Conduct adopted by the Council on 4 July 2012, and are reminded that if they have any personal interests of a prejudicial nature (as defined under paragraph 17 of the Code Conduct) they must not participate in any discussion or vote on the matter.

NB Any member needing clarification must contact the Legal Services Manager on Tel: 01670 623324. Please refer to the guidance on disclosures at the rear of this Agenda letter.

3. FORWARD PLAN

To note the latest Forward Plan of key decisions. Any further changes to the Forward Plan will be reported at the meeting.

4. HEALTH AND WELLBEING BOARD

(Pages 1
- 12)

The minutes of the Health & Wellbeing Board held on 12 November 2020 and 10 December 2020 are attached for the scrutiny of any issues considered or agreed there.

5. COVID 19 UPDATE (CCG AND NORTHUMBRIA HEALTHCARE NHS TRUST)

(Pages
13 - 48)

To receive presentations from the Clinical Commissioning Group and Sir James Mackey, Chief Executive Officer, Northumbria Healthcare NHS Trust.

6. NORTHUMBRIA NHS TRUST CANCER PERFORMANCE AND IMPACT OF COVID 19

(Pages
49 - 70)

To receive a presentation from Dr. Robin Hudson, CCG Medical Director and Clinical Lead for Cancer and Amanda Walshe, Lead Cancer Nurse, Northumbria Healthcare NHS Trust.

7. HEALTH AND WELLBEING OSC WORK PROGRAMME

(Pages
71 - 86)

To consider the work programme/monitoring report for the Health and Wellbeing OSC for 2019/20.

8. URGENT BUSINESS

To consider such other business as, in the opinion of the Chair, should, by reason of special circumstances, be considered as a matter of urgency.

9. DATE OF NEXT MEETING

The next remote meeting is scheduled to be held on Tuesday, 2 March 2021.

IF YOU HAVE AN INTEREST AT THIS MEETING, PLEASE:

- Declare it and give details of its nature before the matter is discussion or as soon as it becomes apparent to you.
- Complete this sheet and pass it to the Democratic Services Officer.

Name (please print):
Meeting:
Date:
Item to which your interest relates:
Nature of Registerable Personal Interest i.e either disclosable pecuniary interest (as defined by Annex 2 to Code of Conduct or other interest (as defined by Annex 3 to Code of Conduct) (please give details):
Nature of Non-registerable Personal Interest (please give details):
Are you intending to withdraw from the meeting?

1. Registerable Personal Interests – You may have a Registerable Personal Interest if the issue being discussed in the meeting:

a) relates to any Disclosable Pecuniary Interest (as defined by Annex 1 to the Code of Conduct); or

b) any other interest (as defined by Annex 2 to the Code of Conduct)

The following interests are Disclosable Pecuniary Interests if they are an interest of either you or your spouse or civil partner:

(1) Employment, Office, Companies, Profession or vocation; (2) Sponsorship; (3) Contracts with the Council; (4) Land in the County; (5) Licences in the County; (6) Corporate Tenancies with the Council; or (7) Securities - interests in Companies trading with the Council.

The following are other Registerable Personal Interests:

(1) any body of which you are a member (or in a position of general control or management) to which you are appointed or nominated by the Council; (2) any body which (i) exercises functions of a public nature or (ii) has charitable purposes or (iii) one of whose principal purpose includes the influence of public opinion or policy (including any political party or trade union) of which you are a member (or in a position of general control or management); or (3) any person from whom you have received within the previous three years a gift or hospitality with an estimated value of more than £50 which is attributable to your position as an elected or co-opted member of the Council.

2. Non-registerable personal interests - You may have a non-registerable personal interest when you attend a meeting of the Council or Cabinet, or one of their committees or sub-committees, and you are, or ought reasonably to be, aware that a decision in relation to an item of business which is to be transacted might reasonably be regarded as affecting your well being or financial position, or the well being or financial position of a person described below to a greater extent than most inhabitants of the area affected by the decision.

The persons referred to above are: (a) a member of your family; (b) any person with whom you have a close association; or (c) in relation to persons described in (a) and (b), their employer, any firm in which they are a partner, or company of which they are a director or shareholder.

3. Non-participation in Council Business

When you attend a meeting of the Council or Cabinet, or one of their committees or sub-committees, and you are aware that the criteria set out below are satisfied in relation to any matter to be considered, or being considered at that meeting, you must : (a) Declare that fact to the meeting; (b) Not participate (or further participate) in any discussion of the matter at the meeting; (c) Not participate in any vote (or further vote) taken on the matter at the meeting; and (d) Leave the room whilst the matter is being discussed.

The criteria for the purposes of the above paragraph are that: (a) You have a registerable or non-registerable personal interest in the matter which is such that a member of the public knowing the relevant facts would reasonably think it so significant that it is likely to prejudice your judgement of the public interest; **and either** (b) the matter will affect the financial position of yourself or one of the persons or bodies referred to above or in any of your register entries; **or** (c) the matter concerns a request for any permission, licence, consent or registration sought by yourself or any of the persons referred to above or in any of your register entries.

This guidance is not a complete statement of the rules on declaration of interests which are contained in the Members' Code of Conduct. If in any doubt, please consult the Monitoring Officer or relevant Democratic Services Officer before the meeting.

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NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

At a remote meeting of the **Health and Wellbeing Board** held on Thursday, 12 November 2020.

PRESENT

Councillor R.R. Dodd
(Chair, in the Chair)

BOARD MEMBERS

Brown, S.
Dungworth, S.
Firth, R.
Jones, V.
Lothian, J.
Mead, P.

Morgan, E.
Renner-Thompson, G.
Riley, C. (substitute member)
Thompson, D.
Travers, P.
Warrington, J. (substitute member)

ALSO IN ATTENDANCE

Bridges, A.
Todd, A.

Head of Communications
Democratic Services Officer

57. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor H.G.H. Sanderson, N. Bradley, J. Mackey, C. Briggs, C. McEvoy-Carr, G. Syers, C Wardlaw and Councillor J. Watson.

58. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on Thursday, 8 October 2020, as circulated, be confirmed and signed by the Chair.

59. ITEM FOR DISCUSSION

59.1 REPORT OF THE DIRECTOR OF ADULT SOCIAL CARE AND CHILDREN'S SERVICES

Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan

Ch.'s Initials.....

Members were provided with an update on the epidemiology of COVID 19 in Northumberland and developments with the Council's COVID 19 Outbreak Prevention and Control Plan. (Report filed with the signed minutes as Appendix A).

Liz Morgan, Director of Public Health, introduced the report and updated Members on the latest figures and actions agreed in response to the increasing rates of infection being seen in Northumberland:-

- There had been a rapid escalation in the number of cases seen in Northumberland. As of today, there had been 902 cases recorded over the past seven days with a 281.6 case rate percentage. It was believed that this rise was due to a population behaviour change. Officers were examining the data and comparing the cases to those of a few weeks ago to see if any patterns were emerging.
- It was noted that the rise in cases were a concern to all. The NHS was under a reasonable amount of pressure at the minute both in primary care and locally. Also, across the region there were some hospital trusts under acute pressure.
- It was reported that the cases now being seen could translate into a possible increase in hospital admissions within the next few weeks.
- It was noted that the country was now within a period of lockdown. All discussions that had been taking place regarding whether the region should be moving into the very high restrictions had been paused. It was envisaged discussions would be restarted before the current lockdown was to end on 2 December. However, it was noted that discussions would be regarding data nearly a week old which could result in Northumberland having a limited amount of time to demonstrate if the lockdown had worked and cases were falling. It was reported that based on the rate of infection the county was seeing at the minute, Northumberland would struggle to stay within the high tier from 2 December.
- In terms of testing, there was now an increase being reported in testing rates which coincided with increased transmission. There were about 7,500 tests being carried out a week through the pillar 2 testing process.
- Two more local testing sites had been established in Berwick upon Tweed and Hexham and the mobile testing units would be moving to Morpeth and Alnwick. It was hoped these additional sites would open up further accessible testing to people in more rural areas.
- It was reported that the testing rates at the Ashington and Blyth sites remained quite buoyant. Data from all of the testing sites would continue to be analysed to see if a compensating reduction elsewhere was being seen or if it was a real increase in general testing uptake.
- With regard to lateral flow tests, it was reported that the northeast was to look at using those to test in a number of very specific circumstances. One way would be to support care home visiting and hopefully enable more flexibility in how the care home visiting process ran. The second group of individuals hoping to gain from this test would be domiciliary care and other support staff going in to provide personal care and support to vulnerable people in their own homes. And finally, it was hoped to use the lateral flow tests for more regular testing of care home staff alongside the pillar 2 testing. This would help to evaluate how well the lateral flow device worked compared to the PCR testing.
- Regarding mass testing of whole populations, officers were waiting the full outcome of the Liverpool testing pilot. It was noted that for people to receive

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their results from mass testing and that of the lateral flow test the individual would need to download an app onto a smart phone. Then the results would need to be inputted into the app which would then connect with the NHS Test and Trace. However, it was acknowledged that one in five people in England do not have a smartphone which would immediately exclude a significant proportion of the population from being able to take advantage of these processes.

- Care homes remained the highest priority in terms of vulnerable populations. There were increasing numbers of cases in staff and residents but not too many outbreaks. At present there were three quite large outbreaks currently being managed with support from the Infection Prevention Control Team.
- From an educational setting it continued to be very busy and the number of cases in staff and pupils increased by a third over the last week from the seven days prior. The Public Health Team continued to support and work with schools.
- Work was taking place to determine which businesses could open and which were essential during this period of lockdown. Businesses had been able to find alternative ways to operate through click and collect and deliveries. However, it was felt that some businesses were exploiting the regulations in order to stay open.
- It was stated that there had been a number of candidate vaccines undergoing phase 3 clinical trials. This was very good news although it was stressed that there was still a long process before any vaccine would be approved and licensed.

Members of the board made several comments, which included:

- In response to a comment, it was confirmed that an updated visiting policy for care homes had been circulated and included guidance as to how inside spaces could be used to facilitate visitors. It was hoped that this would be a more compassionate approach to care home visiting. The new care home visiting guidance would give more flexibility around visitors, the number of people who could visit, the circumstances under which they could visit and how to do that in a safe way. It was confirmed that a pilot of visitor testing to care homes using the lateral flow tests would hopefully be up and running by the beginning of December. These tests would initially be aimed at visitors to care homes and then extended to other key members of staff.
- Members discussed the heartbreaking experiences of families and care home residents who had not been able to see one another during the pandemic.
- It was recommended that reinstating visitors to care homes needed to be made a top priority. Issues such as not have enough outdoor space or additional funds to help establish care home visits in a safe way could disadvantage some and could result in families still not being able to see one another. It was suggested that help and support be provided to all care homes across the sector to ensure no one was disadvantaged simply because of which care home they resided in. It was confirmed that there was a constant dialogue with care homes and support would continue to be offered to all. However, the overall decision regarding allowing visitors into care homes would be with the individual care homes themselves.
- A query was raised regarding whether the funds provided from central government to help support local authorities during COVID 19 could be used to help care homes with any physical structures or other provisions needed in order to enable them to allow residents to receive visitors in a safe way. It was confirmed that officers would

explore this and discuss some of the inexpensive or innovative ways that could be made available to help care homes to operate a visiting scheme.

- Comments were received regarding the Healthwatch Northumberland Forum meeting held yesterday that discussed care home visiting and provided first-hand experiences from those struggling with not being able to see or hear family or friends. It was suggested that the report following yesterday's meeting be made available to all for information.

RESOLVED that the report and comments made, be noted

59.2 POPULATION HEALTH MANAGEMENT

Members received a presentation from Siobhan Brown, Chief Operating Officer and Claire Riley, Executive Director of Communications and Corporate Affairs (NHCT) on population health management (a copy of the presentation is enclosed as Appendix B).

The presentation covered the following points:-

- An explanation of population health management and how it would help deliver the Health and Wellbeing Board Strategy.
- The benefits of a population health management approach including how it would help to understand and address inequalities in health.
- Understanding how COVID 19 would impact on population health management and possible new emerging inequalities because of the pandemic.
- The approach would be people centred and build on the infrastructure already in place across the health and care setting.
- Work had already started on identifying at risk groups to establish where this approach could intervene to stop and ask people what mattered to them, what they wanted from the system and what would help and enable their lives to be better.
- How to utilise the System Transformation Board to address issues at a system level.
- By what means population health management would help to understand wider determinants.
- The need to continue to engage with all sectors, partners, schools and all hard to reach groups.
- The goals and actions needed to achieve population health management.
- An update on the work that had taken place over the last six months on the engagement infrastructure was provided. It was reported that the engagement plan had now been endorsed by the System Transformation Board. It was suggested that the new model of engagement be brought to a future meeting of the board for information.
- It was confirmed that the Health and Wellbeing Board would monitor progress made and receive regular performance reports on a quarterly basis.

RESOLVED that:-

- (a) the presentation be received, and
- (b) regular progress updates be received by the Health and Wellbeing Board on a quarterly basis.

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59.3 COMMUNICATIONS AND ENGAGEMENT SUB-GROUP

The Health & Wellbeing Board agreed that communications and engagement relating to COVID-19 should now be dealt with as a regular agenda item at future Board meetings. It was envisaged this would reduce the number of meetings where the same information was being presented to the same participants and help balance the work of all more efficiently during this challenging time.

Ann Bridges, Head of Communications then gave a communications and engagement update (a copy of which has been filed with the signed minutes). The update included:-

- Members had the opportunity to listen to the latest radio campaign.
- The communication postcard had been sent to all residents and been well received. Planning had already commenced on the next update of the postcard.
- The Outbreak Plan continued to be working well and officers continued to be very responsive to issues, particularly those in care homes and schools.
- Partnership work continued to be successful.
- Communications would be supporting the Trust to deliver their winter campaigns.
- Regional and national messaging on lockdown and what that means for Northumberland residents would continue.
- Details on the information being made available regarding what support was available for residents. Also, the support available for businesses.
- The need to keep informing and educating all to reduce the level of lockdown fatigue setting in.
- Continued work to keeping staff safe and informed, delivering essential services, and acting as county ambassadors.

Members were informed of a new initiative to recruit local COVID 19 community champions. It was reported that the council was to encourage residents, workplace representatives and community and voluntary groups to sign up to become Northumberland Community Champions to help share the latest government advice and coronavirus guidance with their local community, friends and family, in their workplaces and on social media. It was hoped the Champions would help to advise others about how to stay safe during the ongoing pandemic and reduce the spread of the virus. It was suggested an email be sent to all County Councillors and Town and Parish Councillors (via their clerks) to invite them to become COVID Champions. It was recommended that the Communications Team contact Healthwatch Northumberland to see if any of their contacts would also like to be involved in becoming Champions.

RESOLVED that:-

- (a) the information be noted, and
- (b) all communications and engagement relating to COVID 19 be included within the Health and Wellbeing Board instead of being reported to the Communications and Engagement Sub Group.

60. HEALTH AND WELLBEING BOARD – FORWARD PLAN

Ch.'s Initials.....

Liz Morgan, Director of Public Health presented the Health and Wellbeing Board Forward Plan (a copy of which has been filed with the signed minutes as Appendix C).

Members requested the following be included in the Forward Plan for consideration at future meetings:-

- Care Home Quality Report. Also, for the report to include residents own views.
- Healthwatch Northumberland Annual Plan (July 2021)
- System Transformation Board's New Engagement Plan model
- Population Health Management – quarterly progress updates
- Child and Adolescent Mental Health Report

RESOLVED that the forward plan be noted.

61. DATE OF NEXT MEETING

RESOLVED that the next meeting will be held remotely on Thursday, 10 December 2020 at 10.00 a.m.

CHAIRMAN _____

DATE _____

NORTHUMBERLAND COUNTY COUNCIL
HEALTH AND WELLBEING BOARD

At a remote meeting of the **Health and Wellbeing Board** held on Thursday, 10 December 2020.

PRESENT

Councillor R.R. Dodd
(Chair, in the Chair)

BOARD MEMBERS

Bailey, M. (substitute member)	McEvoy-Carr, C.
Brown, S.	Renner-Thompson, G.
Dungworth, S.	Riley, C. (substitute member)
Jones, V.	Thompson, D.
Lothian, J.	Travers, P.
Mead, P.	Warrington, J. (substitute member)

ALSO IN ATTENDANCE

Brown, J.	Consultant in Public Health
Bridges, A.	Head of Communications
Hush, Y.	Public Health Manager
Taylor, M.	Director - Business Development (Care Services)
Todd, A.	Democratic Services Officer

62. APOLOGIES FOR ABSENCE

Apologies for absence were received from N. Bradley, C. Briggs, R. Firth, J. Mackey, E. Morgan, Councillor H.G.H. Sanderson, G. Syers, C. Wardlaw and Councillor J. Watson.

63. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on Thursday, 12 November 2020, as circulated, be confirmed and signed by the Chair.

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64. ITEMS FOR DISCUSSION

64.1 REPORTS OF THE DIRECTOR OF ADULT SOCIAL CARE AND CHILDREN'S SERVICES

(a) Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan

Members were provided with an update on the epidemiology of COVID 19 in Northumberland and developments with the Council's COVID 19 Outbreak Prevention and Control Plan. (Report filed with the signed minutes as Appendix A).

Jim Brown, Consultant in Public Health introduced the report and updated Members on the latest figures and actions agreed in response to the increasing rates of infection being seen in Northumberland:-

- It was suggested that positive cases were plateauing and this seemed to be true across North of Tyne and in other parts of the North East.
- Northumberland was seeing a change in the geography of where positive cases were now being reported. In the south east of the county case rates had decreased. However, in the west of Northumberland there had been a significant increase in positive cases.
- The area of Haltwhistle had seen a very high rate of cases with this partly being down to a number of discrete outbreaks. It was noted that a mobile testing unit had been established in Haltwhistle to increase the ability of people with symptoms to access testing. It was advised that a communication and engagement exercise to inform all on the new testing site was taking place.
- It was reported that the data were now showing a reduction of positive cases within schools.
- Testing rates remained stable.
- There had been a reduction in the number of positive cases in the 65+ and 75+ age groups.
- The number of new notifications of positive results in care homes seemed to be decreasing in the past few weeks.
- Lateral flow testing to enable visits to a care homes had started although it was stressed that this was a risk reduction exercise with PPE and infection prevention measures still needing to be adhered to.
- The potential for visitors to be able to see loved ones in care homes was seen as a very positive step after what had been a very stressful time for not only family and friends but care home residents.
- A regional approach to the use of targeted rapid community testing was being developed as part of the work of the LA7 which would focus on economic recovery (focused testing in strategic and/or high risk workplaces), communities (those in contact with the most vulnerable groups) and staff (to support business continuity in key operational frontline public sector staff). It was noted that the NHS Trusts were already testing their own staff.
- Testing in Domiciliary Care was to be rolled out to domiciliary care staff on a weekly basis.
- It was reported that the first batch of the Pfizer vaccines would be delivered to the hub at North Tyneside General Hospital, the second to Wansbeck, and the third to

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NSECH. This would then be repeated until either the vaccine became more portable or another was used. Priority would be given to in patients and outpatients who were over 80, then care home staff and NHS frontline staff.

- It was advised that there would also be capacity issues that would need to be resolved in order to deliver the vaccine, to create a regional test and trace system and roll out targeted rapid community testing.
- It was believed that the area probably would remain in Tier 3 from 16 December.
- It was stressed that everyone should continue to get tested if they develop any of the main symptoms of COVID 19.
- The concern that the Christmas break could result in an increase in cases and admissions to hospitals in January.

Members of the board then made several comments, which included:

- In response to a question raised it was confirmed that the positive cases in Haydon Bridge had been from an outbreak at the local high school together with an increase in community transmission in the area. It was noted that work was still ongoing with the school and local community to offer support and guidance to all regarding COVID 19 issues.
- Regarding the 16 December decision, discussion took place regarding the implications for businesses if the area remained in Tier 3. But also the confusion and mixed messages that could result from constantly changes rules and guidance to the public if the decision was to move to Tier 2.
- It was noted that at present there was no plan to produce any certification that a person had been given the Pfizer vaccine but it was noted that stringent medical records were always kept.

RESOLVED that:-

1. the report be noted;
2. the infection rate in Northumberland and current issues, be noted;
3. comments on the progress of the local COVID 19 Outbreak Prevention and Control Plan be noted, and
4. the approach being taken for rapid community testing be supported.

(b) Update on Mental Health and Wellbeing in Northumberland

Members were provided with an update from Yvonne Hush, Public Health Manager on mental health and wellbeing in Northumberland including (potential) impact of COVID 19 on mental health and wellbeing. (Report filed with the signed minutes as Appendix B).

It was reported that there had been progress made since the Director of Public Health's Annual Report 2018. This included development of an ACE Aware Plan; support for schools to adopt whole-school approaches promoting mental health and wellbeing; prioritising mental wellbeing in the workplace as part of the North East Better Health at Work Award; initiatives which increased social connectedness (being innovative due to COVID 19); and a cross sector commitment to prevention through the Prevention Concordat for Better Mental Health. Strong partnership working had also enabled a prompt response to increase capacity and ensure the right response to support mental health and wellbeing.

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The report referred to an initiative being developed for barbers and hair professionals to have special training on mental health issues, given that most men will come into contact with them. It was suggested that gyms may be another possible option for this type of approach, while also seeking assurances that there was as much work going on in schools that catered for boys as there was for girls. It was confirmed that work had been taking place in schools with a focus on building resilience in younger children. It was also reported that most schools in the county now had a designated mental health lead following an educational psychologist being appointed to roll out the wellbeing for education training programme. It was hoped the programme would support staff working in schools and colleges to respond to the additional pressures some children and young people may be feeling as a direct result of the pandemic, as well as to any emotional response they or their teachers may be experiencing from bereavement, stress, trauma or anxiety over the past months.

A query was raised regarding the voluntary sector and whether any additional funding would be made available to help the sector meet the extra demand following the pandemic. It was reported that work was taking place to consider how to support the community sector in order to be able to maintain continuing support. It was acknowledged that the pandemic had and would continue to have an effect on people's mental health. However, it was reassuring to note the excellent partnership working already taking place in Northumberland.

Board Members agreed to continue to support the Prevention Concordat for Better Mental Health.

RESOLVED that:-

1. the report be noted;
2. progress made on Recommendations in Director of Public Health Annual Report 2018- Mental Wealth be noted;
3. feedback from our Services/Providers in the attached Mental Health Scoping Paper including new ways of working during COVID 19 be noted, and
4. comments made on local response to provide extra capacity and the right response to support mental health and wellbeing be noted.

64.2 COMMUNICATIONS AND ENGAGEMENT SUB-GROUP

Ann Bridges, Head of Communications gave a communications and engagement update (a copy of which has been filed with the signed minutes). The update included:-

- It was noted that the Communications Team continued to support the Wraparound Groups.
- Posters had been produced for the shops in Haltwhistle and Haydon Bridge to help inform all of the COVID guidance. There had also been work to promote the new mobile testing unit being established at Haltwhistle.
- It was stressed that the Communications Team continued to build on and create new means of getting the consistent messages to members of the public.
- The North East LA7 behaviour change campaigns had been launched. The campaign was using real people in videos and photographs in real life settings. It

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was reported that care had been taken to lead on the insight work and what people had told the campaign and the reasons for it.

- Additional insight work was planned around care homes specifically. Work was to extend over the LA7 and include questions about vaccination and any potential barriers. It was hoped that this work would resonate with local populations and be made available to GP practices.
- The need for all partners and stakeholders to share the message as widely as possible.
- The positive response to the Northumberland Community Champions and the work that they were undertaking.

RESOLVED that the information and work of the Communications Team be noted.

65. HEALTH AND WELLBEING BOARD – FORWARD PLAN

Members were presented with the Health and Wellbeing Board Forward Plan (a copy of which has been filed with the signed minutes as Appendix C).

RESOLVED that the forward plan be noted.

66. DATE OF NEXT MEETING

RESOLVED that the next meeting will be held remotely on Thursday, 14 January 2021 at 10.00 a.m.

CHAIRMAN _____

DATE _____

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Northumberland
Clinical Commissioning Group

Health & Wellbeing Board Overview & Scrutiny Committee COVID-19 Update

2 February 2021

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Agenda Item 5

General Practice Capacity

- GP Practices continue to complete twice-weekly SitReps for CCG to monitor issues and provide proactive support and advice
- Additional support from NHSE/I – General Practice COVID Capacity Expansion Fund (£150m nationally)
- Increased income protection and flexibility given to General Practice from NHSE/I to free up capacity to deliver COVID-19 vaccination programme
- Practices following BMA/RCGP guidance on prioritisation of routine services in response to escalating COVID-19 pressures and local prevalence
- CCG continues to meet weekly with PCNs to support and advise



General Practice Capacity

Practice levels/rags for each category

PCN	Category		Oct-20				Nov-20					Dec-20					Jan-20											
			2020-10-19	2020-10-21	2020-10-26	2020-10-28	2020-11-02	2020-11-04	2020-11-09	2020-11-11	2020-11-16	2020-11-18	2020-11-23	2020-11-25	2020-11-30	2020-12-02	2020-12-07	2020-12-09	2020-12-14	2020-12-16	2020-12-23	2020-12-30	2021-01-04	2021-01-06	2021-01-11	13/01/2021	18/01/2021	20/01/2021
Northumberland CCG	Practice STAFFING and ABSENCE levels	1- Enough staff to cope with patient demand	21	22	29	29	29	31	25	24	30	31	30	29	32	30	32	28	29	28	27	25	21	20	25	24	27	27
		2- Some staff absences, but able to cope with patient demand	16	16	9	9	10	8	11	14	9	8	8	8	4	7	7	9	8	9	7	13	11	12	9	10	7	7
		3- Significant staff absences affecting ability to meet demand	1	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	1	1	2	2	1	1	1
		No Sitrep Received	1	0	1	1	0	0	3	1	0	0	1	2	2	1	0	2	2	2	4	0	4	3	1	2	2	2
		Total	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	37	37	37	37	37	37
	Rating of current PATIENT DEMAND	1- No difficulties meeting patient demand	28	28	27	27	32	33	31	32	31	30	29	29	30	30	30	28	32	32	26	30	26	27	29	28	30	30
		2- Some difficulties meeting patient demand	9	10	10	10	6	5	5	6	8	9	9	8	7	8	9	9	5	5	9	9	7	7	7	7	5	5
		3- Significant difficulties meeting patient demand	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		No Sitrep Received	1	0	1	1	0	0	3	1	0	0	1	2	2	1	0	2	2	2	4	0	4	3	1	2	2	2
		Total	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	37	37	37	37	37	37
	Practice SERVICE levels	1- All services are available	37	39	37	38	38	39	36	37	38	37	37	35	35	36	37	36	35	35	33	37	31	32	34	33	34	33
		2- We are considering standing down some core contracted services	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0
		3- We have stood down some core contracted services	0	0	0	0	1	0	0	1	1	2	1	2	2	2	2	1	2	2	2	2	1	2	1	2	1	2
		No Sitrep Received	1	0	1	1	0	0	3	1	0	0	1	2	2	1	0	2	2	2	4	0	4	3	1	2	2	2
		Total	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	37	37	37	37	37	37
	Ability to meet HOT PATIENT DEMAND	1- No difficulties meeting patient demand	35	37	37	37	37	37	35	37	38	39	37	35	35	36	37	35	35	35	31	36	31	30	33	32	32	32
		2- Some difficulties meeting patient demand	2	2	1	1	2	2	1	1	1	0	1	2	2	2	2	2	2	2	3	2	2	3	2	2	3	3
		3- Significant difficulties meeting patient demand	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	1	1	0	0
		No Sitrep Received	1	0	1	1	0	0	3	1	0	0	1	2	2	1	0	2	2	2	4	0	4	4	1	2	2	2
		Total	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	37	37	37	37	37	37
	Availability of PPE supplies	1- No difficulties accessing PPE supplies	38	38	38	37	37	37	36	38	39	39	38	37	37	38	38	36	36	36	34	38	31	33	36	35	35	35
		2- Some difficulties accessing PPE supplies	0	1	0	1	2	2	0	0	0	0	0	0	0	0	1	1	1	1	1	1	2	0	0	0	0	0
		No Sitrep Received	1	0	1	1	0	0	3	1	0	0	1	2	2	1	0	2	2	2	4	0	4	4	1	2	2	2
		Total	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	37	37	37	37	37	37
ESCALATION LEVEL		1- Business as usual	27	28	33	34	35	36	32	32	33	33	31	29	33	34	35	33	34	33	29	30	26	26	28	27	29	28
	2- Some unexpected pressures but managed internally	11	11	5	4	4	3	4	6	6	6	7	8	4	4	4	4	3	4	6	9	7	8	8	8	6	7	
	No Sitrep Received	1	0	1	1	0	0	3	1	0	0	1	2	2	1	0	2	2	2	4	0	4	3	1	2	2	2	
	Total	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	37	37	37	37	37	37	



Acute Surge Management

- Generally a 2-3 week lag from case identification to admission
- Peak of 2nd wave in terms of cases was 4th/5th Jan (also 27th Dec due to Bank Holiday reporting lags)
- Peak in admitted patients est. 19th/20th Jan as a result
- Some elective procedures have been cancelled to manage demand
- FTs are enacting Winter Plans and surging capacity across system
- Working with CNTW to manage significant bed pressures (non-COVID)
- COVID related staff absence (vaccination side-effects / asymptomatic staff testing – on-going risk)
- Daily system-wide surge calls – CCG, FTs, NEAS etc. to respond quickly to situation



Care Homes / Hospital Discharge

- Joint Outbreak Control Group (LA/CCG/NHCFT) managing outbreak situation in Care Homes
- Vaccination programme running alongside to vaccinate residents – national target of 24th January to complete Care Home vaccination
- Infection Prevention and Control (IPC) support for Care Homes continues to be provided by NHCFT IPC Team
- Designated setting commissioned for discharge of COVID +ive patients for 14-day isolation before return to own Care Home
- Additional options for designated discharge being investigated should need arise for increased capacity.



'Long' COVID / Oximetry@Home / CVW

- Following national instruction to stand-up services
- Working with FTs across the ICP to deliver 'Long' COVID clinics in **secondary care**
- Oximetry@Home – SOP developed and rolled out across **primary care** in Northumberland
- Oximeters delivered and distributed to practices during December
- Evidence constantly emerging and developing to refine service specifications
- COVID Virtual Wards (CVW) – national initiative to increase remote monitoring capacity of **secondary care** patients who are dealing with after-effects of COVID infection – CCG clinical leads liaising with respiratory colleagues at FTs to understand demand and timetable for roll-out of service.



System working to maximise capacity

- National guidance under Command & Control structure (NHS Level 4 Incident) in response to UK moving to Level 5 on COVID-19 Alert System.
- Describes further actions NHS should take to avoid services becoming overwhelmed – emphasising the **N** in **National** Health Service
- Calls for collaboration in local and regional systems, and between regions where necessary in areas of most significant demand
- Actions include: pooled waiting lists for urgent elective activity (P1, P2, Cancer), inter-regional transfers of patients to specialist facilities, maximising Independent Sector capacity to support local systems, inter-regional Ambulance diverts to manage flow
- Positive examples of our ICS and ICP providing mutual aid to regional and national system in response to situations in North Cumbria and London & the South East.



Next Steps

- Continue to collaborate across ICP, ICS, and NEY region to ensure system capacity is maximised in order to meet demand
- Continued collaboration between LA/CCG/FT partners to enable smooth hospital discharge to designated settings and avoid delays in transfers of care
- General Practice to continue to collaborate and support each other across PCN and locality footprints in order to respond to demand from routine non-COVID and 'hot' COVID activity
- Continued expansion of General Practice capacity, making use of national support mechanisms, to enable continued focus on routine monitoring of LTCs and new services (e.g. Oximetry@Home) whilst also maximising capacity to deliver COVID-19 vaccination programme at PCN level





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THE
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PEOPLE CARING FOR PEOPLE



Presentation to the Overview and Scrutiny Committee Covid:19 Update

Sir James Mackey, CEO

building a caring future

HOSPITAL | COMMUNITY | HOME

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Update

- Covid update
 - Hospital & community figures
 - Vaccine update
 - Challenges
- General update
- Strategic intent beyond Covid...
- Thanks



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Update on covid numbers

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NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST

Covid-19 Inpatient Tests

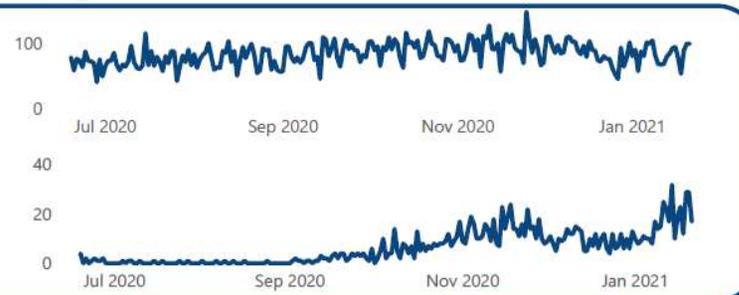
As submitted to PHE/CHESS on 21/01/2021

All patients

100 admitted patients **tested** for COVID-19 where the result was reported in the past 24 hours

17 admitted patients with new **lab confirmed** COVID-19 where the result was reported in the past 24 hours

Daily

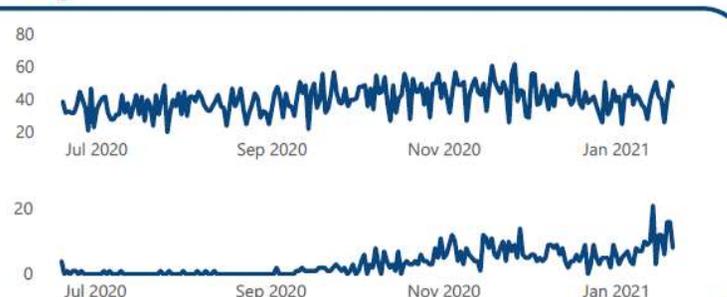


Patients aged 75+

48 admitted patients **tested** for COVID-19 where the result was reported in the past 24 hours

8 admitted patients with new **lab confirmed** COVID-19 where the result was reported in the past 24 hours

Daily



Tested for COVID-19: Covid tests identified using Nervecentre, patients in hospital identified using PAS.

New lab confirmed COVID-19: Covid positive results identified using Telepath, patients in hospital identified using PAS.

Nervecentre: updated at 21/01/2021 08:00:00

PAS: updated at 21/01/2021 09:14:00

Telepath: updated at 21/01/2021 08:00:00

21/01/2021

Produced by: Information Services - Analysis & Reporting

Produced by: Peter Blanks

Checked by: Paul Thompson

CHESS infographic.pbix

NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST

Admitted patients with new lab confirmed COVID-19 where the result was reported in the past 24 hours

Total for the previous 7 days

As submitted to PHE/CHESS up to 21/01/2021



Covid positive results identified using Telepath, patients in hospital identified using PAS.

PAS: updated at 21/01/2021 09:14:00

Telepath: updated at 21/01/2021 08:00:00

21/01/2021

Produced by: Information Services - Analysis & Reporting

Produced by: Peter Blanks
Checked by: Paul Thompson
CHESS infographic (additional reports).pbix



Bed Occupancy Trustwide

NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST
COVID-19: Bed Occupancy as at 21/01/2021 at 08:00am

% Occupancy: ● ≤82% ● >82% & <90% ● ≥90%



COVID positive patients identified using Telepath, current location of COVID positive patients identified using Nervecentre, total occupancy and availability from PAS

Nervecentre: updated at 21/01/2021 08:00:00

PAS: updated at 21/01/2021 09:14:00

Telepath: updated at 21/01/2021 08:00:00

21/01/2021

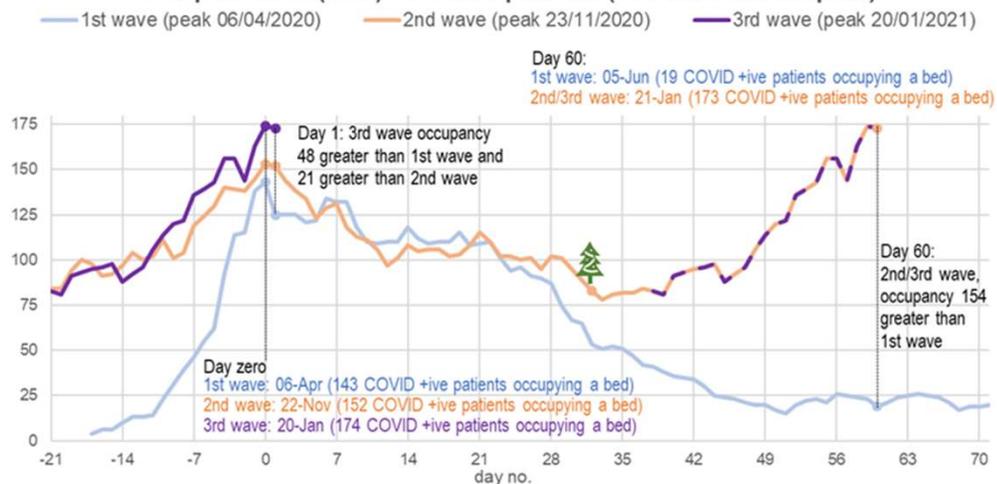
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Checked by: Paul Thompson

COVID-19 Bed Occupancy Infographic.pbix

Occupied beds (8am) - COVID+ patients (indicated on Telepath)



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COVID+ deaths (COVID status indicated on Telepath)



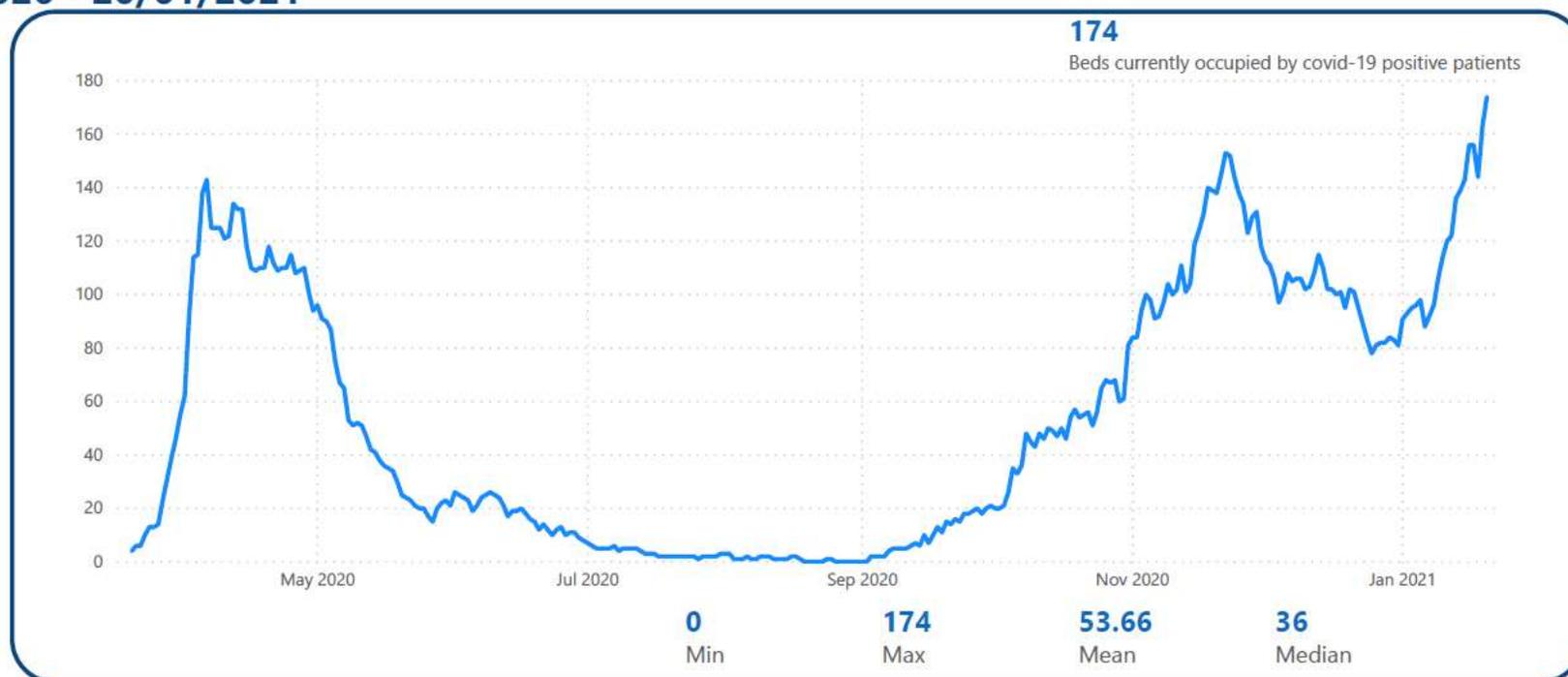
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST

Beds occupied by confirmed Covid 19 - Trust Wide

20/03/2020 - 20/01/2021



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COVID positive patients identified using Telepath, patients currently in hospital identified using Nervecentre.

Nervecentre: updated at 20/01/2021 08:00:00

Telepath: updated at 20/01/2021 08:00:00

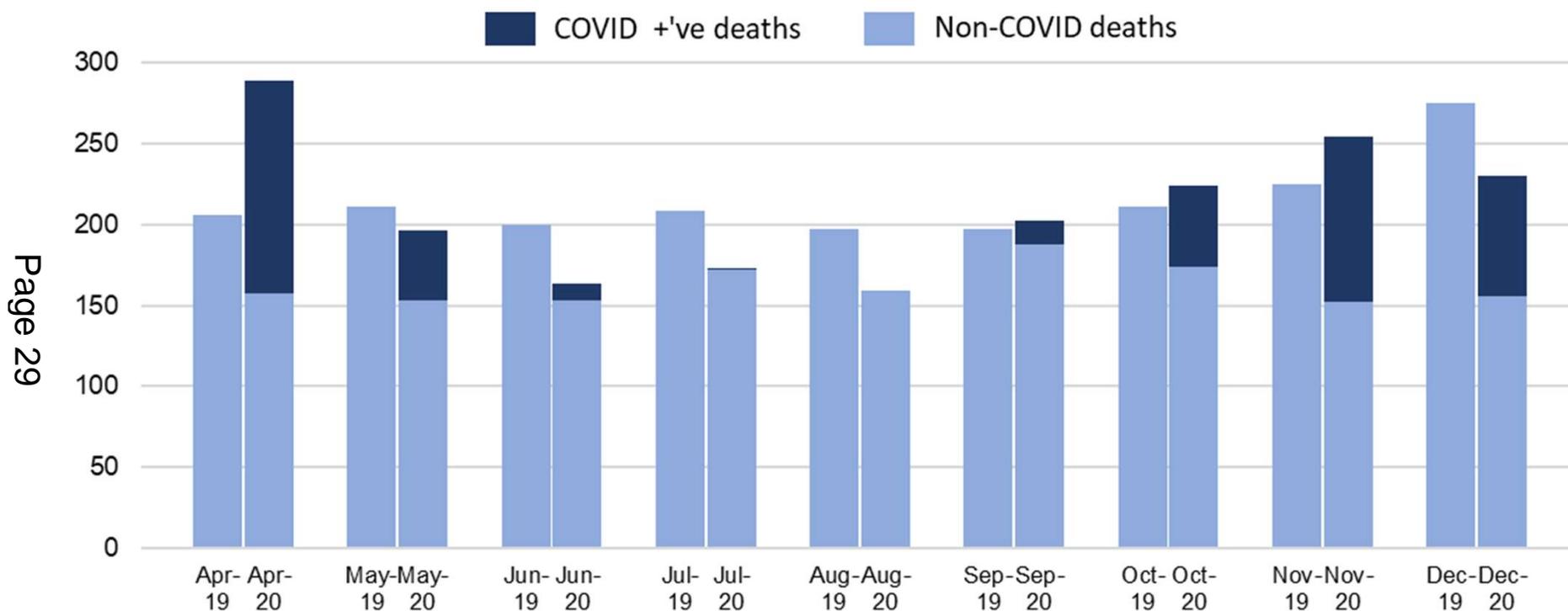
20/01/2021

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Produced by: Tim Scott
Checked by: Sarah Bilton

Covid-19 Current Inpatients.pbix

Number of in hospital deaths in 1st April - 31st December 2019 v 2020



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Deaths with a high clinical suspicion of COVID but without a lab-confirmed COVID +ve test are classed as 'Non-COVID' deaths
(this will include those where the death certificate states COVID but where there is no lab-confirmed test)

NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST

Admissions, current inpatients and discharges

18/03/2020 - 20/01/2021



COVID positive patients identified using Telepath, patients currently in hospital identified using Nervecentre, deaths/discharges identified using PAS.

N.B. Methodology for identifying COVID positive spells updated for activity from 26/10/2020.

Nervecentre: updated at 21/01/2021 08:00:00

PAS: updated at 21/01/2021 09:14:00

Telepath: updated at 21/01/2021 08:00:00

21/01/2021

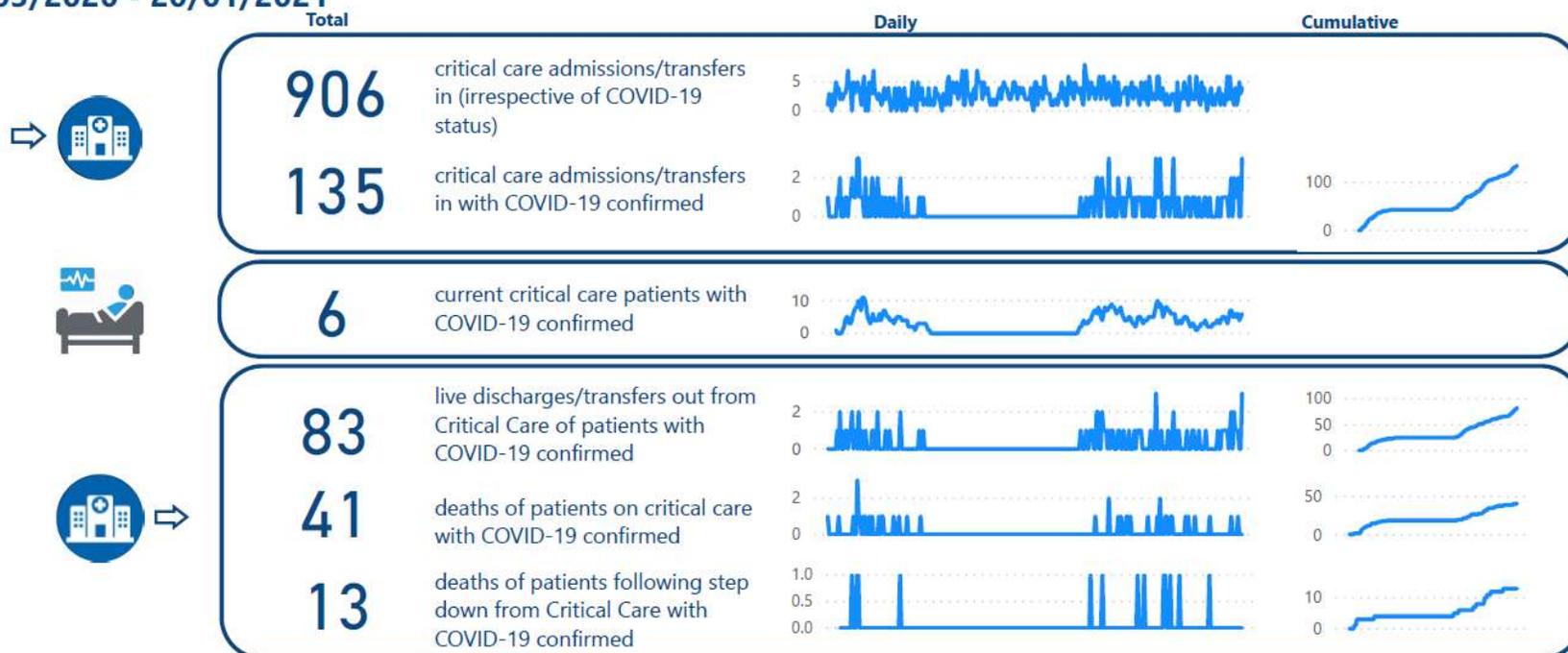
Produced by: Information Services - Analysis & Reporting

Produced by: Paul Thompson
Checked by: Peter Blanks
Covid-19 Admissions Infographic.pbix

NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST

Critical care - admissions, current inpatients and discharges

18/03/2020 - 20/01/2021



COVID positive patients identified using Telepath, patients currently in critical care identified using Nervecentre, deaths/discharges identified using PAS.

N.B. Methodology for identifying COVID positive spells updated for activity from 26/10/2020.

Nervecentre: updated at 21/01/2021 08:00:00

PAS: updated at 21/01/2021 09:14:00

Telepath: updated at 21/01/2021 08:00:00

21/01/2021

Produced by: Information Services - Analysis & Reporting

Produced by: Paul Thompson

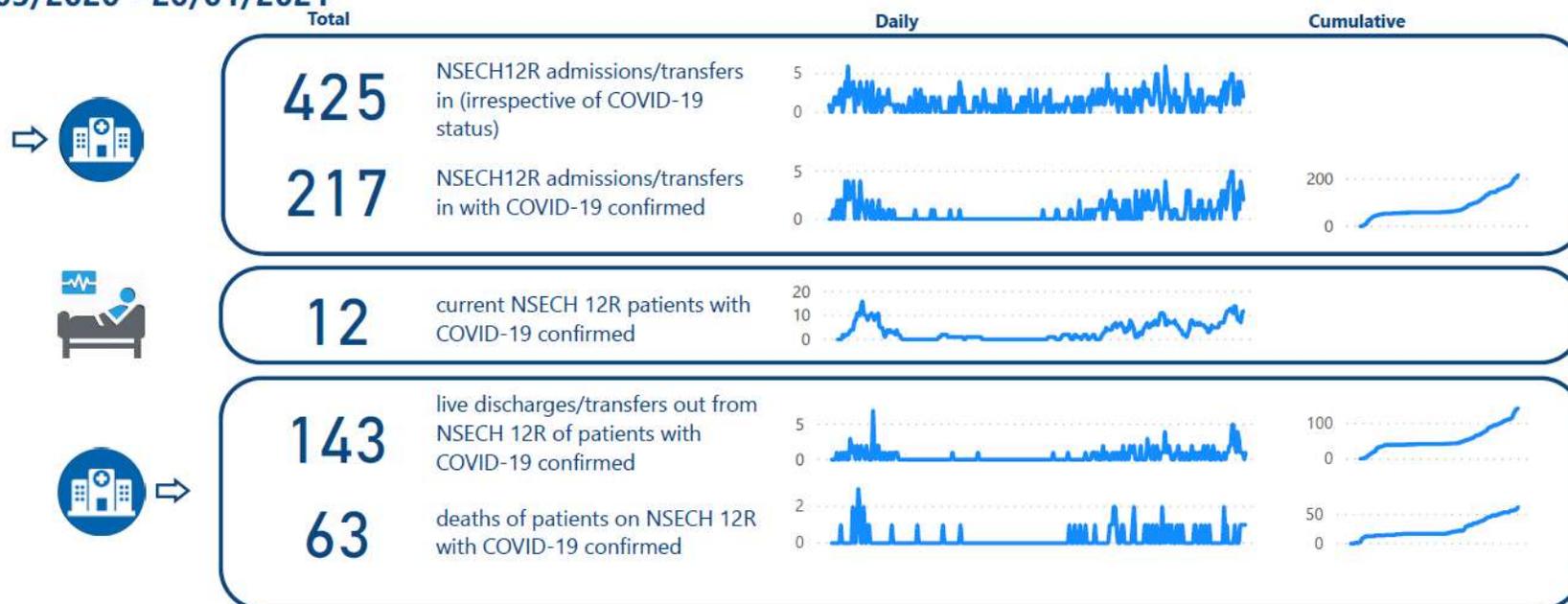
Checked by: Peter Blanks

Covid-19 Admissions Infographic.pbix

NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST

NSECH 12R - admissions, current inpatients and discharges

18/03/2020 - 20/01/2021



COVID positive patients identified using Telepath, patients currently in NSECH 12R identified using Nervecentre, deaths/discharges identified using PAS.

N.B. Methodology for identifying COVID positive spells updated for activity from 26/10/2020

Nervecentre: updated at 21/01/2021 08:00:00

PAS: updated at 21/01/2021 09:14:00

Telepath: updated at 21/01/2021 08:00:00

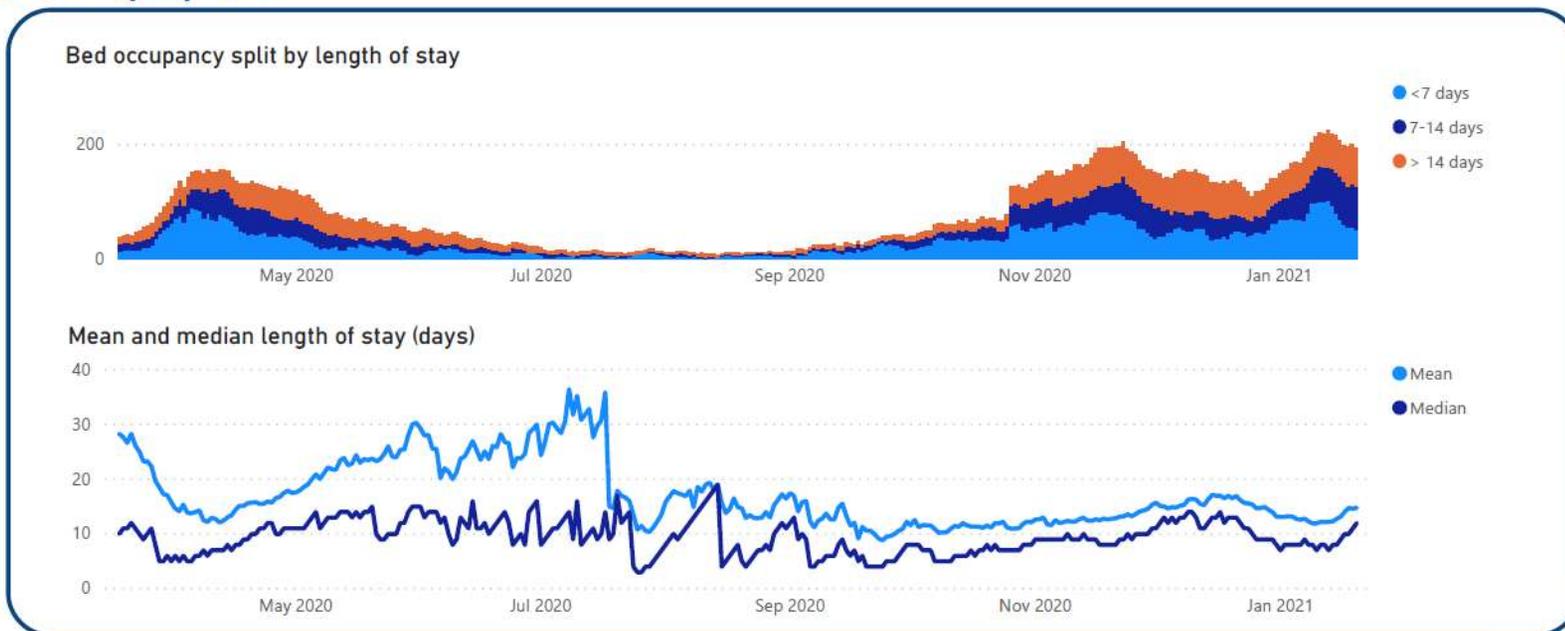
21/01/2021

Produced by: Information Services - Analysis & Reporting

Produced by: Paul Thompson
Checked by: Peter Blanks
Covid-19 Admissions Infographic.pbix

NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST

Covid-19 positive patients - Daily bed occupancy at 8am and length of stay
18/03/2020 - 20/01/2021



COVID positive patients identified using Telepath, deaths/discharges identified using PAS.
N.B. Methodology for identifying COVID positive spells updated for activity from 26/10/2020

PAS: updated at 21/01/2021 09:14:00
Telepath: updated at 21/01/2021 08:00:00
21/01/2021
Produced by: Information Services - Analysis & Reporting

Produced by: Paul Thompson
Checked by: Peter Blanks
Covid-19 Admissions Infographic.pbix

Survival.....

For 1st April to 20th August 2020:

- 528 admits
- 186 deaths

For 1st September to 20th January 2021:

- 1451 admits
- 312 deaths

Vaccination

- By the end of January plan for 10,500 staff to be vaccinated
- We have started to vaccinate social care staff in North Tyneside and Northumberland and expect over the coming weeks to vaccinate well over 10k members of social care staff
- Northumberland and North Tyneside vaccination programme has been heroic
- Amazing GP reaction
- Really proud of how the Trust have also responded
- Expect the programme to be broadened out to other key workers over the weeks ahead

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Challenges

- Great that we are starting to see community rates declining
- The delay of impact on hospitals means that we are all very busy
- Trust is coping and offering mutual aide to others within our capacity – both in and out of area
- This has happened because of our way of working including the building of The Northumbria, critical care capacity and our ability to work with partners in social care/LAs to support discharge – massive thank you

Challenges compliance

- We must stick to the rules
- Risk of people thinking they are invincible if they have had the vaccine
- We must maintain the discipline until everyone has had their vaccine and the virus has gone

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Northumbria Healthcare
NHS Foundation Trust



General update

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Key NHSI Access Priorities – Performance: December 2020



Northumbria Healthcare
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Priority	Limit/ Standard
MRSA number	1 confirmed cases to date vs standard of 0
C difficile	31 (target for 2020/21 to be confirmed)
18 weeks RTT	Provisional incomplete not met for December at 84%
A&E in 4 hours	Achieved 95%
Diagnostics	Provisional not achieved for December at 94%
Cancer targets	1 target provisionally achieved for December 62 day GP: 85.8% 62 day Screening: 77.8% (<i>de-minimus rule applies</i>)
CQC safety and quality outcomes	Fully registered: OUTSTANDING
Learning disability standards	Fully met all applicable standards in quarter 3 2020/21
Adult social care CQC outcomes	Met adult social care CQC outcomes
Information Governance	Standards met
Overall score	Segment 1

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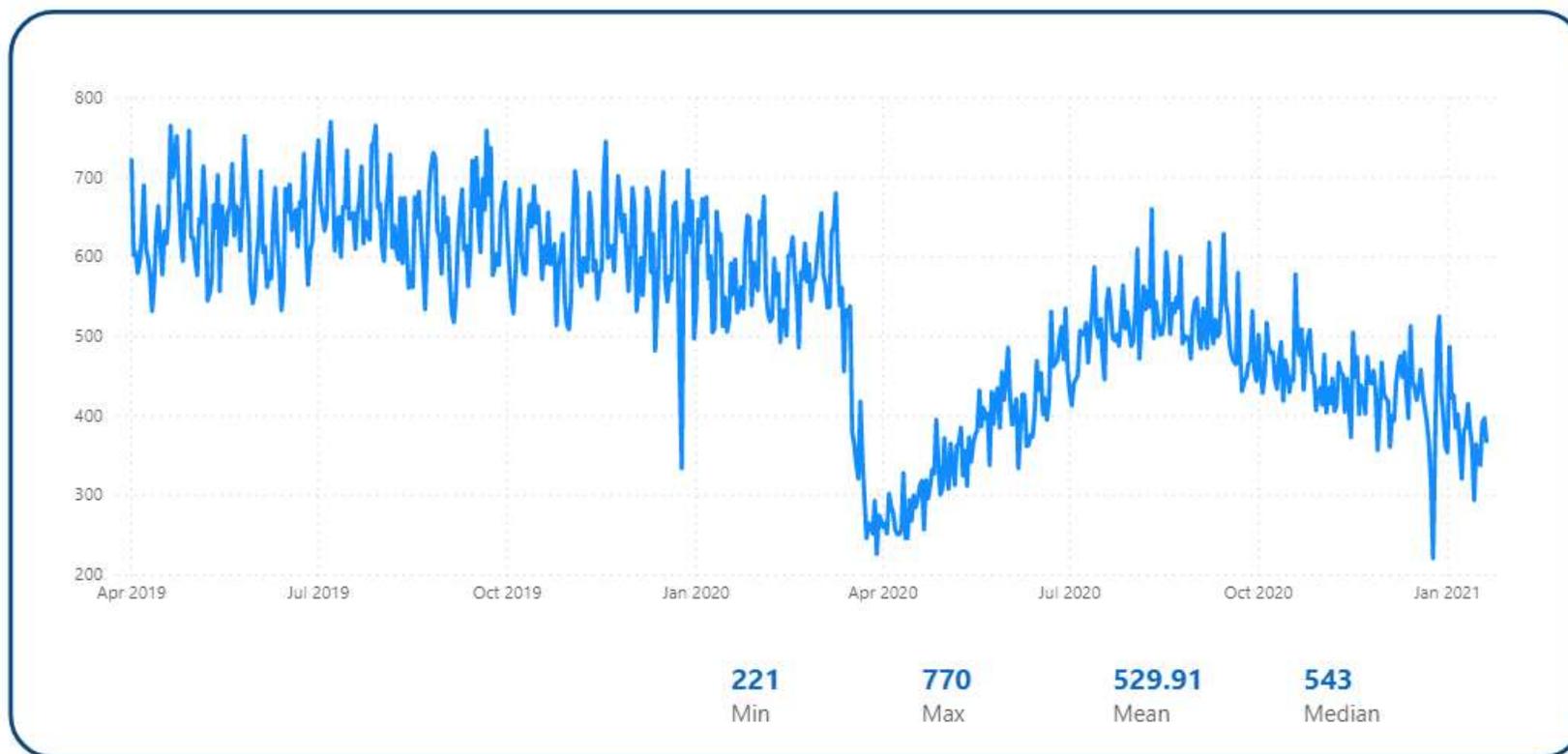
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST

A&E Attendances - Trust wide

01/04/2019 - 20/01/2021



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[Covid-19 ED Infographic.pbix](#)

Regional position: A&E

Trust	Qtr 1 2020/21	Qtr 2 2020/21	Dec-20	Qtr 3 2020/21
Northumbria Healthcare	99.6%	98.2%	95.4%	95.7%
Gateshead Health	95.4%	95.7%	86.2%	85.1%
North Cumbria	91.3%	84.3%	76.1%	80.4%
Newcastle upon Tyne Hospitals	96.2%	95.9%	86.8%	87.4%
South Tyneside & Sunderland	95.2%	95.1%	89.2%	91.4%
County Durham & Darlington	96.4%	93.1%	78.0%	80.7%
North Tees and Hartlepool	-	-	-	-
South Tees	93.2%	89.2%	83.1%	83.7%
All England: (includes non-acute trusts)	92.4%	89.5%	80.3%	82.9%

Notes:

- North Tees is part of A&E pilot: 4 hour target monitoring has been suspended for this group
- Oct-19 North Cumbria University Hospitals NHS Trust merged into North Cumbria Integrated Care NHS Foundation Trust

National Performance metrics



Northumbria Healthcare
NHS Foundation Trust

TRUST	Accident & Emergency		18 weeks RTT	Diagnostics	Cancer	
	All	Type 1	Incomplete	All	62 day	
					Referral to treatment	From screening service
North Cumbria	84.8%	82.3%	62.0%	50.5%	68.2%	62.5%
Newcastle	92.9%	90.0%	70.6%	76.5%	81.8%	90.9%
Morecambe Bay	87.2%	84.5%	59.1%	86.5%	Data not available from Northern Cancer Network	
Northumbria	97.8%	96.1%	86.1%	96.0%	83.1%	77.8%
Gateshead	92.1%	91.4%	75.9%	61.8%	62.9%	92.9%
South Tees	88.5%	84.2%	63.9%	63.5%	70.1%	50.0%
North Tees & Hartlepool	-	-	93.4%	55.1%	79.0%	92.6%
South Tyneside & Sunderland	93.9%	91.1%	88.2%	72.5%	86.0%	87.5%
County Durham & Darlington	89.8%	86.0%	70.0%	92.9%	74.9%	50.0%
Royal Free London	87.3%	85.2%	-	81.6%	Data not available from Northern Cancer Network	
Frimley	-	-	78.9%	93.4%		
Salford Royal	83.9%	82.6%	65.6%	56.7%		
Wrightington, Wigan and Leigh	87.1%	81.9%	64.8%	85.8%		

Accident & Emergency: year to date, to December 2020

18 weeks RTT: November 2020 (NHS England)

Diagnostics: November 2020 (NHS England)

Cancer: November 2020 (NHS England)

A&E: North Tees and Frimley are in pilot group of 14 trusts; therefore 4 hour wait data not available

18w RTT: Royal Free still not still not reporting

Staff and patient satisfaction

NHS Staff Survey 2020

- 80% of our staff completed the survey which is the best in the NHS
- Rated the best for the 'overall positive score' of every other Acute and Acute and Community organisations
- 84% would recommend the Trust as a place to work with 91% saying care of our patients is the Trust's top priority

National Inpatient Survey

- 2020 survey postponed due to Covid (now to take place January to June 2021), however we commissioned Patient Perspective to carry out this survey using the exact same methodology as used in 2019 - sample of 1,250 patients
- Response rate of 48%, slightly higher than 2019 (46%)
- In 2019, the Trust was ranked 10th for overall rating out of 143 NHS Trusts (Trusts that had a higher score were specialist Trusts)
- In 2020, the score for this overall rating question was unchanged at 85%
- Results suggest overall patient and staff experience in 2020 has been maintained

NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST

Miles Less Travelled

Comparison of Apr-20 - Dec-20 to same period in 2018/19

Source: PAS

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Trust Total

2020/21 YTD

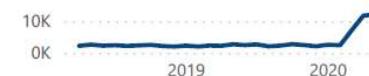
Same period in 2018/19

Monthly

Number of non face-to-face appointments

120,864

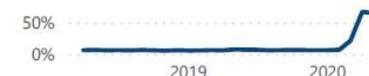
22,830



% of appointments that are non face-to-face

45.5%

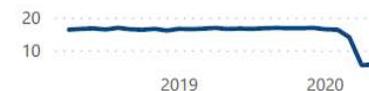
7.1%



Average miles travelled per appointment

9.5

16.7



Average miles travelled per patient

9.6

16.9



Miles less travelled

The average number of miles per patient during 2020/21 YTD has decreased by 7.3 miles compared to the same period in 2018/19. Multiplying this by the number of patients seen in 2020/21 YTD this equates to:

1,918,995

fewer miles travelled

12/01/2021

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MLT.pbix

Northumbria Healthcare Manufacturing Hub

- Seaton Delaval site is 40,000 sq/m
- 60 staff employed and 10 apprentices
- A gown is produced in 5-6 minutes and a set of scrubs in 10-16 mins
- 2 million gowns produced to date
- Network includes Northampton, Leeds, North Tees, Newcastle, Northumbria, Gateshead, DHSC
- PPE produced - surgical hoods, sterile surgical gowns, scrubs, pillows
- Supports local economy and jobs for local people
- Great partnership working



Things for us to build on – strategic intent

- Recovery
 - Access and performance
 - Health and well being (especially mental health/psychological)
 - Missed disease and treatment
 - Inequality
 - Economy
- Our role in society
 - Skills and employment
 - Economy
 - Long term health
- Workforce
- Systems and Place
- Opportunity, IT and Innovation

Summary...

- Thanks to staff
- Thanks to the public
- I would also like to take this opportunity to thank our partners also for their hard work – Other NHS organisation, GPs, LAs and Care Homes – we are at our best when we collaborate
- We know last year was a tough one
- The beginning of this year we will need to maintain resilient





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Thank you

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Northumberland Cancer Performance and Impact of Covid

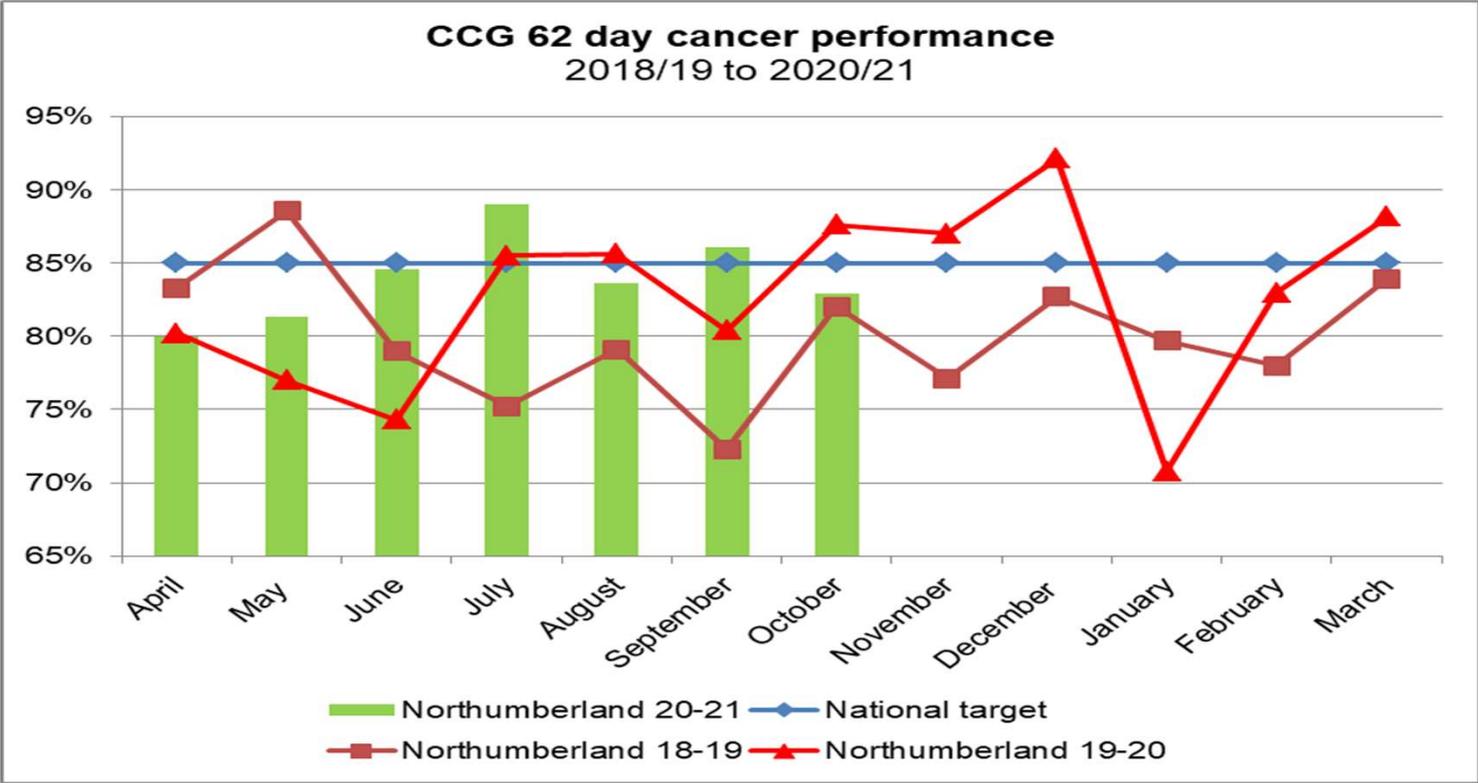
**Dr Robin Hudson, CCG Medical Director & Clinical Lead for
Cancer**

Amanda Walshe, Lead Cancer Nurse, Northumbria Healthcare



Northumberland CCG Overall Cancer Performance

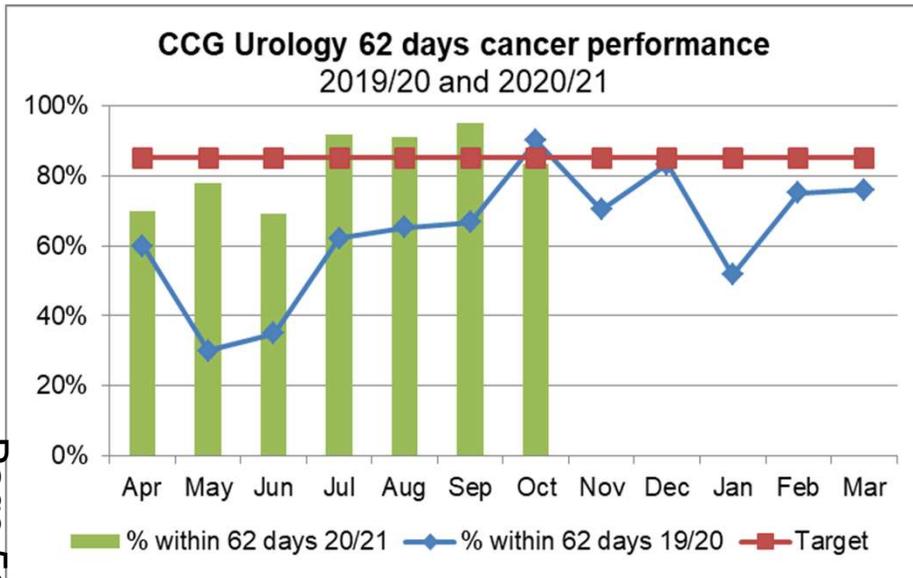
Page 50



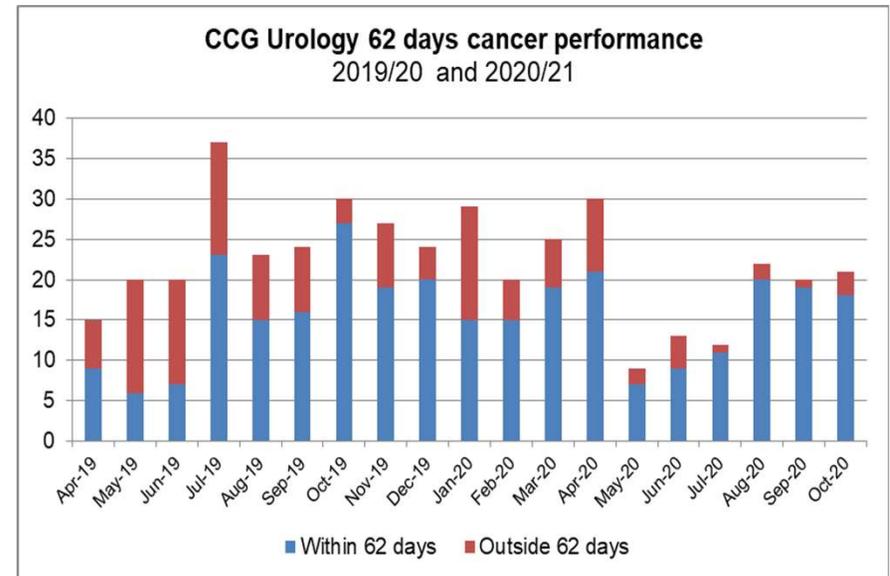
The improvement in performance can be seen during 2020/21 following a period of consistent underperformance in recent years



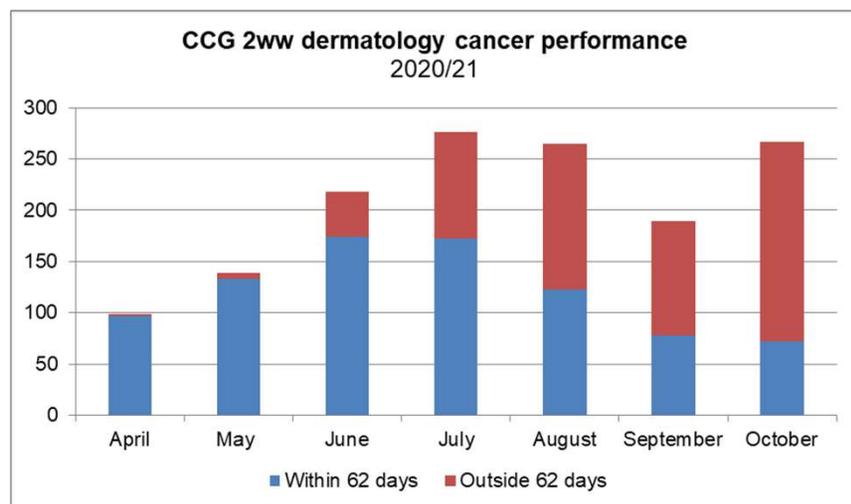
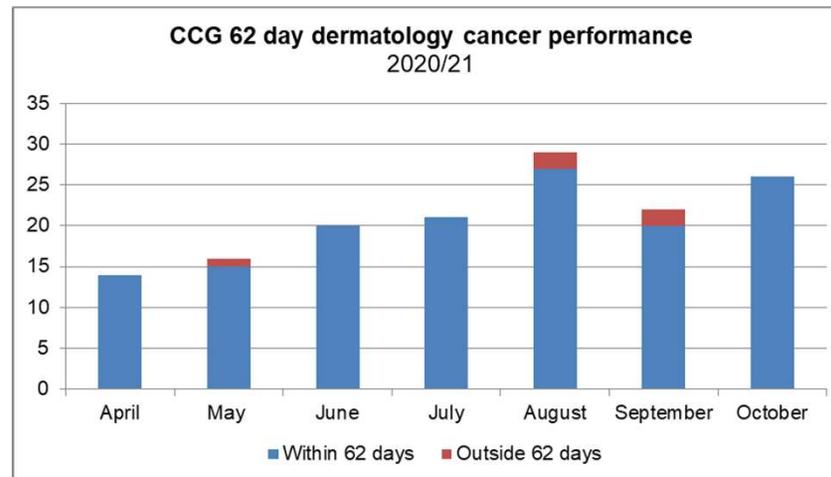
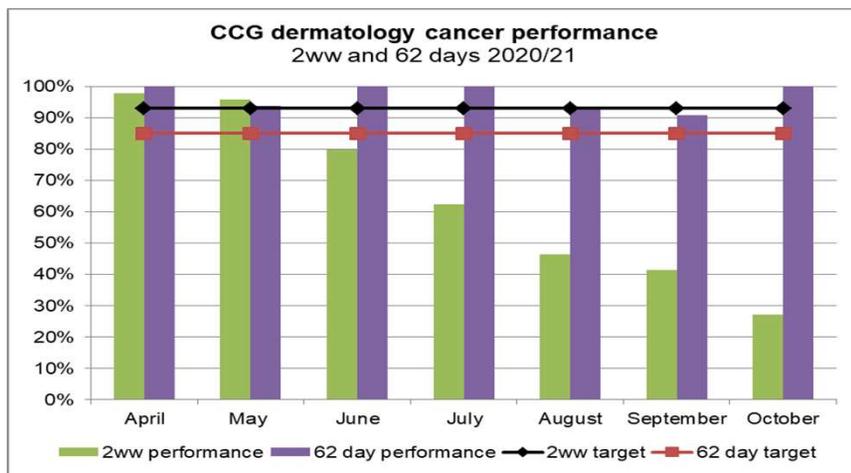
Area of improvement - urology



The improved performance against the overall 62 day referral to treatment threshold can be seen compared with the previous year along with the reduced levels of activity and breaches



Area of current focus- dermatology



Despite the deterioration in performance against the 2 week wait threshold during the year, most patients start treatment within the 62 days of referral into the service.

The 2 week wait threshold is expected to be replaced by the 28 day standard to diagnose cancer



Impact of Covid - screening

	Impact early in pandemic	Restoration & recovery
<p>Bowel</p> 	<ul style="list-style-type: none"> • New invitations were suspended/ set up to be rescheduled. • Bowel Scope was also suspended. • Patients with positive test results had a remote appointment with an SSP. • Patient risk assessment undertaken – investigations may have been deferred. 	<ul style="list-style-type: none"> • New invitations being issued. • Those with positive tests are being invited for diagnostic endoscopy following assessment of risk.
<p>Breast</p> 	<ul style="list-style-type: none"> • New invitations suspended/ rescheduled. • High risk women services were maintained. 	<ul style="list-style-type: none"> • New invitations being issued and backlogs being managed. • Women already in pathway and those requiring assessment from high risk screening are being managed in line with standards.
<p>Cervical</p> 	<ul style="list-style-type: none"> • GP practices only provided if could offer safe testing and had capacity to do the tests. • Advised to prioritise higher risk women. • A lot of invitations will have to be rescheduled. 	<ul style="list-style-type: none"> • New invitations being issued and those already in pathway with high grade changes being seen in colposcopy. • Practices have focused on getting back logs down and re-instating normal recall services.



Impact of Covid - referrals

Across the Northern Cancer Alliance region-

- No. of 2 week wait referrals dropped by approximately 70%
- Across the board (i.e. taking into account all tumour sites) 2week wait referral rates are returning to pre-COVID levels
- However, analysis of referral rate recovery by tumour site reveal that some have not returned to pre-COVID levels
 - Lung cancer
 - Head and neck cancers



Cancer Recovery Plan

The response to the pandemic by NHS cancer services has focused on three phases:

Phase 1: ensure continuation of essential cancer treatment and screening for high risk individuals during the initial peak of the pandemic.

Phase 2: restore disrupted services as far as possible to at least pre-pandemic levels. Associated refocus and prioritisation within the Primary Care Networks and GP contracts.

Phase 3: (to run until March 2021): full recovery of NHS cancer services in England, including ensuring that care for all patient groups continues to be safe, effective and holistic.

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Latest Guidance Issued Dec 2020: NHS Cancer Programme - Cancer Services Recovery Plan – Three core aims:

- Aim 1 – Restore demand to at least pre-pandemic levels
- Aim 2 – Reduce no. of people waiting longer than they should
- Aim 3 – Ensure sufficient capacity to manage future demand



Primary care

GP QOF Quality Improvement Module and PCN Cancer Direct Enhanced Service contract refocused and prioritised as part of Phase 2 & 3 of recovery plan:

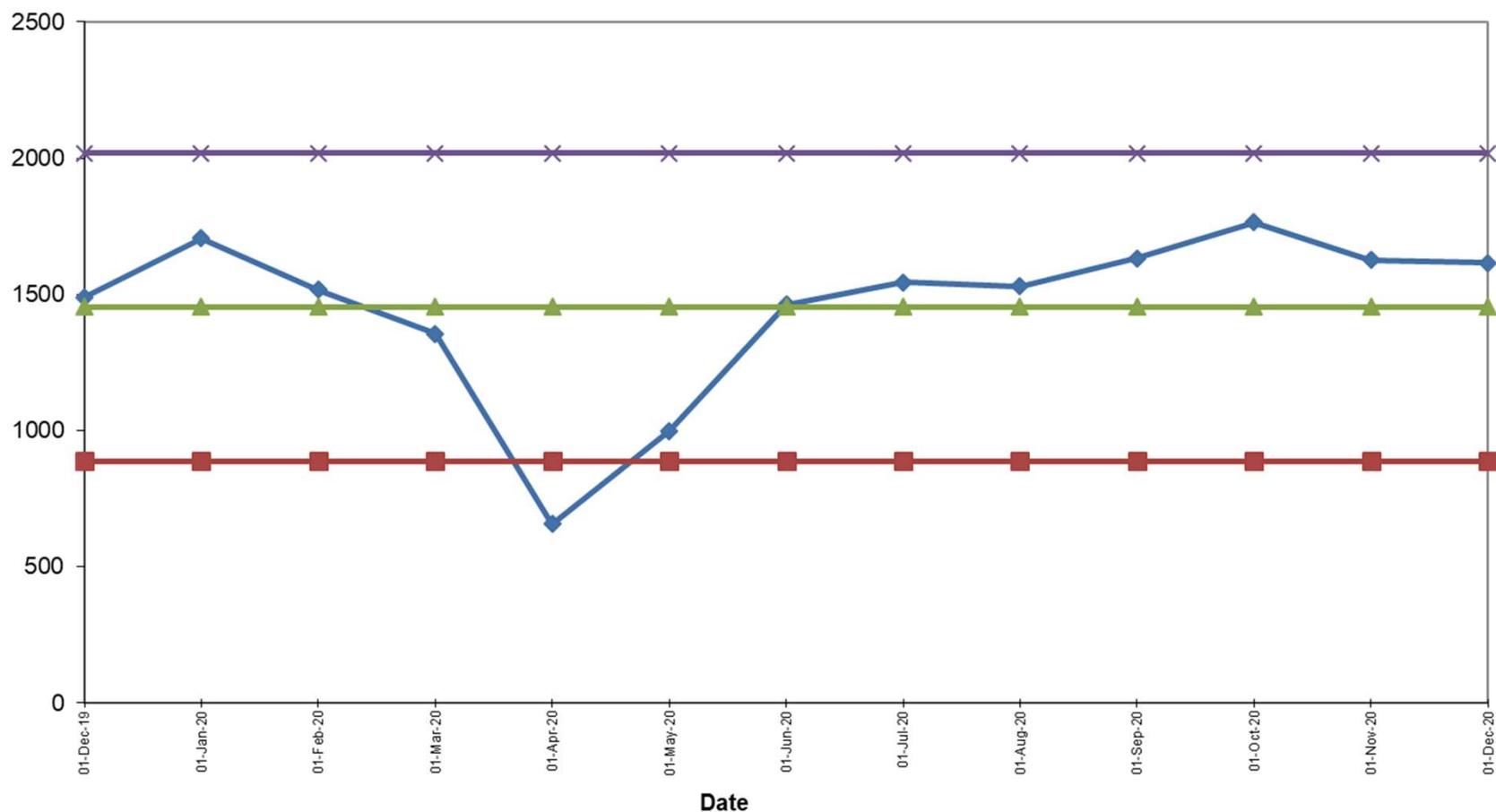
- Restoring cervical cancer services and addressing inequalities in coverage
- Building public confidence in returning to and using NHS Services
- Ensuring effective safety netting systems are in place to prevent patients falling through the net



Cancer Referrals – 2ww

2wwReferrals (December 19 - December 20)

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Cancer Performance – 62 day GP Referral

Month	Northumbria Healthcare Performance (85%)	Newcastle	Sunderland & South Tyneside	Durham & Darlington	Gateshead
Dec-19	96%	83%	76%	84%	76%
Jan-20	72%	69%	74%	79%	58%
Feb-20	87%	77%	69%	83%	77%
Mar-20	88.7%	73%	78%	85%	78%
Apr-20	86.1%	71%	82%	85%	71%
May-20	87.2%	69%	78%	70%	40%
Jun-20	85.1%	76%	81%	87%	58%
Jul-20	88%	76%	85%	80%	70%
Aug-20	87%	82%	91%	80%	67%
Sep-20	91%	79%	83%	76%	71%
Oct-20	81.7%	82%	89%	71%	61%
Nov-20	83%	81%	86%	74%	62%
Dec-20	88%*				

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Cancer Pathways

Urology

- Huge improvements to pathway made – pathway mapping and establishment of timed key milestones to diagnosis and treatment
- Number of patients treated over 62 days has halved in 2020 as a direct result of pathway efficiency improvements:

	2019	2020
Treated before 62 days	234	224
Over 62 days	52	25

Colorectal

- Improved time to diagnostics – inline with the 28day Faster Diagnosis Standard
- Colonoscopy booking turnaround time was 30+ days, now 21days and reducing week by week
- 200 slots per month provided for computed tomography colonoscopy (CTC) – one of the highest capacities in the region
- Upfront Consultant led Clinical Triage – ensuring patients are all reviewed and referred for the correct diagnostic from the point of referral

Impact on Oncology Day Units

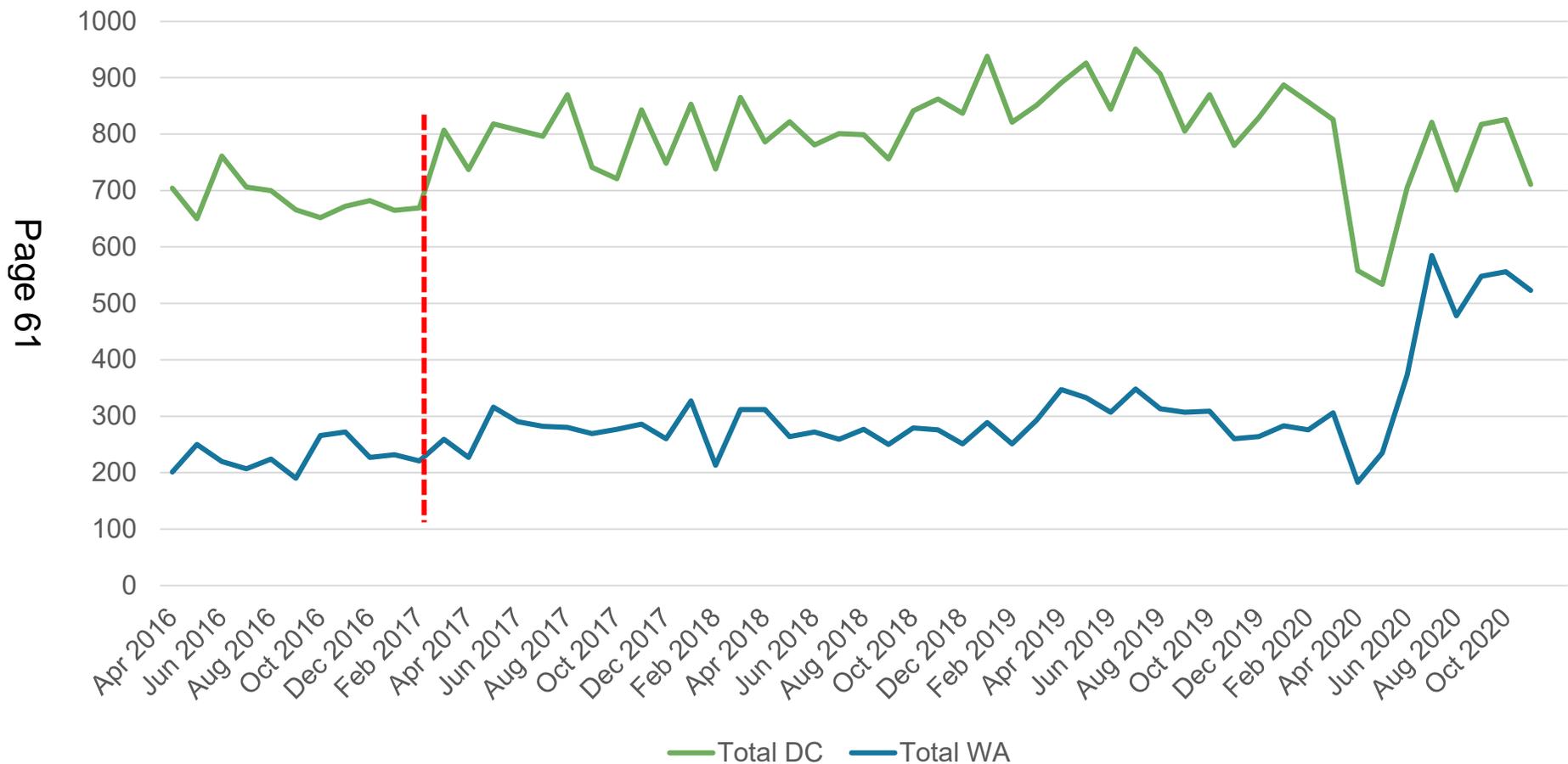
- Guidance on Systematic Anti-Cancer Treatment (SACT) regimes - prioritisation (March 20)
- Impact on disease progression
- Impact on patients emotional well being

Oncology units - workload/impact of Covid



Northumbria Healthcare
NHS Foundation Trust

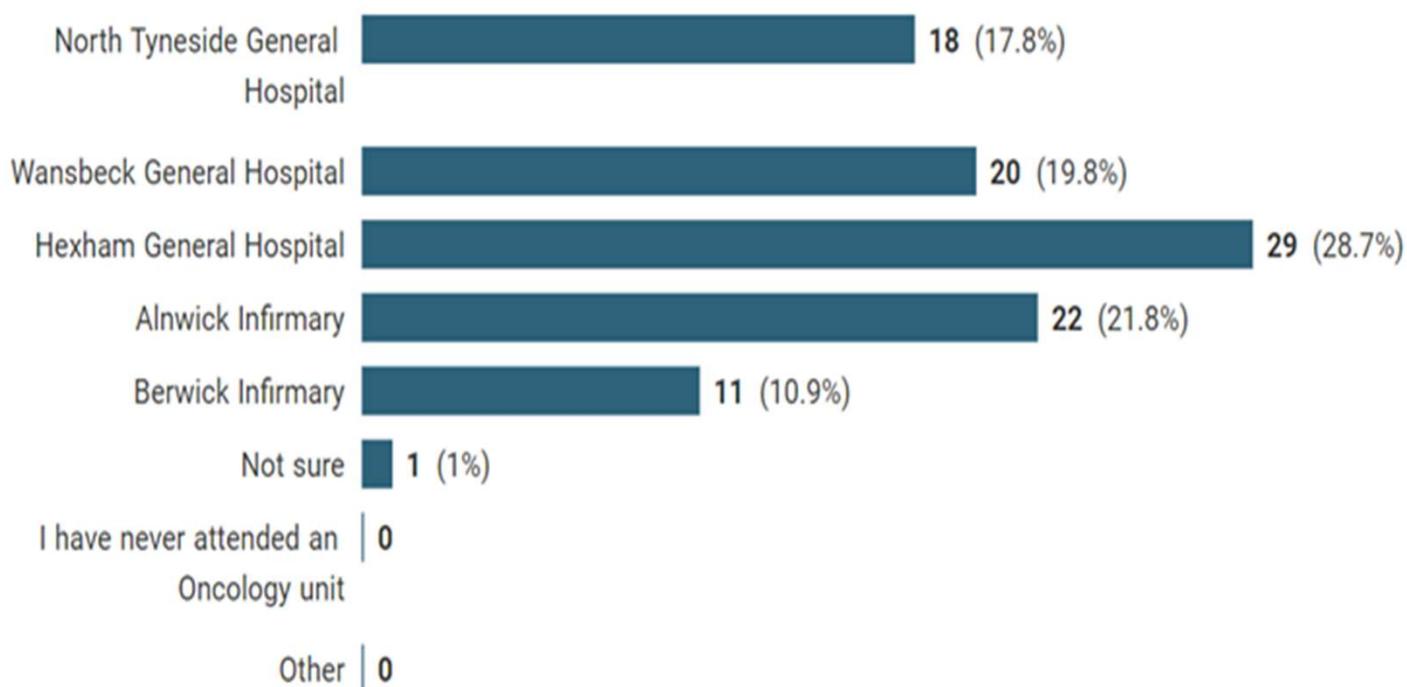
All ODU Day cases and Ward Attenders
April 2016 - Nov 2020



Impact on Patients – Survey August 2020

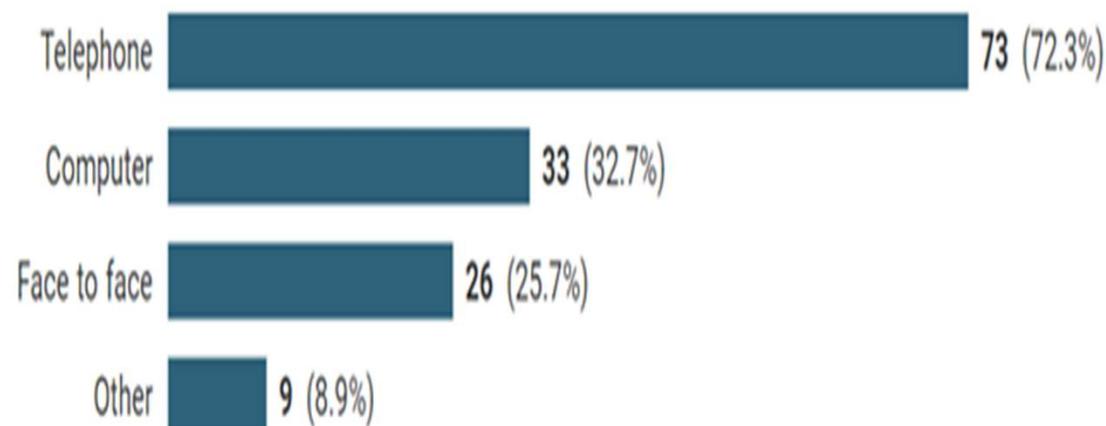
101 returns from service users

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Support and information via an array of communication methods

Face to face - the majority of patients stated that this was with their doctor or nurse



Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

94 patients (93.1%) would describe their experience of care on the unit as **excellent**

“During this pandemic my overall treatment from diagnosis, operation and ongoing chemo treatment has been excellent and I can’t praise the NHS enough. The staff at the Oncology Unit in Alnwick are a credit to the service especially in these trying times.”

“I have had very good treatment at Wansbeck. The staff have been very efficient and caring. I would fully recommend the oncology unit.”

“Still difficult and frightened to accept the current situation but glad to be back in the loop and receiving my ongoing treatment again.”

“Telephone appointments with oncologist meant initially full extent of symptoms were not appreciated.”

“My treatment and support from the Oncology Unit was excellent during the shielding period. The staff were available to provide advice when I had a concern about shielding and its effect on my family

Summary

- Work ongoing to monitor all cancer pathways
- 28 Day faster diagnostic target – April 2021
- Strong health awareness / media message – focus on patients to come forward
- Northern Cancer Alliance – funding for Covid Recovery and Rapid Diagnostic pathways (serious non specific symptoms / combined lower colorectal cancer/upper gastrointestinal cancer pathways)
- Covid-19 vaccinations – Category 4 (high clinically vulnerable)
- Community Diagnostic hubs

Developments over last 12 months

- Wider Implementation of FIT testing and now by post
- Digital dermatology pathway
- North Cancer ICP group established
- Supporting Primary Care Networks
- GP education sessions
- Community engagement
- Regional public campaigns



Community Cancer Awareness

Continuing to raise cancer awareness

- Importance of an early diagnosis
- Symptom awareness
- Risk reduction
- Cancer screening
- Reassuring public that it is safe to return to Primary and Secondary care settings

Help Us to Help You

- National and regional campaign encouraging people worried about potential cancer symptoms to see their GP or nurse
- Messages shared via social media and GP practices
- Printed resources delivered with food parcels with help from local community & voluntary groups to reach people without digital access- Ashington, Blyth Valley, Bedlington, Berwick and Hexham

Better Health at Work Award Scheme

- Cancer awareness training delivered at a number of workplaces, including large manufacturing sites prior to Covid
- Training continues to be delivered to business through remote sessions



Training

- Cancer awareness training included in the Integrated Wellbeing Training Catalogue 2020/21
- Delivered to health trainers, locality coordinators and social prescribing link workers across Northumberland
- Offered to anyone living and working in Northumberland

Cancer campaigns

- Bowel Cancer Awareness month
- Breast Cancer Awareness month
- Cervical Screening Awareness week
- Quit 4 Covid
- Stoptober
- The Better Health campaign
- Do It Yourself (regional lung cancer campaign)

Learning disabilities

- Cancer screening session delivered to the community learning disability nursing team
- Resources shared with GP practices to support and raise awareness in patients with a learning disability



Future developments

Personalised care

- Cancer care reviews and social prescribing
- Stratified follow up pathways and phlebotomy hubs

Rapid Diagnostic Pathway development

- Upper & lower GI





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Northumberland County Council
Health and Wellbeing Overview and Scrutiny Committee
Work Programme 2019 - 2020

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Chris Angus, Scrutiny Officer
01670 622604 - Chris.Angus@Northumberland.gov.uk

21 January 2021 - CA

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Agenda Item 7

TERMS OF REFERENCE

To monitor, review and make recommendations about the following:

1. To promote well-being and reduce health inequality, particularly in supporting those people who feel more vulnerable or are at risk.
2. To discharge the functions conferred by section 21(f) of the Local Government Act 2000 of reviewing and scrutinising, in accordance with regulations under section 7 of the Health and Social Care Act 2001, matters relating to the planning, provision and operation of health services in Northumberland.
3. To take a holistic view of health in order to promote the social, environmental and economic well-being of local people.
4. To act as a consultee as required by the relevant regulations in respect of those matters on which local NHS bodies must consult the Committee.
5. To make reports and recommendations to local NHS bodies and the County Council on matters relating to the following services/issues in Northumberland:
 - (a) Adult Care and Social Services
 - (b) Mental Health and Emotional Wellbeing
 - (c) Financial Inclusion and Fuel Poverty
 - (d) Welfare of Vulnerable People
 - (e) Carers' Wellbeing
 - (f) Independent Living and Supported Housing
 - (g) Adult Health Services
 - (h) Healthy Eating and Physical Activity
 - (i) Smoking Cessation
 - (j) Alcohol and Drugs Misuse
 - (k) Safeguarding Adults.

ISSUES TO BE SCHEDULED/CONSIDERED

Regular updates: Updates on implications of legislation: As required / Minutes of Health and Wellbeing Board / notes of the Primary Care Applications Working Party
Care Quality Accounts/ Ambulance response times

To be listed: Update on learning disability funding
Adult Social Care Green Paper
Urgent Care Update: Developing the Strategic Direction for Urgent Care in Northumberland (CCG)

Themed scrutiny: Improving Health and Fitness Task and Finish Group

Other scrutiny: Rothbury Hospital Referral Review Group

**Northumberland County Council
Health and Wellbeing Overview and Scrutiny Committee
Work Programme 2019 - 2020**

2 February 2021

Northumbria Healthcare Cancer Performance
COVID-19 Update (Northumbria Healthcare)
COVID-19 Update (CCG)

2 March 2021

Coroner's Service
COVID-19 Update (Public Health/CCG)

6 April 2021

Northumbria Healthcare Quality Accounts
Cumbria, Northumberland, Tyne & Wear NHS Quality Accounts

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Northumberland County Council
Health and Wellbeing Overview and Scrutiny Committee Monitoring Report 2019-2020

Ref	Date	Report	Decision	Outcome
1.	4 June 2019	Adult Services Market Position Statement	RESOLVED that Cabinet be recommended to ratify the revised Market Position Statement and agree to its publication.	Cabinet agreed the report
2.	4 June 2019	Update on Rothbury Community Hospital	RESOLVED that <ol style="list-style-type: none"> 1. the information be noted; and 2. a further update be provided in autumn 2019, possibly in September. 	Further update provided in September 2019, and further one to follow
3.	4 June 2019	Update on Ambulance Performance	RESOLVED that <ol style="list-style-type: none"> 1. that the information be noted; and 2. responses be provided to the committee's questions about blood kits, vehicle insurance arrangements for Community First Responders and a list of the locations of all defibrillators. 	NEAS provided written response to questions
4.	4 June 2019	End of Life Care - Update	RESOLVED that the report be noted; <ol style="list-style-type: none"> 1. a presentation be organised for the committee's meeting on 4 September to involve Northumbria NHS Trust, the CCG and Healthwatch; and 2. consideration about creating a task and finish group be deferred until after the presentation is received on 4 September 2019. 	Further item due on 3 September 2019

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5.	4 June 2019	Recommendations from Themed Scrutiny Review: Improving Health and Fitness in Northumberland	RESOLVED that 1. the report be welcomed and forwarded to Cabinet to consider on 9 July 2019 and consider adopting the recommendations of the review; and 2. the subgroup continue with a monitoring role and its membership remain as Councillors Dungworth, Moore, Rickerby and Watson.	Subgroup to meet on 1 October 2019
6.	4 June 2019	Dental Services in Coquetdale - Update (NHS England)	RESOLVED that the update be noted.	No further updated currently planned
7.	2 July 2019	Customer Experience: Joint Children's and Adult Services Customer Experience: Compliments and Complaints Annual Report 2018/19	RESOLVED that the contents of the report be noted and members' comments on suggested changes for the following year's report be followed up.	Next report due in 2020
8.	2 July 2019	Welfare Rights Annual Report 2018/19	RESOLVED that the information be noted and issues identified be followed up.	Next report due in 2020
9.	2 July 2019	The Joint Musculoskeletal (MSK) and Pain Service (JMPS)	RESOLVED that the information be noted and the issue be scrutinised at this committee's next meeting on 3 September 2019, with any updates provided if required.	Further update on 3 September 2019
10.	2 July 2019	Physical Activity Strategy	RESOLVED that the report be noted and Northumberland Sport consider members' comments.	None

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11.	3 September 2019	Update on Berwick Hospital	RESOLVED that the information be noted and a further update be provided for the committee in either November or December 2019.	Update due in January 2020
12.	3 September 2019	Update on Rothbury Hospital	RESOLVED that it be agreed that: <ol style="list-style-type: none"> 1. sufficient time has been provided to the committee to consider and comment on the proposals before the final decision on approving a recommended proposal is made by the CCG; 2. the information provided in the appendix to the report demonstrate that the recommendations to date from the Secretary of State and Independent Reconfiguration Panel have been appropriately considered and either met or form part of the ongoing process; 3. there is satisfaction that the model is in the best interests of healthcare provision in the area and the proposal does not constitute a substantial variation in service nor require any further consultation; 4. the committee's views be sent to the Secretary of State for Health and Social Care; and 5. an update be provided to the committee in either December 2019 or January 2020. 	Update due in January 2020
13.	3 September 2019	Update on Whalton Unit	RESOLVED that <ol style="list-style-type: none"> 1. the information be noted; and 2. an update on the Whalton Unit be provided to the Committee in November 2019. 	Update due in November 2019
14.	3 September 2019	Update on the Joint Musculoskeletal (MSK) and Pain Service (JMPS)	RESOLVED that the information be noted.	No further action

15.	3 September 2019	Annual Report of the Director of Public Health	RESOLVED that the 1. content of the report be noted; and 2. recommendations be accepted and supported.	Next report due in 2020
16.	1 October 2019	Cancer Performance - Update	RESOLVED that the information be noted.	No further action
17.	1 October 2019	Sepsis Performance - Update	RESOLVED that the information be noted.	No further action
18.	1 October 2019	End of Life Care - Update	RESOLVED that 1. the update be noted 2. Democratic Services follow up options for arrangements for the further scrutiny of this issue and report back.	Committee members to participate in the CCG's task and finish group
19.	1 October 2019	Urgent Care Update: Developing the Strategic Direction for Urgent Care in Northumberland	RESOLVED that 1. the report be noted; 2. issues raised by the committee be considered as part of the consultation; and 3. a further report be presented to the committee in February 2020.	Further report to be presented to the committee in February 2020.
20.	5 November 2019	Relocation of the Whalton Unit to Wansbeck General Hospital	RESOLVED that the decision made by the NCCG to relocate the Whalton Unit to Wansbeck General Hospital was not a substantial change in service delivery.	A further update will be presented to the Committee in around six months.
21.	5 November 2019	Winter Planning Update	RESOLVED that the information be noted.	The Committee will continue to receive updates as appropriate.

22.	5 November 2019	Healthwatch Northumberland - Six Month Update	RESOLVED that the information be noted.	The Committee will continue to receive updates as appropriate.
23.	3 December 2019	Specialist Substance Misuse Services - Update	RESOLVED that the following be noted: <ol style="list-style-type: none"> 1. the ongoing work undertaken by partners to reduce the harms caused by drugs and alcohol during 2019/20; 2. the financial pressures on Northumberland Recovery Partnership; and 3. members' comments. 	The Committee will continue to receive updates as appropriate.
24.	3 December 2019	Safeguarding Adults Annual Report	RESOLVED that the report be noted	The Committee will continue to receive updates as appropriate.
25.	7 January 2020	Update on Rothbury Hospital	RESOLVED that <ol style="list-style-type: none"> 1. the information be noted; and 2. a further update be organised in due course, provisionally for late 2020. 	The Committee will receive an update in late 2020
26.	7 January 2020	CEDAR Programme	RESOLVED that <ol style="list-style-type: none"> 1. the information be noted; and 2. a further update be organised in due course, provisionally for early 2021. 	The Committee will receive an update at a later date.
27.	4 February 2020	Partnerships with NHS Bodies	RESOLVED that the report be noted	The Committee will continue to receive updates as appropriate

28.	4 February 2020	Northumberland Primary Care Strategy and Associated Developments	RESOLVED that the report be noted	No further action required
29.	3 March 2020	Quality Account – Northumbria NHS Foundation Trust	RESOLVED that the presentation be noted.	Written response to be sent in May 2020
30.	3 March 2020	Berwick Hospital Update	RESOLVED that the presentation be noted.	No further action required
31.	3 March 2020	Oral Health Strategy - Update	RESOLVED that <ul style="list-style-type: none"> 1. progress with the Northumberland Oral Health Strategy Action Plan be noted; 2. it be confirmed that assurance had been provided that the correct processes that should be addressed as part of the community water fluoridation scheme had been applied; 3. issues or concerns that may be raised by affected communities that should be addressed as part of the community water fluoridation consultation were noted. 	Updates to be provided at future dates
32.	3 March 2020	Coronavirus	RESOLVED that the update be noted	A further update to be received at the next meeting
34	2 June 2020	Update on COVID 19	RESOLVED that:- <ul style="list-style-type: none"> 1. the two tests available and the various processes for testing nationally, regionally and locally be noted; 	Further COVID 19 updates to be given to the committee

			<ol style="list-style-type: none"> 2. 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; 3. the new NHS Test and Trace model and implications for the Council be noted; and 4. the plans for the development and governance of the council's Outbreak Control Plan be noted. 	
35	2 June 2020	Letter from the Chief Executive to the Minister of State for Care regarding the Care Home Support Plan (Urgent Business)	RESOLVED that the information be noted	No further action
36	2 June 2020	Operation Apollo - Confidential Briefing (Urgent Business)	RESOLVED that the information be noted	No further action
37	2 June 2020	Pre-Scrutiny:- Independent Supported living Services	RESOLVED that recommendations 1-5 in the Report of the Executive Director of Adult Social Care and Children's Services be approved.	The Committee's comments were considered at the Cabinet meeting held on 9 June.
38	14 July	Covid-19 - Northumberland County Council Response	RESOLVED that the reports on Northumberland County Council's response and recovery be received.	Further COVID 19 updates to be given to the committee
39	14 July	Covid-19 - Planning for Recovery in Northumberland	RESOLVED that the reports on Northumberland County Council's response and recovery be received.	Further COVID 19 updates to be given to the committee

40	14 July	COVID-19 Update by Northumbria Healthcare and the CCG	RESOLVED that the presentations be received	No further action
41	14 July	Healthwatch Northumberland – Six monthly update	RESOLVED that the presentation be received	No further action
42	21 September	Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan	RESOLVED that the report be received.	The Committee will continue to receive regular COVID updates
43	21 September	Director of Public Health - Annual Report	RESOLVED that the contents of the report be noted.	No further action
44	21 September	Complaints Annual Report 2019/2020 - Adult social care, children’s social care, and continuing health care services	RESOLVED that the report be noted	No further action
45	21 September	End of Life Strategy Update	RESOLVED that 1. the presentation be received	End of Life Strategy to be added to the work programme

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			2. the Northumberland End of Life Strategy be added to the work programme when further information was available.	
46	6 October	COVID Update	RESOLVED that the information be noted	To receive a continuous update
47	6 October	NHS Winter Planning Update	RESOLVED that the presentation be received.	Further information to be provided to the committee at a later date
48	6 October	CNTW- Quality Account presentation	RESOLVED that the presentations be received	Written response to be sent in October 2020
49	3 November	COVID Update	RESOLVED that the information be noted	To receive further ongoing updates
50	3 November	Discretionary grants for adaptations to housing for disabled people	RESOLVED that Cabinet:- 1. Adopt the discretionary grants policy attached as Appendix A to the report. 2. Note the funding for grants made under this policy would come from the grant to the local authority for DFGs.	The Committee's comments were considered at the Cabinet meeting held on 10 November.

51	3 November	COVID Recovery Report	<p>RESOLVED that Cabinet:-</p> <ol style="list-style-type: none"> 1. Note the ongoing impact of the Coronavirus emergency on the County Council. 2. Acknowledge the continued work undertaken to date by the Council 3. Agree to receive further reports on the work being undertaken by the Council, particularly in the light of new local and national restrictions introduced recently; and, 4. Invite the Overview and Scrutiny Committees to examine updates on response and recovery plans. 	To receive future updates on the recovery strategy
52	3 November	Newcastle upon Tyne Hospital's Quality Accounts	Due to technical issues, this agenda item was deferred.	To be rescheduled for a later date
53	1 December	North East Ambulance Service – Quality Accounts	RESOLVED that the information be noted.	
54	1 December	Northumberland Community Together	<p>RESOLVED that:-</p> <ol style="list-style-type: none"> 1. The ongoing impact of the Coronavirus emergency on the residents of Northumberland and the need for a collaborative partnership response be noted. 2. The continued work undertaken to date by the service to build community capability and capacity to respond be noted. 	A presentation to be given in January on the work undertaken by NCT throughout December

			<p>3. Further clarity and assurance through scrutiny and challenge, helping to set future strategy and prioritised action be sought.</p> <p>4. Further reports on the work being undertaken by the Northumberland Communities Together Service, aligned to corporate response and recovery plans be received.</p>	
55	12 January 2021	North Tyneside and Northumberland Safeguarding Adults Annual Reports 2019-20	RESOLVED that the report be noted	No further action
56	12 January 2021	COVID Vaccine	RESOLVED that the information be noted	Further update to be given in March
57	12 January 2021	CEDAR	RESOLVED that the information be noted.	No further action
58	12 January 2021	Northumberland Communities Together	RESOLVED that the information be noted.	No further action

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