

## NORTHUMBERLAND COUNTY COUNCIL

### HEALTH AND WELLBEING OSC

At the meeting of the **Health and Wellbeing OSC** held at Remote Meeting on Tuesday, 6 April 2021 at 1.00 pm.

#### PRESENT

J Beynon (Chair) (in the Chair)

#### MEMBERS

L Rickerby  
S Dungworth  
L Bowman  
R Lawrie

T Cessford  
K Nisbet  
E Simpson

#### OTHER COUNCILLORS

R R Dodd

V Jones

#### OFFICERS

L M Bennett  
C Angus  
C McEvoy-Carr

Senior Democratic Services Officer  
Scrutiny Officer  
Executive Director of Adults and Children's  
Services  
Healthwatch Northumberland  
CNTW  
Access South CBU  
CNTW  
Northumbria Healthcare NHS Foundation  
Trust

#### 161 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor J.I. Hutchinson.

#### 162 MINUTES OF PREVIOUS MEETING

**RESOLVED** that the minutes of Health and Wellbeing Overview and Scrutiny Committee held on 2 March 2021 be approved as a correct record and signed by the Chair.

#### 163 FORWARD PLAN

A latest Forward Plan of key decisions (attached to the signed minutes as

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Appendix A) were noted.

**RESOLVED** that the information be noted.

164 **HEALTH AND WELLBEING BOARD**

**RESOLVED** that the minutes of the Health & Wellbeing Board held on 11 February 2021 were noted.

165 **CNTW EXPERIENCE OF COVID AND THE FUTURE**

Members received a presentation from Pamela Travers, Kath Elliott and Chloe Mann of the Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. The presentation outlined the Trust's experiences, what it had delivered and future thoughts about what needed to be done plus the five year plan.

Members were informed of the following:-

- **Psychiatric Liaison**
  - Face to face contact had continued throughout the pandemic.
  - The Trust was required to provide a Mental Health Emergency Department in response to the pandemic.
  - Children and young persons pathway had been introduced.
  - An extended service for older adult's liaison psychiatry was being piloted at NSECH.
- **Older Persons Pathway**
  - Accelerated plan for 24/7 Crisis Care for older adults
  - Urgent assessment available working with care providers to avoid breakdown of home environment
  - Direct referrals were accepted.
- **Working Age Pathway**
  - Essential need for mental health crisis care was recognised and worked closely with ICS to respond.
  - Close working with wider community and directly with Together in a Crisis to offer bespoke service.
- **Younger Persons Pathway**
  - Young people up to age of 25 at particular risk during the pandemic.
  - An enhanced psychiatric liaison service had been developed.
  - Specialist follow up for acute admissions and follow up appointments with CYP Crisis Team. This reduced deterioration and provided early intervention on first presentation.
- **Addictions Services**
  - Full service remained available and approach adapted to meet needs of most vulnerable.
  - Included provision of mobile phones to vulnerable, use of technology for group therapy and food parcel provision.
- **Community Treatment Teams**
  - Initially only essential face to face contact offered but regular service resumed.
  - Digital Technology developed for individual and group work.
  - Care plans developed to allow for choice regarding contact.
  - COVID secure workplaces developed for staff and patients.

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- Minimal increase in DNAs and initial decrease in referrals
- Referrals decreased initially but now returned to pre COVID levels plus slight increase.
- **What went well?**
  - Close collaborative work with patients to develop care plan they felt safe and comfortable with.
  - Collaborative work with nursing homes.
  - Increased confidence in use of digital technology.
  - New approaches to team and partnership working and response to ever changing patient need.
  - Flexible and adaptability of workforce and ongoing staff resilience.
- **What's next?**
  - The Trust would continue to work in a COVID safe environment, enhance and maintain the use of digital technology.
  - The crisis service offer to 16-25s would continue to be developed in line with the long-term plan.
  - Service model within Addictions to be reviewed.
  - Transformation of Community Mental Health as part of the NHS long term plan.

The following comments were made:-

- Members welcomed the report and thanked the Trust for its hard work and commitment and flexibility to adapt during the pandemic.
- The pandemic had created a lot of pressure on families and communities and there had been incidents of self harm.
- The Trust had seen a reduction in the number of other infections such as flu or norovirus largely due to the use of PPE.
- The virtual offer of group work had met the needs of a cohort of people who would probably not have engaged with the service previously. Face to face group work would be reintroduced but the virtual group offer would remain.
- There would be members of the public who had suffered from poor mental health during the pandemic who were not known to the public as they had not sought help. Men and young men were a group of major concern in this regard.
- The Trust acknowledged that there were those who were waiting much longer than usual to come forward for help. It was important to get the message out to come forward.
- More older adults who had self-harmed were being seen. These adults were suffering as a result of loneliness and lack of contact. Additional funding had been made available for crisis funding. This would be used to focus on increasing social contact and engaging with the community.
- Young mothers, particularly those suffering from post-natal depression were another group which could require support.

**RESOLVED** that the presentation and comments be noted.

166 **NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST ANNUAL PLAN AND QUALITY ACCOUNT**

Members received a presentation from Jeremy Rushmer, Executive Medical Director, Northumbria Healthcare NHS Foundation Trust.

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Members were informed of the following:-

- The Trust was in the middle of a five year strategy ending in 2023.
- The vision remained to be the leader in providing high quality, safe and caring health and care services and to lead collectively with partners, to deliver system wide healthcare.
- Quality Account 2020/21 – safety and quality priorities and figures showing progress in each in Quarter 4.
- Flow - discharge
- Management of acutely unwell patients – improving timeliness of observations of medically unwell patients and continued work via the Deteriorating Patient Board.
- Supply and administration of medicines – best use of Patient Group Directions (PGDs) and training of non-medical prescribers especially in community settings.
- Children and young people’s emotional well-being and mental health – Responsiveness to children and young people emotional wellbeing and mental health issues, improving CAMHS pathways and reducing waiting times.
- End of life care and bereavement – Consolidation of bereavement and Medical Examiner work. Systematic clinical team review of cases and end of life strategy work.
- Patient experience – supporting those with dementia whilst in patient and improving assessment and management of pain for those with learning difficulties in the emergency department.
- Staff experience – strong link between staff and patient experience.
- The following Safety and Quality Priorities had been identified for 2021/22:
  - Access standards – regaining the standards for patient access.
  - Outpatients – embedding the changes in delivering outpatient appointments.
  - Deteriorating patient – to continue to improve the management of acutely unwell patients in both hospital and community settings.
  - Delirium – improvement of the detection of patients with delirium and the training of staff to improve early detection.
  - Patient Group Directors – continue to improve how we supply and administer PGDs to patients.
  - Child and Adolescent Mental Health Services (CAMHS) – build on the work undertaken this year to improve the timely access to the full range of CAMHS services.
  - Patient experience – intention is to get the patient experience back to pre-COVID levels.
  - Staff experience – again to build on the successful staff experience programme with the introduction of real time staff experience reporting.

The following comments were made in response to queries by Members:-

- Long COVID could mean different things to different people. Patients with severe respiratory illnesses following long stays in intensive care to those experiencing post viral symptoms. There was support in place for Long COVID patients and the Trust was working with the CCG about extending this offer. More science and treatments were required to work out the best

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way to treat these patients. The Trust currently ran a Long COVID clinic. All patients with severe respiratory symptoms were followed up and the Trust was also looking at how it could support patients with other persistent post viral symptoms as part of next year's strategy.

- There was a difference between prescribing medicine and administering it. Prescribing medicine had always been done by doctors but there was now a move towards using them just for the assessment of patients. There was a prescribing crisis which was mostly keenly felt in community settings. Access to medicines was being improved by the creation of nurse and non medical prescribers. There was a prescribing course which was quite hard to get through and there were also limited places on the course. All vaccinations whether in schools, for flu or COVID were administered by Patient Group Directives.
- Regarding the partnership between Northumberland County Council and the Trust, there were technical and governance reasons why it was being dissolved. From a clinician's point of view it did not matter who you were employed by but the key factor in making discharge safe was how the staff involved worked together. The Trust remained 100% committed to integrated care, the clinical care and safe discharge of patients. If there were governance arrangements which needed to be resolved and bring clarity on, the Trust would be in a much better circumstance having reviewed the working arrangements.
- It was requested that the matter of the partnership between the Northumberland County Council and the Trust and the implications of its dissolution be added to the Forward Plan for the Committee.

Mr. Rushmore added that he would like to thank Members for their help during the last year. It had all been shared together and the current position could not have been reached without the close working relationship.

167 **HEALTH AND WELLBEING OSC WORK PROGRAMME**

Members considered the work programme/monitoring report for the Health and Wellbeing OSC for 2019/20.

**RESOLVED** that the work programme be noted.

168 **DATE OF NEXT MEETING**

The next meeting would take place on Tuesday 1 June 2021 at 10:00 a.m.

**CHAIR**.....

**DATE**.....

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