

# Public Document Pack



## Northumberland County Council

Your ref:

Our ref:

**Enquiries to:** Mrs Lesley Bennett

**Email:** Lesley.Bennett@northumberland.gov.uk

**Tel direct:** (01670) 622613

**Date:** 15 July 2021

Dear Sir or Madam

Your attendance is requested at a meeting of the **HEALTH & WELLBEING OVERVIEW AND SCRUTINY COMMITTEE** to be held on **MONDAY, 26 JULY 2021** in the meeting space, **Block 2, Floor 2 at County Hall, Morpeth** at **1.00 P.M.**

Yours faithfully

Daljit Lally  
Chief Executive

**To: Members of the HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE:**

**J. Reid (Chair), L. Bowman, R.R. Dodd, D. Ferguson, G. Hill, C. Humphrey, I Hunter, C.R. Homer, K. Nisbet (Vice-Chair), and R. Wilczek**

**Cabinet Member – W. Pattison**

**Members are requested to refer to the risk assessment sent recently for meetings being held in County Hall. Masks should be worn when moving around but can be removed when seated, social distancing should be maintained, hand sanitiser regularly used and Members are requested to self test twice a week at home, in line with government guidelines.**

**Any member of the press or public may view the proceedings of this meeting live on our YouTube channel at <https://www.youtube.com/NorthumberlandTV>.**



**Daljit Lally, Chief Executive**  
County Hall, Morpeth, Northumberland, NE61 2EF  
T: 0345 600 6400  
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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. MINUTES OF PREVIOUS MEETING**

(Pages 1  
- 8)

Minutes of the meeting of the Health & Wellbeing Overview & Scrutiny Committee held on 15 June 2021, as circulated, to be confirmed as a true record and signed by the Chair.

**3. 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 Monitoring Officer at [monitoringofficer@northumberland.gov.uk](mailto:monitoringofficer@northumberland.gov.uk). Please refer to the guidance on disclosures at the rear of this Agenda letter.

**4. FORWARD PLAN**

(Pages 9  
- 12)

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

**5. NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST AND NORTHUMBERLAND CCG - COVID RECOVER**

(Pages  
13 - 32)

To receive a presentation from Birju Bartoli, Northumbria Healthcare NHS Foundation Trust, and David Lea, Northumberland CCG.

**6. COMMUNITY MENTAL HEALTH TRANSFORMATION**

(Pages  
33 - 42)

To receive a presentation from Russell Patton, Deputy Chief Operating Officer, CNTW, and Kate O'Brien, Senior Head of Commissioning, Northumberland CCG.

**7. CNTW QUALITY ACCOUNTS**

(Pages  
43 - 50)

To receive a presentation from Lisa Quinn, Executive Director of

Commissioning & Quality Assurance, CNTW and Paul Sams, Experience and Effectiveness Officer, CNTW.

**8. HEALTH AND WELLBEING OSC WORK PROGRAMME**

(Pages  
51 - 56)

To consider the work programme/monitoring report for the Health and Wellbeing OSC for 2021/22.

**9. 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.

**10. DATE OF NEXT MEETING**

The date of the next meeting is scheduled for Monday, 2 August 2021 at 1.00 p.m. venue to be confirmed.

**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.

<b>Name (please print):</b>
<b>Meeting:</b>
<b>Date:</b>
<b>Item to which your interest relates:</b>
<b>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):</b>
<b>Nature of Non-registerable Personal Interest (please give details):</b>
<b>Are you intending to withdraw from the meeting?</b>

**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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# Agenda Item 2

## NORTHUMBERLAND COUNTY COUNCIL

### HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a remote meeting of the **Health and Wellbeing Overview and Scrutiny Committee** held on Tuesday, 15 June 2021 at 10.00 am

#### PRESENT

Councillor J. Reid  
(Chair, in the Chair)

#### COUNCILLORS

Bowman, L.  
Dodd, R.R.  
Hill, G.  
Humphrey, C.

Hunter, I.  
Nisbet, K.  
Wilczek, R.

#### ALSO IN ATTENDANCE

Adams, Mark

Angus, C.  
Bennett, Mrs L.M.  
Brown, S.  
Gray, M  
Guthrie, L.  
McEvoy-Carr, C.

Mackey, Sir J.

Morgan, E.  
Nugent, D.  
Riley, C.

Rutherford, S.  
Teasdale, C.

Northumberland, Newcastle &  
Gateshead, North Tyneside, North  
Cumbria CCGs  
Scrutiny Officer  
Senior Democratic Services Officer  
Northumberland CCG  
Newcastle upon Tyne Hospitals  
Newcastle upon Tyne Hospitals  
Executive Director Adult Social  
Care and Children's Services  
Northumbria NHS Foundation  
Trust  
Director of Public Health  
Healthwatch Northumberland  
Northumbria NHS Foundation  
Trust  
Newcastle upon Tyne Hospitals  
Newcastle upon Tyne Hospitals

#### 1. MEMBERSHIP AND TERMS OF REFERENCE

Members noted the following membership and terms of reference for the Health and Wellbeing Overview and Scrutiny Committee which were agreed by Council on 26 May 2021.

**10 Members (4:3:1:2) (One Con place to LD)**

**Quorum - 3**

**Chair: J. Reid**

**Vice Chair: K. Nisbet**

<b>Conservative</b>	<b>Labour</b>	<b>Liberal Democrat</b>	<b>Independent Group</b>	<b>Green Party</b>	<b>Ind Non-Grouped</b>
R.R. Dodd	L. Bowman	I Hunter	G. Hill		
D. Ferguson	K. Nisbet	J. Reid			
C.R. Homer	R. Wilczek				
C. Humphrey					

**Terms of reference:**

- (a) To promote well-being and reduce health inequality, particularly in supporting those people who feel more vulnerable or are at risk.
- (b) To discharge the functions conferred by the Local Government Act 2000 of reviewing and scrutinising, matters relating to the planning, provision and operation of health services in Northumberland.
- (c) To take a holistic view of health in promoting the social, environmental and economic well-being of local people.
- (d) 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.
- (e) To monitor, review and make recommendations about:
  - Adult Care and Social Services
  - Adults Safeguarding
  - Welfare of Vulnerable People
  - Independent Living and Supported Housing
  - Carers Well Being
  - Mental Health and Emotional Well Being
  - Financial inclusion and fuel poverty
  - Adult Health Services
  - Healthy Eating and Physical Activity
  - Smoking Cessation
  - Alcohol and drugs misuse
  - Community Engagement and Empowerment
  - Social Inclusion
  - Equalities, diversity and community cohesion.

**2. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors D. Ferguson, C.R. Homer, C.W. Horncastle and W. Pattison.

### 3. MINUTES

**RESOLVED** that the minutes of Health and Wellbeing Overview and Scrutiny Committee meeting held on 6 April 2021, be approved as a correct record and signed by the Chair.

### 4. FORWARD PLAN

A latest Forward Plan of key decisions (attached to the signed minutes) was received.

**RESOLVED** that the information be noted.

### 5. HEALTH & WELLBEING BOARD

**RESOLVED** that the minutes of the Health & Wellbeing Board held on 11 March 2021 and 8 April 2021 (attached to the signed minutes) were noted.

## REPORTS FOR CONSIDERATION BY SCRUTINY

### 6. NHS WHITE PAPER AND ICS UPDATE

Members received a presentation (attached to the signed minutes) from Sir James Mackey, CEO of Northumbria Healthcare NHS Foundation Trust, and Mark Adams, Chief Officer of NHS Newcastle and Gateshead CCG, North Tyneside CCG, Northumberland CCG and North Cumbria CCG.

Members received a detailed presentation which included:-

- The footprint of the North East and North Cumbria Integrated Care System (ICS) and population comparison with neighbouring ICS areas.
- The aims of the NHS White Paper
  - Improving population health and healthcare
  - Tackling unequal outcomes and access
  - Enhancing productivity and value for money
  - Helping the NHS to support broader social and economic development
- Place based joint working between the NHS, Local Government, community health services and other partners.
- Legislative timeline and national expectations
- Planning guidelines
- National policy/guidance
- Twin Boards Model
  - Statutory ICS NHS Board
  - ICS Health and Care Partnership Board
- The North East and North Cumbria (NENC) Emerging Structure
- National emerging ICS Operating Model
- ICS and Place based Partnerships
- The impact on Northumberland

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

- It was acknowledged that some people did have difficulties in getting appointments or had to travel a long distance to attend a hospital appointment. The Systems Transformation Board would be working to address these type of issues and would welcome further information.
- The Unions were involved nationally and becoming more locally involved. The CCGs were awaiting guidance in a number of different areas. Information was awaited on the direction of travel of the ICS and HR which directly affected CCG staff.
- Reducing Miles Travelled Initiative had reduced miles travelled by patients substantially since the start of lockdown. COVID had allowed the use of technology for appointments which would have been impossible two years ago. This technology would reduce the need for patients to make long journeys and to find a tailored solution. This would be dealt with via the Systems Transformation Board and details of specific cases could be sent via Claire Riley.
- It was aimed to avoid a centrally imposed plan. There were currently a number of different sized CCGs. National NHS colleagues were trying to encourage more local engagement.
- NHS England was working to reach agreement in areas where there may be dispute. The North of England was still a very important footprint with a clear regional identity. ICP level interactions were needed within the ICS as it was so big.
- There would be no public consultation relating to ICS changes as there was technically no change to services to the public. Approximately two years ago, there had been engagement with the public in Northumberland. COVID had prevented any further engagement with partners from taking place. There were plans to work with Healthwatch in the future to ensure that public views were being listened to.
- There would be work to create a public face to explain issues and take concerns back, enabling it to be held to account.

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

The Chair thanked Sir Jim Mackey and Mark Adams for their presentation.

## 7. COVID-19 UPDATE

Members received a presentation from Liz Morgan, Director of Public Health, and Rachel Mitcheson, Service Director: Transformation & Integrated Care Northumberland CCG, (Presentation attached to the signed minutes.)

Members were informed of the following:-

- The trend in positive cases as a 7 day rate per 100,000 was rising across the LA7 and numbers in Northumberland, Newcastle and North Tyneside had been highlighted nationally
- Northumberland was showing a five times increase in cases which was a concern but not a need to panic.
- The Delta (Indian) variant which was now the dominant variant was more transmissible and there was evidence of an increase in the severity of the disease and a higher risk of admission to hospital.

- ONS Surveillance showed an increase in prevalence from 1:1,120 (week ending 22 May 2021) to 1:560 (week ending 5 June 2021).
- 60% of cases were in the under 25 years age group. Cases in over 60s was showing a slight increase.
- National tests for roadmap progression.
- Real time data demonstrated that particularly after two doses vaccines were very effective at reducing symptoms and mortality. Most of those in hospital with COVID had either not been vaccinated or just had one dose.
- Hospital admissions were much lower and patients were generally younger but with less need for critical care. However, Primary Care and the Trusts were very busy.
- Key messages were to proceed with caution.

Rachel Mitcheson updated Members on the Vaccination Programme and raised a number of points including:-

- Details of the numbers of doses delivered and vaccination sites delivered in Northumberland.
- Details of the two phases of the vaccination programme.
- Graphs showed the uptake of first doses by cohorts 1-12 and second doses for cohorts 1-9.
- Northumberland had the highest % uptake of first doses (83.4%) of any Upper Tier Local Authority area in England.
- Figures shown for vaccination of residents and staff in care homes and social care staff.
- Northumbria Healthcare Foundation Trust had delivered vaccinations for frontline health and social care staff from Wansbeck General and North Tyneside General Hospitals.
- There had been fantastic multiagency collaboration to identify and book staff into these vaccination slots.
- Vaccines being used in the UK were Pfizer/BioNTech and Oxford/AstraZeneca, and small amounts of Moderna vaccine. Further vaccines, Janssen, Valneva and Novavax products were likely to be used later in the year.
- Northumberland Vaccine Equity Board aimed to identify and address potential areas of inequity and prioritised BAME groups, GRT communities, LD/SMI registered patients and areas of economic deprivation.
- Northumberland's Roving Vaccination Unit launched at Bellingham in early April and had visited homeless shelters, some residential settings, piloted workplace vaccinations and assisted with North Tyneside's surge vaccinations.
- The vaccination programme had been successful due to system leadership, coordination and collaboration and excellent public engagement.
- Future challenges included preparing for phase 3 alongside the flu vaccination programme and bringing forward second doses for all those over 40.

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

- A vaccine hesitancy campaign had just launched which aimed to deal with common questions and issues raised. There would always be some who would refuse the vaccine and currently 11,000 over 50's had not had their first dose. It would never be possible to vaccinate everyone.
- Vaccine supplies were nationally controlled and it was an ever changing picture.

- The order of vaccination was controlled by age group and the system of cohorts.
- Stage 4 of the roadmap had been pushed back in view of the emergence of the new variants, to allow more people to be vaccinated and to stop the new variants from transmitting. There had been no suggestion of moving back into more stringent restrictions.
- Some people who had been vaccinated could still catch COVID as no vaccine was 100% effective.
- Northumberland was not yet in the same position as North Tyneside and outbreaks were being managed and extra testing put in place. There was currently no need for surge testing.
- The vaccination programme had now reached the ages of 23-24 years

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

## 8. NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST QUALITY ACCOUNTS

Members received a detailed presentation from representatives of the Newcastle upon Tyne Hospitals NHS Foundation Trust. Comments made included:-

- The policy of Restart, Reset and Recover
  - Restart – short term switch back on with minor alterations to pre COVID 19.
  - Reset – adoption of new ways of working which were defined by the COVID 19 legacy constraints such as the need for PPE, testing, shielding, social distancing and workforce fatigue.
  - Recovery – a longer term programme to embed new transformative ways of working, recover performance and clear backlogs.
- Patient Safety Priorities
  - Reducing infection – inclusion of COVID 19, Healthcare onset, probably and definite healthcare associated Sepsis and Antimicrobial Stewardship.
  - Pressure Ulcer Reduction – community acquired pressure damage whilst under the care of District Nursing Teams.
  - Management of abnormal results.
- Clinical Effectiveness
  - Enhancing capability in QI – including Newcastle Improvement and improving services through any learning as a result of the pandemic/patient involvement.
  - Maternity Early Warning System
- Patient Experience
  - Ensure reasonable adjustments are made for patients with suspected or known LD
  - NCEPOD standard looking at mental health in young people.

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

- In March/April 2020 all but emergency treatment was cancelled by the Trust in anticipation of large numbers of COVID patients. However, 80% of elective work was then reinstated by May/June 2020. By September 2021, treatment levels were expected to be above the 2019/20 baseline.

- Through an open, honest culture at work, staff had been empowered to speak to relatives of patients about treatment or to explain or apologise for an incident.
- Healthwatch had responded to the Quality Accounts and had raised feedback from people who used the Trust services. Healthwatch would like to see the comments of users from Northumberland reflected within the Quality Accounts. More detail about complaints and responses would also be welcomed.
- The Trust was very conscious that non face to face appointments did not work for everyone. Questionnaires had been conducted and it appeared that most patients appreciated the ability to have a virtual or telephone appointment, this included patients from more rural parts of Northumberland and regionally. Work was being done to ensure that wherever necessary for treatment purposes, a face to face appointment was offered.
- Clinics for long COVID had been identified, but the numbers had not been as great as expected. It was likely that the true impact was not yet known.
- Seven priorities had been chosen as this was felt to be an appropriate number for what could be achieved.

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

The Chair thanked the Trust representatives for their presentation.

## 9. PRIMARY CARE APPLICATIONS WORKING GROUP

Members noted the terms of reference of the Primary Care Applications Working Group and

**RESOLVED** that membership be as follows for the Council Year 2021/22:-

Chair of Health & Wellbeing OSC  
 Vice-Chair of Health & Wellbeing OSC  
 Councillor L. Bowman  
 Councillor I. Hunter

## 10. WORK PROGRAMME

Members considered the work programme/monitoring report for the Health and Wellbeing OSC for 2021/22.

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

## 11. NEXT MEETING

The next meeting would take place on Tuesday 6 July 2021 at 1:00 p.m. at County Hall.

**CHAIR** \_\_\_\_\_

**DATE** \_\_\_\_\_

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## Forward Plan

### FORTHCOMING CABINET DECISIONS AUGUST TO NOVEMBER 2021

DECISION	PROPOSED SCRUTINY DATE	CABINET DATE
<p><b>The Northumberland Line</b>                      To provide members with an update on the scheme development and approvals process for the Northumberland Line project. Members will be asked to confirm elements of project scope and the anticipated spend profile (inc. NCC and external funding).                      (W. Ploszaj / Stuart McNaughton - 07827 873139)</p>	CSEG 6 September 2021	3 August 2021
<p><b>Energising Blyth Programme (Energy Central Campus)</b>                      This report seeks to update Cabinet and seek key decisions regarding arrangements to support the development and establishment of the Energy Central Campus. This project is one of the priority schemes in the Energising Blyth Regeneration Programme including projects supported by the Future High Streets Fund and Blyth Town Deal.                      (W. Ploszaj /R. Strettle – 07770642773)</p>	N/A	3 August 2021
<p><b>Dissolution of the Council’s Partnership with Northumbria Healthcare</b>                      To provide information about the planning taking place for adult social care and public health services affected by the decision of Northumbria Healthcare NHS Foundation Trust to terminate the partnership between the Trust and the</p>	H&B 2 August 2021	3 August 2021

<p>Council which has been in place since 2011, and about the proposed future model for these services.</p> <p>(W. Pattison/C. McEvoy-Carr – 01670 623958)</p>		
<p><b>Transfer of redundant public toilet to Newbiggin Town Council</b></p> <p>To seek a resolution on the recommendation of the Local Area Council in response to a petition on the proposed transfer of a redundant public toilet building to Newbiggin Town Council</p> <p>(J. Riddle/G. Gavin – 07500127242)</p>	N/A	7 September 2021
<p><b>Draft Private Housing Sector Strategy 2020-23</b></p> <p>The report provides Members with the draft Private Sector Housing Strategy 2020-2023 for review and agreement.</p> <p>(G. Horncastle/ J. Stewart 01670 623076 / 07771 974 112)</p>	C&P 4 August 2021	7 September 2021
<p><b>Enterprise Zone – NEP1 – Investor Proposal</b></p> <p>The purpose of this report is to enable the Cabinet to make a decision in respect of entering into the proposed project with Investor A which includes the significant inward investment and entering into a long term strategic partnership.</p> <p>(Cllr W. Ploszaj/C. Johns-McLeod – 01670 623875)</p>		7 September 2021
<p><b>Approval of the Council Tax Support Scheme for 2022/23</b></p> <p>Since 1 April 2013 the Council is required to have its own council tax support scheme to provide assistance to council tax payers on low incomes. The scheme needs to be</p>	CSEG 11 October 2021	12 October 2021 Council 3 November 2021

<p>approved annually and assistance is by way or a reduction in the amount of council tax that is due.</p> <p>The Council Tax Support Scheme needs County Council approval. (R. Wearmouth/G. Barnes 624351)</p>		
<p><b>Approval of the Council Tax Base 2022/23</b></p> <p>The Council is required to set its council tax base annually. The tax base must be set between the 1st of December and 31st January. The tax base is a measure of the Council's taxable capacity which is used for the setting of its council tax. Legislation sets out the formula for calculation.</p> <p>Cabinet has delegated authority to approve the tax base. (R. Wearmouth/G. Barnes 624351)</p>	<p>CSEG 6 December 2021</p>	<p>7 December 2021</p>

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**THE**  
**NORTHUMBRIA WAY**

PEOPLE CARING FOR PEOPLE

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**Performance / Recovery update**  
**Update to Northumberland overview and**  
**scrutiny committee - 26 July 2021**

*Birju Bartoli – Executive Director of Performance & Improvement*

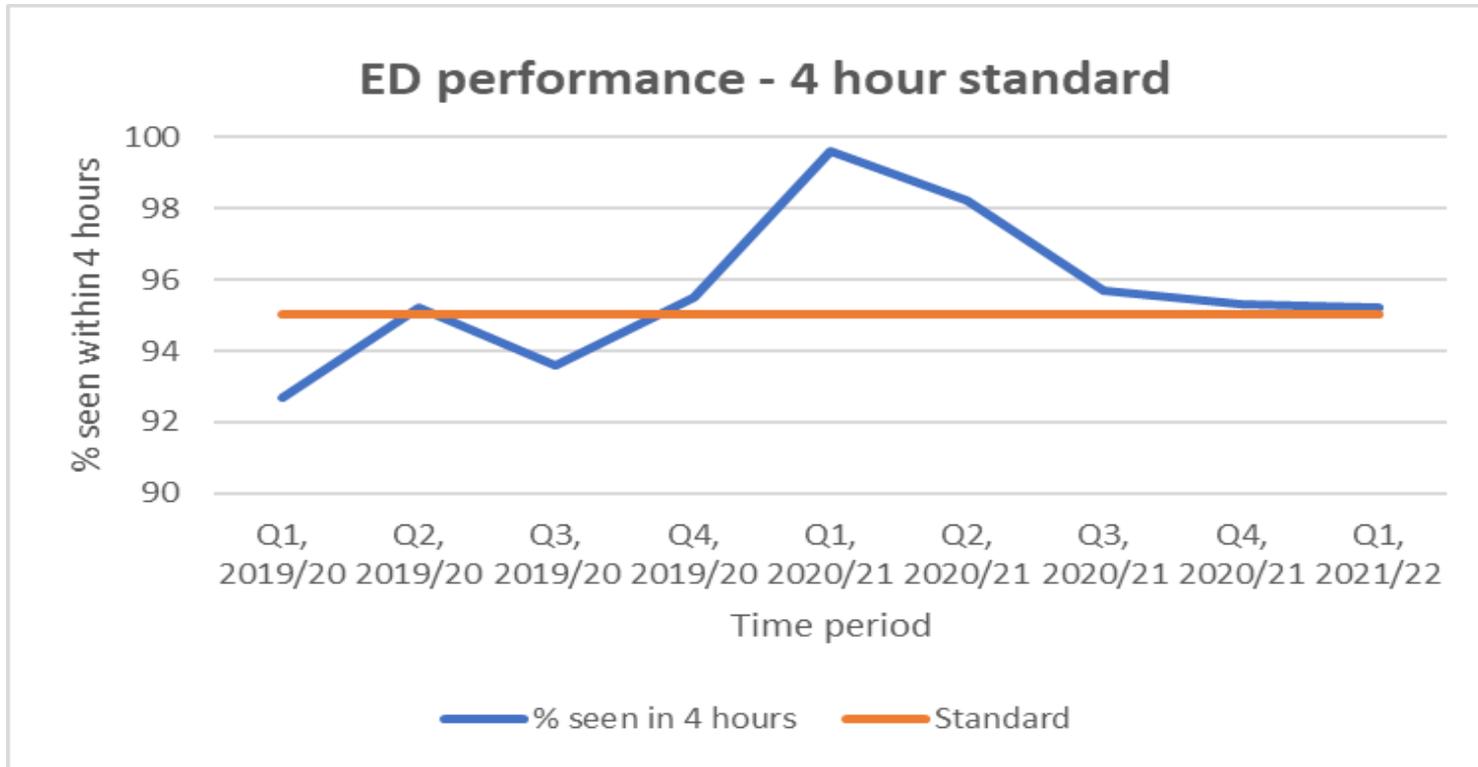
Agenda Item 5

# Background

- Key performance targets
- Covid and impact on performance
- Recovery
  - For Northumbria
  - Supporting regional partners - ICS
  - Supporting our workforce

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# Emergency Department (ED)



- Standard met every quarter in 2020/21. Continuing to meet standard in Q1 2021/22
- To note - increase in attendances performance will become increasingly challenging to meet

# ED - attendances

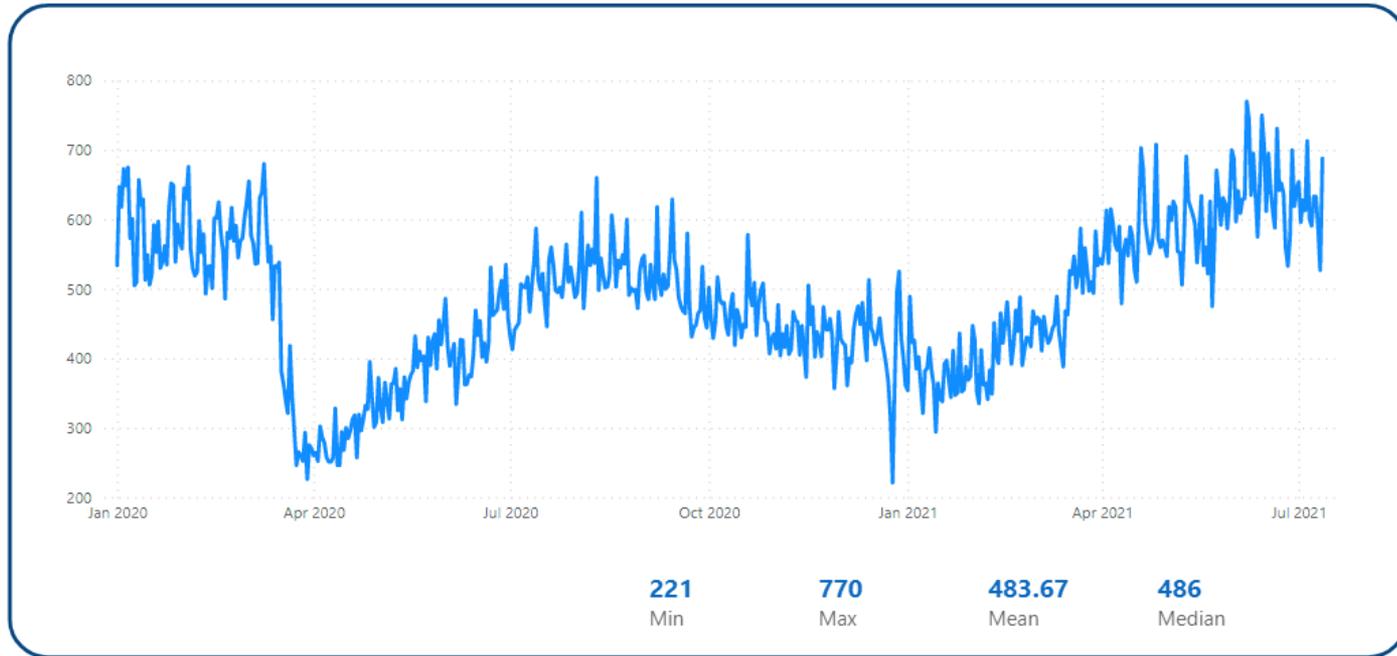
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST

## A&E Attendances - Trust wide

01/01/2020 - 12/07/2021



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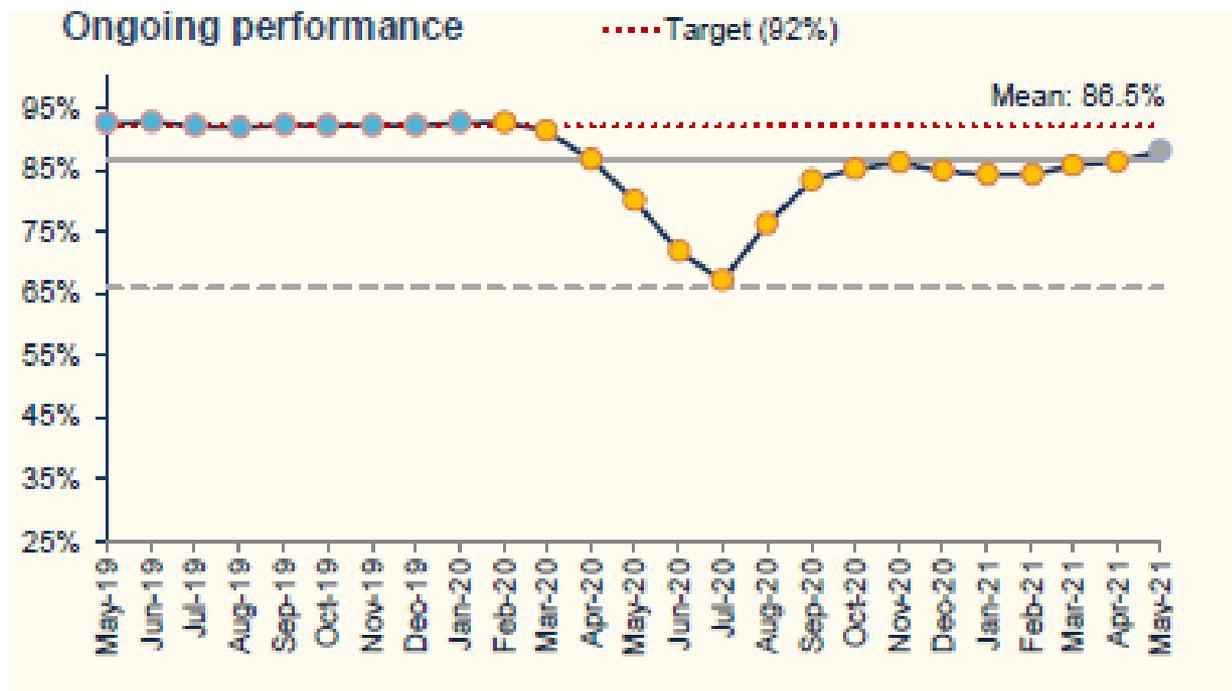


Produced by: Information Services - Analysis & Reporting

Covid-19 ED Infographic.pbix

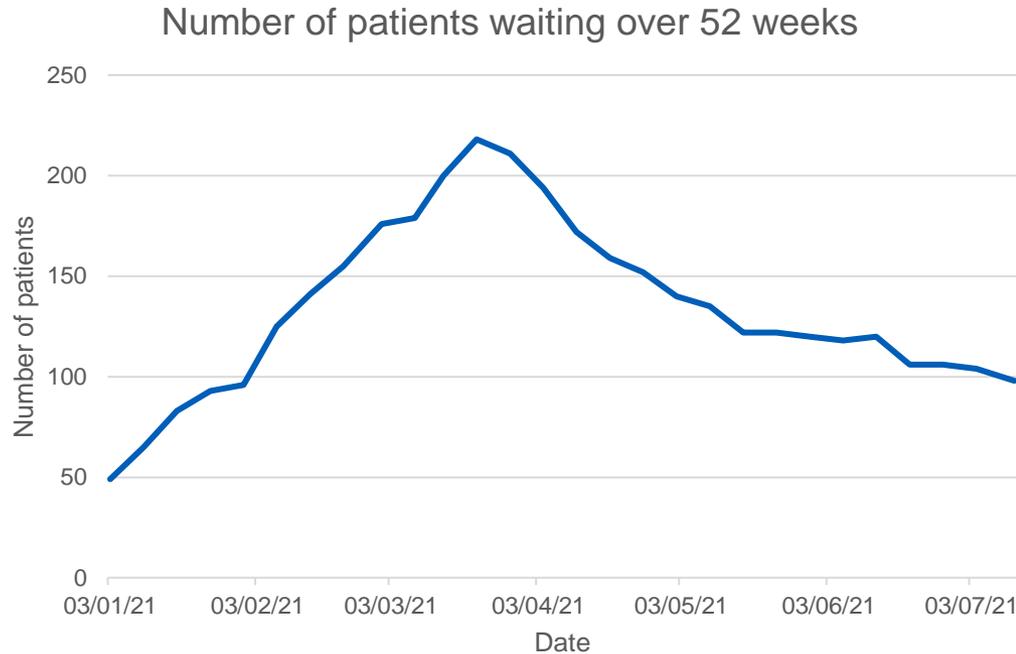
- The number of attendances decreased significantly during the first wave of Covid, March 2020 to June 2020
- There has been a steady rise in attendances in the first quarter of this year

# Referral to Treatment (RTT)



- The standard is 92% of referrals are seen and treated or discharged within 18 weeks
- Prior to Covid Trust was meeting this target. Suspension of elective services impacted on performance
- August - activity resumed. Performance is improving and aim to meet the 92% standard by October 2021
- Waiting list and Health Inequalities

# RTT – 52+ week waiters

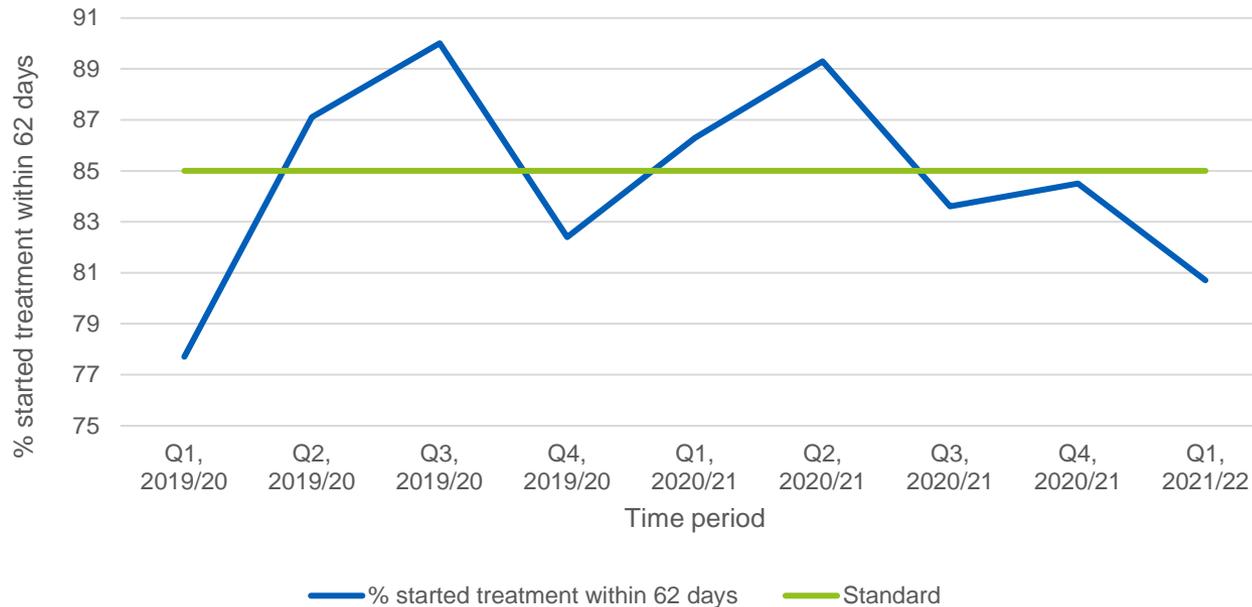


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- The Trust is working to have zero patients waiting over 52 weeks for the start of their treatment
- Currently 98 patients who are waiting over 52 weeks
- All the patients are waiting on a surgical pathway and plans are in place to treat these patients

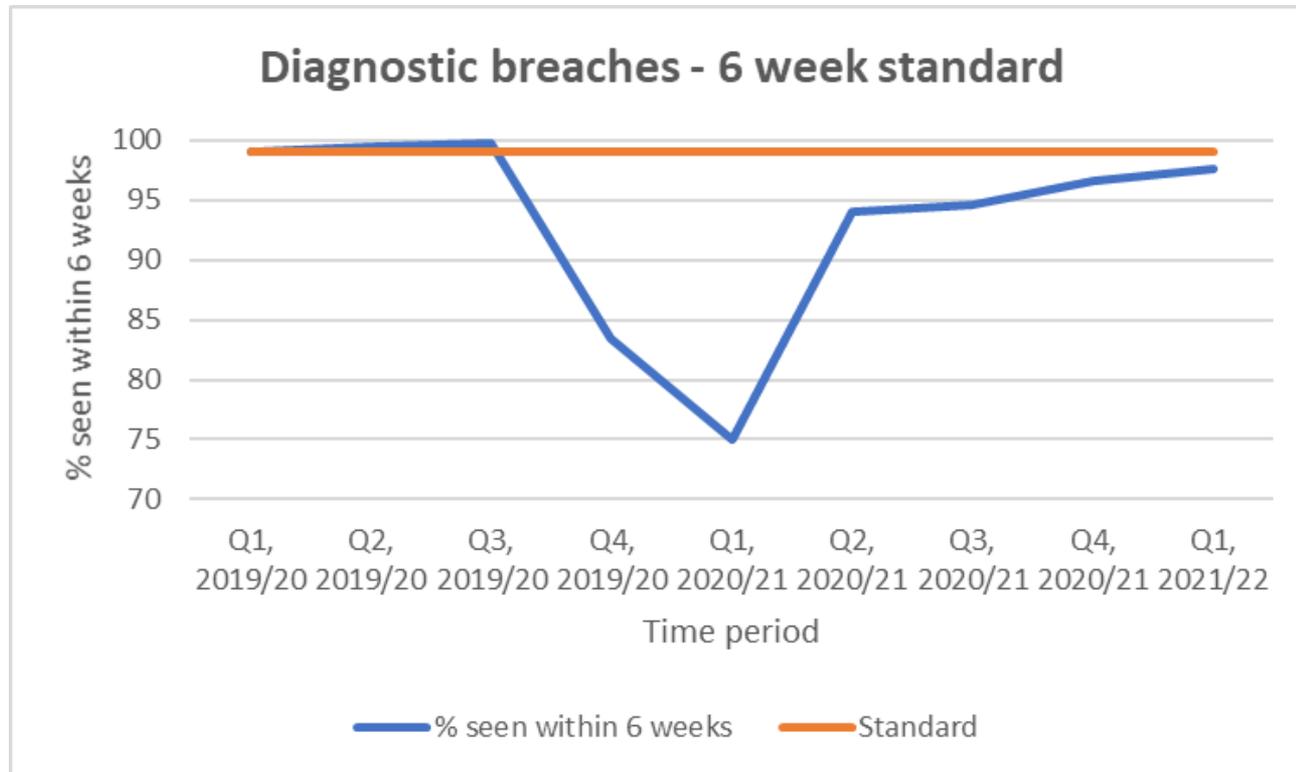
# Cancer – 62 day standard

### Cancer performance - 62 day standard



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- The Trust is working to ensure 85% of patients diagnosed with cancer commence treatment within 62 days of referral
- Trust position is strong in comparison to other providers, but remains challenging
- High volume of referrals the trust is receiving, particularly in colorectal and breast tumour sites



- The standard is 95% of patients referred for a diagnostic test (e.g. MRI, CT, endoscopy) are seen within 6 weeks
- Prior to Covid the Trust consistently achieved this standard
- Plans in place to meet the standard – performance continues to improve this on a monthly basis

# Summary

- History of delivering against performance standards and delivering timely care for patients
- Recovery programme of work across all disciplines and strong desire to return to delivering standards
- Improvements being seen in all areas
- Supporting wider system recovery where waits are considerably longer – ICS recovery requirements
- Balance of increasing capacity into the system whilst ensuring the work force have some down time pre winter

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**THE**  
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**Any questions?**



Northumbria Healthcare  
NHS Foundation Trust

THE  
**NORTHUMBRIA WAY**

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**Thank you**

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# Northumberland

Performance overview of some of the key access health care indicators

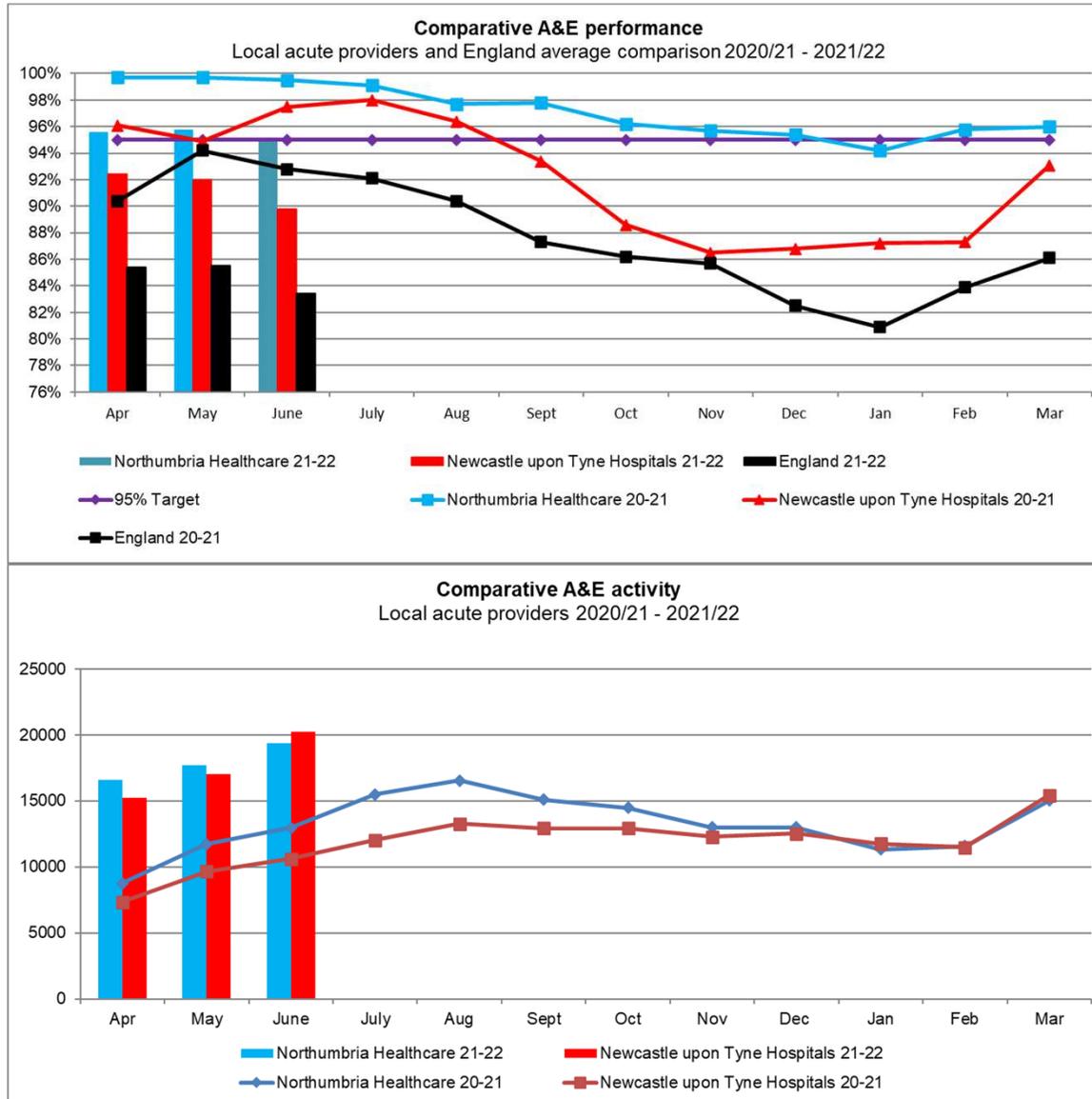
July 2021



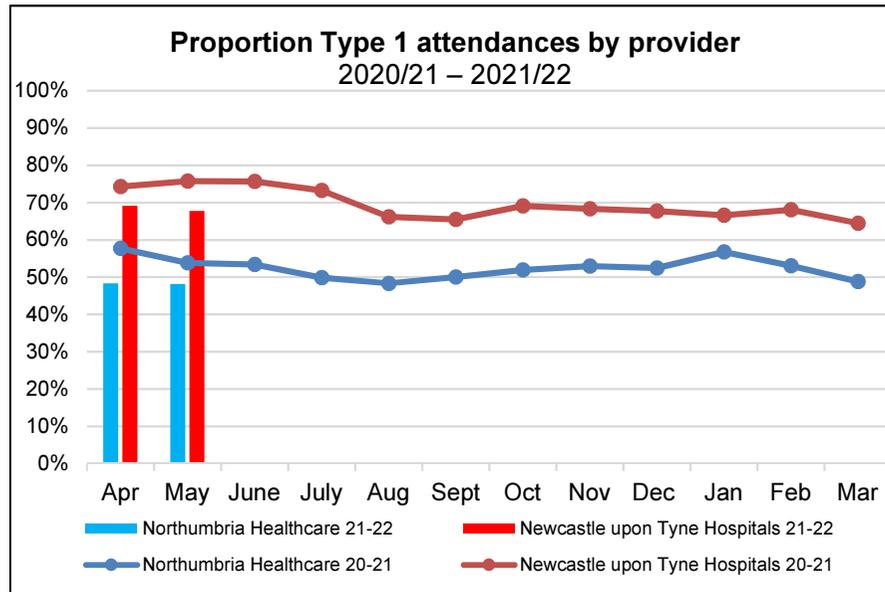
# Urgent Care - Accident and Emergency

Charts show recovery of A&E performance following COVID19 pressures despite increases in the volume of the patients using the service

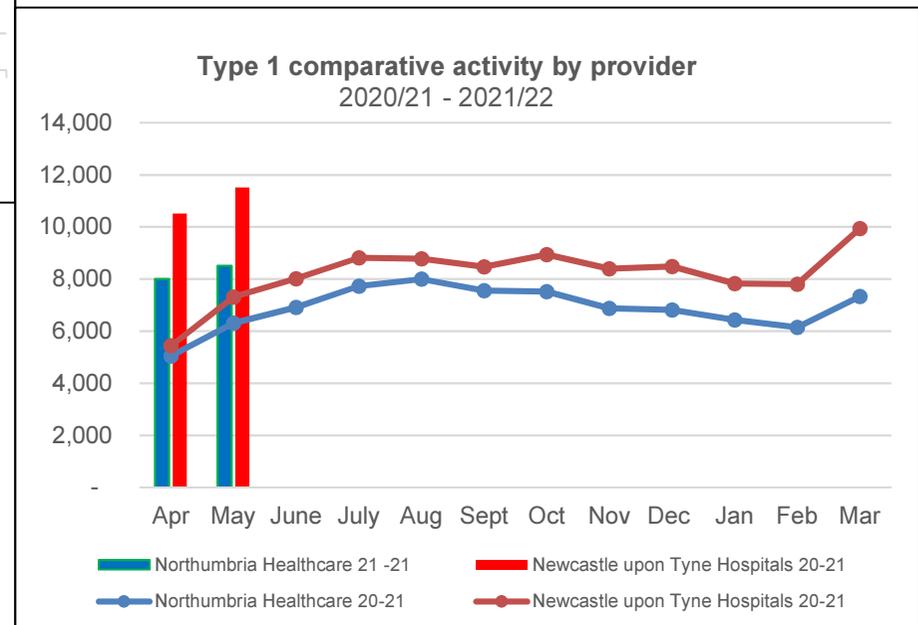
Local performance consistently stronger than overall national position



# Acuity of accident and emergency patients



The volume and the proportion of the highest risk patients attending accident and emergency departments has also increased over time



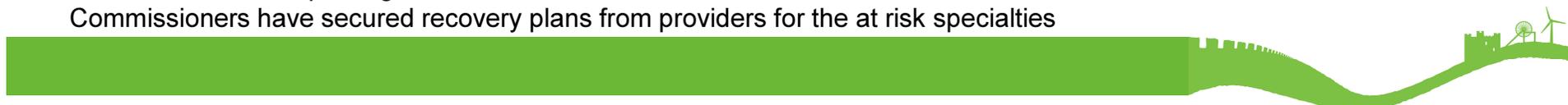
# Planned Care

## 18 weeks – referral to treatment waiting lists – Northumberland May 2021

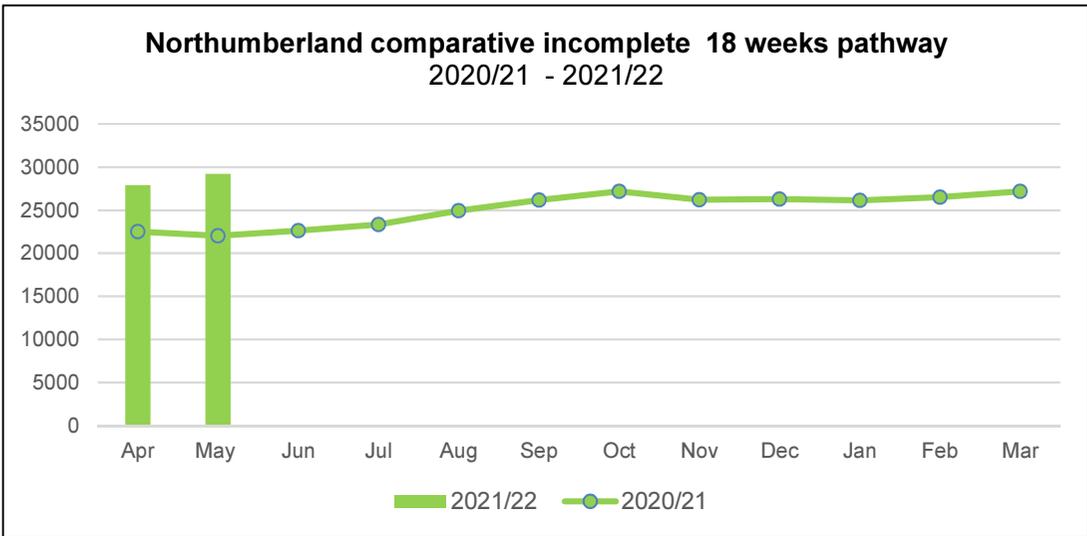
Treatment Function	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Average (median) waiting time (in weeks)	92nd percentile waiting time (in weeks)	Total 52 plus weeks
General Surgery Service	4,544	3,883	85.5%	8.9	26.1	12
Urology Service	2,260	1,813	80.2%	9.7	30.9	33
Trauma and Orthopaedic Service	2,889	2,085	72.2%	10.4	39.7	117
Ear Nose and Throat Service	1,789	1,448	80.9%	8.6	32.6	68
Ophthalmology Service	5,687	2,567	45.1%	21.5	66.5	808
Oral Surgery Service	1	1	100.0%	-	-	0
Neurosurgical Service	97	72	74.2%	9.3	34.2	2
Plastic Surgery Service	676	492	72.8%	9.8	39.0	28
Cardiothoracic Surgery Service	2	2	100.0%	-	-	0
General Internal Medicine Service	530	520	98.1%	5.7	15.9	0
Gastroenterology Service	870	806	92.6%	7.4	17.7	2
Cardiology Service	1,395	1,255	90.0%	6.5	21.8	23
Dermatology Service	1,625	1,214	74.7%	8.0	41.0	80
Respiratory Medicine Service	845	828	98.0%	6.0	16.1	0
Neurology Service	413	397	96.1%	5.4	15.9	1
Rheumatology Service	614	586	95.4%	7.6	16.9	1
Elderly Medicine Service	454	443	97.6%	5.9	15.8	0
Gynaecology Service	1,791	1,647	92.0%	7.4	18.1	20
Other - Medical Services	616	553	89.8%	6.4	21.4	8
Other - Mental Health Services	74	73	98.6%	4.3	14.3	0
Other - Paediatric Services	709	621	87.6%	5.1	25.5	9
Other - Surgical Services	719	576	80.1%	8.2	34.2	21
Other - Other Services	1,371	1,322	96.4%	5.2	15.6	5
<b>Total</b>	<b>29,971</b>	<b>23,204</b>	<b>77.4%</b>	<b>9.0</b>	<b>38.1</b>	<b>1,238</b>

The latest waiting times for Northumberland patients currently awaiting treatment / risk rated – as will be shown in future slides there is an improving trend.

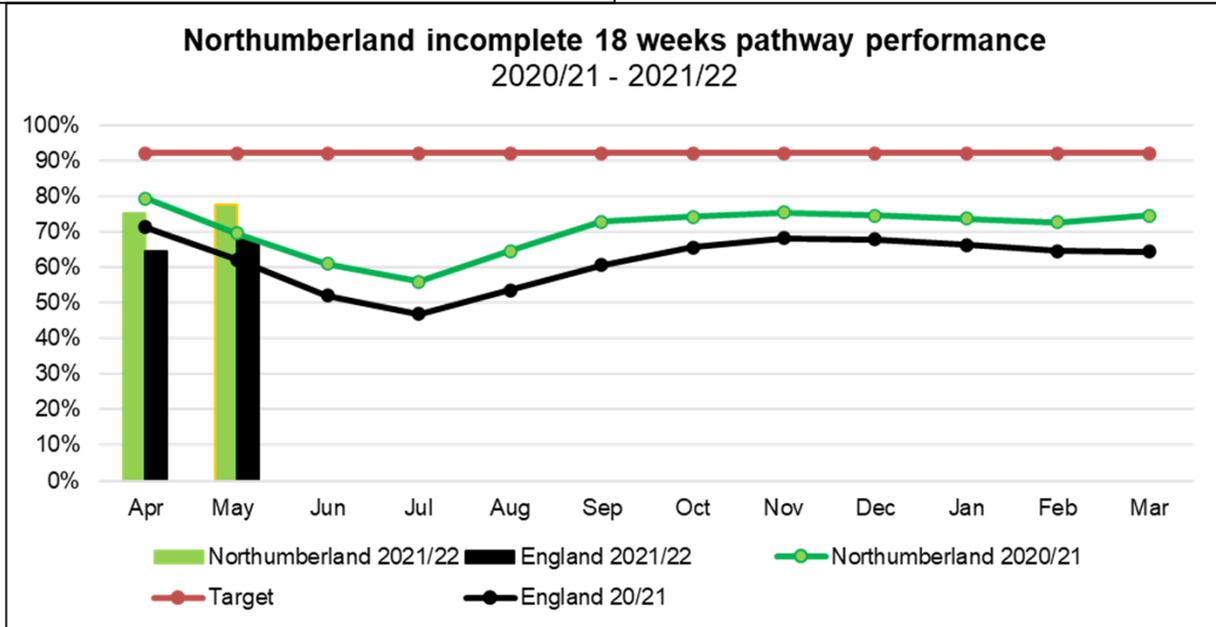
Commissioners have secured recovery plans from providers for the at risk specialties



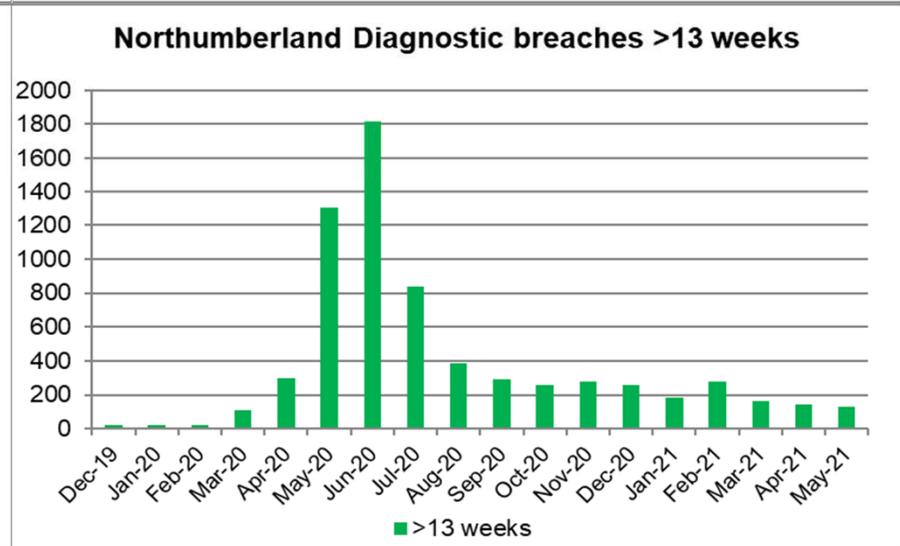
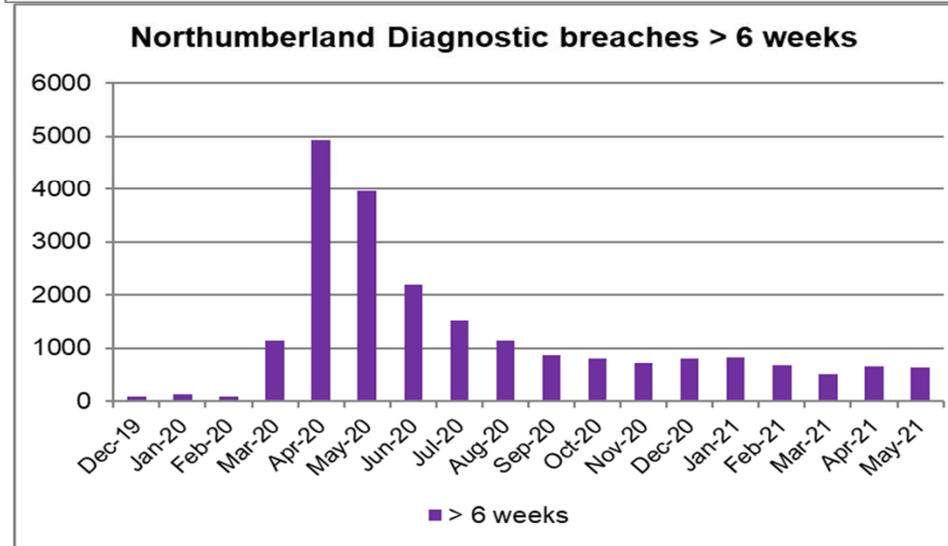
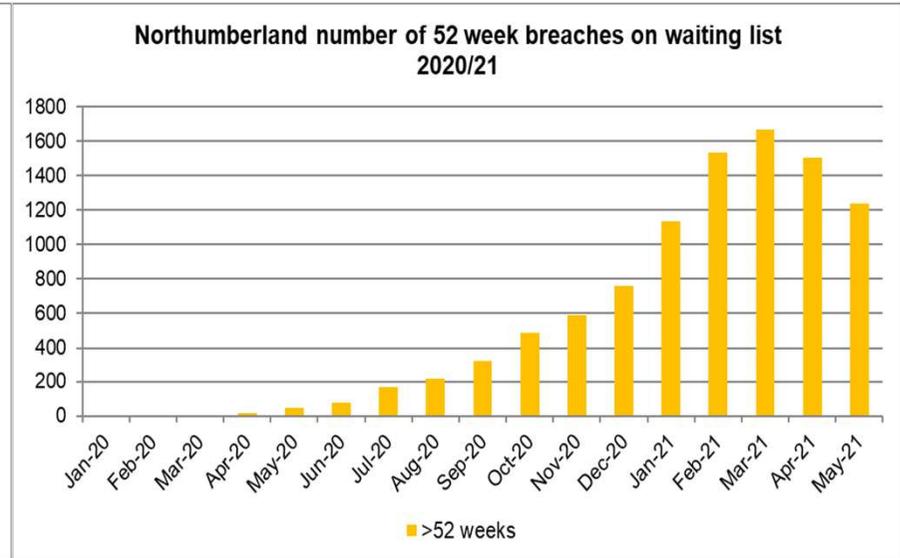
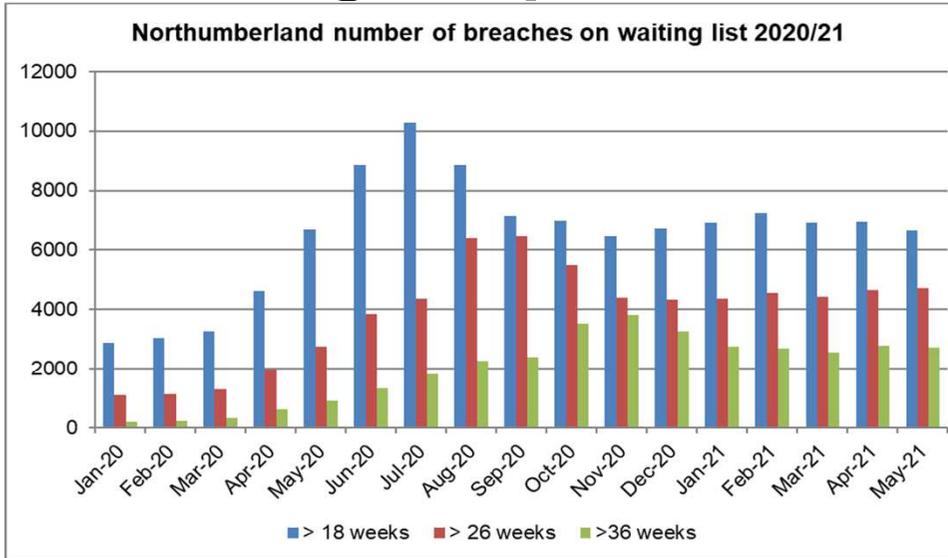
# Waiting list profile



Recovery of performance against waiting time threshold now being seen although there has been a rise in the volume of patients on the waiting lists.



# Waiting list profile

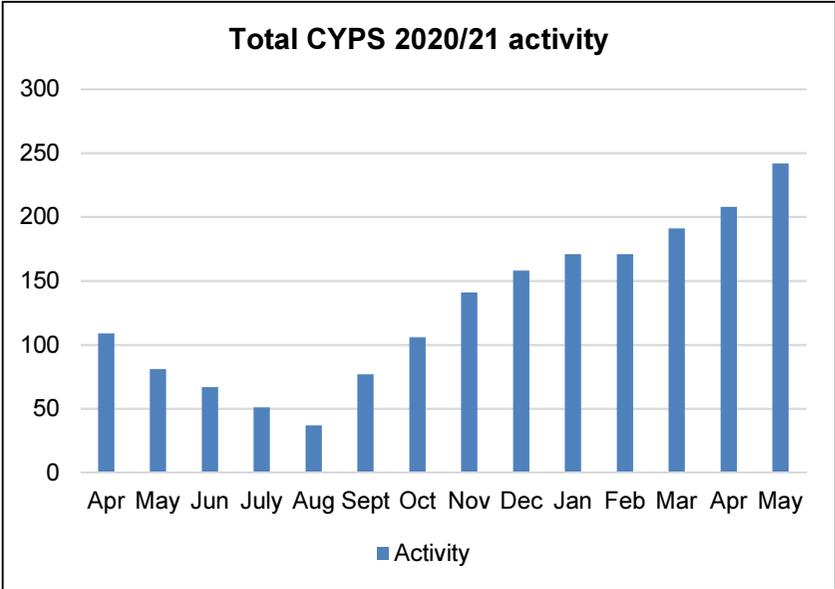
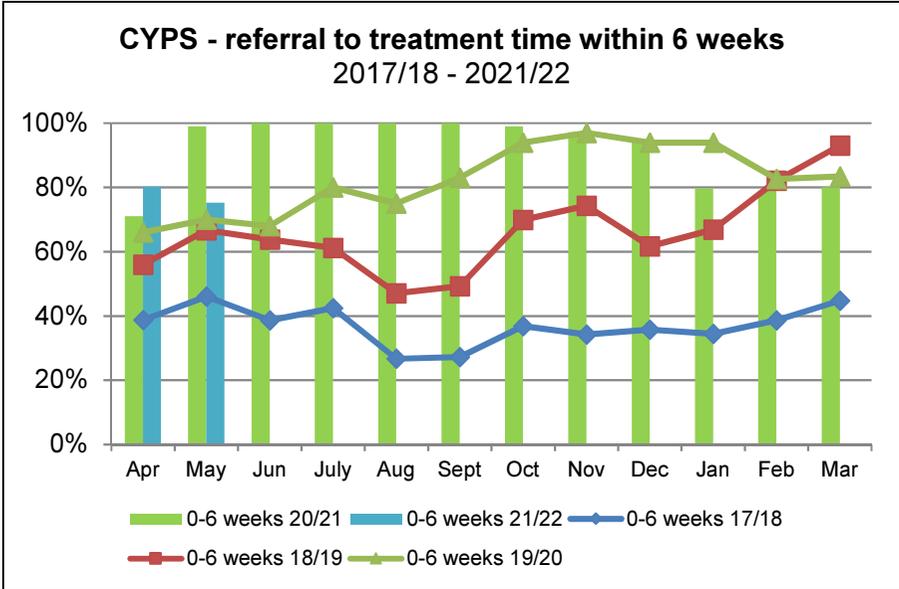


The volume of patients on waiting lists for excessive periods of time both for treatment and diagnostic tests is reducing month on month



# Mental Health overview

## Children and young peoples' service (CYPS)

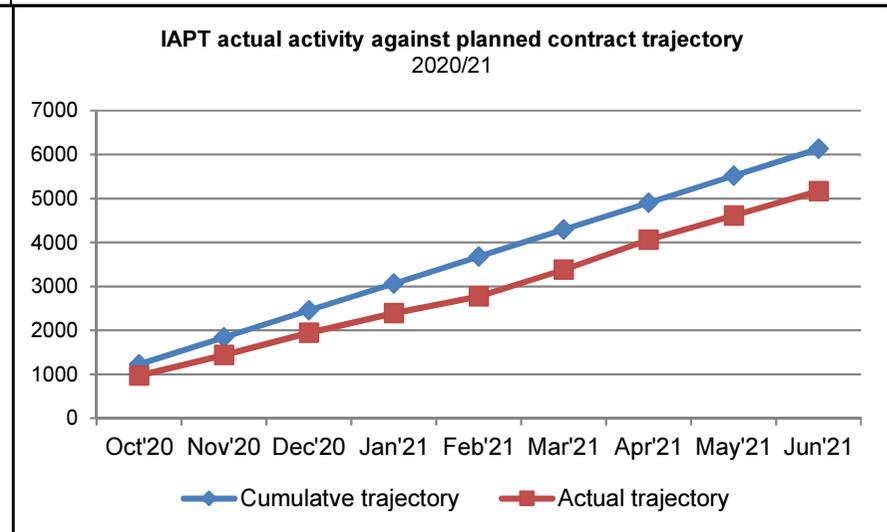
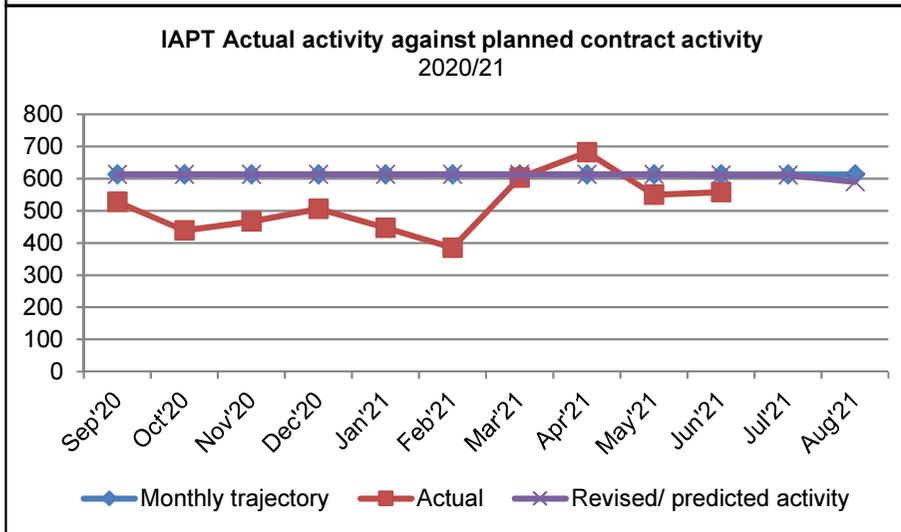
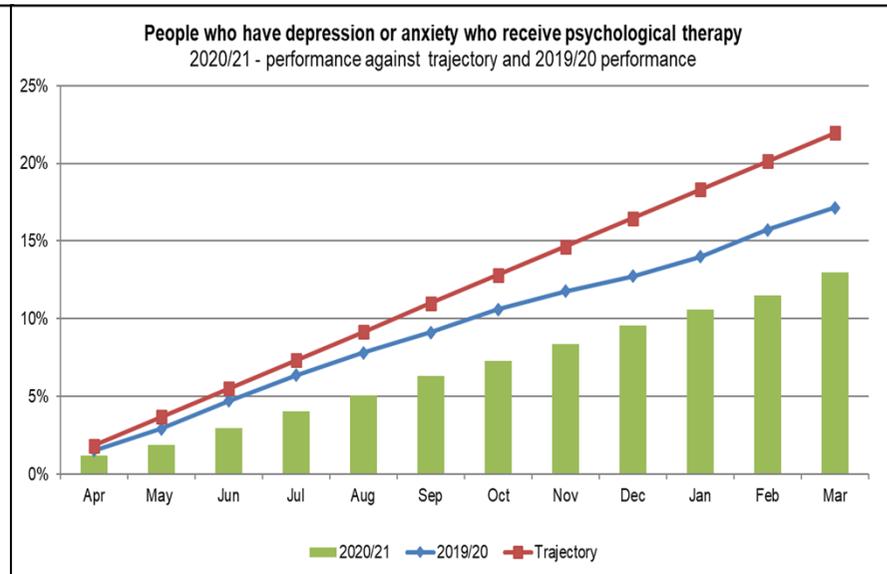
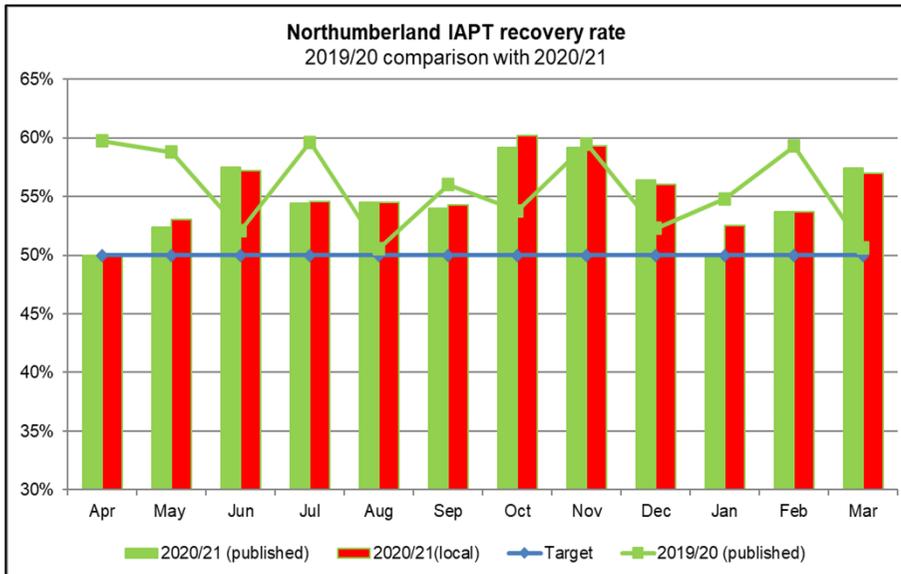


Consistently strong performance – slight deterioration from January 2021 onwards however breaches due to children not being available for appointment and significant increase in the volume of referrals

Most children waited no longer than 10 weeks, no children waited longer than 14 weeks.



# Improving access to psychological therapies (IAPT)



Strong recovery rate shown for those receiving treatment – major issue relates to much lower volume of referrals being received into the service



# **Community Mental Health Transformation**

## **An Update – July 2021 – V3**

# Progress to date

- Local Area submissions made for the Community Mental Health.
- Transformation Fund and the Crisis Alternative's Bid.
- Engagement sessions carried out.
- Local priority pathways agreed and shared with Integrated Care System.
- Recovery college launched.
- Leadership Group and Task & Finish Groups established.
- ARRS (Additional Roles Reimbursement Schemes) posts agreed and recruitment underway.
- Workforce mapping underway.
- Planning round has commenced.
- Transformation allocations received.

## The Long Term Plan includes ambitious targets for community mental health



New funding for community mental health will flow to local systems, to invest in recruiting new members of the community mental health workforce and commissioning new VCSE services.

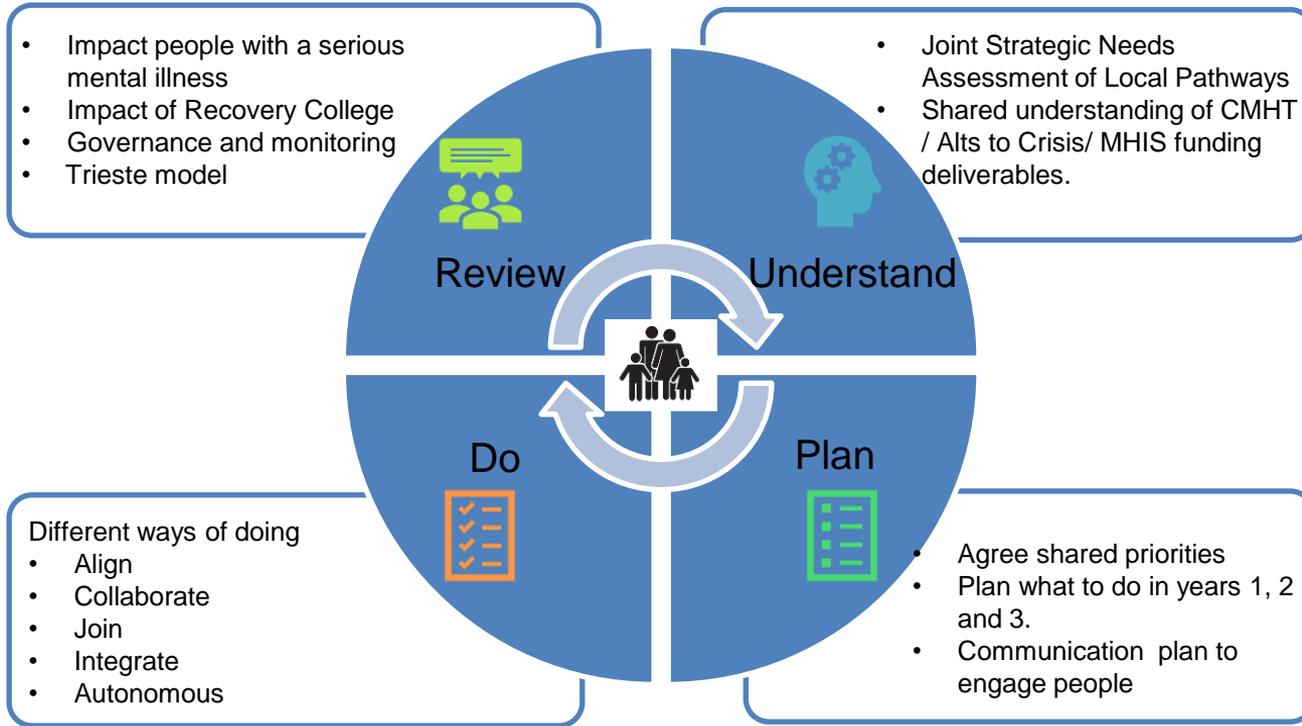
We are aiming to provide better care to people already receiving mental health support in the community, and increase access to these services.

### Key deliverables in the Long Term Plan by 2023/24

Core model	Dedicated focus	Physical health	IPS	EIP
A new, inclusive generic community-based offer based on redesigning community mental health services in and around Primary Care Network, contributing to 370k minimum access number by 23/24	Improving access and treatment for adults and older adults with a diagnosis of 'personality disorder', in need of mental health rehabilitation and eating disorders, contributing to 370k minimum access number by 23/24	Increasing the number of people with SMI receiving a comprehensive physical health check to a total of 390,000 people per year	Supporting a total of 55,000 people a year to participate in the Individual Placement and Support programme	Maintaining the 60% Early Intervention in Psychosis access standard and ensuring 95% of services achieve Level 3 NICE concordance

# What is the transformation plan

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# New Roles & Integrated Posts

Mental Health ARRS Posts - 6x MH practitioner and OT posts. 21/22 is year 1 of a 3 year - initiative between Primary Care and Specialist Mental Health Trust. ( 50/50 funding arrangements)

CCG and LA commissioning working at “place” together

Strengthening integration between CNTW and the LA.

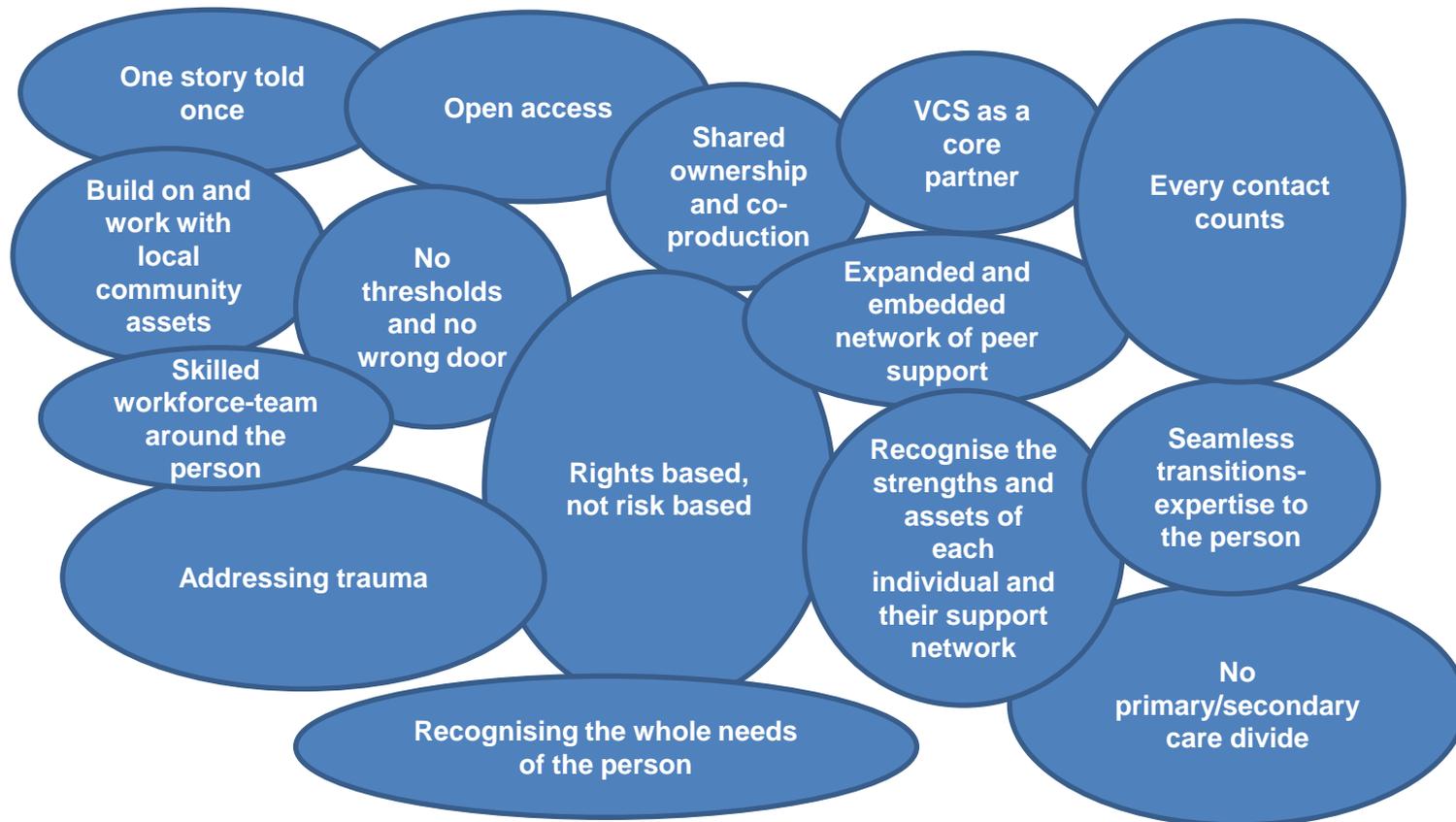
VCSE Alliance to be the cornerstone of provider collaborative.

Innovative staff appointments being developed between partners.



# Community Model Principles

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# Key Priorities - incorporating the core principles.

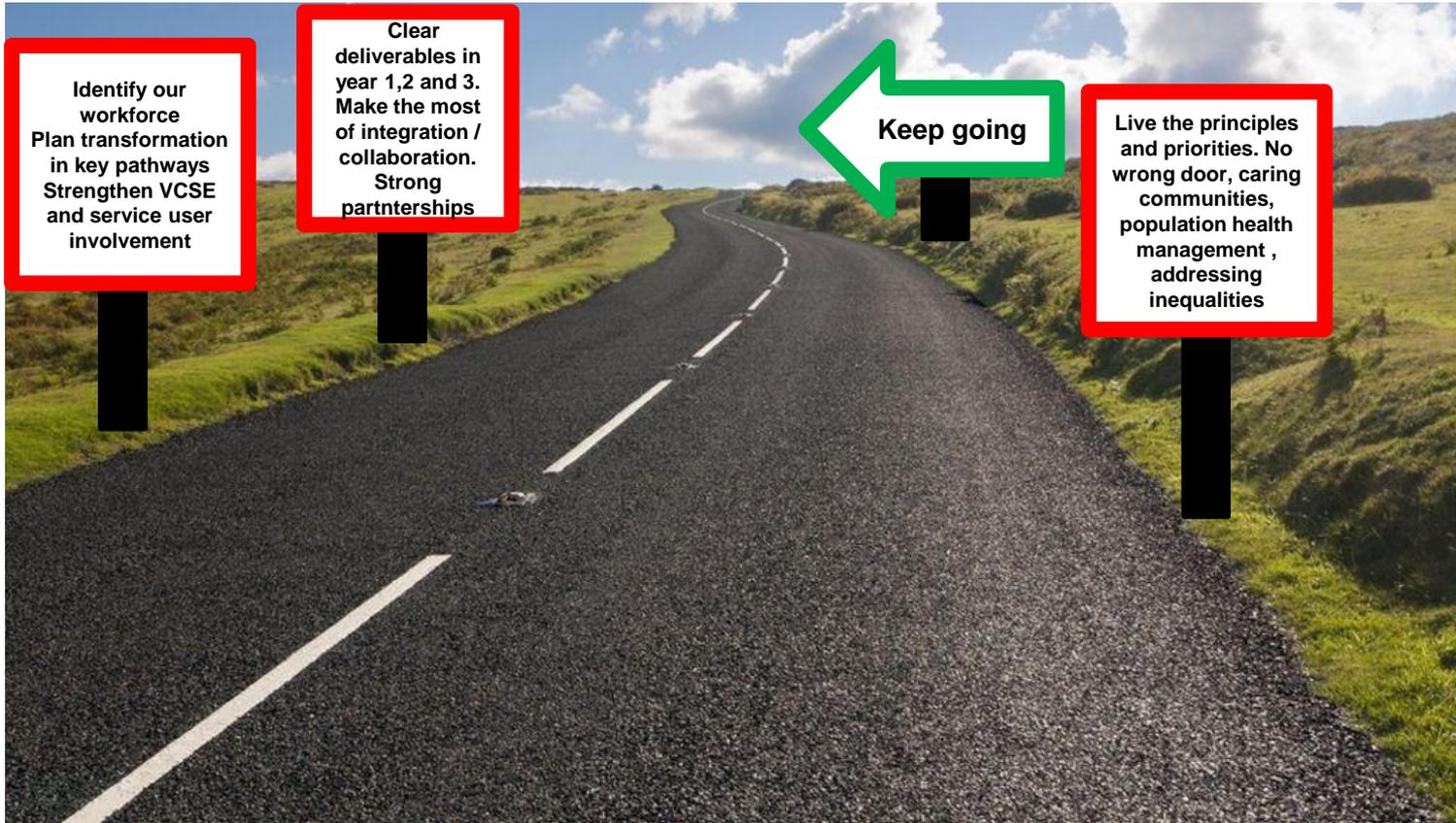
- Ensuring equitable and clear single access points- no wrong door.
- Ensuring specialist care delivered when and where needed.
- Workforce planning and development – skill mix.
- Integration of services to enable continuity and achieve the above.
- Coproduced with Service users, their Families, Health, Social care and Voluntary care partners.



# What next.



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# Conclusion

- The full impact of COVID 19 has yet to be understood as we slowly recover from an unprecedented situation.
- Throughout these challenging times Northumberland has pulled together to maintain services, transform delivery and commission new services at pace to meet new demands.
- The community transformation programme is well underway with good engagement with key stakeholders.
- There is TRUST in each other organisationally and individually and this has been demonstrated during COVID 19.
- The Recovery College and wider well being network is an essential building block.
- Co production is at the heart of our plan and the principle of no wrong door.
- We need to collectively review the purpose of this meeting.



# Thank you any questions?

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# Quality Account 2021-22

Lisa Quinn – Executive Director of Commissioning & Quality Assurance



# An update on national timescales

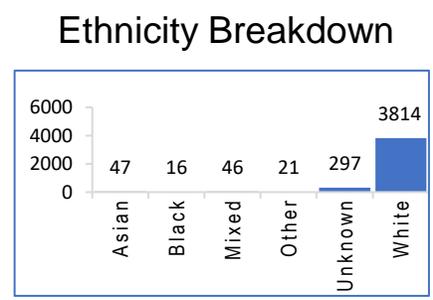
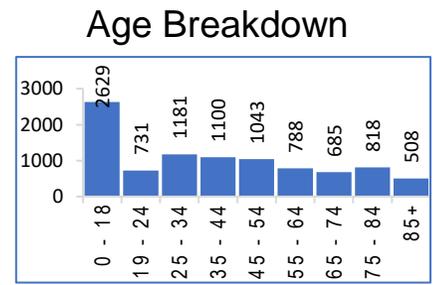
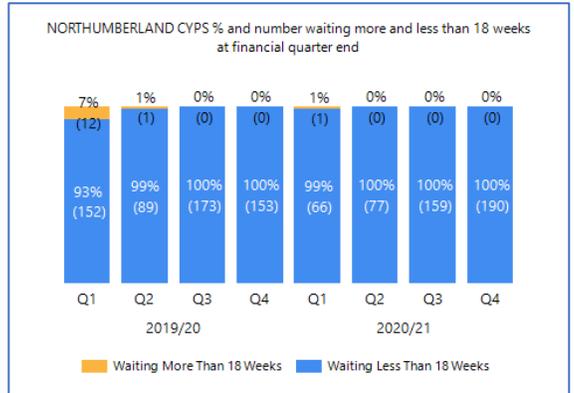
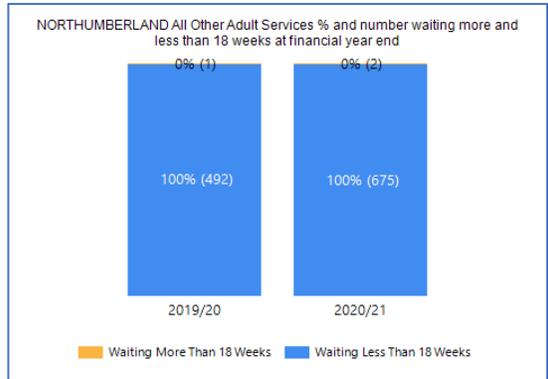
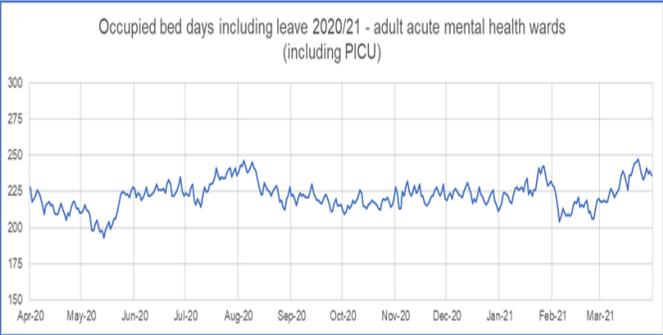
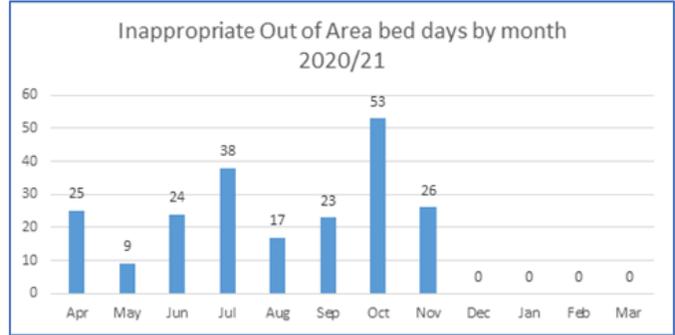
- *DHSC has confirmed that the deadline to publish 2020/21 Quality Accounts remains Wednesday 30 June 2021. Where activities envisaged by the quality accounts regulations did not take place, owing to the exceptional challenges of 2020/21, trusts can disclose this was the case and their plans to reinstate them.*
- *Providers should continue to publish their Quality Accounts online. The functionality to upload accounts onto the NHS website is no longer available. As an interim measure, trusts should also send reports to [england.quality-accounts@nhs.net](mailto:england.quality-accounts@nhs.net) to be uploaded to their individual pages on the NHS England and NHS Improvement website.*



# Our Quality Priorities through 2020-21

Quality Goal:	2020-21 Quality Priority:		Quarterly Achievement:				Comments
			Q1	Q2	Q3	Q4	
Keeping you safe	1	Improving the inpatient experience	Yellow	Yellow	Yellow	Yellow	Work is developing to allow the clinical system to capture and flow out of area placement bed usage via MHSDS
Working with you, your carers and your family to support your journey	2	Improve waiting times for referrals to multidisciplinary teams.	Red	Red	Red	Red	There continues to be patients waiting more than 18 weeks
Clinical Effectiveness	3	Equality, Diversity & Inclusion and Human Rights (in relation to the core values of fairness, respect, equality, dignity and autonomy (FREDA))	Green	Green	Green	Yellow	Training requirements work which requires development following the BDG recommendations has been delayed until Quarter 1 2021-22. Work has not commenced on a dedicated intranet page to raise awareness and support staff in the delivery of the Accessible Information Standard.

# Our Numbers through 2020-21



# An update on points raised last year

## You Said

1. You looked forward to meaningful updates on the CEDAR Project.
2. You were pleased with the reduction in CYPS waiting times.
3. You looked forward to a progress update with the Equality, Diversity & Inclusion Quality Priority.
4. You were pleased with the low levels of out of area patients across the Trust.

## We Did

1. The project gave an update in January 2021.
2. CYPS services have seen nobody wait over 18 weeks since quarter 1 of 2020/21.
3. Equality & Diversity masterclasses have been delivered. Staff networks have been developed.
4. We have had no out of area bed days since November 2020, something we strive to continue.



# Determining Quality Priorities for 2021-22

- We have reviewed our previous Quality Priorities
- We have explored a partnership priority working priority with Tees, Esk & Wear Valleys NHS Foundation Trust
- We had two stakeholder events and an online survey. Both had high engagement levels



# Our Quality Priorities for 2021/22

- Improving the Inpatient Experience – Monitoring inappropriate out of area treatment days
- Service User & Carer Experience – Improving waiting times
- Clinical Effectiveness – Equality, Diversity & Inclusion
- Service User & Carer Experience - Patient care, focusing on time staff are able to spend with service users and carers



# Next Steps

- Publish Quality Account in line with most recent guidance
- Develop Quality Priorities
- Deliver Quality Priorities, recording and reporting on progress through internal reporting structures and in the 2022/23 Quality Account.





# **Northumberland County Council**

## **Health and Wellbeing Overview and Scrutiny Committee**

### **Work Programme and Monitoring Report 2021 - 2022**

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Chris Angus, Scrutiny Officer  
01670 622604 - [Chris.Angus@Northumberland.gov.uk](mailto:Chris.Angus@Northumberland.gov.uk)

14 July 2021 - CA

Agenda Item 8

## TERMS OF REFERENCE

- (a) To promote well-being and reduce health inequality, particularly in supporting those people who feel more vulnerable or are at risk.
- (b) To discharge the functions conferred by the Local Government Act 2000 of reviewing and scrutinising matters relating to the planning, provision and operation of health services in Northumberland.
- (c) To take a holistic view of health in promoting the social, environmental and economic well-being of local people.
- (d) 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.
- (e) To monitor, review and make recommendations about:
- Adult Care and Social Services
  - Adults Safeguarding
  - Welfare of Vulnerable People
  - Independent Living and Supported Housing
  - Carers Well Being
  - Mental Health and Emotional Well Being
  - Financial Inclusion and Fuel Poverty
  - Adult Health Services
  - Healthy Eating and Physical Activity
  - Smoking Cessation
  - Alcohol and Drugs Misuse
  - Community Engagement and Empowerment
  - Social Inclusion
  - Equalities, Diversity and Community Cohesion.

## 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  
Whalton Unit - Update on Relocation
- 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 2021 - 2022**

26 July 2021

Northumbria Healthcare NHS: COIVD Recovery Strategy

Report on Northumbria's COIVD-19 recovery strategy including details on waiting times

Community Transformation (CNTW)

Details on the community transformation project being carried out by CNTW.

CNTW Quality Accounts

To receive annual quality accounts for comment.

27 August 2021

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**Pre-Scrutiny: - NHS Partnership Agreement**

Report into the planned changes between Northumbria Healthcare and Northumberland County Council.

31 August 2021

COVID-19 Update: Public Health/CCG

Update on the latest COIVD-19 figures and Public Health Strategies.

Complaints Annual Report 2020/2021 - Adult social care, children's social care, and continuing health care services

Annual report on complaints and lessons learnt within Adult's social care. Committee to identify any further areas for scrutiny.

5 October 2021

Healthwatch Annual report

Annual report from Healthwatch Northumberland.

2 November 2021

30 November 2021		
	Addictions Services: Independent review of drugs by Professor Dame Carol Black (CNTW)	Report by CNTW following the publication of the Black report on addictions services. The report will look at service provisions within in the Northumberland area.
4 January 2022		
1 February 2022		
Page 5		
15 March 2022		
5 April 2022		

**Northumberland County Council  
Health and Wellbeing Overview and Scrutiny Committee Monitoring Report 2021-2022**

Ref	Date	Report	Decision	Outcome
1	15 June 2021	NHS White Paper and ICS Update	<b>RESOLVED</b> that the presentation and comments be noted.	No further action at this time
2	15 June 2021	COVID-19 Update	<b>RESOLVED</b> that the presentation and comments be noted.	Further updates to be given.
3	15 June 2021	NUTH Quality Accounts	<b>RESOLVED</b> that the presentation and comments be noted.	NUTH to return with an update on their quality accounts next year