

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Health & Wellbeing Overview and Scrutiny Committee** on Tuesday, 5 April 2022 at 1.00 p.m.

PRESENT

Councillor V. Jones
(Chair, in the Chair)

MEMBERS

Bowman, L.	Hill, G.
Dodd, R.R	Hunter, I.
Ferguson, D.	Nisbet, K.
Hardy, C.	.

ALSO IN ATTENDANCE

Angus, C.	Scrutiny Officer
Creighton, T.	Northumbria Healthcare NHS
Dickson, M.	Northumbria Healthcare NHS
Greally, R.	Assistant Democratic Service Officer
Kurek, C.	CNTW
Liddle, J.	Public Health Service
McEvoy-Carr, C.	Executive Director of Adult Social Care and Children's Services
Mitcheson, R.	Service Director Transformation and Integrated Care, CCG
Morgan, E.	Director of Public Health
Nugent, D.	Northumberland Healthwatch
Paes, P.	Northumbria Healthcare NHS
Riley, C.	NHS Northumberland CCG
Rushmer, J.	Northumbria Healthcare NHS
Ruth, S.	CNTW

64. APOLOGIES FOR ABSENCE

Apologies for absence were received from C. Humphrey and R. Wilczek and W. Pattison.

65. FORWARD PLAN OF CABINET DECISIONS

The Committee considered the Forward Plan of key decisions (a copy of the Forward Plan has been filed with the signed minutes).

RESOLVED that the report be noted.

66. HEALTH AND WELLBEING BOARD

RESOLVED that the minutes of the meeting of the Health & Wellbeing Board, held on 10 February 2022, as circulated be confirmed as a true record and signed by the Chair.

67. NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST – ROTHBURY UPDATE

Dr. P. Paes, Business Unit Director, introduced the presentation to the committee. It gave an update regarding the Rothbury Community Hospital. It gave an overview of previous consultations and proposed work pre-pandemic. It outlined the initial ambition as follows:-

- To implement an integrated nurse / therapist led 24-hour community care facility, with medical cover and a flexible bed base, at Rothbury Community Hospital
- Patient care to be interchangeable either in their home or in a hospital bed depending on clinical need
- The team would be separate and additional to the current teams who provide care for the local population
- Estate work to be completed and flexible bed model to be operational from April 2020
- Ambition shared with the local community and OSC - supportive of the model and positive about the progress made

It presented the challenges face with previous proposals including; recruitment, financial viability along with the pandemic halting proceedings.

The new model proposed would have NHS beds and a residential unit. Northumbria would work in partnership with People First Care. The model delivered a flexible bed model which was promised and provided the community with additional residential care beds.

The benefits of the model were outlined as follows:-

- Utilisation of the vacant beds at Rothbury in a purposeful way
- Provision of an out-of-hospital bed-based facility in an area that does not currently have a care home establishment
- Value for money to the public and NCCG
- Provision of a bed-based end of life care model in the Rothbury area
- A new employer in the Rothbury area, bringing opportunities to the local population

The next steps to get the proposal into operation were identified. Dr Paes highlighted that the Rothbury Board and Operational Group had already been established. The proposal had been presented to both the CCG Management Board and the CCG Public Board. On both occasions the proposal was approved with recommendations. It was stated that there was a commitment to

work with local residents and stakeholders and to keep them up to date with progress throughout.

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

- It was confirmed to Members that the Rothbury Board and Operational Group was comprised of different stakeholders such as; Northumbria Healthcare, CCG, County Councillors and the Rothbury Campaign Group.
- Members were assured that the Trust believed the model was sustainable as the flexibility meets the needs of the community and it was reiterated that there was a commitment from the Trust to make it work. The number of beds would be reviewed and the number and proportion for hospital to home beds would reviewed depending on the needs of the community.
- Covid reinforced that the medically fit should not be in hospital. Sometimes patients felt safe in hospital settings but it was important to get mutual agreement from those involved to organise appropriate care outside of the hospital setting.
- It was confirmed that the previous model had recruiting issues however People's First Care had done market research for recruitment and were pleased with the results.
- Members were informed that the clinical care provided in the hospital part would be through planned admittance such as end of life care. Acute care would still be administered at main Hospitals.
- It was confirmed that the recommendations that came from the presentation to the CCG boards included; to ensure the evaluation was done in conjunction with the CCG and to include the Clinical Senate in the evaluation.
- Officers wanted to thank the Local Councillors, community and campaign group as they were aware of the work and effort that had been put into this project.
- The campaign group expressed their thanks to Councillors for their help with understanding scrutiny meetings. They expressed their enthusiasm for the flexible model and felt that the end result is what was needed for the community.

RESOLVED that the presentation and comments made be noted.

68. NORTHUMBERIA HEALTHCARE NHS TRUST FOUNDATION TRUST – ANNUAL PLAN AND QUALITY ACCOUNTS

J. Rushmer, Executive Medical Director for Northumbria Healthcare, presented to committee. The presentation explained the five-year strategy of trust and what that meant for the Trust in 2021/22. The vision in the strategy was, "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." As

part of their work to achieve this every year they produced the quality accounts to demonstrate how well they were performing.

It outlined the impact Covid had on the Trust throughout 2021/22 and highlighted the difficulties faced by the organisation including staff absence due to covid combined with the volume of Covid patients having to be cared for which had a detrimental impact on the Trust's ability to achieve the usual levels of high performance.

It was highlighted to Members that there was specific wording and phrases that were audited. Recommendations were changed in January 2021 which meant Trusts no longer needed to instruct external audit firms to conduct assurance work on Quality Accounts. The process was underway and a draft account should be ready at the end of April to be circulated with stakeholders for a formal opinion by May 2022. The Quality Accounts will be uploaded to NHS Choices by end of June 2022 but a date for submission to Parliament had not yet been confirmed.

It outlined the eight safety and quality priorities for 2021/22 below:

1. **Access standards** – regaining the standards for patient access
2. **Outpatients** – embedding the changes in delivering outpatient appointments
3. **Deteriorating patient** – to continue to improve the management of acutely unwell patients in both hospital and community settings
4. **Delirium** – improvement of the detection of patients with delirium and the training of staff to improve early detection
5. **Patient Group Directives (PGDs)** – continue to improve how we supply and administer PGDs to patients
6. **Child & Adolescent Mental Health Services (CAMHS)** – build on the work undertaken this year to improve the timely access to the full range of CAMHS services
7. **Patient experience** – intention is to get the patient experience back to pre-Covid levels
8. **Staff experience** – again to build on the successful staff experience programme with the introduction of real time staff experience reporting

The presentation showed a table which illustrated the Trust's performance on the safety and quality priorities for 2021/22. The Trust in collaboration with business units, governors and other stakeholders identify a number of safety and quality priorities each year. There were six possible quality improvements identified for 2022/23 as outlined below:-

1. Ambulance Handover
2. Medication errors – community
3. Cancer pathway – urology
4. Maternity – medical devices training / E-quip
5. Patient experience
6. Staff experience

The following comments were made in response to Members questions:-

- It was acknowledged that 7 out of the 13 targets had been missed in 2021/22. The targets had been set ambitiously to try and get back to national standard. It was acknowledged that no Trust had achieved all targets and Northumbria had performed well Nationally. The Trust are ambitious and keen to change the progress and hope to show Nationally the way.
- The Trust assured Members they were committed to accessibility hence their focus on improving access for D/deaf patients under the patient experience quality improvement. They were happy to work with Northumberland Healthwatch regarding targets and how to show the progress made.

RESOLVED that the presentation and comments made be noted.

69. Addictions Services: Impact and considerations of the Independent Review of Drugs by Professor Dame Carol Black and the new UK Drug Strategy

J. Liddle, Senior Public Health Manager, introduced the presentation to the committee. The presentation gave an overview of the findings from the Independent Review of drugs by Professor Dame Black. It outlined the findings and explained the recommendations found in the report that were used to develop the drug strategy, from harm to hope. It found that there should be some additional protected fund for Local Authorities to help increase the capacity and quality of Services.

It showed trends of adults in treatment from drug related backgrounds. It also showed that there were increased numbers of adults entering treatment and it was hoped the extra funding recommended would help facilitate these. The report also showed the drug related deaths in Northumberland were below the regional average, but they were above the national average.

C. Kurek, Clinical Manager for Northumberland Recovery Partnership (NPR), presented to committee. She explained what the service delivers and some of the challenges they faced. The service was a partnership organisation that worked with CNTW, Changing Lives and Turning Point. The presentation outlined some of the interventions the Service provided to users which included:

- Abstinence programmes
- Harm reduction
- Medical support
- Dedicated Recovery Co-ordinator
- Community asset building

The presentation highlighted the impact that Covid had on the Service. NPR had adapted to different needs of the individual's dependent on their personal circumstances. Provisions were made with remote access to the service

through teams, remote collection of medical supplies. The Service has had increased engagement since introducing the remote provisions as there were more ways to access the service. The National increase of drug related deaths had an increased demand on the Service.

The vision for the future of the Service was to learn from the drug related deaths and create a robust review of the Service. The Service want to remove the stigma that is associated with substance misuse. The NPR was to continue to work with interface meetings to ensure service users received the correct service and help needed.

The following comments were made in response to Members questions: -

- It was confirmed the Service was accessed through multiple avenues; they could be referred by a GP, Social Worker etc. however permission from the Service user was needed.
- It was confirmed that Reef was a separate service to NRP they were aware of challenges and hoped to strengthen the training within that service.
- Members were informed that minimum unit pricing had a significant impact on alcohol misuse. It was found to reduce alcohol in quite a wide demographic.
- Targets were set to show where funding was needed and spent. The reviews into the service would be staged they would look at National indicators against the service performance.
- It was confirmed that substance misuse was still very much present in affluent areas. Access to drugs was more readily available due to the internet. It highlighted the importance of giving harm reduction advice and work with the person to address their issues.

RESOLVED that the presentation and comments made be noted.

70. REPORT OF INTERIM EXECUTIVE DIRECTOR OF PUBLIC HEALTH AND COMMUNITY SERVICES

COVID Update

E. Morgan, Interim Executive Director of Public Health and Community Services gave a presentation to committee. It outlined the changes around managing the pandemic. It outlined the principles of the plan:

- Removing domestic restrictions while encouraging safer behaviours through public health advice, in common with longstanding ways of managing most other respiratory illnesses.
- **Protecting people most vulnerable** to COVID-19: vaccination guided by Joint Committee on Vaccination and Immunisation (JCVI) advice and deploying targeted testing.

- **Maintaining resilience:** ongoing surveillance, contingency planning, and the ability to reintroduce key capabilities such as mass vaccination and testing in an emergency; and
- **Securing innovations** and opportunities from the COVID-19 response, including investment in life sciences.

It outlined the changes to testing for covid which included testing for care, testing to treat and testing to protect. It outlined the advice published to the public. For living safely with respiratory infections including COVID-19 it was advised to get vaccinated, let fresh air in and remember the basics of good hygiene. The guidance for people with symptoms was to stay at home if they had symptoms or didn't feel well enough to attend work. It was advised that if there was a positive test the person should stay at home for at least 5 days after the test result.

The presentation explained the opportunities that the pandemic had produced. The good practice and insights from the Covid vaccine programme could be used in other vaccine programmes. The relationships built with care settings and other partners to maintain improved IPC.

R. Mitcheson, Service Director Transformation and Integrated Care for CCG, presented to committee and gave an update on the Covid-19 Vaccine Programme. The presentation gave an overview of the communications that will be shared with the public in the future. It outlined the three key priorities for the year ahead which were; continued access to Covid-19 vaccination, delivery of an Autumn programme and contingency plans to rapidly increase capacity if required. The key message was to wait to be invited to go for the vaccine.

The presentation gave an update on the Spring Booster Programme which commenced on 21st March. A vaccination offer of a Spring Booster would be offered to adults aged 75+, residents in old adult care homes, and individuals 12+ who were immunosuppressed. It also outlined the evergreen offer which was a vaccination offer to all children aged 5-11 years which commenced on 2nd April.

It outlined the next steps for the Covid-19 vaccination programme which included an Autumn programme of vaccinations for the most vulnerable. It was noted that precise details on the programme could not be laid down at the time and this advice was considered interim and for the purpose of operational planning. It was also advised that for 2022/23 there was a need to maximise the opportunity to build greater alignment with other vaccine programmes.

The Chair advised that any questions regarding this item were to be emailed to Scrutiny Officer, Chris Angus.

RESOLVED that the presentation be noted.

63. DATE OF NEXT MEETING

Ch.'s Initials.....

Health & Wellbeing OSC, 1 March 2022

RESOLVED that the next meeting has been scheduled for Tuesday, 3 May 2022 at 1:00 p.m.

CHAIR _____

DATE _____