

## **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, 2 February 2020 at 1.00pm

#### **PRESENT**

Councillor J. Beynon  
(Chair, in the Chair)

#### **COUNCILLORS**

Armstrong, E.  
Bowman, L.  
Cessford, T.  
Dungworth, S.

Hutchinson, J. I.  
Nisbet, K.  
Rickerby, L.J.

#### **ALSO PRESENT**

Angus, C.  
McEvoy-Carr, C

Scrutiny Officer  
Executive Director Adult Social Care and  
Children's Services

#### **ALSO IN ATTENDANCE**

Bartoli, B.  
Blair, A.  
Hudson, R.  
Jenkins, C.  
Mackey, J.  
McNealy, P.  
Mitcheson, R.  
Nugent, D  
Riley, C.  
Sayers, G.  
Steven, L.  
Walshe, A.

Northumbria Healthcare NHS  
Northumbria Healthcare NHS  
Northumberland CCG  
Northumbria Healthcare NHS  
Northumbria Healthcare NHS  
Northumbria Healthcare NHS  
Northumberland CCG  
Healthwatch Northumberland  
Northumbria Healthcare NHS  
Northumberland CCG  
Northumbria Healthcare NHS  
Northumbria Healthcare NHS

#### **144. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors V Jones.

#### **145. MINUTES**

The minutes of the previous meeting were not ready for circulation alongside the agenda for this meeting. The Scrutiny Officer informed the Committee that the January minutes would be included with the March meeting agenda but if members wanted sight of these before this date, they could contact the Scrutiny Officer.

#### **146. FORWARD PLAN**

The latest Forward Plan of key decisions (attached to the signed minutes as **Appendix A**) were noted.

The Budget 2021-22 and Medium Term Financial Plan would be reported to the Corporate Services and Economic Growth Overview and Scrutiny Committee for pre-scrutiny on 8 February 2021 with all Scrutiny Committee Members invited to attend. Any members unable to attend can submit a written question to either the Scrutiny Officer or Sean Nicholson, Scrutiny Co-Ordinator by Wednesday 4 February.

**RESOLVED** that the information be noted.

#### **147. HEALTH & WELLBEING BOARD**

**RESOLVED** that the minutes of the Health & Wellbeing Board held on 12 November 2020 and 10 December 2020 (attached as **Appendix B**) were noted.

### **REPORTS FOR CONSIDERATION BY SCRUTINY**

#### **148. NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST – COVID-19 UPDATE**

Members received an updated presentation on the COVID-19 pandemic from Sir James Mackey, Chief Executive of Northumbria Healthcare NHS Foundation Trust. (Presentation attached as **Appendix C**).

The Committee were shown how many COVID positive tests were conducted on a given day. On 21 January 2021, 100 admitted patients were tested for COVID-19 with 17 testing positive. The highest day Northumbria had experienced was a couple of days after this with 33-35 positive tests. In the autumn there had been between 1-3 positive tests a day with an increase in positive cases in the run up to the Christmas period and beyond.

With regards to bed occupancy on the 21 January 2021, the Committee were shown an infographic which showed the Trust running at a healthy 80.2% occupancy across the Trust. Of the 793 beds available, 173 were occupied by COVID positive inpatients. The Committee were informed that this increased after this date to its highest number of 187 beds. The infographic showed there had been 100% occupancy of critical care beds but that this was a fluid situation and was liable to change by the hour.

Northumbria had been working with the Critical Care Network to help with pressures. This had been effective and had enabled Newcastle Hospitals to accept patients from the South of England and Birmingham. It was possible that London and the South East had not experienced three waves and it was difficult to tell if the current wave was a third wave or a continuation of the second wave. Assuming three waves, each wave had been getting worse. During April of last year, the graph showed 140 beds occupied by COVID. There had been limited testing available at this time and it is likely that the true numbers were closer to 180 or 190.

With regards to mortality, there had been a period during the summer where there had been no COVID deaths but from September the COVID positive deaths had started to increase. The Committee were informed that, unfortunately, the Trust had lost their first member of staff to COVID the day before the meeting.

Just under 100,000 patients had been admitted to Northumbria since 18 March 2020, this included 2404 COVID positive patients. There had been a total of 512 COVID positive deaths at the Trust. It was recognised that this had a tragic impact on the wider community and staff. Northumbria had remained open for other normal business and had maintained other services.

The Committee were told that mortality was difficult to compare due to the use of different systems and places of death such as care homes or private homes. Hospital mortality data was also difficult to obtain and compare. The presentation showed that 21% of COVID positive patients had passed away. Northumbria has a respiratory support unit which allows for non-mechanical ventilation. 135 patients had been in critical care but 217 had been on the respiratory support unit which has allowed for greater capacity. This had allowed Northumbria to take patients from other areas such as Cumbria and South Tyneside. Additionally, this eased the pressure from Newcastle Hospitals which had allowed them to take admissions from Birmingham and the South East.

Treatment and care of COVID patients had improved with greater understanding of the disease. This had been evident in the figures between April 2020 – August 2020 and September 2020 – January 2021. Patients now had a much better chance of survival but stay in hospital much longer.

The North East had been praised for its delivery of the vaccine with much of the work being carried out by primary care. Community rates had been declining; however, this is yet to translate into a reduction of hospital admissions. The Trust emphasised the collaboration between the Trust, CCG and Local Authority.

The Trust reiterated to the Committee the importance of sticking to the rules in light of the new variant. The new variant had been found to be more contagious than previous variations of COVID-19, although, there was no evidence it causes a more critical illness.

Northumbria had continued to deliver a full range of services throughout the pandemic with some elective care having to be cancelled in the last few weeks to help free up staff for critical care capacity. Overall, performance at Northumbria had been good both nationally and regionally. A&E numbers had been lower than normal as patients accessed services in different ways.

Northumbria had developed a PPE manufacturing hub. There were plans to develop this hub further and to provide a broader supply chain for the NHS and beyond in coming years. The Committee were informed that the Trust's strategy post COVID would focus on recovery and the Trust's role in society.

Sir James Mackey gave thanks to all the staff, public and partners for their support and efforts in fighting COVID-19.

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

- Travelling for vaccines – The preference is for primary care to deliver the vaccines; however, the process is being controlled by central government and some people are being asked to travel to the vaccination hubs such as the Centre for Life in Newcastle. It is expected that more hubs like the Centre for life will be set up. The NHS has tried to influence Government vaccination priorities.
- Public Health England are conducting numerous studies on vaccine effectiveness and monitoring any new strains. It is thought that there is about 150 different strains of the virus in the UK. Vaccines are developed to be updated and changed as the virus evolves. Its expected that the vaccine will be amended with booster shots depending on the dominate strain. The COVID vaccine will become a regular vaccine like the flu vaccine.
- The vaccine is reducing the severity of illness but not the rate of infection. As not all the population has been vaccinated yet the worry is those who are vaccinated may pass on the more highly contagious variant to someone who has not been vaccinated and would therefore be a risk of being seriously ill and needing hospital treatment. It is unclear to what extent any vaccine reduces transmission.
- The strength of Northumbria's team has helped the Trust cope with increased demand.

Prise was given for the quality of the report to the Committee and for the hard work the NHS was undertaking. Condolences were also expressed for the death of the Northumbria member of staff who had passed away the previous day.

**RESOLVED** that the information be noted.

#### **149. NORTHUMBERLAND CCG – COVID-19 UPDATE**

Members were updated on the work primary care have been doing throughout the COVID-19 pandemic. The update also provided an overview of care homes and expectations for the future. The presentation was delivered by Dr Graeme Sayers, Clinical Chair of Northumberland CCG. Report attached as **Appendix C**.

Dr Graeme Sayer outlined how GP practices have managed capacity. The CCG had been undertaking a twice-weekly SitReps with practices to monitor issues and provide proactive support and advice. GP practices had been receiving additional support from NHSE/I via the General Practice COVID Capacity Expansion fund; this had allowed the CCG to deploy more resources, such as additional staff, to GP practice to help keep services running and help support national programs. NHSE/I also increased income

protection to free up capacity so practices could deliver the COVID-19 vaccination program.

Dr Sayer showed the Committee a table that highlighted how primary care had coped over given weeks in areas such as patient demand, staff absence, service levels, hot patient demand and, availability of PPE. Patient demand had been affected by the lockdowns with many patients staying away from practices during the first lockdown leading to a surge in the summer. There had not been the same type of reduction during the current lockdown as there had been during the first lockdown. This had caused some pressure on services but nothing too serious. In relation to PPE availability the Committee were told that whilst there had been some problems during the first lockdown there had been no issues in the recent week. Overall, GP practices had coped well with demand with 7 out of 37 practices having expected some unexpected pressure but being able to manage this internally. These figures were similar to what had been reported throughout the pandemic.

Community mental health services had been under pressure and work had been done to help support these services. COVID related staff absences (vaccination side-effects/asymptomatic staff testing) continued to add some pressure to services.

The Joint Outbreak Control Group had been involved in managing outbreaks at care homes. All residents in care homes had been offered vaccinations apart from those who had recently had COVID and must wait 4 weeks before they can be offered the vaccine. Dr Sayers stressed the importance of infection, prevention and control, especially in light of the new COVID-19 variant. Within the next week or two all vaccinated residents will see the benefit of their vaccine and some problems will cease to exist.

This system of designated commissioned beds for discharge had worked well and allowed residents to be placed in the most appropriate care home setting. There had been no reported problems with bed blocking.

The Committee were informed about the impact of long COVID and the effect it can have on patients. Dr Sayers pointed out that long COVID did not affect everyone who had had COVID and did not affect everyone in the same way. There had been clinics set up in Northumberland for GPs to refer people suffering from long COVID in to.

The Oximetry@Home system were helping to get oximeters to people at home who were suffering from breathlessness. This allowed GPs to check results twice a week without the need for patients to travel to GP practices. This scheme would be rolled out across all of Northumberland. CVWs have allowed people to be monitored at home, fortunately, Northumberland had not seen the levels needed for this system, but the Committee were assured that the system was there should it be needed.

The important next steps were to continue to keep GP services running and whilst mental health had not been mentioned in the presentation, the CCG were aware of its importance and were supporting mental health services.

The Chair thanked Dr Sayers for his detailed report and the work of the CCG.

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

- Regarding Oximetry@home – It was important that people fully understand how to use oximeters at home with support.
- Mental health waiting times – There were different levels of mental health support and TalkingMinds had had additional resources to support them. Community mental health teams have had to adapt and have been doing a lot more remote working which provides new challenges. The CCG receive regular SitReps from the mental health services.
- Travel for vaccinations – The Pfizer vaccine required people to travel but the Oxford vaccine is more flexible. This has allowed PCNs to look at alternative ways for people to travel.

**RESOLVED** that the report be noted

#### **150. NORTHUMBERLAND CANCER PERFORMANCE AND IMPACT OF COVID – NORTHUMBERLAND CCG AND NORTHUMBRIA HEALTHCARE**

The presentation (attached as **Appendix D**) was delivered by Dr Robin Hudson, CCG Medical Director and Clinical Lead for Cancer, Amanda Walshe, Lead Cancer Nurse at Northumbria Healthcare and Paul McNealy, General Manger for Cancer Services. The presentation gave the Committee an update on cancer performance and the impact of COVID.

The Committee were informed that overall cancer performance had been good with a slight improvement this year. In previous presentations given to the Committee, they had been told of the pressures faced by urology. The system has since been redesigned which has enabled urology services to improve.

The Committee were told of the current area of focus such as dermatology. The 2 week wait threshold had been significantly affected by COVID with social distancing making examinations difficult. There had been difficulties in bowel, breast and cervical screening; however, the CCG recognised the importance of screening and work had been done to overcome these difficulties.

Across the Northern Cancer Alliance, the number of 2 week wait referrals dropped significantly due to patients not attending primary care during the first lockdown. This had now picked up again; however, lung, head and neck cancer have not returned to pre-COVID levels. Dr Hudson speculated that this may be because lung cancer presents itself in mild symptoms such as a slight cough which patients may mistake for a cold.

Dr Hudson informed the Committee of the 3-phase recover plan to restore demand, reduce waiting times and ensure sufficient capacity. Work was also being done to support primary care and ensuring services are up to speed with referrals.

The Committee were shown 62-day performance data which showed Northumbria regularly meeting the 85% performance target last year. The same level of achievement had not been reached as regularly by other Trusts in the area.

With regards to oncology treatment there had been an increase in the progression of disease and emotional wellbeing of patients due to COVID. Members were shown a graph which depicted the number of day cases (green line) and ward attendance (blue line). The red dotted line indicated new types of treatment which was a move to more personalised care; this had led to an increase in treatment.

Patient surveys had been undertaken to help capture the views of oncology patients to allow greater understanding of their emotional wellbeing. In August, the views of patients going through the first lockdown showed an increase in telephone consultations whilst video calls had not proved as popular with patients and not everyone had access to digital. Initially, pre- assessments were done via phone or video; however, nurses found that this did not give enough information or provide sufficient quality. It was therefore agreed to return to face to face pre-assessments. The survey also highlighted that 96% of patients felt listened to and 98% felt safe on a unit.

The support to patients had changed very quickly in a short space of time. The Trust recognised that more work needed to be done to capture the impact of COVID on patients.

The CCG felt that COVID had accelerated the rate of change within cancer services. Prior to COVID GPs did not have the tools to identify colorectal cancer, GPs had to refer patients into Northumbria Healthcare who undertook a colonoscopy. This had changed with the introduction of a FIT test which could be carried out by GPs which allows Consultants to examine referrals and better focus colonoscopies to high risk patients and enable low risk to have CT scan. This has had a positive impact on waiting times for patients. A new digital dermatology pathway has been developed during COVID which it is expected will have a similar impact on waiting times.

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

- Despite the difficulties of COVID the Committee were assured that the services had adapted to ensure they could continue to successfully diagnose and treat patients.

The CCG and Trust were thanked for their presentation and were thanked on behalf of Northumberland residents for the work they were doing. It was **RESOLVED** that the report be noted.

## 151. WORK PROGRAMME

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

Members were reminded that there was limited left within this municipal year for items to be added to the work programme. A report on the work of Coroner's Service during COVID and a Public Health update would be coming to the Committee in March.

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

**152. NEXT MEETING**

The next meeting would take place on Tuesday 2 March 2021 at 1:00 pm.

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

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