

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 March 2020 at 1.00pm

PRESENT

Councillor J. Beynon
(Chair, in the Chair)

COUNCILLORS

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

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

ALSO PRESENT

Angus, C.
McEvoy-Carr, C.

Hetherington, A.
Lounton, K.

Scrutiny Officer
Executive Director Adult Social Care and
Children's Services
Senior Coroner
Service Manager

ALSO IN ATTENDANCE

Mitcheson, R.
Nugent, D
Riley, C.

Northumberland CCG
Healthwatch Northumberland
Northumbria Healthcare NHS

153. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor E Simpson.

154. MINUTES

RESOLVED that the minutes of Health and Wellbeing Overview and Scrutiny Committee meeting held on 12 January 2021 and 2 February 2021, be approved as a correct record and signed by the Chair

155. FORWARD PLAN

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

RESOLVED that the information be noted.

156. HEALTH & WELLBEING BOARD

RESOLVED that the minutes of the Health & Wellbeing Board held on 14 January (attached as **Appendix B**) were noted.

REPORTS FOR CONSIDERATION BY SCRUTINY

157. COVID-19 UPDATE (PUBLIC HEALTH AND CCG)

Members received a presentation on the COVID-19 vaccination programme from Rachel Mitcheson, Service Director for Transformation and Integrated Care at Northumberland CCG. (Presentation attached as **Appendix C**).

The public were reminded that the NHS were working through the priority groups and that they would be in touch with members of the public when it was their turn to be vaccinated.

The Committee were informed that in the last 12 weeks over 2.3 million people had been vaccinated across the North East and Yorkshire region. This equated to about 34% of the total eligible population and included 94% of care residents, 75% of care home staff and 91% of people identified as extremely vulnerable. Within Northumberland, 102,831 people (38% of the eligible population) had received their first dose of the vaccine. 70,582 of those vaccinated were over 65.

The Committee were shown where the local vaccination sites (LVS) were across the County and were reminded that transport was available for those unable to access vaccination sites.

With regards to NHS staff, Newcastle upon Tyne NHS Foundation Trust had vaccinated all of their frontline employees; while Northumbria Healthcare had vaccinated over 18,000 staff across the wider health and social care system, and CNTW had vaccinated over 80% of their staff and also most vulnerable inpatients. Within Northumberland 10,368 out of 11,163 social care staff had been vaccinated. A further list of staff groups that had been vaccinated was also shared with the Committee.

The Centre for Life in Newcastle remained the chief vaccination site for the North East with access to the National Booking Service. This is a national system which is used by people identified by letters sent to specific cohorts that had been agreed at a national level. The Centre for Life would be used to support JCVI groups 5 and 6 and remaining health and social care workers. People still had the choice to access their vaccination via primary care if they wanted. Due to supply and demand issues with the National Booking Service, many people were opting to wait and to use primary care. Cohorts 1-4

had now been vaccinated and cohorts 5-9 should be vaccinated by 15th April. A change in national guidance resulted in JCVI groups 5 and 6 being split between National Booking System (Cohort 5) and primary care networks (Cohort 6).

Some practices had already started to deliver 2nd doses around the 11th week since the first dose. PCN's had been working to develop a pull model to enable better planning for delivery and capacity.

Across the 10 local vaccination sites, over 102,000 doses had been delivered in the 11 weeks from December to February. 147,746 doses (including 2nd doses) were to be delivered in the next 9 weeks; this equates to an 63% increase in number of doses.

The Committee were shown two graphs which showed the number of vaccines received and the number of projected vaccines needed until the end of April. Due to the increase in activity, the CCG had been asked to review its sites and they had considered three regular roving sites in Haltwhistle, Rothbury and Wooler due to their rurality. These roving sites would be able to provide around 500 vaccines a day whilst travelling the County. The roving sites could also be used to offer vaccines in areas with high levels of health inequality or transport issues. The CCG would monitor the data and vaccine supply at each site which would allow the roving model to be redirected to ensure equality across the patch. Consideration had also been given to larger vaccination centre in Morpeth and Hexham. This is currently under the consideration of the national team. Community pharmacies had been approved last week and would be able to start delivering vaccines soon.

A vaccine equity board had been established between the CCG and public health to identify and address potential areas of inequality. The board had also been tasked with identifying refusals and analysing the data to identify patterns and address these.

Looking to increase capacity and greater choice the roving model would support rural and hard to reach groups; vaccination centres would provide Northumberland with access to the National Booking System meaning residents may not need to travel to Newcastle and; community pharmacies would further increase local options.

Members and residents were reminded to be patient and reassured they would not be missed and would be invited for a vaccine soon.

Members asked why the vaccine supply was not always reflective of availability at some practises. The North East was seeing their vaccine supply reduced to the successful in vaccinating residents. The CCG highlighted that supply was controlled nationally and some weeks did result in smaller allocations. However, Members were reassured that the allocation for Northumberland over the next two weeks was significant.

The number of refusals was being monitored closely via the vaccine equity board. As the cohorts progress, refusals are starting to increase and GPs are coding these so the board can investigate. Insight work had also been started to help influence the communication strategy geared towards the younger cohorts.

In relation to a question asked about the number of people requiring transport to receive their vaccine, an exact number was unavailable but was being looked at. Concern was also raised around residents not booking transport when booking their vaccines.

Practices were regularly reminded to promote the offer of transport when booking patients' vaccine appointments.

RESOLVED that the information be noted.

158. CORONER'S SERVICE

Members were updated on the County Hall refurbishment works for the coroner's service and some of the pending service changes. Members also received an update on the work of the death management group. The presentation was delivered by Andrew Hetherington, Senior Coroner, and Karen Lounton, Coroner Service Manager, Report attached as **Appendix D**.

The Committee received a brief explanation of the role of the senior coroner and the coroner service. The Coroner's service is a county of treasure and had concluded 3 out of 14 inquests already this year.

Andrew Hetherington was appointed as Senior Coroner in October 2020 following the retirement of Tony Brown. Northumberland was currently split into two Coroner jurisdictions: North and South but will become one later in 2021. The service and its staff had recently moved to County Hall next to the registers office. Administrative staff had previously been split between a site in Berwick and a site in North Tyneside and, Coroner's Officers working from Ashington Police Station.

Members were told that as part of the County Hall refurbishment programme a business case was made for the Coroner Service and its staff to be centralised and located in a more accessible location to families, officers and professionals who were required to attend an inquest. Work was completed on the new court and accommodation in October 2020 with the first inquest being held in November 2020. Hearings were currently listed ahead until September 2021. An offer was extended to the Committee to visit the new court when safe to do so.

Members were shown a series of photographs of the new Coroner's court and the new waiting room, meeting space, family room and jury room. The Coroner's court is a flexible space with movable walls which allows the room to be expanded or shrunk to allow for a more versatile workspace. The Court and private family room had been designed with bereaved families at the heart of it and aimed to help put people attending court at ease. The jury room could be repurposed as a second court to deal with backlog if needed.

With regards to the continued modernisation of the Coroner's Service, COVID-19 had created provisions for hearings to be conducted remotely. This had allowed the Service to conduct an inquest with a family in Hong Kong and New Zealand. The Service was working towards a paper lite court and developing its IT provisions. A website was under development. The service was also working closely with key stakeholders such as Northumbria Healthcare, Northumbria Police and Funeral Directors.

The Coroner's Service in Northumberland was working with colleagues as part of the General Register Office. This work is part of a central government agenda to look at digital transformation in relation to death investigation and registration.

The service had recently recruited a First Officer and was looking to recruit at least 3 Assistant Coroners with Newcastle City Council to help with North of Tyne coronial resilience.

The Committee were then updated on the work of the Death Management Group (DMG). The DMG was established under the LRF in March 2020 as part of the regional COVID-19 response and reports to the TCG and SCG to co-ordinate the management of excess deaths at a multi-agency level. The DMG was made up of representatives from the LA6, coroner, NHS, funeral directors, emergency services.

The DMG regularly reviewed the death management plan and work had been done to understand death trends and to provide an educated look ahead at future pressures. A RAG rating system had been established to identify trigger points in relation to death registration, mortuary capacity, body storage and, cremation and burial. The DMG had established a Pandemic Multi Agency Response Team to help transport bodies across the region; thankfully, this team had not been deployed. Mortuary capacity in Northumberland was regally reviewed and arrangements for excess deaths had been put in place across the LA6 footprint. Capacity over the previous few months had been consistent at around 30-50%.

Members were shown death data from the last 5 years. This data showed the number of recorded deaths had been higher than normal over the last year but during the summer of 2020, death registrations had been lower than 19/20. The data showed the increase in deaths following the 2020 Christmas period. The Committee were informed that there had been 404 registrations in February 2021.

Member's welcomed the new court and received the following answers to questions:

- The rooms could be booked out and were designed in such a way that the space was multifunctional. The court could be split into two rooms and was designed to limit any noise interference between courts.
- A question was asked regarding non-invasive post-mortems to which the Committee were told there were limitations to non-invasive post-mortems but with advances in technology they have become more reliable. There are procedures in place to support faith groups. The Service is working closely with Northumbria Healthcare to develop a solution.
- The design of the court was well received with Member's believing the design would help put families at ease and was a welcomed change from the intimidating setting of a traditional magistrate's court. The Coroner's Service was driven to meet the needs of Northumberland families. The service was working with Coroner's Court Support Service, a charity of trained volunteers who work with families to help them through the inquest day. The Service had received positive feedback from families about their experiences and the court.

Karen Lounton and Andrew Hetherington were thanked for their report and it was **RESOLVED** that the report be noted.

159. 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.**)

The April meeting would receive Northumbria Healthcare's annual quality accounts and a COVID-19 update from CNTW.

Members were reminded that there was limited left within this municipal year for items to be added to the work programme but were encouraged to contact the scrutiny officer if they wished to discuss the inclusion of an item on the work programme.

RESOLVED that the work programme be noted.

160. NEXT MEETING

The next meeting would take place on Tuesday 6 April March 2021 at 1:00 pm.

CHAIR _____

DATE _____