

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

Conservative	Labour	Liberal Democrat	Independent Group	Green Party	Ind Non-Grouped
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 _____