

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, 26 July 2021 at 10.00 am

PRESENT

Councillor J. Reid
(Chair, in the Chair)

COUNCILLORS

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

OTHER MEMBERS

Pattison W.	Cabinet Member
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ALSO IN ATTENDANCE

Angus, C.	Scrutiny Officer
Bartoli, B.	Northumbria Healthcare NHS Foundation Trust
Bennett, Mrs L.M	Senior Democratic Services Officer
Kale, Dr. K.	CNTW
Lea, David	Northumberland CCG
Nugent, D.	Healthwatch Northumberland
O'Brien, K	Northumberland CCG
Patton, R.	CNTW
Quinn, L.	CNTW
Wigham, R.	Northumbria NHS Foundation Trust

12. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor C. Humphrey.

13. MINUTES

RESOLVED that the minutes of Health and Wellbeing Overview and Scrutiny Committee meeting held on 15 June 2021, be approved as a correct record and signed by the Chair.

14. FORWARD PLAN

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

RESOLVED that the information be noted.

REPORTS FOR CONSIDERATION BY SCRUTINY

15. NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST AND NORTHUMBERLAND CCG – COVID RECOVERY

Members received presentations from David Lea, Northumberland CCG and Birju Bartoli, Northumbria Healthcare NHS Foundation Trust.

Points raised by David Lea included:-

- Urgent Care – Accident and Emergency
 - Northumbria Healthcare figures compared with Newcastle Hospitals and England and showed a consistently strong local performance.
 - Recovery performance improving despite increases in patient volume.
- Acuity of Accident and Emergency Patients
 - The continued increase in the level of Type 1 patients (with life threatening conditions) month on month was concerning.
- Planned Care – Referral to Treatment Waiting Lists
 - Patients should be seen within 18 weeks of referral but COVID had impacted waiting times due to social distancing and PPE requirements.
 - Some planned routine procedures were suspended following a national directive with some specialties being impacted more. Other services had improved due to different pathways being used.
- Waiting List Profile
 - Recovery of performance against waiting time threshold was now being seen although there had been a rise in the volume of patients on the waiting lists.
 - Again, Northumberland patients, on average, waited less time than the overall England position.
 - Maximum waiting time peaked in May 2020 but were now reducing.
 - Figures shown for diagnostic tests with a peak in May 2020 followed by recovery. 99% of patients should be referred within six weeks.
- Mental Health Overview – Children and Young People’s Service (CYPS)
 - Northumberland had a consistently strong performance with a slight deterioration from January 2021. Breaches were due to children not being available for appointment and a significant increase in the volume of the referrals.
 - Most children waited no longer than 10 weeks and none longer than 14 weeks.
- Improving Access to Psychological Therapies
 - A strong recovery rate was shown for those receiving treatment. There was a much lower volume of referrals being received into the service.

Points raised by Biriju Bartoli included:-

- Emergency Department
 - Patients were expected to be seen, treated and admitted/discharged within four hours and this target had been consistently achieved other than in January 2021.
 - Attendances decreased significantly between March-June 2020 but had steadily risen in the first quarter of 2021. Attendances were now back to pre-COVID levels.
- Referral to Treatment (RTT)
 - 92% of referrals should be seen, treated or discharged within 18 weeks. Elective services resumed in August 2021 and it was aimed to meet the 92% standard by October 2021.
 - Waiting list and health inequalities and clinical prioritisation lens to ensure no-one is waiting detriment to those measures.
- RTT – 52+ Week Waiters
 - It was practice to ensure that patients were seen in chronological order where possible but clinical priorities had to take precedence.
- Cancer – 62 Day Standard
 - Cancer performance had been maintained throughout COVID. It had been difficult to maintain that standard during June and July 2021 due to an increase in some types of referral, possibly due to people not presenting due to the COVID situation.
 - Some referrals came from outside the normal catchment area, possibly because the Trust was meeting the standards.
- Diagnostics
 - The standard was for 99% of patients referred for a diagnostic test to be seen within six weeks. In July 2021, the Trust had struggled to meet this standard but plans were in place to meet the standard.
- Summary
 - The Trust along with others was struggling to meet standards in July due to the increase in COVID numbers but also because of staff being ‘pinged’ and household contacts testing positive.
 - Balance to be found between waiting lists and track and trace requirements and increasing capacity in system whilst allowing staff to have some down time.
 - The Trust had a strong history of delivering performance targets and had a recovery programme across all disciplines. Improvements were already being seen.

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

- Anyone with a suspicion of cancer was referred by GP on a two week wait basis and most were seen within seven days. If there was concern following this referral, then the patient would join the cancer pathway and would be prioritised and seen more quickly within the standard 62 day period.
- Whilst statistics were important, information was also gathered by other methods such as patient experience surveys during and post treatment, national surveys, serious incidents etc.

- Patient waits of over 52 weeks were reported to the Safety and Quality Committee. For cancer, patients waiting over 104 days were reported to understand why and whether any harm had been caused.
- Mental health services relied on self referrals. There had been a reluctance for people to seek help during the pandemic. Also during the school holidays people had less access to privacy in their homes and were less likely to go forward with the service. In Emergency Departments there were more mental health, alcohol and drug cases in generally younger people. Some people were attending Emergency Departments rather than going to their GP as they knew that they would be seen that day. Activity did change throughout the pandemic in line with peoples' expectations.
- There had been a change in Emergency Department attendance during the height of the pandemic but it was uncertain whether this was due to people not going out to socialise or if they were too frightened to. It was most likely that they were too afraid to go to hospital in case they became infected. This fear had now disappeared.
- The 62 day cancer target was a good one and meaningful to clinicians. Other targets were also appropriate, and it had been shown that they could be met. Confirmation of the new Emergency Department standard was awaited. The current four hour standard allowed management of crowding to prevent the Department from becoming unsafe.
- The figures provided in the presentation referred to all activity relating to Northumberland patients irrespective of whether they attended a Newcastle hospital.
- There were a number of mental health pathways in Northumberland for children and young people starting with the Early Health offer in schools.
- Cancer treatment was usually chemotherapy, hormone treatment or surgery and this treatment was prioritised. Colorectal treatment was done at Northumbria as the critical care unit was there. Additional surgical lists were being created and would have priority over other surgery lists.
- Spinal work/surgery was a particular problem area for the Trust. One of the presentation slides showed a breakdown of waiting list by speciality. The longest waits were for the Ophthalmology Service, however, there were assurances that these patients' case notes were reviewed on a regular basis and they were lower risk patients. The volume of those waiting was reducing month on month.

The Chair thanked David Lea and Birju Bartoli for their presentation and attendance at the meeting.

RESOLVED that the presentation be noted.

16. COMMUNITY MENTAL HEALTH TRANSFORMATION – CNTW

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

Points raised included:-

- New additional funding (£750,000, £1.2 million then £2.25 million over the next three years) had been approved for the next three years for community mental health

which would flow to local systems primary care and community hubs, to recruit new staff and to commission new VCSE services.

- **Key Deliverables Long Term Plan** were:-
 - Core Model – community based offer redesigning community mental health services in and around Primary Care Network. A recovery college had been launched mental health voluntary care organisations would be together under one roof and be able to engage in courses and with opportunities in their own area.
 - Dedicated Focus – Improving access and treatment for adults and older adults with ‘personality disorder’ diagnosis in need of mental health rehabilitation and eating disorders. These pathways accounted for most of the deaths in mental health services.
 - Physical Health – increasing numbers of those with serious mental illness who received a physical health check.
 - Individual Placement Support – help for those with mental health illness to stay at work or find employment.
 - Early Intervention in Psychosis – identification of young people who were vulnerable to developing serious mental illness.
- The transformation plan looked at the area’s priorities, how to deliver them in partnership with the Council and local mental health providers and other providers around the mental health pathways. Joint Strategic Needs had been looked at along with local pathways, the understanding of CMHT, different ways of funding. Northumberland’s geographical differences to other partners were significant. Shared priorities had been agreed along with looking at different ways of doing things such as collaboration and integration.
- Bids for additional funding had been successfully made to improve community mental health and access pathways. Members were informed of a number of initiatives across the county..
- **New Roles and Integrated Posts** - Funding had been secured for allow the appointment of one post per year for each primary care network with under 100,000 population for the next three years. For CNTW this could equate to 110 posts, however, there was the challenge of where these staff could be found and encouraging them to move to the area.
- The CCG and County Council were working at ‘place’ and collaboration was at the heart of everything. Joint working and management was being discussed along with the possibility of formal partnerships. Secondment arrangements were being used where appropriate.
- **Community Model Principles** – Dr. Keda Kale explained that following the publication of the Long Term Plan, the Community Mental Health Framework for Adults and Older Adults had also been published outlining the key principles and what the Trust wanted to transform. The model of care used in Trieste, Italy, had been widely studied and its themes were the same or similar to those in CNTW’s framework
- **Conclusion** – the full impact of COVID was yet to be understood but Northumberland had pulled together to maintain services, transform delivery and commission new services to meet new demands. The community transformation programme was well underway. The Recovery College and wider wellbeing network was an essential building block.

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

- The Recovery College was in two parts; an online digital format rather than a physical building to allow access from all over the county and it was planned to go live later in the month. It would offer opportunities to join classes, courses and education. Courses would link in with other VCS opportunities. Discussions were underway regarding the possibility of physical hubs in the county or a roving model for the more rural areas. Working in Northumberland was a challenge but also allowed for creativity.
- The Trust recognised that it needed to work with the Local Authorities in the North East to encourage potential staff to come and work in the area.
- Healthwatch had been very involved in the creation of the Recovery College and it was known that Northumberland residents were in favour of a community based mental health service. The community and voluntary sector involvement would be what made the initiative succeed. Any member who was aware of a local community organisation was encouraged to link them into the Recovery College.
- The Long Term Plan was clear about targets for dealing with patients. There was more flexibility with the community mental health framework and transformation and, in some instances, it could be difficult to wrap a metric round. Service user outcomes were just as important.
- The newly created posts would act as a conduit between primary and secondary care and that it would be a smooth transition enabling the experts to come to the patient.
- Good, robust medication regimes worked well, however, medication was not necessary for all patients. Issues often resulted from non-compliance with prescribed medication.
- It was acknowledged that it was important to listen, learn and make changes to services where appropriate. Regarding hospital beds, the acuity level and increased significantly over the last 12 months. Beds were available in other parts of the organisation should none be available within Northumberland at a particular time.
- The crisis service operated 24/7. Everything would be done to enable a patient to be moved into an appropriate setting as quickly as possible.
- The CNTW was an honest, open and frank organisation and it was always willing to make any changes found to be necessary.
- CNTW was part of the Systems Transformation Board (STB) along with the Northumbria Healthcare Trust and CCG. Issues such as the recruitment to the new posts was also considered by the STB.
- Directories of services were being updated and would be available for use by the Recovery College.
- There would be a communications plan for 'Open Minds Northumberland' which would launch later in August 2021. Further information would be made available in the forthcoming Members' briefing.

The Chair thanked Russell Patton, Dr. Keda Kale and Kate O'Brien

RESOLVED that the presentation be received.

17. CNTW QUALITY ACCOUNTS

Members received a presentation from Lisa Quinn, Executive Director of Commissioning & Quality Assurance, CNTW.

Points raised by Lisa Quinn included:-

- The Quality Accounts had been published on 30 June 2021.
- The quality priorities during 2020-21 would remain in the current year. These priorities were:-
 - **Keeping you safe** and improving the inpatient experience. There had been increased emphasis on treating people locally. Whilst some services were asked to stand down during COVID, mental health services were asked to keep running.
 - **Working with you, your carers and your family to support your journey** – Access standards had been maintained throughout the pandemic. The 18 week standard did not apply to mental health services, however, CNTW did apply it.
 - **Clinical effectiveness** – training had taken place throughout the pandemic on equality, diversity, inclusion and human rights. Children and young people were increasingly accessing the service.
- Updating on points raised last year included
 - An update on the CEDAR project in January 2021.
 - Reduction in CYPS waiting times.
 - Equality and Diversity masterclasses had been delivered and staff networks developed.
 - There had been no out of area bed days since November 2020.
- In determining quality priorities for 2021-22, previous quality priorities had been reviewed, partnership with Tees, Esk & Wear Valleys NHS foundation Trust had been explored and two stakeholder events and an online survey had been held, both with high engagement levels.
- Quality Priorities for 2021/22 were:-
 - Improving the inpatient experience – monitoring inappropriate out of area treatment days.
 - Service user and carer experience – improving waiting times.
 - Clinical effectiveness – equality, diversity and inclusion.
 - Service user and carer experience – patient care, focusing on time staff were able to spend with service users and carers.

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

- During COVID there had been an increase in take up of the service by the 18-24 age group as there was more access to virtual and online and people engaged more. These options would remain available, however, face to face services were still available.
- Tees, Esk and Wear Valley was the closest large mental health organisation that CNTW worked with and some in patient services were shared such as the children's in patient services at Prudhoe. The area being explored between the two Trusts was transitions for children and into adulthood and mainstream local services into

specialised services such as eating disorders. A provider collaboration had been formed. This had not been set as a priority to report on publicly.

- Previously, the in patient facility for young people with an eating disorder was provided at Middlesbrough. Through provider collaboration that care was now provided more locally at Prudhoe or in paediatrics in hospital.

The Chair thanked Lisa Quinn for her presentation and attendance at the meeting.

RESOLVED that the presentation be noted.

18. WORK PROGRAMME

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

It was requested that palliative care be added to the work programme for a future meeting.

RESOLVED that the work programme be noted.

19. NEXT MEETING

The next meeting would take place on Monday, 2 August 2021 at 1:00 p.m. at the Holiday Inn, Seaton Burn.

CHAIR _____

DATE _____