

## NORTHUMBERLAND COUNTY COUNCIL

### HEALTH AND WELLBEING OSC

At the meeting of the **Health and Wellbeing OSC** held at NEW meeting space, Block 1, Floor 2, County Hall, Morpeth, NE61 2EF on Tuesday, 05 October 2021 at 10.00 am.

#### PRESENT

J Reid (Chair) (in the Chair)

#### MEMBERS

K Nisbet  
R Dodd  
G Hill  
R Wilczek

L Bowman  
D Ferguson  
I Hunter

#### ALSO PRESENT

S. Eaton  
R. Mitcheson  
A. Rainey  
C. Riley  
L. Robson  
D. Thompson  
R. Wighan

Northumbria Trust  
Northumberland CCG  
Northumbria Trust  
Northumbria Trust  
Northumberland CCG  
Northumberland Healthwatch  
Northumbria Trust

#### OFFICERS

C Angus  
C McEvoy-Carr  
  
R Greally

Scrutiny Officer  
Executive Director of Adults and Children's  
Services  
Assistant Democratic Services Officer

#### 26 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Homer.

#### 27 MINUTES OF PREVIOUS MEETING

**RESOLVED** that the minutes of the meetings held on 18 August 2021 and 31 August 2021, as circulated, be agreed as a true record and be signed by the Chair.

#### 28 FORWARD PLAN

**RESOLVED** that the information be noted.

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## HEALTH AND WELLBEING BOARD

**RESOLVED** that the minutes of the Health & Wellbeing board held on 8 July 2021 and 12 August 2021, as circulated, be agreed as a true record and be signed by the Chair.

### 29 COVID/ WINTER PLAN

Presentations were provided by Laurie Robson, Northumberland CCG, Simon Eaton and Alison Rainey, Northumbria Trust.

Members were advised of the following:-

- In August there was a Regional Urgent and Emergency Care Network System Resilience planning event with partners.
- There were four areas that NHS England wanted prioritised; workforce sustainability, 111 clinical advice service, public communication to advise which services should be accessed, established shared principles that would underpin mutual aid and escalation.
- The presentation outlined how Primary Care Networks were being looked at and supported. PCN's were being supported through regular practice engagement such as dedicated GP comms mailbox.
- Face-to-face appointments were resumed when required and practices were supported with digital and telephone alternatives.
- Extended Access appointments were included in PCN to support the delivery of flu and Covid vaccine programme.
- PCN's were following national guidance and were focused on booster vaccines to vulnerable patients as well as vaccinating the younger cohort.
- PCN's used latest guidance to plan early and prepare key messages to be communicated to the public.
- Community pharmacies continued to offer vaccines in conjunction with PCN's.
- A key component to the Covid response was streaming patients and encouraging patients to access 111. It allowed patients to be directed to the correct level of care and signposted them to the right location. It was successful at protecting ED from over-crowding.
- Northumbria Trust had been identified as an ICP pilot for "further faster", the pilot was looking into increasing capacity in Clinical Assessment Service.
- In a hospital context attendance levels were back to levels recorded in 2019 however performance remains challenging for a number of reasons..
- Plans and considerations were outlined for the next 6 months. These included;
- The impact of Covid and other winter illnesses being monitored, continued infection control and patient flow maintained.
- The length of stay in general beds and the amount of general beds had been increased however there was a contingency to use elective

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- beds if necessary.
- Paediatrics expected a 50-100% increase in RSV admissions over the winter.
- The health & wellbeing of staff was embedded throughout all plans. The staff had endured a difficult 18 months and that was to be recognised.

In response to questions the following information was provided:-

- Although the demonstrations against vaccinations nationally were disturbing it was assured that there had been very little demonstrations in the area and the amount of vaccine uptake in the region illustrated the confidence in the vaccine.
- Difficulties in getting appointments to see GP's was highlighted, it was stated that moving forward the norm was to be a mixture of phone/virtual/ face-to-face appointments. It was assured that the virtual appointments were not to "fob off" patients but were to meet the appropriate needs of the patients. It was suggested that there had been a lot of bad press towards GP appointments but it was important to note that GP's were available. It was stated that there were two tracks for the GP access issue; what was happening and what was being perceived. Primary Care was improving access to the correct service with the use of pharmacists etc. Important that GP's are used correctly for the appropriate care. R. Mitcheson was happy to look at individual GP issues if needed.
- It was suggested that there be a wider discussion about GP access as there was a lot of interest around the topic. It was felt that public engagement would be helpful for this discussion.
- It was acknowledged that there was going to be an unknown amount of pressure on the NHS services but was reiterated that plans had been put in place to ease the pressure as much as possible.
- Covid restrictions that were in place last year had helped with flu also and it was predicted that more people would be affected by the flu this year. Those who were receiving booster Covid vaccines would also have been offered the flu vaccine at the same time.
- It was stressed that Northumbria Trust had the lowest staff turnover in the trust. The trust was constantly recruiting and new medical students were starting their career in the Trust. Also new roles were being developed in the trust. The organisation was doing a lot for staff health & well-being such as acknowledging and appreciating the staff.
- It was advised that restrictions hadn't stopped and it was down to personal choice. If people felt uncomfortable at the proximity to others then they were encouraged to move chairs etc. if needed. It was reiterated that it was still important to look after themselves and others through sensible behaviour.
- 111 was to ensure patients get the correct care they need. Primary Care Services did not need to drastically change to fit with the society lived in. There were robust plans put in place to help and encourage the use of the system appropriately which would have helped with pressures in ED and GP's.

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Members were reassured by the plans presented and felt that the Trust had acknowledged the pressures they would be facing in the winter.

## 30 HEALTHWATCH REPORTS

A presentation was provided by Derry Nugent, Northumberland Healthwatch. Information provided included the following:

The presentation outlined what Healthwatch Northumberland had achieved throughout 2020/21 including; enabling people separated from loved ones in care homes to share what it meant and how it could be better. Building solid relationships which enabled them to relay messages about vaccination programme. Over 8,000 people accessed the Healthwatch website for Coronavirus information.

The annual survey by Healthwatch Northumberland focused on the NE23 and NE61 postcodes. There was a 67% overall satisfaction rate. The main concerns raised from the survey were quality of care for care service providers, access to GP's, dentists and mental health services, recovery of cancer services.

The priorities for Healthwatch Northumberland in 2021/22 are as follows:

### **Health**

- Access to primary care – dentists and GPs
- Mental Health services
- Sight loss

### **Social Care**

- Care homes – new support forum
- Enter & View (when we can)

### **Communication**

- Here to Hear
- Patient and service user voice in the ICS

The following comments were made in response to questions: -

- It was acknowledged that figures in relation to engagement could have been higher but it was noted that the figures were a picture across the piece and Northumberland Watch tried not to double count engagement figures. It was also noted that the engagement from the annual survey was not included in the report as the survey took place after the report.
- Mental health in young people was highlighted and it was recognised that the issues went down to nursery age level. However, the challenges of

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capturing this data was highlighted.

- Northumberland watch had a certain remit defined by legislation which meant that they would not ask questions regarding income and the relation of income to mental health issues. It was suggested that Liz Morgan as an epidemiologist may have been able to provide data on how Covid has affected income and mental health.
- It was highlighted that there had been a lot of work with schools for mental health during the pandemic. The importance of differentiating between mental health support and emotional resilience. There were a lot resources available to support children and it was important that children were directed to the right service.
- It acknowledged that 33% of the participants were not satisfied with services was not something to be proud of but it was recognised that it was a self-selecting sample and just a snapshot of participants views.
- Due to the pandemic the engagement strategy was changed however this had not affected the demographic but strengthened the ability to engage with people. It was noted that Northumberland Healthwatch was still going out to engage face-face and were still answering phones.
- It was noted that there were many different avenues to give opinions on services and Healthwatch only receives a proportion of these. It was suggested that it would have been useful to triangulate information received from Healthwatch with over information received from different avenues to get a broader feedback.
- It was acknowledged that the public relied on information on the internet which was sometimes misinformation but it was assured that this misinformation was counteracted wherever possible.

Derry Nugent was thanked for the informative presentation.

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## **HEALTH AND WELLBEING OSC WORK PROGRAMME**

The Scrutiny Officer advised that there were a couple of changes to the work programme since it was published with the agenda:-

- In November a Covid and Vaccination update was to take place.
- End of life strategy, in agreement with CCG was to be presented in February.
- A review on the dissolution of the partnership was scheduled for March.
- The GP access presentation will be scheduled

Derry Nugent highlighted that Healthwatch was undertaking a survey relating to end of life strategy which was to be included in the presentation in February.

**RESOLVED** that the information be noted.

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## **DATE OF NEXT MEETING**

The date of the next meeting was scheduled for Tuesday, 2 November 2021 at 1.00 p.m.

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**CHAIR.....**

**DATE.....**

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