Middlesbrough moving forward

Finance, Governance and Support

HEALTH SCRUTINY PANEL

Date:	**Tuesday 10th November, 2020**
Time:	**4.00 pm**
Venue:	**Virtual meeting**

AGENDA

Please note: this is a virtual meeting.

The meeting will be live-streamed via the Council's Youtube channel at 4.00 pm on Tuesday 10th November, 2020

1. Apologies for Absence
2. Declarations of Interest

   To receive any declarations of interest.

3. Minutes - Health Scrutiny Panel - 22 September 2020 — 3 - 8

   To receive the Minutes of the meeting of the Health Scrutiny Panel held on 22 September 2020

4. Minutes - Health Scrutiny Panel - 13 October 2020

   To receive the Minutes of the meeting of the Health Scrutiny Panel held on 13 October 2020

   To Follow

5. Covid-19 Update — 9 - 34

   Mark Adams, Director of Public Heath (South Tees) (CCG) will be in attendance to provide an update on Covid-19 and the local Public Health / NHS response.

   Recommendation: Panel notes the information provided.

   Presentation
   Presentation - TVCCG

6. South Tees Healthwatch — 35 - 54

Lisa Bosomworth, Healthwatch Development and Delivery Manager will be in attendance to provide an overview of the work undertaken by South Tees Healthwatch.

The findings of the South Tees Healthwatch 'Lockdown Survey' report, which highlights the experiences for local people of health and social care services, during lockdown will also be discussed.

Recommendation: Panel notes the information provided.

Report

7. Overview & Scrutiny Board Update

The Chair will provide a verbal update in relation to matters considered by the Overview and Scrutiny Board on 5 November 2020.

8. Any other urgent items which in the opinion of the Chair, may be considered.
9. Date & Time of Next Meeting - 8 December 2020 at 4.00pm

Charlotte Benjamin
Director of Legal and Governance Services

Town Hall
Middlesborough
Monday 2 November 2020

MEMBERSHIP

Councillors J McTigue (Chair), D Coupe (Vice-Chair), B Cooper, A Hellaoui, B Hubbard, T Mawston, D Rooney, M Storey and P Storey

Assistance in accessing information

Should you have any queries on accessing the Agenda and associated information please contact Caroline Breheny, 01642 729752, caroline_breheny@middlesbrough.gov.uk

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 22 September 2020.

PRESENT: Councillors D P Coupe (Vice-Chair), A Hellaoui, B A Hubbard, D Rooney and M Storey and P Storey

ALSO IN ATTENDANCE: M Adams - Director of Public Health (South Tees)
Dr. A Clements - Medical Director, STH NHS FT
Dr. R Bellamy - Director Infection Control, STH NHS FT
M Graham - Director of Communications, STH NHS FT
D Fowler - Interim Director of Nursing, STH NHS FT
I Bennett - Head of Patient Safety & Quality, STH NHS FT
Dr. J Walker - Medical Director, Tees Valley CCG
T Innes - Commissioning Support Project Officer, Tees Valley CCG

OFFICERS: C Breheny, J Dixon and S Lightwing

APOLOGIES FOR ABSENCE Councillor J McTigue (Chair) and Councillor Mawston.

DECLARATIONS OF INTERESTS

There were no declarations at this point in the meeting.

1 **MINUTES - HEALTH SCRUTINY PANEL - 21 JULY 2020**

The minutes of the Health Scrutiny Panel meeting held on 21 July 2020 were approved as a correct record.

2 **COVID-19 UPDATE**

The Director of Public Health (South Tees) was in attendance at the meeting to provide an update to the panel in respect of COVID-19 cases in Middlesbrough.

In respect of the number of positive COVID-19 cases in Middlesbrough the panel was advised that there had been a significant reduction in cases during May. A low number of cases during June and July before an increase at the beginning of August when the first new outbreak had been reported. The numbers had then continued to increase during September. For cases tested during the last 7 day period (13 - 19 September) there had been 60 positive cases in Middlesbrough. A rate of 42.6 per 100,000 population. This compared to 55 cases the previous week (6 - 12 September), a rate of 39.0 per 100,000 population. Middlesbrough had seen in a 9.1 per cent increase in cases over the last 7 days.

It was noted that over the previous 21 days the rolling 3 day average showed daily cases had remained steady before decreasing over the previous 4 days. It was advised, however, that a lag in cases being added could be the cause of the drop in the last few days.

With regard to the pillar 2 testing rates (those carried out in the community, as oppose to in a hospital setting) showed that Middlesbrough ranked 44th highest nationally for rate of positive Covid-19 tests. The rates of tests per 100,000 population showed Middlesbrough was ranked 34th highest nationally.

Information in respect of ethnicity data was presented, which showed the number of positive cases by ethnic group over the previous 6 weeks. It was noted that the proportion of cases affecting Asian residents in Middlesbrough had been high during the first half of August but this had since changed and the virus was now mostly affecting White British residents. It was emphasised that it was not the case that the BAME community was more at risk of contracting or transmitting Covid-19. However, the community was more risk of having a poor outcome.

In terms of the ages of those affected it was noted that cases in the most recent 14 days had affected young people and those in the 30-49 age group, with much fewer cases in the older

age groups. However, the numbers affected in the older, more vulnerable age groups (70+) were starting to increase.

A heat map showing the 66 positive COVID cases in the previous 7 days by ward and the count by Local Super Output A rea (LSOA) across Middlesbrough was shared. It was noted that the positive cases were spread throughout the town and there had not been any particular clustering identified.

In relation to contact tracing it was advised that this was being undertaken by Council staff in an effort to build local intelligence and develop a better understanding of where people had been in the presymptomatic period. Most of the younger group had advised that they had been 'out and about' and 80 per cent of transmission had taken place within households, as had been experienced in other parts of the country including Bolton and Blackburn.

Following the presentation Members were afforded the opportunity to ask questions and the following points were raised:-

- Concerns were expressed about the number of people not wearing face masks in town and what action was being taken to address this issue. It was explained that the Street Wardens were being used and a sensitive approach adopted. The temperature guns had been used to initiate over 13,500 conversations and there was a need to generate a longer term commitment from the community to wear a mask in public to help protect everyone.

- In respect of the case tracing it was confirmed that a very proactive approach had been adopted and other local authorities in the region had followed suit. The Council's BME Network Co-ordinator had also been very proactive in distributing the message across the mosque and the Council's Communication Team were actively involved in emphasising the importance of social distancing. Targeted communications had been undertaken by VCS organisations to tailor the message to older people, BME and other groups to ensure these were delivered by trusted voices. COVID champions had also been recruited to challenge false stories and articulate the reality of what was happening.

- Reference was made to the current testing locations and the possibility of hyper-local testing being developed. It was advised that the status of this was not clear at present although it was something the Council was pursuing. The Director of Public Health (South Tees) advised that he was hopeful there would be more testing made available locally and the Council was making all the representations it could to make this happen.

The Medical Director at Tees Valley Clinical Commissioning Group (CCG) was in attendance to advise the panel that Tees Valley CCG had been chosen by NHS England as one of only three areas in the country to take part in a clinical pilot to support patients with COVID-19, through the establishment of a virtual ward.

In terms of background information it was advised that the Tees Valley has seen some of the highest infection rates in the country; with Middlesbrough having one of the highest infection and death rates. Some patients were presenting late, some had 'silent hypoxia' - low oxygen levels and were unaware of how unwell they were and those presenting late at hospital had a poorer prognosis. The aim of the 'virtual ward' was to implement home monitoring in order to detect deterioration of 'silent hypoxia' and enable earlier intervention, with a view to improving outcomes.

The COVID virtual ward, referred to as Covid Care @ Home enabled patients who had tested positive for COVID-19 to remain at home but be provided with a pulse oximeter that would be placed on their finger and measure the patient's oxygen saturation levels. It was explained that the patients would then be asked to submit their readings via a digital App for up to 14 days. Staff on the virtual ward would monitor the oximetry levels twice a day and proactively contact patients who showed signs of deterioration, to ensure appropriate clinical support was available.

It was highlighted that the App also had an inbuilt safety netting, so that if a patient entered deteriorating saturations it would automatically generate advice around action required, including calling 999 or 111 for in and out of hours assistance as needed in addition to telephone monitoring, and face to face assessments where appropriate.

It was advised that referrals to the virtual ward could be made by GP Hot Clinics, Urgent Treatment Centres, on discharge from hospital, via test and trace and from Care Homes. Currently there were 24 patients on the virtual ward. The point was made that if an individual did not have access to a smart phone their data could be added by staff on their behalf.

In response to a query from the panel it was advised that at present there was plenty of capacity within the service but the ultimate aim would be to focus on patients that would derive the most benefit from remote monitoring. It was anticipated that there would be an evaluation of the 'virtual ward' pilot by NHS England next week prior to any national roll out of the scheme.

The Chair thanked the Director of Public Health (South Tees) and the Medical Director (Tees Valley CCG) for their attendance at the meeting and the information provided.

AGREED that the information presented be noted and a further update be provided to the panel at the next meeting.

3 **SOUTH TEES HOSPITALS NHS FOUNDATION TRUST QUALITY ACCOUNT 2019/20**

In terms of background context the Medical Director at South Tees Hospitals NHS Foundation Trust (STH NHS FT) advised that in July 2019 the Trust had received its CQC inspection report, which had seen the Trust downgraded from a rating of good to required improvement. In September 2019 the Trust had given a presentation to the South Tees Health Scrutiny Panel outlining the areas for improvement and undertaken by the Trust to immediately address the concerns highlighted by the CQC. The Trust had again attended the South Tees Health Scrutiny Panel in November 2019 to update specifically on the changes that had been made to Critical Care Services since the CQC inspection.

The Medical Director explained that since the CQC inspection the Trust had been working to 'get back to our best' and a clinical policy group had been established. STH NHS FT was now a clinically led, as opposed to a managerial or operationally led, Trust and clinical priorities directed decision-making.

In response to COVID-19 the panel heard that an escalation process was put in place, which ensured that as much high level quality care could continue to be delivered across services, with the James Cook University Hospital (JCUH) site separated into COVID and NON-COVID areas. The same approach was adopted at the Friarage Hospital site to ensure that any mixing was minimised. Testing was also key in this approach. At the start of the pandemic the Trust built up capacity very quickly, from a position of conducting 30 tests per day the Trust now had capacity to conduct 1500 tests per day and those tests could be carried out 24 hours per day.

It was advised that throughout the pandemic the Trust had exceeded national emergency guidance requirements. On 12 March 2020 the Trust introduced COVID-19 testing for all admitted patients who met the national case definition (list of symptoms) and on 6 April that was extended to include all inpatients upon their arrival at hospital (irrespective of the case definition). On 16 April 2020 national COVID-19 guidance was published setting out requirements to test patients being discharged from NHS hospitals to a care home. On 21 August national guidance was published setting out the requirements for Hospital Discharge Service: Policy and Operating Model effective from 1 September 2020.

In terms of PPE availability and staff testing it was explained that PPE Marshalls had been introduced, as it was relatively easy for cross contamination to take place. Psychological support had been introduced and was available to staff and the Trust had seen lower staff sickness rates when compared to similar Trusts. At the height of the pandemic JCUH had 150

positive COVID-19 patients but the Trust's resources team had ensured staff never ran out of PPE. A comprehensive risk-assessment process for all BAME colleagues had also been introduced, which was subsequently extended to all staff.

In respect of supporting patients and communities it was explained that staff had undertaken kindness calls and used ipads / technology to communicate with patients' family members. The support received from the local community had also been fantastic and had kept the staff going into recovery. Following the surge a de-escalation process had been undertaken. In respect of recovery it was advised that the four pillars of recovery were; staff safety, patient safety, sufficient resources and clinical prioritisation.

Reference was made to the support provided by the Trust to the wider health and social care system and it was advised that the following support had been provided:-

- 600,000 pieces of PPE distributed to neighbouring health trusts and local care providers
- 5,201 COVID-19 test results provided by pathology labs to neighbouring health trusts
- Care home support service led by community matrons delivering full training, advice and guidance package to local care homes
- Online COVID-19 education and training films produced and provided to primary care and social care partners

Following the surge the CQC had undertaken a COVID-19 Infection Prevention and Control Assessment and concluded that the Trust had effective prevention and control measures in place. In respect of the number of COVID positive patients on site at JCUH at present it was advised that the number was 25, with 5 of those patients in critical care. The Trust was currently considering reintroducing the escalation process and separating the site, as the figures were starting to increase. It was acknowledged that this time there would be the added complexity of winter pressures but the Trust was confident it could deal with a second surge.

The Head of Patient Safety and Quality advised that in terms of the Trust's Quality Priorities for 2020/21 the following priorities had been agreed:-

Safety

- Increase incident reporting by 10 per cent per year. This will also mean an increase in incidents reported to the NRLS.
- Reduce the occurrence of Never Events and ensure there is a focus on safe surgical practice including improving the safety culture within theatres and continue the LoCSSIPs work.
- Improve the quality of incident investigations at all levels including those for Serious Incidents and those reported on Datix.

Clinical Effectiveness

- To identify, develop and implement a Quality Strategy for the trust and embed an agreed approach to quality improvement methodology
- To implement and embed the South Tees Accreditation of Quality Care (STAQC) accreditation process for the trust and the Quality Assurance framework
- Ensure patients have a safe, effective and timely discharge

Patient Experience

- Continuing work to further develop the patient experience programme using Meridian, specifically focusing on implementation of the new FFT guidance and 'hard to reach' groups.
- Embed the revised complaints management process within the trust in line with the revised Patient and Carers Feedback Policy
- Improve the Outpatients Department (OPD) experience through 'task and finish' groups to review and continue the work that has taken place during 2019/20.

Members of the panel expressed their gratitude on behalf of residents across Middlesbrough for the tremendous work that had been undertaken by the Trust in responding to the COVID-19 pandemic.

In respect of the Trust's performance in respect of the 2019/20 Quality Priorities Members raised a number of issues. It was agreed that the points made would be included a letter from the Panel for inclusion in the Trust's 2019/20 Quality Accounts document.

AGREED that a letter be drafted from the Health Scrutiny Panel for inclusion in the STH NHS FT Quality Account document 2019/20. A copy of the letter would be circulated for Members' approval prior to submission to the Trust by 23 September 2020.

4 **REGIONAL HEALTH SCRUTINY UPDATE**

The Democratic Services Officer provided an update in respect of the following regional meeting:-

- Tees Valley Joint Health Scrutiny Committee hosted by Redcar & Cleveland Borough Council on 18 September 2020.

AGREED that the regional health scrutiny update be noted.

5 **OVERVIEW & SCRUTINY BOARD UPDATE**

The Chair provided a verbal update in relation to the business conducted at the Overview and Scrutiny Board meeting held on 3 September 2020, namely:-

- Executive forward work programme.
- Covid-19 update - Education and skills.
- Scrutiny Work programme.
- Scrutiny Chairs' updates

AGREED that the information provided be noted.

6 **MINUTES - HEALTH SCRUTINY PANEL - 10 MARCH 2020**

The minutes of the Health Scrutiny Panel meeting held on 10 March 2020 were approved as a correct record.

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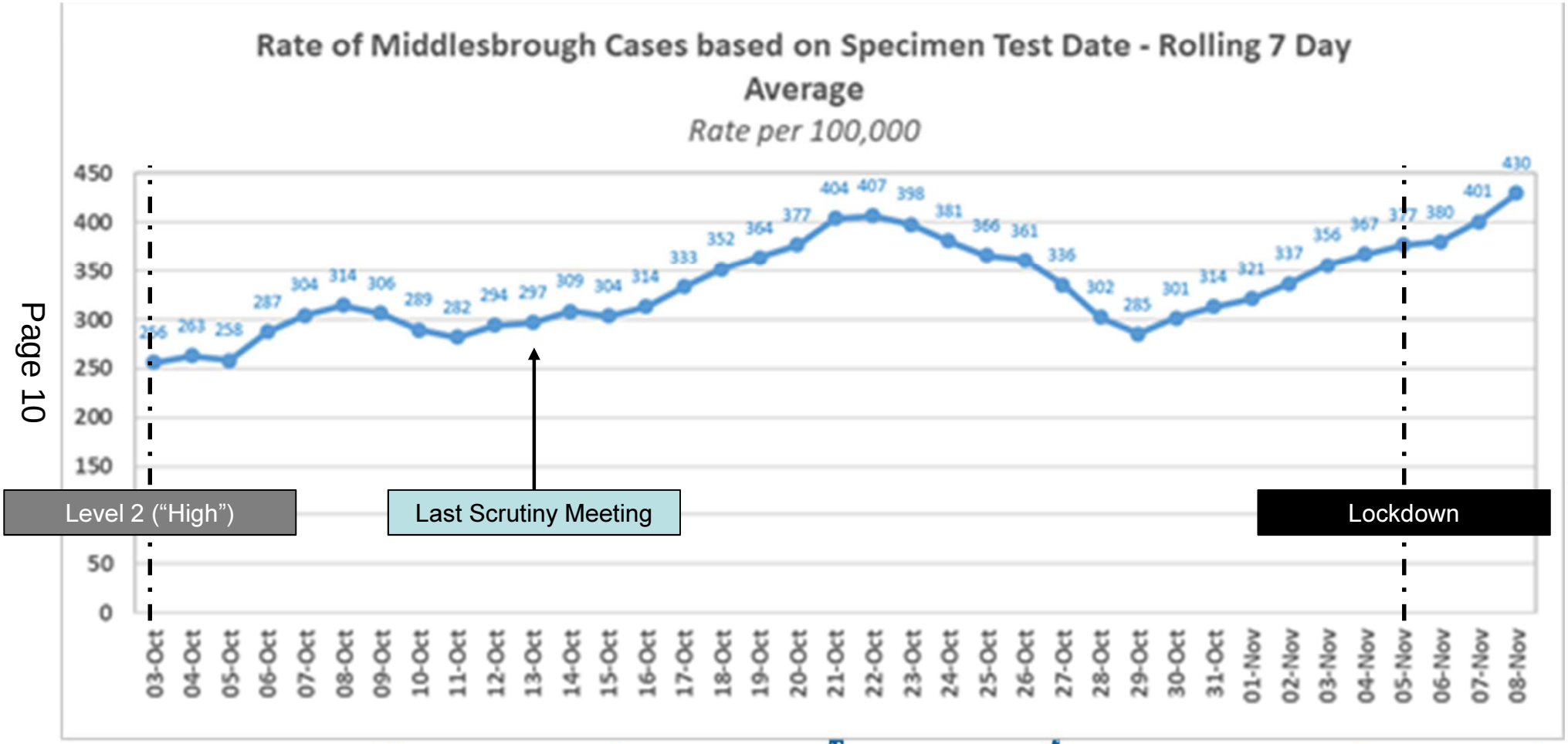
Middlesbrough Covid-19 Update

10 November 2020

ases by Week


Rate of Middlesbrough Cases based on Specimen Test Date - Rolling 7 Day Average
Rate per 100,000
450
400
350
300
250
200
150
50
0
256 263 258 287 304 314 306 289 282 294 297 309 304 314 333 352 364 377 404 407 398 381 366 361 336 302 285 301 314 321 337 356 367 377 380 401 430
03-Oct 04-Oct 05-Oct 06-Oct 07-Oct 08-Oct 09-Oct 10-Oct 11-Oct 12-Oct 13-Oct 14-Oct 15-Oct 16-Oct 17-Oct 18-Oct 19-Oct 20-Oct 21-Oct 22-Oct 23-Oct 24-Oct 25-Oct 26-Oct 27-Oct 28-Oct 29-Oct 30-Oct 31-Oct 01-Nov 02-Nov 03-Nov 04-Nov 05-Nov 06-Nov 07-Nov 08-Nov
Level 2 (“High”)
Last Scrutiny Meeting
Lockdown

orth East Region Summary

North East LA COVID Cases - Tested in Current 7 and Previous 7 Day Periods

North East LA	Current 7-Day Period (30th- 5th Nov)		Previous 7-Day Period (23rd - 29th Oct)		% Change Rate
	Number	Rate	Number	Rate	
Gateshead	849	420	728	360	16.6%
Stockton-on-Tees	763	387	783	397	-2.6%
Redcar & Cleveland	529	386	330	241	60.3%
Middlesbrough	528	375	402	285	31.3%
Hartlepool	338	361	290	310	16.6%
Sunderland	994	358	890	320	11.7%
Newcastle upon Tyne	1,030	340	845	279	21.9%
County Durham	1,779	336	1,416	267	25.6%
South Tyneside	488	323	335	222	45.7%
North Tyneside	652	314	598	288	9.0%
Darlington	329	308	243	228	35.4%
Northumberland	706	219	625	194	13.0%

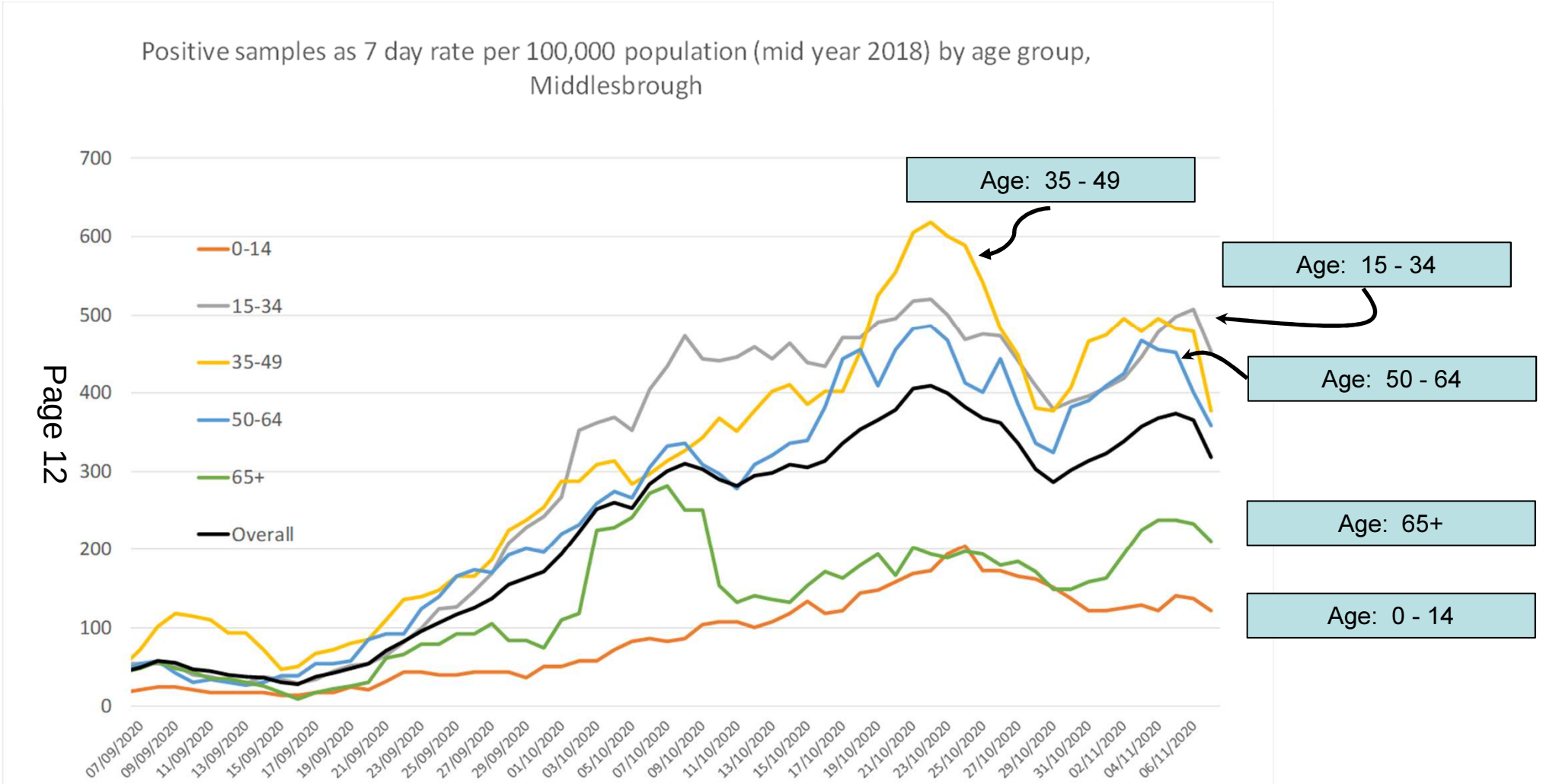
Source - GOV.UK COVID Dashboard

Pillar 2 Test Rates

Rate of Pillar 2 Tests (1st -7th Nov)	% Positive Pillar 2 Tests (1st-7th Nov)
2,349	16.6%
2,238	16.5%
2,483	15.4%
2,825	13.6%
2,741	14.3%
2,141	15.3%
2,293	15.2%
2,323	14.1%
2,188	14.9%
2,162	14.0%
2,143	13.0%
2,125	10.5%

Source - NHS Digital Testing Dashboard

nalysis by Age Group (7 day rolling averages)



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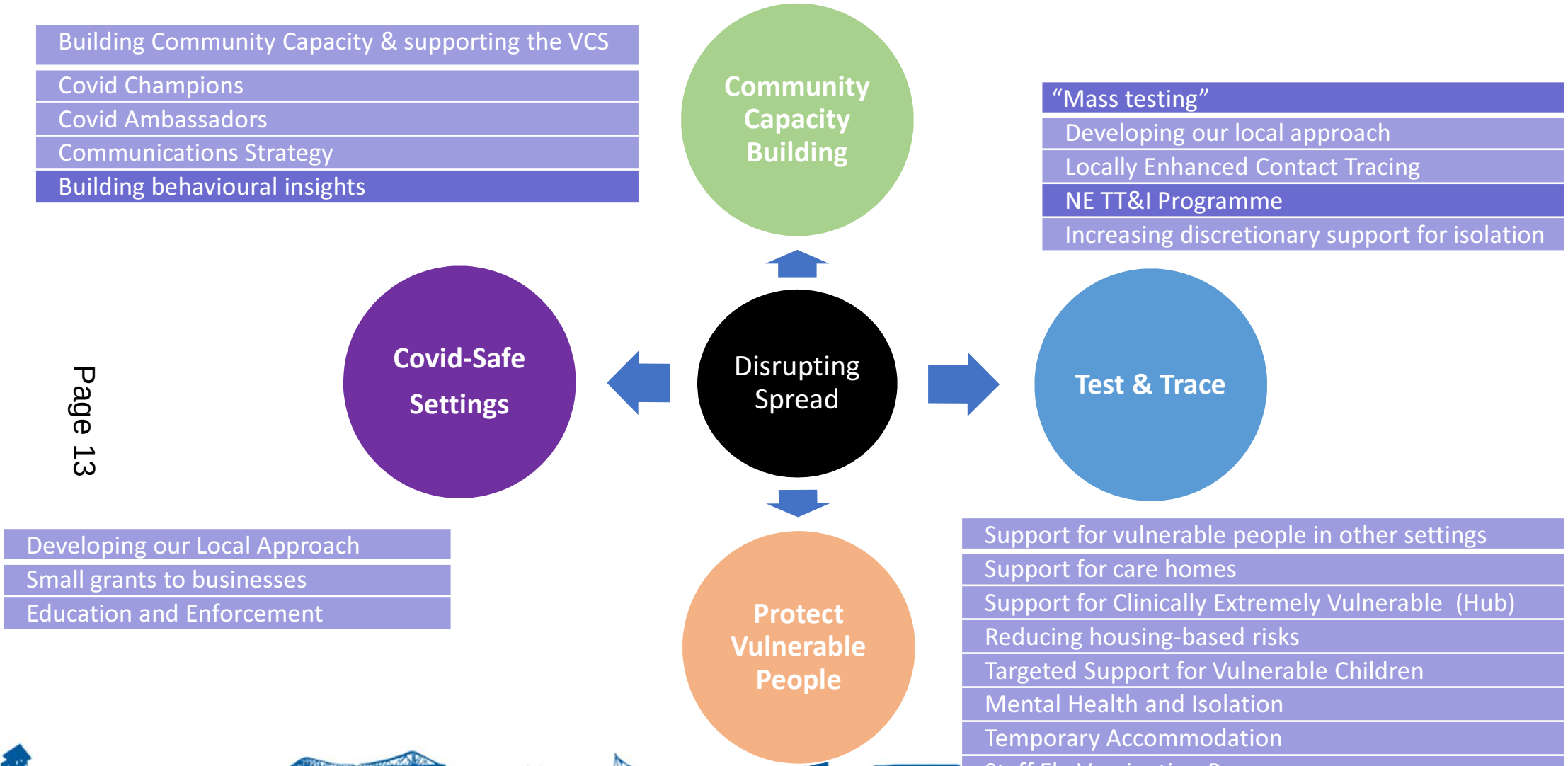
Building Community Capacity & supporting the VCS
Covid Champions
Covid Ambassadors
Communications Strategy
Building behavioural insights
Community Capacity Building
"Mass testing"
Developing our local approach
Locally Enhanced Contact Tracing
NE TT&I Programme
Increasing discretionary support for isolation
Covid-Safe Settings
Disrupting Spread
Test & Trace
Developing our Local Approach
Small grants to businesses
Education and Enforcement
Protect Vulnerable People
Support for vulnerable people in other settings
Support for care homes
Support for Clinically Extremely Vulnerable (Hub)
Reducing housing-based risks
Targeted Support for Vulnerable Children
Mental Health and Isolation
Temporary Accommodation
Staff Flu Vaccination Programme
Increased uptake of Flu Vaccine
Covid vaccine programme

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NHS
Tees Valley
Clinical Commissioning Group

Tees Valley CCG - Covid 19 Update

November 2020

Craig Blair – Director of Commissioning

Dr Janet Walker – Medical Director

NHS
Tees Valley
Clinical Commissioning Group

Tees Valley CCG/Integrated Health Care Partnership (ICP) Planning

Overview of NHSE/I Planning Guidance

The NHS Long Term Plan, published in January 2019, set out the transformation of services and outcomes the NHS will deliver by 2023/24 by investing the long term revenue settlement we have received from the government. The 2020/21 NHS Operational Planning and Contracting Guidance was released on Friday 31st January 2020 and set out the 20/21 delivery requirements of the NHS Long Term Plan.

COVID-19

Phase 1 - On 30th January NHS England and NHS Improvement declared a Level 4 National Incident, triggering the first phase of the NHS pandemic response.

Phase 2 - As acute Covid pressures were beginning to reduce, NHSE/I guidance released on 29th April outlined agreed measures for the second phase, restarting urgent services.

Phase 3 - NHSE/I guidance released on 31st July set out priorities for the rest of 2020/21.

Tees Valley CCG/ICP Recovery

Phase 3 Response

NHS priorities for this third phase are:

- Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter for:
  - Cancer, Elective activity, Primary care and community services, MH & LD/autism

- Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally:
  - Covid-related practice, Prepare for winter

- Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention:
  - Workforce, Health inequalities and prevention

Tees Valley CCG/ICP Recovery

Phase 3 Response – return to near normal levels of service

Cancer

- 2WW referrals maintained throughout the pandemic with patients being requested to attend appointments with IPC measures in place.
- Referral and activity numbers reduced during the first wave of Covid , however a marked increase in both referrals and activity from May on-wards.

Elective activity

- Significant increase in utilisation of “Advice and Guidance” reducing unnecessary demand.
- All cases of patients waiting longer than 52 weeks undergo a harm review.
- Maximising estate for planned surgery. Making better use of Redcar PCH and the Friarage.
- Utilisation of the local Independent sector providers to support elective programme.

Primary care and community services

- 100% GP practices across the CCG have initiated online and video consultation triage services in response to Covid AND 100% of practices are offering face to face appointments where appropriate.
- Community services have continued to provide District Nursing support throughout the pandemic and have restored access to all other community services.
- Piloting of the Covid Virtual Ward approach

Tees Valley CCG/ICP Recovery

Phase 3 Response – Return to near normal levels of service (cont)
Mental Health & Learning Disability/Autism

- The Tees Valley IAPT service is fully operational.
- 24/7 crisis helpline in place; single point of access diverts to adult or CAMHS crisis teams.
- During the first wave GP practices have continued to engage with all patient groups, including those with a learning disability, and have continued to offer Annual Health Checks and screening.

Phase 3 Response – Prepare for winter and future covid spikes
Covid-related practice

- Continued engagement and participation with local Outbreak groups and Health Protection Board.
- All Health Care Providers are following latest IPC guidance.
- Continue to follow PHE/DHSC-determined policies on testing and frequency.

Prepare for winter

- Tees Valley flu vaccination board has been established to coordinate the flu programmes.
- Launched 'Talk Before You Walk' on 19th October. In response to the National initiative 'Think 111 First'
- Established an ICP wide Incident Command Coordination Centre to identify trigger levels across the system, proactively manage resources to meet demand in activity and to enable pressures to de-escalate.

Tees Valley CCG/ICP Recovery

Phase 3 Response – Learning lessons

Workforce

- CCG has implemented a range of initiatives to support staff wellbeing.
- CCG has committed to implementation of 'agile working' model in the medium and long term to offer greater flexibility during and after the pandemic.
- Supported partners and providers to do the same.

Health inequalities and prevention

- Utilising clinical triage of all referrals (both urgent and routine) to ensure appropriate risk stratification of patients takes place.
- Targeted support for those with long term conditions.
- The CCG has worked with LD Network to develop toolkit for delivering Annual Health Checks and flu vaccinations during COVID-19.

Tees Valley CCG/ICP Recovery

Other developments

- Tees Valley CCG have established an ICP Covid-19 Phase 3 Planning Group which meets twice a week and has representation from all ICP partners.

- The new ways of working that have been implemented to support the COVID response are now embedded and are having an impact on reducing overall demand (e.g. A&G, Virtual appointments, Covid Virtual Ward).

- A process to refresh the South ICP Long Term Plan is underway against 19 priority areas (UEC, Cancer, etc.) to enable us, as a system, to set out our vision and strategy moving forward.

NHS
Tees Valley
Clinical Commissioning Group

Wave 2 Development

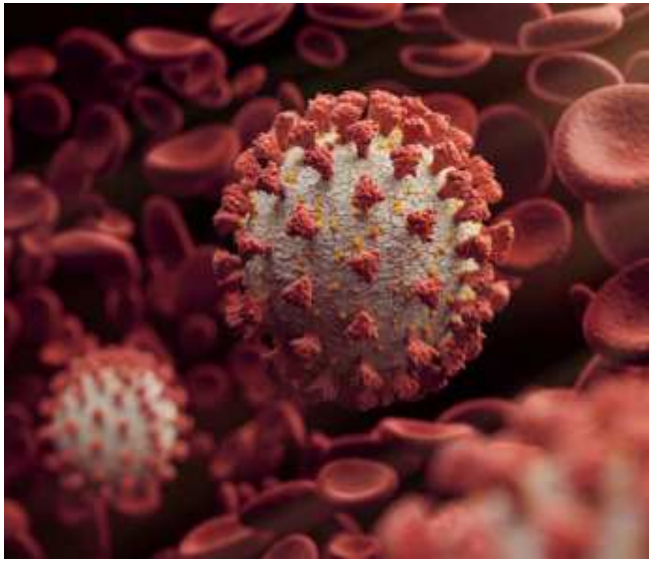
NHS
Tees Valley
Clinical Commissioning Group

NHS
Tees Valley
Clinical Commissioning Group

Wave 2 Key Lines of Enquiry – Critical Themes

- Patients first – Quality care – links to safety, governance, social care and IPC
- Caring for our Staff – Workforce – wellbeing and as a critical enabler
- Demand;
  - links to winter pressures and Urgent & Emergency Care (inc 111 and 999)
  - Critical Care and capacity planning
- Critical Functions;
  - Primary Care – links to vaccination plans influenza and COVID-19
  - Critical Functions;
    - Testing – links to acute flow, discharge flow and workforce
    - Pharmacy – links to dual running and EU Exit
    - Procurement, PPE & Logistics
    - Recovery – links to restoration, maintaining services and independent sectors
  - Resilience - Cyber Preparedness and Digital resilience – links to business continuity and contingencies

NHS
Tees Valley
Clinical Commissioning Group



‘COVID OXIMETRY @ HOME’

NHS
Tees Valley
Clinical Commissioning Group

What is a COVID-19 Virtual Ward?

COVID-19 Virtual Wards enable health professionals to safely remotely monitor patients with suspected or confirmed COVID-19 at home for up to 14 days. Through the use of a pulse oximeter patients can monitor and report their oxygen levels to enable early warning of deterioration and rapid intervention and treatment.

This is important as COVID-19 infection can result in low oxygen levels, without the normal symptoms of shortness of breath or coughing to such a degree that patients can suffer acute respiratory distress and organ failure known as 'silent hypoxia'.

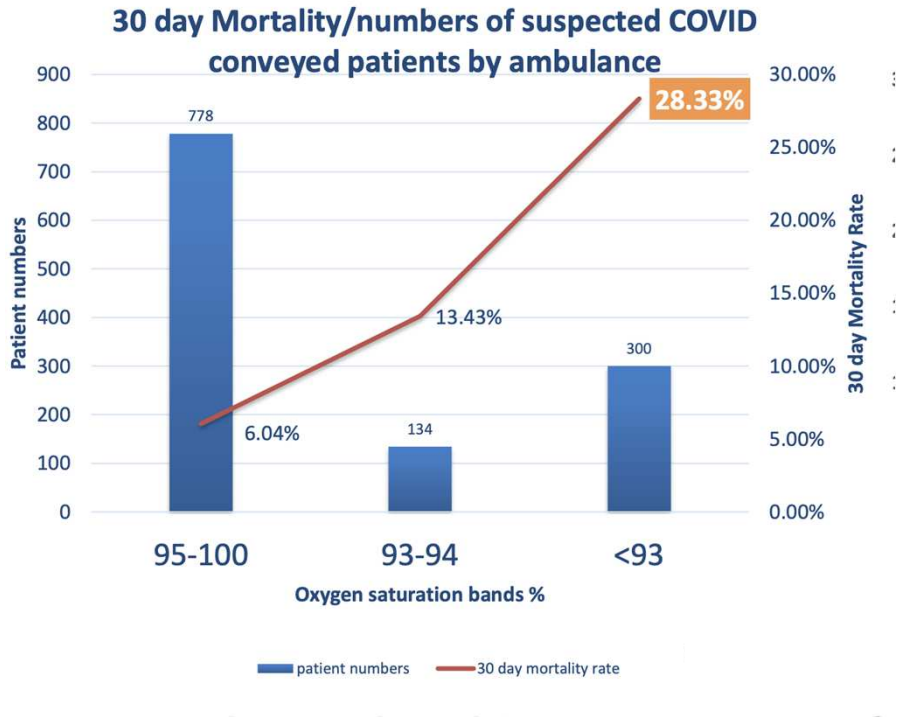
COVID Virtual Wards aim to reduce both COVID mortality and pressures on hospital capacity which will be vital as we see more patients presenting with acute COVID.

The Tees Valley COVID Virtual Ward formed part of a national pilot to evaluate both patient and system benefits. The ward uses digital technology to support home monitoring; patients are monitored remotely by a clinical team who intervene at the earliest opportunity should a patient show clinical indications of decline requiring admission.

Why is COVID-19 Virtual Ward so important?

The average time take from infection to hospitalisation is 7-10 days.

The evidence from the first wave suggests that patients conveyed to hospital by ambulance with O2 saturations of 95-100% had a 30 day mortality of 6%. If the patient's O2 saturation was 93-94% the 30 day mortality increased to 13% and if this fell below 93% the 30 day mortality increased to 28%.



The aim is to focus on those at most risk, who have COVID or suspected of having COVID and monitoring them to detect 'silent hypoxia' at an early stage where intervention will reduce mortality, hospital length of stay and may reduce the risk of 'long COVID'.

With thanks to Simon Mortimore, Zoe Cameron, Phil King, Tara Sood

Update: National Rollout

Planning for the widespread implementation of the COVID Oximetry@Home (Virtual Ward and Pulse Oximetry) has now been approved by the National Incident Response Board (NIRB) as a means of monitoring and managing COVID positive patients in their own homes.

Evaluation of the national pilots has indicated significant patient and system benefits both in promoting the early recognition and treatment escalation of patients with hypoxia, whilst allowing other patients to remain safely in their usual place of residence.

The expectation is that expansion across the system will lead to demonstrable reductions in mortality rates, avoidable admissions, hospital lengths of stays, intensive care admission/ventilation and the incidence of severe long COVID symptoms.

Virtual wards need to be in place seven days a week.

The admission criteria need to be clear with a consistent pathway.

Focus to be on those at most risk, who may be at higher risk of poor COVID outcomes including older patients, BAME populations and people with certain co-morbidities.

New Criteria

Not all patients with suspected COVID-19 will need to be admitted to a Virtual Ward. Those identified as suitable by clinicians will be admitted in line with the following criteria. The criteria is based on groups at highest risk from the virus.

Virtual Ward Criteria

- ❑ >65 years old
  - COVID diagnosis, symptomatic

- ❑ <65 years old
  - COVID diagnosis, symptomatic, clinically vulnerable*

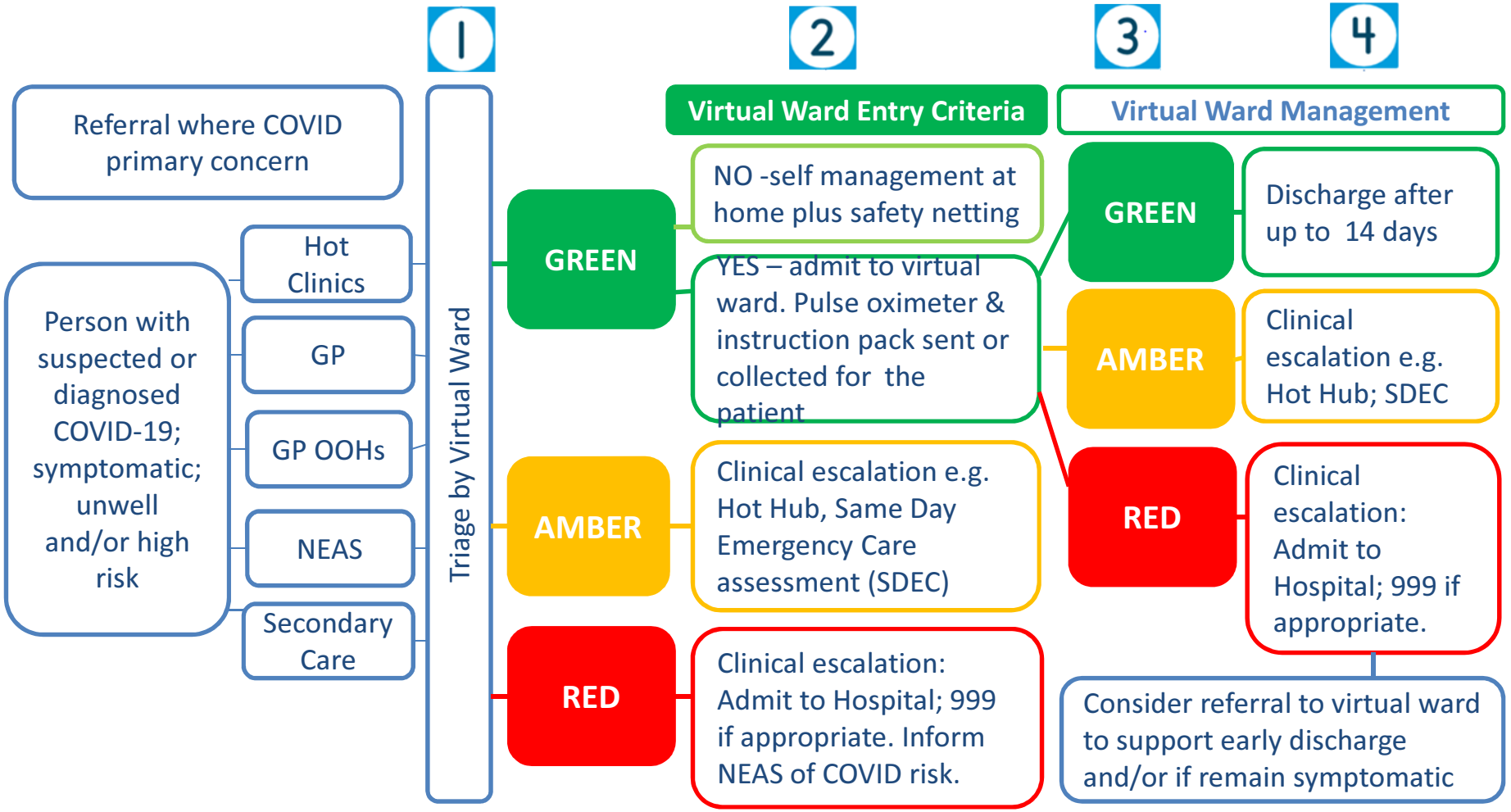
*Examples of populations who are classed as 'clinically vulnerable' include:

- Comorbidities (active cancer treatment, significant immunosuppression, diabetes/chronic lung disease, liver disease, cardiovascular disease), including those as identified as extremely clinically vulnerable (shielded population)
- People with a learning disability
- BMI >35
- BAME population

CLINICAL JUDGEMENT SHOULD UNDERPIN DECISION MAKING

Pathway

The COVID-19 Virtual Ward pathway is shown below. This sets out four stages on the pathway covering the entry point, triage, management and escalation. This is a summary of the total pathway. More detail is then provided on each stage.



Acknowledgement: Matthew NADA-KIM, HAMPSHIRE HOSPITALS NHS FOUNDATION TRUST

Numbers & Referral Sources

Numbers & referral sources

Total referred: 283

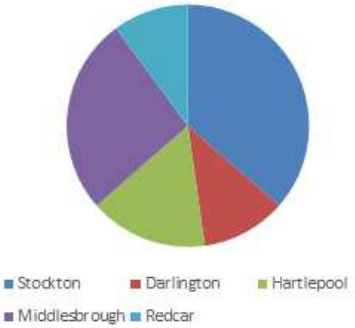
Total admitted: 248

Total discharged to date: 222

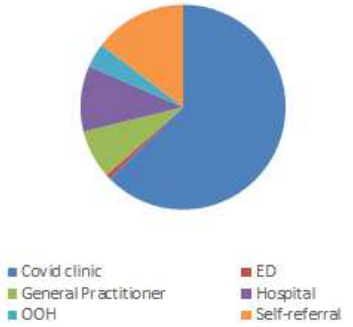
As at 05/11/20:

Total	26
New	4
Red	1
Amber	2
Green	19
To discharge	0

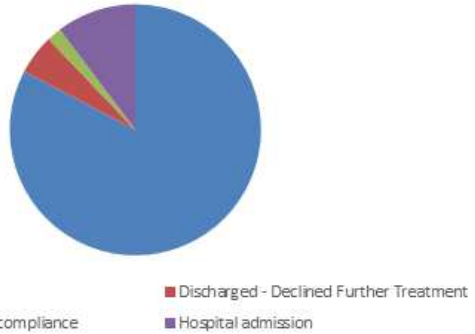
Patients by locality



Referral Source



Outcome



NHS Tees Valley Clinical Commissioning Group

@ 10/11 Daily Virtual Ward SITREP: **44** (34 active plus 10 to be admitted)

Patient Stories

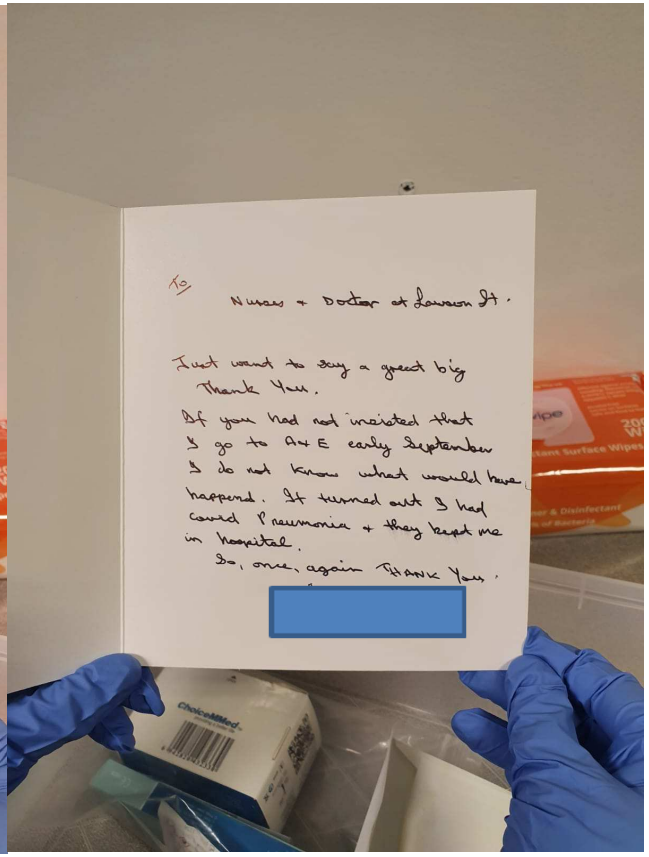
RACHEL

- My name is Rachel, I'm 48 and I'm from Billingham where I live with my parents.
- I started with a cough on the night of 21/09 and thought it was my asthma, but I had test at Hartlepool to be safe the next day and got a positive result 23/09.
- I was more worried about my parents as I am living with them and they are elderly. Self isolating wasn't a problem as I was quite unwell and couldn't go anywhere.
- I had heard about Covid Care @home from a work colleague, so I rang up and found it very easy to join. I remembered to take readings with no trouble and the equipment is very easy to use - the app was straight forward too.
- I felt reassured that there was someone looking out for me, although I didn't need anything as such. It would be nice if I was able to just send message to the team instead of calling, as I didn't want to call and bother people.
- It has made a real difference - I felt like I had a comfort blanket knowing people were looking after her and monitoring her readings in the background. I knew you would have contacted me if I needed to go to hospital and that really helped – I know if I didn't have that I would have just stayed at home no matter how I felt as I wouldn't have wanted to be a bother.
- Thank you!

NURSE FEEDBACK

- “I think the virtual ward is a genius idea. My day job surgery lost a 52yr old due to Covid in April and if he had been monitored before it was too late, he might have survived so I cling to that while trying to convince the patients to upload their details. Wonderful to work for and entirely focused on delivering the best care for patients. I feel proud to be a H&SH Nurse working on this”

Thanks



"It has made a difference, you were my comfort blanket knowing that you were looking after me and monitoring my readings (so that if needed you would have contacted me to go to hospital – if I didn't have you I would have just stayed at home no matter how I felt as I didn't want to be a bother)"

"Well pleased with everything"

"I was isolating anyway before I was referred to the virtual covid ward but I found their help very reassuring. Always warm, friendly & professional staff & I felt like they were concerned genuinely, for me. Thanks!! A really excellent service 👋 "

NHS
Tees Valley
Clinical Commissioning Group

Questions

NHS
Tees Valley
Clinical Commissioning Group

Experiences of lockdown across South Tees

Pioneering Care Partnership, Registered Charity No. 1067888
Registered Company No. 3491237 Pioneering Care Centre, Carer's Way, Newton Aycliffe DL5 4SF. Pioneering Care Partnership is the data controller for personal data held by Healthwatch South Tees.

healthwatch Middlesbrough

healthwatch Redcar and Cleveland

About Healthwatch South Tees

There's a Healthwatch in every local authority area of England. We are the independent champion for people using local health and social care services. The role of Healthwatch is to listen to what people like about services and what they think could be improved and to share these views with those with the power to make change happen. We also share views with Healthwatch England, the national body, to help improve the quality of services across the country. In addition, Healthwatch provides an Information and Signposting service to help ensure that people receive the right health and social care services locally.

In summary – your local Healthwatch is here to:

- Listen to what people think of services
- Use people's views to help shape better services
- Provide information about health and social care services locally.

Healthwatch Middlesbrough and Healthwatch Redcar & Cleveland have been working together across Healthwatch South Tees (HWST), since 1 April 2017.

If you would like to learn more about what we do, please click here to visit our website. If you require this information in a different format, please click here to be directed to our accessible documents, or you can contact us: healthwatchsouthtees@pcp.uk.net.

Purpose of research

We wanted to gather local people's experiences of lockdown, particularly when accessing and using health, social care and community support services.

Due to government guidance and lockdown restrictions, all surveys had to be shared online through our distribution lists and partnerships, social media channels, websites and monthly e-bulletins.

We aimed to shine a light on the positive actions that services have done during this time, and to find out what could have been better, to help influence improvements based on public and patient experiences.

The survey also explored the 'new normal' in health and social care, asking questions about phone and video consultations, and whether going forward, people would be happy to have appointments in this digital way. Our findings are supported by the qualitative study 'The Dr Will Zoom You Now'[1], where Traverse, National Voices and Healthwatch England spoke to 49 people about their experience of remote consultations. These similarities will be highlighted throughout this report.

[1] https://www.nationalvoices.org.uk/publications/our-publications/dr-will-zoom-you-now-getting-most-out-virtual-health-and-care

Demographics

We distributed the survey throughout our contacts and promoted it on various platforms. The characteristics of our survey respondents are detailed below:

380 people responded to our survey about Lockdown experiences.

6% of respondents were answering on behalf of a relative, partner, close friend, and/or someone they were care for.

84% of these respondents were female; 16% of these were male.

Most of our responses (65%) were in the age bracket of 35-64. 23% were aged under 34, and 11% were aged over 65.

95% surveys were completed by those of 'White British' ethnicity. The other 5% was made up of 'Any other white', 'Mixed', 'Indian', 'Pakistani', and 'Black African'.

19% of respondents stated that they had a disability.

11% of respondents had been advised to 'shield' during lockdown.

6% of respondents believe they had COVID-19 based on their GP identifying their symptoms or receiving a positive test from the NHS.

*It is important to recognise that our research findings are only reflective of those who completed our survey, and do not give the full picture of all lockdown experiences across South Tees.

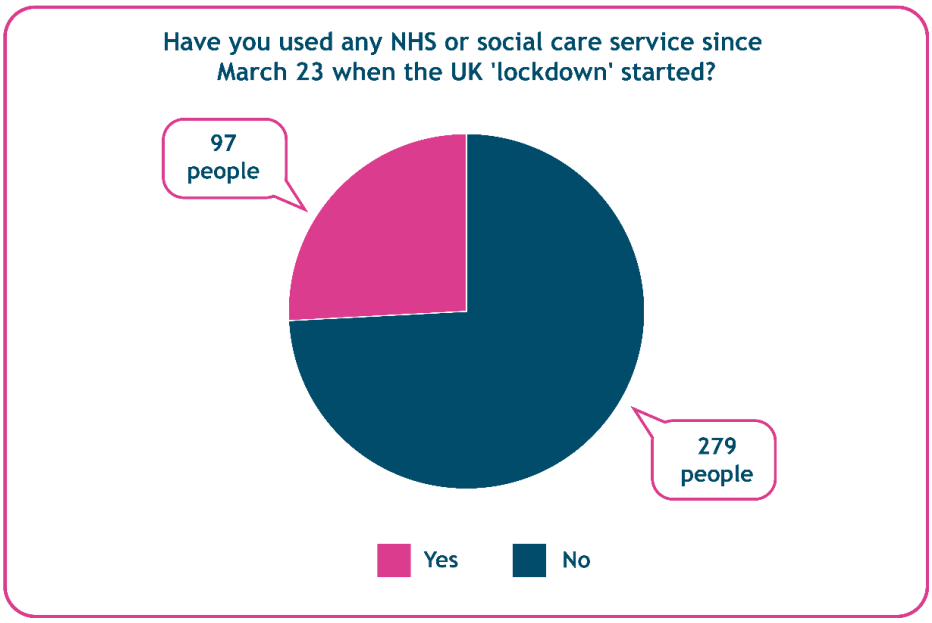
Limitations of research

Although our survey was shared widely, our response demographic was mostly middle-aged, white women, and so our findings are not representative of the diverse population of South Tees. This must be noted when reading the key themes pulled from the findings, as these experiences may not be the same for those of a different background. This potentially indicates which demographics are more digitally literate and confident in using technology, and highlights those who may be excluded. Although public consultation may be more appropriate for these specific groups, we are limited in carrying out engagement work due to social distancing guidelines. We recognise that our research needs to be more representative and plan to build on it through our Community Champions scheme, where we hope to make contact with people from different backgrounds and gather their experiences of lockdown, then make comparisons to these initial findings.

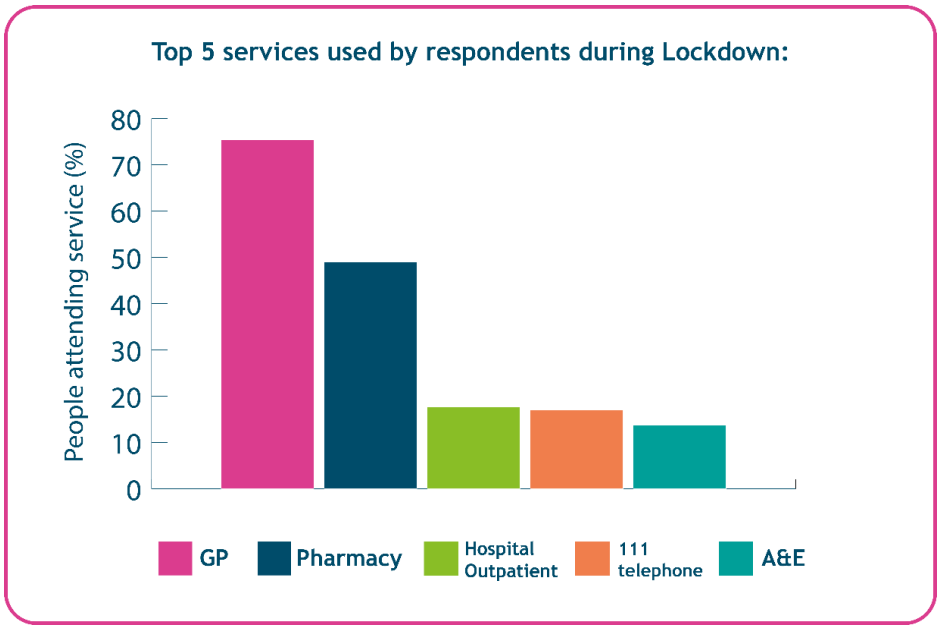
To read more about our Community Champions scheme and how to get involved, click here.

At a glance

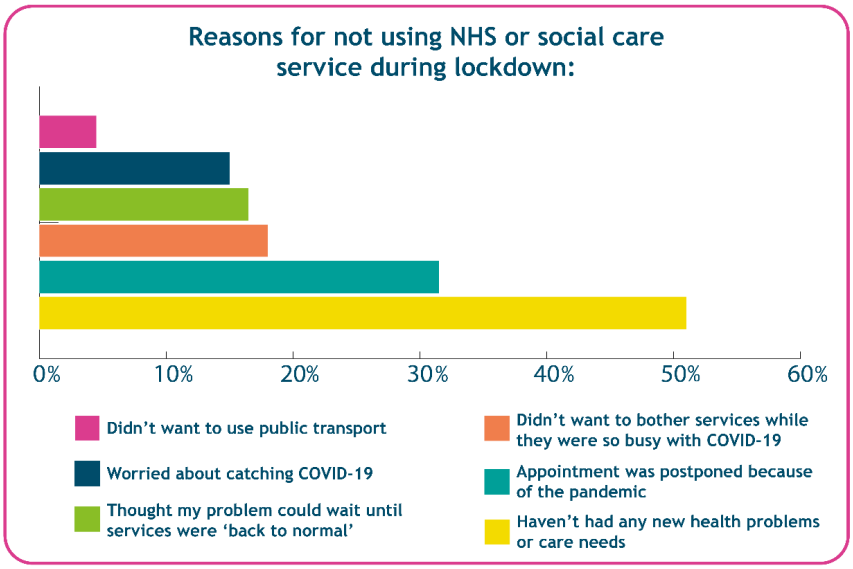
We wanted to gain an understanding of how access to services may have changed because of COVID-19 and lockdown measures. One in four of our respondents had accessed an NHS or social care service during lockdown:



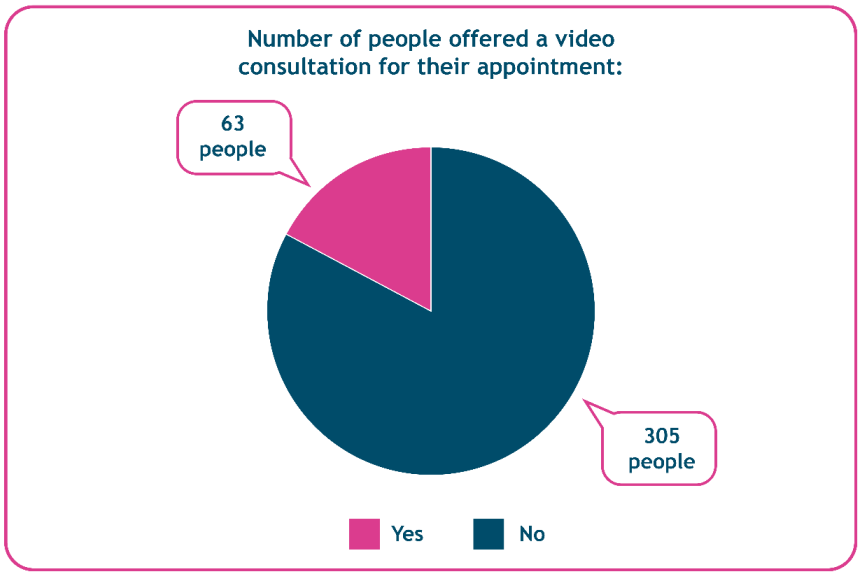
The most-used services were a mix of primary and secondary care, with the GP and Pharmacy being the most popular:



Most people didn't need to use an NHS or social care service, due to not having any new health problems or care needs. The other main reason was that people were affected by the changes services had made due to the pandemic, a common example of this being postponed appointments. The other answers suggest that people had decided not to access services, e.g. not wanting to burden services, wanting to wait until things were 'back to normal' and being concerned about catching COVID-19, both at the service and on public transport.



Due to services limiting the number of people entering facilities, people's behavior had to change regarding how they attend appointments, with video consultations becoming an option. As our chart shows, we had limited numbers of responses who had been offered a video consultation:



This research explores experiences of face-to-face and virtual appointments, and effects on mental health. Answers that have not detailed a specific type of appointment are grouped under a 'general' theme.

Positive experiences of services during lockdown

Specific services, staff and teams

There was 46 people who mentioned specific services, staff and teams in their positive experiences, examples of these include Midwives, Ambulance staff and the Macmillan team. People appreciated the communication and support offered by staff, both in face-to-face settings and over the phone, explaining how this was especially helpful during these times.

Staff were described as:

Knowing we had somewhere to call and someone checking in made all the difference

(a mother's experience of the Children Disability Team)

Efficiency

A total of 43 of our respondents had positive experiences of health and social care during lockdown, due to the efficiency of services. This mostly related to GP surgeries and pharmacies, which were often described as "quick" in comparison to pre-COVID-19 experiences of waiting times and communications.

Everything

When asked what health or social care services could have done better, 134 people suggested positive experiences as they stated that there was nothing more services needed to do to improve.

Negative experiences of services during lockdown

Accessing care

In total, 27 people expressed difficulties with keeping appointments that had already been booked, due to cancellations within GPs and hospitals but also within social services, e.g. adult services and occupational therapists. Difficulties were also experienced when trying to get the correct medication and aftercare, from services including pharmacies, hospitals and dentists. The range of services this affected had an impact on a lot of people's different care needs.

The responses below show the impact of this:

Communication

There was 13 people who felt that felt better communication between services and the patients was needed both during and after care, including information about appointment times and treatment procedures, as well as keeping in touch. This was most commonly about the 111 service and hospitals and was especially relevant if people had been promised a phone call, but this had not been fulfilled. Another popular response was that people would like to have received regular updates about service guidelines, e.g. who is allowed in the GP surgery and whether face masks are needed. It is worth noting that many of these comments were made prior to government laws on face masks and so people were more reliant on the guidance set by the surgeries themselves.

Delivery of care

A lot of people felt that their own care, for health issues unrelated to COVID-19, had been negatively affected by the changes that both primary and secondary care services had quickly made in reaction to the infection:

"refused a hospital bed"

"not receiving adequate treatment"

(other illnesses) *"ignored"*.

Maternity services were mentioned in negative experiences where changes due to COVID-19 had an impact on the emotional and mental health of mothers. Many women detailed how communication during pregnancy and in their post-natal care had been very limited and there was also the suggestion that their basic care needs had been ignored. Based on their experiences of being alone at critical points of their maternity care journey, some women strongly suggested that fathers and advocates needed to be allowed access.

"only ten minutes with midwife on phone"

"no one in contact since clinic and breastfeeding group were closed".

"spent an uncomfortably long time lying in my own mess after delivery".

"spent 4 hours alone".

Face to face appointments

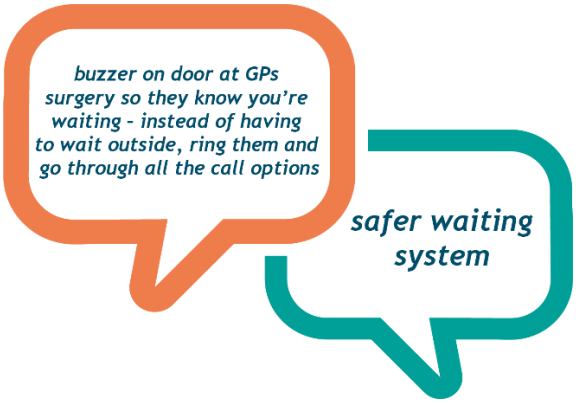
Positive experiences

Where people had attended face-to-face appointments in GP surgeries and hospital outpatient clinics, 36 people appreciated how organised services were in safely adapting to COVID-19 and communicating these changes to patients. This preparation made people feel more at ease when turning up to services. People were less concerned about infection when they could see staff wearing full PPE.

Several people did not pick out specific aspects of their face-to-face appointment but highlighted how all of it contributed to a positive experience.

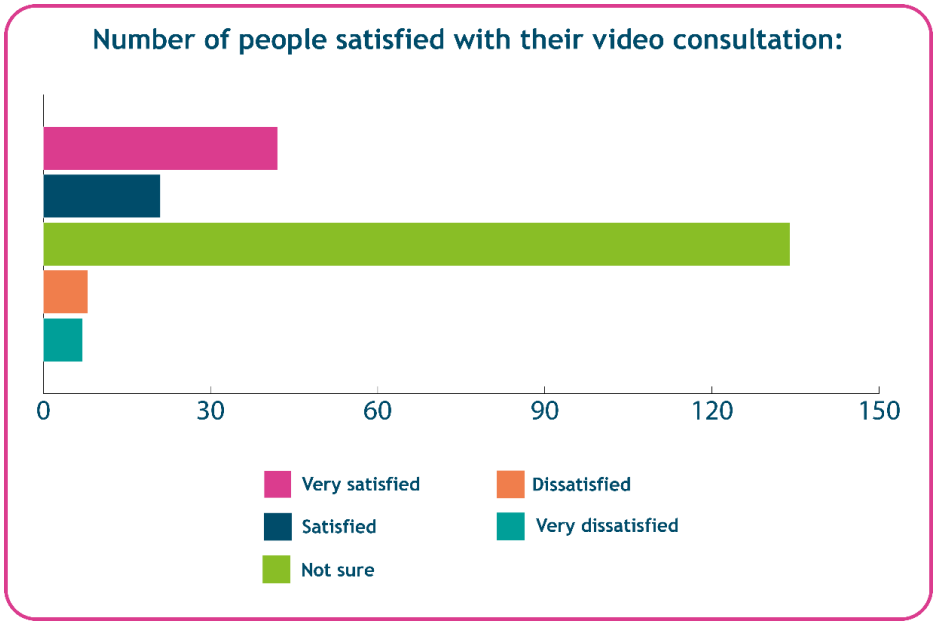
Negative experiences

In contrast, 16 people felt that more adjustments and practical changes were needed to make the process of attending face-to-face appointments easier and safer in the current climate, e.g. more social distancing in hospital waiting rooms, and less waiting around in busy corridors. Some people wanted to see more staff, including receptionists at GP surgeries, and carers, wearing PPE and face coverings, however it must be noted that some of our responses were gathered before wearing masks indoors became mandatory.



Phone and video calls

Responses showed that 42 people stated they were ‘very satisfied’ with how their video consultation went, sharing their positive experiences.



**This question was open to all respondents, regardless of whether they had experienced a video consultation, which may explain why numbers are skewed, e.g. high number for 'Not sure'.*

Positive experiences

People appreciated having their consultations over the phone as they felt it was more efficient than face-to-face appointments, saving time in both waiting and travelling. This was also highlighted as a positive in ‘The Dr Will Zoom You Now’[1] research report.

“saving unnecessary travel costs”

“could see two specialists at the same time”

“didn’t feel like taking up too much time when looking for advice”.

People appreciated how video calls enabled them to have face-to-face contact with their GP and specialists over a video call. Eight responses explained how people were reassured by being able to see who they were talking to and being able to show them their problem which was particularly necessary for issues such as rashes.

A total of 19 people reflected how video calls were beneficial for the current climate; patients can access care in the safety of their own home, without coming into contact with others and therefore helping to prevent the spread of infection.

Negative experiences

Similar to 'The Dr Will Zoom You Now'[1] study, our research found that many patients felt rushed during phone and online consultations and would have preferred more time to talk, ask questions, and express concerns. This was a notable when the video-call was with a new GP, meaning more time would have been preferable to build trust.

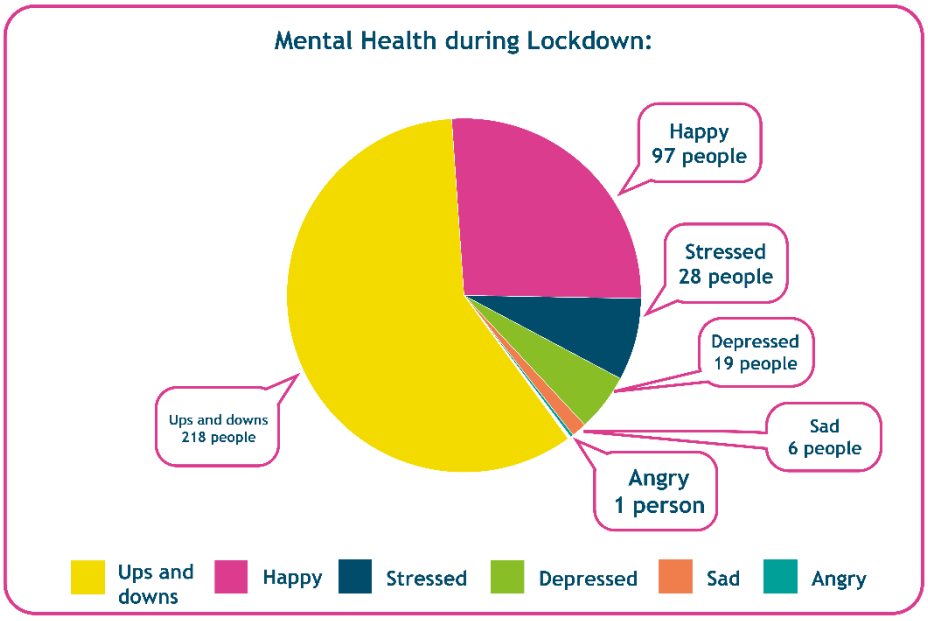
For some, physical examinations would have been more appropriate as video consultations were not always practical, e.g. for blood tests and blood pressure readings, as well as for physical symptoms and signs. In the same way, video calls were not always suitable for some patients' needs and accessibility, especially for children and those with anxiety or hearing difficulties.

People would have preferred to have better organisation and communication around their video consultation. Some people had experiences of waiting for appointments due to not being given a clear time window. This was a key issue highlighted in 'The Dr Will Zoom You Now' report[1]. People also suggested that health professionals could be more organised prior to their appointment, e.g. GP to read medical notes so that patients didn't have to repeat themselves.

Negative experiences of video consultations, were highlighted by 16 people, due to connection issues affecting the quality of the video, meaning patients and health professionals could not hear or see each other. Patients suggested that sending images prior to appointments would be beneficial in eliminating the impact of connection difficulties and ensuring care could still be given.

For some, the main problem with video consultations was trying to access their appointment, with devices blocking permissions or not having a microphone and webcam. This suggested that alternatives should be explored for those who may be digitally excluded, or for those who may not want to discuss private medical issues in public spaces. In these instances, a lot of people had to change to phone consultations instead. This links to the findings of 'Traverse, National Voices' and 'Healthwatch England', where patients had limited choice in the initial planning of their appointment, e.g. assessing what is right for the person and the situation.

Mental Health



As the chart shows, people's mental health experiences during lockdown varied between positive and negative, with the majority having *'ups and downs'*.

Poor mental health

People noted negative experiences of feeling stressed, worried and depressed throughout lockdown. For a lot of people who already had anxiety, these feelings were made worse by the uncertainty of lockdown, causing some people to experience panic attacks. Understandably, some people's mental health had been affected by the death of a family member. The prominent themes of 'loneliness' and 'concern for family members' was shared across survey responses, affected by the restrictions of Lockdown.

Loneliness

Lockdown had a negative impact on support systems, reducing contact with family members and with external services, making people feel lonely. The experience of lockdown, specifically for those with young children, made people feel exhausted having to balance their working and home life without any external help, e.g. childcare, grandparents and school. In contrast, one responder struggled with not being able to see their children, indicating that their family was their primary support group. The feeling of loneliness was a particular issue for those labelled as 'key workers' and those who had been 'shielding', who explained how it was difficult to remain happy when being on their own and not being able to go out and socialise.

Concern for family members

There was a fear about family members catching COVID-19, both young and old, and how relatives were dealing with lockdown, particularly those living alone or far away. Some respondents detailed how their elderly parents were confused about the current situation, not fully understanding rules about social distancing. Two parents of children with learning disabilities expressed their concern about the impact of reduced services, feeling that their child has been let down and ignored, due to having no school routine and a lack of communication from social services. One woman was anxious about the effect that being a key worker had on her son, having to send him to school and adapt to the changes.

Positive mental health

For a few people, their mental health hadn't been as negatively affected. As reflected by the pie chart, a lot of people had experienced 'ups and downs', with elements of worry, but then becoming more settled as time passed in lockdown. For a smaller proportion, people had felt relatively 'happy', either not being affected by the imposed changes, or lockdown helping with existing anxieties.

"more settled and happy in routine after a few weeks"

"not had any problems and been as normal throughout"

"gave me the space, helping to get over my anxiety".

Recommendations

We have been able to use our findings of people's positive and negative experiences to create recommendations for health and social care services, to help make improvements for future patients.

HWST recommendations to help improve experiences of services during lockdown:

- Ensure social distancing measures are in place and followed by everyone at the service, with reminders of guidelines clearly visible on the site, particularly in waiting areas.
- Send guidelines to patients before appointments via. text messages / e-mails, so that they feel comfortable and informed when attending and navigating services.
- Keep websites, leaflets and text messaging systems up to date with information about service changes and how to access services and receive care, safely.
- If appointments have to be cancelled, or service provisions have been pulled, ensure patients understand the reasons for these changes, let them know of alternatives for their care, and keep them up to date with any reorganisation.
- Because COVID-19 and lockdown have affected mental health, it will be important to ask about all aspects of wellbeing in future appointments to achieve a holistic approach.
- Think creatively about how alternative support can be given by adapting service delivery.

Our findings have also enabled us to devise a set of top-tips for both professionals and patients specific to using virtual appointments, based on what people have told us didn't work well and what could be improved. The majority of our responses have been strengthened by the findings and top-tips raised nationally by 'The Dr Will Zoom You Now Report'[1].

HWST top-tips for professionals using virtual appointments:

- To improve communication and organisation, give patients a precise time window for their appointment alongside guidance of what to expect; patients won't have to wait, and can ensure they will be in a confidential and safe place.
- Offer and communicate the opportunity for patients to send photos of physical symptoms e.g. rash, prior to consultation so that the health professional can have an understanding of the health issue before the appointment and give answers within the time slot.
- To reduce the impact of digital exclusion and/or illiteracy, ask patients about their confidence using technology, and advertise alternatives to video

consultations on the website, at the surgery, in appointments and via text messages.

- To maximise the time window for appointments, ensure the necessary preparations have been carried out prior to appointments, e.g. read patients' medical notes so they don't have to repeat their story.
- To ensure the patient gets the most out of the appointment, check they can clearly see the video, and hear what is being said at the beginning of and throughout the appointment, and use the chat function if difficulties persist.
- Try not to make the patient feel rushed throughout the consultation, so that no information is missed.
- To achieve a holistic approach to wellbeing and care, ask about aspects of the patients' mental health in the appointment.
- To ensure patients understand their care journey, explain what is happening next and who is responsible for the next stages of care, e.g. where to access medication or when to expect a follow up.
- Seek feedback about people's experiences of virtual consultations and use this to improve the service (specific to 'The Dr Will Zoom You Now'[1] report).

HWST top-tips for patients using virtual appointments:

- To feel involved in decisions about your care, ask for a precise time slot of when to expect your remote consultation, and let the service know how you would prefer to communicate, either by phone or video.
- To ensure you are comfortable in your appointment, and there is knowledge of your medical history, ask if you can talk to a GP who you may have already built a rapport with.
- To get the most out of your appointment, prepare what you want to discuss, check the quality of your connection in the area that you want to have your video consultation and have a test run.
- Make notes throughout your appointment and ask if you can have another appointment if you feel you haven't had enough time to discuss your issue, or for a face-to-face appointment if you believe this is more suitable.
- If you're unclear on what happens next, ask your healthcare provider to summarise the next steps.

Conclusions

Our findings reflect 380 people's experiences of health and social care services throughout lockdown, using both face-to-face and virtual consultations.

As our survey was open between June and August, we acknowledge that services may have made changes since these responses were collected, and so it is worth noting that our findings may not be representative of what health and social care services currently offer.

Summary of key themes:

- People appreciated how efficient services have been in comparison to what they experienced before COVID-19.
- Staff were described as friendly, helpful and supportive, which had a positive impact on experiences of services.
- Safety measures in health and care settings, e.g. PPE and social distancing, are critical for people to feel safe and at ease when attending face-to-face appointments, however the extent to which these are imposed varied between people's experiences of services.
- Video calls were seen as an efficient, safe and reassuring way of accessing care in the current climate, however they weren't always thorough enough or appropriate for the patients' digital literacy, accessibility and actual care needs.
- Some people's access to care had been affected by services' immediate reaction to COVID-19, e.g. postponement of operations.
- Experiences of maternity services were negatively affected by social distancing guidelines meaning mothers were often alone, however we have also received messages of thanks to individuals and staff teams in this department.
- Mental health has been affected by experiences of loneliness and concern for family members, meaning this will be a future area of concern.

As highlighted throughout the report, these findings are strengthened by the national report, 'The Dr Will Zoom You Now'[1] . We have also shared our analysis with the Academic Health Science Network, to feed into their report looking into the regional impact of lockdown. Our findings have also provided evidence to Public Health in making adaptations.

Due to the underrepresentation of characteristics such as males, BAME backgrounds, younger and older people, and those with disabilities, we hope to build on these findings. We are working with our Community Champions[2] to explore the experience of these key themes for specific community groups, to gain an understanding that reflects the diverse population of South Tees.

[2] https://www.healthwatchmiddlesbrough.co.uk/news/2020-06-25/become-healthwatch-community-champion

Acknowledgements

We would like to thank all those who took the time to complete our survey and share their experiences with us.

We would also like to thank our partners and contacts for sharing and promoting our survey, enabling us to reach a range of people across South Tees.

208 people left messages of thanks within their survey responses for health and social care staff. We wish to share this appreciation for all those responding to the crisis and continuing to provide essential services during lockdown.

Click here to read the comments of thanks left by our survey respondents.

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Working for you, across South Tees

Healthwatch South Tees is the operating name for Healthwatch Middlesbrough and Healthwatch Redcar and Cleveland.

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