TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Friday 24 September 2021.

PRESENT: Councillors Hellaoui (Chair), M Layton (Vice Chair), D Coupe, Layton, B Clarke, Cook, Richardson, E Cunningham and L Hall

ALSO IN ATTENDANCE: M Crutwell (Programme Manager - Community Transformation Tees Valley) (TEWV), D Gallagher (TVCCG), D Muir (Nursing & Chief Operating Officer) (CNTW), J Stewart (Associate Director for Children's Clinical Business Unit) (CNTW), D Gallagher (Chief Officer) (CCG), S Mayo (Head of Service - Operational Lead -) (TEWV) and B Shah (Clinical Lead for Teesside - Community Mental Health Transformation) (TEWV)

OFFICERS: C Breheny, A Pearson, Woods, Fay, M Adams and S Lightwing

APOLOGIES FOR ABSENCE: Councillors S Smith, Loynes and C Gamble

8 **APPOINTMENT OF CHAIR**

AGREED that Councillor Alma Hellaoui be elected as Chair.

9 **APPOINTMENT OF VICE CHAIR**

AGREED that Councillor Layton be elected as Vice Chair.

10 **DECLARATIONS OF INTEREST**

There were no declarations of interest at this point in the meeting.

11 **MINUTES - TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE - 22 JUNE 2021**

The minutes of the Tees Valley Joint Health Scrutiny Committee held on 22 June 2021 were approved as a correct record.

12 **CNTW / TEWV UPDATES**

Lotus Ward – Acklam Road Hospital

Representatives from Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust (CNTW) gave a presentation in respect of the recently opened Lotus Ward at Acklam Road Hospital.

In terms of background it was advised that CAMHS services at West Lane Hospital had been closed in 2019 following CQC regulatory action. A formal request was then submitted by NHS England/NHS Improvement (NHSE/I) to establish a CAMHS inpatient service in Teesside and following Board approval CNTW had agreed to provide a 10 bedded General Adolescent Inpatient Unit for young people aged 13-18 years.

'Lotus' had been selected as the name of the ward (a symbol of regeneration) following research and engagement with young people residing within Ferndene and Alnwood Wards and Lotus Ward was to be managed by the Trusts' Specialist CAMHS Clinical Business Unit within the North Cumbria Locality Care Group. It was advised that Lotus had opened on 5 April 2021 following NHSE/I approval and CQC registration and patient occupancy had commenced on 10 May 2021.

With regard to admissions there had been 15 admissions to date 13 transfers, 2 direct admissions and information was provided in respect of the localities from which young people had been referred into the service, as follows:-

Localities: Co Durham (6), Tees (4), Sunderland (2), North Yorkshire (1), Gateshead (1),

North Cumbria (1) and the average length of stay was 34 days.

As part of the ensuing discussions the following points/questions were raised:

- In response to a query as to how confident CNTW were that the measures taken this time would work and the issues experienced in the past would not be repeated. It was emphasised that CNTW was confident in the approach it had taken to establishing the unit and the whole team around getting the environment right and ensuring value based recruitment. In terms of staffing ratio it would be one of the better established wards, the clinical leadership and number of Band 6 staff appointed would ensure staff at the unit had considerable experience. This was further strengthened by the presence of Medical Directors.
- Reference was made to the need to at times use restraint to safeguard individuals, other patients and staff but there would be no use of mechanical restraint at Lotus.

AGREED that the information in the presentation be noted and a visit to Lotus Ward for members of the Committee be arranged in advance of the next meeting.

Working collectively to review the mental health system - Update

Representatives from Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) gave a presentation entitled working collectively to review the Mental Health System. The presentation highlighted the vision and outcomes envisaged for Community Mental Health Transformation, the action that had been taken over the last 6 months, how staff and service users had been involved, the PCN pilot and developments including the introduction of PCN Mental Health Practitioners, Patient Feedback and the Design Event.

It was advised that the aim of NHS England's Community Mental Health Transformation Programme was to develop an operational place based model for Adult Mental Health (AMH) and Mental Health Services for Older People (MHSOP) functional community services which were integrated with Primary Care Networks (PCNs) and Voluntary Care Sector (VCS) services and delivered services to meet the needs of those with severe mental illness. The model needed to be coproduced with staff, stakeholders, the local community, service users and carers.

It was envisaged that the new model would ensure:-

- People received a good-quality assessment at whatever point they presented
- Meaningful interventions for mental health problems were readily available and accessible
- Location was most appropriate to people's needs
- Care could be stepped up where or when more specialist care was required, and stepped down, in a flexible manner without the need for cumbersome referrals and repeated assessments
- There were effective links with community assets to support and enable people to become more embedded within their community and to use those assets to support their mental health.

As part of the ensuing discussions the following points/questions were raised:

- Members expressed the view that it was quite overwhelming in terms of the scope and amount of work involved;
- In terms of feedback, often the percentages were low and it was queried as to the percentage of feedback received in respect of the PCN pilot. In response it was advised that every patient seen via the PCN Mental Health Practitioner was invited to provide feedback and the feedback percentage was approximately 6 per cent, which was quite significant. It was noted that 6 per cent in terms of the family/friends test carried out in the NHS was quite a high response rate. In effect that would equate to 1,440 responses from 24,000 appointments;
- A Member commented on the emphasis on patient need rather than service need, which was positive, however concerns were expressed that potentially there would be higher demand in certain areas and it was queried how this would be managed. It was acknowledged that the need for mental health support had increased significantly over the last few years and this investment was a real step forward in increasing the number of staff and services people could access from community mental health services. In addition there had been significant investment in the IAPT services in Tees so there was investment in increasing the number of

assessments at the front end. However, understandably demand in specific areas remained an area of concern. It was emphasised that some of TWEV's capacity was hampered by people being moved around the system whereas this was an opportunity for people to be seen once and to ensure that their care was co-ordinated. There was work currently undertaken that would no longer be undertaken once the system had been redesigned as a collective. Members expressed the view that this approach felt very encouraging.

- The work was such that no matter how much money was invested mental health services the work would increase, potentially a 40 per cent increase owing to COVID but if as a system we were able to get this right in terms of a system approach with Primary Care, VSC, TEWV and substance misuse services and agree on a system approach in which the patient came first and services would approach patients rather than the patient have to visit a whole host of services then we would have a service for the future.
- In response to a query it was emphasised that this was the start of a journey on what our interface of services would look like in the future. There was also the potential to look at locality working to strengthen the model as the 'ask' could be different in Middlesbrough, Stockton, Hartlepool, Darlington and Redcar & Cleveland.

AGREED that the information in the presentation be noted.

13 **LOCAL NHS / PUBLIC HEALTH RESPONSE TO COVID-19**

The Director of Public Health (South Tees) provided an update on the ongoing Covid-19 situation and made the following points:

- In terms of the national summary, it was shown where the Tees Valley was sat in the national rankings, with Middlesbrough in 36th and Stockton in 65th. The point was made that in effect all the rates in the Tees Valley were very similar, with sustained community transmission at around 300 cases per 100,000. The rate had fallen from around 400 per 100,000 in the previous week or two and whilst rates were high they did appear to be falling at the moment.
- In respect of cases by specimen date there was no real discernible fall, although the rates did show that rates were beginning to fall following an increase from when the schools had returned after the half term break. All of the local authorities in the Tees Valley were following the same patterns in terms of case rates.
- The cases by age band were highlighted and it was noted that for all of the local authorities within the Tees Valley the 10-14 and 15-19 age band up to 19 September 2021 had been significantly higher than the other age bands. There was also a slight increase in the older age group, which was potentially caused by waning immunity but further details would be provided to the Committee in respect of the booster
- Reference was made to the hospital data, the number of hospital COVID patients in County Durham and Darlington was 195, South Tees 75 and North Tees and Hartlepool 43. The figures for County Durham and Darlington appeared to be increasing and the Director of Public Health at Darlington had advised that the increase had largely been driven by an increase in Durham. It was unclear why the figures for North Tees were slightly lower than South Tees but potentially this could be owing to the overall numbers in the respective catchment areas.
- In terms of the hospital bed occupancy levels, theses were currently around 80 per cent in North Tees, South Tees and Durham and Darlington, with Hartlepool moving into 90 per cent occupancy rates. The point was made that there was the potential that once winter emergency activity started to increase COVID patients adding to overall activity would become significant if the numbers did not start to fall.
- Mortality rates across the Tees Valley were significant and the rates were 260 per 100,000 for those with COVID mentioned on the death certificate to 307 per 100,000 for Hartlepool, with excess deaths above the average figures for the period 2015 – 2019 being significant.
- In terms of vaccination uptake, a phenomenal effort had been undertaken by the NHS supported by the local authorities, public health teams and broader teams in terms of supplementing the national programme with pop-ups in an effort to target communities that had lower vaccination uptake rates.
- In effect the percentage coverage reflected the deprivation demographics across the Tees Valley, with Darlington and Redcar and Cleveland being more affluent than Middlesbrough and Hartlepool and thereby having higher take up rates of the vaccine. Middlesbrough's figures were also impacted by a higher BME population, as vaccination rates in these communities tended to be a bit lower. Sustained efforts were being made to increase the

vaccination rates.

- The over 50's unvaccinated had remained an area of focus in Middlesbrough and Redcar and Cleveland. However, the figures had remained stubbornly high. The figure for Middlesbrough, which currently stood at 4,300 had been reduced down from just over 5000 a few months ago. The figure was therefore coming down but clearly the highest level of risk for hospitalisation with COVID was in the unvaccinated over 50's. The majority of those over 50's that had not received a vaccination were in their 50's and there was an over representation of men, with approximately 62 per cent of those over 50 unvaccinated being men. Efforts were being made to target men over 50 in an effort to increase that uptake.

- In summary there was sustained community transmission and significantly lower rates of hospital activity, illness and mortality than would have been seen prior to the vaccine programme. However, there were still numbers in hospital that would cause issues as the winter period approached unless COVID admissions started to fall.

The Chief Executive of Tees Valley Clinical Commissioning Group (CCG) provided an update in respect of the vaccination programme, hospital pressures and blood bottles and made the following points:-

- In terms of hospital pressures community infection rates remained high and colleagues in primary care and social care had expressed the view that in light of current demand on services it already felt as though it was January. This meant that there was an even greater need to undertake careful planning for winter assuming that COVID hospital rates would persist and pertain into the winter.
- There was effectively a double whammy in terms of pressures in that there were patients presenting with COVID but inevitably there were also staff contracting COVID or needing to self-isolate. This further added to the pressures along with the need to maintain infection prevention control measures – social distancing, wearing of masks further compounded the pressures.
- An added pressure in terms of public frustration was sadly exhibiting itself in un-condonable abuse, verbal abuse for reception staff, clinical staff and there was a need to work with all partners in order to ensure this stopped. Patients were being asked to be patient patients but their frustrations were understood.
- In terms of vaccinations there had been an immense and very well co-ordinated, collaborative process with not only the NHS and the Council but with the Fire Brigade, volunteers and a whole range of people who had worked extremely hard to get us to the point where we were at now.
- Reference was made to the recent guidance, as issued last week, in respect of healthy people and young children (age 12-15) and also the phase 3 booster vaccination. In terms of 12-15 year olds there was a universal offer with the Pzifer vaccine, which consisted of one dose that would largely be delivered in schools by those who normally delivered the school vaccination programmes. The objective was to get as many people safely and quickly vaccinated before the October half term. The programme was to commence no later than 22 September 2021, the programme had now commenced and was underway. There had been a huge effort from schools, who had enabled the facilities to accommodate the staff that went into schools to deliver this programme.
- With reference to the national advice in respect of the phase 3 booster programme it was noted that people who had received their vaccination in phase 1 would be offered after 6 months times. Consideration was therefore currently being given to how this would be best administered. There was a preference from the national committee, the JCVI, for the Pzifer vaccine to be used as the third booster dose irrespective of the dose given previously.
- In terms of the cohorts aspect the first phase of this phase 1 (cohorts 1-9) involved all residents of Care Homes, all adults aged 50 and above. Phase 2 (Cohorts 10-13) encompassed included those 15-60, as well as children and young people 12-15 that were at risk or in households where there were risks because of susceptibility to infection. Phase 3, which was the current focus, included the 12-15 year olds, the booster cohort and continued to offer phase 1 and phase 2 for those that had yet to be vaccinated (an evergreen offer).
- The vaccinations were being delivered by a range of partners including the Primary Care Networks (PCNs), mass vaccination centres, the pharmacy sites plus others. There were 14 PCNs across the Tees Valley including Darlington and they had been delivering vaccine services throughout phases 1 and 2. Some of the PCN's were signing up to Phase 3 and had been approved. Efforts were being made to reach a point where vaccinations could be given for flu and COVID at the same time where practical.

- It was noted that many people had received their vaccines through the mass vaccinations sites, which were operated by colleagues from Newcastle Hospitals. In the Tees Valley this included the Riverside Football Club in Middlesbrough and Darlington Arena. In addition there were now a number of pharmacy sites offering vaccinations, with 53 across the Tees Valley having expressed interest in providing this service. Some were currently awaiting approval from NHS England and once approved this would ensure the Tees Valley was able to provide a blended offer in terms of providing COVID vaccinations.
- It was highlighted that the key area of focus now was in encouraging those people that had not received their first or second vaccine to attend walk-in clinics, pop-up clinics and various vaccine buses, where appointments were not required.
- A further key area of focus was not to exacerbate the health inequalities already prevalent in the Tees Valley but to target vaccinations to try and reduce some of those.
- Reference was made to performance across the five Tees Valley Local Authorities and it was noted that for cohorts 1-9, quite good progress had been made with 89 per cent for first vaccines, 92 per cent for second vaccines. In respect of cohort 10 it was slightly less with rates of 75 and 80 respectively. Cohort 11 and 12 were harder to reach and more time was being spent on reaching these cohorts.
- It was acknowledged that there was still work to do and the national target was to achieve 90 per cent of people vaccinated.

It was queried whether the hospital figures were under control, as although there were events that being held where social distancing was taking place and there were others where this clearly was not the case. Vaccinations would soon be waning and there remained a cohort of people who had not received either their first or second dose and therefore was there a need to be concerned that hospitalisations would increase. It was advised that the health service and social care services were coping but only just but hopefully efforts could be made collectively as partners to get the message out to the public about vaccinations but equally the importance of still adhering to social distancing and the wearing of masks. Although not mandatory, convincing people that there was a safe way to get through the pandemic not only for them for the NHS and social services as well. The Director of Public Health expressed the view that the communications issue was difficult, as the clarity nationally on the wearing of face masks was an individual responsibility and lack of promotion of frequent testing to protect yourself, family and others but it was difficult to cut through national noise. The current national message was slightly more relaxed than that preferred by the Director of Public Health.

In terms of working with schools there was still significant demand for mass testing and interest from everyone in doing the right thing.

In was queried whether there was any data on the number of pregnant women having the vaccine and whether there were efforts to promote the take up the vaccine by women who were pregnant now there was more known about its safety. It was advised that it was part of the conversation during midwifery and health visitor visits and was built into the appointment process. Pregnant women were being advised that it was safe to have the vaccine and were being encouraged to do so. Statistical information in respect of this issue could be obtained from midwifery and fed back to the Committee.

Reference was made to current research in respect of the COVID vaccination for pregnant women and it was queried whether there was a best source of evidence that people could be referred to. The Director of Public Health advised that this information was available and sources would be shared with the Committee following the meeting.

In terms of other countries opting to vaccinate children under 12 it was queried whether this was something that would be considered in the UK. The point was made that any additional programme would bring capacity issues, however, as any vaccination programme for children under 12 would be delivered by the school immunisation teams it would be a pressure on that resource.

The Chief Executive of Tees Valley CCG advised that in terms of the blood bottle issue this was a global issue and there had been some severe supply issues. Tees Valley CCG had been notified of these in August 2021 and a national approach had been adopted. It was anticipated that the constraints would be removed in late September but in order to deal with the reduction in supply nationally measures had been taken to maximise the use of the resources available. Part of the approach had been about sharing tubes between hospitals

and primary care but the latest guidance, issued on 16 September 2021, had advised that was that hospitals would try to optimise and reduce the amount being used by approximately 25 per cent until the 8 October 2021 when it was anticipated that the supply to be back on stream. In primary care there had also been an ‘ask’ for the tubes not to be used for non-urgent blood tests.

ORDERED that the information presented be noted and figures in respect of the number of pregnant women locally receiving their COVID vaccines be obtained.