

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Friday 10 December 2021.

PRESENT: Councillors , D Coupe, D Davison, A Hellaoui, Bartch, B Clarke, D Rees, Cook, C Gamble and Bright

PRESENT BY INVITATION: Councillors

ALSO IN ATTENDANCE: Gallagher (TVCCG) and C Blair (Director Of Commissioning Strategy and Delivery) (TVCCG)

OFFICERS: C Breheny, A Pearson, Woods, R Scott and Luxford

APOLOGIES FOR ABSENCE: Councillors I Bell, Layton, S Smith, Richardson, Loynes, E Cunningham and L Hall

14 **DECLARATIONS OF INTEREST**

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

15 **MINUTES - TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE - 24 SEPTEMBER 2021**

The minutes of the TVJHSC meeting held on 24 September 2021 were deferred for consideration at the next meeting.

NOTED

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

The Advanced Public Health Practitioner (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 135th position and Stockton in 96th position in terms of prevalence. The point was made that in effect all of the prevalence rates in the Tees Valley were quite low, with sustained community transmission at around 300-400 cases per 100,000 population. This compared to the highest Local Authority rates of 860 cases per 100,000 population. However, the rates in the Tees Valley were increasing slightly.
- In respect of cases by specimen date there had been a spike around October, which the data had shown reflected a return by schools after the half term break. Over the last couple of weeks there had been a slight fluctuation but rates seemed to be levelling while the England rate was rising.
- In terms of testing rates it was highlighted that the Tees Valley did have lower testing rates than the England average, as a proportion of the population.
- The cases by age band were highlighted and it was noted that for all of the local authorities within the Tees Valley the 5-9 and 10-14 age band up to 3 December 2021 had been significantly higher than the other age bands. In the most recent week Redcar and Cleveland had the highest rate in the 5-9 age band. There had also been a slight increase in the 30-40 age band, which was potentially caused by household transmission to parents and public health teams were continuing to work closely with schools and families. Cases were being monitored and support to schools provided.
- Reference was made to the hospital data, the number of hospital COVID patients in County Durham and Darlington was 59, South Tees 54 and North Tees and Hartlepool 33. The figures had decreased in recent weeks but the hospitals were still experiencing new cases.
- Mortality rates across the Tees Valley were significant and the rates ranged from 284 per 100,000 in Stockton for those with COVID mentioned on the death certificate to 328 per 100,000 for Hartlepool, with excess deaths above the average figures for the period 2015 –

2019 being significant. All of the Tees Valley rates were higher than the national average.

- In terms of vaccination uptake, the figures showed the top 20 performing Local Authorities nationally, with Northumberland topping the charts for both first and second doses, with a coverage of 89.1 per cent and 82.9 per cent respectively. All of the Tees Valley Local Authorities had coverage rates above the national average of 78.2 per cent for first dose and 71.6 per cent for second dose, with the exception of Middlesbrough where coverage was 74.7 per cent and 67.1 per cent respectively. A real positive was that the booster uptake across all five local authorities was above the national average. Sustained efforts were being made to increase the vaccination rates and a pop up vaccination clinic had been held in Middlesbrough yesterday with 477 people attending for both first and second dose vaccinations. From January 2022 a rolling programme of pop-up vaccination clinics would be held.
- 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.
- In terms of the new Omicron variant it was advised that was displaying a growth advantage over Delta. This assessment was based on analysis of UK data showing an increased household transmission risk, increased secondary attack rates and increased growth rates compared. Omicron was likely to outcompete Delta in the UK and predominate. With regard to severity there was insufficient data at this time to assess infection severity, which was expected in the early period of emergence of a new variant.
- At present there were no known cases of the Omicron variant in the Tees Valley but cases were rising nationally.
- With regard to the JCVI advice on vaccinations in response to Omicron booster eligibility had been expanded to include all adults aged 18 to 39 years, as long as there had been a three month gap from the second dose. The booster was to be offered in descending age groups, with priority given to the vaccination of older adults and those in an at-risk group.
- The 12 to 15 year old cohort were currently being offered a second dose of the Pfizer vaccine so long as there had been a minimum of 12 weeks from the first dose. Phase 1 had been completed and the Tees Valley was now moving into phase 2.
- Plans were in development to develop capacity & workforce (CCG lead), with guidance expected to be released today.

The Director of Commissioning, Strategy and Delivery at Tees Valley Clinical Commissioning Group (CCG) advised that there was still a sustained degree of pressure in the healthcare system. Covid admissions to hospital had remained fairly static since the summer and that was being managed but the full impact of the Omicron strain was not yet known. At this point in time progress was being made in respect of planned operations and routine outpatient clinics were taking place as normal.

The Chief Executive of Tees Valley CCG advised that the vaccination programme was a moving feast because of announcements that were being made nationally. Huge progress was being made locally thanks to a combined effort the central team in Newcastle, the Primary Care Networks, the Pharmacies, the Hospitals, the school providers and significantly colleagues in the Public Health Department and the local authorities. There had been a fantastic team effort and the numbers were good but there was a need to try and vaccinate as many people as possible. The challenge would be how to turn the vaccination programme into business as usual, as it would be a programme that would need to be implemented for at least the next few years.

On behalf of the Committee the Chair expressed her thanks to everyone within the NHS and all of the other organisations involved in making the vaccination programme such a success. Members were afforded the opportunity to ask questions in respect of the information provided and a number of issues were raised.

It was queried as to why the gap between doses had been reduced so significantly, from six months down to three. In response it was advised that the decision to reduce the gap was symptomatic of learning from experience and as knowledge shifted and changed so did the response. Experience had shown that there was no advantage to waiting the six months and the reduction in time simply helped ensure more people received their booster vaccination sooner.

Reference was made to current vaccination uptake rate for 12 to 15 year olds in the Tees

Valley, as it had not been very high. The second vaccine was now being offered and it was queried whether the take up rate had increased. In response it was advised that one of the initial challenges had been the speed at which had the programme had been mobilised from the Government directive. There had been issues with consent, parental knowledge and making booking arrangements with the schools. It was acknowledged that there had not been a great uptake with phase 1, as the vaccination teams had had limited time within the schools. However, it would now be a rolling programme and an out of school offer was also in place. A revisit to the schools was being arranged and it was hoped that uptake of the offer would improve.

Concerns were expressed in respect of the vaccine take up rates amongst the younger cohorts and a reluctance by many to continue to wear face masks. It was queried as to how this was to be encouraged given there were still many cases of Covid-19 present within the community. It was advised that was no single solution and it was a case of everyone repeating the message and emphasising the importance of being vaccinated and wearing face masks in public places. Joined up communications between all of the organisations was of the utmost importance and there was a significant amount of work being undertaken between the Council's and Health's communication leads to ensure those messages were being heard.

Reference was made to the allocation of the pop up clinics, as some of the locations used had very limited car parking provision for disabled users. It was queried whether ward councillors could be involved in suggesting appropriate venues. It was advised that the Teeswide Vaccination Board, headed up by Dr Janet Walker was responsible for co-ordinating the programme. The best way for ward councillors to put forward suggestions was for them to contact their Public Health teams directly, as the teams were key in delivering the vaccination programmes.

Reference was made to the death rate from Covid-19 within the Tees Valley and it was confirmed that the rates for the Tees Valley were higher than the England average. The view was expressed that there were a number of complex factors for the rates including the general health of the population, high levels of deprivation and the high prevalence of Covid-19 in the sub-region at various times during the pandemic.

ORDERED that the information presented be noted.

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TVCCG - UPDATE

The Director of Commissioning and Strategy at TV CCG gave a presentation entitled Breast Diagnostic Services Current Position. The presentation highlighted background information, the work undertaken over the last year, how the public, service users and stakeholders had been involved in the engagement exercises, the themes that had emerged and the next steps in this journey.

It was noted that although the Covid-19 pandemic had halted some of the progress following the patient engagement exercise. Both North and South Tees Trusts had continued to collaborate to maintain the service for patients through very difficult times. Some themes identified from the engagement included;

- The Breast Diagnostic Service was evaluated well by survey respondents with 95% rating the service either good or very good.
- Positive comments had been made about the high standard of care received, the professionalism of staff, the excellent communication as well as the efficiency of the service.
- A number of respondents had expressed their frustration with the closure of the James Cook service
- Linked to the above it had been noted that some patients were unaware of the 'one-stop-shop' approach at North Tees and better communication of this would have supported reduced patient frustrations and uncertainty.

In terms of next steps the Tees Valley system partners had agreed to implement and expand the use of innovative 'Free-Flap Surgery' (where appropriate), as part of the Breast Cancer pathway to improve outcomes for patients. This surgery would be performed at James Cook Hospital and had commenced in October 2021.

In addition the Northern Cancer Alliance had established a Managed Clinical Network for Breast Cancer Services. The vision of the managed clinical network was to enhance the quality of breast cancer services including breast cancer screening, diagnostics and treatment services, thus enhancing care across organisations; jointly reducing inequality, improving outcomes and patient experience in alignment with the recommendations in the NHS Long Term Plan. Future plans for the service model would be progressed through this approach, with an initial focus on building capacity and resilience in the breast imaging workforce.

In the meantime the service would continue to be delivered from North Tees as it was the safest and most effective way of ensuring that those presenting with symptomatic breast conditions were able to access the treatment they required. It was advised that in terms of the national standard the target was currently that 93 per cent of patients presenting on this pathway should be seen within a clinic within two weeks. In the Tees Valley 94 per cent of patients were currently being seen within two weeks, which was significantly higher than the England average of around 84 to 85 per cent. The current pathway was effective and there were mitigations in place to assist with any transport issues.

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

- Reference was made to the breast care facility available at the Friarage Hospital at Northallerton and whether further information could be provided on the type of care provided there. In response it was advised that a breast clinic continued to be delivered at the Friarage Hospital but that the service was delivered by colleagues from York and predominantly served patients from the North Yorkshire area. The majority of patients within the Tees Valley did now access the service via North Tees Hospital.
- A Member commented that it was great to hear that 94 per cent of patients within the Tees Valley were being seen within 2 weeks. However, it was queried whether for those that were not seen within that timeframe whether the longest wait times were known. It was advised that the waiting times were monitored and it was accepted nationally that there were inevitably a number of patients that would opt to defer their treatment for a variety of reasons. In addition proactive follow up work was undertaken where it was identified that patients were waiting longer than the national 2 week target.
- 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 regarding how many men in the Tees Valley suffered from breast cancer it was advised that these figures were available and would be provided to the Committee.
- Reference was made to the number of non-attendees and it was queried whether data in respect of this issue could be provided to the Committee. In response it was advised that the percentage of non-attendees was extremely low but that this information would be provided.
- In response to a query regarding transport it was advised that a patient transport offer was always available subject to the necessary criteria being met.

The Chief Executive of Tees Valley CCG gave a presentation entitled Adult Learning Disability Respite Update. The presentation provided a timeline of events between January 2020 and December 2021 as follows:-

- January 2020: CQC inspection resulting in a 'must do' action relating to compliance with the Mixed Sex Accommodation (MSA) regulation
- March 2020: Temporary closure of day and respite services in response to initial outbreak of Covid-19. Outreach service formed
- Sept 2020 – Sept 2021: The project group discussed all service options and it was agreed that a revised service would be delivered that offered up to a maximum of 6 beds across the two sites (11 to 6 beds respite) due to further covid waves and staffing constraints
- Current state: As agreed with the project group, both units were open and offering a combined 6 places at any one time which was a reduced service capacity but meant the service could meet both the Infection Prevention Control (IPC) and the Mixed Sex Accommodation (MSA) regulations. Workforce challenges continued in line with all other health and social care provision.

- Future state: The initial set of architect plans had been received exploring 4 options; remodel existing building, new build and use of two other TEWV estates. Further actions required with the view to review January 2022.
- Family Carers: remained engaged through frequent project group meetings, direct contact and regular updates. Representatives were appointed on the project group.

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

- Reference was made to email correspondence received by the Chair from a parent/carer of a patient in receipt of the respite service. The email made reference to the fact that until the architect's plans could be actioned patients were in receipt of a reduced service; 24 days respite in place of 33 days, as previously agreed. In response it was acknowledged that it had been extremely difficult for the families and they were very much involved in the project. Efforts were being made to move the project on as quickly as possible.

AGREED that the information contained in the presentation be noted and the additional details requested by Members be provided.

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TVJHSC VISIT TO LOTUS WARD - ACKLAM ROAD HOSPITAL - 9 DECEMBER 2021

The Chair advised that further to the offer for a visit to be undertaken by the Committee to the Lotus Ward at Acklam Road Hospital, as provided by the Associate Director of Specialist Children and Young People Services at Cumberland, Northumberland, Tyne & Wear NHS Foundation Trust at the last meeting, a visit was held on 9 December 2021.

Feedback from the visit by those Members in attendance was requested and the following views were provided:-

- The visit was extremely impressive and the facilities were superb. The learning facilities available were excellent and the equipment that they had ensured the staff could keep in touch with the schools the children attended. The children had access to their own computer and the work the children had produced was particularly moving. Walking through the various wards it was understandably secure but the children had access to a basketball court and outdoor space where they could sit, play and even have a barbeque. It was such a clean and beautiful place. It was well resourced and well managed and all of the questions asked were really well answered. The rooms were also equipped with specialist technology to ensure that the young people could be easily monitored to reduce any risk of self-harm.
- Unobtrusive technology was present throughout the ward and the young people had access to a kitchen to cook meals for each other. A laundry room was also available, as was a music room and chill out spaces. The compassion and dedication of the staff was also noticeable.

During discussion the following points were raised:-

- It was queried as to the age of the children on the ward and it was advised that the children were aged 13 to 18. In terms of staffing the unit the Lotus Ward was extremely well staffed in terms of both the number and the level of qualified staff available. It was, however, recognised that nationally there was a shortage of specialist Children's Mental Health Nurses.
- In terms of demand there was currently no waiting list for young people to access the Lotus Ward. The unit was currently staffed to accommodate 6 young people, however, if an additional young person needed to be admitted the Trust would make the necessary arrangements.

AGREED that a letter of thanks be sent to the staff and young people at the Lotus Ward for hosting the visit.

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NORTH EAST AMBULANCE SERVICE (NEAS) PERFORMANCE UPDATE

Unfortunately representatives from NEAS were unable to attend the meeting but would be in attendance at the next meeting of the Committee.

10 December 2021

The Chair highlighted a number of the key points contained within the 'Review of Our Year' document, as submitted to the Committee by NEAS and these would be discussed at the next meeting.

AGREED that the item be deferred to the next meeting of the Committee.