

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 10 November 2020.

PRESENT: Councillors J McTigue (Chair), B Cooper, D P Coupe, B A Hubbard, T Mawston, J McTigue, D Rooney, M Storey and P Storey and T Higgins(As Substitute)

ALSO IN ATTENDANCE: Lisa Bosomworth (Project Lead - Healthwatch South Tees), Craig Blair (Director of Commissioning, Strategy and Delivery - Tees Valley CCG) and Dr Janet Walker (Medical Director - Tees Valley CCG)

OFFICERS: Mark Adams, Scott Bonner, Caroline Breheny and Joanne Dixon

APOLOGIES FOR ABSENCE Councillor A Hellaoui.

1 **MINUTES - HEALTH SCRUTINY PANEL - 22 SEPTEMBER 2020**

The minutes of the Health Scrutiny Panel meeting held on 22 September 2020 were approved as a correct record.

2 **MINUTES - HEALTH SCRUTINY PANEL - 13 OCTOBER 2020**

The minutes of the Health Scrutiny Panel meeting held on 13 October 2020 were yet to be finalised and would be submitted for consideration by Members at the next panel meeting.

3 **COVID-19 UPDATE**

The Director of Public Health (South Tees) was in attendance to provide the Panel with an update in respect of COVID-19 and the local Public Health and NHS response. The Director advised that at the last Health Scrutiny Panel meeting, as held on 13 October 2020, the 7 day rolling average figure for the COVID-19 infection rate in Middlesbrough was 268.8 per 100,000 (11 October 2020). Today that rate had climbed to 430 per 100,000 (8 November 2020).

Reference was made to the fact that Middlesbrough and Hartlepool had been placed in Tier 2 'high' restrictions from 3 October 2020. It was noted that although around 29 October the rates had started to decrease infection rates had since started to increase. There remained a high prevalence of infection in the community and the current rate of infection was similar to the highest rates seen in the previous peak.

In terms of the regional picture Middlesbrough's testing rate of 2,825 (1 - 7 November) was the highest in the North East, which indicated that access to testing was not an issue. The rate of positive tests at 13.6 per cent was high and a figure of 5 per cent would be an expected ratio. However, the rate was consistent with other Local Authorities in the North East region.

In terms of analysis by age the figures showed that the prevalence of COVID-19 was highest in Middlesbrough amongst people of working age (age ranges 35-49, age 15-34 and age 50-64) with rates of between 350 and 450 per 100,000. Currently the rates amongst those aged 65+ was around the 200 per 100,000 figure.

In relation to the approach that was being adopted to disrupt the spread and protect local communities it was advised that there were four main areas of activity:-

- Community Capacity Building
- Test and Trace
- Protecting Vulnerable People
- Covid-Safe Settings

Within each area specific work was being undertaken, for example, some of the work would be co-ordinated at a regional level including:-

- Mass Testing - Lateral Flow Tests(LFTs)

- NE Test, Trace & Isolate (TTI) Programme
- Building behavioural insights

In terms of the LFT's it was explained that Middlesbrough was anticipating receiving a large supply of LFT's (a weekly amount of 10 per cent of the population) and it was explained that these would be used to protect the most vulnerable people in our community. Across the North East the plan was that the LFT's would be used primarily for the following purposes:

- Opening up testing to care home visitors
- Introducing testing amongst Domiciliary Care staff
- Potentially testing Care Home staff more frequently than weekly

In addition the Local Authority was looking to develop a more locally enhanced contact tracing programme. The Panel was advised that currently the national system reached about 75 per cent of positive cases and less than that figure for contacts of cases. With the introduction of a locally enhanced programme after 8 hours the national contact tracing team would hand over the details to our local teams. Contacts made would then be from a local number and staff would be available to advise on the local offer / support packages available to people to help them self-isolate.

It was advised that in terms of the COVID vaccine programme it would be developed on a North East basis and as of yet the Director had no further information in respect of timescales. However, Members were advised that a wide scale vaccination programme would need to be carefully planned and he anticipated that it would be Easter time before large numbers of people in the local community would receive the vaccine.

The Director of Commissioning and Medical Director at Tees Valley Clinical Commissioning Group (CCG) were in attendance to provide an update on COVID-19 from the NHS' perspective.

In terms of the NHS priorities for this third phase of the pandemic it was explained that these were as follows:-

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

Further details in respect of the Tees Valley CCG and ICP's progress towards recovery were detailed in the presentation. In terms of elective surgery it was advised that all cases of patients waiting longer than 52 weeks would undergo a harm review and efforts were being made to maximise the use of Redcar PCH and the Friarage, as well as local independent sector providers.

In terms of primary care and community services 100 per cent of GP practices across the CCG had initiated and video consultation triage services in response to Covid and 100 per cent of GP practices were offering face to face appointments where appropriate.

In relation to the uptake of the flu vaccine it was queried whether issues relating to shortages in supply had been resolved. The Medical Director at TVCCG advised that the uptake this

year had been unprecedented and currently demand did exceed supply. However, GP Practices were receiving additional stocks and it was also the case that this year far more people had been eligible to receive the vaccine than previously. At a national level flu statistics showed that the UK had not entered the peak of the flu season and it was hoped that the low levels of flu prevalence would remain.

With regard to the NHS workforce the CCG had implemented a range of initiatives to support staff wellbeing. This included committing to the implementation of an agile working model in the medium and long term to offer greater flexibility during and after the pandemic. With regard to other developments new ways of working that had been implemented to support the Covid response had now been embedded and were having an impact on reducing overall demand (e.g. A&G, Virtual appointments, Covid Virtual Ward).

COVID OXIMETRY @ HOME - (Virtual Ward and Pulse Oximetry)

Reference was to the Covid Virtual Ward and the Medical Director advised that the Tees Valley COVID Virtual Ward formed part of a national pilot to evaluate both patient and system benefits. The ward used digital technology to support home monitoring. Patients were monitored remotely by a clinical team who could then intervene at the earliest opportunity should a patient show clinical indications of decline requiring a hospital admission.

The Panel was advised that the way in which the COVID Virtual Ward worked was that through the use of a pulse oximeter whereby patients could monitor and report their oxygen levels at home. Evidence from the first wave had suggested 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 of the Virtual Ward was to focus on those patient most at risk to detect 'silent hypoxia' at an early stage when intervention would reduce mortality, hospital length of stay and could reduce the risk of 'long COVID'.

Those patients identified as suitable by clinicians would be admitted to the Virtual Ward in line with the following criteria. The criteria was based on groups at highest risk from the virus:-

- Over 65 years old, COVID diagnosis, symptomatic
- Under 65 years old, symptomatic, clinically vulnerable.

It was explained that examples of populations who were classed 'clinically vulnerable' included:

- 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 over 35
- BAME population

In terms of the number of patients currently referred to the COVID Virtual Ward it was advised that to date the total number stood at 283. Of those referrals 248 had been accepted and 222 had been discharged. As of 10 November 2020 there were 34 active patients on the ward with 10 due to be admitted. Feedback from patients and clinical staff had been extremely positive and approval had been given for the project to be rolled out nationally.

AGREED that regular communications be provided to Members in respect of the localised COVID-19 data and a further update be given at the panel's next meeting.

4

SOUTH TEES HEALTHWATCH - 2019/20 UPDATE

The Development and Delivery Manager at South Tees Healthwatch was in attendance to provide the panel with an update in respect of the work undertaken by South Tees Healthwatch in 2019/20,

The panel was informed that a Healthwatch was established in every local authority area of England and it acted as the independent champion for people using local health and social care services. In summary the role of Healthwatch was to:

- Listen to what people thought 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 had been working together across South Tees (HWST), since 1 April 2017.

The panel was advised that since the start of lockdown Healthwatch South Tees had wanted to gather local people's experiences, particularly when accessing and using health, social care and community support services. The aim of the 'Experiences of lockdown across South Tees' research was to shine a light on the positive actions that services had undertaken during lockdown, and to find out what could have been better, to help influence improvements based on public and patient experiences. Due to government guidance and lockdown restrictions, all surveys had to be shared online through Healthwatch's distribution lists and partnerships, social media channels, websites and monthly e-bulletins.

The surveys posted 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. It was advised that the findings of the report were supported by the qualitative study 'The Dr Will Zoom You Now', where Traverse, National Voices and Healthwatch England spoke to 49 people about their experience of remote consultations.

A copy of the report, as produced by South Tees Healthwatch was provided to the panel and it was explained that a great response had been provided by the community. In addition 300 letters / emails of thanks had been received highlighting the difference health, social care and community services had made to people's lives throughout lockdown.

A summary of the key themes was provided as follows:-

- People appreciated how efficient services had 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 were critical for people to feel safe and at ease when attending face-to-face appointments, however the extent to which these were 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 had been negatively affected by social distancing guidelines meaning mothers were often alone, however messages of thanks to individuals and staff teams in this department had been received.
- Mental health had been affected by experiences of loneliness and concern for family members, meaning this will be a future area of concern.

It was acknowledged that in respect of the data gathered the demographic profile of the responders did not capture everyone's voice. Healthwatch South Tees were therefore making a concerted effort to capture those seldom heard voices and one way in which this was to be achieved was through the recruitment of community champions. To date 14 community champions had been recruited and the offer was made to the panel that if any elected Members wished to become community champions or find out more details they simply needed to contact Healthwatch South Tees.

In addition to the work undertaken above in 2019/20 Healthwatch South Tees was currently leading on a consultation about the new South Tees Autism Pathway. It was explained to the panel that from April 2021 there would be a new South Tees pathway for children and young people with autism and other neurological conditions. The new pathway would be called the Neurodevelopmental Pathway and aimed to provide needs led support for both the child and family before, during and after diagnosis.

AGREED that the information provided be noted and any expressions of interest in becoming a Healthwatch Community Champion be forwarded directly to Healthwatch South Tees.

5 **OVERVIEW & SCRUTINY BOARD UPDATE**

A verbal update was provided in relation to the business conducted at the Overview and Scrutiny Board meeting held on 5 November 2020, namely:-

- Executive forward work programme.
- Middlesbrough Council Covid-19 Response - Chief Executive and Director of Public Health.
- Executive Member update - Deputy Mayor and Lead Member for Children's Social Care (Councillor High)
- OSB Membership
- Final Report - Adult Social Care & Services Scrutiny Panel - Physical Activity for older people (65+)
- Final Report - Children & Young People's Learning Scrutiny Panel - Addressing Poverty Issues and the impact on learning.
- Final Report - Economic Development, Environment & Infrastructure Scrutiny Panel - Teesside Crematorium
- Scrutiny Panel Chairs Updates.

AGREED that the information provided be noted.

6 **DATE & TIME OF NEXT MEETING - 8 DECEMBER 2020 AT 4.00PM**

The next meeting of the Health Scrutiny Panel was scheduled for Tuesday, 8 December 2020 at 4.00pm.