

CUMBRIA HEALTH SCRUTINY COMMITTEE

Minutes of a virtual Meeting of the Cumbria Health Scrutiny Committee held on Tuesday, 23 February 2021 at 10.30 am.

PRESENT:

Mr M Wilson (Chair)

Ms H Chaffey

Mr P Dew

Dr M Hanley

Mrs RC Hanson

Mr N Hughes

Mr J Kane (Vice-Chair)

Mr P Scott

Mr D Shepherd

Mr CJ Whiteside

Mr S Wielkopolski

Also in Attendance:-

- | | | |
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| Mr D Blacklock | - | Chief Executive, Healthwatch Cumbria |
| Ms C Donovan | - | Chief Executive, Lancashire and South Cumbria NHS Foundation Trust |
| Ms L Dover | - | Senior Manager Strategy, Planning and Mental Health Lead, Morecambe Bay Clinical Commissioning Group |
| Ms E Fletcher | - | Group Nurse Director, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust |
| Mr A Gardner | - | Director of Planning and Performance, Morecambe Bay Clinical Commissioning Group |
| Mrs L Harker | - | Senior Democratic Services Officer |
| Ms T Hibbert | - | Lancashire and South Cumbria NHS Foundation Trust |
| Ms U Martin | - | Lancashire and South Cumbria NHS Foundation Trust |
| Ms K Maynard | - | Chief Operating Officer, University Hospital Morecambe Bay NHS Foundation Trust |
| Mr D Muir | - | Group Director (North Cumbria Locality), Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust |
| Ms A Napier | - | Lancashire and South Cumbria NHS Foundation Trust |
| Ms M Nilegan | - | Lancashire and South Cumbria NHS Foundation Trust |
| Mr C Oliver | - | Lancashire and South Cumbria NHS Foundation Trust |
| Ms N O'Reilly | - | Lead Nurse in Infection Control and Prevention, North Cumbria Integrated Care NHS Foundation Trust |
| Mr P Rooney | - | Chief Operating Officer, North Cumbria Clinical Commissioning Group |
| Mr D Stephens | - | Strategic Policy & Scrutiny Advisor |
| Ms A Stabler | - | Interim System Executive and Chief Nurse North, Cumbria Integrated Care NHS Foundation Trust |
| Mr P Woodford | - | Director of Corporate Affairs, University Hospital Morecambe Bay NHS Foundation Trust |

PART 1 – ITEMS CONSIDERED IN THE PRESENCE OF THE PUBLIC AND PRESS

Members were informed that an apology for absence had been received from Ms C Driver, Chair of the Committee. It was explained that due to personal circumstances the Vice-Chair would not take the position of Chair and had asked that a nomination be sought from members for this meeting only.

It was, therefore,

RESOLVED, that Mr M Wilson be elected Chair for this meeting only.

82 ROLL CALL FOR MEMBERS AND OFFICERS

It was noted that the above members and officers were in attendance at the meeting.

83 APOLOGIES FOR ABSENCE

Apologies for absence were received from Ms C Driver, Mr F Cassidy and Ms H Horne.

84 MEMBERSHIP OF THE COMMITTEE

There were no changes to the membership of the Committee on this occasion.

85 DISCLOSURES OF INTEREST

- (1) Mr C Whiteside declared a personal interest as his wife was employed at the West Cumberland Hospital.
- (2) Mr S Wielkopolski declared a personal interest as his partner was employed by the University Hospital Morecambe Bay NHS Foundation Trust.

86 EXCLUSION OF PRESS AND PUBLIC

RESOLVED, that the press and public be not excluded from the meeting for any items of business.

87 MINUTES

RESOLVED, that the minutes of the meetings held on 5 October and 15 December 2021 be agreed as a correct record.

88 COMMITTEE BRIEFING REPORT

The Committee received a report which updated members on developments in health scrutiny, the Committee's Work Programme and monitoring of actions not covered elsewhere on the Committee's agenda.

A member raised a concern regarding the lack of information received by the Committee which had been agreed at the meeting held on 5 October 2020. It was agreed that specific details would be made available to the Strategic Policy and Scrutiny Advisor who would look into the matter.

A discussion took place regarding the Work Programme; the importance of scheduling Digital Strategies at a future meeting was highlighted together with the following suggestions:-

- Wider Health Impact of COVID 19 Pandemic
- Evidence of Improvements at the Maternity Unit, Furness General Hospital
- Primary Care Provision in West Cumbria

RESOLVED, that

- (1) the update on the most recent Lead Health Scrutiny Member meetings with System Leaders in the North and South of the county be noted;
- (2) the existing Work Programme be noted and the above suggestions be considered.

89 COVID UPDATE

The Committee received a verbal update on the COVID pandemic from the University Hospitals of Morecambe Bay NHS Trust (MBUHT) and North Cumbria Integrated Care NHS Foundation Trust (NCIC).

(1) South Cumbria

Members received an update on MBUHT's strategy and planning during the current wave of the pandemic and noted that predictive models had been carried out. It was explained that collaborative work had been undertaken with partners to ensure support was available to either prevent hospital admissions or discharge patients as soon as possible.

The Committee was informed the availability of additional beds in care homes in Barrow and Kendal had proved positive, together with the work undertaken with colleagues in primary care to establish a frailty co-ordination centre to provide care at home and avoid admissions to hospitals wherever possible.

Members noted an additional 80 beds had been made available between the Furness General Hospital and Lancaster Infirmary sites, with an increase from 14 to 35 critical care beds during the latest phase of the pandemic. It was explained this had resulted in the deployment of staff from other clinical areas to resource the intense situation.

Members were informed that approximately 30 mutual aid critical beds had been provided over a 4-6 week period to colleagues in the south.

The Committee was informed that extensive estate works had been undertaken to ensure the sites were COVID secure with a number of colleagues being supported whilst working from home. The sites had been operating at 85% occupancy; at the peak there had been approximately 230 patients which had recently reduced to about 130 across both sites

A discussion took place regarding contact with staff whilst they worked from home and any improvements which could be taken forward for the future. It was explained that virtual meetings had been well received whilst acknowledging the benefits of face to face contact and that a future working from home policy was being considered. During the course of discussion members noted that virtual outpatient appointments had been successful during the pandemic.

The Committee was informed that the science regarding the treatment of COVID had changed considerably due to an increase in pharmacological treatment and non-invasive ventilation.

During the course of discussion a member asked if there had been a need for Nightingale hospitals in the Bay area. The Chief Operating Officer confirmed there had not been any need to transfer patients to the Nightingale Hospital in Manchester explaining that the commissioned cohort of beds in care homes had helped manage the situation.

The Committee was informed that plans were in place to begin to step up elective activity, but officers emphasised there was a need to bear in mind that the staff were fatigued, therefore, this would be introduced gradually.

A discussion took place regarding the extreme hard work which had been undertaken by health colleagues during the pandemic and asked how they would be supported in future. Members were informed that COVID assessments were undertaken on staff and they also had access to various counselling and health and wellbeing services; whilst highlighting that those who had worked in critical care would be exhausted and in need of a rest.

The Committee discussed the morale of staff and officers confirmed this was good but acknowledged that support was essential due to the length of the time colleagues had worked under significant pressure.

During the course of discussion the Chief Operating Officer confirmed that critical non-elective surgery had continued during the pandemic.

In conclusion, the Committee were given a positive update on the vaccination programme. It was explained that all patients in the top four cohorts had been offered a vaccine and that one third of the population had been vaccinated with work starting on the roll out of the second vaccination.

A discussion took place regarding the vaccination of staff and members were informed that some had refused the vaccine; whilst it was acknowledged that they had the right to make their own choice steps were being undertaken to encourage as many people as possible to receive a vaccination.

A discussion took place regarding the use of spare vaccines at the end of a vaccination clinic for people who were not in the cohort. The Chief Officer emphasised the need for minimal waste and explained national rules were being adhered to as much as possible.

(b) North Cumbria

The Chief Operating Officer, North Cumbria Clinical Commissioning Group gave a largely similar update to that of South Cumbria.

Members were informed that at the beginning of December there were less than 100 new cases per 100,000 and four weeks later that had risen to more than 500 cases per 100,000. He explained that case rates had risen exponentially as the new transmissible variant became more predominant.

The Committee noted there were more than 300 hospital admissions at the end of January and a week later there was a peak in death rates. It was explained there had been more than 800 COVID-related deaths in North Cumbria and that that North West Ambulance Service was at its highest level of escalation. Members were informed that mutual aid support was accessed from colleagues in the North East during that period and patients were transferred to their critical care.

Members were informed that as a result of the peak there had been a significant drop in elective activity and the expectation was that catch-up would take a significant length of time.

A discussion took place regarding the profound impact of the pandemic on staff and the deep psychological effects this could have on colleagues; highlighting the importance of support in the future.

In conclusion members were informed there had been significant improvements in treatments and the roll of the vaccination programme was welcomed; thanks were relayed to the Primary Care Networks (PCN) for their involvement in the roll out of vaccinations. It was explained that the number of patients in hospitals had started to reduce and there was optimism for the future.

The Committee was informed that the vast majority of vaccinations in the Eden area had been undertaken by Eden PCN, including several GP practices. It was explained a much larger percentage of the population could have been vaccinated if the supply of vaccines had not been as slow. Members noted there was a fear that

once the Penrith Vaccination Centre opened supplies would be taken away from the PCNs. The Chief Operating Officer confirmed that the supply of vaccines was not an order system whilst acknowledging there were plans to open a vaccination centre in Penrith and to extend the administering of vaccinations to community pharmacies.

Members then received an update from Anna Stabler, the Interim System Executive and Chief Nurse North, Cumbria Integrated Care NHS Foundation Trust. She informed the Committee that a number of lessons had been learned from the first wave of the pandemic which had seen an increase in the capacity of cubicles and number of ventilators.

It was explained that during the peak, when there were 305 COVID patients, there was not a need to transfer anyone to the Nightingale Hospital in Manchester; 40 patients were transfer to the Intensive Care Unit in the North East.

Members were informed that sadly, of the patients that passed away, five were members of staff and this had been particularly difficult for colleagues to deal with. It was explained that January was particularly challenging with a number of staff absences, however, this was mitigated through agency workforce but still remained a challenge.

It was explained that protocols were in place to support colleagues and their families during the crisis which included a condolence book, delivery of Team time, availability of chaplaincy and a dedicated Cathedral service.

The Committee noted that emergency surgery and priority cancer treatment had continued; also 50% of mostly remote outpatient activity had been maintained.

The Chair, on behalf of the Committee, thanked all NHS staff for their hard work and dedication and congratulated their ambition to deliver the vaccination programme.

90 MENTAL HEALTH SERVICE USER FEEDBACK

Members received a video from Healthwatch Cumbria which provided feedback from three mental health service users.

The Chief Executive, Healthwatch Cumbria and Lancashire explained to the Committee that they had strong relationships with both of the county's mental health trusts and future work would be undertaken with them based on the feedback from the mental health service users.

Members were informed that the motivation behind the service users was to help improve the services and avoid other clients having the same negative experiences. The key learning themes included:-

- support staff to demonstrate kindness;
- address lack of compassion;
- ensure urgent support is available in a timely fashion;

- responsiveness of those services; appreciate the issues are no less urgent than response times from an ambulance service or A&E department;
- feel welcomed and not a burden.

Members were informed that whilst it was acknowledged there were additional pressures on the service due to the current pandemic it was felt important that improvements were undertaken and the service users were happy to be involved to turn their experiences into a learning tool.

A discussion took place regarding the opportunity for highly trained volunteers within the NHS to help during a crisis. Officers felt that this was a crucial role for volunteers and explained that CNTW had a Team located in the county who were recruiting and training volunteers and that LSCFT was undertaking an exercise with partners to maximise the benefit of volunteers.

Members highlighted the importance of leadership and sought reassurance that plans were in place to improve the current service. The Chief Executive, LSCFT informed the Committee they now had a new Leadership Team in place and one of their priorities was to be visible to staff. It was explained that a recent staff survey had been undertaken which had given positive feedback regarding visibility; although the initial feedback had been positive it was appreciated there was still a need to radically change the service.

The Group Director (North Cumbria Locality), CNTW acknowledged the accounts given by the three service users did not give a good reflection of the services. In response to a question regarding a vision for the future he explained that they had adopted the current services and appreciated the amount of improvement which was required whilst highlighting the Trust was prepared for the challenges ahead.

A discussion took place regarding the high percentage of COVID related deaths from young people with learning disabilities. Officers acknowledged the disproportionate effect of COVID on people with learning disabilities.

Members were informed that work had been undertaken with partners in Lancashire and South Cumbria to improve the services for people with learning disabilities in the community. Officers explained an Intensive Support Team as well as an Autism Outreach service had been introduced to support people to stay at home and avoid hospital admission. Officers acknowledged the challenges regarding the effects of COVID on people with learning disabilities and explained partnership work was being undertaken to focus and understand the health inequalities.

The Committee was informed that the LSCFT had secured funding to carry out additional work in the community teams, which would include physical health checks for people with learning disabilities, and every effort was being made to make this permanent. Officers highlighted the work was being undertaken with Integrated Care Partnership colleagues to encourage those with learning disabilities and their carers to receive the COVID vaccination.

The Committee felt there was a lack of co-ordination of services and raised their concerns regarding the lack of available resources to enable the Crisis Intervention Service to serve its purpose. Members were hopeful that the lack of co-ordination would improve in north Cumbria with the introduction of an Initial Referral Service based in the north east.

The Chief Executive from LSCFT informed members that with regards to a crisis service they had formed a partnership with CNTW and were planning to implement an immediate response service in all of the new localities and had invested heavily in improving the service.

Members suggested that visits be arranged to mental health units in the future.

91 MENTAL HEALTH IMPACT OF COVID 19 PANDEMIC AND FUTURE PLANS

a South Cumbria

The Committee considered a report and detailed presentation from Lancashire and South Cumbria NHS Foundation Trust (LSCFT) regarding Mental Health, Learning Disability and Autism Services and the Impact of COVID-19 Pandemic and Future Plan together with an overview of LSCFT's strategic direction, current challenges and future service development plans.

A discussion took place regarding the NHS Long Term Plan and members noted that the Transforming Care Programme and Building the Right Support (2015) for people with Learning Disability had led to better co-ordination of efforts for people with learning disabilities across Lancashire and South Cumbria (LSC). It was explained that the Transforming Care Programme had identified some considerable issues that needed to be addressed systematically to ensure high quality services for people with Learning Disabilities. The target of 35-50% reduction in in-patients with Learning Disability and/or Autism was supported by the LTP commitment for a 35% reduction by 2020.

The Committee discussed the challenges of mental health noting that the issues in the urgent care pathway were related to availability of in-patient Mental Health beds for people who required an admission. It was explained that the LSC footprint had seen significant reduction in in-patient bed capacity with a reduction from 2006/7, where the capacity in Lancashire was close to 800 compared to today's figure of circa 300, together with a parallel reduction in whole time equivalent Mental Health Community Team capacity.

The Committee was informed that the Trust had a limited number of rehabilitation beds and had recently taken on the responsibility for the contract with the independent sector to ensure close system oversight was established. During the course of discussion a question was asked about the use of the private sector and drop of 35-50% in-patients with Learning Difficulties. Officers confirmed there was a gap of approximately 90 beds which was being investigated. It was explained that out of area provision was being used as an interim measure with this peaking at 67

during the pandemic but the aim was to eradicate this with the ongoing work at the Kendal Unit.

The Committee was informed that there was no in-patient facility at present for people with learning difficulties in South Cumbria, therefore, they had to go out of area but a business case was being discussed to establish a learning disability unit locally.

Members noted that the Trust had completed a comprehensive review of their in-patient bed capacity and demand and acknowledged that Lancashire and South Cumbria had a bed gap for adults and older adults of 101 beds. It was explained that the Trust and Clinical strategies outlined their principles to address the gap by providing high quality, single sex in-patient accommodation across the ICP footprints. Officers also confirmed that a Sexual Safety Strategy had been developed to ensure environments were safe.

A discussion took place regarding the challenges of Child and Adolescent Mental Health Services (CAMHS). Members were informed that the current CAMHS services were under increasing pressure, with a significant increase in referrals during COVID-19. It was explained there was a variation across performance in the area which had a direct correlation with CCG investment per head of population with a disparity of £68 in East Lancashire compared to £37 in Preston.

Members raised their concerns regarding children in Cumbria with mental health problems being 50% higher than the national average. Officers acknowledged that COVID-related demand was higher and felt this could be due to reduced access to primary care but highlighted their ambition was to increase investment in CAMHS from April.

The Committee asked for data regarding the number of children and young people waiting to access the CAMHS service and it was agreed this would be provided.

During the course of discussion reference was made to the practice and quality improvement initiatives rolled out across services which included 'restrictive practices' and members asked for further information on this. It was explained this was linked with person centredness and restraint reduction.

The Committee noted that the Person Centred Framework looked at reviewing clinical supervision and reflective practice to ensure it was reflective person and recovery focussed. It was explained this would become part of the Service User and Carer Strategy and would form the key priorities to take forward in the next six months.

Members were also informed that a Service User Carer Council had been established, the membership of which included service users, carers and the third sector and that the Chair would sit on the LSCFT Board. It was explained that a person-centred care framework had also been established and would include service users, carers and staff which would have a person-centred approach to risk assessments, care planning and toolkits.

The Committee received details of the Observer Net which was a service user lead inspection of the in-patient environment which looked at the quality of the environment and took into account the views of service users.

Members were informed that a number of peer support workers had been employed together with the appointment of a Trailblazer appointed from NHS England.

Members and officers thanked third sector colleagues for their invaluable contributions.

b North Cumbria

The Committee received a detailed presentation from Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust on the Mental Health Impact of the COVID 19 Pandemic and Future Plans.

Members were informed that a significant number of documents had been received from Central Government which had been shared with colleagues and considered by task and finish groups as appropriate. It was explained that a staff absence line had been established to support staff. The Committee noted that staff and patient testing had been undertaken; patients were tested three times on admission, after periods of leave and pre-discharge.

The Committee was informed that three staff vaccination clinics had been designed and implemented to support staff and 7,700 patients, staff and partners had received their vaccine to date.

Members received information on referral rates, acute urgent care crisis daily activity, adult and old peoples bed occupancy, out of area placements.

A discussion took place regarding the system wide approach suicide prevention network which had been given urgent priority with a wide-ranging inter-disciplinary public health response in place. Members were informed that on-line training regarding suicide awareness was available and it was agreed Julie Lawlor would share this with the Committee

The Committee was informed of the Long COVID actions which included significant training and awareness-sharing of developing knowledge appropriate for all staff together with strategies to support staff.

A discussion took place regarding the Care Quality Commission (CQC) inspection and members noted that despite the current pandemic good progress had been made on the 38 recommended improvements. Members noted that plans were in place to address the estate concerns which included the replacement of dormitory style accommodation in Oakwood and the installation of nurse call system in the next few weeks.

Members were informed that despite the demands of the current pandemic step changes in performance had continued in line with national quality priorities; the growth in the number of children and young people accessing mental health care

had been maintained; all patients on community mental health team caseloads had been reviewed with therapeutic activity increased and support had been provided to GP practices to ensure learning disability was identified on their register.

The Committee noted that crisis lines were now open 24/7 but there was further work to be undertaken to deliver nationally prescribed waiting standards, especially around adult autism diagnosis and expanding services for children in crisis, including home treatment.

A discussion took place regarding the demands on the CAMHS service and officers confirmed there were 86 children in Eden and Carlisle with 6 waiting more than 18 weeks and 37 in Allerdale with no one waiting more than 18 weeks. Members were also informed there were 17 children with learning difficulties waiting for the Early Intervention and Behaviour Service with no one waiting for more than 10 weeks.

A Member asked about the number of rejections of GP referrals to CAMHS and emphasised the frustration of GPs in the Eden area regarding the frequency of referrals being rejected; explaining that the Eden PCN was now in partnership with Barnardo's to set up a Social Prescribing Service for children and young people with mental health issues. The Group Director (North Cumbria Locality) CNTW confirmed he had been asked to investigate this matter.

A discussion took place regarding the partnership working which included the development of a countywide mental health concordat which aimed to provide a strong and cohesive mental health voice. Members noted the first priority had been to examine and improve working relationships between the NHS and Cumbria Constabulary and welcomed the improvement in those relationships together with the development of a Memorandum of Understanding.

The Committee was informed there was a future plan to pilot street triage which was expected to dramatically reduce the number of Section 136 detentions.

Members received an update on the mental health transformation and noted that continued discussion and agreement around investments with the Clinical Commissioning Group were key to this.

A Member asked about the procedure if there were serious concerns about the process being followed regarding the case of an individual who had a substantial history of mental health illness. Officers explained there were three options to deal with such a matter but emphasised that in all cases the individual concerned would need to give their consent: through the NHS Complaints System, direct contact with the Director of Associate Directors or directly with the Team concerned. It was explained that if consent was not given the matter would be investigated on a broad and not individual basis.

A discussion took place regarding the digital platform and whilst members welcomed this they highlighted that not everyone had access to such facilities. It was confirmed that both telephone and face to face options were also available to service users.

In conclusion it was explained that the current pandemic had been challenging in north Cumbria with demand increasing and the expectation that this would continue to rise, good progress was being made following the CQC inspection and although progress continued around national waiting time standards there was still further work to be undertaken. Members noted that good system-wide relationships were in place and transformation of services was beginning to speed up.

The Chair, on behalf of the Committee, welcomed the improvements which had CNTW had made in North Cumbria and thanked everyone involved.

RESOLVED, that the updates be noted.

92 DATE OF FUTURE MEETING

It was noted that the next meeting of the Committee would take place on Thursday 3 June 2021 at a venue to be agreed.

The meeting ended at 2.30 pm