

Cumbria Health Scrutiny Committee 23rd February 2021.

Chair: Cllr Mark Wilson. Present: Councillors: David Shepherd, Chris Whiteside, Sol Wielkopolski, John Kane, Helen Chaffey, Rebecca Hanson, Neil Hughes.  
David Blacklock (Healthwatch, Cumbria), Phil Woodford, Peter Rooney (NCIC), Kate Maynard (LSCFT), Anna Stabler.

## 1. Covid Update

### (a) South Cumbria:

Kate Maynard gave an update. Predictive models had been carried out. It was realised that there was a need to provide the right amount of critical care and have the workforce in the right place. Work was done to prevent patients coming into hospital unnecessarily and discharge them quickly. A lot of elective activity had to be turned off. It was a difficult period for staff. 80 extra beds were provided at Lancaster Hospital as well as extra bed at Barrow and the establishment of a frailty coordination centre. The sites were working at 85% occupancy and greatest number of inpatients was 230. The hospitals were never overwhelmed. They were helping other areas to the south with ICU admissions. The staff are now fatigued. Elective work will continue. Vaccination has been a positive story, all patients in the top four cohorts have been offered a vaccine, down to the 60-65 year olds. One third of the population have been vaccinated. Our staff have done a fantastic job.

Neil Hughes (NH): The trust has adapted well, has there been any need for Nightingale Hospitals?

KM: There has been no need to transfer any patients to the Nightingale Hospital in Manchester.

Sol Wielkopolski (SW): Have there been any improvements from working at home to be taken forward ?

KM: Virtual meetings are fantastic but face to face meetings can't be beaten. We will resume face to face meetings. We are looking at our working from home policy. Virtual outpatients has worked very well.

Chris Whiteside (CW): Asked about giving spare vaccines to people who are not in that cohort so as not to waste them.

KM: It is important not to waste vaccines.

Rebecca Hanson (RH): Asked about those health workers who have worked extremely hard and they might resent those who have not. We need to cherish those who have worked hard.

KM: Staff can access various services: counselling and health and wellbeing. The super heroes tend to be those working in critical care, they are exhausted and need a rest.

Phil Dew(PD): What is the morale of the frontline staff like? Are any of them resisting vaccination and has there been much use of ventilators?

KM: Morale is good. The crisis brings us together. We are tired of lockdown. Vaccination is a way out. We have some staff who have refused vaccination, it's their choice and we work with them. The science around the treatment of Covid has changed a lot due to an increase in pharmacological treatment and non-invasive ventilation.

### (b) North Cumbria

Peter Rooney spoke to the committee. On the 7th of December there were less than 100 new cases per 100,000 and 4 weeks later this had risen to more than 500 per 100,000. Case rates rise exponentially with the coming of the more transmissible variant. 9-12 days after the peak of community cases there is a peak in admissions. There were more than 300 admissions at the end of January. A week later, there was a peak in deaths. There have been more than 800 Covid deaths in North Cumbria. NWAS (ambulance service) was at its highest level of escalation. We were able to get help from hospitals in the northeast, transferring patients to critical care there.

As a result there has been a significant drop in elective activity. The catch-up will be there for a long time. The vast majority of the public have adhered to the rules and we thank them. There have been significant improvements in treatments. The real hope comes from the vaccination programme. The percentage of over-80 patients in hospital has started to drop and there is optimism for the future. We have lost colleagues and some have been very ill. It is important to look after the people who look after us.

Michael Hanley (MH): Thanked PR for mentioning the PCNs in the vaccination programme. He said as far as he knew the vast majority of the vaccines in the Eden area had been given by the Eden PCN, including several GP practices. A much larger percentage of the population could have been vaccinated but the problem was the slow supply of vaccines. Also there is a fear that when the Penrith Vaccination Centre opens, it will take supplies away from the PCN, which is doing such a great job.

PR: Vaccine supply is not an order system. As you say, there are plans to open a vaccination centre in Penrith and to extend to community pharmacies.

Anna Stabler (AS): We learned a lot from the first phase and increased the capacity of cubicles and the number of ventilators. When we had the highest number of Covid patients at 305, we didn't have to transfer any to the Nightingale Hospital in Manchester. Five of the people who died were staff members. We sent about 40 patients to ICU in the Northeast. There has been a lot of staff off with Covid especially in January. We managed to keep emergency surgery and priority cancer treatment going. Also 50% of outpatient activity was maintained, mostly remotely.

## 2. Mental Health

### (a) South Cumbria.

Various representatives of Lancashire and South Cumbria Foundation Trust (LSCFT) were present: Chris Oliver, Tania Hilbert (Mental Health, head of operations), Alison Napier (Psychiatrist and clinical director), Maria Nelligan (Head of Nursing), Liz Dover, Caroline Donovan (Chief Executive), Elaine Fletcher.

David Blacklock (Healthwatch, DB) presented a video. Three mental health service users presented their stories which showed problems in the service in both the south and north. They criticised the lack of coordination, the lack of empathy on the part of some mental health workers and the inadequacy of the Crisis and Home Treatment Service.

Neil Hughes (NH): Commented on the increase use of voluntary workers during the pandemic and the need for this to continue afterwards.

DB: Volunteers have a crucial role and CNTW has been recruiting and training volunteer peers. He acknowledged the responsiveness of the third sector, they can be more agile and do things differently.

SW: Related that he had lost a friend to suicide. The trust needs visible leadership and asked whether the staff on the wards knew who the chief executive was.

Caroline Donovan (CD) There has been a new leadership team. There has been significant improvements in the visibility of the staff. We need to make our services much more patient centred. Out of 8000 staff, I don't know how many know who I am.

PD: It's about leadership, if you get that right everything else follows.

John Kane: How will the trust work with charities?

DB: We have confidence that CNTW (Cumbria, Northumberland, Tyne and Wear) and LSCFT are listening. The senior staff are willing to drive change.

David Muir (DM, Nursing and CEO North Cumbria): We need to look at all of these cases from the service side. The last year has been one of the most challenging for the NHS because of Covid.

MH: Discussed the three cases. The common problems highlighted were: lack of coordination and communication within the mental health services, lack of empathy from some key workers

and inadequate responses from the Crisis Intervention and Home Treatment Service. About 10 years ago, there had been an overhaul of the the Crisis service and things improved a lot for a while.

Alison Napier (Clinical Director and psychiatrist): There have been problems with the inpatient unit in South Cumbria. Staff have been doing reflection after complaints and have been putting themselves in the position of the service users.

Maria Nelligan (MN, Head of Nursing): There is a support team to help prevent admissions. Also an Autism Support Team to help these people in their homes, do health checks and get Covid vaccination to them.

Anthony Gardner: I agree with Dr Hanley about the lack of coordination. We need to rectify this.

CD: Adult mental health services were very challenged. There has been £1.9 million increase in investment to improve staffing. 10 years ago the number of mental health beds was reduced from 800 to 300. There have been improvements: 87% reduction in long waits in A/E despite a 34% increase in demand, a 91% reduction in waiting time in safety suites for people detained under Section 136 (arrested in a public space by police, waiting to be assessed by a psychiatrist), a 44% reduction in Out of Area Placements, a 45% reduction in complaints and a 32% reduction in the length of stay for psychiatric admissions. The organisation will be divided into five networks from April 21 £1 million will be invested in leadership in response to CQC criticism. There will be a £5 million investment in the Kendal unit and £1.5 in Barrow. There will be an improved Childrens and Young People's mental health pathway. At the beginning of the pandemic, mental health urgent access centres were established. There has been a large increase in referral to Crisis Treatment. Referral to CAMHS is also higher by 50% over a three year average. Adult Learning Difficulties demand has been lower than national averages. The plan is to get community services more responsive, to partner with voluntary sector, to increase funding of CAMHS especially Eating Disorders, increase funding for Learning Difficulties and Autism Services and introduce an electronic patient record.

NH: Asked about use of the private sector and drop of 35-50% in inpatients with Learning Difficulties.

Chris Oliver: There is a gap of 90 beds and this is being looked in to. Also, those in Out of Area Placements (OAPs) are being brought back, with the work that is going on in the Kendal unit. OAPs peaked at 67 during the pandemic.

MN: There is no inpatient facility for people with learning difficulties in South Cumbria, so they have to go out of area. A business case is being discussed to establish a Learning Difficulties Unit locally. Also a Sexual Safety Strategy has been set up to ensure environments are safe.

PD: Restrictive practices have been mentioned, what is this?

MN: This links with "person centredness" and restraint reduction, there has been a big decrease in this.

Helen Chaffey: Children with mental health problems in Cumbria are 50% higher than national average.

CD: Demand for Community Mental Health Services in South Cumbria is 50% above national average. This could be due to reduced access to primary care. From April there will be a big increase in investment in CAMHS.

Anthony Gardner: I need to thank our third sector colleagues who have stepped up during the pandemic.

### 3. Mental Health in North Cumbria.

Elaine Fletcher: There has been a huge number of documents from central government. A line has been established for staff who call in sick and they are given advice and support. 2719 staff gave been tested with 580 positive for Covid. 702 patients have been tested with 19,000 swabs.

Patients are tested three times on admission.

David Muir (DM): The CQC advised 38 improvements. We have made good progress despite the pandemic. The refurbishment of Oakwood will commence in the next few weeks. There has been a good working relationship with the police and there will be a move to street triage which is expected to dramatically reduce the number of Section 136 arrests.

MH: Discussed the dramatic fall in Section 136s in the Northeast in the last few years since they introduced Street Triage, where a trained police officer is accompanied by a psychiatric nurse when dealing with a person who before would have been detained under a Section 136.

Julie Lawlor: Talked about suicide prevention and educating the public with talks on this.

NH: How many people are waiting for CAMHS services?

DM: 86 children in Eden and Carlisle, 6 more than 18 weeks, 37 in Allerdale with no one waiting more than 18 weeks. There are 17 children with learning difficulties waiting for Early Intervention and Behaviour Service with no one waiting more than 10 weeks.

MH: Asked about the number of rejections (of GP referrals to CAMHS), which he had not mentioned. GPs in Eden have become so frustrated with the frequency of referrals being rejected that the Eden PCN has gone into partnership with Barnardo's to set up a Social Prescribing Service for children and young people with mental health issues.

DM: Replied he did not have this information but Dr Amanda Boardman had asked him to look into this.

With this the meeting was closed.