

## **Board Minutes- Approved at March Full Board Meeting**

### **Minutes of the Board Meeting held on the 15th December 2020**

#### **Board members present:**

Dr LN Murthy, Mr C Cunnington-Shore, Mr B Jackson, Mrs M Mitchell, Mr J Welch, Mrs J Evans, Mr D Scott

#### **Apologies:**

Ms Z Jones

#### **In attendance:**

David Logan, Project Lead  
Denise Alexander, Signposting and Engagement Lead  
Julia Catherall, Signposting and Engagement Lead  
Emily Hunter, Signposting and Engagement Lead  
Claire Sisterson, Volunteer Support Officer  
Denise Rudkin, Research and Information Officer  
Georgina Cowey, Administration Officer (Minute Taker)

#### **Guests Present:**

John Lawlor OBE, Chief Executive of Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW)

Gary O'Hare, Executive Director of Nursing and Chief Operating Officer at CNTW

### **42 /20 Meeting with and presentation by the Chief Executive of Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW)**

The Board and Team Members introduced themselves to the Chief Executive and Executive Director of Nursing of the Trust and CS welcomed both John and Gary to this the first meeting. Both John (JL) and Gary (GOH) made introductions.

JL explained that three wards, which were formerly managed by TEWV, were closed by the CQC due to a number of suicides and some concerning findings after inspection. The wards have been closed for over a year now, and in the meantime, NHS England determine whether to reopen the wards prior to ongoing investigations.

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) are now working within the Trust and colleagues from TEWV, NHS England and the CQC to reopen a number of beds so that young people do not have to travel around the county to receive care.

JL continued that since autumn 2019, if a young person needed inpatient care, they have been placed either at CNTW, or at somewhere else in the country if the Trusts beds were full, which is sometimes very far away. It was decided that it was not right to expect these young people to be placed further afield, especially if they were to stay in care for a number of years.

JL advised that CNTW were invited by NHS England earlier in the year to respond to a request from them to reopen some beds. Gary and John indicated that they had held meetings with victim's family the day the decision went public to let them know the plan.

CNTW are being commissioned by NHS England to open inpatient services for young people in Middlesbrough. No time frame currently given, and it is not known whether TEWV will eventually take over the wards again in the future- this will be a decision made by NHS England.

GOH advised that recruitment has commenced to fill vacant spaces. Understandably, some families were curious as to whether any previous staff will be recruited and whether the name of the service will change. CNTW have been open and honest with families about this.

CS sought to understand how beds are commissioned, as CS explained that it is often not as simple as receiving treatment from local services. JL explained that most mental health and Learning disability services are commissioned by CCG (local commissioners), but more specialist services are commissioned by NHS England nationally. There is still an expectation that geographical location should be considered, but specialist services are commissioned differently to other services.

GOH explained the process started in September, and the established steering group has membership from TEWV, CNTW, NHS England and CQC which meets on a regular basis as a multiagency group. He explained they are currently working through different work streams such as operational procedures, communication/ engagement and practical matters such as estates, IT etc.

GOH stated that the name 'West Lane' will change, and the new name will be decided by February next year- this is TEWVs responsibility and they will lead on the consultations.

GOH explained that previously there were 3 units and around 40 beds - to restart the service NHS England has asked CNTW to provide 10 general adolescent beds. The service is not a low secure facility, which it was at West Lane, and it is not an eating disorder service. Different models are being run nationally to provide eating disorder support for young people, preferably at home rather than in hospitals.

GOH explained that it is hoped the first beds will ideally be opened by spring next year, as a gradual process slowly making the ward opened up to 10 bed, making sure the right processes and staffing is in place.

GOH explained that 'new care models' will be the providers moving forwards. Recruitment started the day after the service was announced, using 'value-based' recruitment. He explained that staff were not 'TUPE'd' across, New staff have been recruited from the beginning as if a brand-new unit was opening. A rolling advert was put out to recruit professionals. About two thirds of the staff have already been recruited, and interviews will be taking place in the new year. A new course has been developed for the professionals working with children and young people, which has now been accredited.

CS asked what the balance of the beds was previously. GOH explained that there were previously around 43 beds, with units including an eating disorder ward, and it is highly unlikely this will be reintroduced at the unit. CS stated that the letter received from JL was very reassuring for the community that the service is being relaunched.

JL reemphasised that the service is opening as a brand-new unit, and there is currently no time scale given for how long CNTW will run the service for. The CNTW board and staff made it clear that they would need at least a few years to get the ward running up to standard and at a stable level. It may then be handed back to TEWV due to geographical location, but this has not been decided yet.

JW asked where a patient would be taken if an emergency crisis team were called out- which hospital would they be taken to by ambulance? GOH explained in a psychiatric emergency would be contained by CNTW staff so that patients wouldn't need to be taken to the new unit. JH added that in terms of location, a patient would be taken to the closest hospital if they needed an assessment treatment bed.

CS asked whether members of the board or team would be able to visit the unit once it opens in and it is safe to do so - GOH and JL agreed. GOH indicated that an introduction from the Team can be done remotely.

JE said that she was very impressed that the Trust consulted with the family beforehand. JE asked if they are considering any ongoing consultations with young people before hand to make them aware of the new service. GOH explained that Debbie Henderson who is head of engagement is already involved with local children and youth groups, and any other groups interested in CAMHS.

JL pointed out that community services are still organised by TEWV and it is only the inpatient service that CNTW is overseeing.

LM suggested that due to the COVID19 situation; have CNTW considered uploading a 'video tour' of the ward. JL agreed to pick up this idea with Debbie.

CCS on behalf of HWCD wished the Trust well in the endeavour in what has been very trying circumstances for the service users and thanked John and Gary for attending.

**It was agreed that the Board and Trust would review progress**

#### **43/20 Apologies for Absence**

Apologies received from Zena, CCS indicated that she hopes to return next year. CCS has reemphasised that there is no pressure for her to return in a hurry. The Board and team send her well wishes.

Denise Rudkin is attending the PCCC group and will join the board meeting once it is finished.

#### **44 /20 Declarations of interest**

JW indicated that he had been accepted to join the Newcastle Treatment advisory panel group. JW has also joined the regional stakeholder network for the North East, concerned with disabled people in the department of work and pensions. It was determined this was not a conflict of interest and there were no other conflicts of interest noted.

#### **45/20 Notes of the Previous Meeting/Matters Arising**

The Board had no comments regarding the notes from previous meeting and were accepted as a true record.

#### **46 /20 Election of Chair and Vice Chair 2020-21**

DL explained the Governance process for election of the Board Chair and vice Chair of HWCD. DL sought nominations for the Chair and Vice Chair positions. The Board nominated and agreed Chris Shore to be Chair of HWCD and Brian Jackson to be Vice Chair of HWCD for another year. DL asked whether there were any other nominations. There were no other nomination.

DL asked CS and BJ whether they have any objections to carry on with their roles- they both indicated they were very happy to continue with their roles. DL congratulated CS and BJ on behalf of the Board and Team and looks forward to continuing to develop their positive working relationship moving forwards.

#### **47/20 Action Log**

JC explained that the October log was mainly taken over by a GP closure in the East of the county, which was very busy. November was quieter and was December so far. HWCD have received a few signposting calls regarding vaccinations, so the team are working with some GPs regarding this.

CS asked if the team has been made aware of any of the process with care homes and vaccination distribution within the County. JC questioned this with comms and they have not heard anything locally yet either.

JE highlighted from both the signposting log and lockdown experience report, that there is a large amount of GP enquiries and people are dissatisfied. The GP surgery closure resulted in an avalanche of people being confused about what to do.

DA explained that in regards to the lockdown experiences survey, there were mixed responses to people being grateful and thankful for what their GP services had done, whereas others felt left that they were not updated by their GP with what is going on during COVID19- lack of communication.

JE stated that lack of communication is a huge concern and portrays a lack of care. Some signposting calls could be avoided by an increase of communication and training. JW stated that it is a shame that GP services cannot compare with other services what is going well to share best practice.

JC explained that although there are many signposting calls that are a result of poor communication, patient perception is also an important aspect as the calls are only portraying one side of the story.

EH explained that when a practice closes/ major change happens, the practice contacts HWCD and the Freephone number is on the correspondence, which is why there is often an influx of calls. HWCD can help the practice and the patients.

DA added that a lot the calls received was due to NHS England giving patients a new practice, and many of these were elderly people who could not travel to the practice they had been allocated. There have also been similar issues with dentists, where NHS England are perhaps not appreciating how difficult it can be to access public transport in rural areas.

JE stated that as a Healthwatch, HWCD should not have to pick up the difficulties that GP surgeries face when closing and that there must be a gap in communication. Communication noted as a point to be explored more in the future.

CS explained that as a patient his experience was of receiving a 'standard letter' received relative to a hospital appointment, which was of little use relative to his appointment at Darlington Memorial Hospital. He felt that other people must also be receiving what appears to be standard letters which lacked detail about the presentation and charges. He had telephoned the consultants secretary for a full briefing. He felt other service users must be experiencing the same which would to pressures on the service. It was generally agreed that communication will likely get worse as changes occur over the next year or so.

CS, BJ and DL indicated they had attended a meeting around A & E services with CDDFT and the CCG and did not receive any papers giving a 'heads up' on the national change.

MM explained that in her area there are many older people who are confused about GP services due to lack of communication. Services have been offered online, although there are many who do not have internet access in more rural areas of County Durham.

LM stated that the NHS recommendations/ bill paper (CS circulated this paper previously), is more than one year old. Within the recommendations, it is very vague and unclear who is accountable for services/ patients etc.

CS and DR are going to attend an online webinar with HWE and a member from NHS England. Both will feedback if any points are made any clearer/ any further clarification is given.

#### **48/20 Update on Young Carers Charter (Verbal update)**

DA informed the board that Healthwatch County Durham have been re-accredited with the Young Carer's Charter. She advised that Philippa May from Family Action attended the last team meeting to

update the HWCD team about their ongoing work to support young carers within the county. Philippa was very happy to continue the relationship and re-accredit HWCD.

DA and GC advised that they have worked with Philippa to update HWCD policy and to learn about more recent work Family Action have been carrying out with young carers, particularly during the pandemic.

DA presented the policy to the board. **The Board agreed to formally adopt the policy** and thanked DA and GC

#### **49/20 South Tyneside and Sunderland NHS Foundation Trust Patient, Carer and Public Experience Committee**

CS reminded the Board that he has been meeting sporadically with both Sunderland and South Tyneside HW Chairs, who are members of South Tyneside and Sunderland NHS Foundation Trust Patient, Carer and Public Experience Committee. The Chairs have suggested to the Trust that a representative from HWCD joins the committee because many County Durham patients transition between Sunderland and South Tyneside. CS indicated that he had previously circulated recent papers to Board to update them.

CS asked if any board member would volunteer to attend the first dial in meeting on 21<sup>st</sup> January, as he is unable to make this date.

CS agreed to circulate the meeting invitation and relevant information to the rest of the board members, and members are going to get back to him with their availability. **CS to report back**

LM questioned whether this would be classed as a conflict of interest- CS checked the membership purpose that states the committee has no executive powers other than those specifically delegated in terms of reference- so this is not a formal committee. CS is going to double check this for clarification and feedback to the board.

#### **Item 50/The following papers were received for note / action:**

North East Ambulance Service Quality Report 19/20 – DR indicated a response had been sent on behalf of board. **The Board acknowledged the response**

COVID-19 Lockdown Experiences report- **ratified by the board.**

PCCC Meeting Feedback 20/10/20- DR explained from meeting attended on 15/12/20 that three sites in County Durham are rolling out the vaccine starting today from a total of 9 identified sites. All sites have been identified but have not been publicised. It was a massive challenge to identify all sites that will be able to follow all rules and regulations but the sites in a comfortable position. **The Board Noted the feedback.**

DR reported A review has been carried out by adult's board at the council about GP services- HWCD were mentioned throughout the report, with references to multiple pieces of work carried out. Some recommendations HWCD previously made have been merged into the 9 report recommendations, which has now been accepted by the CCG and will be reviewed in six months. There were also great concerns raised about the ICS proposals, but current plans are well imbedded and are in a good position should any changes occur. LM asked what the major concerns are- DR replied that the main worry is that the current CCG will no longer be there which is currently working successfully.

JW explained that it this is an ongoing problem for members of the public as once they get used to a system it is changed which is hard to keep up with- LM agreed saying that whenever something appears to be working it is changed and not in a straightforward manner. This makes it difficult for staff to follow as well as the public.

Report from HWE week 2020- for information

Report from HWBB Nov 2020- for information

Q2 Board Report- DL apologised for the lateness of the report due to reasons beyond the control of HWCD. Report is very successful given the trying circumstances and DL thanks the team for the work they have done over the previous year.

The board reemphasised a thank you/ appreciation to the team and how they have gone above and beyond expectations this year with the position they have been put in regarding the pandemic.

MM voiced her concerns about the mental support available for staff as many aspects of work can be demanding and distressing. DL confirmed that the dynamics within the team is strong and supportive, and are aware that they can talk to each other and the board for additional support if needed. PCP have also offered continuing support and training for staff throughout the pandemic.

#### **Item 51 AOB & Feedback:**

CS stated he would like to identify who to invite to board meetings in 2021; he suggested extending invitations to TEWV; DCC and Multi Agencies Self Neglect; CDDFT will be beneficial.

CS thanked Board members for their prompt response to his e mail requesting approval for the additional hours paper prepared and circulated earlier.

Meeting Dates for next year have been previously circulated.

The board thanked EH for the work she has carried out with the foodbank over Christmas, and CS for delivering Christmas gifts to volunteers.

DR updated the board that she has joined a group within HWE led by Joy Bishop, which will help identify gaps within HWCD reach and to gather positive experiences/ ideas from other HWs. Contacts have also been made with Durham University BAME network, Durham City Sanctuary, faith groups and the quality officer at DCC who appear keen to get involved with work next year and should help with the QF.

#### **Joined by Volunteers for Christmas Quiz**

CS welcomed all volunteers and thanked them on behalf of the Board and people of County Durham for the work they had contributed during this difficult year.

**Healthwatch County Durham  
December 2020**