

**NORTHUMBERLAND COUNTY COUNCIL**  
**HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE**

At a remote meeting of the Health and Wellbeing Overview and Scrutiny Committee held on Monday, 21 September 2020, at 1.00 p.m.

**PRESENT**

Councillor L.J. Rickerby  
(Vice-Chair in the chair)

**COUNCILLORS**

Bowman, L.  
Cessford, T.  
Dungworth, S.  
Hutchinson, I.

Nisbet, K.  
Pattison, W.  
Rickerby, L.J.  
Simpson, E.

**CABINET MEMBER**

Watson J.

Adult Wellbeing & Health

**ALSO PRESENT**

Angus, C.  
Bennett, L.M.  
McEvoy-Carr, C.

Morgan, L.

Scrutiny Officer  
Senior Democratic Services Officer  
Executive Director Adult Social Care and  
Children's Services  
Director of Public Health

**ALSO IN ATTENDANCE**

Bell, A  
Hillery, J.  
Nugent, D.  
Riley, C.  
Stewart, A.

NHS Northumberland CCG  
Adult Social Care Complaints Manager  
Healthwatch  
Northumbria Healthcare NHS Trust  
NHS Northumberland CCG

**102. MINUTES**

**RESOLVED** that the minutes of the Health and Wellbeing Board OSC held on 14 July 2020, as circulated, be approved as a correct record and signed by the Chair.

### **103. FORWARD PLAN**

The latest Forward Plan of key decisions (attached to the signed minutes as Appendix A) were noted.

### **104. HEALTH & WELLBEING BOARD**

The minutes of the Health & Wellbeing Board held on 13 August 2020 (attached to the signed minutes as Appendix B) were noted.

## **REPORTS FOR CONSIDERATION BY SCRUTINY**

### **105. UPDATE ON THE NORTHUMBERLAND COVID-19 OUTBREAK AND PREVENTION CONTROL PLAN**

Members received an update on the epidemiology of COVID-19 in Northumberland and developments with the Council's COVID-19 Outbreak Prevention and Control Plan. (Report attached to the signed minutes as Appendix C)

Liz Morgan, Director of Public Health, updated Members as follows:-

- In the two weeks leading up to 18 August, 2020 there had been 27 cases, in the following two weeks 65 cases and in the last two weeks 266 cases, a tenfold increase. These increases were reflected elsewhere in the North East.
- Cases were largely concentrated in the South East of Northumberland where there was the highest population. Transmission rates were lower in rural parts of Northumberland.
- Transmission recently had been more common in the mid 20s to 50s, however, the age profile was increasing again leading to concerns on the effects on those with long term health conditions and care homes.
- There were significant issues with testing all over the country. Two additional testing sites had been arranged in the South East of Northumberland, with one in Blyth and the other in Ashington.
- There was a lot of activity in schools since their return. 22 schools had reported positive cases and others had a number of children with suspected symptoms.
- Public Health England's work with schools had been passed to the Local Authority.
- There had been 10 outbreaks in care homes since early July, four of which remained active and three were in the last week. This was being managed by the care homes support wraparound team.

- Northumberland had gone into intervention last week. A lot of effort had been put into interpreting the regulations which had been introduced at very short notice.
- Northumberland and Durham had the lowest rates in the North East area.

The following comments were made:-

- The Ashington test site had done 70 tests in one afternoon. There were general issues with turnaround times for results which may suffer due to pressures and national prioritising of testing.
- It was acknowledged that good communications were very important and that there was a lot of confusion regarding the new rules and concerns about some people flaunting them. Members had an important role to promote the message in their communities. The police did have a mechanism in place for checking whether people were following the rules regarding quarantine and self-isolation.
- There had been complaints about the positioning of the testing centre at Blyth, however, getting the site in place had been a priority and there were not too many suitable sites in Blyth. Everything had happened so quickly that not all the communications with local residents had been able to be carried out. It was unfortunate that some residents had been inconvenienced but it was for the benefit of the people of Blyth and surrounding area.
- The reality was that testing centres needed to be near to people's homes particular in areas of low car ownership.
- The national message was confused and the majority of the population would do what was required. There needed to be clarity about when to go for testing to prevent tests being requested unnecessarily by those with no symptoms. For those struggling to get a local test, it was reported that slots were released every day. However, if a test had been booked elsewhere it was not possible to cancel a slot.
- It was hoped that a North East Contact and Tracing Hub would be in operation by early December.
- An exemption for informal childcare had been requested from the Department of Health but had not been reflected in the regulations. This request was being escalated via multiple routes.
- Efforts were being made to make arrangements with child care providers to alleviate the difficulties faced by some families. However, more vulnerable families would still be at risk.

**RESOLVED** that the report be received.

## 106. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2019 - CREATIVE HEALTH

Members received the Director of Public Health's Annual Report for 2019 which this year focused on the role of the arts in improving health and wellbeing across the life course. The report introduced the concept of Creative Health Champions and advocates for establishing that role within certain organisations. (Report attached to signed minutes as Appendix D.)

Liz Morgan made the following comments:-

- The link between the arts and health was built on a solid foundation and ~~inbedded~~embedded in the clinical care and prevention agenda.
- The report highlighted the impact the arts could have on pre and ~~post natal~~post-natal mental health, aid children's social bonding and readiness for school. It could support people with long term mental and physical health problems and improve confidence and ~~self-esteem~~self-esteem.
- Participation in the arts was effective in reducing the risk of falls by improving health and balance.
- Younger people would learn positive health behaviours.
- Many of the building blocks were already in place and local universities were keen to work alongside Northumberland County Council.

The report made the following recommendations:-

1. Promote and advocate for the arts as a key element of providing ~~p~~personalised care to improve health and wellbeing.
2. Provide professional development for staff in the health, care and arts sectors.
3. Northumberland to take a lead role in the development of a north east creative health hub.
4. Continue to work together to make art as inclusive as possible and address inequalities.

Members welcomed the report and the opportunity for people to enhance their creativity and wellbeing. The following comments were made:-

- The arts sector was struggling at the moment due to the pandemic along with the community and voluntary sector which often supported the arts. A support and recovery plan was needed for the sector.
- It was noted that many organisations had already received grants to assist with recovery.

- Whilst supporting the principle and leading by example, Northumberland County Council was not currently in a position to lead in this area. There were other areas which needed to be supported and delivered on first.
- The Health Trust also fully supported the report and had already agreed funding for arts activities in care homes.

**RESOLVED** that the contents of the report be noted.

## **107. NORTHUMBERLAND END OF LIFE STRATEGY**

Members received a presentation on the development of the Northumberland End of Life Strategy by Alan Bell, Head of Commissioning, and Andy Stewart, GP and Clinical Lead. (Presentation attached to signed minutes as Appendix E.)

The following comments were made:-

- It was disappointing that the Strategic Task and Finish Group had not been able to meet since March 2020 and that no Councillors were able to attend its forthcoming meeting on 23 September 2020.
- It was acknowledged that there was a great need for a palliative care strategy and that Councillors must be part of the discussions.
- A follow up meeting of the group would be held to involve Councillors.
- End of life was a difficult subject to talk about and should not be discussed in isolation from the current pandemic. It was essential to help those who may be in hospital suffering from COVID-19 particularly when no visiting was allowed.
- Good communications between families and medical staff was imperative to ensure that the best decisions were made for people. Decisions made by families may be influenced by COVID-19 and lockdown regulations.

**RESOLVED** that

- (1) the presentation be received
- (2) the Northumberland End of Life Strategy be added to the work programme when further information was available.

## **108. COMPLAINTS ANNUAL REPORT 2019/20 - ADULT SOCIAL CARE, CHILDREN'S SOCIAL CARE AND CONTINUING HEALTH SERVICES**

Members received the Complaints Annual Report 2019/20 presented by James Hillery. (Report attached to the signed minutes as Appendix F.)

James Hillery made the following points:-

- There was an upward trend in the number of adult social care complaints received over the last three years.
- In comparison to other areas in the North East, Northumberland's figures remained relatively low.
- The number of complaints upheld or partly upheld had increased.
- Details of the subject matter of complaints was provided and showed that the most common complaints related to finance and funding. This was in part because service users were required to contribute, at least in part, towards the cost of their care and were more willing to challenge professionals.
- CHC complaints remained low in comparison to adult social care complaints.
- Key themes of learning arising out of complaints were outlined on page 10.
- All complainants had the right to approach the Local Government and Social Care Ombudsman if they remained dissatisfied. Every effort was made to resolve complaints locally.
- Cases considered by the Ombudsman in Northumberland were low in comparison to surrounding Counties.
- A summary of the Ombudsman's final decision were provided on page 18.
- The Complaints Service also responded to enquiries and compliments from service users, carers etc relating to adult social care services.
- Advocacy was available for adult social care and CHC complaints.
- There were fewer complaints relating to children's social care.

The following comments were made:-

- There was concern at the upward trend in the number of complaints. It was noted that there had been an increase in recent months due to the change in charging policy.
- There had always been quite a high tolerance and efforts were made to resolve issues. These instances were not always logged.
- Recently there had been a lowering of the tolerance.
- Every effort was made to share findings and learning arising from complaints.
- It was hoped that the upward trend would level off and that about 40/50 complaints would become more typical.
- It was important to ensure that service users and their families felt able to raise any concerns.
- Private care providers were asked to provide data on complaints.
- The outcome of complaints was always used as an opportunity to learn and improve services in the future. Outcomes were fed out to social work teams to enable improvements in practice.

**RESOLVED** that the report be noted.

**109. REPORT OF THE SCRUTINY OFFICER**

**Health and Wellbeing OSC Work Programme.**

Members considered the work programme/monitoring report for the Health and Wellbeing OSC for 2019/20. (Report attached to the signed minutes as Appendix G.)

It was noted that the End of Life Strategy would be added to the work programme.

**RESOLVED** that the work programme be noted.

**110. DATE OF NEXT MEETING**

The next meeting will be held remotely on Tuesday, 6 October 2020 at 1 p.m.

**CHAIR** .....

**DATE** .....