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Northumberland County Council

Your ref:

Our ref:

Enquiries to: Lesley Bennett

Email: lesley.bennett@northumberland.gov.uk

Tel direct: 01670 622613

Date: 25 March 2021

Dear Sir or Madam,

Your attendance is requested at a virtual meeting of the **HEALTH AND WELLBEING OSC** to be held on **TUESDAY, 6 APRIL 2021** at **1.00 PM**.

Please note this will be a “virtual meeting” that will be streamed live on our Youtube channel at [youtube.com/NorthumberlandTV](https://www.youtube.com/NorthumberlandTV)

Yours faithfully

Daljit Lally
Chief Executive

To Health and Wellbeing OSC members as follows:-

J Beynon (Chair), L Rickerby (Vice-Chair), E Armstrong, T Cessford, JI Hutchinson, S Dungworth, K Nisbet, L Bowman, E Simpson and Lawrie

Any member of the press or public may view the proceedings of this virtual meeting live on our YouTube channel at <https://www.youtube.com/NorthumberlandTV>. Members of the press and public may tweet, blog etc during the live broadcast as they would be able to during a regular Committee meeting. However, the only participants in the virtual meeting will be the Councillors concerned and the officers advising the Committee.



Daljit Lally, Chief Executive
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AGENDA

PART I

It is expected that the matters included in this part of the agenda will be dealt with in public.

1. APOLOGIES FOR ABSENCE

2. MINUTES OF PREVIOUS MEETING

(Pages 1
- 6)

Minutes of the meeting of the Health & Wellbeing Overview & Scrutiny Committee held on 2 March 2021, as circulated, to be confirmed as a true record and signed by the Chair.

3. DISCLOSURE OF MEMBERS' INTERESTS

Unless already entered in the Council's Register of Members' interests, members are required to disclose any personal interest (which includes any disclosable pecuniary interest) they may have in any of the items included on the agenda for the meeting in accordance with the Code of Conduct adopted by the Council on 4 July 2012, and are reminded that if they have any personal interests of a prejudicial nature (as defined under paragraph 17 of the Code Conduct) they must not participate in any discussion or vote on the matter.

NB Any member needing clarification must contact the Legal Services Manager on Tel: 01670 623324. Please refer to the guidance on disclosures at the rear of this Agenda letter.

4. FORWARD PLAN

(Pages 7
- 8)

To note the latest Forward Plan of key decisions. Any further changes to the Forward Plan will be reported at the meeting.

5. HEALTH AND WELLBEING BOARD

(Pages 9
- 16)

The minutes of the Health & Wellbeing Board held on 11 February 2021 is attached for the scrutiny of any issues considered or agreed there.

6. NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST ANNUAL PLAN AND QUALITY ACCOUNT

(Pages
17 - 36)

To receive a presentation from Jeremy Rushmer, Executive Medical Director, Northumbria Healthcare NHS Foundation Trust.

7. CNTW EXPERIENCE OF COVID AND THE FUTURE

(Pages
37 - 50)

To receive a presentation from the CNTW.

8. HEALTH AND WELLBEING OSC WORK PROGRAMME

To consider the work programme/monitoring report for the Health and Wellbeing OSC for 2019/20.

9. URGENT BUSINESS

To consider such other business as, in the opinion of the Chair, should, by reason of special circumstances, be considered as a matter of urgency.

10. DATE OF NEXT MEETING

The date of the next remote meeting is scheduled for Tuesday, 4 May 2021.

IF YOU HAVE AN INTEREST AT THIS MEETING, PLEASE:

- Declare it and give details of its nature before the matter is discussion or as soon as it becomes apparent to you.
- Complete this sheet and pass it to the Democratic Services Officer.

Name (please print):
Meeting:
Date:
Item to which your interest relates:
Nature of Registerable Personal Interest i.e either disclosable pecuniary interest (as defined by Annex 2 to Code of Conduct or other interest (as defined by Annex 3 to Code of Conduct) (please give details):
Nature of Non-registerable Personal Interest (please give details):
Are you intending to withdraw from the meeting?

1. Registerable Personal Interests – You may have a Registerable Personal Interest if the issue being discussed in the meeting:

a) relates to any Disclosable Pecuniary Interest (as defined by Annex 1 to the Code of Conduct); or

b) any other interest (as defined by Annex 2 to the Code of Conduct)

The following interests are Disclosable Pecuniary Interests if they are an interest of either you or your spouse or civil partner:

(1) Employment, Office, Companies, Profession or vocation; (2) Sponsorship; (3) Contracts with the Council; (4) Land in the County; (5) Licences in the County; (6) Corporate Tenancies with the Council; or (7) Securities - interests in Companies trading with the Council.

The following are other Registerable Personal Interests:

(1) any body of which you are a member (or in a position of general control or management) to which you are appointed or nominated by the Council; (2) any body which (i) exercises functions of a public nature or (ii) has charitable purposes or (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member (or in a position of general control or management); or (3) any person from whom you have received within the previous three years a gift or hospitality with an estimated value of more than £50 which is attributable to your position as an elected or co-opted member of the Council.

2. Non-registerable personal interests - You may have a non-registerable personal interest when you attend a meeting of the Council or Cabinet, or one of their committees or sub-committees, and you are, or ought reasonably to be, aware that a decision in relation to an item of business which is to be transacted might reasonably be regarded as affecting your well being or financial position, or the well being or financial position of a person described below to a greater extent than most inhabitants of the area affected by the decision.

The persons referred to above are: (a) a member of your family; (b) any person with whom you have a close association; or (c) in relation to persons described in (a) and (b), their employer, any firm in which they are a partner, or company of which they are a director or shareholder.

3. Non-participation in Council Business

When you attend a meeting of the Council or Cabinet, or one of their committees or sub-committees, and you are aware that the criteria set out below are satisfied in relation to any matter to be considered, or being considered at that meeting, you must : (a) Declare that fact to the meeting; (b) Not participate (or further participate) in any discussion of the matter at the meeting; (c) Not participate in any vote (or further vote) taken on the matter at the meeting; and (d) Leave the room whilst the matter is being discussed.

The criteria for the purposes of the above paragraph are that: (a) You have a registerable or non-registerable personal interest in the matter which is such that a member of the public knowing the relevant facts would reasonably think it so significant that it is likely to prejudice your judgement of the public interest; **and either** (b) the matter will affect the financial position of yourself or one of the persons or bodies referred to above or in any of your register entries; **or** (c) the matter concerns a request for any permission, licence, consent or registration sought by yourself or any of the persons referred to above or in any of your register entries.

This guidance is not a complete statement of the rules on declaration of interests which are contained in the Members' Code of Conduct. If in any doubt, please consult the Monitoring Officer or relevant Democratic Services Officer before the meeting.

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Agenda Item 2

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 Tuesday, 2 March 2020 at 1.00pm

PRESENT

Councillor J. Beynon
(Chair, in the Chair)

COUNCILLORS

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

Hutchinson, J. I.
Nisbet, K.
Rickerby, L.J.

ALSO PRESENT

Angus, C.
McEvoy-Carr, C.

Hetherington, A.
Lounton, K.

Scrutiny Officer
Executive Director Adult Social Care and
Children's Services
Senior Coroner
Service Manager

ALSO IN ATTENDANCE

Mitcheson, R.
Nugent, D
Riley, C.

Northumberland CCG
Healthwatch Northumberland
Northumbria Healthcare NHS

153. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor E Simpson.

154. MINUTES

RESOLVED that the minutes of Health and Wellbeing Overview and Scrutiny Committee meeting held on 12 January 2021 and 2 February 2021, be approved as a correct record and signed by the Chair

155. FORWARD PLAN

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

RESOLVED that the information be noted.

156. HEALTH & WELLBEING BOARD

RESOLVED that the minutes of the Health & Wellbeing Board held on 14 January (attached as **Appendix B**) were noted.

REPORTS FOR CONSIDERATION BY SCRUTINY

157. COVID-19 UPDATE (PUBLIC HEALTH AND CCG)

Members received a presentation on the COVID-19 vaccination programme from Rachel Mitcheson, Service Director for Transformation and Integrated Care at Northumberland CCG. (Presentation attached as **Appendix C**).

The public were reminded that the NHS were working through the priority groups and that they would be in touch with members of the public when it was their turn to be vaccinated.

The Committee were informed that in the last 12 weeks over 2.3 million people had been vaccinated across the North East and Yorkshire region. This equated to about 34% of the total eligible population and included 94% of care residents, 75% of care home staff and 91% of people identified as extremely vulnerable. Within Northumberland, 102,831 people (38% of the eligible population) had received their first dose of the vaccine. 70,582 of those vaccinated were over 65.

The Committee were shown where the local vaccination sites (LVS) were across the County and were reminded that transport was available for those unable to access vaccination sites.

With regards to NHS staff, Newcastle upon Tyne NHS Foundation Trust had vaccinated all of their frontline employees; while Northumbria Healthcare had vaccinated over 18,000 staff across the wider health and social care system, and CNTW had vaccinated over 80% of their staff and also most vulnerable inpatients. Within Northumberland 10,368 out of 11,163 social care staff had been vaccinated. A further list of staff groups that had been vaccinated was also shared with the Committee.

The Centre for Life in Newcastle remained the chief vaccination site for the North East with access to the National Booking Service. This is a national system which is used by people identified by letters sent to specific cohorts that had been agreed at a national level. The Centre for Life would be used to support JCVI groups 5 and 6 and remaining health and social care workers. People still had the choice to access their vaccination via primary care if they wanted. Due to supply and demand issues with the National

Booking Service, many people were opting to wait and to use primary care. Cohorts 1-4 had now been vaccinated and cohorts 5-9 should be vaccinated by 15th April. A change in national guidance resulted in JCVI groups 5 and 6 being split between National Booking System (Cohort 5) and primary care networks (Cohort 6).

Some practices had already started to deliver 2nd doses around the 11th week since the first dose. PCN's had been working to develop a pull model to enable better planning for delivery and capacity.

Across the 10 local vaccination sites, over 102,000 doses had been delivered in the 11 weeks from December to February. 147,746 doses (including 2nd doses) were to be delivered in the next 9 weeks; this equates to an 63% increase in number of doses.

The Committee were shown two graphs which showed the number of vaccines received and the number of projected vaccines needed until the end of April. Due to the increase in activity, the CCG had been asked to review its sites and they had considered three regular roving sites in Haltwhistle, Rothbury and Wooler due to their rurality. These roving sites would be able to provide around 500 vaccines a day whilst travelling the County. The roving sites could also be used to offer vaccines in areas with high levels of health inequality or transport issues. The CCG would monitor the data and vaccine supply at each site which would allow the roving model to be redirected to ensure equality across the patch. Consideration had also been given to larger vaccination centre in Morpeth and Hexham. This is currently under the consideration of the national team. Community pharmacies had been approved last week and would be able to start delivering vaccines soon.

A vaccine equity board had been established between the CCG and public health to identify and address potential areas of inequality. The board had also been tasked with identifying refusals and analysing the data to identify patterns and address these.

Looking to increase capacity and greater choice the roving model would support rural and hard to reach groups; vaccination centres would provide Northumberland with access to the National Booking System meaning residents may not need to travel to Newcastle and; community pharmacies would further increase local options.

Members and residents were reminded to be patient and reassured they would not be missed and would be invited for a vaccine soon.

Members asked why the vaccine supply was not always reflective of availability at some practises. The North East was seeing their vaccine supply reduced to the successful in vaccinating residents. The CCG highlighted that supply was controlled nationally and some weeks did result in smaller allocations. However, Members were reassured that the allocation for Northumberland over the next two weeks was significant.

The number of refusals was being monitored closely via the vaccine equity board. As the cohorts progress, refusals are starting to increase and GPs are coding these so the board can investigate. Insight work had also been started to help influence the communication strategy geared towards the younger cohorts.

In relation to a question asked about the number of people requiring transport to receive their vaccine, an exact number was unavailable but was being looked at. Concern was

also raised around residents not booking transport when booking their vaccines. Practices were regularly reminded to promote the offer of transport when booking patients' vaccine appointments.

RESOLVED that the information be noted.

158. CORONER'S SERVICE

Members were updated on the County Hall refurbishment works for the coroner's service and some of the pending service changes. Members also received an update on the work of the death management group. The presentation was delivered by Andrew Hetherington, Senior Coroner, and Karen Lounton, Coroner Service Manager, Report attached as **Appendix D**.

The Committee received a brief explanation of the role of the senior coroner and the coroner service. The Coroner's service is a county of treasure and had concluded 3 out of 14 inquests already this year.

Andrew Hetherington was appointed as Senior Coroner in October 2020 following the retirement of Tony Brown. Northumberland was currently split into two Coroner jurisdictions: North and South but will become one later in 2021. The service and its staff had recently moved to County Hall next to the registers office. Administrative staff had previously been split between a site in Berwick and a site in North Tyneside and, Coroner's Officers working from Ashington Police Station.

Members were told that as part of the County Hall refurbishment programme a business case was made for the Coroner Service and its staff to be centralised and located in a more accessible location to families, officers and professional who were required to attend an inquest. Work was completed on the new court and accommodation in October 2020 with the first inquest being held in November 2020. Hearings were currently listed ahead until September 2021. An offer was extended to the Committee to visit the new court when safe to do so.

Members were shown a series of photographs of the new Coroner's court and the new waiting room, meeting space, family room and jury room. The Coroner's court is a flexible space with movable walls which allows the room to be expanded or shrunk to allow for a more versatile workspace. The Court and private family room had been designed with bereaved families at the heart of it and aimed to help put people attending court at ease. The jury room could be repurposed as a second court to deal with backlog if needed.

With regards to the continued modernisation of the Coroner's Service, COVID-19 had created provisions for hearings to be conducted remotely. This had allowed the Service to conduct an inquest with a family in Hong Kong and New Zealand. The Service was working towards a paper lite court and developing its IT provisions. A website was under development. The service was also working closely with key stakeholder such as Northumbria Healthcare, Northumbria Police and Funeral Directors.

The Coroner's Service in Northumberland was working with colleagues as part of the General Register Office. This work is part of a central government agenda to look at digital transformation in relation to death investigation and registration.

The service had recently recruited a First Officer and was looking to recruit at least 3 Assistant Coroners with Newcastle City Council to help with North of Tyne coronial resilience.

The Committee were then updated on the work of the Death Management Group (DMG). The DMG was established under the LRF in March 2020 as part of the regional COVID-19 response and reports to the TCG and SCG to co-ordinate the management of excess deaths at a multi-agency level. The DMG was made up of representatives from the LA6, coroner, NHS, funeral directors, emergency services.

The DMG regularly reviewed the death management plan and work had been done to understand death trends and to provide an educated look ahead at future pressures. A RAG rating system had been established to identify trigger points in relation to death registration, mortuary capacity, body storage and, cremation and burial. The DMG had established a Pandemic Multi Agency Response Team to help transport bodies across the region; thankfully, this team had not been deployed. Mortuary capacity in Northumberland was regally reviewed and arrangements for excess deaths had been put in place across the LA6 footprint. Capacity over the previous few months had been consistent at around 30-50%.

Members were shown death data from the last 5 years. This data showed the number of recorded deaths had been higher than normal over the last year but during the summer of 2020, death registrations had been lower than 19/20. The data showed the increase in deaths following the 2020 Christmas period. The Committee were informed that there had been 404 registrations in February 2021.

Member's welcomed the new court and received the following answers to questions:

- The rooms could be booked out and were designed in such a way that the space was multifunctional. The court could be split into two rooms and was designed to limit any noise interference between courts.
- A question was asked regarding non-invasive post-mortems to which the Committee were told there were limitations to non-invasive post-mortems but with advances in technology they have become more reliable. There are procedures in place to support faith groups. The Service is working closely with Northumbria Healthcare to develop a solution.
- The design of the court was well received with Member's believing the design would help put families at ease and was a welcomed change from the intimidating setting of a traditional magistrate's court. The Coroner's Service was driven to meet the needs of Northumberland families. The service was working with Coroner's Court Support Service, a charity of trained volunteers who work with families to help them through the inquest day. The Service had received positive feedback from families about their experiences and the court.

Karen Lounton and Andrew Hetherington were thanked for their report and it was **RESOLVED** that the report be noted.

159. 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 E.**)

The April meeting would receive Northumbria Healthcare’s annual quality accounts and a COVID-19 update from CNTW.

Members were reminded that there was limited left within this municipal year for items to be added to the work programme buy were encouraged to contact the scrutiny officer if they wished to discuss the inclusion of an item on the work programme.

RESOLVED that the work programme be noted.

160. NEXT MEETING

The next meeting would take place on Tuesday 6 April March 2021 at 1:00 pm.

CHAIR _____

DATE _____

Forward Plan

FORTHCOMING CABINET DECISIONS APRIL TO JULY 2021

DECISION	PROPOSED SCRUTINY DATE	CABINET DATE
Financial Performance 2020-21 - Provisional Outturn The report will provide Cabinet with the revenue financial position as at 31 March 2021 for the Council against the Budget for 2020-21. (N. Oliver/A. Elsdon 01670 622168)		11 May 2021

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NORTHUMBERLAND COUNTY COUNCIL HEALTH AND WELLBEING BOARD

At a remote meeting of the **Health and Wellbeing Board** held on Thursday, 11 February 2021.

PRESENT

Councillor R.R. Dodd
(Chair, in the Chair)

BOARD MEMBERS

Bailey, M. (substitute member)	McEvoy-Carr, C.
Brown, S.	Morgan, E.
Dungworth, S.	Riley, C. (substitute member)
Jones, V.	Thompson, D.
Lothian, J.	Travers, P.
Mackey, J. (part)	Warrington, J. (substitute member)
Mead, P.	Watson, J.

ALSO IN ATTENDANCE

Bell, A.	Communications
Hudson, R.	Service Director: Transformation
Malone, C.	and Integrated Care
Mitcheson, R.	Service Director: Children's
Reiter, G.	Social Care
Bennett, L.M.	Senior Democratic Services
	Officer

72. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor G. Renner-Thompson, R. Firth, and G. Syers.

73. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on Thursday, 14 January 2021, as circulated, be confirmed and signed by the Chair.

ITEMS FOR DISCUSSION

74. INTEGRATED CARE SYSTEMS

Members received a presentation and update from Sir Jim Mackey. (A copy of the presentation is filed with the signed minutes as Appendix A.)

The following points were raised:

- ICS legislative changes were being launched today.
- The NHS had been considering this matter since 2016 following confusion arising out of the 2012 reforms.
- There would be a move away from the competitive approach towards a more collaborative approach.
- There were efforts to create a more local approach and function within the ICS and make it a legal body which could receive funding.
- Emphasis on working with partners such as Local Authorities with regard to health improvement. However, the ICS covered a number of Local Authorities and Primary Care Networks etc and the operating network would be quite complex as a result.
- There was much less emphasis on place in the media and politics and this should give more freedom and space to shape Northumberland's needs and similarly in North Tyneside and Newcastle.
- It was hoped that this would build on the Transformation Board working that was in place and review the membership and fully embrace Primary Care Networks and use that as a mechanism for the ICS to devolve things to Northumberland.
- Big focus on health improvement, inequalities and the impact of COVID.
- There were still a lot of legal processes to go through.
- The ability to shape this towards local needs was welcome and it was important that this was used to prevent a national template being imposed.

The following comments were made:

- The VCSE sector had a huge role to play in Northumberland and it was important to consider how it could be incorporated into the Transformation Board arrangements. The membership would need to be refreshed to include representation from the VCSE and other bodies.
- The general Local Government response had been generally mixed and the level of integration varied greatly. There also was nervousness on how to encourage integration across the country.
- It needed to go further to tidy up national bodies and rationalise the regional structure. There needed to be a watching brief to avoid unnecessary expansion and red tape.
- There was a very strong central view that Health & Wellbeing Boards should hold the system to account.

RESOLVED that the presentation and comments made be noted.

75. HEALTH IMPROVEMENT FOR NORTHUMBERLAND

Members received a presentation from Siobhan Brown and Robin Hudson on Health Improvement for Northumberland. (A copy of the presentation is filed with the signed minutes as Appendix B).

The following points were raised as part of the presentation:

- Based on the four key priorities in the Health & Wellbeing Strategy, eight areas of work had been identified. It was known that outcomes varied across Northumberland and it was not just healthcare but everyone working together.
- Three building blocks were Infrastructure, Intelligence and Interventions
- Population Health Areas
 - The wider determinants of health
 - Our health behaviours and lifestyles
 - An integrated health and care system
 - The places and communities we live in
- Direct impact of actions on health outcomes
- Two case studies
 - Blackpool – intervention with residents of multiple occupancy housing. Barbara suffering from depression, living in poor quality housing, unemployed and recently bereaved.
 - Pudsey, Leeds – moderate frailty patient intervention. Identifying risk. Poor nutrition led to poor outcomes.
- Health Improvement Journey
 - Infrastructure – Leadership and System Team
 - Culture – Community Co-design
 - Resources – Project team ‘social movement’
 - Intelligence – Datasets and Information governance
 - PHM Academy – Senate and Learning arena
 - Intervention – map all relevant work already underway to form coherent whole
 - Project work – finance and contracting programme.
 - Identifying barriers and blocks and activation measures. Look at the readiness to change and help a person move to a place where they are ready to change.

The following comments were made in response to queries:

- This work was joined up with Northumberland County Council and was aimed at re-energising and refocusing work with the Council.
- Systems Transformation Board – looked at best start in life in the County and challenging and determining what work was going on and any impact across partnership areas.
- The Board was reassured that this work was joined up. The work on health policies that the Council was pushing forward with were to achieve the same aims but by a different mechanism. If a person was treated in isolation and then discharged into same circumstances, then the cycle of ill health would continue.

Ch.'s Initials.....

addressing the social determinants puts individuals in good position to become well and maintain wellbeing.

RESOLVED that the presentation and comments made be noted.

76.1 REPORT OF THE DIRECTOR OF ADULT SOCIAL CARE AND CHILDREN'S SERVICES

Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan

Members were provided with an update on the epidemiology of COVID 19 in Northumberland and developments with the Council's COVID 19 Outbreak Prevention and Control Plan. (A copy of the presentation is filed with the signed minutes).

Liz Morgan, Director of Public Health, updated Members on the latest figures and actions agreed in response to the increasing rates of infection being seen in Northumberland. The presentation covered the following:

- Case rates across the LA7 were broadly similar with a peak in early January followed by a steady fall.
- Comparison between the situation on 6 January 2021 with that of 8 February 2021. Cases were at two thirds of the early level and was a testament to the efforts of the community to comply with regulations.
- The Northumberland epidemic curve showed a gradual reduction. The rate of decline was not as rapid as that seen after the first lockdown as the restrictions were not as strong.
- The Kent New Variant was now the predominant virus across the country and two-thirds to three-quarters of all Northumberland cases were this variant.
- There had been a decrease in cases across all age groups but there was some evidence that levels amongst school age children were not dropping as quickly.
- PCR testing sites were operational across the county along with a mobile service.
- The positivity rate was slowly reducing.
- Lateral Flow Tests for asymptomatic people were being carried out including in schools and care homes.
- Targeted community testing was providing wide availability of testing across Northumberland. Sites had opened at Ashington, Hexham, Alnwick and Berwick staffed by Northumberland County Council and Active Northumberland staff.
- Local tracing partnership had started last week to develop a holistic local tracing process and to contact those who had not been responded to NHS Test and Trace within 24 hours. There was the ability to have a wider discussion of a person's circumstances and to discover if they needed additional support to self isolate.
- Informal intelligence gathering was leading to improved data quality.

Ch.'s Initials.....

- There was a recognised significant inequality in the uptake of the vaccine and a Vaccination Equity Plan was being developed to make sure that this was mitigated and to work proactively with the community.

The following comments were made:

- A number of queries had been raised with Healthwatch as follows:
 - Information regarding a very small number of people who had experienced difficulty in accessing the vaccine.
 - Concerns from relatives of care home residents regarding the restrictions and worries about contact. The situation was more positive now.
 - Unpaid carers had difficulty accessing the vaccine and a list was being produced.
 - The response from Northumberland County Council had always been positive and made a difference to those involved. The positive feedback was welcomed.
- There was no change in the vaccine priority order relating to teachers. The focus was still with those most at risk. Most of cohorts 1-4 had been vaccinated now and the next phase of the rollout was awaited. A decision relating to occupational groups would be made further down line.
- The police were known to be taking a strong approach with those flaunting the lockdown rules. The numbers contacted by the police were not known.
- The message was being pushed strongly at those who had received their first vaccination to emphasise that they still needed follow the same rules as everyone else.

RESOLVED that the presentation and comments made be noted.

76.2 COVID 19 Vaccine Roll Out

Rachel Mitcheson, Service Director for Transformation and Integrated Care, provided a presentation on the COVID 19 vaccine roll out. (A copy of the powerpoint presentation have been filed with the signed minutes).

The presentation detailed the following:-

- 500,000 vaccinations had been carried out in the North East and Yorkshire region, 70% of which were delivered via primary care.
- Northumberland expected to meet the national target of 15 February to complete priority groups 1-4.
- Primary Care was making excellent progress despite the challenges of having little control of the supply of vaccine. All care home residents and staff had been offered a vaccine.
- Hospital vaccination hubs had vaccinated 18,000 front line staff.
- Challenges included minimising waste and identifying frontline health and social care staff from private providers.
- National vaccination centre was based at the Centre for Life and used a national online booking system. However, people could still choose to be vaccinated via their own PCN.

Ch.'s Initials.....

- Vaccine was supplied via a push model
- It was expected that second doses would be begin w/c 8 March.
- After vaccination, people were still required to follow the national rules re. PPE, lockdown and social distancing.
- Priority groups 5-9 should be completed by late spring and the whole programme by late November 2021.
- A roving model had been proposed to reach more rural areas and harder to reach communities in Northumberland.
- It was expected that it would be 4-6 weeks before a significant reduction in hospital admissions and deaths was seen and 4-6 months for a significant reduction in community transmission.
- The key message to the population was to be patient and wait to be called for vaccination.

The following comments were made:

- PCNs were enthusiastic about the vaccination programme and keen to lead and co-ordinate it, rather than asking people to go to a mass vaccination site.
- There had been very few refusals to date and people were generally very positive about the vaccine.
- Some care home staff had been anxious about the vaccine and work had been done with them to provide reassurance. 78% of care home staff had now been vaccinated.
- Behavioural insight work was being carried out and would investigate the reasons behind these anxieties. It was known that some young women were less confident and work was being done to dispel myths surrounding vaccination.
- It was felt that local GP practices had gone above and beyond in arranging vaccinations.
- It was important to be aware of potential pressures and the public to act sensibly and not to ignore normal medical issues.

RESOLVED that the presentation and comments made be noted.

77. COMMUNICATIONS AND ENGAGEMENT

Claire Malone, Public Health Communications Lead, gave a communications and engagement update (a copy of the presentation is filed with the signed minutes).

The update included:

- The national messages from the Government and NHS were continuing to be shared along with reminders of the key advice given.
- Also information re-emphasising key messages about vaccination and trying to dispel some of the myths surrounding it.
- Sharing of dashboard information
- Promotion of community testing.

- Proactive and reactive work with the four wraparound groups such as the newsletter for care homes, information for schools and work with LA7 on business pack for hospitality businesses to help them at the end of lockdown.
- Working closely with high risk wraparound group.
- As well as regular briefing working with the regional campaign with LA7. Developing workplace safety campaign.
- Vaccine hesitancy particularly with BAME
- Digital vans working over half term in popular hotspots. Messages were also being carried on buses, bin wagons and fire engines.
- The Community Champions scheme was up and running with over 50 champions having been recruited. Recruitment was still ongoing. 27 had already been trained with the remainder receiving their induction today. They would receive weekly updates. The champions would have a key role in providing advice especially at end of lockdown. The MCS team coordinator was the key contact. Roll out with business to help spread work.
- The Beat COVID NE campaign was still running. Since 22 January 2021 actively advertising on radio, TV and newspapers.
- Diarists were keeping diaries to be published in the press and hub. Keep evaluation going to ensure monitoring awareness.
- Next steps, keep on with national message and refresh town centre signage, continue recruiting community champions.
- Behavioural insights programme continuing with care home, teaching and health & social care staff across 11 Local Authorities. Feedback should be available in the next few weeks.

RESOLVED that the information provided within the presentation be noted.

78. REPORT OF EXECUTIVE DIRECTOR OF ADULT SOCIAL CARE & CHILDREN'S SERVICES

Inspection of Local Authority Children's Services (ILACS)

Members were informed for the findings of this successful Ofsted inspection undertaken between 20-31 January 2020, and progress on the subsequent improvement plan. (Report filed with the signed minutes as Appendix C).

Service Director: Children's Social Care reported that Northumberland Children's Services had been judged as Good in all areas inspected. The following areas for improvement had been identified and the report detailed steps taken since the inspection:-

- The quality of written plans for all children
- The quality of analysis in some assessments of impact on children.
- The quality of the recording of management oversight in supervision records.
- The quality and sensitivity in the way later life letters are written for all children.

RESOLVED that the findings and progress be acknowledged.

Ch.'s Initials.....

79. HEALTH AND WELLBEING BOARD – FORWARD PLAN

Members were presented with the Health and Wellbeing Board Forward Plan (a copy of which has been filed with the signed minutes as Appendix C).

RESOLVED that the forward plan be noted.

80. DATE OF NEXT MEETING

RESOLVED that the next meeting will be held remotely on Thursday, 11 March 2021 at 10.00 a.m.

CHAIRMAN _____

DATE _____



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THE

NORTHUMBRIA WAY

PEOPLE CARING FOR PEOPLE

Annual plan and quality account

Jeremy Rushmer, Executive Medical Director

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Our five year strategy...



Our vision:

To be the leader in providing high quality, safe and caring health and care services and to lead collectively, with partners, to deliver system wide healthcare

As part of our work to achieve this:

- Every year we produce a quality account to demonstrate how well we are performing as a trust on measures of quality including; patient safety, clinical effectiveness and patient experience
- Continuing to improve quality is our absolute priority and this means making sure our patients get the best possible outcome and experience every time they need our care

Annual planning process

- Five year strategic plan (2018 – 2023) – overall direction, what we are about
- Annual plan 2021/22 – linked to five year strategy and development of clinical strategy
- Quality strategy
- Quality account covering 2020/21 – statutory requirement to inform public of delivery of safety and quality priorities
- Safety and quality objectives agreed for 2021/22
- Annual report and corporate governance statement
- Engagement with key stakeholders



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Quality Account 2020/21



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Quality account 2020/21

- Look back at safety and quality priorities for 2020/21 and focus for 2021/22
- Standard requirements for all trusts to report
- Written in line with annual reporting guidance
- Key measures and phrases used that are auditable
- Includes information on mortality and preventable deaths, areas of achievement
- Due to the Covid-19 pandemic, guidance has been issued stating External Audit (EA) assurance work on the Quality Account does not need to be undertaken for 2020/21 therefore no EA opinion on the Quality Account will be given this year
- Furthermore, no governor selected local indicator will need to be chosen for the year

Quality Account 2020/21

- Process underway
- Draft account ready mid April 2021
- Circulated to stakeholders for formal opinion end April 2021
- Final, including stakeholder comments, submitted to NHS Improvement end of May 2021
- Upload to NHS Choices by end June 2021
- Date for submission to Parliament still to be confirmed



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Safety and quality priorities 2020/21



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Seven safety and quality (S&Q) priorities in 2020/21

Priority 1 - Flow: Discharge

Priority 2 - Management of acutely unwell patients

Priority 3 - Supply and administration of medicines

Priority 4 - Children and young people's emotional well-being and mental health

Priority 5 - End of life care and bereavement

Priority 6 - Patient experience

Priority 7 - Staff experience

Safety and quality priorities - 2020/21

- **Flow** – focus this year on the ‘back-door’:
 - Medical fitness for discharge and reducing length of stay thereafter (cross-system factors)
 - Ensuring accurately and timely data to support proactive management by ward and community staff
 - Note: bed occupancy a national key performance indicator
- **Deteriorating patients and observation:**
 - Improving timeliness of observations of medically unwell patients
 - Continued work on Acute Kidney Injury, sepsis and antibiotics via Deteriorating Patient Board
- **Medicines management:**
 - Considering best use of Patient Group Directions (PGDs)
 - Training of non-medical prescribers especially in community settings

Safety and quality priorities - 2020/21

- **Mental health:**
 - Responsiveness to children and young people with emotional wellbeing and mental health difficulties
 - Improving child and adolescent mental health (CAMHS) pathways
 - Reducing waiting times for access to specialist input and support
- **End of life care:**
 - Consolidation of bereavement and Medical Examiner work
 - Ensuring learning through systematic clinical team review of cases
 - Aligned to end of life strategy work with commissioners
- **Patient experience:**
 - John's Campaign supporting those with dementia whilst inpatient
 - Improving assessment and management of pain for those with learning disabilities in the emergency department
- **Staff experience:**
 - Strong link between staff and patient experience
 - Continued development of this leading-edge work
 - Sharing approach with wider NHS

Progress in Quarter 4 - 2020/21

Priority	Proposed performance measure	Quarter 4 update	On target
1. Flow	Mean number of days between patient being declared medically fit and discharge	New process for capturing this day in place Includes meetings on each inpatient site to ensure timely discharge of patients	✓
	Maintain a bed occupancy of <92%	Q1 = 62.9% Q2 = 67.4% Q3 = 73.8% Q4 (to date) = 74.2%	✓
	Number of patients with length of stay over 21 days to be less than 103 patients	Average number of patients in Q1 = 58 Average number of patients in Q2 = 66 Average number of patients in Q3 = 75 Average number of patients in Q4 (to date) = 93	✓
2. Management of acutely unwell patients	Improve timeliness of observations on target wards to 70% of observations done within appropriate timeframe	Q1 combined results = 67.1% Q2 combined results = 75.2% Q3 combined results = 72.5% Q4 combined results (to date) = 72.1% The other two metrics for this priority have been delayed due to the impacts of Covid, hence the overall performance summary.	✗
3. Supply and administration of medicines	Reduce the reliance on patient group directions (PGDs) as a method in the supply or administering of medicines across the organisation	Reduction in 2020/21 from 154 to 148 PGDs	✓

Progress in Quarter 4 - 2020/21

Priority	Proposed performance measure	Quarter 4 update	On target
4. Children and young people's emotional well-being and mental health	Agree and implement new patient pathways	Introduction of Access Team to manage referrals into all the CAMHS services has led to a positive impact on patient access	✓
5. End of life care and bereavement	Medical Examiner to review 95% of all deaths not referred to coroner	Q1 total = 84.6% Q2 total = 89.8% Q3 total = 91.0% Q4 total (to date) = 96.9%	✓
	Stage 2 reviews to be discussed at sub-specialty meetings	Process for the feedback of lessons learnt to sub-specialty teams now in place	✓

Progress in Quarter 4 - 2020/21

Priority	Proposed performance measure	Quarter 1 update	On target
6. Patient experience	<i>“John’s Campaign”</i>	<ul style="list-style-type: none"> • Trial completed in August 2020. • Information disseminated Trustwide. • Patient experience visiting project undertaken to understand impact. 	✓
	Improve experience of learning disability patients in emergency department	<ul style="list-style-type: none"> • Focus group held in December 2020 to understand experience of this group of patients. • Format and design of “Health Card” has been agreed – process to produce has been longer than anticipated due to Covid. 	✓
7. Staff experience	Improvements in experience - “Joy at Work”	<ul style="list-style-type: none"> • All domains of staff experience statistically better from baseline. • Staff experience workshops held. • Health & Well being scores captured on ongoing, regular basis 	✓
	Evaluation of “Corona Voice” staff experience	Learning from the “Corona Voice” has been shared more widely through a number of publications and presenting at conferences	✓



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Safety and quality priorities 2021/22

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Background

- Every year the Trust in collaboration with business units, governors and other stakeholders identify a number of safety and quality priorities
- For next year, we have identified eight possible quality improvements
- Many of these priorities build on previous improvement work
- It should be noted that business units will be working on many other safety and quality initiatives which form part of their annual plans

The eight priorities

1. Access standards – regaining the standards for patient access
2. Outpatients – embedding the changes in delivering outpatient appointments
3. Deteriorating patient – to continue to improve the management of acutely unwell patients in both hospital and community settings
4. Delirium – improvement of the detection of patients with delirium and the training of staff to improve early detection

The eight priorities contd.

5. Patient Group Directives (PGDs) – continue to improve how we supply and administer PGDs to patients
6. Child & Adolescent Mental Health Services (CAMHS) – build on the work undertaken this year to improve the timely access to the full range of CAMHS services
7. Patient experience – intention is to get the patient experience back to pre-Covid levels
8. Staff experience – again to build on the successful staff experience programme with the introduction of real time staff experience reporting



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Any questions?

Thank you

The NHS Long Term Plan – a summary

Find out more: www.longtermplan.nhs.uk | **Join the conversation:** [#NHSLongTermPlan](https://twitter.com/NHSLongTermPlan)

Health and care leaders have come together to develop a Long Term Plan to make the NHS fit for the future, and to get the most value for patients out of every pound of taxpayers’ investment.

Our plan has been drawn up by those who know the NHS best, including frontline health and care staff, patient groups and other experts. And they have benefited from hearing a wide range of views, whether through the 200 events that have taken place, and or the 2,500 submissions we received from individuals and groups representing the opinions and interests of 3.5 million people.

This summary sets out the key things you can expect to see and hear about over the next few months and years, as local NHS organisations work with their partners to turn the ambitions in the plan into improvements in services in every part of England.

What the NHS Long Term Plan will deliver for patients

These are just some of the ways that we want to improve care for patients over the next ten years:

Making sure everyone gets the best start in life

- reducing stillbirths and mother and child deaths during birth by 50%
- ensuring most women can benefit from continuity of carer through and beyond their pregnancy, targeted towards those who will benefit most
- providing extra support for expectant mothers at risk of premature birth
- expanding support for perinatal mental health conditions
- taking further action on childhood obesity
- increasing funding for children and young people’s mental health
- bringing down waiting times for autism assessments
- providing the right care for children with a learning disability
- delivering the best treatments available for children with cancer, including CAR-T and proton beam therapy.

Delivering world-class care for major health problems

- preventing 150,000 heart attacks, strokes and dementia cases
- providing education and exercise programmes to tens of thousands more patients with heart problems, preventing up to 14,000 premature deaths
- saving 55,000 more lives a year by diagnosing more cancers early
- investing in spotting and treating lung conditions early to prevent 80,000 stays in hospital
- spending at least £2.3bn more a year on mental health care
- helping 380,000 more people get therapy for depression and anxiety by 2023/24
- delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24.

Supporting people to age well

- increasing funding for primary and community care by at least £4.5bn
- bringing together different professionals to coordinate care better
- helping more people to live independently at home for longer
- developing more rapid community response teams to prevent unnecessary hospital spells, and speed up discharges home.
- upgrading NHS staff support to people living in care homes.
- improving the recognition of carers and support they receive
- making further progress on care for people with dementia
- giving more people more say about the care they receive and where they receive it, particularly towards the end of their lives.

How we will deliver the ambitions of the NHS Long Term Plan

To ensure that the NHS can achieve the ambitious improvements we want to see for patients over the next ten years, the NHS Long Term Plan also sets out how we think we can overcome the challenges that the NHS faces, such as staff shortages and growing demand for services, by:

- 1. Doing things differently:** we will give people more control over their own health and the care they receive, encourage more collaboration between GPs, their teams and community services, as 'primary care networks', to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners, as 'Integrated Care Systems', to plan and deliver services which meet the needs of their communities.
- 2. Preventing illness and tackling health inequalities:** the NHS will increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.
- 3. Backing our workforce:** we will continue to increase the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships. We will also make the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients.
- 4. Making better use of data and digital technology:** we will provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.
- 5. Getting the most out of taxpayers' investment in the NHS:** we will continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS' combined buying power to get commonly-used products for cheaper, and reduce spend on administration.

What happens next

Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs), which are groups of local NHS organisations working together with each other, local councils and other partners, now need to develop and implement their own strategies for the next five years.

These strategies will set out how they intend to take the ambitions that the NHS Long Term Plan details, and work together to turn them into local action to improve services and the health and wellbeing of the communities they serve – building on the work they have already been doing.

This means that over the next few months, whether you are NHS staff, a patient or a member of the public, you will have the opportunity to help shape what the NHS Long Term Plan means for your area, and how the services you use or work in need to change and improve.



To help with this, we will work with local Healthwatch groups to support NHS teams in ensuring that the views of patients and the public are heard, and Age UK will be leading work with other charities to provide extra opportunities to hear from people with specific needs or concerns.

Find out more

More information is available at www.longtermplan.nhs.uk, and your local NHS teams will soon be sharing details of what it may mean in your area and how you can help shape their plans.

Northumberland Health and wellbeing OSC

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CNTW's Experience of COVID and the Future

Tuesday, 6 April 2021



Caring | Discovering | Growing | **Together**

Psychiatric Liaison

- All face to face contact has continued to be provided throughout the pandemic
- The Liaison team were required to provide a Mental Health Emergency Department as recommended by the Royal college of College Psychiatrist in response to the pandemic.
- Children and young person's pathway, introduced in May 2020 and continues to be in situ.
- A Joint assessment with clinicians who has specialist skills in working with Young people and also adults for 16- 25 age group. Follow up appointments with UCT for children and young
- Currently piloting for seven day a week extended service for older adult's liaison psychiatry, covering NSECH at weekends.



Universal CRHT

Older persons pathway:

- Accelerated plan for 24/7 Crisis Care for older adults. Prior to this there was clear health inequality for older adults accessing Crisis care; patients with Organic presentation had previously had very limited options to support Crisis periods.
- The team offers urgent assessment, “needs led” holistic home based treatment, working closely with care providers to avoid breakdown of home environment (including care home).
- The team accept direct referrals and also work closely with wider social / health providers to ensure older adults have equal access to Crisis care and support.



Universal CRHT

Working Age Adult Pathway:

- We recognised the essential need for mental health Crisis care during unprecedented times; subsequently Crisis services continued to offer full service provision over the pandemic.
- We worked closely with ICS to respond to those impacted directly by pandemic
- Close working with the wider community, social care / housing providers to provided bespoke support to individuals and social care providers' to prevent unnecessary hospital admission / breakdown in placements.
- We were able to collaborate directly with Together in a Crisis (TIAC) to offer a bespoke service for those presenting to Crisis Team (this was launched during lockdown 1).

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Universal CRHT

Younger Persons Pathway:

- Recognition that young people, up to the age of 25 were at particular risk during Pandemic. Children's and Young Persons pathway accelerated plan to provide 24/7 cover for children, young people; providing urgent Crisis assessment, home based treatment and support for parents / carers'.
- Supported Psychiatric Liaison Team in developing an enhanced psychiatric liaison service
- Implementation of specialist follow up for those presenting to acute hospital, which included CYP Crisis team offering up to three follow up appointments. This reduced further deterioration, re-admission to ED and provided early intervention for those with a first presentation.



Addictions services

- The World Health Organisation and Public Health England both recognised the importance of continuity of addiction services during the pandemic. Especially as social isolation may increase the amount of substances or alcohol an individual is consuming, we therefore continued to provide a full service for our patients through face to face and digital contact.
- We have adapted our approach to meet the needs of our most vulnerable
- Providing mobile phones to vulnerable service users to maintain contact levels.
- Using technology such as Microsoft Teams to continue group therapy work
- Food parcel provision has been increased



Community Treatment Teams

- Initially stepped down to essential Face to Face contact only. In line with national guidance and to ensure the safety of both staff and patients. All caseloads were reviewed and identified those most at risk who would continue to require essential face to face contact.
- Development Digital Technology for both Individual & Group Work.
- Regular to face to face contact resumed in April. CTT have complex caseloads requiring a multi layered flexible approach to assessment, treatment and interventions
- COVID 19 Care Plans developed collaboratively with patients and carers to allow for choice regarding contact , maintaining safety for staff, patients and family.
- COVID secure workplaces developed in line with national guidance for staff and patients.



- Minimal increase in DNAs
- Initial decrease in referrals.
- Referral returned to pre COVID numbers with slight increase.
- Referrals for long COVID and those involved in direct patient care.



What went well

Older Adults

- Northumberland Memory Service Ethical considerations and the development of NMS getting started document.
- Close collaborative working with patients to develop care plan that felt safe and comfortable .
- Collaborative work with Nursing Homes.
- Increased confidence and use of Digital Technology
- New approaches to Team and partnership working



- Flexibility and adaptability of workforce.
- On going staff resilience.
- Management of ever changing provider landscape.
- Response to ever changing patient need.



What's next

- Continue to work in COVID safe environment.
- Team Building, maintaining resilience.
- The new normal – Enhancing and maintaining the use of Digital technology.
- Transforming crisis care
- Surge management – System wide working
- Continuing to develop our crisis service offer to 16-25's years in line with Long term plan
- Review of service model provided within Addictions
- Community Mental Health Transformation (NHS. The NHS long term plan. 2019. <https://www.longtermplan.nhs.uk>)

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QUESTIONS



Northumberland County Council
Health and Wellbeing Overview and Scrutiny Committee
Work Programme 2019 - 2020

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Chris Angus, Scrutiny Officer
01670 622604 - Chris.Angus@Northumberland.gov.uk

09 March 2021 - CA

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Agenda Item 8

TERMS OF REFERENCE

To monitor, review and make recommendations about the following:

1. To promote well-being and reduce health inequality, particularly in supporting those people who feel more vulnerable or are at risk.
2. To discharge the functions conferred by section 21(f) of the Local Government Act 2000 of reviewing and scrutinising, in accordance with regulations under section 7 of the Health and Social Care Act 2001, matters relating to the planning, provision and operation of health services in Northumberland.
3. To take a holistic view of health in order to promote the social, environmental and economic well-being of local people.
4. To act as a consultee as required by the relevant regulations in respect of those matters on which local NHS bodies must consult the Committee.
5. To make reports and recommendations to local NHS bodies and the County Council on matters relating to the following services/issues in Northumberland:
 - (a) Adult Care and Social Services
 - (b) Mental Health and Emotional Wellbeing
 - (c) Financial Inclusion and Fuel Poverty
 - (d) Welfare of Vulnerable People
 - (e) Carers' Wellbeing
 - (f) Independent Living and Supported Housing
 - (g) Adult Health Services
 - (h) Healthy Eating and Physical Activity
 - (i) Smoking Cessation
 - (j) Alcohol and Drugs Misuse
 - (k) Safeguarding Adults.

ISSUES TO BE SCHEDULED/CONSIDERED

Regular updates: Updates on implications of legislation: As required / Minutes of Health and Wellbeing Board / notes of the Primary Care Applications Working Party
Care Quality Accounts/ Ambulance response times

To be listed: Update on learning disability funding
Adult Social Care Green Paper
Urgent Care Update: Developing the Strategic Direction for Urgent Care in Northumberland (CCG)
NHS White Paper Outline

Themed scrutiny: Improving Health and Fitness Task and Finish Group

Other scrutiny: Rothbury Hospital Referral Review Group

**Northumberland County Council
Health and Wellbeing Overview and Scrutiny Committee
Work Programme 2019 - 2020**

6 April 2021

Northumbria Healthcare Quality Accounts
COVID-19 Update (CNTW)

Northumberland County Council
Health and Wellbeing Overview and Scrutiny Committee Monitoring Report 2019-2020

Ref	Date	Report	Decision	Outcome
1.	4 June 2019	Adult Services Market Position Statement	RESOLVED that Cabinet be recommended to ratify the revised Market Position Statement and agree to its publication.	Cabinet agreed the report
2.	4 June 2019	Update on Rothbury Community Hospital	RESOLVED that <ol style="list-style-type: none"> 1. the information be noted; and 2. a further update be provided in autumn 2019, possibly in September. 	Further update provided in September 2019, and further one to follow
3.	4 June 2019	Update on Ambulance Performance	RESOLVED that <ol style="list-style-type: none"> 1. that the information be noted; and 2. responses be provided to the committee's questions about blood kits, vehicle insurance arrangements for Community First Responders and a list of the locations of all defibrillators. 	NEAS provided written response to questions
4.	4 June 2019	End of Life Care - Update	RESOLVED that the report be noted; <ol style="list-style-type: none"> 1. a presentation be organised for the committee's meeting on 4 September to involve Northumbria NHS Trust, the CCG and Healthwatch; and 2. consideration about creating a task and finish group be deferred until after the presentation is received on 4 September 2019. 	Further item due on 3 September 2019

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5.	4 June 2019	Recommendations from Themed Scrutiny Review: Improving Health and Fitness in Northumberland	RESOLVED that 1. the report be welcomed and forwarded to Cabinet to consider on 9 July 2019 and consider adopting the recommendations of the review; and 2. the subgroup continue with a monitoring role and its membership remain as Councillors Dungworth, Moore, Rickerby and Watson.	Subgroup to meet on 1 October 2019
6.	4 June 2019	Dental Services in Coquetdale - Update (NHS England)	RESOLVED that the update be noted.	No further updated currently planned
7.	2 July 2019	Customer Experience: Joint Children's and Adult Services Customer Experience: Compliments and Complaints Annual Report 2018/19	RESOLVED that the contents of the report be noted and members' comments on suggested changes for the following year's report be followed up.	Next report due in 2020
8.	2 July 2019	Welfare Rights Annual Report 2018/19	RESOLVED that the information be noted and issues identified be followed up.	Next report due in 2020
9.	2 July 2019	The Joint Musculoskeletal (MSK) and Pain Service (JMAPS)	RESOLVED that the information be noted and the issue be scrutinised at this committee's next meeting on 3 September 2019, with any updates provided if required.	Further update on 3 September 2019
10.	2 July 2019	Physical Activity Strategy	RESOLVED that the report be noted and Northumberland Sport consider members' comments.	None

11.	3 September 2019	Update on Berwick Hospital	RESOLVED that the information be noted and a further update be provided for the committee in either November or December 2019.	Update due in January 2020
12.	3 September 2019	Update on Rothbury Hospital	RESOLVED that it be agreed that: <ol style="list-style-type: none"> 1. sufficient time has been provided to the committee to consider and comment on the proposals before the final decision on approving a recommended proposal is made by the CCG; 2. the information provided in the appendix to the report demonstrate that the recommendations to date from the Secretary of State and Independent Reconfiguration Panel have been appropriately considered and either met or form part of the ongoing process; 3. there is satisfaction that the model is in the best interests of healthcare provision in the area and the proposal does not constitute a substantial variation in service nor require any further consultation; 4. the committee's views be sent to the Secretary of State for Health and Social Care; and 5. an update be provided to the committee in either December 2019 or January 2020. 	Update due in January 2020
13.	3 September 2019	Update on Whalton Unit	RESOLVED that <ol style="list-style-type: none"> 1. the information be noted; and 2. an update on the Whalton Unit be provided to the Committee in November 2019. 	Update due in November 2019
14.	3 September 2019	Update on the Joint Musculoskeletal (MSK) and Pain Service (JMPS)	RESOLVED that the information be noted.	No further action

15.	3 September 2019	Annual Report of the Director of Public Health	RESOLVED that the 1. content of the report be noted; and 2. recommendations be accepted and supported.	Next report due in 2020
16.	1 October 2019	Cancer Performance - Update	RESOLVED that the information be noted.	No further action
17.	1 October 2019	Sepsis Performance - Update	RESOLVED that the information be noted.	No further action
18.	1 October 2019	End of Life Care - Update	RESOLVED that 1. the update be noted 2. Democratic Services follow up options for arrangements for the further scrutiny of this issue and report back.	Committee members to participate in the CCG's task and finish group
19.	1 October 2019	Urgent Care Update: Developing the Strategic Direction for Urgent Care in Northumberland	RESOLVED that 1. the report be noted; 2. issues raised by the committee be considered as part of the consultation; and 3. a further report be presented to the committee in February 2020.	Further report to be presented to the committee in February 2020.
20.	5 November 2019	Relocation of the Whalton Unit to Wansbeck General Hospital	RESOLVED that the decision made by the NCCG to relocate the Whalton Unit to Wansbeck General Hospital was not a substantial change in service delivery.	A further update will be presented to the Committee in around six months.
21.	5 November 2019	Winter Planning Update	RESOLVED that the information be noted.	The Committee will continue to receive updates as appropriate.

22.	5 November 2019	Healthwatch Northumberland - Six Month Update	RESOLVED that the information be noted.	The Committee will continue to receive updates as appropriate.
23.	3 December 2019	Specialist Substance Misuse Services - Update	RESOLVED that the following be noted: <ol style="list-style-type: none"> 1. the ongoing work undertaken by partners to reduce the harms caused by drugs and alcohol during 2019/20; 2. the financial pressures on Northumberland Recovery Partnership; and 3. members' comments. 	The Committee will continue to receive updates as appropriate.
24.	3 December 2019	Safeguarding Adults Annual Report	RESOLVED that the report be noted	The Committee will continue to receive updates as appropriate.
25.	7 January 2020	Update on Rothbury Hospital	RESOLVED that <ol style="list-style-type: none"> 1. the information be noted; and 2. a further update be organised in due course, provisionally for late 2020. 	The Committee will receive an update in late 2020
26.	7 January 2020	CEDAR Programme	RESOLVED that <ol style="list-style-type: none"> 1. the information be noted; and 2. a further update be organised in due course, provisionally for early 2021. 	The Committee will receive an update at a later date.
27.	4 February 2020	Partnerships with NHS Bodies	RESOLVED that the report be noted	The Committee will continue to receive updates as appropriate

28.	4 February 2020	Northumberland Primary Care Strategy and Associated Developments	RESOLVED that the report be noted	No further action required
29.	3 March 2020	Quality Account – Northumbria NHS Foundation Trust	RESOLVED that the presentation be noted.	Written response to be sent in May 2020
30.	3 March 2020	Berwick Hospital Update	RESOLVED that the presentation be noted.	No further action required
31.	3 March 2020	Oral Health Strategy - Update	RESOLVED that <ul style="list-style-type: none"> 1. progress with the Northumberland Oral Health Strategy Action Plan be noted; 2. it be confirmed that assurance had been provided that the correct processes that should be addressed as part of the community water fluoridation scheme had been applied; 3. issues or concerns that may be raised by affected communities that should be addressed as part of the community water fluoridation consultation were noted. 	Updates to be provided at future dates
32.	3 March 2020	Coronavirus	RESOLVED that the update be noted	A further update to be received at the next meeting
34	2 June 2020	Update on COVID 19	RESOLVED that:- <ul style="list-style-type: none"> 1. the two tests available and the various processes for testing nationally, regionally and locally be noted; 	Further COVID 19 updates to be given to the committee

			<ol style="list-style-type: none"> 2. the implications for control of transmission in high risk settings arising from issues with the current mechanisms and processes for testing and the difficulties in influencing national processes be acknowledged; 3. the new NHS Test and Trace model and implications for the Council be noted; and 4. the plans for the development and governance of the council's Outbreak Control Plan be noted. 	
35	2 June 2020	Letter from the Chief Executive to the Minister of State for Care regarding the Care Home Support Plan (Urgent Business)	RESOLVED that the information be noted	No further action
36	2 June 2020	Operation Apollo - Confidential Briefing (Urgent Business)	RESOLVED that the information be noted	No further action
37	2 June 2020	Pre-Scrutiny:- Independent Supported living Services	RESOLVED that recommendations 1-5 in the Report of the Executive Director of Adult Social Care and Children's Services be approved.	The Committee's comments were considered at the Cabinet meeting held on 9 June.
38	14 July	Covid-19 - Northumberland County Council Response	RESOLVED that the reports on Northumberland County Council's response and recovery be received.	Further COVID 19 updates to be given to the committee
39	14 July	Covid-19 - Planning for Recovery in Northumberland	RESOLVED that the reports on Northumberland County Council's response and recovery be received.	Further COVID 19 updates to be given to the committee

40	14 July	COVID-19 Update by Northumbria Healthcare and the CCG	RESOLVED that the presentations be received	No further action
41	14 July	Healthwatch Northumberland – Six monthly update	RESOLVED that the presentation be received	No further action
42	21 September	Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan	RESOLVED that the report be received.	The Committee will continue to receive regular COVID updates
43	21 September	Director of Public Health - Annual Report	RESOLVED that the contents of the report be noted.	No further action
44	21 September	Complaints Annual Report 2019/2020 - Adult social care, children's social care, and continuing health care services	RESOLVED that the report be noted	No further action
45	21 September	End of Life Strategy Update	RESOLVED that 1. the presentation be received	End of Life Strategy to be added to the work programme

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			2. the Northumberland End of Life Strategy be added to the work programme when further information was available.	
46	6 October	COVID Update	RESOLVED that the information be noted	To receive a continuous update
47	6 October	NHS Winter Planning Update	RESOLVED that the presentation be received.	Further information to be provided to the committee at a later date
48	6 October	CNTW- Quality Account presentation	RESOLVED that the presentations be received	Written response to be sent in October 2020
49	3 November	COVID Update	RESOLVED that the information be noted	To receive further ongoing updates
50	3 November	Discretionary grants for adaptations to housing for disabled people	RESOLVED that Cabinet:- <ul style="list-style-type: none"> 1. Adopt the discretionary grants policy attached as Appendix A to the report. 2. Note the funding for grants made under this policy would come from the grant to the local authority for DFGs. 	The Committee's comments were considered at the Cabinet meeting held on 10 November.

51	3 November	COVID Recovery Report	<p>RESOLVED that Cabinet:-</p> <ol style="list-style-type: none"> 1. Note the ongoing impact of the Coronavirus emergency on the County Council. 2. Acknowledge the continued work undertaken to date by the Council 3. Agree to receive further reports on the work being undertaken by the Council, particularly in the light of new local and national restrictions introduced recently; and, 4. Invite the Overview and Scrutiny Committees to examine updates on response and recovery plans. 	To receive future updates on the recovery strategy
52	3 November	Newcastle upon Tyne Hospital's Quality Accounts	Due to technical issues, this agenda item was deferred.	To be rescheduled for a later date
53	1 December	North East Ambulance Service – Quality Accounts	RESOLVED that the information be noted.	
54	1 December	Northumberland Community Together	<p>RESOLVED that:-</p> <ol style="list-style-type: none"> 1. The ongoing impact of the Coronavirus emergency on the residents of Northumberland and the need for a collaborative partnership response be noted. 2. The continued work undertaken to date by the service to build community capability and capacity to respond be noted. 	A presentation to be given in January on the work undertaken by NCT throughout December

			<p>3. Further clarity and assurance through scrutiny and challenge, helping to set future strategy and prioritised action be sought.</p> <p>4. Further reports on the work being undertaken by the Northumberland Communities Together Service, aligned to corporate response and recovery plans be received.</p>	
55	12 January 2021	North Tyneside and Northumberland Safeguarding Adults Annual Reports 2019-20	RESOLVED that the report be noted	No further action
56	12 January 2021	COVID Vaccine	RESOLVED that the information be noted	Further update to be given in March
57	12 January 2021	CEDAR	RESOLVED that the information be noted.	No further action
58	12 January 2021	Northumberland Communities Together	RESOLVED that the information be noted.	No further action

59	2 February 2021	Northumbria Healthcare COVID-19 Update	RESOLVED that the information be noted	Further update to be scheduled
60	2 February 2021	Northumberland CCG COVID-19 Update	RESOLVED that the information be noted.	Further update to be scheduled
61	2 February 2021	Northumbria Healthcare/CCG Cancer Update	RESOLVED that the information be noted.	No further action
62	2 March 2021	COVID-19 Update	RESOLVED that the information be noted.	Further update to be scheduled
63	2 March 2021	The Coroner Service	RESOLVED that the report be noted	No further action

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